

also how ill the patient was from other causes, no examination was made, and hence it was not until the post-mortem that their true cause was discovered. Until the patient was confined to her bed on account of her lung disease, there was nothing unusual noticed about her condition. This I have ascertained by careful inquiries, though from the thickly crusted condition of the reel and the mischief done, it would appear likely that it had been situated in the vagina longer than six weeks.

The case is instructive, as it shows how careful one should be to make an examination in all cases in which there is the slightest suspicion of a foreign body in the vagina, bladder, or rectum, and also the importance of warning the attendants to be very particular in noticing and reporting anything unusual in the condition of those parts, such as difficulty or pain in making water, inability of a patient to hold her water, and any abnormal discharge from the vagina or rectum either of blood or pus.

Laceration of the Esophagus by a Fishbone; Death from Hæmorrhage. By A. R. URQUHART, M.D., Assistant Medical Officer, Warwick County Asylum.

J. L. was admitted into the Warwick County Asylum in 1853, labouring under dementia, having then been insane for three years. Up till May last the records of his case call for no remark. He was a confirmed dement of low intelligence, incapable of holding rational conversation, and requiring constant supervision. For many months he had been ravenous in his appetite, and given to bolting his food unmasticated; and as a precautionary measure was put on mince-meat. Notwithstanding, he was a determined purloiner of other patients' rations, and would swallow any sort of refuse with avidity.

On the 7th May J. L. must have surreptitiously obtained a fishbone from a neighbour's plate, or otherwise; though no proof of this was forthcoming during life. Next day he was noticed to be rather more ravenous than usual, and in consequence was fed by the attendant in charge. At this time he would throw the food out of his mouth as if it were too full; but his manner in general was so bizarre that this was attributed merely to his mental condition.

On the 11th May he went to bed as usual, having taken all his meals. Next morning, however, he was found to have passed a tar-like motion in bed, and on being removed to the adjacent bath he fainted. He was almost immediately seen by Dr. Wade (at 6.30 a.m.), who found him presenting the general appearance of a person recovering from syncope. The surface of the body was pale, but not cold; the pulse was small and feeble. He was calling out his own name in his usual monotonous chant.

A little brandy was given, which he swallowed with apparent ease, and thereupon seemed to recover his usual condition. At 10 a.m. he was reported "better" by the head-attendant. In the interval, while under constant observation, he had made no complaint of pain, merely saying he "felt bad" and was "going to sleep."

About an hour afterwards, however, he retched slightly and brought up some blood, and his voice became weaker, as he still continued to talk to himself. On the immediate arrival of the medical officer J. L. presented the appearance of a person recovering from an epileptic fit—some blood, mixed with saliva, dripping from his mouth. He was lying on his right side, the surface of the body was extremely pallid, the extremities cold, the limbs were thrown about restlessly, the conjunctivæ bloodless with widely dilated pupils, the tongue and lips blanched and tremulous. Bright red blood was seen to be oozing up the pharynx, without straining or retching. Pulse extremely small and feeble, 136 the minute. Loud râles in the throat rendered auscultation impossible, but the percussion note was clear all over the chest.

There seemed to be tenderness, with gurgling, over the epigastrium; but the patient was too incoherent to give expression to his feelings, and continued to talk incoherently to the end. The whole condition pointed to some excessive internal hemorrhage. Notwithstanding his moribund state, some brandy and a drachm of the liquid Extract of Ergot were swallowed, not only without apparent difficulty, but rather with avidity. The characteristic blanching and jactitation continued, though the visible hæmorrhage decreased, and he speedily sank, and expired about noon.

Sectio cadaveris twenty-two hours after death. Slightly built body, spare, and apparently bloodless. No discoloration of the posterior and dependent parts of the body. Colour generally pale or slightly yellow; abdomen greenish. Rigor mortis marked.

Cranium well shaped, dense throughout; almost total absence of diplœ. *Dura mater* thick, leathery, and non-adherent. *Arachnoid* thin and translucent, except a slight opacity over the posterior portion of the first frontal and vertex of ascending frontal convolutions, and on the under surface of the cerebellum. *Pia mater* easily separable from the brain surface. The *Cerebrum* was remarkable for the simple character of the convolutions, each separate gyrus being distinctly marked off, bold in its outline, and without intricate reduplication.

No apparent atrophy.

