

## Dr Edward Augustus Cory, Cannon Street Road

transcripts of some letters to weekly medical journals - the *London Medical Gazette* (1827-51) and *The Lancet* (1823-)

[an asterisk indicates a prescription symbol used at the time which is difficult to decipher]

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*London Medical & Surgical Journal* vol.3 - March 1833

### PRACTICAL OBSERVATIONS ON THE NATURE AND TREATMENT OF HYSTERIA,

BY EDWARD AUGUSTUS CORY, *Member of the Royal College of Surgeons of London*

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—There are no diseases, so troublesome to the medical practitioner, and apparently so little under the control of medicine, as those which have been denominated *nervous*. This class comprehends numerous affections, many of them having symptoms so anomalous, and so indefinite in their nature, as to render it impossible to assign to each its individual and specific title. It is not my intention to enter at large upon the consideration of this class of diseases, but to confine my observations to one probably of more frequent occurrence than any other, viz. hysteria. An hysterical paroxysm usually commences with a loud scream, and occasionally with a wild fit of laughter, both of which are perfectly involuntary; sometimes there is crying or sobbing, with every appearance of excessive grief; there is a heaving of the breast and abdomen, and frequently a noise in the throat, and difficulty of deglutition. The peculiar nervous sensation, named *globus hystericus*, is also experienced, and, as Van Swieten has justly observed, there appears to be a slight distention of the throat. The limbs and other parts of the body become agitated, sometimes very violently, the spasmodic action being of the clonic character. The patient, during the paroxysm, is in a state of partial consciousness, and can be roused so as apparently to understand a question, but the power of articulation is completely lost. There is often a copious discharge of limpid urine, but this symptom cannot be considered pathognomonic of the disease, as was the opinion of Sydenham, for it occurs in every affection which is attended with high nervous excitement. Hysterical patients are troubled with frequent eructations of wind, and borborygmus, a rumbling noise in the bowels, caused by the passage of air from one intestinal convolution to the other. There is also a pain experienced in the head, which occupies a very small space, and has received the name of *clavus hystericus*. There is frequently derangement of the uterine function, either excess or paucity of the menstrual secretion. Hysteria generally occurs about the age of puberty to the middle period of life, and is not entirely confined to females, the most effeminate of the male sex being also subject to the same complaint. A fatuitous state of mind, according to the experience of Martinet, is never produced by this disease alone. There are many other symptoms which might be enumerated, but, as the principal object of this paper is to endeavour, as far as my humble ability will allow me, to unravel the cause, and improve the general treatment of hysteria, I have purposely treated this part of my subject rather superficially, lest my paper should be extended beyond its intended limits.

*Cause.*—The cause of that peculiar chain of morbid phenomena, manifested in the disease called hysteria, is necessarily involved in some obscurity, as pathological anatomy has not yet been able to elucidate it with sufficient accuracy, to place it entirely beyond the reach of contradiction. It was considered by some of the most eminent of the ancients, that the origin of this disease was intimately connected with disorder of the functions of the uterus, and hence its name, and many moderns have supported similar opinions. Some contend for a general irritability of the nervous system, others for irritability of the nervous system of the arteries, as the predisposing causes of hysteria. It is indeed true, that functional derangement of the uterus, and also that a high degree of nervous irritability may be co-existent with other hysterical symptoms, but these ought not to be regarded as the causes of the disease,—we must penetrate still further into the regions of causation, we must pursue our inquiries in the spirit of that inductive philosophy, promulgated and practised by the illustrious Bacon, and upon which all deductions, whether medical or philosophical, should be uniformly founded, or we shall never be able permanently to establish the ultimate object of our investigations. From numerous opportunities, which I have had of observing this disease in all its Protean forms, I have come to the conclusion, that its primary origin is dependant on *gastric* irritation, or some other peculiar kind of functional derangement of that viscus. It is allowed universally, that the stomach possesses a wonderful sympathetic influence over the functions of other organs of the body, and it is well known, that when it becomes disordered in any way, it exerts an important effect upon the due elaboration of the different secretions. The older writers were well acquainted with its great importance in the animal œconomy, hence the aphorism of the immortal Hippocrates, "ut terra arboribus, ita sit ventriculus animalibus." Upon the assumption, then, of this pathological view of the disease, it will be very easy to explain the excitability of the nervous system, which I am disposed to consider as secondary. The state of the menstrual secretion must also be considerably influenced, for, as all the secretions are derived from the blood, so, if the source of sanguification be deteriorated, which must be the case if the process of digestion be imperfectly performed, it is reasonable to suppose, that the different secretions must in some measure be interfered with, and consequently the menstrual. The *globus hystericus*, which exists so invariably in this affection, is the result of sympathy with the stomach, through the medium of branches from the pneumogastric nerve.

This disease cannot be considered as solely dependent upon the uterus, for we find that the more delicate of the male sex are frequently the subjects of the complaint. Its dependence for its cause upon irritability of the nervous system of the arteries is a mere gratuitous assertion, and cannot be supported by sound and solid reasoning; and the irritability of the nervous system itself, I have shewn to be only a consequence. The hysterical patient is not to be found among the active and laborious, but chiefly among the indolent, the gay, and the dissipated, among those whose corporeal powers have been vitiated by the refinements of luxury, and the sophisticated enjoyments of fashionable life. The more delicate persons, however, in the humbler walks of life, in the deteriorated atmosphere of large cities, especially those whose occupations are sedentary, are exceedingly liable to attacks of hysteria. In all the cases which have fallen under my notice, I have found that dyspeptic symptoms have invariably preceded, for some considerable time, the full development of the hysterical, that this derangement of the stomach has rendered the nervous system so excitable, that upon the application of any of the common exciting causes, an attack of hysteria has been induced with all its concomitant peculiarities. The exciting causes of hysteria are numerous, and too well-known to require any comment.

