On the 7th he was brought to the infirmary as an out-patient, and seen by Dr. Harland, the physician in attendance, who, recognising the gravity of his symptoms, ordered him to be taken at once to one of the wards as an in-patient under his care.

On admission the following was the state of the patient. He was hot and feverish; his pulse was 120, and weak; temperature in axilla $100^{\circ}6'$; the expression of his countenance was stolid, not to say stupid, the face being flushed; tongue white and furred. He was so deaf that it was difficult to make him hear, and his replies were given hesitatingly, indistinctly, and with some whimpering. The pupillary openings of his eyes were preternaturally dilated, and the irides acted sluggishly; it could not be detected that he saw at all. He was very restless, and his movements were sudden, irregular, and jerking. Upon being undressed and put to bed, he cried out for his mother, and complained of pain in his abdomen. Soon afterwards he became tetanically convulsed, the body being arched (opisthotonos), as were also the feet, whilst the hands were tightly closed, the thumbs being pressed on the palms.

When undressed it was noticed for the first time that there were some peculiar spots on the front and back of the body; none on the limbs. The spots were few in number, not more than thirty or forty; in size and appearance they resembled the marks made by the bites of "midges," the colour being a reddish purple; they were not elevated, and were but little, indeed not at all, affected by pressure, giving one the impression that they resulted from extravasation. The tetanic spasms continued, with but trifling intermissions, up to the time of his death, which took place the following day, the 8th, at three P.M.

On the morning of the 8th his pulse had increased to 130, and was very weak. He drank freely of milk, but never spoke. His bowels were not opened from the time of his admission to his death, and his urine was voided involuntarily in the bed.

Immediately on his admission his head was shaved, and leeches were applied to his temples and behind his ears. The effect produced by the bleeding seemed to be an aggravation of his symptoms. Small doses of mercury with chalk were given every four hours; but he never exhibited the least sign of an improvement, and died in a state of opisthotonos at the time before mentioned.

Autopsy.—The examination of the body was made at seven o'clock on the morning following the day of his death. The appearance of the body was that of a well-grown and tolerably well-nourished boy. The spots were still apparent on the anterior and posterior portions of the trunk. On removing the skull-cap the dura mater was observed to be of a reddish-yellow colour. The vessels of the arachnoid and pia mater were intensely congested, but there was very little or no effusion on the surface of the brain. On attempting to separate the two hemispheres of the cerebrum they seemed almost glued together, so difficult were they to part. There was a tolerably large amount of serous effusion in the subarachnoid space at the base of the brain, and no appearance whatever of tuberculous matter on or in any part of the organ. On slicing the brain, both the grey and white portions cut with considerable firmness, the puncta vasculosa being large and numerous. The lateral ventricles contained a considerable amount of serum, and the choroid plexus was turgid with dark-coloured blood. The spinal canal was laid open from about the seventh cervical to the first lumbar vertebrae, and throughout the whole length the evidence of inflammation of the membranes was of the most marked and intense character. The effusion of serum under the sac of the arachnoid was very great, and there was also a good deal of the same fluid in the wide arachnoid space between this membrane and the pia mater. All the vessels were greatly congested, and in some places they had been ruptured and their contents extravasated. I regret to say the thoracic and abdominal viscera were not inspected.

The symptoms presented during life, coupled with the pathological condition, or, perhaps it would be more correct to say, the morbid condition, of the membranes of the brain and spinal cord disclosed after death, leave no room for doubt as to what was the real nature of the boy's illness. This case, however, differed in some respects from the first two that I saw, the difference being, not in the morbid appearances presented at the after-death inspection, but in some of the general symptoms observed during life, such as the manner in which the attack first commenced, the functions of the alimentary canal, and particularly as to the number and position of the spots, which were present in all three cases.

I have already said that the attacks in the first two instances brought before me commenced with the greatest possible suddenness; but they also were accompanied with such continued vomiting, and in one case purging, as to suggest the idea that some poisonous food had been eaten, whilst the spots were so numerous and in such conspicuous positions as to unavoidably attract immediate attention. In the case just related the boy's illness began in a manner so slow and gradual that it bore more resemblance to the commencement of an ordinary cold than to any other disorder; there was no symptom of any kind indicating gastric or intestinal irritability—indeed, so far as the bowels were concerned, an opposite state existed, creating the necessity for an aperient. The spots, too, instead of covering both body and limbs, were found only on the anterior and posterior portions of the trunk; and, moreover, they were so few in number that, had they not been specially looked for, there is a strong probability they would not have attracted any notice whatever.

