menacement of the ninth month, for a week before she was seen by a medical man, had suffered from fever which turned out to be remittent. On each of the evenings of October 26th and 27th, 1880, she took fifteen grains of quinine by prescription. I saw her, for the first time, on the 28th, when the first stage of labour was going on, she having spent an uneasy night, and the membranes having ruptured between five and six A.M. The labour finished in the evening. Here the temperature had been raised for a week without exciting pains, which, however, followed the administration of quinine. In this case there was no history of chronic ailment or miscarriage.

Before detailing the next case I may state that, up to this point, I agree with Schröder in his view that quinine was but a "problematic" oxytocic.

CASE II is of a much more interesting character; a pluripara, aged 29, having never miscarried, very thin, with a history of old spinal (bone) disease, and loss of power in the limbs, the latter being permanent. She had just recovered from a severe nasal catarrh and facial neuralgia—the description of the latter suggesting "lightning pains." I examined for, and found the patellar reflex well marked in both limbs. Sight was defective, and there was commencing optic atrophy. Six grains of quinine were given for neuralgia, about the middle of January, 1881, and were followed by uterine pains and contractions, so marked, that I was afraid to give any more that day, as I had intended doing. After these pains had ceased, I, however, tried three grains, but with a similar result. I then injected morphia subcutaneously, and kept her under its influence for two or three days, when the neuralgia ceased. She was seized on January 30th with quotidian ague, when I ordered one-grain doses of quinine every hour; but after the third dose the uterine pains set in, and I stopped the medicine. On the 31st, six doses, each twenty grains of soda salicylate, were given, without any apparent effect on the fever. On February 1st, ten grains of quinine were given after a quarter of a grain of morphia by the skin, and also forty grains of salicylate of soda by the rectum. No pains followed, but the temperature rose from 98° in the morning to 103° in the evening. On February 2nd, morphia was again injected subcutaneously, and followed by sixteen grains of quinine. February 3rd, morphia and twenty grains of quinine. February 4th, 9 A.M., morphia and twenty grains of quinine, followed at 4 P.M. by ten grains, and at 7 P.M. by other ten grains of quinine. From February 1st, no pains were observed or felt, and the fever, absent on the 5th and 6th, returned slightly (101.7°), on the evening of the 7th, when twelve grains of quinine were taken without morphia, were followed by uterine action, which continued all through the 8th. This patient gave birth to twins at full term in April.

CASE III.—A delicate pluripara, aged 36, three and a-half months pregnant, having threatened miscarriage in the second month, was seized with intermittent fever on May 5th, 1881, and on that day four doses of salicylate of soda, each twenty grains, were given, without any effect on the fever. On the evening of the 6th, the temperature being 103° , at 8 P.M., twenty-five minims chlorodyne; and at 9 P.M., fifteen grains of quinine were given. On the 7th, the temperature, from 99° in the morning, rose to 101.2° in the evening, and no pains having been felt, at 8.30 P.M. sixteen grains of quinine were taken without chlorodyne. On the 8th, at 1.30 A.M., pains and bearing-down came on, and ceased on taking twenty-five minims of chlorodyne. She left for Nankin on May 13th, and returned to Shanghai on August 29th, much reduced from chronic diarrhoea, being literally "skin and bone," and nearly seven months advanced in pregnancy. I saw her on board ship at 4 P.M., with a temperature of 105° and pulse 120. Fifteen grains of quinine were at once administered, and as she had had a starch and opium enema before I saw her, no other opiate was given. At midnight, the temperature being 104° , twelve grains more of quinine were taken. On the 30th, the morning temperature was 98.4° , and the stools being dysenteric, the large bowel was washed out with large enemata of a saturated solution of boracic acid in water, and the opiate enema continued. On the evening of the 31st the temperature again rose to 104° , and fifteen grains of quinine were given. There was no rise of temperature after the 31st, and no uterine disturbance manifested itself at any time. A child was born at full term. This case was a most anxious one, and, without opium, I would scarcely have ventured to give twenty-seven grains of quinine in eight hours. The patient was not a nervous one.

