was occasionally voracious; he would cry for food, and seemed to be relieved after eating; had not sucked for some weeks before death. He continued in this state up to the 17th July, when, about half an hour after his supper, the mother heard him cough and cry, and on proceeding to raise him from his cot, he suddenly expired. The child had not been under medical treatment; so on the following morning I was applied to by the mother for advice, and I directed her to the Coroner, who ordered a post-mortem examination.

Autopsy three days after death.—Child appears to have been fairly nourished, but very anæmic. On opening the abdomen, the first thing I noticed was that the whole of the anterior cardiac surface of the stomach had given way, allowing the escape of its contents into the abdomen; these consisted of partly digested farinaceous food, which had an acid reaction and intensely sour smell, but no signs of decomposition—indeed there was a total absence of this condition up to three days after its removal from the body. On further examination, I found that almost all the stomach was reduced to a transparent gelatinous condition, in which no distinction of tissue was apparent, and which broke with the slightest touch. On the small unaffected portion no signs of inflammation were observable, nor was either inflammation or softening to be found throughout the intestinal canal; but there was an almost universal absence of fat. The thoracic viscera were healthy, with the exception of the bases of both lungs, which were slightly congested, probably a post-mortem occurrence. The brain was of a softer consistency than normal, but nothing worthy of note was observed here. The death I believe to have been due to the sudden giving way of the stomach, which as a consequence produced fatal collapse.

Remarks.—As these cases are not of common occurrence, and as medico-legal questions are likely to arise out of them, I have thought it well to record this one. Here the moral features of the case were good. One pathological question, however, may be asked—viz., whether this condition of stomach existed at the time of death, or whether it was a post-mortem occurrence? I am of the former opinion, and that probably the disease had been steadily progressing for some time, until at last, what with the whooping cough and the softened condition of the coats of the stomach, this structure suddenly gave way at a time when it was over-distended with food.

Broadway, Westminster, Sept. 1863.

A Mirror

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

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.

ROYAL FREE HOSPITAL.

EFFUSION INTO THE RIGHT PLEURA; SUBSEQUENT DEVELOPMENT OF UNUSUAL PHENOMENA; DIFFICULTY OF DIAGNOSIS; PROBABLE SEMI-MALIGNANT DISEASE OF CHEST AND ABDOMEN; CLINICAL REMARKS.

(Under the care of Dr. COCKLE.)

JOHN W—, aged forty-six, single, of short stature and originally very stoutly built, by occupation a brickfield labourer, was admitted June 1st, 1863, supposed to be suffering from pleuro pneumonia. His father, he stated, died from apoplexy; his mother from cholera. He has three brothers living, one of whom suffers from rheumatic gout; three sisters also are living and in good health. He has always enjoyed good health until the early part of the present year, when he had an attack of rheumatic gout. At the end of a week he went out and caught a severe cold, which settled on his chest, and from the effects of which he has been suffering for the last ten weeks. He had for some time previous to his illness drunk freely of beer (ten pints daily).

Present condition.—He complains of debility; uneasiness and oppression at the chest, with a sense of shortened breath; troublesome cough, with scanty and rather difficult expectoration (muco purulent); the voice slightly hoarse and cracked; thirst and feverishness towards evening, and profuse general perspiration during the night. He can lie with tolerable ease on either side, but prefers lying upon the back. Appetite indifferent; the bowels and kidneys act naturally. His aspect is phthisical; eyes prominent, conjunctivæ blue; and there are signs of general emaciation. No venous distension or pulsation in the cervical region; lips florid. Chest symmetric; no visible bulging. There is greatly diminished breathing movement of the right side; that of the left is exaggerated and quickened, 25 per minute; heart's impulse very faintly visible rather to the left. The right side, just below the axilla, below the nipple, and at its lower portion, measures 17 inches; the left side, at the same points respectively, 15½, 16, and 16¼ inches. There is an absence of thoracic fremitus over the right side generally, with the exception of the extreme upper region; equal and moderate fremitus over the entire left side. Heart's impulse extremely weak; radial pulse weak, 112 per minute. On percussion, the right side yields a clear quasi-tympanitic note at its upper portion—perfect dulness and tactile resistance over every other portion; the liver is found to pass beyond the false ribs. The left side yields perfectly normal results.

These symptoms and physical signs underwent little appreciable change for some weeks, with the exception of gradually increasing debility and emaciation, and occasional, though slight, nocturnal attacks of suffocative dyspnoea, compelling the patient to assume the sitting posture. Eventually, with increasing dyspnoea, cough, and lividity of the lips, the entire left side of the chest gradually became dull upon percussion, especially at the middle and lower portion anteriorly and posteriorly. The respiratory sounds were now extremely harsh and sibilant. This harsh respiration was after a time followed by large crepitation, more particularly over the parts dullest on percussion—viz., the middle and lower anterior and posterior portions. The expectoration was still muco-purulent. Microscopic examination revealed epithelial cells only, and the corpuscles common to muco-pus. No blood was ever coughed up, or even rust-coloured sputum observed. The heart's sounds were loudly audible over the entire left side. A faint murmur, more distinct with the second than the first sound, existed over the aortic mouth. The impulse was plainly and extensively felt above the left nipple and to the left side. Nearly coincidently with these latter changes, the abdomen began to swell from fluid effusion, and very slight wandering pains were occasionally felt. Three small tubera gradually developed themselves on either side of the linea alba, scarcely movable, and quite painless. The debility and dyspnoea now became extreme, the pulse exceedingly rapid, and the patient died somewhat suddenly during slight convulsion. No diarrhoea occurred throughout. During the last few days of life the urine was slightly albuminous.

