

Salter to examine him, who confirmed my opinion as to the existence of aneurism of the aorta with pulmonary lesion.

Towards autumn he had apparently recovered, and could take his daily walk with comfort. He now thought of turning his attention once more to business, but in February, 1855, was again alarmed by the return of hæmoptysis. From this attack he soon rallied, and enjoyed tolerable health throughout the summer. In November the spitting of blood once more returned, which the usual remedies arrested; the cough left him, and he experienced no further attack until the end of January 1857.

In consequence of his removal to Hackney, he next came under the care of Mr. Hacon, and this gentleman kindly furnished me with the following particulars of his last illness:—

"Early in February I found him suffering from hæmoptysis. The quantity of blood lost was small, not more than half an ounce at a time, and I do not think the whole quantity raised amounted to two ounces during the illness, lasting about a month. He was at this time emaciated and weak, but had hardly any cough. He complained of a sore spot on the upper part of the left side of the chest, from which he said he was sure the blood came. This pretty nearly corresponded with the situation of the cavity found in the lung after death. There was no perceptible dulness about this part of the chest, nor any expectoration beyond a slight quantity of mucus tinged with blood, which very soon ceased. At this time there was much palpitation of the heart, which could be felt over all the anterior parts of the chest. An abnormal pulsation was also very perceptible over the upper portion of the sternum. A loud 'bruit de soufflet' accompanied the heart's action, and masked the second sound of the heart; this bruit was also heard over the upper part of the sternum; and when the action of the heart somewhat subsided, the pulse was often intermittent and feeble, although during the hæmoptysis the intermittence had not been remarked.

Although he had some two or three attacks of hæmoptysis during the summer, he was well enough to walk short distances without inconvenience, and for many months prior to the last attack he had no hæmoptysis. In January of this year he had, however, a fresh attack, but the amount of blood lost was trifling, and entirely ceased after a few days' treatment, and in the early part of February he was much better, although he did not leave his room. In the middle of the month his breathing became affected, and he was unable to lie down. This difficulty rapidly increased, and for several weeks prior to his death he could only breathe by leaning forward, and resting his head on his hands, and even in this position he was, on several occasions, threatened with asphyxia; on one especially, when his face had become livid, his extremities cold, and his trachea filled partially with mucus, so that immediate death seemed inevitable, a slight alteration of his position caused him to rally, and he lived nearly a fortnight after. During the whole of this last illness he was able to take but little food, and he sank from exhaustion, the dyspnoea not being quite so distressing a day or two prior to his death, which occurred on the 25th of March."

Post-mortem examination thirty hours after death.—The body was much emaciated, and the extremities cedematous. The heart was considerably raised, the pericardium being distended with several ounces of fluid; there was evident enlargement of the heart: it contained a good deal of dark blood and fibrinous clots. On the left side there was evidence of recent pleurisy, with serous effusion; the left lung was large and gorged with dark blood, and there was a small cavity as well as pulmonary tubercles on several portions of it. In the right lung, which was smaller than the left, there was miliary tubercle, but not to the same extent as in the right. The mucous membrane of the trachea was of a dark mahogany colour.

The diseased appearances of the heart were,—1st, enlargement; 2nd, ossification of the aortic valves; 3rd, aneurismal dilatation of the aorta.

The enlargement of the heart was both by hypertrophy and dilatation; all the cavities were enlarged, and the walls of the left ventricle greatly thickened. This was doubtless caused by the aortic constriction. The heart weighed, after the careful removal of all clots and blood, seventeen ounces. The ossification of the aortic valves was such as entirely to destroy their normal anatomy, and to convert the orifice into a narrow fissure. The valves were so contracted as almost to be effaced, and what was left of them was puckered, thickened, leathery, and almost cartilaginous in texture. The calcareous matter was deposited in large masses of dense fibrous tissue, having the consistence of cartilage; most of these were placed along

the attached margin of the valves, converting it into a bony ring, but one of considerable size was quite free of the valves, fairly within the aorta, and projecting into one of the sinuses of Valsalva. Such a state of disease, while it admitted regurgitation, must chiefly have produced obstruction, and that of an extreme character.

