

siderable pain and swelling of both knee-joints, both ankles and wrists. Ordered fomentations to the joints, and chloral and iodide in five-grain doses internally. Iodism was produced after the second dose; but after a day or two, all the pain and swelling had disappeared. When iodism began to subside, I again put her upon the mixture, in teaspoonfuls instead of tablespoonfuls, but the iodism returned, compelling her to give up the mixture altogether.

8.—May 13th: Mrs. S——, aged sixty-five, labours under chronic sciatica. She had had a great variety of treatment before getting the chloral and iodide. This combination produced slight but quite apparent iodism. She had, however, taken only one dose, and could not be persuaded to take another, "the feeling in the head and throat was so bad," she said. Very little relief to the sciatica was afforded.

9.—May 24th: G S——, farmer, aged sixty-five, at the close of a severe attack of cellulitis of the lower and back parts of the thigh, and when the incisions made for the relief of this were healing up, showed several irregular enlargements over the lower part of the femur in front and at the sides. Chloral and iodide in five-grain doses each were given, and continued for a week, but no iodism resulted.

10.—June 8th: Mrs. M——, aged forty-six, had acute pain and swelling in the right ankle-joint. Ordered an irritating liniment to be rubbed into the skin around the joint, and chloral and iodide internally. The latter had the effect of relieving the pain and swelling, but produced distinct though not severe iodism.

11.—June 22nd: Mrs. M——, aged thirty-seven, had for two years laboured under chronic rheumatism. She had one severe attack of the acute form a year ago, which was treated by blistering, with a very satisfactory result. The iodides of potassium and ammonium had been several times given to her in large doses, without at any time producing iodism; but now one dose of the iodide of potassium and chloral mixture produced distinct, and two doses severe iodism. She said, however, that no remedy she ever had before had done the swollen and painful joints so much good.

12.—June 23rd: Miss B——, aged thirty-four, one of a very phthisical family, had for several years complained of pain over the right ovary. Leeching, various forms of counter-irritation, and numerous remedies internally, had been at different times prescribed for her, but with a variable amount of benefit. I gave her the same chloral and iodide mixture as above, and warned her as I had warned all the patients who got it after No. 4, that she might suffer from iodism. And she did suffer considerably from it for one day. The pain was somewhat relieved. She refused to resume the medicine, even in small doses.

13.—July 2nd: J. M——, aged thirty-two, complained of acute pains in his shoulder and knee-joints. No perceptible swelling. Various things were tried with no good result. At length I gave him the iodide and chloral, which afforded relief in a few hours, but which iodised him. The medicine was omitted for one day, and then resumed in teaspoonful instead of tablespoonful doses, without again producing the symptoms of iodism.

14.—July 8th: A. B——, aged sixty-seven, has an attack of gout in both feet. Ordered iodide and chloral in five-grain doses each.—July 10th: Has continued to take the mixture every four hours with considerable relief to the pain, but no symptoms of iodism have been developed.

15.—July 13th: J. D——, brother of Case 2, aged forty-six, has great pain along the sciatic nerve, and numbness of the calf of the leg and foot. Ordered a purge of colocynt, galbanum and croton-oil pills, and afterwards iodide and chloral, the former in five-, and the latter in eight-grain doses every four hours.—July 15th: Was well purged. The first dose of the mixture was taken about 6 P.M., and by 10 P.M. distinct iodism was the result. A second dose on the following morning made the iodism severe. To reduce the dose to one-fourth.—July 18th: Has still some pain in the forehead and throat. Pain in the thigh nearly gone, but the numbness much the same as before.—July 24th: Cured.

It would appear from the above fifteen cases that all those iodised were of middle age, those unaffected being three young girls and two elderly men. Possibly there may be something else to account for the immunity those en-

joyed than that derived from their youth or age, something perhaps in the nature of the complaints from which they suffered, or some peculiarity in their constitutions; but my observation and experience are as yet quite insufficient to enable me to decide as to this. I merely make known the fact that in the greater number of patients to whom I have given the combination of chloral and iodide of potassium iodism has been produced, and in whom, had the chloral been omitted, no iodism would in all likelihood have been seen. Iodism from doses of five grains of the iodide of potassium alone is very uncommon. I can remember seeing it in two cases only during the past ten years. And Lisfranc, in a hundred cases in which he prescribed the iodide in this and larger doses, saw iodism in none of them. As to whether this influence possessed by chloral over the constitutional action of iodide of potassium be found to be an advantage in therapeutics, further experience alone can determine.

