strength, or of failure of the vital powers, is of the very highest value.

I have been referring, in these remarks, more particularly to that form of disease where the nervous symptoms chiefly attract attention; and where pneumonia, the cause of the general excitement, is only detected by careful and extended inquiry. But this is not always the case; sometimes the pulmonary affection is brought out more prominently by the delirium. In such a case, a patient may be seen chafing with rage at his incessant cough, and exaggerating, in his complaints, every feature and every sensation of the pulmonary disease.

We need, under these circumstances, the closest observation to separate the effects of organic disease from those of nervous excitement. For, if the consequences of over-stimulating, or the fallacious indications of the nervous symptoms, are serious, the consequences of an opposite error, should the pulmonary symptoms so far mislead us, are not less so. A full general bleeding, such as the severity of the cough and pain might seem to demand, would more rapidly hasten on the disorganising processes of pneumonia than any injudicious use of stimulants. How many a warning not to treat diseases by their names this class of cases supplies! How apt illustrations of Dr. Stokes's happy remark of the timidity of the practitioner being often shown by the seeming boldness of his practice!

The transition from delirium to coma, from nervous excitement to nervous exhaustion, seems so natural, that I would pass next to the consideration of pneumonia where coma has been the most striking character. The transition, however, is not here so natural as it might seem; for coma, holding this pathological value, and growing thus out of nervous excitement, is, to my experience, rare in pneumonia. The coma or sopor with which I am familiar has appeared under circumstances very different to this. Its best illustrations are supplied by cases where a hot skin and other signs of fever are all that tell a mother that the prolonged deep sleep of a gentle child cannot be natural. There is cough, indeed, but not urgent; the deep prolonged sleep is the most distinctive character. The little patient is readily roused, and is often very tractable; but, left alone, it soon falls asleep again. It is much more wakeful and fretful when it is recovering, than while it is under the pressure of advancing disease.

I have only seen this in children; and I am not able to offer any explanation of the occurrence. In one case, it resulted in some measure from the use of a small quantity of Dover's powder, which had been given by inadvertence for James's powder. In the others, there was no obvious explanation; and certainly the appearance of the patients quite refuted the opinion that it might be connected with imperfect oxygenation of the blood. The form of disease is rather pathologically curious, than important in a therapeutical point of view; for the patients required little treatment, and they all got rapidly and thoroughly well.

[To be continued.]

CASE OF MISCARRIAGE FOLLOWED BY HÆMORRHAGE AND DEATH.

By J. R. HUMPHREYS, Esq., Surgeon to the Salop Infirmary, Shrewsbury.

Mrs. E., aged 37, a healthy woman, of small conformation, having had five children, miscarried at the third month on August 28th. She did not have any great loss at the time, and did not even keep her bed. She sent for me six days afterwards, on account of weakness, for which I gave her quinine, etc. She had had a slight bloody discharge since her miscarriage. On the tenth day after the abortion, I was hastily summoned to her, and found her blanched and almost pulseless. Her bed was saturated with blood, which was then pouring out of the vagina in a hissing stream. I plugged the vagina instantly with a silk handkerchief; after some hours, reaction was established. As the plug did not cause any uneasiness, it was allowed to remain six days before its removal, the catheter being used night and morning; on the sixth day, the plug was removed, and the vagina washed out with cold water. I had not left the house an hour before I was recalled, and found that the hæmorrhage had returned; but the nurse, according to instructions, had partially controlled it by pressure above the pubes and a wet towel applied to the vulva. I replugged the vagina, and did not remove the plug for three days; there was no bleeding when it was removed, nor for three days afterwards, when it suddenly recurred. Pressure was applied over the pubes by

means of pads and a towel. Pretty's bandage with the tourniquet was applied, but given up, as it was found impossible to keep it in its place. The uterus was examined, and found to be of the usual size considering the miscarriage, but flabby; the end of the forefinger only could be passed into the os uteri. She was ordered successively infusion of roses with an excess of acid; ergot, in substance and in infusion; acetate of lead and opium; gallic acid; muriated tincture of iron; and turpentine.

Galvanism was applied directly to the uterus on three occasions. Injections of cold water into the vagina were freely used, and wet towels were constantly applied to the vulva. Enemata of cold water were frequently administered. The bleeding was checked for one, two, and sometimes three days during the time these remedies were tried, but invariably recurred.

I had the advice of Dr. Henry Johnson and Mr. Arrowsmith; and as all means had failed to stop the bleeding, it was decided that the uterus should be injected with a strong infusion of matico. This had the same effect as the other remedies; viz., restraining the bleeding for a time only. A solution of gallic acid—a scruple to an ounce of water—was substituted for the infusion of matico, and afterwards increased to a drachm of gallic acid to the ounce; but the bleeding still came on again. The blood during the whole of the time was arterial, and coagulated firmly. The day after the last injection with gallic acid, the bleeding recurred, and was checked by means of a stream of cold water being thrown against the os uteri for some few minutes. That evening she complained of sickness, great pain in her right hip; her countenance was anxious; she could not sleep. Next day, she was delirious; the pulse was quick and small. She rapidly sank, and died the following morning, two months after her miscarriage, and six weeks and four days after the first attack of bleeding.

POST MORTEM EXAMINATION. The uterus was found to be a little enlarged and of a uniform pink colour, flabby, and the os congested; on opening it, the whole of its structure was found inflamed, the mucous lining very much so. At the upper and right side was a rugged patch of adventitious membrane, of the size of a shilling; it was of a very dark colour; on examining it closely, it was found to be made up in great part of vessels with open mouths and sinuses. It was evidently a portion of the placenta, which being more than usually adherent at that part, had not been detached from the uterus at the time of the miscarriage; a probe passed readily down the open mouths of the vessels deep into the structure of the uterus. It was with some difficulty peeled off the lining membrane of the uterus, with which it appeared to be perfectly organised.

Reviews and Notices.

GUY'S HOSPITAL REPORTS. Edited by SAMUEL WILKS, M.D., and ALFRED POLAND. Third Series, vol. iv. pp. 372. London: John Churchill. 1858.

This volume of *Guy's Hospital Reports* is less in size, and contains fewer articles, than last year's volume; for, while the latter contained twenty contributions, thirteen only appear in the present issue.

Dr. HABERSHON describes a case of Epithelial Cancer of the Œsophagus, in which Gastrotomy was performed. The patient, a man, aged 47, was admitted into Guy's Hospital on October 8th, 1857, with symptoms of chronic bronchitis. In a short time, emaciation, pain in the throat on coughing, and difficulty of deglutition and of respiration set in, and gradually increased. For a considerable time, no cause of obstruction could be detected; but at length (the precise date is not given, probably some time in February 1858) a rounded tumour was felt below the epiglottis, towards the right side, evidently obstructing the commencement of the Œsophagus. On March 2nd, respiration had become so difficult, that tracheotomy was performed in the night. On March 25th, he appeared to be about sinking. It now became a question whether means should not be taken to prolong life, if possible, by the introduction of food. Three modes of relief suggested themselves: 1. The forcible introduction of an Œsophageal tube; 2. Opening the Œsophagus in the neck; 3. Opening the stomach. The