dicine or any surgical operation; but when the loss is a daily occurrence with every motion, and so profuse as to produce all the distressing symptoms of anæmia, extreme pallor, shortness of breathing upon the slightest exertion, palpitation, beating of the temporal arteries, indicating great debility, it becomes absolutely necessary to stop the bleeding, lest the constitution should sink from sheer exhaustion; for we must remember that this is not a mere case of occasional piles from local causes, such as a costive habit of body, the gravid uterus, etc., where there is no hepatic obstruction, but a bleeding from an extensive system of obstructed veins without valves, and therefore more apt to bleed profusely.

The remedy which will be found most efficacious in restraining such hæmorrhage, is the purified oil of turpentine, with the tincture of kino, as prescribed in the following formula:—

R Olei terebinthinæ pur. 3 ss.
Tincturæ kino,
Syrupi zingiberis, aa 3j.
Aque cinnamomi,
Aque mollis, aa 3iij.
Misturæ acaciæ q. s. ad bene miscendum.

Fiat haustus bis terve die sumendus.

It is important that the oil should be first carefully rubbed down with the mucilage, and the other ingredients gradually added, in order that the draught may be well mixed; otherwise it may be rejected.

I will now adduce a few cases, to show the efficacy of this treatment.

CASE I. A tradesman, aged 45, the father of a large family, had been for a considerable time subject to daily hæmorrhage from the veins of the rectum. He had lost so much blood with every stool, as to become blanched and exhausted. Several medical men had been consulted, who endeavoured to restrain the bleeding by a variety of remedies, both internal and external, but without success; and the patient had prepared himself for a fatal issue. Being requested to visit him at this time, I placed him at once under the above treatment. The effect was really marvellous. The bleeding was almost immediately controlled; and, what greatly surprised me, the stools, which had been of an ash colour,—and they are always of a light colour in these cases,—assumed a healthy and well digested appearance. It is, therefore, probable that the turpentine not only acted as a styptic, but also as a deobstruent in removing, in some way or other, the hepatic obstruction. Be this as it may, the bleeding never returned; the patient gradually regained his good looks, and has for many years enjoyed excellent health.

CASE II. A lady, aged 47, unmarried, of a bilious aspect, and regular in her menstruation, had been for some time disordered in the hepatic function, and subject to severe facial neuralgia. She was, at the same time, in the habit of losing large quantities of blood by stool. After a while, the bleeding ceased spontaneously; but her general health did not satisfactorily improve. Shortly afterwards the hæmorrhage returned, and continued daily for two months; when she became so bloodless and debilitated, as to occasion great anxiety and alarm to her friends. I went to town to see her, and immediately recommended the turpentine in the above formula. In a week the bleeding was controlled, and the medicine was left off. It returned, however, as profusely as before, and the remedy was resumed three times a day for another week; after which it was again and completely successful. She has been in good health for the last two years.

CASE III. Mrs. C., aged 39, married, but without any family, came to consult me, in February 1852, for bleeding from the hæmorrhoidal vessels. She informed me that she had lost a large quantity of blood with every stool, but at no other time, for the last eight months. Her aspect was most unfavourable. She was pale as death, and was constantly drowsy. Her pulse was feeble and rapid, her tongue colourless and cold, her feet œdematous, her respiration hurried, and her strength so exhausted that she was scarcely

able to walk across the room; in short, she appeared to be in a hopeless stage of anæmia.

In this case, as in the two former, the same treatment was equally successful. At her next visit, she told me that the hæmorrhage had ceased on the third day after she had commenced the medicine, and reported herself much better. From this time her health steadily improved, without any return of the bleeding; and her strength was restored under the use of dilute sulphuric acid and decoction of bark, with gentle aperients.

Turpentine, in the above formula, has seldom failed in my own practice to ensure the purpose of a styptic in this kind of hæmorrhage. Whether it acts as a deobstruent also in removing the obstruction of the portal capillaries, I have not sufficient evidence to decide; though, from its subtle qualities entering the vascular system so rapidly, such a result is not improbable. It certainly appeared so to act in the first case. As a styptic for internal passive hæmorrhage it stands unrivalled.