Banff.

### ON A CASE OF CARIES OF THE BONES OF THE SKULL, WITH ABSCESS INSIDE THE CRANIUM.

By WILLIAM YEATS, M.D.,  
COTON-HILL INSTITUTION, STAFFORD.

H. H——, aged sixty-eight, single, was under treatment for mental disease for nineteen years. When admitted to Coton-hill Institution, twelve years ago, she was labouring under chronic mania, with delusions principally of a religious nature. She also had strange fancies regarding the adulteration of her food. Up to the time of her death these morbid fancies persisted with little variation. She never exhibited any of the signs of organic cerebral disease. Her bodily health was at best only fair, often, indeed, feeble and delicate; her appetite was always fickle, and her disposition fastidious. In the middle of the year 1871 she became debilitated, and suffered from sciatica and lumbago, which were removed under appropriate treatment and time; but her general health seemed to get feebler, her appetite worse, and she became unable to get out of doors. From about the beginning of November she averred that she had some tumour about the lower part of her body which gave her much pain; but the exact nature of it we could not ascertain, as she was hypersensitive, hysterically modest, and refused to allow an examination.

About the middle of January, 1872, matters having become much worse, as she suffered immensely when she moved, became unable to walk, and appeared to lose flesh, an examination was insisted on. A small irritable sinus was found on the left labium majus leading into an abscess of the same side capable of holding about an ounce of fluid. After enlarging the sinus, and inserting a piece of lint as a drain, the discharge ceased in the course of six weeks. During that time, while she was confined to bed, her bodily health suffered no improvement. She became hectic, and abscesses appeared on different parts of her body—e.g., on the scalp, the lumbar region of the back, the right forearm, the thumbs and fingers, and the left heel. The knee-joints and one of the ankle-joints became much distended and painful. Some of these abscesses burst, others were opened and discharged freely. Although everything was done in the way of food and stimulants to support her, she gradually became weaker. Up to the time of her death she suffered much pain in the knees, especially the right one, which she became unable to move through pain. Opiates and chloric ether were freely given to allay the suffering and procure sleep. Often, too, she complained of severe pain in her head, in the frontal and temporal regions, which at different times was relieved by small blisters behind the ears. None of the abscesses gave her any pain until the cutis became very tense and inflamed; those on the scalp neither burst nor were opened, nor did they give any pain. Mentally no new feature was observed. She talked rationally, still retained her former eccentricities, became somewhat childish, and, occasionally, some days before death, she became unconscious and rambled in her talk. This last condition,

which persisted for a quarter or half an hour at a time, seemed to arise from imperfect brain nutrition, as on several occasions she almost immediately rallied on the exhibition of some brandy and warm water. Thoroughly exhausted and worn out, she expired quietly on the 28th of June, 1872.

