

him to this hospital, a distance of twenty-three miles. He arrived ten hours after the accident, and was able, with assistance, to walk forty yards and down a flight of twenty steps. He was suffering from difficulty of breathing and pain in the right side, but was not much collapsed. On examination it was found that there was considerable bruising of the right side and back; emphysema over most of the side and crepitus were distinctly felt; there was no lateral wound. A body bandage was at once applied, and he was removed to the ward. He was seen frequently during the rest of the day. There was no supervention of collapse. The urine was examined, and found free from blood; the sputa were tinged with blood. In the evening his breathing was laboured; percussion over right side yielded a tympanitic note; no dulness on percussion of abdomen. The following morning (Feb. 17th) he was in a cyanotic condition; the emphysema extended from the margin of the ribs to the scalp. He gradually became worse, and died twenty-eight hours after admission and thirty-eight after the accident.

The necropsy revealed the following conditions:—Ecchymosis of right side and back, extravasation of blood over whole of thorax, and laceration of pectoralis major and latissimus dorsi on the same side. On opening the thorax a pint of dark fluid blood was found in the cavity of the right pleura. The lung was lacerated to the extent of three inches on the outer aspect, the laceration extending deeply into the lung substance. The ribs from the third to the ninth inclusive were fractured, the eighth and ninth immediately in front of their angle, the posterior fragment of each of these protruding to the extent of an inch through the costal pleura. The diaphragm was abraded in two places, and near the centre of the right half was a perforating wound about the size of a florin. The liver at upper margin of right lobe was deeply lacerated, the wound being the size of a crown-piece, and corresponding in situation to the wound in the diaphragm. Half a pint of fluid blood was found in the abdominal cavity. On the left side of thorax the fourth, fifth, and sixth ribs were fractured immediately external to their cartilages, but without displacement or effusion, and without injury to left lung or heart. The spleen, kidney, stomach, and intestines were uninjured.

This case is remarkable from two circumstances—a penetrating wound of the diaphragm and laceration of the liver by the projecting ends of broken ribs, and the length of time that the patient survived, together with his power of walking on his arrival at the hospital. The quantity of blood effused into pleura and abdomen was very small, considering the deep and extensive lacerations of both lung and liver.

ROYAL INFIRMARY, MANCHESTER.

CASES OF FIBROID TUMOUR OF THE UTERUS.

(Under the care of Dr. THORBURN.)

FOR the notes of the following cases, which were recently under treatment at this infirmary, we are indebted to Dr. Henry Tomkins.

Fibroid of uterus with suppurating cyst.—M. S—, a healthy married woman, aged thirty-five. She had had two miscarriages between third and fourth months, the last occurring more than seven years ago. Never had a child born at full time. Always menstruated regularly and normally.

About nine years ago she first noticed some fulness in the abdomen. This went on for four years, increasing slowly in size. She was then admitted into the infirmary, and was found to have a hard tumour diagnosed as fibroid of uterus, with much pain and some indistinct fluctuation on the right side. A small trocar was inserted, and a few drachms of sero-purulent fluid evacuated. Three or four months after this she again became an in-patient, was again tapped, and a considerable quantity of pus removed with much relief. A year elapsed, and she again returned. The tumour had not much increased in size, but she complained of much pain on the right side. She was tapped once more, but no fluid of any sort was obtained, and she again left the hospital.

On the 8th of November, 1877, she was readmitted an in-patient. The tumour was but little altered in size, but on the right side there was an indistinct sense of fluctuation, extending over an area four inches in diameter. The rest of the tumour appeared solid, extending two inches and a half above the umbilicus. Flanks were resonant. Circum-

ference over umbilicus $38\frac{1}{2}$ inches. Examination per vaginam did not give much sign of the presence of a tumour. The cavity of the uterus was increased, measuring $3\frac{1}{2}$ inches. The cervix was drawn up and almost obliterated. She had never had flooding.

Two attempts were made to remove fluid from the right side, but without success, although the presence of some fluid was almost certain.

This case was apparently one of fibroid of uterus, with a cyst of some sort on the right side, in which suppuration had taken place.

Fibroid of the uterus, with cyst.—A. E—, a married woman aged forty-nine, was admitted on Oct. 22nd, with the following history. She had always enjoyed good health. Menstruation regular until cessation. Had had two children. About three years ago she first noticed a swelling in the abdomen. The swelling increased very slowly until six months ago, but since that time has enlarged rapidly. She never had floodings.

On admission, the abdomen was large, measuring thirty-eight inches round the umbilicus. The tumour did not project more to the right than to the left side; it rose two inches above the umbilicus. Percussion dull all over the tumour, but resonant in the flanks. On the right side the tumour was hard and solid; on the left there was fluctuation and distinct percussion-wave, indicating fluid. Examination per vaginam showed a large, hard mass at the posterior part of the uterus; pressure made upon the tumour through the abdominal wall was distinctly felt here. The cavity of the uterus was slightly enlarged.

The tumour was tapped on the left side, where the fluid was supposed to be, and six pints of pale greenish serum evacuated, which yielded a scanty purulent deposit on standing. After the removal of this fluid, a distinct hard tumour was apparent, rising a little above the umbilicus and descending into the pelvis. Circumference round the umbilicus thirty-three inches.

The question here to be decided was whether the case was one of fibro-cystic tumour with a much larger cyst than usual, or whether both a fibroid tumour of the uterus and an ovarian cyst existed side by side.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

"Urticaria Pigmentosa."—*Cacotrophia Folliculorum.*—*Ovariectomy in a Girl twelve years of age.*—*Wound of Abnormal Obturator Artery in Herniotomy.*

THE ordinary meeting of this Society was held on the 26th ult., the President, Mr. Callender, in the chair. Four papers were read. Two dealt with skin affections—viz., one by Dr. Sangster, who showed a case of a general eruption in a child, the precise nature of which is still matter of dispute, and one by Dr. Fox on a congenital defect of the hair-follicles. A successful case of ovariectomy for dermoid tumour in a young subject was contributed by Dr. Barlow and Mr. Marsh, whilst Mr. Barker related particulars of a case of strangulated femoral hernia, in which an abnormal obturator artery was wounded. He gave statistics showing the rarity of the complication, and the relative merits of ligature and compression for the arrest of the hæmorrhage.

Dr. SANGSTER exhibited a child suffering from an anomalous skin eruption, which he had provisionally called "*Urticaria pigmentosa.*" The boy was two years of age, and was first seen by Dr. Sangster in August last, when he had a peculiar buff-coloured and red mottled rash more or less over the whole body, but especially on the thighs and legs. On the limbs it was most marked at the flexures. It consisted of patches, some slightly raised, but with no obvious increase in substance, at first red, then paling into the buff tint. There was much pruritus, which on scratching produced wheals. The eruption commenced, when the child was two months old, as a red mottling gradually spreading over the trunk and limbs. One of his grandparents and an