it was called upon to make during the progress of labour. We have here an impressive warning as to the necessity of being extremely cautious in giving an opinion as to the probable result of any given case of labour, however apparently favourable existing symptoms may be.

In a medico-legal point of view, the tenth case is of some interest, as proving the possibility of accidental delivery, and ruptured funis, without any assignable cause, whilst the alarmed parent was wholly unable to succour herself or infant. We learn further that ruptured funis may occur in unassisted labour, and yet not give rise to fatal hemorrhage from the infant. A capacious pelvis may favour such an accident, especially when the infant is small, as in the present instance.

In conclusion, I would observe that it is always a matter of vital importance, in the treatment of uterine hemorrhage, to have our minds made up as to the peculiar circumstances and symptoms in each particular case, which should influence us to exhibit opium freely. From past experience, I cannot look upon opium as an appropriate remedy to restrain flooding; even in cases of irregular and painful uterine action, where the action of opium might reasonably be supposed to be salutary, and tend to arrest flooding by inducing regular and permanent contraction of the womb, this remedy has disappointed me. Doubtless, the exhaustion which follows upon hemorrhage, is best treated, in most instances, by the free exhibition of opium, hence I have always considered opium "the remedy" for exhaustion, as it occurs after uterine hemorrhage, rather than a remedy for the hemorrhage itself.

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**Art. XIII.**—*Case of Pneumo-Thorax without Perforation, Rapidly Consecutive on Simple Hyperacute Pleurisy.* By William Swayne Little, M.B., T.C.D., Surgeon to the County Sligo Infirmary.

R. M., aged twenty-two, shopman, of very temperate habits, excellent constitution, and hitherto in the enjoyment of robust health; no hereditary disposition to pulmonary or other disease.

On the 28th of July, having occasion to go to Bray, and fearing he would be late to catch the train, he ran a long distance to the station, overheated himself, and got chilled in the train. The
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following day, while leaning over the counter for a considerable time, taking stock, he was seized with a violent stitchy pain of the right side. A mustard blister and a dose of purgative medicine considerably relieved him; but the stitchy pains still continued, though he attached no importance to them.

On the 2nd of August, he returned, on business, and with his employers’ leave, to his mother’s residence, in the county of Sligo. His mother remarked that he had a cough, but he made light of it, and continued to bathe in the sea (as had been his habit in Dublin) for four days, when, his cough increasing, his mother made him discontinue the practice. On the 9th of August, he got a cough mixture, a warm plaster, and some purgative pills, from an apothecary in Sligo. In this way he remained—not quite well, nor very ill—till the 31st of August, when he came into the town of Sligo. On the following day, which was rough, cold, and very wet, he had occasion to walk about town a good deal, till late at night, when he returned to his lodgings, chilled, and tired, and with wet feet. Any cold or wet increased the pain of side, chest, and shoulders, since the date of the first attack in Dublin. That night, shortly after going to bed, he was seized with a violent aggravation of the pains, which mustard cataplasms and stapes of hot turpentine failed to relieve. On Wednesday (the following day), the people of the house, apprehending fever, as he was rapidly getting worse, insisted on his being removed to the fever hospital. When seen by Dr. Homan, the physician to that institution, and told that his case was not fever, he begged to be removed to the county infirmary, which adjoins the former hospital; and, accordingly, on Friday, he was admitted to the county infirmary, and came under my care sixty hours from the date of this second pleuritic seizure.

Before seeing the case I was prepared for something unusual, by my pupils (all ardent stethoscopicists), who told me that a strange case of acute pulmonary disease had just been admitted, which had puzzled them all. On reaching the bed-side I was struck by the remarkably animated and intelligent expression of the patient’s countenance, and by a tendency to volubility, which must have distressed him, and which I tried gently to check. I mention these things to show that aspect is not always a reliable guide, as certainly no one could have imagined, at first sight, that this patient was in the urgently dangerous condition which the stethoscope soon revealed and the result so very rapidly proved. The above history of the case, from the first slight pleuritic attack, on the 29th of