CASE OF PERITYPHLITIC ABSCESS: WITH REMARKS.

By JOHN A. CAMPBELL, M.D.,

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H. F., aged 36, was admitted March 10th, 1869. He is stated to have been insane for seven days; but no satisfactory history of his case could be got. When admitted, he was so weak and exhausted that he had to be carried in a horizontal position to the ward. He seemed unconscious of the presence of any one unless loudly spoken to. He kept moving his head about, gesticulating with his arms, and muttering in a low voice, but occasionally speaking loudly. The pulse at the carotid artery was 140 per minute (the radial pulse could not be counted, it was so weak). The temperature in the axilla was 101 deg.; the tongue furred; the pupils were equally dilated. The lungs and heart appeared normal; the abdomen seemed rather swollen; on percussion it was very tympanitic. Owing to his weak state and muttering, an accurate examination could not be made. He was put to bed, fed with some beef-tea, with an egg beat into it; half an hour afterwards he was found dead, lying on his back, his arms clasped over his abdomen, and his left leg flexed, the knee being bent outwards.

AUTOPSY Twenty-eight Hours after Death.—*External Appearances:* The head was shaved; the body in good condition, without any marks of injury. *Head:* The skull-cap was normal; the dura mater was strongly adherent to it. Under and over the arachnoid there was a clot of blood of recent formation over the whole of the anterior lobe of the left hemisphere, a quarter of an inch in thickness, and on the remainder of the hemisphere in a thin layer. The right hemisphere had also a very thin clot on it. Under the arachnoid there was a bloody fluid all over the brain. The dura mater in the fossa at the base of the brain was covered with a thin clot. The pia mater was much congested. On section, the grey matter was found exceedingly congested, and divided into two distinct layers. The white substance was quite pink, and full of large puncta throughout. The cerebellum was also much congested; its white substance had a very doughy feel. The pons Varolii and medulla were normal; the membranes of the spinal cord were much congested, and so was its substance. *Chest:* The pericardium contained two ounces of clear straw-coloured fluid. The left side of the heart was contracted; it contained no clot; the right side contained both red and white clot; the heart's valves were normal; the aorta was normal; the muscular substance of the heart was red outside and pale inside; the pale part was beginning to become fatty, as was seen on microscopical examination. The lungs were free in the cavity of the chest; both were oedematous and much congested at their bases, in small spots, almost amounting to pneumonia. *Abdomen:* The liver appeared very white in patches near the anterior margin of the right lobe. On section, the whole organ was found somewhat fatty and friable. Under the white patches there was purulent infiltration in spaces about the size of eggs; there were four or five such: the section looked as if studded with small abscesses close together, with some liver-tissue between them; there was no great surrounding inflammation. The spleen was very light-coloured, except in patches at the lower and posterior edge; these, on section, looked quite black and changed in structure. The kidneys were somewhat fatty and soft in texture. The stomach contained some yellowish half-digested matter; the mucous membrane of the pyloric end was very thick, and in parts very soft and half digested. The mucous membrane of the cardiac end was pale. The intestine, except at the lower end, where there were a few nodules of fæculent matter, contained nothing but flatus. The solitary glands were enlarged. Surrounding the posterior part of the caput cæcum, there was a large abscess with dark semigangrenous walls, easily opened by pulling forward the intestine. The vermiform appendix was inflamed, ulcerated into at the base, and its point gangrenous; there was no foreign body in it. The abscess communicated with the gut by means of the vermiform appendix; but, the communication not being very direct, the abscess filling had closed the orifice (it seemed valvular). The abscess contained about four ounces of pus; and its anterior wall was formed by the posterior part of the caput cæcum coli. The mesenteric glands opposite the abscess were greatly enlarged; and, when cut into, were found completely infiltrated with pus; half of their entire number were in this condition. The lymphatic duct contained no pus. There was some urine in the bladder.

REMARKS.—In this case, the history of the excitement and its duration hardly accounted for the weakness. The temperature and pulse were higher than they are found in any cases of mental aberration without inflammatory disease, except epilepsy shortly after a fit, or general paralysis in its last stage. The extremely tympanitic state of the abdo-

men pointed to something wrong there. The position of the body when found dead seemed as if the patient had been sensible to the pain in the abdomen; though at the time when he was examined he was too delirious to communicate it.

