—1. By Pitha (*Prag. Vierteljahrssch.*, 1850, vol. xxv, p. 74), a most interesting case, in which a young woman, aged 20 years, submitted to the removal of a supernumerary limb, presenting the rudiments of two legs and feet, and hanging down as low as the popliteal space. 2. By Geller. (*Virchow's Arch.*, vi, 520) of a tumour terminating in a finger, and of very large size, which was removed at the age of 8 weeks. 3. By Schuh (*Wien. Med. Wochens.*, 1855, No. 51) of a large tumour containing portions of intestine, nerves, and numerous pieces of bone, and attached to the sacrum by a bony pedicle.

To these instances of amputation of supernumerary limbs, I may add a very interesting case reported by Dr. Corradi, in the 195th volume of the *Annali Universali di Medicina*, p. 423, 1866, in which he amputated with success the supernumerary limb of a female infant, at the age of one month. The limb in this case reached nearly to the ground, and had a bony stalk passing up into the pelvis, where it terminated by a free end, so that it was removable with the knife. A more full account of this remarkable case will be found in the forthcoming *Biennial Retrospect of Surgery*, published by the New Sydenham Society.

The successful cases of extirpation of a sacral tumour with fetal remains belong to the following surgeons; Jacob of Dublin, Otto, Middeldorpf, T. Blizard, Schwartz, Langier, Porta, Lotzbeck, Emmerich, and Oslander. For the references, I must refer to Dr. Braune's work.

To these instances of successful extirpation, Senftleben's case, above quoted, is to be added, making the number of successful operations eleven, against one failure.

The total result of this series of operations would be, that we have two instances of successful amputation of well marked and large sized supernumerary limbs, two of amputation of tumours of fetal character, and attached to the pelvis by a stalk, and twelve of extirpation of tumours of a fetal nature, apparently not so attached, and that in all the cases, except one of the last named, the operation succeeded; while in the fatal case the disease was complicated with spina bifida.

Nor ought we to forget that in Mr. Stanley's case, above referred to, Mr. Thomas Blizard, who saw the patient "was impressed with the idea of the removal of the tumour being practicable and safe, from the recollection of a similar case upon which he had operated with success," and, after the child's death from measles, the correctness of this opinion was verified by *post mortem* examination. At least Mr. Stanley says "the information derived from the examination of the extent and connections of the tumour, appeared to confirm the opinion that its removal might have been safely undertaken in an early stage." Mr. Stanley seems, however, to imply that at the time of death the tumour had extended too far into the pelvis to be extricated. If this is so, it furnishes an additional motive for not temporising with such growths.

In Sir B. Brodie's case, also, the tumour appears to have been really within the reach of operation. The following is Mr. Charles Hawkins's account of its connexions:—"It was attached above to the inner surface of the lower part of the sacrum, projecting considerably below the apex of the os coccygis, and the anus; it pressed on the rectum anteriorly, while it caused a distinct displacement of the sacrum, which projected preternaturally behind." Communications had formed in this case between the rectum and some of the cysts, but the history shows that this was a late phenomenon in the course of the disease, and was due to the inflammation excited by an incision which had been made into the tumour.

There is nothing in this description inconsistent with the idea that the tumour might have been removed in early life, for an attachment to the lower part of the anterior surface of the sacrum is not, under ordinary circumstances, very inaccessible, and when the sacrum is displaced backwards, the space to act in is of course proportionally enlarged.

I have purposely confined myself to the question of the operative treatment of this rare and curious affection. To treat adequately of the diagnosis, and still more of the pathological origin of its various forms, would have led me to too great length. I hope, however, that I have succeeded in showing that the prospects of operative interference are in many instances at any rate very good, and that, although we may fairly enough concede that there are cases in which a judicious surgeon would abstain, and where, in fact, surgeons so judicious as Sir B. Brodie and Mr. Stanley actually did abstain, from an attempt at removing a growth of this kind, there are very many others, and probably by far the majority, where such an attempt will succeed in permanently delivering the patient from a very disgusting and disabling malformation.

CASE OF METASTATIC ABSCESES OF THE LIVER.

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IDIOPATHIC inflammation of the substance of the liver, proceeding to suppuration, is comparatively uncommon in this country, hepatic abscess being much more frequently consecutive, secondary, or metastatic; the purulent collection being the result of phlebitis or pyæmia. The term metastasis is employed upon the supposition that puriform matter, or some extrinsic virus, is transferred from a distant part into the portal circulation, which is either deposited, or reproduces a change in the minute capillaries of the secreting structure, similar to that in the original seat.

Of this latter variety, the following typical example occurred in the Newcastle Fever Hospital.

J. C., a labouring man, aged 25, was admitted under my care on October 12th, 1866. He complained of pain in the right hypochondrium, and great weakness; he stated that he had been ill for three weeks, but was very torpid and unable to give any clear account of his previous condition. The skin was hot, jaundiced, and free from any eruption; the tunica conjunctiva deep yellow; the tongue was thickly covered with white fur, and dry in the centre; the bowels were constipated, and the urine deeply tinged with bile. The pulse was feeble, 104. The pain in the right hypochondrium was augmented by pressure and a deep inspiration; the liver-dulness was considerably increased, extending upwards within half an inch of the nipple, and downwards, in the same line, three inches beyond the chest wall.

The case was viewed as one of chronic inflammation of the substance of the liver, and but for the patient's extreme weakness, he would have been removed to the Infirmary. Saline diaphoretics and gentle mercurial aperients were given internally, and a blister was applied over the region of the liver.

