bulky part of the foetal body; there need be no difficulty in detecting it, however, (1) by the sudden appearance of an abdominal tumour elevated above, and having a smaller segmental rotundity than the general uterine tumefaction; (2) by intense cutting pain in the situation of the newly formed tumour, and its exquisite tenderness under pressure of the hand; (3) by the notable diminution in volume of pulse, and signs of sinking.

It seems to be otherwise, however, as regards the foetus *in utero*, when the mental system of the mother becomes unbalanced by violent and sudden shocks of anguish or by prolonged and severe anxiety, attended with waste of physical power. The subject of the present case had assiduously and pertinaciously nursed an only child, twenty months old, through a severe attack of acute disease, which lasted nearly three weeks. When, at the end of this period, a favourable change in the child's condition took place, and the mother became convinced that all danger as to his safety was at an end, she fell prostrate, utterly subdued, and almost unable to move; and while she was in this state, the attack of intrauterine convulsions occurred, as already related.

A CASE OF FEVER, WITH CEREBRO-SPINAL ARACHNITIS.

BY JOHN W. TROTTER, Esq., Assistant-Surgeon, Coldstream Guards.

PRIVATE G. R., aged 24, 2nd Battalion Coldstream Guards, stationed at Beggars' Bush Barrack, Dublin, of six years' service, a fine muscular man, was admitted into hospital on May 17th, 1867. He had frontal headache, hot skin, and furred tongue. On the 20th, he became very anxious about his illness; there was great prostration; his face was flushed; he had a tendency to delirium; and complained of much pain in his legs, which, he said, felt tense and swollen. This was not so. On the 22nd, there was an increase of delirium; he started in his sleep. On the 25th, he had slight internal strabismus and ptosis of the left eye; bowels costive; no albumen in his urine. He appeared to improve from this up to June 8th, when he passed his evacuations in bed, and was rather purged. The latter symptom passed off and did not return. He subsequently required the daily employment of the catheter. He became stupid and lethargic; was roused with difficulty; and was constantly "patting" his head or chest with his right hand. On June 20th, his head was drawn back, and he appeared impatient of its being moved.

From this time up to his death, he became more and more insensible; the bowels continued costive; he had occasional attacks of vomiting; the eyes became congested; there was a thick secretion of mucus from the conjunctivæ, especially from the left; and the left pupil was smaller than the right. The head was retained in the same position. Small vesications appeared on the body and legs, apparently from pressure, and the skin had given way over the hips and sacrum. There never were petechiæ, of any kind. The pulse was rarely above 100. He took daily large quantities of milk and beef-tea, some wine, and brandy and water with eggs beaten up in it; but his powers of vitality gradually decreased; and he died extremely emaciated at 3 P.M., July 2nd, on the forty-sixth day of the disease.

Pulse, and Temperature in Axilla, taken by Assistant-Surgeon Farguharson.

	Pulse.	Temp.		Pulse.	Temp.
May 18, 10 A.M.		102.2	May 25, <i>Vespere</i>	104	100.1
" 19, "	84	101.3	" 26, 10 A.M.	104	100.3
" 20, "	80	100.3	" 27, "	100	100.2
" 21, "	76	100.4	" 29, "	96	100
" 22, "	64	100.1	" 30, "	104	99.3
" 24, "	80	100.1	June 1, "	100	99.1
" 25, "	88	101			

AUTOPSY (twenty-four hours after death). There was great vascularity of the integuments and pericardium over the top of the head. The calvarium separated from the dura mater with unusual difficulty, the membrane being very vascular; the knife was required to separate the dura mater and its arachnoid lining from the vertex of the brain in the neighbourhood of the Pacchionian bodies. The infundibulum was divided in removing the brain, and from three to four ounces of semi-transparent fluid escaped. On section, the puncta vasculosa were unusually marked; the brain-substance was firm. In the lateral ventricles, the serous membrane covering the corpus striatum in each was rendered semiopaque and thickened, by a semitransparent yellowish deposit, like semiorganised lymph; this left the internal or serous surface smooth and bright, but the cavity still contained some semitransparent serous fluid. At the base of the brain, the arachnoid covering the medulla oblongata

