and 11 oz. in weight; not congested. Liver enlarged, congested, and fatty, weighing 3 lb. and 4½ oz., or about normal; small pieces floated on the surface of water. Kidneys both congested; the right weighed 5 oz., and the left 5½ oz. The stomach, bowels, and the head were not examined.

Remarks.—With regard to the pericarditis it may be observed that the man during the past ten years was never under treatment for rheumatism, nor did he during his fatal illness complain of symptoms of pericarditis, which in this case was no doubt of a chronic nature. The next point of pathological interest is the cause of death by syncope, and which was revealed at the autopsy—namely, a very fatty condition of the heart. The pneumonia, I believe, was set up, and which, although caused by the fatty heart, in its turn embarrassed that organ in its feeble action. It may also be remarked that in this case salicin had little or no effect in reducing the temperature.

Agar, India.

SEVERE WOUND OF ABDOMEN, WITH PROTRUSION OF THE BLADDER AND INTESTINES; RECOVERY.

By RIDLEY DALE, L.R.C.P. Ed., M.R.C.S.E., &c.

ON Saturday, April 4th, 1879, I was hurriedly summoned to attend Mrs. P—, aged sixty-five. It appeared that she had been standing on a broken chair, the back of which was off, leaving two sharp uprights. Her foot had slipped, and in falling one of the uprights had entered her abdomen.

On examining the patient, I found a large contused and lacerated gaping wound, twelve inches long, extending from half an inch internal to the left superior iliac spine to within two inches of the right superior iliac spine, laying open the cavity of the belly along its whole extent. The wound was semilunar in shape, the lowest part of the crescent being two inches above the pubes. A large mass, the size of an adult's head, protruded from the wound, hanging down in front of the pubes. This consisted of the bladder, a portion of the small intestines, and the omentum; and on careful examination no wound either of the vesical or gut could be detected. The protruding organs were returned with some little difficulty, and the wound closed by carbolised silk sutures, merely embracing the skin and subcutaneous tissues, placed at intervals of three quarters of an inch, and a pad of dry lint and a bandage applied, the limbs being retained in a flexed position by means of a pillow. A mixture, containing opium, ether, and aromatic spirit of ammonia, was ordered to be taken every four hours, ice to be sucked frequently, and her diet to consist of brandy and milk. The patient was somewhat collapsed, but perfectly conscious; pulse weak, but regular; little or no hæmorrhage.

At 7.30, two hours after the accident, she had recovered from the effects of the primary shock, her pulse being regular and strong. Had passed urine easily, and without pain, and expressed herself as feeling very comfortable. Temperature 99° F. At 12 o'clock the bandages were slightly stained with blood, but the patient's voice was perfectly strong, her pulse was good, and she had taken her iced milk and brandy easily. No vomiting.

April 5th.—On visiting my patient to-day I found her smoking a pipe. Slight pain in the wound; no vomiting. Has passed urine three or four times perfectly free from blood. Takes nourishment freely. Temperature and pulse normal.

7th.—To-day there is more pain in the region of the wound. Pulse 100; temperature 101°. Tongue dry and furred. Has had some retching. To take a calomel and opium pill every four hours, and five grains of compound soap pill at bedtime.

8th.—This morning the patient has vomited her brandy. Complains of tenderness in the wound. Temperature 100°; pulse 92. On removing the dressings the deep parts of the wound were found to have united, but the skin and superficial parts were exuding healthy pus. A bright-red blush encircles the wound, fading gradually away about three inches from the margin. Sutures removed, except one in the centre and one on either side; dressed with dry lint. To discontinue brandy.

9th.—There is still some tenderness at the seat of the wound, but the reddish blush is disappearing. Dressings stained with pus, which is quite sweet. No further vomiting. Temperature 99·8°; pulse 96. Bowels moved once during the night.

10th.—Patient has passed a restless night; her bowels having been relaxed five times. Wound dressed; edges are sloughing to the left of the middle line and suppurating freely; dressing smells fetid. Abdomen not tender. The remaining sutures removed. Temperature 99·8°; pulse 88. To discontinue calomel and opium pills. Linseed poultices to be applied to wound.

11th.—Patient has passed a much better night; but wound is still painful. Temperature 100·2°; pulse 88.

12th.—Wound dressed; skin sloughing along whole extent of margin of wound; tongue very furred. Temperature 99·8°; pulse 84.

13th.—Patient is much brighter and expresses herself hopefully. Wound discharging freely and commencing to granulate. Temperature 99·8°; pulse 88. To take beef-tea and a saline mixture, and discontinue compound soap pill.

16th.—Wound healing rapidly at the right extremity. Temperature 99°; pulse 84. To discontinue poultices and use a lotion of sulphate of copper.

From this date she progressed rapidly without an untoward symptom, and on May 8th the wound was perfectly cicatrised, and she was convalescent and able to get about.