At the *post mortem* examination, the state of the vermiform appendix—its point gangrenous, its base ulcerated—and the otherwise healthy state of the cæcum and large intestine, would support the hypothesis that in this part the mischief had begun; and from the gangrenous walls and contents of the abscess, the infiltrated state of the glands, the abscesses in the liver, their number and size, the congested state of the brain, spinal cord, and their membranes, we may fairly come to the conclusion that obstruction at the vermiform appendix was the cause, the perityphlitic abscess was the result, and that it caused septicæmia, which accounts for the state of the mesenteric glands, the abscesses in the liver, and the congestion of the brain, spinal cord, and membranes, with the delirium which existed during life.

ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.*

By C. H. F. ROUTH, M.D.,

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CASE VII. *Cancer in an advanced Stage; Bromine used frequently; Complete Apparent Recovery, and Covering by Mucous Membrane; Recurrence in small Points, and Removal; Refusal to continue Treatment; Irritative Fever; Death.*—Mrs. H., aged 65, was under Mr. Robinson's care, who asked me to see her. She had been married thirty-five years, and had had five children. She had had two or three miscarriages since the birth of the last child, twenty-six years ago. The catamenia stopped when she was about fifty-eight. At that time she had piles, followed by external bleeding; these recurred even now occasionally. She was a moderate liver; took scarcely any wine, occasionally a half-pint of beer. For the last two years she had had frequent discharge of offensive fluid from the vagina, of a dirty brownish colour. It was unaccompanied with pain until lately, when she had suffered occasionally from pain, or rather a sensation of drawing, in the lower part of the abdomen and across the loins. She consulted nobody, being apprehensive that it was due to her husband's indiscretions, and not being willing to expose him. More lately, the discharge had become more bloody, and seemed to lodge in the vagina, so that she could remove it with a spoon. On examination, on February 22nd, the uterus was found large, moveable, ulcerated specially at the external os, which was irregular and enlarged, and bled freely on touch. There was some extension of the ulceration upwards into the cavity. On March 29th, bromine was freely applied, and the whole of the os destroyed by it. Tincture of sesquichloride of iron was ordered in full doses, with free living. On April 16th, I proceeded to apply sea-tangle, covered with cotton dipped in bromine, within the uterine cavity. Contrary to advice, she chose to get up, and moved about in her usual way, when she was seized with severe pain and rigors. I removed the tent the next day. No bad result followed. On May 1st, I reapplied the bromine. Perfect rest was enjoined and observed. The discharge and odour soon ceased. The parts were healing well. Pain had disappeared. She left town on June 6th, comparatively well, all unpleasant symptoms having disappeared. On July 17th, she returned to town. The parts were all healed, looking very well, and covered with mucous membrane. One little spot, about as large as a pea, appeared, however, at one side, looking rather suspicious. This was destroyed; and she left London on the 31st, apparently well, complaining only of weakness.

This patient continued to improve for about three months, the discharge having ceased, and her state being one of great comparative comfort. She then began to complain of some increased leucorrhœa; but, as she was unwilling to come to town, I saw her once at her own residence, several miles distant. I found very little wrong with the uterus. One suspicious point only, of about the size of a pea, presented itself. She, however, declined further treatment, on account of the expense; and I also learnt that, for the same reason, the nourishing diet prescribed had been relinquished. It was of no use to remonstrate: she could not afford it. From this time I never saw her; but I learnt that she gradually became weaker, and died of exhaustion in March 1868.

