

the beginning of September, the oxidizing influence of the air, as tested by ozone paper, has been distinct, a character which was absent in September, 1854, and is an evidence, if of nothing else, at least of the prevalence of less stagnation of the atmosphere of London in the present than in the previous summer. This result seems worthy of notice, since a deficiency in the atmospheric motion appears to be an accompaniment of cholera, if we may judge from the phenomena observed during the recent occurrence of the epidemic, both in this country and in Germany. In the last report it was stated that no symptoms of the same condition of the air, which prevailed in 1854, had then exhibited themselves; such, at least, as to lead to the inference of the existence of a cholera atmosphere, and since that period nothing has occurred to lead to a change of the opinion then expressed.

REPORT OF A

CASE OF SUDDEN DEATH OCCURRING DURING LABOUR.

By GEORGE ROPER, Esq., M.R.C.S., L.S.A.

On the 5th of April, 1854, M. A. K—, aged thirty-eight, was taken in labour with her first child. In the early part of labour, her pains were but slight, and she had been engaged in the performance of her domestic duties till within two hours and a half before her death. The feet of the child presented; beyond this, there was nothing remarkable. For the labour of a primipara, at the age of thirty-eight, it was a very easy one. The pelvis was capacious, the soft parts were free from rigidity, and the passage of the child met with no obstruction. She had not been placed in bed more than half an hour before the trunk and arms of the child were delivered. Up to this point of her labour, she did not complain, nor had she exhibited any symptoms of distress; but just as the foetal head was distending the perinaeum, and about to pass, she raised herself from the pillow, and exclaimed that she should be choked. It was immediately perceived that she was in a state of asphyxia. The face was swollen, and of a deep livid colour; the lips were purple; she made gasping efforts to breathe; the nostrils became widely expanded; the countenance assumed an expression of impending suffocation; a stream of frothy mucus issued from the mouth and nose; and she was dead in three minutes after these symptoms were first observed. Death occurred too speedily to allow of much treatment. The head and shoulders were raised, so as to put the body in a semi-erect posture; and with a view of relieving the congestion, a vein was freely opened in each arm, but no blood could be obtained. It was utterly impossible that the patient could swallow anything; she was, in fact, moribund at the time her condition was discovered. Although life had ceased, it was thought prudent and desirable that a physician-accoucheur should be summoned as a witness of such an unusual occurrence. A messenger was sent for Dr. Oldham or Dr. Winn. The latter gentleman, who was at home, kindly came, and in his presence, without the least difficulty, I removed the foetal head, which had remained undelivered. It requires to be explained, that when the alarming symptoms were noticed, it was feared that any forcible effort to extract the foetal head would render the mother's condition, if possible, more perilous.

A post-mortem examination of the body was made eleven hours after death, at which Dr. Winn was present. There were no morbid appearances in the brain, beyond an unnatural turgescence of its bloodvessels. In the chest, the large veins and the superior cava were found greatly distended, as was, also, the right auricle. The lungs were enormously congested; they were gorged with blood, and, from their density and heaviness, more resembled a sponge saturated with fluid than the natural lightness of pulmonary texture. A small, light-coloured fringe at the base of the left lung, where there was a pleuritic adhesion, was the only part free from congestion. The right auricle, as has been stated, was enormously distended with blood; the right ventricle was equally so. The cavity of each was greatly dilated; their muscular structure was flabby and attenuated. The left ventricle was unusually thick and strong; its cavity was empty, and not enlarged. There was no valvular disease. The coronary arteries were unobstructed. The aorta and pulmonary artery were healthy. The abdominal viscera were all healthy, but exhibited a high degree of congestion. Nothing unusual was observed in the pelvic organs. The blood was everywhere thin, free from clot, and of dark colour.