and the lateral lobes of the cerebellum was white and opaque; and this appeared to depend on the organisation of inflammatory products on its external surface, as the inner surface was smooth and bright, with the exception of a few shreds of lymph-like deposit attached to the part covering the medulla, and which could be removed with the handle of the knife. In the chest, the contents were found normal, except lobular pneumonia of the lower lobe of the left lung, with slight pleuritis of recent origin. The heart appeared normal. There was a white patch in the front, of the size of a sixpence. The right ventricle contained a de-colourised clot of considerable size, and the auricle was filled with blood-clot. The left ventricle and auricle were empty.

IRISH PURPURIC DISEASE AFFECTING SPORADICALLY SEVERAL PERSONS AND A PIG, AT KINGSTONE, NEAR HEREFORD.

By CHARLES LINGEN, M.D., Hereford.

THE group of cases given below, which have just been brought under my notice, and to which I think I ought to draw the attention of the profession at this time, and of those gentlemen especially who are now making this purpuric malady the object of careful research, are individually so incomplete (having been almost deprived of professional observation), that they would be valueless, did not this assemblage of facts, collected with the greatest care, taken as a whole, and in connexion with numerous cases occurring in Ireland, give to the group a special significance; as will be seen, I think, by a careful consideration of it in comparison with those cases.

Though none of my cases, not even the fatal one, were very acute in their nature, and exhibited little cerebral excitement, yet most of them coincided in presenting the essential features of the purpuric disease, especially one of the cases, where the purple spots were well marked: in the pig, also, they were exhibited to the fullest extent. The sporadic character and precarious contagiousness have been equally demonstrated in the Irish cases.

Rough Notes taken on the Spot, July 11th, 1867. The pig, eight months old, had been in possession of Mrs. Seal five weeks; it was purchased, and was reared in the village (Kingstone). First observed to be ill on the 19th of May; was killed on the 30th, because considered to be dying; first observed to be "stiff", then drowsy, and so continued most of its time, never exhibiting any excitement. On the following day, distinct purple spots appeared in abundance on the belly and inside the thighs; then on the back, and a little on the sides; lastly, on the nose and face. The animal took very little food, was never sick, and had a peculiar odour; was generally warm, though it often shivered during the first few days—less towards the end. It was killed by a butcher, when too weak to get up or to stand; and it was remarked, that its blood did not coagulate. The carcase was not opened. Two other pigs, cotted with it during most of its illness, did not take the disease.

A servant girl, Mary Davis, aged 16, was first taken ill about the 21st of May. She often went to the pig, but did nothing for him. She had slight chills; was very drowsy; had headache, but not very severe; the skin was very hot (not red); no spots; much sweating for several days. She was very weak, but not so debilitated as to compel her to keep her bed wholly for the nine or ten days she remained at Mrs. Seal's. At the end of this time, she went to her own home in an open gig, a distance of six miles. She remained there ill a month. She then returned to her service, scarcely up to her work; and at this time, two months from the attack, is feeble and anæmiated.

Mrs. Seal, the landlady, who often visited the sick pig in his cot, which was close to her back door, was taken ill about the 28th of May, with great drowsiness; dry retching; she was often very faint; pain in both temples, which was neither constant nor very severe. The tongue was said to have been dry, and not furred. She had great thirst; skin always hot, whether perspiring or not; and she "felt very hot inside". Eventually she had much sweating by day, and especially at night. The bowels were always regular; urine not remarkable. She had a very large purple spot on the loins; one, not so large, on the outer part of the thigh; and many others, smaller, in various parts. The nails and finger-ends were often purple, but not cold. Perhaps the most prominent symptoms in this case, as in the late C. Powell's, was great pain in the right upper arm to the elbow, scarcely implicating the joint itself; this was severe at first, and kept on nearly a month, the arm being of a deep red colour most of the time.

