placenta was removed, and there was no hæmorrhage nor any prominent symptom, save a severe gastric pain which lasted several days, and added greatly to the discomfort and exhaustion already present. Under the administration of suitable tonics and light nourishing food, the patient made a good recovery. She is still in the Institution and enjoys excellent health.

The causes of eclampsia have been for a long time, and are even now, a subject of much speculation; and, although much has of late years been done by eminent physicians to ascertain their real nature, the theories promulgated as to their origin and *modus operandi* require further illustration to make them acceptable to the most thoughtful of the medical profession. It is not surprising, therefore, that some have looked upon the supposed causes as so many effects of an unknown mental or physical potentiality, generating by impression in the system, and having acquired dynamic energy, causing slowly or speedily the convulsions and their morbid accompaniments. I am inclined to believe there is much truth in this theory, and that the case adduced is one that goes to prove the existence of some such agency. The comparative absence of premonitory symptoms; the susceptibility of the system from the uterine state to impressions; the predisposition through alcoholism to neuroses; the unwarranted abuse received, and the previous good health of the patient, all point to this conclusion. Fear, independently of any physical state, is known to be the exciting cause in many cases of epilepsy, and it is probable that in this instance its effect on the nervous system was the most important factor in causing the "machinery of life", already in a state of unstable equilibrium, to run riot. Doubtless, the previous intemperance of the patient had greatly predisposed her system to epileptiform convulsions, which are well known to result from excessive drinking. There are at present in this asylum cases which conclusively prove that alcohol, in addition to its other baneful effects, is potent enough to cause such seizures.

The treatment of eclampsia must respect the cause of the disorder, whether it be albuminuria, uræmia, hydræmia, or anæmia, and take cognisance of the diathesis and development of the patient. It must remove, if possible, all sources of moral, mental, or physical irritation, and aim at success without resorting to empiricism.

In the case described, chloroform did much to ward off the fits; but it was second in importance to chloral-hydrate, which I think worthy of the strongest recommendation. The tincture of the perchloride of iron was fairly tried and found wanting as a special curative agent. The bowels and bladder were attended to, and all known sources of irritation, except the uterine, removed. The dietetic treatment consisted chiefly of milk and beef-tea, on which the patient almost exclusively lived during the acme of her illness. When convalescence commenced, stronger food was cautiously used, and continued until an ameliorated condition justified a recurrence to the ordinary asylum diet.

INTESTINAL OBSTRUCTION, WITH STERCORACEOUS VOMITING, TREATED BY LARGE DOSES OF OPIUM, FREQUENTLY REPEATED.

By HERBERT JUNIUS HARDWICKE, M.D., Sheffield.

R. T., A MARRIED, healthy looking, and stoutly built man, about forty years of age, called at my surgery on the morning of October 18th, and complained of a severe pain in the abdomen, which commenced early in the morning of that day. For four days previously, he had been taking purgative medicines from a druggist, but could not get his bowels to respond to them. He requested me to give him some medicine to open his bowels, or he should die from the pain. I sent him home, with strict orders to go to bed and foment his bowels with hot water flannels, and to have an injection of one pint of warm gruel at once; and gave him six pills, of one grain of calomel and half a grain of opium in each, to take one every second hour until he was relieved from pain. I was at the time due at a labour-case, and promised to see him as soon afterwards as I could. The same evening, I called to see him, and found that he had not had a motion, and that the pain was worse. His face was pale; his countenance anxious; pulse 80; tongue coated; he had sickness, but no vomiting. The abdomen was distended with tympanites, and there was pain referred to the right iliac region more particularly. I ordered a continuance of the fomentations and a repetition of the enema, which latter was returned with no fecal admixture whatever. One grain of opium pill was now given to him every two hours. I saw him again early the next day (October 19th), and found him much worse; tongue dry and brown; pulse nearly imperceptible. The pain was greatly increased, and more generally over the abdomen; he had sickness and vomiting. I gave

