Recurrent Carcinoma after Excision of Breast; Operation; Relieved. (From notes by Mr. C. L. Jones.)—Esther P—, aged fifty-eight, was admitted into Lydia ward on May 1st, 1877. She had been a patient during the previous summer. When, on Aug. 22nd, her right breast was excised for carcinoma, two indurated glands were at the same time removed from the axilla. She was discharged cured, but about four months after the operation a small sore appeared on the site of the scar. She poulticed it, but it gradually grew. Since the operation she had never had proper use of her right arm; there was no absolute paralysis, but the middle and index fingers became contracted, and all movements were more limited than on the left side; sensation was perfect, but the arm was smaller than the left. When admitted there was a circular ulcer on the centre of the scar in right breast, about two inches in diameter; the surface was raised above the skin by exuberant granulations, the edges were everted and thickened, and there was a thin scanty discharge. There were no indurated glands in axilla. On the 11th the tumour was freely removed under the anæsthetic mixture of alcohol, chloroform, and ether. Bleeding was arrested by torsion and pressure. The edges of the wound were not brought together, but left to granulate up. There was a little sickness after. On the 13th the temperature was 98.2°; the 14th, temperature 97.4°; the 16th, temperature 99°, pulse 160; and on the 17th, temperature 98.5°, pulse 155. On the 24th the wound was granulating and healing well; it had been dressed with terebine and oil. On June 2nd she was discharged.

Cancer of Breast; Removal, Recovery. (From notes by Mr. F. V. Duckworth.)—Louisa P—, aged fifty-seven, was admitted into Lydia ward on April 1st, 1879. She was married, but had had no children. Two months before she noticed a swelling about the size of a walnut on the outer side of the right breast; it was painful; the skin over it was red and tight.

On admission the swelling was about the size of a pigeon's egg. The skin was infiltrated, red, and deeply puckered. The parts beneath were also infiltrated, as there was a good deal of fixity. There was pricking sensation at times, and a burning pain at chest. The nipple was not retracted, and the axillary glands were not enlarged.

On the 4th, under chloroform, the breast was removed by two curved incisions. The edges were brought together with sutures and strapping, after being washed with iodine and water, and the parts were dressed with terebine and lint. The growth consisted of a well-marked nodule of scirrhus. On the 7th the patient complained of pain on inspiration. The dressings were removed; the parts looked red, but were well. There had been a little bleeding. On the 22nd the wound and granulations looked very healthy. The patient complained of pain in the part. Bowels confined. On May 9th, the granulations, being rather weak, were touched with nitrate of silver. On the 17th the wound was healthy, though there was some discharge. Discharged.

Temperature Chart.—On April 5th the temperature was 99.1°; 7th, 99°; 8th, 99.4°; 9th, 99.1°; 10th, 99.2°; 11th, 97°; 12th, 99°; 14th, 98°. From this time the temperature remained normal.

Cancer of Breast; Excision; Recovery. (From notes by Mr. Dashwood.)—Jemima L—, aged sixty, was admitted into Lydia Ward on June 24th, 1879. Patient's paternal grandmother died of cancer. Patient was a married woman, and had always enjoyed good health. About two years before she noticed a hard lump like a marble in the left breast on the inner side of the nipple, and it had steadily increased since catamenia ceased, ten years before admission. On admission patient had a large hard tumour in the outer part of the left breast. It felt nodular; was freely movable on the chest wall. The skin was red and not movable over the tumour; the veins at this point at upper part of left breast were prominent. There was a hard lump in the left axilla. Mr. Bryant pronounced the case to be one of cancer.

On June 27th, under chloroform, two excisions were made from the axilla to the lower and inner side of the breast; the skin and subcutaneous tissue were dissected off, and the whole breast removed. The tumour did not appear to be adherent to the pectoralis muscle. Several small arteries were twisted, the wound was washed with iodine-water, and the edges were brought together with about fourteen silk sutures, and terebine dressings were applied; a drainage-tube was introduced.

On July 4th there was a good deal of discharge, which had evidently been too much confined. On the 7th the

sutures were removed. On the 22nd the wound was completely healed.

Temperature Chart.—June 28th, morning, 99.1°; evening, 100.2°; 29th, 99.8°; 30th, 98.3°; July 1st, 99.9°; 2nd, 100.6°; 3rd, 101.4°; 4th, 99.6°; 5th, 98.3°. From this time the temperature remained normal.

In this case, it may be noticed, the evening temperature was 100.2 the night after the operation, and then dropped to 99, rising but once, when some slight retention of discharge took place.

(The series will be continued in a future number.)

TUNBRIDGE WELLS INFIRMARY.

