obtaining the object sought than leeches, and of less worrying and fatiguing the patient; and less exposes him to the chances of being chilled by exposure to the air. Cupping, however, is manifestly objectionable in females, and few persons have the knack of performing the operation quickly and effectually; leeches, therefore, will as a rule be the means used to draw blood from the præcordial region. The distribution of the internal mammary artery would seem to indicate that the leeches should be applied rather along the left side of the sternum than about the point where the apex of the heart beats, and the left side of the left nipple.* The patient should always be carefully covered with flannel during the application of the leeches.

Mercury. The induction of the specific effects of mercury was formerly considered by the leading practitioners of our art as of primary importance in the treatment of acute pericarditis; but later and more extended experience has not corroborated the opinion.† The practice, indeed, may be said to be generally abandoned at the present moment. The careful observations made by Dr. John Taylor first demonstrated the worse than inutility of the induction of salivation in pericarditis. "The best evidence", as Dr. Bennett says, "on this subject is to be derived from an analysis of the forty cases of acute rheumatic pericarditis by that gentleman, in which mercurial ptialism was produced, and with the following results:—1. Ptialism was not followed by any abatement of the pericarditis in twelve cases. 2. In one case, ptialism was followed by speedy relief. 3. In two cases, ptialism was followed by a diminution, and then gradual cessation, of pericardial murmur. 4. In one case, pericardial murmur had been diminishing for some days before, and it ceased soon after ptialism was produced. 5. In one case, pericarditis and pneumonia both increased in extent and intensity after ptialism. 6. In four cases, pneumonia supervened after the establishment of, and therefore was not prevented by, ptialism. Was it caused by it? 7. In three cases, endocarditis supervened after ptialism. 8. In six cases, ptialism was followed by pericarditis. 9. In one case, ptialism could not be produced, and yet the pericarditis went on favourably. 10. In two cases, ptialism was followed by extensive pleuritis. 11. In one case, ptialism was followed by erysipelas and inflammation of the larynx. 12. In two cases, rheumatism continued long after ptialism was produced.‡ Thus, out of the forty cases, only four can be said to have improved after the mercurial action was established, and in these there can be little doubt that the improvement was purely a matter of coincidence. Indeed, I have often observed in hospital cases, that when mercury has been said to be most successful, its physiological action has been established just about the time when, during the natural progress of the disease, the friction or blowing murmur may be expected to cease." (Bennett's *Principles of Medicine*, p. 529.)

The conclusions to which Dr. Taylor was led by these observations have been so fully confirmed by subsequent investigations, that the inefficacy of the practice of inducing salivation in the cure of acute pericarditis may now be considered as an admitted fact in therapeutics.§

[To be continued.]

* It might, perhaps, not be out of place here to insert a word of caution to the student in respect to the management of the physical examination of the patient. I believe there is no case, in which physical diagnosis is required, where more gentleness and tenderness should be employed in its practice than in the case of acute pericarditis. The severe sufferings of the patient and the nature of the disease forbid all needless exposure of his person, and all manipulations which are not absolutely necessary for the satisfaction of the diagnosis. I cannot doubt, that the excitement, and the pain, and the exposure, which frequent examinations necessarily entail, are often very prejudicial to the patient; and particularly in the instance of young and nervous females, who seem, among the lower classes, to be especially liable to the inflammation, and in its most acute forms.

† The following may be quoted as an example of the ordinary method of treatment adopted some years ago in acute pericarditis:—"Of one thing, I am certain, that inflammation of the pericardium in a person of tolerably good constitution, may be generally arrested in its progress by bleeding, frequent leeching, and scruple doses of calomel. . . . Instantly use every effort to produce the full action of mercury on the system. Apply the ointment to the axillæ, smear it over the inside of the thighs; make your patient respire the vapour of hydrargyrum cum creta as often in the day as he can bear the process." (Graves' *Lectures*, II, 153.)

