far to secure the fluid reaching the back of the throat; the stopcock is turned, and the irrigation continued as long as may be necessary; the fluid flowing into the basin as it leaves the mouth.

The diseases of the *uterus* in which I have found the douche of most service are, leucorrhœa, menorrhagia, dysmenorrhœa, congestion, inflammation, erosion, and ulceration of the os uteri. The diseases of the *throat* in which it has proved of most value are, acute and chronic inflammation, relaxation, and simple and syphilitic ulceration.

In the treatment of these affections, according to the mode of application, the douche may be used as a tonic, sedative, or astringent. We obtain a *tonic* action when cold water is used; but its employment must be continued for a few minutes only. The douche in the first instance lowers the vascular activity and nervous sensibility of the part; but, on its cessation, this is followed by reaction and exalted textural and functional energy. By successive applications of the water at proper intervals, the os uteri finally becomes firmer in substance and healthier in function, or, in other words, its tone is improved. On the other hand, we obtain a *sedative* action (1) by the *continuous and prolonged* use of cold or iced water, which directly lowers the heat and depresses the nervous and circulating systems of the parts exposed to its operation; and (2) by the employment of warm water, which directly relaxes the structures and enfeebles their vital energy. Lastly, the douche is made *astringent* by the addition of one or other of the astringent drugs formerly mentioned.

CASE OF DEATH FROM SHOCK.

By I. HARRISON, F.R.C.S., Reading.

UNDER the above title, a paper (a summary of which will be found in the *BRITISH MEDICAL JOURNAL* for Dec. 12th, 1863, p. 633) was read by me at the Pathological Society of Reading on November 5th, 1862. As the case was in many respects a very interesting one, I will now give its conclusion.

An inquest was held; and the finding of the jury was, "Death from the effects of the accident."

In due course, a claim was presented to the assurance office in which the deceased had been insured. They objected. There was no alternative but to get up the case as completely as possible, and submit to trial. This was very ably done by Messrs. Whatley and Dryland, solicitors, of Reading.

Mr. Jonathan Hutchinson was applied to for more extended information on the various points of the case. Mr. Luke was also consulted. After various conferences, Mr. Hutchinson drew up the following conclusions.

"1. A compound dislocation, with fracture, of the thumb, is not a trivial accident, but a severe, and occasionally very serious one.

"2. It is especially likely to be followed by serious consequences in an elderly and rather feeble man.

"3. The occurrence of severe nervous shock at the time of the accident would very greatly increase the risk attending the local injury.

"4. In this instance, mortification of the thumb occurred, and was spreading to the forearm at the time of the man's death.

"5. The process of mortification doubtless commenced very soon after the injury, as it was complete (the thumb being cold and black) on the day before death (the third after the accident).

"6. Mortification of this character is quite sufficient to account for the symptoms presented, and for the fatal issue.

"7. The occurrence of a scarlet rash is not at all unusual after accidents and after operations, especially in cases of blood-poisoning.

"8. It is improbable in the highest degree that Mr. T. had scarlet-fever: a. His age. b. The rash was not general over the whole surface. c. There was no sore-throat. d. The tongue was not like scarlet-fever. e. He was quite well at date of accident. f. He would not have died at so early a stage, if it had been scarlet-fever. g. All the medical men who saw the rash considered that it was not scarlet fever.

"The probable causes of death were, the fall; the injury to the thumb; the shock to the system (bodily and mental); gangrene of the thumb; the shock of the gangrene and toxæmic absorption from the gangrenous part."

It may be added, that no scarlatina followed in the house, though there were children who had not had it.

We were prepared to go to trial at the Kingston Assizes. Mr. Holt and Mr. Paget were retained by the office; and they, I believe, would have supported the view that death arose from scarlatina. A few days, however, before the assizes, the money was paid; viz., £1,000.

A clinical lecture by Mr. Paget, on "Scarlatina after Operations", in the *BRITISH MEDICAL JOURNAL* of August 27th, has determined me to publish this case; and I should be much obliged if any gentleman would have the kindness to give, through the *JOURNAL*, any information he may possess as to the frequency of *rashes like scarlet-fever* after operations, accidents, etc.

UTERINE HYDATIDS IN THREE SUCCESSIVE GESTATIONS.

By ASHBY G. OSBORN, Esq., Dover.

MRS. J. P., when a single woman, aged 17, supposed herself pregnant at the beginning of 1862. She suffered most severely with sickness and retching, and was often obliged to lie in bed all day. She cannot remember having had any fall, blow, or fright, during this gestation; but on April 26th, she went to see a man who had hung himself. She did not consider that this sight had affected her, but flooding commenced a week afterwards; it soon ceased, but frequently returned, sometimes as much as half a teacupful being lost at a time till June 12th, when profuse hæmorrhage with labour-pains having come on, she was delivered by Mr. John Walter of Dover, and the late Mr. J. E. Parratt of Charlton, of a mass of hydatids—as much as would fill three parts of a hand-basin. The principal loss of blood occurred before the bulk of the diseased growth was removed. There was scarcely any loss afterwards; but on the following day, something which her mother described like a "pig's night-cap," came away; this, I suppose, was the decidua. She was much weakened by the flooding, but in the following spring, again considered herself pregnant by the same young man.

She was more sick and incapable than is usual in early pregnancy; but she had not the bilious vomiting which had been so distressing the previous time. Flooding commenced about the third month. It ceased repeatedly, and returned without warning. The principal hæmorrhage occurred when labour-pains came on June 13th, 1863, one day over the twelvemonth since the previous delivery. The hydatids were less in quantity; and the decidua passed the second day following.