The aneurismal dilatation involved the ascending aorta, and about two-thirds of the arch, from the valvular orifice to just beyond the origin of the left subclavian artery, where it rather suddenly ceased. It was of a very equable and cylindrical character, widest at the junction of the ascending sixth, with the arched portion, and there two inches in diameter. The dilated portion was also elongated, and measured from the root of the vessel to the origin of the left subclavian artery, four inches. There was nothing peculiar in the feel of the vessel, it appeared to be firm, elastic, smooth, natural, and of even and sufficient thickness, except the anterior surface of the horizontal portion of the arch, which was very thin. On cutting out a circular piece from behind, and looking to the inner surface of the vessel, it was found smooth, and in every way natural. The aneurism had contracted no undue adhesions with surrounding parts. From its situation and direction it must have pressed principally upon the right pulmonary artery and the left bronchus, as they both lie beneath the arch. The right pulmonary artery was found in this situation, and so contracted as only to admit a pen-handle; it was contracted to a third of its natural diameter; a very small supply of blood must have been delivered to the right lung. The left pulmonary artery entirely escaped pressure, and must have been the vehicle of an unusually large column of blood, and thus an undue supply must have been thrown upon the left lung, while the pressure upon the left bronchus shut off the air, and kept the respiration of the lung in permanent arrears. This will account for the extreme congestion of the left lung, and for its being so much greater than the right. Some pressure must have also been exercised upon the cavæ, especially the superior. I should think that the urgent dyspnoea and death resulted from the pressure upon the roots of the lungs, and the consequent derangement of the supply of air and blood to them. It is difficult to account for the aneurism, for except at the point I have mentioned, (just below the origins of the arteries from the arch,) the walls of the aorta were perfectly healthy, no ossification, no atheroma, no divergence in any respect from the normal appearance, thickness, or strength. Moreover, the valvular disease was not such as to produce distention, or to imply that the walls of the artery were subjected to any undue stress, but the reverse; such as would diminish the stress to which it would be subjected in health. For, on the one hand, the contraction of the aortic orifice would prevent the arterial volume of blood from being sent into the aorta at each systole of the heart, and the imperfect closure of that orifice would allow an immediate reflux and relief of the aorta the moment the ventricular contraction ceased.

These circumstances, together with the comparative youth of the patient, certainly makes the case peculiar. Although young, he had, however, lived somewhat fast; had drunk a good deal at one time, and "knocked about the country, and undergone violent and laborious exertion." The case is also somewhat confirmatory of Trousseau's opinion, that hæmoptysis is more frequently associated with disease of the heart than with pulmonary tubercle. The pulmonary tubercle was, in this case, subsequent to the disease of the heart, the patient having been examined four years prior to his death for lung disease, and none was then detected. It is somewhat remarkable, also, that the coats of the artery should have been quite free from all atheromatous deposit.

Gower-street, May, 1858.

ON A CASE OF

BRONZED-SKIN DISEASE OF THE SUPRA-RENAL CAPSULES.

By R. RICHARDSON, Esq., L.F.P.S. Glasgow.

As there are few cases of recovery from this formidable disease on record, I am induced to forward the following. I shall here simply state facts, without entering at great length into all the details. In so doing I shall take the reports from my note-book monthly, as the period of treatment extends to about twelve months.

October 11th, 1854.—Mr. H. H.—, a farmer, married, and the father of a large family; of very temperate habits; has always enjoyed good health, until some weeks back, when he felt his strength failing. He was greatly emaciated. His ancestors were “all liable to complaints of the kidney,” such as gravel, &c. His father died of diabetes after labouring under that complaint for three years.

Present state.—Complains of great weakness, and inability of any exertion of mind or body; loss of appetite; nausea and vomiting; breath peculiarly offensive; cough, expectorating sometimes freely; bronchial respiration, sibilant r  le; tongue white; pulse 98, feeble; pain in the loins increased on pressure on the left side; urine pale—specific gravity .15, no albumen; bleeding of the nose sometimes; skin of a dark hue, having the appearance of a mulatto, on the face, front of the arms and thighs, and superior part of the chest; very dark on the hands; finger-nails pale; the conjunctiv   pearly white; enlargement of the lymphatic glands in the axilla, and about the clavicles and in the groins; no tinge of bile in the urine; inside the lips dark.

Some of his friends have been persuading him that he has the jaundice; but the whiteness of the conjunctiv  , the absence of bile in the urine, and the paleness of the finger-nails, convinced me at once that he was labouring under disease of the supra-renal capsules. He was ordered the following mixture:—Dilute nitro-muriatic acid, two drachms; spirit of nitric ether, three drachms; infusion of quassia, seven ounces and a half; mixed: a tablespoonful to be taken three times a day. Mercury pill, a scruple; compound extract of colocynth, two scruples; mixed: to be divided into twelve pills, two to be taken every other night. Mustard poultice to be applied to the chest. Diet: milk, broth, rice, arrowroot, &c.

November 1st.—Nausea and vomiting; shortness of breath; expectorating freely; pain in the limbs in every other respect the same. To have an emetic twice a week, and to continue the mixture and pills; to have a blister applied to the chest.

December 2nd.—Cough and breathing better, but still no appetite; bad taste in the mouth; bowels acting freely with the pills; urine, specific gravity .18; pulse 82; tongue clean; spirits depressed; skin unchanged. To repeat the medicine.

Jan. 1st, 1855.—Better in every respect; appetite improving.

February 2nd.—Better; pulse 84; urine, specific gravity 20; skin not quite so dark on the face; the glands in the left axilla much enlarged. To repeat mixture and pills.

March 3rd.—Still improving; pulse 79; urine, specific gravity .20; cough much better; glands much enlarged in the left axilla; an abscess forming on the left elbow. To repeat the medicine, and to take a spoonful of cod-liver oil three times a day.

April 2nd.—Much better in health and spirits; the abscess on the elbow, and three or four in the axilla, were lanced. The patient complained of pains in the loins and hip-joint. To have mustard poultice to the loins, and to continue the medicine.

