

Original Communications.

A SUDDENLY FATAL CASE AFTER LABOUR.

By T. L. PRIDHAM, Esq., Bideford.

ON October 2nd, I was called to attend E. T., of florid complexion, aged 24. She was in labour for her first child, which was illegitimate. Her pains had been entirely confined to the abdomen from the commencement of her labour, and were described as "very cutting." She had been in labour about ten hours; it was about midnight when I first saw the patient. She had great apprehensions as to the safety of her delivery, more particularly as her mother had always severe times, accompanied, as she said, with convulsions. I had not been in the room more than a quarter of an hour before a pain came on in the lower part of the abdomen, which was quickly followed by the first convulsion, which lasted about a quarter of an hour, passing off with foaming at the mouth; and during the convulsion her tongue had been severely bitten. The pulse was then at 120 in a minute, free and bounding. The pupils were much dilated. Before I had time to tie up the arm, in order to bleed my patient, another pain came on, which was immediately followed by a convulsion not less severe than the first, though not of so long duration. Thirty-five ounces of blood quickly flowed, by which a decided impression was made on the system, as the pulse fell considerably, and she became faint and pale. Her bowels had acted freely during the day, and she had passed her urine just before I arrived. I lost no time in examining the stage of the labour, and found the head presenting above the brim of the pelvis, the os uteri three parts dilated, and the membranes entire. I at once ruptured the membranes, and proceeded to turn the child; but in the attempt I encountered an almost insurmountable barrier in consequence of the irregular action of the muscles of the uterus, which, about its centre, embraced the body of the child so firmly that I was obliged gradually, and with much difficulty, to introduce my fingers, and lastly my hand between the child and the band I have already described, to reach the upper chamber, as it were, of the uterus, in order to get hold of a foot, the contraction still acting most powerfully on my arm. The convulsions, which now occurred about every twenty minutes, had become less severe and of shorter duration since the abstraction of blood. They were still preceded by pains in the abdomen, during which time I, of course, relaxed in my efforts to turn. I should here remark, that perfect consciousness did not return after the first convulsion; although, when the patient was addressed by me in a very decided manner, she would give a confused answer to the question put.

I was much struck with the remarkable expression of the countenance of the patient whilst in pain, which gave, instead of the evidence of suffering, a kind of idiotic smile. My efforts to turn and deliver were fruitless, as the contraction still continued as firm as ever; the convulsions, however, gradually subsided, and by three in the morning had quite left her, as well as the abdominal pain. At this time, I made another effort to turn, and got down both feet; but the evolution of the child could not be effected, as the irregular action of the muscles of the uterus had not given way, and the body of the child remained perfectly fixed in its original position.

I now gave a full dose of laudanum, hoping that its effect would act beneficially in relaxing the unnatural contraction of the muscles of the uterus, which the bleeding had failed to do; and having, with difficulty, replaced the feet in the upper chamber of the uterus, I

waited for two hours, during which the patient had some sleep, which was interrupted by occasional slight pains.

At this juncture, feeling my apprehensions increasing as regarded the safety of my patient, I requested the assistance and advice of Dr. Felce, a medical friend who happened to be in the neighbourhood. Having made a careful examination, he was of opinion that all efforts at turning would be fruitless. Under existing circumstances, it was deemed advisable to repeat the dose of laudanum, and wait. Up to this time, the pulse was favourable, and the patient had taken nourishment; there were short intervals of sleep. It now became evident that pains in the back existed, as she called for support in that direction; this gave us great hopes that all would end well.

Three hours afterwards, I made another examination, being resolved, as the powers began to fail, to deliver by some means or other; and, to my great satisfaction, I found that the head had descended into the hollow of the sacrum. As the efforts were becoming very feeble, I at once delivered by means of the forceps, under the influence of chloroform. It was evident that the child had been dead some days. The uterus contracted well, and no hemorrhage followed; she took in food; and her consciousness in a great measure returned; and so far we were thankful to feel that our anxieties in a great measure were over.

