Provincial Hospital Reports.

KENT COUNTY ASYLUM.

CASE OF EMBOLISM.

(Under the care of Dr. KIRKMAN.)

EDWARD J. L.—, aged forty-three, by occupation a pilot, was admitted on September 26th, suffering under acute mania. He was quite well until ten days ago. The supposed cause of his insanity was fright at a near escape from collision at sea. Has had no former attack of insanity, and has always been of temperate habits. Has been violently excited, requiring four, and latterly six, men to control him. Has obstinately refused food, having taken nothing the week previous to his admission but two cups of beef-tea. Has been given large doses (three grains) of acetate of morphia every four hours for some time without producing much sleep. He has delusions of various kinds.

When admitted he was in a very weak state, being scarcely able to walk; he had numerous bruises on his body, caused by throwing himself about. He was given several doses of the brandy mixture daily, together with port wine, beef-tea, eggs, &c. He continued for the next few days to be very excited, refusing his food frequently, and sleeping badly; perhaps his condition on the whole was rather better than when admitted.

On the morning of the 1st inst. it was discovered that his lower extremities were perfectly cold; he seemed sensible of this, and complained of pain in them. No pulsation could be detected in any of the arteries beyond Poupart's ligament. From the suddenness with which this symptom occurred, together with other corroborative circumstances, the case was diagnosed to be one of embolism; a clot most probably having been formed during a state of syncope, and on the renewal of the heart's action, had been carried down to the bifurcation of the aorta, and being there arrested, had completely prevented the passage of any more blood to the vessels below. This diagnosis was proved to be correct by the post-mortem examination.

The patient was placed in a warm bath, and afterwards the legs were wrapped in cotton-wool, and bottles of hot water applied; the only effect produced by these being the communication of warmth to the parts immediately in contact with the source of heat. Stimulants were freely administered, under the use of which the heart's action became stronger; but no pulsation returned in the lower extremities. In the evening the wool was removed and the legs well rubbed with camphorated spirit, the wool and hot bottles being afterwards reapplied as before.

October 2nd.—Has slept a little during the night. The toes of the right foot were found to have become discoloured, and several dark patches appeared on both legs; the coldness continued, and, notwithstanding the free administration of stimulants, the patient was gradually becoming more exhausted. He continued to grow weaker, and died on the morning of October 3rd.

Autopsy, twenty hours after death.—Head: Calvaria thick and heavy; little diploe; dura mater adherent; arachnoid very thick and opaque universally; pia mater congested. The brain generally was highly vascular; the white matter considerably discoloured; grey matter abundant; considerable quantity of fluid in the ventricles. Thorax: Lungs healthy; heart flabby, but otherwise healthy. A patch of discoloration was seen on the lining membrane of the aorta immediately on the distal side of the semilunar valves, most probably produced by imbibition from the clot, which it was supposed had rested there for some time. This discoloration was about two inches and a half in length, and one in width. Abdomen: Viscera healthy. On dissecting down to the aorta, both it, the iliacs, and the femoral on the right side were felt to be occupied by some firm material. On opening them they were found to be filled with a firm coagulum, extending to the junction of the middle with the lower part of the femoral artery on the right side, but only about two inches from the bifurcation on the left.

THE WATERING-PLACES OF FRANCE.—Government appoints to each of these an inspector, who has a great many privileges, and is at the head of the practice, through his official standing. Other medical men may, of course, try their luck, but their chances are not so good. It is said that these offices of inspectors are to be abolished, and free trade introduced. The management of the waters would remain with civil engineers.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 26TH.

MR. E. CANTON, PRESIDENT, IN THE CHAIR.

CLINICAL DISCUSSION.

MR. ROGERS HARRISON exhibited a patient, aged fifty, who was the subject of

GANGRENE OF THE HANDS, AND ANNULUS OF BOTH EYES.

He had lost the ends of four fingers of the left hand, and one was now affected with gangrene; he had lost the end of the thumb of the right. The case was looked upon as one of atrophy of the heart and disease of the coronary arteries. The patient was a great martyr to spasmodic asthma when living in the country, but since he came to London he has been free from it, the air being so much drier. His feet are becoming like his hands, and in each eye is a complete bluish-white annulus. He was taking cod-liver oil and iron with great benefit.

Dr. GIBB inquired whether the arteries of the arms and legs were calcified.

The PRESIDENT asked why he thought the coronary arteries were affected and the heart atrophied.

Mr. HARRISON believed there was no valvular disease of the heart, but a want of rhythm, with subdued action and diminished impulse. The arteries of the limbs were calcified.

Dr. ALTHAUS thought electricity might have been found useful.

Dr. GIBB remarked that he believed the patient was more likely to die ultimately of disease of the lungs than of the heart, as so often occurs in calcareous degeneration, but not in the atheromatous disease.

Dr. PALFREY related the particulars of a

CASE OF PLACENTA PRÆVIA,

and exhibited the uterus and placenta. The patient was in her fifth pregnancy, had hæmorrhage from the vagina, was in labour about two hours, and twelve minutes after the arrival of the midwife she was dead. At the autopsy, thirty-one hours after, the body was blanched, and the uterus occupied the whole cavity of the belly up to the diaphragm. The walls of the uterus were very thin and friable; no blood was in it, but much liquor amnii; the placenta was attached to the posterior wall, and one-third of its circumference was over the os, which admitted only two fingers. A full-grown dead child was extracted. Dr. Palfrey inquired, "Ought we not to perform Cæsarean section at once in such a case as this?"

Dr. GREENHALGH said that death must have occurred from the sudden loss of blood and not the quantity. He considered we were not only justified, but did not do our duty unless we performed the Cæsarean section in such a case as Dr. Palfrey's. He related a case in his own practice in which he did the operation, where the child was alive, although of between six and seven months of utero-gestation.

Dr. ALTHAUS said all the French authorities were opposed to the operation.

Mr. HENRY SMITH saw tracheotomy performed upon a woman in Edinburgh once, when passing through the town. As she was advanced in pregnancy, the operation was done. She died in a few hours.

Dr. PLAYFAIR remembered a case in the Maternity Hospital, Edinburgh, where the operation was done by the house-physician a quarter of an hour after the death of the mother, and the child lived.

Dr. HARDING said the question was, Is the operation of any use in placenta prævia? for the child would likely be dead too.

Dr. ROGERS thought large doses of brandy and plugging might have been successful in Dr. Palfrey's case.

Dr. SYMES THOMPSON related a similar case to Mr. Henry Smith's, occurring in King's College Hospital; the mother was eight months pregnant; the child was dead.

Mr. HENRY SMITH related

A CASE OF DEATH FROM CATHETERISM.

A gentleman, aged eighty-two, with irritation of urinary organs for some months, and who had instruments passed in the country. He passed an instrument, which went in by its own weight and with little or no pain. Next day he was in bed, feverish;