rid of. He was very restless, at one time getting up and walking about; then asking to lie down again. He gradually grew weaker; the pulse at the wrist became imperceptible; and he died exhausted and unconscious at 12.50 P.M., October 2nd. No priapism or erotic tendency was ever observed.

The *post mortem* examination was made on October 3rd. At that time, the body was extremely rigid, and the surface universally livid. The brain and spinal cord were, perhaps, rather soft, but presented no other naked-eye change. The fauces and larynx were somewhat congested, as also were the kidneys. But nothing else abnormal was discovered.

REMARKS.—I do not think much comment is needed on these cases. They were both of them typical in their history and in their symptoms. In both, there was the clear history of a bite by a mad dog. In both, the incubation period was, as is usually the case, of about two months' duration. In both, pain at the seat of injury was one of the earliest symptoms. In both, the main clinical phenomena were: general hyperæsthesia, with special sensitiveness to cold air and cold liquids, and spasms primarily affecting the muscles of respiration and deglutition; a mental condition resembling that observed in the early stage of acute mania; and rapidly developing asthenia, with extreme feebleness of circulation. Other phenomena, also generally present, were observed here, namely: febrile elevation of temperature, and scanty excretion of urine, which was of high specific gravity, and contained much albumen and abundant crystals of uric acid and oxalate of lime.

Both patients complained of thirst, but both experienced the usual distress in endeavouring to swallow fluids; and, partly on that account, partly because of the abundant secretion of tenacious mucus, were constantly hawking up phlegm, and discharging it from the mouth. It is noteworthy, however, that warm fluids were much less productive of spasms than cold fluids; and that solids could be taken without much difficulty. In the man, too, the inability to drink diminished very much before death.

The spasms were of the usual kind, beginning in the throat and respiratory muscles; and, for the most part, limited to those parts, though occasionally becoming general. In the man, the general convulsions were tetanic, and attended with arching of the back. The final convulsion in the case of the child, also, was tetanic.

The mental condition was of the same kind in both cases. There were hallucinations and delusions, no doubt; but these were, on the whole, slight, and came on late. The patients were rather in the condition of so-called "affective" insanity; the condition, as above stated, which generally precedes an outbreak of mania or melancholia. They were emotional, and variable in mood; suspicious, hasty, apt to take offence, and even to attack those offending them; but amenable to reason, and ready to apologise, and often manifesting feelings of kindness or affection. Their actions and speech corresponded; they were restless, constantly looking about suspiciously, constantly shifting their position, at one moment sitting up, at another lying down, at one moment covering themselves with the bedclothes, at another throwing them off; they had a tendency to chatter without ceasing, to express themselves abruptly and somewhat incoherently, and to make more or less pertinent remarks on persons and things about them, remarks which were sometimes humorous, but not unfrequently offensive. The man, not unnaturally, was much inclined to talk about his own condition; and, as will be recollected, constantly maintained that he was not suffering from hydrophobia. There can be no doubt, however, that, so long as he was able to command his thoughts, this constant denial really expressed his constant fear that he had the disease.

Extreme asthenia was a characteristic of both cases. The man, doubtless, died mainly of the asthenia. But the child, though suffering from excessive exhaustion, died in a convulsion.

No lessons as to medical treatment are taught by either case. In the former, no special line of treatment was pursued; and, in the latter, though curara was employed, it had little effect; and we found out subsequently that it had been in stock for some little time, and that there was reason to believe it had deteriorated in quality.

MOUNTAINEERING in winter is becoming popular, and many people, the *Athenæum* says, will be glad to hear that Mrs. Burnaby (the wife of Colonel F. Burnaby) is about to publish an account of her remarkable ascents, during the past winter, of Mont Blanc, the Aiguille du Midi, Col du Chardonnet, etc., and her adventures in connection therewith. The work, illustrated from photographs taken by the author, will be issued very soon, under the title of "The High Alps in Winter; or, Mountaineering in Search of Health."

TWO CASES OF PLACENTA PRÆVIA.

By J. MACKENZIE BOOTH, M.A., M.B.,

Physician to the Aberdeen General Dispensary.

THE following are a few particulars of the second and third of three cases* of placental presentation, occurring, singularly enough, in a rather limited midwifery practice within the space of three years. The first of these was that of a married woman, aged 30, to whom, in the absence of a brother practitioner, I was called on January 9th, 1882. She had had one child three years before, the labour being a normal one, and since that time had enjoyed fairly good health. She was now in the eighth month of her second pregnancy, and, except that she had frequently suffered from attacks of mental depression, had been well up till this time, when labour-pains suddenly came on, accompanied by severe flooding. She fainted while medical assistance was being sent for. On arriving, I found the os well dilated and relaxed. The hæmorrhage still continued, but the pains had ceased. The placenta was adherent round three-fourths of the cervix, and had evidently been partially torn away from the remaining fourth. A wineglassful of whiskey was administered. Turning was easily effected, and a still-born child delivered, the head passing with some difficulty. Ergot was given, and a compress and bandage applied over the uterus. The mother, though extremely weak for some time, ultimately made a good recovery.

