the case was one of a virulent type; the patient passed into collapse within six hours of being seized with the disease, and died speedily afterwards. The post-mortem was made *five minutes after death*, so that we may safely conclude that neither prolonged collapse nor post-mortem changes could possibly have influenced the appearances noticed in the body after death. The left side of the heart was under these circumstances found to be full of blood; and I have so frequently noticed this to be the case in cholera, when the post-mortem has been made instantly after death, that I do not hesitate to say it is a mistake to suppose that the left side of the heart is generally found empty in those dying from cholera. This empty condition of the left side of the heart in cholera is, in by far the majority of instances, a post-mortem change; immediately after death it is, without doubt, more common to find the left side of the heart distended with blood than otherwise; but if the chest be opened directly after death from cholera and the heart carefully watched for a few hours, or if cold water be dashed on it, its left ventricle may be seen gradually to contract, no doubt driving the blood it contained forward into the aorta. The same remark applies to the appearances noticed in the intestines: the mesenteric veins are usually greatly distended with blood immediately after death; but if the body be left for a time, their appearance alters very considerably. Lastly, the condition of the walls of the intestinal canal vary greatly, as regards the condition of its blood vessels, directly after death, and some time subsequently: for instance, the denuded portions of the mucous membrane, which in this case were of a deep scarlet color at the time of death, after an hour became gradually paler, and in two hours' time were many shades lighter than when first examined. So marked was this alteration in their condition, that one would have described the patches of denuded mucous membrane as being deeply congested in the first instance; subsequently, as being pale, with punctiform spots of ecchymosis on its surface.

(*To be continued.*)

POST-MORTEM DELIVERY.

By Assistant Surgeon J. CLEGHORN, M.D.

THE body of a pregnant woman, aged about 25 years, was brought for examination late on the evening of the 29th ultimo. It remained in the dead-house all night; and on my examining it in the morning, I found a fœtus, about the fifth month of utero-gestation, enclosed in its membranes, lying between the thighs of the corpse. The uterus was found in its normal position, ruptured at the fundus, and its texture very soft and flabby from decomposition. The body of the woman was much swollen, and the stomach and intestines distended with gases of decomposition.

I met with a similar case to the above in Jounpore.

It is almost an invariable occurrence in bodies brought from a distance for examination, in the hot and rainy seasons, to find the rectum and its contents protruding through the anus—the result of the great pressure exerted by the stomach and intestines as they are gradually being inflated by the gases of decomposition. In females, both vagina and rectum protrude through the natural openings; and when a fœtus is present—not a common event in my experience—post-mortem delivery takes place.

CAWNPORE, 12*th June*, 1872.

Surgeon N. B. BAILLIE, M.D., Civil Surgeon of Bhaugulpore, has forwarded the following case:—

The body of a woman who had died from snake-bite, was lodged in the dead-house on the night of 25th June, 1870. On proceeding to examine it in the morning, a fœtus was ound to have been expelled during the night, and lay between the legs, its head towards the woman's feet. The fœtus was a male of about seven months. The womb was completely everted and protruded from the vagina, the membranes everywhere covered it, and the placenta was adhering to its surface with the umbilical cord attached. The womb thus everted was distended with gases, and an incision being made into it and the gases evacuated, it collapsed, and was returned without difficulty through the vagina. The body was very much decomposed.*

BHAUGULPORE, 13*th June*, 1872.

CHLORIDE OF AMMONIUM IN THE TREATMENT OF HEPATIC DISEASE IN INDIA.

By Surgeon W. STEWART, M.D., 2*nd Battalion*, 21*st Fusiliers*.

IN a pamphlet† printed for private circulation, and of which copies were sent to the chief stations where hepatitis prevails, for circulation, under the authority of administrative medical officers of circles, I brought prominently to the notice of the profession the results of my observations and experience in the treatment of hepatic disease with chloride of ammonium. I then, for the first time, conferred on the medicine the title of a specific in certain hepatic affections. I stated at the same time, but only as "probable and suggestive of further inquiry," that "its *peculiar* action being manifested in any given obscure case, may be considered as diagnostic of hepatic disease."

Subsequent observations on the action of the medicine in hepatic and other diseases, as well as experiments with its use in health, have fully confirmed the accuracy of the above deduction, made at a time when I was only aware of the more obvious symptoms experienced by the patient after the exhibition of medicine; some of which, such as the diaphoresis, diuresis, and the effects on the pulse, being objective, are easily ascertained by the physician.

The success of the treatment under the varying circumstances attending change of station and climate—the battalion having since been stationed at Thayetmyo and Madras,—has been at the same time confirmed, and new facts have been elicited concerning the *direct* and *special* action of the remedy on the congested or inflamed liver.

In this paper I propose to give the statistics of hepatic disease (treated in the hospital, 2-21st Fusiliers) from the first appearance of the disease after the arrival of the battalion in India up to the present time, showing, in a tabular form, the results of the chloride of ammonium treatment as compared with that generally and formerly adopted, and which was either expectant or symptomatic, with or without the administration of ipecacuanha, nitro-muriatic acid, or other remedies of reputed efficacy. In this way the complete success of the chloride of ammonium treatment will be at once apparent; and by this means I hope in time to convince the most sceptical, for although I know (at least so far as the Madras Presidency is concerned) that many have carefully followed my plan of treatment with success, and look upon the chloride of ammonium as the "sheet anchor" in hepatic disease, yet I have reason to believe that it has been rejected in some instances, either without a trial, or, what is worse still, without a fair one; for, as I have all along pointed out, if success is to be looked for, it is necessary to pay the strictest attention to the rules I have laid down as to the auxiliary treatment—diet, and nursing—as well as to the *persistent* administration of the medicine.

The former treatment of hepatitis, especially that form so apt to terminate in suppuration, I have hitherto looked upon as an approbrium to practical medicine, since of cases of hepatitis six per cent., and of pronounced cases of abscess of

* We shall be glad to receive more reports of this kind.—EDS., *I. M. G.*

† "Chloride of Ammonium: a specific Therapeutic Agent in the treatment of Hepatitis and Abscess of the Liver." Rangoon: 1870.