*Treatment.*—It is impossible that the treatment of any disease should be scientific and effectual, unless the therapeutical notions of the practitioner be founded upon correct pathological principles. It is an attendance to this particular that distinguishes the man of profound medical attainments from the mere superficial empiric. In the treatment of hysteria, it is advisable that nothing should be attempted during the paroxysm; the patient may be placed in a bed, and no forcible restraining power used, more than is actually necessary to prevent her from injuring herself. She is generally conscious, or at least partially so, of what is going on about her; although from her appearance we should judge the contrary. As soon as the paroxysm has sufficiently abated, if the patient be plethoric, venesection may be performed; the quantity of blood abstracted should be according to the circumstances of the individual case. After bleeding, a draught may be given. Liq. opii sedat.—sp. ammon. arom.—sp. lav. co. mist. camphoræ. If the patient, on the other hand, should be of a weak or leucophlegmatic habit, venesection is not to be had recourse to. The administration of the draught alone will be all that is required in the primary treatment. The use of the following mixture will also be found exceedingly beneficial. It relieves the unpleasant acidity of stomach when it exists, and evacuates the bowels pleasantly and completely. Rx. Mag. sulph. ʒj. magnes. alb. ʒij, card. co. ʒij, T. gent. co. ʒj, aq. qs. st. mist. 2/3ij. cujus cap. cochl. ij, mag. quartâ quaque horâ. Alterative doses of the pilul. hydrarg. may be also occasionally required. The remedial agent, however, upon which great reliance is to be placed, not only in a curative but also in a prophylactic point of view, is counter irritation applied in the epigastric region. For this purpose, a blister is to be placed in the immediate vicinity of the stomach, the efficacy of which is fully demonstrated in the subjoined cases.

Case 1.—Mrs. P—d, ætat. 40, was suddenly seized with hysteria; the symptoms were urgent, and as she was rather inclined to be plethoric, venesection was performed, after the violence of the paroxysm had in some measure subsided, which somewhat relieved her. An antispasmodic draught was also administered. She had been much troubled for a long time previously with dyspeptic symptoms, uneasiness in the stomach, acid eructations, &c. She had borne children. The catamenial discharge was uninterrupted, and the bowels constipated. She was ordered a mixture, composed of Magnes. sulph. magnes. alb. aq. menth. pip. which freely relieved her bowels, and much mitigated the uneasiness in the stomach. The force of the attacks became less violent, but as they did not entirely leave her, a blister was applied to the epigastrium; she was carefully dieted, and made to abstain from all indigestible food. She took the following medicine for some time, and completely recovered. Rx. T. gent. co.; T. card. co.; sodæ subcarb.; also aloes socotor. gr. iij; pil. hydr. gr. ij, omni nocte, horâ somni, which kept her bowels in a free state. She has had no return of the complaint.

Case 2—Mrs. H—h had just arrived from the country, on a visit to some friends in the metropolis. She was attacked with violent hysterical symptoms; she had for a long time suffered from indigestion; she was perfectly regular; she had been eating pretty freely of confectionary [sic], and had drank two or three glasses of wine, to which she attributed her present indisposition. V. S. ad ʒvij. was performed; the mist. mag. sulph. &c. was administered, which, although after some time, mitigated the force of the disorder, yet did not entirely cause its subsidence. An emplastrum lyttæ was applied to the region of the stomach;—she quickly recovered, and suffered no relapse whilst she resided in town.

Case 3.—Eliza Phillips had been for a long time subject to frequent attacks of hysteria, which were very violent. She was troubled much with dyspepsia. The menstrual discharge was sparing in quantity, but its regularity not at all interfered with. She was afflicted with all the ordinary accompaniments of this disease. She complained of a most distressing pain in the head, for which she was leeches and bled, and took emmenagogue medicines; but neither the pain in the head was mitigated, nor the frequency of the hysterical paroxysms prevented. The attacks were so violent during one night, that she exhausted two men in their attempts to restrain her. Venesection was again had recourse to, to the amount of ʒvij. She was freely purged with the magnes. sulph. &c. mixture. An empl. lyttæ was applied to the epigastrium, which produced a plentiful supply of vesications, and had an admirable effect in relieving this most troublesome disorder. Some time has now elapsed since the application of the blister, and she has never been attacked since. She enjoys a much better state of health, and attributes her immunity from the complaint entirely to the blister.

Case 4.—I was summoned in great haste to Miss P. ætat. about 20, who had a severe hysterical fit. I found she had been for some time under the care of a surgeon at the west end of the town, by whom she had been bled to a very considerable extent, and who, upon her removal to her mother's, had recommended still further depletion, as the only means of mitigating the complaint under which she laboured. It was considered, however, necessary to have recourse to a different mode of treatment. There had been some interruption to her periodical health, and nothing had made its

appearance for nearly two months. She complained of much uneasiness in the stomach; the most uncomfortable flatulency; and great pain in the head. She was rather of delicate constitution. She attributed the cause of her suffering to a sudden fright she had experienced. An antispasmodic draught was ordered as soon as the subsidence of the paroxysm would permit its administration. She took the mist. mag. sulph. &c.; a blister was applied to the stomach, which relieved her, and she went on pretty well for some days, when she suffered a relapse. A repetition of the blister was deemed essential, after which she completely recovered, and has had no return of the disease.

The author, fearing he should trespass too much upon the valuable columns of this Journal, has endeavoured as much as possible to condense his remarks, but he humbly trusts in so doing he has not rendered them less intelligible. He could cite numerous other cases, demonstrating the great utility of epigastric counter-irritation in this obstinate and often distressing affection.

Cannon-street Road

March 6, 1833.

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*London Medical & Surgical Journal 1833*

**MALIGNANT CHOLERA—LARGE DOSES OF MERCURY—DEATH.**

*To the Editor of the London Medical and Surgical Journal.*

GENTLEMEN,—I send you some account of the case you saw with me on Saturday evening last, which I regret to state has terminated fatally. It is as follows :—

