example of epilepsy of this form in adults, although many of Trousseau's cases of an analogous disorder occurred in grown persons. In the present group, the disease commenced in every instance in childhood; in the first case, at 6 or 7 years of age; in the second, at the fourth year; in the third, at 2 years old; in the fourth, at 7.

In two cases, the children had suffered from convulsions in infancy; and in one, which recovered, there was a history of insanity and imbecility in the family. In the first case, the seizures were attributed to a severe blow on the head; in the second, they were no doubt aggravated, but probably not originally caused, by the presence of a round worm, the symptoms abating after its expulsion, but not ceasing entirely for many months. In the remaining cases, no cause could be assigned. In one of them, the existence of an aura, or at least of a premonitory paroxysm of pain in the abdominal region, seemed to point to some local irritation there as the starting-point. The rapid repetition of the same word or phrase, evidently a mere automatic discharge of language not springing from ideas, points to the morbid stimulation of that portion of the brain which has been shown to be intimately connected with the translation of ideas into articulate speech; viz., the third left frontal convulsion. The morbid anatomy of aphasia, and the striking experiments made by Dr. Ferrier, who says that he has succeeded by the electrical stimulation of this same third left frontal convulsion in producing cries in animals while in a state of unconsciousness, give special interest to the cases here recorded. The phenomena of phonation produced during the epileptiform convulsion are so closely analogous to those produced in the experiments on animals, as to lead to the belief that the same portion of the cerebrum was irritated by morbid influences in the one case as by the electric stimulus in the other. Against this there is, however, the fact, that in Case I the convulsion was accompanied by loss of power in the *left* arm; yet on the other hand, cases of left hemiplegia with aphasia have been recorded, and the active organ of speech is probably not invariably on the left side of the cerebrum. In these instances of disease, the stimulus may have been applied directly to the centre, or, as was probably the condition in Cases II and III, reflected from some distant organ.

In Cases II and IV, continued use of the bromide of potassium resulted in the complete disappearance of the symptoms, which there is every reason to hope will be permanent. In one of these, the disease had existed for nine years. In Case I, the symptoms were mitigated by the use of the same drug; but complete relief was not obtained. It should be remarked, however, that in this instance the largest dose administered was twenty grains—an amount which subsequent experience has taught me is quite inadequate for the complete control of epileptiform attacks at the age of the patient in question; viz., 18. In Case IV, the occurrence of an intercurrent affection has prevented the proper trial of the bromide of potassium, and it has not yet been resumed.

PUERPERAL FEVER IN PRIVATE PRACTICE.

By WILLIAM HINDS, M.D., etc.,
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THE editor of this JOURNAL invites a contribution from the individual experience of its readers, otherwise a very limited experience would scarcely justify any such contribution from me. Besides some recent cases, of which I will speak, my previous experience is confined to one fatal case. This was the 103rd case of midwifery which I attended, and I had no more puerperal fever until I had attended some 550 cases in addition. This first case occurred in 1847, and was followed by death in seven days. My last case occurred in January last in a primipara. I will give some account of both these cases, and do what I can to trace the etiology in each. The first case stands alone in my experience, and, as the last one is typical of some others, none of which proved fatal, I will give a few notes of that case only.

CASE I.—Mrs. P., aged 38, of active sanguine temperament, began to experience labour-pains about 5 o'clock on February 12th, 1847, which gradually increased in strength and frequency until 9 the same evening, when I was summoned to attend her. The pains on my arrival were active, and belonged to the first stage of labour. The os uteri was not dilated or disposed to dilate. It was marked by firm cicatrices, most likely the result of injuries at former labours. After several hours, the os somewhat improved; but the pains all at once ceased, and not a single pain came on for an hour or two. There was neither exhaustion nor fever, and the patient was perfectly calm. After an hour or two, the pains recurred, and were as active as before, and the os uteri became more dilated and its edges soft and elastic; but the pains in a few hours again ceased entirely. There was, however, not the least exhaustion, and nothing to induce active interference. The