Remarks.—Proof is hardly needed in the present day, when ovariectomy is so frequently performed successfully, that our ancestors' dread of an injury to the peritoneum was considerably greater than facts warrant. In the present case the abdomen was torn completely across in its transverse diameter, and the peritoneal cavity exposed for that extent. Yet, when we consider the age of the patient, the absence of all antiseptic applications, which were not at hand, and the contused state of the wound, the result must certainly be pronounced most successful; the patient being perfectly well in little over a month, with scarcely a bad symptom.

Sunderland.

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. iv. Proœmium.

MIDDLESEX HOSPITAL.

SARCOMA OF BREAST; HÆMORRHAGE; RECOVERY.

(Under the care of Mr. ANDREW CLARK.)

J. B—, a woman aged fifty-eight, was admitted March 20th, on account of a large tumour involving the left breast. It first appeared nine months previously as a small painless enlargement, and the patient neither sought any advice nor adopted any treatment. Soon after last Christmas it began to increase rapidly in size, and continued to do so till the beginning of March, when, being considerably larger than at present (according to the patient's statement), it burst, and discharged a large quantity of sanious fluid, which has continued ever since, varying in quantity from day to day. Being now inconvenienced by the weight of the tumour, and the pain in it being considerable, she was induced to apply for relief.

On admission, the tumour extended laterally from the middle line of the body to the axilla, and vertically from two inches below the clavicle to three inches above the lower border of the ribs; its circumference was 24½ inches; and its size laterally 17 inches, vertically 13 inches. It looked about the size of an adult's head. The breast itself was situated on the outer aspect of the growth; and just round the nipple, which was nearly in the axilla, there was normal breast tissue; the remainder was nodulated and irregular, varying in consistence—hard in some parts, soft and fluctuating in others; and in the upper part was a sinus, from which more or less sanious fluid was constantly exuding. It was freely movable on the subjacent structures, but the skin

was adherent to it in many places, particularly at the upper part. The lymphatic glands in the left axilla were slightly enlarged. The general condition of the patient was fairly satisfactory: she had never been laid up before, except with attacks of rheumatism; and there was no family history bearing in any way on the case. The diagnosis was cystic sarcoma; and the treatment resolved upon was excision of the breast and growth.

After admission the discharge appeared to increase, and on the 24th there were several gushes of arterial blood, which stopped readily on pressure. In the evening, however, there was such copious hæmorrhage that Mr. Clark was sent for at 11 P.M., and finding the patient apparently sinking, and the bleeding still continuing, he resolved to perform the operation without delay. She was then wandering; in a profuse perspiration; breathing 38 to the minute; pulse 120; temperature 102°.

She was put under chloroform, and the incisions were made in such a manner as to save all the healthy skin. No difficulty was experienced in removing the tumour; no large vessel bled, but numerous small arteries in the pectoral muscle, some of which were controlled by ligature, gave considerable trouble. The wound was washed with chloride of zinc solution, the sutures put in, but not drawn tight, and a piece of lint dipped in carbolic acid lotion put inside the wound, and firm pressure applied. This effectually stopped the bleeding. Forty drops of sedative solution of opium were administered.

March 25th.—Patient had a good night, was quite herself again, and surprised to find the tumour gone, having had no idea of what had taken place. The dressing was removed, the wound closed by drawing up the sutures, and a piece of lint dipped in carbolic acid lotion applied.

To complete the case shortly: By the 27th, suppuration was freely established, and the general condition of the patient had decidedly improved. By the 30th all the ligatures had come away and the sutures had been removed, and a lotion of sulphate of zinc (two grains to an ounce) was substituted for the carbolic acid, which had been continued up to this time. By the middle of April only a healthy ulcer was left, and the enlargement of the axillary glands had disappeared. The recovery was somewhat retarded by several attacks of rheumatism, which prevented patient leaving the hospital till May 7th.

The tumour, after removal, weighed 7lb. 12½oz., was solid except at its upper part, where were several large cysts, and the microscope showed it to be a spindle and round celled sarcoma.

Remarks by Mr. CLARK.—The case seemed to me worth recording on account of the large size of the tumour and the extreme rapidity with which it had attained such dimensions (three months). I would also refer to the fact of the operation having been performed during a febrile attack with such marked relief to the patient and to the rapid cicatrisation of so large a wound. The antiseptic method was not adopted, but there was never any decomposition of pus or any offensive discharge from the wound. Great care was taken to keep it clean, and when there was much discharge it was dressed several times during the twenty-four hours.

MONSALL FEVER HOSPITAL, MANCHESTER.

CASE OF CEREBRAL ABSCESS, WITH UNUSUAL IRREGULAR TEMPERATURE.

(Under the care of Dr. HENRY TOMKINS.)

