ticular part; and thus the sequel of a more extended inflammatory process becomes emphasised at some apparent spot and limited to a circumscribed area; and at such places there may not only be external pouching, but at such parts the rupture occurs. When the bulging is very large, the visceral pericardium may not cover it; the endocardium is often atheromatous; and the reflected pericardium also may assume a milky opacity. When these changes have taken place, the serous membrane, under its transmutation, cannot be freed from the muscular structure, or that product which has substituted true muscular tissue.

When the rupture takes place, it is generally at the apex of the aneurismal tumour and in the direction of the muscular fibres; and this catastrophe is not in the earlier stage of the sacculation, but it comes to pass in the more chronic condition, when the pouch-coverings have become thinned by absorption, until at length they are unequal to systolic pressure, or by some increased exertion of sudden straining, or by lifting some weight, or when at the stool. The body of a girl of fourteen was taken into University College Hospital, who had died very suddenly; and there was found, on examination, a thimble-like pouch at the base of the left ventricle, which was of cellulo-fibrous formation, covered by the peri- and lined with the endocardium. The sac gave way at the extreme point of projection, where the covering was the most thinned. Mr. Spencer Watson recorded an example of left ventricular aneurism which was of somewhat hemispherical configuration, and which gave way at the apex. In this last cited instance, the microscope showed pale yellowish fatty patches beneath the endocardium. In both of these cases, hypertrophy was the accompaniment. Of seventeen inspections of rupture given by Hayden, in fourteen the occurrence took place in the outer wall of the left ventricle; and of twenty-two cases of rupture adduced by Quain, it was seen in the external wall of this ventricle in no fewer than fourteen examples. It is a fact to be held in remembrance, that cardiac aneurism, unlike arterial aneurism, is quite as liable to occur from fourteen to thirty years of age as from sixty to seventy; and writers on this subject agree that this early tendency is mainly or almost always attributable to the precedence of acute rheumatism, which has already been instanced as the chief cause of the affection.

It has above been remarked, that ventricular aneurism cannot be indicated by any of the ordinary rules by which we are guided in diagnosis. In the example which I have now recorded, the gentleman had, prior to his death, a slight paralytic affection, as shown by numbness of the left arm. For several months before his decease, he had complained of pain and discomfort at the posterior part of the thorax, immediately below the point of the scapula. But these symptoms are precisely such as occur in other forms of organic heart-disease, and they could throw no light on the exceptional nature of this affection. Peacock is inclined to believe that, if any specific symptoms can be relied upon, such are a sense of pain and weight at the region of the heart; but all who are conversant with cardiac pathology are aware that, in other organic forms of change in this viscus, the patient will thus complain of his ailment. Again, in some of the examples given by various authorities of the complaint, the patient was hardly inconvenienced; in others, the symptoms were characterised by no marked or peculiar indications; and in certain others there was hardly any evidence of a malady so grave and fatal. In the various forms of hypertrophy, and in valvular disorganisation, præcordial pains and heaviness are by the patient not unfrequently named. In right-side hypertrophy more especially, there is commonly a feeling of heavy dragging downwards; and not unfrequently uneasiness and a more or less pronounced degree of pain are the accompaniments. In those instances in which cardiac aneurism is small, and consequently where the action of the chamber is not mechanically much interfered with, the ordinary physical signs may give no information, nor may the patient be much discommoded. In such examples as have been narrated, and in which the tumour had attained large dimensions, there were recognised the more common states of cardiac enlargement. With scarcely an exception, when cardiac aneurism has been discovered on inspection, this pathologic change has been a surprise and in nowise expected. More than one aneurism may be present in this ventricle.

MOUNTAIN ASH.—But little information is to be gleaned from this report, beyond the fact that the death returns show the district to be improving. The death-rate has been steadily decreasing, and is now at the comparatively satisfactory figure of 18.6 per 1,000; whilst the deaths from typhoid fever (two) are many fewer than was usual a few years ago. None of the other zymotic diseases were fatal in the district, except whooping-cough, which caused three deaths, and seems to have been very prevalent.

