kindly furnished me with a few notes taken by him at different times.

"In 1872 the patient suffered from gastric trouble (gastrodynia); cured. In 1884 she first complained of pain, though slight, in the abdomen. On Nov. 11th 1887, there was return of pain in the right hypochondrium, at times severe; sick once; pulse 84; tenderness at epigastrium; thickness over pyloric end of stomach; no hæmatemesis. This was very irregular, and she became much better the day before her death, entertaining a large party at her house, at which she was cheerful, and danced.

RECTAL CONCRETION.

By W. J. TYSON, M.D., F.R.C.S. ENG.

THERE are one or two points besides those mentioned by Dr. Ingleby-Mackenzie in connexion with the above subject which I think are worth recording.

When the constipation has lasted for a few days an apparent diarrhoea may come on; and this symptom is apt to mislead one in the diagnosis of the case, unless the abdomen and rectum be examined. The above class of case resembles very much that of incontinence of urine, the result of distended bladder. There is a distended viscus in both, there is an overflow in both, and also in both there is often abdominal pain, due in the one to the stretching of the bladder, and in the other to peristaltic action. In the case of the bowel distention, opium, if given, still further mystifies the position. As a rule, aperients and injections will fail in the cases I am describing, the former only jamming up the rectum still more, and the latter fails to get any hold in the bowel, and so returns almost immediately, or the nozzle gets plugged with fæces on its introduction. The treatment is: Dislodge the lumps (made harder by the diarrhoea) with fingers or spoon, followed by an injection.

A CASE OF EMPYEMA.

By DAVID LLEWELLYN, L.R.C.P.L., M.R.C.S.

ON March 12th, 1887, I was called to see a child, Edgar M—, aged two years and five months, whom I found to be suffering from left pleuro-pneumonia. The temperature ranged from 103° to 104° until the eighth day, when it fell to 99°. On examining the chest at the expiration of this time, dulness was very pronounced up to a line drawn horizontally an inch and a half above the angle of the scapula; and on auscultating over this region the respiratory sounds were exceedingly weak, above the line very harsh, and the percussion note somewhat hyperresonant. The apex of the heart was displaced to the right side to the extent of an inch and a half. In spite of medicinal treatment the effusion gradually rose, until at the end of a month it reached a level a little below the spine of the scapula, and the greater portion of the heart became displaced to the right of the sternum. There now appeared a small fluctuating swelling over the third intercostal space, an inch external to the costal cartilages. I acquainted the parents that nothing could be done except to operate, to which they had a great aversion. At last they consented. I made a free incision into the tumour, and let out a large quantity of pus, at the same time placing the child in the prone position so as to accelerate its exit, then placing four inches of split drainage tube into the cavity. The wound was dressed with lint soaked in carbolic acid (1 in 40); over this were placed several layers of ordinary absorbent wool, and finally a flannel bandage. The dressings were changed three times a day for the first week, and afterwards night and morning. The child now began to take more nourishment, and asked for his toys. The physical signs improved; absolute dulness gave way to partial resonance, and breath sounds were to be heard over the previous dull area, evidently showing that the lung was gradually expanding. Friction sounds were very audible all over the lower part of the affected side, and the fingers became clubbed, but not the toes. I gradually shortened the drainage tube, and about two months from the operation removed it altogether, leaving a sinus discharging a small quantity of thin pus. Unfortunately, a few weeks afterwards I discovered that the chest had begun to fill again

I therefore determined to open up and enlarge the sinus, and put in as large a drainage tube as the space between the ribs would allow. With the assistance of my friend Dr. Thurstan, who kindly gave the anæsthetic, I made an incision two inches in length parallel with the upper border of the fourth rib, cutting through the pectoral and intercostal muscles into the thoracic cavity. About a pint and a half of fetid pus escaped, and the pleural cavity was well washed out with a warm saturated solution of boracic acid. Five and a half inches of drainage tube were inserted. The wound was dressed in the same manner as in the previous operation. The subsequent treatment consisted in washing the cavity out twice a day with the aforesaid solution and the gradual shortening of the tube. Half-drachm doses of syrup of iodide of iron in water were ordered three times a day and a diet of milk, beef-tea, and mutton broth, with a little stimulant. He made an uninterrupted recovery, and eight weeks afterwards the little fellow was convalescent and running about. The lung appears to have fully expanded.

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.

ST. THOMAS'S HOSPITAL.

CARIES OF THE FIFTH LUMBAR VERTEBRA, LEADING TO
CHRONIC RECTAL OBSTRUCTION, WITH EXTENSIVE
DESTRUCTIVE ULCERATION IN THE
PERINEUM; REMARKS.

(Under the care of Mr. G. H. MAKINS.)

THE following case seems of importance as illustrating the well-known difficulty in diagnosing disease of the lower lumbar vertebræ, and from the somewhat unusual manner in which it led to rectal obstruction.

E. R—, aged thirty-seven, married, was admitted on Aug. 18th, 1887. She has had seven children, five of whom are still living, and three miscarriages. Father living and healthy; mother bedridden from paralysis; brothers and sisters healthy. The patient has always enjoyed fair health; she, however, had an attack of pleurisy eleven years ago. With the exception of the history of miscarriages, no evidence of syphilis was obtained. Her present illness commenced fifteen months before admission with the development of two small hæmorrhoids; these gave rise to pain and hæmorrhage in connexion with defecation, and one month later they were removed. The operation gave no relief; a discharge of pus and blood continued from the rectum, and a large ischio-rectal abscess formed in the left fossa, which was opened four months after the commencement of the symptoms. Since that time the wound continued steadily to increase superficially by ulceration, and at the end of ten months she was admitted into the Lock Hospital suffering from diarrhoea, and with a considerable ulcer around the anus. She was there treated somewhat energetically on the supposition of syphilis, but no improvement was obtained, although she was brought fully under the influence of mercury. She lost flesh steadily during her stay there, very rapidly during the last two months, and was discharged as incurable.

State on admission.—Extreme emaciation and feebleness; pulse 90, only just perceptible; temperature subnormal, 97.6°; gums spongy; constant painful diarrhoea, defecation being involuntary. She lies helplessly on her back; the lower extremities are swollen and cedematous, especially the left; and there is a small quantity of free fluid in the abdominal cavity. The superficial abdominal veins are much distended, but no internal tumour can be discovered. Urine: sp. gr. 1016, clear, acid, no albumen. Thoracic viscera healthy. On examination of the perineum, an extensive ulcer was seen, reaching posteriorly beyond the tip of the coccyx, laterally to within an inch of the ischial tuberosities, anteriorly destroying the lower inch of the posterior vaginal wall; at the deepest part