natural wants as not to pass his urine and motions as he lay; pulse 70, rather feeble, equal in both wrists; tongue furred; mouth parched; skin dry, but not remarkably hot; bowels are confined; he has had no fit subsequently to the one recorded. He was ordered immediately a dose of castor oil, and a draught containing ammonia. Beef-tea, with milk diet.

July 31st.—Continues in the same hopeless, almost unconscious state, from which he is now aroused with greater difficulty. He can swallow but slowly, and with difficulty; pupils still much dilated, and he has passed his motions under him; pulse small, 60; surface cool; the pupils are to a slight degree contractile, from light. During the visit he had a sort of slight convulsive attack, affecting the muscles of the extremities, and during which the teeth were firmly clenched. Ice was ordered to the head, and quinine to be given every four hours.

August 2nd.—Is in much the same comatose state; his limbs are rigid, and their muscles in a state of contraction, so that the different joints are flexed—the forearm on the arm, the legs on the thighs, &c.; the mouth is firmly closed, and there are occasional twitchings of the limbs. He seems to have a great tendency to turn himself on his right side; he has lost the power of swallowing; occasionally it seems, by his moving his mouth, that he can hear when loudly spoken to; the breathing is very slow, but tranquil; the pulse very feeble; heart's pulsations feeble, but regular; the entire surface cool; the bowels constipated; his spine is curved to the right side, and this curvature becomes more marked when he is raised; and there is some opisthotonos. Ice to be applied the whole length of the spine; an injection, with castor oil and turpentine immediately.

3rd.—Remains in much the same condition generally; but the pupils are no longer equally dilated, for now the right one remains dilated, while the left is as much contracted; all the other double muscles seem equally and alike affected; he lies stiller than before, and his limbs are somewhat less rigid; the tongue is swollen, filling his mouth, and the saliva escapes as foam. The ice which was applied seemed to cause so much depression, that it was removed; and to-day hot bottles were ordered to his feet and belly.

4th.—He lies perfectly motionless, with his mouth open, and now displays no tendency to turn to the right side, as he did; the limbs have become relaxed, and although the forearm is still bent upon the arm, it is not firmly so; the pupils are insensible to light—the left is much contracted, the right about its natural dimensions; he is quite unconscious; the respirations are much quicker—48 in the minute, irregular, but easy; pulse very rapid, scarcely perceptible; the heart's pulsations are also extremely rapid, and very feeble; he has no power of swallowing; the tongue has shrunk, and is looking dry; the bowels were open last night; the whole surface is cold and death-like. The boy died at six P.M.

Examination, twenty hours after death.—Cranium: On the surface of the right hemisphere, near the termination of the fissure of Sylvius, there was some rather old firm lymph effused in a minutely granular form, occupying a surface of about an inch and a half square. There was a considerable deposit of lymph in the meshes of the pia mater, covering the surface of the corpora quadrigemina, and also on the pia mater, passing over the optic commissure. The arachnoid was rather rough and opaque, from a slight deposit of lymph. There was considerable effusion in the lateral ventricles, which, by its pressure, had caused some flattening of the convolutions; also some softening of the inner layers of the walls of the ventricles. There was no subarachnoid fluid. Spinal cord: The substance of the spinal cord appeared natural; there was a slight effusion of blood external to the dura mater in the lower part of the cervical region. Although subarachnoid fluid was absent in the cranium, it was copious around the medulla oblongata and spinal cord. In the lumbar region, on one of the spinal nerves, a small tumour was attached, composed of a cyst, lined by another cyst, which seemed to be filled with a granular liquid. None of the other viscera were examined.

