(= 36° to 9° Fahr.) higher temperature than in the vagina, in the right axilla, as well as in the right groin, there was a persistently higher temperature than in the left, the difference being sometimes as much as 1° C. (= 2·7° F.) The highest temperature in this case was 103·1° Fahr. This very remarkable behaviour of the temperature, which lasted almost a year, could scarcely mean anything else but a disturbance of the vaso-motor nervous system, which, whilst it affected both sides, affected the right much more than it did the left."

Dr. Graham Steel³ of Manchester has recounted a case that was under his care in the Manchester Royal Infirmary, in a female, aged twenty, suffering from hysteria, in whom the temperature was over 116·4°.

Dr. Horatio Donkin,⁴ of the Westminster Hospital, reported that, in a female nurse, aged nineteen, during an attack of enteric fever, the temperature was over 111°.

The other points of interest, in reviewing the case under consideration, would appear to be the non-persistent character of the hyperpyrexial condition, its want of uniformity over the surface of the body, and the slight prejudicial influence of the condition upon the patient.

The non-persistent character of the hyperpyrexial condition was very remarkable, and would appear to be of significant importance in estimating the amount of actual danger to the sufferer. Often the exaltation of temperature was of very short duration; a second observation taken very shortly after the registration of a high degree might again be high, or, on the contrary, be of a lower degree, or even be the normal temperature of 98°. Respecting the want of uniformity of the temperature over the surface of the body, it was no unusual circumstance for the difference to amount to several degrees. As an illustration of this anomaly the following instance of the state may be referred to. On the 24th of July the temperature in the left axilla was 117°, that in the right axilla was 110°, and that in the mouth was 102°. This non-correspondence was no unusual circumstance. It was also distinctly associated with a corresponding difference in the hyperæsthesia. The exaltation of sensitiveness was generally most marked on the left side of the spine, the left side of the thorax, and the left arm. This want of uniformity of the temperature, conjoined with a difference in the hyperæsthesia, may be inferred to be another indication that the individual was in no imminent danger.

Regarding the apparently slight prejudicial influence of the high temperature upon the state of the patient, it is to be remembered that while the temperature was so increased as to be considered almost incompatible with life, and while she was reeking in perspiration, her mind was unclouded, and she answered questions quite coherently, the only alteration in her physical condition being that of peevishness and waywardness, a statement fittingly described as "hysterical." Another point worthy of allusion is that the pulse and the respiration never altered, the ratio being 4·5 to 1, corresponding with the normal pulse-respiration ratio. This is of diagnostic import, for, in the ordinary pyrexial condition, in which the rise of temperature is persistent, the pulse and the respiration also increase synchronously.

The conclusion, therefore, in the contemplation of the case, is, that in the absence of pericarditis, endocarditis, or other inflammation, the hyperpyrexial condition was the consequence of an influence derived from the vaso-motor nervous system, or a neurosis, and that the many and characteristic manifestations of hysterical state very fittingly indicate that the designation of hysterical neurosis is the most appropriate epithet to apply to the case.

For the very complete and extended thermometric record I am indebted to Dr. J. D. Dixon, the senior house-surgeon, and Mr. W. H. Davis, the clinical clerk. For the notes of the case I have further to express my obligation to Mr. W. H. Davis.

CASE OF PERFORATING ULCER OF THE STOMACH;

DURATION OF ACUTE ATTACK, THIRTY HOURS;
AUTOPSY EIGHTEEN HOURS AFTER DEATH.

BY JOHN LACEY, M.R.C.S. ENG., &c.

THE following case may be of interest to the profession. The patient, up to the time of the attack, was exceptionally healthy and active.

The body was that of a young woman about twenty-two years of age, well-nourished. There was no sign of decomposition; the colour of the skin all over the body was of a light olive. On the body being opened in the usual manner by a longitudinal incision down the median line from the ensiform cartilage to the pubis, a layer of fat was observed about one inch and a half thick, of a yellow colour, darker than usual. On opening the cavity of the abdomen a rush of a considerable quantity of air took place, and on the intestines being exposed the presence of acute inflammation could be noticed in the pinky colour and almost universal glueing together of the intestines with coagulable lymph, with here and there a patch of redness, and about three pints of grumous serous fluid of a brownish dirty red. The serous covering of the liver was dull-looking and opaque, and looked as if macerated by the fluid; some of which, no doubt, had escaped from the stomach; on looking at which, but without removing it, a brownish-red spot about the size of a sixpence was observed on the front wall of the viscus, a little to the left of the centre. The stomach was carefully removed, and the opening of the ulcer was examined from the inside; it had the appearance of being of rather long-standing, as there was much thickening of the wall of the organ in the neighbourhood of the ulcer. There were also two other ulcers, rather larger than the one that had perforated the stomach, on the posterior wall, about the same level as the perforation; they were not so deep as the ulcer in the front, but so little tissue remained that when very lightly felt the wall gave way. The gastric inner surface appeared otherwise healthy. There was observed on the outer surface at the lower part of the stomach a wrinkle, as if the organ was forming the usual hour-glass appearance or contraction that takes place in this disease. The uterus was pale and rather contracted; the ovaries dark-coloured and nodulated, and on cutting into them several cysts were divided, which spurted forth a light-coloured fluid. In the right one a yellowish cavity was observed, not so large as a corpus luteum, but evidently the product of some inflammatory action. The mesenteric glands were also somewhat enlarged. The rest of the body appeared healthy.

