some creosote is at the same time engendered, which further adds to their antiseptic properties.

Warmth, combined with a due supply of fresh air, is so essential to the health of all residing in temperate and cold climates, especially during the winter, that many modes have been devised to ensure these two physical blessings in the most effectual and economical manner; but after all, open fire-places are found the best, though they are far from being the most economical. They radiate the most heat through an apartment, if properly placed, while they attract currents of fresh air from the doors and crevices of the windows and floors, but then they carry up the chimnies a great deal of combustible gases, unconsumed, in fact, wasted, which if ignited would give out a great additional supply of sensible heat; instead of which they are soon condensed by the cooler atmosphere, and precipitated as a noxious covering over the neighbourhood, and are very destructive to vegetation.

Stoves prevent the annoyance of smoke, are more frugal, and they heat an apartment very effectually, from the great radiating power of their metal, but the ventilation is very imperfect, and besides they produce a dryness in the surrounding air, which is very disagreeable and insalubrious, especially where people are subject to pulmonary weakness or disorder. A capsule of water placed on the stove does not altogether prevent these objectionable effects. Hot-air flues combine ventilation with warmth, if the air from the outside is brought directly into the place after being heated; but they require management. Steam tubes convey an equable temperature, but are not convenient, as they require constant attention to the heat of the generator being kept up. Perkin's hot water pipes promised the most perfect supply and easy management; but they have been proved to be liable to accidents, such as may occur in frosty weather, and from rupture of the pipes, so that the advantages derived from them are much counterbalanced by the care and risk attending on their use. The safest mode of using hot water, is that in use in many conservatories, where the water cannot be heated above 212° , but this is not conveniently done in dwelling-houses. Warmth is agreeable to all ages, but it is essential to the very young and the aged. In the former it promotes the natural tendency of capillary circulation and development, or what may be called the eccentric evolution of the infant. In the aged, it even supplies the place of food, for cold air throws too much oxygen or combustion on the lungs, and thereby produces more waste than the feeble powers of assimilation can supply.

CASES IN SURGERY.

By T. M. GREENHOW, F.R.C.S., of England.

Senior Surgeon to the Infirmary, Newcastle-upon-Tyne, &c.,

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7, 1844.)

If scientific information is to be increased rather by the faithful record and accumulation of facts, than by ingenious theories; if it is on the careful observation and comparison of such facts alone, that we can found any just and useful reasoning by which we may be safely guided in the deduction of practical axioms—then may I hope that the following cases, shortly and simply related, without any desire to exaggerate their importance, to extenuate the errors or sources of failure in diagnosis or treatment, or any attempt to enhance the degree of success with which they were attended, can scarcely fail to possess some interest with the profession, or to supply now a guide and now a beacon to some of the younger of its members, in the treatment of similar cases of accident or disease.

It is easy for a practitioner to relate successful and striking cases, wherein his practical skill has appeared to himself at least, to have been exemplified in a manner at once grateful to his own feelings, and calculated to receive the admiration or approbation of others. But to relate cases which were less successful, or which altogether failed, and to point out with candour and unflinching fidelity the supposed sources of failure; to acknowledge errors in diagnosis, prognosis, or therapeutic practice, requires a firmer resolve and a degree of self-sacrifice at the shrine of science from which many shrink; and not a few, it is to be feared, if they do not glaze over their errors, and attempt to give them the hue and shape of virtues, at least think it no sin to pass them over in silence, although a candid avowal of them might not a little contribute to deter others from the same sources of failure.

Perhaps there are few practitioners who can look back without many misgivings as to the results of cases which have been submitted to their professional management, and who do not see reason to believe that other treatment than that adopted might occasionally have led to different and more favourable issues. Indeed, in the nature of things it cannot be otherwise, else in what would consist the value of experience, of practical observation, and matured reflection and judgment? If every man began practice with all the knowledge and practical skill which he is capable of acquiring, after long and careful perusal of the book of nature, we must necessarily infer that the whole scope of science has already been mastered, that no new fact remains to be developed, that the laws of diseased action, and the nature and effects of remedies, have been fully ascertained, that the truth of the axiom, "*Ars longa vita brevis*," has been reversed, and, in brief, that some royal road has indeed been found out, of discovering and conquering the "thousand ills that flesh is heir to."