him brandy and water, and ordered him to continue taking the pills every second hour. I saw him again in the evening with a neighbour practitioner, who recommended an increase in the quantity of the opium. I accordingly gave him one grain every hour, and brandy and water regularly. The vomited matter was now decidedly of a stercoraceous character, and the pain excessive; and the patient seemed inclined to sink. On calling to see him next morning (October 20th), I found he had been vomiting fecal matter incessantly during the night, and had been exceedingly full of pain. Whilst I was there, however, after a severe attack, the vomiting nearly entirely ceased; and just then the patient informed me that he thought the fomentations had moved the obstruction, as he felt greatly relieved. I at once, acting upon his own suggestion, ordered an enema to be administered, which, to my great satisfaction and the patient's intense relief, was returned in company with three or four hard pieces of feces, like black marbles. Shortly afterwards, he passed a large, dark-coloured, offensive stool, and from that time continued to improve. The pain gradually subsided, and the patient, in two or three days, was able to sit up and take food.

This case, to my mind, clearly proves the efficacy of opium in large doses, and frequently administered, in cases of intestinal obstruction. The obstruction here was clearly caused by the abuse of purgative medicines, which were administered by an incompetent person, who represented to the patient that he was qualified to practise; and opium was the cure. It appears to me that the value of opium in these cases is not sufficiently appreciated, at least in this country. I believe that in Germany the treatment I adopted in this case is pretty generally followed. I once heard a celebrated professor in one of the German universities say that more harm than good was often done in cases of intestinal obstruction by too much interference on the part of the medical attendant, especially in England. Of course, there are many cases of intestinal obstruction which demand prompt interference, in order to save the life of the sufferer; but many of such cases require operations, such as gastrotomy, from the mere fact that the previous treatment has been injurious, or, in other words, because the medical attendant has "done too much", instead of allowing Nature, assisted by opium, to overcome the difficulty. Too much interference in these cases is worse than if the patient had been left entirely to the care of Nature. I think it must be admitted that opium, given in full doses and often repeated, is the remedy—and the only remedy—in cases of intestinal obstruction. It might perhaps be urged that the large amount of opium given in such a short time would be injurious. I can only say that this man took, from six o'clock in the evening of the 18th to the same time on the 19th, thirteen grains; and from then until eleven o'clock in the morning of the 20th, seventeen grains; in all, thirty grains in forty-one hours, without the slightest sign of narcotism whatever.

SOME FURTHER CONSIDERATIONS IN RELATION TO LIFE-INSURANCE.

By ARTHUR S. UNDERHILL, B.A., M.B., Tipton.

I HAVE read with much pleasure the article by Dr. Thomas, in the JOURNAL of June 17th, on "Suppuration of the Middle Ear in relation to Life-Insurance". I know that each specialist must have his own hobbyhorse; but if we, as ordinary medical examiners, are expected to ask questions, or critically examine each organ or cavity separately, ours would not be an easy task, and there are few lives we could recommend as absolutely safe, and not doubtful in some part. It is a good plan to adopt the rule which is followed by some insurance offices, viz., that of having the candidate examined by the medical referee for the district, and of having a separate private report from the ordinary medical attendant of the candidate, as there are some diseases of which only the "family doctor" is cognisant, and an account of which no amount of cross-examination on the part of the medical referee will elicit; I refer particularly to syphilitic affections and uterine diseases. *Apræpos* of this, I will refer to a case now *sub judice*, which has come under my own observation. Some three years ago, Mrs. T. asked me to attend her in her confinement. She stated that she had had several "losses" which had, however, ceased before becoming serious. She was expecting daily; the same evening I was hurriedly sent for as my patient was flooding; I found her blanched, almost pulseless, and lying in a pool of blood. On making a digital examination, I expected to find placenta prævia, but what was my surprise to find a large ulcer with ragged indurated edges, implicating the whole anterior part of the os and cervix uteri, bleeding freely, and breaking up when touched. The os was slightly patent posteriorly; in a short time the hæmorrhage