Shortly after her delivery, a sudden change appeared to come over her countenance; and, without further warning, life was quickly extinct. I should state that the blood taken from the arm was greatly buffed and cupped.

It is worthy of notice, that the state of the atmosphere during the time of labour was most oppressive, and lightning and thunder occurred at intervals during the night. I allude to these circumstances, as men of note, such as Denman and Smellie, have spoken of the probable influence of a great amount of electric fluid in the atmosphere in attacks of puerperal convulsions; then, again, Ramsbotham, in his able work on *Obstetric Medicine and Surgery*, says, in speaking of the remote causes of convulsions in childbirth (page 451), that, amongst other causes, he attributes those of the death of the child and the depressing passions; but the most frequent is some deranged state of the uterus itself—probably, the nervous system—and consists in some irritation propagated from that organ to the brain. I should mention that the poor woman had become greatly dejected by being informed that the father of her child was a married man, to whom she was to have been united on the very day this unexpected circumstance was communicated to her. It is most probable that all the combined circumstances which I have related acted on the sensorium, resulting in the fearful convulsions which so often are the forerunner of death in childbed, as there was no paralysis or evidence of lesion of the brain whatever. I can only regret that it was not in my power to procure a *post mortem* examination, in order to prove that puerperal convulsions may be produced from exciting causes remote from the brain.

PUBLIC HEALTH IN THE CITY OF CANTERBURY DURING THE YEAR 1861.

By GEORGE RIGDEN, Esq., Surgeon to the Canterbury Dispensary.

As I have already described the geology, drainage, water-supply, and other local peculiarities of this city, in the *Journal of Public Health* for July 1856, with other observations upon these subjects; as well as on the general sanitary state of the city for several preceding years, in the *BRITISH MEDICAL JOURNAL* for August

1861,—it is now unnecessary to recapitulate them. I proceed, therefore, upon this occasion, to give a more detailed report of the sanitary state of the city during the year 1861; the census of that year enabling me to give a more accurate analysis of the births and deaths according to the ascertained population of the city, then amounting to 21,323.

There were registered, as occurring during the year, the births of 298 male children and 324 females, or about 29 births to 1000 persons living; and of deaths, 235 males and 213 females, or about 21 deaths to 1000 persons living.

The death-rate was 42 in the month of January, 41 in February, 33 in March, 39 in April, 32 in May, 35 in June, 31 in July, 22 in August, 40 in September, 40 in October, 43 in November, and 50 in December. Of these—

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 10 years of age	27	16	11	12	8	11	14	10	25	11	15	25	90	95
Between 10 and 20 years	0	4	5	4	2	1	1	1	2	4	1	1	16	10
Between 20 and 40 years	4	9	3	4	4	4	9	6	2	4	3	5	35	25
Between 40 and 60 years	1	2	3	10	3	3	2	1	3	5	7	7	32	20
Between 60 and 80 years	4	9	7	7	9	9	5	6	4	13	13	4	48	43
Over 80 years	6	1	3	2	1	2	3	2	2	4	2	2	14	20

The causes of death, as verified in each case from the medical certificate, were: 73 from zymotic diseases; 6 from diseases of uncertain or variable seat; 81 from tubercular diseases; 39 from diseases of the nervous system; 25 from diseases of the organs of circulation; 64 from diseases of the organs of respiration; 51 from diseases of the organs of digestion; 7 from diseases of the urinary organs; 5 from diseases of the organs of reproduction; 27 from infantile debility; 17 from atrophy; 32 from age; 7 from external causes; and 14 deaths, upon which inquests were held, are registered as the result of natural causes.

Of the zymotic diseases—

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Scarlet Fever									1		1		2
Measles		1											7
Continued Fever		1							2	2	3		10
Hooping-Cough			3	4	3								13
Croup		3		1									2
Diarrhoea		1							2	9	3		17
Carbuncle													1
Erysipelas				1			3						4
Small-Pox—unvaccinated								1					1
Dysentery											1		1
Diphtheria		2									1		3

The causes of deaths from tubercular diseases were: 53 from pulmonary consumption, and in a large majority between the ages of twenty and thirty years; 14 from tabes mesenterica; 4 from tubercular meningitis; and 10 from general scrofula.