Autopsy, twenty-four hours after death.—The body was moderately well nourished. Purpuric spots existed upon the anterior surface of the chest. Death stains were visible about the posterior surface of the neck and loins, but not to any great extent. The forehead and face were of slightly yellow tint. The inferior extremities slightly anasarcaous.—Head: The dura mater was rather thickened, and generally adherent to the skull. The falx cerebri was somewhat rigid, and slight ossific deposit was found in the tissue of its lower and anterior border. The veins and sinuses were gorged with blood. The pia mater presented here and there a milky appearance. Much fluid existed in the sub-arachnoid space. The brain-substance was of natural consistence. A small quantity of fluid was present in the ventricles.—Chest: The right pleural sac contained a considerable quantity of turbid serum, but not sufficient to depress the right wing of the diaphragm, which still presented its normal concavity upwards, and corresponded to about the level of the fifth rib. The pleura was lined by false membrane, which was exceedingly dense at the base of the lung, there fusing into one common mass. At the upper third of the cavity fine cobweb adhesions connected the opposite surfaces. The lower two-thirds of the right lung, completely carni-fied, were flattened against the spine and mediastinum. The upper third was less condensed. The apex, body, and base of the lung contained nodules of either cancerous or tuberculous character, but they were situate more on the anterior than the posterior surface. The entire weight of the lung was eighteen ounces. The left pleural sac contained no fluid. The lung, retracted, was united by very dense adhesions along the costal edges of the ribs as far as the sixth rib. The adhesions, commencing at

the pericardium, extended all round the lung to the spine, and downwards to the diaphragm. Here, also, the false membranes and pleura formed a mass of very considerable thickness. The anterior border of the lung-substance was solid from a mottled infiltration. The other portion was very cedematous. Immediately beneath the pleura, investing the anterior face of the lung, a countless number of either miliary or cancer tubercles were seen rising beyond the level of the surrounding tissue, and varying in colour from white to greenish black, giving the face of the lung somewhat the appearance of the roe of a fish. An inch and a half below the apex, and deep in the parenchyma, larger tubera were found, which grated on section, and seemed composed of small granules. The lower third of the lung was much engorged, simi-solid, and presented throughout a few scattered miliary granules. The weight of the lung was two pounds and a quarter. The bronchial glands were apparently unchanged. The heart and pericardium occupied a considerable portion of the left side of the chest exposed, reaching as far as the costal borders of the ribs, where the pericardium was adherent to the lung, which coursed straight along its left border, corresponding to a line dropped from the lower border of the second to the lower border of the sixth rib. The pericardial sac contained about two ounces of turbid serum. Anteriorly, over the right ventricle, were milky patches of considerable size; and posteriorly, on the inner surface of the pericardium, a layer of recent lymph. The heart was distended by black blood; the coronary veins were much congested; the organ was enlarged, and its tissue flabby; the valves were healthy; its weight was thirteen ounces and a quarter. — Abdomen: The peritoneal sac contained a large quantity of turbid serum. The liver, which was coated by recent lymph, was unusually large and firm, extending three inches below the false ribs; it was of a very dark green colour, becoming lighter towards its left lobe. The gall-bladder was moderately full of dark bile. The weight of the liver was fifty-four ounces. The stomach, somewhat contracted, was bound down by recent adhesions; it was thicker than usual about its lesser curvature. The small intestines were but slightly involved in the adhesion, but were covered with minute granules. A very considerable amount of solid deposit existed about the left half of the transverse colon. The mesentery was studded throughout with miliary granules; and the mesenteric glands were enlarged, red, and softened. There was entire fusion of the omentum, which from the left side of the colon formed a thick dense collar, of almost scirrhus hardness, an inch and a half thick, and an inch and three quarters wide, adhering firmly and extensively to the peritoneum near the left lumbar region, and thence running towards the pelvic region and dividing into two branches, one attached to the peritoneum corresponding to the linea alba, the other passing to the recto-colic junction. The lumbar glands were not sensibly enlarged. The spleen was apparently healthy, and weighed seven ounces. The capsule of the pancreas was adherent; the organ weighed three ounces, and was bound by adhesions. The right kidney was lobulated, but healthy; weight five ounces and a quarter. The left, also lobulated, weighed five ounces and a half.

