the most marked of which are syphilis, rheumatism, the mercurial action, gonorrhœa; but in none have I been able to discover any well marked collection of symptoms such as some authors have considered to be pathognomonic of the disease, or arising from a peculiar cachexia; viz., in the syphilitic, the pupil tawny and drawn inwards and upwards, cinnamon-coloured deposits, or condylomata, as they are called, etc.: such appearances and collection of external symptoms I have often seen, in various degrees, and mixed up in various proportions; but any or all of these so-called pathognomonic symptoms I have not observed at all, where there was every reason for thinking that syphilis was the predisposing, if not the exciting cause of the disease. And, again, I have seen some of all of them in cases evidently brought on by the ordinary causes of inflammation, and in which I could not trace any syphilitic taint, or special taint of any kind. In the same way I have often recognised an arthritic state of the system, as well as of the eye; but not any peculiar state of the iris, as to colour, mode of distortion, character of deposits, which could be said to exhibit any pathognomonic signs of arthritic iritis. The same with rheumatism. The only apparent exception to this, according to my experience, is that, in the inflammation arising from a gonorrhœal taint, there has been a peculiar diffused deposit covering the greater part of the iris, as if it was plastered over it; but this very same appearance, again, I have seen in cases which seemed to have no other cause but a constitution affected with leucorrhœa; so that I can with confidence add my testimony to that of the many who assert, from their experience, that there are no special objective symptoms which can be considered to be pathognomonic of the forms of iritis which arise in connexion with certain constitutional cachexiæ. As regards the treatment of iritis, with which may be joined that of inflammation of the internal tunics generally, I have found that the same plan, with slight modifications, will answer for the native and the European. The native will bear moderate depletion, the action of mercury, etc., as well as the European; and I have not found that the disease will be cured by any other means but those most in repute. It would be desirable in all cases that the use of mercurial medicines could be dispensed with; but, unfortunately, in the present state of our knowledge, we cannot do so; and I am inclined to think that many of the bad effects which may be attributed to its constitutional action in cold climates, are altogether absent in a tropical climate, both with natives and Europeans. There is not that amount of predisposition to scrofula with the native; and in both races the products of the mercurial action seem to be more speedily eliminated from the system, principally in consequence of the greatly increased function of the skin.

The remarks here made with regard to iritis will apply also to inflammation of the aqueous membrane, choroid, and retina. Aquo-capsulitis is a disease, independent of the cornetitis particularly affecting the posterior epithelium, I have rarely seen, but in conjunction with that, it is by no means uncommon among the natives, and often met with among the Europeans, particularly scrofulous and delicate children.

5. *Choroid.* Congestive and inflammatory affections of the choroid are very often met with among natives, and we are generally called upon to treat the results of disease which has been going on a long time; consequently, in a large majority of cases, the sclerotica has already given way, staphylomatous protrusions have occurred, the globe is disorganised, and the sight is irremediably injured. This complication seldom arises from over-exertion of the organ, but from exposure to the sun and heat, conjoined to deficient nutrition. The retina is not apt to take on acute inflammatory action, probably because the natives are seldom exposed to much intense and concentrated light, as is the case with those Europeans who work at optical instruments, the microscope, minute needle-work, etc., for an inordinate time; but only to rather a large amount of heat and sunlight; to which, however, they have been in great measure accustomed from their infancy. They are subject to subacute and chronic inflammations, the cause being in many cases complicated with want of proper nutrition. A large proportion of these cases, attended with considerable loss of sight, are curable entirely or partially: it would seem that the nervous tunic becomes often paralysed from want of proper nutrition.

I do not consider that the diseases of the internal tunics among Europeans in India present any very marked difference from them, as seen in Europe. The retina, I believe, becomes more often paralysed, not from want of nutrition, but from congestion; and acute internal inflammations are certainly more common. Vision also becomes affected by long residence in India, most probably from the retina becoming exhausted, as

a consequence of long continued over-excitement: but while, in the native, this over-excitement exists to only a slight degree, if even it can be said to be present at all in most cases, and is joined in a large majority of cases to a state of anemia, with the European it is much greater, is persistent, and joined almost always to a state of plethora, general and local. This is owing chiefly to the habits of life of the European, which are too luxurious—an excess of nutrition, a deficiency of occupation for the body and mind: the result is a premature debility; the energy of the nervous system, etc., affecting the retina more than any other part of the eye.

[To be continued.]

PATHOLOGICAL CONTRIBUTIONS TO MEDICAL JURISPRUDENCE.

By WILLIAM BOYD MUSHET, M.B. Lond., late Resident Physician at St. Marylebone Infirmary.

To the majority of practitioners, few opportunities are presented for the practical pursuit and study of questions connected with medical jurisprudence.