By post-mortem inspection, two conditions of chief import-

ance were observed:—Firstly, the gorged pulmonary circulation, including the cavities of the right heart. Secondly, the attenuated and flabby muscular tissue of the right heart. The altered state of respiration during labour fully explains how this congestion happened. In ordinary inspiration, the blood becomes retarded in its passage through the pulmonary circulation. During forced inspiration, greater retardation takes place; the pulmonary artery, and the cavities of the right heart, become unusually distended. Now, this occurs in an eminent degree during a parturient throe, in which not only is a deep inspiration taken, but a violent straining effort is made with closed glottis, a condition of respiration leading to great obstruction of pulmonary circulation, and a corresponding accumulation in the cavities of the right heart. The fatal amount of congestion of the pulmonary circulation which existed in the present case is readily accounted for by the state of respiration during labour, and the thin, dilated right heart, causes which acted and re-acted on each other. Unable to expel and force onwards its contents, and continually filled with blood, poured into it from the systemic circulation, the right heart became choked, and its action arrested. It is regretted that no microscopic examination of the tissue of the heart was made; but whatever might have been the pathological condition of its muscular fibre, the appearances of the organ, to the unaided eye, afforded conclusive evidence of its defective and inadequate power. The patient was a well-developed subject, rather muscular, and not fat. Prior to her marriage, two years since, her health had not been good. She had always been ailing, but had never had any very severe illness. Since her marriage she had had much better health. During life, she had on each cheek a purplish, circumscribed patch, consisting of enlargement of the capillaries or very small bloodvessels, showing a bad state of venous circulation.

September, 1855.

ON

AN ANOMALOUS CASE OF SCARLATINA.

By WM. WHYTEHEAD MORRIS, L.S.A., &c.

THE following case, which has lately occurred in my practice, presenting many deviations from what I have previously seen, heard, or read of, in scarlatina, I am induced to lay the particulars before my professional brethren, and to ask if they have recently or ever observed similar cases.

Elizabeth F—, aged six years and ten months, vomited, and complained of headache on Friday evening, March 2nd. On the 4th I was requested to visit her. An eruption had been taking place during the day on the face and extremities, particularly the latter, and nowhere else; it consisted of spots, rosy in colour, one-sixth to one-fourth of an inch in diameter, arranged in sigmoid and crescentic patches of one-half of an inch to one inch in length, covering nearly the whole surface of the arms, thighs, and legs, and very evidently raised above the level of the skin; each spot or papula was circular, or nearly so, in form, consisting of a bright ring, about one-twenty-fourth of an inch wide, enclosing a nearly white area, much resembling miniature ringworm. The intervening portions of skin were clear and natural in appearance. Pulse 144–152, small, hard, irregular in frequency; much general heat of surface; constant thirst; passive delirium; pupils much dilated, and scarcely sensible to light; urine very scanty, pale, and clear; bowels regular; tongue moist, white, and smooth. Take of the nitrate of potash, half a drachm; of the syrup of red poppies, three drachms; add water, to three ounces. Dose, three teaspoonfuls every two hours. Take of mercury with chalk, bicarbonate of soda, of each one grain, and make a powder to be taken with each dose of the mixture; put up six. Rectified spirits of wine, three drachms; coloured water, six ounces: make a lotion, to be applied constantly to the head. Brown's cantharidine, five inches by two, to be applied to the back of the neck for three hours.

March 5th.—Ten A.M.: Has passed a tolerable night; thirst less urgent; pulse 130, more regular; urine slightly increased in quantity; has voided a worm (*ascaris lumbricoides*) with several greenish shreddy stools. Other symptoms as before. Continue the mixture and lotion, and omit the powders.

6th.—Half-past ten A.M.: Was more delirious last evening, but passed a good night; pulse now 120, softer and fuller; intellect much clearer; skin moist; eruption duller, but appearing in no other place than previously indicated; bowels moved three times since last visit; stools natural in appearance; urine still scantier than in health; slight strawberry appearance on the tip of the tongue only, the rest being still white; glands

on the left side of the neck rather swollen; conjunctiva of the eyes congested; finds a little difficulty in swallowing; complains of headache when asked, but is generally very quiet. Continue the medicine.

