The mode of death, as it was reported to me, made me surmise cardiac or pulmonary embolism; and at the autopsy, careful examination was made to verify this conjecture. Nothing in the nature of embolism or thrombosis was found; there were, however, extensive secondary cancerous deposits or growths in the abdomen and chest. The pelvic peritoneum was studded with small cancerous nodules; others were scattered over the liver and spleen; the left psoas muscle was involved. The glands and subperitoneal tissue in the lumbar region and the vicinity of the left kidney were involved in dense masses of cancerous tissue. A condition which struck me was that the diseased glands, lymphatics, and connective tissue around the aorta and vena cava, made one compact solid mass from the pelvis to the diaphragm, in which the aorta and vena cava ran like tunnels bored through unyielding substance. In many places the coats of the aorta were bent inwards, forming nodular projections into its channel. The result was that the aorta was no longer an elastic tube, expanding under the heart's systole and then contracting, but a rigid tunnel, utterly wanting in resiliency, and with its interior no longer smooth, but distorted by irregular projections.

Such an aorta, accompanied by a vena cava similarly affected, is mechanically unfitted to do its work. Under very moderately increased exertion or emotion, causing unusual action in the heart, this rigid tube would throw back upon the heart a portion of the column of blood which the aorta ought to receive and propel. This retrograde dynamic disturbance would overwhelm the feeble heart, and thus death would follow.

In another case, where the ovaries were involved in malignant disease, and where secondary growths were found in the intestinal peritoneum, the patient, coming from the country during cold weather, died next day, almost suddenly, overpowered by dyspnoea. The pericardium and both pleuræ were found distended with recent effusion of blood-stained serum.

These cases show that to prolong life the strictest care should be taken to avoid excitement, exposure, or exertion.

CASE OF PERITYPHLITIS.

By MARSH JACKSON, M.R.C.S., SMETHWICK.

E. P., aged 24, a spare, active, steady man, of a nervous disposition, had always had good health till within the nine or ten months before I saw him; during which time he had suffered from "indigestion", irregularity of the bowels, flatulence, and occasional hiccough. I first saw him on March 9th, 1871. He then complained of great pain in the right inguinal region, about the umbilicus, and down the right thigh; the testicle was retracted. On examination, the pain, which was exquisite on both the slightest and on continued pressure, was especially referred to a line about an inch and a half above, and parallel to the crest of the ilium, extending almost from the edge of the quadratus lumborum to within two inches of the pubes. There was no swelling, but a distinct hardness could be felt, and there was dulness on percussion along that line. He was in bed, and lay on the right side, with that thigh flexed upon the abdomen; the slightest movement increased the pain. The bowels had not been moved within the last twenty-four hours. The tongue was furred and moist; the breath had a fecal odour. There had been some vomiting. The heart and lungs were healthy. The urine was abundant, and, on being tested, gave no special indications. He had had no rigors. Pulse 92; temperature 100.2 deg. Fahr.; respiration 24. The treatment consisted of hot linseed poultices to the side; a pillow to support the right knee; one grain of opium every four hours; an injection of castor oil. The diet was milk, beef-tea, eggs, etc.

I saw him at 8 A.M., and between 7 and 9 P.M. each succeeding day, till the 13th, during which time the above symptoms remained pretty constant. On the morning of the 13th, the pain was most acute, and had extended more round to the back, up to between the scapulae, to the buttock, and down the side of the thigh. There was a marked line of swelling along the line described above, and here the pain was most acute. I ordered six leeches to be applied over the swelling, and increased the frequency of the doses of opium. In the afternoon, I saw him with Dr. Heslop, who concurred as to the diagnosis and treatment. In consequence of the pain having abated somewhat, the leeches had not been applied; and Dr. Heslop advised their immediate application, thinking they would relieve the local congestion, though suppuration was a consequence to be feared. Notwithstanding daily injections of castor oil, the opium had confined the bowels too much, and Dr. Heslop recommended in addition to them a daily small dose of castor oil by the mouth. The next day he was much easier; the leeches had drawn a fair quantity of blood. He had passed two pale lumpy motions,

