CASE IV.—A male child, aged eight months, was brought to me in March of this year for "fits"; from the mother's account, these appeared to be actual convulsions, but it had, in addition, fits of choking. It had no cough, was quite well otherwise, and was being nursed. Dentition was commencing. When under observation, it breathed easily and cried naturally. No abnormal signs were detected in the chest. It died suddenly two days after I saw it. The mother said it that had "stopping of its breath", became black in the face, and then it ceased to breathe. I made the *post mortem* examination two days afterwards. The body was that of a well-nourished child in perfect health. The brain and all the viscera were examined, and no disease whatever was found, except that the thymus was very large and occupied a large space in the anterior mediastinum. Its capsule was thick and opaque, especially behind the sternum, as if it had rubbed against that bone in the expansion of the lung. It weighed about two ounces. Its section was very milky-looking, and exuded on scraping a copious supply of milk-like fluid; no pus. The fluid was so plentiful, that I was at first in doubt whether there was not some soft new growth there; but it was not so: there was nothing but the gland's own secretion.

I may, in passing, just stop to inquire what was the cause of death in this case. The child had three fits, which were probably epileptiform; and it may seem to you, perhaps, to be departing from what is a known and common cause of death—convulsions—to take up a more shadowy hypothesis in this case. But I think that the state of the thymus gland, taken with the mother's account of her child's death, is a reasonable explanation of the fatal termination—of death by spasm of the larynx and lungs, and quite as probable as that death resulted from infantile convulsions. It is true, that the thymus could hardly be called diseased; but it was swollen and large, with the consequent vascularity which such a condition induces, and this would be a sufficient cause of undue stimulation of the mediastinal nerves; and this, as we know, is a sufficient cause of laryngeal and respiratory spasm. At the same time, I am by no means unwilling to admit the difficulties of this view: the tumour did not press backwards so as to involve in any way the roots of the lungs, as in the other cases.

I must give just a note of one more case, which again I must borrow from my kind colleague Dr. Moxon.

CASE V.—A man, aged 64, was admitted to Guy's Hospital one day, and died the next. He had always been temperate, and had enjoyed good health till March 4th, when he first complained of headache. He went to work next morning, and when he returned he is said to have reeled like a drunken man, and still complained of his head. In the last three or four days, his speech had become very defective, and he had become very unsteady in his gait. He was in a semicomatose state on admission, but, when roused, he answered questions, though incoherently. His pupils were contracted and insensible. He was unable to swallow well; there seemed, in fact, to be some partial paralysis of the muscles of deglutition. His saliva dribbled from his mouth, and his respiration was slow. His temperature is said to have been below normal; urine of a specific gravity of 1025, with a slight trace of albumen. The heart's action was peculiarly slow, a long interval elapsing between the first and second sound. Nothing else abnormal was detected. He had convulsions all night, and died comatose in the early morning.

The body was that of a decidedly muscular man in good health. The brain weighed fifty-one ounces, and was in all respects normal; and it was examined minutely in all directions to find any cause for the existing brain-symptoms, but all without result. Nor, indeed, was there much more success elsewhere; all the viscera were healthy, except as follows. Both lungs were bulky, congested, and with a little early bronchopneumonia at the bases. The epiglottis was much injected and superficially ulcerated, and there was reddening and superficial ulceration of irregular form on the mucous membrane of the trachea. At the bifurcation of the trachea was a remarkably large mass of fleshy-looking glands, quite an ounce in weight at a guess. On section, this was pale pink, and evidently due to acute swelling. The right pneumogastric nerve wound round this mass, but there was no evidence of any actual pressure upon it. It need only be added that the kidneys weighed nine ounces, and that the spleen was rather soft. The weight of the kidneys was decidedly below the average for a man of the size of this patient; but they were perfectly healthy, and this opinion was confirmed by microscopical examination. Here also I may make a remark, in passing, upon the difficulties which this case presents in attempting to form an opinion of the cause of death. Supposing that such a death had occurred outside a hospital, or in suspicious surroundings, or "Mystery", the newsman's joy would certainly have been announced at once. The notes that I appended to the *post mortem* examination were these. (I am very happy to give any one the benefit of them, though I should have been very sorry to have nothing more

certain with which to go before a jury wanting facts.) The nature of this case seems very doubtful. I have only two suggestions to make. It will be remembered that this man had been ill ten days, that he had a soft spleen, an early bronchopneumonia (which probably was only of a few days' date, not so long as ten), and acute swelling of the mediastinal glands.

