lings require but a passing notice, as a very large proportion of these occurred during, and were evidently connected with, if not actually dependent on, the irritation of teething, and appeared distinct from the scrofulous diathesis. Those affecting adults were, in almost every case, referrible to cold as their exciting cause, and yielded to the ordinary means employed in such cases. Excepting a few cases where heat, in the form of cataplasms was employed, with the view of promoting suppuration, which could not be avoided, cold applications were most efficacious; and where they assumed the indolent or stationary character, blisters, followed by dressings of the unguentum hydrargyri fortior, with an equal quantity of unguentum potassii iodidi, generally promoted their certain and speedy resolution. The glands most generally affected were the submaxillary, sublingual, cervical, and parotid. These local remedies were aided by alteratives, aperients, and tonics, with the internal use of the iodide of potassium, of which it is almost impossible to speak too highly.

Deutition.—Under this head are included all those cases of constitutional disorder, which so constantly attend this painful and important operation of nature, and which, when neglected, or mismanaged, lead to consequences so frequently fatal to life; or where this does not happen, lay the foundation of diseases, which exert an influence alike prejudicial to the moral and physical state in after life. Amongst the most common of these cases may be mentioned various disordered states of the digestive system, with the concomitant effects on the sensorium and nervous system, as evidenced by convulsions, epileptic fits, and threatened meningitis. Under this head I have also included many cases, which, but for their obvious causation, would have been placed under that of remittent fever. In the treatment of this class of cases, calomel and the more drastic purgatives were sedulously avoided, whilst the hydrargyrum cum creta, with ipecacuanha and mild antimonials, and castor oil, as an aperient, were chiefly relied on, and as an adjuvant to such medical treatment, the warm bath. In one case only, where the child had been long subject to convulsive attacks, did these means prove ineffectual, it being carried off in one of these attacks, a day or two after it was brought to me, and at which time it manifestly laboured under effusion on the brain. It is almost unnecessary to say that leeches were resorted to where head symptoms prominently existed. I cannot close these very brief remarks without protesting, in the strongest manner, against the reckless and indiscriminate way in which calomel is given to young children during the period of deutition, especially as in the hydrargyrum cum creta we have at once a safe and efficacious alterative, which, except where urgent and acute symptoms render a more active and speedy one necessary, I have ever found answer every object, whilst observation and experience have as certainly convinced me of the irreparable mischief resulting, from what I consider, not only the unnecessary, but I would say the unjustifiable abuse of what, when duly administered, is one of the most valuable medicines in the materia

medica. That this is no mere prejudice, will be believed, when I admit, that during the earlier period of my practice, I fell into what, I now consider, a grievous error, but which then was the prevailing mode of treatment. In those cases where the mucous membrane was affected by sub-acute inflammation, characterised by diarrhœa, with discharge of bloody mucus, and pain, and all those symptoms considered indicative of the presence of worms, the greatest benefit resulted from the long continued employment of aqua calcis, with or without the tincture of hyoscyamus, given three or four times a-day in twice its quantity of milk. In very many instances this remedy, aided by occasional doses of hydrargyrum cum creta, constituted the sole treatment.

(To be continued.)

CASE OF PROFUSE UTERINE HÆMORRHAGE SUCCESSFULLY TREATED BY GALVANISM.

By HENRY JOHNSON, M.D., Physician to the Salop Infirmary.

On Friday, Feb. 13th, 1846, I was requested by Mr. H. Keate to go immediately with him to see Mrs. Y., whom I understood to be in an alarming state of exhaustion from repeated attacks of uterine hæmorrhage. On my arrival at the patient's house, I learned the following history:—

Our patient was 27 years old, was married for the first time about seven months ago, and on the 29th of last January, had a miscarriage, attended with profuse flooding. On the 2nd of February, very alarming hæmorrhage had again occurred, with discharge of large clots of blood, the exact shape of the uterine cavity; some were half-organized, and others with difficulty distinguished from portions of placenta. Discharges of this kind, consisting of one or more clots, and preceded by profuse flow of florid arterial blood, had happened every twenty-four or thirty-six hours for the last fortnight. The most active astringents had been used externally and internally; large doses of diacetate of lead, with opium, had been given and afterwards repeated, and full doses of secale cornutum. Besides these internal remedies, outward pressure by bandages, and cold water with vinegar, had been assiduously applied, and an injection of a pint of cold water into the rectum had been used three times a day.

At the time of my visit, the patient complained of no pain, except a slight headach. She was rather deaf, probably from loss of blood; had a slight occasional cough, a quick small pulse, and looked quite emaciated; she had had no sleep; the bowels had been moved by the injections, and she was constantly sick on swallowing any food. As she was just beginning to take the ergot of rye and borax in full doses every hour, and no blood was at this time passing, we thought it best to allow time to see the effect of this measure. The cold injection was, therefore, continued, and an opiate ordered at bed-time.

