

METROPOLITAN FREE HOSPITAL.

TUMOUR IN LOWER PART OF ABDOMEN DISCHARGING
ITSELF AT INTERVALS PER VAGINAM.
HYDATID CYST?

Under the care of J. HUTCHINSON, Esq.

Mrs. PITT, aged 37, tall, rather stout, was admitted as an out-patient, August 10, 1861. She had been married for two years, but never conceived. Her menstruation had always been regular. She was formerly stout, but had latterly lost flesh.

About eighteen months ago, she first noticed a swelling in the lower part of the body, chiefly on the right side. She had for several years been subject to much pain in the abdomen, especially in the right side. She had never noticed that this pain had any connexion with her menstrual periods. It used to come on at intervals, but often without at all regarding the monthly periods. The pain used to prevent her from raising herself upright. The swelling gradually increased; and about a year ago (in June 1860) it suddenly began to discharge into the vagina. The discharge was copious, and of a dark brown colour. After discharging for about a month, it closed. Since then, periods of discharge had repeatedly occurred, seldom lasting as long as a month, and with intervals varying from one month to three. During the periods of freedom from discharge, her pain and sense of distension were much aggravated. She did not notice any very positive increase in size when the discharge was arrested; but this might be on account of the thickness of the abdominal parietes. She had never noticed the escape of any "skins" (hydatids). Neither pus or blood had ever passed with the urine. The bladder was irritable, and micturition often painful. Defæcation was painless, and not in any way interfered with.

August 10th. *Examination* (in consultation with Dr. Jones and Dr. Jackson). We found a large tense tumour, very perceptible in the right iliac and hypogastric regions. Fluctuation could not be distinctly detected. The tumour was fixed, and felt as if deeply situated, although it bulged forwards so as to touch the abdominal parietes, and cause dullness on percussion over a considerable area. In the lumbar region, percussion gave a clear note, as also everywhere in the median line, excepting close above the pubes. By the finger in the vagina, we felt a firm resisting swelling in front of the vagina and on its right side. The os uteri was so high up that it could with difficulty be reached. The vagina contained a large quantity of chocolate-coloured fluid mixed with mucus, and of a faint sickly odour. No orifice of communication with the tumour could be detected.

On August 13th, I made a second examination with the speculum. The vagina was now perfectly free from discharge; and I was assured there had been none since the day of the former visit. Its mucous membrane was healthy. I could find no opening of a fistula. The vagina was so long that the speculum was buried over its lips, and yet the os uteri could with great difficulty be found. With a sound in the bladder, I ascertained that the tumour was in front of that viscus. Although the bladder was nearly empty, yet it was stretched upwards so much that it readily received a child's sound up to its handle. With the finger in the vagina, the sound could be felt compressed against the tumour, so that the anterior and posterior walls of the bladder were in contact.

It seems to me not improbable that this tumour was an hydatid cyst, which was originally developed low down between the bladder and vagina. Were it a simple abscess, rigors and constitutional disturbance ought to have occurred in the beginning; whereas we have only a history of long continued pain and sense of pressure. If

ovarian, it would probably have attained a much larger size before it gave way; and its first stages of growth would have been without pain or inconvenience. As menstruation had always been regular, and as the symptom of local pain began more than a year prior to marriage, there is not much reason for suspecting extra-uterine foetation.

LARGE INTRA-ABDOMINAL ABSCESS CONTAINING FÆTID GAS AND FLUID; EVACUATION; RECOVERY.

Under the care of J. HUTCHINSON, Esq.

The following case affords an interesting example of a large abscess forming within the abdomen, and ultimately containing air. Whether the gas was a product of decomposition, or had escaped from the intestine, was doubtful; no proof having been ever obtained that the abscess communicated with the bowel. That there was no carious disease of the vertebrae, was made certain by the man's complete recovery. It will be observed that the disease began with a rigor. The symptom of dry red tongue, as indicative of local inflammatory disturbance, was from the first well marked, and, in the comparative absence of other signs, became an important aid in diagnosis.

