four cases to varying degrees of prolapsus uteri, not allowing the bladder to be properly emptied, in consequence of which the urine underwent slight decomposition.

The second set of cases pointed to some alteration in the menstrual function; and the patients simply complained of troubles due to the "change of life", to use their own expression. The main symptom was excessive and frequent menstruation in three cases, and no pain was complained of; yet examination revealed extensive malignant disease of the cervix uteri. The absence of pain must not, as is too often the case, throw on one side our suspicions of malignant disease, or negative an examination.

The third set of cases illustrated that pregnant women suffering from rather profuse hæmorrhage when they are about three or four months "gone" should not be looked upon as having miscarried without a proper examination having been instituted; for in three cases an examination revealed denuded and hypertrophied papillæ surrounding the os uteri, which bled freely on pressure, the course of pregnancy not having been interrupted at all. The bleeding surface was in each case healed by applying a little liquor ferri perchloridi and glycerine, equal parts, on cotton-wool.

The other points touched upon in the paper referred to the necessity of making a digital examination as well as by the speculum. This advice was shown to be needed in a case where a small polypus was detected, growing from the os uteri, with the speculum; but a fibroid of the uterus was not recognised until two weeks later, when a digital examination was made. The rule to be observed in making vaginal examinations is, the finger first; after that, if necessary, the speculum, sound, etc.

CASE OF SUFFOCATION FROM THE GASEOUS EMANATIONS OF COAL.

By WILLIAM SNEDDON, M.D., L.R.C.S.E., Beith.

W. H. M., AGED 30, went to bed at 10 P.M. in a small room in which there was a stove which had a lid, and from which the smoke was conveyed by means of iron tubing outside of the gable-wall of the house. It was the ordinary house-coal that was used. A hole had been burned at the bend of the pipe as it merged from the wall, and there was, therefore, no current up the tube. He took a child, aged two years, with him to bed, but it became restless and cried after being in about an hour, and was removed to the kitchen by a nurse who was attending the child's mother, who had been confined of twins ten days before. The nurse observed that the child continued to retch frequently for five hours. A few minutes after the child had been removed, there was a cat in the kitchen, which was disturbing the mother, and which was, therefore, put in the room, and the door was shut. The nurse noticed, when she put the cat in, that the husband was breathing naturally. The nurse slept in the kitchen beside the mother, and, on rising at 6 A.M., she felt a giddy sensation in the head, and a weight over her heart, and was obliged to sit down on a chair, exclaiming to the mother that she never felt so ill, and thought she was going to die. Recovering a few minutes afterwards, she went to call the husband, but got no reply, and on going into the room she found he was dead. When I saw the body at 7 A.M., there was rigor mortis; he must, therefore, have died shortly after he was heard breathing at 11 P.M. The cat was also dead, and it had vomited.

At the necropsy, which was made next day by Dr. McFarlane of Kilmarnock and myself, we observed the following. The external appearance of the body was natural, except the nape of the neck, which was livid. The face was swollen, the eyelids were closed, and the pupils natural; there was frothy mucus in the mouth. On examination of the brain, it was found the membranes were congested, and the larger blood-vessels were distended with fluid and moderately light red-coloured blood. There was not much congestion of the substance of the brain, and its consistence was natural. Each of the lateral ventricles contained about two drachms of a sanious serum, and there were about two ounces of a similar fluid at the base of the brain. The larynx was congested, and there was some cinnamon-coloured mucus in it. The lungs were slate-coloured, with black spots studded on their surface. On section, they were found to be highly congested, and were crepitant on pressure. The bronchial tubes contained some mucus similar to that in the larynx. The heart was healthy; the valves were perfect; both ventricles were nearly filled with fluid and light red-coloured blood. The blood was everywhere fluid. The stomach was normal. The liver had a nutmeg appearance on section, but was otherwise normal. The kidneys and spleen were congested.

CLINICAL MEMORANDA.

CAN TYPHOID FEVER ORIGINATE SPONTANEOUSLY?

