CASE OF TRAUMATIC TETANUS : RECOVERY.

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(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, Wednesday, August 19th, 1846.

Recovery from a disease so generally fatal as traumatic tetanus, is an event worthy of some special consideration, and the treatment which is believed to have been successfully employed deserves to be recorded.

In the following case, reported by Mr. C. J. Gibb, the diligent house pupil of the Newcastle Infirmary, the local injuries were of a very severe character, calculated in themselves to induce some anxiety as to the fate of the patient. As regards these injuries, his recovery has been more complete than might have been reasonably expected. At the situation of the fractures, the arms are somewhat bowed, from the long continuance and severity of the muscular spasms, which no splints and bandages could in any degree control; and the fingers, especially of the right hand, many of which had sustained compound fractures and severe contusions, remain partially bent; but of both hands he has valuable and increasing use, far exceeding what could have followed the removal by surgical operation of any of the injured parts.

It is remarkable, that at the same time with Fletcher, another patient in the same ward was seized with tetanus. Amputation of one leg had been recently performed by my colleague, Mr. Potter, for diseased joint, and the man was much exhausted by long continued disease. His death followed the attack in almost twenty-four hours.

In the earlier and milder stage of the disease in my patient, the combination of calomel and opium, carried to pytalism, appeared nearly to remove the symptoms; but in the subsequent and more formidable stage, the same results did not follow, and then it was that, from my experience of the happy effects on the nervous system, in cases of delirium tremens, of opium combined with antimonial tartar, I was induced to try the latter remedy in conjunction, at first with calomel and opium, and afterwards with opium only. The tranquillizing effect of these remedies so combined was greater than could have been hoped for, in the induction of sleep, the relief of spasm and the general tranquillity of the system which ensued.

Though the quantity of antimonial tartar exhibited was considerable, it produced no disturbance of the stomach, nor any effects other than the proper action on the nervous system which was wished rather than hoped for in its prescription. The tongue, which was found thickly furred when the relaxation of the jaw permitted its inspection, became clean, and the loaded urine clear and copious under its use, and all the disordered functions were restored to a healthy condition.

I do not remember to have seen recorded any cases of tetanus in which a full trial was given to the combination of opium with antimonial tartar; but in the last edition of Mr. Cooper's Surgical Dictionary, he speaks of the latter remedy in the following words:—"I have known one or two cases of chronic tetanus get well during the free exhibition of tartarized antimony, but I have more frequently seen it fail." So short a

notice proves that Mr. Cooper has no faith in the remedial effects of antimonial tartar in this disease, and does not lead us to suppose that it was given in the combination which appeared so useful in my patient.

Of the ultimate cause of tetanus we know little, and pathology has failed to throw much if any light upon the subject; neither is the exciting cause very apparent. That it frequently takes place in patients who are suffering from wounds is a well known fact; but this in itself is by no means enough to induce the disease, otherwise all such patients would suffer from it. But the fact that simultaneously with the occurrence of tetanic symptoms in my patient, another in the same ward was seized with the same disease, would seem to indicate a common exciting cause, unless, indeed, we may suppose that, as in cases of hysteria, chorea, and other nervous diseases, a sort of *imitative infection* may be called into operation. What may be the nature of the common cause no data can be discovered for determining, as every thing connected with the ward and the external condition of the patients appeared to be in its ordinary state. It is remarkable, however, that though cases of tetanus are very far from frequent in the Newcastle Infirmary, on the 9th of November, 1845, two patients in the same ward became simultaneously affected with the disease.

CASE.

James Fletcher, aged 25, labourer, a florid and healthy-looking countryman. Admitted April 24th, with very bad compound fractures of the right humerus at its middle, of both bones of the left forearm, and with hands and fingers very seriously shattered and bruised. A coal waggon had passed over them. Has lost much blood; arm and forearm put up, and hands placed in poultices. An opiate.

29th. Doing well; wounds united, except of hands, which are sloughing; bowels confined. A dose of calomel and black draught.

May 8th. Feels well; has a chop daily; wounds of hands suppurating favourably. To have a purge.

12th. Jaw cannot be opened to its full extent, and, with the neck, feels rather stiff and sore; abdomen contracted and almost as hard as a board; countenance heavy, a little contracted, and inexpressive; pulse natural; tongue furred; bowels confined since the 9th, although he has had many purges; arms uniting, and ulcers on hands healthy. Felt his jaw slightly stiff on the 10th, but noticed it to no one until it was observed this morning. A drop-and-a-half of croton oil directly, and repeated if necessary.