same thing had occurred in her labours previously, she said; and her medical attendant had to leave her three successive times, and she had never required any instrumental aid. A third time I was compelled to witness a cessation of pains, and this time there was some disturbance of the circulation. The pulse was 120, the tongue was coated, and some thirst and considerable exhaustion. Ergot had been previously administered, and the head, which presented in the first position, rested on the perineum. This was about twenty-four hours from the commencement of labour, and near six from the commencement of the second stage. I ordered an enema to be administered, and left to fetch my forceps and summon a medical friend near. Returning very soon, I found she had been delivered immediately after my departure. The placenta had also been removed by a woman of some experience, who had been in attendance. The placenta, on examination, appeared to be perfect, and the uterus well contracted. During the first night, she had not much sleep; was restless and thirsty, and the tongue still coated when seen on the 13th.—February 14th. Pulse, 120; skin hot and perspiring; thirst and restlessness. A pill, with one grain and a half of opium, was ordered to be taken at bedtime.—February 15th. She had an excellent night's sleep, but the thirst was still great and the tongue coated; pulse, 120. The patient expressed herself much better. There was no milk at present. She made no complaint, except of thirst. A brisk aperient and nutritious diet were ordered.—February 16th. She had been restless during the whole of the previous night; the bowels were well open yesterday. There were thirst and coated tongue, and occasional delirium. She now complained of erratic pains in the limbs, which she considered rheumatic. There was some milk. The pulse was 120 at least, and more feeble. The skin was dry, not moist as before. There was not the slightest tenderness of the abdomen. I ordered a diaphoretic mixture, with ammonia and opium, to procure sleep.—February 18th. She had little or no sleep during the last three nights, although an opiate was administered. She was delirious at intervals, and last night she was with difficulty restrained from getting out of bed. There was no pain of head, and no abdominal tenderness. Nausea occurred occasionally; the tongue was furred and brown near the tip. Pulse, 135, weaker. She was ordered to have wine; to take castor-oil immediately, and two grains of opium at bedtime.—February 19th. She had eight hours' sleep, which was, however, much disturbed. She complained of pain in the arms. On the outer part of each forearm, there was a slight blush of redness and some cedema. The lower extremities seemed free from redness. There was some nausea; no tenderness of the abdomen. The bowels were relaxed five or six times; the tongue was brown, the pulse weaker, and the breathing had become hurried and laborious. There was no milk, and the breasts had become quite flaccid. The lochia were scanty, and somewhat offensive. Wine was ordered to the extent of two ounces every two hours, and quinine every four hours. In the evening, the red blush on the forearms occupied the whole outside space from wrist to elbow, and had become deeper, and the cedema had somewhat increased. The breathing was still laboured, and the pulse was 140 and tremulous. She had diarrhoea. The tongue was brown and dry. She was ordered wine and egg-flip *ad libitum*. The patient died early on the following morning. No *post mortem* examination was obtained.

REMARKS.—Here was a case of undoubted blood-poisoning; but what was its advent, what its etiology? At that period, there was an almost universal belief in contagion or zymotic infection. In this direction, I made most careful inquiry, and I certainly found that the female who was left with my patient, who removed the placenta in my absence, and who was employed by various medical men to give injections, etc., had, according to her own statement afterwards, been in attendance within a few days previously upon cases of both erysipelas and scarlatina. Did she communicate to my patient any zymotic poison? With the light I then had, I supposed this rather probable. I do not think so now. I am decidedly of opinion that it was a case of septic infection. Small escapes of blood, intrauterine, and confined during many hours of a protracted labour, will certainly suffice to produce a septic poison; and, in this case, the cracks in the hardened cicatrices of the os uteri would easily facilitate the process of septic infection. In this way, I have come to regard this case as one of primary sepsis, caused by breach of surface.

My second case, which I shall give very briefly, belongs to a totally different category. Here the uterus alone, and secondarily the abdominal parts in its immediate vicinity, were first affected.