THE following case, like that recorded from the Hôpital Tenon, Paris, is interesting from the fact that the symptoms during life were of an anomalous character, and indicated but uncertainly the presence of intracranial disease. Although the kind and degree of connexion between the suppuration within the skull and the disease of the middle and internal ear may be open to question, it is probable that the former was secondary to the latter. It may here be mentioned that in a recent work on "Deafness &c." Dr. Woakes alleges that the dura mater of the brain is, in the infant, directly continuous with the muco-periosteal lining of the cavity of the tympanum through the portio-squamosal fissure, and that in adult life the vascular connexion remains though the fissure itself becomes more or less obliterated.

Thomas C—, aged twenty-three years, a fairly healthy, well-developed man, a labourer, born in India, where he

lived for eleven years, never having "fever" there, was admitted on Jan. 30th as a case of typhoid fever. He gave the following history. He had followed his work and enjoyed usual health until the 25th, when on rising in the morning he had severe headache, and the next day was compelled to lie in bed with a general feeling of malaise and sick headache. On the 27th he shivered and vomited a little, but had had no purging nor epistaxis.

On admission he lay in a quiet listless condition, but without the ordinary typhoid expression. He was perfectly clear in his mind, and at once roused himself to answer questions. There was no prostration. He complained of feeling "poorly all over"; no local pain. Temperature on evening of admission 105·4°; next morning, however, it had fallen to 101°. Pulse 86, normal in character. Lungs and urine normal. Bowels open once; stools semi-solid, clay-coloured. Tongue moist, whitish. No eruption. No enlargement or tenderness of liver or spleen. Very slight jaundice, with a little bilious vomiting. Complained only of languor with some headache and pain over epigastrium. Evening temperature 102°.

On Feb. 1st, at 8.30 P.M., he had a severe rigor, followed by profuse sweating, and the temperature was found to be 106·2°, which at 11 A.M. had fallen to 103° and at 2 P.M. to 98°. Jaundice had gone and vomiting stopped. He took his food very well. At 8 P.M. he had another rigor, less severe than the former, followed by sweating. Temperature 101·4°, rising at 9 P.M. to 104·2°. Stools solid, clay-coloured. Tongue moist. General condition unchanged.

On the 2nd, at 2 A.M., the temperature had fallen to 101·4°; and at 8 A.M. was 102·8°. He slept well and quietly throughout the night. The temperature slowly sank through the day, so that at 8 P.M. it was 100·4°, when another rigor came on, and at 11 P.M. it had risen to 105°.

On the 3rd, at 2 A.M. the temperature was 100·4°; at 5 A.M. 100·6°. At 8 A.M. he had another rigor, and the temperature was 103·8°; at 2 P.M. it had fallen to 102°. Up to this time the patient's general condition had remained unchanged; his mind was perfectly clear, although he was rather heavy and inclined to lie quiet. He had little headache. There was chilliness at the time when the rigors came on. He ate his food; there was not much thirst; stools solid, colourless; urine normal.

The case at this stage was looked upon as a sort of irregular remittent fever, and four grains of quinine were given every two hours. At 6 P.M. he had a rigor; temperature 104·8°, followed as before by sweating and rapid lowering of temperature, so that at 8 P.M. it was only 101°, and continued tolerably steady at this point through the night.

On the 4th, at 8 A.M. the temperature was 100·5°, falling steadily through the day about half a degree each hour, so that at 4 P.M. it was as low as 95·6° (four grains of quinine being still given every two hours). At 8 P.M. he had a slight rigor, and the temperature, which at 6 P.M. was 96·6°, rose to 102·4°, and at 10 P.M. was 103·6°, making a total rise of seven degrees in six hours. It sank through the night, and at 8 P.M. on the 5th was 99°, and at 10 A.M. 97°.

Omitting a description of the slight daily variation in the main symptoms, it may be said that the chief features were a rather heavy, listless condition, without delirium, prostration, or excessive thirst. The appetite was good; bowels costive, stools pale clay-coloured, similar to those seen in jaundice. Headache was not very severe, but was accompanied with tendency to vomit. The temperature was strangely irregular; this, indeed, was the most marked feature in the whole case, rising and falling six or seven degrees within a few hours, sometimes with, but often without, any distinct rigor or other apparent constitutional disturbance.

The following table shows the variations during every two hours on the 5th, 6th, 7th, and 8th February:—

	Feb. 5th.	Feb. 6th.	Feb. 7th.	Feb. 8th.
2 A.M. ...	100·4°	99·4°	100°	98·8°
4 " ...	100	99·4	99·2	102·4 Rigor.
6 " ...	99·2	103·6 Rigor.	98·4	103
8 " ...	99	100·2	98·4	103
10 " ...	97	98·4	98·8	98·8
12 " ...	99·2	97·6	102·4	99
2 P.M. ...	102·4	97·2	104	98
4 " ...	103·6	98·2	101·4	101·4
6 " ...	101·2	98·4	98·8	101·8
8 " ...	99·2	102·4	98·6	101
10 " ...	99	103·8	98·4	99·4
12 " ...	100·2	100·2	98·8	100