ON THE ALLEGED DANGERS OF INTRA-UTERINE INJECTIONS OF PERCHLORIDE OF IRON IN CASES OF *POST PARTUM* HÆMORRHAGE.*

By FREDERICK POLLARD, M.D.Lond.,

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ALTHOUGH it is generally acknowledged in this country that the injection of solutions of the perchloride of iron into the uterus is a very reliable and effectual method of arresting *post partum* hæmorrhage, there is, nevertheless, a very prevalent feeling that the practice is not without dangers of its own. This feeling varies greatly in intensity in different individuals. Some regard the danger as scarcely greater than that which attends all intra-uterine applications. Others consider it to be so great as to make the operation unjustifiable under any circumstances; while many who resort to this method of treatment in urgent cases, do so with anxious forebodings as to what the result of it may be. The object of the present paper is to determine what the dangers of the operation in question really are; whether they are such as to make it unjustifiable or even undesirable to resort to it at all; and, if not, how the dangers may be best avoided. The value of injections of perchloride of iron in cases of flooding after labour, was probably first taught by Professor d'Outrelepont of Würzburg, who used them in the same way as is now done, and wrote on the subject thirty or forty years ago (*Obstetrical Journal*, vol. ii, p. 91). In this country, although a practitioner here and there had used the injections, the first apparently who called attention to the practice was Dr. Robert Barnes, who recommended it in his Lettsomian Lectures in 1857. In a lecture published in the *Lancet* in 1862, Dr. Barnes again called attention to the subject, and again in 1865, at a discussion at the Obstetrical Society of London on Puerperal Fever, in the course of which he spoke strongly on the importance of preventing great loss of blood, which loss itself was an undoubted predisposing cause of puerperal fever (*Obstetrical Society's Transactions*, vol. vii, p. 36). Finally, in November 1869, Dr. Barnes read an exhaustive paper before the same Society, on the Treatment of Hæmorrhage after Labour, showing the necessity in certain cases for some means more reliable than the "ordinary measures", the value of injections of the perchloride of iron as meeting this want, their possible dangers, and the best means of guarding against them. A long discussion followed, in which all the speakers agreed as to the value of the perchloride as an uterine styptic; two only, Drs. Wynn Williams and J. H. Aveling, suggesting that the method of swabbing might be safer than that of injecting (*Obstetrical Society's Transactions*, vol. xi, p. 219). At the beginning of 1870, Dr. Barnes published the first edition of his *Lectures on Obstetric Operations*, in which his method of using the injection is explained, and the cases in which he recommends it are defined. The great popularity of this book has caused the operation to be very widely known and practised. Long and animated discussions as to its merits have taken place in the medical journals and at the various obstetrical societies. Many are the lives which its advocates believe they have saved by its means. On the other hand, a considerable number of patients have died after the use of the injection; whether in consequence of it, or in spite of it, I shall have to consider presently.

I shall now refer briefly to every published case which I can meet with, in which death has followed upon the intra-uterine injection of a solution of the perchloride of iron for the arrest of primary *post partum* hæmorrhage. I exclude from consideration cases of secondary hæmorrhage, and of hæmorrhage from abortion; for Dr. Barnes himself does not advocate the injection of the perchloride in such cases, but recommends dilatation of the cervix, careful removal of remnants of placenta, etc., swabbing the interior of the uterus (if necessary) with solution of the perchloride, and so on. One of the earliest practitioners in this country to employ the iron injection was Dr. Hugh Norris of South Petherton, who used it as early as 1859, but did not publish his observations until 1869. He then gave details of seven labours, after which he had injected the perchloride, besides referring to several cases of abortion in which he had used the solution on plugs. In two of the cases of labour, death followed. The first was a case of placenta prævia; the patient was nearly dead when Dr. Norris arrived. He delivered, and injected solution of perchloride immediately. No further hæmorrhage took place, but the patient never rallied, and died of

* Read before the Liverpool Medical Institution, March 1880.

exhaustion four or five hours after delivery. The other fatal case began with convulsions, was bled to thirty ounces, calomel and croton oil were administered, and the forceps used to expedite delivery, which was effected six hours after the first convulsion. Profuse hæmorrhage took place some hours after the birth. Dr. Norris found the patient greatly exhausted, and injected the perchloride. No further loss took place but the patient gradually sank, and died of exhaustion twenty-four hours after the delivery (BRITISH MEDICAL JOURNAL, 1869, vol. i, p. 327).

