

LIVERPOOL ROYAL INFIRMARY.

ACUTE RHEUMATISM.

By THOMAS INMAN, M.D.

WM. HITCHFIELD, aged 34, was admitted, with rheumatic fever, on October 7th. The pain in his joints was severe, and the perspiration excessive, but not very odorous. Lime-juice was freely administered, but without any marked effect. For the next fortnight, the sweating was most profuse, and accompanied by large numbers of sudamina; the heart was unaffected. As no change was apparent, the treatment was changed on October 21st, and twenty minims of the tincture of sesquichloride of iron given three times a day; improvement was manifest in twenty-four hours; the pain and sweating were decidedly diminished; and in four days the skin was natural, and the pains materially abated. On the 28th, the rheumatic attack was over; and, though much weakness remained, he was able to get up on October 31st.

REMARKS. This case illustrates many points:—1. It corroborates what I have before noticed, that those cases of acute rheumatism are the worst in which the perspiration is most profuse. 2. It is the first in which I have known lime-juice to fail. (I must note, however, that I had a similar case some years ago at the Northern Hospital, where I administered lime-juice for three weeks before it effected any apparent change.) 3. It shows that great improvement may occur with a diminution of the perspiration; and, consequently, that the cutaneous secretion is not an eliminative effort of nature, which we ought necessarily to encourage. 4. Coupling together the facts, that in acute rheumatism the blood is as poor in globules and as rich in fibrine as it is in consumption, Bright's disease, and anæmia; that the cases in which the fever is the worst, are those in whom there is some hereditary or acquired constitutional debility; that the intensity of the disease is augmented and the complications increased by venesection, salivation, and purgation; and that such debilitating treatment prolongs convalescence, if it do not actually prevent it; must we not conclude that the sweating in this disease is more analogous to that in consumption and ague than it is to anything else? 5. Referring to a preceding paper of mine in the JOURNAL upon the influence of vitality on the secretions, may we not ask whether the well known sour smell of rheumatic sweating is not due to its rapid decomposition *after* it has become external to the skin; and consequently, that it is no more proof of the elimination of lactic acid, etc., than an ammoniacal smell from the bed-pan is a proof that the kidney and bowels are eliminating ammonia from the system? I certainly can recall instances in which the perspiration has smelt rheumatic, when the sole complaint was debility, and conversely, I have known many cases of mild rheumatic fever where the perspiration did not smell sour.

Original Communications.

DIPHTHERIA, AFFECTING THE THROAT, AND TO A SLIGHT EXTENT THE AIR-PASSAGES: PARALYSIS: RECOVERY.

By A. RANSOME, B.A., M.B.Cantab., M.R.C.S., etc.

MR. A. B., aged 21, strong, usually very healthy, had lately been working at mechanical engineering. For the last few weeks he had been exerting himself greatly in mounting engines, sometimes working all night, at a place which is situated upon a damp clay soil. Four months ago, he had a slight attack of erysipelas of the head, neck, and shoulders; but since then has been quite well until February 20th. At this time, the weather was close, misty, and rainy, with but little wind.

February 20th. In the evening, he began to complain of sore-throat; and next day, the throat being much swollen and very painful, he left the works, and went to Manchester, where he consulted my father. He found the fauces very much swollen and inflamed; thought a quinsy was threatening; and ordered five leeches, which were applied that evening, after the patient's arrival at home, whither he went at once.

February 22nd—third day. In the evening, I was hurriedly sent for, and saw him at 6.15 P.M. He had not slept the previous night, and had been left alone all day. The leeches had bled freely; but the neck and face were very much swollen, and excessively tender behind the jaws. His face was much flushed, with a heavy, oppressed aspect; he breathed thickly; and spoke in a hoarse whisper, but, when requested to do so,

could give tone to his voice. His skin was bathed in perspiration. Pulse soft, compressible, 92. The tongue was very foul, and covered with a brownish fur. His bowels had been freely moved by a purge in the morning. The interior of the mouth was dark and congested, but not livid, except at the back of the pharynx. The left half of the back part of the mouth was much swollen, and projected forwards: it was covered with a greyish exudation, uneven in thickness, and semitransparent in parts, well defined superiorly, about the junction of the hard with the soft palate; inferiorly, having no well defined outline, but thin and straggling down into the pharynx. The right side of the mouth was not swollen, and exhibited no trace of membrane. I at once dissolved about two scruples of nitrate of silver in two drachms of water, and applied it freely with lint all round and over the exudation, and ordered the following:—

℞ Potassæ chloratis ʒj; infusi cinchonæ ʒviiss; tinctur. cinch. ʒss. M. Fiat mistura cujus sumat ʒj 4tis horis.

