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.,

Surgeon to the Birmingham and Midland Hospital for Women.

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.

Hæmorrhage is not a very common symptom of tubal occlusion and distension, but, when present, is apt to be severe, and, when accompanied by signs so nearly resembling nodular myoma of the uterus, may be specially misleading. I operated on a case presenting these features on December 10th of last year. Excessive menstruation had existed for four years, and latterly the patient had been "scarcely ever free" from hæmorrhage. If absent for a few days, it was brought on again by the slightest exertion, and invariably by sexual intercourse. On two occasions, it had been so severe that the surgeon attending her had considered it necessary to plug the vagina. On examination, a resilient rather egg-shaped tumour was found high up behind and to the right of the uterus, feeling as if part of the uterus itself.

On operation, both tubes were found to be acutely distended and adherent behind the fundus of the uterus. The ovaries were cystic. The appendages on each side were carefully separated from their adhesions, and removed, and are now in the museum of the Queen's College.

Since the operation, the hæmorrhage has been much less, but menstruation has not as yet entirely ceased.

While fully recognising that conclusions drawn from the description of a case are not, *prima facie*, likely to be so reliable as those from personal observation, my chief purpose will be attained if I succeed in drawing attention to the fact that chronic hydrosalpinx, both by signs and by symptoms, may occasionally closely simulate nodular myoma of the uterus, and need differential diagnosis from that affection.

PURE TEREbene IN THE TREATMENT OF WINTER-COUGH.

By G. W. SUCKLING, M.D.(LOND.), M.R.C.P.,

Co-Professor of Materia Medica and Therapeutics to the Queen's College, Birmingham.

UPON seeing, in the BRITISH MEDICAL JOURNAL for December 12th, 1885, Dr. Murrell's eulogistic account of the action of pure terebene in winter-cough, under which name, I presume, he includes all cases of chronic bronchitis and emphysema, also cases of chronic phthisis, but not those cases depending upon heart-disease, I determined to give the drug a trial in the Birmingham Workhouse Infirmary, where a great number of such cases are met with during the winter months. I had for some years previously frequently ordered terebene inhalations for the relief of urgent dyspnoea in these cases, but had never administered the drug internally. I accordingly prescribed pure terebene, obtained from Messrs. Southall and Co., the well known Birmingham chemists, in 100 cases, giving five drops every four hours, increasing the dose to ten drops in a day or two, with the following results.

Of the 100 cases, 94 were cases of chronic bronchitis, and 6 of chronic phthisis. Of the cases of chronic bronchitis, 68 were relieved; and 4 of the cases of phthisis, that is, 72 per cent. of all the cases were benefited. Several of the cases were "greatly" relieved. Twenty-eight patients were not relieved; 11 complained of nausea, 11 of headache, 10 of thirst, 2 of vertigo, 2 were purged, 1 complained of a burning sensation at the stomach, and 1 that he was always passing his urine. The symptom most constantly relieved was dyspnoea. The 72 patients benefited all said that the medicine eased their breathing, but many asked for medicine in addition to ease the cough.

I compared the above results with those obtained previously by our routine method of treatment, which consists in prescribing a mixture of ammonia and senega (R Ammonie carbonatis gr. iij; tincture scille ℥xv; tincture camphore co. ℥xv; infusum senegæ ad 3j), with the occasional addition of a few grains of iodide of potassium if expectoration were difficult, and of a small quantity of lobelia if dyspnoea were marked, many cases also being given cod-liver oil, the latter being, in my opinion, one of the most useful of all drugs in the treatment of chronic bronchitis. I collected the prescription papers of 100 cases that had been treated during the last few weeks before I commenced the terebene treatment. Of the 100 cases, 28 were discharged well, the chest being perfectly clear; 68 were discharged relieved, and 4 left the infirmary unrelieved. None of them complained of any ill effects of the remedies used.

