The patient went on well for the next two days, but on the 20th the scrotum looked red and swollen. This was the commencement of an erysipelatous attack, followed by an abscess in the cellular tissue, at the lower and back part of the scrotum, which was opened by a free incision on the 25th.

The wound of the operation was still open. He was ordered to take wine and diffusible stimulants. The skin of the scrotum sloughed to a considerable extent, leaving the testicle exposed. He was rather weak, but went on well till February 13th, when secondary hæmorrhage came on, and he lost about a pint of blood before it was discovered. As the bleeding vessel could not be found on the surface, an incision was made, extending from about an inch below the wound of the operation into the cut made to open the abscess. The principal artery which was bleeding was in the cord, about an inch from the testicle. This was tied, and another vessel was found bleeding in the sloughy tissue of the scrotum. This would not hold a ligature, and was therefore treated with the actual cautery, under chloroform. The hæmorrhage did not recur; and as soon as the sloughing process had entirely ceased (February 24th), the edges of the flaps of the scrotum were pared, and brought together with sutures over the testicle. They united by the first intention in a considerable part of their extent; and, on March 3rd, the remainder of the edges were again united, except a small part which was left to form an exit for the pus which was still coming from the wound made for opening the abscess. This latter proceeding, however, did not succeed; but the wound is now filling up by granulations, and the man gets about the ward, and is convalescent.

REMARKS. The hæmorrhage in this case appears to have been due to ulceration, the consequence of sloughing in the omentum, which had been attached to the cord, or to the inflammation set up by the operation. The fact that the testicle did not become atrophied shows that the vessel which was tied in the cord could not have been the trunk of the spermatic artery; but, from its size and position, it seemed impossible that it could have been one of the small branches supplied to its coverings. It is probable, therefore, that in this case the spermatic artery (as it very often does) bifurcated before reaching the testicle; and that, therefore, after the ligature, a vessel remained capable of carrying on the nutrition of the gland. The plastic operation for expediting the covering of the testicle, after its exposure by the sloughing, was so far successful that no doubt now remains on that point, and the man may be regarded as beyond the danger of any further sloughing.

LONDON HOSPITAL.

VASCULAR TUMOUR IN THE SUBCUTANEOUS TISSUE OF THE ARM.

Under the care of T. B. CURLING, Esq.

[From Notes by T. E. RUTLEDGE, Esq., House-Surgeon.]

THE following case was probably an example merely of subcutaneous nevus which had not enlarged till the time assigned by the patient as the date of its origin, and had therefore not previously attracted her notice, though it might probably, like most of these swellings, have been congenital. The complete emptying of the tumour on pressure was the only symptom that could lead to an idea of its nature; and it is worth while to remember this symptom, as it may perhaps lead to a correct diagnosis in an otherwise obscure case.

Eliza Bragg, aged 18, a domestic servant, residing near Stratford, Essex, was admitted into the London Hospital January 26th, under the care of Mr. Curling. She stated that, for the last two or three years, she had noticed a painless tumour, the size and shape of half a walnut, upon the back of the right arm, over the middle of the ulna; it was covered with skin of the natural colour, and, upon examination, conveyed the impression that it was a cyst, except that, upon firm pressure, it disappeared for a few seconds.

January 28th. Mr. Curling excised this tumour. There was free venous hæmorrhage, which was arrested by pressure; the wound slowly healed by granulation; and the patient was discharged, "cured", February 20th.

Upon examination, the tumour was found to be a mass of reticulated veins.

GUY'S HOSPITAL.

A CASE OF COMPOUND COMMINUTED FRACTURE OF THE CRANIUM: WITH REMARKS.

By JOHN BIRKETT, Esq., Surgeon to the Hospital.

THE consequences of an injury to the cranium are chiefly dangerous, because they are so commonly associated with some injury to the important organs contained within the skull.

The influence of a direct force, sufficient to break the bones of the skull, may be expended on the bones alone, even when violent enough to produce compound comminuted fracture. The limitation of the effects of a violent blow sufficient to break the bones depends chiefly upon the angle of incidence of the force, or upon its direction. Thus, a heavy body, as a brick or a stone, falling from a height upon the vertex or some other region, may fracture the skull, without producing any further injury; whilst the same injury to the bone in another person may be complicated with extensive injury to the brain. Cases of this kind have fallen under my observation in Guy's Hospital.

