

whilst a dead subject, suspended for five minutes, will afterwards manifest mummification of the mark of the cord, the result of evaporation from the body, and must, therefore, be a post-mortem production. In diagnosing death from hanging or strangulation, where no marks are visible, the medical jurist must take into consideration the surrounding circumstances of the whole case, and then proceed to satisfy himself, pathologically, whether apoplexy, asphyxia, or neuro-paralysis, were conditions immediately concerned in arresting life. Under such an ordeal the medical inquisitor will be able to deduce conclusions satisfactory to a jury, and creditable to his own forensic sagacity.

Bridlington, May, 1869.

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.

ST. MARY'S HOSPITAL.

A CASE OF HYDATID CYST OF THE LIVER; SUPPURATION; EVACUATION OF PUS AND HYDATIDS; EXHAUSTION; DEATH.

(Under the care of Dr. SIEVEKING.)

WE were present at the autopsy of this case, which seemed of sufficient interest to deserve recording; and Mr. J. R. Walker has been good enough to give us some notes, which are appended.

Arthur D—, aged seventeen, admitted February 12th, 1869, suffering from pleurisy with effusion. On admission, the following history was obtained:—Family pretty healthy. The patient has hitherto enjoyed good health. In November last he felt a pain in the right side and stomach, which lasted about three days. About a month ago he felt a pain again in his right side, which he compared to a lump being there. This pain was worse when he lay down. He soon experienced difficulty in breathing in going up stairs, and was obliged to leave off work.

On examination, the right side appeared the larger, but on measurement no difference was detected; the circumference just below the nipples was $30\frac{1}{2}$ inches. Breathing good over left front, also over the upper half of right side, below which there is absolute silence and dullness. Both sides seem to move equally in respiration. Resonance over left front less than over right front; vocal resonance much better over left than right. Heart-sounds normal. When he lies on his face the right posterior lower half is not nearly so resonant as the corresponding part on the left; still it is not so dull as on the front. Pulse 102, of medium force. Tongue moist and coated. Urine dark-coloured, not acid; specific gravity 1030; and contains a large deposit of phosphates, but no albumen. Ordered iodide of potash, five grains, and bicarbonate of potash, five grains, three times a day; broth, beef-tea, and milk.

Feb. 13th.—Absolute dullness below fifth rib on right side.

19th.—Liver pushed down below hypochondrium; circumference around nipples $30\frac{1}{2}$ inches; sides still symmetrical; respiratory murmur to be heard much lower down than at first; vibration has returned to right side; has been sick. Grey powder, five grains, each night.

22nd.—Complains of pain in the back; no pain on right side.

23rd.—Circumference around nipples $31\frac{1}{2}$ inches, the right side being $16\frac{1}{2}$ inches; heart-sounds normal; pulse 96, soft and quiet.

March 20th.—Between these two dates no particular notes were taken; the pleuritic effusion gradually decreased, but the liver became more and more enlarged. At this time he was taking port wine daily, and a quarter of a grain of

morphia pill at night. On examination to-day the edge of the liver is to be felt a quarter of an inch above the umbilicus, and extends with the usual curve to the right and left; the veins on the surface of the abdomen are much distended; pain and tenderness all over the abdomen; fluctuation at a point about two inches above and to the right of umbilicus.

23rd.—Great swelling in right hypochondrium; fluctuation more distinct; tumour evidently pointing where fluctuation was first felt. Urine of a yellow-reddish colour, contains bile, acid, specific gravity 1030.

27th.—The liver was punctured by a small hypodermic syringe, and pus drawn off. A larger trocar was then inserted, and about eight ounces of fluid, with small gelatinous masses, was drawn off. The canula was left in and plugged. Brandy, six ounces daily.

28th.—The syringe was again inserted, and two or three ounces of a similar fluid evacuated. Has had a rather restless night; pulse 128, small and wiry. Patient is becoming very emaciated; countenance anxious and flushed; pain in the abdomen much relieved since operation; takes his food tolerably well. Fish diet, also six ounces of port wine and six ounces of brandy daily.

30th.—An incision was made, and about ten ounces of offensive pus, with a large quantity of gelatinous masses containing hydatids, evacuated. Two grains of quinine mixture to be taken thrice a day.

31st.—This morning fifty ounces of pus, extremely offensive, were discharged (more remaining behind). The liver was thus reduced in size by about two inches, and tension removed. No tenderness, except at the edge of the wound. Pulse 104. No sleep last night.

April 1st.—Slept well, owing to an opium draught, which was substituted for the morphia pill. Pulse 112. Eight ounces of fluid evacuated.

