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".