

Speaking of wounds of the abdomen, Lieutenant Stiles remarks that these will be the most fatal ones produced by the modern bullet. No doubt they will be very fatal ones; but as experiment has shown that the perforations made by it in the intestines are similar to those made in the skin—small, clean-cut, and less in diameter than the bullet itself (about one-third of an inch)—they will on this account be all the more suitable for the only treatment which can offer any hope of success in cases where penetration is found to have occurred—viz., laparotomy with a view to suture of intestinal wounds and of controlling hæmorrhage, which in this situation shows peculiarly little tendency to cease spontaneously. Delorme points out that the minuteness of the intestinal perforations will be favourable to successful suture. Wounds of the lung also may be expected to show better results of treatment. In the late Chilian War, where a small-bore Mannlicher rifle was used, these gave a lower mortality rate than any previously observed. A comparison of statistics of the numbers of killed and wounded in battle when smooth-bore muskets were used with those experienced in later campaigns since rifles were invented might, at first sight, lead one to imagine that the more far-reaching and accurate the military weapons become the fewer will be the number of casualties which occur. The killed, wounded, and missing in the English army after Waterloo amounted to 23 per cent., while in many of the important fights during the war of 1870–71 this ratio came as low as 4 per cent. to 13 per cent. But Lieutenant Stiles rightly remarks on this question that trustworthy statistics of casualties in battle should in these days be based only on the ratios of killed and wounded to the numbers of those actually engaged and under fire. In former days, taking the whole strength of the armies as the basis, the calculation was accurate enough; but latterly this has not been the case, because the forces present have been so large that they were not all engaged, and the percentages of casualties have therefore been apparently smaller. Guessing at the probable numbers of killed and wounded in future wars is mere waste of time, but we may rely on the general truth of the statement that the proportion of casualties amongst those actually engaged will be greatly increased.

The articles in the *United Service Gazette* were probably written by a surgeon, and they would have been much more useful to our profession if they had appeared in a medical journal. They are able contributions to our present knowledge of an interesting subject about which little is known from actual experience. The strictly surgical matter in them is, for the most part, in agreement with the opinions of the best authorities of the day.

CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

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I RECENTLY had an interesting case of hepatic disease which appears to me to have been one of acute yellow atrophy of the liver, although I am sorry to say I could not gain permission to verify my diagnosis by a post-mortem examination. About a month ago the patient consulted me; he was a tall, slimly built man with a slight stoop, and sixty years of age. He presented rather a wasted appearance, his cheeks were hollow and his eyes sunken; he was of a despondent, timid temperament and altogether gave one the impression that he had a somewhat serious affection. He consulted me on account of some diarrhoea, pain after taking food, and flatulence; otherwise he stated he was well. There was no history of hæmatemesis or melæna, although he stated he had vomited some "green matter." Physical examination revealed nothing beyond his lean condition, a flatulent distension of the abdomen, and a slight hepatic enlargement. His pulse was rather slow and feeble, and he seemed generally debilitated. I considered that the above condition was due to dyspeptic troubles and treated him accordingly, and planned a dietary for him. In about five days he told me he was better and that he thought he would go to the seaside for a rest. A week or ten days elapsed, when he sent for me hurriedly one morning. I examined him again thoroughly, and found the liver on this occasion rather less than normal,

and the stomach appeared to be somewhat dilated. His temperature was normal, the pulse 80 and weak, and the abdomen distended, but only with flatus. He complained of slight headache and drowsiness with slight pain in the hepatic region. His bowels were constipated. On the following day he vomited everything that was given to him. There was pain in the hepatic region upon pressure; he was restless and irritable. The temperature was 100.5° F. and his pulse 90. The tongue was dry and furred brown. The vomiting was eased on the following day only by peptonised milk diet; he was still constipated and slightly delirious at night; there was a slight tinge of jaundice. The temperature was 101° and the pulse 110. The stools were of a clay colour, mixed with a little blood. On the next day (the fourth of acute onset) the patient was decidedly weaker. The liver dulness had further diminished; and jaundice was fairly well marked. The temperature was 99.5°; the pulse still rapid, but feebler. He was in a semi-somnolent state and very delirious at night. On one occasion he jumped out of bed and dictated incoherent commands respecting Parliament, local boards, business, &c. A little ascites was now detectable and also some œdema of the legs. The urine contained a small quantity of blood, bile, and leucin and tyrosin. The patient gradually became weaker, refused all food except a little wine and beef-tea, and the last day or two had periods of a comatose state alternating with those of a low muttering delirium; on the morning of the eighth day from the acute onset he was in a comatose condition, with stertorous breathing and abdomen retracted, and died on that day. The liver dulness in the mammary line was about one inch and a half.

The above case seems to me to have been one of acute yellow atrophy of the liver, but there were never any convulsive twitchings or epileptiform convulsions. There were no petechial hæmorrhages under the skin, and the pulse was quick throughout; the jaundice was never so very well marked and there was no history of poisoning by phosphorus or arsenic. He had reasons for mental worry.

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Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

DEFICIENT DEVELOPMENT OF AN UPPER EXTREMITY IN CONSEQUENCE OF PRESSURE EXERTED UPON THE AXILLARY VESSELS AND NERVES.

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THE patient, a woman aged twenty-one years, had a number of exostoses about her body. These had apparently ceased to increase in size. Two bony growths were felt projecting from the inner aspect of the upper part of the shaft of each humerus, that on the right side being small and inconspicuous, while the one on the left side was long and prominent, and caused her so much discomfort and limitation of movement that she was desirous of having it removed. She was admitted into Guy's Hospital under my care. The piece of bone was narrow and elongated, measuring about one inch and a half in length. It was so placed that it carried the third part of the axillary vessels with the branches of the brachial plexus forward in advance of the position they normally occupy. Any moderate amount of pressure on the upper aspect of the growth controlled the circulation in the arm and caused a sensation of numbness and pain in it. It seemed that in some positions of the arm enough pressure was exerted upon the vessels and nerves to render the arm and hand cold and numb. This took place frequently when she was asleep. How much of this was due to pressure on the vessels and how much to pressure on the nerves I was unable to decide, but both structures appeared to suffer. Her arms were said to be of equal length up to eight years of age. She first noticed the presence of the exostosis on the left side at twelve years of