

H., æt. 35, was admitted into hospital for a diarrhœa, which was always accompanied with hæmorrhage. The belly was tender, constantly painful, retracted, and pressure in the left flank caused extraordinary suffering. Appetite gone; slight fever. It was not a mere case of dysentery, and there was a localized peritonitis in the left flank. Under treatment the symptoms improved, and a tumour was indistinctly made out at the seat of pain. The diarrhœa persisted, always bloody, and quite unaffected by any treatment. Solid food of any kind produced in ten hours the severest pain in the belly, and the patient was reduced to milk and eggs as his only articles of diet.

Examination by the rectum gave only negative results, there being nothing whatever unusual to be felt. He went home for a time, but soon returned in a much worse state than before. He was thin, and his skin was dry and of an earthy colour; his appetite was quite gone. He had symptoms of pulmonary phthisis. The diarrhœa was as bad as ever, and now he had tenesmus, and burning pain whenever the bowels acted. In two months more he died, exhausted.

The lungs were found full of tubercles. Nothing very remarkable was noticed regarding the other organs till the kidneys were examined; the pelvis of the left kidney contained numerous calculi of uric acid. The intestines were very much thinned, and the mesenteric glands were enlarged and tuberculous. In the left flank a bundle of matted intestines was found, consisting of ileum, ureter, and rectum, matted together by adhesions. In the upper part of the rectum, the walls of which were greatly hypertrophied, a large number of tumours, almost entirely closing the canal, were found. They were rounded, red in colour like strawberries, mostly pediculated, varying in size from a bean to a very large chestnut. They existed over about three inches of the circumference of the rectum. Some of the larger ones were sessile. On section they were seen to be of spongy texture, very rich in bloodvessels, and to be covered by papillæ, resembling those of the intestinal mucous membrane. A deeper section showed numerous cul-de-sacs, containing cylindrical cells.—*Gazette des Hôpitaux*, No. 54, 1870.

CHANGES PRODUCED IN THE BLOOD BY EXTENSIVE BURNS, EXPLAINING PULMONARY COMPLICATONS. By Dr FELTZ, Pathologist at Strasbourg.—In 1867, I showed experimentally, in a work entitled *Etudes des Embolies Capillaires*, that in severe burns there were important changes in the vessels in the neighbourhood, and also in the great vessels, but in the latter only as the result of transmission, and in them the changes were only here and there. If hæmorrhagic deposits, more or less numerous, are found in the lungs, there can be little doubt that these are due to the coagulated masses found in the pulmonary veins. In 1861, Dr Wilks had pointed out how frequently, in children who had been extensively burnt, death was due to pulmonary complications, though at times

due to shock to the nervous system or to tetanus. He pointed out that complications, analogous to those found in purulent absorption or pyæmia, were present. In the vessels he showed deposits of fibrine more or less completely decolorized, in organs the frequent existence of hæmorrhagic spots resembling those found in purpura.

Wilks did not point out the relation between the pulmonary morbid phenomena and the lesions in central organs. The factor which he did not recognise I find in the capillary embolisms. This manner of death after burns is also found to follow extensive congelations. Michel (of Strasbourg) has recorded a case in which pulmonary embolisms were explained by the transmission of altered blood from superficial frostbite.

In 1868, M. Gustave Wertheim published interesting observations on this subject. According to him, the lesions observed in the organs after local burns or congelations, such as duodenal ulcers, hepatic, pulmonary, and renal hæmorrhages, and even cerebral lesions, are the result of embolisms starting from the locally-injured parts.

The following case affords in its autopsy most convincing results as to the mechanism of the pulmonary complications of an extensive burn.

W., æt. 22, robust and strong, fell into a vessel of boiling water. His arms, legs, and back were fearfully burned, the cuticle being raised, and here and there separated in enormous blisters, and the exposed skin much reddened. He was admitted in great agony, shivering constantly, and complaining of intense cold. Lotions of chlorate of potash and a free use of opium relieved the symptoms. During the night vomiting and delirium came on, with difficulty of breathing. Next day he was sensible for some hours; but in the afternoon coma came on, with great difficulty of breathing, and he died at midnight.

Post-mortem.—The cuticle was nearly completely separated from both legs. The capillaries of the skin appeared black, and numerous purulent specks were visible in their vicinity. The blood in the small veins consisted mainly of debris of corpuscles, altered in shape and size, and frequent small black clots. The lungs were full of small black apoplectic spots, and careful examination of the blood composing them showed changes in each precisely similar to those already described in the peripheral veins. Had death not been so rapid, doubtless these deposits would have become purulent.—*Gazette des Hôpitaux*, No. 58, 1870.

MEDICINE.

ON THE USE OF MUSTARD IN HICCUP.—In the *Siglio Medico*, Dr Jauariz reports a curious case of obstinate hiccup cured by the internal administration of an infusion of mustard. A Spanish physician was seized, while convalescing from a gastric fever, with obstinate hiccup, which gave him no rest. For sixty hours, the patient was treated with antispasmodics, narcotics, ipecacuanha,