

CASE I.—E. O'D., admitted from the country with general anasarca, severe dyspnœa and bronchitis, associated with mitral disease and failing compensation. The urine was loaded with albumen. She was delivered nine hours after admission. Considerable improvement took place in her condition under treatment with expectorants, laxatives, and digitalis, until the evening of the second day, when she had a sudden and severe attack of cardiac dyspnœa, and survived only until the next day.

CASE II.—E. K., also admitted with general anasarca and laboured breathing. Face puffy, pulse irregular, urine albuminous, but no abnormal cardiac sounds. She gradually sank and died next day. Autopsy showed that the kidneys were granular and contracted. There was cyanotic atrophy of the liver and œdema of lungs.

CASE IV.—K. B. During the puerperium this patient showed signs of eccentricity. On the fourteenth day she developed puerperal mania and became very violent. Next day she fell into a sleep, the breathing became stertorous, and she died suddenly. No autopsy could be obtained.

CASE V.—J. D. Reported under "Cæsarean Section."

CASE VI.—M. C. See "Cæsarean Section."

THE RIGHT TO PERFORM AN AUTOPSY.

MR. ARTHUR N. TAYLOR, LL.B., is contributing to the *New York Medical Journal* a series of special articles on the law in its relations to physicians. On the subject of the right to perform an autopsy, Mr. Taylor says, under date August 19, 1899:—"The matter may be summed up as follows: An autopsy performed with the consent of the relative who is entitled to the custody of the dead body can never be questioned if properly performed. Such an operation, when performed under direction of law, is never subject to legal punishment, yet the existence of the two cases last examined should be a sufficient reason to convince the cautious practitioner of the advisability of always securing such consent when possible. Where consent is withheld, and the physician feels that a conscientious performance of the duty before him requires that a *post-mortem* examination be made, he should, in furtherance of his own safety, turn the case over to the coroner, or at least act under the direction of that officer."

data available at the end of July have been incorporated with the text, and the necessary alterations have been made in the very complete series of coloured maps.

The work does not pretend to be merely a "Guide" in the ordinary sense of the word, but adds to the information usually given in a traveller's *vade mecum* a mass of condensed and statistical matter bearing on South Africa generally. This cannot fail to prove both interesting and instructive at a time when the fate of what may be called the South African Empire hangs in the balance. In connection with the present crisis we have repeatedly had occasion to consult this work, and never in vain or without profit. It is marvellously cheap, costing only half a crown.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

At the annual meeting of the College, on October 18th, 1899, Dr. James Dunsmure was unanimously elected President for the ensuing year, and the following gentlemen, having passed the requisite examinations, were duly elected Fellows of the College:—Francis Horatio Amner, L.R.C.S.E., Tongkah, Siam; Nathaniel Thomas Brewis, F.R.C.P.E., Edinburgh; Arthur Mayers Connell, M.R.C.S. Eng., Sheffield; George Aubrey Jelly, M.R.C.S. Eng., Sunderland; Robert Holbourne William Johnston, L.R.C.S.E., Maidstone; John Norman Macleod, M.B., C.M., Glasg., Indian Medical Service; Robert Henry Parry, L.R.C.S.E., Glasgow; Henry Carden Pearson, M.B., C.M., Edin., Darlington; John Connel Ramsay, L.R.C.S.E., Peebles; Donald Ferdinand Schokman, L.R.C.S.E., Colombo, Ceylon; John William Struthers, M.B., Ch.B. Edin., Edinburgh; and Andrew Hutton Watt, M.B., C.M. Edin., Edinburgh.

HYSTERIA IN A CAT.

A NINE-MONTHS' old kitten, very fond of play, was one day bitten in the back by a dog. Thereafter it dragged its hind legs, and did not move its tail, just as if the cord had been crushed. Later it fell from the first story of the house. It was instantly cured and used its legs and tail as well as ever. It is evident that the shock of the fall produced a psychic effect sufficiently powerful to overcome the idea of paralysis. That the trouble was only a hysterical paralysis was further shown by the preservation during the whole time of the functions of bladder and intestines.—*Medical News*, June 3, 1899.

member of our profession who does not act towards his professional brethren with consummate tact, consideration, and forbearance. Never take advantage of a brother. If you are called in to visit a patient hitherto under his care, acquaint him of the fact with the least possible delay. Come to an honourable understanding with him. Do unto him as you would he should do unto you. If he then takes umbrage, the fault lies at his door, not at yours. Such is "Medical Etiquette." William Stokes concluded one of his eloquent Addresses on our conduct towards other men with the words of Hamlet—"Use them after your own honour and dignity; the less they deserve the more merit is in your bounty."

CONCLUSION.

It only remains for me to bid those of you who are now for the first time entering our wards for clinical study, *cento mille pátite—a hundred thousand welcomes*—and to grasp once more in hearty friendship the hands of those who have in past sessions worked side by side with us in the harvest-field of this hospital.

In the *Song of the Old Woman of Beare*, Digdi, the aged woman of Bearhaven—who for a hundred years had worn the veil which Cummine blessed upon her head—contrasts, in language of indescribable pathos and beauty, the privations and sufferings of her old age with the pleasures of her youth, when she had been the delight of kings. She draws her imagery from the flood-tide and ebb-tide of the wide Atlantic, on whose shore she had lived and loved and suffered—

"The wave of the great sea talks aloud,
Winter has arisen."