CASE VIII. *Dubious Epitheliomatous Growth on the Posterior Surface of the Urethra; Removal by Scissors, and subsequent Destruction by Iodine; Cure.*—M. H., single, aged about 60, was several times under

* Concluded from page 231 of last number.

my care for dysuria. She was a nurse by occupation. The dysuria was from time to time accompanied with sharp and darting pains at the "bottom of the stomach," as if a lancet were put into her. The slightest touch of the urethra produced the most intense agony, and she could not bear the finger introduced. Menstruation appeared at the age of 20, and continued regularly up to 40, when it ceased. On the first occasion, she being placed under chloroform, I removed several excrescences from the urethra; but, owing to these having been originally removed by another practitioner by the red-hot iron, the posterior portion of the urethra was so contracted as to admit with difficulty a very small catheter. I had consequently to open the urethra by the hysterotomy, and subsequently introduced a sponge-tent. This produced great relief, and she left the hospital greatly improved.

She was admitted a year afterwards, for a fungous growth in the vagina, in every respect resembling a cauliflower-excrecence, very irregular, indurated at the base, and giving great pain. Most offensive discharges, like rotten eggs, came from it. I removed, however, this growth; and then applied the strongest iodine paint to it, guarding the surrounding parts with cotton-wool. The pain produced was most agonising. The result, however, was very satisfactory. The growth was entirely destroyed, and healthy mucous membrane covered it. This is about four years ago; and, except a little occasional dysuria, she is well. The internal remedy given in this case was tincture of perchloride of iron in large doses.

CASE IX. *Carcinomatous Growth of Uterine Lip, with Menorrhagia, of at least Six Months' Duration; Removal by Ecraseur; subsequently, Bromine Treatment; Apparent Cure.*—E. G., a Frenchwoman, aged 32, a milliner. The catamenia began at 13, lasting three or four days; and had occurred regularly from that period, except when she was pregnant. She had had one child twelve years ago, and two miscarriages four years ago. Six months ago, she began to suffer from menorrhagia, alternating with leucorrhoea, but without offensive odour. The periods were of much longer duration than formerly, lasting fifteen days, instead of one or two, as in the preceding year. There was no abdominal pain. Connexion did not bring about any bleeding, but produced intense pain. She consulted Mr. Bibby, who brought her to me. She was admitted into the Samaritan Hospital on August 1st. On examination, the uterus was found larger than normal, and heavy. The upper os was enlarged, rounded, in a regular mass about the size of a large walnut. The inferior os was irregular and semi-ulcerated. There was fetid discharge. On August 2nd, the upper os was by the *écraseur* removed with considerable difficulty, owing to the excessive hardness. The removal was followed by very copious bleeding. Solution of persulphate of iron was applied, and the vagina plugged. The plugs were removed next day. There was no bleeding. On the 10th, the discharges *per vaginam* had become very offensive. Tannin lotions were now used, and afterwards iron. On the 11th, I applied bromine, which gave intense pain, but was followed by the usual good effects. This was repeated twice. She left the hospital on September 1st, the parts being greatly better, and cicatrising. I saw this patient about the beginning of December. She expressed herself as feeling quite well, and able to resume all her duties. The uterus was covered with mucous membrane, was much smaller, and to all appearance quite healthy. [In January 1870, this patient remained quite well.]

CASE X. *Corroding Ulcer of Womb; Treatment unsuccessful.*—A. M., aged 33, was admitted under me in October. She had been married seven years, and had one boy, now two years old. Up to nine months previously, she was quite well, her chief ailment being sick headache. She had a very brutal husband, who "kicked her in her privates"; this being followed by a flow of blood and great pains. She first came under the care of Dr. Wynn Williams, and had been bleeding at times ever since the injury. She first noticed a bad odour in the discharge a fortnight before admission. Her mother died of cancer of the womb. She never had any sores on the pudenda; nor did her husband appear to have had syphilis. The catamenia began at 18, and had been regular every four weeks, lasting three days; there were no clots. She saw them last on October 31st. On examination, there was found a sanious offensive bloody discharge. The neck of the uterus was much ulcerated; the wound was very jagged. The uterus was somewhat fixed. The sound could not penetrate more than an inch. The case was seen with me by Drs. Savage and Williams. Destruction of the os by bromine or red-hot iron was recommended. On November 1st, bromine was applied freely, with the usual gutta-percha cap, etc. On November 4th, the sloughs had all come away. There was still some smell, but less marked. The wound was hollowed out, less jagged. Bromine was again applied. The plugs, etc., were removed next day. On the 11th, the bromine was repeated. There was a deep excavation, but the wound was still bleeding. The discharge continued offensive. On the 17th, she appeared very much better. Weak