2nd.—Sleepless night; pulse 127; six ounces of fluid evacuated.

3rd.—No sleep; pulse 140; four ounces of fluid discharged. Stimulants increased.

4th.—Sleepless night; pulse 180; cannot take his food so well; twenty ounces of fluid evacuated.

5th.—Passed a better night; pulse 140; eight ounces of fluid evacuated; has a blush of redness to the right of the incision; carbolic acid (1 to 100) injected without pain; bowels relaxed last two days. Stimulants *ad libitum*.

6th.—Pulse 180, smaller; cannot take his food at all; ten ounces of discharge, which is distinctly coloured with bile.

7th.—Pulse scarcely perceptible, 180; breathing laboured. Died at 11.55 P.M.

At the post-mortem examination, the body was found to be much emaciated, the outline of the liver being clearly visible. The liver itself occupied nearly the whole front of the abdomen, and encroached on the thorax, especially on the right side. It was generally adherent to the front abdominal wall (the spot of puncture being firmly adherent). Left lobe very much enlarged in length and width, but very thin, and covering the stomach, which was pushed to the left side. Right lobe almost entirely converted into a cyst or abscess, the walls of which were composed of thin discoloured liver tissue, not thicker than from one-eighth to one-fourth of an inch—except below, where there was unaltered liver tissue. The whole upper surface of the right lobe was firmly adherent to the diaphragm; below, to kidney and abdominal walls, where the cyst burst while detaching it, whereby several pints of fluid escaped, containing pus, with globules of lymph and gelatinous cysts. Both lungs were congested, and adherent to pleural walls by recent adhesions, with effusion in pleural cavities. Other organs healthy.

GREAT NORTHERN HOSPITAL.

CASE OF CONCUSSION OF BRAIN, FOLLOWED BY SYMPTOMS OF IRRITATION AND A SUCCESSION OF FITS, CONTINUING AT SHORT INTERVALS FOR TEN DAYS; QUESTION OF TREPHINING; TREATMENT BY ANTIMONY; RECOVERY.

(Under the care of Mr. W. ADAMS.)

THE following case, for the notes of which we are indebted to Mr. P. D. Hopgood, is interesting in connexion with the question of trephining, which so often arises under

like circumstances, and about which there is still much difference of opinion amongst surgeons.

F. P.—, aged twenty-three, a healthy and very temperate man, was brought to the hospital, in a partially unconscious state, on Feb. 4th, 1868, having fallen from the top of a high cart, striking his head against the pavement. He was completely stunned by the fall; but in a few minutes spoke to those around, wishing to remain quiet. A few minutes after the accident he was taken in a chair into a house, and left for a while. During the interval he walked by himself up stairs, undressed, and went to bed,—where he was found when the attendants went to look after him. About an hour after the accident he vomited his dinner, mixed with some blood. At this time he became unconscious, but was very restless, curling himself up in bed, and pulling the clothes over his head. Afterwards he became somewhat sensible, and was very obstinate in being dressed previous to being taken to the hospital.

The patient was brought in a cab to the hospital at 6.30 P.M. Directly he was taken into the surgery he began to vomit blood in small quantities, mixed with food and fluid from the stomach. The surface of the body was cold, with pulse 60, feeble, and he persisted in curling himself up, and pulling the blanket he was wrapped in over his head. The pupils were contracted, and sensible to light. On examining the head, no wound was found; but there was a distinct depression, about the size of a shilling, on the posterior part of the right parietal bone. He was somewhat conscious, and his face rather flushed. Ordered beef-tea and milk, ice to the head, and hot bottles to the feet. Reaction took place in a few hours, the body becoming warm, and the pulse rising considerably; breathing quiet. Late same evening: Pulse 80, feeble; breathing quiet; seems inclined to sleep.

Feb. 5th.—No more vomiting. Got out of bed to pass water. Complains of great pain in the head. Ordered croton oil, one minim, immediately; tartrate-of-antimony wine, twenty minims, every four hours.

6th.—No sickness. Pain continues. Bowels open freely. Surface of body warm.

7th.—Has had several fits during the day; left side convulsed. Passes motions in bed. Pulse 96, feeble. Fits continue. Catheter passed twice daily. Ten leeches applied to temples. Pulse 100. Right pupil dilated.

