days from that of the introduction of the thread. I have never failed to effect a complete cure of ranula by these means, be the disease large or small; and the pain attendant on the entire treatment amounts to almost nothing. There is no danger of hæmorrhage from the introduction of the needle in the large cases, because the tumour in the neck is superficial, leaving the carotid artery and its branches in their natural relations to the structures beneath it. The only vessel requiring observation and avoidance is the external jugular vein.

The seton-thread is a very efficient agent of cure in some cases of *Nævus*. It is not superior to treatment by escharotics in all cases. It is slow in its action, requiring the lapse of weeks; but it has the advantage of saving the skin from destruction, and of leaving a less palpable scar than any other remedy with which I am acquainted. If the *nævus* is large, the threads should be passed across the morbid growth in various directions, and not necessarily through the centre, but occupying its substance in all directions. The swelling, if large, may require six, eight, or ten threads. The object to be obtained is suppuration, and when obtained, and detected by the oozing of pus, the thread or threads should be removed; and, if conveniently placed for the purpose, a little pressure should be applied.

CASE OF ACUTE RHEUMATISM; ENDOCARDITIS; DELIRIUM; SUDDEN FATAL ISSUE.

WITH REMARKS.

By J. B. BRADBURY, M.D.,

PHYSICIAN TO ADDENBROOKE'S HOSPITAL.

J. L.—, aged twenty-six, single, stone-mason, admitted into Addenbrooke's Hospital May 22nd, 1870. Seven days previous to his admission he was seized with acute rheumatism, the ankles being the joints first affected. He had been accustomed to drink beer freely, and the day previous to his attack he had drunk a gallon of this liquid. There was no history of delirium tremens, gonorrhœa, syphilis, or any previous attack of acute rheumatism. He had, however, on several occasions suffered from rheumatic pains. The day after his attack he was obliged to keep in bed, where he remained till he was brought to the hospital in a cab.

On admission, the joints of the upper and lower extremities were painful, but not much swollen. He was bathed in perspiration, but there was not the characteristic odour of the sweat in acute rheumatism. The tongue was coated at the edges with a thick creamy fur, and had a dry brown streak down the centre. Bowels had not acted for two days. Urine acid; contained some lithates; and when a little was heated and nitric acid added, it contained about one-tenth of its bulk of albumen. Heart's sounds normal. No cough or difficulty of breathing.

May 23rd.—As the bowels had not acted for two days, he was ordered the following powder: subchloride of mercury, five grains; compound jalap powder, one drachm: to be taken immediately. Milk and arrowroot for diet. To be bedded in flannel. Temperature 104° F. in the evening.

24th.—No improvement. Bowels have not acted. Urine still albuminous. Pulse 120, and temperature 104° , in the morning; pulse not taken, and temperature $104\frac{1}{2}^{\circ}$, in the evening. Compound jalap powder, one drachm, to be taken immediately; and a senna draught three hours afterwards.

25th.—Bowels have acted freely. Urine still albuminous. Heart's sounds normal. Tongue moist, and has no brown streak down the centre. Pain in the joints no better. Pulse 110, and temperature $102\frac{2}{3}^{\circ}$, in the morning; pulse 104, and temperature 103° , in the evening. Ordered twenty grains of bicarbonate of potash in an ounce of water: to be taken every two hours.

26th.—Skin covered with sudamina. Urine albuminous and acid. Less pain in the joints. Pulse 118, temperature 102° , in the morning; pulse 100, temperature $104\frac{1}{2}^{\circ}$, in the evening.

27th.—Was slightly delirious in the night. Urine free from albumen. A systolic bruit can now be heard over the

base of the heart. Patient does not complain of pain in the chest, or of dyspnoea. Pulse 104, temperature $104\frac{1}{2}^{\circ}$, in the morning; pulse 92, temperature 103° , in the evening. To have beef-tea and milk. Ordered sulphate of quinine, two grains; opium powder, a quarter of a grain; confection of roses, sufficient quantity to make a pill: to be taken at bedtime.

28th.—Patient has not had any sleep, but was not delirious in the night. No albumen in urine. Tongue cleaner and moister. Pulse 100, temperature 104° , in the morning; pulse 92, temperature $104\frac{1}{2}^{\circ}$, in the evening. Repeat the mixture and the pill, increasing the opium powder to a grain.

29th.—Patient has had no sleep, and has been restless. No recurrence of the delirium. Pain in the joints has disappeared. Complaints of numbness in the left arm. Tongue moist, and slightly coated with a white fur. Bowels acted this morning. Urine alkaline. The cardiac bruit is still very distinctly audible at the base. Pulse 98, temperature $104\frac{1}{2}^{\circ}$, in the morning. He took his beef-tea and milk as usual, and slept at intervals about two hours and a half during the day. He had his tea about 4.30 p.m., and soon after became delirious, got out of bed, and said he must go to work. The nurse put him back to bed, and had to keep him there; but she assures me that she did not use any great force. After being delirious about a quarter of an hour, he became insensible and could not speak. He lay in this condition till two or three minutes before his death, when he vomited, and his bowels acted. During the time he was unconscious there was considerable twitching of the muscles of the legs and arms. He died at 5.30 p.m. The nurse informs me that when out of bed the patient could use both arms very well.

