

just before tea. Other children had been peeling them with their fingers; but he used his teeth, as he had a bad finger. He sat up till eleven P.M., unusually late, as his brother had just returned from sea. He appeared to be in good health, and was full of play during the whole time, and slept soundly for an hour after going to bed.

I saw him about half an hour after death. The body was warm; the joints of the lower limbs flexible; but the jaws were clenched, and the joints of the upper extremities beginning to be rigid; face pale and placid; lips and tongue blanched; conjunctivæ natural; pupils dilated. The abdomen was very much swollen, the bulging commencing abruptly below the margin of the ribs; it was tense and tympanitic. In all other respects the appearance of the body was natural as during life. The examination of the body was made twenty-eight hours after death. Body well nourished; rigor mortis well marked; back and dependent parts livid; abdomen very much discoloured, the portions of skin the most discoloured being of a bright-green. In other respects the appearance of the body was the same as at the last inspection. On first opening the abdomen bloody serum gushed out, of which the peritoneal cavity contained a quart or more. The livid hue of the small intestine contrasted with the pale, healthy colour of the transverse colon. The œsophagus, stomach, upper two-thirds of duodenum, and the whole of the large intestine were healthy, and quite free from any trace of inflammation; but the small intestine showed an intense degree of inflammation, from the lower part of the duodenum to the end of the ileum, where it suddenly terminated. The peritoneal surface of the inflamed portion was smooth and shining, and there was a remarkable white network, which appeared to consist of the larger blood-vessels free from blood, showing out strongly upon a dark-red ground. Liver, spleen, pancreas, and all the various omenta, were quite healthy, and in a natural condition. The liver had the post-mortem purple staining of its exterior. Gall-bladder empty and flaccid. The whole alimentary canal, from œsophagus to anus, was slit up and carefully examined. The mucous membrane of œsophagus, stomach, and upper two-thirds of duodenum, was perfectly healthy. At the upper part of duodenum Brunner's glands were conspicuous for their size and whiteness. At the lower part of duodenum signs of inflammation commenced, and soon reached a high pitch at the upper part of jejunum. The depth of colour, brightest and freshest (using the terms comparatively) at the upper part of the inflamed tract, and most livid about its middle part, was maintained to the distance of about seven feet from the cæcum, where it began to decline. The mucous membrane of the whole tract was lined with a slight fibrinous exudation, of the same depth of colour as the membrane on which it was deposited. From the point where the colour began to decline, the mucous membrane, still lined with exudation, became gradually drier. In the mucous membrane of upper part of jejunum, precisely at the part where the transverse folds were most developed, the solitary glands were enlarged and elevated above the surface, and imparted a feeling of hardness to the finger passing over them. In the rest of the small intestine they were not even visible to the naked eye. The whole of the inflamed portion of intestine contained, in greater or less quantity, bloody serum to the amount altogether of two or three pints. Under the microscope, it showed traces of blood-globules, but not sufficiently numerous alone to give the deep-red colour to it. About midway between the stomach and cæcum was about a foot of intestine containing minute red fibrinous shreds, as much as would have filled a wine-glass, lying loose in the serum. The mesentery shared in the inflammation of the intestine which it supported, and was of a deep-red colour, infiltrated with serum, and emphysematous. At the junction of duodenum with jejunum it contained a mass of enlarged glands of the same deep-red colour as the intestine at that part. The stomach contained about a tea-cupful of semi-liquid pulp mixed with bile, and an extraordinary number of pieces of potato, most of them about the size he might be expected to take at a mouthful, apparently unchanged by cooking, but slightly softened at the outside by lying in the stomach, and which he had evidently "bolted." The upper part of the duodenum contained a few of the same hard fragments and a trace of meat. Some of the pulp, with a piece of one of the fragments bruised, showed under the microscope, besides starch-granules, muscular fibre, numerous sarcinae, little green plates (some squarish and others oblong), and pieces of vegetable cellular tissue of the same colour. A drop or two of serum from that part of the intestine which contained the fibrinous shreds showed under the microscope fragments of vegetable tissue in great variety, among which the

little plates, as seen in the contents of the stomach, were abundant. The whole tract of colon and rectum contained healthy fæces at intervals. The blood was fluid. Heart healthy; no fluid in pericardium. Lungs healthy; a few slight adhesions at right apex. On detaching the skull-cup the dura mater appeared smeared with blood in the position, and from laceration, of the middle meningeal arteries. Sinuses empty. Membranes healthy. Veins between the convolution distended with blood. Ventricles natural, both as regards the various parts which formed their walls and the fluid they contained. Brain-substance firm; contrast between white and grey matter strongly defined; no bloody points.

