It was too early for septic poisoning to produce death, and there were no indications that such had occurred. The loss of blood had been trifling, and death occurred too soon to be attributable to exhaustion from this cause.

The acute and almost complete suppression of urine, the symptoms after the operation, the symptoms prior to the operation, and the results of examination of the urine and of the kidneys after death, all pointed to the diseased kidneys as the cause of the fatal result to the mother.

It is well to note that union had occurred throughout the entire extent of the abdominal wound. There were adhesions between the small intestines and the parietal peritonæum along the line of incision. The latter fact is of interest, viewed in the light of death in a few instances after laparotomy being attributed to strangulation of the bowel, due to constricting inflammatory bands.

The child was of small size, and died at the end of three weeks, of inanition.

THE SICKNESS OF THE COUNT OF CHAMBORD.

BY A. CHEVALLEREAU.

(From *La France Médicale*. Translated by Chas. H. Hunt, M.D., Stanwood, Iowa.)

Prof. Vulpian, who was called to Frohsdorf during the last sickness of the Count of Chambord, has published in the *Gazette-Hebdomadaire* an account of the sickness, and the reflections on the case with which he was inspired. The affection, which was the death of the Prince, does not resemble anything that can happen to simple mortals; in no classical literature do we find anything near it.

It is this that appears interesting on viewing the principle phrases and following the very remarkable deductions that he has made.

Since two or three years, at the least, the health of the Count of Chambord, which up to that time had been excellent, commenced to change. The Count, however, each day pursued during the greater part of the year the pleasures of the chase, and in spite of an ancient fracture of the neck of the left femur that had produced a shortening and a certain degree of atrophy of the inferior member; in spite of considerable development of adipose tissue, he supported better than his younger companions the fatigues of the chase in the mountains.

During some four or five years previous, pressed by the need of diminishing his embonpoint, he was submitted to the system of Banting in all its rigor, and then in a few months he lost fifty pounds of his weight, but at the same time he felt a feebleness and perhaps some digestive troubles. Since this epoch he had been on two occasions seized with intense dyspepsia.

In the month of June, 1882, he made at Marienbad a new essay to diminish his adipose tissue, and against rheumatism, from which he had suffered two or three years previous. He then had some gastric troubles

which were considered grave, and which forced him to restrain, in a measure, the medication of Marienbad. The 22d of March last, while at Goritz, the Prince in mounting a carriage was suddenly taken in the superior and external part of the right leg with a sharp pain which was called by the physician "a whip lash," (coup de fouet) and which was attributed to a rupture of the plantaris muscle, or to a phlebitis. The pain after having persisted during many weeks disappeared, and on the 20th of May he returned to Frohsdorf; he weighed the day after 208 pounds.

Such is the history that M. Vulpian gathered regarding the last sickness.

Now comes the history of the strawberries which many political journals have siezed upon to base a case of poisoning. The 13th of last June, the Count ate some strawberries for his dinner which had begun to spoil. The next day he had a slight indigestion with vomiting and diarrhoea. The 15th he was much better and took some fruit for dinner with his friends, and had a new attack of indigestion the day after, but this time with great intensity.

The appetite was altogether lost, and nausea was followed by vomiting, which was repeated a great number of times. He manifested great abdominal pain which was exasperated by the ingestion of aliments or drinks. The symptoms became more and more violent up to June 19th, the day that the Count decided to call Dr. Mayr, Physician of the Hospital of Neuftadt. Weighed the same day; the Count had lost since May 21st twenty pounds of his weight; the following days grew more aggravating.

Toward the 24th or 25th of June, Dr. Mayr, who made an examination of the abdomen each day, believed that he recognized the existence of a resisting tumor in the epigastric region, at the right of the median line. There could be seen at the surface of the abdomen in this region a rounded projection.

The 27th of June a consultation was held between Prof. Drasche, of Vienna, and M. Mayr. Both admitted the probability of the existence of a tumor in the region of the stomach; however, they desired to have recourse to the experience of Prof. Billroth, who came with them the 29th. Billroth hesitated between three hypotheses—an affection of the liver, a gouty gastritis, or a cancer of the stomach.

The patient continued to suffer cruelly, and vomited a great number of times in the twenty-four hours. The facial expression was greatly altered, and assumed a hippocratic aspect. It was then that the note of alarm appeared in *L'Union*.

The treatment prescribed by MM. Drasche and Mayr brought at least a little ease. The pains were less sharp, the vomiting less frequent, and the patient tolerated some cold or iced aliments, milk, creams, etc., but the state was not less grave.

The persons who surrounded the Prince thought that it would be useful to have the opinion of a French physician. They demanded Prof. Potaire, who cared for the regretted Prof. Parrot, and would not abandon him for some days; but proposed M. Vulpian, who was accepted.

