

been troubled with indigestion, distension after food, and constipation, off and on, which disappeared after medicinal treatment at home or a visit to Harrogate. Eighteen months ago he "began to belch up fumes," which he called "Harrogate fumes." He was relieved from this trouble from time to time by taking purgatives. Whilst on a visit to Harrogate twelve months ago, vomiting was added to his other symptoms, which continued until October, when it became very much more troublesome, and occurred as often as three times a week. Dilatation of the stomach was then diagnosed, and the stomach was washed out three times a week until January of this year. On Jan. 5th he vomited a very large quantity of matter like "brewer's barm," and then had a copious hæmorrhage from the stomach. He was kept in bed, and in a day or two mustard plasters were applied to the epigastrium, and a mixture containing dilute hydrocyanic acid given internally. At the end of a week he felt better, and was sent to Southport; but again the distension returned, and he saw a homœopath, who ordered a "medicine," a "powder," and "wet compresses" to the abdomen. He seemed a little better, and returned home to Huddersfield, but in four or five days the vomiting again became very troublesome, and there was a second attack of hæmatemesis, though not so bad as the first. In a day or two he was again somewhat better, and was ordered to take Carlsbad salts in the morning, which he did for six or eight weeks. On April 10th the vomiting recurred, and in spite of the fact that he was taking pills of nitrate of silver (half a grain three times a day), it continued and occurred five or six times per diem until his admission, being always very copious and frequently "barmy." Until Jan. 5th his diet had, as a general rule, been as follows:—Breakfast: Bacon, bread-and-butter, and coffee. Dinner: Joint, with vegetables, milk puddings with eggs, and stewed fruits or stewed rhubarb. Tea: Bread-and-butter and sweets, with one cup of weak tea. Supper: Bread and milk, or cheese and bread. Since this date, however, he had lived almost exclusively upon milk and Benger's food.

When first seen, he was emaciated in appearance, anxious and excited about his condition, exhausted from his long railway journey, and had frequent vomiting. He said he had lost 3 st. in weight in the past twelve months. On examination, the heart was normal, but the pulse 100, very small and compressible. The lungs were normal. The tongue was covered with a thick yellow fur. The bowels were regular each morning after taking Carlsbad salts. There was much distension, and almost constant eructation of fetid gases; also very frequent vomiting. Appetite almost *nil*. The liver dulness was quite obliterated by the distension of the stomach. No lump could be felt in the abdomen. The urine was passed in fair quantity; high coloured; clear; sp. gr. 1030; acid; fixed phosphates; no albumen; no sugar.

Bread poultices were applied to the epigastrium night and day, and a hot waist pack every forenoon. His diet consisted of small quantities of Benger's food, alternating with pancreatised oat flour, every two hours.

April 21st.—A slight vesicular rash, resembling miliaria, has appeared under the poultices. He vomited once on the evening of the 19th and once on the 20th.

May 1st.—Has not vomited since the 20th. The rash now resembles eczema impetiginodes, and for the last four days there has been a copious discharge of foul-smelling pus. Pulse 88, fair. Tongue cleaning. Weight increased 1 lb. His diet since May 26th, for breakfast, consisted of pancreatised oat flour, with rusks and cocoa from the nibs, and without sugar and milk; for dinner, boiled fish and boiled rice and a little plain rice pudding; and for tea, boiled fish, rusks, and cocoa.

7th.—Feels much better and stronger; he "can now run upstairs." He has no inconvenience after food. The rash is very active, and discharges just as in last note, but the colour is now brown and the consistence very thick. Has gained 3½ lb. in weight. His diet is the same, but to-day boiled fowl has been added. The bread poultices have been discontinued, and wet pads substituted. The day's treatment now is: before breakfast, a tepid spray; in the forenoon, a hot waist pack; and in the afternoon, a tepid spinal sponging.

14th.—The rash is still very active, but the discharge is inodorous, and a papular eruption has appeared almost all over the body, which is very itchy and causes him to lose his sleep. No digestive trouble. Has lost 2 lb. in weight.

21st.—Keeping well, the rash discharging less. Pulse 68, compressible. Tongue clean. Bowels constipated; motions

of a dark colour. Lost 2 lb. more in weight. Stewed apples added to other diet at dinner-time.

June 4th.—Rash discharging very little. No indigestion. Tongue clean. Bowels costive. Has gained 4 lb. since last note. Sleeps now all night.

On June 12th he left the establishment cured.
Matlock.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN ADDITIONAL TREATMENT OF POST-PARTUM HÆMORRHAGE.

BY RAINSFORD F. GILL, M.B. LOND., M.R.C.S. ENG.