The tables of the daily mortality in connexion with some of the daily meteorological phenomena observed in this city during the year prove the remarkable contrast between the summer and winter months, in regard to the number of deaths; and although there are, probably, other additional reasons for this diversity, it seems evident that the rise and fall of the thermometer have a very important influence. The publication of the tables may be useful, for other inquirers to compare with similar observations recorded in other localities.

The city of Canterbury is composed of twenty-three parishes or parts of parishes; but of these eight only contain more than 1000 inhabitants each; viz., St. Mary's Northgate, with 5092; St. Mildred's, with 2322; St. Paul's, with 1933; St. Alphege, with 1155; St. Peter's, with 1188; St. George's, with 1254; St. Dunstan's, with 1394; and St. Gregory's, with 1426.

The following table will explain the relative increase of population in these parishes since the census was taken in 1851, the relative number of births and deaths in proportion to the population, and the relative proportion of deaths occurring in children under five years of age.

Parishes.	Increase of population since 1851.	Births to 1000 inhabitants.	Deaths to 1000 inhabitants.	Proportion of deaths under 5 yrs.
	per cent.			per cent.
1. St. Mary's Northgate	65	27	20	41
2. St. Mildred's	15.5	32	21	46
3. St. Paul's	15.8	30	17	44
4. St. Alphege	4.9	35	30	45
5. St. Peter's	diminished by ten.	38	21	40
6. St. George's	5.7	19	15	21
7. St. Dunstan's	11.9	29	13	42
8. St. Gregory's	11.5	36	27	51

1. The parish of St. Mary's Northgate is situated partly upon the lowest, and partly upon the higher, but no part upon the highest, level. Its drainage, although not absolutely perfect, has been very much improved within the last few years, and is now as good as the general drainage of the city. It includes within its boundaries the military barracks, containing, upon an average, 1700 soldiers. Its resident household inhabitants are in a great measure composed of the poorer classes.

2. St. Mildred's, like St. Mary's Northgate, is situated partly upon a low level and upon the banks of the river, and partly upon a higher level. It does not include any large establishment, but is composed of a mixed population of the very poorest and the middle classes of society.

3. St. Paul's is situated upon the higher level, and is generally considered to be well drained. It includes within its boundaries three large establishments—the Missionary College and the County Jail, containing together about 150 inhabitants, nine-tenths of whom are adult males, and who add but very little either to the birth or death rate of the parish; and the Kent and Canterbury Hospital, to which invalids are brought from various parts of the county, as well as from the city parishes. Therefore, to render the death-rate of the city parishes more accurate, the deaths occurring in the hospital have been referred to the parishes in which the patients previously resided, and in which, in all probability, they contracted their diseases. The general household inhabitants of this parish are composed of rich and poor in about equal proportions.

4. St. Alphege (which, in comparison with the other parishes, has suffered from the highest death-rate) has no large establishment within its boundaries. It is situated entirely upon the lower level, and immediately above that portion of the river where an obstruction is placed to the natural flow of the water; its subsoil is, consequently, at all times in a state of considerable saturation. Many parts of the parish are, or were until very lately, imperfectly drained; and its inhabitants, not by any means the poorest in the city, have a more contracted area to each than exists in either of the other parishes.

5. St. Peter's is situated entirely upon the lower level, and has no large establishment within its boundaries. Its inhabitants are composed of rich and poor in about equal proportions, and its situation renders it subject to the same baneful influences of the obstructed river as exist in St. Alphege; but, unlike the latter parish, its area in proportion to its inhabitants is considerably more extended.

6. St. George's is situated entirely upon the highest level, and has no large establishment within its boundaries. It is well drained, and inhabited by a population

DAILY METEOROLOGICAL PHENOMENA OBSERVED IN CANTERBURY in 1861, AND THE NUMBER OF DEATHS IN EACH DAY. Population, 21,323. Total number of births, 622; of deaths, 448.

