CASE III.—Last autumn I saw in Monmouthshire, with my friend Mr. Essex, a gentleman, aged about 70, who was intensely jaundiced, and in whom, although the liver was large, there were no irregularities on the anterior surface. He would take no remedies, and sank rapidly. His death was doubtless hastened by constant vomiting, and he had some slight hæmatemesis. No *post mortem* examination was allowed. My opinion was that he was suffering from thickening of the duct, and not from cancer.

CASE IV.—A surgeon aged 70, who had been doing a large country practice for many years, was first seen in the autumn of 1870, at his own house some miles from Bristol. He had been ailing for ten months, and had been jaundiced for the last six months of the time. His state at the date of my visit was one of great mental and bodily depression, and he was much emaciated. The left lobe of the liver was enlarged, but smooth. There was no pain or tenderness. The itching of the skin was terrible. A very little bile had been passed at stool on several occasions during his illness. He answered questions pretty well, but wandered slightly at times. The diagnosis lay between cancer of the lower surface of the liver and a remediable thickening of the duct itself. Having regard to the latter possibility, he took iodide of potassium, and pills containing blue pill, belladonna, and taraxacum. Six months afterwards he paid me a visit at Clifton, looking ten years younger, and perfectly well.

These four cases illustrate to my mind this somewhat unusual condition, subinflammatory thickening of the duct itself. The diagnosis between this affection and cancer of the lower portion of the liver is very obscure and difficult. I think that in this condition the jaundice is more sudden, the icteric itching more intense, the emaciation more rapid, the tendency to cerebral symptoms greater than in cancer, whilst the pain or tenderness over the region of the liver is generally less. But either may cause death, either may lead to congestion of the portal vessels, and as a consequence of this to hæmorrhage into the stomach or intestinal canal, rather than to ascites. Three out of these four patients were very sober men, and of the fourth I have no record.

I believe it to be especially a disease of advancing age, and to bear the same relation to the catarrh of the duct often met with in the jaundice of childhood, that fibroid induration of the lung bears to catarrh of the bronchi and air-cells.

CASE V.—A lady, aged 26, having suffered all the winter and spring from debility and loss of appetite, came under medical notice in May, 1871. In spite of having felt unwell for many weeks, she had carried on the ordinary duties of her life, in which was included the going up and down a steep hill several times a day to services at church. At the first visit, she seemed to be suffering from ordinary jaundice, dependent on catarrh of the ducts. The liver was slightly enlarged and a little painful. She had vomiting, constipation, intense jaundice, entire absence of colour in the motions, and a very deep-coloured urine. She was decidedly weak, and not in a condition to bear much medicine. Under small doses of aloes and colocynth, the colour reappeared in the stools in the course of ten days. She did not convalesce thoroughly as to strength, and what little power she had was again injudiciously used in long church services. About the middle of July, she had an attack of jaundice again, and then was so weak that it seemed impossible to give any aperient medicine. She became greatly emaciated, unable to sit up; having some cough, and a little consolidation at the apex of the right lung. There was complete anorexia. The urine was of a very deep colour.

My friends, Dr. Beddoe and Dr. Fripp, who kindly gave me the advantage of their help, believed, as I did myself, that she was the subject of chronic atrophy of the liver; the more so, as the slight enlargement of the liver that existed in May had now given place to an abnormally decreased area of hepatic dulness. Still, however, she had no ascites, and no nerve-phenomena; nor was leucine or tyrosine found in the urine. The jaundice persisted for six weeks. She was taken into the country to satisfy a craving desire on her part; and during a portion of August and September she was carried from her bed to a sofa out of doors. The menstrual function ceased in August. Towards the middle of September, the bile was no longer excreted at all, the urine regained its normal colour, the skin lost the jaundiced hue, the fæces were perfectly white, whilst the general condition remained much the same. This complete abeyance of all hepatic function persisted for about seven weeks, whilst her pulse was always 120, her appetite very poor; the power of sitting upright, without feeling very faint, impossible. I need not say that the prognosis was as bad as possible. In the second week of November, the liver quite suddenly began to secrete bile again; a certain amount of appetite returned, and enough strength to enable her to drive out and to take short walks. In December, the menstrual function was regained. This improve-

ment has steadily increased; and the young lady, though still rather weak, is convalescent.

