peritoneal cavity, unaccompanied by other local or any constitutional disturbance. For over sixteen hours the man suffered from pain, varying it is true in intensity, but throughout severe, and yet the tongue remained clean; there was no vomiting; the belly could be pressed without noticeable increase of suffering; the pulse never rose above 80, and the skin remained warm and moist until the setting in of general peritonitis.

Lastly, for those sixteen hours the pain was confined to one side; it is probable, therefore, that the hearty breakfast caused, by distension, a slight leakage from the ulcer, great enough to produce agonising pain, but too small to induce general inflammation; and in this condition one can easily understand how, with due care and rigid abstinence from food and drink, nature might have securely stopped the leak with lymph; but in the present case, either from too light a warning on my part, or too weak a resolution on the part of the patient, this abstinence was not practised. Late in the evening, urged by a thirst which the patient could or would not resist, he drank freely of fluid, which, making the little leak a rent, escaped into the cavity of the peritoneum, and lit up the inflammation which put an end to his life.

On reviewing my experience of cases like the one I have related, I cannot doubt that occasionally small perforations occurring in both gastric and intestinal ulcers are stopped by lymph before fatal injury is done to the patient in consequence of the escape of fluid into the peritoneal sac, and I shall further on relate a case which appears to support this view; but to secure so happy an issue for so perilous an accident it seems essential that the patient should be kept in a state of absolute repose; that he should take by the stomach neither solid nor liquid food for four and twenty hours at least, and that he should have full, and sometimes, if there be much restlessness, frequent doses of opium.

[To be continued.]

CASE OF POST-PARTUM HÆMORRHAGE, IN WHICH THE ETHER-SPRAY WAS SUCCESSFULLY USED.

By JOHN BROADBENT, M.R.C.S., etc., Manchester.

At 10½ P.M. on April 3rd, 1867, I was called to see Mrs. T., in labour of her twelfth child. I found the os uteri only slightly dilated, and the pains weak. The breech presented, and the child was born the following morning, without anything unusual occurring. The placenta was adherent, and required the introduction of the hand for its removal. Profuse hæmorrhage followed; and, though the usual remedies, including ergot, cold napkins to the vulva, etc., and introduction of the hand into the uterus, were employed, the bleeding continued, and the woman became almost pulseless, and was evidently sinking fast. The hand in the uterus moved about as if in a wet bladder, little or no contraction being excited by it. My friend Mr. Harrison saw the case with me, and I proposed to him to apply the ether-spray to the hypogastric region. This I did, using the double jet; and very soon the uterus began to contract, and the hæmorrhage ceased. There was no relaxation of the uterus after; and the woman ultimately made a good recovery, though very anæmic for some time after. The hæmorrhage was evidently due to uterine inertia; and the effect of the ether-spray in producing contraction of the organ was very marked after the failure of the remedies used before it.

A CASE OF INDUCTION OF LABOUR A SECOND TIME IN A WOMAN WITH A DEFORMED SPINE AND PELVIS.*

By JOHN ARMSTRONG, M.D., Gravesend.

WHEN we had the pleasure of your presence here twelve months since, I read a paper on the induction of premature labour, and narrated a case in which I had induced labour, with the results. I attempted to give a brief outline of the introduction of that operation into the profession, and the various modes of effecting it up to the present time. As the same patient became pregnant again, and I had to resort to this remedy, and as there are some circumstances of interest peculiar to this last delivery, I thought I should not be occupying the time of the meeting unprofitably to narrate them. The records of my notebook I transcribe.

September 1866. Mrs. S. was again pregnant. She had seen Dr. Hicks several times; and I tried to get her to go up to Guy's to be delivered by Dr. Hicks, but could not succeed.

Oct. 19th. She said she was last unwell on the 18th of February. Her husband was at home about a week afterwards. The calculation was, that she was nearly eight months gone. On examining her, with great difficulty I reached the os; but I could not make out any part of the fetus. The os seemed, as on former occasions, not directed down in the axis of the pelvis, but as if the uterus lay straight down in the abdomen, with the os directed towards the anterior wall. I prescribed for her ten grains of powdered ergot every four hours, with the hope that some uterine action would cause the os to be directed more towards the pelvis.

Oct. 20th. The os lay in the same position. It was useless to attempt to introduce Dr. Barnes's dilators, unless the hand were introduced into the pelvis to apply the dilators. I therefore resorted to the gum-elastic catheter, which I introduced with some difficulty. After I had passed it up four or five inches, I withdrew the stilette, and passed it up quite eight inches.

Oct. 21st. Twenty-four hours had elapsed with scarcely any sense of pain. I withdrew the catheter; and, when about four inches were in the uterus, I passed it with my finger round the cervix, so as completely to detach the membranes at that part. In the evening, word was sent me that the waters had broken. I found the os still up, anteverted, and a little open. She was straining violently; pulse weak and quick. She complained of faintness. I required her not to strain at present; and, as she had had no sleep for forty-eight hours, I gave her forty minims of laudanum.

Oct. 22nd. She had had several hours' sleep. At 6 A.M., pains returned, having a more regular character; and, about 7.30, a small female infant was expelled. I removed the placenta. There was no hæmorrhage. The child was living; it was small, and had a small compact head, and was likely to live. Her recovery was excellent.

March 18th, 1867. I saw the mother and child today. The child is really a fine, well-grown, and well-nourished child, and would bear comparison with children of the same age.