‡ To these conclusions may be added the fact: that pericarditis has been frequently observed to supervene during salivation. Dr. Fuller, in his work on Rheumatism, notes five such cases. In each case he observed that the salivation appeared to act injuriously upon the pericarditis. The most rapidly fatal case of pericarditis which has come under my own notice, was one in which the pericarditis commenced, when the patient was suffering from severe salivation.

§ It is a fact worthy of note, as corroborative of this position, that mercurialisation in acute pericarditis has never been much resorted to on the Continent. The practice would seem to be almost untried and unknown in Germany. Neither do there appear to have been any authorities in France who have patronised it extensively, however vigorously they may have re-

TWO CASES OF CONTINUED FEVER OCCURRING IN THE PUERPERAL PERIOD, SEVERALLY SIMULATING PUERPERAL CONVULSIONS AND FEVER.

By E. GARRAWAY, Esq., Faversham.

[Read before the East Kent and Canterbury Medical Society.]

THE suspension and arrest of internal disease on the occurrence and during the continuance of pregnancy is well known to you. Instances must have occurred to all where a woman has been snatched for a time apparently from the very jaws of death, by the occurrence of conception. A lady, a near relative, who four years ago was expectorating large quantities of pus from a cavity in the right lung, sweating, emaciating, in short said to be dying, became pregnant, all these formidable symptoms abated, and in due course a strong and healthy child was born. Again the mother relapsed, again she became pregnant, and this recurred four times, and the lady is at this moment in the enjoyment of moderately good health, still, however, with a partially obliterated lung.

I mention this singular power which pregnancy appears to exert of arresting existing internal disorder, only the more strikingly to contrast the peculiar susceptibility to disease, which arises on its completion, the puerperal state appearing to induce a proneness to the absorption of noxious or morbid *materies* from without. No sooner is the process of gestation perfected, and the child born, than the maternal system seems ready to imbibe any subtle poison which may be floating in the atmosphere, more particularly the *materies* of erysipelas, the exanthemata, and eruptive, and febrile disorders generally. Why this should be so is not easy to explain, it is probably dependent upon diminished nervous tone consequent upon the shock of labour. Did the uterine sinuses remain open, and the os and vagina uncontracted, we might imagine absorption of a poisoned atmosphere to ensue, but experience warrants no such supposition.

I have been led to these observations by one or two cases of recent occurrence, and which I think sufficiently interesting to bring before the society.

CASE I. Mrs. M., aged 35, was safely delivered of her fifth child in December last. Everything went well with her till the 10th day, when I was hastily summoned, and found my patient just recovered from what appeared to have been a hysterical seizure. She expressed herself as being perfectly well, and unconscious of what had happened. In an hour or two this was repeated, but the attack which I had the opportunity of partially witnessing was evidently not hysterical, but epileptiform and convulsive. The seizures occurred again and again at intervals of a few hours, each time becoming more violent and protracted. During the intervening periods, however, the patient had nothing to complain of, save a feeling of exhaustion, no pain in the head, no great acceleration of pulse, in short, no indication of disease whatever. Still the attacks were sufficiently alarming. Depletion, counterirritation, in various forms, and mercurialisation, were had recourse to; notwithstanding matters grew worse, and scarcely three or four hours passed without convulsion, which every time became stronger and lasted longer than before, so that at length they assumed a more frightful character than anything of the kind I had ever witnessed. Every muscle, from the occipito-frontalis to the plantar muscles of the foot, was in violent action, every thing in the room was in a state of vibration, the windows rattled, and the nurses were fain to fly in terror from the house. The poor creature was about four days arriving at this state; the pulse was by this time running, the dejections passing involuntarily, the whole surface bathed in sweat, the tongue and teeth now brown and covered with sordes, and so my poor patient sank.

It was at first difficult to pronounce upon the pathology of this unwonted case, but the brown tongue and sordes, coupled with the fact that one of Mrs. M's. little girls was suffering from low fever at the time of her accouchement, furnished the key to the mystery. There is little doubt in my mind that the fever-poison was here absorbed, probably soon after delivery, and the convulsions under which the patient sank were occasioned by its maturation and nature's efforts at elimination.