CASE II.—Mrs. W., primipara, was confined on January 27th last, after a labour of about ten hours' duration. She progressed favourably for four days at least; for, when seen on February 1st, there was no complaint, except of restlessness and insufficient sleep. On the fifth day, on entering the room, an extremely unpleasant earthy odour was

found to pervade the atmosphere. I immediately inquired the meaning of this, but, before any answer could be given, I lifted the bed-clothes partly from the patient, when an intolerable stench escaped from the bed. The patient had had a frightfully putrescent and offensive discharge, and, for two or three days at least, had not been properly cleansed and changed. Rigors, very severe, had occurred, with sleeplessness. There was considerable prostration, with an anxious, flushed, and pinched countenance, with acceleration of pulse. The abdomen over the uterine region was very tender to the touch. There were some other grave features in the case, which made me regard it as one of great danger. Immediate steps were taken to wash out the vagina and uterus with lukewarm soapsuds impregnated with solution of soda chlorinata, and the processes to be repeated over and over again. Immediate and complete cleanliness was enjoined, and the napkins ordered to be well sprinkled with the same diluted chlorine solution. Opium and calomel were administered every eight hours at first, and counterirritation and fomentations were ordered to the abdomen. The next day, there was some improvement, and the patient afterwards gradually and fully recovered.

REMARKS.—In this case, too, there was some blood-poisoning no doubt, but it was indirect, or arose from the absorption of poisonous or septic gases, while in the previous case, I have no doubt, the blood was poisoned by the direct and immediate absorption of a liquid poison. In the last case, death would soon have occurred from uterine and general peritonitis, if from nothing else, had not immediate means been taken to alter the conditions present in the cavity of the uterus. The diagnosis in the first case could be of little avail as to the result, and the prognosis grave in the extreme. In the second case, there was much more room for remedial measures, and, with the proper remedies energetically applied, and with perseverance, there was good room for success. I fear to encroach too much upon the space of the JOURNAL, but should like to be permitted to remark on one or two points brought out in the very valuable discussion on this subject, and the kindred subject of pyæmia, as recorded in the columns of the JOURNAL. The second of the cases I have given, and those belonging to the same category, certainly, as far as they go, have some bearing on Mr. Wells's second double proposition, and also somewhat illustrate the negative of the third. A good deal has been said of the relation of bacteria to puerperal and other cases of a certain phase, and no doubt this relation, in a strictly scientific sense, is of very great interest indeed; but I much question its practical value in reference to either curative or preventive measures. It is, I think, to be inferred that an extraordinary susceptibility of puerperal cases to the onslaught of zymotic poisons in general is not to be too hastily assumed. If any general predisposition to attacks from this class of causes exist, it can, I believe, arise only from the lowered vitality incident upon the puerperal state. No doubt, a lying-in-woman who, previous to her confinement, is susceptible, would become more so when her powers of resistance were lowered by childbirth. At the same time there would appear, from my own experience, good ground to believe that many women, in the puerperal state, are not susceptible at all to either scarlatina or small-pox, or to any other disease of the same class. Scores of times I have attended cases of small-pox and others of the zymotic class, and visited lying-in cases during the same morning circuit. Sometimes, it is true, I have been able to take the precaution to visit the puerperal cases before the others, but not always, and no one case of infection, to my knowledge, has ever taken place with me.

CLINICAL MEMORANDA.

THE MEANING OF THE TERMS "CROUP AND DIPHThERIA".

IN a paper on the above subject, in the last number of the JOURNAL, Sir John Rose Cormack states that "the spasmodic croup of English authors is the *faux* croup of the French". I have always believed, and I believe still, that the spasmodic croup of English authors is also the spasmodic croup of the French; its synonyms being "Laryngismus stridulus", "Crowing inspiration", "Thymic asthma". The *faux* croup of the French is the "Inflammatory croup" of English authors. The French synonym is "Laryngite striduleuse", stridulous laryngitis; the cough and the respiration being, as a rule, more stridulous in cases of inflammatory or false croup without false membranes, than in cases of so-called "true croup", with diphtheritic false membranes in the larynx and trachea. It appears to me that to speak of the spasmodic croup of the English as synonymous with the false croup of French writers, is to introduce a new element of confusion into the discussion of the relations between croup and diphtheria. There are three distinct

