Admirable scientific work and scientific research have been done in England by private workers, without any pecuniary assistance from funds. Stimulated by ambition or love of science, numbers of men have contributed to the elucidation of the physiology of disease at their own expense, and have published the result of their researches on the usual marketable terms.

In the future, as in the past, there will always be found men able and willing to throw themselves into scientific work, in order to clear up some of the problems of disease, and to define the properties of those which have been laboured under. Such as anesue, and the properties of iodoform, the nature of phthisis, diptheria, chorea, rheumatism, acute gout, are now occupying the attention of scientists in all parts of the civilized world; and, when that inspiration comes—when is the nature of the poetical faculty, rare—shall receive that light for which we are longing.

The various medical societies in London and in the provinces are also engaged in the same class of work, so that there is no fear of scientific medicine being left in a neglected condition. In conclusion, then, I hold it to be unnecessary to devote from the funds of the Association.

1. £200 a year, with £100 a year for travelling-expenses, for a Secretary to the Collective Investigation Committee.

2. £200, in two endowments of £100 each, to two men selected by the Committee for some special researches. The class of work undertaken by each will be worked out as well by private workers, and there is danger of private workers being suppressed by this expenditure.

3. A sum varying from £300 to £500 a year on cards, memorandum, etc., relating to the special subjects selected by the Investigation Committee.

The reason of my objection is well expressed in the phrase, Le jeu ne vaux pas la chandelle. The funds of the Association might be devoted to more useful and universal objects, whereby science would be equally advanced, and the general bulk of the members benefited.

FIVE CASES OF EXTRA-UTERINE PREGNANCY OPERATED UPON AT THE TIME OF RUPTURE.

By LAWY TAIT, F.R.C.S. Ed., &c.,
Surgeon to the Birmingham and Midland Hospital for Women.

PENDING the discussion on the pathology and treatment of extra-uterine pregnancy, which is to take place at Belfast, I desire to place on record this, the first series, as I believe, of cases of extra-uterine pregnancy operated upon at the time of rupture; that is, from the tenth to the thirteenth weeks. Most of us are familiar with such dramatic incidents as that of the actress in the Bois de Boulogne, who complained to the doctor very rapidly of a sinus in the abdomen to which she attributed the loss of her pregnancy. I have been unfortunate enough to see a large number of them, five or six and twenty, and of late I have been encouraged by my success in other abdominal diseases to try what surgery could do in these cases.

For this treatment, of course the difficulty was the diagnosis, but as I have now completely adopted the principle of always opening the abdomen when I find a patient in danger with abdominal symptoms, this barier no longer exists. The diagnosis is, however, not so difficult after all, for in many cases the existence of pregnancy has been suspected before the rupture occurred. It may be in the majority, however, that this misleading feature is present; the patient has never been pregnant, or has not been so for many years, and then the arrest of menstruation attracts no particular attention. It is, however, I believe, that the patient has been eight weeks or more without period, that there is a pelvic mass fixing the uterus and on one side of it, and that sudden and severe symptoms of pelvic trouble and haemorrhage came on, the rupture of a tubal pregnancy may be at once suspected, and if an operation is to be done—and it clearly ought to be done—it must be done without delay. Early interference is clearly a chief element of success in modern abdominal surgery.

The first case to which I was called after I had made up my mind as to the line to be adopted in such cases, occurred on January 17th, 1883, in the practice of Mr. Sparkman of Wolverhampton. He had already made the diagnosis, and I was of opinion that he was perfectly correct. The patient had not had a child for many years; menstruation had been arrested for eleven weeks, and symptoms of rupture had occurred. When I saw her she was blanched from haemorrhage, and her skin had the peculiar staining which is characteristic of the extravasation of blood into the peritoneum. The contents of the
pelvis were fixed, and there was a distinct mass on the left side. The abdomen was tender, and the patient in a good deal of pain.

Though I feared that interference might have come too late, still I advised operation, and immediately proceeded to carry it out. I opened the abdomen, and found a quantity of clot derived from a ruptured Fallopian pregnancy on the left side. As well as I could, I stitched up the rent in the abdominal membrane but even this touched and hemorrhaged, so that I had to desist without doing much save removing the fetus and some of the placenta. The patient never regained consciousness, and died shortly after being removed from the operating table.

On March 1st, 1883, I saw, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an elevated temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On April 9th, 1884, I opened the abdomen in the case of a patient whom I had seen a few days previously with Dr. J. W. Taylor, of Moseley, Birmingham. She had symptoms of acute pelvic inflammation, the organs being fixed, and there was a mass behind and to the right of the uterus. She also had been pregnant twice. I admitted her to my private hospital; and during the removal, doubtless, the rupture occurred. At the operation, I found the abdomen filled by a quantity of blood-serum and free clot. The left tube was distended by a placenta, which protruded through a rupture. I tied and removed the tube, but I could not find the placenta, and I made an easy recovery, and now has almost completed her convalescence.

On May 25th, I operated upon a patient in the Hospital for Women, aged 37, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pains had been in existence for some weeks, and had become steadily worse. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The fetus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; the wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A., aged 24, married fifteen years, has had four children, the last having been born six years and a half ago. Her last menstruation was early in April. Late in May she had an attack of intense abdominal pain, which increased in intensity till June 3rd. I found the uterus fixed, and the left Fallopian tube swelled and tender. She had been very much prostrated, and peritonitis was clearly beginning, the pulse and temperature being both high, intense pain occurring occasionally, and the patient's expression being anxious. I opened the abdomen on June 5th, and found the pelvic contents matted together with recent lymph and blood-clot. I found the left tube torn almost in two, and occupied by a placenta, apparently of about the tenth week. I could not find the fetus. I tied and removed the tube, drained the pelvis, and the patient has made an easy recovery.

