The pneumogastric, phrenic, inferior laryngeal nerves, the trachea, two bronchi and innominate veins exhibited curious malpositions: those which should have been found according to normal anatomy on the right side of the body, were seen in this case on the left side and *vice versa*. The diaphragm had three openings in abnormal situations; viz. œsophageal opening on its right side; opening for inferior vena cava on its left, and aortic opening close to that of the œsophageal and opposite to the right side of the body of the last dorsal vertebra.

The stomach was found in the epigastric and right hypochondriac regions.

The spleen, gastro-splenic omentum and splenic end of stomach also occupied right hypochondriac region.

The liver was found in the epigastric and left hypochondriac regions; its left lobe in the former and its right in the latter.

The pyloric end of stomach was found on the left side of epigastric region.

The horse-shoe curve of duodenum was found as follows:—its convexity was directed towards the left, and concavity towards the right, embracing the head of pancreas in the left hypochondriac region, the tail of which was found in the right hypochondriac close to the spleen.

The cœcum occupied the left iliac fossa, and the ileum was found to open into it on its right aspect.

The ascending colon was found in the left lumbar region.

The hepatic flexure in the left hypochondriac.

The splenic flexure in the right hypochondriac and the descending colon in the right lumbar region.

The sigmoid flexure was seen in the right iliac fossa, and the rectum extended from the right sacro-iliac symphysis passing obliquely downwards from right to left to the middle of sacrum, thus forming a gentle curve to the left side and then regaining the middle line, it descended in front of the lower part of the sacrum and coccyx to terminate at the anal opening.

The suprarenal capsules, kidneys, ureters, bladder and transverse colon were found in normal situations; only their relations (anatomical) were necessarily altered.

Brain was so highly decomposed that nothing could be made out of it.

The body, in which so many above-noted curious and interesting malpositions were observed, was that of a male Hindoo, aged nearly sixty years.

The man came to the Mayo Hospital for treatment of fever and died a few days after admission from asthenia and old age.

Remarks.

The above case is not only interesting on account of singular malpositions, but also instructive. It teaches us that we are sometimes, though not often, liable to meet with such malpositions, and therefore we should be always on our guard in diagnosing and treating medical or surgical cases. For instance, in a case of malposition like this, when diseases of the right side of the heart take place, one might be apt to diagnose disease of the pulmonary artery or tricuspid valves instead of aortic or mitral diseases; or when diseases of spleen occur, one might be led to diagnose them as liver complaints and treat them accordingly.

Such errors one can avoid generally with a little exercise of caution in addition to previous experience and scientific knowledge.

Such a case as that described demonstrates too the necessity of the utmost caution and delicacy of manipulation.

In this case the stomach pump or long enema tubes if used would naturally pass in a different direction to that one would expect. Any unnecessary violence to force them in the normal directions might inflict severe or even fatal injury.

Therefore we should always bear in mind, in medical or surgical cases, that there may be some hidden malpositions.

CANCRUM ORIS IN AN EUROPEAN SOLDIER: ENLARGED SPLEEN; PANCREATIC DISEASE. POST MORTEM RESULTS.

By P. W. O'GORMAN, Sub-Medical Department.

Cancrum oris, or Phagedænic, or Gangrenous, Stomatitis, dependant as it is on miasm, malaria, and systemic impoverishment for its origin and existence, though commonly prevalent among the natives of certain unhealthy districts, may yet be considered a *rare* disease with the British soldier in India. During the seven years of my humble though extended service in various parts of the country, I not only never saw a case in the army, but never even heard of one, till the following came under the able care of Dr. Curtiss Martin at Landour; and I have but little doubt, the correctness of this statement could be borne out by the exprience of many army medical officers in this country.

Pte. H. S., ætat 22 years, 4 years service,—about 1 in India, arrived at the Landour Depôt Hospital from Roorkee on the 26th July 1881, suffering from prolonged fever of a continued type, with enlargement of the spleen. Had had prior to his present illness, and shortly after arrival in India, several attacks of ague.

His condition on admission—is very precarious. He is of a pale, dingy, sallow appearance; much emaciated and weakened; and generally anæmic. Sleeps very little, but lies very quietly and patiently in bed. States that for some days now has always felt feverish, especially towards evening. Sometimes suffers from wandering pain across the epigastric and left hypochondriac regions, which parts are likewise painful on pressure. The spleen is very much enlarged, extending below to the umbilicus, and on the right to beyond the median epi-hypogastric line. Complains of the soreness of his right cheek, which is somewhat swollen, hard, and tender. States that this swelling had troubled him off and on for some time past, frequentiy increasing and diminishing in size; considers it a very trivial affair, however. Has three or four syphilitic warts and a soft chancre on his penis. Appetite fair; bowels regular; skin warm; pulse full and weak. *Treatment.*—Quinine grs. v Ter die. Wine, 4 oz.

