ing her; and she required restraint. The saliva then began to collect, and was at times ejected, but soon began to run out of the corner of her mouth. A period of perfect calm then came on, and continued until her death, in my presence, at 7 P.M. the same evening; she sank apparently more from asthenia than from apnoea.*

The painful history of both these cases, pointing, as it forcibly does, to an affection of the brain, especially the medulla oblongata, central and spinal nerves, makes it quite clear (at least to my mind, and I devoted much time and attention to both cases) that the agonising sufferings of the subjects of this horrible disease were considerably alleviated by the means employed, and although unsuccessful in warding off a fatal result, it was satisfactory to find that the friends of the poor little sufferers fully appreciated the beneficial effect of the remedy employed.

RUPTURE OF THE UTERUS.

By W. B. KILBURN, Surgeon, West Auckland.

ABOUT 1.30 on the morning of the 15th ultimo, I was summoned to attend Mrs. S., then in labour with her seventh child. On arrival, I found that she had been in labour since 12 P.M. The membranes were ruptured, and the foetal head was so impacted that I was unable to pass my finger between it and the pelvis. In about two hours, the pains began to slacken, and in another hour ceased; they were, however, replaced by a fixed, dull, heavy pain, slightly increased upon pressure, immediately below the umbilicus. There had been no sudden outry, nor vomiting, except once of a little warm brandy and water which I had just given, or faintness. Apart from the pain, there was no untoward symptom, save a weak and compressible, but quite regular pulse. I administered liquor opii sedativus and brandy. In two hours, finding that adequate relief was not obtained, I determined to deliver by forceps. This was easily accomplished. The placenta was expelled naturally, and there were slight after-pains, but no hæmorrhage, not even as much as there generally is after a natural labour. There was slight faintness after delivery, for which, and the after-pains, I ordered liquor opii sedativus and brandy, with the best effect. I stayed about an hour after delivery, and when I left the patient she was doing very well. In the early part of the afternoon, she had quite recovered from the shock, had taken some light aliment, and passed urine naturally; the ventral pain, also, had quite left her. I was called up about 3 A.M. the next morning to see her, and found that she was again suffering from the ventral pain, but it was much aggravated. I ordered opiates, hot bottles to her feet, and warm applications to the seat of pain. At 8 A.M., there being no relief, hydrate of chloral was administered, without effect; and at 9.30 A.M., she died. (No ergot was given to the patient.)

REMARKS.—This case, I am inclined to think, is not less interesting than some recently narrated, inasmuch as the patient partially recovered, though what caused the sudden recurrence of the pain, I was unable to ascertain. Most of the symptoms of rupture were absent, and those present were only partial. Owing to the ignorance and superstition of the relatives, there was no autopsy, so that I am in the dark as to the *post mortem* appearances. I may here state a few particulars concerning the family history of my patient. Of seven children, there is only one living; four were stillborn, one of which was malformed and putrid; twice she was delivered by forceps. For some months after her first confinement, she was under treatment for spinal disease; she had lateral curvature of the spine, lateral contraction of the pelvis, and her gait was limping. She was short and stout, though always pale and anæmic looking. Her mother also died from rupture of the uterus.

CLINICAL MEMORANDA.

PERITONITIS MERETRICUM.

REFERRING to the paper by Mr. Giles, in the BRITISH MEDICAL JOURNAL of this week, on the association of gonorrhœa with peritonitis, I would venture to suggest that a not uncommon cause of peritonitis among females of that class is found in the prevalence of a practice of interfering with the menstrual discharge just at its inception, or during its course. I have myself on several occasions attended women for ovaritis and peritonitis, resulting, as I believe, from the application of cold to repress, or the introduction of sponge to conceal, the existence of the catamenia. This latter practice I discovered in making a vaginal examination in a case, and finding what certainly was a foreign body. All those cases (the one alluded to especially) were obstinate and slow of recovery.

