Hospital on the 9th November, 1864. Is a pale thin widow, who began to suffer from pain in the back and weakness, when she walked, at Christmas, 1860. Six months ago vomiting commenced, not influenced by meals. Soon after this emaciation began, and has continued up to the present time. Catamenia have ceased for nearly three years. She has great tenderness over the abdomen, and pain in the lower part of the back, varying in intensity and shooting round in the pelvis. Aspect sallow; eyes sunken. Heart-sounds feeble. She has great diarrhoea; bowels open every hour; motions loose and pale. Pulse 92; tongue furred. Ordered milk and beef-tea; a blister to epigastrium; a draught of hydrocyanic acid and soda every six hours; and five grains of compound soap pill every night.

Nov. 11th.—She has become paler; no more sickness; abdomen very tender. Ordered three drachms of castor oil and ten minims of laudanum.

12th.—Enema of starch, and to leave off the opium. This treatment made her bowels act three times, with temporary relief to the abdominal pain. It returned, however, at eleven A.M. She was sick and had hiccough. The urine contained a trace of albumen.

13th.—Much purging and vomiting; motions of various colours. A hot epithem with opium in it was applied to the epigastrium.

15th.—The abdomen has become intensely tender; lying, with her knees drawn up, on her back; extremities cold. Brandy increased to six ounces.

16th.—She gradually sank, and died at five in the afternoon.

Autopsy, twenty hours after death.—Body extremely emaciated. There were a few adhesions in the left pleura, and about half a pint of clear fluid. The right lung was emphysematous along its anterior edge. There was some atheroma of the aortic and mitral valves. The peritoneum contained an enormous quantity of purulent fluid, with flakes of lymph. The large omentum was covered on both sides with a layer of lymph, and was adherent to the abdominal walls, and highly vascular. The intestines were glued together. All these adhesions were quite recent. The pelvic cavity was filled by a malignant mass. The rectum was adherent to the uterus throughout. Between the sigmoid flexure and the posterior wall of the uterus there existed a cavity as large as a pigeon's egg, communicating on one side with a malignant ulcer opening into the bowel, and on the other with a large softened cancerous mass behind the fundus uteri. There was a largish ragged opening in this cavity, which communicated with the peritoneal sac. It seemed as if the opening had been stopped by adhesions to the surrounding parts for some time, and that some of them had given way. There were several small patches of cancer in the rectum near to the uterus, but none higher up or low down the bowel. The lumbar glands were enlarged, and filled with cancerous material. The liver was large and fatty, and the gall-bladder full of stones. The kidneys were contracted and granular. The uterus contained in its cavity an encephaloid tumour as big as a small orange; this sprang from the neck, and was adherent to the upper part of the posterior wall, and embodied with it. There were two smaller tumours in the substance of the uterus. The ovaries were lost in the surrounding mass. The os uteri and bladder were healthy.

GUY'S HOSPITAL.

LACERATION OF THE LIVER, WITH FORMATION OF AN ABSCESS BETWEEN IT AND THE DIAPHRAGM, PERFORATING THE LATTER.

(Under the care of Dr. WILKS.)

THE efforts of Nature to repair an injury to an important organ are well exemplified in the annexed case of laceration of the liver, wherein the bowels were glued together by the effused and partially absorbed blood that was poured out at the time of the accident. Between the lacerated liver and diaphragm, however, an abscess of considerable magnitude formed, which gave rise to abdominal distension and pleuro-pneumonia, the chief cause of the fatal result. The patient survived ten days after laceration of a highly important viscus, which in the generality of cases proves fatal within forty-eight hours:—

Ed. C—, aged twenty-two, was admitted Sept. 6th, 1864. About three weeks before admission he fell across a joist, striking his side and abdomen. It was thought at the time

that he might have ruptured his liver. He was attended at his own home, and afterwards brought to the hospital. He was then suffering from immense distension of the abdomen and partially obstructed intestines. After injections there was some relief, and it was hoped he might recover. He, however, gradually sank, and died on the 16th.

Autopsy, eighteen hours after death.—Body was much wasted. The right lung was pushed upwards by the diaphragm, its base being firmly adherent. Above was very recent pleurisy. When the lung was removed, it was found that the diaphragm was ruptured, the hole communicating with an abscess below the diaphragm. All the intestines were firmly united by lymph of a black colour, this, no doubt, being due to effused blood. There was no especial contraction found in any part. The diaphragm was firmly united to the liver, and on separation a large abscess opened which existed between them, and involved the surface of the organ itself. The latter had been lacerated on its right side, and some blood and bile effused, as shown by the saturation of the tissues.

LACERATION OF THE SPLEEN; DEATH IN A FEW HOURS FROM INTERNAL HÆMORRHAGE.

(Under the care of Mr. BIRKETT.)

A marked contrast exists between the foregoing and the following case of injury; for in the one the patient lived ten days, and in the other but an hour and a quarter. The cause of this is readily apparent; but what renders the subjoined case somewhat remarkable is, that the patient was enabled to walk to the hospital from the boat, the hæmorrhage constantly going on which destroyed him a quarter of an hour after. Both cases are instructive:—

James B—, aged twenty-four, admitted into the accident ward on Nov. 23rd, 1864. He had fallen from a mast-head, about the height of twenty-five feet, and it was thought that he fell on his back. He was rowed ashore, and walked to the hospital, where he arrived about an hour after the occurrence. He only lived a quarter of an hour, and it was concluded from the symptoms that he had internal hæmorrhage.

Autopsy, twenty eight hours after death.—The body was that of a strong, muscular man, with no external signs of injury. The abdomen contained several pints of blood. The spleen was torn transversely through its middle, and lacerated the vein in a longitudinal manner. The spleen was about twice the natural size, and soft, so that in all probability it was much larger before he fell—apparently a large ague spleen.

Provincial Hospital Reports.

NEWCASTLE-UPON-TYNE INFIRMARY.

CASE OF DISEASE OF THE SUPRA-RENAL CAPSULES; FATAL RESULT.

(Under the care of Dr. WHITE.)

THE notes of the following case were furnished by Mr. T. Wilson, clinical clerk. It is a well-marked example of the disease, and a valuable addition to the cases which we have already placed on record.

A. M—, aged fifty-two, admitted Aug. 25th, 1864. She was a travelling hawker, married, and the mother of three children. On presenting herself in the room for casual patients, Dr. Bolton, the house-surgeon, imagining she might be the subject of disease of the supra-renal capsules from the peculiar colour of her face, referred her to Dr. White, who was then receiving patients, and he at once admitted her as an in-patient. She stated that for eighteen months she had been out of health, suffering chiefly from headache, suffusion of the eyes, loss of appetite, and gradual failure in strength. She complained much of debility and disinclination for any movement or exertion; headache almost constant, but not fixed in position; pulse regular; tongue clean; bowels natural; urine healthy. Nothing was detected upon examination of the chest. The hue of the skin of the whole body was very peculiar, closely resembling ordinary bronzed metal. The change was most marked on the face and arms; but even on the chest it was very distinct. The hair on the posterior part of the head was absent, the scalp distinctly darkened, and the conjunctivæ of a pale-orange colour. Alteratives and various tonic remedies were administered, together with a generous diet. An improvement was