bromine injection was used. The patient continued to improve up to the 22nd. On this day, the catamenia were present, or at least a bloody discharge. She was very low. The wound looked pretty fair. Tannin injection was used, instead of the bromine. On December 2nd, the patient appeared so far recovered that I allowed her to go out and see her friends between this and last visit. On her return, I found that the discharge and bad odour had returned, and that ulceration had recurred in the deepest parts. I learnt that it was owing to some unkind treatment on the part of her husband towards her and her child. The parts were again destroyed by bromine, which was introduced on a piece of stick covered with cotton within the uterine cavity. She was ordered a drachm of tincture of sesquichloride of iron, with half a grain of disulphate of quinine, three times a day. On the 5th, the parts appeared healthier again, but were still bleeding and sloughing.

This patient left the hospital in consequence of a cowardly threat from her husband. For the last two days prior to her departure, the mucous membrane was reappearing, and the parts were healing and contracting. She continued to be brutally tormented by her husband. She became subsequently an out-patient, under Dr. Williams, at the Western Dispensary. I saw her again lately. The disease had broken out again. She was hopeless of her recovery, and under privation.

CASE XI. *Corroding Ulcer of Uterus; Cure.*—E. R., aged 30, married thirteen years, the mother of six children, was admitted under my care on July 4th, 1867. She had generally been a healthy woman, except that, since she has had children, she had a good deal of headache, particularly in the erect position. Her husband was healthy, and her children also. About twelve months ago, she began to suffer most agonising backache, low down. There was also a sense of internal burning about the uterus. She was not aware of any cause that could have brought on the present attack. She had not seen the catamenia regularly since her last confinement, though she had ceased to suckle for six months. On examination, the uterus was found large; there was a copious thick milky discharge, occasionally very offensive. The vagina was very red. The uterus was large, somewhat fixed. The os was tumid and red; and in the centre of it was a large excavated ulcer, with fungoid granulations at the bottom, bleeding readily. All around was very much congested. She was ordered to have six leeches to the womb; a blue pill and calomel purge; with a grain of quinine to a scruple of bitartrate of potash three times a day. A very intense febrile attack had followed the measures employed, with intense thirst and dirty tongue. Ice was given with an effervescent. Measures to ensure cleanliness only were ordered to the vagina. On July 11th, she was much relieved. On examining the uterus on July 17th, it was found still more fissured within the ulcer, looking very ragged, secreting pus in abundance, and having quite the appearance of a cancerous ulcer. I therefore used the usual bromine solution (1 part to 5), putting it on a piece of lint, and covering it with oil-silk. On the 19th, the application was removed. A deep slough had formed; the discharge was greatly reduced. She complained chiefly of her head, and was ordered to be well purged. On the 23rd, the slough was separating, but slowly; there was more discharge, and offensive, but sanious. The head was still painful. The purge was repeated; and an injection of ten minims of bromine solution in two pints of water was ordered. On August 5th, the parts looked very much more healthy. The entire slough had come away, as if scooped or gouged out. Tannin injection (two drachms to two pints of water) was ordered to be used alternately with the bromine injection. The granulations were healing. She was discharged cured, the parts being all healed. In January 1869, this woman was quite well, and had had a child, which was born quite healthy. The uterus presented no trace of the former disease. [In February 1870, she is still quite well. She has had another child and is pregnant with a third].

I might allude to two other cases, one of which proved fatal, but the other recovered. I regret to say that I do not possess the particulars in full of the cases.