In the JOURNAL of March 25th, there is a very able paper by Dr. Fox on this subject. If reasoning by analogy be of any value, the probability, if not certainty, that yellow fever, a strictly analogous disease, can so arise, may be worth something in support of the view that Dr. Fox advocates. Yellow fever, like typhoid, is a local disease, generated in, if not by, decomposing animal matter. In the West Indian Islands, first cases can be traced, and any sources of infection more easily found out than at home, so that many of the sources of fallacy, so confusing to inquirers in England, do not present themselves there.

In the *Edinburgh Medical Journal* for September 1871, I published notes of an outbreak in St. Kitts, which, after careful inquiry, I was led to believe, began with a case originating *de novo*, arising either on the day or a day after the heaviest rainfall for many years, during a period of great and continued high temperature (above the average in September), little or no wind, and low barometer pressure. The rainfall swept away the covering of charred wood from a number of privy-pits, which had lain untouched for fifteen months before, when the town was burned down.

There had been no yellow fever in St. Kitts since 1858,* nor was there any, so far as I am aware, in any of the chain of islands between Trinidad and St. Thomas at that time. The child who died first had come from Grenada a short time before; but I ascertained positively from Dr. McLeod that there was nothing of the kind there.

From a first case of yellow fever others may arise, as in typhoid. I am inclined to think it more infectious than typhoid. Anyone who may think the arguments of the analogy of the two diseases of value in proving that typhoid fever can arise spontaneously may refer to my paper. It is not necessary to take up space by repeating all I have there stated.

W. MUNRO, M.D., Cupar Fife.

ATROPINE POISONING FROM THE USE OF DROPS TO THE EYE.

THE following appears to be a case in which some of the symptoms of atropine poisoning were caused by the use of drops to the eye; and it is, I think, interesting not only on account of the rarity with which this accident occurs, but also because it took place in a person of peculiarly nervous and excitable temperament; in fact, in just such a person as would, we should expect, be easily influenced by agents acting on the nervous system.

Mrs. Sarah S., aged 44, came to me at the South London Ophthalmic Hospital, on January 29th, for an attack of iritis in the right eye. The attack was a mild one, of only a few days' duration, and I was unable to come to a positive conclusion as to its cause; I, therefore, ordered simply strong atropine drops (sulphate of atropine, four grains to one ounce), to be used several times a-day. This was repeated at her next visit, February 2nd. She then did not come again till the 12th, when she excused her absence by saying that she had been ill with a bad "bilious attack". On further inquiry, it transpired that the chief symptoms of the "bilious attack" had been dryness of the mouth and throat, a sour taste in the mouth, dryness and burning in the stomach, repeated vomiting, and partial delirium. These symptoms had not entirely passed off, and she still had the dryness of the mouth and sense of burning at the stomach. The drops had lasted since the former visit, she had been using them all the time, and the pupil of the inflamed eye had become widely dilated. There was no dilatation of the other pupil, nor any failure of accommodation more than her age would account for in it. The atropine was discontinued; and her disagreeable symptoms subsided in a few days.

Of the group of symptoms described by this patient, it may be noted that some were those commonly mentioned as most characteristic of atropine poisoning, viz., the dryness of mouth and throat and the cerebral disturbance; the dryness she described as passing "down to the stomach", and she said that the region of the stomach "felt as if she had had a mustard plaster on it", and the cerebral disturbance she specified as "light-headedness", "so that she could hardly keep herself from going silly". The nausea and vomiting appear also to occur in some cases, but less constantly, while the sour taste is not mentioned as a usual accompaniment. The patient, however, several times mentioned it; and, as the solution of sulphate of atropine has a faintly

* As yellow fever is a kind of bugbear to men wishing to go to the West Indies, I may remark here that in healthy islands, such as St. Kitts, it only appears once every ten years or so. Thus in St. Kitts, there were outbreaks in 1812, 1818-19, 1829-30, 1836 (chiefly among soldiers of the garrison), 1848, 1858.