These cases all confirm the view of the pathology of extra-uterine pregnancy, that this occurred many years ago, that in origin it is always tubal, and that its varieties depend merely on the direction in which rupture occurs. These results also confirm the soundness of the policy of interfering early in such cases, for four out of the five have been easily and completely cured of one of the most formidable conditions of pregnancy. The first and only fatal case might have had a better ending if Dr. Spackman had seen her sooner, for it is only just to him that I should say he recognised the nature and gravity of the case at once, and sent for me immediately.

A CASE OF STRYCHNIA POISONING.

By LESLIE O'GILVIE, M.B., B.Sc.,
Lecturer on Comparative Anatomy at the Westminster Hospital, and Physician to the Paddington Green Children's Hospital.

On May 12th, at a quarter past 9 o'clock p.m., while seeing my patients at the North-West London Hospital, I received a summons to visit a man named Thomas Cross, aged 72, who lived near the hospital. I was told that both he and his wife were seriously ill, and that he was on the point of death. It was explained to me that both had taken a powder about two hours previously, that the woman felt ill about ten minutes afterwards, and that an interval of about an hour had elapsed before the man was seized with any symptoms. In the interval, he had been able to visit a daughter who lived in the neighbourhood, and he became suddenly ill on his return home.

On my arrival, I found the old man near the open window in articulo mortis, the buttocks resting on a chair, his body and legs extended, the heels resting on the floor, and his head supported by a woman.

On inquiry, I was told that he had been murdered, and, knowing that a powder had been administered, the position of the body suggested to me death from strychnia poisoning. I was told, however, that he had been subject to fainting fits, in which he struggled for breath, and for which he was under treatment at the hospital. Both he and his friends thought that this attack of a similar nature had been caused by the strychnia.

The symptoms presented by the wife strengthened the suspicion of strychnia poisoning. She had an anxious expression, and was seated on the bed, with her chin elevated and her jaws closed, so that she could with difficulty articulate. Her mind was clear, and she described her symptoms with unusual intelligence. "I am feeling brilliantly in the chest," rigidity of the muscles of the legs, and complete inability to walk or assist her dying husband, stiffness of the jaws and neck, and great thirst. She stated that the symptoms had been more severe an hour previously. She was with difficulty removed to another room, where she was placed in a sitting position, and, though the inhalation of nitrous oxide gas had been resorted to, she did not improve until it was necessary to administer apermophoria, for which, however, I had sent to the hospital, because the symptoms were subsiding, and nearly three hours had elapsed since their onset. I gave her sixty grains of bromide of potassium, and repeated the dose almost immediately. Owing to the partial closure of the jaws and the difficulty of swallowing, she was only able to drink small quantities at a time. She gradually improved, and ultimately recovered. In neither case had there been any vomiting.

I was informed that one of the daughters had arrived on a visit that afternoon, and had brought the powders with her. She stated that she had given the powders in beer, and that they contained aconite. She had been in the habit of taking them for years, and thought that her parents might derive benefit similar to that which she had experienced. She had no other powder with her, and the cups in which they were dispensed were all empty. I had little doubt that strychnia had somehow been administered, and the circumstances being such as to excite suspicion, I deemed it necessary to communicate with the police, in the meantime collecting the bottles, and requesting the daughter and other persons not to leave the house.

On viewing the body of the man about one hour after death, with Dr. Murrell of the Westminster Hospital, whom I had called to my assistance, we found the rigor mortis well marked, the legs somewhat separated, the knee-joints stiff, the skin dry and still warm, the face pale, the mouth closed, and the pupils moderately contracted.

The following is an account of the post mortem examination, performed forty-four hours after death, in warm and damp weather. I was fortunate in procuring the advice and assistance of my colleagues, Dr. Allchin and Dr. Murrell, of the Westminster Hospital, who verified the appearances observed. The body was well nourished. It showed considerable signs of post mortem decomposition, as indicated by the green discoloration and distended condition of the abdomen, and extreme straining of the superficial veins over the root of the neck, shoulders, arms, and the inner surfaces of thighs and legs. There was considerable post mortem congestion of the peritoneal coat of the entire trunk, limbs, head, neck, and ears; and gaseous distension of the subcutaneous tissue at the root of the neck (post mortem emphysema). There was extreme and equal articular swelling. Some sanguineous fluid was escaping from the mouth. The post mortem rigidity was passing off, but was still distinctly perceptible in the muscles of the calf and thighs. The usual cadaveric rigidity of the masseter muscles was noticed. There were no marks of injury of any kind on the head or body.

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—An adjourned discussion on the papers of Dr. W. B. Carpenter, F.R.S., and Mr. Axel Gustafson, will be opened by Mr. Jabez Hogg, on Tuesday, July 1st, 1884, in the rooms of the Medical Society of London, 11, Chandos Street. The President, Dr. Norman Kerr, will take the chair at 4 o'clock. Dr. H. Rayner, Surgeon-Major G. K. Poole, Dr. C. R. Francis, Mr. Harrison Branthwaite, Dr. H. W. Williams, Dr. Joseph Rogers, and others, hope to take part in the discussion.