ceased, and the patient survived. In consultation next day with my father, we concluded that the case was one of cancer, or perhaps, in its present state, more properly rodent ulcer. Labour came on naturally in a few days, and as the os expanded I could feel the fibres of the uterus, devoid of mucous membrane, giving way at each pain, and momentarily expected a heavy pain would tear open the uterus and kill my patient, but, providentially, the uterus expelled a mature foetus without accident, and she made a fair recovery. For some few months afterwards, the ulcer seemed stationary, and then an insurance was effected for her by her husband. Another medical man was called in to examine the patient, although it was in my examining district for that company, and I was in no way consulted. The patient after this had several severe attacks of uterine hæmorrhage; the case slowly progressed, implicating the urethra and anterior wall of the vagina, then the bladder, urinary fistula being established, and finally the patient died two years and a half after effecting the insurance. This may be an unusual case, and, as far as I judge, shows a want of precaution on the part of the society effecting the insurance, as the patient herself and her friends, and also the medical referee, considered that she was in a fair state of health. I attended the patient up to the time of her death, but the first acquaintance I had of the fact of the insurance was when I was asked to give a death-certificate. Cases similar to those referred to by Dr. Thomas and by myself can hardly be safely answered by the general questions: "Are there any evidences of cancer or diseased bone?" and "Have you reason to suspect uterine disease?" as, in the one instance, otorrhœa, and, in the second, leucorrhœa, are very general symptoms.

OBSTETRIC MEMORANDA.

TREATMENT OF UTERINE HÆMORRHAGE BY INJECTION OF PERCHLORIDE OF IRON.

THE following case may interest some, and strengthen the faith of others. A. S., a married woman, aged 36, was pregnant about the full time with her seventh child. She had severe hæmorrhage in her last confinement, five years ago, and considerable loss in the two previous ones. On May 6th, she awoke in the night with profuse hæmorrhage; this had ceased when I saw her; there were no symptoms of labour. She was kept in bed, and there was no return of the hæmorrhage or signs of labour until the 13th. In the morning, she had slight pain, with a sanious discharge; no other indication of labour. In the evening, she had sudden and severe hæmorrhage. I found her a good deal exhausted, and the os dilated to the size of a crown, with full placental presentation. With the hand in the vagina, I pressed the two forefingers into the uterus, and separated the placenta thus far all round. In doing so, I found the membranes just within reach. As the os was retained, I passed my hand into the uterus, ruptured the membranes, and brought down one leg. The hæmorrhage ceased. I gave her a full dose of ergot, and as there were marked signs of uterine action, I allowed the child to be expelled by the natural efforts. This, with the aid of a second dose of ergot, was accomplished in a little more than half an hour. Pressure on the uterus brought away the placenta, and with it a large quantity of coagula. Almost immediately the uterus relaxed, which was followed by severe and continuous hæmorrhage. Having mixed four ounces of the strong liquor ferri perchloridi of the *British Pharmacopœia*, with ten or twelve ounces of water, I introduced my left hand into the uterus, cleared out clots, and with the tips of the fingers touching the fundus, I carried the tube of a Higginson's syringe to the fundus, and slowly injected the whole of the solution. The hæmorrhage ceased at once, and never returned. The patient has made a slow but steady recovery, and is now able to sit up most of the day, and has never had, from first to last, a doubtful symptom.

A case of less urgency, but of like interest, came under my care a few months ago; a woman, about 35 years of age, pregnant of her sixth child, on two or three occasions had had hæmorrhage, though not of an alarming character. The labour was natural, the placenta expelled without aid, the uterus firmly contracted on seeing her an hour afterwards. She had some discharge; the uterus was large and evidently not properly contracted. Pressure caused contraction, and the expulsion of a considerable quantity of coagula. Hæmorrhage was not severe, but obstruction continued for two hours; the uterus never having fully contracted. As the patient was becoming exhausted, I injected an ounce (all I had) of the liquor ferri perchloridi, mixed with about four ounces of water; the hæmorrhage ceased at once, and never returned. The patient recovered without a single untoward symptom.