As I feel sure that the following method of treatment in severe cases of post-partum hæmorrhage may be instrumental in saving life, I venture to make it known. It consists in the substitution of rectal injections of saline solution in place of transfusion, or rather in those cases where the performance of transfusion is impossible from want of the necessary apparatus. I feel convinced that it proved efficacious in a case to which I was called a short time ago, and in which, on arrival, I found that the patient had lost an enormous quantity of blood and was delirious, with vomiting &c., so that nothing could be retained. Before I succeeded in stopping the hæmorrhage she was in a very collapsed condition, and on pouring a teaspoonful of fluid down her throat it was immediately rejected. I then thought of using rectal injections, which were rapidly absorbed, so that within two hours she was again conscious and able to retain fluids given by the mouth. I venture to think that if I had not used the injections in this case I should have lost the patient, and it is precisely in such cases where the practitioner is without a transfusion apparatus that the rectal injections are so useful, as he will always be provided with the syringe. I should recommend that only two or three ounces of fluid be injected at a time, and that the injections be repeated every ten or fifteen minutes, using a tepid solution, and of course employing all auxiliary methods of relieving the existing shock to the system.

South Hampstead, N.W.

NOTE ON THE DOSAGE OF CHLOROFORM.

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IN THE LANCET for September 1st is published the history of a death under chloroform at Westminster Hospital, the actual cause of the fatal result being asphyxia from occlusion of the larynx by a pharyngeal new growth. In it the following occurs: "The patient took the anæsthetic well, and in about two minutes and a half was fully under its influence.....the amount of chloroform given was a drachm and a half." In relation to the foregoing, I wish to ask a question, and the more readily here because the death was *under*, and obviously not *from*, chloroform: What is the maximum amount of chloroform that can be safely administered to a healthy adult in a given time? Arising from this is a second: What is the shortest time in which chloroform anæsthesia should be induced? The answers are to me—as one holding the belief that, given a careful administrator and a subject free from cardiac disease, the advantages of ether over chloroform as a general anæsthetic are much exaggerated at the present time—of considerable interest. Looking back through my anæsthetic book, I find that, in the case of adults, the administration of a drachm and a half of chloroform in my hands occupies as a rule about seven minutes, whilst the time which elapses before anæsthesia is perfect varies from five to eight minutes, averaging, however, nearer to the latter than to the former. It may be added, too, that the anæsthetic has always been administered on a single layer of lint, and therefore a smaller proportion of it would reach the lungs than when, as in the case in question, a

Junker's inhaler is used. The practical point which arises from this is, that if in an adult anaesthesia can be safely induced with chloroform in two minutes and a half, then one of the special advantages claimed for ether—viz., saving of time—at once disappears. My own idea is that the sudden introduction into the system of sufficient chloroform to cause anaesthesia in so short a time as two minutes and a half would not be unattended by considerable danger, even supposing that the heart sounds were to auscultation perfectly healthy. And it is in the hope of obtaining from others confirmation or refutation of this that the note has been written. A short time ago I tabulated, for another purpose, 199 deaths from chloroform reported in the medical journals, and occurring chiefly during the first thirty years of its use. In thirty-six of these cases the fatal dose and period are both given. The list, disregarding details as to age and method of administration, is as follows:—

Cases.	Dose.	No. of minutes after commencement of inhalation at which death occurred.
1	0 dr. 20 min.	4
1	0 „ 25 „	5
4	0 „ 30 „	1, 4, 5, 15
1	0 „ 40 „	4
7	1 „ 0 „	1, 1½, 2, 2, 4, 4, 20
1	1 „ 15 „	4
4	1 „ 30 „	2½, 6, 15, 15
9	2 „ 0 „	1½, 2, 4, 5, 5, 6, 7, 8, 20
2	2 „ 30 „	5, 6
4	3 „ 0 „	3, 10, 10, 14
1	6 „ 0 „	6
1	8 „ 0 „	20

As matter of interest in connexion with this table it may be mentioned that in twenty-three of the thirty-six cases particulars of post-mortem examination are given; in fifteen there was macroscopic evidence of heart disease, whilst in the remaining eight no change of structure was observed. On going carefully through this table, perhaps eliminating one or two cases the accuracy of which one is almost forced to doubt, it will, I think be acknowledged that the majority of the cases possess a common factor—viz., a disproportion between the amount of chloroform given and the time occupied in giving it. The table, on the other hand, is scarcely large enough to permit one to form a very positive opinion upon it alone. The point I would urge is that some definite standard for the administration of the drug should be adopted. If this were done I think that fewer deaths from chloroform would be reported. Personal idiosyncrasy has much to do with the action of all drugs, but that fact does not prevent the Pharmacopœia from laying down standard doses for the guidance of those who may not have had sufficient practical experience to enable them to prescribe active drugs without some hint as to the dose which may be used with safety. Why, then, should so extensively used a drug as chloroform be an exception? My own rule is never to administer it at a faster rate than a drachm in five minutes, and after complete anaesthesia has been induced the quantity necessary to maintain that state falls in converse proportion to the length of time that the operation lasts. And this rule is, I believe, in accordance with the practice of most of those who are in the habit of administering chloroform to any extent.

