in the breasts since they commenced to enlarge in consequence of the puerperal turgescence. On the fifth day, the inconvenience and the pain were increased so much as to attract my attention. I remarked in the right axilla, on the ribs, and behind the edge of the great pectoral muscle, at the part where it leaves the trunk to form the anterior border of the armpit, a tumour larger than a turkey's egg, slightly flattened and irregularly circumscribed, painful, without redness of the skin, which was covered with a fluid, thicker than is usually the perspiration of the axilla. This circumstance gave me the idea of compressing the swelling, which I regarded as a lymphatic gland. There exuded by six little openings, unequally distributed over the middle of the gland, a milky fluid like that furnished by the breasts. I could have collected about a coffeespoonful by slight pressure. The openings were very small, but continually gave issue to the milk, as could be judged of by the condition of the clothes, which were always moistened with it. The discharge diminished progressively with the volume of the breasts. A similar gland was remarked in the left armpit, only it was both smaller and less painful, and I only counted five openings instead of six. On the 25th of March, 1818, the gland in the right axilla was not larger than a flattened nut."

In this case there seems to have been a somewhat similar condition of both axillæ, and the swelling in the right one was larger than in the case I have recorded; but in several points—the appearance of the swelling soon after the confinement, the irregularly circumscribed character of the tumour, the absence of redness of the skin, the minute character of the openings, &c.—the two examples bear a striking resemblance to each other. It is, moreover, to be observed, that in neither instance did the secretion of milk from the axilla occur in a primipara, but in the case of M. Champion after the birth of a fourth child, and in the instance I have given when the patient was for the seventh time a mother.

Brook-street, Grosvenor-square, Oct. 1860.

REPORT OF A CASE OF IDIOPATHIC TETANUS.

By JOSEPH ROGERS, M.D.

HAVING been sent for on the evening of the 2nd of this month to the Infirmary of the Strand Union to attend a case of hæmoptysis, my attention was drawn by the nurse to a patient admitted in the course of the afternoon, stated to be suffering from stiff neck and sore-throat. She informed me that shortly before, she was at his request raising him in bed, when he was suddenly seized with a fit of convulsions, and his arm being round her neck, it closed upon her with such force as almost to strangle her. On inspecting him, I found him stretched at length on his bed, bathed in sweat, with a pulse of 120; the fingers were still rigidly closed upon the hand. On inquiry, he informed me that he was about fifty years old; that he had been ill some days under the care of Mr. Jones, the out-door medical officer, and that, getting worse, he had been sent into the house. He complained of stiffness about the neck and jaws, and some pain at the epigastric region, the abdominal muscles being unusually hard and resisting; and on my requesting to see his tongue, he said he could not put it out, as he could not open his mouth. I was enabled, however, to see it by the fact of his having lost all his front teeth, and his jaws being kept slightly asunder by the molars of each side. It was large, and covered with a creamy mucus. He said he could swallow but imperfectly. He denied having any wound or other injury about his body, but referred his sufferings to exposure to wet, &c., in his occupation as a street sweeper in St. James's. His bowels had been opened that day, but he had had no sleep the previous night. The fits, as he called them, came on at intervals of two or three hours. The countenance was peculiar. He seemed to be neither laughing nor crying, but a mixture of both, and being nearly deprived of sight, owing to disease of his eyes, his appearance was unprepossessing. Diagnosis, probably tetanus of idiopathic type. His intellect was perfectly clear, but he was garrulous in the highest degree, his remarks being wholly directed to his sufferings and previous pursuits in life. Ordered, powdered opium,

five grains; powdered camphor, twelve grains; mucilage, sufficient to make four pills, one to be taken every two hours; mustard plaster to be applied to the whole length of the spine for twenty minutes.

Oct. 3rd.—Nine A.M.: The patient appeared better; had slept from four to five hours. He had had two convulsive attacks since last night, which evidently, from the description of the nurse, were opisthotonos; jaws still firmly closed; pulse 120, small and weak. Ordered, large gruel enema, with oil of turpentine and olive oil; extract of purified cannabis indica, four grains; camphor, twelve grains; mucilage, sufficient to make four pills, one to be taken every fourth hour; beef-tea, a pint; wine, five ounces.

4th.—Nine A.M.: Same as yesterday; had slept but little; had had about six attacks, coming on generally after any attempt to raise him in bed. Enema brought with it no fecal admixture; a small quantity of high-coloured urine had been passed; pulse 120. Pills to be repeated, and two drops of croton oil; enema to be repeated.

5th.—Half-past nine A.M.: I was requested by the attendant to go into the ward immediately, as he was in a fit. On my arrival, it had nearly passed away. He was lying at his full length in bed, bathed in sweat; pulse extremely weak and rapid; breathing hurried; countenance cadaverous; slight froth about his mouth. In about four hours after he died.

