

The circumference of the right foot at the root of the toes is 34 centimetres, while that of the left one is 25 centimetres. The circumference of the right great toe at its root is 13½ centimetres, that of the left one being eight and a half centimetres. The distance between the great toe and the second toe of the right foot is 16 centimetres at their extremities and three centimetres at their roots. The woman has no paresis or disorder of sensibility or other anomalous condition of the nervous system; neither has she any functional disorder of the internal organs.

Elisabethgrad, Russia.

### GUNSHOT INJURY TO THE LEG FOLLOWED BY ALBUMOSURIA.

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THE patient, a working man, was accidentally shot in the leg below the knee, the injury being so severe as to necessitate immediate amputation. He had lost a considerable quantity of blood previously to his admission to the Clevedon Cottage Hospital and was profoundly collapsed after the operation. He rallied, however, and made an uneventful recovery. The urine was not examined on admission. Two days later it was found to contain a large quantity of albumose. On boiling the urine, previously acidified, a copious precipitate was thrown down which entirely disappeared on further heating, reappearing on cooling again. On applying Heller's test a dense white cloud formed some distance above the line of contact of the two fluids. This cloud entirely dissolved on heating but it reappeared on cooling. This condition lasted several days, the albumose growing less each day until it entirely disappeared, and it has not since returned.

The clinical significance of albumose in the urine is at present imperfectly understood. It occurs in many conditions and is found most frequently where destructive tissue changes are taking place under the influence of micro-organisms—e.g., infective diseases, pus formation, &c. It is also found in cases of Bright's disease, pregnancy, and insanity. It occurs abundantly in the condition known as myelopathic albumosuria, sometimes appearing in the urine as a thick white deposit. In this condition it is dependent on sarcomatous degeneration of the bone marrow and is, of course, of fatal significance.

Clevedon, Somerset.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. v., Proœmium.

### GREAT NORTHERN CENTRAL HOSPITAL.

A CASE OF SUPPURATING HYDATID CYST OF THE LIVER  
WITH GALL-STONES IN THE GALL-BLADDER, THE  
SYMPTOMS SIMULATING THOSE OF BILIARY  
COLIC.

(Under the care of Dr. H. W. SYERS.)

THE patient, a married woman 37 years of age, was admitted into the Great Northern Central Hospital on August 20th, 1902, under the care of Dr. H. W. Syers. With the exception of the occasional passage of tapeworm during the last 12 years (no such passage having occurred during the last two and a half years) the patient stated that she had always been in good health until early in the year. Then, without apparent cause, she first complained of pain after food and epigastric tenderness. For these symptoms she sought relief at a hospital, being admitted and remaining as an in-patient for 14 days, the illness being regarded, according to the patient's statement, as gastric ulcer. There was no jaundice at this period. She

afterwards attended as an out-patient at the same hospital during the next four months. The diagnosis which was made appears to have been "gastritis" and she was treated with aperients and bitters with alkalies. A month before admission to the Great Northern Central Hospital she began to suffer with severe attacks of abdominal pain accompanied with occasional vomiting. A fortnight before admission jaundice was first noticed and affected the whole body. There was severe pain in the right hypochondriac region and there was an account of a swelling in this region which came and went, being also very painful. It seems that the pain was always severe during the time that the swelling was in process of evolution and during its continuance, but that the latter was of short duration and that with the disappearance of the swelling the pain vanished. The family history was not material. The patient had borne two children, one of whom had died five years before from "fits" at two years of age, while the other was living and healthy.

On admission the patient was found to be thin and delicate in appearance. She lay in bed on her back and was breathing rather rapidly. There was distinct jaundice affecting both skin and conjunctiva. The lungs and heart were healthy. The abdomen was somewhat tense and there was marked tenderness on pressure below the right costal margin. The tenderness was particularly evident over the junction of the tenth costal cartilage. In the right hypochondrium just below the costal arch a mass could be felt which appeared to be the distended gall-bladder, but no definite increase of size on the part of the liver itself could be made out. The urine was bile-stained but there was no albumin. On the next day the tenderness in the hepatic region was less marked; the jaundice, too, was not so evident and there was some bile in the evacuations. The temperature, which had been 101·8° F. on and after admission, remained more or less elevated until the 26th, when it fell to the normal. The jaundice had now greatly lessened and there was practically no pain in the hepatic region. On the next day, however, the condition of the patient was as bad as ever. The temperature rose and on the 27th it was 102·4°. On this day a very definite swelling appeared in the region of the gall-bladder; this swelling was extremely tender and painful, but the next morning it disappeared, leaving the patient much more comfortable. With the disappearance of the swelling the temperature again fell to the normal and remained normal until the 29th. During these two days the condition again greatly improved, the jaundice becoming much less marked and the pain in the right hypochondrium disappearing. On the morning of the 29th a relapse occurred. The patient had slept well the previous night and was fairly comfortable all the morning. At 1 P.M. she was suddenly seized with severe pain in the hepatic region which continued all the afternoon. There was some nausea but no actual sickness. At 3.30 P.M. she stated that she felt the "lump coming." At 6 P.M. a definite rounded elastic swelling of the size of an orange was felt beneath the abdominal wall about three fingers' breadth below the costal margin; it was acutely tender on pressure. On the next morning the lump had entirely disappeared, the temperature had fallen to the normal, and the patient was very comfortable. On this day Mr. E. C. Stabb saw the case with Dr. Syers and it was decided to operate.

The operation was performed on the next day (Sept. 1st). A vertical incision was made just below the ninth rib in the right semilunar line and the abdominal cavity was opened. The gall-bladder, of natural size, was found just beneath the wound; in it were found three gall-stones which were loose and easily moveable in the bladder. The three gall-stones were so faceted as to form together a sausage-shaped mass about one and a half inches long by half an inch in diameter. These were the only gall-stones that were felt and nothing else which was likely to obstruct the passage of bile could be detected. The head of the pancreas could be felt and was apparently normal. A chain of enlarged glands extended along the course of the common bile-duct. The liver was apparently normal in size; the lower margin was sharply defined and on a level with the costal margin. No soft spot or bulging could anywhere be detected. In the region of the gall-bladder the anterior surface of the liver was firmly adherent to the overlying costal cartilages by much firm fibrous tissue, evidently of old standing and inflammatory in origin. The under surface of the liver appeared to be absolutely normal.