

20th that she was seen by Mr. Jackson, who at once advised her removal to the hospital. There is too much reason to fear that during the week preceding her admission she had been badly nursed and kept on "short commons" by her step-mother.

When first seen by me, her expression was anxious; the face was covered with beads of perspiration; the respirations numbered more than forty per minute, and a pericardial friction-sound was very audible, especially over the base of the heart. A blister was applied over the precordial region, and a mixture containing five-grain doses of ammonia and scruple doses of bicarbonate of potass given every four hours, with a grain of calomel and a fourth of a grain of opium; brandy and beef-tea were also allowed.

On the 23rd there was a diminution of the friction-sound. On the 25th it was again heard, but less plainly than at first; and in addition a systolic endocardial murmur was audible at the apex. The arms and knees were very tender; she complained much of thirst; the tongue was creamy, but inclined to a brown tint; urine acid, sp. gr. 1025. Ordered six ounces of red wine.

Feb. 27th.—She complained of much aching at the chest; the pulse was 100, respirations 40 per minute. The blister was repeated over the region of the heart, there being increased dulness. She had dry cough, but no expectoration. A few mucous râles were heard at the back of the right lung. During this night, and also during the night of the 28th, she was extremely restless, and chlorodyne was occasionally given by the house-surgeon.

March 1st.—Extremely anæmic. To continue the wine and to increase the brandy.

2nd.—Much dyspnoea; pallor of lips; anxious expression; tongue dry and brown. To take Griffiths's mixture three times a day, with an additional scruple of carbonate of potass.

3rd.—Urine still acid and of brick colour, sp. gr. 1024. Return of friction-sound at base.

4th.—Slept well last night. Heart's action far less tumultuous; friction-sound lost.

5th.—Still improving; lips not so pallid.

6th.—Very irritable, but takes food better, and sleeps pretty well. There is no swelling or pain in the joints; urine neutral; bowels have always acted freely. At eight P.M. the house-surgeon was suddenly called to her on account of intense orthopnoea. The pulse became extremely thready; she could not be prevailed upon to swallow any brandy; and in less than ten minutes she died.

An examination, made nineteen hours after death, showed serous fluid mixed with blood in the right pleura. The lower lobe of the right lung was consolidated, as was also the lower lobe of the left lung. In both lungs there was a good deal of frothy serous fluid. The pericardium contained a small quantity of fluid, and everywhere exhibited traces of recent inflammation. The heart was hypertrophied; the mitral valve thickened and roughened. On its edges were vegetations, and a small vegetation was observed on the middle semilunar aortic valve. On the inner surface of the aorta, close to its origin, was a small patch of atheroma. There was a fibrinous clot in the pulmonary artery, which diminished the calibre of that vessel by one half. In the left ventricle was a solid mass of fibrin, free from colour, and firmly adherent to the walls of the cavity.

Remarks.—I have thought it right to chronicle this case because it exhibited the peculiar dyspnoea, or rather orthopnoea, so fully described by Dr. Richardson, in his able treatise on fibrinous clots in the heart. The tendency to hyperinosis, which forms a salient feature in acute rheumatism, ought ever to remind the physician of the possible futility of all treatment; and the patient's friends ought to be made aware that a fatal termination may in every case be looked for. This remark is made not without reason. I happen to know of a case similar to the above which occurred in a ladies' school, and the sudden death of the patient brought unmerited obloquy on the head of the very sagacious and skilful medical attendant.

The clot blocking up in a measure the pulmonary artery must be held accountable for a great deal of the distress which the patient experienced; but the congestion of the lungs is most fairly attributable to the ante-mortem deposition of fibrin in the left ventricle. This will also account for the cedema, and exudation of blood into the bronchial passages. The mass of fibrin in the left ventricle was totally unconnected with the deposit on one of the aortic valves; and I am persuaded that no one carefully examining the heart of this patient could regard the vegetation on the valve as isochronous with the fibrinous mass in the ventricular cavity. It is worth considera-

tion how far it is expedient to administer iron at a comparatively early stage of acute rheumatism. I am not sure that the tendency to hyperinosis is not thereby augmented. Nevertheless, in extreme anæmia, such as characterized the girl whose case is narrated above, it cannot be very bad practice to prescribe the old-fashioned "green mixture," which allows of an additional dose of alkali being given. The only question, as I before said, is not as to the *how*, but the *when* for its administration.

Grosvenor-street, July, 1865.