The 15th of July, M. Vulpian arrived at Frohs-

dorf, and saw the patient immediately. He confirmed with MM. Drasche and Mayr the existence of a tumor seated in the epigastric region, at the right of the median line, not well limited, and having at least the extent corresponding to the greater portion of the palm of the hand. There was a slight œdema, without pain, at the lower portion of the inferior part of the legs, and the tongue was the seat of a commencement of an epithelial proliferation (Muguet).

The 17th the physicians held a new consultation, and felt the tumor very distinctly in the epigastric region.

After this examination, M. Vulpian speaking first by invitation of his confrères, declared that the existence of a cancer of the stomach appeared to him extremely probable, and that if it was so the neoplastic tissue must be developed upon the mucous membrane of the convex part of the stomach, under the form of a plaque, at a certain distance from the pyloric orifice.

He was inclined to admit this diagnosis, upon the presence of a painful tumor in the epigastric region, upon the intolerance of the stomach, upon the nausea and vomiting during fasting, upon the loss of appetite and the special repugnance for food, upon the loss of weight that had preceded the symptoms for some weeks, upon a somewhat cachectic color of the face, and a slight œdema of the inferior members; furthermore, upon the fact that an uncle of the Prince had died of a cancer of the stomach.

M. Vulpian, charged to make known the result to the Count of Blacas, then confirmed the diagnosis of cancer carried by his two confrères, and also added that the cancer was probably seated, but not certainly, in the stomach; also, that the kidneys were somewhat altered, that there was fatty degeneration of the heart, atheromatous lesions of the arteries, and that these conditions rendered the condition more grave and menacing.

The following days the situation amended favorably. New courage was taken at Frohsdorf, although Dr. Mayr created no illusion. In effect, the symptoms returned in the night of the 8th to 9th of August; the feebleness augmented rapidly; the patient had lost sixty pounds since his return from Goritz. M. Vulpian was called again the 20th of August, but when he had arrived the morning of the 24th he learned that the Count had died at 7 o'clock and 20 minutes.

The Countess of Chambord having made known her opposition to an autopsy, it was only during the process of embalming, which was done fifteen hours after death, that the lesions could be seen.

M. Kundrat, professor of pathological anatomy at the University of Vienna, opened the abdominal cavity by a crucial incision that he prolonged to the superior part to retire the thoracic viscera. One could see by raising the epiploon; that the tumor was constituted by the mesentery, very wide, very much charged with fat in this region, and occupying an extent as large as the palm of the hand. The tumor was composed of a large number of hypertrophied ganglions without any cancerous or sarcomatous degeneration. The stomach offered nothing apprecia-

ble on the exterior. The lungs were sound. The heart had nothing more particular than a volume a little superior to the normal, and a great flaccidity of the pericardium which presented a dead leaf color very pronounced. The aorta was strewn in its internal surface with little fatty spots, and small atheromatous plaques. The œsophagus and stomach were incised successively. The superior part of the œsophagus was entirely sound, but from the union of the superior four-fifths with the inferior fifth, to the cardia, there was seen many ulcerations of a grayish-black color, of a form generally round; near the cardia two large ulcerations occupied nearly all the circumference of the œsophagean conduit.

At the base of the ulcerations the mucous membrane was entirely destroyed; the muscular tunic appeared at these points. The borders of these ulcerations were not jutting, but rather as if they had been cut. The stomach presented the aspect of gastric catarrh. Here and there could be seen, by plaques, injection of small vessels. At the base there was a small tuberosity, some small ulcerations some centimeters from the pylorus, of which one presented the characters analogous to those at the inferior part of the œsophagus. The intestines and liver were normal. The state of the kidneys appeared to indicate a feeble degree of interstitial nephritis.

The viscera were to be replaced, and the physicians were not certain of having found all the lesions that might have existed, and those of which we speak could not be examined with the attention necessary. It was necessary to limit the examination to three or four minutes, for all the assistants. Therefore a histological examination was out of the question. It was upon these data that M. Vulpian wrote a remarkable chapter of diagnostic pathology. He passed in review the causes that would have produced these large and profound ulcerations. One cannot admit that these lesions were produced by a simple catarrhal inflammation, nor a sub-mucous inflammation of the œsophagus. One can invoke a possible atheroma of the arteries, but this supposition has no direct foundation, and like the others is open to objections.

M. Vulpian also rejects the hypothesis of poisoning. The toxic agents that can be invoked, are those which cause ulceration, as arsenic, phosphorus, the soluble salts of mercury, antimony and silver, the caustic acids and ammonia.

M. Vulpian does not admit that the lesions could be stationed exclusively in the inferior part of the œsophagus.

The Count of Chambord never ate alone, and his companions ate of the same dishes; none of them suffered either before or after the beginning of the malady.

M. Vulpian declares that it is incontestable that the disease has not had its departure from the ingestion of a poison. In spite of these denials, in the impossibility of finding a plausible explanation, the hypothesis of a poisoning will be held by many.

Whatever it may be, the history of the disease of the Count of Chambord is most curious, and we are under obligations to Prof. Vulpian, with his great experience and his great clinical sense, for having related it to us.