On section the brain was markedly pale and firm. Grey matter ill-defined and attenuated. Ventricles contained one-and-a-half fluid ounces of serum. Choroid plexus and velum shrunken. Marked absence of blood in the sinuse and vessels at the base.

Heart.—On attempting to open the pericardium the substance of the heart was cut into, and the pericardial sac was found to be entirely obliterated by old standing and extensive adhesions, which were torn down with much difficulty. The right auricle was so firmly attached

that it had to be removed piece-meal. The heart was small, and somewhat flabby. All cavities contained small clots of blood. Valves competent.

Lungs pallid and bloodless, but otherwise perfectly normal. There was no blood in the trachea.

Liver displaced to the right by the distended stomach.

Œsophagus.—On slitting up the gullet opposite the fifth dorsal vertebra was a sickle-shaped fishbone, which had produced extensive laceration of the parts. It was found lying transversely, imbedded in a grumous clot, the sharp ends penetrating the œsophagus and adjacent tissues on either side, thus causing most extensive hæmorrhage into the alimentary tract. The convex margin was directed downwards, the concave upwards, thus offering but slight resistance to the passage of soft food. The lacerations were comparatively slight on the right side, but on the left were several distinct patches of rents. These last extended quite through the substance of the œsophagus, and penetrated the adjacent tissues in dangerous proximity to the aorta, which, however, remained uninjured. The connective tissue for a considerable distance around was infiltrated with blood, and the clot in the gullet extended upwards to the epiglottis, and downwards to the

Stomach, where it distended the entire organ, and had become moulded to its shape. The only contained food recognisable was a few fragments of potato skin; and a careful search of the contents of the alimentary canal failed to discover any disease or foreign body—same as above noted. At the pyloric end of the stomach were a few blackish spots of injected vessels, and the mucous coat was thrown into folds as in the act of digestion. The clot adhered by tenacious mucus to certain parts of the stomach, but for the most part was enclosed in a semi-decolorised covering, which crepitated under pressure from contained air.

Small Intestine.—The intestines were distended with gas, and presented a slate-coloured appearance. The great omentum was thin, translucent, and contained but little fat. On slitting up the gut the contents were found to present the same general characteristics as those above described in regard to the stomach; but with a remarkable *stasis* of the clot from about ten feet from the pylorus to fifteen inches from the ileo-cæcal valve—the duodenal and iliac extremities being perfectly empty, while within the above limits the blood adhered to the mucous lining, almost as if it had been extravasated therefrom.

Great Intestine contained characteristic tar-like fœces, and an incipient fibrous stricture was found about sixteen inches from the anus.

Bladder very small, walls much hypertrophied—about $\frac{5}{8}$ inch thick. Diameter of organ about 2 inches. Only a few drachms of urine retained in it.

	WEIGHTS.	oz.
Clot in Stomach		23 $\frac{1}{4}$
Clot in Intestines		12

This case presents much interest from the complete masking of the symptoms during life by the degraded mental condition of the patient. Until he was *in articulo mortis* it was impossible to form any idea of the nature of his injury. Instead of the ordinary symptoms of a foreign body in the œsophagus—instead of pain, dysphagia and mental distress, the patient appeared in his usual condition, but for an apparently improved appetite. It is indubitable that the bone remained in the gullet for four days without causing an urgent symptom, and it could have been only on division of some arterial twig that the fatal hæmorrhage was set up. But, even in the most favourable cases, uncomplicated by mental disease, the extraction or propulsion of such a dangerous mass would have been a most hazardous undertaking.

Note by Dr. Parsey.—The only other fatal casualty in this asylum consequent on an impaction in the throat, not immediately fatal, occurred about eight years ago to a male idiot, æt. 52. Three days before his death his attendant reported that, during his evening meal, consisting of tea and sop, he appeared to choke, and some sop, streaked with blood, was expelled from the mouth by coughing. When his mouth was cleared he finished his tea. On medical examination later in the evening, a soft swelling was found extending from under the right ear behind the ramus of the jaw, with some general fulness down that side of the neck. Nothing abnormal could be detected in or about the fauces, but swallowing of soft or liquid food was performed with evident difficulty. Two days afterwards he coughed up a quantity of purulent matter, and there was great constitutional disturbance. On the following day he died in a state of general exhaustion.

At the *post-mortem* examination a piece of thick end of the bone of a neck chop was found impacted in the lower part of the pharynx on the right side, in a position not materially to interfere with the passage.

The surrounding soft tissues had passed into a state of gangrenous inflammation.