Mr. —, ætat. 30, and much addicted to drinking, had been affected for some days with pain, uneasiness, and relaxation of the bowels. On Saturday morning the pain in his bowels was much increased in severity, and the diarrhœa and vomiting were violent and distressing. He complained of cramps in his legs, and there was a general coldness of the surface of the body. He had taken the day previous to his attack nearly a gallon of ale and seven strong glasses of gin and water. I was called to him about eight A.M.. The pulse at the wrist scarcely perceptible, with all the above mentioned symptoms. Hot brandy and water administered, and continued frictions of the body by the female attendants. Hot bottles of water were applied to the feet and hands; a mixture of mist, cretæ. tinct. opii, tinct. kino, conf. arom., &c., was ordered. Two P.M. the vomiting, purging, and cramps had ceased entirely, but the articular coldness still remained. Frictions continued; warm gruel, impregnated with brandy, administered. About eight P.M., you saw him, there was then apparent reaction. Hydr. submur. \*j every hour, and ung. hydr. fort. \*j to be rubbed into the axillæ every quarter of an hour, and the astringent mixture, if necessary, were ordered. I saw him again about twelve P.M., he appeared much better; the surface of the body was warm, and the pulse perceptible. He expressed his certainty of recovery, and joked his attendants. About a quarter of an hour after I left him, he was suddenly seized with a violent inclination to vomit (his stomach had been hitherto tranquil). He suddenly sprung up in the bed, made one or two powerful attempts to vomit, and immediately fell back and expired without a struggle. No ptyalism had been produced; and no postmortem examination was allowed. It is to be regretted that the hidden cause of death was not permitted to be revealed by dissection, for I think it is clear that he could not strictly be said to die of cholera. I cannot but think that the fatal termination of this case was owing to the rupture of some important vessel. My time will not allow me to enter at length upon this subject, but I think some remarks upon it, and upon the most probable cause of death, from your able pen, could not fail to be interesting to the numerous readers of your valuable journal.

I am, Gentlemen, Yours, with much esteem and respect, EDWARD AUGUSTUS CORY.

*[It would be a difficult matter to account for death in the above case as there was no autopsy allowed; cholera seldom terminates so suddenly.—Eds]*

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*1833 [various journals]*

*On the Oil of the Croton Tiglium as a Purgative for Children.* —By Edward Augustus Cory.—It is a matter of the greatest importance, in the treatment of the diseases of children, that the remedial agents employed should be palatable to the patient. A disease is frequently aggravated considerably by the forcible administration of nauseous medicine, especially where the head and chest are affected; indeed, this remark will apply to the generality of inflammatory affections. It is well known, that the active principle of the cathartics, usually administered to children, is calomel, it being the least unpleasant to the taste; but this remedy I am convinced, from multiplied experience, does not completely answer the required end, unless it be given in combination with other aperients, as jalap, rhubarb, &c. &c, which render it extremely disagreeable to the little patient. One of the most pleasant and efficient purgatives for children, with which I am acquainted, is the ol. croton, prescribed according to the following formula:

Rx. Olei crotonis, gtt. ij.  
Sacch. albi, \*ij.  
Pulv. acaciæ, \*ss.

Tinct. card, co., \*ss.

Aq. q. s. ft. mist., \*ss.

Of this a child, five of six years old, may take two or three teaspoonsful every three or four hours, until the bowels have been freely acted upon. I have been for some time in the daily habit of using this preparation in the treatment of the diseases of children, where a complete and speedy evacuation of the bowels is required. I have found it of admirable service as a purgative in cephalic and thoracic affections; it acts with great celerity and occasionally produces a gentle vomiting, which is often salutary. I do not recollect one single instance where its action has been violent and dangerous, when given according to the formula directed. I strongly recommend its general use, and I feel confident that it will become a favorite medicine in all the morbid affections of children, where a quick, certain, active, and pleasant purgative is indicated. It may be proper to remark, that the croton oil I prescribe is procured from, and, I believe, prepared by, Messrs. Drew, Heyward, and Bais, wholesale druggists, Great Trinity lane, Bread street. It appears to be of excellent quality.—*Lond. Med. and Surg. Journ.*

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*The Medical Gazette, January 1837*

#### MIDWIFERY PRACTICE: PLACENTAL PRESENTATION AND EXPULSION

*To the Editor of the Medical Gazette.*

Sir,

The interesting communication of Mr. Bull, inserted in the last number of your useful publication, relative to the expulsion of the placenta whilst the foetus remained *in utero*, brings to my recollection a similar case which occurred to me some time since, and which was attended with very extraordinary circumstances.

My attendance was requested on a woman named Phipps, about 38 years old, a patient belonging to the East London Lying-in Institution, who was reported to have suffered the pains of parturition for some hours. On having recourse to the usual vaginal examination, a substance possessing the characteristic peculiarities of the placenta was discovered occupying the vagina, being at the same time entirely extra-uterine. I could hardly imagine it to be the placental mass, as there was scarcely any attendant hæmorrhage. A more particular examination, however, soon satisfied me as to its reality, and that, moreover, there existed an arm presentation. The *liquor amnii* had been discharged, and the *os uteri* was fully dilated. The operation of version was immediately attempted to be performed; but so firmly was the foetal body embraced by the uterus, that it would have been impossible to have effected it without risking the infliction of severe injury upon that organ.

In this most unenviable position I requested the co-operation of my experienced friend and neighbour, the late Mr. Bennett, senior, who also endeavoured to reach the feet of the child, but his efforts were alike ineffectual. He coincided with me in the opinion that the woman ought to be delivered as soon as it could be accomplished with safety, as it was evident that we were indebted for the absence of hæmorrhage to the unusual contractile power exerted by the uterus; and that any sudden or gradual diminution of its contractility, although it might facilitate the operation of turning, yet would in all probability give rise to a copious hæmorrhage, highly dangerous to the life of the patient; and as the want of pulsation in the umbilical cord demonstrated that the foetus no longer possessed vitality, it was therefore determined to eviscerate the chest and abdomen, according to the plan proposed by Douglas, of Dublin. The operation was immediately commenced, and after the necessary interval the delivery completed.

On the third day after the operation some symptoms of uterine inflammation were experienced, which soon yielded to venesection, leeching, fomentations, with the free exhibition of calomel, opium, and tartarized antimony, &c. At the expiration of seven or eight days all dangerous symptoms had disappeared. She perfectly recovered.

What renders this case so remarkable is the almost incredible fact, that there was no more hæmorrhage than in an ordinary parturition; and the deficiency of this formidable symptom can only be attributed to the powerful contraction which the uterus so beneficially exerted on the foetal body. It may be proper to remark, that the placenta was completely expelled from the vagina before the operation. It was nearly of the natural size.—I am, sir,

Your obedient servant,

*Edward Augustus Cory,*

M.R.C.S., Surgeon to the E. L. Lying In Institution.

Cannon-Street Road, St. George's East

Jan. 24, 1837.

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*The Medical Gazette, August 1840*

## CANCRUM ORIS.

*To the Editor of the Medical Gazette.*

SIR, As the following case of "cancrum oris," in which it was deemed expedient to institute a medico legal inquiry, must necessarily be interesting to your numerous readers, I have taken the liberty to send it for insertion in your valuable journal. The Morning Advertiser, of Thursday, Aug. 20, contained the most correct account of the proceedings. I have, therefore, transcribed them from that journal, and have added some further remarks which were accidentally omitted.