13th. On account of Mr. Greenhow being ill, Mr. Heath treated him until the 16th; much the same; jaw opened just so far as to allow the tongue to be protruded, and cannot be made to masticate; a few twitching pains of neck, and at the epigastrium on coughing, or on full inspiration; slept well; bit his tongue thrice during the night; bowels freely moved yesterday; motions very dark and offensive. Eight grains of calomel now, and castor oil afterwards, until well purged, and then two grains of opium every second hour.

14th. Less stiffness and soreness of jaw; has had a few slight spasms of the neck; pain at the epigastrium severe; bowels free yesterday; skin moist; pulse natural; urine copious, and loaded with lithates.

To continue to have the calomel at night, with the oil in the morning.

16th. Symptoms much the same; had a few spasms of the back yesterday; mouth slightly sore; sleeps much. To continue the opium, and repeat the calomel and enema.

18th. Some difficulty in swallowing, and slight bending back of the head; other symptoms unchanged.

19th. Looks worse; jaw only able to admit the point of the finger; slight opisthotonos and occasional spasms of neck and back, especially during the night; stools dark and fetid; gums continue tender; is partially narcotised. To take one grain of opium instead of two, and have the calomel at night, with the enema in the morning.

21st. No change; abdomen tense, and pain at the epigastrium, especially on the occurrence of the spasms.

23rd. Much improved; head quite free and jaw can be opened more easily; countenance becoming natural, and pain leaving epigastrium; swallows pretty well; union of arms progressing slowly.

25th. Symptoms slightly increased. The enema again.

26th. Much worse; jaw can scarcely be opened at all; swallows after many attempts, with great difficulty; breathing much oppressed by frequent spasms, which threaten suffocation and cause extreme pain; head and back permanently arched; was resting on the occiput and heels during the night; bowels free; urine again covered by an oily pellicle, on standing a short time. To take half a grain of tartarized antimony, with one of opium, and three of calomel, every three hours, having a double dose every night, and an enema in the morning.

27th. Exceedingly ill; frequent opisthotonos and paroxysms of dyspnoea, threatening suffocation; great pain at epigastrium; unable to swallow occasionally; abdomen like a board; bowels confined; mouth continues sore; pulse near 100. To continue and have purging enemata.

29th. Easier; opisthotonos greatly gone, and spasmodic attacks of dyspnoea only slight; swallows pretty well; jaw almost closed; bowels free; urine copious, clear, and devoid of the pellicle; motions dark and offensive.

31st. Doing exceedingly well; almost free from spasms and pain; swallows well; mouth very sore; urine loaded with phosphates. To go on with the powder without the calomel.

June 4th. Able to protrude the tongue fully; no spasms nor pain, and indeed very little complaint. The union of the fractures is greatly dissolved, and the bones are rather bent from the violent muscular spasms. To take the powders night and morning, have good diet, and a dose of castor oil when necessary.

8th. Walking about the wards; jaw a little stiff and cramped in its movements yet, and the abdomen rather hard, but no other complaints; urine continues to throw down vast quantities of phosphates.

15th. All tetanic symptoms gone; feels pretty strong, and arms are becoming firm.

25th. Dismissed cured.

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The proceedings of the Anniversary Meeting occupy so large a portion of the last and present numbers of the Journal that we are unable this week to do more than very briefly to recommend them to the careful consideration of the members. There is, however, one subject which, under present circumstances, calls for immediate attention. The unhappy position into which the existing Poor-Law Commission is thrown by the results of the parliamentary inquiry into the state of the Andover Union, whether, as respects their administration of the power entrusted to them, their treatment of the Assistant Commissioners, their avowed jealousy of the Secretary to the Commission, or the mutual distrust and want of concord which has prevailed among themselves, cannot be otherwise than followed by their retirement from office. It is not improbable that under these circumstances the present Government may see fit to entirely remodel the Commission; and we trust, therefore, that the Committee appointed by the Association will lose no time in memorializing the Home Secretary on the grievances of the Union Medical Officers, and urging upon him the importance, both to the sick poor and to the medical officers, of placing the entire department of medical relief in competent hands. It is every way desirable that this branch should be kept distinct from the ordinary administration of the Poor-Law, and the experience of several years has but too fully shown that none but medical men practically acquainted with the sanatory condition of the sick poor, and the duties required of the medical officers, can effectually and satisfactorily regulate this department.

REPORT OF THE BENEVOLENT FUND.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, Wednesday, August 19th, 1846.)

The Central Committee of Management of the Benevolent Fund have the satisfaction of informing the Association that the contributions have, during the past year, shewn a steady increase,—and although the amount of its resources is not yet by any means so large as might be expected from the numbers and influence of this great Association, yet its slow but steady increase, year by year, gives just ground to hope, that it will, as the excellence of its objects and its powers of doing good, become more generally known, attain that degree of success to which it is so eminently entitled.

The Committee thought it desirable in the month of November last to call a special meeting of the Donors and Subscribers to the Fund. An account of