The next case, though altogether dissimilar, so far as

sorted to that other prime (so-called) antiplogistic remedy, bleeding. The opinion of Gendrin (*Leçons sur les Maladies du Cœur*), that mercury is completely useless, appears to be the general opinion of his countrymen.

outward symptoms were concerned, and also happily in its results, was nevertheless fraught with considerable apparent danger, and productive of no little disquiet and alarm to the medical attendant.

CASE II. Mrs. W., aged 29, was confined on February 25th. On the third evening I was sent for, a rigor having occurred, and found my patient complaining of much diffused abdominal pain though without extreme tenderness, the lochia and milk suppressed, the countenance anxious, the pulse 150, very feeble and compressible. The bowels had acted twice during the day from castor oil. The poor woman's state was sufficiently alarming. I was loth to believe in puerperal fever: all my recent cases had done well, there was no erysipelas prevailing, and puerperal fever, when it has been my misfortune to meet with, I have hitherto been able to trace. Depletory measures in this case were out of the question, so I resolved, at all events for the night, to temporise, contenting myself with ordering a fomentation to the abdomen, and sending a drachm of Battley's solution in divided doses, at the same time giving with it a little calomel, merely for the sake of smoothing the way for remedies which it might possibly be necessary to bring to bear on the morrow. The next morning, to my great relief, the patient had slept well, the pain and tenderness were greatly diminished, the milk and lochial discharge were returning, and the pulse, from having been 150, was down to 100. There was some sickness, which I attributed to the opiate, the whole drachm having been taken. On the following day the abdominal tenderness was very slight, pain occasionally occurred in paroxysms, the lochia and milk were free, the pulse only 88. "Convalescent" appears in my notes the next day, and my anxiety was at an end. But my satisfaction was of short duration. On the ninth day from Mrs. W.'s confinement, I was once more summoned to find her in a state of high fever, the milk and lochia gone, the abdominal pain and tenderness returned, the pulse 130. Calomel and Dover's powder were now steadily given, and Battley in the interim to ease violent exacerbations of pain. No abatement of the symptoms occurred; the next day, on the contrary, the pulse had risen to 140, the pain and tenderness, particularly over the uterus, were considerable, the lochia and milk continued suppressed. The case was certainly puzzling, but I felt justified this day in forming my diagnosis, that it was not one of puerperal fever or hysteritis, but fever fortuitously occurring during the puerperal state. I was led to this from a consideration of the *period* of the attack, nine days after delivery; from the presence to-day of a brown dry tongue, and a herpetic eruption around the lips (indicative of fever of an intermittent type); from the absence of tympanitis, dyspnoea, delirium, or that terror, tremor, or agitation so painful to witness in puerperal fever generally. It is needless to trouble you further with the minute details of the case. Calomel as a safeguard was still cautiously administered; the pain gradually left the abdomen, and became located in the chest and scapulae, causing some difficulty of breathing; but this pain, being evidently muscular, was disregarded. The case became thoroughly developed as one of common continued fever, not, as I had expected, intermittent; and, after the conventional twenty-one days, the patient became convalescent. It was a source of satisfaction that depletory measures were not had recourse to in this case, although some might at first have considered them indicated. The subsequent debility was extreme, and it was not without difficulty that convalescence was established and a tendency to the development of phthisis averted. It was not until some time after this that I accidentally discovered that Mrs. W., up to the day of her confinement, had been washing the linen from a little girl with low fever, none other than the child of the same lady who died in convulsions. To my mind, this linen was the source of the dangerous illness with which my patient had had to contend.