I am, sir, Your most obedient servant, EDWARD AUGUSTUS CORY, M.D.

Cannon Street Road, Aug. 21st, 1840.

*"Extraordinary Investigation: Medical Practice.* — Yesterday evening an important inquiry took place, before Mr. Baker, touching the death of a child, four years of age, the daughter of Mr. Clark, a carpenter, and dealer in coals and vegetables, residing in the New Road, who, it was alleged, came by her death in consequence of mercury having been improperly administered to her by a medical gentleman named Cory. The affair excited considerable interest in the neighbourhood, owing to the very high professional reputation of Dr. Cory, and the inquest room was crowded to excess. There were not less than twelve of the leading practitioners of the district present, amongst whom were Mr. Adams and Mr. Curling, two of the surgeons and lecturers at the London Hospital; Messrs. Tripe, Major, Garrett (parochial surgeon), Gurney, and others. Several gentlemen from St. Thomas's and Guy's Hospitals also attended. The jury, having been sworn, proceeded to view the body, which presented a most horrible spectacle. It was very much emaciated, and one side of the face was completely eaten away.—Mary Ann Clark, the mother of the child, stated that the deceased was taken ill about seven weeks ago. Previous to that time the child had had good health. The complaint was hooping-cough, accompanied by spitting of blood; and she called on Dr. Cory, of Cannon Street Road, who saw her until the following Monday, in all five days. On the fourth day after his attendance the child complained of soreness of the mouth, and her teeth were very loose, and came out. The next thing she noticed was the child's tongue and the inner part of her cheek. Both were much swollen and risen in white blisters, so much so that her side and double teeth became imbedded in the side of the cheek.

Dr. Cory, when she first consulted him, recommended her to send the child into the country for the benefit of the fresh air, as the best method of getting rid of the hooping-cough; but she would not agree to this, as she was dissatisfied with Dr. Cory's carelessness about the case, and sent for Mr. Rutherford, a surgeon, of Ratcliff Highway, who, when he saw the child, stated that the patient ought not to be removed into the country, and that he thought it ridiculous for any medical man to advise such a thing. Mr. Rutherford utilised that the child should be kept warm; but Dr. Cory had ordered her to give it all the fresh air she could, although she told him when she did so that the child always fainted away. [*The child was kept closely confined in a little back apartment, in immediate approximation with coals and vegetable matter in a state of decomposition.—E.A.C.*] Mr. Rutherford declined to interfere in the case, when he found that Dr. Cory had attended the child. The child got gradually worse, and she took it to Mr. Curling, who operated on the cheek. On the following day she again took the child to Mr. Curling at the London Hospital, but he gave no hopes of recovery, as mortification had commenced. A medical gentleman on the spot attended the deceased after this until her death, which took place on Monday morning. She called several times on Dr. Cory as she came from the hospital, but never could see him. She left word for him to call at her house, but, instead of doing so, he sent the following note:

"Dr. Cory sends his respects to Mrs. Clark and begs to decline attending the child, and recommends Mrs. Clark to those (if she can find them) who will do more for its benefit, and pay more attention. Mrs. Clark will be so good as to remember that in the first instance Dr. Cory told her that medicine would not do the child much good, and the only chance of its recovery would be in the removal of it into the country for a time. If Mrs. Clark had thought proper to comply with this recommendation the child would have had a very good chance of getting well. The idea of the child having had mercury is too ridiculous to be noticed, and Dr. Cory is surprised that a person of Mrs. Clark's apparent good sense should entertain for a moment such an absurd opinion. Dr. Cory has the honour to attend nearly all the most respectable inhabitants of the neighbourhood, and he is too much occupied and too independent to put up with any nonsense from any of his patients. Cannon Street Road, August 10. 1840."

The coroner having read the letter aloud put some questions to the witness, who said that Dr. Cory had told her that the complaint of the child was hooping-cough. He also gave it (the malignant disease) another name which she could not recollect. — Dr. Cory — I told you the deceased was affected with cancrum oris, which means canker of the mouth; did I not? Mrs. Clark—Yes, that was the term. Mrs. Clark continued — There were no symptoms beyond hooping-cough and spitting of blood until the child had been four days under Dr. Cory's treatment, when small blisters showed themselves in the mouth, and the teeth became loosened. [*The whole evidence of the woman was of the most rambling and exaggerated description. There were not the slightest symptoms of any affection of the mouth the last time I saw the child, which was five days after I first prescribed for it. It was stated that an illegal practitioner in the neighbourhood had*

*insinuated to the mother that the child had been improperly mercurialized. — E.A.C.]* Coroner — Who wished an inquest to be held on the deceased? Witness — Both my husband and myself, sir, as we were dissatisfied with Dr. Cory's treatment of the child. *[The beadle was perfectly aware that the first proposition of an inquiry emanated from me. This was mentioned at the time, but has not been noticed by the reporter.— E.A.C.]* Cross examined by Dr. Cory. — You did not say in my hearing that medicine would not do my child any good. All that I know is, that you gave orders to your assistant not to supply me with medicine unless I paid for it. Dr. Cory said he was willing to allow his book, in which was written every thing he had prescribed for the child, to be examined by the medical gentlemen present, who would find that he had not sanctioned the administration of a single grain of mercury; indeed, he should hardly have advised the removal of the child into the country, if he had thought it necessary to put it under the influence of mercury. Dr. Cory here read an extract from Professor Cooper's Surgical Dictionary, descriptive of the disease, termed cancrum oris, with which disease the child was affected. The symptoms of this disease exactly corresponded with those described by the mother of the child. The disease was one that seldom or ever affected adults. Several of the medical gentlemen present stated that they had examined Dr. Cory's book, containing the prescriptions administered to the child, and could not find that any mercury had been given. They considered the treatment quite proper.

