nerves in the tissues which are exposed to compression by the displacement. When the sickness continues longer than the first half of pregnancy, he thinks it may be due to hardening of the tissues surrounding the internal os, this condition having been found especially marked in four cases, out of a series of thirteen, in which the condition of the os and cervix was particularly noted.

The treatment advised by him is rest in the supine position, on the back, in those cases where anteversion or ante flexion may be present, and replacement by pessary or any other means that may secure a normal upward movement of the fundus uteri.

Vomiting in these cases usually begins very early; in twenty-four cases out of forty-three reported by Mons. Guéniot, of Paris, it occurred, as in my case, before the end of the first month.

The prognosis in this affection may be stated as decidedly unfavorable. In the thirty-two cases collected by Hewitt, there were eleven deaths and twenty recoveries; the result in one case was not known; seven of these recoveries followed manipulative treatment and replacement of the uterus.

In one hundred and eighteen cases collected by Guéniot, there were forty-six deaths; without abortion, twenty-eight; after abortion or spontaneous premature labor, seven; after induced abortion, eleven. The treatment seems to me should be directed essentially to changing the position of the body of the uterus relative to the cervix. The vomiting begins so early that it does not seem probable that the pressure of the surrounding soft parts, in the first weeks of pregnancy, can act as the exciting cause of so great reflex disturbance.

The treatment by Copeman's method was not tried in the case I have reported, on account of objection offered to it by the family, and a fear on my part of exciting abortion, as I felt that in her prostrated condition, a fatal result would thereby probably follow.

A CASE IN DOUBT.¹

BY WALTER M. WRIGHT, M.D., OF ORANGE, MASS., MEDICAL EXAMINER.

ONE morning in 188—, the selectmen of the town of —, directed me to assume charge of the body of one Matilda Ferguson, who had died the preceding day, and make due investigation as to the cause of her death. Such of the personal history and past physical condition of the said Matilda as concerns us at this stage of our paper may be told in a few words. She was a maiden lady of somewhat eccentric life and habits, who had lived the major portion of her seventy-three years in the quiet and seclusion of her own cottage, fully up to the high standard of virtue which Socrates so much desired of his wife. Physically she was thin, bony and angular, and although for the last score of years she had suffered from a cough which gave her the reputation of being marked for a victim of *phthisis pulmonalis*, yet she rarely found it necessary to patronize a physician, and passed for one of those tough, wiry, weazened, chronic kind, which we so frequently see live far beyond our most sanguine expectations, and oftentimes finally die of some acute disease.

During the two or three weeks immediately preced-

¹ Read before the Massachusetts Medico-Legal Society, October 7, 1885.

ing her death, Matilda had been much of the time confined to her house and yard; yet had two or three times walked the distance of a mile to call on a sick neighbor, and had on as many occasions, owing to attacks of gastralgia and irritative diarrhoea, accompanied once or twice with thirst and bloody stools, seen fit to call in a physician whose medicine gave early relief, which usually caused a countermanning of the request to "call again to-morrow." Three or four days previous to her death, during the vacation of her old physician, she was seized with a similar but more severe attack, another doctor was called, she rapidly grew worse, sank in a collapse and soon died.

On proceeding to the discharge of my official duties, an external examination of the body made twenty-six hours after death, showed in every respect a remarkably natural appearance, save over the abdomen, which was purple and much discolored on its entire surface; rigor mortis was entirely absent, except in the fingers and toes, and the skin was absolutely devoid the characteristic look and feel of death.

The application of the knife drew venous blood in a somewhat darkened but, at the same time, in a decidedly fluid state, and in no part of the system were any actual clots found.

The opening of the several cavities of the body gave escape to absolutely no odor, in so much that a young lady, present for the first time at such an examination, (which in this case was made in a small, close room), professed that she was able to detect no smell whatever.

The autopsy showed: *First*, a brain whose dura mater was intensely injected and irritated, especially in the region of the vertex, whose superficial vessels were more than usually congested and in whose convolutions, fissures and ventricles nearly six drams of watery serum were found.

Second. A right lung whose lower two-thirds were bound by old pleuritic adhesions; a left lung free from adhesions but covered on its anterior surface, particularly of the lower lobe, with a thick gelatino-plastic exudation, and in whose hemi-thorax there were four ounces of serous fluid. Both lungs were intensely congested and would not collapse on the application of moderate pressure.

Third. A heart healthy in every respect, containing a small amount of blood which showed little tendency to form clots.

Fourth. A liver, particularly healthy in every part save the extremity of the left lobe, which was slightly hardened.

Fifth. A stomach highly irritated at and about both orifices.

Sixth. Bowels thoroughly congested throughout, and showing the appearances of severe irritation over a large extent of surface.

Seventh. A pair of kidneys and a bladder in which no abnormal appearances could be detected.

Eighth. A uterus and vagina whose mucous lining was highly inflamed.

Deeming the results of this examination such as to warrant grave suspicions of the presence of an irritant poison, large sections of the brain, lungs, and liver, and the other organs named entire were separately sealed and submitted to the examination of an expert chemist, Dr. Charles Harrington, of Boston.