CASE IV.—A primipara, aged 23, delicate, very thin, with a highly nervous temperament, with a history of "fits" before her arrival in China, six and a half months pregnant, was first seen on March 3rd, 1882, at the end of the first week of what turned out to be enteric fever. Fifteen grains of quinine on the 3rd were followed by slight

rhythmic pains in the abdomen, not ascertained, however, by palpation, to be uterine. On the 5th, twenty-two and a half grains of quinine, followed in an hour by twenty-five grains of chloral hydrate and thirty grains of bromide of potash, were given, and no pains were complained of or observed. On the 7th, twenty-two grains of quinine were followed by uterine pains, which continued on the 8th, and were accompanied by foetal movements. Two doses of chlorodyne (each twenty-five minims), were followed by cessation of these pains. The interval between the two doses of chlorodyne is, unfortunately, not recorded. On the 9th, twenty-five grains of quinine, after twenty-five minims of chlorodyne, were given in the evening, and slight pains were felt during the night. On the morning of the 10th, twenty-five grains of quinine were given, and no pains are entered in my notes for that day; but on the following one, I observe that chlorodyne was given (there being one hard motion), and the expression "no pains" follows. This patient gave birth to a full-time child.

Other cases I have observed and treated in the same fashion; but as they were either under observation for only a short period, or as the evidence afforded by them was negative, no record was kept. A fifth case, one of enteric fever in a highly nervous pluripara, at the end of the second month of pregnancy, affords evidence, on the whole, supporting the view set forth in this paper; but, unfortunately, as pregnancy was not even suspected, and although abdominal pains are recorded as following quinine without an opiate, my attention not being specially directed towards the uterus, no attempt was made to localise them. One point suggested by the case, is the possibility of chloral hydrate (given with bromide of potash), being another antagonist to the ebolic action of quinine. This patient is now in the fifth month of pregnancy.

Having remarked that the disagreeable feeling about the head, and the singing in the ears, were much less prominent after a dose of quinine preceded by an opiate, I now frequently order a dose of chlorodyne shortly before a large dose of quinine, in cases where no uterine disturbance is in question. I may add, that I have, on several occasions, observed the menstrual discharge increased, or come on before its time, after the administration of a large dose of quinine.

DEATHS FROM ANÆSTHETICS, 1882.

By ERNEST H. JACOB, M.A., M.D., Leeds.

IN a list given in the early part of last year, I called attention to the rapidity with which deaths from chloroform were occurring, and several of those in the subjoined lists were then recorded. In reviewing the tables given below, it will be seen that, as usually happens, the greater number of deaths from chloroform occurred when the anæsthetic was given for trivial operations, such as amputation of fingers, reducing dislocated shoulders, etc., while in three cases the organs were noted as being perfectly healthy. Nos. 8 and 20, however, should hardly be considered as due entirely to the anæsthetic, as in the first the trachea was greatly obstructed by a large tumour, and tracheotomy, which could alone have relieved the spasm of the glottis, was impracticable; and in the second, the trachea and larynx were much bruised and contained blood. Turning to the deaths which occurred under ether, in the first, the patient was apparently suffocated by pus in the air passages, derived from an empyema. In the second, the patient was affected with cardiac disease, as well as severe blood poisoning, and death seems to have occurred rather as the effect of exhaustion after an operation of nearly an hour and a half than as the result of the anæsthetic. No. 3 seems to be one of the rare cases in which death under ether occurs from syncope instead of asphyxia, and it is worthy of note that here the kidneys were diseased. With regard to the last case, I will give some rather fuller details, to which I am indebted to the courtesy of my friend, Mr. Jefferson, the house-surgeon to the York Hospital.