℞ Liquoris sodæ chlorinatæ ʒj; sodæ biborat. ʒj; aquæ ʒviij. M. Fiat gargarisma. To be used frequently.

11 P.M. There was no appearance of spreading superiorly, but suspicious patches of exudation were straggling downwards into the pharynx. The mouth was retouched with the caustic solution.

Feb. 23rd—fourth day. 9 A.M. He slept a little the first part of the night, but not afterwards. He drank freely of white wine whey, and a small cupful of beef-tea. The swelling of the throat was much the same. The large surface, touched with nitrate of silver, seemed to be pushed up from behind by further exudation from the mucous membrane. With the blunt ends of dressing scissors, I detached the membrane to a great extent, and then with the scissors severed the upper part from the rest, which adhered more closely. The surface of the mucous membrane beneath was *unbroken*, glistening, dark, and congested. The exudation detached was hardened and white on the surface upon which the caustic had acted, but beneath it was semitransparent and gelatinous. Under the microscope, it appeared to be composed of unorganised exudation, seemingly fibrous, with exudation-corpuscles, mostly nucleated, scattered sparsely amongst it, and many minute granules. There was no trace of mycelium, or vegetable formation of any kind.

6 P.M. He seemed better in the day, and had less pain. He had taken nourishment well (beef-tea, and eggs beaten up with wine and milk, or tea) every four hours. That part of the throat from which the membrane was separated this morning was quite clear of exudation, but congested. The remainder of the exudation was looking more detached. I was able with polypus-forceps to seize and bring away nearly the whole in one piece, without violence—altogether about the size of a crown-piece, about one-fourth of an inch thick at the upper part, thin below. Other small portions near the posterior molar teeth, and on the uvula, were also removed. There was very slight bleeding from the lower part of the surface, from which the lower fragment had been detached. I touched the whole surface with tincture of sesquichloride of iron, and ordered hot sponges to be applied to the exterior of the throat until redness was produced.

℞ Quinæ disulphatis gr. xvj; acidi nitrici diluti ʒj; acidi hydrochlorici diluti ʒij; syrup. aurant. ʒss; inf. aurant. ad Oss. M. Fiat mistura. Two tablespoonfuls every four hours.

Feb. 24th—fifth day. He passed a bad night, with but little sleep; and seemed depressed. He spoke very thickly, but not hoarsely. He had no headache. Pulse 92. The bowels were not open. The tongue was very foul. The urine was said to be thick, high coloured; it was not preserved. There was more general swelling about the throat, but no œdema. The greater part of the surface from which the exudation was detached was still clear, but dusky red. About the centre or lower part, from which there was slight bleeding yesterday, was an irregular yellow exudation (slough?). The right side of the mouth and uvula was much more swollen, and dusky red, filling up the back of the mouth so that there was no seeing the pharynx. Over the end of the uvula, and on the left side, were irregular patches of yellowish exudation, unequal in thickness, semitransparent in parts, and probably extending into the pharynx. With the polypus-forceps I removed several of the patches, and applied solution of nitrate of silver to the surface. He was ordered to continue wine and nourishment *ad libitum* every four hours. The medicine and gargle were repeated, and half an ounce of castor oil was given. With the microscope I examined the patches of membrane, no caustic

having been applied to it. It was slightly different from that examined before, still having apparently a basis of fibrous exudation, with many masses of epithelium; but the corpuscles were much more abundant, and varying in size, very few being nucleated.

5 P.M. He seemed brighter; had no headache. The skin was cool. Pulse 88. His tongue was cleaner. The bowels had been well opened by the castor oil. His speech was very thick, but, when the voice was exerted, still clear. No fresh patches of exudation were to be observed, but some portions were still to be seen between the uvula and tonsils. The swelling was so great as to prevent any view of the pharynx. A quantity of *black* tenacious mucus was adherent to the roof of the mouth, and in the nose. When this was removed, the membrane beneath was healthy looking. He was ordered a drachm of powder of yellow bark, with brandy and milk, every eight hours, alternately with the quinine mixture.

Feb. 26th—sixth day. 1 A.M. There was slight extension of the patches, which were visible. Solution of nitrate of silver was again used.

9 A.M. He had been slightly rambling in the night, and complained much of pain in the throat, extending into the ears, especially the left. There was less swelling of the throat, and no apparent extension of the exudation; but one large patch on the left side of the velum palati, being evidently loosened, was removed gently. The surface of the mucous membrane beneath seemed tender and granular, and bled a little. The bowels had not been again moved. Pulse 68, weak, compressible. The medicine was continued, and he was ordered to take five grains of Dover's powder at bedtime.