The bowels are to be regulated by such aperients as will gently act upon the liver, without irritating the rectum.

R Pil. hydrargy.,
Extracti jalapæ (vel extr. rhei),
Extracti copaibæ, sing. ʒj. Misce.

Divide in pilulas xij; ʒ quibus capiat duas horâ somni pro re nata.

Should the bleeding recur from a hæmorrhagic idiosyncrasy, an injection of cold water should be employed every morning; which will not only evacuate the bowels, but give tone to the veins of the rectum.

Southampton, July 13th, 1853.

CLINICAL ILLUSTRATIONS OF SOME DISEASES OF THE ŒSOPHAGUS.

By C. E. REEVES, B.A., M.D.

SPASMODIC STRICTURE.

THE position of the inferior constrictor of the pharynx, at the point of junction of the two portions of the gullet, renders it, like all constrictors, extremely susceptible to spasmodic contraction, whether arising from direct or from indirect irritation. Contraction of a spasmodic character is rarely met with in any other part of the canal; yet Courant* mentions an instance where it existed at both extremities at the same time, the alimentary ball being conveyed from one end of the canal to the other, and then expelled with violence or driven into the stomach. In Percival† case it existed at the lower extremity; and in the one published by Dumas‡ at the point where the œsophagus passed through the diaphragm.

PATHOLOGY. It is rare to find any morbid change in the œsophagus, even when spasmodic stricture has existed for a considerable length of time. Portal, Monro, Howship, and others, report cases of this kind. "It will", says Abernethy,§ "be readily allowed that spasmodic stricture, when long continued, may cause a thickening in the affected part of the tube"; and Baillie|| states that thickening of the canal may be sometimes met with at the *post mortem* examination. But the reverse does occur, thickening often giving rise to spasmodic contraction.

CASE. F., aged 44, single, just at the change of life, after exposure to wet and cold, experienced some slight dryness in the throat with a sense of undefined uneasiness. She found on eating fast or swallowing a large mouthful, if not well masticated, that the food was apt to become arrested in the throat, requiring several gulps to get it to descend, yet it was not sufficient to cause any uneasiness, or require fluid

* De Nonnullis Cont. Œsoph. Quoted by Mondière. Arch. Gén. de Méd., 1833.

† Transactions of the College of Physicians, vol. ii.

‡ Consultations Médicales.

§ Surgical Works.

|| Morbid Anatomy.

to assist it. The illness and subsequent death of her father, about nine months from the commencement of the affection of the throat, affected her general health materially. She became dull and desponding. While in this state, she was exposed to cold and wet, which brought on an attack of spasmodic stricture. It lasted two days; it then subsided under treatment, leaving the difficulty of swallowing much in the same state as before the attack.

In the following case, spasmodic stricture had existed three years, yet no thickening was found after death.

CASE. F., aged 52, tall and thin, with dark complexion and grey hair, since the disappearance of the menstrual discharge four years previously, had become highly nervous and irritable, and for the last three years subject to attacks of difficulty of breathing and also of swallowing, generally occurring after dinner, but also liable to occur during any other meal, particularly if it were of a substantial character, or if more were taken than enough to stay the appetite. Attacks were excited by drinking cold fluids, when heated by exercise or sitting in a close room. During the last two years of life she became subject to frequent attacks of hæmorrhage from the nose. She died rather suddenly from apoplexy.

The mucous membrane of the œsophagus seemed rather more vascular than usual; the mucous follicles were more developed, but there was no contraction or thickening of the canal. The brain contained in its right hemisphere a large clot of blood; the right and left lateral ventricles also contained blood; and the septum lucidum was destroyed. The vessels of the membrane covering the medulla oblongata seemed rather larger than usual, and the substance of the medulla itself more vascular, but the eighth pair of nerves seemed quite normal. The walls of the left ventricle of the heart were rather thick, and the auricular ventricular orifice was somewhat contracted. The liver was large and slightly livid, but all the other viscera were normal. The uterus was very small, and the ovaries were much contracted.

