

right hemisphere is not to be accounted for by the escape of parts usually implicated on the left side, owing to some slight anatomical difference, such as is known to exist between other bilateral organs. Failing this hypothesis, let us search anew for some more satisfactory solution of the difficulty than has yet been proposed.*

CLINICAL CASES.

I. *Illustrations of Pathology and Morbid Anatomy in the Insane.*

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THE pathological records of hospitals for the insane seldom contain details of much novelty, or of special significance in relation to abnormal or diseased mentalisation. But occasionally exceptional cases occur interesting in our comparisons of the phenomena—mental and material—which are currently supposed to distinguish sanity from insanity. To this category, apparently, belong three cases which recently occurred in the practice of this institution; the one following the other within a few weeks.

The first lesion to be recorded—an osseous isolated body in the cerebral substance—appears to be, if not unique, at least rare either in the sane or insane.

The second—a typical case of chronic Bright's disease—is an illustrative instance of a disease hitherto generally regarded as either altogether absent, or at least very rare, among the insane.

While the third—stricture of the colon, extensive abdominal cancer, and other lesions—illustrates well (as do the other cases)

* The view of the aphasic lesion explained in this paper was communicated by me, in the beginning of last April, to a meeting of the Medico-Chirurgical Society in Glasgow, on the occasion of the reading of a paper on the subject by Dr. W. T. Gairdner. At that time I was not aware that an explanation in *any degree similar* had been previously proposed. However, in the French 'Journal of Mental Medicine,' referred to in the text, and perused by me in the month of June, I noticed that MM. Letourneau and Cerise had suggested that aphasia may *partially* be due to a defect in transmission; but they hold that there are other causes—Letourneau says there are five different ones. Certainly, the hypothesis as stated by them did not meet with general acceptance. Trousseau's view is, I think, at present, the one generally received—that the principal defect is amnesic. On the other hand, as I have said, my opinion is, that the lesion is *essentially* a MOTOR one.

how little effect the most serious organic lesions sometimes have, in the insane, in the induction of the symptoms usually met with in the sane.

I must not, however, be understood as offering the cases immediately to be recorded, however interesting in themselves, as instances of lesions peculiar to the insane, or diagnostic of insanity, or as bearing any special relation to the mental condition of the patients in whom they occurred.

I am not satisfied, indeed, that there is any structural or organic lesion that is *peculiar to insanity and diagnostic thereof*. That there are apparent exceptions to this statement I am fully aware, but I hold them to be only *apparent*; the amount and kind of proof hitherto adduced being insufficient to convince me of their *real* existence.

Auricular Hæmatoma is, for instance, generally regarded as peculiar to the insane; but all that I hold to be hitherto proved regarding it is, that it has been observed more frequently among the inmates of lunatic, than of general, hospitals. Though it is quite probable the issue of exhaustive examination might prove it to be the case, it has not yet been conclusively shown, I think, that the lesion in question is absolutely or comparatively commoner among the insane than the sane. In order to the determination of such a point, it is necessary to compare similar classes of the sane and insane,—patients who, though differing in the character of their mentalisation, are the subjects of similar cachectic conditions—of those physical degenerations, those derangements of structure or function, which are usually found to be associated with auricular hæmatoma. Hence I believe the enfeebled inmates of poorhouses and refuges for the waifs of our large towns are more suitable classes for comparison than the inmates of general hospitals. The greater comparative frequency of auricular hæmatoma in lunatic asylums is probably, in part at least, due to the greater comparative care there bestowed in expiscating and making the most of all lesions supposed to be special or diagnostic, and to its thus being invested with a significance which would not attach to it in general hospitals amidst the infinity of more serious lesions. Being, generally speaking, innocuous and temporary—not interfering with hearing, not affecting the general health, disappearing gradually by absorption of the exudate,—such a lesion in a general hospital is little likely to attract attention or demand record.

Again, it has latterly become common to associate certain definite structural alterations of the brain with general paralysis or paresis; but I am very far from being satisfied either that general paralysis is invariably, or usually, distinguished by the lesions referred to, or by structural lesions at all; or that, where such lesions exist, they are not to be found to at least equal extent among the sane, and

unassociated with paralysis of any kind. Pathology and pathological histology are constantly bringing to light cases in which, with the most serious mental aberration, no structural lesion of the brain is appreciable to our means or modes of examination; or in which what would *à priori* have been regarded as the most serious (in point both of extent and kind) lesions of the cerebral substance exist without corresponding functional disturbance. Such cases cannot fail to induce caution, if not scepticism, in regard to the so-called *special* lesions of insanity, and justify us in requiring the most convincing and unobjectionable proofs of their asserted *specialty*.

