was again summoned with Mr. Keate, in great haste. Profuse hæmorrhage had again occurred; she was quite faint, and required full doses of brandy at short intervals, and constant fanning to restore warmth and animation. The uterus itself was injected with cold water, and she was totally unconscious of the sensation of cold from the operation, as she had been when water had been injected per anum.

On Sunday morning, Febr. 15th, we felt convinced that something decided must be done or our patient would sink from these repeated discharges, as she was with difficulty re-animated after each. For our comfort we were told that a sister of our patient died of this same disease. The gums were so bloodless that at a short distance I could not possibly distinguish them from the teeth. The stomach was so irritable that we could hope little from any medicine given by the mouth; besides, we had tried those which we thought most effectual and best suited to the case. Cold water had been injected per vaginam, and it had been proposed to introduce *ice itself*. We both examined the condition of the parts, and found the vagina hot and flaccid, and the os uteri so patulous as to admit easily three or four fingers within the uterus. The latter seemed to be quite impassive, and in such an atonic state as to be incapable of contraction. This appeared to us to be the cause of the continuance of the flooding and the reason of the failure of ordinary expedients in checking it. It will perhaps be asked, why did we not adopt the measure of plugging the uterus? We thought that owing to this inactive and relaxed condition of the organ, this measure would very probably fail to be effectual. We felt convinced that something to act on the uterus itself was required, and it had occurred to us, to inject the uterus with an astringent, or to try galvanism, each of which methods had been used successfully in analogous cases.* We preferred the latter, as being the most certain, and immediately took steps to put our remedy into operation.

A Backhoffer's coil, rendered active by one of Smee's batteries, was got ready. One pole of the battery was made to terminate in a sponge, which was applied to the loins in different situations; as an extemporaneous mode of applying the other pole to the os uteri, some hosed string was coiled round a flexible metallic bougie, the one end being left bare. Over the string, to render the insulation more complete, some silk was sewed. This, when oiled, could easily be introduced per vaginam, and I do not know that we could have done better had we possessed the silver ball and conductor used by Dr. Radford. By this means several moderate shocks were passed through the uterus itself. The latter was found once or twice to contract very forcibly. A small clot or two was passed; the patient appeared to have some wholesome pain, and for half an hour after was restless and uneasy as if something was going on.

From that time we had not any cause of alarm whatever for a whole fortnight. The uterus was ascertained to have gradually contracted. No bleeding whatever occurred, except that a single dark-coloured small coagulum was expelled during the following

night. We regulated the bowels, gave quinine internally, applied saturated solution of alum externally, and administered food as the stomach was able to bear it.

As I have stated, there was no further alarm nor uneasiness respecting Mrs. Y. from the day on which the galvanism was employed, until March the 1st, when some more small and florid clots were passed, preceded as before by florid hæmorrhage. Citrate of iron was given in a mixture, and solution of zinc and alum, diluted, was ordered as a vaginal injection. From that time my attendance ceased, and the patient was convalescent.

I heartily thank Dr. Radford for his suggestion of galvanism as a safe and efficient remedy in such trying circumstances, and which in this case appeared to enable us to save a valuable life.

TERMINATION OF DR. BARCLAY'S SINGULAR CASE OF HEART-DISEASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I hope you will find the subjoined account of the fatal termination of the anomalous case of heart-disease, reported by me at page 745, in No. 52 of the last volume of the Journal, of sufficient interest to merit an early insertion.

Yours, very truly,

JOHN BARCLAY.

Leicester, March 14, 1846.

After the last report, December 11, 1845, Mary Parsons continued pretty well till the middle of February, when she was seized with symptoms similar to her former attack. She expired suddenly, "as if suffocated," on the morning of the 20th, before her parents had time to summon the medical officer.

Post-mortem examination thirty-six hours after death:—The face congested and livid; the lips blue; the body generally stout and well formed; no fluid was effused between the pleuræ; the superior lobes of both lungs were condensed, so as to sink in water; their state more resembled carnefication than hepatisation. Under the left clavicle the pleuræ were adherent at one small point, where the surface of the lung was puckered, and contracted round a central spot, about the size of a horse-bean, to which the subjoined letter of Dr. Sharpey refers. Near the apex of the right lung was found a solitary hard tubercle, and two or three more were scattered over the inferior and more healthy parts of both lungs.

The pericardium was much thickened; about an ounce of yellow serum was contained in it, in which floated some shreds of lymph, and there was a patch of old effused lymph on the surface of the right ventricle. The left ventricle was of normal size, and the aorta and semilunar valves quite healthy; the left auricle was also of the natural size, but the mitral valve was much diseased, with spiculae of atheromatous matter projecting into the auricle; the opening was contracted into a narrow slit, about four lines in length, appearing closed from the auricle; while the contraction of the

* See *Provincial Medical and Surgical Journal*, Dec. 24, 1844, p. 603, *Braithwaite's Retrospect*, vol. xi., p. 253, *Dr. Ranking's Half-Yearly Abstract*, vol. i. p. 159.

columnæ carnæ must apparently have had the effect of opening in place of closing the valve at each systole. The right auricle and ventricle were both enormously hypertrophied, being about double the size of the left; the tricuspid valve was healthy, however, as was also the pulmonary artery and its valves. The septum of the ventricles was perfect, and the foramen ovale closed. Head and abdomen not examined.

