prescribe the forms of commitment which should be gone through in sending persons to insane asylums, but the question is so biased by the influence of passion, prejudice, and temperament that it can be settled only with great difficulty. Persons are confined to their homes, deprived of their liberty, and even subjected to personal restraint, if suffering from insanity, outside of a hospital. Why should they not be sent to institutions for treatment, without interference from society? The law of Pennsylvania declares that insane persons may be placed in insane hospitals by their legal guardians, provided such a proceeding is sanctioned by the certificates of two physicians. It is said that physicians may be dishonest or deceived, and it is not right to give them the sole power of committing to the hospital, and so disposing of a person's liberty; but in "signing a certificate of insanity a physician performs a professional service, in which he is amenable to his own sense of right and wrong and responsible to the laws of his country. Under what stronger obligations and sanctions can one act?" The medical certificate is all-important, but the physicians are so poorly protected that some of them in Philadelphia, to avoid a law-suit, will sign no certificates. At a time when a whole family is bowed down with grief, and the patient himself in a highly irritable condition, all unnecessary complications should be avoided, for they will only make the grief of the family greater, and develop suspicions, and perhaps delusions, in the mind of the patient. On the whole, therefore, medical certificates are, in Dr. Ray's opinion, the only safeguards needed in committing persons to insane hospitals.

Hospital Practice and Clinical Memoranda.

A REMARKABLE CASE OF CARCINOMA.

BY C. H. BROCKWAY, M. D., LYNN, MASS.

ON the 8th of December last I was called to see Mrs. A. G., a lady not quite thirty years of age. She was sitting up, and complained of pain "all over," as she expressed it. She would not admit that it was more severe in one region than another, only that it did not exist above the shoulders or below the hips. After some cross-examination I concluded that she really suffered most in the hypogastrium, across the abdomen, in the right hypochondrium, and at a point just below the inferior angle of the right scapula. I could find no tenderness on pressure except over the right ovary. By passing a finger into the vagina, the uterus was found to be immovable and slightly retroverted; anterior and a little to the right of it was felt a small, easily defined mass of moderate firmness, evidently the result of cellulitis. I pressed upon the tumor and in other directions, but she said it gave her no pain. She was exceedingly nervous, and slept but little. She could lie only on her right side, saying that it took away her breath when she lay on her left. There was no cause for this peculiarity that I could discover. Her pain came on suddenly three weeks previously, and had steadily increased in severity; she was tolerably free from it in the forenoon, but every afternoon about four o'clock it became so severe that she had been obliged for some days past to take morphia for its relief. She described it as gnawing, grinding pain, never sharp and lancinating. Her pulse was

88, and of fair strength; temperature five P. M. 99.5° F.; heart sounds normal; appetite poor, but she took animal broths, bread, fruit, and milk with lime-water without distress; bowels constipated; liver somewhat enlarged from above downward; no symptoms referable to the kidneys or bladder. Inquiring into her past history, I learned that she had considered herself in fair health since her childhood, only that at intervals of a month or more during the past three or four years she had suffered from gastralgia. Last October I saw her in one of these attacks; there was neither vomiting nor purging, only pain in the region of the stomach and liver, with anorexia. This lasted two or three days. I made but one visit, and gave her an anodyne, which relieved her. Two and a half years ago she married, and has since had two miscarriages, each between the third and fourth months; the second one occurred last July. She suffered little at either time; did not remain in bed except on the first day, but went about her household duties, which were quite onerous, she being step-mother to three children. Her menstruation has been regular and nearly painless, with but moderate flow. I learned that her mother died of some obscure disease of the liver.

Mrs. G. said that six years ago she was quite plump in appearance, but during the past two years had grown very thin. Her complexion was bad, but not cachectic. I ordered her bowels to be opened by enemata every other day, gave her small doses of iron and strychnia, and allowed her morphia at night.

December 11th. No improvement; ordered a blister, three by three, over the right ovary, and allowed her to be rubbed with an anodyne liniment.

December 18th. Pain continuous throughout the day; she is much depressed, and says she does not expect to recover. She prefers sitting to lying down, and cannot walk about the house without feeling exhausted. She now complains of severe pain over the liver below the ribs, and points out a small spot which is quite tender on pressure; a blister is applied, and quinine added to her other tonics.

December 22d. Weaker; complains of inability to fix her attention, and says she is "dazed" at times; no headache; on pressure over the tender spot in the right hypochondrium a small, poorly defined mass is felt, somewhat hard to the touch; pulse 93; temperature five P. M. 101° F. As her insomnia was distressing, I gave her fifteen grains of chloral at night; it made her wild with excitement, and was not repeated. She took morphia both day and night, but never more than one grain in the twenty-four hours.

December 25th. As no diagnosis had been made, and she was fast losing her strength, I asked Dr. Pinkham in consultation. We met at four P. M. Mrs. G. was sitting up, as usual, and in reply to questions concerning herself she referred us to her sister, saying that her head felt strange, and that she could not readily collect her thoughts. Pulse 100; temperature 102° F. Dr. Pinkham examined her per vaginam, and found a condition existing such as I have previously described, with the addition of tenderness on pressure in various directions. The hardness over the right lobe of the liver was made out, but Dr. Pinkham thought it might be caused by irregular contraction of muscular fibres. Her breath was very disagreeable, and had been for weeks. Her only symptoms at this time were exceedingly weakness and an inability to lie on either side, continuous pain, chiefly over the liver and under the

right scapula, insomnia, and complete anorexia. She could walk about the room, but required help because her head felt dizzy. Dr. Pinkham advised the use of iodides, with tonics and good nourishment; also flying blisters over tender spots.

