trachea, and the lung. The difficulty of swallowing, however, always continued, and for the last two or three years of his life he was in the habit of taking his meals alone, to avoid the observations of others on the slow and cautious way in which he took his food, and also to keep his own undivided attention to the business he was about. He always found the food stop low down, where it remained for a considerable time. He believed that he could always tell when a portion of the food had got into the stomach; but frequently, and more constantly latterly, a great portion was brought up into the mouth with any little effort, and one not at all analogous to vomiting. At all times he was accustomed to bring up, by the same effort, a quantity of viscid fluid, which was, apparently, accumulated saliva. His own idea was, that there was a pouch formed near to the entrance into the stomach. In the last three months of his life but little food got into the stomach, almost all he took being returned. It was then he became emaciated, and for the last two if not three weeks of his life there was no reason to believe that anything, even fluid, got ingress to the stomach. He was supported by broth enemata, but he became daily weaker, and gradually died.

The upper portion of the oesophagus did not present any remarkable appearance, but at its lower portion, close to the cardiac orifice of the stomach, was a pouch, nearly the size of a small orange, projecting to the left side, and formed by a dilatation of the oesophagus, the coats of which, though thickened, were not indurated, nor did they present the slightest character of scirrhus. The mucous coat was entire, and natural in its appearance. The cardiac orifice of the stomach was rather small, but not in the least indurated; but it was evident that when the pouch was full, it must have dragged the cardiac orifice to one side, and have rendered the passage of anything into the stomach difficult, if not impossible.

It must be admitted, both from the appearance of this pouch and from the history of the case, that it must have existed for a long time, most probably for years, if not from birth. To account for its formation is perhaps impossible; any attempt so to do must be conjectural. It may have been that some extraneous substance—a fruit stone, or a bone, may have lodged in that part of the oesophagus, and have there remained long enough, before it got into the stomach, to form a pouch, which may have been progressively enlarged by the lodgement of articles of food therein. Or may it have been, that a large mass of scrofulous glands in the anterior mediastinum may have for a long time compressed the oesophagus, and given rise to the dilatation, and then the pouch. And may it not have been, that the large quantity of offensive matter coughed up in 1813 came from such a suppurating mass—a supposition rendered somewhat more probable by the circumstance, that no trace of any large cavity having existed in the lung was discoverable. I have never before seen a pouch of the kind on dissection, and I believe the case to be very rare; and I am inclined to think only two or three instances of the kind are to be

found. I have not had time to search very minutely for any such, but I have only found one, which is mentioned in “Baillie's Morbid Anatomy,” the preparation of which was in Mr. Hunter's museum.

BRIEF NOTES OF

MEDICAL CASES,

SELECTED FROM HOSPITAL AND PRIVATE PRACTICE.*

By C. M. DURRANT, M.D., IPSWICH.

Pulsating Abdominal Tumour.

A LADY, aged 23, residing in the country, and having habitually enjoyed good health, and taken much exercise, became the subject of a rather severe attack of scarlatina anginosa, which disease was at the time prevailing in the neighbourhood, and to which she was predisposed by over fatigue and anxiety, induced by close attendance upon a sick husband. This gentleman being at the same time under the conjoint care of the family surgeon and myself, my attention was directed, upon the subsidence of the scarlatina, to the existence of a pulsation in the abdomen, and in reference to which, the following history was elicited:—

This lady had miscarried about eighteen months previously, immediately after which she was attacked with violent, although *not constant*, palpitation of the abdominal aorta, in which the heart sympathized. Upon her again becoming pregnant, and the palpitation continuing, her friends were alarmed, and took her to London, where it was arranged that she should be confined, under the care of an eminent obstetric physician. Prior to this event taking place, she had the opinion of two leading members of the profession, who, with her accoucheur, regarded the pulsation as arising from an abdominal aneurism.

The recumbent posture was advised, and maintained for nine months.

Her labour was natural, and the child living and healthy, and she returned to the country in perfect health, without pulsation, the aneurism having, it was supposed, undergone a spontaneous cure. On examining the body with her medical attendant, (who from the first had negatived the idea of aneurism) an oblong unyielding pulsating tumour, of from two to three inches in length, and somewhat less in breadth, was felt midway between the ensiform cartilage and umbilicus. The amount of pulsation was described as varying greatly, and, upon careful examination, no lateral pulsation was perceptible. A bellows murmur was elicited by firm pressure of the stethoscope upon the surface of the tumour, but this at once became inaudible, upon the removal of the instrument either upwards, downwards, or laterally, in reference to its site. The heart was at this time quiet, and pulsating naturally.

* Continued from page 150.

The patient has again become the mother of a healthy living child, and has continued free from abdominal uneasiness.

