the base and middle, whilst the edges and tip seemed of darker hue than natural, although moist. She lay chiefly upon her right side. The skin was pale and cold, but, although the thermometer only registered 96° in the axilla, the temperature there seemed about normal. The pulse was most peculiar. It seemed to indicate its presence to the finger, and disappeared before I could judge of its character; counting it was impossible. The respiration was noisy and laboured, and 48 per minute. Thirst intense; appetite gone. She swallowed with ease. The bowels had not acted since the preceding night, nor had she passed any urine. There was decidedly harsher breathing at the base of the right lung than elsewhere. The action of the heart was as peculiar as the condition of the pulse. The area and force of the cardiac pulsation were both increased, whilst the impulse against the chest walls was of a distinctly rolling character. I carefully counted the rate, and found that 150 cardiac cycles were completed in a minute. The sex, age, appearance of patient, and of vomit, immediately suggesting not only poisoning but a motive, I examined the breasts and found milk in them.

The patient volunteered no information, but, on being questioned, admitted having taken "two handfuls" of ergot, and also that this had been going on for several months. Subsequent events and the post-mortem examination showed that she had been taking the liquid extract for several months, and had quite recently taken two handfuls of the powder, not infused. The case seemed utterly hopeless; the exhaustion, hæmorrhage, and chronicity forbade the use of either stomach-pump or an emetic; and antidotes seemed equally useless, so I reported the matter to the police.

For my own protection I decided to call in Dr. Carter, a neighbouring consulting physician. Before I left a distinct uterine contraction occurred. The consultant recommended liquor chlori as an antidote, and it was decided to accelerate labour as a possible means of discharging the force of the poison through an active uterus. At 7.30 I introduced a No. 8 bougie-à-boule with great ease, but had to reintroduce it at 8.30, as she had removed it in one of her many paroxysms. At 9.15 the os uteri admitted one finger, so I introduced Barnes's smallest bag. I did so with ease; and twenty minutes later, finding the os less firmly encircling the bag, I removed it, and the membranes immediately followed. I ruptured them, and the head having presented, with little difficulty seized a foot. (Shortly before this brandy was given, but for the first and last time it regurgitated through the nose.) Whilst attempting to bring down the foot the breathing became easier and slower, until, just as I was about to deliver, it ceased altogether. Shortly before death the respiration was 56 per minute, and from 6 P.M. the pulse could not be felt at all. The stupor had gradually deepened, but every now and then paroxysmal movements would occur whilst the patient would sit up in bed. She understood what I said to her occasionally, and was always obedient.

Thirty-two hours after death I made a post-mortem examination. The body presented much the same appearance as during life, save for the welling out from the mouth and nose of a greyish-black and gritty matter, which was very fluid. The body was well nourished. Greenish streaks were becoming visible on the abdomen. Cadaveric rigidity was passing off. The brain was remarkably firm, and perfectly free from hæmorrhage. None of its membranes seemed diseased, although it appeared rather looser in the cranial cavity than natural. The temporal artery bled profusely in making the preliminary incision through the scalp. In opening the abdominal and thoracic cavities an enormous quantity of fat was exposed, and embedded in it could be observed innumerable small hæmorrhages. The peritoneum was also covered with these hæmorrhages, and the bowels were everywhere in the same condition, besides being extensively bound down by adhesions. The abdominal cavity contained a very large amount of blood, and this rendered the detection of ascitic fluid impossible. No large vessel was ruptured so far as could be seen, the hæmorrhage being seemingly the result of an enormous number of small vessels having ruptured. The blood was fluid. The diaphragm was arched. The liver did not seem altered in size, but on section it was dry, bloodless, waxy-looking, and of a slightly dirty yellow colour. It was easily lacerable. The spleen seemed rather smaller than usual, and, on section, blood of a dirty red colour oozed copiously from it. The kidneys were enlarged, pale, and waxy-looking, and their capsules easily separable. The stomach exhibited ruptured vessels

in its walls, and contained a considerable quantity of the same fluid as came from the mouth and nose. The bowels were in the same condition. The bladder was quite empty. The uterus was about the size of an adult head. Its walls were stained all over with dark effusions, and on opening its cavity a foetus of about five months became visible. There was neither liquor amnii nor blood in the uterine cavity. On removing the ribs the pleura was found non-adherent, but the lungs presented a remarkable appearance. They were rather anæmic, and this gave them a steel-grey appearance. On this as a ground were scattered innumerable irregular dots of the size of a small pea. These were hæmorrhages. The right lung was especially congested at its base. The heart was enlarged, having a large quantity of fat on its anterior wall and sides externally, but the valves were healthy. Its cavities were practically empty.

Brighton.

A CASE OF MORPHIA POISONING BY HYPODERMIC INJECTION; RECOVERY.

