For the sake of those who may wish to see the data on which the figures given in the preceding tables are based, I append others, showing the population and number of deaths from phthisis for the whole colony, and for Melbourne separately, in 1861 and 1871.

TABLE VII.—Deaths from Phthisis.

Ages.	All Victoria.		Melbourne and Suburbs.	
	1861.	1871.	1861.	1871.
Under 5 years	32	20	14	12
5 to 10 "	9	6	4	2
10 to 15 "	15	8	9	6
15 to 20 "	27	42	15	23
20 to 25 "	71	84	39	52
25 to 35 "	307	248	130	138
35 to 45 "	182	230	122	228
45 to 55 "	77	128		
Above 65 "	33	75		
At all ages	753	841	333	461

If it be asked why I have not made use of returns of later date than those given, the reason is a simple and easy one. For any year we may know exactly the number of deaths; but the further we depart from the census year, the greater becomes the uncertainty about the amount of population; and the numbers living at particular ages cannot be ascertained with any approach to accuracy.

To avoid any possible misconception, I may also state that some of the tables contained in this paper are taken, with certain alterations of form and arrangement, from a Report which I had the honour of drawing up at the request of a Committee of the Medical Society of Victoria.

PULMONARY APOPLEXY AND EMPHYSEMA AS A POST MORTEM APPEARANCE IN CASES OF DEATH FROM EPILEPSY.

By J. WILKIE BURMAN, M.D. Edin., Richmond, S.W.

SOME time ago, two female epileptic patients under my care died, about the same time, after a series of fits in rapid succession. The following are some necessary particulars with regard to them.

Case	Age at Death.	Duration of Epilepsy.	Duration of Series of Fits, resulting in Death.
Case I. ..	17 years. ..	7 years. ..	4 days.
II. ..	25 " ..	25 " (congenital)	5 "

I have full and careful notes of the whole *post mortem* appearances, as well as of the treatment adopted during life, in these two cases, which interested me very much, coming so close together and being so very similar. Leaving, however, these full particulars for further publication, I only desire, at the present time, to draw attention to the condition of the lungs, which was exactly similar in the two cases. The apices and anterior margins of the lungs were emphysematous in each case; and, in both, each lung exhibited, on section, many patches of pulmonary apoplexy, varying in size from that of a pea to that of a bean, and being here and there more or less conglomerated. Otherwise, there was nothing abnormal in the lungs in either case; and, indeed, excepting, of course, the brain, the rest of the organs were typically healthy and free from disease, though there were certain cadaveric appearances, such as one would naturally expect to find, considering the mode of death, under such circumstances. In neither case, moreover, was there, during life, any affection of the heart or lungs or other usual symptoms to which the *post mortem* condition of the lungs could be attributed; and I can only, therefore, infer that the occurrence of pulmonary apoplexy and emphysema was in each case the direct result of the violence done to the lungs during the forced and spasmodic action of the respiratory organs caused by the fits themselves. Of course, deaths of epileptics in this way are happily comparatively rare; and I am not prepared to say how far such a condition of the lungs is the rule in such cases. I can only draw attention to the very similar peculiar results in these two exactly similar cases, occurring close together, and ask whether the appearances in the lungs are compatible with any other theory as to their causation under the circumstances. It may be said, as far as the emphysema is concerned, that that is a condition which is sometimes hereditary. Well, just so; but still it is a rather unlikely thing that two cases with such a rare hereditary state of matters should occur close together; and especially can we not lay much stress on such a remote possibility when we have the probability that the similar epileptic symptoms in each case afford a palpable clue as to the direct causation of the condition. Should it be granted,

therefore, that the peculiar condition of the lungs, as above referred to, is to be attributed to a series of violent epileptic fits in rapid succession, and of several days' duration, it may fairly, I think, be assumed that such a condition of the lungs may exist in any epileptic to a greater or less extent; and, such being the case, it appears to me that the condition of the lungs in the above cases is worthy of consideration from a medico-legal point of view; for in case of such appearances in a body found dead, the condition might be of positive value in affording a clue as to the cause of death, in the absence of other appearances; and it would certainly, at any rate, afford strong corroborative evidence (and thus be of indirect value) in such cases as those in which there might be frothing at the mouth, bitten tongue, or other evidence of a fit having occurred, and presuming, of course, that there should be no evidence to show that the peculiar lung appearances might be attributable to any other cause.