REMARKS.—The diagnosis of pulsating addominal tumours is often very obscure, and in some cases their true character can only be revealed with certainty as the result of a *post-mortem* examination. The disease, respecting the nature of which, the greatest interest, because the greatest hazard, obtains, is, of course, aneurism, and this is liable to be stimulated by many affections common to the abdominal cavity, and these, it is well known, may exist under very dissimilar conditions. The principal affections by which the diagnosis of ventral pulsation may be rendered doubtful, are tumours connected with the stomach, mesentery, pancreas, or omentum, lying over, and receiving pulsation from, the subjacent artery, impacted fœcal matter, masses of worms, or gaseous accumulations in the bowel, similarly located in reference to the vessel, and, lastly, nervous and inflammatory affections of the aorta itself.

If the tumour be visceral, we may often succeed in effecting its displacement by change of posture, or by making lateral pressure with the stethoscope, when both pulsation and murmur may for a time be suspended; but if the disease be aneurismal, this proceeding will, of course, be unattended by a similar result. The history of the case, the character of the murmur and impulse, and the recollections of the fact that tumours contiguous to the artery are of more frequent occurrence than disease of the vessel itself, will also assist the formation of a correct differential diagnosis.

If the swelling be the result of fœcal or gaseous impaction, free and efficient purging will at once clear up the nature of the case.

Nervous pulsation of the aorta, when coexisting with circumscribed flatulent distension of a portion of intestine, will sometimes closely resemble ventral aneurism, but the habit of the patient, together with the negative character of many of the phenomena, will in general render the diagnosis sufficiently easy. The diagnosis of the above case, was, however, obscure; but from the history and general features which it presented, both the family medical adviser and myself were induced to form a different opinion to that given in London.

The sex of the patient, (Dr. Edwards Crisp states that out of fifty-nine cases of aneurism of the abdominal aorta, eight only were females;) the occurrence of the pulsation, perceptible for the first time immediately after a miscarriage; the heart sympathizing in the general disturbance; the inconstancy of the impulse; the firm unyielding character of the tumour; the absence of lateral pulsation, together with the freedom from constitutional suffering, were the chief points upon which, in my mind, the non-existence of aneurism rested.

That it did not arise from fœcal or gaseous impaction was evident from the generally good state of health, and the length of time during which the impulse had been more or less perceptible and troublesome to the patient.

The possibility of the tumour being malignant, and connected either with the stomach or pancreas, will be equally set aside by the state of the general health.

From these negative circumstances, the opinion which was given, and which I believe to have been the correct one, was, that the tumour was an enlarged mesenteric gland, lying upon, and transmitting the pulsation of, an irritable aorta. As already stated, an irritable condition of the heart and large vessels is an exceedingly deceptive affection in nervous constitutions, and the occurrence of pulsation immediately after the anxiety and excitement necessarily attending upon a miscarriage, (although there had been no undue amount of hæmorrhage) would strongly tend to its production; and this condition would, in no slight degree, be perpetuated by the nine months of horizontal posture, coupled with the dreaded anticipations of approaching labour.

Abdominal Pulsation following Peritonitis.

I was requested to meet in consultation upon the case of Mrs. W., aged 27, a thin delicate woman, of nervous hysterical temperament, and the mother of three children. It was stated that she had taken cold during the catamenial period, and had suffered in consequence from an attack of peritonitis, which had readily yielded to mercury, and from which, at the period of my visit, she was recovering, the mouth being still slightly sore from that medicine.

At this time she was seized with violent paroxysmal pain, occurring at uncertain intervals during the twenty-four hours, and referred to a spot upon the right side, midway between the umbilicus and crest of the ilium. In the absence of the paroxysm she was perfectly easy, and conversed cheerfully, but during the accession, the severity of the pain, which extended down the thigh, and which she described as a forcing sensation, resembled that produced by the passage of a gall stone. At this time she felt nausea but did not vomit. Immediately upon the subsidence of the attack she was again comparatively free from suffering. The countenance was tolerably healthy; eyes large and prominent; pupils dilated, but acting naturally under the stimulus of light; tongue moderately clean, but red, and deeply serrated, which latter peculiarity was said to have existed since childhood. Bowels sluggish, and in health seldom acted without medicine; urine scanty and high coloured; pulse 80, small and compressible, and not accelerated during the paroxysms of pain. The abdomen was soft and yielding, but in the right iliac region, over which firm pressure produced an increase of pain, there existed a circumscribed fulness, with strong pulsation, but unaccompanied by murmur. Percussion over this spot neither yielded a particularly flat, nor an unusually clear, sound. No abdominal pulsation was discoverable at this time in any other part of the abdomen.

