

the case of the ascending colon, which is much bound down in the right lumbar region. At my request Dr. Gannett has carefully searched all the German, French, and English periodicals and publications, but has not found a single case of retro-peritoneal fatty tumour. Fatty tumours of the omentum and mesentery are not very unfrequently described. Leopold² and Kroner³ have collected seventy-six cases of extirpation of the kidney, but none for fatty or mucous tumours. One of these was a retro-peritoneal fibroma removed by Billroth,⁴ and Bruntzel, Breslau, reports⁵ an extirpation of the left kidney for a fibroma of the renal capsule, weighing 37½ lb., and followed by recovery with a fæcal fistula. The patient was an unmarried woman, thirty-three years old. The tumour was of eight years' growth and painless. Bruntzel's treatment of the wounded and torn peritoneum is interesting and instructive. In removing the tumour, which was retro-peritoneal, the peritoneal sac was twice incised. The two ragged posterior peritoneal surfaces were brought into contact, and the anterior edges were stitched to the anterior abdominal wall in the lower part of the incision, thus providing for drainage from the space between the two folds. The paper is a highly interesting one, and is made clearer by two woodcuts. The tumour was a fibroma with a considerable amount of fatty tissue in it.

Boston, U.S.A.

THROMBOSIS OF THE RIGHT SIDE OF THE HEART FROM INTENSE MENTAL EXCITEMENT.

By KEITH N. MACDONALD M.D., F.R.C.P. EDIN., &c.

The following case presents some points of interest both from a pathological and medico-legal point of view, inasmuch as it tends to show the powerful influence of mental emotion as a factor in the production of sudden death; and one which ought not to be lost sight of in reckoning the causes of the existence of fibrinous coagula in the heart, independent of the morbid lesions and states of the blood which are usually credited with producing that condition. The case under consideration was brought to my notice through a judicial investigation which was instituted by the procurator fiscal of this county (Fife) in order to ascertain the cause of death of a woman who was found dead in the street under peculiar circumstances. On the night of Nov. 14th, 1882, I was called by the police, shortly before midnight, to see a woman, then unknown, who was found in an unconscious state in the street, and who was taken to the police office, together with a young man, a stranger to the town, who was seen to assist her when she fell. On my arrival, a few minutes after being called, I found that she was dead, and the young man was detained overnight for further inquiry. Next morning, Dr. Douglas and myself were instructed to make a post-mortem examination of the body, and were furnished with the following history of the case. The investigations of the police brought to light that she was a very respectable, steady, and hard-working woman, aged thirty-four, wife of a factory tender, and mother of two children; that about eleven o'clock on the previous night, in consequence of her husband having come home the worse for drink, she flew into a violent passion, an altercation ensued, and she left the house in a state of great excitement, tinged with jealousy, and was proceeding to a friend's residence at some distance, where she had on several occasions taken refuge before, to spend the night, when the fatal illness attacked her. From the husband we further learnt that, with the exception of occasional headaches, she had previously been in the enjoyment of robust health, and, as far as we could make out, her family history was good.

Autopsy, eleven hours after death.—The body, which was that of a comparatively young, good-looking woman, well nourished, had no marks of injury upon it. The face was placid and tranquil, eyes closed, lips apart, nostrils depressed, hair long and fair; fingers flexed and elbows slightly bent. There were livid patches of discolouration around the ears, extending on to the cheeks, and hypostatic congestion existed over the posterior aspect of the body. Rigor mortis

well marked. Cranium: On removing the skull-cap the dura mater was found adherent along the temporal and parietal regions, and the longitudinal sinus was filled with dark fluid blood. The vessels of the pia mater appeared dark and prominent, and it and the arachnoid could be readily stripped from the surface of the brain matter. The basal arteries and their branches, so far as they could be traced, were normal. On slicing the hemispheres from above downwards, the convolutions of the grey matter appeared more congested than the white substance, which also presented numerous bloody points. The right lateral ventricle contained two drachms of serous fluid, the left being almost empty, and the choroid plexuses on either side formed fringes of injected blood-vessels. The corpus striatum, optic thalamus, medulla oblongata, and cerebellum were also more or less congested, and the fourth ventricle was empty. No other change worth noting. Thorax: Heart walls normal; pericardium empty; right ventricle filled with dark coagulated blood entangled amongst the columnæ carneæ and chordæ tendineæ, extending into the pulmonary artery, right auricle, and inferior vena cava, neither decolourised nor laminated, but slightly adherent to the trabeculæ of the right ventricle. Left auricle and ventricle nearly empty. The mitral and aortic valves presented a few minute patches of atheromatous degeneration, otherwise healthy. Section of the lungs displayed intense congestion and some œdema with fatty mucus tinged with blood, which at first appeared like thin pus which was not verified on microscopic examination.

At this stage of our examination we were informed by the public prosecutor, after full investigation into the general facts of the case, that if we were satisfied death was due to natural causes, he was unwilling to inflict further pain upon the relatives by continuing our dissection, to which we assented, and reported accordingly that the cause of death was thrombosis of the heart and pulmonary embolus.

Remarks.—The only weak part in the above case is the absence of details regarding the state of the kidneys, and other abdominal organs, but as the history of the case pointed so clearly to a robust condition of health prior to the date of her death, and it having been brought out in evidence that she was a person of a very violent disposition, I can only end as I began, by asserting that, in my opinion, mental emotion was the immediate cause of the sad catastrophe.

Cupar Fife.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

GUYS' HOSPITAL.

HÆMATOCELE OF TUNICA VAGINALIS, FOLLOWING TAPPING OF HYDROCELE; INCISION; RECOVERY.

(Under the care of Mr. BRYANT.)

FOR the following notes we are indebted to Mr. Kendall.

Wm. S—, aged fifty-eight, was admitted into Job ward on May 24th, 1881. In April, 1878, he was in Lazarus ward, under Mr. Durham. He had suffered from gonorrhœa twenty-three years before, and small-pox. About this time he was kicked in the scrotum; though he had not much pain or swelling, he wore a suspender for some time. On April 6th, 1878, two days before his admission under Mr. Durham, he was struck in the scrotum by a crane, and when admitted the left side of the scrotum was much distended, painful on pressure, and the veins were apparently much congested. The scrotum was tapped, and a quantity of yellow serous fluid escaped. The scrotum was strapped, and the patient went out. Six weeks later the scrotum swelled again, and was tapped. For two years he had no more trouble.

On May 23rd, 1881, he presented himself at the hospital with his scrotum distended. It was tapped, and on drawing off the fluid the swelling returned again, and blood

² Archiv für Gynäkologie, xix. Heft.

³ Ibid., vol. xvii.

⁴ Wiener Med. Wochenschrift, 1880, No. 23, reported by Buselmann.

⁵ In the Berliner Klin. Wochenschrift, Dec. 4th, 1882, No. 49.