CALCULUS VESICÆ IN A HERMAPHRODITE : LITHOTOMY : RECOVERY.

By MATTHEW D. MORIARTY, M.B.,
Civil Surgeon, Muzuffarnagar, N.W.P.

DARMEE, aged 6 years, was brought to the Charitable Dispensary on 11th August last. The mother stated that the child had suffered from irritation of the bladder, pain, etc., for the last fifteen months, and had been very bad for the last fortnight. On examination, the child was found to be a hermaphrodite.* The corpora cavernosa formed a rudimentary penis about an inch or so long. On each side, the ununited halves of the scrotum looked like labia. In each, but best marked in the right, could be felt a rudimentary testis. Three-fourths of an inch below the penis was the urethral orifice, and below this again was a little *cul-de-sac*. Altogether, the parts looked very like those of a girl with a small mons Veneris and a huge clitoris. The *cul-de-sac* showed signs of a recent injury. The mother stated that, a few days previously, she had called in a "jarrah" (native surgeon), who apparently never doubted that the child was a female, and considered that the symptoms were due to want of a vagina; for he forthwith proceeded to manufacture one with his finger. He did not do much harm, but he added considerably to the child's discomfort by leaving a raw surface for the urine to trickle over. The child being in considerable pain, I gave chloroform, and, passing a female catheter into the bladder, at once struck a stone. Removing the catheter, I introduced an ordinary dressing forceps, and, separating the blades, dilated the urethra as much as I thought safe. I then seized the stone, and tried to extract it, but unsuccessfully. Introducing my finger into the rectum, I got the stone down to the neck of the bladder, and, with the finger behind it, again tried to extract. Part of the stone came away in the forceps. I then tried to crush it and remove it piecemeal, but in this was only partially successful. There was much tenesmus, and a tendency to prolapsus ani; there was also slight bleeding from the urethra.

Next morning (12th), having administered chloroform, I performed the usual lateral operation, using a No. 8 staff. I could not get the bladder to retain any water; no sooner did I inject any than it was expelled. The external incision was very limited; for, from the posterior margin of the genital fissure to the anterior margin of the anus, the perinæum only measured two-thirds of an inch. The incision was made with considerable difficulty, owing to the constant straining. The urethra lay much deeper than I expected; it was, moreover, very thick and slippery. Having cautiously made the deep incision, I introduced my finger, and found that the urethra was only divided to a certain extent, that apparently about one-fourth of an inch of it had been pushed in before the knife, and that behind it a little pouch had been made. Working gently, I got my finger into the bladder, and dilated the neck. The stone was then readily removed with the forceps. Having ascertained with my finger that there were no *débris*, I carefully washed out the bladder with tepid water. Very little blood was lost. After recovering consciousness, the child was in great pain; therefore, after half an hour, five minims of tincture of opium were given. There was pretty sharp cystitis for a few days, but this gradually subsided. The constant straining also brought on a sort of dysenteric attack, but a few small doses of Dover's powder and ipecacuan soon removed this. The patient was discharged well on September 5th.

The stone was of uric acid, oval in shape, measuring $1\frac{1}{4}'' \times \frac{7}{8}'' \times \frac{1}{2}''$; it weighed altogether about 150 grains. From one end, the outer layer was gone: this layer was about one-sixth of an inch thick, and was moderately soft; within, the stone was pretty hard.

* During the last eighteen months, I have seen three or four so-called "hermaphrodites".

