in Ireland, and for about three weeks he laboured under continued fever. He then began slowly to recover, but his convalescence was soon arrested by a return, in a very severe degree, of the pain in the loins.

As it was evident he was losing ground, Mr. Church, with Mr. Norman, examined the state of the back, on the 29th of May. Mr. M. referred the pain entirely to the right lumbar region, excepting that some pain extended down the right thigh. He had constant nausea, and about this time began to have vomitings. There was no disease discovered by examination of the spine, or of the abdomen, and Mr. Church and Mr. Norman were inclined to believe the disease was in the kidney, although the urine shewed no evidence of disease, excepting in excess of lithic acid, and once or twice a slight trace of blood. Alkaline medicine and sedatives afforded some slight relief, but in two or three days violent pain came on in the back, accompanied by vomiting; the pain continued for hours, and was so intense as to require large doses of opium. It was after this attack that there were traces of blood in the urine, and his medical attendants were the more impressed with the belief that the disease was in the kidney, though unable to decide on its character. For some days the pain continued in a less degree, but in the same part, and the next material circumstance was, that Mr. M., whilst sitting on the night table, became faint, almost lifeless, and without pulse at the wrist, but by being placed on the bed, and the administration of stimulants, he recovered, after some time, and became much as he had been before, excepting that his pulse became weaker, and he lost strength daily, as well as all inclination to take nourishment. He afterwards had three or four more attacks of syncope, but not to the same degree; he became exhausted, and died on the 12th of June, having vomited up a quantity of dark grumous blood for three or four days before his death.

On examination of the body the following day, there were found strong and old adhesions of the pleura in the right side, on which side he had once sustained fracture of the ribs. There were no adhesions on the left side, and the lungs on both sides were free from any trace of disease. The heart was perfectly natural; its valves and large vessels in a normal state. On opening the abdomen, the stomach was seen to occupy a large space, and the upper surface of a dark colour, from the veins being in a congested state. The stomach contained a quart of the same kind of dark grumous fluid that had been ejected previous to death. On the mucous surface of the inferior portion of the stomach was a deposit of lymph, adhering to the surface, but which could easily be scraped off. The mucous surface of that part was red and vascular, but not ulcerated. The liver and gall-bladder were perfectly natural; so also were the intestines, and the left kidney. In the situation of the right kidney was a tumour, extending into the right iliac region, formed by coagulated blood effused into the adipose substance surrounding the kidney, by which the kidney had been forced back out of its usual position, but there was no evidence of disease found in it. On opening the descending aorta, to trace from whence the hæmorrhage had taken place, about three-fourths of that vessel, a little

above where the émulgent arteries are given off, was destroyed by ulceration, and the opening communicated with an aneurismal sac, the size of an orange, formed by condensed cellular substance, and covered by the peritoneum. The inner surface of the sac was in a great part formed by laminae of coagulum. The coats of the artery were all destroyed at the point of ulceration, excepting the remaining three-fourths of its diameter. The ragged edges of the internal coat were everted, as is usual in aneurism. Directly below the ulcerated portion of the aorta, the area of the vessel was contracted, and nearly two-thirds of its circumference were ossified for the length of an inch. In the lower part of the aneurismal sac was a circular opening where it had given way, and through which the blood had passed into the adipose substance surrounding the kidney. The peritoneum being every where entire, no blood had got into its cavity.

Bath, September 30, 1847.

HISTORY OF A CASE ILLUSTRATIVE OF SPECIMENS OF PUNCTIFORM AND TUBERCULAR MELANOSIS.

By EDWARD JOHN SPRY, Surgeon to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16, 1847.)

The patient from whose foot three specimens of melanosis were dissected, was a healthy-looking well-made man, of ordinary stature, aged 45, a labourer in a mine. He was sent to me by my friend and former pupil, Dr. Paddon, under whose care he had been for several weeks, for a troublesome ulceration of the great toe. I found the under part of the toe of the left foot, presenting a large dark-coloured almost sooty mass, moist on its surface, and denuded of skin to the extent of an inch in diameter. The surrounding parts were irregularly tuberculated, soft in some places, hard in others. On the dorsum of the foot were ten melanotic deposits, varying in size from a pin's head to that of an ordinary pea; over two of the larger deposits ulceration had commenced, displaying the same dark half-fluid substance as that described to exist on the base of the toe. It will be seen by an examination of the preparation, that none of the sooty cysts extend to the cellular membrane, but that they are lodged in the true skin.

I advised an immediate removal of the diseased parts, and for that purpose recommended him to go to the Infirmary, where he was admitted on Oct. 30th, 1845, under the care of Mr. Bassett, who, on Nov. 4th, amputated the toe at the metatarsal articulation, and dissected out the two elliptical portions of skin here preserved. The stump healed slowly, and when he left the Infirmary on the 26th of February, 1846, which he did at his own request, there was a superficial sinus or two remaining, and the cicatrix on the dorsum had assumed a bluish appearance.