In the first of these cases, life was, I think, undoubtedly saved by

the prompt use of the iron. In the second, the patient escaped much loss of strength, if not worse evils. I report these cases, in the conviction that the success of a somewhat new method of treatment in the hands of an ordinary practitioner is the best proof of its value.

S. W. NORTH, York.

EMPHYSEMA DURING PARTURITION.

I WAS called at 4 P.M. one day, two or three years ago, to Mrs. R., a primipara, who had been in labour since the previous night. The waters had escaped shortly before my arrival, and on examination I found the os nearly fully dilated, and a cranium presenting. The head advanced slowly till 6.45, when it apparently became impacted between the ischial tuberosities, and the pains, which had been strong throughout, became very violent. I noticed at this time an increasing puffiness of my patient's face. It commenced so gradually, that none of us noted its onset, and Mrs. R. herself was quite unaware of anything amiss. The skin was quite natural in colour. Dr. Blundell states that in a case which came under his notice, there was "an erythematous flush of the integuments, so that at first glance the patient appeared to labour under a sudden attack of erysipelas". On pressing the skin with the finger, the characteristic crepitus removed any doubt as to the nature of the swelling, which rapidly increased until the face and neck were enormously inflated, and all semblance of chin or outline of lower jaw had disappeared. The air did not make its way downwards over the chest so readily. The forceps was applied as soon as possible, the patient being chloroformed. She recovered without any bad symptom, the air being very rapidly reabsorbed. No physical signs were detected in the chest. Notwithstanding the enormous strain on the tissues of the respiratory tract during the expulsive efforts of parturition, it is so rarely that any rupture occurs, that this case may be worthy of record. Dr. Blundell only met with one case; the woman having suffered similarly in a former labour, and recovering on both occasions without a single bad symptom.

ARTHUR DOWNES, M.D.

SUBCUTANEOUS EMPHYSEMA DURING LABOUR.

IN the *Obstetrical Journal* for April, Mr. Blennerhasset Atthill records a case of this very rare complication of parturition which occurred in his own practice. A primipara, aged 20, towards the close of the expulsive stage suddenly complained of difficulty of breathing and of sight. Her neck and face, and especially the eyelids, presented a bladder-like appearance; and this extended all over the upper half of both back and front of the body. Labour ended naturally; and the emphysema, which at no time gave rise to much trouble or interfered with lactation, subsided gradually in ten days. Mr. Atthill remarks that we have in this case "the simple fact that during the expulsive efforts the lung gave way at a weak point, at which point there was adhesion of the two surfaces of the pleure, allowing the air to pass into the subcutaneous cellular tissue of the neck. Had there not been adhesion, there would certainly have been pneumothorax and collapse of lung. In fact, the generally protective adhesion at the site of the damaged portion of lung—perhaps a minute cavity—failed under the extra force, and so led to the occurrence of that which the case presented." Mr. Atthill has failed to find in general obstetrical literature any similar accidents of parturition. But, strangely—rarities are seldom unique—he has been able to refer in detail to two recent cases: one in the *BRITISH MEDICAL JOURNAL* for January 29th, by Mr. Worthington of Lowestoft, who believes that in his patient "the emphysema was due to the rupture of some marginal air-cells into the anterior mediastinum"; and a second case reported by Mr. Prince of Harrow Road this year in a contemporary, and of which no explanation is offered.

HERBERT PAGE.

MALFORMED FŒTUS.

I WAS sent for early a few days ago, to visit a patient whom I was engaged to attend in her confinement. On arriving, I found the os uteri fully dilated, and the bag of waters low down in the vagina. The pains did not appear very strong. It being four miles from home, I went into the next room for some refreshment, but had not left the room more than a few minutes when she appeared to have a very heavy pain. I then found the membrane near the os externum, but could not feel any presenting part. With some little difficulty, I ruptured the membranes, when an immense quantity of liquor amnii escaped, several gallons, saturating everything. After one or two more pains, no part came down. I therefore passed my hand into the uterus, and found the placenta entirely detached, and only kept within the uterus by the membranes. Beyond the placenta, I found a hand, and then the breech. There was not the slightest hæmorrhage, and had not been during