The patient was a man, aged fifty-three, who walked (with support) into the hospital, suffering from a crush of his right hand, a compound fracture of the forearm, a simple fracture of the humerus and a fracture of the third rib, all on the right side. He had been caught by a driving wheel and jammed between it and the ceiling. His chest was examined, and as his breathing appeared easy, ether was given. He took the anæsthetic badly, breathing very feebly, and struggling, and it was nearly twenty minutes before he was ready for operation. The forearm was then amputated, and when the operation was nearly completed, the breathing suddenly ceased. After artificial respiration for about fifteen minutes, he began to breathe, and a feeble femoral pulse could be felt, but this soon ceased.

1882.—DEATHS FROM CHLOROFORM.

No.	Place.	Sex.	Age.	Operation.	Mode of Dying.	P.M. AND REMARKS.
1	Sussex County Hospital.	M.	27 years.	Setting compound-fractured leg.	Syncope.	"Heart in advanced fatty degeneration."
2	Children's Hospital, Manchester.	M.	9 "	Opening abscess.	Syncope.	No p.m. "Died a few minutes after the operation was finished."
3	Royal Free Hospital.	M.	54 "	Dislocated shoulder.	Syncope.	...
4	Malvern Wells.	M.	51 "	Dislocated shoulder.	Syncope.	P.m. "Might have died at any minute."
5	Broughton Ferry.	M.	...	Operation for sympathetic ophthalmia.	Syncope.	"Organs healthy."
6	Gloucester Infirmary.	M.	23 "	Enucleation of eye.	Syncope.	"Organs healthy."
7	Surgical Home, Fitzroy Sq.	M.	27 "	Lumbar abscess.	...	"Heart healthy."
8	Carlisle Infirmary.	M.	9 "	Inserting section in thyroid.	Asphyxia.	Trachea partly obstructed by large tumour. Death from spasm of glottis. Tracheotomy impossible.
9	Guy's Hospital.	F.	...	Fracture of leg (setting).	Syncope.	"Fatty heart."
10	Rotunda, Dublin.	F.	34 "	Ovariectomy.	Syncope.	"Heart and Respiration failed 4 minutes after commencement. Organs healthy, except that tumour pressed on diaphragm."
11	Canterbury Hospital.	M.	49 "	Necrosis of toe.	Syncope.	"Partly recovered during operation, and sat up. Pulse stopped." No p.m.
12	St. Bartholomew's Hospital.	M.	...	Cancer of lip.	Syncope.	During period of excitement. P.m. Heart large, degeneration of coronary arteries.
13	St. Mary Abbot's Infirmary, Kensington.	M.	35 "	Fistula in ano.	Syncope.	Pulse stopped during period of muscular rigidity.
14	Bradford Infirmary.	M.	14 "	Dislocated elbow.	Syncope.	Ten minutes after cessation of administration. No p.m.
15	St. Peter's Hospital.	M.	40 "	Stricture of urethra.	Asphyxia.	"Ceased to breathe, and died in a few minutes." P.m. "Fatty heart."
16	Guy's Hospital.	M.	36 "	Amputation of thumb.	Syncope.	"Pulse failed." P.m. "Fatty heart."
17	University College Hospital.	M.	33 "	Cancer of tongue.	...	"Turned blue and pulse ceased. Kidneys and liver diseased, heart very slightly so."
18	London Hospital.	M.	58 "	Cancer of tongue.	...	Pulse stopped during struggling; lividity. No p.m.
19	Glasgow Infirmary.	...	...	Amputation of toes.	...	...
20	St. Bartholomew's.	M.	32 "	Fracture of jaw.	Asphyxia.	Trachea and larynx; much bruised, and contained blood.
21	Middlesex Hospital.	M.	44 "	Cancer of larynx.	...	...
22	Carlisle Infirmary.	F.	17 months.	Passive motion of knee joint.	Asphyxia.	Bronchi almost occluded with viscid mucus.
23	Sunderland Infirmary.	M.	49 years.	Necrosis of finger.	Syncope.	"Heart distinctly fatty."

and the man was dead. At the necropsy, all the organs were found to be healthy, except that the right kidney contained a cyst, and there was a "small black mass" inside the pericardium at the root of the aorta. At the same time, the man could hardly have sustained the accident he did, without a somewhat severe shock to his central ner-

vous system, and he could hardly be said to be in a perfectly healthy condition, though his organs showed no gross disease. In this respect, the deaths under ether contrast strongly with many of those due to chloroform. One death occurred from a mixture of chloroform and ether. None are recorded from methylene dichloride, or ethylene.