It is not difficult to understand how an attack of inflammation of the cerebro-spinal meninges, occurring suddenly, might produce a different effect on the gastro-intestinal tract from one assailing the same parts by slow degrees: when instant and severe occasioning *shock* sufficient to derange the functions of these parts of the digestive organism, but having no such effect, or, at any rate, not having so great a tendency to produce such an effect, when the initiation of the malady takes place by a slow, insidious, and almost imperceptible process.

It is difficult to comprehend why, when the ultimate morbid conditions of the parts implicated are proved to be, in all recognisable particulars, identically the same, there should be spots in one case and not in another. I do not mean, by saying this, that in any given number of cases certain symptoms shall, or should, invariably prevail; for, of course, some undetected and undetectable cause or causes may exercise a modifying influence in the promotion or prevention of a particular symptom. But what I wish to imply is that, as in typhoid fever, for instance, the usual—not invariable—accompanying spots were for a long time unnoticed, or if noticed, unmentioned, so also it may have happened with regard to cerebro-spinal meningitis; and, as it has been made clear, to my mind, by the case of G. E. B.—that the spots may be so sparse and so situated as easily to remain unobserved, it is at the least not improbable that the eruption has been frequently present in cases in which it has neither been detected nor suspected. Still further: with the malady in question it sometimes happens that the spots do not appear until after death, when, both possibly and probably, few opportunities for looking for them would be afforded.

The appearance of an eruption in the only three cases of non-tubercular cerebro-spinal meningitis I remember to have seen, coupled with the circumstance that in the last case the spots were so remarkably few in comparison with those present in the first and second cases, has tended to raise in my mind the doubt I have already expressed as to their rarity in this disease; and I would very humbly indicate the desirability of other observers giving their attention to a symptom which has irresistibly attracted mine.

Stafford, May, 1867.

NOTES ON

A CASE OF RUPTURE OF THE UTERUS FROM PATHOLOGICAL CAUSES.

By CHARLES JAMES CULLINGWORTH, Esq.

THE following case is chiefly interesting from the comparative rarity of this complication of labour; from the rapidity with which, in this instance, the accident was followed by death; and from the cause having been so satisfactorily determined by the post-mortem examination. I have to thank Mr. Hebblethwaite, of Bawtry (in whose practice the case occurred), for his kind permission to record it.

On Sunday, Dec. 9th, 1866, I was called to attend Mrs. J—, aged forty, the wife of a farmer, in her eleventh confinement. In all her previous pregnancies she had gone to the full time, and two of her children had been still-born. The last labour had been an uncommonly rapid one, having been accomplished before the arrival of the medical attendant. During the whole course of this pregnancy she had felt exceedingly prostrate, and many times every day had been obliged to have recourse

to the recumbent posture for a little relief; while for the last six or seven weeks she had complained much of pain in the abdomen, ill-defined in position, and not so severe as to lead her to call in medical aid. Her appetite had remained good up to the Sunday in question, though she had remarked from time to time that she felt no better for her meals. Her face had looked somewhat shrunken, and very often her pale and hollowed cheeks had presented the flush of hectic. The patient was fair complexioned, with light air, and of short stature.

On my arrival, at seven o'clock P.M., I found the patient very weak and pale, and in low spirits. She was suffering strong and rather frequent labour-pains, chiefly felt in her back; but was complaining also of a continuous pain in her abdomen of a dull, severe, aching character. On examination per vaginam I found the os uteri soft and dilatable, and about the size of a crown piece. The head was presenting, and had not entered the pelvis; the membranes were entire, and protruded in a short, loose, conical pouch. During the next pain after my examination the membranes gave way spontaneously, and a large quantity of liquor amnii escaped, with some admixture of blood. From that time labour progressed rapidly without any farther hæmorrhage. The head descended into the cavity of the pelvis, the pains became more severe and almost incessant, and at half-past eight P.M. the head was resting upon the perineum. When interrogated from time to time as to the whereabouts of sundry little requisites, the patient replied quietly and collectedly; but she was far from cheerful, and more than once expressed herself as feeling very ill. The deep flush on her cheek was often present, up to a quarter past nine. At that hour, without any remarkable outcry, or any expression of a sense of something having given way, all pains suddenly ceased, the child's head receded an inch, the face assumed a look of great anxiety and a deathly pallor, the surface became cold and clammy, and the pulse at the wrist became imperceptible. The patient besought the bystanders to raise her up and to give her "breath—breath!" All my efforts were now directed to the stimulating of my patient, but without avail; and she expired at half-past nine, a quarter of an hour after the accident.

On the following day Mr. Hebblethwaite and myself made an examination of the body, confining our attention to the abdomen, in accordance with a promise we had given to her husband.