Be it yours rather, after a youth spent in noble toil and loving service to the sick and suffering, to enjoy in your old age the pleasures born of a well-spent life, and on the flood-tide of the Master's love to be wafted into the quiet haven, where—

"Beyond these voices there is Peace."

LITERARY INTELLIGENCE.

DR. JELLETT, the author of a "Short Practice of Midwifery," which has already reached a second edition, is, we learn, at work upon a companion volume on Gynæcology. The work, which will be of an eminently practical character, will be illustrated freely. The publishers are to be Messrs. J. & A. Churchill, of 7 Great Marlborough-street.

PERISCOPE.

REMOVAL OF THE STOMACH.

THE woman from whom Schlatter removed the whole stomach for carcinoma lived not quite fourteen months after the operation, and died of multiple cancerous lymphatic nodules, and the resultant cachexia. There was no trouble during this period in keeping up the nutrition of the patient. The autopsy showed that there was no attempt either on the part of the duodenum, or of the œsophagus, to dilate and form a pouch, as was observed by Czerny after removal of the whole stomach in a dog. The food taken passed directly from the œsophagus into the intestine, and that intestinal digestion was sufficient to supply her wants, was shown not only by the long continuance of life, but by the fact that for a considerable period after the operation she gained in weight.—*Medical News*, June 3, 1899.

FATAL WASP STING.

F. H. COOKE, M.R.C.S., L.R.C.P. (*Brit. Med. Jour.*, Vol. II., 1898, p. 1429) reports the case of a strong, healthy girl, aged 24, who was stung by a wasp in the hand. A few minutes afterwards her face was very red. She complained of feeling numb all over, and of losing her sight; she then fainted. (These symptoms of numbness and blindness had also occurred on a previous occasion when she was stung.) Her face turned suddenly pallid and she expired in about twenty-five minutes.

[Death from sting of a wasp is reported in the *Lancet* (1883); by Carpenter (1865), Casari (1853). An early number of the "Methodist Magazine" has a case of a bee-sting of the tongue causing suffocation. Dammann (1845) gives a case of delirium ferox following on the sting of a bee. Ewens (1860), Finkel (1861) report cases. Similar cases have been reported by Hanbury (1860), Horing (1862), Lassen (1879), de Lepine (1875), Michel (1861), Nivison (1857), Norton (1855), Odell (1873), Plotzlicher (1872), Richoud (1827), Schemm (1860), Tonoli (1883).]

OBLITERATION OF THE CAVITY OF THE UTERUS FROM THE USE OF STEAM.

OTTO VON WEISS, (*Centr. Bl. f. Gynækol.*, June 18).—A woman, aged 19, suffered from abundant metrorrhagia, for which steam was applied to the mucous membrane of the uterus during scarcely

45 seconds. Five months afterwards no trace of the external os could be found. During an unsuccessful attempt to restore permeability of the uterus the cervical canal was found partly preserved, but the uterine cavity had entirely disappeared.

KOPLIK'S "NEW DIAGNOSTIC SIGN OF MEASLES."

THIS is not a new thing, but, like so many "discoveries" nowadays, it has been "anticipated" by somebody else. In the year 1880 a Danish practitioner, A. Flindt, published in *Sundhedskollegiets Aarsberetning* the following description:—"Second day of pyrexia: On the anterior surface of the soft palate, and on the adjoining half of the hard palate, a mottled rash appears; this eruption acquires a peculiar appearance through numerous small, bluish-white, punctiform, almost vesicular-looking specks, which are situated in the centre of the small red spots, and, like these spots, form irregular groups. One can see and feel how prominent these small miliary vesicles are. The conjunctiva of the lids show similar miliary 'formations.' Third day of pyrexia: Similar groups of vesiculated spots appear on the buccal mucosa, especially in that part of the buccal mucous membrane which lies opposite the interstice between the upper and lower molar teeth. 'After this buccal eruption the measles rash appears in the skin. . . .'" So far Flindt, who not only saw and described in almost identical terms that "new diagnostic sign" eighteen years before its re-discovery across the Atlantic, but, what is still more interesting, also noticed the prominent specks in the conjunctiva of the eyelids, and he also "felt" them in the mucous membrane of the mouth. Not only books, but also early diagnostic signs, have their fates. The disinterment of Dr. Flindt's remarkable discovery is due to the learning and cosmopolitan reading of Professor Dr. Jürgensen, who published the first German translation of this quotation from the Danish in his famous book on "Acute Exanthemata" (Nothnagel's "System of Special Pathology and Therapeutics").—*Treatment*, July 13, 1899.

ERYSIPELATOUS PNEUMONIA.

A CASE is reported by Artaud and Barjon (*Gazette des hôpitaux*, 1898, No. 102; *Centralblatt für innere Medizin*, August 27, 1899). The patient, who was recovering from facial erysipelas, was attacked with dyspnœa disproportionate to the physical signs, and with spasmodic cough. There were no pneumococci in the sputa, but they contained the *Streptococcus erysipelatos*, as was shown by their producing typical erysipelas when inoculated on a rabbit's ear.—*New York Med. Jour.*, September 23, 1899.