In 1872, Dr. Playfair published an interesting case of a lady whose uterus was injected with the perchloride on account of very severe *post partum* hæmorrhage. No fresh hæmorrhage took place for three hours, but the patient was then in such a critical state that transfusion was resorted to. The patient rallied, but a fresh gush of blood appeared, and the injection was repeated. Slight reaction followed, then a fresh gush, for which another injection was given. After this, there was no further hæmorrhage, but the patient sank, and died seven hours after labour (*Lancet*, 1872, vol. i, p. 108).

The next fatal cases which I find recorded are those which were referred to during the important discussion which took place at the Obstetrical Society of London in February and March, 1873, upon a paper read by Dr. Heywood Smith, entitled "Treatment of *Post Partum* Hæmorrhage by the Intra-uterine Injection of Perchloride of Iron". The cases referred to in the course of this debate require careful attention, since upon them has been founded a great deal of the opposition to this method of treatment which some obstetricians have manifested (*Obstetrical Society's Transactions*, vol. xv, pp. 44 and 65).

Dr. H. Smith's case does not bear very directly upon our subject, since it was one of secondary hæmorrhage, commencing on the tenth day after labour. The chief interest of the paper, however, arose from the discussion which it elicited, in the course of which Dr. Snow Beck made the astounding statement that, although he had never used it himself, he had seen nine or ten cases in which death followed the injection of perchloride of iron for *post partum* hæmorrhage, all the women presenting symptoms similar to those of puerperal fever. This assertion naturally excited the greatest surprise, and repeated attempts were made to induce Dr. Beck to substantiate his statement by a narration in detail of the cases. These attempts, however, met with very partial success. About a year after the discussion, Dr. Beck published details of four cases (BRITISH MEDICAL JOURNAL, 1874, vol. i, pp. 267 and 301), of which the following is a brief summary.

Case 1 was Dr. Heywood Smith's case over again. Dr. Beck had not seen the patient, but had examined the uterus after death.

Case 2 was that of a patient whose uterus was injected with the iron solution for hæmorrhage following her third confinement. On the fifth day, symptoms of fever set in, with swelling of the abdomen, and subsequently delirium and typhoid symptoms. Dr. Beck says he saw the patient on the fourteenth day after labour. She died on the twenty-second day.

Case 3 was a very similar one. Febrile symptoms began on the third day. Dr. Beck was called in on the eighth, and the patient died on the fifteenth. These two cases presented similar *post mortem* appearances. There was no peritonitis. The uterus was large and doughy; its sinuses were filled with thin dark-brown or black blood; no signs of pus anywhere, and no clots in the uterine veins.

Case 4 was not seen by Dr. Beck, but the uterus was sent to him by "a medical friend in Yorkshire", and presented the appearances just described. The history, also, was precisely similar to that of cases 2 and 3; fever commencing on the third day, and death taking place on the twenty-first day after labour. Up to the time of his death, some years later, Dr. Snow Beck published no more of his cases. The nine or ten fatal cases which he asserted that he had himself seen, resolved themselves into two cases seen by himself, and two others in which he had examined the uteri after death. Of these four, one was the case of secondary hæmorrhage which had already been published by Dr. Heywood Smith. As regards the other three, I believe I am correct in saying that they are not looked upon by the leading London obstetricians as altogether satisfactory, since in neither of them did Dr. Beck mention the name of the practitioner with whom he saw the patient; and, although these practitioners were publicly invited to come forward and substantiate Dr. Beck's statements, no one ever acceded to the invitation. But to return to the discussion at the Obstetrical Society: after Dr. Heywood Smith's paper, the following cases were referred to by subsequent speakers as having terminated fatally.

Dr. Routh had seen one case in which a weak solution of the perchloride was injected for *post partum* hæmorrhage with the desired effect. On the third or fourth day, puerperal fever set in, and the patient ultimately died.

Dr. Graily Hewitt had seen a similar case. The patient did well for

three days, when puerperal peritonitis set in, followed by other grave complications, and the patient died five or six weeks after labour.*

Dr. J. J. Phillips had used the injection several times; only one of the cases had terminated fatally, and he could not in the least degree connect the death with the injection. He subsequently remembered seeing a case of placenta prævia, in which the patient died of the labour, notwithstanding the use of the perchloride.

Dr. Playfair had used the injection many times, and only once (in the case above described) unsuccessfully.

Dr. Murray had used it in ten cases, in three of which it was too late, as the patients were already moribund, and died shortly afterwards; the other seven did well. Dr. Bantock had seen one case in which the injection appeared to cause much pain, and death followed seven or eight hours afterwards.