Main table with columns for JANUARY, FEBRUARY, and MARCH. Each month's data includes Day, Therm., Barometer, Wind, Rain-gauge, Fall of rain in inches and decimal parts, and Number of deaths on each day.

Main table with columns for APRIL, MAY, and JUNE. Each month's data includes Day, Therm., Barometer, Wind, Rain-gauge, Fall of rain in inches and decimal parts, and Number of deaths on each day.

TABLE OF METEOROLOGICAL PHENOMENA (continued).

JULY.							AUGUST.							SEPTEMBER.														
Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.		
	1.	2.	3.							1.	2.	3.							1.	2.	3.						1.	2.
1	59	60	53	30.08	w.	0		2	1.64	65	58	30.03	s.s.w.	0		1	1	1	57	60	47	30.03	s.	0		0		
2	60	61	58	29.92	w.	1		1	2.65	69	55	29.82	s.s.e.	0		0	0	0	2	61	62	53	29.93	w.n.w.	0		2	
3	58	60	54	29.90	w.	1		1	3.60	62	55	29.73	s.w.	16		1	1	1	3	60	60	58	29.80	s.s.w.	5		2	
4	60	64	58	29.64	w.	1		1	4.64	66	59	29.95	s.w.	17		1	1	1	4	60	60	54	29.90	s.w.	5		5	
5	60	62	55	29.33	s.	8		1	5.84	69	55	29.95	s.s.w.	17		2	1	1	5	64	66	54	29.94	s.w.	5		1	
6	60	63	54	29.42	s.	6		0	6.62	66	58	29.98	w.	17		1	1	1	6	66	66	62	29.84	s.s.w.	5		0	
7	60	61	59	29.40	s.	30		3	7.61	65	62	30.03	s.	17		0	0	0	7	57	57	53	29.78	w.s.w.	8		3	
8	60	67	55	29.67	w.	45		1	8.65	65	61	29.73	s.	21		0	0	0	8	56	57	50	30.00	w.	8		1	
9	59	60	55	29.74	w.	67		0	9.65	66	59	29.86	w.	27		0	0	0	9	61	63	56	29.91	w.	11		2	
10	61	66	56	29.87	s.w.	68		2	10.65	70	63	29.98	w.	27		0	0	0	10	58	58	52	29.90	n.w.	11		0	
11	58	57	50	29.88	s.w.	70		1	11.65	65	59	30.00	s.w.	27		0	0	0	11	56	58	48	29.90	n.	11		2	
12	62	64	54	29.71	s.	70		2	12.69	70	59	29.77	s.	27		0	0	0	12	52	52	45	30.00	e.	11		2	
13	63	64	54	29.55	s.	76		2	13.67	68	63	29.77	s.w.	36		0	0	0	13	61	61	51	30.11	s.	11		2	