Autopsy, seventeen hours after death.—Nothing abnormal was found in the pericardium. On the semilunar valves of the aorta were a few vegetations, about half a dozen on the middle valve, and two on each of the others. They could easily be detached. The mitral valve was quite healthy. The cavities of the heart were empty. There was congestion of the base of the left lung, but a small piece did not sink in water. There was also some vascular injection and slight thickening of the pleura on the right side. The kidneys were healthy, but rather large. The pia mater was somewhat more vascular than natural. There was a plug in the right middle cerebral artery. In other respects the brain was quite healthy.

Remarks.—The above case of cerebral rheumatism (Trousseau) appears to me to be of sufficient interest to place on record, since cases of this kind are happily by no means of frequent occurrence. The man's antecedents could not be well made out, as he was a stranger in Cambridge. He confessed, however, that he had been intemperate. In one of the cases recorded by Trousseau the man had also indulged to excess in alcoholic liquors, and died, as in this case, within an hour from the time of the supervention of the cerebral symptoms. The albuminuria was merely transient; but it is worthy of notice that when the albumen disappeared from the urine the heart became affected and he was slightly delirious. Vigla says that copious sweating and a confluent miliary eruption are premonitory symptoms of cerebral complications in acute rheumatism. Both of these were present in the case I have recorded. I do not, however, attach much importance to these symptoms, as they are present in most cases of severe rheumatic fever.

After death there was no evidence of inflammation of the meninges of the brain, unless the increased vascularity of the pia mater is to be regarded as such. It might be said that the case terminated too rapidly to find such evidence of inflammation as thickening and effusion of fibrin or serum. If one looks carefully at the recorded cases of cerebral rheumatism, how rarely is any evidence of meningitis found after death. I, for my part, am inclined to regard the cerebral symptoms as due to the action of the rheumatic poison circulating through the brain of a person predisposed to delirium in consequence of his intemperate habits. This was the view taken by Dr. Todd. The heart was affected, and one of the vegetations detached from the aortic valves was probably carried along in the circulation to the blood-vessels of the brain, where it plugged the middle cerebral artery in the fissure of Sylvius. This might cause the delirium; still I am inclined to think it did not. Some French physicians ascribe the production of cerebral rheumatism

to quinine. Transient delirium occurred, however, in this case before any quinine was administered. Considering also that the patient only took four grains in all, it seems unreasonable to attribute the cerebral symptoms to the influence of this drug. It should also be remembered that French practitioners give quinine in very large doses. While upon the subject of quinine, I may state that during the Easter term I treated very successfully two cases of acute rheumatism by the quino-alkaline method recommended by Dr. Garrod in his article on Rheumatism in Reynolds's System of Medicine. This mixture seems to have considerable influence over the disease, reducing the pain, temperature, and pulse in a very remarkable manner. Cambridge, July 1st, 1870.

NOTES OF

A CASE OF CÆSAREAN SECTION.

By JOHN W. ROE, M.D.

H. S—, aged thirty-five years, of very cachectic appearance, and deeply marked with the small-pox. Some years ago she was an inmate of the Ellesmere Union Workhouse, suffering from mollities ossium, and lay in bed for nearly four years. She was sent to the Salop Infirmary during that time, and remained there under treatment for some months. Subsequently she left the workhouse, so far recovered as to be able to walk, but considerably deformed. She married three years last November. Miscarried twice since marriage.

On Saturday, Jan. 8th of the present year, I was sent for at 9 P.M. to see the patient, the messenger stating that she had been in labour since 3 A.M. of the morning of that day. A midwife was in attendance. On my arrival, I was informed that the liquor amnii had been discharged at the commencement of the labour. Uterine action appeared strong and frequent. Examination per vaginam disclosed the following conditions:—Rami of ischia and pubes approximated so closely as not to allow of the finger being passed between them. The space reaching from the posterior border of the tuberosities of the ischia to the coccyx, and bounded laterally by the sacro-ischiatic ligaments, would not admit of my two fingers placed transversely. The coccyx was much curved forwards. With considerable difficulty, and some pain to the woman, I reached the os uteri, and could just introduce the tip of my finger. Could not feel any presentation. I wrote, requesting the assistance of Dr. Moorhouse, who came at once; and, on examination, verified the conditions above described. On repeating my examination, and pushing back the perineum and vagina, I succeeded in touching the sacral promontory, which felt to be much projected forwards; but I could not reach the presenting part of the foetus. On consultation, and having regard to the serious nature of the case and the difficulty of performing any operation that might be deemed necessary in a dark hovel, only a few feet square, we advised her removal to the union workhouse. We gave her forty minims of tincture of opium, and left at midnight to make arrangements for her removal early in the morning.

