

lithotomy for children. It is not only an easy operation but also free from the risk of wounding important parts. I found the metal catheter a great help to guide me in opening the bladder.

Brumana, Beyrout, Syria.

A CASE OF PELVIC CELLULITIS IN THE MALE.

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AND

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A MAN, aged forty-three years, had been ailing for a fortnight or more, but was first seen by Dr. Rees on Oct. 31st, 1897, and although the symptoms were not characteristic it was thought that the case would prove to be one of mild enteric fever and the patient's diet was prescribed accordingly. The tongue was thickly coated, constipation was persistent and each night there was profuse perspiration; no typhoid spots were noticed. On Nov. 5th the Clinical Research Association reported as follows upon a specimen of the blood: "This serum gives a very marked reaction when in a strength of 50 per cent.; when the serum is used in a strength of 5 per cent. a fairly definite but not complete reaction is obtained within half an hour; after twenty-four hours reaction is still more marked; we should think on the whole that the case is enteric if you are able¹ to eliminate the possibility of a previous attack." On the 20th the temperature, which had been gradually falling since the 12th, became subnormal and continued at or about the normal line until the 27th, when the patient was allowed to get up. At once the temperature rose again until on the 30th it had reached 103° F. Constipation still continued and hard masses of scybala were daily removed by enemata. With rest in bed the temperature quickly declined and became normal on Dec. 13th. On the 19th he got up again; on the next day the temperature again rose and on the 24th was 104°. It was once more normal on Jan. 10th, 1898. On the 16th he was allowed to get up, but on the 17th the temperature again rose and though he was kept in bed on strictly milk diet he was very ill and on the 25th he was seized with severe pain in the lower part of the abdomen, which lasted for 12 hours, the temperature rising to 104°. Constipation was severe, hard scybalous masses being removed with considerable difficulty by means of enemata. The temperature fell to normal on the 31st. On the 29th there was some difficulty in micturition, the flow also stopping suddenly at times; there was tenderness over the bladder region and also much flatulent distention of the abdomen. Scybala were passed daily, being sometimes accompanied with mucus. There appeared on the abdomen spots which had some resemblance to rose spots, but were probably sudamina. On Feb. 6th and 7th the temperature rose to 100° and on the 8th a rectal examination revealed the existence of a large, hard, nodulated, irregular tumour projecting from and filling the recto-vesical pouch. On the 9th Mr. Watson Cheyne saw the patient in consultation. The tumour was examined under chloroform, but no definite diagnosis was arrived at. He was ordered complete rest, aperients, daily enemata, and iodide of potassium, with solid food. On the 19th the swelling had distinctly become smaller and the patient became much more comfortable. The sweats lessened and by the end of the first week in March the tumour had almost disappeared. From this time convalescence was uninterrupted.

¹ There was no history of a previous attack.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the Directors of this society was held on July 13th, Mr. Christopher Heath, Vice-president, being in the chair. Two members were elected and the death of Mr. Henry Lee, Vice-president, was announced. The death of a widow was reported who had been in receipt of grants since January, 1868, and had received in all £893. It was resolved to distribute £1203 10s. among the 49 widows and 12 orphans on the books of the society and the 6 recipients from the Copeland Fund. The expenses of the quarter were £44 13s. 6d. The funded property had been increased by the purchase of £500 Birmingham Corporation Stock.

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. Prooemium.

ST. MARY'S HOSPITAL.

THREE CASES OF EXTENSIVE VENOUS THROMBOSIS
ASSOCIATED WITH SEVERE RHEUMATIC CARDITIS;
NECROPSIES.

(Under the care of Dr. W. B. CHEADLE and Dr. D. B. LEES.)

FOR the notes of the cases and the pathological and bacteriological investigations we are indebted to Dr. F. John Poynton, medical registrar to the hospital.

CASE 1.—A girl, aged nineteen years, was admitted into St. Mary's Hospital, under the care of Dr. Lees, for shortness of breath and swelling of the arms and legs. In January, 1897, she had suffered from a very severe attack of rheumatic fever for which she had been kept in bed for thirteen weeks and during this time she was reported to have had both pneumonia and peritonitis. The history of this present illness dated from August, 1897, when the patient noticed swelling of the legs and abdomen; in September, however, there was decided improvement. In the first week in October the symptoms again became more urgent and a few days before admission to hospital the left arm suddenly commenced to swell. On admission, on Oct. 19th, her condition was extremely grave. She was very pale and distressed. The conjunctivæ were icteric and there was orthopnoea. The temperature was subnormal and remained so throughout the illness. The legs and thighs were oedematous. The left arm and hand were much swollen and the face was puffy; the right upper extremity pitted on pressure and the upper part of the chest was oedematous. The cardiac condition was that of advanced organic disease. The pulse was 90 and very irregular in force and frequency. Not all the beats of the heart were perceptible at the wrist. The impulse was diffuse and the heart was much and generally dilated. A systolic apical murmur was heard and an accentuated pulmonary second sound. The air entry and percussion note were impaired at both bases posteriorly. The liver was large and tender and the urine contained some albumin and was loaded with urates. For the next few days there was some slight improvement, but at midnight on Oct. 31st the patient became aphasic, the right hand appeared to be weak, and the right leg was kept semi-flexed. Deviation of the head and eyes did not occur. The patient appeared to understand what was said, but she gradually became more and more drowsy. Then followed loss of sphincter control, difficulty in swallowing, coma, and finally death.

Necropsy.—Dr. Poynton made a post-mortem examination twenty-four hours after death. He found that the pericardium was totally adherent, in places firmly and in other parts only feebly so. Both auricular appendices were compressed by the pericardium and round the large vessels the pericardial and mediastinal tissues were oedematous. The heart weighed 16 oz. and the cavities were dilated, especially that of the right ventricle. The mitral orifice was slightly narrowed by old rheumatic endocarditis, but the valve deformity was quite moderate. The aortic valve was incompetent from previous rheumatic endocarditis. The tricuspid valve was incompetent but there were no rheumatic changes in this valve. The pulmonary valve was natural. The right auricle was empty. The left ventricle was 1½ in. thick. The muscle was firm and of good colour. Both lungs were adherent to the chest wall. Both internal jugular veins were like firm cords and contained adherent clot throughout their entire extent. The lower end of the left internal jugular was white and narrowed and very firm. Both venæ innominatæ contained adherent clot and the left one could hardly be recognised among the oedematous tissue of the mediastinum. The upper part of the superior vena cava contained clot which was firmly adherent to one side of the