As the vomited matters had been all thrown out, no light was derived from this source as to the nature of the ingesta of the previous day, nor did the post-mortem examination reveal what the poison was. Not a vestige of bark or any other part of the tree could be found among the contents of the stomach or intestines, which would hardly have been the case had any considerable or even small fragments been present, as there was no other solid matter, except that already mentioned, with peculiarities by which it could easily be identified. The limitation of the inflammation to the small intestine was particularly interesting; suggesting, among other suppositions, that the poison, whatever it was, had either passed too rapidly through the stomach to excite inflammation in it, or that inflammation was prevented from taking place by the presence of food.

Whitby, Yorkshire, Jan. 1868.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

ST. GEORGE'S HOSPITAL.

TWO CASES OF ABSCESS OF THE BRAIN AFTER INJURY.

(Under the care of Mr. PRESCOTT HEWETT.)

THE first of the following cases was lately under observation in the hospital; the second occurred under Mr. Hewett's care a few years since. In both the cause of circumscribed cerebritis was an injury to the head; and in neither were the symptoms during life at all commensurate in gravity with the lesion observed after death. The notes of the first case were taken by Mr. W. Leigh, surgical registrar; those of the second by Mr. T. P. Pick, who formerly held the same office.

CASE I.—G. P.—, aged thirty-five, was admitted into the Newcastle ward on the 28th of October, 1867. The history given was that he fell down some stone steps into a cellar, striking the left side of his head against one of the steps. On admission, there was a semicircular cut about four inches and a half long, commencing at the outer side of the upper left eyelid, and terminating on the top of the left side of the head, nowhere exposing the bone. The flap of skin which hung down was brought into position, and retained so by about eight silver sutures, and water-dressing applied. There was considerable bruising of the flap, and in places the cuticle was rubbed off.

Oct. 30th.—There is swelling of the whole of the left side of the face; the skin is hot; pulse 116. The edges at the upper part of the wound are looking sloughy. The stitches were removed. Ordered to take an effervescent saline, and to apply a poultice.

31st.—Swelling less; pulse 72; slight healthy discharge.

Nov. 7th.—The wound is quite healthy, and a great part is healed. The upper eyelid is still much swollen; and there is a tendency for the matter to collect over the lower part of the temple. The swelling of the face has disappeared.

12th.—As there was considerable bagging of matter over the left temple, a director was passed in at the upper part of the wound which has not healed, and an opening made at the

lowest part to enable the pus to drain out. About three hours later there was some troublesome bleeding from a branch of the temporal artery, which was stopped by pressure with a pad of lint.

13th.—No more bleeding; pulse 84; tongue coated. About midday he had a severe rigor, followed by sweating.

14th.—Had a slight rigor this morning, and is sweating; pulse 104.

16th.—No more rigors, but he still sweats a great deal; wound quiet; pulse 88.

21st.—No rigors or sweating; wound healthy; pulse 80. To get up, but to keep quiet.

22nd.—Early this morning, and again about ten A.M., the patient had slight foaming at the mouth, and was generally convulsed; this condition lasted a few minutes. Pulse 96; tongue clean; slight headache.

25th.—No more fits; feels perfectly well; pulse 80; wound nearly healed.

28th.—Complains of slight headache, and looks flushed. Pulse 64; tongue white.

30th.—Still flushed, and somewhat heavy. Tongue white and coated; pulse 64.

Dec. 1st.—The patient continued in the same state till this morning, when he became comatose. Towards evening the breathing became stertorous, and he died at eleven P.M.

Autopsy, fourteen hours and a half after death.—There was a large semicircular scalp wound over the left frontal eminence healed through the greater part of its extent. There was a small collection of pus between the bone and scalp, and the bone to the size of a shilling was necrosed, and beginning to separate. The necrosis extended through the inner table. Corresponding to the necrosed portion, between the bone and dura mater was a small collection of pus, which lay in an excavation of the dura mater. This membrane was not, however, perforated. On its serous aspect were one or two specks of lymph. In the substance of the anterior lobe of the left side of the cerebrum was a large abscess, full of extremely fetid pus, extending upwards nearly to the surface, backwards to the corpus striatum, inwards to the corpus callosum. Around the abscess was yellow softening to the extent of half an inch. There was no arachnitis; no bruising; no effusion into the ventricles, or lymph at the base of the brain. The lungs were cedematous, and somewhat congested at the back part. The heart was natural; both ventricles were uncontracted, and empty. Liver fatty; spleen congested in patches. The kidneys were in the earliest stage of granular degeneration.

CASE 2.—W. B—, aged sixteen, admitted into the Oxford ward August 13th, 1862, about half-past five P.M., in a stupid state, as if rallying from concussion, but answered questions, and gave an account of the accident, which was that he had fallen through a skylight a distance of eleven feet, alighting on his head; he was stunned at the time.

On admission there was found to be a small wound at the back of the head. There was a depressed fracture of the occiput, communicating with the external wound. There was also a Collis's fracture of the left forearm.