Feb. 26th—seventh day. 9 A.M. He slept badly. The swelling of the throat was rather less. On the velum palati, on the same spot where the patch was removed yesterday, another had appeared. The enlarged uvula and tonsils still hid the pharynx; but extending downwards and backwards on the left side was a patch of sloughy yellow matter, which seemed to come from a depression (ulceration?) of the surface. The cinchona powder made him sick this morning. The bowels were not open. Pulse 72. I touched the throat with dilute nitromuriatic acid, and ordered a soap enema, and the cinchona to be omitted. Quinine mixture was ordered every four hours, with nourishment.

5 P.M. The enema operated, and brought away a dark coloured lumpy motion. His urine was in good quantity. He was ordered to take five grains of Dover's powder at bedtime.

Feb. 27th—eighth day. He looked clearer and brighter again, but said he felt very weak. He slept much better, but his head ached a little. He had been taking plenty of nourishment during the day and night, but complained that the wine caused intense pain in the ears, and that, unless he held his nose whilst drinking, the fluids returned through it. He brought away large quantities of thick muco-purulent matter through the nose. The bowels were not open. Pulse 76. The external swelling was still diminishing, and internally also it was less; but the pharynx and the back of the uvula, as far as could be seen, were covered with a mass of yellow matter, which had probably been hidden from view before. The solution of nitrate of silver was applied very freely with a sponge, exciting violent retching and coughing, which cleared away large quantities of yellow muco-purulent matter, which was similar to that which he had been parting with through the nose; and also several large irregular patches of exudation, one-fourth of an inch thick, similar in appearance to that which was removed at the very commencement, but with a little speckling of blood on the side which was adherent to the mucous membrane. It was evident that the disease had been spreading unseen into the pharynx. The quinine mixture was omitted; the cinchona mixture was repeated; and he was ordered to take eight grains of Dover's powder.

R̄ Aluminis ʒiiss; tinct. capsici ʒj; infusi rosæ ad ʒviij. M. Fiat gargarisma.

He was ordered to inhale creasote vapour (four minims on hot water).

11 P.M. He got up for an hour in the evening, and felt rather relieved. The removal of the yellow matter now displayed the left tonsil slightly excavated by ulceration.

Feb. 28th—ninth day. He looked brighter; slept better. His head ached a little. The external swelling was still diminishing. His bowels had not been open till after a soap enema; the motions were similar to the last, but more offensive. The ulcer on the left tonsil was cleaner, but ragged and excavated.

March 1st—tenth day. 1 A.M. Pulse 60, full. The small

patch of matter before mentioned, on the velum palati, still remained, but seemed to be separating. Two ounces of decoction of matico were added to the gargle.

9 A.M. There was general slight improvement in the aspect. The bowels were open in the morning with soap enema. Pulse 76, full. The ulcer in the throat looked rather cleaner, but much excavated. He brought away yellow mucus from the nostrils, as before, but rather tinged with blood. His urine was scanty, loaded with lithates, acid, highly albuminous, and contained numerous casts of uriferous tubes and oval or circular epithelium, with amorphous lithates. The medicine and Dover's powder were repeated.

March 2nd—eleventh day. There was more decided improvement in the general aspect. The ulcer on the left tonsil was cleaner, but large and ragged. There was less swelling of the throat; the mucous membrane had a healthier appearance, not so congested. No ulceration or exudation could be seen on the right side. His bowels were not open; the tongue was cleaner; pulse 76. He slept well. He had two irregular cuts on the right hand when the illness commenced; these had not shown any tendency to heal, and now looked sloughy; they were being poulticed with linseed.

R̄ Aluminis ʒiiss; tincturæ capsici ʒj; decocti matico Oss.

M. Fiat gargarisma. To be used every four hours.

He continues to use the creasote inhalation, with relief.

March 10th—nineteenth day. He continued in much the same state until the present date, gradually improving in general appearance, and able to leave his room. The ulcer, although sometimes looking better, did not heal (black wash was daily used to it). Moreover, when a glimpse could be obtained of the back of the uvula, ulceration was evidently going on behind, as well as in front of the velum. To-day, a perforation was observed just above the left anterior pillar of the fauces. The urine had been regularly examined every other day; it was always albuminous, and loaded with lithates; one day displaying, under the microscope, crystals—acicular quadrangular prisms; on other two days containing both large and small casts of tubes.

R̄ Tannin. ʒj; tinct. myrrhæ ʒij; infusi rosæ ad ʒviij. M. Fiat gargarisma. To be used occasionally.