At the post-mortem examination, held thirty-six hours after death, the following appearances were revealed:—On removing the scalp, an abscess, containing about three ounces of greenish-yellow thick pus, was laid open. The soft parts were entirely dissected off the parietal bone where the abscess was situated, and the bone was bare and rough to the touch. Over the occipital bone there was another abscess of less dimensions, and of the same nature; the bone, however, was very little denuded. On sawing through the occipital bone, nearly two ounces of thick greenish-yellow pus ran out from the inside of the skull. On removing from the head the part of the cranium that had been sawn through, the dura mater was found to be very adherent to the bones wherever it was attached, but it was quite free and unattached in those parts corresponding to the middle and back part of the longitudinal sinus, and about half an inch on each side of the sinus in the parietal region; while in the occipital region, down to the torcular Herophili, it was unattached for about an inch or more on each side of the groove of the sinus. Its attachment to the upper surface of the greater wings of the sphenoid also was slender. In the occipital region, between the bone and dura mater, there was an abscess capable of containing about two ounces of pus, which pressed on the brain. It was this abscess which was opened when the bone was sawn through. On washing off the pus, the membrane was observed to be in some parts thinned, while in other parts, and more generally, it was thickened by granular fibrinous deposits. It may be here mentioned that several of the vessels, more especially the posterior branches of the middle meningeal arteries, were occluded in some parts of their course by cartilaginous degeneration of their walls. The dura mater had to be removed with the scalpel, as the parietal and visceral layers of the arachnoid were thickened and partially adherent. The bones of the cranium, with the exception of the temporals and ethmoid, were more or less affected with caries. The frontal bones, quite distinct from each other by the frontal suture, presented the disease, though in a less degree than the others to be mentioned. On looking at them from the internal aspect by transmitted light, large, dark, congested patches, with well-defined edges, were well seen, and small particles of bone, of a dead-white appearance, were present in the centres of the patches. The Pacchionian fossæ on each side of the frontal suture were carious, the perforations being very circumscribed, but deep. Those parts corresponding to the groove of the longitudinal sinus were congested and superficially decayed, and covered by a thick, reddish-looking (when fresh) adventitious membrane. The larger congested patches on these bones seem to have been formed by an aggregation of smaller ones. The outer surface of the left frontal bone presented a large circular patch about three inches in diameter, quite livid in its outer third all round, and pale and exsanguine in the centre, where there was a circular carious spot about a quarter of an inch in diameter, extending down to the inner table. Both parietal bones presented the disease in a much greater degree, being affected in almost their entire extent. On them large congested patches were seen, both by reflected and transmitted light. Upon the inner surface of the left parietal an irregularly oval patch measured four inches in its longer diameter, and two and three-quarter inches in its shorter, in the centre of which, corresponding to the parietal protuberance, the inner table was carious for about one inch in diameter; while on the external surface caries extended from the coronal suture in front to within an inch of the lambdoidal suture behind, and vertically one inch and a half along that distance. In the centre of the caries over the parietal eminence there were some perforations like pin-holes. The caries on the external surface of the left parietal bone corresponded with one of the abscesses in the scalp already mentioned. The right parietal presented the disease in its first or congested stage in a large extent, with only a small carious portion on the inner table on the inner surface of the eminence embracing the groove of one of the vessels. Externally, there existed a circular carious spot, about a quarter of an

inch in diameter, extending through the outer and part of the vitreous table, situated in the centre of a well-defined circular congested patch, which measured one inch and a half in diameter, and extended over the coronal suture to the frontal bone. This patch was best seen from the inner surface. It may be here remarked, that the disease was more advanced in those situations corresponding to the terminations of the furrows; and, further, that on the left parietal, where the disease was more advanced, the arterial furrows were only slightly marked, and seemed almost filled up, especially towards their extremities. On the right parietal the caries on the inner surface was situated over one of the partially obliterated furrows, which, generally, were also less marked than usual. In both parietals there was well-marked congestion of the osseous structure along the course of the arterial furrows. This condition of the furrows and the contiguous portions of the bones agreed with the degenerated state of the vessels in the dura mater. The occipital bone in that portion above the groove of the transverse sinus presented a more advanced state of caries than any of the other bones. The inner table was quite carious from the groove of the transverse sinus upwards for about three inches, the caries being continued into the parietal bones. The groove for the longitudinal sinus was the centre of the disease, which extended an inch on each side of it. At the superior angle of the bone there was a sequestrum, measuring one inch from side to side, and half an inch vertically, extending through the inner and part of the outer table. The sequestrum was spongy, friable, and quite loose. In connexion with it was the abscess, already mentioned, between the bone and dura mater. The bone was not carious externally, therefore the abscess mentioned as existing in the scalp in that situation did not depend on caries of that surface; but there was a circular aperture, one-eighth of an inch in diameter, communicating with the sequestrum through the external table, by which the pus had travelled from the abscess inside the skull to the outside, and, pushing the pericranium before it, had formed a sort of auxiliary cavity outside the cranium. The upper surfaces of the great wings of the sphenoid were also carious superficially. The brain itself was anæmic, and generally softened. The arachnoid and ventricular fluids were in excess. No tubercles were present on the arachnoid, pia mater, or on the walls of the ventricles. The carotid, basilar, and cerebral arteries were the subjects of atheromatous and calcareous degeneration, but not to a great extent. The heart was small and fatty, the lungs were healthy, the liver was large and fatty, and both kidneys were small and congested. There was extensive calcareous degeneration of the walls of the aorta and iliacs.