14th.—The next morning there were no head symptoms; he answered questions rationally, but had no recollection of the accident; no pain in head. Pulse 78; tongue furred; pupils natural.

16th.—Continues the same. Slight pain in head. Tongue clean.

18th.—Wound looks quiet, with healthy discharge. There is considerable puffiness below the wound. Pulse 104; tongue white; bowels purged. A free incision made into the swelling.

20th.—Since the incision there has been a continual discharge.

The boy continued in the same state till the 26th, when he became suddenly unconscious, with stertorous breathing and dilated pupils. Pulse 62. He died early the following morning.

Autopsy, thirty-three hours after death.—A wound was seen at the back of the head, at the bottom of which was a stellate fracture of skull, much depressed. When the skull-cap was removed, the surface of hemispheres appeared natural. On the outside of the dura mater, just by the fracture, were a few flakes of coagulum, and a fragment of bone, about as large as a sixpence, was left adhering to it after the removal of the calvaria. At this point a little recent lymph lay upon the hemisphere, on breaking through which a large quantity of creamy pus came out, which was faintly tinged with pink. The cavity in which this had been contained extended from the lymph beneath the seat of injury to the outer wall of the

right lateral ventricle, the pus being only kept out of the latter cavity by the lining membrane. In the vertical direction, the abscess reached from within an eighth of an inch of the base of the brain to within half an inch of the upper surface of the hemisphere. It passed anteriorly into the anterior lobe, and in the other direction into the posterior lobe, so that all the outer part of the middle lobe had been destroyed. All the ventricles were natural. At the lower part of the parietal bone, about equidistant from its anterior and posterior borders, was a circular fracture that might have been hidden by a crown piece. This contained several angular fragments, much depressed at the centre. The other organs were not examined.

CHARING-CROSS HOSPITAL.

CLINICAL REMARKS UPON STRANGULATED HERNIA, WITH CASES.

(Under the care of Mr. HANCOCK.)

WE extract the following from some clinical remarks made by Mr. Hancock, a few weeks since, in reference to the always interesting subject of the treatment of strangulated hernia. The notes were taken by Mr. A. H. Buck, senior house-surgeon.

In reference to femoral hernia, Mr. Hancock said:—

If a patient complains of constipation, with severe sickness, it is always well to examine for hernia. In examining for femoral hernia, always be careful to flex the thigh upon the abdomen, raise the shoulders, and rotate the thigh inwards; by these means you are enabled to relax the various parts.

The symptoms of strangulated femoral hernia often set in with bilious vomiting and diarrhoea; afterwards with constipation, followed by great tenderness about the tumour and signs of inflammation. In such a case it is always advisable to operate as soon as possible.

I remember a case of a lady suffering from strangulated hernia. The taxis had been applied, chloroform given, &c., and the gut at the time supposed to be returned. She remained well for some days, the bowels acted, and all was considered to be doing well, when, after about a week, she complained of pain in the abdomen, and tenderness. Diarrhoea set in, and she died three weeks after the gut had been returned. Upon making a post-mortem examination, it was found that a very small piece of the gut had not been returned—merely a portion of its side, so as to impede the circulation and not affect the passage of the fæces. In consequence of slight adhesions about the neck, the diarrhoea which set in forced the bowel gradually down, and this was found to be much discoloured.

A patient has just left this hospital to whom your attention has been called several times. I operated some days ago, and I cannot do better than narrate to you the history of her symptoms &c., for it has been throughout a very interesting and instructive case.

Elizabeth L—, aged forty years, living at Hendon. About ten months ago, and a fortnight after her confinement, she was taken ill with pain in the stomach, sickness, diarrhoea, &c. She was treated with hot fomentations, salines, &c., and soon got well, but noticed she had a small swelling in the right groin. As it did not give her any inconvenience, she did not trouble herself about it until September 8th, when Mr. Farr, to whom I am indebted for these particulars, found her suffering from an attack of bilious diarrhoea. She had vomited a large quantity of bile, was suffering extreme pain in the abdomen, and been purged some five or six times. He attributed the cause to her having partaken heartily of beef-steak, and gave her calomel with opium, and saline mixture with hydrocyanic acid, every four hours; turpentine fomentations also were applied. On the following day she expressed herself as feeling quite well, and was about her household duties. He did not again hear of her until the following Saturday, the 14th, when she was again suffering from extreme pain in the abdomen, vomiting, and purging. She had eaten some fruit on the previous evening, and diarrhoea had set in a few hours afterwards. Her former mixture was repeated, and the turpentine fomentations renewed; she was also ordered a teaspoonful of brandy to be taken occasionally.

On the 15th she was better; diarrhoea had ceased; but she complained of slight pain in the abdomen, and had retched two or three times. The above remedies were continued.