

SUDDEN DEATH FROM HEMORRHAGE INTO THE ABDOMINAL CAVITY DURING MENSTRUATION.

At 4 a.m. on November 11th, 1885, I was summoned to R. E. T., aged 27, a resident of Hayes, Middlesex, who was said to be very ill. Within ten minutes I arrived at the house, and found that life was extinct, with all the signs of collapse present. Her husband stated that she had always enjoyed good health, and was the mother of two children. She was perfectly well until about 7 on the previous evening, when she complained to him of pain in the region of the stomach, which she attributed to the fact that she was menstruating at the time, and said she thought she would go to bed. She gradually grew worse, was extremely restless, complained of pain in her chest, and of difficulty of breathing; but refused to allow medical aid to be summoned, as she said she would be better in the morning.

Shortly before 4 a.m., her condition becoming more serious, my attendance was requested; but the patient had already died during her husband's short absence.

A necropsy was made on November 13th, by Mr. E. J. Parrott and myself. The body was well nourished. Rigor mortis was present. The surface was unusually blanched. There were well-marked blood-stains to be seen at the external genitals. The lungs were found to be healthy; the pleura was normal, and the pleural cavity contained its natural quantity of serum. The pericardium was natural, with the usual amount of fluid. The muscular tissue of the heart was healthy. The ventricles were contracted; there was a small clot of fibrin in the left ventricular cavity. The valves were healthy. After the thoracic viscera were removed, the diaphragm was seen to bulge upwards in an unusual manner, particularly on the right side. On opening the abdominal cavity, a large quantity of dark fluid blood immediately escaped, and the whole of the right side of the abdominal cavity was found to be full of fluid and semi-coagulated blood; the right iliac fossa was occupied by a tolerably firm clot, of the size of a foetal head. The viscera were carefully removed and examined, and were found to be healthy, with no trace of

lesion. The aorta and its principal branches were also minutely examined, and found to be everywhere healthy, nor could any lesion be discovered in the veins. On removing the large clot from the right iliac fossa, and tracing it onwards, it was found to lead to the right ovary; and a small but firm clot, at least an inch in length, was discovered attached to the outer surface of that organ. Two ruptured Graafian vesicles were also seen, to one of which an ovum was adherent; and, in the neighborhood of these, several small blood-vessels were found to be distended with clot, one of them being distinctly ruptured; and it was to this site that the clot above-mentioned was found to be adherent. The left ovary also showed signs of activity having taken place previously to death; and on its surface were seen small blood-vessels filled with clot, whilst an ovum was also attached to it. The uterus, which was not removed, appeared to be normal.

The occurrence of hemorrhage into the abdominal cavity, due to the rupture of a Graafian follicle during menstruation, is undoubtedly rare; but it is, notwithstanding, admitted by various writers on Obstetrics, and notably Dr. Graily Hewitt. Hemorrhage, in this case, evidently took place very slowly, occupying at least nine hours, while the quantity of blood extravasated was enormous.

It seemed as if the whole body had been drained into the abdominal cavity; and the facts above stated, to our minds, so clearly indicated the ovaries as the seat of the hemorrhage, that I had no hesitation in stating such to be the cause of death at the coroner's inquest.—*E. J. Penny, M.R.C.S., in Brit. Med. Jour.*

INCONTINENCE OF URINE CAUSED BY OBSTRUCTION OF THE NOSTRILS.—Dr. Zeim has just confirmed the opinion of Dr. Major, of Canada, that incontinence of urine occurs very often in infants who breathe by the mouth. He bases his assertion on three cases, and he thinks it very likely that we can cure this disease by re-establishing the normal method of breathing. The author tries to establish the relation of incontinence of urine to breathing by the mouth in regarding the former as due to insufficient hæmotosis from accumulation of carbonic acid in the blood.—*Allg. Med. Cent. Zeitung.* R. Z.