During the years 1873 and 1874, a long and animated discussion on the use of the perchloride of iron took place in the BRITISH MEDICAL JOURNAL and the *Obstetrical Journal*, and a very large number of successful cases were reported. The following are the only unsuccessful cases alluded to, besides those above enumerated.

Dr. Lombe Atthill, who had used it successfully in several apparently hopeless cases, reports one in which symptoms of fever set in on the fifth day, and the patient eventually died. He does not consider that this was due to the perchloride, as the lady was in very bad health before the labour, and the hæmorrhage was so violent that Dr. Atthill says she would have been dead in a few minutes if it had not been for the injection (BRITISH MEDICAL JOURNAL, 1873, vol. ii, p. 628).

Dr. P. B. Giles relates several cases of *post partum* hæmorrhage treated by injection of the perchloride. All were successful except one. In this case, the placenta was peeled off with great difficulty under chloroform. The uterus did not contract, and perchloride was injected. Signs of pneumonia appeared on the fifth day, followed by typhoid symptoms, and death on the thirteenth day. After death, recent peritonitis, with much pus in the abdomen, was found; pus in the walls of the uterus at the placental site, but not elsewhere; no plugging of the iliac or femoral veins; congestive pneumonia, with effusion (*Obstetrical Journal*, vol. i, p. 441).

Dr. Holman of Keigate reports several successful cases; and also one in which the patient did not rally, but sank three hours after labour. After death, a large number of fibroids were found in the uterine wall, and others attached to the peritoneal surface of the womb (BRITISH MEDICAL JOURNAL, 1874, vol. i, p. 575).

In March 1874, a paper was read before the Dublin Obstetrical Society by Dr. Lombe Atthill, narrating several cases in which he had used the perchloride successfully, as well as the one fatal case above noticed. In the course of an interesting discussion which followed, Dr. More Madden related ten cases in which he had employed the iron treatment; of which the following two terminated fatally. One was a case of secondary hæmorrhage, occurring during an attack of small-pox, on the eighth day after labour, the patient sinking rapidly in spite of the injection of perchloride. In the other case, the patient did well until the seventh day; symptoms of metritis appeared on the eighth day; these subsided under treatment, but a low typhoid pneumonia set in, and the patient died on the twenty-first day after labour.

Dr. McClintock had used the remedy in four cases, one of which was unsuccessful, the patient dying of hæmorrhage; probably, as Dr. McClintock explains, because the uterus was not previously emptied of clots, and therefore the solution could not properly come into contact with the uterine walls.

Dr. Ringland related a case in which metritis and peritonitis supervened, the patient passing into a typhoid condition, and dying thirty-one days after her confinement (*Dublin Journal of Medical Science*, vol. lvii, p. 346).

In December 1874, a paper was read before the Obstetrical Society of Edinburgh by Dr. Connel, describing an extremely severe case of *post partum* hæmorrhage, in which, as a last resort, he injected perchloride of iron. The hæmorrhage ceased, but an hour and a half afterwards, the patient suddenly threw herself round on her hands and knees and expired. The author adds that some red blood had begun to show again, and that the slight recurrence of hæmorrhage, coupled with the patient's sudden muscular effort, was enough to extinguish life, she being already in a state of extreme exhaustion. The discussion which followed showed that the Edinburgh school of obstetricians generally disapproved of the iron treatment, although they had had

* This same case is narrated at length by Dr. Snow Beck (although he never saw the patient) in the *Obstetrical Journal* for February 1874. Dr. Hewitt, however, says that "the facts of the case and the details of the treatment related by Dr. Beck are absolutely untrue in their most essential particulars" (*Obstetrical Journal*, vol. ii, p. 94); and Dr. Barnes says, "I have it from direct authority that his information was drawn from the monthly nurse who attended" (BRITISH MEDICAL JOURNAL, 1874, vol. i, p. 696).

little or no personal experience of it. Dr. Simpson had used it once, but too late, as the patient was just sinking. This was the only other actual case referred to, although most of the speakers spoke against the practice (*Edinburgh Medical Journal*, vol. xx, p. 752).

In the journals for 1875, I find the following fatal cases referred to.