Mr. Blizard Curling, nephew of the late Sir W. Blizard, Surgeon to the London Hospital, deposed that the child was brought to him a fortnight ago. There was a large spot of mortification on the left cheek. The disease was of such a decided character that he told the mother and her friends it could not recover. He gave it a ticket for the hospital, and prescribed the usual remedies. He asked if the child had been taking mercury, and was shown a powder, which he did not test, but advised that it should not be given to the deceased. The disease was a very singular one, and in the incipient stages white livid spots would arise, the teeth become loose, and other symptoms exhibit themselves, which will often arise when not one grain of mercury has been administered. Cleanliness and fresh air were very essential in curing the disease called cancrum oris. Persons afflicted with it would stand very little chance of recovering in such a confined and densely populated neighbourhood as St. George's in the East. — A juror asked Mr. Curling why he advised the friends of the deceased to discontinue the powders? Mr. Curling said his only motive was that he was not then aware of what the powders might be composed. A juror — Is the disease contagious? Mr. Curling said it was difficult to say, but he was inclined to think it was: it principally affected children between the ages of eighteen months and seven years. *[Mr. Tripe, a most respectable practitioner of twenty-two years standing, had had two cases of cancrum oris lately in his own practice. He had not given them any calomel, or other preparation of mercury. Mr. Major had also had a similar case.]* Mr. Garrett, the parish surgeon of St. George's in the East, said he was decidedly of opinion that the disorder in question was a kind of epidemic, principally confined to densely populated districts, where the ventilation was defective. If all the metropolitan thoroughfares inhabited by the lower classes of the community had a free current of air through them, the health of the people would be greatly improved. Thousands of the poor, especially in the East end of London, never got a mouthful of pure atmospheric air for months together; indeed, a gleam of sunshine was quite a treat to them. The coroner said there could be no doubt that the mortality of the metropolis was greatly increased by the lack of fresh air. Mrs. Clark said her child had not suffered from any want of cleanliness; and should never be convinced that it was not killed by mercury. The coroner said that the feelings of the mother under the circumstances were very natural, but it was quite evident she was in error. The jury and the medical gentlemen present had had an opportunity of examining Dr. Cory's book, from which it had appeared that not a single grain of mercury had been administered to the deceased; still, he would repeat that the conduct of the mother was very natural, though she was evidently labouring under a gross mistake relative to Dr. Cory's treatment of the child. A juror — I consider the case one of great importance to the public generally. We are all occasionally in the hands of medical men, and it is necessary a strict watch should be kept upon them, in order to prevent improper medicines from being administered, from which the most lamentable consequences have but too often ensued; but in the present instance no blame appears to be attributed to the surgeon. The coroner, in summing up the evidence, remarked that in a case like the present an inquiry was of the utmost importance, not only for the satisfaction of the friends of the deceased, but also injustice to the medical attendant, who might do all in his power to conquer a disease without success. Dr. Cory was a gentleman in great practice, and he had never heard any complaint of his treatment. It appeared from the testimony of the numerous medical men present that the treatment of the child was perfectly correct; and it is probable that had his advice been taken, and the child sent into the country for the benefit of the fresh air, it would have been alive at that moment: the benefit of a pure atmosphere in such cases was incalculable. The late Sir William Blizard, the principal surgeon of the London Hospital, some years ago, discovered that the cure of surgical patients was from some cause greatly retarded.

After speculating upon the cause for some time, he found out that the common sewer flowed close to the walls of the hospital, and he conjectured that the effluvia arising therefrom affected the health of the patients. He therefore got the sewer walled over, and a vast difference was soon perceptible among the patients. He mentioned this to shew the jury the effects of an impure and close atmosphere in such cases.

The jury expressed themselves perfectly satisfied, and returned a verdict of "Natural death from cancrum oris, and that death was in no way accelerated by the medical treatment of the child."

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*The Lancet, September 1840 (presumably in response to the above case which had caused some controversy)*

*To the Editor of The Lancet.*

Sir:—I trust to your impartiality for the insertion of a reply to the anonymous communication inserted in your Journal of last week, from a person who has styled himself "A Medical Practitioner Of St. George's In The East." I have nothing to retract or disavow as regards the sentence in my letter which has apparently excited the impotent wrath of your learned correspondent; with the exception that he has omitted the little adverb "nearly," which might, perhaps, in some measure, have modified the obnoxious sentence, and rendered it somewhat more palatable to him. He ought, however, to have remembered that the letter alluded to was hastily written, to an ignorant woman, and was not intended for publication, or to be read by such an enlightened critic as he appears to be. The letter was produced by the woman at the inquest, and I could possibly have no control over its publication in the newspapers. With regard to the other observations of your correspondent, I dare say he is already aware that I have for a long time past discontinued half-guinea midwifery (which, by-the-by, is the standard fee in the neighbourhood among the common people, and for which sum many respectable practitioners still continue to attend), and, doubtless, some of my relinquished obstetrical patients have fallen to his share, which circumstance will sufficiently explain his apparent acquaintance with the matter. I think the documents I have inclosed will prove to you that the institution mentioned by your correspondent, is not a "mere nominal one," nor yet such a "perfect nonentity" as he appears to be.

I shrewdly suspect your correspondent to be one of those numerous practitioners who infest this populous locality without legal qualification; but you, Mr. Editor, must know from experience, that curs will bark and bawl, although they seldom bite or do much mischief.

I am, Sir, your obedient servant,  
Edward Augustus Cory

Cannon-street-road, Sept. 21, 1840.

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*The Lancet, vol.35, issue 895, 24 October 1840, pages 149-152*

#### EXCITEMENT OF PREMATURE PARTURITION.

*To the Editor of The Lancet.*

SIR:—If you think the following cases of artificial induction of premature labour worthy of introduction into the scientific columns of THE LANCET, you will, by their insertion, oblige your most obedient servant,

EDWARD AUGUSTUS CORY, M.D., M.R.C.S.

Cannon-street-road, Sept. 29, 1840.

Mrs. H., of short stature, and about 35 years of age, had twice undergone the operation of embryotomy. I attended her for the first time about six years since, when the same operation was again considered necessary, and was performed in the presence of a most respectable practitioner. The pelvic deformity was of the reniform character, the space between the sacro-vertebral angle and the symphysis pubis (conjugate diameter) being about two inches and three-fourths. It was consequently determined, should the recurrence of pregnancy render it necessary, that the premature induction of parturition at the seventh month of utero-gestation should be had recourse to, as affording the only means of saving the infant from the murderous application of the perforator. In September, 1837, she had arrived at the seventh month of another pregnancy. From some remarks and cases which had been published by a high obstetric authority (Dr. Francis Ramsbotham), it appeared that he had completely succeeded in effecting the induction of premature labour "*solum ope secalis cornuti*." I was therefore led to employ that substance according to the formula suggested, viz.—

*Ergot of rye, \*ij;*

*Boiling water, \*viij; infuse for half an hour, and add*

*Dilute sulphuric acid, \*ij;*

*Simple syrup, \*ij;*

*Compound tincture of cardamoms, \*ij;*

Let two tablespoonfuls be taken every four hours.

