The occurrence of hæmorrhage into the abdominal cavity, due to the rupture of a Graafian follicle during menstruation, is undoubtedly rare; but it is, notwithstanding, admitted by various writers on Obstetrics, and notably Dr. Graily Hewitt. Hæmorrhage, in this case, evidently took place very slowly, occupying at least nine hours, while the quantity of blood extravasated was enormous.

It seemed as if the whole body had been drained into the abdominal cavity; and the facts above stated, to our minds, so clearly indicated the ovaries as the seat of the hæmorrhage, that I had no hesitation in stating such to be the cause of death at the coroner's inquest.

A SIMPLE METHOD OF ARTIFICIAL RESPIRATION.

By JOHN ARTHUR FRANCIS, L.S.A.

THE desideratum at which we aim in artificial respiration, is to obtain a method of as simple a character as possible, combined with the maximum of efficiency. In cases of drowning, especially, many lives would doubtless be saved, which are now sacrificed, were the first comers aware of a method requiring no previous practice, and which could be understood from, say, a short paragraph in a newspaper, or a moment's conversation with a friend, without practical illustration. The usual course for bystanders to pursue seems to be to loosen the clothes about the neck, and to vigorously rub the hands whilst someone fetches a policeman, who in his turn sends for a medical man. Upon his arrival, the patient is found to be a very fair subject for an undertaker.

In a short note to the BRITISH MEDICAL JOURNAL in 1884, I drew attention to a method of extreme simplicity, which has been very successful in my hands in many cases of apparently still-born children, and in one very alarming case of chloroform-poisoning. I have great belief that the same means would prove equally efficacious in cases of drowning, both in children and in adults.

The main indications in artificial respiration are, apparently, (1) to loosen clothing, braces, etc., so as to allow free movement of the chest, and prevent constriction of the neck; (2) to bring the trachea, larynx, and pharynx as nearly as is anatomically possible into a straight line with the openings of the mouth and nose; (3) to obtain as deep an inspiration as possible by elevating the ribs and depressing the diaphragm; and (4) to get a deep expiration.

Now, although the accepted modes of restoring respiration have proved very successful in the hands of medical men, the trained staff of the Humane Society, and, doubtless, many policemen, etc., yet I think they are almost unknown to the general public, who have not attended ambulance lectures. What we require is, that an efficacious method should be as well known and as easily learnt as the fact that a poultice is a proper application for a boil.

What I claim for my improvement is, that it would soon be understood by the laity, and that it fulfils the last three indications mentioned above more thoroughly than the present accepted methods.

I remember, in two cases of drowning where I was sent for, watching a couple of policemen attempt the Marshall Hall proceeding. As the subjects had been submerged for eight and four hours respectively, I did not interfere. In both cases, the chin was on the chest, and the mouth and nose obstructed by the arm in the semi-prone position. This appeared to me a thing to be avoided. The Sylvester mode, adopted by the Royal Humane Society, is an improvement; but I think that the bundle of clothes under the neck is a mistake, as it is apt to slip up and throw the head forwards; and that the proceeding to procure inspiration acts in no way on the diaphragm, whilst a great deal of expansion of the chest is lost by not making use of the weight of the arms and ribs, combined with an extended spine.

Howard's is a still further improvement. The bundle under the back extends the spine and raises the ribs and sternum, at the same time that the intestines gravitate from the diaphragm, and tend to cause inspiration by depressing that muscle through the alteration of the pressure in the lungs. But, in this case, the advantage of a good deep expiration, which seems to me of nearly equal importance, following the admission of air into the chest, is lost or rendered less by the bundle of clothes, which keeps the ribs permanently raised. His plan of kneeling across the abdomen, and springing backwards with the hands on the thorax, though apparently very successful in experienced hands, seems to present elements of danger, should it be undertaken by a heavy, clumsy, and inexperienced man.

