cine, which produced more violent effects than I intended—viz., convulsive twitches, which, however, quickly subsided, on the medicine being intermitted, and with them all symptoms of the disease. In a day or two after this I saw her thread a fine needle with a hand perfectly steady, and she was dismissed cured at the end of a week. I saw her more than a year afterwards; she was quite well, much improved in appearance, considerably grown, and had had no return of chorea. I ought to mention that she first came under my care after having been already some weeks in the hospital, under the care of my esteemed predecessor, Dr. Bayne, whose treatment of her was continued, without any improvement in her symptoms, until she commenced the use of the strychnia.

My next case was a girl of the same age and constitution, who came under my care as an hospital patient, about the same period. In her case I adopted the same treatment. No violent effects were produced by the remedy, and after a few days' treatment the symptoms of chorea began gradually to disappear, and she was also dismissed cured at the end of a fortnight.

I cannot speak so favourably of the effects of strychnia in some cases of paralysis in which I have considered myself warranted in trying its use, and in which class of diseases, under certain circumstances, its advantages have been favourably recognised by some authors; but in chorea, in the limited number of cases in which I have given it a trial, I have been much satisfied with the result.

Should any of my professional brethren feel disposed to try the effects of the remedy in this frequently unmanageable disease, I should feel gratified if they would make known the result of their trial, as I feel that my own opportunities of trying the remedy have not been sufficiently numerous to establish its true value.

Boulogne, May 26th, 1845.

CLINICAL CONTRIBUTIONS FROM PRIVATE PRACTICE.

APOPLEXY A CAUSE OF SUDDEN DEATH.

By R. H. SEMPLE, Esq. Islington.

THE public is generally in the habit of attributing sudden deaths to the influence of apoplexy; but an opinion has been gaining ground in the profession, and is now almost universally entertained, that sudden deaths *never* proceed from that cause, and that an interval, varying from an hour to a week, or more, always intervenes between the attack and the fatal termination. In those cases of apoplexy which terminate suddenly and fatally, some disease of the heart has generally been detected, to which the suddenness of death has been, with good reason, ascribed; and I may state that I am enabled to verify this view by the results of my own observation; but the case I am about to relate will demonstrate the occurrence of sudden death from apoplexy, without any disease of the heart whatever, and, indeed, without any remarkable disease of any other organ.

Mr. R.—, a gentleman aged fifty-five, about five feet ten inches in height, stout, but not corpulent, with a rather short neck, of moderate and regular habits, and generally in the enjoyment of perfectly good health, suddenly fell down in his own house, and expired almost instantaneously. My uncle arrived in less than five minutes, and several other medical gentlemen quickly followed, but life was quite extinct, and the attempt to open a vein in the arm was followed only by the effusion of some fluid blood contained in the vein. There had been no premonitory symptoms whatever expressed by the patient, or observed by his relatives or friends, nor was there any reason to suspect a predisposition either to apoplexy or disease of the heart. A post-mortem examination was made two days after death, in the presence of my father and my uncle, and Messrs. Clifton and Hunter, when the following appearances were observed:—

The body was that of a stout, well-formed man; there was great lividity about the head, neck, breast, and back; there was a considerable quantity of adipose tissue beneath the skin.

Head.—On removing the scalp, there was a considerable effusion of venous blood from the small vessels, owing to congestion; on removing the calvarium, the vessels of the dura mater were also found turgid with blood, and the small vessels minutely injected. On removing the dura mater, the arachnoid membrane and pia mater were found excessively congested, the congestion assuming, in many parts, the appearance of dark masses of extravasated blood, and penetrating deep into the convolutions; on careful examination, however, no extravasation could be detected. The substance of the brain was most minutely examined, but its texture was healthy in appearance, of the usual colour, and of firm consistence; no effusion of blood could be

detected in any part. The ventricles were healthy, and contained only a small quantity of fluid; but the vascular structures, as the venæ Galeni, and choroid plexus, presented the same congested appearance which was noticed in the investing membranes.

