Aug. 13th.—A large part of the loosely hanging slough was separated by scissors from the floor of the left abscess, and both wounds were dressed with carbolic-acid lotion.

19th.—The man's health is rapidly improving, and both wounds are covered with ruby granulations, smeared over with normal pus.

Mr. Holthouse remarked at the bedside that this affection might be more properly designated a carbuncular abscess than carbuncle, because the ordinary mode of discharge in the case of a carbuncle was not observed—i.e., there was not a number of apertures giving exit to pus and slough; but here was noted a prominent raising of one large unbroken sodden patch of skin and areolar tissue, due to the confinement of eight ounces of pus. On evacuating the abscess, the flaccid, half-mortified walls collapsed, and the loose slough was subsequently excised.

ST. BARTHOLOMEW'S HOSPITAL.

DYSENTERY COMPLICATED BY PERITONITIS AND HEPATIC ABSCESS.—INTERMITTENT HÆMATURIA IN A CHILD.

(Under the care of Dr. SOUTHEY.)

It would seem that the poison which causes dysentery has at some times and places the power of establishing hepatic complications so severe as to lead to abscess; while Dr. Budd's theory, that hepatic abscess was a consequence of dysentery through the vitiation of the portal blood from the morbid intestines, appears to have been rendered improbable by more recent investigations. It is computed that about 18 per cent. of the fatal cases of dysentery are complicated with hepatic abscess. The following is an example of a fatal termination to a case of tropical dysentery from this cause.

H. M.—, aged forty-seven, had been resident for two years in India, where he had suffered from dysentery, and what appeared from his statement to have been pleuropneumonia of the right side. The former disease had assumed a chronic form, for which he was admitted into the hospital. The abdomen was also distended, tympanitic, and so tender that the weight of the bedclothes could not be borne. Under six weeks' treatment by enemata, and ipecacuanha and opium, both the dysentery and the peritonitis abated; but at the same time a tumour was observed in the right infra-axillary region, bulging the sixth and seventh ribs, which yielded no fluctuation, but pitted on pressure; the side became dull on percussion, friction sounds were heard in places, and the breathing became rapid and shallow, while the seat of the tumour became painful, and hectic symptoms were observed at night. There were no signs of hepatic enlargement. In the course of three days distinct fluctuation became superadded to the œdema; and in as many more about three ounces of dark grumous purulent matter were evacuated by a simple incision, and this on examination revealed pus-corpuscles intermixed with oil-globules and hepatic cells. The following day, gentle pressure being applied by the hand, about an ounce more of similar fluid was expressed, and the flow ceased; but on the patient being made to cough, more was squirted out to a distance of some inches. This last circumstance, coupled with the presence of hepatic cells, confirmed the diagnosis already formed, that an hepatic abscess had opened into the pleura. The patient's condition did not improve after this operation, and in five weeks he died from exhaustion.

At the post-mortem examination a circumscribed abscess of the size of a hen's egg, communicating with the pleura through the diaphragm, was found under the convex surface of the liver. The purulent matter in the pleura was contained in two communicating cavities, which were confined to the lower lateral portion, and limited by adhesions. A few small points of ulceration were seen in the rectum.

The following case, for a description of which we are indebted to Dr. C. J. Davis, house-physician, is somewhat obscure, but appears to us to resemble, in some, but not in all, respects, those examples of intermittent hæmaturia which have been described in late years by several authorities. The age of the patient was less, we think, than was the case in any previously recorded instance. Dr. Greenhow treated a boy of eight years and a

half, and has given the case amongst others in the Transactions of the Clinical Society, vol. i.

E. J. V.—, a child aged four years, was brought to the hospital on May 6th, the mother stating that the child had passed about three ounces of blood two days previously by the urethra. She had never observed any arrest in the flow of the child's urine at any time, nor had the patient shown any signs of irritation at the orifice of the urethra. She had not received a blow about the loins lately, but about nine months previously she had fallen down eight steps of a staircase. The child seemed to be in excellent health and spirits, as the mother declared she had always been, except about a twelvemonth ago, when she was supposed to have had measles.

May 8th.—Urine sherry colour; specific gravity, 1018; no albumen; no blood discernible to naked eye or by microscopic examination. The patient has stomatitis.

16th.—The child goes about the ward, and seems quite well. Has passed no bloody urine since admission.

17th.—Passed about a pint of bright-red blood. After allowing it to stand for a while, it clotted. Under the microscope blood-corpuscles were seen crowding the field; there were no renal casts of any kind whatever, nor any epithelial scales. The urine passed about six hours later was bloody, but revealed nothing to throw any light upon the seat of the hæmorrhage. The nurse, being instructed, frequently observed whether the flow of urine was ever interrupted, or whether the child showed signs of calculus in the bladder; but these were never obtained, and so this hypothesis ceased to be entertained.

24th.—Passed about three ounces of urine similar to that of the 17th. The child had micturated a few minutes previously, and the urine was healthy. The nurse observed that the first flow was like blood, which passed in a continuous stream, and that it was evacuated through the orifice of the urethra.

The case was not, therefore, one of hæmorrhage from any portion of the urethra, neither was it one of those extraordinary cases of early menstruation, for the house-physician, being in the ward at the time, examined the genitals immediately, and found no blood-stains about the vulva, although the orifice of the urethra showed evident signs of blood-staining.

June 1st.—The patient called for a vessel, and passed four ounces of bloody urine. Reaction slightly acid; specific gravity 1024; albumen about one-third. Examined microscopically, however, blood-corpuscles were seen, with an epithelial scale (renal?) here and there.

15th.—Rash of measles appears.

The child passed no more bloody urine; but, after recovery from the measles, seemed quite well until the 26th July, when she was discharged.

Provincial Hospital Reports.

NORTHAMPTON GENERAL INFIRMARY.

TWO CASES OF OPERATION FOR SCROTAL HERNIA; RECOVERY.

(Under the care of Mr. MASH.)

The following cases are from notes by Mr. J. G. Carruthers, house-surgeon to the infirmary:—

W. A.—, aged fifty-six, of spare habit, was admitted on May 18th. On examination he was found to be suffering from a large scrotal hernia, which had protruded on the 16th of May whilst he was at work. Vomiting came on an hour after the protrusion occurred, and continued at intervals upon taking fluids into the stomach up to his admission. Urine had been passed twice since the hernia appeared. He had been the subject of hernia for two years, but had never worn a truss, being always able to return it on its occasional appearance. The symptoms were not acute, pulse quiet, there was not much pain at the epigastrium, and no vomiting upon taking nearly a pint of milk. A warm bath, opium, the taxis, with and without chloroform, and the application of ice having all failed to bring about reduction, the stricture was divided. By an incision along the course of the inguinal canal, and division