Joseph G., aged 84, was admitted on November 1st. He was a tall, thin man, appearing in good condition, considering his age. He had had good health most of his life. When admitted there was a fluctuating, elastic tumour in the right loin, extending forwards into the iliac fossa, somewhat moveable, but not extending below Poupart's ligament. The loin was dull on percussion, both laterally and posteriorly. He had noticed the lump about a month previously. He had had but little pain, and had discovered it accidentally. He considered himself in very good general health; but his tongue was dry, beefy, and red. The condition of the tumour suggested a diagnosis of distention of the pelvis of the kidney, and upper part of the ureter. He stated that for some time he had been liable to difficulty in making water. The urine had, he said, generally been clear, but high coloured, and had, he believed, never contained blood. With regard to constitutional disturbance, he stated that his appetite had fallen off from the time he first noticed the swelling, and that his tongue (until then quite moist) began to be hard and dry. His bowels had been rather relaxed; and his sphincter ani so irritable, that he was never able to pass urine without going to stool also. He recollected that one night at the commencement of his illness, he had a shivering fit, during which his "teeth chattered." He remained chilly for the evening, but this symptom never afterwards returned.

Nov. 9th. Since admission, he had remained in much the same state. He had taken his food fairly; had slept fairly; and had had no material pain. He had been mostly in bed. His tongue had been throughout quite dry down the centre, and nearly to its edges, being clean and beefy. No rigors had occurred. The tumour had varied much in size from day to day, having sometimes been scarcely large enough to be distinguished. There was now easily detectable above the right cristæ ilii a fulness which came forwards so as to conceal the anterior superior spine of the crest of the ilium, and project over Poupart's ligament. There was a good deal of swelling about the groin. It was tender; and just above the middle of Poupart's ligament, there was a soft part where a sort of gurgling, as of small bubbles when pressed to and fro, was produced. The percussion note from the free margin of the liver downwards was quite clear, until within an inch of the crest of the ilium, when it became dull on superficial percussion, though there was a deep note even then, which was tympanitic. Lower down than this, over Poupart's ligament, and in the upper part of the front of the thigh

towards its outer aspect, the note was very tympanic. Here there evidently existed a considerable collection of fluid; and gurgling was easily produced by pressure. The skin in this position was œdematous; and the parts were very tender on pressure, and fuller than on the opposite side; and the tumour seemed to extend backwards towards the kidney.

To-day, I made a free puncture over the most fluctuating part of the swelling in the thigh (*i.e.*, about five inches and a half below the anterior superior spine) through the fascia lata; an escape of a large quantity of very fetid gas at once took place. This cavity, as explored by the finger, extended upwards towards the brim of the pelvis, apparently under Poupart's ligament. Fœtid pus and gas were ejected with some force when pressure was made on the swelling in the loins. Probably not less than a pint and a half of thin and abominably fetid pus was evacuated. The intra-abdominal tumour evidently emptied itself through the opening.

From the time of the evacuation, the man began to improve. He never passed any fecal matter by the wound, or other substance which might lead to a special diagnosis as to the cause of the abscess. The discharge for the first week was profuse. He was discharged from the hospital six weeks afterwards in good health.

He presented himself again at the hospital six months later, and was then in perfect health, and wholly free from abdominal symptoms.

Original Communications.

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 650 of last volume.]

CASE XV. *Inflammation of the Brain: Fatal.* Mrs. —, aged 28 years, of delicate constitution, was confined on the 5th of February with her fifth child, having had four before at the rate of one a year. On the 10th she was so well that her surgeon paid his farewell visit. On the 12th she felt cold and poorly, and at night experienced severe pain in the head, which increased on the following day in spite of aperients and other treatment. She had once before felt the same kind of pain, in consequence of a severe fall upon the back of her head about two years ago. I was requested to see her in consultation on the 15th, and found her still complaining of severe pain, principally on the right side of the head, with difficult articulation and partial inability to open her eyes. She seemed to be getting comatose, although clear when roused. *Her pulse was only 80, and had not exceeded this during her attack.* The lochia were present and healthy, and there was no uterine nor abdominal tenderness. Her bowels had been well relieved; but she was frequently sick, and unable to take nourishment. The skin was moderately warm, but her feet were inclined to become cold. Respiration was easy and regular. She was getting worse every hour, and I thought her in a very unfavourable condition. The head was principally affected, and, I thought, primarily. We agreed to apply a few leeches to the right side of the head, followed by hot sponging. We gave calomel and Dover's powder internally, with a saline diaphoretic. A sinapism was applied to the epigastrium; hot bottles to the feet. Lime-water and milk were ordered to be given frequently if the sickness continued.