Chest.—The lungs were voluminous and much congested; but no appearance of inflammation, or any other pulmonary disease, could be detected. The heart and aorta were removed for separate examination; the heart was of natural appearance and dimensions. The ventricles, auricles, and valves, were all separately laid open and examined, but no trace of disease, no contraction or dilatation, neither hypertrophy nor atrophy, could anywhere be observed. The aorta was quite healthy.

Abdomen.—The liver was large, excessively congested, so as to assume in some parts almost a black colour, but, except the congestion, no trace of disease was visible. The stomach was empty, and its mucous membrane presented generally a healthy appearance, with the exception of some traces of chronic gastritis. The kidneys were congested, but in other respects presented the normal structure; on the right kidney, a fibrous tumour containing cells was discovered. The other viscera presented no remarkable appearances.

There can be no doubt that death resulted from an attack of congestive apoplexy, and that there were no other appearances which could in any way account for the fatal termination. Whether the deceased did or did not experience any premonitory symptoms it is impossible to ascertain, but I think it is clear, from the post-mortem examination, that if the deceased had been copiously bled, the fatal attack might have been averted. Still, as no medical advice was requested till the vital spark was extinct, and as the deceased made no complaint previous to death, no person can be liable to blame for the melancholy result.

March 4th, 1845.

QUICKENING SIMULATED BY THE MOVEMENTS OF TÆNIA VULGARIS, INDUCING ENLARGEMENT OF THE WOMB, FOLLOWED BY SCIRRHOUS LIVER (?) ASCITES, PROFUSE HÆMORRHAGE, DURING THE FOURTH OPERATION OF TAPPING.—RECOVERY.

By J. H. HORNE, Esq. Princes-street, Coventry-street.

THE history of this case, I think, is interesting at the present moment. The principal movers in the field, whether of debate or of correspondence, for or against the operation of removing of diseased ovaries, have had time to reflect, and, perchance, gather fresh strength. May we, for the sake of suffering humanity, ere long arrive at the proper goal; doubt engenders disrespect, and the public are too well aware of the agitated state of the profession on this head, and not this alone. The materials of the present case have been amassing through the space of the last fifteen years, which carries with it no small weight, I believe, as the lady first consulted me in 1830, suffering from ulcers of the right inferior extremity, which were supposed, by her former medical attendants, to be syphilitic, as they had been accompanied with others in the genital organs, to remove which very large doses of mercury were administered, inducing a most alarming condition of debility, her friends despairing even of her life. I ordered the free use of quinine, with the best result, the ulcers healing readily by being kept clean with cold water dressings.

In August, 1831, the ulcers of the genital organs returned, but readily healed after a few applications of the solid nitrate of silver; and all doubts of their non-syphilitic nature were completely set at rest, as she had been now married some months, and the husband remained unaffected. In the spring of 1832, she considered herself *enceinte*, quickening, in her mind, having taken place, but in this we were mistaken; vaginal examination detected enlargement of the womb, but it did not reveal the quickening movement so distinctly felt by the sufferer. The ioduret of potassium dissolved in the infusion of cascarrilla bark, with an occasional purgative dose of the bicarbonate of soda, was prescribed internally, and externally over the abdomen was rubbed in the iodine ointment, and good diet allowed. This treatment had the desired effect of dislodging a large tape-worm, measuring thirty-three yards in length, and a very visible improvement in the general health rapidly followed, but it would seem of short duration, for in the latter end of June she consulted, unknown to me, Dr. Henry Davis, who found her suffering from ovarian dropsy. Deriving no benefit from Dr. Davis's prescriptions, she applied to Dr. Golding, who found her labouring under ascites, some time having elapsed since Dr. Davis saw her.

Dr. Golding directed the friends who accompanied the patient to see me, and if I had no objection, he proposed tapping, to which