

grain, about five o'clock every other morning. By ten or eleven o'clock the whole thing is over; immense watery defluxions have taken place from the patient's bowels, leaving him wonderfully lightened and relieved, but much exhausted. (I generally begin, I ought to mention, with the sixth or eighth of a grain, and increase the dose as I find my patient will bear it. It is a dangerous thing to start with a large dose of elaterium at first; partly because different individuals tolerate it so differently, and partly on account of the unequal strength of the drug.) At the same time, I give some such mixture as the following, in a wineglass of water, every three or four hours:—

R. Liquor. cinchon. (Battley) ℥xx; spirit. ammon. arom. ʒss; etheris sulph. co. ʒss. M.

Under the influence of this, with the aid of the intervening recruiting day, patients will bear the quantity of elaterium I have mentioned for an indefinite time, and even gain strength under it, or, rather, in spite of it. A fortnight of such treatment is often sufficient entirely to transform the patient's condition. One important result of this treatment is that, with the disappearance of the rest of the dropsy, the œdema of the lungs also vanishes; thus, one source of the dyspnoea is removed, and, by the free admission of air into those portions of the lungs previously occupied by the serous infiltration, the asphyxial element of the pulmonary blood-stasis is cleared away, and one additional source of heart embarrassment removed. I think this is one of the most important results of this hydragogue treatment: the other results relieve the breathing indirectly, this directly. It is a most interesting thing to watch, day by day, under these circumstances, the gradual descent of the signs of the œdema at the back of the lung till not a trace of it remains.

Now, this treatment we have tried with this poor man, with decided but, unfortunately, partial benefit. Under its use, the dropsy, which was previously gaining upon him, had, in a week, almost vanished; but the dyspnoea and other urgent symptoms were not a whit the better. At the end of that time, from the vomiting and great stomach disturbance that the drug produced, a circumstance for which, in the administration of elaterium, we must be prepared, we were obliged to remit it, and its resumption has less completely succeeded in controlling the dropsy. Why it is that, in this case, the dyspnoea and other symptoms have been so little relieved by the reduction of the volume of the blood, and its immediate results, I am as unable to explain as I am why the respiratory symptoms should be altogether so disproportionately developed.

A question might arise in the minds of many, whether, since sleeplessness is one of the principal and most distressing symptoms, sedatives might not be given with advantage. To give sedatives in such a case would be the refinement of cruelty. What keeps this poor man awake is not a want of tendency to sleep, but a condition that makes sleep impossible. Relieve him of his orthopnoea and he would be asleep in ten seconds, and so dead asleep that it would take a great deal to rouse him, like a half-asphyxiated child on whom tracheotomy had just been performed. His great struggle, as it is, is the struggle between sleep and life; with opium thrown into the scale of sleep the struggle for life would only be so much the harder. In one way,

and only in one way, would opium give him ease: the narcotic of opium, added to the narcotic of the carbonic acid already circulating in his veins, might accelerate by some hours, or even days, the final coma, and make him sooner sleep the sleep of death. But the euthanasia that is purchased by anticipating the natural process of death, comes very near to homicide, and is an alternative that few would adopt.

## Original Communications.

### CASE OF DISLOCATION OF THE SHOULDER-JOINT, AND OF FRACTURE THROUGH THE NECK OF THE HUMERUS, OCCURRING DURING AN EPILEPTIC SEIZURE.

By ROBERT DUNN, F.R.C.S.Eng.