Hysteria had never existed in either case.

CAUSES. These may be considered under two heads: direct and indirect.

1. *Direct.* Under this head, affections of the larynx, trachea, pharynx, and œsophagus, and foreign bodies, may be placed.

2. *Indirect.* This head includes affections of the stomach, liver, and diaphragm, uterus, gout, and suppression of cutaneous eruptions.

In addition to the above, a third cause exists, namely, affections of the brain and upper part of the spinal cord.

1. AFFECTIONS OF THE LARYNX AND TRACHEA. Mr. Shaw* has published the following case. "I was", he says, "requested to make the *post mortem* examination of a person about whom some doubt as to the nature of the disease existed during life. He had first suffered from pain in the throat, with expectoration of blood, which continued for some time, and was then followed by purulent matter and great difficulty of swallowing; bougies were repeatedly introduced, under the idea that stricture of the œsophagus existed. The opinion of another physician having been sought, he stated that the spasmodic stricture depended on disease of the larynx. He gradually sank, presenting, however, at times marked symptoms of stricture. The back part of the tongue, epiglottis, tonsils, and sac of the larynx were found eroded, the chordæ vocales thickened, and an ulcer existed in the upper part of the pharynx, but the œsophagus was quite healthy. The lungs contained a number of miliary tubercles."

"I was", says Howship,† "with Dr. Hooper, consulted on the 4th Dec., 1823, by a middle aged gentleman. He was, after exposure to cold and damp, first affected with soreness about the throat attended with some degree of fever, which left him without having recourse to medical treatment. Soon after, he began to suffer from soreness in the course of the trachea, with constant spitting of frothy mucus. In addition to these symptoms, a difficulty in swallowing came

on, gradually increasing in severity. The throat, on examination, seemed free from disease; but on depressing the tongue, severe irritation was excited, which was followed by the rejection of a large quantity of glairy mucus. The pulse was 90, rather hard, the skin hot, and the tongue white. A bougie was passed several times with great relief to the difficulty of swallowing. Dec. 22nd. An attack of severe pain in the side rendered antiphlogistic treatment necessary. The passing of the bougie was continued: in doing so, it was necessary to press lightly for the space of a minute on the obstruction at the lower part of the pharynx, which then gave way. He could now swallow with comparative ease, the sense of soreness in the larynx continuing and the expectoration was for a time much diminished under treatment, but early in January hectic symptoms set in, and he sank on the 18th.

"The epiglottis was found nearly destroyed; the larynx was ulcerated; but no trace of disease existed in the œsophagus. The intestines were ulcerated."

He mentions a case of spasmodic stricture occurring in a female in the last stage of consumption. Symptoms of irritation in the larynx and trachea had been present for some time. A bougie was passed: it met with an obstruction in the lower part of the pharynx, which was surmounted by slight pressure. She died eighteen days after.

The œsophagus was found constricted to half its diameter, for the extent of half an inch, from the effusion of lymph; the trachea was highly vascular, and covered with purulent mucus; the larynx was healthy; the lungs were diseased.

Mayo (*Outlines of Pathology*) mentions a case of ulceration of the larynx in a young man who suffered from great difficulty in swallowing. A bougie met with some resistance in the upper part of the œsophagus.

AFFECTIONS OF THE PHARYNX. CASE. ULCERATION OF THE POSTERIOR PART OF THE PHARYNX. A young man, of a scrofulous irritable habit, some time after having been cured of primary syphilis, became affected with superficial ulceration of the posterior part of the pharynx. A person to whom he applied, considering it to be secondary syphilis, advised him to undergo a second course of mercurial treatment. At the end of a week, from exposure to cold and wet, joined to habits of dissipation, he suffered from huskiness of the throat, and some slight thirst the next day. In the evening, the symptoms in the throat rather increased; and after tossing about some hours he got to sleep, but was suddenly awakened by a sensation of choking. He attempted to drink a glass of cold water, but the fluid excited so much spasm on entering the throat, that it was returned. He was seen three hours afterwards, suffering severely from thirst, which he was unable to allay. On examining the throat, there was observed some slight swelling of an erysipeloid character. The free application of a solution of nitrate of silver, and an anodyne clyster, soon enabled him to swallow a little warm fluid with ease.