The first was a case of scirrhus of the uterus, sent to me from France, occurring in a lady about 45. She had been once insane, and was of most ardent imagination. I first saw her a fortnight before the catamenial function was due. The uterus was semi-flexed, ulcerated at the os, with the peculiar fetid odour and discharge so characteristic of this form of disease. The most troublesome symptom, however, to her, was the agony of pain, which compelled her to take tremendous doses of laudanum, but which I found in my hands to yield best to large doses (two drachms) of nepoche. This patient I treated three successive times with the bromine. The healing process, locally, at last set in. The uterus became more moveable, all fetid discharges ceased, and the ulcer healed. Family considerations at this time began to prey on her mind; and I advised her return to France to attend to these, urging a return, at the latest, in three weeks. My design was then to

proceed to destroy a larger surface of the indurated uterus. She did not, however, return to me till three months; and then I found the uterus quite fixed. There was no ulceration, but the pain was increased. I could do nothing more for her than try absorptive measures in the way of bromine lotions, and destroying one or two indurated projections. She died insane some months afterwards; the uterine disease, so far as I could learn, having made no further progress.

The other case was that of a cabman's wife, with extensive malignant uterine ulceration and the usual concomitants, which first occurred about three years back. The uterus here was not fixed. I could only destroy the ulcerated surface; but her husband would not allow her to remain in the hospital, threatening to introduce some lewd woman into his house to take charge of his children; and so she left me. About three years afterwards, I was agreeably surprised to see this poor woman walk one morning into my study, looking well and fat. She had come to me not professionally, but to sign some club-paper. I demanded an examination, which she granted. I found a healthy uterus; and she informed me that, since she had seen me last, she had had a healthy child.

CLINICAL MEMORANDA.

THE TREATMENT OF ACUTE RHEUMATISM BY TINCTURE OF PERCHLORIDE OF IRON.

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A PAPER by Dr. Russell Reynolds appeared in No. 468 of the BRITISH MEDICAL JOURNAL, in which he related the beneficial results which had been produced by the perchloride of iron, in eight cases of acute rheumatism. This amount of success led me to try the remedy in a very severe case at that time under my care. Two other cases have since occurred; and in all three the result clearly convinces me that iron ought to hold a most prominent place in our list of remedies for this most formidable disease. I will enumerate, briefly, the essential points of each case.

CASE I.—Jane C., aged 32, had a second attack of rheumatic fever, mostly affecting the lower extremities. There was a high state of fever; the temperature 103 deg.; the pulse 110. The heart was weak and irregular in its action; dilated, with aortic regurgitation. She was ordered 60 grains of the bicarbonate of potash in an effervescing draught every three hours, with 10 grains of ipecacuan powder with opium at night. At the end of seven days, with this treatment, there was absolutely no improvement; the upper extremities, in addition to the lower, had become affected; the pulse and temperature were rather higher. I then substituted 30 minims of the tincture of perchloride of iron every six hours. On the following day, there was very marked improvement; the pulse was 100; the temperature 102 deg.; the pain was relieved, and there was less uneasiness about the heart. This improvement continued till the sixteenth day, when there was an attack of urgent dyspnoea, with tumultuous action of the heart. I added 10 minims of tincture of digitalis, which soon relieved the heart; and from that time there was no bad symptom. The digitalis was continued in five-minim doses in combination with the iron, and recovery was complete on the thirtieth day.

CASE II.—Ellen M., aged 18, had a first attack; she was seen on the second day of illness. Both knees were affected; there were great heat of skin and prostration. She was ordered 30 minims of the tincture of perchloride of iron every six hours. In thirty-six hours the pain was relieved, and the patient was better in every respect; there were no cardiac symptoms, and on the twelfth day she was convalescent.

CASE III.—Henry H., aged 26, ill with a first attack, was seen on the fifth day of illness. The feet and hands were most affected. He had profuse perspiration and great prostration. In this case, I gave the tincture of the perchloride every four hours in 30-minim doses, and on the following day the patient expressed himself as easier. On the third day of treatment, he complained of pain in the cardiac region, and a blister was applied. From this time there were no further bad symptoms; and on the twentieth day (the fifteenth of treatment), he was sufficiently recovered to sit up in the room.

I may remark, in conclusion, that in none of the cases did the iron induce any feeling of discomfort; the tongue cleaned, and the patients all expressed themselves relieved after its use. I therefore think we shall do well in adopting this mode of treatment as one productive of better results than any other.

CLINICAL LECTURE ON THE DIAGNOSIS OF ANEURISM.

By MR. PAGET, F.R.S.

