utmost benefit, and there should be one in every general hospital. To sum up the treatment of delirium tremens, a patient may generally be guided through an attack; rarely is an attack cut short, and if any attempt be made to do this and it fails, such a mode of treatment is always prejudicial and may be fatal.

In cases of acute insanity from drink, restraint from violence and feeding are the main points to be attended to. I am very sceptical as to whether any drugs are of benefit; they ignominiously failed in the case I have mentioned—e. g., in the first attack, which lasted thirty hours, and was treated with blisters, salines, and tincture of hyoscyamus; in the second attack, which lasted twenty-nine hours and a half, and was treated with bromide of potassium freely and morphia hypodermically; in the third attack, which lasted thirty-three hours, and was treated with chloral hydrate and tincture of digitalis; and in the fourth attack, which was treated in a similar manner, and ended in chronic mania.

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.

BRADFORD INFIRMARY.

LYMPHOMATOUS TUMOUR OF THE DUODENUM.

(Under the care of Dr. REGINALD G. ALEXANDER.)

JOHN S—, aged eighteen, brickyard labourer, was admitted on Aug. 4th, 1875, with a phthisical and strumous family history. He had always been delicate, and six years ago had sickness and vomiting after meals, which passed away in about six months; but ever afterwards he had had slight abdominal pains occasionally. Had had neither hæmatemesis nor melæna. Five weeks before admission he began to vomit everything he took, sometimes immediately, sometimes a couple of hours, after food; and at the time of admission he had pain immediately after food in the epigastric and umbilical region, which lasted until the food was rejected, when the pain ceased at once. He was very weak and emaciated; tongue pale and slightly furred; bowels regular; no jaundice. The abdomen was flattened and retracted, especially at the umbilicus, and in this region there was felt an irregular flattened mass, extending towards each renal region. This mass suggested the idea of fæcal matter in a portion of the small intestine. It was tender to the touch and inseparable from the spinal column, but distinct from the liver and spleen, and dull on percussion. The heart, lungs, and other organs were healthy. Urine sp. gr. 1035, strongly acid. Ordered beef-tea and milk, to be taken in very small quantities at a time.

On Aug. 6th an enema was followed by a small amount of scybalous nodules. Ordered an effervescent mixture. On the 9th vomiting was less frequent, but there was a burning sensation, as of hot air, rising from the stomach after food, and food seemed never to pass the umbilical region. On the 11th he was ordered ice to suck. Five days after he had neither pain nor vomiting after food. On the 18th he complained of a dry choking feeling in the throat, with difficulty in swallowing saliva; the appetite was failing, and emaciation increasing. Ordered three ounces of brandy and a little beer, which he desired to have. On the 31st there was œdema of the legs as well as purpuric patches on the body.

Up to Sept. 1st he had not vomited for a week, and had taken food well without any pain after it, but his appetite left him again in a week. Four or five days afterwards œdema of legs, more purpuric petechiæ, and ulceration behind lower lip occurred. On the 16th he became delirious, and complained of monkeys running off with his brandy, and of other hallucinations. Died at one o'clock.

Autopsy, fifty-one hours after death. By Mr. T. C. Denby,

late junior house-surgeon.—No tumour visible on opening abdomen, but on throwing up transverse colon, a swelling, the size of a split lemon, was seen on the mesentery opposite the umbilicus. On tracing the small intestine upwards from the cæcum, the mesenteric glands increased in size as the duodenum was approached, and in this situation some of them were of the size of a marble, and, being matted together round the point of origin of the mesenteric vessels, gave rise to this tumour. These enlarged glands, on section, projected convexly, and resembled white brain-substance. The duodenum was normal in course and position, but the walls of its lower three-fourths were so thickened that they did not fall together, but formed a cylindrical mass, with smooth, glistening, and translucent peritoneal covering; there were no signs of recent or remote inflammatory action or infiltration. On section, the walls in thickness varied from a quarter to three-quarters of an inch, and in structure were formed of the same brain-like matter as the enlarged mesenteric glands. No ulceration of the mucous surface, and no appearance of softening or degenerative changes. The upper fourth of the duodenum was normal. Stomach not dilated, nor pyloric orifice affected.