It is in the spirit of these reflections, that I shall relate the details of some cases which appear to me to supply facts not unworthy of the consideration of the members of the Provincial Association. They will be selected from my case books, without regard to the order of their occurrence.

CASE OF STONE IN THE BLADDER COMPLICATED
WITH EXTENSIVE SCROFULOUS DISEASE.

Robert Dover, aged 44, a thin man of sallow complexion, was admitted into the Newcastle Infirmary, January 6th, 1842, with well-marked symptoms of stone in the bladder, from which he had suffered from childhood. For some years his sufferings had been great. A warm bath was prescribed. Twelve grains of Dover's powder ordered to be taken at bed time, and half an ounce of castor oil in the morning.

7th. A large sound was introduced, and a stone distinctly felt. Though the operation of sounding was performed with great caution, it occasioned him much pain, and he complained greatly of the ordinary symptoms of his disease. To obtain relief he supports himself on his knees and elbows. The following mixture was prescribed:—Gum mucilage and camphor mixture, four ounces of each, a drachm of the carbonate of soda, and two drachms of the tincture of hyoscyamus. To take three large spoonfuls three times a day. Repeat the powder at bed-time. Castor oil in the morning, if necessary.

8th. Easier. Bowels well opened; slept. Continue.

9th. Complains much to-day. Anodyne fomentation to abdomen.

10th. Much relieved. Nearly free from pain.

12th. Remains pretty easy, but suffers from hæmorrhoids. Tired of the mixture. Take of linseed tea, a pint; carbonate of soda, a drachm; tincture of hyoscyamus, two drachms. A cupfull of this mixture to be given three times a day. Apply the gall ointment to hæmorrhoids.

13th. Piles easier, but had a bad night. Take of powdered gum-acacia, one ounce; barley water, a pint. A cupfull to be taken occasionally. Thirty drops of Battley's sedative at bed-time.

14th. Much relieved. Continue.

15th. Slept ill, but did not take the opiate. Bowels irritable. Take half an ounce of castor oil immediately. Anodyne at night.

16th. Slept well; easier; bowels easy.

17th. Another good night. Sounded, and stone distinctly felt. Opiate at night; emollient enema in the morning.

18th. Operation of lithotomy performed this morning, and a smooth nearly-round stone, weighing ten drachms and 26 grains, was extracted. During the operation (which was soon over) large hæmorrhoidal tumours projected from the anus, and a quantity of pale liquid fæces was discharged. A circumstance occurred during the operation which was explained by the condition of parts discovered by the *post-mortem* examination. In drawing out the scalpel, after the division of the prostate, the incision of intermediate parts was found to be insufficient to admit of the extraction of the stone (which was not very large) without the repeated use of the knife to overcome the obstruction. At the time, I was led to suppose that I had not made my incision with sufficient freedom. In the sequel, however, it appeared that the unyielding character of the diseased tissues was the real cause of the obstruction, and that these required to be divided with much greater freedom than in their healthy condition.

Thirty drops of laudanum were given after the opera-

tion. In the evening he was easy and comfortable. Urine passed freely through the wound.

19th. Had an uneasy night; bowels purged; wound looking well. An opiate at night.

20th. No complaint to day. Slept well; wound looks well; urine flows freely through the wound. Bowels open. Continue; an anodyne draught at bed-time.

21st. No unfavourable symptoms.

22nd. Had an opiate last night, and slept well. Bowels well opened with castor oil. Urine flows freely through the wound, which looks well; but he feels languid and has less appetite to-day. Pulse soft and quick. A stomachic mixture was ordered, beef tea, and a small quantity of wine.

23rd. Less languor to-day. Pulse firmer; slept well; more appetite; tongue clean and moist; urine flows freely; wound rather sloughy; bowels not open. A dose of castor oil.

24th. Had a good night and appears well; appetite improves; excoriation of sacrum; apply a lead plaister. A chop and wine allowed.

25th. Appears going on well; but he now for the first time directed my attention to a tumour in the right axilla, which was becoming painful. On inquiry, I found that it had commenced about twelve days before his admission into the hospital, though he did not think it of sufficient consequence to mention it sooner. It is of considerable size, fluctuating and painful. To be poulticed. To continue as before.

26th. Wound cleaning, and urine passes partially by the urethra. Back better, and is doing well; except abscess in axilla, which is very large, extending above the clavicle.