ON the afternoon of Saturday, September 28th, 1861, I was hastily called to Mr. B., a young gentleman residing at 10, Norfolk Street, who had been taken in a fit of epilepsy, to which he was subject. In my absence, my son, R. W. Dunn, promptly and at once attended. Before, however, he could cross the street to him, the convulsive paroxysm had subsided. He found Mr. B. in his bedroom, sitting on a chair before the window, beside the washhand-stand and the wooden horse, on which were placed the towels in use. Mr. B. complained of excessive pain on the anterior part of the left shoulder-joint, and that his arm was powerless. My son was told by his brother that he had been subject to epileptic fits for some years, and had very recently—only a day or two previously—come up expressly from Scotland to have the benefit of Dr. Brown-Séquard's advice. He further informed him that, twice in the course of the current month, during the epileptic seizure, he had dislocated his left shoulder-joint. On the present occasion, while standing before the window, he was seized with the fit, and would have fallen on the floor, if he had not saved him. He thought it possible that his shoulder might have come against the wooden horse in the struggle, but not with violence; nor was there, on examination, any appearance of bruise or contusion about the joint. My son immediately saw that the shoulder had again been dislocated *forwards*, the head of the humerus being visibly prominent under the pectoral muscle; but this time the dislocation was attended with an excessive degree of pain in the part, which had not before been experienced. He at once set about the reduction of the dislocation in the usual way. In his attempt to do this, the head of the bone was moved from its position; and, with this change of posture, the excessive pain was relieved; but it did not slip into the glenoid cavity.

Being satisfied that there was some unusual complication in the case, and as the pain was relieved, he made no further attempt at reduction, but waited for me. On our carefully examining the shoulder together, I detected crepitation through the neck of the humerus. As a medical friend of the patient, an army surgeon from Scotland, was, by appointment, about this time expected to call upon him, we did not attempt anything further until his arrival, when, after consulting together, another effort was made, chiefly by manipulation about the head of the bone and slight extension; but our united efforts failed to reduce the dislocation. I then suggested to the friends that we should have the assistance of Mr. Fergusson, to which they gave a ready assent, and he was immediately sent for; but he was

absent from London, and Mr. Henry Smith, as his *locum tenens*, came instead. Mr. Smith at once perceived that the head of the bone was still out of its place, but at first was inclined to doubt the existence of fracture. However, on going behind the patient, and steadying the head of the humerus with his right hand, and at the same time lifting up the arm to its utmost extent, and then rotating it, he soon satisfied himself that the anatomical neck of the bone was broken across. But in so grave an accident, so rare and so difficult to manage (and occurring, too, in an epileptic patient), as dislocation of the shoulder-joint, with fracture through the neck of the humerus, undoubtedly is, Mr. Smith, in the absence of Mr. Fergusson, suggested our having the assistance of Mr. Erichsen. Mr. Erichsen confirmed our diagnosis, and suggested that the patient should be put under the influence of chloroform, and then that reduction should be attempted by means of manipulation about the joint. My son administered the chloroform; and, while Mr. Erichsen and myself were conversing together, Mr. Smith, who was watching its effects, as soon as narcotism appeared to be induced, to use his own words, "forcibly seized the end of the depressed bone with both his hands, and, lifting it up in the direction of the socket, found, to his great satisfaction and surprise, that the head of the bone readily slipped into the glenoid cavity." The fracture was put up in the usual way; and I may here remark, in reference to it and the whole accident, that nothing could have progressed more satisfactorily to perfect recovery. I saw Mr. B. some weeks ago, before he left London, in the full and free use of his shoulder-joint, and he assured me that his arm felt as strong as it ever had done. The bony union was perfect, and the shape and movements of the arm and joint were normal. Under the direction of Dr. Brown-Séquard, Mr. Pratt had supplied him with an apparatus to secure him against the danger of luxation of the joint in his epileptic attacks.

Such accidents, fortunately, are of rare occurrence. Mr. Fergusson, in his *Surgery*, makes mention of two cases; but most other writers are silent on the subject.

The day after the accident, I had a consultation with Dr. Brown-Séquard on the case. In epileptic cases, I have, from personal observation, seen great benefit to result from the immediate inhalation of chloroform on the first accession of the attack, by its checking and controlling the violence of the convulsive agitation, and inducing quietude and repose. I was therefore prepared to agree with the proposal of Dr. Brown-Séquard, that we should anticipate the next epileptic seizure; and on the Saturday following, when it was most likely to occur, from former experience, to put Mr. B. under the influence of chloroform, dreading the injurious effects which another epileptic attack might have on the fractured arm.