Remarks.—The sickness and vomiting which took place six years before admission into the hospital seem to point to a threatening of the disease as a primary affection of the duodenum at that time. After lasting for six months the symptoms subsided, and were followed by a period of latency so common in malignant complaints before their full development. The structure of the new growths resembled medullary cancer, but differed from the true soft cancer in one following points:—1. Absence of milky juice. 2. No secondary deposits in the liver or elsewhere. 3. Absence of infiltration; the peritoneal covering was intact, and the muscular fibres could be plainly seen. 4. Unbroken mucous surface. 5. Natural calibre of canal. The microscope revealed the structure of lymphomatous tumour, small round cells embedded in reticular meshwork. As the lacteals, filled with nutritive fluid derived from the intestines, run along the mesentery and pass through the mesenteric glands, those enlarged and altered glands, and especially those at the entrance of the mesenteric vessels forming the mesenteric tumour, would obstruct the passage of the fluid in its course to the thoracic duct, and would thus partly account for the extreme emaciation (nutrition depending chiefly upon absorption of fluids from the stomach). At p. 417 of Wilks and Moxon's Pathology, 2nd edit., under the head of "Morbid Growths of Intestines," speaking of lymphoma, it is stated:—"The small intestine is very little subject to primary cancer, and when this does occur it nearly always has the form of lymphoma—that is, a structure almost identical with that of lymphatic gland; it always then affects the mesenteric glands, enlarging them enormously..... This kind of cancer has three chief peculiarities:—1. It rarely ulcerates. 2. It rather widens than narrows the canal of the bowel. 3. It shows very little disposition to undergo degenerative changes. To the naked eye it resembles medullary cancer; its growth is rapid." This rare case seems so thoroughly to bear out the truth of the above remarks, which are evidently the result of most careful post-mortem investigation, that we have ventured to quote them *in extenso*.

CARDIFF INFIRMARY.

A CASE OF SUPPURATIVE NEPHRITIS COMMUNICATING WITH LEFT LUNG; RECOVERY.

(Under the care of Dr. C. E. HARDYMAN.)

A. G—, an Italian, married, aged thirty-six, came under treatment on June 28th last. He stated that he had been in excellent health until about a fortnight before, when he was seized with pain in his left loin, with occasional shiverings, and that he felt generally out of sorts since. The pain was severe over the left kidney, and shot down the course of the ureter to the bladder, left groin, and left testicle. There was no swelling to be seen. The urine was of a deep red colour, clear, free from albumen and pus-cells. He continued much the same for some days, the temperature rising to about 102° in the evenings.

On July 10th he had a severe rigor; temperature 103°.

A slight swelling was now found in left loin. Urine still of a bright red colour, and contained a few pus-cells. Next day the swelling, which was much increased, with distinct fluctuation, was punctured with a needle attached to an aspirator, and about eight ounces of pus drawn off. In the night he had suddenly a severe attack of coughing, and expectorated a quantity of pus, about eighteen ounces, during the night. The left lung became dull on percussion all over, and moist crepitant sounds were heard all over both lungs, but most so over posterior and lower part of left lung. The cough became very troublesome, and the man continued to expectorate a quantity of pus.

A free opening was made in the left loin, a drainage-tube inserted, and a quantity of pus escaped. The lung-symptoms gradually disappeared, and expectoration became much less. Temperature fell to 100° in the evening. The urine was copious, and still remained of a bright red colour, and with but a few pus-cells discoverable. He went on well from day to day until the 15th of July, when the drainage-tube slipped out in the night, and the wound practically closed. The cough then became again most troublesome, and expectoration of pus increased. Moist crepitant sounds (which had in a great measure disappeared) were again to be heard over both lungs.

The opening in the loin was enlarged, and the drainage-tube carefully secured. From this time he rapidly improved, the wound continued to discharge, the chest symptoms gradually cleared up, and the cough was relieved. The drainage-tube was left in until the 26th, when all discharge had ceased, and there was no expectoration. The urine was now of a much lighter colour, copious, and free from pus-cells. The lungs were restored to their normal state with the exception of the base of the left lung posteriorly, which remained dull on percussion, and admitted but little air.

The treatment throughout consisted of fomentations and poultices to the loin; salines in the first instance, and bark and acid later on, with remedies to relieve the distressing cough. He took from the beginning a large quantity of milk, often as much as from ten to fourteen pints in the twenty-four hours. He is now (September 26th) in perfect health, but a small portion of the base of left lung is still dull on percussion, and the respiratory murmur very indistinct.

Reviews and Notices of Books.