Paletta* mentions the following case of stricture from secondary ulceration of the pharynx. A nervous man contracted syphilis, which was cured by a mercurial preparation. In the autumn of the same year, he suffered from an attack of intermittent fever, which was cured by bark. Immediately afterwards, an eruption appeared on the chest: at the same time, difficulty in swallowing came on, and a sense of soreness at one side of the pharynx. At the end of a month, the dysphagia had much increased, with a copious expectoration of viscid mucus, occasionally mixed with blood. Nothing could be seen on examining the throat; but, by means of the finger, an ulcer was easily felt. He was cured by the exhibition of mercury.

Morgagni† relates an instance of a female suffering from ulceration of the fauces, who had dysphagia.

Blassius‡ gives the following case of ulceration of the lower part of the pharynx:—

* Exercitationes Pathologicæ. Mediolani, 1820.

† De Caus. et Sed. Morb. F. pist. xxviii. Art. ii.

‡ Obs. Anat. Chirurgico-Medicæ, 1781. Dec. 4, Obs. 8. Desgranges, Jour. de Laroux. An. x.

* London Medical and Physical Journal, 1822.

† Practical Observations on Indigestion.

A female, aged 23, who menstruated irregularly, and was frequently the subject of coryza, became in 1730, after having had several attacks of ophthalmia, the subject of inflammation of the right tonsil and uvula, with swelling of the parotid gland of the same side. Soon afterwards, difficulty in swallowing set in. On exploring the pharynx with the finger, an ulcer was felt. This had evidently given rise to spasmodic contraction, on food and drink coming in contact with it. Under the use of astringent gargles and delayants, she was cured in fourteen days.

Baldinger* has recorded the following interesting case:— In 1785, a sensation of constriction in the pharynx was first experienced, which lasted four hours. The succeeding six weeks, it occasionally occurred, but very slightly. At the end of this period, it became more frequent and severe, attended with a sense of soreness, confined to one spot on the left side of the pharynx, not larger than a linseed: swallowing sour or sharp substances increased the sensation of soreness to one of smarting: the food and saliva were swallowed with great difficulty. These attacks came on only in the evening, continued during the greater part of the night, and disappeared towards morning. Blisters and change of diet were tried in vain; camphor gave considerable relief; but, at the expiration of six or eight weeks, the symptoms returned, but the exhibition of camphor caused them again to disappear in the course of a few days. In the winter, the disease again returned with greater severity, and was attended with difficulty of breathing, to which the patient was subject during the winter months. In June 1786, an eruption appeared on the extremities, which was followed on drying up by a severe cough (evidently depending on the affection of the pharynx), lasting about a quarter of an hour, and attended with retching. Nothing, however, was brought up but some slimy mucus. The attacks continued, with more or less severity, being sometimes absent for some time, and then returning, continuing for a longer or shorter period. In the winter of 1786, the sensation of soreness changed from the left to the right side of the pharynx, but not so severe as to attract much attention, yet it was attended with a strong afflux of saliva, and difficulty in swallowing. As before, it occurred at longer or shorter intervals, and was more or less severe. One of these attacks was attended with heat of the skin, followed by great difficulty in bending back the head, and turning it round. The affection lasted until 1787, when, under treatment and careful diet, the attacks were much mitigated.