When I was medical officer of St. Marylebone Infirmary, unusual advantages were afforded for the prosecution of inquiries bearing on the subject, but many interesting cases were not chronicled, want of leisure frequently precluding the minute accuracy and detail essential in matters intended for report. The importance of forensic medicine, however, in its scientific and social aspects, induces me to conceive that any instalment to our knowledge will not be altogether unacceptable; and I therefore offer the following cases, although incomplete and unconnected, trusting that they may elicit further contributions, and more earnest and extended cultivation of this department of the profession.

It is to be regretted that medical witnesses, from hasty and illogical conclusions, or expression of contrariety of opinion, are often exposed to animadversion, and even ridicule, in courts of justice.

These occurrences act injuriously, by depreciating us in public estimation, and are only to be obviated by *adhering to facts*. When in doubt, our doubts should be honestly admitted, being unbiassed by preconception of the case or of the guilt of the prisoner. Possibilities, as well as probabilities, should be well considered, as appearances presumed inconsistent or inexplicable may be in accordance with ordinary physiological or pathological laws.*

The evidence derived from books may be accepted as a confirmation or corrective; but no authority should be unreservedly subscribed to if opposed to observation or experience, as a number of cases, arising from any given operation—whether accident, violence, poison, or disease—necessarily exhibit diversities in the character and evolution of symptoms, and in the textural alterations revealed by the scalpel.

It would be here out of place to dwell at length upon the propriety and utility of coroners being elected from the ranks of medicine; but these functionaries, when of the *legal* order, for the most part exercise an obstructive influence in the performing of *post mortem* examinations, which ought almost always to be instituted in sudden, violent, and suspicious deaths,† as, if not immediately demanded for the inquiry at issue, such inspections may prove important indirectly in future cases; and if, by law, a full and faithful record were insisted on from the medical man in every judicial investigation,‡ valuable statistics would be accumulated, and the welfare of society advanced—such an enactment evidently tending to the greater repression of crime.

I.—DESTITUTION.

J. R., aged 54, was admitted into the Infirmary on the evening of October 3rd, 1856. He was much emaciated, and in a state of great prostration and filth, with brown dry tongue, slight œdema of legs, and unpleasant exhalation from the body; and the evidences of destitution were corroborated by his previous history. He was ordered acetate of ammonia with nitric ether, and arrowroot, wine, beef-tea, and milk.

* In illustration, I have heard a very eminent hospital physician and lecturer remark, that a gentleman (who afterwards became a professor of pathology) brought a liver some years ago before one of the medical societies, as a sample of melanosis, the margin of which had undergone black discoloration by the action of the abdominal gases after death!

† Had this been observed in the instance of Palmer's brother, subsequent tragedies might have been prevented.

‡ To be furnished to the Registrar-General.

On the following morning, he was in a soporose condition, and could not answer questions rationally. His tongue was dry and brown; the legs were slightly œdematous. There were erythematous patches over legs and arms, and a vesicular eruption over arms and face. The pulse was a little full, but very compressible. The patient had much thirst. The bowels had been loosely opened, but were not relaxed; and he did not resent pressure over the abdomen. He had no spots like those of fever, no injection of conjunctivæ, and no delirium. The skin was hot and moist; the face pale. No affection of lungs or heart could be detected on physical examination. The urine was slightly albuminous. He was directed to continue the nourishment and wine. He appeared much the same in the evening.

October 5th. The legs were less swollen; the erythema less marked; and he appeared a trifle better. He had taken the nourishment well. In the evening he was asleep and breathing easily on my visit to the ward; and was, therefore, not disturbed, as he was reported to have had very little rest since admission.

October 6th, I was summoned early in the morning, and found him sinking, apparently from exhaustion. Wine was ordered, which regurgitated, and he sank about 12 A.M.

The body was examined three days after death by direction of the coroner. The weather was warm. Rigor mortis was slightly marked. The face was calm. Vesicular spots were seen over the arms. There was some subcuticular lividity of the legs, and suffillation on the posterior part of the trunk. There was abrasion of the skin over the left elbow. The œdema of the legs had almost disappeared. There was very little fat in the abdominal wall or around the viscera.

Head. The scalp was natural; the calvarium thin; the dura mater normal. There was some subarachnoid effusion; the pia mater was somewhat injected. The brain-substance was consistent, a little more vascular than usual; and the white substance of the hemispheres had a fine pinkish tint. A little fluid was found in the ventricles, and about an ounce of serum in the base of the skull. The cerebral vessels were healthy. The sinuses were filled with dark fluid blood.

Chest. Old pleural adhesions were present, especially on the left side. Some serum was found in the right pleura. The lungs were pale anteriorly, but congested behind; they crepitated well. The bronchial tubes were healthy, and contained a very slight amount of secretion. There was a slight appearance of scattered tubercle at the apices; no consolidation. The trachea was pale. The heart weighed eight and a half ounces; it was healthy. There was a black coagulum in the right auricle, passing down into the ventricle, where it became partly decolorised and firmly interlaced with the columnæ carneæ, extending thence for some inches into the pulmonary artery, where it again became black. Dark fluid blood escaped from the pulmonary veins on section. Dark coagula were found in the left side of the heart. The valves were healthy. The aorta was healthy. About an ounce and a half of serum was found in the pericardium.

