most marked in the lower part of the ileum. The large intestines were also congested even down to the rectum, but not to the same degree as the stomach or ileum. The uterus was normal in size, and there was nothing noticeable in the other organs except some congestion of the brain. At the inquest evidence corroborative of the woman's statement was given; but as the druggist who had sold the pennyroyal said that in thirty years' experience he had never heard of a case of poisoning by this drug, the jury returned a verdict that "death was due to gastro-enteritis set up by some irritant poison" but did not decide what the poison was. It is in deference to their verdict that I have put the word "supposed" in the heading to this note. On looking up the literature of the subject I have only been able to find one case of poisoning by pennyroyal, which is recorded in Dixon Mann's "Forensic Medicine." In that case a pregnant woman who was seen immediately after taking a one-drachm dose of the drug had vomiting, delirium, and opisthotonos, but subsequently recovered.

Liverpool.

A NOTE ON A FATALITY OCCURRING UNDER ANÆSTHETICS.

BY HUGHES REID DAVIES, M.R.C.S. ENG., L.R.C.P. LOND.

A CASE of left pleural effusion of many years' standing came under my care in 1889. From that date up to about the early part of 1896, except for occasional attacks of general debility, dyspnoea, and bronchitis, the patient managed to tide over year after year and follow his daily avocations without warranting surgical interference. However, a severe attack of broncho-pneumonia converted the fairly quiescent left thorax into an empyema. Bronchiectasis was also diagnosed; and, finally, when the pus found its way into the dilated tubes, the factor of the expectoration rendered life a burden, not only to himself, but to those around him. The misery of his life induced him to accept the offer of surgical aid. Every precaution to ensure success was taken. A well-known and skilful hospital surgeon was present, a physician, myself, and another surgeon. Chloroform was administered, the patient being gently lowered into as recumbent a position as his breathing allowed. The anæsthetic was taken well, the radial pulse being carefully felt by me, and the temporal by the anæsthetist. Neither pulse nor respiration were such as to warrant alarm. Stertor commenced, and the patient was announced by the anæsthetist as "ready." Then came our error of judgment, an error which THE LANCET, in the article entitled "The Records of Fatalities under Anæsthetics," published last week, shows to be common to others. Dorsal decubitus was exchanged for the right side position. In an instant a marked change occurred; a gurgling, bubbling effort of respiration was followed by complete cyanosis and cessation of respiration and heart's action. With the utmost rapidity the patient was turned upon his back, untouched by the surgeon's scalpel, and artificial respiration and subcutaneous injections of ether and brandy at once commenced, but though persisted in for some considerable time they were useless. Effect and cause seem plain. Up to the moment of turning the patient for operation anæsthesia was going fairly well. Simultaneously with the change from dorsal decubitus to right side position the empyema emptied itself rapidly into and through the dilated bronchi, filling the trachea, right bronchus, and even the mouth, as the "bubbling" in my case and the pouring of foetid pus from the mouth in Mr. Scott's case testified. The change to the original dorsal position, artificial respiration, &c., quick as they were, were futile. The sound lung was choked, the embarrassed heart-action impeded beyond recovery, the respiratory centres responded no longer, and death from asphyxia resulted.

Surely, no one will say that the anæsthetic was to blame? and yet the case must be quoted as "death under anæsthetics." Had we but tried, before anæsthesia dulled the respiratory centres, the position required for operation, reflex coughing would at once have warned the patient and us of the impossibility of that position; or had we before anæsthesia withdrawn with a large trocar and cannula all the fluid possible from the pleural cavity we might, perhaps, have been spared our painful and much-regretted experience.

Bow, E.

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.

WESTMINSTER HOSPITAL.

A CASE OF NEGLECTED TYPHOID FEVER; PERFORATION AND EXTRAVASATION OF FÆCES INTO THE SAC OF A LEFT INGUINAL HERNIA; DEATH AFTER RAPID EMACIATION.

(Under the care of Mr. W. G. SPENCER.)

THE following case is noteworthy on account of the exceeding difficulty in diagnosis and the great rarity of an intestinal ulceration due to typhoid fever perforating into a hernial sac. Extensive adhesions must have localised the peritoneal inflammation resulting from the perforation, or the patient could not have survived so long as a month after the perforation occurred, for perforation took place probably on Jan. 21st. The rapid wasting is remarkable considering that the site of the fæcal fistula was so close to the ileo-cæcal valve.

A man, aged thirty-eight years, last went to work on Dec. 22nd, 1896. He then stayed at home, complaining of pains all over him, and had shivering, sweating, and diarrhoea. He did not take to his bed, however, until Jan. 21st, 1897—i.e., a little more than four weeks after leaving work; he was then obliged to do so on account of great pain in the lower part of the abdomen. During three or four days he vomited several times yellow or brown matter; he wandered at night, and on two or three occasions had difficulty in passing urine. He had had a rupture on the left side for nine years, which used to come down when he was at work and go back on lying down; but after the attack of pain and vomiting it could not be returned, but, on the other hand, became more tense and caused much pain. He was admitted to hospital on Jan. 31st—i.e., about six weeks after leaving work—and his medical attendant is reported to have sent word that he was suffering from phthisis after influenza. A large swelling filled the left half of the scrotum and extended to the inguinal region, the skin over it being dusky red and oedematous. The swelling was tympanitic to percussion, yielded evident fluctuation, and was opaque to light, and a firm mass filled the inguinal ring and gave an impulse on coughing. The penis, the right side of the scrotum, and the perineum were normal. The temperature was 102.6° F. and the pulse was 130. The bowels were opened soon after admission. No vomiting had taken place for several days, nor did it occur before the operation. Mr. Spencer formed the diagnosis of a ruptured hernia and made an incision the whole length of the scrotum. Pus, fæces, and flatus escaped, and a mass of sloughing omentum was cut away without disturbing the adhesions shutting off the abdominal cavity. There was no bowel in the sac, but fæces welled up under the omental stump from a cavity just inside the ring. The sloughing hernial sac was treated antiseptically and frequently irrigated, and the sloughs, which included the testicle and cord, were later cut away piecemeal, so that before the patient's death a clean granulating surface had formed. For a few days the patient seemed to improve, but he soon rapidly wasted and was reduced to a skeleton before death. This wasting occurred in spite of the patient taking abundant food by the mouth and extras such as cream, alcohol, and cod-liver oil, which was also rubbed in. He was intolerant of enemata. The patient had regular motions per anum, and there were frequent discharges of fæces by the wound, sometimes yellow and sometimes green. Throughout the case there was an absence of odour in the fæces; the ward sister made the remark that the stools had the colour but not the consistency of typhoid stools. The abdomen was not palpated much for fear of breaking down adhesions; it was, if anything, rather retracted, always soft, and not tender, except one day when