The first dose of this mixture was ordered at 2 P.M., on the 14th of September, 1837. At 6 P.M., soon after the administration of the second dose, the uterine energy became slightly excited; and it was interesting as well as satisfactory to observe its gradual increase soon after the repetition of each dose of the medicine.

On the next day (Friday), at 1 P.M., the parturient pains were tolerably active, but at considerable intervals. A vaginal examination was instituted, and the membranes were distinctly felt pressing against the undilated os uteri.

Saturday, at 11 A.M., the pains had gradually diminished in force and frequency since my last visit, and she had experienced no pain from yesterday at 4 o'clock, P.M., to the present time, and was, to use her own expression, "quite well again." The institution of another vaginal examination demonstrated that the os uteri had not in the least degree increased in dilatation, and that the pressure of the membranes, which had been previously experienced, even during the interval of pain, had now entirely subsided.

I again saw her, about 6 P.M., and found her precisely in the same situation. I was fearful of repeating the *secale cornutum*, lest it might destroy the infant. I therefore thought it most prudent to rupture the membranes, the distention of which had now completely subsided; and this I accomplished with the serrated nail of the index finger, with little trouble.

On the following day she remained in a similar condition, and there had been no accession of the pains of parturition. The next day (Monday) she had not yet experienced any pain, and the bowels being in a constipated state, I thought it prudent to prescribe an aloetic purgative with a carminative addition, which had the effect of freely evacuating the bowels, and exciting the uterus to action; so that early on Tuesday morning the pains of labour commenced with considerable activity, and continued without intermission until six o'clock in the evening, when she was delivered of an infant in a state of asphyxia. The child, however, was restored in about ten minutes by the warm bath and artificial respiration. The foetal head, notwithstanding the severity of the parturient paroxysms, occupied several hours in its passage through the contracted pelvis, and, after expulsion, presented on its lateral portion an evident indentation, and was also considerably flattened. The whole process terminated as in a common accouchement. The child is now three years old, and is remarkably healthy and vigorous.

She this day (August 27, 1840,) called on me, and stated that she had again arrived at the seventh month of pregnancy, and that she wished me to institute the same means for her premature delivery which three years ago had been so successfully employed. I this time resolved to give the ergot a more complete trial; and having found, from multiplied examples, that the oxytocic powers of the powdered *secale cornutum* were much superior to any other preparation of that substance, I determined to administer it in that form. I may here be permitted to quote the authority of Velpeau (to whom I am indebted for much of my information on obstetrical subjects). In his "Traité Complet de l'Art des Accouchemens," tome iii., page 67, he thus alludes to it:—"La poudre fine de tout l'ergot me paraît préférable aux décoctions, aux extraits, pourvu quelle soit récente et tirée de grains bien complets et bien conservés." I accordingly prescribed a scruple of the powder every four hours. She continued it for four days, during which period she took an ounce of it. It had the effect of exciting uterine action in nearly the same manner as in the preceding illustration of its operation; but after the interval of one day in which the parturient pains were entirely absent, I was reduced to the alternative of rupturing the membranes, from a well-grounded fear that a continuance in the use of the ergot might exert an injurious effect upon the infant. She was delivered after several hours of severe suffering of a living infant, which was born under similar circumstances to the preceding one. The mother is rapidly recovering, and the child at the present time is healthy, and there is every probability that it will continue to live.

#### REMARKS.

The necessity for the induction of premature labour, with a pelvis constituted as in the present instance, must, I think, be evident to every well-informed obstetrician; and I am also of humble opinion, that the means so carefully adopted for the production of so desirable an object were based upon the soundest principles of obstetrical science. I am inclined to believe, and I have had many opportunities of testing the powers of the ergot during the process of natural labour, that it is dependant for much of its energetic action upon individual idiosyncrasy; for I have found that on some constitutions it exercises no influence, whilst others are peculiarly susceptible of its operation. This may explain why the ergot did not, in the instances just recorded, succeed in effecting (*per se*) the completion of the parturient process. It is almost impossible to state, with any certainty, the maximum quantity which may be taken into the system, without risk of injury to the infant or its parent; but I think it may be reasonably concluded, that if one ounce of that drug be insufficient to excite and complete delivery, it would be of no utility, but, probably, dangerous to persevere in its administration. In the artificial induction of parturition in the cases under consideration, I was fully aware of the great importance of maintaining the membranes entire as long as possible, in order to be able with greater certainty to insure the safety of the infant; but as the *secale* failed to produce the anticipated result, I was compelled to the membranes, even with some risk to the infant, rather than hazard, perhaps, irretrievable injury both to the mother and child, by persevering in the administration of the ergot.

The induction of premature labour appears to have been practised by the ancient physicians, more particularly by Otius and Paulus Egineta, who recommended it in cases of extreme contraction of the pelvis; but it was not until about the middle of the last century that the most eminent practitioners in London decided on its propriety and morality. It may be laid down as an incontrovertible obstetrical axiom, that if there be less than the space of three inches, and than two and a half between the promontory and the pubes, that the induction of parturition at the seventh month of utero-gestation becomes indispensably necessary, and its utility will be rendered more evident when we consider the disproportion between a structure thus constituted and the foetal head at the full period of intra-uterine maturity. From many and very accurate observations, Madame Lachapelle has arrived at the conclusion, that the biparietal diameter of the foetal head at the seventh month of pregnancy, does not measure more than three inches, and



sometimes even less; and therefore, allowing for its compressibility in consequence of incomplete ossification, it may be easily imagined that no very considerable impediment will be experienced in its passage through such a pelvis as I have described. The records of the science prove most satisfactorily that the woman is not subjected to greater risk by premature labour induced artificially, when carefully performed, than by spontaneous parturition at the full period of gestation. The existence of some morbid affection, rupture of the uterus, or some accident entirely independent of premature delivery, has been invariably discovered in those cases which have had a fatal termination. Denman operated eight times with complete success ("Introd. to Midwifery," vol. ii., p. 224). M. Salomon mentions sixty-seven, Kluge twelve, and Ferraris six, which also terminated successfully. ("Journal Compl. des Sc.Méd.,&c.," tome 34, p.339). In the practice of Reisinger ("Diet. de Méd.," 2nd edit., tome i., p. 429), one died in fourteen; but Merriman ("Synopsis of Diff. Parturition, &c," p. 161), has not lost one in forty-six, upon whom he appears to have operated.