The first suggestion is, that the man died of uræmia, brought on, not in this case by a *bad* kidney, but by a small kidney, under the influence of impaired function, as the result of chill or some other cause. The relative amount of this or that organ which a man possesses in comparison with the body-weight and the weight of the other viscera, so far as amount of tissue may be considered to represent capacity for work, is a most interesting and important question in many cases in endeavouring to fix upon the cause of death or the reason of its occurrence at a certain time; but I cannot digress to discuss that question now. Seeing that the kidneys in this case, though small, gave not the least evidence, by congestion or otherwise, under the microscope, of any impaired function, and that the urine was of good specific gravity, I do not think it probable that the man died of uræmia; and one therefore turns to the more decided pathological conditions of bronchitis, bronchopneumonia, and swelling of the mediastinal glands. In the light of other facts which have already been given, and many others which might be given, I am inclined to read the case thus. A man of sixty-four, with lung-tissue at his age none too good, gets a cold in his chest, that is to say, a rather severe bronchitis; this extends to the bronchial glands, leads to unusually acute swelling of these, and they, either by their size or by the congestion of their surrounding tissues, so worry the vagus and its branches in the neighbourhood, as to lead to a central spasm at the origin of those nerves, and consequent disturbance of the circulatory stream passing through those parts. The medulla oblongata and pons Varolii then become enervated, their functions irregular, and of necessity there follow staggering gait and defective speech; difficult deglutition, dribbling of saliva, disturbed cardiac rhythm, slow respiration, ending finally in the catastrophe of coma with death. All of these symptoms the patient had; and, however you may explain them, there is none of them but what is known to occur in some or other of the various diseases about the medulla and pons Varolii.

[To be concluded.]

A RARE FORM OF PELVIC HÆMATOCELE.

By CHARLES F. MACQUIBBAN, M.D., and F. OGSTON, junior, M.D., Aberdeen.

THE following case seems worthy of notice from the rapidity with which the disease set in and ran its course to death, and from its having led to an apparently well grounded suspicion of irritant poisoning, and as such resulted in an investigation by the law authorities.

The symptoms, etc., observed during life by Dr. Macquibban, were as follows.

Previous History.—Mrs. F., aged 35, the mother of four children, who are at present alive and healthy, accustomed to ordinary household, of regular habits, had always been healthy, and was in perfect health up to 10 P.M. on the 26th of October last.

History of the Illness.—When first seen, at 7.30 P.M. on the 27th of October, she was in bed complaining of pain over the left groin, stomach, and right side of the chest. She had vomited incessantly since ten o'clock the previous night. She complained of great thirst, and refused to take food, and was restless and sleepless. She had down-bearing pains and desire to pass urine; had taken five Holloway's pills that morning (27th), which had acted on the bowels three times during the afternoon. She had menstruated about a fortnight previously. The countenance was pale; the skin cold and clammy; the pulse weak, 120 in the minute; the heart palpitating, its first and second sounds running into one; the respiration restricted, but the chest-sounds normal, except for a slight dulness over the right side; the pupils were fixed; the tongue was whitish and furred; the abdomen distended; there was no hernia. The cervix uteri was pretty far down, but not unusually so for a woman who had borne children. On introducing the catheter, only about a teaspoonful of urine was found in the bladder. She was ordered to take every three hours a tablespoonful of a mixture containing one drachm of tincture of opium, two drachms of compound spirit of lavender, and water to six ounces; and to be kept quiet.

At 1.15 A.M. on the 28th, a message was received that she was no better; and when visited about an hour later she was quite conscious, and spoke slowly but distinctly. She complained of blindness or dimness of sight, with dark specks floating before her eyes, and of weakness.

