

46. *Diphtheritic Affection of the Mucous Membrane of the Uterus after Delivery; Different Local Complications in Puerperal Fever.*—Dr. ALEX. R. SIMPSON showed to the Edinburgh Obstetrical Society (May 13, 1863) a preparation of a uterus which had been sent him by his friend Dr. Yellowlees, senior assistant in the Morningside Asylum. The patient from whom the preparation had been obtained had been sent into the Asylum as a case of puerperal insanity; but her disease showed itself to be a form of puerperal fever, under which she succumbed a day or two after her admission. At the post-mortem examination, the organs had for the most part been found healthy, but the uterus presented on its inner surface a number of diphtheritic patches, which were very marked at the site of the placenta, especially at points where there were some small placental masses remaining attached to the uterus. Different local complications, as they were all aware, were liable to occur in different epidemics of puerperal fever, or even at different periods of the same epidemic. In Berlin, five years ago, he (Dr. A. R. S.) had had an opportunity of witnessing the post-mortem examination of a great many patients who died of puerperal fever during a lengthened epidemic, and of noticing how a series of them presented morbid appearances which were mainly confined to the peritoneum; and then for a time the cases would nearly all show no peritonitis, but affections of the vascular system, perhaps with secondary deposits in the lungs or other organs; whilst a third set would present chiefly morbid changes in the lymphatics and cellular tissue beside the uterus. In other rarer cases, again, no morbid change was discovered until the uterus was cut into, when, as in the case before them, a series of dingy-gray sloughy patches were seen on the inner surface of the organ; although this form of puerperal affection was sometimes found associated with some of the other local complications. In cases where the interior of the uterus had become the seat of such diphtheritic deposits, any lacerations of the vaginal canal that might have occurred during labour were usually found to present the same gangrenous appearance.—*Ed. Med. Journ.*, Oct. 1863.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

47. *Nitrobenzole and Aniline as Poisons.*—Dr. LETHEBY contributes an important essay on nitrobenzole. He remarks that it is on record that Thrasyas, the father of botany, was so skilled in the preparation of drugs, that he knew how to compound a poison which would remain for days in the living body without manifesting its action, and would at last kill by a lingering illness. Theophrastus speaks of this poison, and says its force could be so modified as to occasion death in two, three, or six months, or even at the end of a year or two years. The writings of Plutarch, Tacitus, Quintilian, and Livy are full of instances of what seem to be this kind of slow and occult poisoning. In fact, until recently there had been a common belief among the unlearned that a skilful poisoner could so apportion the dose and combinations of certain subtle agents that he could destroy the life of his victim with certainty, and at the same time measure his allotted moments with the nicest precision, and defy the utmost skill of the physician and the chemist. Even so late as the sixteenth century, this belief was shared by the learned of the medical profession.

The belief so long held is, according to Dr. Letheby, to an extent true. In every manufactory where nitrobenzole and aniline are prepared on a large scale, the peculiar narcotic effects of these poisons are often observed. The vapours escaping into the atmosphere are breathed by the workmen, and cause distressing headache and a heavy, sleepy sensation. For the most part, these effects are not serious, but are quickly relieved by fresh air and a mild stimulant, as a glass of brandy and water. Now and then, however, the workmen, from carelessness in their habits, expose themselves to the action of comparatively large quantities of these poisons, and then the effects are most dangerous. Two fatal cases of poisoning by nitrobenzole have been referred to Dr. Letheby by the