At a meeting of the South-Eastern Branch of the British Medical Association, Mr. Stilwell of Epsom read a case of a woman, aged 43, in labour with her first child, who died, after delivery and injection of perchloride of iron, of sudden collapse. No particulars are given, and I have been unable to obtain any, Mr. Stilwell having died in the meantime (*BRITISH MEDICAL JOURNAL*, 1875, vol. i, p. 60).

Mr. T. P. Morgan reports the case of a patient, aged 40, in her twelfth confinement, whom he injected three times in succession with solutions of the perchloride, increasing the strength each time. At each injection, the hæmorrhage ceased, but returned shortly afterwards, and the patient sank. No obvious cause for the recurrence of the bleeding is mentioned (*Lancet*, 1875, vol. ii, p. 188).

Mr. H. W. Boddy of Manchester reports a case in which sudden death occurred during the injection of perchloride for persistent, but not very profuse, *post partum* hæmorrhage. The following details must be mentioned. Having prepared sixteen ounces of fluid of the proper strength, and having passed the pipe of an ordinary enema-apparatus well up to the fundus, Mr. Boddy goes on to say, "The nurse then worked the syringe, while I held the pipe in its position. The hæmorrhage ceased immediately on the injection of the solution; and, during the first part of the process, the patient made no complaint, and the uterus began to firmly contract." During the last two or three strokes of the syringe, the patient complained of pain in the belly and of cramps; she gave a shriek; a general convulsion took place, and she died. Then mark this concluding statement. "The uterus was firmly contracted round the injection-tube, some little force being required for its withdrawal" (*BRITISH MEDICAL JOURNAL*, 1875, vol. ii, p. 488). A number of correspondents, including Drs. Swayne, Atthill, and Barnes, pointed out the probable cause of the untoward result in this case, viz., that, the uterus contracting firmly round the tube after the first few strokes, and the operator failing to maintain with his fingers a passage through the cervix for the outflow of the injected fluid, but continuing to inject the whole of the sixteen ounces, some of the fluid was probably driven through the Fallopian tubes into the peritoneum, causing, in the woman's already exhausted state, fatal shock. Mr. Boddy's candour in publishing this case is worthy of all praise and of imitation; and the lesson it teaches is a very important one.

At a meeting of the Dublin Obstetrical Society, in April 1877, Dr. Lombe Atthill related the case of a feeble half-starved woman who, after her eighth confinement, had a constant oozing of blood, until she was extremely exhausted. The perchloride was used, the hæmorrhage stopped, and the patient rallied for a time; but she soon became collapsed again; ether was injected subcutaneously; then transfusion of blood was performed; but the woman did not rally again, and died six hours after labour. Dr. Atthill's only regret in this case was that the perchloride was not used earlier.*

At a meeting of the London Obstetrical Society, in January 1878, Dr. Herman showed the uterus of a woman who had been injected with the diluted iron solution, and, the hæmorrhage continuing, a rag soaked in the undiluted solution was pushed up into the uterus. The hæmorrhage continued, and the patient died. The specimen showed that the lower part only of the uterus was corrugated by the stronger solution; and subsequent speakers suggested that, if the entire uterus had been swabbed with the "liquor fortior", the hæmorrhage would probably have ceased and the patient have had a good chance of recovery.

Dr. Hayes referred to a case which he had seen, in which only the nozzle had been introduced into the os, and the injection failed to arrest the hæmorrhage from which the patient died; also to a second case, in which the woman died of exhaustion after difficult labour, in spite of the injection of the perchloride (*Obstetrical Society's Transactions*, vol. xx, p. 2).

Dr. Routh referred to the case which he had mentioned at a previous meeting; and to a second case, of which he has kindly furnished me with the following particulars. The labour proving tedious, Dr. Routh was called in consultation, and the forceps was applied. Free hæmorrhage followed; and, the uterus proving inert, perchloride was injected. The hæmorrhage ceased for three hours, but the patient continued very weak; at the end of that time, a slight discharge of blood took place, and the patient fell back and died.

The report of the Rotunda Hospital, Dublin, for 1877, contains a notice of the following case. A patient, who had severe *post partum*

hæmorrhage, was treated by injection of perchloride of iron, which stopped the bleeding. On the fifth day, she became maniacal, and died on the ninth day after labour (*Dublin Journal of Medical Science*, vol. lxvi, p. 162).

In the report of the same institution for 1878, I find the two following cases referred to.

