

and it did so. But there was no repression of the spasms as a result of its use; for twice it was given alone, and each time the spasms returned, to be reduced again by the aconite. Useful, then, in relieving a disagreeable accident, it had no power to stand against the tetanus.

If I have succeeded in demonstrating the acute nature of the attack, the extremity of the symptoms, and the contraspasmodic action of the aconite, there can be little need to say anything of the chances of spontaneous recovery. He might have beaten the disease; but, from all we know of tetanus, we may be pretty sure that it would have gained the day.

What, then, is the value of the case? Does it contain hope for the future, or is its successful termination merely a fortunate accident? I cannot but think that it is full of hope, more especially when taken in connexion with previously reported cases. Of course it is not conclusive; it cannot be. But it points very decidedly to a certain path, by following which there is more hope of arriving at the wished for goal than by the old well trodden tracks. Aconite has never had that thorough testing that opium, for instance, has. So far, it seems to me most useful: further experience will determine its true value. But little persuasion should be required to induce a fair and extended trial of its powers, not by one or two, but by many; for, in such matters as this, "in a multitude of counsellors there is safety". Nor need we restrict our notice to aconite alone; it is only one of a class of medicines which has yet had little attention paid to it—all powerful, even violent, in their action, and many, I am convinced, containing "a soul of good" within them, which as yet we have not "oberservingly distilled out".

ANOMALOUS CASE IN A CHILD.

By D. W. SARGENT, Esq., Camberwell.

THE following case, which lately occurred in my practice, appears so anomalous that I am induced to record it. I am unable to recognise the symptoms, in the course which they followed, as belonging to any known disease; and the *post mortem* examination did not reveal any condition sufficient to account for death.

CASE. L. D., a fine healthy boy, of sanguine temperament, aged 3 years and 9 months, was quite well on December 29th, and was naturally relieved in his bowels three times on that day.

Dec. 30th. He was very sick and restless throughout the day: the ingesta only, with mucus, were vomited. The pulse was 84, feeble; the skin cool. He was very thirsty; the bowels were inactive.

Dec. 31st. He had nausea, but no vomiting; nor was there purging. There was no febrile heat. He was very restless and thirsty. The urine was natural, and passed freely. The pulse was 84; the skin cool; and the head clear.

Jan. 1st, 1860. He vomited very frequently, and was very thirsty. The urine was plentiful and natural. The skin was colder. He was perfectly conscious, and had no convulsions. The breathing, which had been panting, became more so, and there was more play of the nostrils; but there were no bronchitic nor pneumonic sounds. The pulse was 96, thready. He dozed occasionally for a few minutes, apparently from prostration. The pupils were natural or dilated, never contracted. The bowels were costive.

Jan. 2nd. All the symptoms continued, with more restless tossing and panting, and colder skin. The vomiting ceased in the evening. The urine was passed freely: there was no action of the bowels. He had no perspiration, cramps, or convulsions: he dozed frequently, but was perfectly conscious.

Jan. 3rd. After taking castor oil, he had a motion, natural in character, early in the morning. The vomiting did not return. He said once or twice that he was "better now"; but the coldness, panting, and sinking increased hourly.

Jan. 4th. Diffused warmth appeared over the surface in the morning; just after which he quietly breathed his last, in perfect consciousness.

The only indication of pain throughout the case was an occasional pointing to the throat just above the sternum; but the throat was perfectly free from disease. No eruption at any time appeared on the skin.

The treatment consisted at first in small doses of dilute nitric acid, to allay vomiting; and two calomel purges were given. Afterwards, bicarbonate of potash and aromatic spirits of ammonia were used; then solution of carbonate of am-

monia; and subsequently, dilute sulphuric acid. Throughout the case, milk and wine, and lastly brandy, were given, according to circumstances.

POST MORTEM EXAMINATION. The brain was free from lesion throughout. There was no inflammation, nor extravasation of blood, serum, or pus, on the surface of the cerebrum or in the ventricles; neither was there any on the crura, the pons Varolii, or medulla oblongata, or beneath the pia mater, in the cavity of the arachnoid, between the arachnoid and dura mater, or between the dura mater and skull. All these parts were free from opacity or thickening. There was some vascular injection of the membranes at the base of the cerebellum; but it was removable by washing. No trace of disease could be found in the lungs and heart. The left auricle contained a soft natural coagulum; the left ventricle was empty. The right auricle and ventricle contained slightly coagulated blood. There was no engorgement of the pulmonary vessels. The stomach was half full of a straw-coloured watery fluid, which was not tested. The organ appeared healthy: the mucous coat was not injected. The liver was natural in size and external outline, and presented no morbid appearance. The intestinal canal was healthily distended, and was free from injection or inflammation. The bladder was quite empty and collapsed.

