ST. GEORGE'S HOSPITAL.

MALIGNANT DISEASE OF THE PERITONEUM, WITH
ASCITES; QUICKLY FATAL RESULT.

(Under the care of Dr. FULLER.)

ROSE P—, a Frenchwoman, aged fifty-five, was admitted March 23rd, 1863. She stated that three months before she had observed an enlargement in the lower portion of the abdomen, which had gradually spread over the whole belly, occasioning pain of no very severe character, but great uneasiness and occasional vomiting. On admission the abdomen was distended with flatus and a large mass with no distinct edges, and which appeared to belong to the whole abdominal cavity. No fluid could be detected. Pressure only caused pain low down on the right side. The urine was high-coloured, full of urates, and not albuminous. The motions were natural. Iodine and bichloride of mercury were prescribed. On the 31st she was thinner and weaker, and complained more of pain than she had before suffered. On April 5th vomiting occurred frequently, she was very anxious-looking, the pulse extremely weak, and the abdomen very tense and tympanitic. On the 8th she is reported to have been greatly exhausted by the continued vomiting; and this state of things continued up to the 12th, when she died quietly.

Autopsy, thirteen hours after death.—The body was emaciated; the abdomen distended with fluid; the pleuræ were natural, the lungs healthy, and the bronchial tubes congested. Upon the visceral layer of pericardium was some old false membrane, but no adhesions. The mitral valve was slightly thickened. The peritoneal cavity contained a large quantity of clear serous fluid, by which the diaphragm was considerably elevated. Scattered upon the peritoneum—that lining the walls as well as the folds enveloping the viscera—were numerous white firm deposits as large as peas or mustard seeds, and resembling hard encephaloid. These were particularly abundant in the great omentum. Immediately under the capsule of the right kidney was a small growth of a similar character. The folds of peritoneum about the uterus were greatly thickened by malignant deposit of a somewhat softer consistence. The liver was contracted and attached to the diaphragm by fine adhesions. On the pleural surface of the latter were several large deposits of the same kind as occurred elsewhere. Under the microscope the small deposits in the peritoneum were found to consist of small cells, mostly without nuclei, some with a single nucleus. The other viscera were normal.

ST. MARY'S HOSPITAL.

CLINICAL REMARKS ON A CASE OF DISEASE OF THE LUMBAR
SPINE, WITH AN ABSCESS OPENING IN THE GROIN, SUCCESSFULLY TREATED BY THE ACTUAL CAUTERY AND
IODINE INJECTIONS.

(Under the care of Mr. URE.)

E. P—, aged thirty-six, married, and mother of a family, a woman with dark hair, and a pale, clear complexion, was admitted in April, 1863, on account of a fluctuating tumour, the size of a small apple, situate in the left groin. A distinct impulse on coughing could be felt in the swelling. The overlying integument was natural. For four years previously the patient had been weakly. About Midsummer, 1862, she complained of pain in the loin, passing round to the hip on left side, which caused her to limp in her gait. She continued much the same till February last, when the pain became aggravated, the swelling in the groin made its appearance, and she was unable to stoop. She was then recommended by a medical practitioner to apply tincture of iodine to the swelling, which she accordingly did.

On admittance, there was distinct pain referable to the lower lumbar vertebræ, and sense of weakness.

On April 30th, Mr. Ure applied the actual cautery on each side of these vertebræ. The result was subsidence of the pain and restoration of power, so that she could get about, and likewise stoop, without inconvenience. The fluctuating tumour remained unchanged. She shortly after went home to resume her household duties.

She was re-admitted on June 10th, the tumour having opened spontaneously the previous day, and discharged a quantity of purulent matter. On careful examination with a probe, a sinus was found, extending downwards and backwards for about three inches and a half.

June 16th.—Mr. Ure directed the sinus to be injected daily with a drachm of tincture of iodine, diluted with three drachms of water. The patient was allowed a generous diet, with four ounces of sherry daily. She also took draughts containing tincture and decoction of cinchona, with carbonate of ammonia.

July 6th.—There was manifest improvement in all respects.

16th.—The fistulous opening was reduced to a mere fissure, from which a little citron-coloured serosity exuded. She was free from pain. Her general health was greatly amended.

20th.—The employment of the injection was suspended, and the part dressed with compound mercurial cerate spread on lint, and a spica bandage applied.

29th.—She went home at her own desire, able to get about comfortably. There remained simply a trifling gleety discharge from a narrow fissure in the fold of the groin.

In some clinical remarks, Mr. Ure observed that the actual cautery was employed with the view of abating the deep-seated inflammation connected with the lumbar spine—an object which it seemed to have effected. Disease may make considerable inroads in this situation without causing any undue prominence outwardly. The lumbar region is naturally concave, and hence the spinous processes do not project. When the body of one of the vertebræ gives way, it then becomes rectilinear, but does not make a projection posteriorly, as in the dorsal region. As a general rule, he deems it hazardous to open abscesses connected with disease of the spine. It is preferable to leave them to nature, as was Dupuytren's practice. The cyst has to undergo a certain process of maturation, and after a shorter or longer period a spontaneous outlet is formed. On the other hand, when the abscess is interfered with, it not unfrequently happens, as stated by Sir A. Cooper, that "violent symptoms of constitutional irritation are apt to come on, such as great depression of strength, loss of appetite, and the patient is soon reduced to the lowest extremity."—(Lectures on Surgery, p. 569.)

The injection of diluted tincture of iodine seems to modify favourably the secreting surface and promote the contraction of the fistulous canal, as it did in the above instance.

ROYAL MATERNITY HOSPITAL, EDINBURGH.

CASE OF CIRRHOSIS OF THE LIVER IN A CHILD
FIVE YEARS OF AGE.

(Reported by DAVID MURRAY, M.D., Resident Surgeon.)

M. C—, aged five years, came under Dr. Murray's care about three weeks before her death, complaining of severe pains in the abdomen, with bearing down, and passage of blood. On investigating her history, it was found that up to three years of age she had always been a very healthy child, when at this time she began to experience transitory pains in the abdomen, more especially in the hepatic region. At times these were so severe that the child could not tolerate them, and, though naturally patient, she screamed in agony. Soon afterwards she began to be affected with a sensation of bearing down, which caused her to go to stool very frequently. Her constitution began to give way, and from being strong and healthy she became pale and anæmic. The mother stated that she applied to several medical men, without however deriving any good. At this time no suspicion was entertained regarding the nature of the case. She continued in this chronic condition of ill health, having the bearing-down sensation and pain generally diffused over the abdomen, when the mother's attention was attracted by the child's passing blood at stool. She was then placed under Dr. Murray's care. On examination, the abdomen was found to be very much distended, but no fluctuation could be detected. The liver was hard and nodulated to the touch, and when pressed upon the child cried out; the feeling was exactly similar to that presented by a cirrhotic liver. To relieve the pain, warm fomentations were applied over the abdomen, and a few doses of Dover's powder given, which had the desired effect. About a fortnight after she was first seen the patient was attacked with severe hæmatemesis, when she vomited several pints of dark venous-looking clotted blood. A few doses of gallic acid, with cold cloths, and rest in the recumbent posture, were ordered, which for the time