

posed to remove her to the Almshouse Hospital, but she requested to be let alone, saying that she knew that she was dying. She remained in a state of collapse until midnight, when she died.

Autopsy—ten hours after death.

External Appearance—Body well nourished. Abdomen quite tumid and dull on percussion. Rigor well marked. No external marks of injury.

Thorax.—Old pleuritic adhesions about the lower lobe of the left lung. No signs of pulmonary disease of any kind. The pericardium was smooth and shining, and the sac contained about half an ounce of clear serum. The heart was of normal size, and its tissue and valves were normal.

Abdomen.—Upon opening the peritoneal cavity, it was found to contain more than a gallon of fluid and clotted blood. Directly over the uterus, and partly enveloping it, was a large dark clot; this being removed, a fetal head enveloped in its membranes was seen to have escaped from what appeared to be a rupture of the right anterior part of the fundus uteri. The kidneys, liver, and spleen, were remarkably exsanguinated, but otherwise healthy. The bladder was empty.

Brain and cord were not examined.

The uterus and its contents were removed, and, upon subsequent examination, it was found that:

1. The fetus was contained in the dilated right Fallopian tube, and occupied that portion of the tube just external to the uterine wall.
2. The rupture occurred at that portion of the cyst farthest from the uterus. The fetus was a male, and had reached about three and a half months of development.
3. The membranes had not ruptured.
4. The placenta was attached to that portion of the cyst nearest the uterus.
5. A probe could be passed from the right corner of the uterus through the pervious Fallopian tube into the cavity containing the fetus.
6. The uterus was developed to such an extent as to measure five inches in length by four in width.
7. The uterus contained a partly detached deciduous membrane, and its cervix was filled with glairy mucus.
8. The left ovary and corresponding Fallopian tube were normal, with the exception of a small serous cyst, which was developed in the fimbriated extremity; the right ovary was lost in removing the mass from the body.
9. The right ovary was lost in removing the mass from the body.

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DEC. 4.—DR. H. P. Dewees read an extended paper upon *Tetanus* (*Medical Gazette*, No. 63), taking, as the text of his remarks, the case related by Dr. Whitehead at the meeting of Oct. 16th, to which he had been called in consultation. He was inclined to regard nearly all cases of true tetanus as traumatic in origin, though the injury might be long past, and perhaps forgotten. Dependent probably upon a somatic poison, generated in the wound, the tetanic seizure might not take place until after a long period of incubation, as in hydrophobia. There was no doubt, however, that endemic influences might act as predisposing causes. The doctor dwelt upon the probable pathology of the

disease, and its pathological anatomy as revealed by the microscope. In its therapeutics, the continuous current had of late taken an important place. In his own experience, this had commonly relaxed the spasms, only to allow their return with added severity; till finally "the anaconda spasm of tetanus" would fix every muscle of respiration with the rigidity of iron, cramp the heart, and not leave its hold of the patient till life was extinct. If the constant current was to be applied in these cases it should be done as early as possible, and at first to the seat of injury, in order to decompose the *materies morbi* collecting there. The decomposing action of the current was as important as that of relaxing spasm. Its relaxing effect he had made use of, with great success, as early as 1846. The *rationale* lay in its producing "recuperation of equilibrium in the nervous centres." In flexor spasm the current would pass by preference through the extensors, and *vice versa*.

Dr. Whitehead said that Dr. Nott had seen several cases of spontaneous recovery. In some cases rubbing the patient gave great relief. In employing toxic remedies, such as woorara, in connection with the constant current, it was important to bear in mind how much this stimulates absorption; else you might cure the disease and kill your patient.

Dr. Burrall stated that woorara was given in a case of tetanus in Bellevue Hospital, in 1858, under the direction of Dr. John Crane; and he thought this was the first instance of its use in this country. The dose was quite small, so that it did not kill the patient; neither did it relax the spasm.

Dr. Garrish related a case of tetanus in a girl who had run a nail through her foot. Trismus appeared on the second day; on the next there was complete tetanic spasm; and a consultation pronounced the case incurable. He began giving five-grain doses of assafetida every two hours, nourishing the patient by the rectum. At the expiration of five days the muscles began to relax. The girl recovered, and was now the mother of several children. Dr. John Watson, then attending physician to the City Hospital, had cured two out of six cases with this drug.

Dr. J. C. Smith referred to the case of a stout Irishman who had tetanus at Bellevue Hospital some eight years ago, and recovered under very large doses of whiskey, given by direction of Dr. Alonzo Clark.

Dr. Post said that Dr. Mott used to relate a traumatic case cured by very large doses of oil of turpentine; but the patient had nearly died of enteritis.

Dr. Neftel thought that the prevalent impression that tetanus was incurable had led to its neglect. Out of 363 cases in the late war, 336 died. Still he was convinced that we had now at our command the means of curing the disease in every case. The experiments of Nobili and Matteucci, who cured the convulsions of frogs by the continuous current, had been repeated with unvarying success. And the transition from these cases to tetanus in the human subject was not left to analogy and theory alone. Two cases had lately been reported in the *Berlin Clin. Med. Wochenschr.*—one of traumatic, and one of so-called idiopathic tetanus, both cured by the continuous current. It was supposed that constant