She had fainted several times when raised up; had vomited a fluid of a dark coffee-ground colour; the down-bearing pains continued. She had tried to void urine, but had failed to pass any, and the catheter only drew off about a tablespoonful. The gums and lips were of a bluish colour; the skin still cold and clammy. The pulse at the wrist could not now be felt, but it was distinctly perceptible in the neck.

At 9.30 A.M., the symptoms were more grave than at last visit; and she complained of spasmodic twitches of the arms.

At 11 A.M., the skin was warmer; the respirations 44 in the minute; the pulse not to be felt; the voice was husky; the face swollen; the pupils were dilated. She was conscious and sleepless. The vomiting still continuing. She had voided no urine.

5.30 P.M. The symptoms were the same.

8 P.M. Since last visit, the brain had become affected, slight delirium having set in, though she could be roused to consciousness, when she complained of blindness. The spasms of the arms still continued. She had had a severe convulsion, and thought she was dying. The thirst was still great; the pains were not so severe; and vomiting had now ceased. The abdomen was swollen. She died about midnight, after an illness of fifty hours.

Judging that a *post mortem* examination was called for in this case, from the resemblance of the symptoms to those observed in cases of irritant poisoning, the necessary order to open the body was obtained from the Procurator-Fiscal, and we proceeded to the inspection at 1 P.M. on the 30th of October, thirty-seven hours after death.

NOTES OF THE POST MORTEM EXAMINATION, BY DR. F. OGSTON, JUNIOR.—*External Appearances.*—Rigor mortis was well marked. The front of the body was markedly pale; the back parts showed hypostatic lividities. The arms and hands were semiflexed; the right foot was bent inwards at the ankle. There was a patch of light purple discoloration on the chin. The lips were blue. The pupils were slightly dilated. The belly was somewhat distended, resonant on percussion anteriorly, dull at the sides. *Internal Appearances.*—There was marked pallor of the scalp and of the brain and its membranes. The blood which issued from the blood-vessels in the substance of the brain was unusually thin and watery. The lungs were bound down to their surrounding structures by old pleuritic adhesions, except over a small space posteriorly. Three fluid ounces of bloody serum were found in each pleural cavity. The lungs were oedematous, with slightly marked hypostatic congestion in the posterior parts of their lower lobes. The heart and its valves were healthy; its cavities were empty of blood; firm, almost colourless fibrinous clots were found in the aorta and pulmonary arteries and in both venæ cavae. The liver and kidneys were very pale and bloodless, but otherwise healthy. The spleen was pale, of normal size, or perhaps rather large, and with numerous cysts of varying sizes on its surface. These cysts were filled with colourless serum and with epithelial cells in a state of granular degeneration. The stomach contained a little coffee-ground fluid; its mucous membrane showing no signs of inflammation. The intestines and peritoneum were healthy. The womb was a little enlarged; its mucous membrane was velvety and slightly reddened. The right ovary was distended to six times its normal size by two cysts filled with colourless fluid, and contained a corpus menstruale with a well developed yellow border and a pretty firm central red clot. The corpus appeared to correspond with the woman's own statement, that she had menstruated about a fortnight previously. The left ovary was quite healthy, and contained no recent corpora menstrualia. Both Fallopian tubes were perfectly healthy. A clot of dark blood, of a rounded form, and about the size of a new-born infant's head, adhered by a short pedicle three-quarters of an inch in diameter, to a point on the front of the left broad ligament, just external to its uterine attachment, and below the junction of the Fallopian tube to the uterus. No ruptured blood-vessel or other evident source of the hæmorrhage was visible to the naked eye. Eighty-six fluid ounces of blood were found in the abdominal cavity, including the mass of clot, with the exception of which it was entirely homogeneous and fluid. The mass of clot contained no trace of an ovum.

From these appearances, we gave it as our opinion that Mrs. F. had died from hæmorrhage into the abdominal cavity, the result of natural causes.

From a medico-legal point of view, this case must be regarded as an eminently satisfactory one—the *post mortem* appearances corresponding with the vital symptoms and clearing it from any suspicion of poisoning; a suspicion naturally and easily arising when we consider that the woman was of a previously sound constitution and in good health when she was seized suddenly with signs of apparent gastro-intestinal irritation, accompanied by severe vomiting of coffee-ground fluid and followed by collapse, and that her illness lasted only for the short space of fifty hours—a sequence of events met with in cases of irritant poisoning—that by arsenic, for instance.

