

then carefully replaced the structures, and closed the incision by means of wire sutures, over which was placed cotton wool steeped in carbolic oil and bound down by plaster and covered by a pad, the whole being included by a spica bandage. I also at once ordered him an opium pill ( $1\frac{1}{2}$  gr.) every four hours.

July 15th,—11 A.M.: Patient on the whole progressing favourably, although considerably exhausted. Slight tenderness over left inguinal region, intensified by pressure. The bowels have acted, vomiting having ceased. Pulse 80; temperature  $100^{\circ}\text{F}$ . Complains of thirst.—8.30 p.m.: Pulse 88; temperature  $100.6^{\circ}$ ; respiration 25. Is in a state of partial stupor, from the effects of opium probably, pupils being contracted. Ordered to take opium pills every six instead of every four hours. Is restless, and complains of tenderness in left inguinal region.

16th.—12 A.M.: Pulse 80; respiration 24; temperature  $100^{\circ}$ . Respiration short and somewhat difficult; evidence of hypostatic congestion of bases of lung was found; bowels rather relaxed. Ordered brandy, egg, and milk mixture in half-ounce doses, every hour, and half an ounce of the following mixture to be taken every four hours: Carbolic glycerine, two drachms; tincture of opium, one drachm; disulphate of quinine, fifteen grains; dilute sulphuric acid, one drachm; water to six ounces.—9 p.m.: Patient much exhausted; has taken but little nourishment. Pulse 100; respiration 30. Ordered turpentine fomentations to the back.

The subsequent progress of the case does not call for much comment; the recovery was somewhat tedious, but not complicated by any bowel mischief or peritonitis. Slight erysipelas took place about the wound and a small abscess formed. For some months after the healing of the wound there was no tendency to hernial protrusion, although the inguinal canal had been so freely laid open; subsequently, however, owing to the laborious character of the employment of the patient, a considerable protrusion took place in the site of the cicatrix.

*Remarks.*—I believe this to have been a case similar to that described by Birkett in his article on Hernia, in Holmes's System of Surgery, a rent having probably taken place in the posterior wall of the sac, through which the intestine escaped into the subserous areolar tissue, the sac itself being found lying in the inguinal canal, the constricting part being formed by the neck of the sac itself. That the intestine was in the subserous areolar tissue, and not pushed back into the abdomen, was quite clear, as it was impossible to return the intestine, without using undue force, previous to the drawing down of the intestine and the division of the constricting band.—*Lancet*, June 22nd.

## IDIOPATHIC AMYLOID DISEASE OF THE LIVER, KIDNEY, AND SPLEEN.

(Under the care of Dr. JULIUS POLLOCK,) Charing Cross Hospital.

For the following interesting notes we are indebted to Mr. Robert Smith, M.A., M.B., medical registrar.

William D—, a labourer, aged twenty-six years, was admitted on Feb. 9th, complaining chiefly of weakness. He fixed the beginning of his illness three months before admission. About that time while waiting upon his father, who was seriously ill, he had several shivering fits. The sensations of cold were mostly confined to the back, and resembled the pouring of cold water on the spine. At night, after the shivering, he sweated freely. The shiverings continued on and off for a fortnight, but the patient continued to nurse his father until his death at Christmas. The father was said to have had enlargement of the liver. Cough now came on, and the patient began to spit tenacious phlegm of a dark colour. He lost flesh, and gradually grew weaker; but after the first week or two he was not feverish, and did not perspire unduly. About a fortnight before admission he once or twice felt severe pain at the pit of the stomach, relieved by taking hot gin-and-water and applying hot flannels to the abdomen. He had no other uneasiness, but gradually got weaker, and his appetite diminished. His previous history was good. He never had rheumatism or gout or any venereal affection. He married very young, and had had a family of four children, all quite healthy. He had not been in the habit of drinking spirits. His bowels were usually regular. His mother died of "inability to pass gall-stones," and used to be jaundiced now and then; and his father died, as just stated, of "enlargement of the liver"; his father's legs and feet swelled before death, but he had never been jaundiced, and was very pale when he died. Patient had four brothers and sisters alive and well.

On admission, he was a tall, sparely-built young man, with very pale features and anæmic mucous membranes; but he stated that he had always been pale. He was suffering no pain, and there was only a slight cough. The evening temperature was  $101.5^{\circ}\text{F}$ ., at which point it continued for three days thereafter. The pulse was about 100. His skin felt quite moist, but there was no marked perspiration at night. He slept very well, and said his appetite was improving. The skin over his whole body was exceedingly pale. Physical examination of the chest revealed nothing of importance in regard either to lungs or heart. The region of liver dulness was increased, so as to extend downwards half way between the costal cartilages and the level of the umbilicus. There was not any tenderness on pressure over the liver