The difficult point in this case is, of course, the fact of the liver resuming its action after seven weeks of complete inactivity; but in connection with the progress of the case are the interesting points of entire freedom from cerebral symptoms during the period of suppression, and the fact that digestion, sufficient to support life, went on without the help of the bile.

CASE VI.—A young lady, aged 21, had been ill for a week when first seen in December 1870. She was then deeply jaundiced, with some hepatic enlargement and tenderness, with high coloured urine and pale stools. On the third day of jaundice she fell into a state of torpor, and exhibited great moroseness on being roused. She did not know the people about her, and lay comatose if left alone, and with very dilated pupils. My friend Mr. Bryant and I spent much time with her, using calomel and castor-oil, enemata, and blisters to the neck and over the right hypochondrium. The temperature was normal throughout. The next day she had torpor, but was exceedingly morose; but on the 23rd, after these cerebral symptoms had persisted more or less for four days, she became perfectly rational, whilst no bile appeared in the stools until January 4th, twelve days after all cerebral symptoms had ceased. She made a good recovery.

One more point in connection with these cases of jaundice. Case II died in the summer of 1870. Case VI was taken ill in the same village in December of the same year. She was his niece, and had seen him often during his illness. During her convalescence, her sister sickened and had a troublesome attack of jaundice. This sister, during her convalescence, went to the seaside to stay with her cousins, the daughters of Case II. Soon after her arrival, one of them, a married cousin, had jaundice there, then a sister (Case V), also a daughter of Case II. During the convalescence of Case V, another of her sisters had a sharp attack of jaundice; and immediately afterwards another cousin, of a different family, who had seen something of them during their illness, also had an attack.

I have no hesitation in stating my conviction that the occurrence of jaundice in these ladies, one after another, was purely accidental; but I am not surprised to find that their friends are looking upon this symptom as a highly contagious disease. The fact is only mentioned here as an illustration of the looseness with which the spread of disease by contagion is often spoken of.

NOTES OF A FATAL CASE OF HYSTERIA.*

By ROBERT W. FOSS, M.D., Stockton-on-Tees.

ABOUT three o'clock in the afternoon of October 11th, 1870, as I was passing his house, I was called in by B. to see his daughter, aged 19, who, he informed me, had been in convulsions all day. When I saw her she was perfectly conscious, throwing her arms and legs about, laughing and crying alternately, in fact, having hysterical convulsions. She complained of pain in the right side of her head, also of the *globus hystericus* rising up from her abdomen to her right chest, where it stopped. Her chest was normal both to percussion and auscultation. Pulse about 80, small. She also stated that she had had leucorrhœa, with much offensive discharge, for the last fourteen months, and since that time had had these hysterical attacks. She had been under medical care all this time, and was for some months a patient in an infirmary. Her father stated to me that all the medical men who had seen her said that she was simply suffering from hysteria with leucorrhœa, and that in time would be well again. I expressed a similar opinion, believing that it was a case more for moral than medical treatment. Within three hours of this she was dead, having expired in one of these paroxysms. Her father was anxious that the real cause of his daughter's death should be discovered, therefore Mr. A. E. H. Trotter and myself, assisted by Mr. Ruck, next day made a *post mortem* examination of her body.

