

whatever during the labour, and there was none of the usual lochial discharge. There was, however, a most copious discharge of water from the uterus as well as from the leg; the leg and thigh that morning (Monday) were diminished in size, but the cuticle of the leg was dead, and there was a kind of purulent secretion underneath it; with this he had not interfered; the leg was tender; the pulse about 100, and small. There was yet no secretion of milk. Looking at the facts he had stated, that there was no pain during parturition, and no natural discharge during or after the labour; he thought such a state of the system was indicated, that a fatal result to this case must be anticipated. In all the cases which he had seen of labour occurring without pain, the mother had fallen a sacrifice. He thought the presence of pain was a beautiful provision of nature for the preservation of the offspring.

Mr. HOOPER had seen several cases of labour unaccompanied by pain, in which the mothers did not die. In a case of a woman labouring under venereal disease, for which her husband had salivated her, labour came on during an attack of spasmodic cholera, without the woman being at all conscious of the proceeding. She recovered, the child was dead.

Mr. PROCTOR thought that the morbid condition of Mr. Linnecar's patient previous to the labour, would have much influence on the fatal result, should such occur.

Dr. S. ALISON should not look so unfavourably as Mr. Linnecar did on the case under discussion. He had attended many women who had extreme anasarca of the legs previous to parturition, but who had done well. Cases of labour without pain had occurred in his practice; they were not fatal.

Mr. CRISP alluded to a case shortly to be brought before the profession, in which a woman, thirty-eight years of age, was delivered at the full time of a dead child, without any pain whatever.

Mr. PILCHER suggested that in Mr. Linnecar's case the discharge was from the nymphæ and not from the uterus, which, he thought, was not secreting at all. Was it not probable that uterine phlebitis was present?

Some conversation took place in the course of the debate on the practice of making punctures in the leg, below the knee, in cases of anasarca.

Mr. HOOPER had resorted to this proceeding in many cases with a good result, and had never known it to be followed by bad consequences.

Mr. LINNECAR and Mr. CLARKE had seen it productive of much mischief.

INSTANT DEATH FROM THE SHOCK OF A BULLET.

Post-mortem Examination of the Body of Timothy Daly, killed by a Pistol-bullet, May 5, 1842.

THE body was well-formed, and in good condition. A considerable quantity of blood had flowed from the wounds, so as completely to saturate the flannel-waistcoat which he wore next his skin. There was a bullet-wound of a round shape, and of the size of a sixpence between the seventh and eighth ribs of the left side, and another on the right side over the last rib.

Head.—The skull-cap, skull, and dura mater, were quite healthy. The arachnoid membrane and pia mater were slightly congested, but they were not thickened, nor was there more than the natural quantity of fluid effused beneath the membranes and into the cavity of the ventricles. The substance of the brain was quite healthy.

Chest.—There were some slight adhesions between the costal and pulmonary portions of the pleura. The lungs were perfectly healthy, and uninjured. The heart was also uninjured, and all its parts, including the valves, were of the natural and healthy structure. The blood was universally fluid, but there was none extravasated into the cavity of the chest. The seventh and eighth ribs on the left side were fractured; the last rib on the right side was also fractured. The diaphragm, with the exception of a few of its muscular origins from the ribs on the left side, was quite uninjured.

Abdomen.—The stomach was removed and examined: it was distended with half-digested food. There was an aperture with blackened edges, of about the size of a shilling, an inch below the junction of the oesophagus with the stomach on its posterior surface, and another corresponding aperture on the anterior surface of the stomach, also at the cardiac end, but lower than the aperture on the posterior surface. The liver was perfectly healthy and quite uninjured. The intestines were also uninjured and healthy.

The thoracic and abdominal portions of the aorta were carefully examined, but were found to be quite uninjured, nor was any important vessel wounded.

In this case death occurred almost instantaneously after the discharge of the pistol; and must have been caused by the sudden shock given to the nervous system by the passage of the bullet through the distended stomach. No other cause of death can be assigned, for no other viscus was wounded, nor was any important vessel ruptured.

R. H. SEMPLE, Surgeon.

May 9, 1842.