Owing to the necessity of obtaining the consent of friends previous to an autopsy, (*vide* Poor-law Regulations on this head,) the examination was delayed until the evening of the 8th, eighty hours after death. Cadaveric rigidity of his limbs still existed. On cutting down upon the spine, the veins were found extremely gorged with fluid blood. On exposing the membranes, the dura mater was evidently congested. On raising this, there was noticed opposite the fourth cervical vertebra, upon the pia mater, or within its meshes, a small quantity of bloody serosity, the pia mater being extremely injected the whole length of the cord as far as the cauda equina. The cord was removed, and on cutting across it, its vascularity was found much increased, especially in its cervical portion. The membranes of the brain were similarly injected, and the brain itself congested. On cutting it across, the puncta vasculosa were more than usually conspicuous. Its base was also congested, especially near the pons; a small quantity of fluid in the lateral ventricles. The medulla oblongata was pale by comparison with the other parts of the brain and cord. The cerebellum was also much congested. Abundant mucus, thick and tenacious, hung about the mouth and upper part of the larynx. The whole of the lower lobe of the left lung was extremely congested, felt hard and heavy, and was black in colour; portions of the right lung similarly congested. The heart was flabby; the right side contained imperfectly-coagulated blood. On the left side, at the angle of junction of two of the aortic valves, and extending backwards to the base of the same, was a calcareous deposit, about the size of a large pea; commencing atheroma of the artery beyond them. The kidneys were diseased, having undergone partial atrophy, but like the other organs were extremely congested. Nothing else unusual was discoverable.

Perhaps some of the readers of THE LANCET would be able to throw some light upon the causes in operation that led to this attack of tetanus. For my own part, I have no opinion to offer, save that possibly some relationship existed between the kidney disease and the spinal irritation upon which the tetanic spasm depended.

Dean-street, Soho, Oct. 1860.

ON A CASE OF CHRONIC HEPATITIS, WITH CONSIDERABLE ENLARGEMENT, YIELDING TO THE USE OF THE SETON.

RE-APPEARANCE OF ACUTE HEPATITIS; FORMATION OF ABSCESS; EARLY PUNCTURE; RECOVERY.

By M. C. FURNELL, Esq., M.R.C.S.,
ASSISTANT-SURGEON, MADRAS HORSE ARTILLERY.

THE following case of hepatitis presents one or two points of interest, especially as regards the treatment, which lead me to hope it may find a place in your columns. We have, firstly, the case of a man who, after an attack of (what I presume to have been) acute hepatitis, presents himself with an

enlarged liver—an abnormal state of things often in this country, I regret to say, permanent, but in this instance yielding to the use of the seton. Secondly, we have to notice the speedy recurrence of the disease after the man's discharge, though at the time he presented a very fair appearance, and was deemed fit for duty; but I question much if these cases ever perfectly recover in this country—whether the liver, once the subject of extensive disease, ever recovers its healthy tone, without a thorough change of climate, a boon which is beginning to be extended to our soldiers, and which it is sincerely to be hoped a judicious and liberal Government will see effectually and increasedly carried out. Thirdly, we have the recurrence of hepatitis in its acute form, running through all its stages; the formation of a large abscess, and its perfect recovery after early puncture. I have seen so many cases since my sojourn in India where the hand of the operator has been stayed by that bugbear, dread of want of adhesion between the liver and the parietes of the abdomen, while the patient has drifted on to that hopeless state of hectic, alarming enough in Europe, but hopelessly fatal in India, that I would particularly draw attention to the early date at which puncture in this case was performed as full of hope, and a useful lesson in future cases.

Oct. 24th, 1859.—John B.—is a volunteer from H.M.'s 43rd L.L., one of those men who were permitted to volunteer into the Indian Artillery, to supply the deficiency caused by men who elected their discharge on the bounty question. He is a weakly, light-haired, pale-faced, blue-eyed, scrofulous-looking man, and has only just been discharged from the hospital of his late regiment. There is considerable enlargement over the hepatic region, with some tenderness on firm pressure. The part bears evidence of active treatment in leech-bites and blister-scars. The tongue is white and furred; bowels irregular, mostly costive; pulse 84, wanting in tone. Ordered, diluted nitro-muriatic acid, ten minims; tincture of opium, five minims; infusion of quassia and peppermint-water, of each an ounce and a half: three times a day. To have a dose of castor oil early to-morrow morning.

Nov. 8th.—General health much improved; tongue clean and moist; appetite very fair, and bowels acting with regularity; the appearance of the side much the same. There is very little tenderness, but much enlargement, extending over the whole right side, bulging out the ribs, and encroaching over the epigastric and left sides. Dr. Macfarlane, Superintending Surgeon, Sangor Field Division, saw the case with me this morning, and suggested the use of a seton, which was accordingly inserted somewhat low down over the right iliac region. To continue the nitro-muriatic acid mixture. Half diet, and a measure of wine per diem.

