

loss, however, soon became hæmorrhagic, taking away all her strength, and threatening serious consequences. For several days we plugged the vagina with a sponge dipped in Ruspini's styptic, and on one occasion injected an ounce of this into the uterus. She also took a dessert-spoonful of it internally every three hours, after having tried other astringents and ergot, all of which disagreed with her stomach. Her bowels also became loaded; and she had a return of the pain in the sigmoid flexure of the colon, which had troubled her so much before. For this we used enemata of soap and water and olive-oil, which brought away several times a large quantity of lumpy fecal matter. Fortunately, these means succeeded in putting a stop to the hæmorrhage after a few days; and on the 12th of November she was sufficiently recovered for me to cease my attendance, although she was then very weak, emaciated, and pallid, requiring the greatest care and attention in order to restore her strength.

On July 10th, 1860, this lady was again confined. About two months previously, when seven months gone in pregnancy, she suffered for several hours with excessive spasmodic pain in the uterus, but no hæmorrhage occurred; and, as we were afraid of opiates making her sick, as they were wont to do, we gave her twenty minims of chlorodyne, which fortunately quite removed the pain, and did not disagree. The pain did not return, and all went on well until a fortnight ago, when the liquor amnii suddenly escaped, and had been dribbling away a little almost every day since, *thus gradually lessening the size of the uterus*. At six o'clock in the morning of July 10th, labour pains came on gradually and naturally; not, as in former labours, with a rush so as to force the child into the world in a pain or two. They continued at intervals during the day; and, late in the evening, I was summoned, it having been previously arranged that I should be sent for as soon as the head was about to be born, to assist in taking every precaution against hæmorrhage afterwards. The child was born just before I entered the room; and, there being a bladder of ice in readiness, it was at once applied to the abdomen, and I grasped the half-contracted uterus with my hand. The placenta was soon expelled, and no hæmorrhage occurred; but the application of cold was steadily continued, and I still held the contracted uterus in my hand, until, about three hours afterwards, the contraction appeared to be so complete and permanent that we considered it safe to leave. During the first hour after the expulsion of the placenta, the uterus kept contracting and relaxing, as if disposed to resume its former bad behaviour. Mr. — remained with the patient all night; no hæmorrhage took place; and she was going on quite well when I visited her in the morning. I attribute her freedom from hæmorrhage this time to the previous escape of the liquor amnii, and the less sudden expulsion of the child, by which the uterus had lost much of its size from slow contraction before being emptied of its contents; as well as to the precautions taken at the time of delivery.

[To be continued.]

TREATMENT OF DELIRIUM TREMENS.

By JAMES WEAVER, L.R.C.P.Ed., Llandrinio.

SEVERAL practitioners having of late brought before the profession their treatment of delirium tremens, I am induced to add my mite to the general information, and herewith send full particulars of a case just recovered, together with a short reference to eleven other cases with which I have met in my practice during the last six years. I must, however, premise the report by stating that six of the earlier cases were treated by the usual plan, with doses of opium varying from three to five grains every four hours, not forgetting a fair allow-

ance of the habitual stimulant; and I find that the result of these cases has been, two recovered, two died, and two became insane, remaining so to this day. Five other cases were treated with large doses of opium, varying from ten to thirty grains. The last case, of which I enclose a report, was treated still more energetically, and, as will be seen from the perusal, a dose of 120 grains of powdered opium was given at once. Of these latter six cases, all and every one recovered without a bad symptom.

