

be the sequel of an injury; such an injury, I mean, as may occur in the routine duties of domestic life, and be deemed hardly worthy, perhaps, of medical care. The accident is forgotten by lapse of time, but the weakened joint structures are more vulnerable to pathological storms. When disease comes, its effects may not be separable in outward guise from the injury which went before; and it must be remembered that a joint which has been once dislocated is an easy prey to rheumatoid arthritis. Then this disease so often follows rheumatic pyrexia that the one may seem only a postscript or appendix to the other; but this postscript is different in substance and in form, although its gross physical result is merely an increment of previous shock and damage. In our Mineral Water Hospital we see many mixed forms of this kind, in which true gout or true rheumatism began the sequence of morbid changes; and it has been only after years of privation and toil that the later degenerative changes have set in, ruining finally and completely those joints which were partially spoiled before. Another matter of interest is this: The joints which have been most actively engaged by the special craft of the patient, whether this be husbandry or carpentry, needlework or washing, are usually the first to show signs of arthritic deterioration. The complementary forces of hypertrophy and atrophy have been stirred; synovial secretion becomes muddy, cartilage is torn to shreds, bone is ground down to its primitive elements, and all because the mill so seldom stops; the mangle, the spade, and the needle go drudging on without that rest which is not less physiological than moral. Once more. The etiological alliances of rheumatoid arthritis are many and far-reaching. The disease may have for its companions nearly every form of degradation which can beset animal tissues. In the dulness of a clinical fog we sometimes drift about, and can get no further than a provisional guess of "arthritis"—a guess which almost anyone can make; and then it is that the textural behaviour of eyes, hair, skin, and teeth becomes a valuable landmark, and offers material for a safe diagnosis. Nor are the important viscera less worthy of attention than the dermal appendages. So that although the arthritic phenomena may appear mixed and intertwined beyond all unravelling, there are generally some salient features which proclaim that the "rheumatoid" type of disease is the dominating one, giving a case a distinctive name and determining our views of its prognosis and treatment.

I have tried to enumerate the various points which help us to identify a disease which for obstinacy and intensity has its analogues among the malignant nosologies. But even a so-called cancer has one comparatively benign aspect, which is this: if totally rooted out in a stage which has been called local, in so far that there is no apparent poisoning of the fluids of the body, there may be a positive end to it, and neither itself nor anything like itself may ever return. On the other hand, a disease which is multiple almost from the beginning, by reason of many bones and many joints, creeps and lurks about we hardly know where; if ousted from one ground of vantage, it retreats to another only a little further away: the cunning marches of a vegetable parasite are not more difficult to follow. Here, then, is our plea for early battle with a merciless enemy. Pure rheumatism and pure gout differ from that enemy profoundly in their susceptibility of control by therapeutic effort. Even when joints are badly injured by erratic gout and repeated rheumatismal attacks, there is a wide scope for recovery if bony ankylosis and adhesions among the soft structures have not gone beyond a certain degree. But a joint, big or small, wrecked by this rheumatoid disease, is the despair of medical art according to our present knowledge. It is very pitiable when the vertebræ are so mortared together that the trunk moves like a rigid machine, when the head cannot nod or turn to either side, and when the lower jaw is so nearly motionless that food cannot be properly received and masticated. And if, in addition, the lower limbs are crippled so that support and the power of locomotion are destroyed, the general health suffers from lack of exercise, and the nervous system is prostrated by the sense of incurable helplessness.<sup>5</sup>

(To be concluded.)

<sup>5</sup> I have a copy of Dr. Robert Adams' "Illustrations of Rheumatic Gout," published in 1857. There is a plate exhibiting the havoc made by the disease on a large flat bone like the scapula; and several plates depict the "cartilaginous and bony foreign bodies" in different joints. Compare an excellent account in Mr. Barwell's treatise on Diseases of the Joints; and there are plates in Mr. Quain's Clinical Lectures. Dr. Garrod's medical survey of the subject should also be studied in Reynolds' System of Medicine.

## CASE OF PELVIC ABSCESS IN AN UNUSUAL POSITION, SIMULATING SOFT FIBROID TUMOUR OF THE UTERUS.

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E.M.—, aged thirty-six, married, having had eight children and three miscarriages (all before the fourth child was born), was admitted into the London Hospital on June 23rd, 1885, complaining of a swelling in the abdomen and of a red discharge from the vagina. Her last labour (four weeks previously) was a quick one; she lost a good deal of blood after the child was born, but otherwise the labour was quite normal, and she seemed to recover as usual, getting up on the tenth day, without having had any pain, shivering, or feverishness since her confinement. On the tenth day, when she got up she noticed the swelling in the abdomen for the first time; it was then much smaller than it was on admission, but had gradually increased to its present size. On the day she got up she felt so weak that she was obliged to return to bed. When she moved, even in bed, she had a dragging pain in the hypogastrium, but she had no pain so long as she lay still. She had had a red discharge from the vagina ever since her confinement.