From the records of forensic medicine, we find that pelvic hæmatocele has more than once given rise to suspicions of poisoning; Trousseau relating three cases from Tardieu's experience, one of which is in some respects comparable to this one, with, however, the history of a kick in the groin to account for its origin.

It is, however, in its pathological point of view that we find the case obscure; and the questions arise—What was the cause of the hæmorrhage? and whence did it come?

The causes usually assigned for pelvic hæmatocele are chiefly—

1. Ovarian, from rupture of a congested ovary during the process of ovulation or during copulation;
2. Uterine or Fallopian, during the process of menstruation; from the reflux of blood through the Fallopian tubes;
3. From rupture of tubar or extra-uterine ova;
4. From a purpuric or anemic state of the system;
5. From simple exudation through the peritoneum when in a state of hyperæmia;
6. From rupture of varicose ovario-uterine veins.

This case does not fall under any of the first three categories; for the ovaries were in a healthy state, the cysts in the right ovary being filled with transparent serum, without any admixture of blood, and the corpus menstruale found there being, to judge from its appearance, about a fortnight old. The appearance of slight congestion in the mucous membrane of the uterus seemed to have no connection with the hæmorrhage, and the Fallopian tubes contained no blood. There were not the slightest grounds for assuming that it had its origin in extra-uterine pregnancy.

The fourth and fifth sources of origin are also disproved by the healthy condition of the woman, and the want of any trace of hyperæmia of the peritoneum.

It is to the sixth cause, namely, rupture of the ovario-uterine veins, that we must look with any chance of throwing light on this case, although no ruptured vessel could be found, a circumstance which does not bar its possibility, for, as stated by Trousseau, it is impossible to demonstrate either the varicosity of these veins or their rupture without having previously injected them, a proceeding impracticable in this case. It must be stated, however, that the veins of the legs were not at all varicose.

The case, however, is so obscure that this is merely thrown out as a suggestion as what may have been the cause of this extensive hæmorrhage.

INDUCTION OF LABOUR AND DELIVERY BY FORCEPS IN PUERPERAL MANIA.

By VALENTINE BIRD, M.D., M.R.C.P.Lond.,

Physician to the South London Dispensary for Women and Home for Sick Children, Sydenham Park.

ON February 7th, about 7 P.M., I was called to see Mrs. C., on her return from the continent. Though naturally strong, and possessed of unusual mental vigour and attainments, she had been away for a few weeks' change and rest, being somewhat overdone by literary exertion. Feeling unwell for some days before leaving, she had, in her great anxiety to reach home, travelled from Genoa to London without breaking the journey, fortunately accompanied by her husband, a clergyman, who is a most excellent nurse. She was suffering from intense headache, with depression of spirits, and had not slept for three nights—at intervals being annoyed by a sensation of being two or three different people at the same time. She was eight months advanced in pregnancy, and had three children living and healthy, each confinement having been normal. Her mother, who has a large family, once suffered from an attack of puerperal mania, after a miscarriage. I prescribed ten grains of bromide of potassium, and forty minims of tincture of henbane, with camphor-water. On the 8th, at 10 A.M., she said she felt decidedly better, and had passed a comfortable night; the pulse was quiet, the skin cool, and the headache gone.

I repeated the draught, which the nurse was directed to give if the headache returned. At 7 P.M., she was not so well; feverish symptoms came on about three o'clock; pulse 120. I ordered her one grain of calomel and four of antimonial powder. The bowels had acted. On the 9th, 8 A.M., she had passed an uneasy night, talking incoherently. She was now cooler and more collected; the skin perspiring freely. An aperient and diaphoretic saline draught was given every four hours. At 10 P.M., I was hastily summoned, the condition one of great excitement. She became worse in the afternoon, great restlessness being succeeded by fits of screaming. She was able to recognise me, but talked incessantly and wildly. Pulse 130. I prescribed twenty grains of bromide of potassium and forty minims of tincture of henbane, to be