BY PHILIP E. HILL, M.R.C.S.,
SURGEON TO THE CRICKHOWELL DISPENSARY.

EDWARD C—, a gardener, aged forty-eight, was admitted as a patient of the Crickhowell Dispensary on the 1st of August, suffering from mitral valvular disease with ascites. He had for some time past been under treatment, and for several days complained of severe abdominal pains, for the relief of which chloral hydrate alone and in combination with bromide of potassium had been tried, with little or no benefit.

On my visiting him at 11.30 on the morning of the above date, I found him in great agony, in which condition his wife informed me he had been during the greater part of the previous night. He implored me to do something for his relief, saying he could endure the suffering no longer; and as I happened to have my hypodermic syringe in my pocket, I introduced into his arm four minims of a solution of acetate of morphia (strength one grain in twelve minims). I then left him.

About 4.30 P.M. I received a message from his wife informing me that her husband was still asleep and snoring, and that she could not awake him. I at once started for his house, and found him, to my astonishment, in a condition of deep coma, from which I was unable to rouse him. The face presented a ghastly hue; the lower jaw had fallen; the lips were livid; the eyelids were open, the pupils contracted to a pin's point and perfectly insensible to the stimulus of light; the extremities were cold, and the surface of the body bathed in a cold sweat. Respiration was laboured, slow, and stertorous, but the pulse remained unaffected.

I immediately tried to rouse my patient by artificial respiration, flagellation with a wet towel over the face and chest, mustard applied to the nape of the neck and calves of the legs, with turpentine over the cardiac region, and, failing to administer coffee into the stomach from his inability to swallow, injected a strong solution of it into the rectum. Hot water bottles were also applied to his feet and body. These remedies were persevered in for some hours, when, to my gratification, consciousness gradually returned.

My friend Mr. Evan Parry, for whom I had sent, now fortunately arrived—for by this time I was getting exhausted from the combined effects of anxiety and my efforts to restore animation—and assisted me in carrying out the treatment. Our patient was particularly anxious to be left alone and allowed to sleep; but our efforts were unremittently persevered in until 2 A.M., by which time the pupils had become almost natural, and the strong desire for sleep passed away. On my visiting him at 10 A.M. on Aug. 2nd he had completely recovered from the effects of the morphia, and was in no way the worse for its administration.

Remarks.—From the appearance of the patient when first seen I could only arrive at an unfavourable prognosis, which was concurred in by Mr. Parry on his arrival, but I cannot understand how such a dose as one-third of a grain of morphia, even when administered subcutaneously, and that after other sedatives had been tried without effect and time allowed for their elimination, should have given rise to such alarmingly poisonous results, for one would have

imagined that the great pain which was present would to some extent have resisted the influence of the drug. Was the exalted action of the salt due to the cardiac mischief, or might it not be more properly attributed to the idiosyncrasy of the patient, especially as the heart's action was in no way seriously interfered with? I can vouch for the accuracy of the strength of the solution, as it was the same I have always employed, and within the last month injected eight minims of it in divided doses, with an interval of four hours, into the arm of a gentleman suffering from persistent vomiting.

I cannot conclude this imperfect report without gratefully acknowledging the kind co-operation of Mr. Parry during this, to me, particularly distressing and anxious case.

Crickhowell.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUYS'S HOSPITAL.

TWO CASES OF CANCER OF THE RECTUM.

(Under the care of Mr. BRYANT.)

CASE 1. *Excision of Rectum for Cancer; Severe Suppuration; Erysipelas; Relief.* (From notes taken by Mr. Manley).—Sarah H—, aged forty, was admitted on Nov. 26th, 1881, into Lydia ward. She was married, and had had nine children, the youngest of which was eighteen months old. Her labours had always been troublesome. Four years before admission she first noticed that she passed a little blood per rectum, and her bowel came down, but was replaced, and caused her no further trouble. During her last labour (an unusually severe one) she again passed blood from the rectum, and her bowel again came down. It was returned, but she felt a constant desire to pass motions, and these, when passed, were mingled with froth, slime, and blood. From that time she constantly had the same trouble with her rectum, and had alternate periods of relaxed bowels and constipation.

