

adrenalin hypodermically. After 15 minutes she began to improve in her condition. Her pulse improved, respirations came to normal, and consciousness revived. Her eyelids which were enormously swollen, subsided gradually.

Again I gave her 2 grains of caffein citras with a 3-minim dose of tincture of strophanthus in one ounce of water internally, about three doses once every hour.

In the evening she was completely all right except for slight giddiness.

A CASE OF MEDICO-LEGAL INTEREST.

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A HINDU male, aged about 25 years, was admitted to the cholera ward on the 29th March, 1928, in a collapsed condition. The examination of the stools revealed *Entamæba histolytica*, but no cholera vibrios. He was transferred to the medical ward on the 30th. On the morning of the 5th April at 1 a.m. he was found lying on his bed groaning from some pain, as the patients nearby reported. At about 1-30 a.m., a white form attracted the nurse's attention and she found the patient hanging by a twisted bed sheet round his neck ligatured on the right side, from the thick wire stretched at the foot of the beds through the whole ward for suspending mosquito curtains. The limbs were all free, except the left hand which was holding the wire. The body was immediately taken down. The duration of the hanging was probably not more than 15 minutes and the drop was not more than a foot; no ligature marks were noticed by the medical officer on duty.

Post-mortem Appearances.—Eyes closed, pupils slightly dilated, tongue inside the mouth, no lividity of nails, slight whitish discharge from the urethra. Rigor mortis present. A faint ligature mark on the upper part of the left side of neck about three-quarters of an inch was noticed. The mark appeared more translucent when the skin was dissected up and seen against the light. The margins did not show any redness. No ligature marks were visible at all on the right side. The muscles and other structures showed no signs of injury. Liver, spleen, lungs and brain were all anæmic. Both the cavities of the heart were empty. The sigmoid flexure was perforated for about $1\frac{1}{2}$ by $1\frac{1}{2}$ inches, and numerous gangrenous ulcers were noticed in both the descending colon and the sigmoid flexure. Death appeared to be due to shock. Evidently this was a case of suicidal hanging at a time when the man was under shock from perforation of intestines. The interesting point is whether a person under shock, when he is about to

take his last gasp, is capable of doing such an act. At least this case shows it is quite possible.

I am greatly indebted to Major S. N. Mukherjee, F.R.C.S., Superintendent of the Campbell Hospital, for allowing me to publish this case.

COMPLETE INVERSION OF THE UTERUS.

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A COOLIE woman, aged about 35, was first seen on the morning of May 4th. She had given birth to her sixth child on the early morning of May 1st, and the labour was reported to have been normal, and of short duration. The untrained *dai* insisted that there had been no traction on the cord, and this is probably correct, as the more popular method of aiding the third stage is to stuff a tress of the mother's hair into her mouth, so that the resulting vomiting will cause expulsion of the placenta. As far as the history could be ascertained, a protuberance had appeared shortly after birth, and during the day had gradually increased in size, but the husband forbade the *dai* giving information. Hemorrhage had been negligible. On examination the whole of the uterus was found inverted, lying between the thighs, wrapped in a dirty cloth. The condition of the patient was excellent, showing no signs of shock, nor collapse. Reduction was effected under chloroform with great difficulty, and only after one and a half hours. The easy replacement as described in textbooks was not possible, and it was necessary gradually to squeeze and knead back the parts, in reverse order of the descent, Sub-assistant Surgeon Mohin C. Datta and myself alternately carrying on the somewhat trying process, while another assistant gave the anæsthetic, which last at no time gave any cause for anxiety. "E.C." lotion was liberally applied during the whole time of operation. After reduction, the vagina was packed with acriflavine gauze, and this was renewed daily until the day of discharge. No douching was done. No shock followed, and most surprisingly there was no rise of temperature later. It is remarkable that such a serious accident as inversion of the uterus could occur, and be followed by neither bleeding, shock, nor pyrexia. To the patient, the occurrence was little more than an inconvenience, and much persuasion was required to prevent her leaving hospital the following day. She eventually left on the seventh day, but has been seen since, and the uterus is normal.