

probable as the conclusions of the author appear, it requires further investigation.

Similarly, too, it has quite recently been shown¹⁹ that certain low organisms—monads—may be gradually inured to a temperature far higher than that natural, and which would have originally been fatal to them; this increased toleration for heat is not surely induced by any chemical change in the tissues of the organism, but by physiological functions altered by habit.

(To be concluded.)

ENCYSTED SEROUS PERITONITIS; ACUTE PURULENT PERITONITIS; ABDOMINAL SECTION; RECOVERY.

By RICHARD T. SMITH, M.D. LOND.

(Reported by G. H. BURFORD, M.B.)

THE patient, a single woman aged twenty-three, came to the Hospital for Women, Soho-square, in March, 1887, with a marked abdominal tumefaction which had existed for ten years, with more definite increase during the previous eighteen months. At the initiation of the menstrual flow, in her fourteenth year, she had a severe attack of inflammation of the bowels. The general history from that time had been a disposition to menorrhagia, the periods often lasting a fortnight, and also to dysmenorrhœa of a very severe type, to use her own words, "causing her to roll on the floor in agony." She had resorted to various hospitals, being told in one that she had an ovarian tumour; also to one special hospital, where it was advised that nothing operative should be done.

On March 21st under ether a bimanual examination revealed nothing in the pelvis, but that the uterus was pushed forward and anteverted. No definite tumour could be made out in the pelvis, or in the abdomen, but the presence of fluid in the abdominal cavity was inferred from the physical signs. The patient was pale and emaciated. This examination relit the smouldering disease. In the previous fortnight, while in residence, there had been no pyrexia, but on the evening of the 21st she had a mild rigor with a temperature of 102°, which fell to normal the next day. On the third day it rose again to 102°, associated with severe pain and rapid enlargement of the abdomen, but with no vomiting whatever. On the fourth and fifth days the existence of peritonitis with effusion of fluid was certain, the latter gradually heightening its level to the epigastric region. Vomiting of bilious fluid had also supervened, with slight jaundice. The renal secretion was very scanty. The abdomen was much distended, the girth at the umbilicus being thirty-eight inches. As the patient was in a very critical condition, Dr. Smith decided to open the abdomen and drain, which was done by the usual method on April 14th. Twenty-one pints of thick dark-brown fluid, with much pus in it, were withdrawn, the cavity freely washed out with carbolic water, and a Keith's drainage tube inserted. Below the level of the umbilicus the abdomen was become, so to speak, a simple cavity full of fluid, and lined with a thick false membrane. The small intestines were pushed upward; the pelvic viscera pressed close against the adjoining walls—the uterus, for instance, being jammed against the pubic bone. One most noteworthy phenomenon occurred. Although the urine in the previous twenty-four hours had only measured twelve ounces, the bladder was seen gradually to distend during the operation, and on its conclusion sixteen ounces of urine were withdrawn. Four hours subsequently a large quantity passed involuntarily, and a self-retaining catheter having been introduced, more than six pints were thus evacuated during the next twenty-four hours. Afterwards, for a fortnight the average quantity was about three pints per diem. The temperature fell to normal the same evening, remaining so for about a week; the patient's general condition improved steadily, and the pain and acute discomfort subsided. On the thirteenth day the glass tube was removed, an indiarubber one being substituted. The discharge now became scanty and offensive, although the twice daily washing through the tube with a 1 per cent. carbolic lotion was continued as before. The temperature rose to 101.5°,

and the patient complained of nausea and faintness. Mr. Mumford, at that time house physician, removed the tube, and thoroughly washed out the cavity with a solution of boro-glyceride; by this means many large, foul-smelling flakes of lymph were expelled. In a short time the discharge became more free and perfectly sweet, the boro-glyceride solution being continued. In the middle of May the patient was able to sit up, her general health improving rapidly, and all pain and fever having quite disappeared. On June 1st she was sent to the seaside, still wearing a small rubber drainage tube four inches in length; the abdominal wound was now merely a narrow deep sinus, and it was syringed twice a day with a solution of nitrate of silver (two grains to the ounce). The intestines even now were adherent in parts, forming semi-solid bands in the abdomen. She presented herself every fortnight at the hospital for examination and oversight, and the sinus gradually closed. In October she was discharged as perfectly well, the following note being taken: "The abdomen is now quite supple, with all its natural contour and resilience; no matted coils to be detected anywhere. Scar healed; general health quite robust. The uterus is now fairly central, the fundus remaining anteverted in slight excess of its normal condition."

When seen in January last the patient was perfectly well, and was rosy and robust. Menstruation was normal and fairly easy.

Remarks.—The probability is that the encysted fluid was the remains of the inflammatory attack which she had nearly nine years previously, and there was no history of any very severe intercurrent illness. The manipulations made by several consultants in the endeavour to form a definite diagnosis provoked the active and superadded mischief. The symptoms caused the gravest anxiety. No spray was used during the operation. The relief was immediate, and, with the exception of the temporary blocking of the exit and consequent symptoms already mentioned, her progress to recovery was steady and uniform. The sinus was slow in healing. I think the use of liq. calc. chlorid. in thirty-minim doses thrice daily proved a very useful remedy.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF TRAUMATIC TETANUS FOLLOWING A SLIGHT INJURY TO THE SOLE.

By S. L. DOBIE,

SURGEON-MAJOR, 4TH MADRAS CAVALRY.

SOOBOO R—, aged twenty-five, native policeman, a strong, healthy man, was admitted into the hospital at Bellary on Jan. 3rd, 1876, with a small abscess on the sole of the left foot, under the instep. The abscess was the result of a contusion from treading on a stone with his bare foot. On admission the abscess was discharging slightly, and he was ordered a poultice. In the evening he complained of a stiff neck. This was supposed to be due to cold, and he was ordered hot fomentations and a stimulating liniment, both to be applied to the neck. During the night he did not complain, but was found at 7 A.M. on Jan. 4th sitting up in bed with his head bent back and his jaws rigid. An enema of Epsom salts, castor oil, oil of turpentine, and warm water was administered by the apothecary, and was evacuated in ten minutes. His symptoms increased in severity. At 9 A.M. he had a spasmodic attack; this passed off, leaving him, as before, with fixed jaws. I saw him at 10 A.M., and put him under chloroform, at the same time ordering a hot bath to be got ready. While he was insensible from chloroform a violent spasmodic attack came on, which stopped his breathing till his face, naturally dark brown, became blue; this passed off, and then an attempt was made to give him hydrate of chloral, but it had to be abandoned on account of the spasms it induced. At 11 A.M. the hot bath was ready, and he was kept in it till 6 P.M., its temperature being maintained during that time. While in the bath he had nearly 100 grains of chloral in forty-grain doses, and small quantities of

¹⁹ Address of the President, R.M.S., at the annual meeting, 1887.