EXCERPTS FROM DAILY PRACTICE.

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II.—CASE OF ABORTION BETWEEN THE THIRD AND FOURTH MONTH, ENDING FATALLY FROM INTRACTABLE VOMITING AND DIARRHŒA. NOTE OF A SECOND CASE IN WHICH POISONING WAS SUSPECTED.

THE first of the following cases differs somewhat from the last one reported in the JOURNAL for July 30th. It shows that even abortion may not be sufficient to save life in cases where the irritation produced by pregnancy has excited severe systemic disturbance.

On August 28th, 1858, Mrs. H., aged 42, the mother of a large family, aborted in the fourth month of her pregnancy. She was not under my care at the time of the abortion, for she had left this neighbourhood to visit London. I learned, however, that a week before the abortion, she was seized with violent diarrhœa and vomiting, which continued unchecked up to the period when the fetus was thrown off. The abortion had been preceded and followed by considerable hæmorrhage. Recovery was never fairly established, the intestinal irritation continuing all the time. Unfortunately, she determined to return home while yet suffering from the disturbance of the alimentary system and consequent depression, and was conveyed directly from her bed-room to the railway station. The last seven miles of her journey was in an open gig, and she was exposed to heavy rain.

As soon as she reached home, eight days after the abortion, I was sent for, and found her suffering purely from gastro-intestinal symptoms. She was frequently vomiting, the vomited matters consisting of the ingesta, with a considerable quantity of bile of the usual green colour. No food could be retained, and her exhaustion was extreme. But the most intractable symptom was diarrhœa. This was persistent, in spite of every treatment. The motions were as frequent as ten or twelve in the twelve hours; and the matters excreted were copious, liquid, somewhat deeply tinged and offensive, occasionally containing shreds of mucus. She complained of but little pain, except a burning sensation in the epigastrium; and occasionally, in the cardiac region, of acute darting pains, to which she had been liable for some years. There was no tenderness on pressure of the abdomen. The pulse was 112, small and feeble. The tongue was moist, slightly furred, and red at the tip. The skin was moderately warm. Thirst was excessive.

In this case I used every variety of treatment, relying chiefly on astringents. In the list of remedies given, with every care, were catechu, kino, iron in the form of tincture and the persesquintrate, the mineral acids, and opium in every shape. Opiate suppositories, and starch and laudanum enemata, were freely used, but without avail. Food, in any form, and medicines appeared sometimes rather to increase than to lessen the symptoms. The vomiting was distressing, and the diarrhœa profuse, as though the entire system were being drained of its fluids. The countenance became indescribably pinched and anxious. In spite of a liberal supply of brandy, carbonate of ammonia, ether, etc., she gradually sank, and died from sheer exhaustion, precisely fourteen days after the abortion.

REMARKS. In my last reported case, we saw that abortion saved the life of the patient by stopping the gastro-intestinal mischief. In this case, although abortion occurred, a fatal result ensued from the intestinal flux and the vomiting. The case, therefore, tells rather against than for the practice of producing abortion. It is nevertheless to be borne in mind, that the patient was subjected to unfavourable conditions after the delivery; that is to say, she travelled a great many miles, and was exposed to rain, while in a condition but ill fitted to bear these risks.

The second point of interest is, that medicinal measures of the astringent type—pushed to the fullest extent and with every care—proved utterly unavailing. They neither arrested the vomiting nor checked the diarrhœa. Some of the medicines, particularly the cretaceous astringents, seemed to me to increase the mischief and to cause pain. Indeed, it has never been my lot to witness a case in which all medicinal and dietetic treatment was more tenaciously resisted.

If—as one of our judges recently intimated in his most extraordinary charge to the jury—inamenability to all treat-

ment constitutes a ground of suspicion of foul play, here was a case for the gravest suspicion. Nothing can be weaker, more illogical, or more dangerous, than such a dogma.

This case differs slightly from the previous one in regard to symptoms. In the preceding case, the symptoms were of the dysenteric type. In the present they were, I should say, rather of the choleraic type. In both, nevertheless, shreds of membrane were thrown off. In the preceding case there was tenesmus; in this, that symptom was absent, the matters ejected being passed without effort or pain. In the preceding case, the patient made no complaint of burning pain in the stomach; in this case that symptom was a distressing one. These are the differences: they are minor in kind, but deserve attention. In one grand respect the cases are intimately allied; that is to say, the gastro-intestinal symptoms had their origin in uterine irritation, and in that alone.