May 3rd.—Still improving; abscesses discharging freely; pulse 74; urine, specific gravity .20; rapidly gaining strength; skin recovering its natural colour. Galbanum plaster to be applied to the sores; to continue the medicine and cod-liver oil, and to have a pint of porter daily.

June 3rd.—Better in every respect; less pain in the loins since the abscesses began discharging; is now regaining flesh. To continue the medicine and cod-liver oil; diet as before; to have meat every day.

August 15th.—Some of the abscesses still discharging; is very free from pain; skin resuming its natural colour everywhere except the axilla. To repeat the medicine and cod-liver oil; diet as before.

Sept. 20th.—Some of the abscesses discharging; the enlarged glands about the clavicles disappeared; general health good. To repeat the medicine as before.

October 15th.—The abscesses have all healed; feels quite well; the skin has perfectly recovered.

His an  mic state suggested to me that he had discrasia, and that the abscesses were of a strumous character, so that I am inclined to think that he had tubercular deposition in one supra-renal capsule, if not in both. The abscesses discharging caused a revulsion in this case, as he rapidly improved after they had commenced discharging, under the nitro-muriatic acid mixture and cod-liver oil, with nutritious diet. Three years have elapsed since the patient was under treatment; his health has been good ever since, without fluctuating.

Rhayader, Radnorshire, June, 1858.

REPORT OF A CASE OF ADHESION OF THE LABIA AFTER CONFINEMENT.

By EDWARD L. FALLOON, Esq., M.R.C.S. Eng.,
Liverpool.

AN elderly female brought a young woman to my study, stating that she had become large of late, and fancied she had a tumour. This person had been attending with me a case of uterine disease, and thought this a similar case. I appointed to see her at her own residence next day, which I accordingly did, and gathered the following history:—

Married upwards of two years; became pregnant soon after marriage, and engaged a medical practitioner to attend her, whose services, however, were not obtainable at the time they were required. Labour came on rapidly, and the poor woman had no one near her but her mother. She states that all went on well; no abrasion or tearing took place so far as she knew, and she made a good recovery. Six weeks afterwards she returned to her husband's bed, when it was found that no connexion could take place without intense pain, causing him to desist, and all future attempts met with a like result. Some months passed away, and about June or July last attempts were renewed, but ineffectually; and so matters remained up to January last, when she was induced, after much persuasion, to allow me to examine her. She presented the appearance of a woman six or seven months advanced in pregnancy, but she stoutly denied the possibility of any such thing. The appearance of the parts was peculiar; perfect union of the labia had taken place from below upwards, where there was a small opening just sufficient to admit the top of the little finger, and that with pain; at the junction with the perin  um there was a cul-de-sac, having no communication with the vagina. The adhesion was perfect, no mere false membrane, but a thick substance. Happening to have my pocket-case, I at once passed a director down into the cavity of the vagina, and then passed one blade of the probe-pointed scissors into the cul-de-sac, and rubbed on the groove until the metal could be felt, and then cut right up. The bleeding was very great per saltum from both sides; pressure and cold failing to check it, I was obliged to put a ligature on both arteries, no easy matter without a proper assistant: I then passed a sponge inside the reflected labia, and passed a T-bandage over all.

I then directed my attention to the tumour, and on auscultation could hear distinctly the pulsations of the foetal heart, enabling me at once to convey the startling intelligence that the tumour was movable, *very benign*, and capable of removal in the natural manner, now that the way was happily made clear, disclosing at once the remarkable physiological fact that pregnancy may take place without consent, direct contact, or connexion; for I judge that the pain produced by the effort would prevent even “consent.” There must have been abrasion at the time of her confinement, and consequent swelling, causing the labia to meet; adhesive inflammation then set in. The pain produced by any movement of the body rendered rest and quiet necessary; and thus the adhesion became organized and firm, having existed for thirteen months. My patient was up at the end of January, and was doing well. The infant could be felt quite plainly; and she is now convinced that her tumour was a living one. The case is instructive, and as far as my experience goes, unique.

Shaw-street, 1858.

THE ROYAL HOSPITAL.—This hospital was established for the purpose of admitting patients for permanent care and comfort, whose afflictions, arising from disease, accident, or infirmity, have utterly disqualified them for the ordinary duties of life. It was instituted in July, 1854, and its fourth anniversary was celebrated by a festival at the London Tavern on the 10th inst., under the presidency of the Earl of Carlisle. There are two classes of patients—the one denominated “home,” the other “extra.” The number of home patients is at present 53, and the extra, 32; giving a total of 85 recipients of the benefits of the institution. The receipts during the year 1856–57 (inclusive of a balance of £656 7s. 1d.) were £4610 3s. 11d., and the expenditure £2556 18s. 5d. A sum of £2800 has already been devoted to the purchase of an estate at Colston, beyond Croydon, where it is proposed, when means will allow, to erect a suitable and permanent hospital. The closing business of the evening was the announcement of subscriptions to the amount of £1370.