14	60	64	58	29.50	s.	94		2	14.66	69	58	30.00	s.	36		3	3	3	14	56	58	52	29.81	s.w.	17		3	
15	61	61	57	29.63	w.	95		1	15.67	66	62	29.80	s.s.w.	75		0	0	0	15	53	53	46	29.71	n.w.	17		1	
16	62	62	54	29.60	s.w.	1.02	1.02	1	16.64	64	59	29.80	s.s.w.	75		0	0	0	16	55	54	52	29.76	w.n.w.	20		0	
17	61	62	54	29.85	s.w.	2		0	17.57	60	51	29.93	s.s.w.	1.10	1.10	1	1	1	17	53	53	47	29.90	w.n.w.	20		1	
18	62	62	58	29.80	s.	2		0	18.61	65	55	30.05	s.	0		1	1	1	18	49	49	40	30.12	w.	20		4	
19	62	62	57	29.73	s.w.	2		1	19.62	65	59	29.90	w.s.w.	0		1	1	1	19	49	49	40	30.07	e.w.	20		1	
20	63	63	61	29.67	s.w.	3		3	20.58	60	52	29.96	s.w.	0		1	1	1	20	54	54	49	30.12	e.w.	20		0	
21	66	67	58	29.73	s.	2		1	21.57	61	51	30.08	s.w.	9		0	0	0	21	58	59	50	29.87	s.	22		2	
22	63	65	57	29.75	s.	2		0	22.56	60	49	30.17	s.w.	9		0	0	0	22	53	50	46	29.88	s.w.	24		2	
23	63	66	59	29.58	s.	4		1	23.63	63	49	30.06	s.w.	9		1	1	1	23	54	54	50	29.53	s.w.	1.04	1.04	0.37	2
24	62	63	55	29.81	s.	4		1	24.59	59	56	30.03	w.	10		2	2	2	24	52	51	50	29.40	s.w.	56	0.56	2	
25	65	66	60	29.73	s.s.w.	6		0	25.57	58	52	30.08	w.n.w.	10		0	0	0	25	52	52	50	29.30	s.s.w.	22		1	
26	64	66	61	29.51	s.w.	6		0	26.63	64	56	30.06	w.	10		2	2	2	26	52	52	49	29.50	w.	76		0	
27	60	64	53	29.70	s.w.	6		1	27.64	67	56	30.18	w.	10		2	2	2	27	45	45	40	29.86	s.	76		2	
28	58	59	52	29.73	s.w.	6		1	28.63	65	54	30.12	s.s.w.	19		1	1	1	28	45	45	40	29.86	s.s.e.	76		1	
29	58	65	52	30.00	s.w.	17		0	29.64	64	57	29.80	s.w.	19		1	1	1	29	56	51	44	29.86	s.s.w.	87		1	
30	62	66	59	29.77	s.w.	17		0	30.62	63	57	30.07	w.	19		1	1	1	30	58	60	55	29.85	e.	87	0.87	0	
31	61	65	53	29.94	s.s.w.	17		0	31.57	59	49	30.21	s.w.	19		0.19	0	0	31	58	60	50	29.88				0	
Total.....							1.19	31	Totals							1.29	22	Totals							2.84	40		