It does not, however, follow that—because in my own experience I have met with no lesion which I can regard as *special*, or because the records of special lesions given by other observers do not convince me of their being other than specialty supposed—I deny that such lesions can or may exist. That they may exist is quite possible; though I think, if they do, they have hitherto evaded our ordinary modes of examination of the brain and spinal cord. It is, indeed, quite likely that we have yet to discover, in connection with insanity, molecular microscopic changes of cerebral structure, or chemical alterations of the cerebral constituents, which require higher microscopical powers, greater patience of research, greater nicety of chemical manipulation, than have yet been employed. Such is the opinion of some eminent pathologists and histologists; and I am ready to concede that it is at least a natural and defensible anticipation, based on the association of functional derangement with structural change.

More than ten years ago,* Professor Bennett, of Edinburgh, wrote me as follows on this subject:

“I take this opportunity of earnestly recommending to you as a subject of serious research the Histology of the Brain in cases of Insanity. There is no link in the great chain of medical science that I so much wish to see elaborated and strengthened as that one; and although immense labour and great conscientiousness in research would be requisite, what you have already accomplished induces me to believe that this will not deter you.

“Should you entertain this proposition favorably, it will give me the greatest pleasure to assist you in any way that may be useful. There would be required—1. A thorough knowledge of what has been accomplished in dividing the structure of the nervous mass, and especially the relation of the nerve tubes and cells. On this head the recent researches of Van der Kolk and Oszanikow are of the utmost importance. Of course, you will make yourself practically familiar with their relations, on which I am satisfied the integrity of nervous function depends.

“2. A careful appreciation of all that has been done in the

* Letter, July, 1856.

physiology of the subject by means of experiment and the result of morbid lesions.

"3. A collection of insane cases, with the symptoms, post-mortem appearances, microscopic examination, specific gravity, &c. &c., minutely detailed.

"It has occurred to me also that a careful series of experiments as to the effects of various poisons which are known to affect different parts of the nervous substance, in conjunction with histology, would be very useful (such as prussic acid, strychnine, wourali, conium, &c.).

"An onerous task, you will say, but one which must bring great honour to the investigator."

Cordially concurring with Professor Bennett in the desirability of such an investigation, I have yet not hitherto found myself in a position favorable for so serious an undertaking; nor can I promise myself, in the immediate future at least, the opportunities which it would demand or the pleasures with which it would be associated.

CASE I.*—*Isolated Osseous Body in the Cerebral Substance.*

1. *History of case.*—A lady, widow, æt. 83, the subject of delusional insanity and of senile dementia, forty years insane, and thirty-five years a resident in the institution; apparent immediate cause of death, serous or congestive apoplexy. For many years was a feeble invalid, confined either to the house, to her room, or to bed; was childish, peevish, and delusional, her delusions having chiefly reference to supposed poison in her food; subject to temper-paroxysms. Latterly, being bedridden, she was drowsy by day as well as by night; an indication, apparently, of the growing exhaustion of age. There was no reason to apprehend an immediately fatal termination till the occurrence of apoplectic coma and respiration about two days before death. The transition, however, was so gradual and imperceptible between her habitual drowsiness and the terminal stupor, and the substertorous respiration was so little distinguished from what was somewhat habitual to her, and what she had frequently before had in connection with slight and transient facial paralysis (of right side), that it was difficult to say when and wherein her fatal illness began. During the said illness, there was intermittent pulse, facial congestion, and a twisting of the mouth and cheek to the *left* side; a paralysis which, however, had long been habitual.

2. *Post-mortem appearances.*—A. *In brain.*—General congestion; considerable serous effusion (ventricular distension; cerebral œdema); general atheroma of cerebral vessels—a condition very common in the aged insane, as it is equally in the aged sane.