Her friends supposing that these hydatids were dependent in some manner on the young man with

whom she had cohabited, dissuaded her from marrying him. Accordingly, before she had thoroughly regained her health—indeed whilst still very anæmic—she married her present husband, a thick-set, healthy man, of swarthy countenance.

The menses, which had returned a few months after her recovery from the last discharge of hydatids, ceased in Christmas week 1863; and she then considered herself pregnant by her present husband. There was only a little sickness of a morning, leading her friends to hope that this would be a natural pregnancy; but in the latter part of February, she observed two spots of blood on her linen, and about a week afterwards she fell flat on her face down a step in the yard.

A little weeping of blood continued at intervals of a week or more, till about ten days since, when, after going to bed, she lost about a quart. It ceased, however, and only returned after walking. On Saturday evening, May 14th, labour-pains set in, and I was sent for about ten P.M. I found that considerable hæmorrhage had occurred, enough to wet through several thicknesses of cloths; and the patient was exsanguine and rather faint. The uterus felt hard and globular midway between the umbilicus and pubes; the os uteri was patulous, and by inserting two fingers within, a soft substance could be felt, apparently occupying the fundus of the uterus, but unattached or not firmly attached to any part within reach. I removed a quantity of semi-transparent pale bodies, of a dirty white hue, of various sizes, from that of a small lentil seed to an out-door grape. They were adherent together by a yellowish material which seemed like yellow curd, and they could only be removed in small quantities at a time. The largest fragments—indeed the bulk of the diseased mass—were expelled during violent pains before 1 A.M. The hydatids and occasional pieces of loosely textured decidua at length filled a moderately sized pudding basin, and a large piece of decidua was expelled the second morning after.

There was no particular hæmorrhage after the first loss, as though the early uterine contractions had separated the decidua attachments, and the uterus contracting on its contents had closed the mouths of the vessels. On neither occasion was anything resembling an embryo discovered.

After each discharge of hydatids, there has been an abundant secretion of milk, continuing some months; and it is singular that the appearance of milk in the breasts was the earliest sign she had of her first pregnancy (?). It continued up to and subsequent to the first discharge of hydatids. It ceased for about a week, when she thought herself pregnant the second time, then returned as before, and appeared again early in this her third hydatid gestation.

REMARKS. I suppose the hydatids in this instance were the result of impregnation; and the fact of their recurrence after intercourse with another than her first paramour, seems to show that whatever the cause may be of the formation of hydatids, it is peculiar to the woman, and not dependent on the man.

I should not have thought of doubting the dependence of hydatids on impregnation in any instance, only that the remarkable case related in Dr. Fleetwood Churchill's *Diseases of Women*, 5th edit., page 283, of a single lady passing hydatids annually for nearly thirty years, makes one pause in ascribing intercourse and impregnation as their invariable and undoubted cause, even when intercourse has taken place. For since hydatids of some form or other have occurred without impregnation, this kind may occur after intercourse, and yet be independent of impregnation; the return of the disease at a corresponding period of the year for three years successively, is perhaps in

favour of the resemblance of this case to the one cited above.

My friend Dr. Graily Hewitt has stated that mechanical injury is one of the causes of hydatidiform degeneration of the chorion; for, in very many instances, he had elicited that there had been a fall or blow within about six weeks of impregnation. Now, in this case, there was before the first discharge of hydatids only the mental shock or feeling of horror about the end of the third month; in the second gestation she can remember nothing of the kind; and in the third, though she certainly had a fall about the eighth week, yet there seems reason to fear from the two drops of blood which had escaped a week previously, that already there were hydatids formed, and separation of the decidua commencing.

I hope to note the future uterine history of this patient, and to report it in the JOURNAL.

Reviews and Notices.

THE PRINCIPLES OF SURGERY; CLINICAL, MEDICAL, AND OPERATIVE. An Original Analysis of Pathology systematically conducted, and a Critical Exposition of its Guidance, at the Bedside and in Operations: Representing the Principles of the Earliest and most Exact Diagnosis, Etiology, Prognosis, and Therapeutics, Medical and Operative. By FREDERICK JAMES GANT, F.R.C.S., Surgeon and Pathological Anatomist to the Royal Free Hospital; etc. Pp. 860. London: 1864.

MR. GANT'S object in writing this book has been to point out the necessity of the application of pathology, so far as our knowledge of it has extended, to the practice of surgery.

The first part of the work is entitled Principles of Surgery. The author gives a brief historical sketch of the rise and progress of surgery and medicine. He points out that the earliest medical system was founded on clinical knowledge or symptomatology alone; but that subsequently physiology, in its chemical, mechanical, and vital aspects, has been from time to time, up to the present day, called to aid in the explanation of disease. He objects to the direct inferential application of physiology to practice; and insists (agreeing on this point with Dr. Walshe) that the relationship of physiology to rational medicine is only indirect. In like manner, he disapproves of the foundation of surgical practice on the mere knowledge of the anatomy of the body in its normal state, and on the performance of operations on the dead body.

Pathological anatomy, bearing the same relation to pathology as anatomy does to physiology, must, according to Mr. Gant, be studied in order to the attainment of success. It is important, he says, to study the pathological objects presented by every form of injury or disease, in their relation to diagnosis, etiology, prognosis, and therapeutic treatment. He states that he has found the existing works deficient in the information which he required in respect of this practical application of pathology; and this deficiency is what he proposes to remedy.

Next follows a chapter, occupying 124 pages, on the Elements of Pathological Anatomy, in which the author sketches the various changes which the textures, organs, and fluids of the body may undergo from the normal healthy standard, arranging them