Subsequent progress: 30*th July.*—Is very feeble, requiring assistance. Cannot sleep at night. *Treatment.*—Pot. iodide grs. v. Bis die, Ungt. Hyd. Biniodide to be rubbed over spleen till blistered. Chloral and Bromide, H. S., nightly.

3rd August.—Right cheek has swelled a great deal; still hard and tender; the centre of the prominence is a dull red. Has a small irregular, ragged-looking ulcer, the size of a four anna piece, covered with a whitish slough, at a corresponding point inside the cheek. Breath very fœtid. *Treatment.*—Continue all. Carbolic mouth wash.

6th August.—No better. Sleeps only under chloral a few hours. Cheek more inflamed; skin tense and darkly reddened. Slough spreading. Breath very offensive. Abdominal pain little. *Treatment*—Wine changed to brandy.

20th August.—Same state, though much weaker. Appetite is also failing. *Treatment*—Omit Pot. iodide. Ammonia and Bark every 4 hours. Quinine, only one dose at noon. Change Carbolic acid in gargle to Condy's fluid.

26th August.—Much weaker. Ulcer very indolent. Cheek of a dull reddish-purple tinge; presents a discolored indentation in the centre. *Treatment*—Brandy increased to 6 ozs., beef-tea 2 pints.

30th August.—No better. There is commencing difficulty in swallowing.

6th September.—Deglutition and mastication more difficult; appetite failing. Complains occasionally of aching in the cheek.

14th September.—About the same. Gets very little rest; not much pain anywhere. *Treatment*—Omit chloral and bromide. Hypodermic injection of morphia (gr ¼) nightly.

17th September.—Great pain and tenderness over splenic region: abdomen tympanitic. *Treatment*—Turpentine stupes. Omit Ammon. and Bark and Quinine. Antispasmodic mixture with Soda Bicarb. Ter die.

18th September.—Slough extends to and implicates the upper jaw, from which a piece of necrosed bone, about an inch square, came away. For the last week cannot open mouth, so is able to take fluids only, and of these very little owing to the difficulty in swallowing. *Treatment.*—Egg and brandy flips, milk and beef-tea, as necessary.

20th September.—Deglutition more difficult. Two teeth fallen out. Bowels are in a very irritable condition, a constant

desire to go to stool, but passing only small quantities of highly bilious fæcal, pure mucous, or muco-purulent matter. Has a very slight cough; occasionally troubled with phlegm. *Treatment.*—Brandy 8 ounces and eggs 4 for flips. Omit antispas. mixture. Am. Bark as before.

23rd September.—Cannot swallow at all—complete dysphagia,—fluids dribble out of the mouth which is too contracted to allow of insertion of a feeding tube. Has to be fed by enemata. Cheek more darkly discolored; presents a purplish mottling, showing signs of sloughing through. Small black slough spat out yesterday. Bowels still irritable. *Treatment.*—Omitted all medicine. Has had starch and opium enemas as required. Tincture opii ℥xx. added to each nutritive enema. Hypodermic of morphia twice a day.

26th September.—Large black slough has come away from cheek, leaving an ugly charred like, even-edged chasm, about the size of a rupee, exposing the blackened tongue and loosened teeth. Is sinking. *Treatment.*—Continue nutritive enemas and hypodermic injections. Carbolic dressing to orifice.

28th September.—Ulcer extending; odour very offensive. Sinking. Pulse very feeble, bounding, and compressible.

29th September.—Same state. Died at 12 P. M.

Note.—His temperature throughout the disease was usually above 100° F.

Past-mortem (10 hours after death).—*Body*—emaciated; skin of a dull sallow tinge; conjunctiva jaundiced. Rigor mortis strong. *Head.*—Has a large black, charred-like, irregular excavation through the centre of the right cheek, exposing a corresponding part of the tongue and jaws from which some of the teeth have dropped out. On section of lower maxilla and separation of jaws, a portion of the lower and greater part of the right upper jaw are seen necrosed. The blackened gangrenous discoloration extends to and implicates the right root of the tongue, right tonsil, and part of the pharynx and upper margins of the larynx. The teeth are all loosened and ready to drop out. *Brain.*—External cerebral vessels congested. On section, brain substance somewhat anæmic and softened.

Thoraæ.—About 4 ozs. of straw-colored serum in right pleura: no adhesions. The whole of the right *lung* is a deeply congested solid hepatised mass, with the exception of the lower lobe, which is very pale and anæmic. On section, presents a granular surface, and is of a brownish-red appearance. Pressure causes a free exudation of thin frothy reddish serum. The substance is softened and readily breaks down under the finger (pneumonic red hepatisation). The lower lobe and left lungs are very pale and anæmic, and both float in water. Weight, right lung, 1lb. 3 ozs.; left lung, 9 ozs.