R. W. EGAN, L.R.C.S. Ireland, L.R.C.P. Edin.

Dublin, April 29th, 1871.

GNORRHŒA AND PERITONITIS.

I HAVE read with much interest the remarks of Mr. G. F. Giles, in last week's JOURNAL, on gonorrhœa and peritonitis. The remarks are of considerable practical importance, but the idea seems to have struck other writers as well as himself. I notice in Dr. West's book on *Diseases of Women*, published in 1858, that, speaking of acute uterine inflammation, he says: "I have seen it come on with great severity in the course of gonorrhœa; the tendency, indeed, of inflammation of the uterine mucous membrane to extend along the Fallopian tubes and attack the peritoneum, is much stronger than to affect the substance of the organ." From this extract it would appear that Dr. West was familiar with the fact that gonorrhœa in the female might produce peritonitis. It is an additional evidence of the correctness of Mr. Giles's observations.

NELSON DOBSON, F.R.C.S.

Clifton, May 2nd, 1871.

PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE TEETH AND ALLIED ORGANS IN THE MAMMALIA.

Delivered at the Royal College of Surgeons of England.

LECTURE XI.—Monday, March 13th.

IN the Rhynchocyon and Macroscelides (Elephant Shrews), the front teeth, both incisor and canine, are very small. In the Rhynchocyon, there are no incisors in the upper jaw in the adult animal; in the young, three small incisors are present, but they disappear. In the lower jaw, there are three incisors on each side, with a gap in the centre. The molars have four pointed cusps, generally with an indication of a ridge connecting the two anterior and the two posterior cusps.

The Tupiidae, inhabiting the south of Africa, are very like squirrels in form; they live in trees, and are mostly insectivorous. Their molar teeth have the **W**-pattern. They have large upper incisors, like Shrews; the lower incisors are long and procumbent.

An extremely aberrant form of tooth is found in the Galeopithecus, an animal of which there are only two species, inhabiting some parts of South-Eastern Asia. The Galeopithecus is rather larger than a Cat, and has a sort of parachute on each side, which it uses in passing from one tree to another. It has sometimes been inappropriately called the "flying Lemur"; it has also been placed among the Chiroptera, but wrongly, because the wings of Bats are formed on an entirely different plan. Not much is known as to the food of the animal; it has been described both as insectivorous and as frugivorous. In the upper jaw, there is a large vacant space in front. Beyond this are two curious teeth; one a single-rooted tooth with three pointed cusps, and the other a compressed tooth with two roots and many cusps; both these are usually reckoned as incisors. Next comes a tooth in the position of the canine, much resembling the second incisor. The molar teeth have pointed cusps, and show a kind of modification of the **W**-pattern. In the lower jaw, there are on each side three incisors; the first two project forward, and are single-rooted, and their crowns are pectinated or comb-like, being widened at the neck, and divided by deep grooves into a number of denticles; of these denticles there are generally seven or eight in the first incisor and ten in the second. The pulp-cavity sends a branch to each denticle. It is very difficult to give the reason of this arrangement; something approaching it is seen in the Lemurs. The third lower incisor is merely notched. There are a canine, two præmolars, and three multicuspid molars, presenting an approach to the **W**-pattern.

Chiroptera form a well defined order; they approach Insectivora nearer than any other animals in the structure of their teeth, being mostly insect-feeders. Nearly all have many teeth; and the canines are in all well developed and functional, even where the incisors are large; in most, the incisors are comparatively small. The molars have a greater or less number of sharp cusps.

The order is divided into two sections or suborders—the Insect-eating and the Fruit-eating Bats. The Insectivorous Bats are further subdivided, according to the character of the nose.

Of the smooth-faced Bats, the common English Bat (*Vespertilio*) may be taken as the type. In the upper jaw, on each side, are two very small incisors; these are succeeded by a space, after which comes a very large and long canine, with a cingulum. Next to this are two small præmolars, and a large one with three roots and one cusp; there