There is every reason to believe that the connection between really serious and even fatal disturbance of the gastro-intestinal mucous membrane and pregnancy, is more common than has been suspected. Since my former case was forwarded to the JOURNAL, several recorded cases have been referred to. In a letter by Drs. Richardson, Thudichum, and Webb, upon the case of Isabella Bankes, these authors show that this connection has been so frequently observed on the other side of the Atlantic, that it has led to the announcement of this subject for prize competition. This prize was awarded to Dr. David Hutchinson, for an excellent essay, in which he has brought together many valuable facts. The connection of dysentery and pregnancy has been noted by Guillemeau, Mauriceau, Shaw, Denman, Burns, and others of our early obstetric writers. In 1848, Dr. Churchill published the history of a case, which, in some points, is like the one which occurred in my practice. A case by Mr. Edmunds was fatal after the miscarriage; the diseased action had been thoroughly set up, and the dysenteric symptoms continued in spite of everything. Another fatal case has occurred in the practice of Dr. Freeman, of Plymouth. Vomiting alone, without either diarrhœa or dysentery, has proved fatal during pregnancy. Dr. Tyler Smith has met with such cases. M. Cartaya, in an essay, *Vomissements incoercibles pendant la Grossesse*, has collected fifty-eight cases, twenty-four of which proved fatal to the mother. Professor Stoltz, of Vienna, records eleven fatal cases. In 1855, a discussion took place in the Academy of Medicine in Paris, on the propriety of producing abortion in these extreme cases.*

The resemblance of these cases of sympathetic gastro-intestinal mischief to irritant poisoning, has been so striking in some instances, as to have led to suspicion. In two cases, indeed, referred to by Dr. Tyler Smith and Dr. Richard Quain, the suspicion was so strong, that the ejecta were submitted to chemical examination. These facts remind me that two years ago a lady was repeatedly under my care, with severe attacks of sickness and diarrhœa, during the very earliest period of pregnancy. Several circumstances in this case rather puzzled me, and led me to suspect that the gastric symptoms were not solely the result of the pregnancy. This lady had never suffered from sickness during any previous pregnancy; it was not in the least restricted to the morning, but common at all times, but mostly after food; and whether at rest, or otherwise. The sickness was not accompanied with acidity in any shape; but it invariably preceded severe diarrhœa, as though the stomach rejected some offending material, a portion of which afterwards passed through the intestinal track, and caused mischief there. These attacks were perfectly amenable to treatment. A soothing mode of medicinal treatment, diet, and regimen, with quiet, always relieved; the attacks were, nevertheless, frequently repeated, and severe, producing considerable constitutional disturbance. Within the first four months and a half of pregnancy, this lady was under my care as many as seven times with attacks of sickness and diarrhœa of the character described above. After I had seen her through four attacks, the idea of irritant poisoning from some source or other certainly crossed my mind; and I mentioned my suspicion to the husband. We carefully examined the kitchen, but could not find anything improperly used for culinary purposes, and there our suspicions ceased. Every subsequent attack was regarded as a not common phase of sympathetic stomachic and intestinal affection, which would probably cease before long. This was the result; for, after the first half of pregnancy, she never had another attack.

* A Letter to the Right Hon. Sir G. C. Lewis, Bart., M.P., Her Majesty's Chief Secretary of State for the Home Department, from three of the medical witnesses for the defence in the case of Thomas Smethurst. In the references given above, I have followed the writers in this letter.

With these facts before us, it behoves us to act with great caution where pregnancy is present; for there can be no doubt that now and then we meet with physiological and pathological effects, which are quite beyond the common beaten track of observation, and which can only be duly appreciated when the fact that pregnancy exists is itself known.

It has been urged by some professional men, that while these peculiar symptoms incident to pregnancy are possible, they are not common. I admit the fact; and I admit it on twenty years of active experience. But it strikes me, from the same experience, that cases of irritant poisoning are much less common; and I have sufficient confidence in my countrymen and women to believe that this view is correct. Any way, I am very happy that, in my cases, I brought no one up to trial for a life; and I submit that medicine will soon be called Moloch, if many similar cases, because they resist remedies, are to be set up as illustrations of slow poisoning by felonious administration.

[To be continued.]

ON THE TREATMENT OF ASTHMA BY SEDATIVES.

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TOBACCO: STRAMONIUM: CHLOROFORM: OPIUM: LOBELIA:
INDIAN HEMP: ÆTHER.

THE recognition of the nervous nature of asthma, of the paroxysmal character of its symptoms; of the fact that the air-passages were in a state of spasm; that a part at least of its essential pathology appeared to be a morbid susceptibility to certain stimuli; that many of its exciting causes were such as exalted nervous irritability; that the subjects of it were commonly individuals of quick and mobile nervous systems;—these, and analogous considerations, long ago suggested the use of sedatives both for the prevention and alleviation of the asthmatic paroxysm.

The *modus operandi* of sedatives, both in the cure and prevention of asthma, is doubtless by allaying nervous irritability; destroying for the time that morbid sensitiveness of the pulmonary nervous system that constitutes so essential a part of the disease. And whilst, on the one hand, it is the nervous theory of asthma that has suggested the use of sedatives, their efficacy on the other—the immediate and perfect relief that follows the use of some of them—is among the best proofs we have of the correctness of this nervous interpretation of the phenomena of the disease.

Of all the classes of remedies used in asthma, I think that sedatives constitute the most numerous. I wish I could say that they excelled others in efficacy as much as they do in numbers. But they are of very unequal power; for while one or two of them are of very great value, others appear to be of little worth, and some even prejudicial. Chloroform, for example, is, in my opinion, one of the most valuable remedies for asthma that we possess; the inhalation of its vapour putting a stop to the asthmatic paroxysm more speedily and more certainly than anything else I know. Opium, on the other hand, I have found, as far as my experience has gone, positively worthless.