Death had apparently resulted from the quantity of blood sent with such force on the lungs by the right ventricle, hypertrophied to such a degree to overcome the resistance offered to the passage of the blood by the condensed lung, and the contracted mitral valve. The second sound of the heart appeared perfect during life from the great tension of the semilunar valves of both arteries; and the extraordinary whoop remarked, and perceived by the girl herself, was, doubtless, occasioned by the spiculæ on the sides of the contracted mitral opening.

DR. SHARPEY'S LETTER.

"My dear Sir,—The specimen of lung which you sent is a very remarkable and interesting one, and with your permission, I will preserve it for our Museum. I have examined it very carefully, and I find that the reddish coloured nucleus, in the centre of the indurated mass, is *part of the pulmonary tissue*, of which the air-cells are filled with coagulated blood, or, at least, a soft solid substance, like pale red coagulum, or reddened fibrin; in short, it is in the condition of a piece of lung, affected with pulmonary apoplexy. I can quite easily turn out the little masses of coagulum from the air-cells with the end of a needle, and then the structure becomes quite apparent. The immediately surrounding dense mottled-like tissue is also part of the pulmonary tissue, much compressed, indurated, and impervious.

"Perhaps, as you suppose, an apoplectic effusion occurred, (occupying the air-cells,) and the neighbouring part of the lung became condensed by inflammation; or perhaps the effusion may have originally occupied the whole space, and has been since partially absorbed, the absorption proceeding from the circumference towards the centre. * * * *

"I ever am,

"Yours very sincerely,

"W. SHARPEY.

"35, Gloucester Crescent, London.

"March 4, 1846."

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 25, 1846.

We beg to direct attention to the subjoined extract taken from a pamphlet, on the registration of the causes of death, lately issued from the General Register Office. We are quite aware that an opinion is entertained by many members of the profession, that the information sought for by the Government should not be given gratuitously. On this question, however, we have no intention

of entering here, although there can be no doubt but that the time and services of medical men are much too generally regarded as public property, which any one may appropriate to public or private uses, as the case serves, and often even without the ceremonial of a simple expression of thanks. The efforts which are making by the Registrar General for the improvement of the registration are, however, obviously in the right direction, and the results of the whole enquiry, if only the required accuracy can be attained, are likely to prove most important in the elucidation of many points of scientific interest, and in the promotion of the public welfare. It is much to be wished therefore, that every facility should be afforded to these investigations, by those who alone are competent to them.

Suggestions to Medical Practitioners respecting the Mode of Returning the Causes of Death.

(1.) State the causes of death in terms as precise and brief as possible; and use, if convenient, the names recommended in the Nosology, for the sake of uniformity. The column of the register book for the entry will contain *about ten words*.

(2.) Write the causes of death in the order of their appearance, and not in the presumed order of their importance.

(3.) The duration of primary and secondary diseases in these returns will always be considered to imply the time intervening between the first appearance of well-marked characteristic symptoms—and death. Small-pox, scarlatina, erysipelas, typhus, and all febrile and inflammatory diseases should, however, be dated from the rigors and first symptoms, not from the later appearance of the eruptions, &c. The time in the certificate, opposite the primary disease, will therefore include the whole term of illness. Thus: "Scarlatina maligna, 21 days; purulent infiltration, 7 days, (p.m.);" implies that the earliest symptoms of scarlatina occurred 21 days before death; and that 7 days before death purulent infiltration was observed. Sq. "Hooping cough, 16 weeks; paralysis of motor nerves, right side, 4 weeks; pneumonia, 3 weeks," is understood to mean that symptoms of the cough appeared 16 weeks, of the paralysis, 4 weeks, of the pneumonia, 3 weeks before death. Confusion has been produced in some returns by inattention to this point.

No attempt should be made to guess the duration of *latent* stages of diseases; but it will generally be possible to fix on a point of time near the access, when the patient had *no symptoms* of disease, and another, when the symptoms are unequivocal: if the disease be dated from the middle point of the intervening time, the results will be sufficiently accurate. The duration should be stated in *minutes* or *hours*, when the disease is fatal in less than 48 hours; in *days*, in diseases of less than 50 days' duration; in *weeks* or *years*, for diseases of still longer duration. *Month* is an equivocal term, as a *measure* of time; when used in the returns, it will be deemed the *twelfth* part of a year.

(4.) State, in fatal cases of small-pox, measles, scarlatina, typhus, rheumatism, mania, delirium tremens, apoplexy, and the like diseases, whether it be