CASE. AFFECTIONS OF THE ŒSOPHAGUS: SPASMODIC STRICTURE DEPENDING ON INFLAMMATION OF THE LOWER PART OF THE ŒSOPHAGUS.† F., aged 52, when forty-two years of age, experienced attacks of pyrosis: her health was otherwise good. One year afterwards, she was confined of a healthy full-grown child, which she nursed for a year. Then some disorder of the stomach set in, attended with nausea, constant hawking up of a thick glairy fluid, with regurgitation of food, and often of liquids. She ceased to nurse, yet the affection gained ground. Her chief complaint was of weight at the pit of the stomach, with some obstruction to the food passing through the cardiac orifice; but, when once this difficulty was got over, digestion went on well. At times, she suffered from spasms of the upper part of the œsophagus. Various remedies were had recourse to, but leeches and sea-bathing seemed alone to give her any relief. In August 1843, she accidentally swallowed a prune-stone, and the difficulty of deglutition, which had been for some time better from the treatment adopted, returned. Nothing could be made to enter the stomach. A bougie was introduced with some slight difficulty, yet no foreign body could be detected. Leeches, baths, and other remedies, were employed in vain. The spasm was at times referred to the upper, at others to the lower part of the canal. Every fifteen days, she suffered from attacks like ague. Her

breath had a highly acid odour, which pervaded the whole room. She at last sank on December 24th, having been nourished for some time by means of nutritive clysters.

A narrowing was found extending upwards from the cardia more than two and a half inches. The little finger could with difficulty be made to pass; the walls were not thickened; the œsophagus contained a prune-stone; two gangrenous patches existed just above the contraction, with some red points in others. The rest of the canal and the other viscera were healthy.

CASE. CHRONIC INFLAMMATION GIVING RISE TO OCCASIONAL ATTACKS OF SPASMODIC STRICTURE.* M., aged 50, nervous, yet of strong constitution, had been subject, for the last ten years, to occasional attacks of spasmodic stricture. On the 20th of November, 1836, he had an attack. This passed off, and he was in his usual excellent health. In the evening, he made a supper on apples, and afterwards attempted to swallow a potato, which became arrested in the throat, and was got rid of by vomiting. The irritation of the potato brought on a return of the stricture in all its severity. After two days' suffering, medical assistance was sought. He complained of a pain in the throat, opposite the thyroid cartilage; and there the obstruction to swallowing existed. The thirst was intense; efforts to swallow a little fluid gave rise to a peculiar gurgling sound, and, if long continued, to convulsive contractions of the muscles of the face, and pain between the shoulders, and discharge of thick cream-like mucus. Blisters were applied to the nape of the neck, leeches to the throat, and belladonna clysters were thrown up.

November 24th. He was no better. A dose of morphia gave immediate relief; and he was soon enabled to swallow fluids with the greatest ease.

INFLAMMATION OF A CHRONIC CHARACTER GIVING RISE TO SPASMS, AND FOLLOWED BY AN ATTACK OF ACUTE INFLAMMATION.† F., a middle aged female, had suffered during the last few days from attacks of difficult swallowing, particularly of fluids. The swallowing of a little cold water relieved her. A silver ball, half an inch in diameter, was passed to the bottom of the pharynx, where some slight obstacle to its passage was met with. The affection afterwards took on an inflammatory type, and was treated with leeches, blisters, etc.

Abercrombie‡ mentions a case somewhat analogous. A. F., forty years of age, had suffered for more than a year from symptoms of spasm of an irritable character. Bougies had been passed, and various remedies employed, in vain. By mere chance, he ordered a silver ball, attached to a piece of wire, to be passed: this, after four or five introductions, quite removed the affection.

Mr. Lawrence, in his Lectures (*Lancet*, 1829-30), mentions the case of a young lady, who, from some affection of the throat, could not take food without exciting spasmodic constriction.

Thillénus§ mentions a case where a man was unable to swallow any solid or fluid, even at the temperature of the atmosphere, without giving rise to spasm; yet, when hot, he could swallow them with the greatest ease.

Courant|| mentions a like instance. In the case published by Percival in the *Transactions of the College of Physicians*, cold fluids met with greater obstruction than warm. The reverse is occasionally met with, as in the second case quoted above, and in other observations mentioned by different writers.

