cord, the length of which was one and a half inches. It may be inferred that the outer coat of the mass was amnion, since it was continuous with the amnion on the cord. On internal examination the mass was divided into two unequal parts by a flat structure composed of muscular tissue, no doubt diaphragm. The smaller, situated in the pedicle, contained the heart with its pericardium, the lower end of the œsophagus, and the lungs. This necessarily caused elongation of the trachea and bronchi. The large cavity—containing the stomach, the large and small intestines, liver, and spleen—was lined by a continuation of the peritoneum. The large intestine re-entered the true abdominal cavity and was continued as the rectum to the anus. The thoracic cavity was almost obliterated, containing only the thymus gland. The kidneys and pelvic organs were normal.

Kensington.

A CASE OF MALIGNANT DISEASE OF THE RECTUM; PERFORATION; DEATH; NECROPSY.

BY ALONZO G. RIDER, M.B. LOND.,

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ON Sunday morning, May 24th, 1896, I was asked to see a widow woman, aged sixty years, as she was in pain in her abdomen. Before I reached the house, however, another medical man had been called in, as the pain had become much worse. I did not see the patient, but learned from the patient's daughter that she was much easier after a hypodermic injection of morphia. Next day I was asked to see the patient, and the history obtained was as follows. The patient was seemingly in perfect health till Sunday morning about eight o'clock, when she was taken with pain in her abdomen, which increased rapidly in severity. (There was no error in diet to account for this attack.) The pain seemed to radiate from the umbilicus, where it was most severe, all over the abdomen. Vomiting set in soon after the attack; it was persistent, at first bile-stained and afterwards brownish and offensive. It was not feculent. The history obtained gave two or three months alternating constipation and diarrhoea. Bright blood was often passed with the motions, which were frequently flattened. There had been no bladder or uterine troubles. Occasionally the patient felt some dull, aching pain over the sacrum, but with this exception she said "she had never felt better in her life till this attack commenced." There had been very little loss of flesh. The bowels were easily moved by mild aperients. There was nothing definite with regard to the family history. When seen the patient was lying on her back with both legs drawn up. The features were pinched; the extremities cold and clammy. The pulse was 90, weak, and of low tension. The respirations were 24, not markedly costal. The temperature was 97.4° F. The tongue was dry and covered with thick whitish fur. The abdomen was distended. There was no evidence of fluid in the peritoneal cavity. There was tenderness all over the abdomen especially around the umbilicus. In the right iliac region a swelling the size of one's fist could be felt; it pitted on deep pressure. There was no œdema of the legs. Nothing could be detected per vaginam or per rectum. Malignant disease of the large intestine, probably the rectum, was diagnosed with acute intestinal obstruction supervening on the chronic condition, and the patient was as soon as possible removed to the Royal Albert Hospital with a view to having colotomy performed. She, however, rapidly became worse and died before any operation could be performed about six hours after admission.

Necropsy.—There was no free gas in the peritoneal cavity; in Douglas's pouch there was about half an ounce of brown-coloured fluid with a faecal odour. Some of the lower coils of the small intestine were covered in places with recent lymph. In the upper third of the rectum there was a growth surrounding the bowel for a distance of one and a half inches. It almost entirely occluded the lumen of the gut. On the left side of the bowel there was a recent ulceration, passing through all its coats large enough to admit a No. 3 catheter. No secondary deposits were found. The appearance of the growth was carcinomatous, but no microscopic examination was made.

Devonport.

CASE OF PAPILLOMATA OF THE LARYNX IN A CHILD; RECOVERY AFTER TRACHEOTOMY.

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A BOY, aged two and a half years, was sent to me at the Eye, Ear, and Throat Infirmary on Sept. 4th, 1895, by Dr. McCreadie of Leith. His voice had been husky from birth, and for a year previous to admission the vocal symptoms had grown appreciably worse. Latterly the respiration had become noisy and somewhat impeded, especially when he had "cold," to attacks of which he was now very subject. He had been singularly free from the usual troubles of infancy and childhood. On admission the boy was in poor general condition, the respiratory act was noisily performed, and inspiratory dyspnoea was distinctly, but not markedly, present. He spoke in a whisper. An attempt to use the laryngoscope alarmed him and induced an aggravation of the respiratory difficulty with spasm. He was accordingly chloroformed and again examined, without, however, very definite results. On Oct. 7th he had become so much worse that tracheotomy had to be performed for the relief of the breathing. Great improvement followed and he was dismissed in about a week.

The subsequent history of the patient may be briefly summarised. The tracheotomy tube was worn for seven months. During this period pieces of warty-looking growths were detached from time to time and were coughed up, usually at such times as the tube was removed for cleansing purposes. Ten such pieces, the largest being of about one-half the size of a grain of rice, were detached and recovered from the expectoration and secretion of the trachea and tracheal wound. These were found to be papillomatous in structure. In June, 1896, being seven months from the date of operation and two months from the time of expectoration of the last piece of growth, it was determined to remove the tube and close the tracheal opening, and although for a few weeks the breathing was at times greatly impeded, especially during sleep, it gradually improved, and re-insertion of the tube was not necessary. The boy (in January, 1897) breathed quite freely, and about a month previously his normal voice had been heard for the first time.

Remarks.—This case is recorded as an example of the success which attends the treatment of papillomata of the larynx in children by simple tracheotomy. There is abundant evidence to show that forcible removal of these growths by intra-laryngeal or extra-laryngeal operations is very apt to be followed by rapid and frequent recurrence. Not only so, but in the case of the last mentioned (thyrotomy) being adopted an additional and serious drawback is probable in the form of permanent injury to the voice. The disease, it will be noted, seems to have been congenital, which is occasionally the case, although more frequently it appears as a sequel of one of the exanthemata, usually measles.

Edinburgh.

AN UNUSUAL RESULT OF ABORTION.

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THE patient from whom the specimen which I am about to describe was obtained was the mother of three children. During her last pregnancy she suffered in the early months from retroflexion of the gravid uterus. This was rectified and a pessary worn for two months, and the condition gave rise to no further trouble. On this occasion she had not menstruated for eighteen weeks and had all the signs of normal pregnancy. She was then seized with somewhat severe labour pains, and when I saw her the foetus contained in its amniotic sac had been expelled and was lying in the bed. The placenta could be felt presenting at the os, and as pains were going on regularly it was not interfered with and the placenta and membranes were expelled in about two hours' time. A douche was then given and the patient made a normal recovery. No discharge of any kind had preceded the expulsion of the amniotic sac. On examining the specimen it was seen that the foetus, about six inches long, was enclosed in the intact amniotic sac with