Again, a crushing weight, as the passage of a cart-wheel, may fracture the skull and remove a large portion of bone without inflicting any injury upon the brain, glancing off its convex surface; whilst an injury inflicted by the same means may simply crack the skull, and so contuse and crush the brain within, as to give rise to fatal arachnitis. A sabre-cut may also remove bone and a slice of one of the hemispheres of the brain, and, without extending further, cause little or no trouble.

We may, indeed, from practical observation, deduce these facts, that the amount of injury to the skull is no indication of the extent of mischief in the brain; and the converse. The effects of injuries of the skull are then important, according to the influence which they exert on the brain or its envelopes. In these injuries there appear to be three periods at which a fatal issue commonly takes place. These may be arranged as follows:—

1. Primary; or, immediate.
2. Secondary; or, intermediate.
3. Tertiary; or, remote.

These three periods are characterised by very peculiar and well marked indications; and at each of these periods very different surgical treatment is demanded.

1. In the first, the surgeon is called upon to search for all and every source of local mischief; to remove depressed bone; to arrest hæmorrhage from any bleeding artery of the dura mater; and to watch narrowly for indications of effused blood which, by not having a free opening for exit, might compress the brain.

2. When the first cause for anxiety has ceased, the second period commences; and now inflammation of the membranes or brain itself arrives. In this stage, the majority of the fatal cases I have observed occurs.

3. The remote effects occur at very distant periods after the receipt of the injury, and may depend upon local as well as constitutional causes. Thus, a portion of depressed bone may cause irritation of the membranes and epileptic fits. Effused blood may soften down; inflammation and abscess may result; or the powers of the patient may be so much reduced, that phlebotic mischief may supervene, and the sufferer die from this cause alone.

I could illustrate all these points by the detail of observations, if the space permitted; but I will now proceed to the relation of a case which in itself seems sufficient illustration of these three periods, and thus to combine in one individual all the facts which might be demonstrated in isolated cases.

CASE. *Compound Comminuted Fracture of the Skull, with Depressed Bone: Injury to the Dura Mater: Hernia Cerebri: Abscess in the Brain: Necropsy.* A. R., aged 14, whilst in the occupation of his work, as rivet boy, slipped and received the blow of a heavy hammer, which a workman was in the act of swinging backwards. When admitted, on June 5th, 1856, about half an hour after the accident, he was in a state of partial collapse. There was bleeding from the left ear; no paralysis. On the left side of the head there was a contused scalp wound two inches long, a little above and behind the left auricle. With the finger, fracture of the skull and depression of the bones were detected. I enlarged the wound with a scalpel, and then with an elevator and forceps raised and removed three pieces of the left parietal bone. A fourth piece I elevated

to the level of the uninjured cranium. The dura mater appeared to be severely contused rather than lacerated, as no rent was detected. The pain of this operation aroused the boy to consciousness. Water dressing was laid over the wound after the application of cold water to arrest the bleeding. Two ligatures had been placed on two arteries of the scalp during the operation. Soon after the operation he became more insensible. The friends described the boy as healthy; but he was thin, badly nourished, and delicate looking. Milk diet was ordered.

June 6th (second day). He had been insensible through the night, and very restless. The eyelids were very much swollen and ecchymosed. He screamed frequently, and often put his hand to his head. It was with great difficulty that he could be induced to protrude his tongue at all; but he put his fingers into his mouth with the intention of drawing it forwards. The tongue was dry and brown; pulse irregular, small, 90 in the minute; skin cool. After great solicitation, he took the milk.

1 p.m. *R. Hydrargyri chloridi gr. iij statim sumenda.*

June 7th (third day). He was more sensible, and had ceased screaming; the eyelids were perfectly closed and black. The bowels had not been relieved; and, as he did not swallow more than half the calomel ordered yesterday, three grains more were given. A little blood oozed from the left ear. The wound was healthy; water dressing was applied to it. The urine was drawn off by means of a flexible catheter.

June 8th (fourth day). He replied slowly to questions; and slept constantly. He had not passed any motion, but micturated freely.

