a fact which Mr. Morgan has somewhat too partially pointed out. The quantity of ether required to produce anæsthesia is certainly large; but the time required is little, if at all, longer than for chloroform anæsthesia. The long-continued sickness, which is by no means uncommon after chloroform, is almost unknown after ether. The mouth-piece at present in use is cumbersome and occasionally in the way; and this, combined with the fact that patients quickly recover from ether anæsthesia, renders it of difficult employment in some few operations. But I doubt not that, as we become better acquainted with its use, we may learn some more convenient and perhaps economic mode of administering it than we now know.

A CASE OF FOOT-AND-MOUTH DISEASE IN THE HUMAN SUBJECT.

By WILLIAM T. BRISCOE, B.A., M.B., Chippenham.

I AM desirous of communicating to the members of my profession a short note of the following case, in the hope that some of them may have met with a similar one, and may consequently be able to give their experience as to the best line of treatment to alleviate, and, if possible, shorten this terrible malady.

Miss L., the daughter of a farmer, had always been delicate, but had enjoyed better health than usual last spring and summer. She assisted in the work of a large dairy, the cows of which, during the months of June and July, had been affected with foot-and-mouth disease. She had occasionally fed and milked the sick cows, but was very careful to wash her hands afterwards. She was not aware of any cut or scratch on her hands or arms. She used a considerable quantity of milk as an article of diet; but the family did not drink the milk of the cows while they were suffering from (at all events) the acute stage of the disease. She had not felt well for the last six weeks, and had complained of lassitude, loss of sleep, appetite, and vertigo.

August 20th. On examination, the mucous membrane of the mouth was very sore to the touch; there was considerable inflammation of the tongue and lower lip. The submaxillary and sublingual glands were found hard, nodulated, and painful. The gums were red, and the teeth very sensitive. She said they were loose, but refused to let me examine them. Her pulse was 88; temperature, 99 deg. Fahr. Altogether, the symptoms much resembled those of salivation. A mild saline aperient was ordered, and a mixture containing bark, chlorate of potash, and ammonia. The mouth was ordered to be well rinsed out with lukewarm water.

August 21st (Morning). All the symptoms were much worse. The tongue was protruding two and a quarter inches out of the mouth; it was so increased in thickness that the teeth were wedged into it. She could not separate her jaws far apart. A peculiar odour was on the breath. Her lower lip was much increased in thickness; the glands, also, were much harder, larger, and more painful. She could not articulate a word, but wrote on a slate that she was in great pain in the back part of her mouth, evidently at the root of the tongue. The breathing was much impeded, and it was almost impossible for her to swallow any nourishment. A free incision in the tongue seemed at first sight indicated; but, on consideration, I decided to postpone the operation till the evening, fearing excessive hæmorrhage in so delicate and anæmic a person; nor did I think much relief would follow from the state of the tongue itself. The discharge was more profuse; pulse, 104; temperature, 101 deg. Warm poppy-head fomentations, with constant nourishment, beef-tea, milk, cream, etc., were ordered. In the evening, the symptoms were much the same as in the morning. The breathing was rather easier. I passed a needle deep into the tongue; no fluid escaped. Pulse, 108; temperature, 101.5 deg. I desired the friends, should suffocation seem imminent, to send for me at once. The treatment was continued.

August 22nd. In the morning, she seemed better; the skin was moist; she could take her nourishment a little better; the breathing was easier; the discharge more profuse. She complained still of deep-seated pain in the tongue. Pulse, 98; temperature, 99 deg. In the evening, my friend Mr. Spencer saw the case, and agreed with me in considering it similar to the disease often met with in cattle in this neighbourhood. The discharge was now very profuse, running continually from the mouth.

The patient continued in this state till August 27th, when the discharge became thicker and more fetid. She could now take nothing but milk; anything else causing much pain to the ulcerated mucous membrane. The disease pursued the same course, the discharge becoming dreadfully fetid; sloughs also peeling off the tongue. She refused to allow a nourishing enema to be administered. Her mouth was well

syringed out with weak solutions of carbolic acid and Condyl's fluid; and we thought that in the event of the least hæmorrhage she must sink.

On September 17th, hæmorrhage occurred from the under portion of the tongue, when she lost about two ounces: it recurred on the 18th and 19th, but was arrested by pressure and tincture of the perchloride of iron. She now began to improve very slowly, the discharge becoming thinner.

On September 25, the tongue had receded to the outer margin of the lower lip, and she was able to articulate a little.

October 4th. She was down stairs, and able to speak so as to be understood. The tongue had nearly resumed its natural size. The power of deglutition was still very weak, but she could swallow solids in the form of a pill.

The question of incision of the tongue is, I think, an open one: we must be guided by circumstances. I have met with a much milder form of the disease, which occurred in three young children who had drunk the milk from diseased cows; but it readily yielded to a little caustic applied to the ulcers and tonic treatment: but I cannot hear of so severe a case as Miss L.'s occurring in the practice of any of my friends. The character of the disease in the human subject seems to differ from that in the animal, in running a much longer course, and in the feet not being affected. Miss L.'s case also affords an example of the wonderful life-sustaining power of pure milk: she took nothing else from the 25th August to the 29th September, thirty-six days.