The cowman, Charles Powell, aged 46, a man not in strong health, but in his ordinary condition on the 30th of May, when he carried the

pig about a hundred yards to its grave, and buried it. He was taken ill the next morning with drowsiness, diarrhoea, some headache, and great pain in the right upper arm, which was swollen and red, and altogether very similar to that of Mrs. Seal. The pain in the arm continued severe till the evening before he died. On the latter day, C. Powell walked into Hereford, six miles, to see Mr. Lane, his usual medical man, and walked with difficulty much of the way back. While in Hereford, he drank beer and brandy, and was much "confused" at his visit to Mr. Lane. He was restless all that night, complaining chiefly of pain in the bowels, but had no purging; and early next morning (June 2nd), went to the house of a Mr. Powell, near Mrs. Seal's, where he sometimes lodged, saying that "he was going to die"; and in less than four hours, after an illness of three days, he sank. An inquest was held next day on the body, before Mr. Llanwarne, at which nothing was said of the pig's illness, and nothing especial transpired that I have not recorded.

The old woman, Mrs. Powell, in whose house C. Powell died, was taken ill the same day. She was sick, and had vertigo, and felt "curious", ailing and weak for a fortnight, but not so as to lay by. She had thirst and loss of appetite; no diarrhoea.

Mrs. Seal's son attended the pig constantly, but was not ill at any time. He was, however, much in the fields, and away from home by day.

The pig's cot and yard were encumbered with manure, and the drains were in a bad state. It is now a month since Mrs. Seal—having then been ill a fortnight—came to me. She is still weak and thin, and needs porter, wine, and quinine constantly.

As far as can be ascertained by the most careful inquiry, this group of cases is essentially sporadic, and no other cases except those in and near London have yet been reported in England.

Exclusive of the old woman in whose house the fatal case died, and the pig, there were three patients affected more or less by the disease; of these I saw one only. The three were the man, Chas. Powell, who visited the pig daily and buried him; the young servant, Mary Davis, who had an illness of six weeks and recovered; and the landlady whose illness is scarcely over yet.

C. Powell was attacked on the Thursday evening with diarrhoea and severe pain in the arm, and died early on Sunday.

The young girl Davis had no spots at all, and C. Powell had no *well-attested* ones, except the redness of the affected arm, which was red from the first. Mrs. Seal, however, had many well-defined purple spots and some very large ones, and she only had lividity of the nails and fingers' ends. Sweating was well marked and long continued in Mrs. Seal's case, and less so in the two others. In all, headache was present, but not excessive, and the same remark applies to prostration. In the fatal case, the man walked nearly twelve miles the day before he died. In his case only was there diarrhoea, and that early; there were no hæmorrhagic discharges in either.

Contagion was not strongly marked; for the associates of the pig in his cot did not take the disease; nor did Mrs. Seal's son, who more than anyone else attended on him; and though the young girl Davis quickly took the disease—only two days after the pig—yet she did not give it to her relatives at home, where she was invalided for a month; nor did the other residents in Mrs. Seal's house, nor any of the numerous callers at her house (an inn) take it.

True, the old woman Powell, in whose house C. Powell died, and who washed his linen, soon became ill, and was weak and ill a fortnight; yet her symptoms were not strongly marked. She had no spots and no headache; but felt "giddy and curious" all the time.

I trust that, if this meet the eye of any practitioner who has met with other cases so nearly corresponding to the Dublin ones, he will at once report them to this JOURNAL.

THE ASYLUM FOR IDIOTS.—The Commissioners of the Paris Exposition have awarded a bronze medal to the above institution for the articles made by the inmates of Earlswood, and exhibited in Class 91.

DIPHTHERIA COMMUNICATED DURING TRACHEOTOMY.—A letter from Kehl, in the *Courier du Bas-Rhin*, mentions the death, a few days ago, at Heidelberg, of a surgeon named Weber, and two of his assistants, who had been to a country-house in the neighbourhood to attend two children attacked by diphtheria. In the case of one of them, tracheotomy was found necessary, and M. Weber, whilst engaged in performing it, allowed a small clot of blood to fall into the child's wind-pipe. In the absence of a proper instrument for extraction, he sucked the wound to remove the foreign substance. He having failed, the others in succession applied their mouths to the wound, and as last succeeded. They, however, all caught the malady, and died in the course of six hours. Professor Weber was only 39 years of age, but had already acquired a high reputation.