March 11th—twentieth day. The ulcer had eaten completely through the anterior pillars. He did not swallow readily; the food lodged behind the velum, and was often coughed or hawked back again.

R̄ Tinct. ferri sesquichlor. ʒiiss; syr. aurant. ʒss; inf. gentian. co. ad Oss. M. Fiat mistura. One ounce to be taken every four hours.

March 16th—twenty-fifth day. The ulcer continued obstinate, but, on the whole, there was a general improvement. He could now swallow solids better, but the food was still sometimes coughed or retched back again. When the surface of the throat was touched in applying anything, it seemed rather callous and insensible. The albumen in the urine had been gradually diminishing since the last date, and was now absent.

March 26th. He began to complain of numbness in his tongue, which felt large and foreign to the mouth. The sense of taste was impaired. The ulcer was still healing. He did not seem to gain strength. It took him an hour and a half to eat dinner. I ordered moderate Faradisation to the muscles of the neck.

March 27th. After the use of the galvanic apparatus, he felt very faint for a short time. I ordered—

R̄ Tinct. ferri sesquichlor. ʒij; syrup. zingiber. ʒss; infusi nucis vomicæ ʒij; inf. gentianæ comp. ad ʒviij. M. Fiat mistura cujus sumat ʒj ter die.

The numbness gradually spread from the tongue into the lips, cheeks, neck, sides of the head; and on

March 28th, he felt tingling in the tips of the fingers, which changed to numbness, spreading up both arms above the elbows. There was also loss of power of grasping.

March 29th. In addition to the above medicine, a blister was applied to the nape of the neck, and one-sixteenth of a grain of strychnia sprinkled upon the raw surface. The galvanism was discontinued.

March 30th. One-eighth of a grain of strychnia was sprinkled upon the blister; this caused the formation of a thin white slough, which could readily be raised from the sore, leaving a dark red surface. The use of strychnia endermically was therefore discontinued; and in a few days, with simple water dressing, the blister healed. In the medicine, the infusion of nux vomica was omitted, and a grain of strychnia was substituted; the dose then was gradually raised from one-sixteenth to one-eighth of a grain four times a day.

He improved in general appearance, but gradually lost voluntary muscular energy all over the body. For three or four weeks, commencing about the middle of April, his sight (ordinarily perfect) was affected to an extent which prevented him from reading anything but large print, and he became so deaf that he was unable to join in ordinary conversation. Early in May, he went to the seaside, but continued to get more feeble, and frequently fell down in walking across the room, and was then unable to rise without assistance. After staying at the seaside a fortnight without benefit, and no twitching or other effects being produced by the strychnia, the dose of this medicine was increased from one-eighth of a grain four times to one-fourth of a grain three times a day. After the fourth dose, he was suddenly seized with violent tetanic convulsions; and his own account of his sensations is so graphic, that I give it here:—"Ten minutes after taking a dose of the medicine, I experienced a sense of much swelling about the face, followed instantly by sharp twitchings of the lips and distortion of the countenance. Tears followed involuntarily, but certainly they were not the effect of pain. After this, and two minutes after the first symptoms, followed a succession of violent fits of twitching, producing the most excruciating pain, making me during each fit, and for a few minutes after, speechless. The first fit lasted three or four minutes, and was followed by an interval of the same length of time. Each succeeding fit was of the same severity, but was shorter in duration than the one before it, and was followed by a longer interval of partial relief. Intense pain lasted three hours; and in twelve hours I was comparatively easy, though in my feet I was conscious of the effect for forty-eight hours. The pain during the fit was comparable to the lifting of the flesh from every bone. During the intervals, it was much like the effort of the limb to swell when tightly made up with bandages. The activity of the brain, even while I was speechless, was very remarkable. Up to the time of this attack, the medicine, though it had been taken a long time, had not produced the slightest effect."

A week after the tetanic seizure, he began to improve; no medical treatment, except sea-bathing, being employed; and he continued steadily to gain power in his muscles. He is now (July 30th) in vigorous health, and can walk several miles.

Throughout the illness he displayed a remarkable courage and power of endurance (pluck); and to this, together with the admirable nursing and feeding he got, his recovery may be in great measure ascribed.

Bowdon, near Manchester, Nov. 9th, 1859.

STATISTICS OF ONE THOUSAND CASES IN OBSTETRICS.

By I. HARRINSON, Esq., F.R.C.S., Fellow of the Obstetrical Society.

[Read before the Reading Pathological Society, August 17th, 1859.]

[Concluded from page 889.]

Premature Children born alive.—Fifteen cases.