though with great pain, and was very feeble. Temperature 38.3 deg. On the 15th, he had had a most restless night, and had been delirious. The pain was much worse, and the swelling more marked than it was the previous day. He had had no rigors. Pulse 100; temperature 102.9 deg. Fahr.; respirations 28. Six fresh leeches were ordered to be applied. At 8 P.M., the pulse was 96; temperature 101.5 deg. Fahr.; respirations 28. The leeches had drawn well. The pain had almost gone; considerable pressure could be borne. The swelling had subsided very much. The opium was ordered to be discontinued altogether, and a dose of castor oil to be taken in the morning.

On the 16th, at 8 A.M., the pulse was 100; temperature 103.3 deg. Fahr. Respirations 28. He had passed a restless night. The intestines were distended with flatus; the bowels had not yet been moved. At 7.30 P.M., the pulse 80; temperature 101.1 deg. Fahr.; respirations 28. The bowels were moved during the morning; after a free motion, he broke out into a profuse perspiration, and had several hours' sound sleep. He was in no pain, and for the first time could straighten the leg.

Next day, the temperature was 100 deg. Fahr. From this date he progressed towards complete recovery; the induration disappeared; and the bowels acted spontaneously. He sat up dressed on the 20th, and I ceased to visit him on the 23rd. He was taking quinine, and ate with a good appetite.

On May 1st, he called on me, quite well. Till within the last fortnight, he has felt a slight soreness on receiving any jar, as coming down stairs, or stepping off the curb-stone. Now he has lost this feeling, and looks robust and strong.

The specially interesting features of the case are the steady persistence of so high a degree of temperature, the marked benefit resulting from the use of leeches and castor oil, and the speedy and complete recovery.

CLINICAL MEMORANDA.

CHLORAL IN DELIRIUM TREMENS.

AMONG the many communications respecting the use of chloral in delirium tremens, I do not remember any mention of an antagonism to the action of this drug such as that manifested in the following case. On the afternoon of the 1st instant, I was called to see a man, aged 25, who was fast lapsing into delirium tremens. He had not then any delusions, but he had been sleepless for two nights, was excessively restless, and for twenty-four hours had vomited everything taken; a mixture containing chloral in small doses being always rejected the moment it was swallowed. In place of this, I ordered him a mixture containing hydrocyanic acid and morphia, which he took, with much relief to the gastric irritability; that night he had two hours' sleep, and three more in the afternoon of the following day. On the evening of the 2nd, he seemed much better, and presented a fair chance of escaping the worst features of the disease. He had, however, a very restless night; and the next morning, being without proper control, he got up and wandered about the house and neighbourhood; in the evening, all the phenomena of the disease in an aggravated form were present. Chloral having been at an earlier stage so intolerable to the stomach, I was unwilling to return to it, and ordered him bromide of potassium in thirty-grain doses every hour, in the hope of allaying his great violence and excitement. Three doses were taken without any mitigation of his symptoms; and at midnight I ordered a draught containing eighty grains of chloral, one half to be given at once, and the remainder in an hour and a half, if sleep did not come on. Both doses were taken and retained without producing any effect; and he spent the night in a state of great excitement, requiring the continuous exertions of two men to keep him in bed. At 8 A.M., a draught containing sixty grains of chloral was given; sleep came on in a quarter of an hour, and lasted for two hours. He then awoke, certainly much less violent, but the delusions and restlessness were as bad as ever. Pulse 120, small and feeble. This state of things continuing until 2 P.M., he took an additional sixty grains of chloral, and, between 4 and 5 P.M., being still restless and sleepless, another sixty grains. He fell asleep about 5 P.M. He woke up two or three times during the night and took nourishment, but went quietly off to sleep again. The next forenoon he was quite rational, and free from his complaint; pulse 88, comparatively full and strong. In rather less than seventeen hours, then, this patient took two hundred and sixty grains of chloral before curative sleep was induced. He had no vomiting for the last twenty-four hours of his illness, and during that time he partook freely of a solution of Liebig's extract of meat, to which whipped white of egg had been added.

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