CASE OF LARGE INCARCERATED CONGENITAL INGUINAL HERNIA OF LARGE INTESTINE IN A CHILD FOUR MONTHS OLD; OPERATION; RECOVERY.

(Under the care of Mr. MANSER.)

FOR the following notes we are indebted to Mr. John Footner, F.R.C.S., house-surgeon.

F. W. B—, a male child, aged four months, was admitted on August 12th, 1879, suffering from a large tumour of the left side of scrotum.

The patient was the subject of a congenital left inguinal hernia, of which the mother had taken no notice. Two days before admission the child suffered from constipation, and on the following day from frequent and persistent vomiting. The latter ceased on the day of admission, but the former remained, and the child was taken to a doctor, who recognised the existence of a hernia, and applied the taxis, but, failing to reduce it, recommended the child's instant removal to the infirmary.

On admission there was found to be a large elongated oval tumour extending from the testicle up into the left inguinal canal; the testicle could be felt below it. The tumour was of almost stony hardness, but on careful examination it was found that it pitted slightly on pressure. There was a slight impulse to be felt in it when the patient cried. A soap-and-water enema was administered with no result, followed by the application of an ice-bag to the tumour.

The same evening—the child being very weak and feverish, pulse 170, temperature 103° F., and there being very little doubt that the tumour was a hernia—chloroform was administered, and, after a short and ineffectual application of the taxis, the usual operation for the relief of strangulated inguinal hernia was performed. The tumour was then seen to consist of a knuckle of large intestine, about three inches and a half in length, firmly distended with solid impacted fæces. The bowel was not strangulated, and very slightly congested. The sac contained a small amount of clear amber-coloured serum. The abdominal ring was enlarged by incision and by a process of gradual kneading. The intestine was at length emptied sufficiently of its contents to allow its being returned into the abdominal cavity. During this process the bowel was necessarily subjected to a considerable amount of handling. The wound was then stitched up and dressed with carbolic oil.

Almost immediately after the operation the bowels were freely opened. The wound healed by the first intention, and the child recovered without a bad symptom, and was discharged from the infirmary cured on August 22nd.

Remarks.—The result of this case shows what a large amount of handling healthy intestine will bear with impunity. The bowel was in this instance of necessity subjected to much and long-continued pressure, yet no harm resulted. It also shows the evil of feeding such young children with biscuits. The mother had for about a fortnight before the impaction of fæces occurred been in the habit of feeding her child with biscuits soaked in milk, and to this cause may probably be attributed the impaction of solid fæces in the large intestine.

THE STRATFORD-ON-AVON INFIRMARY.

MALIGNANT PAROTID TUMOUR.

(Under the care of Mr. HARRY LUPTON.)

THOMAS C—, aged forty-five, presented himself at the out-patient room on Dec. 3rd, 1878, with a tumour extending from the petrous portion of the temporal bone to about two inches below the angle of the jaw longitudinally, and

from the ramus of the jaw about three inches posteriorly, the tumour being prominent, and about the size of a closed fist.

The history he gave was as follows:—About ten years ago, after an attack of “low fever” (typhoid?), he noticed a small lump about the angle of the jaw. For some years its condition remained unchanged, but about two years since it began to enlarge rapidly, and during the past six months its progress had been very rapid, and it had become very painful, insomuch that his life was a burden to him, and he could not lie on his right side or rest in any comfort; he had been treated outside, but the tumour continued to increase, and he was now very anxious to have it removed. The tumour was hard, except at the most prominent part, and fairly movable, except at the upper part, where it was evidently firmly attached to the petrous portion of the temporal, and there was evidently a process dipping in under the ramus of the jaw; the surface was red and angry-looking, but there was no distinct fluctuation, even at the softest part of the tumour.

Under the circumstances Mr. Lupton was loth to interfere with it—it looked too malignant; but the man was anxious that something should be done for him, and Mr. Lupton's colleagues, Messrs. Rice and Mason, thought that removal might be attempted. The matter was, therefore, put fairly before the man in all its aspects, not omitting the risk of removing a large growth in such a situation, and its possible rapid recurrence. He decided to have the operation done. Accordingly, on Dec. 10th, 1878, he was admitted, and on the 12th, with the assistance of Messrs. Rice and Mason, and Mr. Ross (Mr. Mason's assistant), Mr. Lupton proceeded to remove it. It was found to be more generally adherent than had been anticipated, and there was a strong fibrous adhesion to the angle and ramus of the jaw, and it dipped under the jaw, reaching close to the mucous membrane of the mouth; it was adherent by its deeper surface to the underlying structures, and very firmly adherent for some distance to the petrous portion of the temporal. The operation lasted nearly two hours, during which time chloroform was administered by Mr. Ross.