diseases to which the term croup has been applied generically: 1. Spasmodic croup, *syn.*, laryngismus stridulus; crowding inspiration; child-crowing; thymic asthma. 2. Inflammatory croup, *syn.*, stridulous laryngitis; catarrhal laryngitis; false croup. 3. Diphtheritic croup, *syn.*, laryngeal diphtheria; membranous laryngitis; membranous croup; true croup. Of course, laryngeal spasm may occur as complication of either simple inflammatory croup or of diphtheritic croup.

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THE TREATMENT OF ACUTE PERITONITIS IN OVARIAN DISEASE.

THE alleviation of the intense pain which occurs in cases of peritonitis, secondary to previous pathological changes in the peritoneal cavity, is frequently a matter of considerable difficulty. For example, where cancerous deposits exist in the mesenteric membranes, or in the various forms of ovarian disease, the recurrence of peritonitis and its duration appear to be attended with more acute suffering than any form of disease with which we are acquainted. The result of *post mortem* examination in such cases generally enables us to ascertain the fact, that active organic changes have apparently occurred in some particular part of the diseased tissues, from which the peritoneal inflammation has originated. In a case recently under my care in St. George's Hospital, where the symptoms and physical signs led to the diagnosis of an ovarian tumour of considerable size in the left pelvic and abdominal regions, composed of one cyst with walls of some thickness, and attached by strong and dense adhesions to the surface of the uterus and pelvis, the symptoms to which I have above referred suddenly occurred in that severe form which is met with in the worst cases of puerperal peritonitis. The abdomen was distended, tympanitic, and excessively painful; and the constitutional disturbance such as to lead us to expect that the patient would not survive many hours. With the view of relieving her from the pain she was enduring, I punctured the peritoneal cavity with a fine cannula trocar, and allowed the foetid gas to escape. The trocar was again introduced and passed into the cyst, the surface of which reached between two and three inches above the pelvic brim. By means of the aspirator, about a pint and a half of foetid pus was drawn off, and the cyst injected with warm carbolised water (1 in 80 at temperature 98 deg.) By alternate injection and aspiration, till the fluid was free from odour and turbidity, which required between an hour and a half and two hours' continuous attention, and the passage of nearly a gallon of water, the acute pain was entirely subdued. There were certain difficulties in the operation which the simple appliances at hand rendered unavoidable; but the result was satisfactory enough to encourage the belief that those processes of decomposition which give rise to gaseous and inflammatory products in the peritoneal cavity may be dealt with on the general principles of antiseptic treatment.

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PATHOLOGICAL MEMORANDA.

CAN A DEAD MAN GROAN?

THE possibility and probability alike of such a circumstance as the utterance of a groan after somatic death are sufficiently heterodox to ordinary credence to induce me to record the fact of my having, in connection with others, heard a veritably dead man groan.

J. B., aged 57, committed suicide by hanging, and, after he had been very effectually suspended for an hour, was cut down by me and two others. As the doubled rope was slackened from the neck, air escaped from the thorax through the larynx, and a prolonged rather loud groan was the consequence. The two men who assisted me exclaimed, "He ain't dead"; and I, for the moment, fell in with their views, ripped open his clothes, and practised artificial respiration; but I soon noted that there was not the slightest attempt at respiration; that the heart was still to eye, hand, and ear; that his well opened eyes were glazed as only a dead man's eyes glaze, and that the dilated pupils were insensible to strong light. He was certainly dead, and dead from the first, and the groan we all heard had, I imagine, the following causation. The suicide braces his body for the final throes by taking in a deep breath; and, when hanging is the method adopted, the constriction of the air-passages is too immediate and effectual to allow this air to escape; but, when the rope is relaxed, the lungs and thorax contract with sufficient force to occasion a groan even an hour after death. Such a positively observed fact may find its importance in a medico-legal sphere, and I feel that it ought to be contributed to the *répertoire* of such as it may interest.

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