While slicing the posterior portion of the *right* cerebral hemisphere, the knife unexpectedly impinged on a hard, resisting body, about the size of a walnut, which was readily enucleated. It was embedded in the white cerebral substance, which was apparently of normal colour, texture, and consistence all around it. Its weight, when fresh and moist, was $1\frac{1}{2}$ oz. (= 20 drachms); when dry, between $\frac{1}{2}$ oz. and 1 oz. (= 14 drachms). Its form was subpyriform, this being most marked in its fresh, moist condition; $1\frac{1}{2}$ " long.

* In order to abbreviate my narrative as much as possible, I give only the prominent and exceptional *post-mortem* appearances, and only those symptoms or particulars during life which are of special interest as bearing on the structural lesions discovered after death.;

1" broad at the broader, and $\frac{1}{8}$ " at its narrower, end. It was sectioned by the saw, to which it offered all the resistance of bone. The mass was essentially fibro-osseous; the fibres, by their interlacing, forming a network, the meshes of which were occupied by myriads of extremely minute, round sago-grain- or fish-roe-like bodies, of whose nature I was at first sight doubtful. Thinking they might prove to be entozoa or their ova, I sent specimens (before myself examining them) to my friend Dr. Cobbold, the first authority in this country on human entozoa. He at once pronounced them *not* to be entozoa,* and he placed them for examination in the hands of my friend Dr. Murchison, physician, and Dr. Cayley, pathologist, to the Middlesex Hospital. The bodies in question proved familiar to these gentlemen as occasionally occurring in old subjects; but they gave no definite opinion as to their exact nature or relations. Meanwhile my own examination satisfied me that they are merely a form of aggregation of mineral and animal matter—quite as much so as the fibro-osseous matrix. I found that under hydrochloric acid they maintained their shape, though they lost their consistence and their mineral matter; so that, on pressure between the microscope glasses, instead of now retaining the spherical form, they became gradually oblong and then amorphous; consisting, after the loss of their mineral matter, apparently of a semi-viscid albuminous mass. Under the microscope, the roe-like bodies in question were either spherical, with a diameter varying from '0030" to '0060", or sub-oblong and about '0075" long by '0060" broad. That the substance which gives to them consistence is of the nature of carbonate of lime, is rendered probable by the circumstance of their effervescence under hydrochloric acid; a reaction which results from the application of the same acid to any part of the general fibro-osseous mass. The fibres, therefore, equally with the roe-like bodies, appear to consist of a combination of calcareous and albuminous matter. The mass was thoroughly vascular or organised, being permeated and surrounded or enveloped by minute vessels, which remain, in the dry state, prominently visible on its surface; and the vascularity was such as to communicate a peach or red colour to certain portions of its substance. I failed to satisfy myself of the existence of Haversian canals, cancelli, Purkinjean corpuscles, calcigerous tubuli, or concentric lamellæ; that is, of what are generally regarded as the evidences of normally and fully organised bone. Nevertheless, I do not hesitate to consider the body under description as virtually *osseous*. The centre of the mass was about $\frac{1}{4}$ " in diameter, soft and yellowish, less highly organised or less consolidated than the circumferential portions. In the dry state the mass has the hardness and colour of bone, with the light weight of the more porous bones. The fibres are obscurely striated; and apparently attached to them by fibrous filaments are numbers of the roe-like bodies, which are often seen on the circumference or exterior of the nodule. They also abound in the cross section, which is sub-granular from their presence and that of amorphous mineral matter, and from the cross-cutting of the constituent fibres of the mass. These roe-like bodies are of similar colour to the fibres; they are readily observable under the lens.

b. *In thorax*.—Cartilaginous thickening of heart-valves; atheromatous and calcareous degeneration of aorta extensive; dilatation of aorta from its origin to its passage through diaphragm: two aneurismal dilatations of descending portion.

Commentary.—I have searched all the papers and works on pathology, histology, and morbid anatomy to which I have access, without finding an exactly parallel case, *quoad* the osseous mass in the brain; from which I conclude that such a lesion or condition is

* Letter, April, 1866.

at least rare either in the sane or insane. I believe the body in question to be the result of the progressive metamorphosis of an apoplectic clot. I am not in possession of any evidence to show when or under what series of symptoms this clot was formed. In the records of this institution the only attacks of an apoplectic character which are mentioned were in their nature and duration incompatible apparently with the development of so serious a lesion, and were referred to the congestive or serous form of apoplexy; a disease which, though frequently fatal, often leaves little trace of its existence, of a kind at least which can be distinguished from simpler congestions and effusions. It would, therefore, appear probable that the clot in question had been formed prior to her admission, thirty-five years ago; and that during this long period the patient enjoyed comparatively excellent health (for her years), and with no corresponding mental disturbance, having in the midst of her brain-substance a foreign body as large and as hard as a walnut. I say *corresponding* mental disturbance, because I do not connect the foreign body in question with the mental aberration at all. Cases exhibiting similar mental phenomena are common without the existence of any structural lesions discoverable in the brain after death; and I have no doubt that the foreign body in this case might equally have existed in a perfectly sane individual, with no ultimate mental disturbance.