CASE. Feb. 26th, 1862. I was, at 5 A.M., sent for to a farmer in this neighbourhood. I found him very excited; and he told me he had not slept all night, nor for several nights previously, but had had several terrible fancies or dreams of late. I ordered him five grains of opium, with a saline aperient, every four hours; also a fair allowance of brandy and water and beer during the day. I saw him again at 6 P.M. He had had no sleep. I gave him six grains of powdered opium. At 1 o'clock, A.M., on the 27th, this dose was repeated, with fifteen grains of Dover's powder. At 6 A.M., I gave him ten grains of opium, with fifteen grains of Dover's powder. At 1 P.M., he had fourteen grains of opium, with fifteen grains of Dover's powder. At 10 P.M., he took a scruple of opium, with fifteen grains of Dover's powder. It became necessary at this time to give an aperient, so he did not get another dose of opium until 10 A.M. on the 28th, when I gave him a scruple of opium, and repeated this dose every four hours till the same hour at night. He then dropped into a doze, and slept for four hours; and, had not a mistake occurred, causing the next dose of opium to be delayed till 2 P.M. on March 1st, I have little doubt his recovery would have been from this date. However, at the latter hour he took twenty-six grains of opium; at 7 P.M., thirty grains; at 11 P.M., thirty-five grains; at 8 A.M. on the 2nd, two scruples; at 1 P.M., forty-two grains; at 4 P.M., two scruples. On the morning of the 3rd, I found him very excited. He had had no sleep. The bowels were well relieved; the urine was free. At 5 P.M., he took a scruple of powdered opium, with an ounce of laudanum. At 9 P.M. and 12 P.M., this dose was repeated. At 3 A.M. on the 4th, he took a drachm of opium, which was repeated at 6 A.M. and 10 A.M. At this date, seeing a report of some cases strongly urging the claims of digitalis, I gave him half an ounce of the tincture, and repeated this dose in four hours; the only result being, the second dose lowered the pulse from 120 to 80. He passed a very excited night; and at 8 A.M. on the 5th, I gave him a cold shower-bath and a dose of half a drachm of opium, with one grain of tartar emetic. At 12 A.M., he had two scruples of opium, with a grain of the emetic tartar; at 8 P.M., a drachm of opium, with two grains of tartar emetic. The shower-bath was repeated for two minutes. He was also dry cupped at the nape of the neck; and at 11 P.M. he took two drachms of opium, with two grains of tartar emetic. He slept after this dose for thirteen hours, awoke, took a cup of beef-tea with brandy in it, had the bowels well relieved, and went to sleep again. From this date he slept more or less for the next twenty-four hours, and at the end of that time was well. In less than a week, he was going about his usual business. His wife informs me that my patient has slept well every night since the last dose. The quantity of opium taken in this single case, during the eight days of treatment, amounts to only a few grains short of two ounces.

REMARKS. So firmly convinced am I that opium is our sheet-anchor in delirium tremens that, should I meet with another case resisting its influence, I should not have the least hesitation in pushing this remedy up to any necessary quantity.

Opium, to be of service, must be given to produce sound sleep; and, if twenty grains be not sufficient, why not give forty grains?

Before closing this report, I must not forget to mention that the only objectionable symptom caused by my plan of treatment has been the necessity of having frequently to pass the catheter; and though, *à priori*, one may suppose the kidneys were inactive, such was not the case, as each catheterism drew off a fair quantity of good urine.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton, Bristol.

VI—ORTHOPÆDIC AND AUTOPLASTIC OPERATIONS.

[Continued from page 360.]

THE remaining cases of this group are instances of deformity where operations were performed to relieve it; but no skin was transplanted to fill up the gaps.

CASE DCLXXXI. F. S., aged 19, exploded an ink-bottle full of gunpowder eight years before I saw him, and destroyed the right eye, producing, at the same time, a fissure through the upper lid, with adhesion between the edges of the cleft and the cut sclerotic. Besides being much disfigured by the deep notch in his lid, the irritation of the adherent parts and of the eyelashes rendered his other eye so weak that he could not see to work.

I divided the adhesion between the sclerotic and the edges of the cleft, so as to free the lid, and pared the edges of the fissure. A fine pin was then passed in along the margin of the lid, so as to obliterate the notch by a twisted suture. Everything healed well; and a few days afterwards, I cut away, with the aid of the tenaculum and scissors, all the red granular conjunctiva to which the lid had adhered; and he went out very shortly much improved in appearance, and with his other eye becoming very much stronger.

CASE DCLXXXII. E. G., aged 20, had a notch in the upper lid of the left eye in consequence of a cut. The gap was of a triangular form, and produced considerable deformity. I pared the edges, and introduced a pin close to the margin of the lid, and it was withdrawn on the third day, and the patient remained well.

CASE DCLXXXIII. W. D., aged 21, burnt both his eyes, destroying completely the right, and producing adhesion between the lower lid and cornea in the left eye. I divided the cicatrix thoroughly, so as to free the lid, and applied some oil to the surface. After a few days, I touched the divided surface with nitrate of silver, and he went away much relieved.