27th. Abscess opened, and about eight ounces of pus discharged. Appetite not quite so good; in other respects seems pretty well.

28th. Great discharge from the axilla.

29th. Wound cleaning. Abscess still discharges freely, but is free from pain.

31st. Gains strength; wound healthy, but does not fill up. Great discharge from axilla. Appetite good. Bowels regular, and he sleeps well with an opiate at night. Takes nourishment, with wine and ale in moderation.

February 1st. Stronger. Urine passed by urethra freely last night. Wound appears filling up.

2nd. Doing well; wishes for more ale; to have one pint daily with his chop at dinner.

5th. Goes on well. Abscess in axilla nearly closed. Back healing.

7th. Report good in all respects.

8th. Bowels confined; aperient mixture.

9th. Bowels well opened, but not so good a night. Appetite not so good. Abscess again discharges more. Wound pale and flabby. Thinks the ale disagrees. To have wine and beef tea. Take of infusion of roses, an ounce and a half; sulphate of quinine, two grains; tincture of bark, a drachm. To be given twice a day.

10th. Appears better.

11th. Report favourable.

12th. Not so well. Bowels confined. Did not sleep well; tires of quinine draught. Take two grains of quinine, in a pill, three times a day. Ten grains of rhubarb pill at bed-time.

13th. Bowels not opened. Nausea and vomiting.

Abscess discharges much. Appetite bad; and loses flesh. Prefers sago and wine as diet. To have an emollient enema immediately.

14th. Enema operated well; feels better. Slept well. To have an effervescing draught with each pill. Repeat enema occasionally.

15th. Appears improving. Bowels not opened. Enema immediately.

16th. Report favourable.

17th. Bowels well, and naturally opened, without enema. Abscess nearly closed. Wound clean, but pale and flabby; does not heal.

18th and 19th. Report favourable.

20th. Had an attack of diarrhoea yesterday afternoon. Five or six loose stools. Chalk mixture and tincture of opium ordered. Diarrhoea arrested. Omit quinine. Opiate at night.

21st. Two stools. Last night had a severe attack of pain in right hip, to relieve which two doses of opium were prescribed. Large glandular swelling in the right groin discovered this morning. Wound does not close, but looks clean. Urine passes entirely by wound. Anodyne enema, if pain or diarrhoea continue. Muriate of morphia—half a grain at bed-time.

22nd. Much sunk to day. Pulse scarcely perceptible. Tumour in groin large and painful. Had two anodyne glisters last night, since which the bowels have not acted; has slept a good deal, but is roused with difficulty, though seems quite sensible when fairly awakened. Takes wine and water only.

23rd. Passed the day pretty easily yesterday till evening, when he complained much of pain in right leg, which continued till half-past two, a.m., this day, when he expired.

Post-mortem Examination.—February 25th, ten a.m. The body was much wasted; the fulness in right groin had shrunk, and no fluctuation was perceptible in it. It seemed to consist of enlarged glands; the abdominal cavity only was examined. The liver was of natural size, dark coloured, softened in structure, and gorged with blood. The colon was attached to it by loose adhesions. The kidneys were large, pale, and flabby; when cut into they presented a bluish mottled appearance, but no disorganization. The ureters were of natural size. A large tumour occupied the lower part of the pelvis, and was closely attached to the bladder, having the mesentery and some folds of the ileum adhering to its superior and posterior part. It appeared to consist of an agglomerated mass of diseased mesenteric glands. This, with the bladder and rectum, was removed entire from the pelvis. On passing the finger through the incision in the prostate—the extent and direction of which corresponded exactly with the theoretic intentions of this part of the operation—it entered a deep cavity, which felt very irregular and knotty on its surface. The bladder and this cavity were laid open from the prostatic opening through their whole extent. The bladder was small and thickened; the mucus membrane extensively ulcerated, and covered with mucopurulent matter. An opening of considerable extent at the fundus of the bladder communicated with a large glandular abscess. The septum, or wall of separation, was hard, thick, and irregular; the finger would easily pass through the opening of communication. The interior of the abscess had very much the appearance of that of the

bladder, but it was very irregular from the diseased glandular projections which formed its parietes. The incision of the prostate had no appearance of cicatrization. On cutting deeply into the right groin a quantity of reddish pus escaped, which was also felt fluctuating within the pelvis, over the thyroid foramen. The whole of the ramus pubis, from the acetabulum to the symphysis, had disappeared by absorption, or, more properly, suppurative dissolution. All this part contained purulent matter of the description already noticed. The pubis, on the left side of the symphysis, was so softened as to cut easily with the knife, and was saturated with pus. The prostate gland was free from disease; and the only portion of the mucous membrane of the bladder not ulcerated lined a sort of pouch on the right side, in which the stone had been situated, and from which it required to be dislodged by the scoop, during the operation.