Of the two cases of hemiplegia recorded, the first may be considered as the result of an effusion of blood, but so small in quantity, and so situated, as not to destroy consciousness, but only to occasion giddiness. The other case of hemiplegia was ushered in by even less marked symptoms; the patient had no fit, not even of giddiness, and never lost his consciousness. All the symptoms to be referred to any mischief going on in the brain, were comprised in the frontal headach, and the uneasy sensations above the eyebrows. Yet the patient seems all at once to find his left leg fail, and the whole of his left side become weaker, and to experience coldness and twitchings in the enfeebled limbs. In this case, then, we cannot ascribe the palsy of the side to rupture of the fibres from a sanguineous effusion among them, but must rather attribute it to some defect in the nutrition of the brain, affecting the integrity of its nerve-fibres; and such abnormal nutrition might probably have been connected with the inflammatory process, although this must have been in a subacute form.

Both the hemiplegic patients were intemperate in their habits, and accustomed to drink to excess of spirits; and, consequently, in this fact alone we find a cause interfering with healthy nutrition generally, and with that of the brain in particular, the equilibrium of whose functions is so especially disturbed by alcoholic liquors, and with this cause, others, directly and indirectly flowing from it, were, no doubt, associated. We may remark, in a particular manner, on the early age (twenty-four) at which the apoplectic attack befel the first patient, the sailor; but the irregular life most of his calling lead, their intemperate habits, and exposure to wet and cold,—circumstances especially met with among those engaged in the coasting-trade, and who are subject to little discipline,—all concurred to bring about that diseased state of the cerebral vessels which favours the occurrence of apoplexy, a lesion to which we may suppose him more prone on account of his plethoric habit. It occasionally happens, as in M——'s case, that no deviation of the protruded tongue is noticeable, either from there being no deviation, or from its being in so slight a degree as not to be perceptible; and it is particularly liable, unless very marked, to be overlooked, unless the patient be made to protrude the tongue a considerable distance. In the sailor's case, also, galvanism seemed to have been of service; and we may notice, lastly, that the sound limbs were more influenced—thrown into more marked contractions by it—than the palsied ones.

The third case recorded, and of which we here can now make but very few remarks, was one of inflammation of the meninges of the brain,—the pia mater, and arachnoid, accompanied by effusion in the ventricles, and some softening of their walls. The attack commenced suddenly with a fit, succeeded by severe pain in the head, and coma gradually increasing. Some inflammation in the progress of the case sprung up about the optic circle, about the optic tract in the lateral ventricle,—we should suppose from the autopsy,—causing irritation in the course of the nerves supplying the iris, and consequent contraction. From the rigid state the limbs and jaws were in for a few days, considerable irritation must have existed in the spinal cord and medulla oblongata, probably from some inflammation of the investing meninges, and such inflammation was evidenced by the examination after death, in the arachnoid covering the medulla oblongata, and the upper part of the spinalis. The tendency to rotate to the right side in this boy should be noted; for this tendency seems to depend upon some lesion in or about the cerebellum. The case had proceeded so far on admission as to afford no hope of recovery.

Original Papers.

CRYSTALS OF DATURINE OBTAINED FROM THE URINE,

TAKEN FROM THE BLADDER, AT THE POST-MORTEM EXAMINATION OF A MAN POISONED WITH STRAMONIUM.

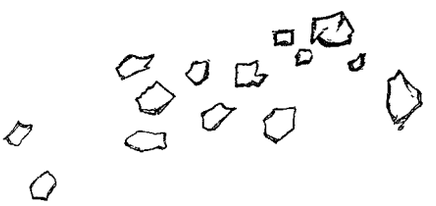
By ROBERT ALLAN, Esq., Staff-Surgeon 2nd Class.

An Indian labourer, named Hitoo, was condemned by the Court of Assizes to ten years' hard labour in chains. He worked very unwillingly for about a month, and was brought into the prison infirmary on the 10th of February, 1846, in a state of insensibility, with stertorous breathing, dry, black tongue, injected conjunctivæ, and dilated pupils, pulse ranging from 100 to 120. He was said to have eaten stramonium, which grows where he was sent to work that morning, six hours and a half previously.