The right lung was normal, as was also the left, with the exception of some slight hypostatic congestion at the base. There was some frothy mucus in the bronchial tubes. There were no pleuritic adhesions. The heart was pale in colour, and rather flabby. There was a small clot of blood at the apex of the right ventricle; the other cavities were empty. The liver, which seemed rather larger than usual, on section, was normal, as were also the kidneys and suprarenal capsules. The contents of the cranium appeared perfectly natural. The base of the uterus was congested, and its walls were thicker than usual. The mucous membrane lining the interior was covered with a thick

* Read at the Annual Meeting of the Northern Branch.

glassy mucus like white of egg, which was also exuding from the os. The left ovary was about the usual size, and, on section, was found to present a honeycombed appearance, consisting of numerous little cavities filled with gelatinous matter, constituting what is called colloid tumour of the ovary. The right ovary was of the size of a large walnut, and, on section, consisted of one large parent cyst containing many smaller ones springing from its internal surface. There is nothing here to account for death taking place so suddenly as it happened in this case; and the only hypothesis we can offer is, looking at the state of the cavities of the heart, that it was death from syncope.

I would not have ventured to bring this case under your notice, had I not remembered a similar one in the clinical wards of the Royal Infirmary, Edinburgh, which was under the care of Dr. Douglas Mac-lagan during the summer session of 1868, the subject of which was a strong well-developed woman between twenty and thirty years of age, who was admitted for hysteria, and who died suddenly in one of the paroxysms. At the *post mortem* examination of the body subsequently made, every organ was found to be perfectly healthy, and the cause of her death, I presume, must therefore have been syncope. Whatever may be the pathology of hysteria, most medical men regard it as a disease curable, and not one in which an unfavourable termination is to be expected; therefore, besides any other value which this case may have, it teaches one thing, that death may take place during the hysterical paroxysms, and that when they exist there must be a certain amount of danger to life.

OBSTETRIC MEMORANDA.

STATISTICS OF OVARIOTOMY.

VI.

I SEND a very modest contribution to the statistics of ovariectomy, in the shape of a short abstract of my notes of the only case of ovarian disease in which I have been called upon to operate. The unfavourable result was anticipated; and the operation was undertaken at so late a stage of the case, only at the earnest desire of the patient, who, although she had previously declined to submit to any operation, in consequence of a hope having been held out to her that the disease might undergo a spontaneous cure, was now anxious to be spared the lingering death which she might otherwise expect.

Miss —, aged 55, had suffered for more than twelve years from ovarian disease, commencing on the left side. She was greatly emaciated and cachectic looking, her complexion being very sallow. She had occasional attacks of vomiting, with constipated bowels and frequent micturition. The tongue was pointed, fissured, red, and dry in the centre; pulse 120, and feeble. The abdomen was very tense, uniformly distended, and distinctly fluctuating; the circumference at the umbilicus was forty-eight inches. On July 6th, 1871, the operation was performed under chloroform. After the incision, no adhesions could be felt, as the hand glided easily between the abdominal walls and the tumour, which occupied the whole of the abdomen as high as the ensiform cartilage. About forty pints of liquid were drawn off, at first very fetid and of the colour and consistence of thick cream, but subsequently becoming prune-juice coloured, and so gelatinous as to necessitate the slitting up of the cyst before it could be evacuated. Rather extensive adhesions were met with in the pelvis, and these were separated partly with the hand and partly by cautious dissection. The pedicle, which was very short and broad—the tumour being almost sessile—was tied with a double whipcord ligature, and the end secured in the wound. The weight of the solid tumour removed, which consisted of a unilocular cyst, amounted to about 14 lbs. Its walls were very thick and vascular anteriorly, but much thinner posteriorly, and stained with bile where lying in contact with the gall-bladder. The patient was much exhausted by the operation, but rallied considerably in a few hours; and this favourable condition was maintained until the evening of the following day, when symptoms of exhaustion supervened, and she died on the second day after the operation. No necropsy was permitted.

Sandon, Stone, June 11th.

J. H. TYLECOTE, M.D.

VII.

I BEG to contribute my mite to your Statistics of Ovariectomy in the two following cases.