HEPATITIS, PSOAS ABSCESS, AND YELLOW FEVER IN THE SAME PATIENT.

By J. T. GABRIEL, R.N., M.R.C.S.

JAMES S—, aged twenty-three, leading seaman on board H.M.S. *Virago*, applied to me on Dec. 7th, 1863, at Nassau, N.P., suffering with the symptoms of acute hepatitis. The usual treatment for that affection was vigorously used, and the symptoms were successfully combated. On the third day the patient no longer experienced pain, became cheerful, and could lie in any posture without inconvenience; in fact, every sign of a speedy recovery was apparent. On the fourth day the belly was observed to be somewhat distended, and the patient complained of the presence of flatus. No pain was experienced over the abdomen under ordinary palpation, and only a sense of uneasiness under firm pressure. Pulse 100, weak; face clear, and not anxious. Beef-tea and arrowroot, with some brandy, were given; and carminatives with anodynes afforded temporary ease; and occasionally warm laxative enemata were administered. However, the distension of the belly gained upon the efforts used to release the accumulating flatus, and this distension was the only symptom of which the patient complained. He maintained his cheerful manner, and talked freely with his attendant. The same remedies were continued.

On the morning of the 13th (the sixth day of illness) I was sent for at half-past two A.M. I found that a severe pain had occurred in the abdomen within half an hour, and the patient looked much distressed, and groaned. Hot water was procured and the belly well fomented, while a dose of brandy and morphia was administered warm. On watching the patient, I observed his countenance suddenly assume a collapsed expression; at the same moment a coffeeground-like vomit escaped from his mouth, and he expired.

On examining the body seven hours after death, I was struck with the lemon-yellow tinge over the surface generally and the conjunctivæ. (The clearness of the skin and conjunctivæ from yellowness previous to death had been particularly noted.) On opening the abdomen, the peritoneum was seen to be marked here and there with patches brightly injected, indicative of recent morbid action. Within the peritoneum a purulent fluid was found in profuse quantity. It was at first surmised that an acute hepatic abscess had burst into the abdomen, but on reaching the liver I found its surface covered with recent bands of lymph, by which it was attached to the neighbouring parts in all directions; its colour was that of Durham mustard, and sections presented the same hue: no other change was noticed. On reaching the right iliac region the source of the pus was at once revealed: the great psoas muscle was represented by a band of white fibrous matter so soft and yielding that the fingers could be gently passed through its substance. The iliacus was in a similarly degenerated condition; and in the course of the vessels a cavity extended into the thigh for six inches, and allowed the passage of my fist. The lumbar and a few dorsal vertebræ were cursorily examined (thermometer 87°), but no disease was detected in them.

Previous to his fatal attack, the patient had been a month under treatment for a hypertrophied condition of the tissues of the thigh and iliac region; the flexure of the groin was obliterated, and the part between the thigh upwards to the abdomen was almost of uniform level. The patient complained only of the difficulty he experienced in the progression of the extremity: he felt as though he had a splint on. Mercurial deobstruents were persevered with, and after a month's treatment the parts had nearly assumed their natural appearance; the patient could walk well, and he resumed the active

duties of a leading seaman. The cause of the above condition I could not then conjecture, but of course the existence of the abscess explained it. The patient had rarely been on the sick-list before, and was considered one of the halest of our crew. On examining the stomach I found that organ filled with black vomit. There can be no doubt that yellow fever formed an element in this extraordinary mass of disease, and a cause is not wanting to account for it. A merchant steamer had been lying ahead of us for some time, and the direction of the wind was generally in a line passing from her towards the *Virago*. In that steamer it was made known that sixteen cases of fever had occurred, of which nine had died with black vomit. A representation of the fact was made to the governor, and the steamer was very properly compelled to leave the harbour. I think there can be no doubt that the sudden accession of acute pain in the abdomen within a short period of death arose from the contents of the abscess flowing into the abdominal cavity.

The formation of an abscess so large, in a person constantly obliged to use the most active bodily exertion, with absence of pain, and with apparent vigour of frame, is, I think, an interesting and remarkable occurrence.

Oxford-terrace, Hyde-park, March, 1865.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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. Proemium.

WESTMINSTER HOSPITAL.

COMPLETE CLOSURE OF THE JAWS BY CICATRIX ON ONE SIDE; ESMARCH'S OPERATION OF DIVISION OF THE JAW; PLASTIC OPERATION; GOOD RESULT.

