tube, being healthy, were not removed. The patient made an uninterrupted recovery.

CASE v.—T. L., aged 25, married seven years, had three children, the last born three years ago; all the labours were difficult; she had prolapse of the womb after the second. Since the last confinement, the uterus had not been prolapsed, but she had suffered from violent "bearing-down" pains, had had painful menstruation, and had been unfit for active employment. The uterus measured three and a half inches, and behind it was a tumour doubtfully fluctuant. On November 27th, abdominal section was performed. The omentum was adherent over the pelvic brim. When pierced by the fingers, dark fluid blood welled up, and was mopped with sponges. Both tubes were greatly hypertrophied, and filled with old dense blood-clot; both fimbriated extremities were expanded and inflamed, the right one being partly spread over a dense clot of the size of a goose's egg. The ovaries were atrophied. The cæcum and appendix were drawn down into the pelvic cavity, and their adhesions to the right tube proved somewhat embarrassing. The left tube appeared to have insinuated itself behind the rectum, and was with difficulty detached. After removal of both uterine appendages, a small rupture of uterine tissue, near the cervical junction, was discovered, and there was considerable bleeding in Douglas's space. The abdominal incision was enlarged from one inch and a half (its ordinary length) to three inches, so as to enable me to stitch the uterine tear, and to ligature several bleeding points deep in the pelvic cavity. The peritoneum was raised from the posterior portion of the left broad ligament, like the epidermis of a blister, but it did not bleed. A long glass drainage-tube was used for two days, and then a short one for twenty-four hours. During the operation, a quantity of blood flowed into the vagina, which was probably due to the squeezing of the tubes during their withdrawal. The patient has made an excellent recovery. She relished her soup on the second day, and, though she has not yet (December 5th) been allowed to rise, the pulse and temperature have been normal for many days, the incision has practically healed, and she has lost all pain.

REMARKS.—In none of these cases was there evidence of tubal pregnancy. The extreme collapse, which is, perhaps, the most significant symptom of rupture in this condition, was never noticed. It is, of course, possible that a small disintegrated fetus, or a corpus luteum, may have been a pathological factor in all of them. There was also no history of illness commencing with an abrupt cessation of the menses, a symptom so often alluded to in text-books. In all except the fourth case, there had been long enduring menorrhagia. Bernutz and Goupil (*Diseases of Women*, Sydenham Society, vol. i, pp. 180-188) have narrated, from their personal experience, five cases remarkably similar to mine, occurring in women between the ages of twenty-one and twenty-eight. In all of them, "death took place either suddenly or after a short illness;" but the symptoms and the *post mortem* examinations showed that peritonitis, and not internal hæmorrhage, was the immediate cause of death. The subsequent history of my five cases, I may say of my six cases, shall be faithfully reported.

A CASE OF ACUTE MENINGITIS.

Read before the Aberdeen, Banff, and Kincardine Branch.

By FRANK OGSTON, M.D.,

Medical Examiner in Criminal Cases for the City and County of Aberdeen.

A CHILD nearly 9 years of age, who had been dull and listless for a few days, and who, in consequence, had been kept from school, when roused one morning, complained bitterly of pain in the head and sickness. She was accordingly left in bed, and, falling asleep, slept till two o'clock in the afternoon. On awaking, she felt better, and took some food. The next day, she seemed well, and got out of bed; after which, she passed a good night. On the third day, however, she again complained of her head, and said that her eyes were sore. She took tea, but no food, and remained in bed. At three in the afternoon, she had some difficulty in breathing; "her throat was closed," as her mother said. A poultice was applied to it, and her mother took her out of bed, and sat with her upon her knee till half-past five o'clock, when she died. No medical man was called in.

I made a *post mortem* examination of the child two and a half days after death, finding the following appearances.

Externally.—There were no noticeable signs of neglect or appearance of want of food. The joints were rigid. The pupils of the eyes were slightly dilated, the left more so than the right. The lips were dry. The finger-nails were white. The front of the body was pale, the back parts purplish. There was nothing else unusual observable on the exterior of the body.