14th.—Much improved; general health almost good. He is losing entirely the cachectic appearance he came in with, and the hepatic region its fulness. The epigastric and left sides present now no enlargement. Continue the nitro-muriatic acid, &c.

17th.—Improving steadily.

23rd.—Much improved. Seton to be removed.

25th.—Discharged, convalescent, for three days.

29th.—Sent to duty.

Dec. 10th.—This man was readmitted about the 3rd or 4th, with all the symptoms of acute hepatitis. I was absent on a few days' leave at the time. I find him on my return to-day (10th) with a hot skin; pulse 92, small volume; tongue furred; bowels open only once in the last twenty-four hours; the hepatic region much enlarged, especially in one part, about two inches below the ensiform cartilage, and a little to the right of the mesian line; the gums sore from mercury. He is now taking quinine and Dover's powder, two grains of each, three times a day, ordered by the medical officer who saw my cases during my absence. Ordered, a dose of castor oil immediately, and to have the effervescing saline draught, with ten minims of the tincture of hyoscyamus, every three hours, after the oil has acted. Twelve leeches to the swollen region. Spoon diet.

11th.—Had a bad night; troubled with a cough, accompanied with copious expectoration; bowels freely open from the oil; pyrexia continues. To repeat the leeches on the side, and continue the saline draught.

From the 11th to the 17th he continued much the same; the febrile symptoms had somewhat diminished, but there was always present considerable irritation of the system, and a palpable increase of the swelling on the right side ensued, in spite of constant leeching and strict antiphlogistic treatment.

17th.—Pulse 100, small volume; tongue white and furred; bowels open. The swelling has increased, one part standing

prominently out as if a small orange were beneath the skin. Dr. Macfarlane was kind enough again to see the case, and not only agreed with me in the propriety of puncturing the abscess, but recommended it being done at once.

On the morning of the 18th, a small incision (about an inch in length) was made over the most prominent portion of the swelling, and the dissection carried down about half an inch, when a large-sized trocar was introduced. This required to be carried down some depth—at least two or three inches—before the abscess was reached, when about three ounces of thick laudable pus exuded. The man bore the operation well, and expressed himself relieved; pulse 96. He was seen again at noon, about four hours after the operation; pulse 100; more comfortable, and free from pain. A simple poultice to the part; anodyne at bedtime.

19th.—The lint introduced yesterday to keep open the puncture was removed, giving vent to about an ounce of thin, brown, unhealthy-looking pus; the part looks angry and inflamed, with a suspicious blush, and considerable tenderness; pulse 110; great thirst; a bad tongue; bowels confined. To have an ounce and a half of castor oil immediately; continue effervescing saline draught, with hyoscyamus; a soft bread poultice to the part, and spoon diet.

20th.—The aperient acted like a charm. He passed a good night; is cheerful, and looks better this morning; pulse 84, fair volume; bowels open freely from the oil. Continue saline draught; spoon diet.

23rd.—Progressing most favourably. To have the nitro-muriatic acid as before; a chop and bread pudding for dinner, and two measures of wine.

25th.—No more discharge; wound healed up, the patient looking well, and fast recovering colour and flesh. The hepatic region presents now scarcely any enlargement; there is some hardness, but no pain, even on firm pressure. The patient walks about, and takes convalescent exercise in a dhooly night and morning. He expresses himself as feeling better than he has for months past.

Sangor, 1860.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

UNSUSPECTED ABSCESS OF THE PROSTATE GLAND, IN A CASE OF GONORRHOEA, WITH FEBRILE SYMPTOMS; FATAL RESULT.

(Under the care of Dr. PITMAN.)

INFLAMMATION of the prostate gland, of an acute character, is known sometimes to be the result of acute gonorrhœa, and it will not unfrequently run into the suppurative stage, with possibly an absence of some of the symptoms which usually characterize its invasion, amongst which may be mentioned rigors especially. Their occurrence is always a safe guide to diagnosis; but their absence leaves us sometimes in the dark. We have the opportunity of giving a very rare and most instructive case of this kind, in which a large abscess of the prostate, situated between that gland and the rectum, was not detected during life; and the patient sank, no doubt from the severe constitutional symptoms to which it gave rise. The abscess was by no means an ordinary one, for the introduction of a catheter to relieve the bladder did not produce spontaneous evacuation after its withdrawal, as is often witnessed, and examples of which we lately brought under notice in our "Mirror." The retention of urine in the present instance was the result of the tumefaction caused by its presence, and instrumental assistance was rendered necessary to evacuate the contents of the bladder.