OCTOBER.							NOVEMBER.							DECEMBER.													
Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	
	1.	2.	3.							1.	2.	3.							1.	2.	3.						1.
1	61	61	58	29.75	s.	2		4	1.45	44	43	29.33	s.w.	50		3	1	1	1	45	45	44	29.83	s.w.	11		2
2	61	61	58	29.75	w.	9		0	2.37	37	34	29.14	s.w.	57		3	1	1	2	36	32	31	30.34	s.w.	11		1
3	55	54	52	30.05	e.	9		3	3.36	36	33	29.55	w.n.w.	96	0.96	2	1	1	3	33	29	28	30.23	s.e.	11		1
4	57	59	51	30.06	e.	9		3	4.33	32	29	29.91	s.w.	1		2	1	1	4	31	27	27	30.14	s.e.	11		0
5	53	53	50	29.95	s.e.	9		4	5.51	61	32	29.76	s.	5		1	1	1	5	40	41	27	29.68	s.	19		1
6	60	60	52	30.07	n.	9		1	6.47	49	40	29.55	s.w.	1.15	1.15	3	3	3	6	37	37	33	29.70	s.s.w.	24		1
7	60	61	60	30.05	s.e.	12		1	7.38	37	36	29.36	s.w.	0		1	1	1	7	52	53	37	29.17	w.s.w.	72		2
8	58	58	54	29.92	s.	12		2	8.36	33	32	29.28	w.	0		0	0	0	8	50	51	43	29.47	s.w.	82		3
9	63	63	58	29.84	s.	12		2	9.37	36	53	29.30	w.	0		1	1	1	9	48	49	45	29.80	s.	89		1
10	53	51	50	29.94	s.w.	15		0	10.44	44	32	29.32	s.	32		3	3	3	10	49	49	43	29.80	s.	1.07	1.07	1
11	62	64	50	29.47	s.	17		2	11.40	40	40	29.50	s.w.	94	0.94	0	0	0	11	48	45	45	29.96	w.	10		1
12	55	56	49	29.88	s.s.w.	35		1	12.42	42	37	29.71	s.	4		2	2	2	12	49	49	41	29.95	s.	10		1
13	57	57	56	30.00	s.	35		2	13.39	38	36	29.68	w.	1.07	1.07	1	1	1	13	50	50	49	29.95	s.	10		0
14	58	60	57	29.96	s.	35		1	14.40	40	36	29.20	s.w.	83		2	2	2	14	45	43	43	29.82	s.w.	15		1
15	52	50	48	30.03	s.e.	35		2	15.39	39	37	29.33	w.	36		1	1	1	15	47	47	43	30.03	w.	15		2
16	54	57	47	30.08	n.w.	35		0	16.33	30	29	29.47	s.w.	86		0	0	0	16	47	47	45	30.15	w.	22		1
17	53	53	47	30.08	n.e.	36		0	17.34	34	29	29.70	n.	86		3	3	3	17	45	45	45	30.15	w.	27		1
18	52	53	47	30.40	e.	36		1	18.30	28	28	30.16	w.	86		1	1	1	18	45	45	42	29.86	n.e.	27		4
19	45	43	40	29.95	e.	36		1	19.28	26	24	30.43	s.w.	86		2	2	2	19	40	41	40	30.04	n.e.	54		2
20	47	46	42	29.82	e.s.e.	36		1	20.36	36	26	30.25	s.w.	86		3	3	3	20	39	39	38	30.28	n.e.	57		1
21	47	45	42	29.78	e.	36		0	21.47	47	35	29.90	s.w.	86		2	2	2	21	40	40	39	30.30	n.e.	59		6
22	53	53	45	29.73	s.e.	39		1	22.49	49	47	29.60	s.w.	1.07	1.07	1	1	1	22	40	40	38	30.22	n.e.	59		0
23	51	51	49	29.94	s.	52		0	23.37	37	36	29.34	s.w.	91	0.91	1	1	1	23	42	42	40	30.24	n.e.	60		2
24	54	55	45	30.00	s.	57		1	24.35	36	34	29.75	n.	4		2	2	2	24	37	35	35	30.25	e.	60		4
25	57	57	55	30.00	s.	59		0	25.37	40	27	30.00	s.	4		2	2	2	25	33	32	30	30.22	e.s.e.	60		5
26	52	52	47	30.04	n.b.	59		0	26.52	53	40	29.55	s.	7		1	1	1	26	30	27	27	30.14	e.s.e.	60		0
27	51	51	40	30.00	n.e.	59		0	27.47	45	43	29.74	w.	12		1	1	1	27	30</							

