

a dense white cartilaginous appearance, to the depth of from half an inch to an inch and a half; hardest towards the surface, and correspondingly softer towards the centre. A soft adipose-looking tissue is next observed, distinct from the other, but having an appearance of gradual transition. Loose pale fat incision is carried deeper, when loose cellular tissue is met with, infiltrated with a serous-looking fluid, which rapidly coagulates, and becomes like jelly, at a heat of 84° Fahr. This exists in enormous quantities, and requires to be removed, in order to proceed with the dissection. The muscles are found pale-looking, and rather atrophied, in some cases considerably so, and with much fat and cellular tissue around them. The veins, except the larger ones, are diminished in size, and appear less numerous, the superficial ones being almost obliterated. The arteries are small, compared with what might be expected from the abnormal hypertrophy of the parts they supply. The nerves are somewhat flattened by compression. The outer skin is not at all mobile; it seems glued to the part; the thickness becomes less marked towards the borders of the foot. When a portion of the skin is removed, and sliced horizontally, it seems to be composed of layers, and has the appearance of sheets of pasteboard, soaked and firmly compressed together. The epidermis is less affected than the cutis vera, which has the physical characters of marked hypertrophy, although the epithelia of the former are greatly enlarged, and present an appearance not unlike the scales of a fish.—*Lancet* November 7, 1846.

ABSCESS OF THE LIVER, POINTING BETWEEN THE SIXTH AND SEVENTH RIBS.

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Anne B.—, aged forty-one, married, was admitted to the Bristol Dispensary, September 1st, 1846, and became a patient under the care of T. Martin, Esq., surgeon to that institution, from whom the history of the case has been obtained.

Symptoms on admission.—A dull continued pain, increased by deep inspiration, on the right side. It extended from the hypochondriac region upwards to the fifth or sixth rib, and from the sternum backwards to the costal angles. There was oedematous swelling, without defined margin, over the same extent, with tenderness on pressure, greatest between the sixth and eighth ribs, about one inch and a half external to the sternum. The whole of the right side of the thorax exhibited some dullness on percussion, which was peculiarly evident at the lower part. There was diminished respiratory murmur, bronchial respiration on the affected side, and slightly puerile respiration on the opposite one. The heart's sounds were distinctly heard on the right side of the chest. The tongue is pale and flabby, coated at the back part. The pulse 80, small, weak, and irritable; countenance is muddy, and rather expressive of anxiety, with a heavy expression of the eye; coldness and slight edema of the extremities; bowels very irregular; motions clay-coloured; urine high-coloured and scanty; no abdominal tenderness; short, dry, cough, and some dyspnoea. Her general position is semi-recumbent, but she is able to lie down in any way except on the right side. There are thirst, loss of appetite, and absence of sleep, with anæmia and emaciation.

Previous history.—She stated, (so far as Mr. Martin could collect for her manifested much mental hebetude,) that about four months since she first felt the pain, which had since gradually increased, her health, previously good, failing in the same proportion. Shortly after this date, she applied at St. Peter's Hospital, and was there blistered, and, by her description, also slightly pyralized; but from this and subsequent treatment she received little benefit. She had been dismissed, on refusing to enter the house, about three weeks before Mr. Martin saw her. Since that period the swelling had made its appearance.

Treatment.—Ordered, mercury with chalk, and castor oil; followed by soda gentian.

Sept. 3rd.—Bowels freely acted on by the oil, but motions still clay-coloured; pulse very small, 90; the other symptoms unaltered. Ordered, ten leeches; a mixture of carbonate of ammonia, rhubarb, and gentian; and five grains of Plummer's pill night and morning.

5th.—Felt better; pain rather less since the leeches; urine healthier, and in larger quantity; tongue cleaner; pulse 80, rather more full. The local symptoms otherwise unaltered. Treatment to be continued, with the addition of a blister on the 7th inst.

9th.—Edema has subsided, leaving a more circumscribed swelling, extending over the sixth, seventh, and eighth ribs, and about the size of the palm of the hand; at the lower margin of this swelling, indistinct fluctuation could be felt. The other symptoms were much as before, with the exception of slight tenderness on pressure over the region of the liver, which had not been the case previously. The secretions were improved. Mr. Martin found, on very close questioning as to any injury, that shortly before she became ill, between five and six months since, she had received a kick on the back part of the right hypochondrium. Ordered quinine daily, and a pill of extract of henbane at bedtime.

10th.—Feels rather better; sleep improved. From this time to the 13th, Mr. Martin saw her daily, and she seemed slowly improving in all respects but the pain, which remained the same.

On Sunday, 13th, at five P.M., Mr. Martin was suddenly called to her, as she had been seized in the night with pain in the bowels, which had been getting worse ever since. He found her with a pale and extremely anxious countenance; pulse 110, scarcely perceptible; extremities cold; pain increased on pressure, especially in the left hypogastric region; surface cold and clammy; bowels not acted on for twenty-four hours, and no urine had passed for the same time, although the bladder was not distended. Administered half an ounce of brandy with some hot water at once, and ordered warmth and friction to the extremities. A dose of castor oil to be given, and aromatic spirit of ammonia every hour.

14th.—Ten A.M.: Felt somewhat better: pain less; bowels acted on; less tendency to collapse. Continue treatment.—Eight P.M.: Found her again changed. She was rapidly sinking, and died in the night.

Post mortem, twelve hours after death, by Mr. Martin and myself.—The body is sallow, and somewhat emaciated. The tumour evidently contains fluid; but seems about one-half filled. Mr. Martin observed that it was formerly quite tense. On making pressure over the region of the liver, the swelling became much more prominent. On dissecting the integuments from the tumour, it was found to contain pus, supplied from an opening between the sixth and seventh ribs, about the shape, and a little larger in size, than an almond. There was permanent adhesion between the peritonæum lining the diaphragm and abdominal parietes, and that covering the superior surface, right extremity, and anterior margin of the liver. The right-lobe of the liver was converted into the sac of an enormous abscess, containing, as near as we could judge, about three pints of pus. It extended up to the fifth rib, having pushed the diaphragm before it, and compressed the lung. The pus had formed a passage along the process of peritonæum, extending from the diaphragm to the upper surface of the liver. It had then passed through the substance of the diaphragm, had separated the periosteum from the seventh rib, to the extent of two inches, and forming an oval aperture between the sixth and seventh ribs, eventually produced the external abscess under the integuments of the thorax. On examining the thorax, tough pleuritic adhesions were found existing on the right