8th.—Pulse 84. Breathing inclined to be stertorous. Left arm paralysed. Pupils contract with stimulus of light. Has been taking tartrate-of-antimony wine, twenty minims, every four hours. Skin warm and perspiring. Violent convulsions every few minutes. (In the fits, the eyes are turned up and to the left; twitchings of face and whole of left side.) There was a consultation with Mr. Gay to consider the operation of trephining. Mr. Adams thought the symptoms of cerebral irritation probably depended upon some spicula of depressed bone, but as it was difficult to define the exact spot at which the trephine should be applied, it was decided to wait for further symptoms.

9th.—Pulse 96, very feeble. Pupils sensitive to light. Breathing quiet.

10th.—Pupils dilate thoroughly with atropine. Pulse 64. Fits continue every few minutes; conscious between them.

11th.—Pulse 96. He is unconscious. Fits continue.

12th.—Fits continue very frequent. Pulse 100. Conscious between fits. Refuses nourishment; does not complain of pain.

13th.—Pulse 120. Fits very frequent. Depression in parietal bone plainly felt. Unconscious between fits. Continues the tartrate-of-antimony wine every four hours.

14th.—Eight fits during the day. Pulse 120.

15th.—Pulse 100; conscious; only one fit, in which the whole body was convulsed.

16th.—Six fits during the night; passes urine; pulse 96; much better; quite conscious.

17th.—Left arm paralysed; still continues tartrate-of-antimony wine; sleeps much.

18th.—No fit; talks indistinctly; sleeps a good deal.

19th.—Very comfortable.

21st.—Improving; no fit.

23th.—Complains of being hungry.

March 5th.—Takes food well; improving fast; remembers nothing about the accident.

17th.—No bad symptom.

April 30th.—Discharged well.

This man was seen by Mr. Hopgood in December, 1868, and he continued in good health, and able to follow his occupation; but had had three or four fits, not, however, of a severe form. He suffered from headache after stooping, or if he took more than one glass of ale daily. He had never been subject to fits before the accident.

Clinical Records

OF THE PARIS HOSPITALS.

HÔPITAL LARIBOISIÈRE.

EXTENSIVE PERFORATION OF THE STOMACH, ATTENDED BY
PERITONITIS, WITHOUT ANY LOCALISED SYMPTOMS
DURING LIFE.

(Under the care of Dr. MILLARD.)

THE patient was a man of sixty-five years of age, and had led a tolerably comfortable life. On entering the hospital, on February 5th, there was general soft œdema, which extended to the face. The urine was normal, and the heart healthy. The patient had never had hæmorrhage. From what he said it was inferred that the disease had made its appearance four months previously: there was then a swelling of the legs, accompanied by general weakness, and this swelling had disappeared and returned at different intervals.

On examining the surface of the body, a large pemphigus bulla was discovered on the right leg, whilst the left showed a large, sore patch, probably due to pemphigus.

Feb. 20th.—For some days the patient has lost flesh, and has had excessive diarrhœa. With the increase of diarrhœa, the œdema has gradually disappeared, and the change thus produced adds to the emaciated aspect of the patient. The urine has been repeatedly examined, and no traces of albumen had been discovered.

21st.—The diarrhœa disappeared this morning, and returned in the evening. The patient passed water without knowing it.

24th.—Patient was in a moribund condition, the face being extremely emaciated. Death occurred during the day without being attended by any phenomenon worthy of being noted.

Post-mortem examination.—Abdomen: General peritonitis, with a great quantity of pus, and soft false membranes. Liver connected with the stomach by soft false membranes, which easily gave way as the liver was detached, and disclosed a perforated ulcer of the stomach, as large as a half-franc silver piece. On separating the stomach from the transverse colon, another perforated ulcer was discovered, of the size of a five-franc silver piece. No effusion of intestinal matter in the peritoneum. The liver and kidneys were in a somewhat fatty condition. The heart showed no signs of disease, except some milky patches on its surface. There was an emphysematous condition of the lungs. Thick false membranes covered the pleura.

HÔPITAL NECKER.

CÆSAREAN OPERATION POST MORTEM; BIRTH OF
A LIVE CHILD.

(Under the care of M. GUYON.)

THE patient, on being admitted into the hospital, was in a state of profound apathy, and could scarcely give any information touching her condition. As far as could be gathered from her random answers, it appeared that she first fell ill about ten days before. On being asked where she felt pain, she pointed to the stomach. She had scarcely any fever, very slight cough, abundant diarrhœa, no typhoid maculæ on the abdomen, and a furred tongue without sordes. Since the beginning of her pregnancy—which was approaching its end at the time of admission—she had had several fits of convulsions. She had never had any attacks before pregnancy. During the fifteen days she remained in the wards