

recovered. Dr. Olshausen, in speaking of the vaginal method of extirpating the uterus hitherto employed by him, expressed the hope that it would almost entirely supersede Freund's operation. The latter had only one advantage, that it allowed the extirpation of the lymphatic glands. He objected to Martin's operation *in situ*, that it almost entirely prevented the ligature of single vessels, and rendered manipulation very difficult. Dr. Mikuliez expressed a general approval of Dr. Martin's operation, but disapproved of opening the peritoneal cavity. If, however, the surgeon desired to do this, the method of permanent irrigation formerly recommended by him should be used. Dr. Martin explained that he had met with no insuperable difficulties in operating *in situ*; in cases of necessity, where the vagina was too narrow, the operation might be preceded by a division of the perineum.—*London Med. Record*, May 15, 1881.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

Poisoning by Chloroform.

The recently issued number of the *Nordiskt Medicinskt Arkiv* contains a report, by Dr. JOHANNES MYGGE, of Copenhagen, of a fatal case of poisoning by chloroform. The patient was a man of intemperate habits, who had, six days before his admission into hospital, drunk nearly forty grammes (more than ten drachms) of pure chloroform. He appears to have rapidly fallen into a state of narcotism, from which he revived four hours later, without the use of remedies. Immediately after this, he several times vomited matter having a strong odour of chloroform; after this, he had watery and slimy stools, mixed with much blood; and, from the night after the catastrophe, he expectorated large quantities of viscous, frothy, and sanguineous matter. On his admission, hepatization of the lower lobe of the right lung was found; there was copious expectoration of sanguineous and frothy matter; the mouth exhaled a very fetid odour; he had frequent vomitings of bilious matter; his evacuations were fluid and viscous, but not mixed with blood; and he had pain in the epigastrium; sleep was disturbed. He gradually sank, and, after having had slight convulsions, died two days after admission to hospital. The necropsy showed gray hepatization of the lower lobe, and congestion of the other parts, of the right lung, and recent fibrinous adhesions over the whole surface. The mucous membrane of the stomach, over a surface as large as a child's hand, close to the large *cul-de-sac*, was reduced to fibres, and partially detached; and a more limited portion of the anterior wall of the organ was destroyed, with the exception of the serous and subserous membranes. The upper part of the jejunum, for the space of one and a half metres (nearly five feet), presented numerous ulcers, varying in size from a pea to a bean; they were irregular, grayish, partially arranged in transverse lines, and tinged here and there with bile. Nothing of importance was found elsewhere. Dr. Mygge gives a table of sixteen other cases of poisoning by the drinking of chloroform, which have been reported in medical journals, and refers to others. His statistics, however, are incomplete, as the table is only brought down to 1872. He remarks that congestion of the lung has been found in almost every case in which a necropsy has been made; and that in one of the fatal cases there was an expectoration of sanguineous viscous matter similar to that which occurred in this case. As regards the digestive canal, the symptoms observed have been similar in nearly all the cases hitherto described, but less intense than in the present case; and in one case only besides that of Dr. Mygge was any destruction of tissue found.—*British Medical Journal*, April 16, 1881.