CASE. SPASMODIC STRICTURE OF TEN WEEKS' DURATION, EXCITED BY AN EMETIC.¶ A robust female drank, when heated from dancing, a large quantity of cold water, which

* Dr. Olszewski, in Caspar's *Wochenschrift*, 1837.

† Howship, *Pract. Observations on Indigestion*.

‡ Abercrombie, on *Diseases of the Stomach*, etc. This case also somewhat resembles the one published by Sir E. Home, in his work on *Stricture*. A female, after much retching from a sea passage, suffered from difficulty in swallowing, which increased in severity. A bougie was passed with some difficulty, but the next day she could swallow with ease.

§ Jour. de Méd. Chir. et Phar., 1791, p. 280.

|| Courant de Nonnullis *Con. Œsophag.*, in Mondière's paper.

¶ Rheaus in Hufeland's *Journal*, Bd. lviil.

* Neues Magazin für Aerzte, Bd. 9-515. 1787.

† LAMOTHE, Jour. de Méd. de Bordeaux, 1844.

produced great uneasiness and distension of the stomach. An emetic was exhibited, which acted about twenty times, and produced also several evacuations from the bowels. Spasmodic contraction of the œsophagus set in, and the menstrual discharge, which had just appeared, was suppressed. Five days passed without anything entering the stomach; the patient was greatly exhausted from want of food, and suffered intensely from thirst. An elastic tube was now introduced into the stomach with some difficulty, and through this food was administered. At the expiration of ten weeks, the menstrual discharge reappeared, and the spasm subsided.

Carron* mentions an instance where a strong emetic excited spasmodic stricture of the œsophagus.

Harrington Square, London, July 1853.

[To be continued.]

THREE CASES OF POST-PARTUM HÆMORRHAGE.

By FREDERICK JAMES BROWN, M.D.

CASE I. PLACENTA PREVIA: DELIVERY: HÆMORRHAGE ON THE NINTH DAY, AND DEATH. EXAMINATION OF THE BODY. Mrs. Gadfield, aged 37, residing at Strood, the wife of the mate of a coal vessel, sent for Dr. John Dan Brown, on the morning of Saturday, 30th April, 1853. She was at the full term of her sixth pregnancy. She had been attended previously by Dr. J. D. Brown, when she had favourable labours.

She stated that she had a "show" three weeks ago, succeeded by another in a short time; and that she had a "show" on the nights of Thursday and Friday, the 28th and 29th April. Through Friday night and the early morning of Saturday, she lost half a potful of blood. She had had very slight pains. On examination, the os uteri was found thin and rigid; it was equal in size to a shilling. The placenta was felt over all the os uteri that was open. There was bulkiness of the posterior part of the os and cervix uteri. The presentation was cranial. There were no pains, and no hæmorrhage. The vagina was plugged, and rest in bed enjoined. At 9 p.m., hæmorrhage recommenced, the blood escaping by the side of the plug. Slight pains had occurred from 7 p.m. On withdrawing the plug, there were gushes of blood, greatly increased by each pain. The patient's system was suffering from loss of blood. The pulse was small and weak, not rapid. The os uteri continued rigid. The plug was reintroduced, and the assistance of an able and experienced practitioner was sought. The hæmorrhage by the side of the plug, during a pain, was now but slight. At twenty-five minutes to 11 p.m., the os uteri being thin, somewhat rigid, and nearly equal to a crown in size, Mr. Ely of Chatham commenced dilatation. By 11 o'clock, dilatation had been carefully effected, the child turned, and the right foot brought down. The child was delivered by pains and the assistance of the operator, in fifteen minutes after the version. The placenta was found to be detached, and was removed from the vagina in five minutes.

During the operation, the placenta was ascertained to be attached over the posterior part of the os uteri, thus permitting the operator to reach the membranes anteriorly, and to evacuate the liquor amnii in carrying up the hand. The uterus contracted well after the birth of the child; and the pulse became augmented in strength and volume. There was no hæmorrhage.