(Under the care of Mr. CHRISTOPHER HEATH.)

IN THE LANCET of Oct. 25th, 1862, we reported a case of closure of the jaws from cicatrices, in which Mr. Heath had performed Esmarch's operation with a good result; and we have now to record another and more formidable case, in which the hideous deformity and suffering of the patient have been relieved by a similar measure. This proceeding, although it has attracted but little attention in this country, has been much under discussion abroad, and especially in Paris at the Société de Chirurgie, in the "Archives" of which body much information upon it will be found. We may also refer to Mr. Heath's two papers in the *Dublin Quarterly Journal* (May, 1863, and May, 1865) as thoroughly ventilating the subject.

We may remark that the description given of the deformity in the following case fails to realize its great extent and disfigurement. The improvement in personal appearance, and the comfort now experienced in eating, have greatly tended to show the value of operative measures in apparently so hopeless a case.

Ellen J—, aged twenty-three, was admitted into Arden ward on Jan. 22nd, 1864, with closure of the jaws produced by cicatrices. When six years old she had fever, and the mouth was ulcerated (the patient believes from the effects of mercury, which her mother told her was rubbed into the soles of her feet). As long as she can remember the jaws have been tightly closed, and some years ago Dr. Budd, of Plymouth, removed a small piece of bone from the jaw. Three months before admission she had typhus fever, and whilst ill the left commissure of the lips gave way, and thus originated her present unsightly appearance.

On admission, the lower jaw is firmly held against the upper by dense cicatricial tissue on the left side, which appears to involve the whole of the buccinator muscle, and to extend to the angle of the mouth, a firm, depressed cicatrix occupying

the whole of that portion of the cheek. The teeth of the upper jaw on the left side project considerably over those in the lower. The first molar was extracted by Mr. Bullen at the Lambeth Infirmary a short time since; but the bicuspid and canine remain fully exposed to view, the second bicuspid,



which is decayed, being pushed forwards. The commissure of the lips has been divided by the pressure of the teeth, and the ends of the lips are now half an inch apart. The girl introduces soft food between the teeth on the right side, which is perfectly healthy, and she has a very slight power of triturating the food on that side. She swallows sufficient food, though slowly, and has gained flesh since her convalescence from fever.

Mr. Heath determined to perform Esmarch's operation for the formation of a new joint in front of the cicatrix, believing that it would be impossible to obtain any good result by interfering with the cicatrix itself, either from within the mouth or by transplantation of skin. The patient was put under chloroform on the 24th, and after the extraction of two teeth from the upper and one from the lower jaw (bicuspid), an incision was made to the extent of two inches along the lower border of the jaw, immediately in front of the cicatrix. The tissues around the jaw were then cleared from the bone, and a narrow saw (with a movable back) passed through the wound. One cut was made in a slanting direction immediately in front of the cicatrix, and another half an inch in front of it, and close to the remaining teeth, which was also slanted in the opposite direction. The intervening wedge-shaped piece was then removed by dividing the few muscular fibres attached to it. It was found that the jaw could now be moved freely, and the teeth separated to some extent. A small piece of sponge was inserted between the cut ends of the bone, and the wound closed with a couple of sutures, no ligatures being applied. The piece of bone included the whole thickness of the jaw, and measured seven-eighths of an inch along the lower border. It contained the mental foramen.

Jan. 25th.—She has had a good night from an opiate draught. There was a little oozing of blood, but nothing of consequence. Piece of sponge removed; water-dressing to the wound.

27th.—Is as well as could be expected, and is able already to move the jaw to a considerable extent. To use myrrh lotion to wash out the mouth.

Feb. 1st.—Some swelling has taken place about the wound, which is suppurating freely, and about the glands below the chin. Ordered a poultice over the whole.

10th.—Swelling has disappeared. To have water-dressing, and leave off the bandage, which somewhat confines the movements of the jaw. Ordered soft biscuit to masticate, and thus use the new joint.

23rd.—Is improving rapidly. The wound is nearly healed. Power of mastication very good, and, therefore, she was put on middle diet.

March 5th.—Two exfoliations from the cut ends of the bone have come away by the mouth. The movements of the new joint are very free, and the wound is quite closed.

12th.—One of the molar teeth of the upper jaw, which was decayed, was extracted by Mr. Walker.

23rd.—The false joint being now in a perfectly satisfactory condition, Mr. Heath determined to attempt to remedy the