the body was permitted, also that I have mislaid my notes of this remarkable case; but the leading facts cannot fail to be of interest just now, and their interest is much enhanced by the certainty we possess that nothing liquid or solid could have been received into the patient's system; also that there existed no motive for deception.

CASE OF PERITYPHLITIC ABSCESS: WITH REMARKS.

By JOHN A. CAMPBELL, M.D.,

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J. M., a female, aged 49, was admitted on July 27th, 1867. She was stated to have been insane seven months, and to have refused her food prior to admission. She laboured under melancholia, and seldom spoke. She was of average height, dark complexion, and stood in whatever attitude she was placed.

On examination, she was found in very feeble health; but no actual bodily disease was discovered. She took her food with the greatest reluctance. On July 30th, she was improved in appearance. On August 8th, for four days she had had pneumonia in both lungs, the lower lobes being affected. She was getting large quantities of stimulants and nourishing diet, but there was great difficulty in making her take them. She had oedema of both legs up to the knees, and of that side of the face on which she happened to lie. She continued in a very weak state up to August 17th, when she coughed up several teaspoonfuls of blood, became feebler, and died next day.

Autopsy Fifty-five Hours after Death.—There was considerable discoloration from commencing putrefaction over the abdomen, and on the right side it presented two protuberant portions, which on percussion were found resonant. With the exception of the brain-substance being paler and softer than natural, there was nothing abnormal in the brain or its membranes. The right lung was attached to the wall of the chest by recent adhesions; its external lower and posterior part was gangrenous to the extent of three inches—dark, shreddy, and bathed in purulent matter. On section, the gangrene was found to extend upward in the part lying along the spine for about three inches. The rest of the lower lobe was in a state of red hepatisation, passing in some parts into grey infiltration: sections of it sank in water. The middle lobe was in a state of red hepatisation and oedematous, and the upper lobe was congested. The left lung was free in the cavity; the whole of its lower lobes was in a state of red hepatisation except some small portions where grey infiltration had taken place. The lower posterior portion of the upper lobe was also in a state of red softening. The heart-valves were competent; externally the fatty tissue of the heart was oedematous; the lining membrane of the heart and of the aorta for two inches was thickened and tinged red. On opening the abdomen, the whole of the right side of the cavity from the outer edge of the rectus muscle was cut off from the rest by peritoneal adhesions. The anterior and inferior parts of the right lobe of the liver formed the upper boundary of this cavity. The peritoneal covering of the liver in those parts was thick and rough, as also the peritoneal covering of the right kidney. The peritoneum was not acutely inflamed in any part. The cavity contained foetid air, and was lined with a coating of fecal matter, most abundant near the cæcum. On pressing the bowel, air passed into this cavity. The stomach was normal, and the intestine was so to the cæcum. In the outer side of the first part of the cæcum there was an opening about half an inch in diameter (the cæcum was adherent to the parietal walls round this opening). There was a smaller opening in the posterior part of the ascending colon about two inches from the valve; it communicated with the cavity. In both places the openings looked as if they had been punched clean through the gut, and there was no surrounding ulceration or thickening; the rest of the ascending and transverse colon was normal. The liver in structure was found normal, except under the thickened peritoneum, where its substance was almost black in colour to the extent of almost half an inch, and near the portal vein where there was a small abscess. The spleen was normal; the kidneys were both slightly fatty; the uterus was normal.

