

red until January 7th, 1890, when she complained of dyspeptic symptoms, foul tongue, and bad taste in the mouth. On the following day, not appearing so well she was put to bed, and an examination revealed pain and tenderness in the hypogastric region. On the 9th the pain and tenderness had spread all over the abdomen; the temperature rose to 103.4° in the morning, and 103.6° in the evening, and the pulse was quick and wiry. It was clear, indeed, that the peritonitis had already become general. On the 10th the temperature fell to 101.2° in the morning, and 100.4° in the evening; but the abdominal pain and tenderness continued in spite of the free administration of opium. On the 11th a free menstrual discharge set in, and the patient appeared better. The improvement was maintained on the following day (the 12th), but on the 13th the menstrual flow stopped rather suddenly, and collapse set in. The abdomen was now much distended and tympanitic. The collapse gradually deepened, and the patient died on the evening of the 14th.

At the necropsy, which was made on Jan. 16th, very acute peritonitis was disclosed, the intestines being glued together with recent lymph, and the pelvic cavity containing almost pure creamy pus. The right ovary exhibited on its upper surface a ruptured cyst, the size of a large marble; the cyst arose from a broad base, and the orifice was likewise broad with somewhat jagged margins: a small, partly decolourised clot was attached to the floor. The cyst wall was thin, and a microscopical examination by Dr. Thelwell Thomas showed no epithelial lining. It was clearly simply a ruptured Graafian follicle. Adjoining the large cyst was a small one, the size of a pea, with a similar protruding little clot. The remainder of the ovary was healthy. The left ovary and the uterus were also quite healthy. There was no cause whatever discoverable for the peritonitis beyond the lesion just described. The thoracic organs were normal. The liver and kidneys exhibited cloudy swelling of the epithelium. The uterus and ovaries were

exhibited at a meeting of the Liverpool Medical Institution on Feb. 13th, 1890

KNIFE WOUND OF HEART.

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Observations bearing upon the immediate effect of wounds which are necessarily fatal, and upon the length of time during which a wound may fail to demonstrate its dangerous character, are of great value to the surgical "expert" on the witness stand, and of interest to medico-legal inquiries generally. For this reason, I consider it not unadvisable to place on record the following case: On April 27th, 1890, Joseph Van W., of Ruthford, Napa Co., Cal., became engaged in a quarrel with a woman and was stabbed by her. It was impossible to ascertain at just what time in the scuffle the woman stabbed him, but the evidence indicates that the knife blow was the first one struck. They had quite a "mill," time enough for the man to knock her down two or three times, when he suddenly turned and ran out on the street and up the road. The woman followed him hotly, but seeing he was rapidly gaining on her, she turned and went back. He ran about one hundred yards and fell, lying where he fell, until he died. His groans were heard by the neighbors for half an hour before it was discovered he was seriously hurt, and he died just as he was found. The autopsy made next day, revealed a knife wound directly through the sternum into the right auricle, the pericardium and right pleura being full of blood. The history of the case indicates that the receipt of the blow did not attract his attention, as he continued his fight, in which he seemed to have the upper hand, until probably the weakness induced by his hæmorrhage led him to run. Even then he had strength enough to outrun the woman, and go at least one hundred yards before he fell.—*Pacific Medical Journal*.

EMPYEMA.

At the Ninth Congress of Internal Medicine, held in Vienna, April 15 to 18, 1890, empyema was the subject of