Abdomen. The stomach contained about two or three ounces of yellow fluid of acid reaction. The mucous membrane was pale and softened. There was some prominence of the veins, and pigmentary discoloration, but no vascularity. The pancreas was firm; apparently healthy. The spleen was small, pale, firm. No fluid was found in the peritoneum. The bladder was nearly empty. The liver was pale; the gall-bladder contained some dark bile, but was not distended. The right kidney weighed five ounces and a half; it was large, pale, not granular; the capsule separated well. The left weighed five ounces, and presented much the same characters. The intestines, opened throughout, contained no solid fecal matter, but a small quantity of yellowish brown fluid and yellowish flakes. No ulceration or prominence of the Peyerian patches was seen; and there was no lymph on the serous coat. The ileum was injected for two or three inches, about nine inches from the cæcum, and at two or three spots higher up. The large intestines were healthy. The coats of the intestines seemed thin.

REMARKS. In this case, during life, there was absence of positive disease; no proof of chest affection, no evidence of specific fever (typhus or typhoid), or of organic disease of the liver, heart, or kidney; the œdema subsiding rapidly on rest. There was not the flush of fever, no spots, pain over the belly, diarrhoea, delirium, nor subsultus occurring before death. The albumen in the urine was probably a transient condition, as it is not uncommon in persons subjected to exposure, from

causes readily appreciated. Excluding the diseases enumerated, the dirty state and offensive odour of the patient, the dry brown tongue, hot breath, thirst, prostration, with excitement, œdema gradually disappearing, and rapid exhaustion (with the collateral evidence or even without it), induced me to conclude that death occurred from exhaustion, the result of destitution.*

The *post mortem* appearances confirmed the opinion. There was no ulceration of the intestines; no visceral disease; and the blood was not fluid. The appearances were, in fact, negative, except the fine pink tint of the brain, the serum in the skull, and the injection of the small intestines. The alimentary canal contained no fecal matter; there was marked emaciation; and the clots in the heart pointed to death from asthenia.

CASE OF SEVERE POST PARTUM HÆMORRHAGE.

By THOMAS T. BLEASE, Esq., Altrincham.

THE following case I have been induced to narrate, from an impression that it would interest a fair share of the readers of this JOURNAL; not only because it points out to what an amount of severe treatment the human female can be subjected without suffering any serious consequences, but also on account of the way in which the hæmorrhage was suppressed, viz., by the plugging of the uterus, and not the vagina. Taking into consideration the success of the treatment, the question arises, whether, if the same had been adopted in fatal cases, their termination would have been such.

CASE. On the afternoon of Tuesday, October 5th, 1858, I was summoned to attend in labour Mrs. H., who resided three miles from my house. I arrived about half-past five, and found the os uteri fully dilated, the membranes entire, and the vertex presenting, though situated very high. After waiting an hour, I ruptured the membranes; the uterine contractions, previously strong and frequent, were now almost uninterrupted. In the course of two or three hours, the head began to enter the cavity of the pelvis, but made no further progress. Knowing that my father had delivered her in her first (the present being her second) accouchement with the forceps, after she had been in labour a day or two, symptoms arising which called for immediate delivery, I completed the labour with the assistance of the forceps, at 11 P.M., five hours and a half from the time of my arrival. The child, a very fine one, though exhibiting few signs of animation, was soon resuscitated. The placenta was expelled in twenty minutes or less; and the patient appeared to be going on satisfactorily. I had a female manipulating and pressing the abdomen from the birth of the child. In a few moments, symptoms of internal hæmorrhage manifesting themselves, I applied my hand to the denuded abdomen, when I found the uterus large, but on firm pressure, it contracted, and expelled a large quantity of coagula. I administered half an ounce of ergot in divided doses; in addition, I introduced my hand into the cavity of the uterus, but could not get it into a state of permanent contraction. The uterus relaxed still more, and the hæmorrhage continued, although I irritated its internal surface with my left hand, while I compressed it with the right externally. I poured cold water from a height suddenly, and also in a continuous stream, upon the patient's bare abdomen, but all to no purpose. As a last resource, I plugged the uterus with a large piece of linen steeped in cold water; I then applied cold wet napkins to the lower parts of the person, and a large compress over the uterus, secured with a bandage; and, after waiting a reasonable time, finding my patient rallying a little, and knowing that it was almost impossible for the hæmorrhage to recur, I left her. In the course of a few hours, my father called, and withdrew the plug, without a repetition of the flooding.

The only medicine the patient took, was one grain of solid opium, and a little castor oil. Her recovery was complete.

* Destitution comprehends want of food, proper lodging, and rest. I have, unfortunately, had too much experience of it; but the examples have been less severe than the one detailed, not proving directly fatal. It is one of the most important elements in parochial practice, modifying considerably the type and treatment of disease. I regard cases of pure starvation to be of very rare occurrence.