Autopsy twenty-three hours after death.—Body moderately well-nourished; surface extremely bloodless; abdomen very large; rigor mortis strongly marked. The abdomen being opened a small quantity of bloody fluid was found in the peritoneal cavity. The pregnant uterus appeared normal with the exception of a patch, not less than eight inches in diameter, at the left inferior aspect, which was so discoloured as to appear quite black, shading off at the margin into a deep claret colour. The uterus was opened in the median line, and was found to contain a full-grown healthy male child, along with fluid blood and much clot. Before disturbing the child the hand was passed within the uterus, when a rent from four to five inches in length was found in the centre of the dark patch running longitudinally down the left border of the uterus and extending nearly to the os. The child was now with considerable difficulty removed, and then the uterine wall, where the surface was discoloured, was ascertained to be extremely soft, friable, and so attenuated that the central portion for some distance around the rent had become as thin as writing-paper. Much clotted blood was found contiguous to the opening, both on the exterior and interior of the womb. On the right side, in a corresponding situation, the uterine wall was at least half an inch in thickness, firm, elastic, and, except for its unusually pale appearance, would have been pronounced natural. The fundus was also normal with the same exception.

Manchester Royal Infirmary, May, 1867.

THE PHILADELPHIA HOSPITAL.—A writer on the Paris Exhibition in *L'Union Médicale* alludes to a model of this hospital, of which he gives the following description:—"Around a square central court-yard 145 wings are placed, presenting the aspect of the spokes of a wheel. These wings have but a ground floor, which rises only about twenty inches above the ground. These buildings contain 3500 iron beds. The outer circle of the whole building measures about a mile, and the inner, half a mile. In the centre of the court-yard are situated the rooms for the resident medical men and the people employed in the institution. To facilitate communication a covered railroad has been built, forming a kind of belt around the hospital, so that a few moments suffice for the distribution of necessaries."

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Session 1867.

ROYAL COLLEGE OF PHYSICIANS.

MONDAY, JUNE 3RD.

DR. BURROWS, PRESIDENT, IN THE CHAIR.

THE PHARMACOPEIA.

The following Report was read from the Pharmacopœia Committee:—

REPORT.

The Pharmacopœia Committee, in completing the duty assigned to them, have to report that the final revision of the Pharmacopœia was completed at the end of March during the present year, and that the revised copy was forthwith placed in the hands of the Executive Committee, by whom the work has since been issued to the public.

The Committee beg to report that in the progress of the work they have endeavoured to limit the expenditure on its production, so far as was consistent with its completeness, its accuracy, and perfection. The amount of this expenditure has been £676 14s., composed of the following items:

Editors	...	...	...	...	£550	0	0
Pharmaceutical investigations	...	...	...	...	100	0	0
Expenses of attendance of member of Committee from Ireland	...	...	...	...	25	4	0
Postages, messengers, parcels, French Codex, &c.	...	...	...	...	1	10	0
Total...	...	...	...	...	£676	14	0

The Committee, reminding the Council that the sum of £300 was placed at their disposal in 1865, have now to ask that the treasurers be authorised to pay the further sum of £376 14s.

Having thus brought their labours to a close, the Committee have the satisfaction of testifying to the very valuable services rendered by Professor Redwood in the preparation of the work, to his zeal and ability, not less than to the readiness with which he gave attention to the suggestions and recommendations of the Committee. They have also to acknowledge the valuable assistance rendered by Mr. Warrington, as far as the state of his health enabled him to co-operate with the Committee. Acknowledgments are further gladly offered by the Committee for the assistance afforded them in the revision of the work, not only by members of the Council, but also by the several eminent scientific gentlemen to whom the work was submitted before its publication. The Committee feel that it will not be thought inconsistent with their duty to indicate the plan which seems to them the most desirable for watching over the progress of pharmacy, and for making such additions and corrections as would facilitate hereafter the preparation of the next edition of the British Pharmacopœia. They would therefore suggest that a committee, constituted like the present, be appointed for the purpose just indicated, and that the sum of £50 be placed annually at their disposal to enable them to obtain such assistance as they may think necessary.

R. CHRISTISON, Chairman.

Dr. QUAIN, in moving the adoption of the report, said: In taking upon myself this office I wish to isolate myself from the Committee. I took upon myself originally the duty of moving this question, and you, Sir, in your opening address, were good enough to bear more than sufficient testimony to what I have done. I was fortunate enough to enlist the services of a Committee. They did not seek that office, and it was to a certain extent thrust upon them; and I feel it to be my duty, and a most grateful duty it is, to tell the Council how earnestly and zealously they have laboured. To Dr. Apjohn in particular the Council is specially indebted for the immense amount of labour he has bestowed in his important branch. I am sure my colleagues will bear witness that much of the success, the credit, and the completeness of the Pharmacopœia is due to what Dr. Apjohn did for us. With regard to Dr. Christison, he gave us the benefit of his vast experience and judgment, and helped us over many difficulties. As to Dr. Sharpey, I need only say to those who know his good