

admitted on August 16th, 1875, in consequence of injuries received from an infuriated bull, which had gored him. There was a lacerated wound of the abdomen, extending from about the centre of the left groin for five inches towards the umbilicus, and through which a considerable quantity, estimated at about six or eight feet, of small intestine protruded. The intestines, being uninjured, were carefully sponged with warm carbolic lotion, and returned into the abdomen. The wound was brought together by carbolised sutures, the peritoneum muscles being adjusted by deep sutures with as much accuracy as possible. The patient was placed under chloroform whilst the sutures were being put in. The wound was dressed antiseptically. Some hiccough occurred in the evening, but this ceased on the patient's vomiting the contents of his stomach. The treatment consisted in the administration of small quantities of opium. The urine was drawn off regularly. The patient took milk and fluid food. There was some sloughing of the superficial portion of the wound, which necessitated the application of a poultice. The patient made a good recovery, and left the infirmary perfectly well.

In connexion with this case may be mentioned an injury to the abdomen of a somewhat unusual nature, which occurred in the practice of Mr. Harrison at the Liverpool Northern Hospital.

J. B.—, aged twenty-three years, and employed in a distillery where some machinery was used, was admitted into the hospital suffering from an injury to the rectum. It appeared that whilst in a stooping position a portion of the machinery gave way, and an iron rod, twelve inches in length and one in diameter, had been violently thrust up his anus. On admission to the hospital there was a lacerated wound on the posterior margin of the anus, which was continued upwards along the corresponding wall of the bowel as far as the finger could reach. The sphincter and mucous membrane of the bowel were completely torn through. Midway between the umbilicus and the centre of the left groin was a swelling about as large as a hen's egg. The swelling had evidently been occasioned by force from within, as there was no external abrasion of the skin. The bladder and urethra were uninjured. The patient was much collapsed on admission, and vomited soon afterwards. An acute attack of peritonitis very nearly proved fatal. The abdominal contusion suppurated and discharged pus, but there was no escape of faecal matter. The patient recovered, and subsequently applied at the hospital in consequence of a hernial protrusion at the part where the abdomen was injured. For this he was fitted with a truss.

It was clear that the abdominal parietes had been almost perforated by the rod, and, as suppuration occurred, it was somewhat remarkable that no escape of faecal matter took place, especially as the nature of the accident and the subsequent peritonitis warranted the conclusion that rupture of the bowel must have taken place.

HARTLEPOOL HOSPITAL.

CASE OF PERFORATING WOUND OF ABDOMEN, WITH PROTRUSION AND WOUND OF INTESTINES; RECOVERY.

(Under the care of the late Dr. BOTHAM.)

For the notes of the following case we are indebted to Mr. Crowe, house-surgeon, to whose care the management of the case was practically left by the illness of Dr. Botham.

Denis Q.—, puddler, aged twenty-six, was admitted on the night of Sept. 11th, 1875, suffering from a wound of the abdomen three-quarters of an inch in length, and situated about half an inch above the left groin. Through the wound there protruded a large knuckle of intestine, which was found to be wounded in three places, one about three lines long, in the longitudinal direction of the bowel, near its attachment to the mesentery; another, about a line in length, was at the opposite side; while a third, only a mere puncture, was situated about half an inch above the second one. The two larger wounds were sewn up with carbolised-gut sutures, and the intestines, having been carefully washed, were returned; the outer wound was closed with a continuous suture of carbolised gut, with a pad of dry lint over it.

Sept. 12th.—9 A.M.: Has passed a fairly good night; no vomiting. Pulse 80, full and hard; tongue slightly furred;

wound looks healthy, very little tenderness over the part.—3.40 P.M.: Has been vomiting a good deal.—6 P.M.: Vomiting continues incessantly; pulse 50, small and wiry.—8 P.M.: Vomits everything he takes; pulse 45, intermittent. Injected a quarter of a grain of morphia subcutaneously.—11.30 P.M.: Suffers from constant hiccough; abdomen greatly distended and tympanitic. Ordered an injection of soap and water with peppermint, after which he slept well for some hours.

13th.—9 A.M.: The hiccough having returned, he was ordered an injection as before. Pulse 50, full; tongue very much furred. To have ice, milk with lime-water, and cold beef-tea, with one grain of solid opium three times a day.

14th.—9 A.M.: Pulse 50, full, regular. Has had no vomiting since yesterday. Complains of slight pain in abdomen. Sleeps well.

15th.—Tongue clean; pulse 60. The wound in abdomen almost united.

17th.—8 P.M.: Passed a small quantity of hardened faeces with little or no pain.

18th.—Bowels again acted. The opium to be continued, with milk diet.

26th.—Still improving; has had no motion of the bowels from the last date until to-day. Milk and beef-tea to be continued.

27th.—Some bread and butter allowed him for tea, as he complains much of hunger.

29th.—Bowels again acted slightly. Opium to be discontinued.

Oct. 2nd.—Wound in abdomen almost healed. Ordered a mutton-chop for dinner.

3rd.—Says he feels all right. Sat up in bed for two or three hours.

From this date he got stronger every day, and on the 16th left the hospital quite recovered, and now follows his occupation just as usual.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE ordinary meeting of this Society was held on the 8th inst., Sir James Paget, President, in the chair. Two papers were read, one of them possessing a melancholy interest from the fact of the recent lamented decease of its talented author, Mr. Gascoven. In a few well-chosen words Sir James Paget, upon the conclusion of the paper, reminded the meeting of "those admirable qualities by which, as a true gentleman and a surgeon," Mr. Gascoven had "endeared himself to us all." This paper was followed by a lengthy and detailed account of the structure of Bouton de Biskra, an endemic cutaneous affection of Algiers, allied to the Delhi boil. Dr. Vandyke Carter, from whom the paper proceeded, described the occurrence of a fungoid growth in the skin in this disease. His descriptions were supplemented by Dr. Tilbury Fox, while Dr. Thin confessed his disbelief in the specificity of this and allied affections, the large majority of which were, he alleged, really examples of syphilis.

The following is an abstract of Mr. Gascoven's paper upon a Case of Sphacelus of the Thyroid Gland, with recovery of the patient:—"In this communication the details are narrated of a case in which idiopathic inflammation of the neck, occurring in a healthy man aged thirty-eight, was followed by death of the thyroid body and extensive sloughing of the connective tissue adjoining. The patient made a rapid recovery, and has since experienced no discomfort of any kind from the loss of the gland. The rarity of such cases is alluded to; the few examples which the author has been able to find have been placed upon record by various German practitioners. Lebert, in his work on Diseases of the Thyroid Gland, refers to seven such cases, and gives the particulars of two in which the symptoms were almost identical with those observed in the present instance. Four of these patients recovered, and although destruction of the gland was complete in each of them, as