HÆMATEMESIS BY EXHALATION, PROVING FATAL AFTER THIRTEEN HOURS.

By JOSEPH C. S. JENNINGS, Esq.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, March 25th, 1854.]

I WAS consulted by Mrs. H., aged 30, who had from childhood been subject to bilious attacks, for a threatened attack of jaundice, on the 18th of last Feb. Her troublesome symptoms were removed, and she was restored shortly to her usual state of health, by two doses of calomel, and saline effervescing draughts. Her complexion was always sallow; and I found, on inquiry, that at the menstrual periods the catamenial discharge was always scanty. Beyond this, she complained of no distressing symptoms. She then left home for a week on a visit to some friends in the neighbourhood, and whilst absent felt in better health and spirits.

On March 9th, two or three hours after her return, I was hastily summoned to see her. I found that she had vomited a large quantity of dark clotted blood, apparently upwards of a quart. I administered immediately acetate of lead, with tannin, in a full dose; but the vomiting was repeated to a like extent in half an hour. Half a tumblerful of pounded ice was then given, and the dose of the styptic repeated after every act of vomiting, which continued at various intervals during the night. A freezing mixture of ice and salt was also laid upon the epigastric region; and mustard sinapisms were applied to the calves and soles of the feet.

About 2 A.M., gallic acid in ten grain doses, with thirty minims of oil of turpentine, were given every two hours, or instantly after vomiting; and turpentine stupes were applied to the abdomen. The hæmorrhage appeared to be at length arrested for three hours; and she laid in a quiet and tranquil state, when, upon suddenly raising herself, expecting to vomit, she became convulsed for about half a minute. Upon returning to consciousness, she complained of acute pain in the region of the heart, with violent palpitation of that organ, and afterwards gradually sank from exhaustion about 10 A.M. The respiration continued some time after the heart had ceased to beat.

EXAMINATION OF THE BODY, thirty hours after death. The liver exhibited traces of past mischief, having at some period been the subject of inflammation; it was adherent on the right side. The portal circulation and hepatic ducts were much obstructed. The section of the organ exhibited the nutmeg appearance described by Kiernan. The gall-bladder was corrugated, and contained a small portion of bile. The left kidney was enlarged to twice its normal size; while the right was much sacculated, and enormously distended, having lost its cortical structure. It contained a lump of yellowish matter, and cysts of raised epithelium, filled with serous fluid, and presenting altogether the characteristics of Bright's kidney in an advanced stage. The stomach contained a quantity of coagula; and, at its cardiac extremity presented the appearance of having been vesicated. The coats were thin and almost transparent, with the epithelium raised in spots. A zone of incipient ulceration existed round the œsophageal opening. The same appearance of vesication existed in the first portion of the duodenum; and nearly the whole, particularly the small intestines, contained melæna. The spleen was much congested, and somewhat enlarged. The heart was unusually small, but tolerably muscular. The lungs were healthy.

REMARKS. The rapidity and profuseness of the hæmatemesis led me to suspect the rupture of a blood-vessel from ulceration, the result of chronic inflammation of the stomach; although the history of the case otherwise did not warrant such a supposition. And it is remarkable, that the large doses of tannin and gallic acid, with turpentine (which latter is usually considered as a specific), had little or no effect in restraining the hæmorrhage. The effusion of blood seems rather to have arisen primarily from mechanical causes; viz., congestion of the liver and other viscera, than as vicarious of menstruation; although, had that function not been suspended, the system might have been to some

extent relieved; and it must also be borne in mind, that when Bright's disease exists, the proportion of fibrin and albumen in the blood is diminished, thus rendering exudation more easy; the red colouring matter also disappears to a great extent; yet in this case the redness and firmness of the muscles after death was remarkable.

Malmesbury, Wilts, March 1854.

ON METASTASIS, IN ITS PRACTICAL BEARINGS.

By THOMAS HUNT, F.R.C.S.

[Read before the Medical Society of London, April 22nd, 1854.]

THE object of this paper is not to demonstrate the existence, nor yet to investigate the nature, of that process by which disease is sometimes translated from one organ to another, but to inquire in what manner and to what extent the knowledge of such a principle or contingency should modify or restrain the practice of the physician and the surgeon.

That diseases do occasionally attack two or more organs or regions in succession, which have no direct continuity of parts, nor special physiological relation to each other; and that, in this translation of morbid action from place to place, a mutation or conversion sometimes occurs, that is, a change in the character of the disease as well as in its locality,—are well established, and, as far as I know, universally admitted facts. The manner in which these changes have been explained by different writers has been sufficiently contradictory and confused, to show that the subject is imperfectly understood. Nevertheless, authors of repute have spoken with confidence, and even with dogmatism, of the "salutary" nature of certain diseases of local or superficial seat, describing them as protective and prophylactic, and as manifesting a condition of the system which forbids all interference, whether surgical or medical; inasmuch as they cannot be cured without risk of the morbid action being transferred to some important or vital organ.

In inquiring into the origin of this somewhat popular conceit, I was naturally led to place all the diseases described by different writers as salutary disorders in a class by themselves, in order to see if any common property could be found in each of them which would both identify them as belonging to so distinguished a group, and explain the nature of their protective power; but they do not appear to have any one pathological property in common. Some consist of inflammation, others of passive discharges; some affect the skin, some the bones, some the ligaments and muscles; others, as convulsive asthma, appear to reside in the nerves. At length, on reflecting upon their history, one feature, common to them all, disclosed itself, which seems to a great extent to explain the grounds upon which they have been pronounced salutary. It is simply this; *they are all difficult of cure*. Every disease, without exception, which it is thought dangerous to cure, lest some important organ should become affected by metastasis—every disease considered protective, or salutary, or prophylactic, and thus to be regarded with a kindly feeling of forbearance on the part of the practitioner, and to be considered as a necessary but minor evil on the part of the patient—every one of these diseases happens to be *difficult of cure*. The following catalogue embraces most of them:—Gout, asthma, hæmorrhoids, fistula, ulcers of the legs, otorrhœa, cutaneous diseases of the chronic class, especially eczema, porrigo, strophulus, lichen, prurigo, urticaria, herpes, furuncululus, lepra, psoriasis. All these diseases are occasionally, and most of them always, difficult of cure; and each one of them has been accordingly assigned, by one author or another, to a class of diseases supposed to be salutary or protective to the general health, and which cannot, as a general rule, be cured without risk. The accomplished Dr. Parry, late of Bath, described gout, asthma, hæmorrhoids, and ulcers, as especially protective of the general health. Fistula and otorrhœa are, even to this day, often allowed to take their course, not unfrequently a fatal one, under