Artificial premature delivery does not, however, terminate so happily with regard to the infant. In forty-seven cases which occurred in the practice of Merriman ("Synopsis, &c," p. 180), twenty-six were dead, five were born living, but not possessed of viability, and sixteen lived. Hamilton has been more fortunate, and in twenty-seven cases has succeeded in preserving the lives of twenty-three ("Ryan's Manual"); Ferraris, five in six; Kluge, nine in twelve; Salomon, thirty-four in sixty-seven; and Burckbard ("Thesis, Strasburgh," Jun. 20, 1830), thirty-five in fifty-two.

Premature delivery has also been recommended in cases entirely unconnected with pelvic distortion. Its performance has been proposed by Mai, Ritgen, and Carus, in those instances where the fœtus habitually dies some time before the expiration of the full period of gestation, as well as in some diseases induced by pregnancy, which are dangerous to the mother, as metrorrhagies, retroversion, &c. Siebold, according to Kilian ("Die Operative Geburtshulfe," vol. i., p. 380), practises it in ascites and hydrothorax, and M. Costa ("Revue Médicale," 1827, tome i., p. 343), considers it necessary in diseases of the heart. Conquest ("Outlines of Midwifery"); Ingleby in his valuable work on "Uterine Hæmorrhage"; Busch ("Lehrbuch der Geburtshulfe," 2nd edit., 1833), and other authorities, have also recommended it in cases entirely independent of pelvic distortion.

My limits will not permit me to discuss the propriety of its adoption in the various morbid conditions just alluded to; but it is evidently the only rational means of relieving the woman who has the misfortune to be affected with diminution of the natural dimensions of the pelvis, and of rescuing her infant from inevitable destruction. The operative methods which have been proposed and practised for the induction of premature labour are very numerous; but the one most usually had recourse to, and upon which the greatest reliance can be placed, is the sudden evacuation of the liquor amnii either manually or instrumentally. Some writers of celebrity have advised its gradual discharge, but the majority have decided in favour of the former, as by the sudden vacuity of the uterus, that organ is more likely to take on a brisk parturient action, by which means there will be a greater probability of saving the life of the infant. I would, however, recommend in all cases, the previous administration of the ergot, either in the form of powder, or according to the formula of my much-respected friend, Dr. Francis Ramsbotham, to whom is decidedly due the credit of having first introduced to the notice of the profession, the important fact that the secale cornutum possesses the undoubted power of exciting, *per se*, the parturient action of the uterus, and in many instances of completing the process of labour, without the necessity of any other interference.

I may add, in conclusion, another mode of procedure, which is in some degree of repute with the practitioners of the French school, although I cannot recommend it on my own individual experience. Velpeau ("Traité Complet, &c," tome ii., p. 413,) thus mentions it:—"La dilatation au moyen d'un morceau d'éponge, comme l'a imaginé M. Kluge, est d'un effet beaucoup plus certain. L'irritation qu'en résulte est permanente, progressive, régulière, et soutenue par la pression qu'exerce l'espèce de tampon qu'on maintient en même temps dans le vagin. Sous l'influence d'une pareille excitation, la matrice entre bientôt en action, et il est difficile que le travail n'acquière pas rapidement un énergie suffisante."

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*The Lancet, 26 June 1841 (vol 36, issue 930, pages 478-480)*

#### PUERPERAL CONVULSIONS. ARTIFICIAL DELIVERY OF TWINS.

*To the Editor of The Lancet.*

SIR:—If the following case of puerperal convulsions be considered worthy of introduction into the pages of your useful Journal, you will, by its insertion, oblige your most obedient servant.  
Edward Augustus Cory, M.D., M.R.C.S.

Cannon-street-road, June, 1841.

A German woman, named Zimmerman, of a leucophlegmatic constitution, during the process of her second parturition was attacked with convulsions early in the morning of the 8th of June. She had been under the care of her midwife for some hours previously, and had complained during the preceding day of intense headach [*sic*], for the relief of which her friends had very improperly recommended her copious potations of gin and water. On the supervention of the convulsive attacks, it was deemed expedient to procure the assistance of a medical practitioner, and Mr Beale, surgeon,

of Bedford-square East, was accordingly sent for, who immediately and very properly bled her to a considerable extent, and had also recourse to the usual secondary remedial agents. The os uteri at that time showed no signs of sufficient dilatation to permit the artificial evacuation of the uterine contents, and she almost immediately sunk into a state of complete coma. Mr Farrer, surgeon, of the Commercial-road, had also very kindly his assistance. I was requested by the above gentlemen to see her about eight o'clock on the same morning. I found her in a state of complete insensibility, with no interval of consciousness; the breathing was stertorous, and the pulse so feeble and wiry as entirely to preclude any further depletion, which appeared to have been carried to its fullest extent. The os uteri was at this time dilated sufficiently to admit the careful application of the forceps, and I accomplished the delivery of the infant without difficulty. Another child was now detected in the uterus under head presentation, which I immediately delivered by the operation of turning. The uterus showed no disposition to contract after the expulsion of the children, but by the employment of compression externally, it contracted tolerably, and one large placenta was expelled. There was no hæmorrhage; both children were still-born. The woman died in about an hour after delivery.

#### *Sectio-Cadaveris Twenty four Hours after Death.*

The dissection of the body was performed by Mr. Beale, assisted by Mr. Charles Bell, one of my pupils. On the removal of the dura mater, considerable vascular tumescence was observable on the surface of the left cerebral hemisphere, and some patches of imperfectly-formed lymph were also evident. The tunica arachnoides presented a remarkable degree of dryness. On the superior portion of the anterior lobe some extravasated blood was discovered, and, on extending the dissection, the left ventricle was found to be completely filled with a coagulum. The effused blood, when collected, weighed altogether about three ounces. The right hemisphere partook but slightly of the increased vascularity which had been observed on the opposite side, and was comparatively healthy throughout its whole structure. Nothing further of interest was noticed in the dissection of the brain. The intestines were much distended with foetid gas. The uterus and its appendages were in a healthy condition, and presented the appearances usually observed in a woman recently delivered.