June 9th (fifth day). He was much more sensible; and complained of pain across the forehead. The eyelids were slightly open; the pupils dilated, insensible to light; the conjunctivæ highly congested. He continually called for something to eat. Pulse soft, regular, 96 per minute; respiration perfectly normal. There was no action of the bowels; micturition was free. He was ordered to continue milk diet, with bread and butter in small quantities at a time.

June 10th (sixth day). His skin was of higher temperature than the day before; there was no other change. The wound discharged healthy pus, and had begun to granulate.

Habeat pulveris rhei gr. v, cum potassæ sulphat. gr. x.

Radatur caput.

Applicetur lotio evaporans capiti.

June 11th (seventh day). The bowels were well relieved. Pulse faster and sharp. He was quite sensible, and replied to questions; but could not speak distinctly. His mother stated that he had some impediment in his speech. There was a twitching movement of the right facial muscles. He could protrude his tongue further; and it was rather white. The pupils of both eyes were of normal size, and affected by light.

10 p.m. There was considerable pyrexia; pulse small, hard, 90 per minute. The muscles of the right arm were paralytic.

Fiat venæsectio ad ʒvj.

R. Hydrar. cum cretâ gr. iij; pulv. ipecac. comp. gr. ij. M.

Fiat pulvis ʒtiss horis sumendus.

Sumat misturæ ammoniæ acetat. ʒss secundis horis.

As the blood flowed, the pulse became more full, less rapid, and quite compressible.

June 12th (eighth day). Two hours after the bleeding, last night, the facial muscular twitchings were much more marked, very rapid, and confined entirely to the muscles of expression and platysma myoides of the right side, and only during sleep. The power of the muscles of the right arm had partially returned, for he could flex the hand a little. Deglutition was performed with more difficulty than hitherto. The ligatures were separated, and the wound had a healthy appearance.

June 13th (ninth day). He slept comfortably during the last night. The facial muscular twitchings were less; but an involuntary contraction of the flexors of the fingers of the right hand was observable. He was able to raise his hand to his head. His tongue was drawn towards the right side; its surface white and dry. The bowels were not relieved, but he passed urine freely. He enjoyed the bread and milk, although there was a difficulty in retaining fluids in his mouth, much of them running out at the right side. Pulse soft, 84. There was abundant discharge from the wound, which looked healthy. The blood taken from the arm, after standing twenty four hours, did not exhibit any buffy coat, nor was it cupped. The crassamentum was not so firm as it was expected it would have been. There was slight mercurial factor, and the gums were a little sore.

Repetantur medicamenta.

June 14th (tenth day). There was no change since last report.

Repetatur pulvis 6tis horis.

June 15th (eleventh day). The powder was omitted; the mixture was repeated.

June 16th (twelfth day). He had been progressing favourably. Pulse 96, soft, compressible; tongue white and moist. When the tongue was protruded, the tip was much more in the median line of the body than before. He enjoyed the entire use of his arms. The involuntary contraction of the muscles had quite left him, and he slept very well for some hours together. His bowels being rather constipated, he was ordered,

R. Hydrargyri cum cretâ, pulv. rhei, aa gr. v.

June 17th, 18th, 19th, 20th (thirteenth to sixteenth days). Little variation occurred during these four days. The bowels acted before taking the powder. The right pupil had been a little larger than the left; but both acted under the stimulus of light. The pulse was variable; ranging from 80 to 96, soft, and small. The tongue was less white, and protruded in the direct line. The appetite was very good, and he was constantly intimating his desire for food. He had complained of pain in the left temporal region, occasionally. The ecchymosis about the head and face had considerably diminished, but there was much effusion in the scalp over the right side. The edges of the wound being disposed to gape, a narrow strip of adhesive plaster was applied to keep them in position. The discharge from the wound was healthy. Diet: fish and eggs, in addition to what he had had.

June 21st to 26th (seventeenth to twenty-first days). As the bowels had not acted for several days, he took the aperient powder on the 23rd. This produced a copious evacuation. No untoward symptom had occurred since the last report, and the constitutional as well as local indications seemed favourable.