CASE I.—Mrs. P., aged 34, the mother of four children. The last pregnancy was coincident with ovarian disease. She had rheumatic cardiac disease. After tapping, ovariectomy was performed under most unfavourable circumstances. There were extensive adhesions (the incision was seven or eight inches long). The ends of the ligature

were cut off short. The tumour weighed 32 lbs. (having been diminished by the removal of ten pints by tapping six days before). She recovered; but died six months afterwards from cardiac disease with dropsy.

CASE II.—Mrs. J., aged 41, mother of five children, had rapidly growing ovarian disease. Double ovariectomy was performed; the first pedicle was secured by the clamp, the second by a hemp-ligature, of which the ends were cut off short. The weights of the tumours were 10 lbs. and 2 lbs. She recovered from the operation; but died within two days of a year afterwards of extensive cancerous infiltration of the stomach, liver, mesenteric glands, abdominal walls, and the stump of the pedicle that had been secured by the clamp. There was no trace of the left pedicle. The knot of the ligature was found embedded in the edge of the broad ligament.

GEORGE GRANVILLE BANTOCK, M.D.

INERTIA OF THE UTERUS.

No doubt Mr. Lawson Tait will forgive me freely if I express the belief that his surmise, given in the JOURNAL of June 22nd, that his new plan of external pressure might be found not at all new, is well founded. This is certainly the case; nor is the belief that the method does not date prior to 1856 quite correct.

The plan of external pressure in inertia, especially incomplete inertia, which is not uncommon in protracted cases, where, as Dr. Playfair mentions, we often have "feeble and ineffective pains", has been a part of my principles and practice since 1845. To the practice of this plan I attribute partly my loss of faith in ergot before labour; and especially the fact that I attended more than 680 cases before having to resort to forceps on more than one occasion. As to deaths, I believe I never had but one, and that arose from blood-poisoning after labour. I mention this to show the *safety* of the method of pressure, which ought to be invariably made with the palmar surface. Not for a moment do I think this plan new in my case either, for it seems to me to have been one of the first routine duties which I acquired when I commenced the practice of obstetrics. Will Mr. Tait allow me to suggest a less arduous method of applying intermittent pressure than the one which he tried with two hands locked? A stout, well-applied, wide *flat binder*, gives a wonderful fulcrum for the back of one or both hands during the moments of pressure, and affords the means, also, of *regulating* that pressure.

WILLIAM HINDS, M.D.,

Professor of Botany in Queen's College, Birmingham.

CLINICAL MEMORANDA.

SUBLUXATION OF THE KNEE.

ABOUT 11 o'clock on the night of the 11th instant, I was summoned by the husband of Mrs. H., visiting this health-resort, to see his wife, aged 58, who, shortly after retiring to rest, when in the act of turning round in bed, was suddenly seized with a most severe and sickening pain in the right knee, which seemed rigid and in a semi-flexed state. I was for some little time puzzled as to the nature of the symptoms; and, in the absence of concomitant indications of paralysis, I was fearing it would prove—especially as the pulse seemed slightly irregular, though somewhat feeble—a case of idiopathic embolism. I recommended a bottle of hot water to the foot, and prescribed a mixture containing carbonate of ammonia, henbane, and camphor. Shortly afterwards, I was again summoned by Mr. H., who fortunately lodged near at hand, and who said that his wife was no better, and at the same time expressed a wish that something more should be done if possible. Thinking the case might be one requiring surgical interference, I consulted Erichsen's *Surgery*, and there found a description of the symptoms from which my patient was suffering, and was inspired with hope soon to free her from the intense and alarming pain which she was enduring. On again visiting her, I forcibly flexed the joint, and then rapidly extended it, using, at the same time, a rotatory motion; comparative ease was immediately experienced, to the great satisfaction of the sufferer, who said, so great had been the pain, that "she thought she could scarcely have lived till morning, unless she had been relieved." An evaporating lotion was applied to the joint; sleep was soon procured; and the following morning she rose to breakfast as usual. The joint had been the seat of chronic rheumatism, and a knee-cap had been worn as a support; this impaired state of the part may account for the apparently trivial cause of the accident.

JOHN WARD, M.D., Grange-over-Sands.