An Inquiry into the General Pathology of Scurvy. By CHARLES HENRY RALFE, M.A., M.D. London: H. K. Lewis. 1877.—The text of this pamphlet recently appeared in these pages, and Dr. Ralfe has done well to republish it in its present form. It is an example of careful chemico-physiological research upon the nature of an affection which takes rank among the group of diseases depending on altered blood-conditions, about which there can be no question as to their etiology. Opportunities now rarely, if ever, occur in which the blood itself can be analysed in quantity sufficient to draw safe conclusions, and Dr. Ralfe has drawn his deductions from analyses of the urine, comparing the composition of this excretion in health with that afforded by it when the subject is put upon a diet deprived of fresh vegetables; and these again compared with the urine in scurvy. So much has already been learnt concerning blood-conditions in other diseases from careful examination of the changes produced in the urine, that conclusions drawn from this mode of research as to the state of the blood may fairly be accepted as facts. The author, pushing the matter further still, contrasts the urinary changes with the composition of scorbutic and antiscorbutic diets, and concludes that in scurvy there is a diminution in the alkalinity of the blood. This diminution of alkalinity does not depend solely upon the withdrawal of potash, as Dr. Garrod was the first to point out, but upon a re-arrangement, so to speak, of the comparative quantities of the acid and

alkaline salts. There is, in fact, an increase of the acid salts—chiefly urates—in the blood, and a withdrawal of salts having an alkaline reaction. The scorbutic condition, characterised by dissolution of blood-corpuscles and degenerative changes in the muscular tissues and in the renal and hepatic cells, can be induced artificially in animals by the simple injection of acids into the blood, or by other means whereby the normal alkalinity of this fluid is diminished. The clearness and force with which the author states his case add to the value of a very creditable contribution to pathology.

Revue Mensuelle de Médecine et de la Chirurgie. No. 11. November, 1877. Paris: Baillière.—This number contains much interesting matter. The first article is on the Etiology of Typhoid Fever, by Dr. Bouchard, and was read before the International Congress at Geneva. After reviewing the three doctrines of spontaneity, infection, and contagion, the author concludes that both infection and contagion are too exclusive, and that the doctrine of fæcal origin is too limited, whilst that of spontaneity is not proved. He holds rather that typhoid is a specific miasmatic fever; that the *materies morbi*, not necessarily arising from a previously infected organism, may impregnate the air, the soil, or water, and may be disseminated by man, by contaminated objects, by air, and especially by water taken as food. Defective drainage operates as agent of infection or of contagion. M. F. Perrier writes on a case of Unilocular Ovarian Cyst opening into the intestine. Dr. Sorrel produces a new scheme for the Classification of Epidemic, Infectious, and Contagious Diseases. M. Lépine contributes a paper on a case of Abscess of the Anterior Lobes of the Brain following an affection of the nasal fossæ; and Dr. Gibert discusses two cases of Petechial Rheumatism, one of the cases being complicated with intestinal and renal hæmorrhage, and ending fatally from renal disease; the other, in whom the purpura was extreme, was also complicated with melæna and hæmaturia. This patient recovered, and, since recovery dated from the commencement of a course of quinine, the disease was possibly due to malarial causes. M. Oulmont summarises M. Charcot's lectures on Tuberculosis of the Lung and Caseous Pneumonia from his course of pathology at the Ecole de Médecine this summer. And the number concludes with a notice of a work by Dr. Hennequin on Treatment of Fractures of the Femur by Continuous Extension, and a brief obituary of Professor Wunderlich.

Ricerche per Determinare quali sieno i Nervi Vasomotori che fanno affluire largamente il Sangue nei Gangli Vasali e nelle Ghiandole.—These researches, undertaken by Signor Socrate Cadet with a view to determine what are the vasomotor nerves which cause a rapid flow of blood (during the active performance of their function) to the vascular glands and to secreting glands, are published in the Proceedings of the Reale Accademia dei Lincei, anno cclxxiv. M. Cadet points out that smooth muscular fibre enters into the structure of the veins as it does into that of the arteries. He shows also that in the veins the fibres run for the most part in a longitudinal direction; and lastly he shows that these fibres are well supplied with vascular nerves. The function of these nerves, he suggests, may be to cause contraction of the longitudinal muscular fibres, and thus to effect the enlargement of the lumen of the veins, which may in this way come to exert an aspiratory force on the blood in the capillaries, and through them on that in the arteries.

Transactions of the American Gynecological Society.—The American Gynecological Society is a national society whose object is the promotion of knowledge in all that relates to the diseases of women and obstetrics. The number of its fellows is limited to sixty. Its meetings are held annually,