

## A RARE CASE OF HEPATIC ABSCESS.

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ON Aug. 29th, 1890, I was called to see Sheik Khalee, aged thirty-two, a native of Hayoum, in Upper Egypt. He was suffering from pain in the right side; his face was pale; tongue coated white; pulse 100; temperature 102°, with irregular fits of chill; respiration short and rapid. According to the patient's statement his illness was of one month's duration, during which he was getting worse every day. On inquiry regarding his habits and his previous illnesses, he said that he had been in the habit of drinking intoxicating liquors, which he stopped five years ago; a year before this date he suffered from intermittent fever, and he did not have dysentery. Physical examination showed that on percussion the pain was increased, and the area of liver dulness was larger than usual, but I could not detect any fluctuation; urine of natural colour. I had no doubt that my patient was suffering from inflammation of the liver, and probably commencing abscess. I gave him a solution of diluted nitro-muriatic acid, sulphate of quinine, and tincture of rhubarb, and applied a blister on his right side. On Sept. 3rd I again visited the patient, and found him very little better. He complained of pain in the right shoulder; his bowels were irregular. I told him to continue the medicine, and prescribed in addition alkaline mineral waters. On the 10th his temperature was almost normal; pain considerably less, but he looked very weak still, and had no appetite. I told him to continue taking the mineral waters, and applied a second blister on his side. On the 20th I visited him again, and found him walking in the garden. Upon examination I found everything normal; he was apparently cured, and enjoyed good health during two months, at the end of which he was suddenly attacked by dyspnoea and a severe cough, and expectorated a material like chocolate in colour. I examined the expectoration, and found it composed of pus cells and broken-down liver tissue. I ordered him a stimulant, tonic medicine, nourishing food, and left the case to nature. He still expectorates, and up to the present time has expectorated about 400 ounces, but has strength sufficient to go about and fulfil his ordinary duties.

Cairo.

## THE VALUE OF THE TONGUE AS A RESPIRATOR.

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IT is not generally known that nature has provided each of us with the best respirator always at hand in the tongue. For years I have personally relied on this alone, and have recommended this proceeding to many patients. When facing a cold east wind, or breathing quickly the night air, I never quite close my mouth, but purposely keep the lips a trifle parted, and at the same time curl up my tongue towards the roof of my mouth until the tip reaches as far back as the soft palate, and I gently press the arched under surface of the tongue in some degree against the hard palate (a little practice soon makes this easy to do). The cold air then, as it enters the mouth, strikes against the under surface of the tongue, as well as the floor and sides of the mouth, and is made to pass in a somewhat circuitous manner between the sides of the tongue and the buccal mucous membrane to the pharynx, being thereby warmed in its course, so that by the time it reaches the larynx it is nicely rid of chill, and does not excite cough and catarrh. At the same time a certain quantity of air, of course, finds its way through the nasal passages to the chest, and it is obvious that a larger quantity of cold air can be effectually warmed by this method of procedure than by relying on either the nose or mouth alone. That the large blood-supply of the tongue renders this organ an excellent air warmer must be obvious to all.

Brighton.

## A Mirror

OF

HOSPITAL PRACTICE,  
BRITISH AND FOREIGN.

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.

## ST. GEORGE'S HOSPITAL.

CASES OF CHOLECYSTOTOMY; REMARKS.

(Under the care of Mr. WILLIAM H. BENNETT.)

THERE are many points of interest in the following cases independently of the development of malignant disease in the first two from which the patients died. This is, however, of considerable importance as regards the relationship of the gall-stones to its causation. Dr. Hilton Fagge<sup>1</sup> wrote: "But the way in which death is most frequently brought about in persons who have gall stones is by the development of cancer of the gall-bladder or the bile-ducts." He mentions twelve cases out of twenty-one of patients suffering from gall-stones who died from cancer, and concludes: "However, if some deeper relation than has yet been found should be proved to exist between the formation of biliary calculi and the development of cancer in the body generally, this would not do away with the clinical significance of the facts stated; it would still remain true that when a patient who has had attacks of biliary colic dies of protracted jaundice the ducts are invariably found to be affected with cancer." This opinion is in favour of earlier operation.

CASE 1. *Painful distension of the gall-bladder; cholecystotomy; removal of impacted stone; complete temporary relief; subsequent death from malignant disease.* (From notes by Mr. C. Cotes, surgical registrar.)—S. W—, a married woman aged forty-nine years, was admitted on Aug. 5th, 1890. She had always been healthy till about three years before, when an attack of jaundice occurred and laid her up for several weeks. A year prior to admission she had suffered from acute pain in the left side of the abdomen. This pain suddenly disappeared, leaving great general weakness. Since that time she had suffered much from constipation, the motions being frequently "almost white." For six months there had been loss of flesh and continual discomfort below the region of the liver. Three weeks before admission she noticed a round lump to the right of the umbilicus. On admission the patient was a spare but not unhealthy-looking woman, complaining of pain in the right hypochondriac region. Urine acid, sp. gr. 1020, trace of albumen; motions clay-coloured and infrequent. On palpation there could be easily felt just below the line of liver dulness, which was not abnormal, a rounded swelling, movable, elastic, rather tender to the touch, and presenting all the characteristics of a distended gall-bladder. On Aug. 14th, medical measures having failed to give relief, Mr. Bennett exposed the tumour by a vertical incision over its most prominent part, stitching the parietal peritoneum to the skin at the edges of the incision. The tumour, which presented freely at the wound, and was obviously the gall-bladder, was emptied by means of a cannula, the parts around having been carefully protected with carbolised sponges. The first part of the contents consisted of a quantity of putty-like material, which was followed by about six ounces of altered bile. The gall-bladder was then freely laid open, drawn well up into the wound, and two gall-stones removed, the second of these being firmly impacted in the duct. After the removal of the impacted stone another hard roundish mass of small size could be felt further on, but after careful examination it was determined not to interfere with this, partly on account of its inaccessible position and partly because the fibrous consistence which it presented to the touch was rather suggestive of its possibly being a malignant nodule. The edges of the wound in the gall-bladder were sutured to the margin of the abdominal incision, a glass drain introduced, and the antiseptic dressings

<sup>1</sup> System of Medicine, vol. ii, p. 504.