I do not know that I should have taken any notice of the matter (as it is only a theory after all), had it not been that the president of the Obstetrical Society for 1876 (Dr. Priestley), in his *résumé* of the debate on the subject, and Dr. Henry Gervis, on another occasion, referred to the theory as Dr. Tilt's.³

In addition to the symptoms pointed out by Dr. Strange in these rapidly fatal cases, I would mention diarrhoea as a very constant symptom, and I think in the cases where scarlet fever, measles, or small-pox is the zymotic poison, diarrhoea occurring shows that the system is brought under the influence of the septic poison as well, as I believe diarrhoea is a prominent symptom in all the purely septicæmic cases arising from the absorption of decomposing albuminous matter.

The fatality of cases of puerperal scarlatina, as stated by Professor Olshausen, is very greatly increased by the presence of diarrhoea.⁴ He says: "There can be no doubt of the ominous significance of this complication, for out of fifty-eight cases in which there is no mention of diarrhoea, twelve died, while out of twenty-one with diarrhoea, fifteen died." To my mind the presence of the diarrhoea in these scarlatina cases (as it is not a usual symptom of the disease in a non-puerperal subject) is ominous, because it clearly indicates the absorption of the septic poison into the circulation, and thus accounts for the great increase in the fatality of cases where diarrhoea is present.

In conclusion, I would formulate the influence of zymotic poison upon the puerperal condition whenever it is brought to bear upon the patient, either before or immediately after parturition, in the following manner:—

1. In a great many cases it has no morbid influence whatever. In these cases there is no doubt that the patient has been previously the subject of zymotic disease, and is therefore protected in the usual manner from a second attack. I believe this has been recently pointed out by Dr. Hickinbotham (THE LANCET, June 1st, 1878). I have also, in common with him and other observers, repeatedly seen cases of puerperal women lying in the same bed with children affected with scarlet fever, without any harm arising from the exposure to the infection. On inquiry, I have found that these cases have been the subjects of a previous attack, and have therefore come to the conclusion that a previous attack of a zymotic disease is as perfect a protection to a puerperal as to a non-puerperal woman.

2. Simple cases of zymotic affection in puerperal women, in which the patient takes the zymotic affection, and passes through it in the ordinary manner, as if in the non-puerperal condition, and presents only the usual symptoms of the particular zymotic disease with which she is affected. In the production of this class of cases, I think the time at which the infection is brought to bear upon the patient is an important element in the case, for if the zymotic poison has been introduced to the patient so as to vitiate the secretions and discharges from the body *only after the open mouths of lymphatics and veins are closed with lymph*, then the septic poison, if generated by decomposition, is effectually excluded, and the simple zymotic disease runs its usual course. In these cases my theory is, that they continue simple, because kept free from septic absorption at any part of the genital apparatus.

3. Those cases which might come under the designation of "zymotic puerperal septicæmia," or "septo-zymotic puerperal fever," where the symptoms are of a mixed, and to a certain extent masked, character, owing to the presence of a double poison in the blood—(a) the zymotic introduced in the usual manner, and (b) the septic arising from the absorption of decomposing material at the utero-vaginal parts. These cases seem to be usually produced by the patient being, in the first instance, so severely affected with the zymotic poison as to determine the period of labour, probably in the manner that Dr. Strange has pointed out, and to which I have already referred. The condition of the blood poisoned by the zymotic, the vitiated state of the discharges, and the unprotected state of the lymphatics and veins against the admission of the septic influence immediately after the delivery has been brought about in this manner, along with the theory of the nature and production of this fatal class, have been, I think, already sufficiently adverted to and explained.

Barnsley.

³ See pp. 38 and 174 of Obstet. Trans. for 1876.

⁴ See Obstet. Journal, vol. iv., 1876-77, p. 364.

TREATMENT OF WOUNDS OF THE SUPERFICIAL PALMAR ARCH BY ACUPRESSURE

By EDWARD BELLAMY, F.R.C.S.,
SURGEON TO THE CHARING-CROSS HOSPITAL.