In this case the symptoms did not betray, in any significant degree, the large extent of disease that existed in the cranial bones. The pain in the head resembled an ordinary hemicrania, while no pain was felt in the back of the head where the disease was more advanced. The abscesses in the scalp and in the other parts of the body were supposed, during life, to be dependent on the absorption of matter from the abscess in the labium; but from post-mortem appearances I think it may be safely inferred that the affection of the cranial bones preceded the abscesses in the labium and other parts of the body; and, furthermore, that the latter affections resulted from an absorption of matter from the cranial disease. From the pathological data, the disease of the bones can only be ascribed to the degenerated state of the nutrient vessels. The case is also interesting physiologically, as affording evidence relative to the amount of pressure the brain-substance may bear without any appreciable symptoms being produced. It has long been known that even a large part of one cerebral hemisphere may be destroyed where no obvious symptoms result, but the exact locality affected must be taken into account. In this case there must have been considerable pressure on the posterior lobes of the brain from the abscess between the occipital bone and dura mater, evidenced by a decided hollow on the right posterior cerebral lobe. As it has been authoritatively asserted that the posterior lobes are the parts concerned in the highest intellectual operations, it is noticeable that in this case no recognisable intellectual deterioration took place. To be sure, the patient presented morbid mental symptoms, but they had been present nearly a fourth part of her lifetime, and seemed in no way altered or intensified by the results of the cranial disease,

the commencement of which must have been of a comparatively recent date, whilst there was no perversion of common sensation or motion attributable to cerebral influence.

It is no doubt true that, had the same amount of pressure been suddenly produced, the brain was bound to respond in a manner indicative of a crippled condition; but here the compression took place gradually and very slowly, so that the brain, which was but little exercised, and being but in the least degree compressed at first, gradually became used to the increased pressure.

Coton-hill, Stafford.

## A CASE OF PULMONARY EMBOLISM.

By J. P. ATKINSON, M.D.

M. W.—, aged thirty-five, wife of a farmer in easy circumstances, eight months advanced in her first pregnancy, had enjoyed uninterrupted good health. During her pregnancy the same state continued, except that in the eighth month she had occasional attacks of sickness after supper, and also very severe attacks of headache of brief duration. On the 26th of March she went to bed, feeling as usual; but about 4 A.M. of the 27th she had a violent attack of sickness, and immediately afterwards she fainted and her husband thought she would have died outright. On my arrival (a distance of eight miles from my house) I found her suffering from the most urgent dyspnoea, which had come on immediately after the attack of syncope. The respirations were 75; the pulse was so rapid and so small that it could with difficulty be felt and I could not count it; the countenance was expressive of the greatest anxiety, with a good deal of lividity; extremities and surface cold; intellect clear. On auscultation of heart and lungs I could detect nothing to account for the dyspnoea, and, taking into consideration the act of vomiting immediately before the attack, the suddenness with which the symptoms came on, and as there was also a good deal of oedema of the lower extremities, I came to the conclusion that a clot had been set loose and was plugging up one of the pulmonary vessels. I prescribed a mixture containing spirit of sulphuric ether with spirit of chloroform, bottles of hot water to the extremities, &c. At 1.30 P.M. I saw her again, and found that she had rallied considerably: there was a return of warmth to the surface, the pulse was firmer, and the dyspnoea was scarcely so intense. She then complained of pain in the abdomen, recurring at intervals, and, upon making an examination, I found the os uteri steadily dilating. About 3.30 there was a return of the prostration, which increased until it became a state of complete collapse, with total suspension of all uterine action, coldness of surface, and most intense dyspnoea. Notwithstanding the famous protest against stimulants, I administered them with a very free hand, and without any after ill effects. About 9 P.M. I had the satisfaction of finding that the uterus was beginning to contract again, with returning warmth to the surface and a better pulse, and at 10.30 she gave birth to a still-born child. There was scarcely any loss.