There had been no marked symptoms of disease in the patient before, the only observable one being the olive colour of the skin, described above, which had existed for about two months, with loss of appetite, and a slight complaint of pain after food.

I think the above fully exemplifies the insidious nature of the disease.

Trinity-street, S.E.

A MIRROR OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

RICHMOND HOSPITAL.

CASE OF INGUINAL HERNIA WITH BONE IN THE INTESTINE;
DEATH; REMARKS.

(Under the care of Dr. A. ROBERTS LAW.)

A. B—, aged seventy-four, applied at noon on Monday, Sept. 15th, 1879, for admission to the hospital, having, he said, walked about two miles in great pain. He gave the following history. On the previous Saturday (13th) night he went to bed feeling well, and with no particular swelling; when he rose on Sunday morning he felt ill, and noticed a tumour in his left groin. He believed he had been ruptured for three years, because occasionally a small tumour came in his groin, which caused him no pain, and always disappeared without assistance. He had never worn a truss nor had advice. He was unable to eat anything all Sunday (14th), and had frequent calls to stool, but was able to pass only one or two small lumps of fæces, and no flatus. He felt sick, but neither retched nor vomited. Thinking the

³ THE LANCET, 1879, p. 271. ⁴ Ibid., 1878, p. 678.

tumour would disappear as usual, he sought no help until the next morning (the day of admission), when he went to a medical man, who told him he had a rupture, and endeavoured for ten minutes to return it. Failing in this, the medical man advised him to apply at the hospital.

On admission, a tense elongated tumour, somewhat larger than a goose's egg, was felt in the left inguinal region, extending some way into the scrotum. It appeared very elastic, and coughing gave a dubious impulse. When manipulated, the tumour gave him pain, and as the integuments were already much reddened, no real attempt was made to reduce it. The abdomen was somewhat distended, but not tender. There was no anxious expression, no vomiting, no great spontaneous pain, and the pulse was good. The patient was put to bed and a large enema given, of which only part could be retained. It brought away a small quantity of faeces. At 2 P.M. Dr. Roberts Law saw him, and ordered an injection of morphia over the tumour. At 4 P.M., as no alteration was observable in the tumour, the patient was taken into the operating-room and put under ether. After a very short preliminary attempt at taxis, an incision about two inches and a half long was made over the centre of the tumour, and the layers divided down to the sac. On passing the finger towards the abdomen to find the stricture, a small sharp-pointed body was felt protruding through the sac wall outside the external ring. This was seized by the forceps, withdrawn, and proved (microscopically) to be the end of a thin slip of bone, two inches long, by three-sixteenths of an inch broad at its widest part; to the other end of this was attached a fibrous shred, with the colour and odour of faeces. A director having been introduced into the opening in the sac, the sac wall was carefully opened on it; this was found very thick and friable; its internal surface was dark-red. The cavity was filled by a portion of intestine, attached to which were large masses of fat. In this intestine was found a corresponding hole to that in the sac wall, through which the bone was withdrawn. The edges of these holes were of a greyish colour and sloughy appearance. On passing a director through the hole in the upper surface of the gut, the point reappeared at the opposite surface under the fat, where a second opening was found, presenting the same characteristics; thus the bone evidently transfixes the intestine and skewered it in the sac. No obstruction was made out, but one band tighter than the rest was notched, and the finger was passed freely into the abdomen, but the intestine was found adhering to the sac. The contents of the sac were left in position, a drainage-tube was put into the lower angle of the wound, and the upper part was closed by sutures. The operation was performed antiseptically. After the operation the patient was allowed iced milk-and-water, and one grain of opium was given every six hours.