On October 15th, the patient was suddenly seized with a severe rigor, followed by profuse perspiration;

the same evening he became delirious and was very restless; the yellow tinge of the skin and conjunctiva was more intense. A blister was applied to the nape of the neck, and stimulants, in the form of wine and nitric ether, were administered.

On October 18th, he was muttering incessantly; on being roused was semiconscious; and during the night had passed his motions and urine in bed. The skin was more deeply tinged, of a somewhat dusky hue. The shiverings were more frequent and at times accompanied by hiccup.

The patient became gradually more and more prostrate, and sank on the evening of the 20th, eight days after admission.

SECTIO CADAVERIS, twenty hours after death. The rigor mortis was very slight. The tissues were all deeply coloured with bile. The blood was thin, everywhere fluid, and of a very fetid odour. The peritoneum contained serosity, normal in quantity and appearance. The intestines were non-adherent. The liver was very greatly enlarged, smooth on the surface, and mottled in spots and patches, bright pink and dark purple in colour. On section, numberless collections of pus or rather small abscesses were disclosed, varying in size from a mere point to a hazel-nut, well defined, regular in shape, mostly circular and surrounded by a narrow zone of dark congestion, causing a granite-like appearance. At places, points of deep congestion were observed, firm and without pus; at others, similar spots, with a trace of softening in the centre. In the neighbourhood of the congestions, the tissue was infiltrated with serum. The abscesses near the surface exceeded in size those deeper. The collections were distinctly limited to the branches of the vena portæ, the hepatic veins being unaltered. The gall-bladder was distended with watery and almost colourless bile. The spleen was considerably enlarged, very firmly adherent to the diaphragm and hollowed into an abscess, containing fully six ounces of most fetid pus, the surrounding portion being soft, pulsatious, and of a pale brown colour. The blood in the splenic vein and trunk of the vena portæ was thin, reddish brown in colour, and of a most offensive and loathsome odour. A branch of the splenic vein, in direct communication with the abscess, was easily traced. The kidneys were pale. The heart, as regards its size, valves, and muscular tissue, was normal. The lungs were free from adhesions, consolidation, and purulent deposits.

The pathology of this case is made clear by the disclosures of the *post mortem* examination. During life, the symptoms indicated inflammation of the substance of the liver, chronic and suppurative in character, but of a simple and non-pyæmic nature. The appearances, however, unmistakeably point out the spleen as the seat of the primary disease. Such being admitted, it may readily be conceived how easily pus or the germs of pus could have been transferred by the splenic vein and vena portæ to the parenchyma of the liver, there generating suppurative phlebitis. This supposition is borne out by the total absence of any purulent deposits in the lungs and kidneys, the organs in which such are usually met with. For, if the collections had been situated in the lungs and liver, the primary inflammation would have been in some portion of the systemic venous circulation and not in the portal.

The location of the primary disease in the spleen is also noteworthy; the starting point, in the majority of cases, being ulceration of some portion of the intestinal canal or stomach, the result of disease, accident, or operation.

Reports

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

UNIVERSITY COLLEGE HOSPITAL.

PUERPERAL CONVULSIONS AFTER DELIVERY: RECOVERY: WITH CLINICAL REMARKS.

(Under the care of Dr. GRAILY HEWITT.)

WE are indebted to Mr. T. T. Hughes, Obstetric Assistant, for the following report.

Mrs. H., living in Little Drummond Street, applied for a maternity letter on the 26th of November, 1866. Her age was 31. She is the mother of seven children; she had had no miscarriages. The catamenia were last seen in April 1866. She was a delicate anæmic-looking woman. She had a severe attack of typhoid fever in the latter end of last summer, being then about five months pregnant, which considerably reduced her; and since that she had had no appetite, scarcely ever eating meat. But with all this she reached her full time. Her former labours had been natural.

Jan. 13th, 1867. The patient had all this day slight labour pains, but they became more decided at 11 P.M., when she first sent for assistance. About 3 A.M. the following morning (Jan. 14th), the membranes became ruptured, the liquor amnii escaped, and hæmorrhage immediately occurred to a very great and dangerous extent. The nurse says: "So great and sudden was the flow of blood, that the floor was literally covered." About 4 A.M., the child, which was alive, was born; and the placenta soon followed, without any further hæmorrhage. The patient went on very well up to 8 A.M., when headache, retching, and blindness came on. These symptoms became worse, and lasted till 2 P.M., when an attack of convulsions occurred. The fit was epileptic in character. At first there was a quivering of some of the facial muscles; then the whole body became convulsed, and immediately afterwards completely rigid; the face unnatural; the lips livid. She foamed at the mouth, blood being mixed with the foam, from the tongue having been bitten. Then a long inspiration, and the attack was at an end. These fits recurred very frequently up to 9 P.M. She had had fourteen in all. Mr. Hughes saw her at this time, and had the opportunity of observing one of these fits. The lochia were suppressed. It was with great difficulty that she could be made to understand and do what was told her. She passed her urine involuntarily; swallowed with difficulty. Cold was ordered to the head; and ten minims each of liquor opii sedativus, chloric ether, and compound tincture of lavender, every four hours.

January 15th, at 1.30 P.M., Dr. Graily Hewitt saw her, and found her completely insensible; uterus well contracted; lips dark; no stertor; and the fits still recurring occasionally. He ordered ice to the head; a binder to be tightly applied over the uterus; and enemata of beef-tea, eggs, and brandy, every two hours.

Jan. 16th. Dr. Graily Hewitt found that there was hemiplegia of the left side; pupils about equal, medium; patient in much the same state as yesterday. Mustard sinapisms were ordered to be applied to the nape of the neck three times a day; the enemata, etc., to be continued.

January 17th. She was much better; occasionally