a fact which Mr. Morgan has somewhat too partially pointed out. The quantity of ether required to produce anaesthesia is certainly large; but the time required is little, if at all, longer than for chloroform anaesthesia. 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 anaesthesia, 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.