*Remarks.*—The above is a case of the apoplectic form of puerperal convulsions, which may be considered the most fatal of all the varieties of that formidable and frightful affection. I think it may very reasonably be assumed, that if the patient, in the first instance, had been under the care of a medical practitioner instead of a midwife, her life might have been saved — I mean, that had she been copiously and repeatedly bled and purged on the accession of the intense headach, of which it will be recollected she complained on the preceding day, instead of having been plied with ardent spirits by her ignorant friends, the more formidable stage of the disease might have been effectually prevented. I do not intend to trespass on your valuable columns by detailing the symptoms and pathology of the disease under consideration, for they can be fully comprehended by a reference to any of the standard works on obstetric medicine: I shall merely observe, that some writers, among whom may be mentioned Baudelocque and others, have described several varieties of puerperal convulsion. I am, however, of opinion, that the division of Dewees into hysterical, epileptic, and apoplectic, is pathologically correct and sufficient for ordinary practical purposes. It appears that primiparous women, and those having more than one child in utero, are the most liable to puerperal convulsions; and that these attacks are more common and dangerous during the parturition than at any period of utero-gestation or after delivery. *Mauriceau* had 42 cases of the above disease, of which 7 occurred during pregnancy, 3 of which proved fatal; 19 during labour, of which 11 died; 16 after delivery, of which 5 died. *Merriman* cites 48 cases; 6 occurred after delivery, 3 during labour with twins, of which one died. The rest were attacked during labour, of which 11 were delivered by the forceps; 9 by cephalotomy, of which 2 died; 4 by version, of which 2 died; 1 died undelivered; 14 were delivered by the natural efforts; of which 5 died; of these, 3 were primiparous. At the Maternité of Paris, under the surveillance of *Madame Lachapelle*, in 15,652 women delivered there, 40 were the subjects of puerperal convulsions; 12 of these were delivered by the forceps, 5 by version; 23 of these cases occurred before delivery, of which 9 died. *M. Pacoud*, at the Maternité of Bourg, in 11,208 women, had 47 cases of this disease, 18 of which occurred during pregnancy, 20 during labour, and 9 after delivery. The number of deaths is not stated in the report. *M. Desjardins* relates 7 cases, 5 of which happened during labour and 2 after delivery, all of which recovered. *M. Champion* had 10 cases, all of which were primiparous; 7 recovered, 3 died; 5 of the children were born alive. *Velpeau* gives us an account 21 cases; 7 took place during pregnancy, of which 2 died; 5 during labour, of which 2 died; and 9 after delivery, of which 4 died. *Collins* records 19 cases, which occurred in the practice of Dr. Joseph Clark, of Dublin, of which 16 were first births. He also mentions 30 cases of his own, of which were 29 primiparous. *Dr. Ramsbotham, sen.*, mentions 22 cases, of which 15 were first births. Of 59 cases attended by *Dr. Rambotham, jun.*, 17 occurred before the commencement of labour, 28 during the process, and 14 after parturition. There were 3 cases of twins; 45 were first births; 13 of the women died. Of the children, 41 were expelled naturally by the head; 6 delivered by craniotomy; 6 by the forceps; 5 by turning; and 4 presented the breech. 23 of these only were born alive. The convulsions took place after delivery in 12 of these cases: one patient was attacked nine days after labour, another ten, and another seven. The treatment of puerperal convulsions can be comprised in a few words. Bleeding not to ounces, but to pounds, according to the state of the patient, and delivery as soon as it be safely accomplished. The quantity of blood which may be taken this disease with the most beneficial results results, is truly astonishing. Active purgation, refrigeration of the head, counter-irritation, &c., may be regarded as useful, although of secondary importance. Opium is decidedly injurious in whatever form it may be administered, unless in the hysterical variety of the affection, where I should consider it of doubtful efficacy. Some observations appeared in

a late number of *The Lancet*, from the pen of my friend Dr. Maddock, of Judd-street, Brunswick-square, In reference to a case of puerperal convulsions, which occurred in the practice of a provincial practitioner, in which he (Dr. M.) strenuously recommended the use of opiate injections; experience has taught me the utter uselessness, nay, danger, of all the preparations of opium in puerperal convulsions; and if any practitioner should be sceptical on this point, I recommend him to peruse the interesting cases detailed by Dewees, and other eminent authorities, in relation to this subject. The treatment of puerperal convulsions has been so graphically and impressively delineated by the late celebrated Gooch, that I cannot refrain on the present occasion from quoting his own words: "The remedies (says he) commonly recommended are antispasmodics, bleeding, and delivery; the first, general experience shows to be useless. Bleeding is, then, our sheet-anchor. Dr. Hamilton says, says take away forty ounces at once, and if in two hours the patient is not satisfactorily better, take away forty ounces more. When I first heard Dr. Hamilton in his lectures deliver these instructions, I felt not a little astonished, but I can now conscientiously declare that I have never had a patient die of puerperal convulsions where the disease had been thus boldly treated; those who have died have been bled with a sparing band, and to an insufficient amount. A little woman, about 18 years of age, of a spare habit, was seized with pain in her head and trembling, on which she fell down senseless: I was sent for, and soon after my arrival she became convulsed. This was the first case of the kind I had ever seen; and though the patient was not of a plethoric habit, I bled her to the amount of twenty ounces; before the bleeding was stopped, she opened her eyes and the convulsions ceased. I ordered her head to be shaved, directed cold applications to the scalp, and prescribed some brisk aperient medicine. Notwithstanding the favourable impression produced by the bleeding, which was followed by the action of the purgative, in a short time the convulsions returned; the bandage slipped off, and she lost about eight ounces of blood. The husband tied up her arm, and in great haste ran for me without his hat, and with his hands covered with blood; I went immediately, and took away about twenty ounces of blood more, and the convulsions ceased, but still the patient remained insensible. At ten o'clock at night I went to see her again, and just before my arrival she had a convulsive fit more violent than any preceding one. She had since nine in the morning lost forty-eight ounces of blood, and I now again bled her to the amount of thirty ounces; the convulsions ceased; in the morning she was decidedly better; in the course of the day uterine pains came on, she was delivered of a dead child, and gradually recovered. Give me the lancet, and deprive me of all other remedies, and I will do more good with it singly than with all others, put together."