March 28th.—She has passed a fairly comfortable night, but dyspnoea is still urgent and the pulse 130. In the evening the symptoms continued the same, but the night was passed without sleep, the breathing being so laborious and rapid; there was also a return of the collapse.

29th.—A cough, which was troublesome, had come on, with expectoration of sanguineous sputa, and there was pain and oppression about the cardiac region. Upon examination I could detect a bruit, but, owing to the noisy state of the respiration, I could do no more than suspect it to be pericardial. The pulse and respiration continue the same; the renal and alvine secretions are satisfactory; the patient takes nourishment freely. In the evening I was told she had had another return of the alarming symptoms, which lasted about two hours, but she was then somewhat better even than she was at my morning visit.

At 6 A.M. on the 30th I was sent for, the patient having had another return of the collapse, which, however, had passed off before I reached the house. I felt satisfied that she was improving. I met Dr. Giles of Oxford in consulta-

tion shortly afterwards. The respirations were then about 75, and the pulse 130; cough more troublesome. Dr. Giles detected dulness and crepitation at the base of the left lung, which we regarded as of a passive character. Linseed poultices were applied to the chest, the same mixture repeated, and plenty of nourishment ordered.

The patient continued in the same state for the next three days, each day having an increase in the more distressing symptoms, but the attack not lasting so long. On the 2nd of April the right lung became involved, and the breathing was more laborious. The following day she had a tendency to delirium, and at my visit she was just rallying from another attack of prostration; cough very troublesome; expectoration viscid and sanguineous; the inflammatory mischief was extending. A blister was applied, and I added some aromatic spirit of ammonia, tincture of squills, and ipecacuanha wine to the mixture.

On the 6th of April the respirations had fallen to 55; the pulse was 120; cough still very troublesome; was slightly perspiring, and unable to sleep. I gave her at night fifteen grains of chloral hydrate, which produced several hours of refreshing sleep, and in three more days the respirations had fallen to 40. From this time the patient improved steadily up to the 2nd of May, when, as her recovery was then complete, I ceased my attendance.

Bampton, Oxon.

## OBSCURE UTERINE DISEASE.

By EDWARD CLAYTON LING, M.R.C.S., L.S.A.

THE following case is, I believe, one of rare occurrence, and of sufficient interest to warrant its publication.

M. A. P.—, aged twenty-six, married, came under my observation for the first time on January 23rd. Her previous history, as obtained from her friends, is as follows:—She acted as cook in different families until twenty years of age, and, although never strong, always enjoyed fair health. At twenty she married, and at twenty-one was delivered prematurely of a child (seven months), which died soon after birth. Between that time and last September (an interval of five years) she miscarried on three occasions, the last time being in July, 1871. At each miscarriage she suffered from severe hæmorrhage, and twice her life was despaired of by her friends. In September she again became pregnant. From the commencement of pregnancy until death she complained to her friends of constant chilliness, never being able to keep herself warm, and of suffering from occasional attacks of faintness; for which, however, she did not seek medical advice. Her appetite remained good, and she slept well. Whilst turning in bed during the night of January 19th she felt something snap in her body, causing considerable pain; and at intervals during the following day she complained loudly of pain (which she referred to the epigastric region), followed by faintness. This condition continued more or less, with long intervals of relief, until the night of the 22nd, which she passed well; and on the morning of the 23rd performed her household work as usual without complaining. At noon she made a hearty meal, and immediately afterwards was seized with agonising abdominal pains, followed by intense syncope. At this time I was sent for. On my arrival, I found her in a state of collapse, with a cold clammy skin, glazed eyes, slow heavy breathing, and weak fluttering pulse. Under very energetic stimulant treatment she revived, but was immediately seized with a return of the pain (still referred to the epigastrium, though the whole abdomen was exquisitely tender), and vomited; this was followed by a return of the collapse. She was evidently suffering from internal abdominal hæmorrhage, but the exact seat could not be determined. The uterus felt, when placing the hand over its seat, as it usually does when about four months pregnant; but manipulation caused such excessive pain over the entire abdomen that it could not be much resorted to. The uterus remained perfectly soft during the pains. A digital examination per vaginam disclosed a normal state. No lumbar pains were complained of. Pain and collapse continued to alternate for twelve hours, when she expired.