June 26th to 30th (twenty-second to twenty-sixth days). Since the recovery of speech, he had been unable to pronounce certain words; and his mother stated that his articulation was very much impaired. When asked to repeat particular words, he replied that he could not. "I can't, it sticks here," he said, pointing at the same moment to his neck about the laryngeal region. His facial aspect was deficient in intelligence, which is said not to have been the case before the accident.

July 1st to 7th (twenty-seventh to thirty-third days). During these seven days, he seemed to be progressing favourably; he slept and eat well; the pulse ranged between 65 and 72, was stronger and fuller. His bowels were rather constipated, however; and a little rhubarb and bitartrate of potash were given to him. The wound looked healthy.

July 8th (thirty-fourth day). He was not so well to-day; he had been sick and vomited in the morning, and slight pyrexia existed. His bowels not having been sufficiently relieved, an enema was administered; after which, several copious evacuations followed. Pulse 64, rather torpid, irregular; tongue furred, and head hot to the hand. Tincture of cantharides was ordered to be applied to the nape of the neck.

July 9th (thirty-fifth day). The blistering fluid took no effect last evening; a blister was applied to the neck. He had not been again sick, and there was less pyrexia. His head was cooler; pulse 64, irregular; and it was accelerated with each inspiration.

July 11th (thirty-seventh day). He improved until this date; when, just before he was about to eat his dinner, he put his hand to his head, complained of great pain, and could not eat anything. His bowels were costive.

Sumat pilul. hydrar. chloridi gr. ij nocte; and in the morning, pulv. rhei gr. v cum potassæ sulphatis gr. x.

July 12th (thirty-eighth day). He was sick after taking the powder. He had no pain in the head. The tongue was furred; pulse 60, feeble, and irregular. When addressed, he replied well in monosyllables; but he was unable to arrange a sentence or repeat one. If pressed to do this, he became confused.

July 13th, 14th, and 15th (thirty-ninth to forty-first days). He continued very much in the same state the last three days. He had vomited; the bowels were inactive; he was drowsy and torpid; pulse feeble; appetite bad.

Sumat liquoris hydrargyri bichloridi ʒss ex decocto sarsæ bis die.

July 17th (forty-third day). He became very restless; pulse 64; skin hot. The wound looked healthy, and the edges were nearly covered with cuticle; but at the upper angle there were elevations and depressions resembling the surface of the cerebrum, and pulsatory movements indicated the close proximity of the brain.

July 18th (forty-fourth day). Gradual loss of power was very distinct; his head was hot; the tongue furred, with a bright rose-coloured margin; the appetite was improved. The bowels were quite inactive unless stimulated by an enema. The lower extremities were cold, and he scarcely noticed any-body.

July 19th (forty-fifth day). Having somewhat rallied, he noticed people when addressed.

July 20th (forty-sixth day). He could not be roused to notice anyone to day. He had not eaten anything. The head was very hot; pulse quick and feeble; if his right hand were raised it fell motionless to his side.

July 21st (forty-seventh day). I was called to him last night, and he was then in a state of collapse. The right pupil was very much dilated; his head hot; pulse scarcely perceptible; extremities very cold. Restoratives were administered, and this morning he had rallied; pulse 92, and with more power.

July 22nd and 23rd (forty-eighth and forty-ninth days). He continued to improve, and expressed himself as feeling better. Pulse 80, feeble, but regular; skin dry, but not of higher temperature than in health.

July 24th (fiftieth day). He was in very nearly the same state as at last report.

Sumat liquoris hydrargyri bichlor. 3ss ex infuso gentian. comp. ter die.

July 26th (fifty-first day). The surface of trunk was cool; the head hot. Pulse 90, weak, but regular. He articulated more clearly.

Applicetur emplastrum lyttæ nuchæ.

July 30th (fifty-fifth day). He had varied slightly, but not materially, from day to day. The bowels being torpid, he was given three grains of calomel.

August 2nd (fifty-eighth day). The bowels had acted freely; pulse 90. The right pupil was more dilated than the left. The extremities were warm. He complained of pain in the head. The surface of the wound was still irregular; pulsation was distinct, but its size had considerably diminished. Two or three small pieces of bone, which had exfoliated, were removed from the borders of the fracture.

