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

given at once, and repeated in two hours if necessary. At 12 P.M., Dr. Barnes, who had been sent for to see the case with me, arrived; but, as the patient was then sleeping soundly, he objected to her being disturbed, and kindly consented to stay the night. On the 10th, 10 A.M., we met in consultation. There was considerable improvement. She had slept several hours, and was perfectly collected; the skin was cool; the pulse quiet; the urine free from albumen. The saline had acted upon the bowels. She was ordered to have the draught repeated should the symptoms return, and to take one containing twenty grains of chloral-hydrate and of bromide of potassium if it failed to procure sleep. On the 11th, the condition being again most unsatisfactory, inhalation of chloroform was tried, and the chloral-draught given, with temporary benefit, but, according to the evidence of the nurses, with subsequent increase of the mania. In the evening, the following was ordered: *R Potassii bromidi ʒiiss; tincturæ hyoscyami ʒiv; syrupi simplicis ʒiii; aquæ camphoræ ad ʒviij. M. Capiat cochlearia ij magna tertiis horis si opus sit.* On the 13th, she had slept soundly at intervals, and was decidedly better. The symptoms being of an *unusually* remittent character for this disease, with such decided evening exacerbations and morning remissions, I ordered three grains of quinine to be given with mineral acid thrice daily. On the 14th, she had slept, was much improved, took large quantities of nourishment—beef-extract, milk, and eggs. On the 15th, she was not so well; and, the maniacal condition having during the night increased to an alarming extent, Dr. Barnes again visited her, at 11 A.M. It was then decided that, should no improvement take place, labour was to be induced on the 17th. The following mixture and powder were ordered: *R Hydrargyri subchloridi, pulveris sacchari albi, aa gr. x. M. Fiat pulvis statim sumendus. R Ammonii bromidi ʒii; tincturæ aconiti ʒxvi; liquoris ammoniæ acetatis ʒij; tincturæ acetæ racemose ʒij; tincturæ lupuli ʒj; aquæ camphoræ ad ʒviij. M. Capiat ʒj quartis horis.* At 7 P.M., she was decidedly calmer; but, as the powder had acted somewhat powerfully, she was ordered to have a grain of opium in a pill, according to previous arrangement. On the 16th, at 10 A.M., she was not so well, having passed a bad night. I directed the nurse to continue the mixture.

At 9 P.M., there being no improvement, and some appearance of exhaustion, I prescribed a pill containing a grain of extract of Indian hemp, and introduced a bougie to the fundus of the uterus, according to the method of exciting uterine action recommended by Dr. Barnes, in his *Lectures on Obstetric Operations*, and invariably adopted by him. On the 17th, on visiting at 10 A.M., I found that she had passed a bad night, but that the delirium was of a less distressing kind. There had evidently been sharp twinges of pain in the uterus. The os uteri was slightly dilated; but the bougie, during the great restlessness, had been dislodged. This being reintroduced, I placed a large-sized hydrostatic bag in the vagina. This, at 3 P.M., I removed, and evacuated the bladder with a catheter. Then, the pains continuing slight, I drew off a portion of the liquor amnii, puncturing the membranes at some distance from the os. On the 18th, at 2 o'clock A.M., having sufficiently dilated the os uteri with the hand, I delivered her with the forceps of a fairly developed male child. At 10 A.M., she was remarkably calm and collected. The mania began to subside soon after delivery; she had slept some time, and took nourishment freely. The following was prescribed: *R Tincturæ hyoscyami ʒxl; spiritus ætheris nitrosi ʒi; mistura sennæ comp. ʒxss. M. Fiat haustus statim sumendus.*

With the exception of a slight strangeness of manner, which continued, as might be expected, for one or two days, she progressed rapidly, having an abundance of milk, and being able to nurse the infant. The ultimate recovery was complete, both mother and child being at the present time in excellent health. The latter, a fine sturdy boy, was weaned at the end of nine months.