Ten hours later, at three A. M., December 26th, I was sent for, and arriving quickly at her bedside found her totally unconscious, with complete hemiplegia of the left side; pupils evenly contracted; breathing natural; pulse 120, and hard. On examination per vaginam the roof of the pelvis felt boggy on pressure, as if fluid of some kind had been effused into the pelvis. Externally, a very hard, irregular tumor, the size of a small hen's egg, could be felt in the left ovarian region, and was easily movable. Alcohol and drop doses of Squibb's fluid extract of digitalis were given every half hour until six o'clock, when Dr. Pinkham again met me. No change was made in the treatment except that the digitalis was omitted, as her pulse had fallen to 100, and was weaker.

During the day small quantities of alcohol and beef tea were given at short intervals. She would swallow slowly if carefully fed with a teaspoon. The patient would toss the right arm about, and flex and extend the right thigh and leg incessantly. She lay in this condition for five days, the fæces and urine passing involuntarily. On the sixth day she began to breathe stertorously, her pulse grew weak, and she quietly expired at one A. M., December 31st, never having regained consciousness.

Sectio cadaveris thirty-six hours after death. Drs. Pinkham and Colman present. The body was emaciated. *Thorax.* The lungs exhibited a number of isolated masses when viewed externally, each mass about the size of a small pea; they were raised above the surface, and felt firm and hard; large numbers of them were found on the posterior aspect of each lung, and still more were seen just under the parietal pleura. *Abdomen.* The lower part of the cavity contained about a pint of a sanguinolent fluid; peritonæum covering abdominal wall was studded with nodular masses like those in the lungs. The omentum was very thick and irregular in shape from the presence of hard, conglomerate masses of grayish color; it was firmly bound to the surrounding intestines, which were also studded with grayish masses. The liver was enlarged, and nodules were found in numbers on its surface; on cutting into the organ its proper substance was to a great extent infiltrated with a similar matter. The pancreas was partially diseased in like manner. The spleen was considerably enlarged. The proper substance of both ovaries was destroyed, and its place occupied by firm, grayish matter. The ovaries had a shriveled appearance, their surface being covered with alternate elevations and depressions. The uterus was not examined.

For want of time the skull was not opened, but we had every reason to believe that the matter found so extensively infiltrated through the other viscera was present in the brain, and had been the cause of an effusion of serum or of blood which had produced the hemiplegia and was the immediate cause of death.

Microscopic Examination. Dr. Pinkham kindly examined portions of the grayish material found in the ovaries and liver. Under a power of three hundred diameters there was clearly seen a fibrous stroma with alveolar spaces, closely packed with masses of cells of

various forms, round, oval, and spindle-shaped, with large, single, and some with multiple nuclei.

We looked upon this case as remarkable because of the almost total absence of symptoms during life, while the autopsy revealed such extensive infiltration of cancerous matter through many organs. Until the middle of November Mrs. G. felt fairly well, and performed much household work, besides sewing for her family. From that time until a week before her death her only symptoms were wandering pains, increasing in severity at night, and tenderness over small spots in various regions, not unlike what is often observed in neuralgia. Physical examination during the last week of life revealed the evidence of subacute cellulitis which three weeks before I had looked upon as chronic. She had neither cough, nausea, vomiting, diarrhœa, external hæmorrhage, tympanites, œdema, nor even fever, until within the last few days. She had not the cachectic look so often seen in cancerous patients, nor was any real tumor discoverable until she was stricken with death, when an effusion into the pelvic cavity buoyed up the hardened left ovary so that it could be felt through the abdominal wall.

Scirrhus cancer is acknowledged by all observers to be very rare before middle life, yet the patient whose case I have recorded had not quite reached the age of thirty.

A CASE OF TYPHOID FEVER DURING PREGNANCY.

BY VIRGIL O. HARDON, M. D.

K. F., aged thirty-four, became pregnant for the fourth time in January, 1878. Her pregnancy progressed favorably until about the first of August, when she began to suffer from malaise, loss of appetite, headache, and chills. Her symptoms increased in severity until August 9th, when she sought medical aid. When first seen by me she was in bed; her face was flushed; her tongue dry and covered with a thick brown coat; abdomen tender, with gurgling in the right iliac region; pulse, 120; temperature, 102.4° F. Examination of the abdomen showed the presence of "rose spots." I made a diagnosis of typhoid fever, prescribed a mixture of equal parts of liq. ammon. acetat. and aq. camphor, and ordered milk and brandy to be given as freely as possible. August 10th. Six P. M. Pulse, 126; temperature, 103.2° F. August 11th. Six P. M. Pulse, 136; temperature, 103.8° F. August 12th. Eight A. M. Pulse, 122; temperature, 102.8° F. Active delirium during the night. Ordered quin. sulph. gr. iv. every three hours. Six P. M. Pulse, 144; temperature, 104.4° F. Upon inquiry I found that my orders in regard to milk and brandy had been strictly carried out. The patient had taken, of her own accord, six quarts of the former and about eight fluid ounces of the latter in each twenty-four hours. As there was no vomiting, no diarrhœa, and no appearance of undigested milk in the fæces, the same quantities were allowed to be continued. Up to this time there were no symptoms referable to the uterus.

August 13th. At two A. M. labor pains commenced, and three hours later patient was delivered of a male fetus, which made a few ineffectual attempts at respiration. No hæmorrhage of any consequence followed, and the womb contracted immediately. The strength of the patient was not perceptibly diminished. At eight A. M.