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

of the superimposed structures down to the sac, the constriction was found to be caused by a band of about one-eighth of an inch in width across the neck of the sac and external to the abdominal ring, both of which were quite patulous. The sac was opened, the constricting band divided, and the bowel (small intestine) returned. The gut was congested, but not sphacelated. There was a large quantity of serum in the sac. The wound was closed with sutures, and carbolic oil applied on lint, over which a compress was firmly bandaged. The patient was put to bed, and ordered opium every four hours.

Nine days afterwards the bowels were opened by a dose of castor oil. As there was great œdema of the scrotum and penis, an incision was made into a dependent part of the scrotum, but no pus was evacuated. A fortnight afterwards a large quantity of pus was discharged from a small opening which remained at the lower end of the incision (the other part being healed). On careful manipulation, a large collection of pus was found in the scrotum. A director was passed through the opening, and, a careful incision having been made upon its point, a quantity of pus was discharged, and a strip of lint passed from one aperture to the other, thus ensuring a free opening. Warm-water dressing was applied. From this time he progressed speedily towards recovery, and was discharged cured on July 9th.

Wm. D—, aged thirty, a stout vigorous man, admitted on May 30th, suffering from a scrotal hernia, which was tense and tender, and gave no impulse on coughing. He had been the subject of hernia for three years, but, having been always able to reduce it, had never worn a truss. On this occasion he was unable to effect reduction.

The taxis having been persisted in for two hours before his admission, after a short attempt at reduction under chloroform, it was decided to operate. An incision was made in the long axis of the tumour, and after a careful dissection the sac was reached and opened. The stricture was situated at the internal ring, and was divided by the herniotome guided and guarded by the finger.

The intestine (colon) was congested and contused, from the attempts at reduction; but, having been strangulated so short a time (seven hours), there was no sphacelus. Ordered ice, milk, and opium, every four hours. He complained of sickness twice subsequent to the operation.

Five days after the operation his bowels were opened by castor oil, and he was discharged cured on July 5th.

TUNBRIDGE WELLS INFIRMARY.

ERYTHEMA CIRCINATUM.

(Under the care of Dr. WARDELL.)

A WELL-MARKED example of this uncommon affection was recently taken into the Tunbridge Wells Infirmary.

A. H—, aged forty-eight, single, a domestic servant, and a stout and muscular woman, was admitted May 31st, 1870. On the 26th she began with all the ordinary symptoms of acute rheumatism, and for some days she was attended by the house-surgeon as an out-patient. On admission the larger joints, and especially the knees and right wrist, were swelled. There was no cardiac complication, but the systolic sound was shorter and less loud than natural. On the lateral aspect of the right arm and immediately below the elbow was a round, clearly defined, slightly raised patch, two and a half inches in diameter, and of brownish damask-rose redness. The centre had a yellowish tinge, and there the epidermis had become broken and shrivelled, and was being thrown off in furfuraceous desquamations. The back of the right hand was of rose-red, bounded transversely by a clear line which described the segment of a circle. The back of the thumb and the back of the middle finger were of the same colour, the palmar surface of each being of natural appearance. On the anterior part of the left leg, extending up over the lower two-thirds of the tibia and two inches in width, was an erythematic blush of purplish hue, the skin being slightly raised, but the margins were less distinct than the previously described patches. On the side of the right knee-joint, and on the lateral aspect of the left leg, were similar rose-coloured patches, some of which in the centre were becoming yellowish. The statement of the patient was that these places began to appear soon after the cessation of the pains in her limbs, and simultaneously

with the enlargement of the joints. She was put under the alkaline treatment, in combination with the ammoniated citrate of iron, had Dover's powder at bedtime, and was ordered to lie between blankets. A powder was prescribed for the spots, with one part of the oxide of zinc and three of powdered starch. Under this treatment the acute rheumatism soon began to subside, and with its declension the patches began to fade. As the colouration of the spots became less vivid they assumed a yellowish tint, and the cuticle proper to their extent desquamated, in branny whitish scales, the cutis vera lost its tumidity, and the elevation disappeared. When this peculiar form of erythematic inflammation has been observed, it has generally been in acute rheumatism.

Dr. Wardell not long ago saw, in the instance of a young girl, who had also acute rheumatism, an exceedingly well marked illustration of erythema papulatum, which occurred on the backs of the hands, fingers, feet, and toes. The affection closely resembled chilblains. At some of the parts mentioned the spots had become aggregated into thickly set patches, like the reddish, livid, port-wine stains of purpura. The rheumatic diathesis is that condition in the system which is most prone to the development of these forms of erythematic inflammation.

LUPUS ERYTHEMATOSUS, TREATED BY LEMON-JUICE.

M. C—, aged twenty-three, single, a servant, of florid complexion, and a well-formed, muscular young woman. She said she had had the affection from infancy, and at various times had consulted a large number of doctors. The right cheek, as far the ear and down to the edge of the lower jaw, presented the unsightly appearance of chronic lupus. The diseased parts were of brownish red, and at most places the skin looked tense, smooth, and shining. On closer examination, a number of slightly raised eminences, of two or three lines in diameter, were observable, which were soft to the touch and looked of jelly-like consistence. Certain of these tubercular elevations were streaked with vascular ramifications, and at various points the epidermis was peeling off in whitish, furfuraceous scales; at other points were some open sores which secreted a clear serous fluid. At certain places the cutis vera was raised and hypertrophous, and was of reddish-salmon colour. At the margins shining white cicatrices were left. This patient was under the care of the house-surgeon, Dr. De Haviland Hall, as an out-patient, in the early part of 1869, when she was treated with various remedies, but without deriving much benefit. She again came under the care of Dr. Hall in the spring of the present year. On May 6th he ordered her to take the juice of three lemons daily. In one week the improvement became most manifest. The remedy was continued in conjunction with cod-liver oil (which she had at various times before taken with other medicines, but with little advantage), and the face became wonderfully better. The improvement continued, and in less than a month the face was very much better than she ever remembered it to have been.

Dr. Wardell informs us that he has recently had, in his private practice, another case illustrative of the beneficial effects of lemon-juice in this obstinate affection. This was in a middle-aged woman, who for six years had this form of lupus, and who got quite well.

Foreign Gleanings.

SYPHILITIC GUMMA FIFTY-FIVE YEARS AFTER THE PRIMARY SORE.

PROFESSOR FOURNIER, the eminent syphilographer of Paris, has published this case in *L'Union Médicale* of August 9th, 1870. The patient was treated in private practice, and is seventy-two years of age. M. Fournier was called to him, in April, 1869, for a tumour of the thigh, supposed to be cancerous. He had never been ill, except within the last few years, when he suffered from caries of the lower jaw. The tumour on the thigh had grown very rapidly in a couple of months, and measured five inches vertically and four horizontally. It was mammillated, and set with protuberances as large as chesnuts; skin normal, except on one spot going over into ulceration. Walking