On the forenoon of March 3rd, 1883, I was called to see a dispensary patient, Mrs. S., a woman aged 32, the wife of a poor artisan, and the mother of seven young children. She stated that she was in the seventh month of her eighth pregnancy; that, up till a fortnight ago, she had been well, and assisting her husband in his work; that then, after carrying home a hundredweight of cork, she had been suddenly prostrated by a severe flooding, which had persisted more or less since; and that, this morning, she had again fainted from an active recurrence of the hæmorrhage. The midwife who had attended her in her previous confinements told me that, in all seven, she had had very easy labours, and was wont to get up, in defiance of her orders, and sit at the fireside immediately after delivery; nor had she ever suffered from this practice. So, thinking she would get better with a little rest, she had on this occasion delayed calling in medical aid till she was considerably reduced by loss of blood.

On vaginal examination, the os would scarcely admit the tip of the forefinger, and the cervix had a doughy feel. The hæmorrhage, though much less active, still continued, but there was no uterine contraction. The pulse was over 100, and very weak. Thirst was intense, and the patient was constantly having draughts of cold water for its relief. The clothes and bedding, which were drenched with blood, showed how profuse had been the previous hæmorrhage. There had been no foetal movements perceptible for some days. The only article available for the purpose, a pocket handkerchief, was introduced as a vaginal plug; perfect rest and oft-repeated liquid nourishment enjoined; and a mixture containing sulphuric acid given to relieve the thirst. The midwife was also directed to have a strict watch kept, in case of a return of the bleeding.

The same evening, about nine hours after, I was hastily summoned by one of the children, who said that her mother was dying. There had been another very severe attack of hæmorrhage, during which the patient fainted, and she was unconscious and pulseless when the midwife arrived. When I reached the house she had rallied somewhat, but was incoherent, and only partially conscious, calling on those around her to give her water to drink and to bathe her face and hands. Examination showed the os to be about the size of a crown piece, part of the placenta protruding, and the uterine tissue much relaxed. Finding the os so dilatable, and considering the persistent and severe discharge, and the likelihood of the child's being dead, I determined to attempt immediate version and delivery as the best chance for the mother's safety. The placenta was adherent all round the cervix save at one point in the right anterior quadrant, where it could be pushed aside by the fingers, the adjacent adhesions being torn by the hand as it was being passed up. The membranes being torn, a foot was grasped, but, owing probably to the small amount of liquor amnii, version could not be effected. At this juncture, too, from the presence of the hand in the uterus and the efforts at version, the patient roused up and threatened to get unmanageable, calling on her husband and ordering us to leave her. Chloroform was soon got, and a few whiffs sufficed to dispose of the patient's objections. Turning was then with difficulty enough

* The first is noticed in the JOURNAL of January 8th, 1881, p. 52.

affected, the left hip-joint being dislocated in the process, and a male child, which had evidently been dead for some time, delivered, continuous pressure on the abdomen being meanwhile exerted. Attached to the cord was only about a fourth part of the placenta, the remainder having got torn off as the child was being delivered. A full dose of ergot having been previously given, the uterus contracted firmly, and the bleeding ceased. The narcosis soon wore off, and all was well save the blanched look and the fast pulse resulting from the antecedent loss of blood. A compress and bandage were applied, and the uterus remained well contracted. After waiting for a time to see that uterine contraction was maintained, and directing that she should be kept perfectly quiet, and stimulants administered should she get faint, I left her. The midwife remained for two hours, during which the patient slumbered, waking once or twice and having a drink of milk and water. At midnight she was visited by the student who was to assist in the conduct of the case, and he found her still doing well. Three hours after, while her husband was watching by her, she insisted on sitting up to have a drink, and almost instantly swooned away in her husband's arms, expiring in a very short time, in spite of various efforts at stimulation. As too frequently happens in dispensary cases, the relatives, although pressed to grant a *post mortem* examination, positively refused to do so.

As to the course of procedure in this case, delivery was urgently demanded, and I hoped that after this was effected, the patient would recover from the effects of the previous hæmorrhage. The buoyant mental condition of this patient presented a striking contrast to that of the two former cases of placenta prævia, with which I had to deal, where fits of despondency and gloomy forebodings were frequently present during the term of the pregnancy. Here the hopeful condition and habitual hardihood of the patient induced her to refrain from calling in medical aid till after a fortnight of severe hæmorrhage; thereby lessening her chances of recovery and increasing the danger of fatal syncope.

CLINICAL MEMORANDA.

CONGESTION OF THE BRAIN, WITH CONVULSIONS, SUCCESSFULLY TREATED BY VENESECTION.

THE following interesting case, which has just happened in my practice, satisfactorily proves that the old disused custom of depletion is, at certain times and in properly diagnosed cases, the only available treatment; and, if judiciously employed, will most likely save life, as was evidenced by the results.