CASE DCLXXXIV. B. D., aged 15, burnt his right eye, and produced adhesion between the two lids at the inner canthus for about one third of their extent, and also adhesion between the lower lid and the globe of the eye. I operated in this case under chloroform, although the other operations about the lids were all performed without chloroform; and merely divided freely the united lids, and dissected away the scar between the globe and the lower lid, introducing two sutures to keep the parts properly in place. He went home in a week much improved.

CASE DCLXXXV. H. B. came under my care many years ago. As a child, she had a tumour on the outer part of the frontal bone near the orbit on the left side, and a seton was passed through it, producing absorption of the tumour, and subsequently of the bone, with destruction of the skin of the lid, and the result was that, when I saw her, she had complete eversion of the upper lid, with adhesion to the edge of the orbit, and some of her eyelashes presented just above the orbital edge of the frontal bone through a hole which had been formed in it. Her cornea had become slightly opaque from inability to close the eye. I dissected the lid down, and turned it over into its place; but it was much too large,

overlapping the lower lid considerably. After a short time granulations sprung up, and contractions began again, ultimately reducing her state exactly to what it was before.

As the patient had good courage, I operated again, and removed a considerable quantity of red and loose conjunctiva, and then dissected the lid down again. I also took off a small notch at the outer canthus, thus lessening the aperture between the lids, with a view to keep the upper lid down in its place. For a time, she improved; and then appeared likely to become as bad as ever; but the ultimate result of the case was that the lid fitted well, and she regained a clear cornea, with the power of opening and shutting her eye. I saw her again many years afterwards, and found everything in a satisfactory state.

CASE DCLXXXVI. This and the following two cases were treated with the seton—a plan at one time much recommended.

W. S., aged 20, had a strong band of adhesion between the lid and globe, encroaching on the cornea and impeding his vision. I passed a seton through the lower part, and tightened it at intervals; and in a week it cut its way out. The eye was much freed, and he went away well satisfied with his improvement.

CASE DCLXXXVII. J. H., aged 37, burnt his left eye with melted iron, producing, as in almost all the foregoing cases, a slough inside the lower lid, involving the conjunctiva covering the globe as well. The cicatrization of the wound produced a firm adhesion or *symblepharon*. I treated him with the seton, and he was much improved.

CASE DCLXXXVIII. T. E., aged 14, burnt his left thigh and abdomen when a child, producing a scar which interfered with his work. The cicatrix was a broad triangular flap extending from the abdomen to the thigh, under which three or four fingers might be concealed. I passed a thread through it, applying traction to make it cut its way out; but he did not improve, and one day, becoming discontented, he went away (seton and all); and, after many months, was admitted again as an inpatient under one of my colleagues, who divided the scar, and transferred into the gap a piece of skin from the thigh, and cured him completely.

CASE DCLXXXIX. B. L., aged 30, met with a severe mining accident, by which his right arm was disabled, his cheeks and face burnt, his left eye destroyed, and the right eye so lacerated and contused that, on recovery from the general effects of the injury, his eye was found to be *entirely* adherent to the lids. He could distinguish light from darkness. He was very anxious to try to get relief; and I therefore operated, although his state was almost hopeless. I dissected the lids from the globe, and at last freed it, although the process was excessively tedious, lasting an hour, without chloroform.

It was just possible to make out the position of the cornea, which was covered with hard tissue, and very opaque. I divided the outer cartilage, and made a slit through the upper lid, so that I could partially keep it out of the way by a suture. Oiled lint was introduced between the globe and the lids.

He went on well for a little more than a week; and, when he went away, he could move his eye freely; and his sight was so much improved, that he could see more light.

I never heard the result of this most unpromising case; but, in all probability, there was some amendment in his condition in consequence of the operation.

The three following cases cannot well be classed with those just narrated, but must be narrated separately.

CASE DCXC. A. J., aged 22, received an injury by gunpowder, which resulted in the formation of a blue patch under the skin at the inner angle of the left eye. She was very anxious for an operation to remove the deformity. I dissected out the skin and the gunpowder stain, bringing the wound together by the fine pins. It