

observation I should prefer to use either a Grove's or Bunsen's battery, but in the demonstration just referred to, four cells of a modified Léclanche battery were employed and answered admirably. It is advisable to have as great a pressure as possible for the water supply, so as to ensure perfect circulation, and for this I suspended from a hook fixed near the ceiling of the room a tin can containing water, connecting it with the brass tubes by means of lengths of India-rubber tubing.

## A CASE OF EFFUSION INTO THE SEROUS CAVITIES.

By A. R. BARNES, M.B.Ed.

THE following is an interesting, and, as far as my experience goes, an unique case. Mrs. L., aged 30, a delicate looking woman, married, with two children, consulted me on the 8th July last. She complained of abdominal enlargement, which she had noticed for some weeks past, and which she stated had sometimes disappeared, and then returned. This enlargement proved to be a considerable effusion into the peritoneal sac. There was at this time, too, a slight cough and expectoration; a not very strong family history of consumption; and a personal history of an effusion into the right pleura two years previously, which had been aspirated by her then medical attendant, and two and a half pints of fluid withdrawn. About the end of July, I became aware that the left pleural cavity was gradually filling, the abdominal effusion having, as well, increased in quantity.

On August 11th, the condition having become very grave, with urgent dyspnoea, constant sickness, and great emaciation and weakness, I determined to aspirate the pleural cavity. This I did with a Dieulafoy's aspirator, drawing off five pints of serous fluid. At this point I had to desist, owing to the fainting condition of the patient. The operation was followed by a distressing attack of dyspnoea, which was very alarming. On the following morning, however, all the symptoms were considerably relieved; and on measuring the girth of the abdomen, to my surprise and pleasure there was a decrease of three inches on the measurement previous to the aspiration of the pleura.

On August 18th, as physical signs still demonstrated the presence of fluid, both in the peritoneal and pleural sacs, I again aspirated the pleural cavity; but after drawing off just a pint, the aspirator broke down, and I had again to desist. The drawing off of this second quantity was again followed by a diminution in the girth of the abdomen.

On August 28th, I aspirated for the third and last time, taking away rather more than three pints, making, in all, a total of rather more than nine pints, and a total diminution in the girth of the abdomen of seven inches and a half. After this last aspirating, physical signs gave no indication of fluid in either peritoneal or pleural sacs; and convalescence proceeded slowly until October 28th, when I paid my last visit; the patient by that time having gained considerable flesh, and sufficient strength to get about again.

There are many points of interest in this case. I will enumerate them briefly.

1. The fact of effusion into the three large serous cavities in one individual is, I should say, decidedly uncommon.
2. The presence of so considerable a quantity of fluid in the peritoneal sac, and subsequently in the left pleural, without any very assignable cause.
3. The rapid lowering of the quantity of fluid in the peritoneal sac after the aspirations of the pleural sac; in a few hours, possibly sooner. I regret I did not measure the abdomen directly after operation. This rapid alteration can only be accounted for by the fact of some direct means of communication between the two cavities, such as is mentioned under the head of Pleurisy in Quain's *Dictionary of Medicine*. "The origin of the pleurisy which may accompany puerperal and other diffuse peritonitis is explained by von Recklinghausen's demonstration of lymph-canals between the diaphragm and pleura; and its supervention in cases of abscess of the liver may receive a like explanation. Reversely, septic pleuritis spread themselves sometimes from the pleural to the peritoneal cavity."
4. Aspirating the chest is not always a successful operation. I have assisted in three cases prior to this one; two, both middle-aged women, died soon after the operation. The other, a young man, recovered after two aspiratings. In neither of these three cases was the fluid in nearly so considerable a quantity as in the present instance.
5. In the second and third aspiratings of this case, I adopted

the recumbent position for the patient, she lying on the side where the fluid was. Previously, I had practised, and seen practised, the sitting posture for the patient. The former I consider more convenient for both operator and patient, and safer for the latter.

6. I have always found Dieulafoy's aspirator very wearisome to work, when the quantity of fluid to be removed was considerable, and very liable to be broken. The third time of aspirating this patient, I used an aspirator of Maw's, which fits any receiving bottle, costs less than half the price of the other, is very much less labour to the operator, and obviates considerably any movement to the needle while the operation is going on, a movement which causes considerable pain to the sufferer.

## THERAPEUTIC MEMORANDA.

### TREATMENT OF DYSENTERY.

AT the present time, when dysentery is very prevalent, especially amongst those who have returned from the Egyptian war, any suggestion that may mitigate the suffering of so fatal a malady will be hailed with gratitude. The plan I have used with most success is the following. First, having placed the patient between warm blankets, I proceed to inject a pint and a half of warm water, at a temperature of 90° Fahr. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, I then proceed to administer a small injection of two ounces, by measure, with a gum-elastic bottle. The form I administer is the following: R Quinine disulphate ten grains; compound tincture of camphor four drachms; decoctum amyli to two ounces. Mix, and when about milk-warm, inject. It is generally retained; but, if ejected, it may be repeated after an hour or two. This I have found of great service, and very grateful to the patient. I do not stop to inquire how it acts, but the effect is like magic. If gripping pains be felt over the region of the epigastrium, I administer half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water, *ad libitum*. Ipecacuanha I have found of little service, and have discarded it from my treatment. If any of my medical brethren will try these measures, he will not often be disappointed. I have used with advantage warm turpentine stupes on warm flannels, over the hypogastrium.

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## OBSTETRIC MEMORANDA.

### HYDATIDIFORM DISEASE OF THE CHORION.

ON September 7th, I was sent for by the midwife to attend Mrs. C., who was flooding. On my arrival, the hæmorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing my hand over the abdomen, I remarked to the midwife, how unusually circular it was. On the following afternoon, I was again hastily summoned, and found the woman had lost much blood. On making an examination, I found, by a little manœuvring, that I could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C. looked, when I informed them that it contained no child. In fact, Mrs. C. stoutly declared she had felt the child many times; and said that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed—soon expelling a mass, which, when collected, filled three ordinary-sized chamber-utensils. After this jelly-like mass had been expelled, she rapidly recovered, and made an uninterrupted recovery.

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THE VACCINATION ACTS.—The Leicester Guardians have adopted a resolution which will go far to exclude Leicester from the operation of the Compulsory Vaccination Acts. Hitherto distress has been levied upon those neglecting to comply with the Acts; but in consequence of the disturbances attending these proceedings, the magistrates threw the onus of applying for distress upon the Guardians. The latter have now declined to do so, instructing their officer in future not to apply for distress warrants for unpaid fines.