The great majority of the cases treated in the infirmary were old people, who had suffered from bronchitis for years. Of course, the mere admission, from their wretched homes, of these patients, into warm wards, with good food and nursing, will account for a great deal of the relief given, but this holds good in the case of the terebene as with the other drugs given.

I feel obliged to conclude, from my experience with terebene: (1)

that it greatly relieves the dyspnoea of chronic bronchitis; (2) that it is very variable in its action, the same specimen causing good results in some, bad symptoms in other patients; (3) that it is by no means a specific for chronic bronchitis.

RUPTURE OF THE HEART.

By OGILVIE GRANT, M.B.,

Visiting Physician to the Northern Infirmary, Inverness.

THE case of rupture of the heart, which occurred in the Salop County Infirmary, and was reported in the JOURNAL of February 13th, closely resembles, in most respects, a case which came under my observation in the year 1885, and which I have not yet reported.

About that time, I made a *post mortem* examination on two cases of rupture of the left ventricle of the heart. The first of these cases was described in the *Lancet* of 1883; and I may say that the peculiar feature of this case was that the rupture occurred during night, when the patient was in bed, and probably asleep, and did not occur after some violent exertion, the time in which rupture of the heart is stated usually to take place.

The other case was that of a gentleman, about 50 years of age, who complained, in the morning, of a slight pain in the chest. A medical man was sent for, who carefully examined the heart and lungs, and found them sound and healthy. A few hours afterwards, when the patient commenced to eat a light dinner, he suddenly fell down and at once expired. Next day I made a *post mortem* examination, and found, on opening the cavity of the chest, that the lungs were not visible, having been pushed aside by a greatly distended pericardium, which, when opened, was found to be filled with large clots of blood. Having removed the clots, and exposed the heart, the surface of which was fatty, I found a rent on the surface of the left ventricle; this opening communicated directly with the left ventricle; the edges were irregular and friable. The valves were healthy and competent, and there was no atheroma present. From this superficial examination, I came to the conclusion that the rupture was due to fatty degeneration of the heart; but, on microscopic examination, I could detect no such degeneration. I then forwarded a small piece of the wall of the left ventricle, cut as close as possible to the rupture, to Professor Hamilton, of the University of Aberdeen, who very kindly examined it, and informed me that the piece I sent exhibited no signs of fatty degeneration. Thus the precise cause of the rupture appears to be obscure. Possibly the rupture was due to a degeneration of the muscle, and was limited to the fibres which actually ruptured.

From this and similar cases, I think it appears that rupture of the heart does not take place so often after severe exertion as it was supposed to do. This is not to be wondered at, considering that the heart is never at rest, and that the fibres, so to speak, may be ruptured as readily by an irregular or slight contraction as by a violent one; and also it appears that some points in the pathology of rupture of the heart require to be worked out.

THE INTERHOSPITAL FOOTBALL CHALLENGE-CUP.—The interhospital matches seemed this year likely to come to a deadlock in the semi-final ties. Guy's Hospital, being drawn against St. Thomas's, played three matches before it could be decided which was the stronger hospital. In the first match, each side scored twelve points. At the second trial, the sides played out time without either side scoring an advantage. The third match took place on March 10th, and was watched by some thousands of spectators amidst the greatest excitement. For some time, neither side appeared to have the advantage, and there was a prospect of another undecided match. But soon it became evident that the Guy's team had greatly improved in their play, and, in spite of some very fine defence on the part of their opponents, a "touch-down" and a "try" obtained by Coombe were scored before half-time. On changing sides, the Guy's team, encouraged by their success, again pressed their opponents, and, after another "touch-down," Marriott, the Captain, secured a second "try" for Guy's, but no goal resulted from the kick. The St. Thomas's team struggled hard to score after this, but were again forced back, and Russell gained a "try" right between the posts. From this, Cruikshank kicked an easy goal, and when time was called, Guy's were left winners by a goal, two tries, and two touch-downs (forty-seven points) to nothing.

DR. WILLIAM COLLINGRIDGE, Medical Officer of Health, has been appointed by the Port Sanitary Committee public analyst to the Port of London.