REVIEWS AND NOTICES.

ON DISEASES OF THE STOMACH, THE VARIETIES OF DYSPEPSIA, THEIR DIAGNOSIS AND TREATMENT. By S. O. HABERSHON, M.D.Lond., F.R.C.P., Physician to Guy's Hospital, etc. Pp. 258. London: 1866.

DR. HABERSHON has long been one of our leading authorities on Diseases of the Alimentary Canal; and this position he has gained by the proofs which he has given of his capability to observe correctly, and arrange and comment on instructively, the numerous facts which a large and increasing experience has brought under his notice. Ten years ago, he published a valuable series of Pathological and Practical Observations on Diseases of the Abdomen. On the present occasion, he has avoided elaborate pathological comment, and has confined himself to producing, for the instruction of the profession, the little work before us; which is, he says, "the result of many years of experience in hospital as well as in private practice." In it, while offering observations on disease of the stomach especially, he also regards such disease in its general relations to other parts of the system.

In his former work, Dr. Habershon classified stomach-affections according to their origin in the mucous or muscular coats of the organ, in the vascular supply, in the nervous system, or in diet. He now groups the various forms of dyspepsia more minutely.

"The first that we shall notice is dyspepsia from weakness, whether from general imperfect nutrition and diseased vessels, or from exhaustion of the cerebro-spinal nervous system, or from failure of the nerve of organic life; atonic dyspepsia, as it might aptly be called. 2. Dyspepsia from congestion, as observed in chronic disease of the lungs, heart, and bronchi, and also in chronic disease of the liver. 3. Inflammatory dyspepsia, whether arising from irritants, excesses, or improper diet. 4. Hepatic dyspepsia, or bilious indigestion. 5. Rheumatic and gouty dyspepsia. 6. The dyspepsia connected with disease of the kidney. 7. Dyspepsia from mechanical interference with the muscular movements of the stomach. 8. Nervous or sympathetic dyspepsia. 9. Dyspepsia from fermentation of, or chemical change in, the contents of the stomach. 10. Duodenal dyspepsia. Still further, we shall refer to it as a symptom of more serious organic diseases, as ulceration and cancer." (Pp. 4, 5.)

Before entering on the special consideration of these varieties of dyspepsia, the author offers, in the first five chapters of the work, some remarks on the Changes of Digestion at different Periods of Life; the General Sympathy of the Stomach in Disease; the Symptoms, and General Treatment, of Disease of the Stomach; and the Remedies for Indigestion and their Abuses. The chapter on Sympathy contains a very complete enumeration of the various modes in which other organs may become affected in disease of the stomach, whether from direct nervous connection, connection of function, or community of vascular supply. In speaking of symptoms, Dr. Habershon reproduces from his former work the greater part of an elaborate series of remarks on pain and vomiting, showing the conditions under which they occur, and their value as diagnostic signs. He also comments on pyrosis, hæmatemesis, distension of the stomach and eructation, etc.

In the chapter on the Remedies for Indigestion, Dr. Habershon does not speak very highly of the use of pepsine as a remedy; holding that, when there is insufficient action of the vaso-motor nerve with loss of appetite, it is better to restore the deficient functions than to supply extraneous help. For the purpose of restoration, he prefers hydrochloric acid; the beneficial effect of which he ascribes not only to its increasing the gastric solvent power by its chemical action, but also to its general effect on the system and its local action on the mucous membrane. Lactic acid, though a constituent of gastric juice, he holds in low estimation as a remedy. It and the lactates, he says, are merely excretory, and are of no service, but rather the reverse, as tonics. The author's remarks on alkalies, purgatives, and mercury—agents, which, from their effect in relieving symptoms, are too often indiscriminately used—are, though brief,