A drawing of the diseased parts accompanied this case, and was exhibited to the members.

CASE OF LITHOTOMY FOLLOWED BY AN AFFECTION OF THE LEG CLOSELY RESEMBLING PHLEGMASIA DOLENS.

Amram Amos, aged 19, seaman, from Maidstone, in Kent, where he had been accustomed to drink largely of cider. Admitted November 15th, 1838, with stone in the bladder. Has much pain in glans penis after passing urine, and in the pubic region; frequent desire to pass urine. Symptoms commenced about three years ago. On sounding, a stone was distinctly felt. A warm bath, opiate, and purgative, were prescribed, and a soothing treatment pursued till December 4th, when the operation of lithotomy was performed. A stone of the mulberry figure, but yellow colour, weighing five drachms and a half, was soon extracted, and nothing of an untoward character attended the operation; after which an opiate was given. In the evening he complained of some uneasiness in the pubic region, which yielded to fomentations and an opiate. The urine passed freely through the wound, and the pulse was soft and quiet.

7th. Going on well; urine partially passed by urethra.

8th. Had a slight rigor in the night, the urine having accumulated in the bladder; an injection gave relief. Has not slept, and has slight uneasiness in the pubic region. Tongue slightly furred; pulse soft, 96; urine not discharged for some hours; bowels freely opened. An emollient enema to be given, followed by an opiate, if pain should continue.

Evening. Urine not discharged, and very uneasy. On raising his legs a little to pass an elastic catheter, a large gush of urine took place, which afforded great relief. After this he went on well, the urine passing naturally, almost entirely on the 15th (the eleventh day) till the 22nd, when he complained of pain in the left iliac region, which was slightly increased on pressure; the pulse was soft but quickened. Fomentations, with an opiate and aperients, were prescribed. On the following day the pain extended to the left groin. Leeches relieved, but did not quite remove it. The urine continued to pass naturally, and the wound was healing well. On the 24th, some tenderness remaining, leeches and fomentations were again had recourse to.

26th. Pain entirely removed.

27th. Complains of pain in the left thigh in the course of the great vessels; no pain remaining in groin; in other respects going on well. Leeches and fomentations again employed.

29th. A good deal reduced, but free from complaint, except swelling and pain of the left leg, which much resembles phlegmasia dolens. Fomentations and an anodyne. Stimulating liniment prescribed.

31st. Still complains of the leg, but in all other respects doing well. The final closure of the wound was retarded by the affection of the leg, and requisite treatment; and the leg remained large, stiff, and slightly painful for some weeks, following very much the course of a genuine case of phlegmasia dolens; but towards the end of February a slight stiffness only remained, and on the 27th he was discharged, cured.

CASE OF FEMORAL HERNIA, SHOWING THE DANGER OF BODILY EXERTION AFTER THE OPERATION.

Mrs. Atkinson, aged 64, a very large fat woman, has for many years had a femoral hernia on the right side, from which she has suffered but slight inconvenience. The tumour has never entirely gone away, but when occasionally enlarged to a considerable size, has always subsided on lying down, to that of a pigeon's egg. Has never worn a truss.

May 10th, at 7 p.m., I was requested to visit her in consultation with Mr. Janson, her ordinary surgeon. I found that on the preceding day at about two o'clock, the tumour had become greatly enlarged, as she supposed, in consequence of vomiting induced by a disordered stomach. The vomiting had continued frequent, the matter rejected being of a tenacious character, and of a dark green colour, but without purulent odour. When I visited her the tumour was very large, tense, and tender. The abdomen was also very tender. Pulse 100, soft and compressible. Tongue furred. No remedies had been employed. A common glyster was given, which brought away some fæces from the rectum, but without any relief, the tumour remaining tense, and the vomiting continuing. The circumstances of the case convinced me that no delay in performing the operation ought to take place, and after some persuasion it was consented to. On laying open the sac by a perpendicular incision along the course of the tumour, and careful dissection, it was found to contain a large quantity of omentum and a considerable portion of intestine, which was closely strangulated, and of a dark colour. The extreme fatness of the patient rendered it somewhat difficult to reach the seat of the stricture. Having divided this carefully and freely, the intestine was first returned into the cavity of the abdomen, and subsequently the omentum, which part of the operation required some cautious manipulation.

