If the pleura gives way, the place of rupture is to be found usually near the root of the lung; but although pneumothorax did now and then arise in this way, the usual result was that already described—namely, emphysema of the mediastinal tissue and of the neck. Sometimes by artificial respiration after tracheotomy the air has taken the reverse direction, and, tracking downwards from the tracheotomy incision along the deep cervical tissue, has reached the mediastinum or even the subpleural tissue, and occasionally the pleura has been ruptured and pneumothorax produced." (2)

(1) Read at meeting of Irish Division, April 1st, 1899. (2) Bradshawe Lecture on 'Pneumothorax,' *Lancet*, August 20th, 1887. I am obliged to my friend and colleague, Dr. Holmes, for this reference.

A Case of Rapid Ante-mortem and Post-mortem Decomposition. By E. B. WHITCOMBE, M.R.C.S., Birmingham.

THE patient, thirty-nine years of age, was admitted into Birmingham Asylum in February, 1898. He was a porter, married, in fairly robust condition, and was a typical example, both mentally and physically, of general paralysis of the insane of somewhat short duration. He was stated to have been steady, of temperate habits, and had been in the army. For twelve years he served in India. No history of fevers or other illness. The disease progressed without any special features until January 14th of this year, when he was noticed to be worse; his breathing was a little rapid, and in consequence he was sent to the infirmary ward and was examined thoroughly by the assistant medical officer, who found nothing specially interesting, but ordered him to be put to bed and kept warm. This was about 3 o'clock in the afternoon. At 7 o'clock the same evening I was asked to see the patient (he had been examined at 5 o'clock by the nurse). I found the left leg from thigh to toe was double the size of the other leg, and nearly the whole surface of the leg was perfectly black, and there were numerous large bullæ the size of one's fist in different places along the leg. There was no special line of demarcation. At first sight it looked like an extreme case of local purpura, but after a careful examination I came to the conclusion that putrefaction had actually set in, and that the man was dying,

and death took place an hour after I saw him. The most extraordinary part of this case occurred afterwards. I am accustomed to go and see a body before giving my certificate to the coroner. I saw this man between 10 and 11 on Sunday morning, he having died at 8 p.m. on Saturday. The body was double the former size; it was more like the body of a negro, the whole surface being in a black condition, and the bullæ had increased on the other parts of the body. The scrotum was distended to the size of a man's head, and the penis swelled and distorted. The case was the more extraordinary as the highest temperature recorded locally at the time was 52·8°, and the lowest 34°. I personally saw the coroner, and together we went through numerous works on jurisprudence, but we could find nothing to give us any idea as to the cause of this condition, and he very kindly and in scientific interests ordered an inquest. He sent Dr. Simon, Professor of Medical Jurisprudence in Mason College, to make the post-mortem examination. The results were practically *nil*, the whole body internally and externally being putrefied. The cause of death was very naturally put down to general paralysis, but as to any cause for this extremely rapid putrefaction we could arrive at no conclusion. The case is one of very great interest. I believe that the first idea that the nurse had in the infirmary was that this man must have been injured. Now there was the usual considerable difference between the appearance of an injury and this condition, which looked like purpura; but besides this the difficulty that occurred to my mind was as to the fixing of the time of death. Here was a body presenting the appearances which are usually recognised as those of three or four weeks' duration, and these had happened certainly within sixteen hours. From the point of view of jurisprudence it occurred to me that a murder might be committed, that the body might present these appearances, and that it would be a most serious matter for a medical man to give an opinion as to the time of death. We know that in hot countries this condition does occur, but we were in the middle of winter, and the condition arose from, so far as we could judge, no special cause whatever. There was some atheroma of the arteries, but otherwise we could distinguish nothing of importance at the post-mortem. It is to be regretted that no bacteriological examination was made.

Discussion

At the Annual Meeting of the Medico-Psychological Association, London, 1899.

Dr. Elkins briefly described the case of a patient who was a very stout woman, and who suffered from hemiplegia before she became unconscious, with a very flushed face. She died in the forenoon of July 20th, in hot weather; and when the friends called next day the face was so black that they insisted upon an inquest.

A Member referred to a case in the infirmary at Wigan about three years ago. The patient had his feet terribly mangled, necessitating amputation. He died the same evening with intense pain and swelling from the amputated limb up to the abdomen. After death the swelling continued to such a degree that it was considered necessary to make a bacteriological examination of the serum and the blood. The result was negative.

Dr. McDowall recalled a case of very rapid putrefaction of the lower part of the body, due to thrombosis of the inferior vena cava. The swelling and discoloration of the lower half of the body was very remarkable, and death occurred in an exceedingly short time.

Dr. Mickle did not think that light could be thrown on the case, as there was not an expert bacteriological examination. One might suppose that there had been a dissolution of blood generally, along with the action of the bacilli which are concerned in putrefaction which leads to the emphysema, which is sometimes found in bodies in a short time. These might act with rapidity in the cold weather, as they notoriously do in hot climates.

Dr. Blandford.—In the first volume of our Journal Dr. Bucknill recorded certain cases of discoloration resembling bruises, and I recollect bringing forward at the Cambridge meeting of the British Medical Association a case in which the whole of the back became discoloured before death. There was no question about any injury. I think it is worth while again to mention this, because such discolorations may occur, may be mistaken for bruises, and attendants may be wrongly blamed.

The President.—When I first heard of this case I looked upon thrombosis as the cause; but, from what Dr. Mickle has said, probably there were other causes operating. The difficulties surrounding the attempt to discover an origin for the discoloration brings to my mind very forcibly how useful it would be to have an expert associated with our asylums in the Midlands to whom we could entrust a bacteriological examination. Dr. Blandford was speaking about discolorations of the skin. It is not uncommon to see patients marked in that spotty fashion, but it does not usually amount to anything like the same discoloration as Dr. Whitcombe has described.

Dr. Whitcombe.—In reply to Dr. Seymour Tuke I would say that the patient was progressing towards the last stage of general paralysis, though still able to get about; and in reply to Dr. Mercier I would repeat that thorough examination revealed no discoloration and no injury, although twice examined by the assistant medical officer. I agree with Dr. Blandford that certain discolorations, somewhat common in asylums, are not due to injury. A very great distinction is to be drawn between those conditions which are purpuric and those which are the results of ordinary bruising. I think that in years gone by a good many unfounded accusations have been made in consequence of the difference not being recognised.