I would remark, in conclusion, that this is a very

* Read at the District meeting held at Gravesend March 29, 1867.

satisfactory case to the minds of men who may have any misgivings as to the propriety of this operation, inasmuch as the mother, if allowed to go her time, would have been exposed to great peril by the operation of a crotchet delivery with its concomitants—the child dead, of course; while here we have a comparatively easy labour, and a child living and thriving remarkably. I wish to draw attention to the plan I adopted in this case, of detaching the membranes from the cervix and os when withdrawing the catheter. It has been done, as you know, for the purpose of inducing labour, but not with satisfactory results. When the gum catheter has lain in the uterus, it becomes softened, and may, by holding the external end in the left hand, and with the forefinger of the right hand on the end in the uterus, be very gently brought round the cervix, without doing any damage of any sort. I have no doubt that the great success of Dr. Barnes's dilators arises partly from their acting in this way; and that they are, in suitable cases, preferable to any other means known.

This part of the case would admit of more remarks; but I briefly throw out the hints for your observation and discussion.

MALIGNANT TUMOUR IN CONNEXION WITH THE KIDNEY; AND A CASE OF MELANOSIS OF THE EYE.

By J. INGHAM IKIN, Esq., F.R.C.S., Leeds.

I HAVE just read the report of the proceedings of the Pathological Society for March 5th, at which meeting Dr. Greenhow exhibited a specimen (lent by Dr. Foster of Birmingham) of Cancer of the Suprarenal Capsule, from a girl aged 12 years. He states that the tumour was about twice the size of the kidney and closely adherent to it; and, as there was no other organ affected with cancer, he believed "the case to be unique."

The latter remark calls to my mind a somewhat similar case, and one quite as remarkable. At a *post mortem* examination last year, at the Leeds Hospital for Women and Children, I removed, from the body of a girl 13 years of age, a large tumour intimately connected with the left kidney, weighing four pounds. Its length was nine inches, and its circumference was fifteen inches and a half.

I took it to the Medical School for more minute inspection by Dr. Deville, a well known practical anatomist and pathologist, who recommended me to let him send the specimen to Dr. Brinton for exhibition at the Pathological Society, which was done.

At our cursory inspection of the tumour, we ascertained that the kidney could be separated from the tumour, but was intimately connected with it and its vessels; so much so, that we thought it probably was an aneurism, as, from the history of the case, it appeared the girl's illness commenced after a severe fall on her back nine months previously. I believe the tumour was exhibited at the Pathological Society by the late Dr. Brinton, and pronounced to be malignant. Half of the specimen he kept, and the other half was returned to the museum of the Leeds Medical School.

In this case, no other organ of the body was found diseased; the right kidney was healthy.

A word as to the history of the case. The patient was sent to the hospital from Ripon, and no decided medical opinion had been given on her case, as it was considered a very unusual one. Though the

girl was scarcely 13 years of age, she had all the appearance of a little fat woman. The breasts were large; the mons veneris was covered with hair, and the organs of generation quite developed. Her complexion was very ruddy, and, to a casual observer, she looked the picture of a healthy little fat woman. She, however, complained of pain in her back and limbs. Still, after remaining about six weeks in the hospital, no decided opinion could be given as to the precise nature of her disease. Indeed, some of my medical friends who saw the case considered it merely a case of premature development, precocity, and obesity. Luckily, she was not discharged, but retained in the hospital under observation, assisting a little in the wards, and enjoying all her meals, etc. By degrees, decided symptoms of disease of the kidneys manifested themselves. What had been taken for general stoutness, now assumed a decidedly dropsical character, general oedema. The urine was deficient in quantity, but still not unhealthy, not containing any foreign constituents. The skin became dry, and unduly livid; indeed, the complexion assumed a most curious appearance being of a purplish red hue, like that of a confirmed gin-drinker. As an enlargement in the region of the left kidney could be distinctly felt, I imagined it was either scrofulous enlargement, or an adipose state of that organ, pressing on the blood-vessels, and thus producing the curious congested state of the skin. There was no *bruit* heard over the region of the tumour, nor pulsation felt. When Dr. Deville and myself first examined the specimen, we thought it might be an aneurism; and, with this idea, it was sent to Dr. Brinton, who pronounced it to be a malignant tumour. I think the case is quite as singular and "unique" as that of Dr. Foster, reported on by Dr. Greenhow, and is worthy of record.

Referring to cancerous tumour, melanosis has a strong affinity to that disease in growth, development, and liability to return after extirpation. I append a short account of a case of this disease at the right angle of the eye, implicating the conjunctiva and the upper eyelid, in a respectable female 60 years of age. She consulted me about it early in 1859. It had been gradually increasing for a year. I removed the tumour about the size of a pigeon's egg, and the patient lost a good deal of blood. In January 1860, it again returned so large as to obstruct vision and press on the ball of the eye. I dissected it out again. In May of the same year, it was larger than ever, and gave more annoyance, and involved both upper and lower lid. I again, for the third time, carefully and completely removed the black deposit and growth, and the eye seemed clear and free from disease. She had no return of the complaint for several months; but in the October of 1861, she again consulted me; and after this time the melanotic growth was rapid; both upper and lower lids were involved; the sight was obliterated, and the ball of the eye projected by January of 1862. The tumour rapidly enlarged and bled at intervals, gave much pain, and was a source of the greatest annoyance. I was doubtful about the propriety of excision of the eyeball, as the tumour had returned so frequently; but, as life was rendered a burden, I got Mr. Teale to see the case, and he recommended me to operate and remove the eyeball. The tumour was now nearly as large as my fist. On December 31st, 1862, I did so, dissecting the growth from the eyelids, and completely clearing the orbit of its contents. No great hæmorrhage ensued. I brought the eyelids together. They united readily, without leaving much of a scar; and, up to this date (five years), there has been no return whatever of the tumour, nor any indication of melanosis in other textures.