Accordingly, at eight o'clock on the Saturday morning, I began the administration. Dr. Brown-Séquard paid his visit about an hour afterwards; and from this time until eight o'clock on the Sunday evening following, the effects of the chloroform, without intermission, were kept up. The brother or the sister of the patient was constantly at his bedside. From time to time, as the effects appeared to be passing off, and he seemed to be awakening, he was given a few spoonfuls of beef-tea, and the inhalation was renewed. It was administered by means of a towel, as directed by Dr. Brown-Séquard; and in all about half a pint was used; the window of the bedroom being kept constantly open at the top, to allow the escape of the vapour and the introduction of fresh air. He was a little sick on awakening up after the administration had been discontinued; but from this he speedily recovered, and made a hearty meal of beef-tea, suffering no further inconvenience of any kind. A few days afterwards, he had a slight epileptic attack; but his brother, being at his bedside at the time, pressed his arm firmly, and no bad consequences followed. He re-

mained under Dr. Brown-Séquard's care up to Christmas, during which period his attacks have gradually diminished both in violence and frequency.

## CURIOUS EFFECTS OF MALARIA ON THE BODY.

By Dr. GAETANO DE PASCALE, Nice.

THE axiom of the great Baglivi is, that observation of facts is the foundation of medical science. I therefore think it may not be useless for my brethren if I submit to them a medical fact on a particular subject, although it may be very well known.

Relapse is common in intermittent malarial fever, as well as in what are called complicated intermittent fevers.

It is unfortunate for those who have been once attacked by intermittent malarial fever. The celebrated Dr. Todd says, in his *Clinical Lectures*, p. 121: "It seldom happens that the marsh-poison, once admitted into the human system, ever becomes perfectly eliminated from it."

In the present state of medical knowledge, the different forms and symptoms in which intermittent malarial fevers appear are known; the cause, or rather the nature of the poison, still remains obscure. It is generally admitted that the nervous system forms the principal seat of the disease.

The following fact has been ascertained by me, not as a doctor, but as a friend of the patient.

Mr. S., having the appearance of general good health, of a lymphatic sanguineous temperament, about thirty years of age, was obliged, as an officer in the Italian army in the year 1848, to remain for a few days in a marshy place, where intermittent malarial fevers were prevailing. After a few days residence in that pestiferous place, he had an access of fever, with the common first symptoms of chilliness, shivering, cold, followed by heat, perspiration, etc. A second stronger attack induced his doctor to employ sulphate of quinine. Mr. S. was free from fever, which, however, after a few days returned; but by daily taking the above mentioned preparation of bark, and by change of air, he was entirely cured.

Mr. S. had been well for about six years, when, living in a place where several cases of cholera occurred, he began to suffer some symptoms of this complaint. The doctor who visited him termed it cholera, and treated him accordingly. Mr. S., however, did not improve; he was a little better in the morning, but in the afternoon he was troubled with flatulence, great pain, and at times by relaxation of the bowels. After several days, the doctor, seeing his patient declining, thought of trying quinine, after which amendment was apparent. In a larger dose, the medicine was rejected, and the patient recovered.

I have no doubt that the derangement of the bowels would have ceased, but for the poison of the malarial fever which existed in the constitution, and which, instead of the ordinary symptoms, assumed those of the predominant disease.

Two or three more years passed, when Mr. S. was taken ill with symptoms of gastric disturbance, accompanied with diarrhoea. The doctor prescribed a slight aperient, proper diet, and rest; but his patient did not recover. The diarrhoea took the form of dysentery. Enemata, magnesia with bismuth, opium, etc., were quite useless, till some quinine began to be administered. Immediately all symptoms ceased, and Mr. S. gradually recovered.

About a month ago, Mr. S. felt a slight pain with swelling of his right ear, which increased very much in the evening and night. His medical man, a new one, and very renowned, was sure it was the result of cold, accompanied by neuralgia. It was only after the asser-