

But the problem of the differential diagnosis between cerebral hæmorrhage and cerebral softening is regarded in a very different light by those physicians who have had the widest experience with this class of affections. Trousseau, for instance, spoke of the question as "one of the most difficult problems in pathology," and others, whose opinions are most valuable, have expressed themselves in much the same terms.

As a general rule, it may safely be said that, in attempting to come to a definite pathological diagnosis, we must be guided by considerations of the age and general state of health of our patient, of the condition of his heart and larger arteries, by the presence or absence of prodromata, by the actual mode of onset of the disease, and by its progress, as regards general symptoms, during the first few days. We do not now look so much to the signs of the actually developed disease—that is, to the presence or absence of early rigidity, of pains in the paralysed limbs, or to the degree of impairment of sensibility. These latter considerations are, I believe, most treacherous and uncertain guides for the establishment of a pathological diagnosis, since variations in the relative intensity of such signs are always far more dependent upon the site and bulk of the brain-tissue injured than upon the particular pathological changes which the injured regions may have undergone. In fact, in attempting a regional diagnosis we concentrate our attention just as steadfastly upon all the signs of the fully established disease, as we do upon the mode of its onset and attendant circumstances when striving to arrive at a pathological diagnosis. But although the principal sources of information towards which we look are different for the solution of these two problems, it is none the less true that each source of knowledge is occasionally capable of supplying valuable collateral information towards the solution of that side of the diagnostic problem to which it is not specially related.

The views above expressed, gentlemen, are not universally held by those who have spoken with most authority concerning diseases of the brain. The contrary point of view of some physicians on this subject is, however, as I venture to think, attributable principally to the comparatively slight attention which they bestow upon the questions of regional symptomatology; and also to the fact that they consider the symptoms of cerebral hæmorrhage and of cerebral softening, as they would have to do if the brain were a small simple organ with a definite set of functions, and not in a manner consistent with the fact that the brain is rather a large and complex organ, made up of parts having very dissimilar functions, injuries of which should therefore reveal themselves differently.

ON

A CASE OF PUERPERAL INFECTION.*

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GENTLEMEN,—A case has recently been under observation in the Burton ward which is sufficiently rare and interesting to deserve your careful attention. It is only lately that one of the complications of puerperal infection which occurred in this case has been made the subject of pathological investigation: I allude to a particular disease of the cardiac valves occasioned by the general infection of the system with the products of decomposition.

The patient, a married woman, thirty-six years of age, was admitted with obscure symptoms of general debility, and considerable pain in the uterine region of the abdomen. She had a miscarriage sixteen weeks before admission, in the fifth week of pregnancy, and had never perfectly recovered. She is described in our Case-book as having "symptoms of inflammation low down in the right iliac fossa—viz., great pain on pressure, and some amount of resistance, but no distinct swelling. The patient looks pale and weak, has a pulse of 160, and has lost flesh considerably. The right leg is flexed on the abdomen, and there is slight pain below Poupart's ligament on the inner side of the thigh." She was prescribed twenty minims of tincture

* Abstract of a Clinical Lecture.

of opium, to be taken immediately, and three ounces of brandy daily; frequent injections of carbolic acid and warm water. A few days after this she had slight hæmorrhage from the vagina and a return of the local pain, which had been alleviated by the treatment. Eleven days later there was an offensive discharge from the vagina, and the pain in the abdomen continued. The extreme pallor of her face led to an examination of the heart, on which the following note was made:—"There is much pulsation visible over the cardiac surface as high as the second intercostal space, and in the arteries of the neck. There is a loud systolic bruit heard over the base of the heart, and widely distributed upwards. It may also be heard in the vessels of the neck. The valvular sounds at the apex and over the right ventricle are clear and normal. She has frequent attacks of vomiting, is excessively pallid, and complains of great pain, extending from the right iliac fossa to the right thigh. The pulse 130; temperature 100°."

Under these circumstances Dr. Wadham was requested to see the patient, and she was transferred to the medical wards. The discharge from the vagina and the pain in the abdomen were such prominent symptoms, however, that she was returned to our ward in three weeks' time in much the same condition as when she left it. She gradually became more feeble, complained of pain in the thorax, and for several hours before her death—ten days from her return to our ward—she was unconscious.

The notes of the post-mortem examination by Mr. Warrington Haward were briefly as follow:—"A few ounces of clear fluid in each pleura. Lungs very œdematous, tough, and congested at the lower part. The pericardium natural. A little soft atheroma immediately above the aortic valves; the heart otherwise natural. Spleen natural. Liver pale, anæmic, slightly fatty, weight 44 oz.; kidneys 12 oz. The uterus fixed, especially on the right side; the upper part containing a sloughing mass, apparently placenta. Right common iliac vein containing coagulum." It is necessary to add to the above account the fact that the patient had never previously suffered from cardiac disease.

We are justified in using the term "puerperal infection" in this case rather than pyæmia, for the reason that there was no evidence of the presence of pus in the uterus or surrounding tissues. We can easily understand that the absorption of decomposing organic substance is not necessarily accompanied by the formation of pus. Although I had an opportunity of examining the uterus, and have it before you for inspection, yet it would have been satisfactory if the heart, kidneys, and parts of other organs had been preserved, in order that you might see the particular cause of the disease now known as endocarditis ulcerosa puerperalis, or mycosis endocardii. We have good reasons for believing that the pathological change in the aortic valves above briefly described as atheromatous, is ulceration produced by the presence of a minute micrococcus which has originated in the decomposing portion of retained decidua, and has been deposited in the tissues of the aorta.

PARASITIC VEGETABLE FUNGI, AND THE DISEASES INDUCED BY THEM.

DISCUSSED FROM SPECIAL STANDPOINTS.

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PARASITIC VEGETABLE FUNGI are about the most obscurely known, and were until recently the least studied, of all vegetable productions. The same may be said regarding the diseases induced by these plants. Any information, therefore, that will throw a ray of light on the obscurity which still involves both will doubtless tend to the amelioration of diseases which are accounted amongst the most obstinate to which men, the lower orders of animals, and even vegetables, are subject.

I have taken a view of the parasitic vegetable fungi and fungous diseases from special standpoints, and have arrived at special conclusions. What I have done has been,