Some months afterwards he again fell under the care of Dr. Paddon, as surgeon of the mine, who cut out

the diseased parts a second time, but ulceration re-commenced, and the glands in the groin have enlarged, ulcerated, and discharged large quantities of black fungoid matter. I am uncertain if the poor man is yet living, but the last report which reached me of him stated, that he was gradually sinking under his accumulated miseries.

I should add, that the diseased toe was found to consist of a mixture of melanotic and fungoid matter, and that the softening had extended to the bone, destroying the articular cartilages.

[The preparations referred to were exhibited at the meeting.]

CASES FROM PRIVATE PRACTICE.

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

(Continued from page 574.)

CASE. III.

PUERPERAL CONVULSIONS.

February 2nd, 1847. Summoned in great haste at two o'clock this morning to see Ann W—, residing at a village two miles distant, who was reported to be in labour under the charge of a midwife, and very dangerously ill; indeed so precarious was her condition, according to the messenger, when he was despatched, that he thought it highly probable she was not then alive. On arrival I found the patient to be a stout, muscular, short-necked, young woman, apparently three or four and twenty years of age, lying on a bed in a state of unconsciousness. Her mouth and lips were besmeared with blood, and her looks seemed vacant and unnatural. It was stated that she had had lingering pains during the previous day and night, and that up to an hour before she was suddenly struck down in the first fit, she had not given any manifestations of any particular symptoms; she then complained of headache, which became more violent, and speaking of this a few moments before she fell down, she described it as being so intense that she felt as if her head were "opening and shutting." Two hours before this occurrence the pains were strong and much more powerful than they had been; they then almost entirely ceased. She had had four fits before my arrival, and during the intermissions she was scarcely, or not at all, conscious of what was passing around, or of her own condition, and tossed about the bed in a furious manner. Immediately after I had entered the room another paroxysm came on; the eyes became everted, the countenance greatly congested, the hands powerfully clinched, and the whole frame convulsively shook in the most alarming degree, whilst the foaming at the mouth, stertorous breathing, etc., added to the grave character of the scene. Her agitation and continuous efforts to throw herself off the bed were so strong that it was with difficulty that she could by two or three persons be restrained. The features quickly became darker, and the attack continued for a considerable period. After the fit had terminated the body

was raised in the semi-erect position, thus favouring the return of blood from the head. I then, as she was now somewhat tranquil, opened a vein in the arm by a large orifice, and at once abstracted no less than thirty-five ounces of blood. The pulse before bleeding was full and bounding, and increased in frequency. On introducing the hand the os-uteri was fully dilated, and the membranes entire. Snow being on the ground, this was constantly applied to the head, and a thorough perfusion of fresh air emitted through the apartment. Appearing now somewhat easier, the breathing being performed with less difficulty, I decided at once on delivery. The hand was carefully introduced, and the child turned and born in from twelve to fifteen minutes. Thirty drops of laudanum were then given, and the head ordered to be shaved immediately. She continued in a tolerable state of composure for four hours, at intervals having a short sleep, during which she would murmur in a low muttering delirium, and on suddenly awaking would distressingly mourn, roll her eyes, and speak in a quick incoherent manner, frequently changing her position in bed, and strenuously endeavouring to get up.

7 a.m. Another violent paroxysm came on characterized by the same symptoms as the former. On the termination of the fit the following treatment was pursued:—

Venesection to twelve ounces. R. Calomel., gr. viij.; Pulv. Opii, gr. ij. Sit pulvis statim sumendus. Empl. Lyttæ nuchæ. Sinapismi cruribus et spinæ lumborum. Hirudines xii. temporibus. Enema Terebinth. in Decoct. Amyl. Oiss., statim injiciend. Snow continued to the head.

4 p.m. No return of fits since this morning at seven o'clock; tossed about for a short time, when she became quiet, and slept three hours; on awaking appeared to be partially sensible; skin moist; pulse 90; injection came away mixed with a copious quantity of feculent matter; tongue swollen, and somewhat besmeared with blood.*

R. Tinct. Opii, gtt. xxx.; Aquæ, oz. iss. Sit haustus hora somni sumendus.

3rd. No return of fits; slept pretty well during the night; bowels opened; tongue moist; skin rather hot, and complains of headache; is quite sensible; pulse 86; blister rose well; has some pain in the inferior abdominal region; answers questions more coherently, but is not quite sensible.

R. Pulv. Jalap. Co., scr. ij.; Syr. Rhæad, dr. ij.; Sp. Ammon. Co., dr. ss.; Aquæ, dr. x. Sit haustus statim sumendus.

R. Liq. Ammon. Acet., oz. iss.; Spr. Æth. Nitr., oz. ss.; Mist. Camph., oz. iv. Sit mist. Capt., oz. j., quarta quaque hora.

4th. Does not feel quite so well to-day as yesterday; head aches, and complains of severe pain in

* Of course the requisite precautions were taken immediately on my arrival to prevent injury being done to this organ during the fits. The midwife who had been in attendance had omitted this, and indeed so ignorant was she of the nature of the affection, that she stretched the patient on the floor, expecting it was simple syncope. It is high time these incompetent practitioners had their functions suspended.