A similar metamorphosis is not uncommon in lymph-exudations in other parts of the body in the insane, and equally, I believe, in the sane. I have seen most extensive osseous metamorphosis of pleuritic exudations on the one hand; and on the other of the most limited kind in some of the structures of the eye; and I believe ossification apt to occur as an ultimate stage of progressive metamorphosis in fibrinous exudates in any part of the body. The great element in their formation is *time*; and hence it is invariably in elderly or old subjects that it is to be found.

CASE II.—*Chronic Bright's Disease.*

History of case.—A lady, single, *æt.* 46; twenty-eight years insane, and twenty years resident in this institution; the subject of confirmed dementia, with paroxysmal impulsive mania, marked by great destructiveness; apparent immediate cause of death, Bright's disease. The patient had habitually that "lean and hungry" look, that degree of emaciation and debility, so common in chronic mania. But no departure from her ordinary state of health was observable until about twelve days prior to death, when puffiness of the face attracted my attention, leading me to suspect the existence of Bright's disease in a serious form or stage. With a view to her thorough examination, and as a conservative measure, she was ordered to bed, and a careful physical examination made; the result being immediate and full confirmation of my suspicions. The symptoms now exhibited included the following:

Pulse 130, very feeble; increasing emaciation; cough, with hectic and the

outward appearances of phthisis; anorexia; nausea; vomiting; inordinate thirst for two or three days, not apparently proportionally affecting the amount of urine excreted; the latter, however, it was impossible to measure, as it was generally passed in the bed-clothes, and immediately being absorbed or draining away: œdema of face and feet, in the face having that pallor so common in, if not characteristic of, Bright's disease; in the face, however, it speedily disappeared in the recumbent posture: cardiac action irregular and tumultuous, perceived only, however, in certain postures, and when free from excitement. *Urine* could be collected for examination only on two occasions, at an interval of three days: on both occasions it presented the same characters—highly albuminous, sp. gr. 1008, no sugar. She had a paroxysm of excitement the day before death, suddenly getting out of bed and smashing a water-jug: this excitement was followed by an exhaustion from which she did not rally. During the whole period of her residence she appears to have been subject to occasional attacks of diarrhœa. Her appetite was generally voracious, especially after a paroxysm of excitement. Unfortunately, the prejudices of friends interfered with a post-mortem examination; so that it was impossible to corroborate by dissection after death the strong belief formed during life that the case was a typical and instructive one of Bright's disease of long standing, and now in an advanced stage.

Commentary.—So lately as 1858, what is still considered the best English work on psychological medicine (Bucknill and Tuke's 'Manual,' 1st edit., page 451) described Bright's disease as unknown in the insane; and on the strength of this assertion I have heard of experienced asylum-superintendents obstinately and blindly denying that in a given case of insanity there *could be* Bright's disease! An amount of confidence this (the reverse of the safer principle of guidance in matters scientific, "Nullius in verba magistri"), which, while a high compliment to Dr. Bucknill, said little either for the candour, independence of judgment, or pathological acquirements of such superintendents. Of Dr. Bucknill himself it is but fair to state that he subsequently saw cause to modify his first assertion. (Appendix to 1st edition, p. 556.)