Moreover, with regard to sedatives, asthma exhibits very strongly its characteristic caprice;—stramonium smoking is, to some patients, an infallible cure, while others might just as well smoke so much sawdust, and not only receive no benefit, but experience no result of any kind from it.

The principal remedies of this class are:—

- i. Tobacco, in sedative doses; ii. Chloroform; iii. Opium;
- iv. Stramonium; v. Lobelia; vi. Indian Hemp; vii. Æther, in sedative doses.

Of some of these I have had very little practical experience. I will speak of those of which I have, and first of—

i. TOBACCO. I have, in a previous paper, spoken of tobacco as a depressant. But tobacco as a sedative is quite another thing. The dose is different; the physiological effects are different; the principle of the cure is entirely different. In smoking with the view of producing depression, the individual must be unaccustomed to the drug, or the tobacco very strong, or the dose very large; in smoking for sedation none of these is necessary. For tobacco to cure asthma as a depressant it must produce collapse; as a sedative it merely produces that

composing and comforting condition with which smokers are so familiar. As a depressant it renders spasm impossible by knocking down nervous power (doubtless by poisoning the nervous centres); as a sedative, by temporarily effacing a morbid sensitiveness to certain stimuli, and inducing a normal indifference and tolerance of them. Any one may experience the sedative effects of tobacco, and all smokers do habitually; but the production of its full depressant action is almost impossible in those who have long accustomed themselves to its use; in others, however, as in women and children, it is so easy, that the difficulty is to prevent sedation from running into depression. It is for this reason that it is necessary, in administering tobacco as a sedative only, to the uninitiated, the delicate, or the young, to give the very mildest form, in carefully measured quantities, and to insist on its slow and deliberate exhibition.

It is of the sedative use alone of tobacco that I am now speaking.

Asthmatics are very commonly smokers, and many of them find in the habit an almost unfailing antidote to their disease. But in almost all the cases that I have met with, it is rather as a prophylactic that it is used—to secure immunity when under dangerous circumstances, or to meet the first threatenings of an attack—than as a veritable curative to cut short spasm.

ii. CHLOROFORM. One of the most powerful and speediest remedies which we possess for asthma, to which I should, perhaps, give the first place of all, is chloroform. It is, of course, a comparatively recent remedy; but its marked physiological effects early suggested its appropriateness, and the result has fully justified the trial. I have not had many opportunities of witnessing its effects personally, because when asthmatic patients consult one they are generally not suffering from the disease at the time; but in the cases in which I have witnessed it I have been very much struck with the completeness of the control which it exercises over the asthmatic condition, and with the absence of all danger in its administration, provided the asthma is of the uncomplicated spasmodic form. If the only source of dyspnoea is bronchial spasm, it seems to me that it may be as safely given to an asthmatic in the height of a paroxysm as to a healthy person.

I shall not easily forget the first case in which I administered it. A poor woman was brought into King's College Hospital at the time that I was house physician there, supposed to be dying by those who brought her in. She was quite unable to move, and could barely speak; but it was easy to perceive, from the violent action of the respiratory muscles and the loud wheezing that accompanied it, that the suffocation from which she was suffering was of the asthmatic kind. I at once administered chloroform. After a few whiffs the spasm began to yield, and before I had given her enough to make her insensible it had quite subsided and her breathing was free. In ten minutes after entering it she left the hospital—well.

Even in asthma with bronchitis I have known it, if carefully administered, of great service, by getting rid of the asthmatic element of the dyspnoea, and so putting a stop to one of the sources of suffering, and one of the causes of pulmonary congestion and bronchial exudation; and at the same time, by relaxing the constricted air passages, facilitating the discharge of the accumulated mucus. In chronic bronchitis I have seen at least half of the dyspnoea vanish on its administration, showing how much of the symptoms were due to spasm. I think its usefulness in these cases has been overlooked, and that, if carefully and tentatively given, it might be tried in them without risk. Certainly for the time the patient is placed under much better circumstances, even as far as the bronchitis goes.

The sooner it is given after the commencement of an attack the better, for if the spasm has existed for some time it is apt to recur as soon as the influence of the chloroform passes off. The plan recommended by Dr. Russell Reynolds, of recurring to it at the first indications of an attack is, I think, a very good one, for the spasm yields with much greater facility, and is cut short while it is in so incipient a state that the treatment is virtually preventive. He mentions the case of a young lady (*Lancet*, October 29th, 1853) who, by inhaling a few drops on her handkerchief whenever an attack threatened, at once averted it, and was thus virtually cured of her troublesome complaint.

Dr. Walshe says he has seen three results of chloroform inhalation, administered during a fit of asthma, and pushed to narcotism;—"Total relaxation of the spasm during the continuance of insensibility, with the immediate return of dyspnoea on the restoration of consciousness; gradual return of the difficult breathing as consciousness is restored; and suspension, or at least mitigation, of the paroxysm for the time being." The last effect he has found the rarest of the three; but, on