August 3rd to 8th (fifty-ninth to sixty-fourth days). During the first week of August his state varied remarkably. One day he replied well to questions; another day he could not. His bowels were always constipated. The pulse ranged between 80 and 100, sometimes firm, generally feeble, but more regular. His appetite was good; tongue dry, but clean.

August 9th to 14th (sixty-fifth to seventieth days). He was becoming daily more weak. Pulse 100 generally; right pupil again much dilated; head hot. The vocal sounds were louder. He was troubled with incontinence of urine. The bowels acted daily without medicine or injections.

August 15th to 18th (seventy-first to seventy-fourth days). He seemed to have improved the last few days. Pulse 83, much more power. He was able to retain the urine and pass it voluntarily. The wound was quite healed, and covered with an eschar.

August 18th and 19th (seventy-fifth and seventy-sixth days). On both these days he was again sick, although his appetite seemed tolerably good. On the 19th both the pupils became much contracted and the conjunctivæ dull.

August 20th. About 2 p.m. yesterday, after eating his dinner, he fell into a drowsy, comatose state, but was aroused at 8:30 p.m., when Mr. Valentine ordered him four grains of hydrargyrum cum cretâ, and an enema was administered. He again relapsed into a comatose condition, and died at 10:30 this morning.

The general diet of the patient during the whole treatment of the case was of a mild nutritious character; and nothing could exceed the care of the sister of the ward in feeding him carefully and consistently with his state. He was in a recumbent position the whole time, and he was kept in as quiet and unexcited a condition as was possible.

He survived the injury seventy-six days.

The report of the necropsy was written by Dr. Wilks.

EXAMINATION six hours after death. The weather was mild and wet. No signs of decomposition were present. Rigor mortis existed.

The head only was examined. On the left side of the head at the seat of the injury was a recently healed wound about two inches in length, running obliquely downwards from the vertex. There was a slight exudation on the cicatrix; and around it a slight bulging; and it felt soft to the pressure of the finger. When the scalp was removed it was shown that

the projection was produced by a "hernia cerebri"; and upon making a section, level with the external surface of the skull, a layer of brain tissue was sliced off, together with its covering of dura mater. These tissues were firmly united to the cicatrix and scalp. The portion of brain removed was discoloured, and contained inflammatory products, but it was not very soft, nor did it contain pus. It consisted of a central white medullary portion, surrounded by a layer of grey tissue. The latter could be easily separated from the dura mater for a short distance all round; but approaching towards the centre of the mass and the cicatrix all the parts were so blended and firmly united, that it was impossible to separate them without tearing the various structures. It was quite impossible, therefore, to discover whether the dura mater had been torn at that part.

The dura mater was firmly adherent to the bone near the hernia cerebri at its lower portion. Internally it was firmly united to the brain for a considerable distance around the part. Upon stripping off the membrane, the brain was seen to be perfect on the surface, with the exception of the circular part of its substance, which had been cut off its left side, and has been before described.

The arachnoid and the surface of the brain were so remarkably flattened, that all trace of arachnoid space was obliterated. The vessels of the pia mater appearing to ramify on a perfectly smooth surface.

The hemispheres were not symmetrical, the left being the larger, and evidently much enlarged from some material in its anterior lobe. The corpus callosum bulged outwards; and when the ventricles were opened, about three ounces of clear serum escaped. The septum lucidum was entirely destroyed, and the central parts of the brain were soft. The left corpus striatum and thalamus were thrust upwards into the ventricle.

In cutting through the left hemisphere a large abscess was opened. This was situated in the anterior lobe and in front of the fungus cerebri. There was between two and three ounces of pus of ordinary colour and consistence, devoid of odour, and enclosed within a strong cyst, by which it was completely circumscribed.

The cyst-wall was globular, one-eighth of an inch thick, and it consisted of a tough, semitranslucent membrane, the elements of which were nucleated fibres. The interior was smooth and hard, somewhat like the surface of an old vomica in the lungs. Externally it was quite distinct from the brain substance, which last fell off from it by gravitation when it was held up. The surrounding brain tissue was not healthy, being of various hues between a dead white and brown, with several ochry patches around. Probably the whole of the anterior and middle lobes of the hemisphere were in a morbid state. In all these parts abundance of fatty granular masses were seen by means of the microscope. The wall of the abscess was surrounded by cerebral substance at least an inch thick in all parts, but it was nearer to the base of the brain than to its upper surface. It had pushed the left corpus callosum and thalamus inwards towards the ventricles. These bodies were thus stretched over the cyst and rendered highly convex. Their tissues appeared to be healthy and unaffected, except on their surface slightly.