From the date of my official connection with lunatic hospitals in 1853, I was in the habit of examining the urine of patients, and occasionally I found it albuminous; so that I was surprised by so strong a statement, and coming from such a source as that referred to in the text-book above mentioned. Suspecting error or fallacy on my own part, I gave renewed attention, subsequent to 1858, to the subject of albuminuria and Bright's disease in the insane. In 1856 the result of a special series of examinations for albumen proved negative; as did also a parallel series in 1859. Whence the inference is legitimate, *quoad* my own experience, that albuminuria is rare among the insane; a circumstance that must, however, be considered in conjunction with the fact that the residents in lunatic hospitals are greatly exempt from those habits or conditions of life, such as intemperance, which are found to be so common predisposing causes of albuminuria or Bright's disease. During the last thirteen years, however, I have met with occasional instances of albuminuria, and

of what I considered undoubted Bright's disease; and to some of these I drew attention in the Medical Reports of this institution for 1857-8, p. 15; 1859-60, pp. 19, 22, 24, 25.

For several years I have seldom perused the medical reports of other asylums for the insane without finding Albuminuria or Bright's disease among the assigned causes of death; from which it is a fair inference that other cases occur which are either overlooked or not specially recorded because they are not fatal. In other words, what was not detected prior, we might almost say, to 1860—not because it did not exist, but because the means of its detection were either unknown or not applied—is now found to be comparatively common. This is simply one of the many beneficial results of the progress of medical science, and of the applications thereto of the advantages of chemical and microscopical research.

The older superintendents of asylums—men of the last generation—were not educated to appreciate the applications of chemistry and microscopy to medicine; applications which are of comparatively recent introduction. They cannot, therefore, be blamed or held responsible either for their ignorance, or its results on diagnosis or practice; for without chemical and optical aid it was not possible to discriminate the conditions or lesions under review. The superintendents and assistants of the present generation, however, do, or should possess the requisite knowledge and apply the necessary tests or aids; but if their predecessors are not to be blamed for what they could *not* do without the test-tube and microscope, as little is the present race of asylum medical officers to be credited for what they *can* do with such auxiliaries to clinical study. Blame and discredit, however, will undoubtedly be their due if, with such powerful adjuncts to examination, they fail duly to avail themselves of their opportunities, and suffer to pass undetected such abnormal conditions as *permanent* Albuminuria and Bright's disease of the kidney. There are, however, certain difficulties to be encountered in the discrimination of such conditions or lesions in the insane that do not occur equally, if at all, among the sane: illustrations whereof are to be found in the case above recorded. It is, *e. g.*, a fundamental necessity in the examination of patients who are the supposed subjects of such diseased conditions during life, that urine should be obtainable in sufficient quantity for examination (as to specific gravity, quantity, and chemical characters). Yet, in such cases as that above recorded, it is the exception that even the smallest quantity can be collected, unless, indeed, it be removed per catheter from the bladder—a procedure which, in an excitable, violent patient, is equally an impossibility.

CASE III. — *Stricture and Fungus Hæmatodes of Colon; Cancer of Liver and Mesentery; Fracture and False Joint of Condyle of Humerus.*

1. *History of case.*—A gentleman, single, æt. 64, thirty-six years insane, and

twenty-six years resident in this institution, the subject of chronic dementia : apparent immediate cause of death, stricture of the colon from fungus hæmatodes. Like the two preceding cases, he was of spare make, and had been for years thin, sallow, and far from robust ; able, however, until he was compulsorily confined to bed, to take a considerable measure of active open air exercise ; seldom if ever confined to house or bed with ailments however insignificant, and, judging from his habits, enjoying a fair measure of average health. Notwithstanding his age, he exhibited all the vivacity and restlessness of a child, and, spite of his grey hairs, his aspect was comparatively juvenile. He had a peculiar stooping senile gait, with various eccentricities of posture, movement, and speech. In particular, he had a peculiar jerking motion of the right shoulder, and angular movement of the right arm, especially when excited ; but he used the arm quite freely ; he never made any complaints regarding it, and there was nothing to lead to the connection of such movements with any organic derangement of the elbow-joint, till it was discovered on post-mortem examination that such derangement existed. There is no evidence in our records of his having met with any accident to the limb, nor is its peculiar motion alluded to, save in the most general way. Whence it would appear that the accident, of whatever kind, must have occurred prior to his admission here, twenty-six years ago. One of his eccentricities was to walk with his eyes shut—a peculiarity which once led him to walk into a mill-dam. The sudden immersion, however, at once induced an active use of both eyes and legs.