Internally.—The scalp was pale, and the bones of the vault of the skull were normal. On removing the skull-cap, the dura mater appeared healthy. When the brain was exposed to view, the whole of its upper surface was of a pale yellow colour, with blood-vessels partly distended with, partly empty of, blood, ramifying across its surface; and, when the arachnoid was cut into, a gelatinous semifluid substance oozed from underneath it. This substance was found to occupy the subarachnoid space alone; for, when the pia mater was also cut through, it stripped readily from the brain, and showed its surface healthy, to the naked eye at least; the only thing that was remarked being that the convolutions appeared a little crowded together, but this was doubtful. This morbid appearance was confined to the meninges of the superior surface of the brain, with the exception of a little tongue-like extension on that part which lay to the inner side of the orbital plate of the ethmoid bone. Otherwise, the basal meninges were quite healthy. The brain was now removed from the skull, and the dura mater carefully examined; but it was found healthy, except a small patch which covered the orbit, which was thickened, roughened on the side next the bone, and covered with a layer of lymph on the side next the brain, by which it was glued to the arachnoid; and also at the parts overlying the middle ears, where it was roughened and thickened on its outer side. The orbital plate of the right side presented a canary-yellow appearance, and a congested and roughened state of the bone. On cutting this through, the nasal cavity was found to be filled with thick creamy pus, which welled out into the brain-cavity. The middle ears were then opened from above, and were found to be filled with dirty-reddish fluid. The mouth, throat, gullet, and air-passages were natural. The heart and its valves were healthy; its central cavities contained blood partly fluid, partly as dark clots, and a large fibrinous clot was found in the right ventricle. The lungs contained a moderate quantity of blood, mostly in their posterior parts, and were attached in a few places to the chest-walls by old pleuritic adhesions. The liver, spleen, and kidneys were congested; the liver and kidneys having the appearance of slight amyloid degeneration, and the spleen being considerably enlarged and very soft. The stomach contained merely a little dirty grey fluid. The sigmoid flexure of the large intestine was distended with gas, the rest of the bowels, in contrast to it, being flat and collapsed. Nothing else unusual was observable in the interior of the body.

Here we have a case of simple acute meningitis, a disease rare enough in itself to be interesting; but this particular case is noteworthy from the fact that the cause of it could be easily traced.

This exciting cause was, it is evident, inflammation of a chronic nature probably, of the nasal mucous membrane, which had spread through the orbital plate of the ethmoid bone and the dura mater to the arachnoid membrane, which it had attacked, and the inflammation had spread along the subarachnoid space.

The history of the illness, imperfect though it be, is typical of this disease, namely, pain in the head and sickness, followed by intolerance of light (complaint of sore eyes), and the short duration of the illness.

But what makes this case still more interesting is, that another child of the same family was attacked by, and died a few days afterwards from, a disease which the medical man who was called in at once diagnosed as meningitis, and that the father fell ill with something of the same nature.

NASAL ASTHMA: ITS CAUSES AND TREATMENT.

By G. HUNTER MACKENZIE, M.D.,

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THE causal relationship between nasal disease and asthma was first pointed out by Voltolini, in 1872 (referred to by Morell Mackenzie, *Manual of Diseases of the Throat and Nose*, vol. ii, p. 360), and since that time numerous cases have been recorded which have established the accuracy of this observation. In all these instances, with one exception recorded by myself (*Edinburgh Medical Journal*, February, 1883), polyp, or marked swellings of the nasal mucous membrane, have been the varieties of disease present. This has given rise to the theory held by some, that the asthma is owing to mechanical obstruction to the passage of air; and additional confirmation of this view is supposed to be afforded by the disease disappearing on the removal of the obstructing mass.

Against this theory two arguments can be advanced; the frequency of polypus or tumefaction of the nasal mucous membrane without asthma, and the presence of nasal asthma without the occurrence of either. The first is a matter of every-day experience, and the second has received illustration by the case above referred to, in which violent