My attempt at lithectomy was, I fear, a poor one. With a proper tent, or a three-bladed dilator, or both, the urethra might possibly have been sufficiently dilated to permit the removal of the stone. At any rate, if I meet such another case, and the stone is of moderate size, I will give this method a fair trial before proceeding to lithotomy. In attempting to crush the stone as I did, I did more harm than good.

A CASE OF EAR-SNEEZING.

By JAMES RUSSELL, M.D., F.R.C.P.,
Physician to the Birmingham General Hospital.

AN explanation of the prominent phenomenon in the following case, viz., the constant attacks of sneezing through two days and nights, occasioned apparently by acute inflammation of the middle ear, will be found in a short paper by Dr. Lockhart Clarke on the Phenomena of Ear-Cough, in the number of this JOURNAL for January 15th, 1870. Were argument needed for transferring the reasoning therein from the process of coughing to that of sneezing, the concluding sentence of that paper would afford it: "With regard to the anatomical connection and the mechanism by which I have shown that impressions made on the vagus and on the incident fibres of the trifacial and spinal nerves may call into action the whole class of respiratory muscles, see my memoir." It appears, also, that some sudden change within the cavity of the tympanum in my patient, a change followed by instant deafness, acted upon the heart, through the inhibitory influence of the vagus, and produced fainting. It is also worth noting that there was no vertigo present, the labyrinth having probably escaped. I have commented on another occasion upon the distinction between vertigo and fainting, in connection with a case of the so-called gastric vertigo.

A man aged 56, of nervous temperament, an out-patient of the Birmingham General Hospital, was in his usual health a fortnight ago, when he was suddenly taken with "a kind of gaping and sneezing"; the gaping seemed to come from his heart. The sneezing was incessant during the next two days and night; "he could not tell the quantity of times he sneezed". At last, in the afternoon of the second day, after a dreadful sneezing fit, he tumbled down, and was unconscious for two or three minutes; on recovering, he was completely deaf, so much so that, not knowing what had happened, and crossing the street soon afterwards, he narrowly escaped being knocked down by a passing vehicle. On the following afternoon, he began to hear on the left side, but the sound seemed "to come the contrary way"; if from the front, it appeared to come from behind; if it started from one side of the street, it appeared to come from the opposite side. Ever since, he has been "in agony" from a thumping through the ears, like a pulse beating very quickly, with a constant whizzing and a flutter in the ears. When the thumping ceased, "it was like a toothache behind his ears". He has not had any cough nor vertigo whatever. Dr. Malet, our house-physician, examined the ears for me, and found the left ear full of wax; this having been removed, it appeared that both tympana were acutely inflamed at the attachment of the ossicles, the right very severely, being almost in a state of suppuration. After syringing, I found that the patient distinguished a faintly ticking watch only within three-quarters of an inch of his left ear; a loudly ticking watch, at eight inches. On the right side, he heard nothing, even when the watch was applied to the ear or to the cranium.

CASE OF "ANGINA LUDOVICI".

By JOHN A. ERSKINE STUART, L.R.C.S.Ed., Dunse, N.B.

ON April 29th, 1879, I was called to the country to visit a child six months old, who was troubled with a swelling in the neck. On examining the little sufferer, a state of things presented itself which to me was totally unfamiliar. I found a hard brawny swelling extending over the whole front of the neck, from the lower jaw to the sternum. To look at, there was something of the appearance of emphysema; but, on putting the fingers on the swelling, the hard brawny feeling at once made itself plain. The skin over the greater part of the tumour was natural in colour; but, immediately below the symphysis of the lower jaw, a black spot, of the size of a shilling, presented itself, surrounded by a bluish congested margin, the whole discoloration amounting to about the size of a florin piece at most. The face was also much swollen, and pitted on pressure, evidently due to pressure on the cervical veins preventing return of blood. On palpating the swelling, there was no indication of fluctuation at any point, with the exception of the discoloured circle, where indistinct fluctuation could be detected. The parotid and submaxillary glands were much enlarged and hard. The

child's tongue was foul. Nothing could be discovered amiss with the throat on examination, conducted with difficulty, on account of the stiffness of the jaws. The pulse was exceedingly weak, and the skin very hot. The pupils were enormously dilated. The infant was evidently in *articulo mortis*, having been ill for two days previous to my only visit.