She was taken to the workhouse at 10 A.M. on the 9th; and Mr. Whitfield joined us in consultation. She had suffered little pain since taking the laudanum, but had vomited frequently. There were now no pains, uterine action being suspended. Mr. Whitfield made a careful examination of the patient. He was of opinion that nothing could be done at present; and in the absence of all uterine action, any interference was out of the question. Her pulse was good, and she appeared cheerful.—4 P.M.: No change; vomiting had occurred several times during the day.—9 P.M.: Vomiting had abated; no change in other respects.

Jan. 10th.—9 A.M.: Had passed a tolerably comfortable night; no pains; had taken beef-tea, milk, and other nourishment. Ordered to sit up, and walk about the room.—4 P.M.: In exactly the same state.—10 P.M.: No alteration.

11th.—9 A.M.: Had slept during the night; otherwise in the same state; complained, however, of slight cough and mucous expectoration; thought she had taken cold on her removal. Castor oil was given, as the bowels had not been

relieved since the 8th.—5 P.M.: Oil had acted. She complained of uterine pains returning; there was no change in the state of the os uteri. Had taken nourishment freely during the day, consisting chiefly of milk, beef-tea, and eggs.

12th.—9 A.M.: Had suffered some pain during the night; os uteri soft and dilatable, but otherwise no change; pulse 120.—5 P.M.: Pains had been strong and frequent during the day, and the os uteri was dilated to some extent. No presentation could possibly be felt. On consultation, Dr. Moorhouse and I discussed the advisability of waiting until the morning before deciding upon any operation. There were no marked signs of exhaustion, though the pulse was still 120. The woman took sustenance freely. We decided upon waiting, and Dr. Moorhouse sent a message to Mr. Edmunds, of Chirk, asking that gentleman to come over early the following morning. At 9 P.M. an urgent request was sent to me to go to her. Dr. Moorhouse and Mr. Whitfield accompanied me. Uterine action was now very constant and strong. The examination was carefully repeated without disclosing any further progress, except increased dilatation of the os. In spite of the powerful action of the uterus the foetus failed to enter the pelvic brim. Examination with the stethoscope had been made several times, and no placental sound detected, though the sounds of the foetal heart were heard on one occasion. The pulse was now very rapid. After further consideration, the Cæsarean section was advised, and at once acquiesced in by the woman and her husband. Arrangements were made without delay; and the patient being placed on her back upon a table, I first proceeded to introduce a catheter, but found considerable difficulty in doing this in the usual way, in consequence of the woman being unable to separate her thighs to the required extent. Chloroform was administered by Dr. Moorhouse. I then made an incision about six inches in length along the course of the linea alba, commencing two inches above the umbilicus, and extending downwards towards the pubes. The peritoneum was opened to the same extent, two fingers being introduced to protect the structures beneath. An incision, nearly the same length as the outer one, was now made in the uterine walls, and immediately the placenta was disclosed to view, and a gush of blood took place. Introducing my hand, I instantly removed the placenta, and afterwards a small but living and healthy female child, the head of which was presenting in the natural manner above the pelvic brim. The uterus at once contracted and descended into the pelvis. At the same moment a considerable portion of the ileum protruded through the wound; and being replaced by Dr. Moorhouse and Mr. Whitfield, the edges of the opening were brought together, and Dr. Moorhouse introduced three wire and three silk sutures, which effectually retained them in apposition. Dr. Richardson's styptic colloid was freely applied, and a pledget of lint also soaked in the same preparation, and over all a broad bandage. The patient was then removed to bed, and one grain of opium given, and repeated every four hours. My assistant, who was present, remained with her until she slept.

13th.—9 A.M.: Mr. Edmunds, of Chirk, having arrived early this morning, accompanied us. Patient had passed a fair night, sleeping three hours at a time. Introduced catheter in the obstetric position, and drew off half-a-pint of high-coloured urine. There was a free lochial discharge per vaginam. Expressed herself as feeling comfortable, but coughed a good deal. Pulse 120; child doing well.—9 P.M.: Going on the same. Pulse 120; respiration 30. Had taken milk and beef-tea freely, and a little brandy. Had passed urine since the morning.

14th.—9 A.M.: Had not slept much. Respiration still quick; pulse 130. Cough harasses her. Mucous râles audible over chest. Belly somewhat tumid. No pain on pressure. Catheter not required, as she passes urine freely.—9 P.M.: Pulse 146; respiration 36; temperature 100.4°. Cough constant; expectoration thick, and difficult of removal. To have a mixture containing ammonia, morphia, chinchona, and chloric ether. Food had been taken freely.

15th.—9 A.M.: Had passed a bad night, vomiting constantly. Urine passes freely. Mucous râles audible over the upper part of the chest, on both sides anteriorly, and over the base of right lung behind. Pulse 140; respiration 42; temperature 99.2°. Beef-tea, brandy, and milk had been taken, but vomited.—8 P.M.: Had vomited at intervals