The wound was drawn together by three sutures, and plasters, compresses, and bandages were applied. Her extreme size rendered it necessary to perform the operation without removing her from bed. An opiate was immediately given, with some sulphate and carbonate of magnesia, to be repeated if necessary; and strict directions were given not to allow her to rise to the night table, or use any avoidable exertion. After the operation she vomited the draught; but when Mr. Janson visited her an hour or two afterwards, he was surprised to find her getting into bed, having been up to

the night table, notwithstanding the cautions which had been given. A small feculent evacuation, slightly tinged with blood, had been passed, but she was much exhausted by the exertion, and did not rally, vomiting having frequently recurred till five a.m., of the 11th, when she expired.

No *post-mortem* examination was allowed, though much urged.

Little doubt can be entertained that this patient's death was hastened, if not occasioned, by the exertion of rising to the night table so soon after the operation.

CASE OF FUNGUS HÆMATODES OF THE EYEBALL, WITH CATARACT.

Thomas Dodds, aged 22, coach driver from Durham, applied to me in the spring of 1842, with a dense white-coloured cataract of the left eye. For some weeks past the sight had gradually diminished, and sensibility to light, but no useful vision, remained. The eye was quite free from pain. Belladonna dilated the pupil, exposing the cataract more completely, and increasing the sensibility to light, but without improving the sight.

In consequence of his anxiety to have the sight of the eye restored, I was induced, contrary to my usage in cases of single cataract, to perform an operation, which was done in July, 1842.

On raising the upper eyelid, previous to the operation, some irregular elevations in the upper part of the sclerótica, of a bluish colour, were observed; but though they showed a slight yielding of that membrane, which attracted some notice, I did not consider the appearance sufficient to indicate serious disease of the eyeball. A fine needle was introduced behind the iris, and the lens was freely lacerated, without displacement.

The operation was attended with a discharge of blood within the eye, which soon entirely obscured its contents. Little pain attended the operation. The eye was covered with a wet rag, and lightly bandaged, the usual precautions being taken to prevent inflammation. In a few days the effused blood was absorbed, and after a few weeks the opaque lens had disappeared, except a portion of dense white capsule which remained, covering a part of the pupil. In this state the eye remained sensible to light, but his useful sight was recovered. In a little time the elevation of the sclerótica became more prominent, and the interior of the eye began to exhibit a metallic appearance, as if the light were reflected from a piece of tinfoil. Gradually the projections greatly enlarged, and exhibited a deep red or purple appearance, from innumerable vessels which traversed the surface. Occasional pains were now experienced in the eyeball, which extended to the forehead and temple; but his suffering was never considerable, and his general health remained unaffected.

In the autumn of 1843, I thought it right to make him aware of the nature of the affection, and recommended the removal of the diseased organ. But he did not make up his mind to the operation till April, 1844, when he became a patient at the Infirmary.

May 2nd. The eyeball was extracted in the usual manner. The optic nerve was divided with a pair of bent probe-pointed scissors. The socket was lightly filled with lint and bandaged.

The operation lasted about four minutes, and was

attended with less suffering than he had anticipated. The bleeding was inconsiderable. An opiate was given and he had no unfavourable symptom. The lint was removed from the socket the day after the operation, a healthy suppuration was soon established, which had nearly ceased at the end of three weeks, when he left the Infirmary.

Since then I have seen him occasionally; for some time a slight discharge remained, but he is now perfectly well.

On examining the diseased eye, the interior was found nearly filled with fungoid disease, which had evidently originated from the upper portion, where the sclerótica was first observed protuberant and discoloured at the time of the operation for the dissolution of the cataract. This accounts for the effusion of blood which then took place. The capsule of the lens had shrunk into a small opaque membranous mass, and the small portion of vitreous humour contained in the space unoccupied by the morbid growth, had become perfectly liquid.