About three weeks (eighteen days) prior to his death, it was reported that he had (expectorated ? or) vomited some bloody mucus. On examination, I found that his appetite had failed somewhat for some days ; he had a sub-cachectic aspect, and was in poor condition as to flesh. As an experimental and conservative measure, he was placed in bed, where the following conditions were found to exist : heart-sounds comparatively healthy ; only record of abnormality was prolongation and loudness of first sound ; occasional nausea, latterly vomiting ; appetite improved, and comparatively good until a day or two before death ; showed considerable relish for beef-tea and stimulants ; increasing emaciation ; wonderful vivacity ; sensitive to the last to all external impressions ; resisting the approaches or assistance of strangers ; exhibiting all his familiar eccentricities ; making no complaint whatever of pain, save on one occasion, a day or two before death, when he referred it to his abdomen.

2. *Post-mortem appearances.*—*a. In brain.*—Ventricular distension (with serum)—a common phenomenon both in sane and insane, and frequently, if not generally, without special or pathognomonic significance.

b. In thorax.—Cardiac hypertrophy (left side), with attenuation on right.

c. In abdomen.—Stricture at sigmoid flexure of colon by a typical fungus hæmatodes, connected with multiple encephaloid cancer of mesentery ; adjacent intestines matted into a knotted mass by recent lymph ; recent and intense peritonitis, spreading from this centre ; lymph and serum in abdominal cavity ; multiple encephaloid cancer of liver—as fine a specimen as I have ever seen in the pathological theatres or museums of general hospitals.

d. Right elbow-joint.—Old-standing fracture of external condyle of humerus, with false joint, instead of union, between the fractured surfaces.

Commentary.—In this case we have a condition as bad as ileus ; a knotting together of a large mass of intestine, with extensive acute peritonitis and ulcerated cancer superadded ; all with the most trivial indications of pain or suffering. Indeed, all the cases now recorded illustrate the wonderful influence of the condition of the cerebral

and nervous systems in modifying or obscuring the ordinary symptoms of serious organic disease, the ordinary exhibitions of pain or indications of suffering; the trifling derangements of health or habits induced by rapidly advancing fatal affections of the most important viscera; the absence of that assistance from the narrative of the sensations of the patient, of which the physician treating parallel affections in the sane has the advantage; the occasional apparent independence of the mental phenomena on the physical condition even *in extremis*. These and other important lessons, which such cases are qualified to teach, are not, however, now expounded or illustrated for the first time. They are far from being new; I have myself frequently drawn attention to them in the Medical Reports of this institution; but too much importance can scarcely be assigned them as illustrations of the special difficulties with which the physician who treats insanity has to deal as compared with his brother in ordinary practice. Nor can such lessons be too abundantly illustrated, especially to these our brethren in ordinary practice; for it has occurred to me, more than once, to find surgeons and physicians of the highest eminence, when called in consultation concerning surgical or medical difficulties in insane cases, befooling themselves, through ignorance of such distinctions, by recommending for the insane procedures which, however suitable for the sane, are here simply absurd from their impracticability.

Bibliographical References.

In the Medical Reports of this Institution, I have more or less fully discussed the more interesting points raised by such cases as are herein-above recorded: so that it is unnecessary now to occupy space by recapitulation.

The reader will find general references to *morbid anatomy, histology, and pathology* in the insane, in the index to the 'Medical Reports' for the decennium from 1854 to 1864, p. 7.

The supposed *specialty of structural lesions in insanity* is discussed in the Report for 1858-9, p. 15.

The *peculiarities of the symptomatology of organic diseases* in the insane are referred to in the Reports for 1857-8, p. 13; and 1860-1, p. 36.

General illustrations of *exceptional organic lesions* in the insane are recorded in the Reports for 1856-7, 1857-8, 1859-60, and 1860-1.

Illustrations of the condition of the *urine*, especially in reference to *Albuminuria* and *Bright's disease*, will be found in certain "Contributions to the Chemistry and Microscopy of the Urine in the Insane," in the 'Journal of Psychological Medicine,' July, 1856, p. 488; and in the Report for 1860-1, pp. 36 and 40.

Illustrations of *osseous metamorphosis of fibrinous exudates* are given in the Report for 1859-60, pp. 19 and 21.

Instances of the *atheromatous diathesis* occur in Reports for 1859-60, p. 22, and for 1860-1, p. 35.

A case of *cancer of liver with acute enteritis and peritonitis, fatal without the exhibition of pain*, and so far parallel to Case III, above recorded, will be found in Report for 1857-8, pp. 10 and 14.