He passed a quiet night, and was not sick. No flatus passed by bowel. Next morning the pulse was 120, full; temperature 100.4°. The wound was dressed; the deep parts were healed; the drainage-tube was taken out. In the afternoon he vomited twice, and once in the evening, the vomit being curdled milk in thin colourless fluid. No flatus passed by bowel. On the 17th the stitches were taken out of wound, which was nearly healed. The parts around looked brawny and dark. During the 17th retching became more frequent, not much was brought up; the vomit was once only a little greenish. Eructations of wind very troublesome. No flatus passed per anum. The tongue remained moist. The patient took beef-tea, milk, and champagne freely. In the evening the pulse became weaker, and the abdomen slightly more distended. He passed a very restless night, dozing at intervals. In the morning the condition was much worse, the abdomen much more distended. Tongue still moist. Temperature 99.4°; pulse 124, much weaker. Urine, which had been drawn off by a catheter since operation, was now dark-brown, slightly albuminous, and contained altered blood-corpuscles. Nothing had passed by bowel. The finger was forced into the wound some distance, but let out no pus. The integuments round the wound were darker and more swollen. Ordered four ounces of brandy, and turpentine stupes to be applied to the abdomen. In the afternoon the pulse failed, and the limbs grew cold. Vomiting ceased almost entirely, the breathing became laboured, and death occurred at 11.45 P.M. on the 18th, seventy-nine hours after operation.

The necropsy (sixteen hours after death) was performed by the house-surgeon. On opening up the wound about a drachm of brownish stinking pus escaped from the sac. The

interior of the sac was very dirty-looking. The piece of fat in the sac had become adherent to the walls. There was no constriction in the neck, the finger could be passed into the abdomen. On opening the abdomen the intestines were found much distended. They presented points of injection all over, and had become greasy, having lost their polish. There was no fluid in the abdomen. On turning up the coils from the inner opening of inguinal canal, the colon close to the sigmoid flexure was seen passing over the aperture, and on pulling it it was found to be partially engaged in it. When the neck of the sac was slit up, it was observed that part only of the circumference of the colon was drawn into the neck, and attached to it was the piece of fatty tissue in the sac. By the fact of one side of the bowel being implicated in the neck, the calibre of the gut was greatly diminished at that point; below this the intestine was flaccid and empty. On cutting out the piece of gut and opening it longitudinally, an appearance exactly like a diverticulum was presented, which, turned inside out, showed the entrance and exit holes of the bone. The mucous membrane round the one in the upper wall was livid, in the other one the edge was thin in consequence of the perforation in the mucous membrane being smaller than that in the outer coats. There was no mark of constriction, and, except just in the neighbourhood of the holes, the mucous membrane appeared healthy. The kidneys when opened showed somewhat diminished thickness of cortex, which was tougher than natural. The capsule stripped off readily enough, but left a slightly granular surface.

Remarks.—One may observe that in this case the usual symptoms of tight strangulation of the gut were absent, but, taking into consideration the advanced age of the patient, it was thought best to operate without unnecessary delay. The operation proved satisfactorily the impossibility of reduction.

The non-passage of flatus or other contents of the intestine after the operation may have been caused by the non-return of that portion included in the sac, but the lowered vitality incident to the patient's time of life more probably prevented the intestine resuming its normal functions.

The question arises, Would the formation of an artificial anus have by any possibility influenced the ultimate result?

BIRKENHEAD BOROUGH HOSPITAL.

POISONING WITH PHOSPHORUS.

(Under the care of Dr. STEVENSON.)

FOR the following notes we are indebted to Mr. F. Grenfell Baker, M.R.C.S., senior house-surgeon:—

B. W—, a young woman, aged twenty-two, was carried to the hospital at 6.45 P.M. on Nov. 27th, by a police constable who had found her about three-quarters of an hour previously running about the streets, with, as he said, "flames coming from her mouth and hands."

The patient was a robust, well-made, young woman, and when admitted was in a very excited state, and talking incoherently. Thick luminous fumes were issuing from the mouth with her breath, and on her hands were patches of a greenish blue-looking substance, which was also luminous in the dark. The woman refused to answer any questions relative to her condition, and did not complain of any pain. A powerful odour of phosphorus was apparent around her. A strong emetic of sulphate of zinc was at once administered in water, and emesis immediately afterwards occurred. The vomited matters consisted of large lumps of undigested meat and potatoes, which when placed in a dark room were luminous, and smelt strongly of phosphorus. In a few minutes a second emetic similar to the first was given, together with a large quantity of water, which was swallowed without difficulty, and in about three minutes returned, but without any phosphorescent odour or appearance. After this the patient expressed herself as being "all right," and, refusing to remain in hospital, was conveyed to the police court, where she was charged with attempting to commit suicide. She had not long been in the Bridewell, however, when her condition became so alarming that the authorities sent her back to the hospital, where she was admitted at nine o'clock the same night.

On admission she was perfectly conscious, though some-