While awaiting the result of his investigations, it may not be improper or uninteresting briefly to con-

sider a chapter or two in Matilda's private and domestic life. I have intimated that her life was a lonely and secluded one. Such had been the status until about nine or ten months previous to her demise, when a stranger, a roving adventurer, a Spanish creole, (named Thomas Collins) aged about forty, in appearance and respectability but little above the average specimen of the genus tramp, having by some means obtained a knowledge of Matilda's habits of life and pecuniary condition, by arts and wiles, best known to himself, introduced himself to her notice and good graces, installed himself a member and guardian of her household and to all outward appearances became a most devoted attendant and admirer. During her illness, until very near her end, he alone cared for her and prepared her nourishment. After her death he immediately produced a will properly drawn, signed and witnessed, by which her snug little property, acquired by three score years and ten of the strictest parsimony and frugality, was to pass without reserve into his possession. He made no claim of a marriage but said it had been mutually agreed by them that the survivor should inherit the all of the other, which in Mr. Collins' case might be algebraically expressed by a minus more closely than by a zero. That the peculiar and uncertain ways of the law might by no possible means deprive him of his rights (?) he himself had written the will and the childish old lady had executed it.

A neighbor, who called once or twice during Matilda's sickness, stated that gruel prepared and administered by the said Collins' hand caused nausea and gastralgia, and that some taken from him two days preceding death produced a marked change in her condition, from the prostration of which she never rallied.

The chemist's report was received three weeks later and from it I quote these words: "The examination has yielded entirely negative results, no poison either organic or inorganic being detected." In a subsequent letter relative to the cause of death, the same gentleman says: "I can only say that it is one of those cases where it is very difficult to form an opinion."

It may not be uninteresting, though perhaps immaterial, to add by way of a codicil that Mr. Collins in a few weeks so far recovered from his grief at the loss of his adopted companion, under the soothing action of the balm of the affections of an ancient widow, possessed of a cash capital of about \$3,000, as to engage himself in marriage to the "blooming old gal" of some sixty-five springs; but having got the above-named collateral well into his own hands, he neglected to present himself before the parson but suddenly departed to other fields and widows fair. A strong arm and officer of the law, reached him in a neighboring State, and when the warm and forgiving-hearted widow gave him the alternative to marry or to suffer, he evidently saw wisdom in the oft-quoted scripture, for he quickly chose the former with all its dread liabilities of the latter.

Now, gentlemen, in this rambling and semi-careless way, I have endeavored to give you the most material points in, and the main outlines of, circumstances bordering on a case which to me was, and still is, puzzling, perplexing and unsatisfactory; and since nothing in the future seems likely to throw any additional light thereon (unless possibly there may be a mysterious

death and consequent autopsy of the present Mrs. Collins) you may very readily understand why I saw fit to label this paper "A Case in Doubt."

HYDATIDIFORM MOLE OF THE UTERUS.¹

BY W. A. DUNN, M.D., BOSTON.

ON the morning of July 30th, I was called to attend Mrs. M., who was said to be flowing very badly. She was supposed to have been five or six months advanced in pregnancy. When I arrived I found the patient very much exhausted, surrounded by a panic-stricken family, and there was all the evidence of an unusually severe hæmorrhage on the clothing and the carpet. Her pulse was very rapid, her breathing accelerated, and her blanched appearance and cold, clammy skin were emphatic evidence of her extreme danger.

On examination I found the vagina filled with clots, which, when removed, were followed by copiously flowing blood. The os was soft, and was of the size of a silver half-dollar. I found the uterus and abdomen much larger than the history of the duration of the case would warrant, and combining the size of the uterus with the hæmorrhage I feared the existence of a placenta prævia. The extreme conditions of the case demanded that the os uteri should at once be dilated, and the uterus emptied.

These indications and the success of my efforts to follow them I found to be almost in an inverse ratio. However, after long-continued efforts I was able to enlarge the os sufficiently to confirm my diagnosis of placenta prævia, and to pass two fingers around it with the hope of touching the fœtus. While doing so, the placenta became detached, and I at once removed what I supposed was a portion of the placenta, but what afterwards proved to be all that remained of the placenta. The mass removed was two and one-half inches long and two inches wide. While I was examining it all hæmorrhage ceased.

All efforts to find any other portion of the placenta failed, and with the light thrown on the case at this stage I was at a loss to explain the absence of more placental tissue.

As the hæmorrhage had ceased, I administered several subcutaneous injections of brandy to stimulate the heart, and prepared the patient for the complete dilatation of the os, which was imperative. During the process of dilatation the patient's agony was so extreme and her resistance was so obstinate that I determined to administer ether, although I did so with considerable trepidation when I considered her exhaustion and the conditions of the case. There was no time to delay, the uterus must be emptied, but the patient declared that she would rather die than submit to the introduction of the hand into the uterus again. To my intense satisfaction the ether proved a potent stimulant to the heart, and soon the radial pulse was beating regularly, and with renewing strength.

The os was soon dilated, and, after a short interval, I was able to insert my hand into the cavity of the uterus, and attempt to reach a foot and turn. To my great astonishment, after groping around on all sides, I was unable to find any evidence of a fœtus. On the contrary, I could easily detect the existence of a mass of soft, round cysts which readily came away with my

¹ Read before the Section of Obstetrics and Gynæcology of the Suffolk District Medical Society, November 18, 1885.