In the preparation may be seen the external projections in the upper part of the eyeball, of a deep red colour, and the fungoid mass, nearly filling the cavity of the organ.

The optic nerve seems free from disease.

It may be some apology for my imperfect diagnosis in the early stage of this case, that, a few weeks before the extirpation of the eyeball, the patient had an opportunity of consulting several eminent surgeons at Hospitals and Eye Institutions in London, who seemed by no means agreed as to the true character of the complaint, and one of whom recommended the excision of the anterior part of the eye (as in the operation for staphyloma) as the most judicious method of removing the disease.

The preparation was exhibited to the meeting.

CASE OF PUERPERAL CONVULSIONS.

By JOHN FAIRCLOTH, Esq., Surgeon, Northampton.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7, 1844.

The subject upon which I am now about to offer a few observations has been of late so much and so ably discussed by various members of our Association, that it is with considerable reluctance I am induced to appear before you; but feeling it a duty, as one of the members of the local council, to contribute my mite of information to the meeting, I thought I could not do better than relate the simple facts of a case which occurred in my own practice, together with the treatment, which ultimately proved so successful.

About twelve months since, between five and six o'clock, a.m., I was summoned to attend Mrs. A—, the wife of a respectable tradesman in this town, the mother of eight children, who was then about 41 years of age, of a robust temperament, and at the time in the eighth month of pregnancy. On my arrival I found her suffering from a most severe attack of puerperal convulsions. Her husband, in answer to my enquiries, stated that the preceding day her mind had been much disturbed by the violent conduct of one of her sons towards her, and that before going to bed she had complained of severe pain in the head, accom-

panied by a sensation of fullness and giddiness. The early part of the night she passed somewhat restlessly, and about four o'clock a.m. he was disturbed by his wife's struggles, and on arousing himself, she appeared to him to be in a fit, which however soon subsided; in about half an hour a second attack came on, which greatly alarmed him, and he immediately gave directions that I should be sent for. On coming to the bed-side, I found her violently convulsed, all her features dreadfully distorted in various ways, frothy matter at the same time exuding from the mouth; the pulse was somewhat slow and labouring, the breathing stentorian, and the pupils contracted; the paroxysm lasted about two or three minutes. On its subsidence, she became somewhat collected, and told me of the great pain she was suffering in her forehead. I also learnt from her that lately the bowels had been much constipated. The intervals between the attacks varied from a quarter to half an hour. I immediately took from sixteen to twenty ounces of blood from the arm; ordered the head to be shaved; applied two dozen leeches to the temples; cold lotion to be constantly used to the scalp. A saline mixture, with two grains of calomel, and the same quantity of compound extract of colocynth was given every three hours, and a brisk cathartic draught taken directly. I then left her for a couple of hours, and on my return found the paroxysms had not abated either in force or frequency. She was also incapable of being roused between the attacks, as heretofore. The pulse still full, the pupils contracted, and the breathing laborious; nor had the bowels yet been acted upon. I considered no time was now to be lost; I, therefore, immediately sent for my cupping instruments, and withdrew about twelve ounces of blood from the nape of the neck, and then applied a blister to the same place, also sinapisms to the calves of the legs. I injected, too, a considerable quantity of warm soap-suds, with castor oil and turpentine, which, after a short time, produced a copious evacuation from the bowels. I ought, before this, to have stated that on my second visit I made an exploration of the uterus per vaginam, but found no dilatation of the os tincæ, nor was there the slightest discharge; the convulsions still kept on unabated, at about the same intervals, and in this state of matters, considering the importance of the case, and the immensely valuable life of my patient, on account of her very large family, I deemed it my duty to recommend a second opinion should be taken, to divide the responsibility with myself; accordingly Dr. Kerr, one of the physicians of this town, was sent for by my desire, and attended almost immediately. Upon a consultation, he entirely and most liberally confirmed all I had done, and we agreed that the only chance to save our poor suffering patient was to cause the uterus to throw off its load. The bowels had again been freely moved, and we determined to wait a short time, as the paroxysms at this stage (two p.m.) were neither so violent nor so frequent: still consciousness was not restored, and during the intermissions she would sit upright in bed, and look wildly around, not knowing what she either said or did. About four p.m. I was summoned somewhat abruptly, and on my arrival the nurse informed me she accidentally discovered our patient had been unconsciously delivered of a still-born female child. From this time all