death occurring to a country practitioner, and another accident with nearly fatal syncope in his own dispensary practice. Dr. Young (Edinburgh) narrated, a few years ago, two deaths from this cause, which occurred in his father's practice. Fatal hæmorrhages have also been reported by Taynton, Anderson, Whitworth, Des Forges, and Nicol, and in only one of these cases was there supposed to be any special hæmorrhagic tendency.

Further scrutiny of these cases shows, as we might expect, that nearly all these deaths were reported under somewhat exceptional circumstances; so that many more disasters have, doubtless, occurred and have been allowed to slip into oblivion. Without laying undue stress on these perils and calamities, occurring as they do amongst an enormous number of operations, they may well be seriously considered *when the generalisation of the treatment is contended for on the ground of its absolutely innocuous character.*

The chief danger, however, of the wholesale use of the gum-lancet lies in its embodying in practice a theoretical view of the ailment, and so tending to close the mind against further inquiry into the diagnosis, etiology, and treatment of infantile disorders.

A CASE OF CICATRIX OF THE PYLORIC END OF THE STOMACH CAUSING DEATH.

By M. A. WOOD, F.R.C.S., Ledbury.

A. B., aged 63, female, of a delicate constitution, was attacked, in September 1873, with sickness and pain in the epigastrium. This continued for two or three weeks, as a daily occurrence, during which time she persevered in her household duties without seeking medical advice.

When I saw her in October, she was suffering from a spasmodic pain, accompanied with a sinking sensation in the epigastrium, which was generally most severe in the morning, and was usually relieved by vomiting a thick, glairy, insipid fluid. Food of a mild character generally lessened the pain, though it produced a sense of weight and flatulence, which latter symptom was often extreme. The tongue presented a sodden appearance, and was covered with a fur of viscid mucus. The bowels were confined, and there was marked chilliness of the whole frame, but chiefly of the lower extremities. The sickness occurred two or three times a day, but seemed unconnected with taking food, and the ejecta consisted mainly of mucus. Various drugs were tried, such as alkalies, ipecacuanha, blisters, etc., with only partial relief, until she took what I have long found most valuable in cases of follicular or catarrhal dyspepsia (of which I considered this to be an example), viz., ten grains of compound kino powder three times a day. This soon gave marked relief, and at the end of November she had entirely lost her sickness, the pain was only occasional, and her general health improved very much. After remaining in this condition for two or three weeks, she was attacked with a return of the symptoms, and she at once resumed the compound kino powder, with the same beneficial effect at first. After a time, however, the symptoms underwent a change, and it lost its influence. The pain now became more constant, and was fixed in the hypochondriac region. It was also greatly increased by taking food, and, however mild the food was, it was generally rejected. She now became extremely emaciated, and assumed much of the aspect of malignant disease.

She was put on a diet of milk and lime-water, and commenced to take the following pill three times a day: Nitrate of silver, a quarter of a grain; extract of belladonna, one-sixth of a grain; muriate of morphia, one-twelfth of a grain; and bread-crumbs. Great relief resulted from this treatment, and in the course of a few weeks the sickness and pain entirely left her, and she was able to take ordinary mild diet. At the end of March 1874, she left home for change of air, and for the first three weeks improved greatly in strength, when she was again seized with sickness, accompanied with distension of the stomach and obstinate constipation, and in a week's time she sank exhausted.

On making a *post mortem* examination, in pursuance of her own expressed wish, the stomach was found enormously distended, and the intestines much contracted. On opening the former, there appeared several large patches of thickened mucous membrane, rising above the level of the rest, and presenting a velvety character; two of these lay close to the margin of the pyloric opening, and between them was a cicatrix about the size of a shilling, composed of white fibrous tissue, and quite devoid of mucous membrane, which had so contracted this

orifice as to render the passage of even a goose-quill difficult. There was no disease elsewhere.

REMARKS.—I have been induced to report this case, as I think the *post mortem* appearances accurately and interestingly explain the course of the symptoms during life. First, there were the symptoms of catarrh of the stomach in October, evidenced by the thickened mucous membrane and hypertrophy of the gastric follicles. Then came the symptoms of ulceration about January, evidenced by the cicatrix. Lastly, the symptoms of obstruction, explained by the contracted pyloric orifice. Unfortunately, the ulcer had formed in so critical a place in the stomach, that only a small amount of contraction was required to occlude the natural orifice.

CLINICAL MEMORANDA.

SEVERE NERVOUS SYMPTOMS FROM ASCARIDES.

A WIDOW lady, aged 34, had been suffering some months from nervous symptoms of a very distressing character. She was frequently affected for a variable period with complete hemiplegia, and sometimes she saw what appeared to be thousands of glittering bits of broken glass before her eyes. The right orbicularis palpebrarum was constantly thrown into such rapid and violent spasm, that she was quite unable to keep the eye open. On further inquiry, it was found that she was very much teased by an abundance of ascarides and by distressing pruritis. In other respects, she seemed to be tolerably well. She was ordered four grains of calomel at night, and an enema of turpentine in gruel in the morning. A large mass of ascarides was brought away; and this was followed by speedy relief of all her symptoms. These, however, returned after a few months, but were again removed by the same treatment.

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OBSTETRIC MEMORANDA.

SCARLATINA DURING THE PUERPERAL STATE.

MR. STEWART reports a case in the JOURNAL of September 5th which is of great interest to obstetricians. I intended reporting a similar case occurring in my practice, so will give a note of it while the subject is on the *tapis*. On August 8th, a child of a parish patient died of malignant scarlet fever. On the 9th, another child, and then another, had symptoms of being affected with the same disease. On the 10th, it was developed in both, each having a copious rash, sore-throat, etc. On the 11th, the mother was confined, at or about her full time, of a fine girl, having beside her in the bed (for there was only one small sleeping-room in the cottage) the sick child. I asserted that she would almost certainly die; but she put my wisdom to the blush by recovering without a bad symptom. Her scarlatina (a mild attack) ran its ordinary course, and she is now tending her infant and nursing her little bed-fellow, whose case has been and is a somewhat serious one. In this case, I was helpless to do anything for the patient, except as to advice and getting a little extra nourishment. Being some miles from my house, equally far from hospital, in an isolated situation, in a tiny cottage, the nearest neighbours afraid to come near to help, and for three or four days after the confinement the body of the child who had died in the house, everything almost had to be left to Mother Nature—and I think the way she did her work teaches us a lesson. I cannot, however, exactly follow Mr. Stewart in his theory respecting the cause of immunity in such cases. If his reasoning be correct, it necessarily follows that there must be septic absorption (the second factor) in every or nearly every case where (say) scarlet fever poison is absorbed *after* a confinement, as it is well known that in such case a fatal issue almost always results; and then we should have to go further and say that, after nearly all confinements, there was septic absorption, only requiring another factor, zymotic germs, to develop results fatal, or at least very serious, when *plus* such second poison, but innocuous alone. I rather think the reason is this. The fever-poison, having been absorbed previously, has already spent its virulence on those parts where it has located itself, and has not (if I may so express it) the power of metastasis. Again, the poison already in the system protects from a second absorption of the same or analogous poison-germs. This latter theory seems to approach very near a certainty. I do not know that this subject has been much discussed in the profession, but it seems well worth the notice of obstetricians.

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