The base of the middle lobe of the hemisphere showed many of its convolutions of an ochry colour. This colour was beneath the arachnoid, and it was evidently due to a bruising of the cineritious structure at the time of the injury, and to a change in the colour of the blood which at that time had been effused. These parts were soft, and displayed numerous granular masses. Traces of effused blood were seen between the periosteum and bones of the calvaria.

The focus of injury to the skull was at the middle of the lower part of the left parietal bone. Here the bone was comminuted; some pieces being detached, others removed. The opening through which the brain protruded was limited superiorly by a semicircular border parallel with the squamous suture. It measured two inches and a half from back to front, and reached to the eminence and centre of the bone. The inferior border of the opening was formed by loose pieces of the parietal bone, but they were united by fibrous tissue, and firmly fixed together. The trunk of the meningeal artery had just escaped the injury. At the anterior extremity of the wound was a small piece of bone, half an inch square, which was firmly fixed upon the anterior inferior angle of the parietal bone. The periosteum had been absorbed, and ossifying fibrous tissue was formed between them; and thus the two pieces were fast growing together. The opening in the skull was crescentic when the calvaria had been removed in the

usual manner. The loose pieces of bone came away, and there was left a semicircular opening on its left side, which measured three inches by two inches and a half. The line of fracture extended forwards and around the skull to the other side of the head. The middle fossa of the base of the skull was broken into several pieces, and the roof of the orbit was slightly split. These bones were firmly fixed, and were united by bone. The fracture extended forwards across the frontal bone just below its eminences, and thence downwards to the lambdoidal suture, where it terminated. Wherever fracture had occurred, active repair was in progress; and this was particularly the case with that on the right side of the skull. Here the broken edges of bone had become firmly united, and the interposed connecting substance was hard bony tissue.

Considerable inflammatory action had been developed around all the edges of the broken bone, and for an inch or more on either side of them. They were also nicely rounded. The internal surface of the skull was covered with minute bony granulations, producing an uneven rough surface. The bones were highly vascular.

It would now appear, some months after the maceration and drying of the calvaria, that the aperture left after the removal of the comminuted bone has contracted, for the pieces of bone removed immediately after the injury will not fit into the hole. This contraction may have been the result of some action during life, or of contraction by the process of drying.

REMARKS. In this case the three periods are well marked. The first extends from the receipt of the injury to the evening of the seventh day, when marked indications of arachnitis existed. I happened to be at the Hospital when the boy was brought there, and therefore no time was lost in removing the depressed bone—a practice now, I believe, acknowledged to be the correct one in all cases of compound comminuted fracture of the skull with depression. Reaction came on very slowly, for not until the second day was it fully established. This might perhaps be explained by the severity and extent of the injury. The amount of injury to the frontal bone detected after death may explain the extensive ecchymosis of the forehead, eyelids, and conjunctiva. The hammer had evidently acted as a wedge, and had lifted the calvaria, as it were, from the base of the skull.

During this time the patient was kept perfectly quiet; milk diet was given; the head shaved; evaporating lotion applied over it; and about five grains of calomel were administered, in divided doses.

The second period was very characteristic, faintly indicated in the morning by the pulse becoming faster and more sharp; convulsive movements of the right facial muscles: towards evening, well marked symptoms of arachnitis existed; pyrexia; pulse hard, small, 90 per minute; the muscles of the right arm paralytic. Venesection was performed, and its influence was most striking. The pulse became full, less rapid, and quite compressible. Every indication of arachnitis subsided, and he seemed to be progressing favourably towards recovery until the thirty-fourth day after the injury, when he vomited, and slight pyrexia existed.