Heart.—Pericardial cavity distended with about 6 ounces of clear straw-colored serous fluid. Heart somewhat large in appearance. The left cavities are enlarged and hypertrophied, especially the ventricle, whose columnæ carneæ are also much thickened, and contain semi-decolorised fibrinous coagula which extend for about two inches into the aorta and its primary branches where the clots assume a dark-reddish mould of the vessels. The walls of the right heart are dilated and thinned. The right auricle is distended with a mass of dark venous semi-solid, jelly-like coagulum, part of which extends into the ventricular cavity. Endocardium and valves healthy; cardiac muscular tissue a little pale. Weight, 13 oz.

Abdomen.—Peritoneum attenuated to a thin membrane. No fluid. *Liver* enlarged and of a dark brown. On section congested. Gall-bladder contains 3 ounces of thick dark brownish-green bile. *Spleen*—though reduced in size since admission, still much enlarged; capsule normal. On section, much congested, and of a very deep brownish-red appearance; substance very soft and friable, readily yielding under the finger (ague-cake). Trabeculæ thickened, and throughout visible as white lines. No apparent enlargement of the Malpighian bodies. Weight, 3 lbs. 12 ounces. *Pancreas.*—Normally situated, is slightly enlarged. It is of a pale white glistening appearance, having the limits of its several aggregate lobules separated by a well-defined wide-meshed reticulum. The substance instead of being soft and yielding, is, on the contrary, hard and tough, approaching nearer to cartilaginous structure, and the whole organ is abnormally compact. Weight, about 6 ounces. *Kidneys* are somewhat enlarged and congested; otherwise normal. Weight 6 ounces each.

Stomach.—Empty, and slightly contracted. Walls thinned, and mucous membrane covered with a thick mucous secretion deeply bile stained, especially at the pyloric extremity. *The small intestines* are much reduced in size, and the lining membrane throughout deeply bile stained (particularly at the duodenum), and coated with a thick shiny mucous secretion. Certain portions are contracted more than others, and the walls at these points are hardened by adherent highly bilious feculent matters. Such is the case, markedly, with the lower six or eight inches of the jejunum, whose surface is also deeply coloured with a recent purplish-pink congestion which extends beyond into the cœcum. The *large intestine* is likewise much reduced in calibre, and has interspersed here and there along the descending colon, like patches of recent congestion. It is throughout covered with an adherent thick muco-purulent secretion, with frequent dark bilious stains. No ulceration can be detected. The rectum ends in a small prolapsus.

Remarks.—The interest of this case also lies in the pancreatic complication, of whose diseases so very little is known. The inflammation of that organ was undoubtedly of long existence, and must have seriously affected digestion, aiding consequently in impoverishing the system*. The condition of the intestines explains the bowel irritability. There was no cause to suspect pneumonia.

Agra, 14th December 1881.

TWO CASES OF HYDRORRHŒA GRAVIDORUM.

BY BROJENDRO NATH BANERJEE, L. M. S.

I shall first narrate two cases from my own practice, and then briefly discuss the etiology and treatment of this rare and misleading disease.

Case No. 1.—Æt. 35; 13th pregnancy; of robust constitution but a confirmed asthmatic. Had prolapse of the uterus seven years ago after the death of a fœtus (7 months old) in the womb. She passed fætal bones for a couple of months continually after this.

This time from the 4th month of gestation she began to pass white and sometimes sanguinolent discharge of an alarming quantity. Every time with the appearance of this discharge, she thought she would miscarry, but to her surprise she passed on to full term, and was delivered of an emaciated child which died in a week.

I first saw her in the 6th month of her pregnancy when I found the discharge resembled Liq. amnii both in color and consistency. There would be no discharge for a week or so. It used to come on in a gush as also *guttatim.* Sometimes mucous flakes were noticed in it which were either of a pure white or dirty white color. It also used to be attended with bearing down pain. Sometimes the patient would describe it as false other times as true pain. The patient having carried 12 children already, was greatly alarmed by this unusual discharge mostly attended with labor pain.

She was almost sure that the child had died, and that she would again pass bony pieces as she did once. She would not perceive the fœtal movement for days together, and this alarmed her the more.

This case was examined by four well known Assistant-Surgeons as well as by Dr. Atmaram Pandurang of Bombay, while on a visit to this place.

Astringents were prescribed fruitlessly to check the discharge. I did not prescribe any medicine, but insisted on absolute rest from which she latterly derived much benefit.

I attended her during child-birth. The baby was a thin emaciated one weighing about 3 lbs. There was the usual flow of Liq. amnii. The amnotic membrane was in fact greatly thickened, and in several places (four I remember) calcified. It also contained a circular hole about the size of a four anna piece. This hole was evidently the result of giving way of portion of calcified part. Half of the placenta was carnified and a calcified spot about the size of a rupee was noticed in it.

Case No. II.—*Æt.* 26; 7th pregnancy; very thin, scrofulous, asthmatic, hysteric, and occasionally suffered from hæmoptysis. In the beginning of the first week of the 8th month of her gestation, one morning she noticed some bloody discharge. That very evening without any premonitory symptom a gush of fluid escaped followed by very severe bearing down pain.

* Its affection was not possible of diagnosis during life, the symptoms were so obscure.