

apparent injury to the intestines, but portions of the ileum in the neighbourhood of the kidney showed commencing peritonitis. The right kidney was displaced downwards and forwards, and lay in the iliac fossa; behind it was an enormous amount of blood-clots and effused blood, the latter extending along the cellular tissue almost to the middle line of the abdomen in front. There was also a quantity of blood-clots immediately in front of and on the right side of the lumbar vertebræ, overlying the solar plexus and semi-lunar ganglion; this had apparently spread along the renal plexus of vessels; it did not extend over to the left side of the vertebræ. The peritoneum anterior to the kidney was severely lacerated, and so allowed escape of blood into its cavity. The upper half of the kidney was literally smashed into a pulp, but more so on the anterior surface than the posterior, extending down to the pelvis of the kidney. There were several large branches of the renal artery laid open. We could detect no wound of the trunk artery or vein. There was also a small deep jagged wound in the lower half of the kidney on the posterior surface, which looked as if a rough object had been driven into it. The ureter appeared to be completely blocked by a blood-clot. Bladder empty and healthy; left kidney and ureter healthy. There was no evidence of the lower ribs having been driven through the abdominal walls.

Remarks.—The noteworthy feature of this case is how such an extensive injury to the kidney should have been caused without fracture of any ribs. The sudden cessation of hæmaturia was apparently due to clots in the ureter. The rapidly-increasing anæmia, together with the hæmaturia and fulness of the iliac region, pointed presumably to hæmorrhage from the kidney; accordingly, astringents were given. Mr. H. A. Reeves, F.R.C.S., in a case published by him in THE LANCET of Oct. 4th, 1884, says that as soon as it is found that hæmorrhage is not controllable after trial of every known means, a lumbar incision should be made over the kidney, and all clots and blood removed, and the kidney also, if necessary. It occurred to me, if it would have been justifiable to cut down and remove the kidney as soon as it became evident that hæmorrhage was profuse, obviously in such cases to wait the effect of a lengthy trial of astringents means waiting till too late. I do not feel competent to give an opinion as to the actual cause of this injury; but remembering the fact that the boy was crushed beneath a great mass of coal, it occurred to me that the kidney may have been suddenly dislocated, as it were, by the force of the blow, and at the same time caught between the vertebræ and the suddenly compressed ribs; and what makes this idea more tenable is the fact that the boy was small and very thin for his age, and that the anterior portion of the kidney was the most severely damaged.

Kettering.

ON A

FATAL CASE OF ACUTE DELIRIOUS MANIA COMPLICATED WITH PAROTITIS.

By JAMES M. WILLIAMSON, M.D. EDIN.,

HONORARY SURGEON TO THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR, ETC.

THE patient in this case was an American lady, aged forty, but looking older. She was a highly educated and talented woman, and was the principal of a large educational establishment. Overwork had brought on nervous prostration and insomnia, for which Dr. Hammond, of New York, ordered rest from work and change of scene. For twelve months the patient followed this advice, travelling in England, but without much benefit. During April, 1885, while at Bournemouth, she had a throat attack, suspected to have been diphtheritic, and accompanied by what she called "delirium." The patient came to Ventnor early in the next month (May), and consulted me on the 10th for insomnia. Her catamenia, regular as yet, began on the 12th, and brought on increased restlessness and irritability, upon which chloral and the bromides made no impression. On the 14th she was in bed, her mind excited and wandering. The pulse was rapid, but the temperature not elevated. The tongue was dry; the breath offensive; appetite absent; but the bowels were not confined, and the urine was freely voided. In two days more

she was deliriously insane, howling, laughing, incessantly talking, struggling, and trying to bite. She spat out food and saliva, and urine and fæces were passed into the bed, which had been made up on the floor. Morphia, given hypodermically, increased the excitement; but chloral—administered with much difficulty—somewhat lessened it. On the 21st she was seen with me by Dr. Blandford of London, who confirmed the diagnosis. As the heart had begun to intermit, the chloral was abandoned, and paraldehyde ordered instead. The food was limited to eggs and milk. From this time slight improvement took place until the 24th, when swelling of the left parotid gland was observed. The swelling had taken place rapidly during the night, and extended to the malar bone and behind the angle of the jaw; it was hard and very tender, but free from redness. Two days afterwards the right parotid took on the same action, giving the patient the characteristic aspect of mumps. During gleams of consciousness much complaint was made of pain, and attempts at swallowing were virtually abandoned. Feeding by the nares was impracticable, whilst hæmorrhoids that bled copiously at every touch precluded the use of nutrient enemata. No suppuration took place in the parotids, but from this time the strength swiftly declined. Exhaustion passed into coma, and death took place on the 29th, which was the sixteenth day of the illness.

Remarks.—It is to the occurrence of the parotitis in this case that attention is drawn, and it is worth noting because it really turned the balance against the patient at the critical point in her illness. Without referring to the difficulties it threw in the way of treatment, the question of causation is full of interest. It was clearly not a case of idiopathic parotitis. Anyone who had for the first time seen the patient when both parotids were swollen would assuredly have thought of mumps and meningitis; but even had there been no history the delirium could not have been mistaken for that of meningitis. The condition was symptomatic, and not idiopathic. A great deal is heard now of the sympathy between the parotids and affections of the generative organs; in this case, however, although the approaching menopause may have had some share in inducing the maniacal attack, so far as could be ascertained there was nothing wrong with the external or internal organs of generation, or with the mammæ. The case ranks with those similar affections of the parotid which have long been known to occur towards the termination of fevers. Some have held that in these circumstances the parotitis results from a spread of the specific poison of the fever. Since the condition has been seen in pneumonia, however, others have ascribed it to the extension of oral inflammation. The present instance confirms the latter view. The mucous membrane of the mouth was dry and parched and covered with dead epithelium; possibly the milk that was retained in the mouth helped to increase the oral inflammation; but no aphthæ were seen. The incessant action of the jaw and the retention of saliva in the parotid may have been contributing agents. So far as I can gather, this parotid complication, well-known in some severe diseases, does not appear to have been much recognised in connexion with acute delirious mania.

Ventnor, Isle of Wight.

ON SOME OF THE PROPOSED CHANGES IN THE LUNACY ACTS.

By JAMES ADAM, M.D.,

RESIDENT PHYSICIAN, &C., WEST MALLING ASYLUM; LATE MEDICAL SUPERINTENDENT, CRICHTON ROYAL INSTITUTION, SOUTHERN COUNTIES ASYLUM, AND CATERHAM ASYLUM, SURREY.

THE measure introduced by Lord Selborne is already familiarly known to the public and the medical profession. It was presented to the House of Lords during the last session of the last Parliament, and was ordered to be printed on March 26th, 1885. It met with by no means unanimous approval, and some of its provisions were so much objected to that they led to the resignation of Lord Shaftesbury as chairman of the Board of Commissioners in Lunacy; but it was hailed with satisfaction by others, and it came at last to be accepted on the belief that it was necessary to do something to allay the public agitation and suspicion which had been strongly aroused on the subject. The Bill passed through