ON A CASE OF PURPURA HÆMORRHAGICA.

BY WILLIAM MILLIGAN, M.B., C.M.,
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THE following case may be of interest to the readers of THE LANCET.

H. V—, a waiter, aged fifty-three, was admitted into the Northern Hospital, Liverpool, suffering from a severe attack of purpura hæmorrhagica. The patient was a stout, able-bodied man, of temperate habits, and with no specific history. There was a large crop of purpuric spots upon both legs and arms. The eruption, which had been preceded by rheumatic pains, began in the lower limbs, and was suc-

ceeded a few days afterwards by a copious crop of petechia in the upper limbs. There was no pain after the eruption appeared. No special cause could be found for this condition. The organs were healthy, with the exception of a history of chronic bronchitis. His diet had been simple, but nutritious, and, according to his own account, he had been in excellent health for some time past. He was put upon ferruginous preparations, and a liberal diet was allowed. For about eight days he seemed to be making good progress, his temperature remaining normal and his appetite good. On the ninth day of his stay in hospital he was suddenly seized with pain in the right side of the abdomen. The lumbar and iliac regions were tender on the least pressure, and there was slight dulness on percussion. Under treatment the pain became somewhat better during the afternoon. About 1 A.M. on the following morning the pain became very intense, the amount of dulness was greatly increased, and the patient appeared to be in a very collapsed state. The pain became more and more intense, the heart's action extremely feeble, and there was difficulty in respiration, followed by a very sudden death.

Necropsy.—The thoracic organs were healthy, with the exception of slight emphysema over the anterior margins of both lungs. The lower half of the small intestine was extremely congested, and towards the ileo-cæcal valve was almost black. The cæcum and ascending colon were also of a very dark colour. On opening up the intestines, they were found to contain a large quantity of semi-fluid, grumous-looking blood, with numerous clots lying in it. This effusion was found in the lower two feet of the small intestine, in the cæcum, and in the ascending colon. The other abdominal organs were healthy.

Remarks.—At all times purpura hæmorrhagica is a severe and dangerous disease, and one must bear in mind that the diseased condition of the capillaries may not only be found in the skin, but also in the viscera, so that the possible occurrence of internal hæmorrhage must not be neglected. Cases have occurred of sudden hæmorrhage into the base of the brain during an attack of purpura, but hæmorrhage into the bowels is rare.

Liverpool.

CASE OF SUDDEN DEATH DURING LABOUR.

By W. McD. ELLIS, M.D. (BRUX.), M.R.C.S., &c.

The following case appears to me to be of sufficient interest to be worthy of record.

Mrs. T—, aged twenty, was delivered naturally of her first child on Oct. 16th, at 1 P.M. She was attended by a midwife, and was allowed to sit up in bed and talk, the placenta not having been expelled. I was sent for at 5 P.M., and on arrival found the woman dead, the history being that while sitting up talking she had suddenly fallen back, become slightly pale, giving one or two gasps, and then died. There had been no flooding; and, from what I could see, the amount of blood lost was very small indeed. The uterus was not enlarged, still contained the placenta, and could be felt about three fingers' breadth above the symphysis. At the post-mortem examination the tissues were of a fairly good colour. The uterus was quite normal, containing no clots. The placenta was adherent over a small area, but not firmly. No laceration of cervix. The heart was quite empty, the left ventricle being firmly contracted, while the right was flabby; no valvular disease. There was no clot in the pulmonary artery. Other organs contained a fair amount of blood. The lungs, with the exception of a small patch of consolidation at the left apex, were normal. Other organs healthy and of good colour. The brain was normal, not unusually pale.

Bath.

OPEN SPACES.—On the 24th ult., Mr. Matthew Walker, chairman of the Local Board, laid the memorial stone of a new public park (comprising six acres and a half) for Pudsey. The total cost will exceed £2200. The Metropolitan Board of Works last week agreed to grant a loan of £15,000 to the Hackney District Board, and £2500 to the vestry of Islington, as contributions towards the purchase of Clissold Park. Loans were also granted by the Board to the vestries respectively of St. Pancras, Hampstead, and St. Marylebone, for the extension of Hampstead Heath, amounting altogether to £55,000.