II. DEATHS FROM ETHER.

No.	Place.	Sex and age.	Operation.	P.M. AND REMARKS.
1	Guy's Hospital.	Male.	Emphysema.	Asphyxia, from pus in air passages.
2	Reported by "MB., M.S."	F., 50	Polypus uteri.	"Patient was suffering from blood-poisoning. Breathing ceased after 1 hr. 25 mins. operation, 5 mins. after ether was discontinued. There was a mitral murmur. On inversion, a gush of blood came from patient's mouth."
3	Birmingham Women's Hospital.	F., 45	Uterine tumour.	Patient very feeble. Pulse failed, then respiration, 5 mins. before operation. P.m. Heart weighed 4 ozs. Kidneys rather granular.
4	York Hospital.	M. 53.	Amputation, forearm.	Asphyxia—vide supra.

DEATH FROM CHLOROFORM AND ETHER.

Middlesex Hospital.	F., 53	Colotomy	Began to vomit. Suddenly appeared to be choking,—ceased to breathe.
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CASE OF CANCER OF PANCREAS, ACCOMPANIED BY PHLEGMASIA DOLENS.

By LEONARD CANE, M.D. AND B.S. LOND.

THE following case presents many points of interest. The patient, the Rev. A. M., aged 59, and married, had always enjoyed first-rate health until lately, when he suffered from indigestion and flatulence.

On July 16th, 1881, he consulted me for the first time, complaining of discomfort after eating, flatulence, etc. The tongue was thickly coated with a white fur. His friends had noticed that he had not been looking so well for some months, but he had not complained of anything. A few days after this, he complained of pain in the right calf; and, on examination, I found slight swelling of the leg, and tenderness, especially along the inner side of the leg and ankle. The superficial veins appeared full. The leg was banded, and relief was derived from this. There was much sleeplessness, and chloral was given to procure sleep.

On July 29th, the other leg became affected in a similar way, and it was now found that the saphenous vein on the right leg was plugged. It was hard, painful, and very tender.

As both legs were now affected, and there was no obvious cause for the phlegmasia dolens, a thorough examination was made. There was no history of syphilis, of rheumatism, or of any previous disease. The back was examined, but nothing wrong was found. The abdomen was thoroughly examined; no sign of any tumour was detected. Bearing in mind Trousseau's statement, that phlegmasia dolens was frequently associated with cancerous cachexia, a careful investigation was made. There had been no hæmatemesis, vomiting, etc. The heart and lungs were sound; the bowels constipated, but regular; the urine normal.

On August 15th, I saw the patient, in consultation with Dr. T. J. Walker. We agreed that there was phlegmasia of both limbs, that there was no appreciable tumour to be found in the abdomen, and no apparent cause for the plugging of the veins. He was ordered to continue antigitout remedies, and to have both legs enveloped in flannel bandages. Strict injunctions were given that he should keep quiet in bed, and be moved as gently as possible, for fear of dislodging a clot.

Both legs and thighs continued to swell. The saphenous veins felt firm, like cords, and were very tender, and there were patches of capillary congestion on the thighs and hips; but, beyond this, there were no special symptoms. The tongue remained very coated. The pulse was regular. The temperature averaged about 99°, and never exceeded 100°; this was on one evening, when the whole of the thigh part of the left saphenous vein became rather suddenly occluded.

A mixture containing iodide of potassium and citrate of iron was