On Saturday, February 14th, Mrs. Y. was no better; she had been sick and heaving throughout the night. Learning that the bowels were habitually torpid, an active aperient was administered. In the evening I

was again summoned with Mr. Keate, in great haste. Profuse hæmorrhage had again occurred; she was quite faint, and required full doses of brandy at short intervals, and constant fanning to restore warmth and animation. The uterus itself was injected with cold water, and she was totally unconscious of the sensation of cold from the operation, as she had been when water had been injected per anum.

On Sunday morning, Febr. 15th, we felt convinced that something decided must be done or our patient would sink from these repeated discharges, as she was with difficulty re-animated after each. For our comfort we were told that a sister of our patient died of this same disease. The gums were so bloodless that at a short distance I could not possibly distinguish them from the teeth. The stomach was so irritable that we could hope little from any medicine given by the mouth; besides, we had tried those which we thought most effectual and best suited to the case. Cold water had been injected per vaginam, and it had been proposed to introduce *ice itself*. We both examined the condition of the parts, and found the vagina hot and flaccid, and the os uteri so patulous as to admit easily three or four fingers within the uterus. The latter seemed to be quite impassive, and in such an atonic state as to be incapable of contraction. This appeared to us to be the cause of the continuance of the flooding and the reason of the failure of ordinary expedients in checking it. It will perhaps be asked, why did we not adopt the measure of plugging the uterus? We thought that owing to this inactive and relaxed condition of the organ, this measure would very probably fail to be effectual. We felt convinced that something to act on the uterus itself was required, and it had occurred to us, to inject the uterus with an astringent, or to try galvanism, each of which methods had been used successfully in analogous cases.* We preferred the latter, as being the most certain, and immediately took steps to put our remedy into operation.

A Backhoffer's coil, rendered active by one of Smee's batteries, was got ready. One pole of the battery was made to terminate in a sponge, which was applied to the loins in different situations; as an extemporaneous mode of applying the other pole to the os uteri, some hosed string was coiled round a flexible metallic bougie, the one end being left bare. Over the string, to render the insulation more complete, some silk was sewed. This, when oiled, could easily be introduced per vaginam, and I do not know that we could have done better had we possessed the silver ball and conductor used by Dr. Radford. By this means several moderate shocks were passed through the uterus itself. The latter was found once or twice to contract very forcibly. A small clot or two was passed; the patient appeared to have some wholesome pain, and for half an hour after was restless and uneasy as if something was going on.

From that time we had not any cause of alarm whatever for a whole fortnight. The uterus was ascertained to have gradually contracted. No bleeding whatever occurred, except that a single dark-coloured small coagulum was expelled during the following

night. We regulated the bowels, gave quinine internally, applied saturated solution of alum externally, and administered food as the stomach was able to bear it.

As I have stated, there was no further alarm nor uneasiness respecting Mrs. Y. from the day on which the galvanism was employed, until March the 1st, when some more small and florid clots were passed, preceded as before by florid hæmorrhage. Citrate of iron was given in a mixture, and solution of zinc and alum, diluted, was ordered as a vaginal injection. From that time my attendance ceased, and the patient was convalescent.

I heartily thank Dr. Radford for his suggestion of galvanism as a safe and efficient remedy in such trying circumstances, and which in this case appeared to enable us to save a valuable life.

TERMINATION OF DR. BARCLAY'S SINGULAR CASE OF HEART-DISEASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I hope you will find the subjoined account of the fatal termination of the anomalous case of heart-disease, reported by me at page 745, in No. 52 of the last volume of the Journal, of sufficient interest to merit an early insertion.

Yours, very truly,

JOHN BARCLAY.

Leicester, March 14, 1846.

After the last report, December 11, 1845, Mary Parsons continued pretty well till the middle of February, when she was seized with symptoms similar to her former attack. She expired suddenly, "as if suffocated," on the morning of the 20th, before her parents had time to summon the medical officer.

Post-mortem examination thirty-six hours after death:—The face congested and livid; the lips blue; the body generally stout and well formed; no fluid was effused between the pleuræ; the superior lobes of both lungs were condensed, so as to sink in water; their state more resembled carnefication than hepatisation. Under the left clavicle the pleuræ were adherent at one small point, where the surface of the lung was puckered, and contracted round a central spot, about the size of a horse-bean, to which the subjoined letter of Dr. Sharpey refers. Near the apex of the right lung was found a solitary hard tubercle, and two or three more were scattered over the inferior and more healthy parts of both lungs.

The pericardium was much thickened; about an ounce of yellow serum was contained in it, in which floated some shreds of lymph, and there was a patch of old effused lymph on the surface of the right ventricle. The left ventricle was of normal size, and the aorta and semilunar valves quite healthy; the left auricle was also of the natural size, but the mitral valve was much diseased, with spiculae of atheromatous matter projecting into the auricle; the opening was contracted into a narrow slit, about four lines in length, appearing closed from the auricle; while the contraction of the

* See *Provincial Medical and Surgical Journal*, Dec. 24, 1844, p. 603, *Braithwaite's Retrospect*, vol. xi., p. 253, *Dr. Ranking's Half-Yearly Abstract*, vol. i. p. 159.