The spleen was perceptibly enlarged, and its edge easily defined. This patient had suffered from intermittent fever some years previously. A blister was directed to be applied to the right iliac region, the

bowels were freely moved by aperients, and five grains of soap and opium pill were directed to be taken night and morning, with salines and tincture of henbane during the day. These measures had the effect of materially mitigating both the severity and frequency of the paroxysms. On again examining the body three days after the application of the blister, the pulsation and fulness in the iliac region were found to have subsided, but an oblong, definable, and yielding tumour, with strong impulse, and a faint, single, bellows-murmur, was now discovered in the direction of the aorta, and midway between the umbilicus and ensiform cartilage. The pain in the original spot having returned with equal severity, although at much longer intervals, the opium was directed to be given only upon its recurrence. The bowels acted freely, but the evacuations were dark and scybalous, and the urine continued deficient in quantity, copiously depositing lithates.

Sulphate of zinc one grain, with compound rhubarb, and galbanum pills, of each five grains, were ordered to be taken every night, followed, if necessary, by castor oil in the morning, and the saline treatment continued. Under these remedies the patient recovered, but some degree of fulness, and considerable impulse, with a slight murmur, remained in the sub-epigastric region, and undue pulsation was also still perceptible in the left iliac region, but without either fulness or pain, the firmest pressure being unproductive of uneasiness.

REMARKS.—This case, in reference to diagnosis, possesses many points of interest, and may not inaptly be placed in juxta-position with the preceding. The circumstances which more particularly merit consideration are—first, the cause and nature of the pain which the patient suffered in the right iliac region; and, secondly, the swelling and pulsation which existed in the two distinct divisions of the abdomen.

That the pain was purely spasmodic was evidenced by its violence and paroxysmal character, by the comparative immunity from suffering between the attacks, and by the absence of any acceleration of the pulse during their occurrence. The affections most likely to be confounded with the symptoms which this case presented are nephritic colic, the result of a calculus impacted in the ureter, and nephralgia, or mere nervous pain, arising from sympathetic irritation of the renal nerves, in consequence of uterine or ovarian excitement.

It is true that in this case we find many symptoms common to the two affections; thus we have nausea, and also pain in the abdomen, extending downwards to the pelvis and thigh; but, on the other hand, it differed, inasmuch that it was not chiefly centred in the lumbar region, and also that it was recurring, irregular, and inconstant; further, there was no hæmaturia, and the urine was diminished instead of (as is generally the case in nephritic calculus) increased in quantity.

In the passage of a renal calculus the cessation of pain is generally believed to be indicative either of the calculus having passed into the bladder, or if it had

only reached the commencement of the ureter, it is possible that it may have again receded to the pelvis of the kidney. This, however, is by no means a necessary result of the cessation of pain, as the time which a calculus may take in getting from the kidney to the bladder is very variable; it may extend, with long intervals of comparative rest, from a few hours to days, or even (according to Dr. Watson) weeks; or, again, no calculus may have been present, and the pain, as already stated, may have arisen solely from nervous disturbance.

Neither the passage of a calculus, nor simple irritation of the renal nerves, however intense, could have given rise to the swelling and pulsation, which here obtained, both in the right iliac and epigastric regions; and to these circumstances, with the previous history of the case, are we compelled to look for the establishment of the diagnosis.

If we reflect that the patient, prior to the attack of peritonitis, had enjoyed good health, with the exception of an habitually sluggish state of bowels;—that the pain in the abdomen had followed immediately upon the convalescence from the disease;—that the swelling in the painful spot was not permanent; and that it was succeeded by a second and more decided fulness in another part of the abdomen, we shall not, I think, greatly err in attributing the symptoms to the effects of the peritonitis, which, by binding down portions of the intestines, and, consequently, partially obstructing the passage of their contents, might not only be the cause of the feelings and intumescence, but also the temporary, though severe, spasm and suffering which the patient from time to time endured.

The pulsation in the aorta I am inclined to attribute to nervous irritability, arising probably from a deteriorated condition of the blood; but the cause of the circumscribed impulse, which was strictly confined to the right side, and which was apparently communicated by the right common iliac artery, is not so readily explicable, unless indeed that vessel, like the intestine, may have been partially confined by peritoneal bands.

[To be continued.]

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

COMPLICATED SURGICAL CASES UNDER THE CARE OF CHARLES COTTON, Esq., M.D., F.R.C.S., SENIOR-SURGEON TO THE HOSPITAL.

Injury to the Foot; Tetanus on the seventh day; Death in forty hours.

John Carter, aged 17 years, agricultural labourer, admitted March 29th, 1847, with crushed large toe, and extensive laceration of plantar integuments and fascia of right foot. The accident occurred on the day previous, when he was seen by a medical gentleman