A PERUSAL of the various English works on surgery does not impress me that this simple method is practised as frequently as it might be. I record a case which occurred lately in my own practice. A lad, whilst cutting some toffee from a plate, cut his ulnar artery through, just at the point where it takes its bend towards the radial side of the palm (in the "line of fate"), and when brought to my house, was losing blood rapidly, per saltum, from a deep wound about an inch and a half long. I applied Esmarch's bandage, and endeavoured to find the bleeding points, but to no purpose. I then plugged the wound and bound the hand to a dorsal splint firmly, so as to get pressure on the vessel by means of the tension of the palmar fascia, and applied compresses over the trunks of the radial and ulnar vessels. He soon returned to me bleeding as profusely as before. I then determined on acupressure, and taking a stout harelip-pin, passed it through the tissues about half an inch from the edge of the cut, under the artery, and out again to a corresponding distance the other side of the wound, and placed the limb again on the splint. This had the effect of entirely stopping the bleeding; the needle was removed on the fourth day, and the entire wound had closed by the end of the week.

I am well aware of cases of a like nature being treated by passing a harelip-pin under the radial and ulnar at the wrist, but although it has been effectual, it is not without its dangers, and I contend that in cases of wound of the superficial palmar arch (and this is not the first I have treated similarly), acupressure at the point of injury should be resorted to at once.

As a matter of anatomical fact, the bloodvessels, as it were, cleave to the palmar fascia, even after a long escape of blood; and, with ordinary anatomical precision, and a knowledge of the possible contingencies of irregularities, should be secured. A double needle might be used in some cases, to make quite sure—one on either side of the division in the vessel.

I need hardly say that these few remarks apply more particularly to wounds involving the superficial arch, although the "deep" arch is topographically not so deep or so ungetatable by this method as might be imagined.

Wimpole-street, W.

TREATMENT OF SANGUINEOUS CEREBRAL APOPLEXY BY THE SUBCUTANEOUS INJECTION OF ERGOTINE.

By N. S. FOSTER, M.B.

THE utility of the subcutaneous injection for the exhibition of the active principle of ergot on account of the rapidity and comparative certainty of its action has been most successfully demonstrated in cases of post-partum hæmorrhage. From the explanation given of its inducing the contraction of the smaller arteries, and from the facility of its administration, especially in cases where swallowing is at least very difficult, I was led to use it in cases of cerebral apoplexy and also of hæmoptysis. It is for the former that I am enabled more especially to suggest its use, and from the results I have seen believe it worthy of a more extended trial in that form of disease.

Cerebral apoplexy proper, pathologically speaking, is essentially effusion of blood caused by a rupture, generally of the smaller arteries of the brain, whether of the punctiform or of the massive varieties—which, indeed, are more accurately degrees of the same condition. Perhaps the commonest kind of disease leading to this result is the formation of minute miliary aneurisms, their subsequent rupture, and thence the usual train of symptoms.

At present I can record only two cases in which I followed out the plan of treatment.

CASE 1. — I was sent for and informed that the patient, aged seventy-two, had been seized about half an hour before my arrival. The ordinary apoplectic symptoms were present, and the coma gradually deepened during the application of the usual remedies. I then injected ergotine subcutaneously in the forearm. The comatose state soon seemed to become stationary, and eventually the patient made a good recovery.

CASE 2 was similar in most respects to No. 1; but in this patient, who was sixty-four years of age, I injected ergotine at once; and here the coma, which was only partial on my first seeing the patient, never increased in intensity, but soon passed off, and to all appearances he made a perfect recovery.

In both cases I satisfied myself of the absence of cardiac disease, and hence possibly of embolism; and from the history it was fair to conclude that effusion was the cause.

For the success of this treatment, both temporarily and permanently, a great deal depends on the promptitude of its administration, before much hæmorrhage has taken place, and consequent damage to the cerebral substance. The strength of the injection I employ is ten grains of ergotine to the fluid drachm; injecting twelve minims deeply into the muscles, and not merely into the subcutaneous tissue, as in the latter case suppuration is very apt to ensue.

Wisbeach.

CASE OF OVARIOTOMY IN INDIA.

BY M. W. GAIRDNER, M.B. EDIN.

OVARIOTOMY has not, as far as I remember, been frequently performed in India, and I think the following case may be of some interest if recorded. The exhaustion and general state of the patient were such as to make the prognosis very unfavourable, but I thought it right to give her the chance of the operation.

P. D—, a Hindoo woman, aged twenty-five, was admitted into the Bhosawul Hospital on March 7th, 1877, suffering from a large abdominal swelling, great exhaustion, and frequent cough, with copious frothy expectoration.

She began to menstruate at the age of fifteen. Had had three children, the last two years ago, from which time she dates the appearance of the swelling. Since then the abdomen had gradually increased in size and more rapidly lately. The menses had only appeared scantily and at long intervals since her last confinement. The appearance of the swelling was accompanied with an attack of general fever, which lasted two days, and was followed by swelling of hands and feet.

