

of junction of the placenta and chorion at one point only, the latter being stained with clot for half an inch beyond. The opening in the membranes through which the foetus had escaped was almost central. On examining the clots a portion of the smaller was found to be obviously old, being firm and partially decolourised, and this portion fitted with considerable exactness into the placental depression; around and on one side of this clot recent clot had been deposited. The larger clot, which measured 9 in. \times 6 in. \times 2 in., was recent. It would appear, therefore, that the original hæmorrhage six weeks previously had separated sufficient of the placenta to destroy the foetus and had produced by pressure the depression noticed, and that a second hæmorrhage had given rise to the symptoms which caused the patient to seek medical advice. No local cause in the foetus or placenta, and no general cause in the mother, could be found to account for the hæmorrhage. It only remains to add that the patient, though considerably blanched and with a pulse-rate of 142 immediately after delivery, made a steady recovery and was convalescent on Dec. 16th.

Catherham Valley.

RECURRENT CANCER OF THE STOMACH.

By W. H. CARTHEW DAVEY, M.R.C.S., L.R.C.P. LOND.,
ASSISTANT SURGEON, CHILDREN'S INFIRMARY, LIVERPOOL.

IN THE LANCET of April 12th, 1890, I reported a case of carcinoma of the pylorus for which pylorotomy was performed, and in which the patient recovered, the operation having been done by Mr. Rawdon. I regret now having to report the death of the said patient, five years after the operation. I believe the case is unique, so far as recurrence and prolongation of life are concerned. Mr. Jacobson, in "Operations of Surgery," quoting Mr. Butlin, says: "All save one died in a period of from four to eighteen months. The exception was one of Woelfler's cases, which remained well for a year and then had recurrence in the cicatrix, which was operated on. Later, the glands of the groin became affected, and four years after the pylorotomy the patient was dying slowly of cancerous recurrence." The history of the present case is briefly as follows. After the operation the man remained perfectly well for three years and a half, with no dyspepsia or gastric trouble whatsoever, and could take any kind of food without discomfort, when in June, 1893—that is, just three years and eight months after the operation—he was prostrated with an attack of hæmatemesis. The hæmorrhage soon ceased with the usual remedies, and he apparently recovered perfectly. There was no tumour or sign of any fresh growth to be felt at the epigastrium. This attack of hæmorrhage was the first evidence we had of recurrence; it was, to say the very least, disappointing, as we were congratulating ourselves on the non-recurrence of the disease, hoping we had eradicated it, so long a time having elapsed since the operation (close upon four years). Some six months after the hæmorrhage symptoms of dyspepsia presented themselves, and one could now feel a small tumour just beneath the old cicatrix in the skin. This gradually increased in size. He began to lose flesh, and it was now evident that the disease was making rapid progress, for he was no longer able to sit up, and, taking to his bed, he gradually sank and died from suppurative meningitis and exhaustion on Dec. 21st, 1894. The necropsy showed a large excavating ulcer, with indurated edges and sloughy base, infiltrating nearly the whole of the mucous membrane of the stomach. The stomach was adherent to the liver, pancreas, and diaphragm—in fact, one had to remove these organs with the stomach, as the adhesions were so firm that it was quite impossible to dissect it off without tearing. There were no secondary growths in any of the organs. The disease appeared to be quite localised to the stomach. The suppurative meningitis would no doubt be due to septic embolism from the sloughing mass in the stomach. Microscopical examination showed the cancerous nature of the growth. Dr. Barendt, pathologist to the Royal Southern Hospital, very kindly assisted me at the necropsy.

Liverpool.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF OBSTINATE HICCOUGHING WHICH CONTINUED FOR TWELVE DAYS WITHOUT INTERMISSION.

By P. SLEVIN, L.R.C.S., L.R.C.P. IREL.

ABOUT two years ago I was called to see a man aged seventy-eight, of remarkably fine physique, who had enjoyed good health all his life, with the exception of an occasional attack of gout. I found him suffering from great prostration, with gastric catarrh and hiccough. Thinking the latter was caused by the catarrh, I prescribed a suitable diet and gave him a mixture of bismuth with some morphia. On arriving next morning I found him more prostrate and the hiccough as persistent as ever, the latter symptom being as active during sleep as in a waking state. I tried chloral, bromide of potassium, hypodermic injections of morphia, and atropia over the epigastrium, ice pressure on the carotids, and, in fact, every remedy of any repute for that complaint, but each morning I saw him he was hiccoughing as persistently as ever. He then consulted a well-known London consultant, who wrote to me recommending a large blister over the sterno-mastoid; this I did not apply, as I thought the remedy too severe. On the evening of the twelfth day of the hiccough I thought of exciting a new reflex, so procured him a box of very pungent snuff. He took several pinches during the night, which produced sneezing. On the following day I found him in the best of spirits, being quite free from the hiccough. He has not had any return of the troublesome affection since.

West Dayton.

A CASE OF ACUTE ŒDEMA OF THE LUNGS.

By HENRY WALDO, M.D. ABERD., M.R.C.P. LOND.,
PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

ON June 12th, 1895, a male patient aged thirty-one was admitted to the Bristol Royal Infirmary. He was well nourished and of good physique. He told me he had been out of work for some time and had lived poorly, chiefly upon bread. There was no alcoholic history. He complained of pain in the chest after food and nausea. His temperature at the time of his admission was normal, but at 8 o'clock the same night it was 101.2° F. The following morning at 8 o'clock it was 100.6°, and at 12 noon 102.4°. There was no rigor or chilliness. The skin was dry. The legs were moderately swollen and "pitted" on pressure. He was somewhat anæmic. His back, abdomen, and thighs were covered with petechiæ, which I took to be purpuric. Upon examining his retinæ there were no visible hæmorrhages. The cardiac sounds were clear, with no audible murmurs. The gums were in a natural condition. The urine did not contain albumen. After being in bed for twenty-four hours he quite suddenly became breathless and cyanosed, a condition which was attended with incessant coughing up of a scanty pink frothy fluid. Râles were heard all over the chest, and he complained of feeling suffocated. This condition of things lasted for two hours and a half, when he died. At the necropsy (twenty-four hours after death) the liver was found to be soft and looked fatty. The spleen was large and pulpy. The stomach was empty and distended with gas. The intestines were almost empty. There were hæmorrhagic spots all through, from the œsophagus to the rectum, and in some parts of the small intestine the hæmorrhagic surface was rather widespread, extending for 6 or 8 inches in several places. The heart was normal, with the exception of the tricuspid orifice, which was rather distended, and the aorta was decidedly small in calibre. There were 2 or 3 oz. of clear fluid in the pericardium. The kidneys were healthy. The brain was normal, although the lateral ventricles were distended. Both lungs were most actively engorged with blood and very œdematous (fluid pouring out of an incision abundantly). There were no signs of infarcts. The left lung was adherent