ON Wednesday last Mr. Paget lectured on a case, under his care, of *Aneurism of the left Common Iliac Artery*. The patient is a man aged 29, who stated that about eighteen months before admission he first began to suffer from pain in the back and lumbar region after bathing in the sea. The pain, which was of no great intensity, persisted, and was believed to depend upon lumbago. Towards the end of 1869, he first noticed a tumour, and, in addition, some numbness in the feet after exertion; about this time Dr. Gull saw him, and, after a physical examination, at once diagnosed the nature of the disease, and sent the man to Mr. Paget, by whom he was afterwards admitted. Mr. Paget remarked on the negative character of this man's symptoms, and on the readiness with which, in the absence of a manual examination, the case might have been mistaken for lumbago, commencing paraplegia, or even hypochondriasis. On admission, he was pale but fairly nourished, and complained of pain in his back and loins and of numbness in the lower extremities after exertion. The heart-sounds were normal, but the circulation generally was somewhat excited. He did not complain of pain down the thighs or in the legs, nor was there any oedema or enlargement of the veins of the lower extremities. On examination, a pulsating tumour was found in the abdomen, situated below and rather to the left of umbilicus; the pulsation ceased when the abdominal aorta was compressed. Slight pulsation could be felt in the left common femoral artery, but the pulse could not be detected over the posterior tibial of the same side; on the right side, the pulse was detected with ease in both these vessels. A slight soft *bruit* was heard on auscultation over the tumour. Mr. Paget considered that the aneurism probably occupied the extremity of the abdominal aorta, and the whole of the left common iliac, and that four vessels communicated with it, viz., the aorta, right common iliac, and left external and internal iliac arteries.

In speaking of the diagnosis of abdominal aneurisms, Mr. Paget said that the difficulty in these cases was twofold; for, *first*, there were many pulsating tumours not aneurisms, and, *secondly*, aneurisms were occasionally met with which, at the time of examination, did not pulsate. In the case under consideration, the second source of error did not interfere, for the tumour pulsated strongly. The pulsating tumours from which aneurism was to be distinguished, were arranged under the heads of *medullary cancer, arterial vascular tumours, tumours growing from bone, and enlarged lymphatic glands*, or any other tumour seated upon or around a large artery; and the following points were insisted upon as furnishing, collectively or singly, the means for arriving at a correct conclusion. The *character* of the pulsation: the pulsation of an aneurism was described as "firm, full, and strong," while that produced by any of the other pulsating tumours was said to be weak and soft. Mr. Paget laid great stress on this difference, and considered it a most important aid to diagnosis. The *direction* of the pulsation: the "expanding pulsation" of an aneurism was to be carefully distinguished from the merely "forward push or throb" communicated to the fingers by a tumour seated on an artery; if a tumour, such as a mass of enlarged glands, however, *surrounded* an arterial trunk, Mr. Paget considered that it might be quite impossible to determine whether an aneurism existed or not, for the pulsation in such a case would be truly expanding in all directions. *Pain* of a "rending" character, and coming on in paroxysms, was mentioned as a valuable sign of aneurism, and probably denoted the occurrence of rapid increase in size. The existence of a *loud rasping bruit* over the tumour and along the artery above and below was said to be a symptom of some value when present, although its absence, as in the patient under consideration, by no means negated the existence of aneurism, for a soft *bruit* was heard in many cases of vascular tumour.

Mr. Paget alluded to another class of cases in which the diagnosis of abdominal aneurism was sometimes made, and in which there was not only no aneurism, but no tumour of any kind. In some persons, a large artery, generally the abdominal aorta, pulsated very strongly; and it was this strong pulsation of a healthy vessel that was mistaken for aneurism. It occurred, Mr. Paget observed, chiefly in hysterical women or nervous men; sometimes in association with pains in the back, which rendered the resemblance to aneurism still closer; or in persons in whom the bodies of the lumbar vertebrae were unusually prominent, the head of the pancreas enlarged, or the colon distended; and, lastly, a certain number of cases were found to be connected with incessant nausea and vomiting in nervous people—a case being mentioned of a woman who was supposed by several observers to be the subject of abdominal