TWO CASES OF FALLS FROM HEIGHTS FOLLOWED BY VERY SLIGHT INJURY.

By GEORGE MALLETT, Esq., Bolton-le-Moors.

IN a recent number of the JOURNAL, Dr. Fleming writes that we ought to record only good cases; meaning such as present something new and of living interest in diagnosis or treatment, or illustrative of some practical rule already established. There appears to me to be so much of truth and wisdom in these remarks, that they ought to command universal assent; at any rate, they meet with my cordial approbation. Nevertheless, I am afraid I am going to act in opposition to them, by giving a brief relation of two cases, that would scarcely be ranked amongst those that ought to be published, if we construe the above rule very rigidly, as they do not indicate anything novel either in treatment or diagnosis.

I send this paper for publication, believing that similar cases to these, therein related, cannot often occur, without suspending on their behalf one of the ordinary laws of nature—that of gravitation.

The two following cases are those of men falling from such heights as would, under most circumstances, be followed by instant death, but they escaped; and therefore I think they are sufficiently interesting to entitle them to be placed upon record.

CASE I occurred about sixty years ago; and about twenty-five or twenty-six years since, it came to my knowledge under the following circumstances.

At the period last named, I was requested to visit a poor man, who had been suffering severely for four days. I found him in great agony from retention of urine, none of which had passed from the bladder for four days. Many ineffectual attempts had been made for his relief by an irregular practitioner, but, unfortunately, he had been unable to introduce the catheter. The patient was about 70 years old, and presented the following symptoms. The skin was hot; the face red, and much emaciated; the pulse was rapid and very feeble; the mouth and tongue hot, parched, and covered by a thick coating of dark fur—in fact, presenting such an appearance as would be expected from so long a retention of urine. With great difficulty, a large catheter was introduced, and from five to six pints of urine were drawn off: the first was very ammoniacal, and the latter portion semipurulent and bloody. The catheter was introduced twice a day for three days, when the man died.

The day before his death, he was very cheerful; and, in a jocular manner, said, "that in his younger days he had met with a bad fall, but he feared he had then suffered a worse one, as he had fallen into the hands of the doctor." He explained himself by stating, that when placing some of the masonry upon the highest part of the tower of a church, called St. George's, in this town, his foot slipped, and he was precipitated from the top to the bottom, the distance being at least one hundred and twenty feet; and that the fall was uninterrupted by any intervening scaffolding, so as to diminish the impetus of the descent. He added, that he was so little in-

jured, that he was able to resume his occupation in a few days.

Upon making subsequent inquiry, I found his story to be strictly correct, with the addition, that his head fell upon some sheet lead, which was extended upon the ground; and that the force was so great, that a deep impression was made upon the lead by the skull.

CASE II. On December 8th, 1859, I was called upon to visit another curious case, which recalled to my recollection the notes I had made of the preceding one.

A collier, aged about 50, was descending a pit or coal-mine in a way frequently followed; but certainly such a mode of descent ought not to be permitted, as it is unquestionably dangerous. The descent is made by placing one foot in a ring or kind of stirrup, at the same time holding the rope with one or both hands. He had not descended more than four or five yards, when by some accident, which he cannot explain, his foot was knocked or slipped out of the ring, and his hold of the rope at the same time giving way, he fell at once to the bottom of the pit, a distance of at least one hundred and thirty-five feet. There was nothing to break or mitigate the force of the fall. He was found alive, but groaning, and constantly muttering, "O my children! O my children!" He was brought up; and I saw him about an hour after the accident. He appeared to be moribund. The pulse was not to be felt at the wrist, the extremities were cold, and respiration very difficult and painful. The slightest motion gave exquisite pain, and I could not attempt to ascertain what amount of injury the trunk had sustained. There was some contusion with extravasation of blood at the posterior part of the right thigh, a slight laceration of the scalp, and the knuckles of both hands were slightly excoriated and swollen, probably from his instinctively throwing out his arms in the vain hope of saving himself, and so striking the sides of the pit. These were the only injuries I could discover, as all the bones of the extremities were sound. He was placed in bed in the easiest position, which was lying on his back, but rather inclining to the right side. Bottles filled with hot water and hot bricks were applied to the extremities; and brandy and water was ordered to be given every half-hour, until warmth was restored.

I then left him, and certainly did not expect to see him alive again; but, to my surprise, on the following morning, I found him much improved. His pulse, although still feeble, was regular and distinct; warmth had also returned to the extremities. The bladder had emptied itself naturally. The chief complaint now appeared to be on the right side; a careful examination of which showed that three or four of the lower ribs were fractured, which, upon the slightest movement, caused great suffering, and rendered the breathing so difficult, as to threaten instant suffocation. The chest was bound up; and beef tea, etc., were ordered.