I was hastily summoned to a young man, aged 21, who had accidentally fallen into a canal, and was supposed to be suffering from the effects of his immersion. I found, on my arrival, that his wet clothes had been changed. He lay upon a couch on his back; the surface of his body was warm; the skin dry, and in its normal condition; his breathing slow; his face and neck swollen and congested; his pupils semidilated, not contracting under the stimulus of a strong light; his jaws firmly locked; he could not swallow, as a teaspoonful of water ran out of his mouth when given; pulse 100, slow and intermitting; and there was likewise constant spasmodic twitching of the right arm. He could not be aroused from his coma; even tickling the soles of the feet gave no indications of consciousness; there was no paralysis nor rigidity of any part of his body. Mustard plasters were applied to the front of the chest and to the nape of the neck. After a time, he became very violent, opening and shutting his mouth, forcibly protruding the tongue, and endeavouring to bite his arm, which he seized between his teeth, and it would have been severely injured had he not been prevented by forcible restraint, it taking several strong men to hold him down during the paroxysms; his face and neck becoming more swollen and turgid, and the convulsions more frequent and urgent every minute.

I concluded that nothing would relieve him except free depletion, which was at once performed in the usual situation on the left arm. The blood ran very slowly at first, but after a time more freely; it was very dark-coloured, which condition continued until the necessary quantity was obtained, the lips becoming blanched, and the pulse more regular. He commenced yawning, and then talking; vomited twice, bringing up some half-digested food; and upon being asked, "said he never felt better in his life," and wished to lie down, as he felt very sleepy. Somewhere about twenty-five or

thirty ounces of blood were drawn, but the exact quantity was not known, as a common hand-basin was used for the purpose. He was put to bed, when he slept for two or three hours, after which he awoke much refreshed, and was apparently quite well. He slept well all night; and next morning came to see me, having walked about half a mile. He said he was much better, but the spasmodic twitching of the right arm still continued.

He gave the following account. Two days previously, he had attended some races, and had been induced to drink more beer than was good for him, having been an abstainer; he had likewise been engaged in wheeling coal from a barge, which he found very heavy work, not being used to it. The sun was, during this time, bright and warm, with a strong north-east wind blowing. He found, on getting up next morning, that his right arm was in continual motion; he could not hold it still. He thought he had delirium tremens; but he still continued at his work, feeling giddiness in his head, gradually increasing in intensity; he commenced dancing about and performing other antics, not being able to control or direct his movements. He saw the water before him, and all the time thought he was moving backwards, and away from it, when he really was going forward. At length he fell in where its depth was sixteen feet. He found himself at the bottom, and everything he saw appeared enormously enlarged; he came quickly to the surface, and clutched at some reeds, and by the assistance of those present gained the bank, when he became perfectly insensible, and knew no more.

A. C. SHOUT, M.R.C.S. L.A.S.

THERAPEUTIC MEMORANDA.

NITRITE OF AMYL AND NITRO-GLYCERINE IN URÆMIC ASTHMA.

THE brief notes I give below illustrate the value of nitrite of amyl and nitro-glycerine in one of the sudden and distressing, though perhaps rare, phases of chronic Bright's disease—viz., uræmic asthma. Nitrite of amyl, acting, probably, through the vaso-motor nerves, relaxes the arterioles, and thus reduces blood-pressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for immediate use. Nitro-glycerine is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, one minim of a one per cent. alcoholic solution, being the usual commencing dose. It is also made up in chocolate tablets, each containing one-hundredth part of a minim; but its action when given in this form is not so rapid as that of the alcoholic solution.

M. P., aged 55, retired from business May 4th, 1882. He had been ailing for two weeks, but had been about. He had noticed swelling of his legs towards night for two months, and his face had swollen occasionally for the last month. He had always been careless of his health, and if he got wet, an event which happened not unfrequently, he would never change his clothes. He was taken suddenly ill in the evening whilst out walking, about a mile from home, and had to be taken home in a cab. On visiting him at 10 A.M., I found him sitting up in bed, gasping for breath, countenance distressed, and of a sickly pallid hue. Pulse feeble; temperature 98°; tongue pale and sodden; expectoration frothy, with some little blood intermixed; moist *râles* over whole chest, back and front; urine abundant, clear, containing one fourth of albumen. At 2 P.M. I found his condition and posture unchanged; he could only speak a few words before he had to stop for breath. He inhaled three minims of nitrite of amyl (a capsule broken in a handkerchief). Within a few minutes his breath was easier, and he was able to recline in bed, for the first time since the attack came on, before I left the house. I then put him on nitro-glycerine, one-hundredth of a minim thrice a day.

May 5th. He was lying easily in bed, breathing quietly, and expressing himself as feeling quite well; he said he was only waiting till I came before he got up. I cautioned him unavailingly that his life hung by a thread, and that he could only hope to continue it by the strictest obedience. On the 6th he still remained in the same improved condition. The next day he refused to take any more medicine, but promised to stay in the house, a promise which he did not keep. On the 16th he had another attack, and died quietly within thirty-six hours, the urine being loaded with albumen.

A. SHEEN, Cardiff.