No.	Month of gestation.	Sex.	Presenta-tion.	Causes.
1	8	M.	Natural	Diarrhœa from eating sprats
2	7	M.	Do.	Syphilis
3	7	F.	Placenta	Preternatural presentation
4	8	M.	Natural	Hæmorrhage of mother
5	7	F.	Feet and cord	Induced labour
6	8	M.	Natural	Profuse liquor amnii
7	7	M.	Do.	Travelling
8	8	F.	Do.	Syphilis
9	7	F.	Do.	Phthisis
10	8	F.	Do.	Debility
11	8	F.	Do.	Fright from thunder
12	7	F.	Do.	Mental distress
13	7	M.	Do.	Debility
14	7	F.	Do.	Syphilis
15	8	M.	Do.	Debility

There were seven cases at 8 months; and eight at 7 months. Of the children, seven were males and eight females. All the presentations were natural, except two; viz., one placental and one of feet and cord.

Premature Children born dead.—Fifty-three cases.

No.	Month of ges-tation.	Sex.	Presenta-tion.	How long dead.	Cause.
1	9	M.	Natural	7 days	Intrafoetal
2	7	F.	Do.	In birth	Concealed acciden-tal hæmorrhage
3	9	F.	Hand and cord	In birth	Preternatural pre-sentation
4	8	F.	Natural	3 days	Diseased placenta
5	9	M.	Funis	In birth	Pressure on cord
6	9	F.	Natural		Fright(?)
7	9	M.	Feet	In birth	Pressure
8	7	F.	Placenta	In birth	Pressure
9	7	M.	Feet	3 days	Diseased placenta
10	9	M.	Face	In birth	Pressure
11	9	M.	Breech	Some days	Diseased placenta
12	9	M.	Breech	In birth	Pressure
13	9	M.	Breech	In birth	Pressure
14	9	F.	Feet	In birth	Pressure
15	7	M.	Natural	14 days	Diseased placenta
16	7	F.	Do.	4 days	Diseased placenta
17	7	M.	Do.	4 days	Syphilis
18	9	M.	Do.	4 days	Diseased placenta
19	9	M.	Cord	In birth	Preternatural pre-sentation
20	7	M.	Natural	Some wks.	Syphilis
21	7	F.	Breech	14 days	Syphilis
22	7	F.	Natural	14 days	Diseased placenta
23	8	F.	Do.	2 days	Diseased placenta
24	9	M.	Breech	Some days	Lingering labour: tumour
25	7	F.	Natural	Some days	Syphilis
26	7	M.	Do.	10 days	Syphilis
27	9	F.	Do.	10 days	Diseased placenta
28	8	F.	Do.	1 month	Syphilis
29	7	M.	Do.	Some days	Diseased placenta
30	8	F.	Breech	In birth	Induced labour
31	7	M.	Do.	6 weeks	Diseased placenta
32	7	F.	Do.	Some days	Intrafoetal
33	8	M.	Natural	Some days	Diseased placenta
34	7	F.	Feet and head		Syphilis
35	8	M.	Breech		Diseased placenta
36	8	F.	Natural		Diseased placenta
37	7	M.	Do.	In birth	Perforation: hæ-morrhage
38	7	M.	Breech		Syphilis
39	9	F.	Natural	Some days	Intrafoetal
40	7	F.	Do.		Intrafoetal
41	7	F.	Do.		Intrafoetal
42	8	M.	Do.	In birth	Perforation
43	9	M.	Do.	Some days	Diseased placenta
44	9	F.	Breech	In birth	Pressure
45	9	F.	Natural	Some days	Twins
46	9	F.	Do.	Some days	
47	9	F.	Do.	In birth	Craniotomy
48	8	F.	Breech	3 weeks	Syphilis
49	9	F.	Natural	Some hrs.	Stomach derange-ment
50	9	M.	Face to pubes	10 days	Separation of pla-centa from a fall
51	9	M.	Natural	Some days	Diseased placenta
52	9	M.	Do.	In birth	Hydrocephalus: perforation
53	9	F.	Do.	In birth	Perforation

There were at nine months, 25 cases; at eight months, 8; and at seven months, 20. There were 26 males and 27 females. The presentations were—natural, 32; lower extre-mities, 16; arm, 1; cord, 2; placenta, 1; face, 1.

It would appear that seven months' children are more frequent than eight months'. The preponderance of preterna-tural presentations in premature children, is in accordance with universal experience.

The causes of death in 53 still-born children were:—Dis-eased placenta, 14 cases; syphilis, 10; intrafoetal or non-ascertained, 10; accidents, 2—viz., lifting a heavy weight, and a fall, in both, inducing partial separation of the placenta; turning, 2; breech presentations, 3; fright, 1; presentation of