The following clinical remarks were made:—"Although, during the progress of this case, a diagnosis was made of probable malignant disease, nevertheless, for some time after the admission of the patient into the hospital, it was regarded as one of effusion into the right pleural cavity, directly excited by the exposure to cold of a subject from whose system the poison of rheumatic gout might not have been sufficiently eliminated. It was furthermore thought that, in consequence of this faulty elimination, a certain amount of constitutional irritation might be kept up, and the disease suffered to lapse into a chronic condition, or that the effusion might even be in the way of gradual absorption. For it must be borne in mind that the man had scarcely recovered from an attack of rheumatic gout when the pulmonary affection supervened. The previous good health of the patient, his age, somewhat intemperate habits, family history, and the apparent integrity of the left lung, seemed to favour such a conclusion. On the other hand, the phthisical aspect, the general character of the symptoms—gradual loss of flesh and strength, distressing cough with scanty muco-purulent expectoration, profuse night-sweats, slightly hoarse and cracked voice,—and the site of the effusion, excited the suspicion of possible tubercular deposit. While hesitating, for some time, between these views, new signs and symptoms arose which finally led to the abandonment of both. The breathing gradually became more difficult, the lips livid, and the cough more distressing, without any detectable increase of effusion upon the right side. The left lung, as gradually, be-

came dull upon percussion—a dulness not limited to the apex, but extending over the whole anterior, and partially over the posterior, aspect. The respiration became very harsh in quality, mingled frequently with dry rhonchus, and latterly with a large moist crepitation around the axilla and extending to the base. After these signs had existed a very short time, or, indeed, nearly coincident with them, gradual effusion took place into the peritoneal sac. Occasional and very slight wandering pains over the abdomen attended its progress. Pressure did not, in any marked degree, occasion either pain or tenderness. During this change the conjunctivæ still retained their clear blue colour; the urine, frequently tested, gave no evidence of albumen; the face and forehead gradually acquired a slightly yellow or sallow tint, but the remaining parts of the body were comparatively fair. Three small tubera, if so they may be called, now appeared in the middle of the abdomen on either side of the linea alba. They were of roundish form, slightly movable, and quite painless. Until the attention of the patient was directed to them, he was quite unconscious of their presence. Upon the sides of the neck were four other tumours, but apparently of different character. They were much more defined, and larger. The largest could be moulded by pressure into any form, which was retained until again pressed flat by the neck-tie. These tumours, the patient stated, had existed very many years; and this statement was undoubtedly correct, for they proved to be ordinary sebaceous cysts. Soon after these changes alluded to, the anasarca of the extremities appeared; and for some days before death the urine gave unequivocal indications of albumen. It was the gradual supervention of these signs and symptoms that now awakened the suspicion of cancerous disease. In brief summary, then: a man originally of very robust frame, hitherto healthy, although of somewhat intemperate habits, and probably inheriting a disposition to rheumatic gout, suffers, at the age of forty-six, from an attack of this disorder. Before he is fairly well, exposure to cold determines an attack of rheumatic (?) pleurisy. This affection persists for some weeks in a chronic form, and appears eventually to develop the cancerous diathesis, followed by extensive deposit in the chest and abdomen. Some obscure and ill-defined relation would seem to exist between gout, rheumatism, consumption, and cancer. Indeed, there are the strongest grounds for believing that occasionally, in certain cases, actual 'conversion' may ensue."

It is, however, but proper to state that minute portions of the morbid parts were forwarded to Dr. Wilks, but without any history of the case, in order to obtain his opinion as to their microscopic character; and that he could not detect evidence of cancer. But on a subsequent examination of the parts themselves, and after hearing an outline of the case, unless injustice is done to this most able pathologist, he was understood to say that so far as regards the abdominal disease, it would have been regarded by the late Dr. Addison as of malignant character.

ST. THOMAS'S HOSPITAL.

POUCHY DILATATIONS OF THE DIGITAL ARTERIES.

(Under the care of Mr. SIDNEY JONES.)

THE following case is an instance of rare disease occurring in a youth, in whom there was no evidence of atheromatous conversions:—

John I—, aged seventeen, living at Plumstead, was admitted in January, 1863. He affirmed that twelve months previously his left ring finger was exactly similar to the opposite one; that the former about ten months ago presented a swelling just below the metacarpo-phalangeal joint, and that the swelling, at first involving the outer and subsequently the inner side of the finger, and attracting notice by the uneasiness caused by its pulsations, gradually extended downwards towards the finger-tip. Between three and four months ago he received on the outer side of the finger, near to the second phalangeal joint, some slight wound. From this there was troublesome hæmorrhage, which was subsequently arrested by pressure; and, in the course of about ten days, the wound healed. About a fortnight after this, he received at the same spot a second injury. This was followed by hæmorrhage, which recurred at intervals and in increasing quantities until his admission into the hospital.

When admitted, the lad was very feeble and much blanched, so that it was thought not advisable to attempt any means having for their object the preservation of the finger. The latter had about twice its normal circumference; it was spongy,