E. P., aged 22, was admitted in a very exhausted state from accidental hæmorrhage. After the labour also, severe bleeding occurred; perchloride was injected with temporarily good effect, but the patient notwithstanding sank. M. H., aged 23, very feeble and anæmic, suffering from tertiary syphilis, was delivered of a putrid fœtus; profuse hæmorrhage followed; cold water was injected; then hot water; ether and ergot were injected subcutaneously; after which the womb contracted; but the general symptoms were very alarming; the patient was restless, feeling smothered, and unable to see. At this critical juncture, the uterus relaxed and hæmorrhage recurred; then a violent convulsion came on. Although the case was desperate, it was decided to inject perchloride. About six ounces of diluted solution were thrown up. The uterus did not contract; respiration immediately ceased, and she was dead. After death, it is simply stated that "general thrombosis throughout the entire venous system" was found (*Dublin Journal of Medical Science*, vol. lxviii, p. 337).

Dr. Atthill spoke of this case at the Cork Meeting of the British Medical Association, as one in which the iron appeared to cause sudden death (*BRITISH MEDICAL JOURNAL*, 1879, vol. ii, p. 367). On this point, however, he writes to me as follows: "I am not sure that I was correct, in my remarks at Cork, in attributing her death for certain to the iron. I was not then aware that she had had, previously to its use, an attack of convulsions. The patient was evidently moribund; and, though possibly the iron may have had an injurious effect, it seems, on knowing the particulars, to be hardly fair to charge it with the fatal result. I have used iron thus very often, and never had any unpleasant consequences. In the case I am referring to, my only regret is that the iron was not injected earlier."

In the course of the debate on the report of the Rotunda Hospital for 1878, Dr. Kidd mentioned a case in which both hot water and perchloride injections failed, and he lost his patient. He apparently gave no details of the case (*Dublin Journal of Medical Science*, vol. lxviii, p. 347).

The only other published case which I know of is a very recent one, and is reported by Dr. Herman in the *Obstetrical Journal* for January of the present year (1880). After the first syringeful or two had been injected, the patient seemed a little uneasy, but said she was not in pain. After a few more syringefuls, she gave a faint cry, threw up her arms, and gasped for breath. A few sighing inspirations followed, and then she was dead. Dr. Herman says the case suggests that "when a quantity of fluid is injected into the uterus, if there should, from contraction of the cervix, or any other cause, be a hindrance to the easy escape of the fluid thrown in", there is danger of clots in the uterine vessels being forced into the general circulation. From which I gather that he thinks such a hindrance to the return of the fluid was probably present in this case. It therefore serves to emphasise the lesson, already taught us by Mr. Boddy's case, to be most careful in keeping a free vent for the return of the injected fluid.

[To be continued.]

BAKEWELL RURAL DISTRICT: NORTHERN DIVISION.—In this district, there were 292 births and 222 deaths in 1879, equal to rates of 25.06 and 18.9 per 1,000 respectively. In the third quarter of the year, the death-rate was but 16.4 per 1,000—a result ascribed by Dr. Fentem to the exceptionally small fatality from diarrhoea during the cold and sunless summer, and the marked decrease of infant mortality. Only 6 deaths from zymotic diseases occurred during the year, 2 being from whooping-cough, 2 from typhoid fever, and 2 from diarrhoea. The district seems to be well looked after by the medical officer of health.

HELMESLEY RURAL DISTRICT.—This is an unusually thoughtful and good report, showing much real work and painstaking care. The death-rate of the district for 1879 was 17.0 per 1,000, a diminution of 1.8 from the average. The infantile death-rate was satisfactorily low, and only two deaths occurred from zymotic diseases. The most remarkable feature in the mortality is the large proportion of deaths from pulmonary diseases, which caused exactly a third of the total deaths. Dr. Low ascribes this fatality to the misty atmosphere prevailing in the wooded villages of the district, the damp state of the soil, and the faulty construction of the houses. The births numbered 129, of which no fewer than 13 were illegitimate. This exceptionally high proportion is made by Dr. Low the text of some highly interesting remarks on the neglect and cruelty to which illegitimate children are subjected by baby-farmers in the district; and the matter is clearly one that deserves some legislative interference.

* *Dublin Journal of Medical Science*, vol. lxxiii, p. 572. This case is also described in the Report of the Rotunda Hospital for 1877 (*Dublin Journal of Medical Science*, vol. lxvi, p. 149).