A CASE OF UTERINE HYDATIDIFORM OR VESICULAR MOLE.*

By JOHN M. BRYAN, M.D., F.R.C.S. Eng., Northampton.

MRS. —, aged 38, a healthy lady residing in the country, had three children (the last born seven years since), with one previous miscarriage. She had her last catamenial period on the 25th May, 1871, which continued four days, and soon afterwards she thought herself pregnant (having missed one period); and at the end of July she had an accident which was followed by some little uterine sanguineous discharge for a day or two. On August 1st she left her home for the sea-side, and a few days afterwards had constant sickness, etc. She was under medical care for about six weeks, being confined to her bed, and unfit to be removed home. Her abdomen continued to enlarge, and eventually she returned home on September 19th. I saw her for the first time, and examined her on the 22nd. The breasts were moderately large and somewhat full. The areolæ were dark and fully marked, as in a pregnancy of four months. The uterus had the feeling of a soft and rather firm fleshy swelling, not particularly sensitive when pressed; it extended quite across the abdomen, and reached as high as the umbilicus. The patient thought she felt movements, as of a child. On careful examination with the stethoscope, no pulsation nor bruit could be detected; percussion gave a somewhat dull sound in all parts of the enlargement, and I was satisfied in my mind that some irregularity existed in the pregnancy. She had had for six weeks an inodorous sanguineo-aqueous discharge. She was reduced greatly in flesh, having retained little food of any kind for a length of time.

On examination *per vaginam*, the cervix uteri was found almost entirely obliterated, even more than the time of the pregnancy would warrant; there was a somewhat granular feeling around the cervix; and within the os (which was high up) nothing could then be distinguished.

Believing that miscarriage would be the best thing to happen, I prescribed half-drachm doses of Battley's essence of ergot three times a day; and for the sickness, drachm doses of Schacht's solution of bismuth, with five-minim doses of dilute hydrocyanic acid in effervescing mixture of citrate of potash, with good effect. She had enemata, which brought away much scybalous matter, evidently long accumulated. She continued in much the same state, save that she had a distinct rigor on September 25th, until October 3rd, when she had had regular pains. On vaginal examination, I diagnosed a pulpy formation presenting at the os uteri; and about 2 A.M. on the 4th she expelled a large mass consisting of hydatidiform or vesicular formation, combined with an apparent placental form, amounting to about two pints. The mass consisted of little bladder-like substances, connected in series like beads, and connected to the placental formation and an old firm clot paler than usual. The mass came away nearly altogether; and a subsequent smaller mass was expelled about six or eight hours afterwards. On October 5th, the discharges being rather offensive, I directed the

* Read before the South Midland Branch.

vagina to be syringed out with Condyl's fluid, two drachms to one pint of water, with good effect. From this time she slowly improved, although much reduced from the long continuance of discharged sanguineous fluid; and she gradually attained her usual health and *embonpoint*, under a course of quinine and iron and full diet.

REMARKS.—I have occasionally been told by medical friends that they had a case of uterine hydatids, inferring that they were the same as found in the liver and other parts of the body. It is probably known to all present, that hydatid-like bodies have been discharged from the uterus; and the resemblance between these bodies and hydatid cysts formed in other parts of the body, was sufficient to induce the older observers to consider the two identical. Later inquiries have proved that these bodies discharged from the uterus are not true hydatids, but that they are the product of conception, and have, indeed, nothing in common with true hydatids further than a slight external resemblance. The tendency of all modern research has been to demonstrate that the genuine mole cannot occur, except as the result of impregnation and the degeneration of the true ovum.

Cruveilhier first conclusively demonstrated its non-hydatid character, and expressed the belief that the hydatid-like cysts were the result of a transformation of the blood-vessels of the placenta. Since his time much has been said and written as to the nature and mode of origin of these bodies. The early stage escapes observation, as stated by Graily Hewitt, Montgomery, Barnes, and others. What are the circumstances determining the alteration? It has been universally supposed that disease of the chorion is the cause, death of the embryo the effect. In my case, an accident occurred causing a great shock to the system and a sanguineous discharge from the vagina, and probably uterus; and no doubt, then, the death or blighting of the embryo took place.

In 1860, Dr. Barnes considered that the disease consisted in a perverted development force in the budding out which occurs in the chorion, so that, instead of growing into villi, it may dilate into true vesicles or hydatidiform cysts; other views have been given which would take too much time for me to enter into.

HEAVIEST RECORDED BRAIN.

By JAMES MORRIS, M.D.Lond., Fellow of University College.

THE following case, with its heading, if not now correct, is taken from my notes, made at the time, which were authenticated by Mr. Moncrieff Arnott. I believe it has not been before published.