The child, which was a female, was dead. No pulsation was felt in the funis during the operation. Its death appeared to be quite recent, not exceeding a few hours. The patient fell asleep, and was not removed to a dry part of the bed until after two hours and a half.

May 1st. The patient had not slept during the night. She had pain in the abdomen, in the left iliac region. The pulse was 108. Calomel and opium were given; and four leeches were applied to the abdomen.

May 2nd. She slept in the night. There was pain along the left side of the uterus, and hardness, forming a ridge in the abdomen. The lochia were scanty; the pulse was 108, moderately full; the tongue dry. The calomel and opium were continued.

May 3rd. She slept in the night. The bowels were much acted on by the mercury. No pain, swelling, or hardness by the side of the uterus remained. The whole abdomen was swelled in the morning; but the meteorism disappeared in the afternoon. Pulse 112, large and firm; tongue clean. The calomel and opium were omitted.

May 4th. She slept during part of the night. The diarrhœa had ceased; the bowels had been twice open. Pulse 108; tongue clean. Pain in the umbilical region came on in the afternoon. Four leeches were applied; and some doses of hydrargyrum cum cretâ and Dover's powder were ordered.

May 5th (*vespere*). The pulse was 116 at six o'clock; 104 at nine o'clock. The patient complained of uneasiness and fullness of the abdomen. A blister was applied to the middle portion of the abdomen; and Dover's powder and oxide of silver were administered.

May 6th. She was convalescent. The mouth was sore, and the face swollen. She had no pain or swelling of abdomen. The skin was moist; the pulse 108; the bowels were open. The lochia were very scanty. The breasts had scarcely swelled. There was pallor of the surface; but the nervous system was tranquil. The patient was of a quiet disposition.

May 8th. She slept in the night. There was now no swelling of the face. She felt comfortable on awaking, and took two cups of tea for breakfast.

At twenty minutes to 9 a.m., she suddenly asked for the bed-pan, and passed, *per vaginam*, bloody clots. She immediately fell into a fainting fit, with slight struggling. On recovering, she said that she required to pass water; but, instead of urine, gushes of blood escaped *per vaginam*, and flooded the bed as low as the patient's feet. Dr. John D. Brown saw her in the course of a few minutes. The hæmorrhage had entirely ceased; but he applied cloths dipped in cold water, and exhibited tincture of cannabis Indica (℞xx), and, subsequently, acetate of lead. Brandy and wine were administered by the teaspoon every few minutes. The patient's skin was cold and pallid as marble. The pulse was flickering. There was no recurrence of hæmorrhage.

The patient gradually became lower; but consciousness persisted till 2½ p.m., when the agonies of death commenced. She died at ten minutes before 3 p.m.

EXAMINATION OF THE BODY, twenty-six hours after death. There were present Dr. J. D. Brown, Mr. Ely of Chatham, Dr. Ely of Rochester, and myself. Rigor mortis was present. The surface was pallid; the abdomen was not swollen.

The *Thorax* was not examined.

Abdomen. The intestines were healthy. There was no appearance of inflammation of the peritoneum, nor any serous effusion. The liver was fawn coloured. The spleen was healthy. The kidneys were pale, but healthy.

The uterus was equal in size to a large fist. It was white and firm; it probably weighed twelve or fourteen ounces; it filled the pelvic cavity. The ovaries were like almonds; they were quite healthy. There was purple staining along the spermatic veins, and under the pelvic peritoneum, on the left side. No blood was found effused. Urine was found in the bladder; the interior of which viscus was white and firm.

The os uteri was capable of admitting the tips of four fingers: it was irregular. An old laceration (not deeper than a few lines) existed on the right side, and a recent laceration, equally shallow, on the left side. The posterior surface of the cavity, from the fundus to the cervix and os uteri, was in a rough granular state, showing the attachment of the placenta during life. The back of the scalpel could detach the granules, leaving the uterine structure beneath firm and uninjured. The sinuses in the body of

* Cited by Moudière, in *Archives Gén. de Méd.*, 1833.