If, as we are led to believe, febrile disorders generally are dependent upon certain not well-defined atmospheric conditions, or upon actual poisonous particles floating in the air we breathe, and that in certain states of the system this poison becomes absorbed, giving rise in its elimination to that train of symptoms we term "fever," the important questions suggest themselves, and open a wide field for discussion: What are those states, and how may they be neutralized? Who are those susceptible, and how may they be protected? Without taking upon myself to answer these, I would simply place for one in the latter category, "the lying-in woman," and suggest that during the prevalence of fever, more active measures to maintain her energy and tone, and her resistive power, be had recourse to, and every form of morbid material be removed as far from her as possible.

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BATH AND BRISTOL BRANCH.

CASE OF DISEASE OF THE FEMUR: WITH REMARKS.

By EDMUND BOULT, Esq., F.R.C.S.

[Read September 22nd, 1859.]

In the early part of the summer of 1858, I was consulted in the case of a young gentleman, about 10 years of age, who was supposed to have a tendency to lateral curvature of the spine. He was a somewhat delicate looking boy, with full black eyes, and a clear complexion; but heretofore had been generally healthy. I could not detect any symptoms of spinal disease; but I ascertained that twelve months previously he had had a very severe and acute inflammatory attack in the right thigh, which resulted in the formation of pus beneath the periosteum. His sufferings were very great, and the complaint must have been of a very serious character; for he was at that time under the care of a very able surgeon, who judged it necessary to make an incision down to the bone, fully four inches in length. After the matter was discharged, the wound healed almost immediately, and within a short time the boy was up and running about as usual.

Some weeks after I first was consulted about him, our distinguished associate, Dr. Symonds, happened to have an opportunity of examining him, and he thought the right limb was decidedly *longer* than the left. As his parents were naturally anxious about him, they took him up to London, where he was seen by an eminent orthopaedic surgeon, who thought he detected symptoms of incipient lateral curvature; but could not see that the limbs differed in length. Indeed, he went so far as to say that if a difference did exist, it must be the result of some latent paralytic affection of the left leg, which had interfered with its proper nutrition. This gentleman recommended a mechanical support to the spine, which, however, as it was of somewhat cumbersome construction, and the weather at this time very hot, neither Dr. Symonds nor myself thought it desirable he should commence wearing them.

Towards the month of September 1858, I was again requested to see him, as there was a very evident diffused swelling extending round the upper part of the knee-joint. There was no pain in the limb, but the temperature was decidedly higher than that of the left. It was now clear that there was chronic mischief going on in the bone, and that this swelling depended upon a collection of fluid connected with the disease. The hypertrophy of the femur was now very palpable.

With the concurrence and assistance of Dr. Symonds, I made an opening at the upper part of the old cicatrix, about an inch and a half in length, which soon gave exit to a considerable watery discharge.

I chose the upper part of the cicatrix for my opening in preference to the lower, because I foresaw a long confinement to the horizontal posture, and I knew it would be more easy to make the former the most depending part than the latter; moreover, this plan had the advantage of draining away all discharges from the neighbourhood of the knee-joint. After this there was but little to remark in the case. The patient was left at rest in the horizontal position for several months. His general health and strength were maintained by a generous diet and the exhibition of tonics (principally such as contained steel or iodine) and cod-liver oil, and occasional change of air to Clifton. On this plan he thrived wonderfully well, and locally he had no pain nor discomfort. The discharge, however, continued, and occasionally little spiculae and pieces of crenelated bone, came away with it. Thus months passed, with but little sign of the wound healing.

In the month of February, this year, his parents, still anxious about him, felt desirous of another surgical opinion in the case, and I had the advantage of a consultation with another London surgeon of great eminence. He agreed with the diagnosis and prognosis I had previously given, which were favourable; but when I pointed out to him the abnormal growth of the limb, he was evidently sceptical, and appeared to think the difference was more apparent than real, and being pressed for time he made no very minute inquiry into this abnormality. On the other hand, Dr. Symonds and myself, who had ample opportunity of watching the case, were fully convinced that there was increasing hypertrophy of the whole femur, as regards length and circumference, both in the shaft and the epiphyses. I believe, also, that the head of the tibia was coin-