On admission, the patient was thin and anæmic. The abdomen was somewhat distended. A smooth, elastic swelling was felt rising up from the pelvis to the level of the umbilicus; it was not tender. The swelling was symmetrically situated with regard to the middle line. It was dull on percussion; laterally, beyond the limits of the swelling, the abdomen was resonant. Nothing could be heard on auscultation over the tumour. The patient was put under the influence of ether in order that the relations of the swelling might be the more thoroughly determined. Through the speculum the sanious discharge was seen to be issuing from the os externum. A catheter having been passed to make certain that the bladder was empty, a swelling was felt in front of the cervix depressing the anterior fornix. Bimanually, this swelling was found continuous with that already noted in the hypogastric region. The uterus was movable; every upward impulse given to the cervix moved the tumour with it. The body of the uterus could not be made out distinct from the tumour. It was thought that the latter extended rather further towards the left than to the right. The sound was not used on this occasion. The temperature was 101.4° on admission, and varied for some six weeks subsequently from 102° at night (on one occasion 103.5°) to 99° in the morning.

On July 13th Dr. John Williams very kindly saw the case with me, and was of opinion that, while the case was an obscure one, the probability lay in favour of the tumour being a soft fibroid. The sound was passed; it reached a depth of three inches and a half, and passed towards the right.

Aug. 13th.—The patient has been treated since the last note with ergot, at first by the mouth and afterwards hypodermically, without any alteration taking place in the size of the tumour. A catheter being passed into the bladder, it was found per vaginam that it would be impossible to puncture the tumour in that situation without puncturing the bladder. An aspirator needle was therefore put into the swelling in the middle line, about midway between the umbilicus and the pubes, and a pint of extremely offensive pus drawn off, the tumour entirely disappearing.

Five days afterwards the swelling was as large as at first; it was tapped again on Aug. 22nd, and 22 oz. of pus were drawn off similar in character to the last. After each tapping the abdomen was firmly bandaged.

29th.—The swelling has filled up again, and is, if anything, larger than ever. To-day an opening was made under antiseptic precautions into the swelling, the edges of the abscess wall stitched to the skin, and a large drainage-tube five inches long inserted.

From this time to Sept. 15th the patient went on without a bad symptom, the temperature only once reaching 100°. The wound was dressed about every other day, the cavity of the abscess being washed out at each dressing with iodine-water and some iodoform placed in the deep end of the drainage-tube before reinserting it. The discharge, which had at first been very offensive, became quite sweet. The abdomen was

firmly bandaged after each dressing, large pads of lint being placed on each side of the wound.

On Sept. 15th, at 9 A.M., the patient had a rigor lasting seven minutes, the temperature rising to  $101^{\circ}$ . She complained of pain in her limbs and sore-throat; the pulse was very small and frequent (148). There was no pain in the abdomen, and the wound was looking well. There was a slight erythematous rash on the chest and arms. In the absence of any other discoverable cause, it was thought that these symptoms were due to absorption of iodoform, which had been very freely introduced into the abscess cavity. The cavity was therefore washed out with carbolic lotion, and the iodoform and iodine-water omitted. The next day the temperature was normal, and all the symptoms had disappeared.

Nov. 9th.—The temperature has remained normal since last note. The drainage-tube (which has been shortened from time to time and replaced by narrower ones) was left off altogether to-day. Since Oct. 5th the patient has gained 11 lb. in weight; she feels and looks very well. On Nov. 4th the catamenia came on, and ceased to-day, no red discharge having previously taken place from the uterus for more than three months. The uterus is freely movable, the body of it being drawn to the left side. The sound passes two inches and a half. There is still a small sinus an inch and a half deep in the abdominal wall, but there is little or no discharge from it. A fine probe coated with nitrate of silver was passed into it.

Dec. 31st.—The patient has been a fortnight at Eastbourne. The sinus is the same length as before, but only admits a very fine probe. She says the last menstrual period lasted a fortnight, but otherwise she has been quite well, and has maintained her weight.

*Remarks.*—It will be seen that considerable doubt existed for some time as to the nature of the abdominal swelling. It might have been a case of super-foetation, the swelling being explained by the presence of a second less advanced ovum in the uterus, or in one horn of a double uterus; and it was on this account that the sound was not used when the case was first seen. The tumour did not, however, harden under manipulation, nor were there any physical signs of the presence of a foetus, and the size of the tumour remained stationary. Other conditions the possible existence of which had to be considered were: soft fibroid of the uterus, suppurating fibroid, ovarian cyst, pyo-salpinx, and suppurative perimetritis or parametritis. "Soft fibroid" was the diagnosis provisionally made, and in favour of it there was the close attachment of the tumour to the uterus, the two moving together when an impulse was given to either, and the increased length of the uterine cavity—three inches and a half. Even the aspiration and resulting disappearance of the tumour did not absolutely exclude fibroid, as it might have been a fibroid that had undergone suppuration. But the small size of the tumour when first noticed by the patient on the tenth day after delivery, and its increase in size from that time up to the twenty-eighth day, was against the tumour being a fibroid. A pyo-salpinx is not commonly so large as this swelling, and the woman having been recently confined, the probability was against pyo-salpinx, which, if single, diminishes the chance of pregnancy occurring, and if double, as it usually is when it exists at all, is an absolute bar to conception. The absence of acute pain at any time was strongly against the supposition that the tumour was a suppurating ovarian cyst, and equally against a suppurative perimetritis. On the whole, it seems most probable that the tumour was due to a parametritis in the connective tissue between the uterus and bladder, which went on to suppuration. It is certain that the lower half of the abscess was bounded below and behind by the anterior surface of the uterus, below and in front by the bladder. It should have been said that at the time when the abscess was drained the general cavity of the peritoneum, so far as could be ascertained, was not opened.