REMARKS.—The absence of uterine or peritoneal inflammation, and the presence of tenderness of the ovaries, in this case, are interesting, on account of the opinion held by some as to the proximate cause and pathology of puerperal mania, viz., that it is due neither to inflammation nor congestion, but to excitement, in persons of reduced nervous tone. However that in a general way may be, the speedy return of consciousness after delivery, in the case above recorded, and the good often effected by purgation in this disease, point to the part reflex irritation plays in the mania of gestation; and, considered in connection with the early symptoms of the illness, suggests an affinity between this disease, hysterical mania, and that most merciful form of delirium sometimes seen during the passage of the head in labour; the latter being due, in my opinion, quite as much to mental emotion as pain, as I have more particularly observed it when delivering nervous and irritable women with forceps, in cases where chloroform had been either inadmissible or run short. Hence, in these forms of mental estrangement, either ovarian or uterine irritation, nervous exhaustion or mental emotion, acting singly or in combination, may be considered as the cause of distress. To

whatever extent reduced nerve-force operated as an original factor in the case of Mrs. C., the calming effect of nourishment and anodynes showed that it had much to do with maintaining the abnormal condition. The remittent character of the symptoms led me to suspect the presence in the blood of some malarial poison, as an additional cause of disturbance—an idea strengthened by information subsequently obtained, viz., that a travelling companion had suffered, at the same time, from a severe feverish attack of remittent type. The exciting and predisposing causes of the attack may, therefore, I venture to think, be put down in the order of their importance as follows: 1. Pregnant state; 2. Hereditary tendency; 3. Debility; 4. Malarial poison. As prolonged railway travelling, amongst other evils, necessarily occasions irregularity of diet, and prevents proper attention being paid to the evacuation of the bowels and bladder, its avoidance during the pregnant state, of course, cannot be too much insisted on, no matter how strong the subject of it may be. But my patient was unwell for several days before starting on her return journey, and against any evil that may have resulted from it, such as gravitation of blood to the pelvic organs, from vibration and diminished vascular tension, must be placed the immense advantage of being amongst her relatives, whose soothing influence during intervals of consciousness was of marked benefit. The sleeplessness was an early symptom of the disease, and cannot fairly be attributed to the journey.

THERAPEUTIC MEMORANDA.

TREATMENT OF GOITRE WITH DYSPNŒA.

JOHN B., aged 15, railway clerk, suffered for several years from enlargement of the thyroid gland; but, on December 23rd, 1878, the symptoms became very much aggravated. Violent dyspnœa occurred frequently, and at night, for several weeks, was so severe that the patient was unable to go to bed or even lie down. His countenance expressed the greatest anxiety, his face was blanched and his lips livid, and, on inspiration, a loud musical note was produced. Owing to the tumour extending downwards against and behind the top of the sternum, tracheotomy was considered almost impracticable, and any incisions to relieve the tension were also deemed inadvisable. A mixture of iodine and iodide of potassium had been given. Leeches were applied to the tumour, and it was also blistered. Sulphuric ether, chloroform, and other antispasmodics were tried, with but very slight effect. But it is to the great value of the inhalation of stramonium in this case that I wish particularly to direct attention. A powder of the following formula was ordered, and a teaspoonful directed to be burned in the room when required: powdered stramonium, two drachms; nitrate of potash, one drachm; opium, one scruple. The use of this powder invariably gave the greatest relief, and that, although used frequently for more than a month, no diminution in the efficacy of the result was appreciable. I have often burned this powder myself, and always observed that, even before the teaspoonful was half consumed, the dyspnœa and loud musical note and lividity were greatly ameliorated. At present, the tumour is diminishing in size and the patient is progressing favourably. A case of goitre, similar to this, which occurred in the practice of a medical friend in the neighbourhood, has recently come to my notice. In this case, the patient died on the second night, and, on *post mortem* examination, it was observed that but very slight, if any, diminution in the calibre of the trachea was present. Owing to this latter fact, and to the great relief afforded by the use of the antispasmodic in the case which I am recording, I believe that the dyspnœa was not produced so much by pressure on the trachea as by pressure on the recurrent laryngeal nerves, causing closure of the glottis; and hence, I think, the proper proceeding would be laryngotomy, in preference to tracheotomy. By the performance of laryngotomy, a passage for the entrance of air would be ensured, and time afforded for the administration of iodine and other drugs, for the purpose of diminishing the size of the tumour.

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CODEIA AS A SEDATIVE.

No symptom is more distressing to a patient than frequent coughing, and none demands more judicious treatment on the part of the practitioner, if he would avoid undoing with his cough-mixtures all the good he is attempting by his more general therapeutic measures. In phthisis, the presence of anorexia makes us unwilling to give opium or morphia, and frequently, when we do so, we have reason to regret it. Many patients, especially gouty subjects and those who suffer much from derangement of the liver, are intolerant of opium and morphia. On account of these difficulties, I have been led to employ codeia in such cases, in the hope that it might be of service, and it has succeeded be-