The third period now commences, when, I presume, inflammation of an inactive kind occurred in the left hemisphere, and the cyst containing the pus began to form. The very thick walls which this cyst exhibits would lead one to conjecture that a considerable period of time would be occupied in its formation; and I have thus assigned forty-two days for its development. During this time there existed, at intervals, abundant indications of great cerebral disturbance, but never of such a character, or sufficiently diagnostic of the formation of pus, or, even if there was a probability of its existence, of its precise locality. The possibility of suppuration existing frequently crossed my mind; and, had there been any facts to justify a puncture of the brain, I might have been induced to do so.

The necropsy, however, proved that we should not have reached the abscess in the brain without inflicting great injury upon that important organ; and a fatal result might then perhaps have occurred, even sooner than it did.

THE ABERDEEN UNIVERSITY. The Earl of Stanhope has accepted the Lord Rectorship of the Aberdeen University in terms of a vote giving him a majority in all the nations, and promises to deliver an inaugural address. The town council are likely to confer on his lordship the freedom of the city.

Original Communications.

CASE OF HEPATIC ABSCESS, SUDDENLY FATAL.

By SAMUEL TAYLOR CHADWICK, M.D. Edinb., and M.R.C.S. England.

JAMES MASON, aged 17, an athletic youth, who had invariably enjoyed most excellent health, was on Monday, February 22nd, 1858, about eight o'clock in the evening, taken suddenly ill with severe pains about the lower part of the abdomen. At the time of the seizure he was executing some errands, at a distance of two miles from his residence.

On his arrival home, his father dispatched a messenger to my surgery, requesting me to send something to afford him relief, as his sufferings became more and more aggravated. I furnished for him two pills, each containing one grain of calomel, with half a grain of opium; also a mixture of castor oil, compound tincture of rhubarb, and mucilage, and directed that one of the pills, with half of the mixture, should be administered immediately, and the remaining pill and mixture in three hours if relief were not obtained. The abdomen was to be assiduously fomented, and bran poultices were ordered to be applied. Early on the following morning I was informed that the remedies had afforded him considerable benefit; still his father was anxious that I should visit him in the course of the day. But as he was taken suddenly worse soon after the person had left home, a second messenger was also sent to urge my immediate attendance.

On my arrival at the house, which was soon after ten o'clock in the morning, I found the patient in bed, complaining of pain over the whole course of the abdomen, of a very severe character. The features were pinched; the countenance exceedingly anxious; the breathing heavy and laborious; there was no pulse at the wrist; the skin was dry and moderately warm; the tongue moist, and slightly furred; the abdomen swollen and tense. The head was free from pain; there had been no wandering; I found him perfectly conscious, able to reply to any question clearly and distinctly.

He assured me that up to the period of the present attack he felt quite well and vigorous, and had that day attended to his usual avocation, which was that of an agriculturist, his father being an extensive farmer at Heaton in this neighbourhood.

He further stated, in answer to my inquiries, that he had not passed any urine since noon the day preceding, nor had he experienced any inclination to do so; that his bowels had acted shortly after the invasion of the pain. He had been sick three or four times during the night, but had vomited very little.

When they arrived with him at home he earnestly entreated them to allow him to be placed on a sofa in the sitting-room, on which he remained during the night, and until about nine o'clock the following morning, when he was prevailed upon to go up stairs to bed. The effort of changing his room hurried him greatly, although he had been carefully assisted in doing so; and it was from this moment that he became rapidly worse; the breathing being more embarrassed, and the pain greatly increased.

I called his parents aside, and intimated to them my conviction he could not survive over an hour. I remained with him up to the time of his death, which occurred in about forty minutes after my arrival at the house. He continued perfectly sensible to the last.

In consequence of the distension of the abdomen, and no urine having been passed for twenty-two hours, I introduced a catheter; no urine, however, escaped. I also gave him stimulants, and directed a sinapism to be applied to the *scrobiculus cordis*; the weight even of that was more than he could conveniently bear. On the day succeeding his death I had an interview with the father, and urged him to allow a *post mortem* examination to be made.

It was not without considerable difficulty that I succeeded in procuring his consent, which was granted with the positive assurance that the inspection should not be extended further than the cavity of the abdomen. At the hour fixed for the examination I was obliged to go into the country on a case of emergency. Dr. Settle, however, who conducted the examination, was kind enough to accompany my assistant; and I am indebted to him for the subjoined report of the *post mortem* appearances.