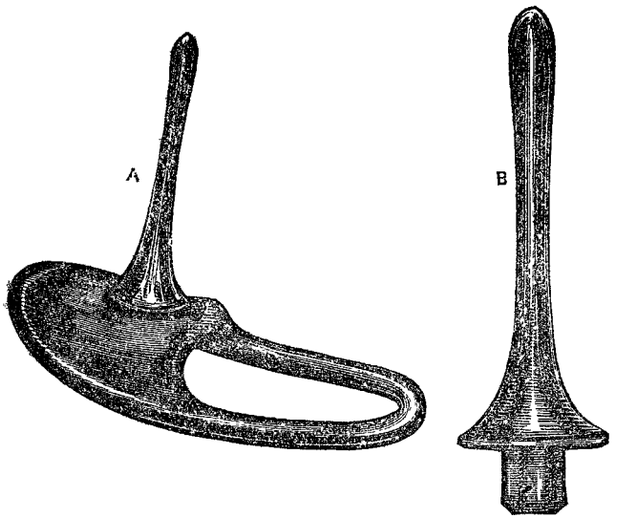

The pessary described by me in THE LANCET of Nov. 16th, 1867, for more ordinary cases of anteflexion or anteversion, is also very useful in cases such as those above described; but the procedure now recommended is preferable for the special class of cases contemplated in the foregoing remarks.

Berkeley-square, Jan. 1868.

RED ERUPTION ON THE SKIN AFTER SURGICAL AND OTHER INJURIES.

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SECONDARY ERUPTIONS on the skin after surgical injuries and operations assume different forms. They generally are of a dark livid colour. Blotches, assuming a livid or dusky-red appearance, will present themselves in different parts, and terminate in thick exfoliations of the cuticle, or in small sloughs of the skin. In some instances the superficial portions of the skin are destroyed, and the parts beneath appear comparatively unaffected; small circumscribed portions of the outer layer of the skin will exfoliate, and the subjacent parts will heal, without suppuration, by a process similar to that of scabbing. At other times the affection of the skin will terminate in small deposits of matter on its surface or in its structure. These pustules will then resemble those of small-pox. In other rare cases, again, the eruption will present a red colour, quite distinct in appearance from the more common livid or purple spots first mentioned.

The first of the following cases, an abstract of which only is given, was communicated to me by Dr. Marston, R.A.

CASE 1.—Sergeant W——, aged thirty-three, died on the 12th of February, 1867, having been subject for many weeks to great irritation of the stomach and intestines, accompanied by jaundice and loose dark-coloured stools.

On the front of the chest and extremities there were numerous red, ineffaceable, petechial spots. On the back these spots were of a dark-livid hue. The skin of the neck presented a diffused redness, closely resembling scarlatinal rash.—Abdomen: The cæcum, about the situation of its appendix, and the right extremity of the omentum, were found to be closely adherent to the abdominal parietes. The adherent portions were of a very dark colour. On opening the intestine at this part, it was found to be ulcerated and thickened; and the appendix was traced with difficulty, from its being embedded in a mass of tissue in a semi-gangrenous condition. A small clot of half-putrid blood, with some decomposing and highly-fetid fæces, were discovered on slitting up what appeared to be the vermiform appendage. Upon opening the superior mesenteric vein, it was found to contain some blood-clots. In some places these clots were so intimately adherent to the coats of the vein, and had been so hollowed out into a tunneled form by the blood circulating through their interior, that the adhering fibrin looked like the lining membrane; but it was easily peeled off, and the epithelial coat below was found to be unaltered. As the epithelium presented the usual microscopical appearances, it was evident that the vein itself was not the cause of the coagula. The fibrin was a deposit from the blood in the part, and not the product from a diseased lining membrane. In some places where the tunneling was less complete, portions of decomposing blood-clot still remained, with a fluid exactly resembling pus. The liver, which was large and discoloured, was next examined, and found to be full of small abscesses, from the size of a millet-seed to that of a walnut. These metastatic abscesses, which must have been some hundreds in number, were in most intimate connexion with the various branches of the portal veins, spreading out from them like leaves from the twigs of a tree. The portal veins were laid open, and the main divisions to the right and left lobes contained decomposing clots, with a quantity of pus, or a fluid like it to all appearance. The blood in the smaller branches was in a similar state; and here and there one of these small vessels appeared as a long white streak, lying parallel to the section. The lobules, at the least affected parts, were surrounded by a dark ring of congestion, which contrasted with the white interior of the lobule. These abscesses had no limitary membrane, but were, in fact, composed of the disintegrated elements of the necrosed hepatic tissue. No abscesses existed in the lungs or other organs, except in a few mesenteric glands. The liver had apparently acted as an effective filter in preventing the passage of the decomposed elements into the general circulation.

CASE 2.—A gentleman was operated upon for fistula on the 16th February, 1863. Eight days afterwards numerous bright-red spots appeared on the trunk, legs, and arms. These increased the next day, and became confluent. The eruption then resembled that of scarlet fever; the subsequent history, however, left no doubt upon my mind that the case was one of simple blood-poisoning.

CASE 3.—This case I attended several years ago with Sir B. Brodie. A secondary abscess formed in the knee-joint, and some pustules appeared in the neighbourhood. A fortnight before death a number of small bright-red spots made their appearance in different parts of the thigh and upper part of the leg. Some of these were three or four lines in diameter, while others were so small as not to be seen without attention. They appeared in accurately defined spots, of a brighter colour than the mucous membrane of the lips, and continued unchanged in appearance till death.

A case lately occurred in St. George's Hospital, in which, after osteo-myelitis succeeding amputation, patches of a bright-red colour appeared on the knuckles of the right hand and on the right side of the chest and abdomen; but as these were not so accurately circumscribed as in the other three cases above mentioned, the details are not here given.

In the first and second of the above cases, the absorption of vitiated matter in all probability took place through the portal veins. The blood had, therefore, to pass through the liver before entering the general circulation.

It has been shown by Case 1, that the more evident pathological changes may be confined to the first system of vessels through which the blood passes. After it had been, as it were, strained through the capillaries of the liver, it produced none of the usual effects of blood-poisoning in other parts of the system. The red spots on the skin, however, showed that the blood in the general circulation was still in some measure affected. In two out of the three cases noted, the blood had in this way to pass through the liver before entering the general circulation, and the peculiar colour of the eruption in those cases may not unreasonably be associated with this fact. Whether the "rose-coloured spots" in typhoid fever are produced in a similar manner, may be a subject not unworthy the attention of physicians.

Savile-row, W., Dec. 1867.

HÆMATURIA STOPPED BY BOLUSES OF COPAIBA AND CUBEBS.—In the *Union Médicale de la Gironde*, a case has been mentioned by M. Méran, in which the hæmaturia was very abundant. Baths, cooling drinks, opium, and camphor were useless; and although the gonorrhœal discharge ceased, the author gave the above-named boluses, as between three to five ounces of blood were evacuated at each act of micturition. These had the desired effect. Another case of the same kind had been benefited by cubebs alone. It may be asked whether the hæmaturia was not on the decline, and would have disappeared without the cubebs. Nor should it be forgotten that perchloride of iron internally, gallic acid, and cold injections, have triumphed pretty often over discharges of blood from the urethra.