composed in a great measure of the more wealthy classes.

7. St. Dunstan's is entirely upon the highest level, and is reputed to be well drained. Its population is composed of rich and poor in about equal proportions; but, its area being larger, it is not in any part densely inhabited. It fairly ranks with St. George's, as being the most favourable to health.

8. St. Gregory's is situated a little above the lower, but considerably below the upper level. It has no large establishment within its boundaries; but its area is very densely populated, and principally by persons in the poorest class of society. Its death-rate, next to that of St. Alpheg, is the highest in the city.

The meteorological phenomena were recorded daily at eight o'clock A.M., in the Cathedral precincts. The first column of the thermometer shews the height of the mercury at the time of observation in an instrument hanging against a wall; the second in an instrument hanging against a tree; the third, the lowest degree to which either instrument had fallen in the previous twenty-four hours: the thermometer hanging four feet from the ground. The direction of the wind was indicated by the vanes on the Bell Harry Tower.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

PRACTICAL DIFFICULTIES IN THE DIAGNOSIS OF ACUTE PHTHISIS.

By EDWARD LONG FOX, M.D., Physician to the Bristol Royal Infirmary.

[Read September 25th, 1862.]

LOUIS, speaking of phthisis, says:—"Cerebral symptoms supervening at the outset, or at least slight delirium at night, might deceive the observer, and lead him to suppose the patient affected with typhoid fever. But typhoid fever is not accompanied at the outset with cough and dyspnoea—at least, with dyspnoea of any considerable severity; and the prostration of strength, one of the principal phenomena of the affection, is much more marked when the febrile action is violent, than it was in the cases (of phthisis) under consideration. Again, subjects labouring under typhoid fever present, a few days after the invasion, a more or less obvious alteration of the features, and the functions of the organs of sense; and the skin soon becomes the seat of the peculiar lenticular pink macula—symptoms not observed in phthisis. Hence, if a state of uncertainty may, under the peculiar circumstances supposed, exist at all, each additional day tends to remove it, and the diagnosis becomes a matter of positive demonstration within a short period. These cases, however, it must be admitted, require the greatest attention on the part of the physician, for their diagnosis is difficult, and it is really important not to commit an error on the subject; for the treatment of acute phthisis is not the same as that of typhoid fever, and the prognosis also differs in the two cases."

In the wards of a large hospital, where examples of each disease come before one in sufficient numbers, it is easy to confirm Louis's statement as to the difficulties of the question; less easy, however, to depend on the differential symptoms on which he insists. I propose, therefore, very briefly to bring together some of the points of similarity and the very few points of difference which exist between the two diseases; and to illustrate with a case or two the anatomical lesions on which much of the similarity depends.

There would be very little difficulty in the matter, if

Trousseau's views of the semeiology of acute phthisis were correct for the disease as seen in this country. We will, however, take in order the symptoms he mentions, and compare them with those of fever.

Acute Phthisis.

1. "Intense headache." (Trousseau.) This is not an invariable symptom in either disease.

2. "Often stupor." (Trousseau.)

3. "Slight delirium, becoming often more or less violent." (Trousseau.)

4. "Subsultus tendinum." (Trousseau.)

5. "Face injected; not with red patches of hectic." (Trousseau.) Quite as commonly it has seemed to me to be dusky.

6. "Heat of skin and acceleration of pulse." (Trousseau.) This is a point of difference, as the heat of skin is seldom so intense or persistent as in fever.

7. "Belly supple and not tense." (Trousseau.)

8. "No gurgling in right iliac fossa." (Trousseau.) This statement of Trousseau's is not correct for those cases in which there is intestinal ulceration. In them, this symptom is quite as marked as in fever.

9. "No diarrhoea." (Trousseau.) Diarrhoea is, however, very intense in some cases, especially where there is intestinal ulceration. This ulceration is common enough, existing, according to Louis, in five-sixths of all phthisical cases, and probably in a still larger number of cases of acute phthisis, although seldom proceeding to the extent seen in the patient whose case I shall relate immediately. Ulcerations are as frequent in the large intestines as in the small; but the tuberculous granulations that may generally be seen at the base of the ulcerations of the ileum are much more common there than in the colon. Perforation is more common in the colon in acute phthisis than in fever.

10. "No rose-coloured spots." (Trousseau.) Is this always the case? I have seen more than once on patients in acute phthisis lenticular rose-coloured spots, quite as well marked as those of fever.

Typhoid Fever.

1. Intense headache.

2. Often stupor.

3. Delirium that may be slight, and may be manic.

4. Subsultus tendinum.

5. Face dusky.

6. Heat of skin and acceleration of pulse.

7. Belly tense, tub-shaped, *ballonnée*, and not supple.

8. Gurgling in right iliac fossa.

9. Diarrhoea may be absent in fever, even where there is extreme ulceration of the intestines. Generally, however, it is present; but neither in its presence nor in its degree is it the least test of the extent of lesion. Ulceration of Peyer's patches is universal. Ulcerations are less frequent in the large intestine than in the small in fever.

10. Generally rose-coloured spots; but they are absent in a considerable percentage of cases.