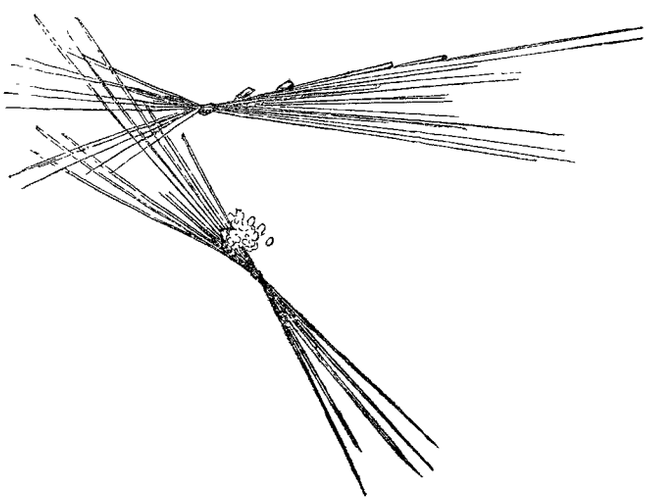
The stomach-pump was applied, which brought up many entire seeds, and fragments of seeds, of the datura stramonium; but the action of the heart soon became more feeble, and notwithstanding the administration of stimulants, he continued to sink, and died an hour after admission, being about seven hours and a half after he was supposed to have taken the poison. The heart was felt beating several seconds after respiration had ceased.

The body was examined nineteen hours after death, at which time there were evident marks of commencing putrefaction, (Fahrenheit's thermometer being 88°;) it was mus-

cular, five feet four inches in height, and about forty-five years of age.—*Head:* Great turgescence of the integuments, as well as of the dura mater, tunica arachnoides, and pia mater; brain firm, and highly injected; the choroid plexus turgid, and the ventricles contained a little bloody serum; there was a small plate of bone deposited in the falx, near the crista-galli.—*Chest:* Old, ribbon-like adhesions between the pleura of the left lung and that lining the cavity of the chest on the anterior part; the substance of both lungs very vascular in many parts; heart flaccid.—*Abdomen:* Liver, spleen, pancreas, kidneys, and bladder, normal; the stomach contained about four ounces of ingesta, composed of rice, eighty-nine seeds of the datura stramonium, besides many fragments, pieces of manioc, and tripe; there was a patch of extravasated blood, the size of a shilling, in the mucous coat of the larger curvature of this viscus, and a smaller patch of extravasation near the pyloric orifice; the whole mucous coat of the stomach was slightly congested; many entire seeds, as well as fragments of seeds, of the datura stramonium were also found throughout the entire length of the small intestines. About six ounces of urine were collected from Hitoo's bladder, at the post-mortem examination, which I submitted to Ossian Henry's process for the detection of daturine—namely, precipitation by infusion of gall-nuts, (*Journal de Pharmacie*, Paris, tome xxi. p. 223, Mai, 1835.) Several clear crystals were obtained, some being pentahedral, while others were surrounded with a quantity of oily matter, which obscured their shape. Some of these crystals were dissolved in distilled water, and the solution dropped into the eye of a man with lenticular cataract. In half an hour the pupil was visibly dilated, and became very much so in an hour afterwards. Diluted sulphuric acid was added to some of the product of Ossian Henry's process, and in a few days many acicular crystals of sulphate of daturine in tufts were observed.



Crystals of daturine obtained from Hitoo's urine, magnified 48 diameters.



Crystals of sulphate of daturine, magnified 48 diameters.

Mauritius, May, 1847.

ON THE

TREATMENT OF UTERINE HÆMORRHAGE FROM PLACENTAL PRESENTATION,

WITH THE HISTORIES OF TWO ADDITIONAL CASES.

By ROBERT LEE, M.D., F.R.S.

In 1842 I published an account, in my "Clinical Midwifery," of thirty six cases of uterine hæmorrhage from placental presentation. At page 149 it is stated, that "in several other cases" (their number exceeded four) "similar to the preceding, of partial placental presentation, the membranes were ruptured, and the delivery safely completed without the operation of turning."