I ordered poultices to the swelling, to be repeated frequently, gave a few grains of hydrargyrum cum creta, and ordered the child to be kept on milk diet entirely. The patient had been brought up on the bottle; but, when this disease developed itself, the mother had to resort to feeding by hand. I gave a very gloomy prognosis, and was not much surprised when the father called next morning to say that the child had died early on that day.

REMARKS.—In no work on practice of medicine have I seen a disease described similar to this. In signing the death-certificate, I assigned the cause of death to cervical abscess of three days' duration. Shortly afterwards, I heard that Professor Grainger Stewart of Edinburgh University had lectured during the winter on a newly discovered disease, called "angina Ludovici"; and, finding that my case presented the exact symptoms detailed to me by one who had heard the lecture, I am convinced that this was a case of that disease. The pathology of the disease is simply an inflammation of the cellular tissue of the neck, going on to suppuration. Another case was seen in this district about the same time by another practitioner, the result being successful, if I remember rightly. Whether I should have opened the tumour at the soft congested spot on that evening now suggests itself to me as a retrospective question. There were certainly no indications for an immediate incision. No doubt an early antiseptic incision might have given the infant relief; but the probability is that it would have sunk, as it had always been a puny weakly creature.

ATRESIA VAGINÆ.

By JOHN HUSBAND, F.R.C.S.E., Ajmere, South India.

ON April 17th, 1878, Narayani, a young woman aged 22, was admitted into the Female Mission Hospital, Ajmere, anxious to see whether anything could be done to relieve her condition of occluded vagina. She began to menstruate when she was twelve years of age; the menstrual flow had appeared at regular monthly intervals ever since; she passed her monthly periods with the minimum amount of suffering; and the fluid was normal in quantity. She stated, moreover, that her parents had married her to her present husband without indicating the condition of affairs, the consequence of which was that he treated her with great contempt, refused to give her jewels to wear, or even decent clothes to put on; and that she was known in the neighbourhood as a "hinjri" (hermaphrodite), and despised of all her neighbours. On making a physical examination, I found that there was not the slightest trace of a vagina. At the upper part of what should have been the vaginal orifice, there was a small pouch-like projection, which turned out to be the urethra greatly dilated, which only admitted the tip of my little finger. With the finger in the rectum, there was no difficulty in making out the existence of the uterus, the mouth of which, opening into the urethral canal, accounted for the ease with which the menstrual function had been performed. The woman had an additional finger for each hand and toe for each foot.

Next day, with the advice and co-operation of the late Dr. Murray, civil surgeon, Ajmere, I proceeded to operate. The patient having been anaesthetised, and placed in the usual lithotomy position, Dr. Murray took charge of the staff introduced through the urethra into the bladder, while I proceeded to make a channel through the tissues between the urethra and rectum up to the uterus. I first made a transverse incision in front of the anus; and then, with a little gentle cutting and a good deal of tearing up of tissue with the fingers, a canal to the uterus was soon opened up, through which the os uteri could be distinctly felt. With the urethra held well up under the pubic arch, and the index finger of the left hand in the rectum, there was no difficulty in knowing where to go, and the operation was soon over. A certain amount of contraction of the tissues occurred, but the canal remained useful for all purposes. A plug of lint, smeared with carbolic oil, was inserted into the wound, and the patient kept in the recumbent position for a number of days. To keep the canal patent, glass plugs were not available; but one made of lac was found the best substitute. The woman herself being extremely anxious that the operation should be successful, did her best to carry out instructions. The wound was progressing so satisfactorily that she left the hospital on May 3rd. A few months after her return home, the woman returned in great glee to tell me she was pregnant. At intervals during her pregnancy, she came to have the canal examined. Fortunately, the child was a small one. The labour passed off with the