REMARKS.—In this case there were no signs that called attention to the abdominal lesion. The bowels were not in any way unusually irregular; there was no peculiarity about the tongue; the pulse was always feeble; but the small quantity of food that the patient took, and her hardly having taken any for some time prior to admission, accounted for its state. The decubitus was on the side. She hardly ever spoke, and never showed any symptoms of pain in the abdomen. No doubt the state of her nervous centres may have prevented her from feeling pain,

as is commonly seen in cases of insanity. The conditions found at the *post mortem* examination—viz., 1. The thickening, adhesions, and exudations of the peritoneum, with the absence of acute inflammation; 2. The injured part being completely shut off from the rest of the abdominal contents by firm adhesions, and the perfectly healthy appearance of the peritoneum and intestines outside these adhesions; 3. The adhesions between the cæcum and parietal walls outside and round the ulcer in the cæcum, the absence of ulceration or thickening round this opening, or the one in the ascending colon—lead me to think that the ulcerations had existed for some time; that the opening in the ascending colon had been agglutinated to some adjacent structure in the same way as the opening in the cæcum; and that this adhesion from some cause had given way, and the fecal matter and flatus passing out had given rise to the abscess.

I was unable to get a history of this case; but I think it probable that the ulcers were the sequelæ of enteric fever, as ulcers in the caput cæcum and ascending colon are rare, except those caused by dysentery, tubercular deposit, or enteric fever. The appearance of the ulcers in this case was unlike those of the two former diseases; and the ulcers of the latter disease have been found to attempt to heal by agglutination, and to present healthy edges.

A PECULIAR CASE OF OVARIAN TUMOUR: OVARIOTOMY: DEATH.

By G. D. McREDDIE, Civil Surgeon, Hurdni, Oude.

THE patient, a Mussulman female about 35 years of age, a widow, who had had seven children, was admitted into the Government Charitable Dispensary at Hurdni on the 25th June, 1869, with ovarian dropsy. She stated that three years before she had felt her abdomen enlarging, but was unable to say whether or not the enlargement was at first lateral. At this time her menses stopped. On admission, she presented a greatly enlarged abdomen, as if far advanced in gestation. Her general health was very good. She was tapped on the 26th of June, and two gallons of a dark glutinous liquid were drawn off. After the tapping, a body simulating the liver by its narrow inferior edge, and to some extent by its position, if this organ were enlarged downwards, became perceptible. At the time the body was regarded either as an enlarged liver, or as the viscus retaining its usual size, but placed much below its natural site. The edge could be felt running in a curve in the right hypogastric and lumbar regions. I was inclined to the supposition that the body thus placed was the liver much enlarged; but against this the state of the general health seemed to argue. Against the supposition of displacement, there was the want of an adequate cause to account for the abnormal position. The impossibility of determining, with any precision, the superior boundaries of the body, added to the difficulty.

By the 20th August, the abdomen had regained its original size, its circumference being three feet five inches. As every circumstance seemed to warrant a favourable issue, and as it was useless to tap again, ovariectomy was determined on.

August 21st, 7.15 A.M.—Chloroform having been given, an incision was made from the umbilicus downwards, and was subsequently enlarged upwards also. The muscles having been divided, a dark mass suddenly started into the line of incision, and was cut into, though I used the knife cautiously in order to divide the peritoneum on a director, before coming on the ovarian tumour. Immediately on the occurrence of the accidental incision, a large quantity of liquid, of the same character as had been previously removed by tapping, spurted out, drenching the patient and running over the floor. The hand introduced into the cavity thus cut into and emptied, passed over a smooth surface; none of the viscera were perceptible. After some manipulation, the body previously regarded as the liver was felt; and, on examination, it proved to be the right ovary, greatly enlarged. It was eleven inches in diameter, with a thickness of two inches and a half in the centre. Its whole substance was hypertrophied; its cells were of the size of walnuts, containing glairy viscid matter. It was drawn out of the wound, and its attachment—upwards of two inches in diameter—had two ligatures put on, and then the mass was divided between the ligatures. No arteries were met with; but the ligatures slipped off, and the loose mass passed back through the wound. The intestines now came into view, through the opening made by the removal of the ovary. The walls of the sac were seen to be throughout adherent to the abdominal walls—hence nothing more could be done. The abdomen was sponged out; a few interrupted sutures were put in, skin-deep only, the deeper ones being deferred to a future time; lint soaked in carbolic acid solu-