The following is the report (page 144) of the second of these thirty-six cases:—"A patient of the British Lying-in Hospital, near the full period of pregnancy, was suddenly attacked with a profuse discharge of blood from the uterus: she had been exposed to no accident, and had not experienced any uneasy sensation about the uterus, before the blood began to flow. She was conveyed from her residence to the hospital immediately after the occurrence, but she was dead before any of the medical officers of the institution could see her. I examined the body, and found the centre of the placenta over the centre of the internal orifice of the neck of the uterus. On the left side, the connexion between the placenta and uterus was broken to a considerable extent."

In giving the results of the thirty-six cases, at the end of the fifth report, this case was intentionally omitted; my object in thus summing up being simply to communicate the effects of the treatment. "In seven of these thirty-five cases," I observe, "death took place soon after delivery, from loss of blood, and in six, at periods more or less remote from the time of delivery, by uterine phlebitis or inflammation of the deep structures of the uterus."

This intentional and proper omission in the summing-up of these thirty-six cases forms the ground, and the sole ground, of all the charges of error and inaccuracy preferred against me in the last number of THE LANCET. The above individual case is actually affirmed, by the author of these absurd statements, to have been published by me subsequently, in my Lectures, as one in which a living child was delivered by turning, and that the mother did not die till "a few days afterwards."

There is not one word of truth in all this. If the table in the Lectures be referred to it will be seen that the above case stands No. 2, and the history is thus abridged:—"1828. Sudden profuse hæmorrhage at ninth month, which continued till death, which took place suddenly; no accident or uneasy sensation before discharge commenced; placenta found, on dissection, adhering round cervix uteri; died undelivered, before she could receive any assistance or was seen by any medical practitioner."

The fourth case related in my "Clinical Midwifery" (No. 263) is as follows—"On the 8th Feb., 1830, I was called to a woman residing in Falconberg-court, who had been attacked with profuse uterine hæmorrhage at the end of the seventh month of pregnancy. The placenta was protruding through the orifice of the vagina. I immediately extracted it, and a dead child followed. A great hæmorrhage succeeded, and she remained for a considerable time insensible, without any pulse to be felt at the wrists; she, however, gradually recovered."

This case has been introduced into Dr. Simpson's table of 141 cases of placental presentation in which the placenta was expelled or extracted before the child, but the history of the case is mutilated. The fact, "that a great hæmorrhage succeeded," is altogether omitted, so that the case is made to tell a tale, the very reverse of the truth: it is made to convey to the reader an impression that the flooding ceased after the extraction of the placenta, which was not the fact.

In July, 1843, when my Lecture "On Labours Complicated with Uterine Hæmorrhage from Placental Presentation" was published, two additional cases had occurred, which were included in the table of "Thirty-eight Cases of Uterine Hæmorrhage from Placental Presentation," appended to the Lecture. On carefully examining this table, and comparing it with the report in the "Clinical Midwifery," I have not been able to discover the slightest trace of inaccuracy or error.

"Lastly," says Dr. Simpson, "very probably Dr. Lee's own account of his own cases is wrong, but I have not his 'Lectures' near me at this moment to ascertain. At all events, however, two years ago I had occasion to point out to him that he had committed various errors in summing up his own placental cases and their results; and *especially* that the number of instances of placental presentation which he had then seen and published was forty-six, and not, as he erroneously averred, forty-five."

Not having found any such error to have been committed, this statement was not considered deserving of any notice at the time. Had the number been forty-six, as summed up by me, and not forty-five, as it is said I had "averred," the error in the summing up would not have been of a mortal character, especially as the table was not a statistical table of the average mortality in my practice—three of the women whose cases were related having died before I saw them; two of them had been dead upwards of twenty-four hours before I knew anything about them, when I went to dissect their