On the 23rd, I had a letter to the following effect from her medical attendant. "I am sorry to say our patient is dead. The leeches did their duty, and for a little while she seemed relieved, but relapsed into the same state.

At a little before 3 A.M., I was sent for again as she had become much worse. I found her perfectly unconscious, moaning occasionally, and almost constantly throwing the right arm and leg about, the left side having become paralysed; and from that time she could not take anything, but got gradually worse, and died at 9 P.M. on the 17th. I had a *post mortem* examination, and found the brain and its membranes extremely congested; there was a small amount of serum, and some pus in many of the sulci; that portion of the brain which corresponded with the right parietal eminence had a peculiarly hepatised appearance, and on slicing off a piece about two or three lines in thickness, I came upon that which had the appearance of an abscess, for the brain at this part for about six inches in circumference was of the consistence of thick cream. In the right hemisphere and posterior half of the left, there was no distinction between the white and grey matter. The lateral ventricles had a considerable quantity of serum slightly tinged with blood."

CASE XVI. *Inflammation of the Brain with Effusion.* (?) L. C., aged 28 years, delicate and subject to frequent headaches, was confined with her fourth child, rather prematurely she thought, on Monday the 7th of April, 1862, after an interval of three years since the birth of her last child. There was some doubt, however, as to the correctness of her calculation, and her brother thought she had gone her full time. Her labour was easy and of short duration; but the child was still-born, for which it was difficult to assign a sufficient cause, as it looked healthy and could not have been long dead. The funis was discoloured from commencing decomposition, as was also the fetal surface of the placenta; and the liquor amnii was turbid and discoloured; but no sign of decomposition was discoverable in the child. There was no hæmorrhage, and for a day or two she seemed to be going on well. Her medical attendant, however, noticed that she looked more flushed and exhausted after labour than could be accounted for by one so easy, and she had expressed several times before her confinement, a presentiment that she should not get well through it. On Wednesday, the 9th of April, her mother came to see her, and noticed a certain degree of excitement of manner, but thought she was doing well. She complained of feeling cold, and "shuddered" a little on Thursday; but there is no history of her having had any distinct rigor then or since. On Friday the 11th, a little before noon she complained of severe headache, and was sick. She referred the pain to the left ear and side of the head; this pain increased the following day, and mustard poultices were applied. On Sunday, she seemed a little better, but early on Monday morning the pain was so severe that Dr. —, applied six leeches to the left side of the head, and some evaporating lotion. He had before given her an aperient which had acted freely, and some effervescent citrate of ammonia, which relieved her sickness. I first saw her on the morning of Monday, the 14th, some time after the leeches had been applied, and she then said her head was relieved, but she was afraid to move it for fear of bringing back the pain. *Her pulse did not exceed 80:* she had vomited about three times since the attack; her tongue was moist but tawny and her breath smelt sour. The skin was warm; she had no fever. The feet were a little inclined to be cold, and hot bottles had been applied. There was slight tenderness on pressure over the uterine region, and the lochia and secretion of milk had stopped. The lochia ceased suddenly when this attack began, and her brother said he found the bed and napkins smelling offensively, as if from puerperal mischief, when he saw her on Saturday, and he ordered the vagina to be washed out. Turpentine stupes had been once or twice applied to the abdomen; but there was, at my visit, neither pain nor distention of this part, nor any offensive smell from the vagina. I examined the vagina and os uteri, but felt no unusual degree of heat, nor any-