7th.—Eleven A.M.: The little patient is much better in every respect; the intellect is quite clear; the pupils, though still dilated, are more sensible to light; pulse 98, soft and compressible; the whole tongue has assumed the raw strawberry appearance of scarlatina, and is very red; the eruption faint and bluish; the left side of the face and neck remain swollen, and the right side is slightly so; no thirst nor inconvenience of any kind complained of; urine rather increased in amount; bowels moderately open. Diet has hitherto been restricted to water-gruel; allowed arrow-root to day. Continue the medicine.

8th.—Half-past one P.M.: Continues to improve, but was very restless last evening; swelling at the sides of the neck diminishing; urine darker—about ten ounces only in the twenty-four hours; bowels not moved since last report; pulse 110, weak, small, compressible; eruption disappeared. Continue the mixture and lotion. Repeat the powder, (put up three;) take one after each alternate dose of the mixture.

9th.—Eleven A.M.: Much better; has sat up in bed; appears quite lively; the swelling of the neck has almost disappeared; pulse and urine as before; bowels rather costive. Continue the mixture; take three drachms every four hours. Fifteen grains of compound powder of jalap to be taken directly.

10th.—Bowels repeatedly moved; stools very dark; urine rather freer, but still dark; appears otherwise well.

12th.—Is quite well, with the exception of slight giddiness when sitting up to have her bed made, and of deficient secretion of urine; pulse firmer, 108. Ordered broths, &c. Take of sweet spirits of nitre, two drachms; infusion of quassia, to make a four ounce mixture; half an ounce to be taken three times a day.

14th.—Quite cured; urine natural; appetite very good; "she eats" (her mother says) "as much as any two."

Remarks.—It will readily be seen that this case in many respects, and especially at its onset, much resembled measles; whilst it had some symptoms in common with variola, particularly those denoting severe cerebral affection; and according to Dr. A. T. Thompson, roseola begins, as this case did, on the extremities. No epidemic existed at the time in the neighbourhood, either of measles, scarlatina, or variola. The patient, however, had had measles, and been vaccinated, which rendered scarlatina more probable, and such I pronounced it to be. Isolated, or nearly isolated, cases of scarlatina frequently, indeed, almost constantly occur here, and we are seldom without one or two, but no epidemic visitation appears to take place. As far as I can ascertain, practitioners in this vicinity have not observed any similar case, though one to which I was called on Saturday, the 31st of March, seemed, from the account given, to have had a rash on Tuesday much resembling the one described. The conjunctival congestion is, we know, almost invariably present in rubeola; but Dr. Chadwick, of Leeds, says, in his Lectures, that it may occur (as it did in this case) in scarlatina. Vomiting may be present either in measles, variola, or scarlatina. In rubeola, the face, neck, and arms are affected by the eruption before the trunk. This case might at first, therefore, have been taken for rubeola; but the trunk never evinced a single spot from first to last, and the legs were affected equally and simultaneously with the face, neck, and arms. The elevation, arrangement, and colour of the papulae also appeared those of rubeola, though Dr. Chadwick says the eruption of variola may occasionally be crescentic; hence it follows that this form is assumed in all three—viz., rubeola, variola, and scarlatina, and cannot be depended on. The tongue took on the peculiar appearance of scarlatina, though not until the third day of the rash; and the rash took place on the second day, not on the third, as in variola, nor the fourth, as in rubeola. It differed, however, from ordinary scarlatina, not only in the colour, arrangement, and elevation of the papulae, but in their situation, for, as Dr. Watson says, "the rash begins on the face, neck, and breast, extends to the extremities, pervading at last every part." In this case, not a single spot occurred on either breast or abdomen, nor on the back. The same authority, nevertheless, remarks, that "on the arms and legs the eruption of scarlatina occasionally differs somewhat from that which is visible on the trunk, is more spotty, more papular, and the papulae are somewhat prominent; while over the body there is a general diffused blush;" so that, if this case had presented any diffused blush over the trunk, &c., there would have been a close resemblance to the occasional occurrence described. I have seen very many cases of scarlatina before, but never one with such a rash. No desquamation was

observed, though carefully looked for throughout. It would be interesting to know whether such cases have been noticed lately, in this country, by others. I have nothing new to offer in the way of treatment of scarlatina, but have merely attempted to describe, as accurately as possible, the unusual symptoms.

