

governed by the law of nature, or of life. What is the law? Is it not carried on by the agency of the mother? And is not its effect an intimate and vital connection between the mother and the child? Do we not often know a fright or shock to the mother to stop this vital action, and produce the death and subsequent expulsion of the foetus? How, then, can we, in the present state of our knowledge, presume to say that a similar effect may not be partially produced, and the consequence be either an excess or an increase of development?

How does Mr. North account for the following fact? A lady is frightened by a beggar with a large "red mark" on the side of the face. She rushes into the house, clasps her left wrist firmly, and faints away. The child is born with a precisely similar mark upon the wrist. This is no idle tale. The parties are both living, and nearly connected with myself. There can be no doubt of the truth of the fact; and, if Mr. North chooses, I will direct the young gentleman to call upon him and show him his wrist.

Many important truths have arisen out of, or sprung from, the wild, and oftentimes visionary surface of popular belief. Science and learning are powerful auxiliaries in discovering great truths, but if they bring us to the goal, how often, still, are we disappointed! How often are we made to *feel* the utter inadequacy of human intellect in piercing the veil which separates man from the mysteries of nature! I am, Sir, your obedient servant,

C. R. BREE.

Stowmarket, March 10, 1840.

* * Physiologists in these inquiries can only deal with facts, and then the question is, which are facts, and which are conjectures, or mere assumptions. Evidence adduced after the birth, depending on recollections which occurred before the birth, is rarely admissible among physiologists on such occasions. And even then the probability of a singular *coincidence* forces itself upon their reflections. There are many tales of the kind, seemingly more strange than that of Mr. Bree.—*Credat Judæus!*

ON THE
ASSENT OR REFUSAL OF PATIENTS
TO SUFFER OPERATIONS.

To the Editor of THE LANCET.

SIR:—On the question of forcible operation, proposed in your last Number by Mr. Potter, I take the liberty of offering a few suggestions:—

1. If a man were about to throw himself from a precipice, or to swallow hydrocyanic acid, we should not hesitate to stop him,

per-force, from committing so horrible a deed. But there would be here no time for deliberation: let us, therefore, consider a different case. If blood were flowing from an artery, to such an extent as would prove fatal in five minutes, the surgeon would be morally guilty of *murder*, unless he forcibly attempted to stop it; and the same grave crime might be laid to his charge, whether the bleeding would have destroyed life in five minutes, or in as many hours. In such a case as your correspondent mentions, where a leg is so injured that death would ensue if it were not removed, why should the surgeon hesitate to operate forcibly, because a *limb* is injured instead of an *artery*? And if it be justifiable to operate *per-force* when the injury would kill in a few *hours*, why not when it would as certainly kill in a few *days*?

2. Yet the world would loudly and justly condemn the man who dared to operate forcibly for a chronic disease, or an injury tending to produce a fatal result in twelve-months' time; and if it be unjustifiable when an injury would kill in twelve months, the same when it would kill in six, three, two, or one month,—the same when it would kill in a fortnight, a week, or a day.

3. A man of mature age, and of sound judgment, has calculus in the bladder, but refuses to submit to the operation. No surgeon would think of forcing him to comply; but a boy of ten years' old would be very unceremoniously tied up and lithotomised, in spite of his cries and resistance. Before the one, death and life (comparatively speaking) are placed, that he may make his choice, for he is able to count the cost; but of this the other is incompetent to judge, and it must be decided for him by older heads. It is not because one is forty years of age and the other ten, but that one is able to reason on the case, and the other is not; for, from what has been said, it will be evident, on a little reflection, that *no forcible operation ought to be performed, when the patient is able to judge for himself*. This, then, is the point to decide; whether there be capability of judging.

4. When a person chooses to die rather than submit to an operation, it is generally an evidence of deficient fortitude, and not of weak judgment; but for the surgeon to supply his patient's lack of resolution by using force, would be to establish an unwarrantable rule. Both sides of the case must be placed before him, and he must choose for himself. In persons, however, under fourteen years of age, or when there is any degree of delirium, or aberration of mind, or the understanding cannot be duly exercised on account of great vital depression, intense suffering, and other similar circumstances, or when a very short period would terminate existence, the necessary operation must be performed. All these things are

to be considered in connection with one another, and not separately.