On the third day, the bowels were moved, the pain diminished, and the respiration easier. From this time, the improvement was gradual, and without interruption; so that on December 25th, he was so much improved, as to be able to walk down stairs, and the only remaining complaint was a slight pain at the side when drawing a deep inspiration.

I have said little or nothing respecting the treatment, simply because little or no treatment was required. It was one of those numerous cases of which it has been justly said, "Nature cures, and man has the credit."

Undoubtedly, it is difficult to conceive, under any circumstances, how the human frame could without greater injury have sustained such shocks as must have been inflicted upon them in these cases. It would have been natural to suppose that the momentum or force acquired by the bodies falling through so great a space, would have been sufficient to dash them into mangled and disorganised masses, more especially as they could not have fallen upon substances more unfavourable—lead in the one case and the solid rock in the other.

THE YELLOW FEVER. We are requested by the Brazilian minister to state, on authority, that the belief of the Portuguese Government of yellow fever prevailing in all the ports of Brazil, is contradicted by assurances which the Brazilian minister received from the Imperial Government by the last steamer, that the health of those ports was then good. The extreme improbability of an epidemic simultaneously appearing in all the ports of a coast more than 3,000 miles in extent, in many of which the yellow fever has hitherto been unknown, need hardly be pointed out. (*Times*.)

Periscope.

MIDWIFERY AND DISEASES OF WOMEN.

OVARIOTOMY.

IN several numbers of this JOURNAL for 1858 and 1859, we have referred to several cases of ovariectomy performed by Mr. SPENCER WELLS, Surgeon to the Samaritan Hospital in London. He has published the results of his experience in the *Dublin Quarterly Journal of Medical Science* for November 1859; and has there related the histories of eight cases—six of recovery from the operation, and two of death. He has reprinted his paper separately; and from this we learn, in addition to the information already given, that he operated in four other cases in October last, in two of which the patients died, one four days after the operation, and the other, of acute tetanus, eight days after. Of the six cases, too, formerly recorded as convalescent, one woman, who was operated on in November 1858, went on apparently well until the summer of 1859, when she complained of intestinal obstruction, and died on August 26th. On *post mortem* examination, there were found several strictures of the small intestine, caused by malignant deposit. Mr. Wells's cases, which are very completely reported, will prove valuable to the statistician of operations for ovarian disease. Our object here is to call attention to some very sensible remarks which Mr. Wells makes on the means of diminishing the mortality after ovariectomy. These we transfer to our pages, with very slight verbal alterations or curtailments.

Mr. Wells proposes, he says, to consider how our object of saving life may be obtained.

- i. By the selection of proper cases only for operation.
- ii. By the determination of the stage of the disease in which the operation is most likely to prove successful.
- iii. By careful preparations to avoid all unnecessary sources of danger.
- iv. By the use of anæsthetics to lessen the risk of *shock*.
- v. By certain precautions in the performance of the operation.
- vi. By careful after-treatment.

i. *Selection of Cases.* It may not be quite unnecessary to say that the surgeon should be quite sure the tumour is ovarian before he determines to perform ovariectomy, when we remember that this operation has been attempted in cases of pregnancy, of hydatid tumours of the liver, of colloid disease of the peritoneum, of other malignant growths within the abdomen, of fibrous tumours of the uterus, of excessive fatty deposit in the integuments, of ascites, and in cases where there was no tumour whatever. With all our care, there are cases in which doubts can only be entirely removed by an exploratory incision. Mr. Wells has no doubt that the surgeon who would only operate on cysts containing fluid which could be easily emptied, and, if non-adherent, withdrawn through a very small incision, would be more successful than another surgeon who removed solid tumours requiring the long incision. But many cases on record show that the presence of extensive adhesions and large solid masses are quite consistent with a successful result. The operation certainly ought not to be performed in cases of coexisting disease of some important organ. If all the patients who had died after ovariectomy from old standing diseases of the lungs or kidneys were eliminated from the catalogue, the results of the operation would appear in a far more favourable light. Whether the existence of adhesions is rather favourable than otherwise is a question deserving of further inquiry.

ii. *Period for Operation.* There are surgeons who would only operate as a forlorn hope, when it is quite clear that the patient's days are numbered, and that if her life be shortened by the operation she cannot lose very much. Some, on the contrary, argue that this plan of operating *in extremis* has brought, and does bring, the operation into undeserved discredit; and that, the less the general health of the patient has been shattered by the disease, the more likely is she to survive a severe operation. To this it is replied that ovariectomy is an exception to the general rule, and that the most successful cases are those in which the patient has been most reduced by the disease, or the peritoneum most altered. This point requires more extended inquiry.

iii. Patients have been exposed to unnecessary danger by being submitted to operation in a theatre, or in cold rooms, or in dry overheated rooms; or their limbs have been imperfectly