

but were of too small size for any rupture of their walls to be detected. These, I imagine, were the chief source of the hæmorrhage. The heart weighed 12½ oz. Its muscular tissue was firm, and of good colour. The thickness of the right ventricular wall was one-eighth of an inch, that of the left (at its thickest part) half an inch. The valves were normal in appearance; the aorta was healthy. The other thoracic and the abdominal viscera were normal, with the exception of the kidneys, which were small, red, and granular, and showed a marked diminution in the cortical substance. The head was not opened.

From the post-mortem appearances, it may, I think, be concluded that the "fits" from which the deceased had suffered were probably of uræmic origin. The pain in the chest felt for a few hours before death may have been due to the rupture of fine branches of the left coronary artery into the myocardium, while the perforation of the pericardium and subsequent hæmorrhage into the pericardial sac, resulting in fatal syncope, may have been induced by an act of retching.

Hæmopericardium is not a very uncommon condition. References to between eighty and ninety cases may be found in the first thirty-five volumes of the Pathological Society's Transactions. The most frequent causes are rupture of the heart or aorta, occasionally from violence, but more commonly the result of disease. Seven cases due to rupture of an aneurysm of a coronary artery are referred to in vol. xxii. of the Transactions. Scurvy has also given rise to hæmorrhage into the pericardial cavity. On reference to Neale's Digest, I find that a case of hæmopericardium arising from a ruptured coronary artery is narrated in the *Medical Times and Gazette* for 1862 (vol. i., p. 317). In this instance the patient, a woman aged sixty, lived six days after the appearance of the symptoms, of which præcordial pain, dyspnoea, a small, frequent, but regular pulse, and coldness of the extremities appear to have been the chief. A case of purulent pericarditis in which a rupture of a coronary artery was found is quoted in Ranking's Abstract for 1861 (vol. ii., p. 85).

St. Leonards.

OTITIS MEDIA HÆMORRHAGICA.

By K. B. BULLER, M.D.

CASES of pure and simple otitis media hæmorrhagica I think, are rare. Dr. Roosa mentions two cases, and Burnett only makes a passing allusion to the disease in his work on Diseases of the Ear. This is in itself a sufficient inducement to me to place the following case before the profession.

Mrs. C—, aged forty-two, mother of nine children, and in a fair state of health, was placed under my treatment for an acute attack of pain in the left ear. Previous history: She had been suffering from the pain in the ear for the past ten days. The pain at first was of an intermittent nature and confined to the ear only. For the last two days it had been very severe, constant, and radiating all over the left side of the head and face. She complained of a feeling of fulness and acuteness of hearing on the affected side. The act of mastication and deglutition aggravated the suffering. The parts were very sensitive to touch. There was occasional paroxysmal aggravation of the severity of the pain. Along with these symptoms there were pyrexia, restlessness, and insomnia. On examination I found the left tympanic membrane uniformly congested and slightly bulged at the anterior and inferior quadrant. The right membrane was slightly in-drawn, and the naso-pharynx congested. The severity of the pain and a bulged appearance of the membrane induced me to suggest the operation of paracentesis, with a hope that that would relieve the suffering of the patient. The operation was performed at once. To my surprise, there was a gush of blood through the puncture in the membrane and the side of the nose, and nearly two drachms flowed freely. The intensity of the pain and sense of fulness were immediately relieved. From this time until complete recovery of the patient, which took nearly a week, not a drop of blood or muco-purulent matter escaped through the puncture in the membrane; the latter healed up in five days. Subsequent examination of the urine showed no trace of albumen in it. It is nearly four weeks now, and on examination of the ears I find no trace left as to where the membrane was punctured. In my opinion this case can be called a pure and genuine "otitis media hæmorrhagica."

Bombay.

CASE OF PLACENTA PRÆVIA.

By B. WALKER, L.R.C.P. ED.

ELIZABETH B—, aged thirty-three, has had seven children, of whom two only survive, the rest having died in infancy, at ages varying from two weeks to three years and a half. Two of these were born at the eighth month. There was no history of syphilis, and no hæmorrhage had occurred at previous labours. She had reached the seventh month of pregnancy, which had advanced normally. She went to bed as usual, and on awaking at 1 A.M. on April 15th found the bed very wet. A neighbour was called in, and I was with her in half an hour after her awaking. I found her in a pool of blood on the bed; she must have lost about a gallon, for it had sunk through the mattress and deluged the floor, and her nightdress was saturated up to the armpits. On examination, the vagina was found to be filled with clots, and blood was flowing freely. The os was about the size of half a crown, and complete placenta prævia was present. Introducing the hand into the vagina and detaching the placenta, a vertical presentation was found, and with two fingers in the uterus and the right hand on the abdomen, combined version after Braxton Hicks's method was quickly and easily performed, and a foot brought down, thus plugging the cervix and causing the hæmorrhage to cease, the whole being done in five minutes. The woman was left comfortable on the bed, a dose of ergot and strychnine having been given, for there had been no expulsive pains hitherto. At 9 A.M., as far as labour was concerned, things were *in statu quo*. On calling at 1 P.M. I found the woman delivered (child stillborn) and the placenta expelled without any hæmorrhage. The woman made an uninterrupted recovery.

This case is very like the one recorded by Mr. Taylor in THE LANCET of April 30th (p. 875). The only object in adding this is to call attention to the long time (nearly twelve hours) before delivery was effected after version. After bringing down a foot, and the hæmorrhage having ceased, it seemed much safer to leave nature to finish the delivery than by traction on the child to empty a uterus which had shown no signs of physiological action—to empty it, and possibly to reawaken the hæmorrhage. In some cases the life of the child, though only at the seventh month, may be a consideration, but in this instance the mother's safety was of paramount importance, and would be in most cases, and entitled to the first place. The patient had, besides, an interesting history. In October, 1882, she had the lower half of the left scapula removed for a sarcomatous growth (her mother died at the age of thirty-seven from "internal tumours"), leaving her an arm little impaired for use. (See THE LANCET, vol. i., 1885, p. 203.) About three years ago, on becoming pregnant, a large ulcer—or rather two—and fungating growths, larger than an orange, attacked the outer side of the right calf. They healed quickly when she was put to bed. When pregnant again, seven months ago, another deep ulcer formed outside and behind the external malleolus. This lasted through the pregnancy, but is now reduced to one-half its size, and healing rapidly; besides this, an ugly sore formed over the sternal end of the right clavicle, which healed after a time. On each occasion it was feared the sarcomatous growth was reappearing, but the termination of pregnancy has hitherto been followed by the quick disappearance of the sores. The growth removed consisted of round cells with one large or two smaller nuclei, and of unipolar nucleated cells.

Spondon.

NOTE OF A CASE OF SUDDEN DEATH FROM PULMONARY APOPLEXY.

By W. HENRY KESTEVEN, M.R.C.S., L.S.A.

R. F—, aged sixty-five, was found lying on his left side on a staircase, with his head crushed against the wall and bent upon his right shoulder. At an examination of the body, made seventy-five hours after death, the brain was found to be healthy, though somewhat congested. The heart was healthy, and contained a small quantity of fluid blood in the left ventricle; none in the right. The lungs were adherent to the walls of the chest, and extensively infiltrated with tubercular deposits. The trachea and both bronchi contained blood. The source of this blood was