Now, I believe that my method combines all the advantages of the above in a greater degree, without the disadvantages attending them; and also possesses the required simplicity. It is, merely, the body having been laid on the back, with clothes loosened and the mouth

and nose wiped, for two bystanders to pass a narrow lever of any kind under the body at the level of the waist, and raise it till the tips of the fingers and the toes of the subject alone touch the ground; count fifteen rapidly; then lower the body flat to the ground, and press the elbows to the sides hard; count fifteen again; then raise the body again for the same length of time; and so on, alternately raising and lowering. The head, arms, and legs are to be allowed to dangle down quite freely when the body is raised. A child can easily be manipulated by one person with a hand under each loin. For an adult, the best way is for two persons to grasp each other's right hand under the body, and then raise it. A stout walking-stick or umbrella would be efficacious, where the operators were too weak to lift up the patient with one clasped hand. To join both left and right hands with those of another person, would probably form too great a plane for the body to rest on, except in the case of a very tall patient, and prevent the full extension of the spine.

With regard to the tongue in suspended animation, I am inclined to believe that the danger of the tongue obstructing the entrance of air to the lungs is somewhat exaggerated; at least, in children I have never observed any necessity for interfering with that organ, and the air has apparently passed through the nose in preference to the mouth, and that quite freely. Although, of course, medical men would use their own discretion in such a matter, according to the exigencies of the case, yet I think it would be wiser for ambulance books, etc., not to instruct the public to pull out the tongue. An ignorant person would probably interfere greatly with the attempt at artificial respiration, would very likely close up the mouth by holding the tongue against the upper jaw, and finish the case by obstructing the nostrils with the palm of his hand.

Of course, in addition to my method of respiration, other aids are not to be neglected for restoring the circulation, such as hot brandy and water, when the patient can swallow, etc.

It seems to me that the position of the body, when raised as described, mechanically puts upon the stretch all the muscles of inspiration, except the external intercostals, and that the position of the ribs, sternum, and clavicles, allows their weight to aid considerably in the expansion of the thoracic cavity. The intestines and abdominal viscera also gravitate towards the pelvis, and would doubtless draw down the diaphragm.

PELVIC TUMOUR COMPLICATING PREGNANCY.

By JOHN W. TAYLOR, F.R.C.S. Eng.,

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THE signs and symptoms attendant on the case of pelvic tumour, described by Dr. Horrocks in the JOURNAL of March 6th, are so very similar to those which we have often found in Birmingham to be associated with distension of the Fallopian tube, that I may, perhaps, be pardoned for suggesting the possibility of the presence of this condition in the case which he has published.

If acutely distended, the tube may be of almost solid hardness; although, when examination is repeated, there will probably be found a time or times when there is some elasticity or semifluctuation, indicating the probable presence of fluid. The tumour is generally intimately adherent to the back of the uterus, and can be traced from its posterior surface towards one or both sides, according as one or both tubes may be involved. It is decidedly tender to touch, and feels, on hasty examination, very like a retroflexed uterus. It is more likely to be mistaken either for this or for a myomatous outgrowth (sub-peritoneal fibroid) than for any other condition. Because it is adherent to the uterus, it moves rather rigidly with that viscus, and does not disappear on the use of the uterine sound, as a simple non-adherent flexion of the uterus may do. It is generally accompanied by pain, increased before and during menstruation; although, for some reason or other, it is not always the side affected that is the chief seat of pain. Sexual intercourse is usually painful; but all symptoms may be in abeyance when the condition is one of hydrosalpinx, and is chronic and stationary.

When confined to one side, it forms no bar to the occurrence of pregnancy. I have had until recently a case under my care, in which the signs of a distended tube have existed for nearly two years. The symptoms have been but slight, and consequently no operation has been performed. The patient is now about six months pregnant; and the tube, although somewhat larger in size than before the pregnancy, has not at present occasioned any serious inconvenience or difficulty. It is a question, however, which only increased experience can determine, whether this condition, when existing during pregnancy and labour, does not expose the patient to rather serious risk.