On October 3rd (I think the year is 1849) there was admitted into University College Hospital James Hursey, aged 38, bricklayer, a robust-looking man. Ruptured seventeen years before, he had left off his truss for two or three years: now the rupture was down, and could not be returned. It was [right inguinal, small and tense, with no impulse on coughing. In the evening, Mr. Arnott operated. The sac was opened; much serum, tinged with blood, ran from the abdomen; the omentum was adherent to the sac; the constricted bowel, of a dark mahogany colour, but shining surface, was returned. He did well at first, but died two days later. Erysipelas and pyæmia at that time prevailed in the hospital. Of ten successive cases of strangulated hernia operated on by several different operators, and treated afterwards on the most diverse principles, only one survived. In that case (Mr. Marshall's), the sac was not opened.

The *post mortem* examination of Hursey disclosed peritonitis, a serous cyst in the liver, some damage to the kidneys, old pleuritic adhesions of the right side, recent lobular pneumonia (result of pyæmia), and some hypertrophy of the left ventricle of the heart. The weight of the brain, taken immediately on removal, exceeded sixty-seven ounces. This weighing was most carefully made, and was witnessed by several students. The brain was well proportioned; the convolutions were not flattened; though the surface was fairly moist, it only lost about one ounce weight after the usual dissection and draining for two hours. The specific gravity was not taken. The cerebellum and pons were separately weighed; of these I have not the figures, but there is no reason to suppose that they were disproportioned to the rest of the brain, as in the cholera case recorded by Dr. Parkes.

Hursey's height was five feet nine inches and a half. There was the utmost difficulty in obtaining a satisfactory history of him. His wife and his landlady gave different accounts. It seemed that he was a native of Sussex (Dr. Parkes' case was an Irishman), and had left his village and changed his name on account of some poaching troubles; that he was not very sober, had a good memory, and was fond of politics. He could neither read nor write.

OBSTETRIC MEMORANDA.

CRANIOTOMY IN A TWIN-LABOUR.

IN June last, after a severe and lingering labour in a primipara, with a very small female child, I was compelled, by the following circumstances, to deliver by craniotomy a second large (male) child: a distorted pelvis, inability to turn, impacted head, convulsions, pains absent, and failure of the forceps. The first child was revived with difficulty by artificial respiration, the warm bath, etc. The size of the second and the disproportion of the pelvis justified the operation. The mother recovered well, only suffering for a few days from headache and drowsiness, with dilated pupils.

Melbourne, October 1872.

W. M. KNIPE.

ABSENCE OF THE UTERUS AFTER FREQUENT PREGNANCIES.

I.

I HAVE twice met with cases of absence of the uterus since 1867: one occurred in my own practice, and the other at the Samaritan Hospital. Both women had borne children and passed the menopause; and, further than a slight dimple at the top of the vagina, there was nothing to be felt, and certainly no opening where a sound could be passed and turned round. I cannot imagine where the sound could be thrust and twirled with impunity, as in the case published by Mr. Whitehead, if not in the uterus.

Whilst looking through my private case-books, I have come across the following, which I have tabulated in order, and think may be interesting.

Absence of Catamenia.

Came under notice. Date.	Initials.	Age.	Menstruated	Condition.	State.
July 1867...	E. W.	22	Never.	Normal.	Single.
Nov. 1868.	J. H.	22	Never.	Normal.	Single.
Jan. 1869..	C. H.	24	Never.	No vaginal or internal organs of generation.	Married.
April 1871.	J. P.	19	Never.	Normal.	Single.
June 1871..	J. P.	18	Never.	Normal.	Single.
June 1871..	R. R.	18	Never.	Normal.	Single.
Aug. 1871.	A. W.	33	Never.	Uterus one inch and a half long.	Married 10 years.
Aug. 1872.	E. K.	29	Twice.	Uterus very small; cervix size of a bean.	Married.

REMARKS.—None of these have suffered any inconvenience from absence of catamenia. C. H. was not aware of her malformation till after marriage. She has had the tissues successfully divided to the depth of two inches and a half.

PERCY BOUTON, M.D.,

Physician to the Samaritan Hospital.

II.

I THINK there is a much more feasible explanation of Mr. Whitehead's case than he has advanced. That the uterus should disappear absolutely after pregnancy, only a *post mortem* examination could allow us to entertain for a moment. My belief is, that Mr. Whitehead's case is really one of extreme involution, and that he has perforated the fundus by the sound—an occurrence to which I have repeatedly drawn attention.

LAWSON TAIT, Birmingham.

THERAPEUTIC MEMORANDA.

USE OF PHOSPHORUS IN NEURALGIA.

"HAPPY are they that hear their detractors, and can put them to mending." I have recently learnt a lesson from the homeopaths which is worth knowing. I lately had a patient of a highly excitable nature, who suffered from severe and frequently repeated attacks of neuralgia of the chest-walls. I ran through all the orthodox treatments for neuralgia from the hyssop on the wall in the shape of quinine, even to the cedar of Lebanon, or blisters and arsenic to eye-soreness. Nothing, however, did him any good; neither poppy nor mandragora (I am not quite sure about the mandragora) gave him more than temporary relief;