Gildersome, near Leeds, Sept. 1855.

Reviews and Notices of Books.

General Board of Health.—Medical Council.—Report of the Committee for Scientific Inquiries in Relation to the Cholera-Epidemic of 1854. Presented to both Houses of Parliament by command of Her Majesty. London: Eyre and Spottiswoode. 1855. 8vo, pp. 129.

Appendix to the above Report. Ibid. pp. 349.

Supplemental Report on the Results of the different Methods of Treatment pursued in Epidemic Cholera throughout England and Scotland in 1854. Ibid. pp. 24.

THE foregoing remarkable series of public documents are of a highly valuable character, and ought not only to be in the libraries of all scientific medical practitioners, but also read by them. We can do little more in this place than indicate the contents of these summaries.

The Report is based upon returns to the General Register Office of deaths from cholera in 1853-4, together with the results of 4271 cases of cholera, and 20,301 registered as diarrhoea (of which 3188 of cholera, and 17,460 of diarrhoea, occurred in the metropolitan districts). The latter cases were specially recorded, in circular forms distributed by the Board of Health, by medical practitioners, a complete list of whom is given.

At the outset, we may remark that it is wrong and insecure to regard cholera and diarrhoea as if they were in any respect distinct diseases. The only safe practice consists in at once applying remedies, in a case of diarrhoea, as if it were liable to lapse into a more formidable morbid condition. The authors of the Report before us—Drs. Arnott, Baly, and Farr, and Professors Owen and Simon—acknowledge the intimate connexion of the two states, for in answer to the question—"When diarrhoea and cholera prevail together epidemically, are they (with differences of degree) the same disease?"—they reply—"The question must now doubtless be answered affirmatively."—Report, p. 62.

The following are important passages in the Report:—

"The medical returns show that of 3188 recorded cases of cholera, (in the metropolitan districts,) 1467, or 46 per cent., terminated fatally; so it may be inferred from this proportion, that, as 11,661 persons died, (from July 1st, 1853, to December 31st, 1854,) about 25,000 were attacked by cholera. The mortality of the cases in the hospitals was 51 per cent.; the mortality of cases that were treated at home was 42 per cent. Again, 5271 cases of diarrhoea were recorded in detail, distinguishing the ages, and 87 were fatal, or the mortality among persons actually attacked by diarrhoea was at the rate of about 1.65 per cent. And of 17,351 cases, 109 deaths by diarrhoea may be noted, if we count the additional cases that are returned in numbers without being separately entered. The deaths in London from diarrhoea were 6258, so it is evident that only a small proportion of these fatal cases—occurring chiefly in children and old people—attracted the attention of the medical observers. But we are already justified in inferring, that, as 6258 died, some *hundreds of thousands* of the population were attacked by the disease. If the proportional numbers of deaths to cases in the medical returns are applied to the total deaths that were registered at the corresponding ages, the result gives the number that were attacked at all ages by cholera as 24,917 persons; by diarrhoea of some severity as 329,778; by diarrhoea of so slight a nature as to be only brought casually under medical observation, about 519,487; making 874,182 persons, in the aggregate, who were touched by the epidemic, of a population estimated at 2,517,048."—Report, pp. 9, 10.

"If the thirty-six districts of London are arranged in the order of their elevation above the high-water mark of the Thames, the mortality by cholera is found not to be invariably in each district inversely as the elevation; but by taking groups