Wimpole-street, W.

ST. PETERSBURG MEDICAL SOCIETY.—The election by this Society of the following office-bearers for the year now commencing has recently taken place:—President: Dr. Sutugintsum. Vice-President: Dr. J. Gribovski. Secretaries: Drs. Rabinovich and Dembo. The Society has also conferred the distinction of its honorary membership on Prof. Hyrtl and Dr. Péan.

## CASE OF SCARLET FEVER ARISING OUT OF THE LATE MILK EPIDEMIC IN MARYLEBONE;

WITH UNUSUAL SYMPTOMS.

BY JULIUS POLLOCK, M.D., F.R.C.P.

I HAVE lately seen three cases of scarlet fever due to the contaminated milk that was lately distributed in Marylebone, and one of them presented features so unusual that it may be worth recording.

On the 9th of last December I was asked to see a young lady, Miss A. B—, aged nine, who, it was said, had come out in a rash. On calling, I was told that the child had been taken unwell rather suddenly the day before, and had been sick. Upon examining the rash, I had no doubt that the disease was scarlet fever; indeed, it was quite a typical case, with the bright scarlet rash, the sore-throat, the tongue, the fever, and the rapid pulse, as described in books. The child did not appear to be very ill, and as the rash was well out and the throat affection mild, I gave a favourable prognosis as to the issue of the case. The patient was at once isolated in an upper room, and a skilled nurse from St. John's House obtained. There was much speculation as to the source of the disorder, and, as nothing was then known about the milk, it was put down to accidental contagion. I ordered a mixture containing some carbonate of ammonia and citrate of potash, and the child was put to bed and kept on suitable diet. Every means was used to prevent the spread of the fever to the other children, five in number. The case progressed very favourably, and on the 14th the rash was nearly gone and the child practically convalescent. The next day, after some previous indisposition, her elder sister, aged eleven, came out with a bright-red rash, sore-throat, &c., and joined Miss A. B— in the isolated room. All went well with both the patients until Dec. 29th, when I found the glands on each side of Miss A. B—'s neck a good deal swollen, a temperature of  $103^{\circ}$ , pulse 112 (at 10 A.M.), and another rash beginning to come out about the ankles and wrists. Both the children had had a warm bath with carbolic soap the day before, and Miss A. B— warm linseed-meal poultices to both sides of the neck. Next day, the 30th, the glands had much gone down and gave no further trouble, but the rash had largely developed itself, was out thickly upon both thighs and legs, and thinly scattered about the rest of the body, a few spots appearing on the face. It looked to me more like psoriasis than any other eruption I had seen, but without the silvery scale. There was no rash at all on the other child. On the 31st the rash was still more marked, and of a dark-red colour with rather a coppery hue. In the course of this afternoon symptoms of acute cystitis came on, with painful and frequent micturition, the urine being loaded with blood, but containing no more albumen than the blood would account for. The next day I had the advantage of a consultation with Dr. Gee, to whom, however, the rash was as strange as to me. It occurred to both of us that the eruption and the cystitis might be due in some way to the use of the carbolic soap. I ordered some citrate of potash besides the old mixture, and some extract of belladonna (a quarter of a grain) as a suppository twice a day. I may mention here that the cystitis went on for about a week or ten days, getting gradually better, and finally disappearing, leaving no untoward results. On Jan. 2nd the left leg was observed to be rather swollen about the calf, which was very tender. The rash was fainter, but well out. In a day or two the whole of the left leg was much swollen and very tender along the track of the vessels. On the 5th Mr. George Pollock saw the child with me, and we were agreed as to there being probably some thrombosis of the femoral vein. The leg was wrapped in wool and kept absolutely at rest. On Jan. 11th the leg was still much swollen, especially high up, and the rash was still quite visible, though the general health was very good. On Jan. 15th the leg was a good deal smaller. From this time the leg slowly diminished in size, and the patient rapidly gained health and strength. At present (Jan. 21st) the left leg is still somewhat larger than the right, and there are faint traces of the rash left. The general health is very good.

I have very little comment to make upon this somewhat curious case. It would be very interesting to know what