On Nov. 29th, under chloroform, she was examined. The finger could be passed beyond a zone of ulceration in the rectum. The posterior wall of the vagina was puckered and evidently infiltrated. It was decided to excise the rectum, and the patient was accordingly carried to the theatre. She was placed in the lithotomy position, when a small carcinomatous outgrowth protruded from the rectum. The vagina was examined by a speculum, but no definite disease was made out. An incision was made from the anus backwards in the median line for about an inch. The finger was introduced into the wound and passed round so as to completely isolate the rectum. The tissue between the rectum and vagina was then divided with scissors. The transverse perineal arteries were divided and twisted. Two lateral cuts were then made in the wall of the vagina dividing the mucous membrane and connective tissue; two arteries were ligatured. The posterior wall of the vagina was then divided with the scissors about an inch up and left in connexion with the diseased bowel. The diseased mass, being completely isolated, the healthy bowel was fastened with ligatures all round. The scissors were then introduced into the rectum, and the wall of the bowel divided through the growth. On commencing to divide the diseased portion from the healthy part, the middle hæmorrhoidal artery was divided and ligatured. The growth was then completely removed without further hæmorrhage. The posterior incision was united by three sutures. The rectum was then sewn to the perineum, and in front to the corner of the vaginal flap made at the commencement of the operation. About half the divided sphincter was left. A drainage-tube was inserted between the rectum and vagina. The piece of bowel removed was about an inch and a half long, and much thickened. The inner surface was wholly infiltrated and fissured.

The patient was easier after the operation, but on the

early morning of Dec. 1st she was wandering and irrational. The wound was, however, doing well. Next day the skin was hot and moist; there was a bright flush on either cheek. Tongue furred, but moist; pulse quick and soft.

On Dec 5th the urine was slightly albuminous, breath fetid; and on the 13th an abscess to the left of the coccyx was opened. Next day the left buttock was swollen and red. A blush of erysipelas extended over the skin outwards and downwards. On the 16th erysipelas was disappearing. The edges of the wound were hard, and this hardness extended over the left buttock generally. On the 27th the cicatrix of the old abscess was opened, and about six drachms of pus (foul) came away.

On Jan. 3rd the hardness of the buttock had disappeared, and a fortnight later about an ounce of pus came from the cicatrix. On the 20th there was still a slight thin discharge from the wound in the buttock. On the 29th there was redness about the wound, and the woman had a rigor on the previous evening, lasting about half an hour. After this there was decided improvement.

On Feb. 7th she passed her motions fairly regularly, but they were hard. On the 9th the erysipelas was gone. On the 11th she seemed pretty well and comfortable. On the 22nd there was no sphincter power, and the incontinence gave great trouble. Between the anus and vagina was a fold of mucous membrane, which partly separated them. The sinus was closing. The aperture into the rectum admitted two fingers easily, and perhaps more. She had some diarrhoea. She had improved in appearance. She was discharged relieved.

From Dec. 1st to the 27th the temperature varied from 100° to 105·8°, this, the highest, being reached on the evening of the 14th. From Dec. 28th onwards the temperature ranged between 98·2° and 102°, though for the most part it was nearly normal. On the evening of Feb. 3rd there was a sudden rise to 104·2°, but next morning the temperature was normal again, and continued so.

CASE 2. *Cancer of Rectum in a boy aged fifteen; Colotomy; Relief.* (From notes by Mr. Henry Gard).—Samuel R—, aged fifteen, of Rio, was admitted on Dec. 20th, 1881, into Job ward. In the previous August he experienced great pain in defecation, passed a little blood each time, and about this time he began to feel severe lancinating pains. At first it was thought he had dysentery, and he was given suppositories, and took quinine and chemical food. Subsequently a growth in the rectum was diagnosed, and he was sent to England to be operated upon. He had at times passed a fortnight without alvine evacuation, and for a month before admission he had constantly had to use castor oil. When admitted he had not had a motion for six days.

On examination of the rectum a large growth, occupying the whole circumference of the bowel was discovered. The tip of the finger could just touch the lower end of the band, but the upper margin could not be reached. The mass was hard, and presented a sharply-marked edge to the finger. The growth appeared fixed in front and behind. Morphia and opium were given to relieve pain.

On Dec. 30th colotomy was performed. Nothing but colotomy could be suggested. No difficulty was experienced in the operation in Mr. Bryant's usual way. A healthy motion passed directly the intestine was opened.

On Jan. 1st he complained of pain in the stomach, but was easier after the operation. There was a thick discharge from the anus. On the 4th he complained of pain in the rectum sufficient to keep him awake. On the 7th the stitches were taken out; the wound looked healthy. Patient constantly required injections to enable him to sleep. On the 19th, at 5 P.M., a discharge of sanious pus, sometimes thick and sometimes thin, from the rectum appeared, and there was great pain at the seat of the disease. On the 24th he complained of great pain in the hypogastric region. The abdomen was hard and distended. Considerable pain in the rectum. On the 26th patient got up, and next day he was free from tenderness over the abdomen. The wound looked healthy. The rectum was washed out with glycerine and water, and some of the liquid came through the artificial anus. On the 28th he was in considerable pain, but was relieved by an injection.

On Feb. 8th he left the hospital with a healthy artificial anus. He still suffered from much pain in the rectum, and had a free discharge of pus. Took out with him one dozen morphia suppositories.

For a few days after the operation the temperature ranged from 98·6° to 101·4°. It then became normal and continued so.

The boy died exhausted in the middle of April, 1882.