The abdomen measured fifty-one inches round on a level with the umbilicus, was greatly and generally distended, the swelling soft and fluctuating, and dull all over from ensiform cartilage to pubes, and transversely into lumbar regions. The skin was thinned, tense, and glistening, and on deep inspiration the abdominal wall was seen to move over the swelling. The vaginal walls were somewhat prolapsed, and, projecting into both cul de sacs, soft fluctuating swellings were felt, and palpation externally communicated distinct fluctuation to the finger in vagina. The uterus was small, and the os would not admit the sound. The urine was free from albumen; sp. gr. 1012. The general condition was very feeble; unable to raise herself in bed, or take much nourishment. The ankles and feet were somewhat swollen and dropsical. She had frequent cough, with quantity of frothy expectoration, and some râles and faint crepitation were heard over both lungs at certain parts posteriorly, but there was no perceptible dulness on percussion. Pulse 150; temperature 100·2°.

March 10th.—As she was slightly improved, I determined to operate to-day, and this morning, at 10.30, after the patient was well under chloroform, I made a vertical incision from the umbilicus towards the pubes, about six inches long, and with a little dissection exposed the cyst. In passing my hand round it, some adhesions to anterior abdominal wall and diaphragm were felt and were torn through. A trocar was then introduced, and about 700 ounces of dark-greenish oily fluid, with flocculent whitish masses intermixed, drawn off. The cyst, which weighed three pounds, was then drawn out of the belly, some firm posterior adhesions having to be torn through to free it. The pedicle, which was long and about the thickness of a

little finger, was tied firmly with stout carbolised catgut, divided and returned into the abdomen. Where the adhesions had been torn through, some oozing occurred, and after carefully sponging this out, the wound was closed with silver wire sutures, and a compress and bandage applied. She was then put to bed, and a quarter of a grain of morphia given by hypodermic injection. She recovered well from the operation, and the same evening was free from sickness, had little or no pain, and small quantities of iced soda-and-milk relieved her thirst. Temperature 100·8°; pulse 140.

Next day she expressed herself as better; little or no abdominal distension or pain. Had some beef-tea and milk at intervals. Pulse 138; temperature 102°. In the evening she continued well. Pulse 140; temperature 104° in vagina. On the 12th, about 5 A.M., she complained of tightness and pain across the chest, and weakness, and in spite of stimulation she rapidly sank, and died at 2 P.M. the same day.

At the necropsy both lungs were found much congested, and the heart pale and small. The abdomen was somewhat distended, and on opening it the peritoneum presented a somewhat granular appearance at some parts. The pedicle and its immediate vicinity were free from inflammation, and the catgut ligature was seen in it firmly adherent.

The result was very disappointing, as for forty hours after the operation the symptoms were favourable, and her rather rapid death was scarcely looked for. Her condition the day after the operation was better than it was before, and she expressed herself as better, and much relieved. The time of the year was unfavourable, the temperature during the day reaching over 100°, and the lowest at night 86°.

Bhosawul, India.

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.

LONDON HOSPITAL.

TWO CASES OF PERITYPHLITIS, WITH REMARKS.

(Under the care of Dr. STEPHEN MACKENZIE.)

CASE 1.—W. F—, aged twenty-two, trouncer, admitted on June 6th, 1877. He never remembered having a day's illness until the previous September, when, whilst walking home from work, he came over "faint," as if from hunger. On reaching home he made a full meal off fish. He still felt "faint" after his meal, but had no pain, and went to bed at the usual time. On the following morning he found his face very red and swollen, and his eyes partly closed. On rising he found he had pain in the right side of his abdomen; he had no appetite; his bowels were constipated; and he only had ease when he lay with his knees drawn up. On the third day he took to his bed, as he was unable to stand. His abdomen was leeches and poulticed, and the doctor in attendance said it was "peritonitis." He gradually got better. At the end of three weeks he was able to leave his bed, and a fortnight later he returned to his work. Afterwards he had several slight attacks of pain in the same situation, but was not obliged to give up work until the present attack.

He felt very well until 8 A.M. on June 1st, when the old faintness came upon him, with the pain in his right side. He managed to do his work all day, and then went home to bed. The pain was very severe, but he got some sleep from medicine given for the purpose. Diarrhoea set in after previous constipation. The pain continuing, he applied at the hospital for relief.

On admission he was a well-built young man, with capacious chest, and strong, muscular limbs. There was no intra-thoracic disease. He lay either on his back or on his side, but in every position he always kept his right thigh flexed at an angle of about 120 degrees with his body, and could not extend it beyond this. When his femur was