5. A surgeon who gives his opinion in a decided manner, will exercise so much influence, that he will rarely meet with cases of obstinate refusal; and in youth, at about the age that Mr. Potter mentions, it frequently happens, that while a tacit consent would be given, if preparations were made, and the operation proceeded with as a matter of course, a refusal would follow, if it were directly and formally proposed beforehand. When there are not the above-mentioned reasons for operating per-force, and the sufferer has attained the age of fourteen or fifteen years, he is to be regarded as capable of judging for himself; and if he determinately and deliberately refuse when the case has been fairly laid before him, his blood is on his own head, if he perish.

There are, besides the above, a number of points deserving of serious consideration, but I have endeavoured concisely to view the more important among them, being unwilling to occupy a larger portion of space. I remain, Sir, your obedient servant,

WILLIAM E. C. NOURSE.

London, March 9, 1840.

CASE OF PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR:—Cases like the following being of rare occurrence, I have sent it to you for publication. I am, Sir, your obedient servant,

THOMAS ATKINSON.

Chipping Sodbury, Worcestershire,
March 11, 1840.

Ann Griffin, a resident of this place, aged thirty-seven years, married, of a healthy, well-developed, muscular constitution, the mother of thirteen children, eight born alive at the full period, and five miscarriages, was taken in labour (the term of utero-gestation being complete), at four o'clock, A.M., on the 2nd of March, 1840. The uterine action was feeble at first, but before my arrival (perhaps half an hour from the commencement,) the liquor amnii had been discharged in very large quantities, perhaps from ten to twelve quarts. On making an examination, the foetus could not be reached with the finger, and the uterine contractions had by this time entirely subsided; but, in their place, the most violent and alarming spasms occurred in the epigastric region, which deprived her of the power of speech, and rendered her respiration exceedingly difficult. These recurred every ten or fifteen minutes, and continued of that formidable character throughout the day, up to the period of five o'clock, P.M. To this affection she had been subjected, in a minor

degree, for two or three months previously; and for which she had been bled to the amount of eighteen ounces a-month before parturition. This obtained her some relief, and a repetition of the bleeding was proposed, but to this she strongly objected. From that period our chief reliance was on mild purgatives, avoiding all sources of moral disquietude as much as possible, a horizontal position, and light diet, with the ulterior object of lessening uterine irritation. However, in spite of all our efforts, the spasms continued, and I saw that nothing was to be done until delivery took place, which I expected would be premature.

Soon after the evacuation of the water, finding the pulse firm, and nearly 100, I determined on taking from the arm a quantity of blood, which I did, to the amount of twenty-four ounces. This gave some slight relief, but the spasms continuing, I administered fifty drops of tinct. opii, which only had the effect of increasing the affection to an alarming degree; an injection of warm water, about a pint and a half, was then thrown up the rectum, but this came away immediately, without any feces.

In about four hours from the first bleeding I took away eighteen ounces more; this produced some slight cessation, but still the pains continued to distress her very much, nor was there, up to this time, any symptom of labour.

At five, P.M., I took away more blood, the three bleedings producing four pounds. Shortly after this the bowels were evacuated, the spasmodic pains considerably allayed, and, before six o'clock, P.M., labour-pains in a slight degree commenced, and by seven, on the same evening, a tolerably fine foetus was expelled, which died in about twelve hours, evidently convulsed, and unable to swallow anything from the period of its birth.

On endeavouring to abstract the placenta, I found great difficulty in doing so, not the slightest separation taking place, though a continuous gentle extension had been kept on the funis for some time. It was then that I began to suspect abnormal contraction of the uterus (hour-glass). On introducing my hand, to ascertain how matters stood, I found such to be the fact. All I now had to do was to pass my hand gently through the contracted space, and remove the retained body, which was effected after a brief period.

By this time the woman complained of exhaustion (although very little hæmorrhage had occurred from the uterus), and forty drops of laudanum were given, with a few teaspoonsful of brandy; but this, instead of rallying her, produced a return of spasmodic paroxysms as severe as at any time previous to delivery, but which subsided again soon after.