The edges of the wound were brought together by silver-wire sutures (a space being left at the lowest part for the escape of discharge), and covered with carbolised lint, over which a good pad of tenax was laid to absorb any discharge. No vessel required either ligature or torsion.

The wound was first dressed on the third day after the operation. There was union in the upper part of the incision (about one-third), and a little healthy discharge had escaped from the lower; the whole aspect of the wound was healthy. Pulse 80; temperature 100°; respiration 23.

It went on well until about Jan. 7th, when it was evident that the growth was recurring. On the 9th there was hæmorrhage from a small ulcerated point, the size of a pin's head, about half an inch anterior to the line of incision; and this was followed by hæmorrhage—sometimes more, sometimes less—on the 12th, 17th, 20th, 25th, and 26th, the last two being from newly ulcerated points near the angle of the jaw; there was no hæmorrhage from the line of incision.

Wishing to go home, he was, at his own request, discharged on Feb. 17th, 1879.

shown to the Society; and the paper which gave rise to most discussion was one by Mr. Heath on popliteal aneurism treated by Esmarch's bandage. Mr. Heath laid stress upon the value of keeping the sac tense with blood as promoting coagulation, and in his cases the application of the bandage was maintained for a longer period than has hitherto been deemed advisable.

The following cases were shown in the ante-room:—A patient from whom a Myeloid Tumour of the Radius was removed four years ago by Mr. Henry Morris; a case of Ichthyosis by Dr. Bristowe; of Anæsthetic Leprosy by Dr. Crocker; and one of Trade Neurosis (spasmodic form) by Dr. Allen Sturge.

Mr. HENRY MORRIS read notes of a case of Traumatic Salivary Fistula treated by passing a fine catgut bougie from the mouth along Stenson's duct. The case was that of a man admitted into the Middlesex Hospital on June 24th, 1879, having been stabbed in a fray at a public-house. There were wounds on the arm and forearm, in the right occipital region, and on the right cheek. In four days these were nearly well, except that a sinus whence saliva oozed remained on the face, and the mouth felt dry on that side. The mucous membrane not being injured, Mr. Morris thought the parotid duct might only be partially severed, and passing a fine catgut bougie into the duct, through the buccal orifice, it appeared at the wound. The proximal part of the duct was then sought for, and the bougie guided into it. The case did well, but it was not until July 15th that saliva wholly ceased to escape through the wound. Mr. Morris remarked upon this method of treating salivary fistula, as affording encouraging results by reopening the natural passage, and, if such could not be effected, the duct might be opened into the mouth. If the orifice of the duct, which is its smallest part, were closed, it might be reopened.

Mr. HULKE read notes of a case of Sutural Union of the Median Nerve in the lower part of the Forearm five weeks after division by a broken glass bottle; followed by return of function. The patient in washing bottles cut his forearm, severing the median nerve and artery above the wrist. The artery was secured by torsion, and as on the following day, when Mr. Hulke first saw the case, immediate union appeared to be taking place, he hoped that the divided ends of the nerve would unite. But suppuration followed, and cicatrization was not completed till five weeks after the injury, and the anæsthesia of the fingers supplied by the median nerve persisted. An attempt was then made to effect sutural junction of the severed nerve, Esmarch's bandage being applied, the wound was laid open, and the bulbous nerve-ends, which lay three-quarters of an inch apart, exposed. About one-eighth of an inch was cut off each of the ends, which were then approximated by flexing the hand and by slight stretching of the proximal end of the nerve. Fine sutures were used to secure the divided parts, and the limb was placed on a specially devised splint. After three weeks passive movement was employed at the wrist; and about four weeks after the operation sensibility had returned to nearly all the parts supplied by the nerve, except the terminal phalanges of the index and middle fingers. The case afforded a hint also as to similarly joining severed tendons, for before the operation the long flexor tendon was almost functionless. The dissection set them free from the scar-tissue, and the subsequently flexed position of the wrist favoured their union, so that eventually they acted well. The case showed the propriety of securing severed nerves in all fresh wounds. Were this done immediately better results might be anticipated.—Mr. MARSH mentioned a case recently under Mr. Holden's care, where the operation was done some time after the injury. Return of function began within twenty-four hours of the operation. Did Mr. Hulke stretch the nerves, as in his previous case?—Mr. HULKE said that he pulled down the nerve-sheath of the upper fragment with considerable force. He used very fine silk sutures.—The PRESIDENT had had several cases of tic which were treated by nerve-section; but in every case the pain returned after a time, the divided nerves re-uniting.

Dr. SANGSTER contributed a case of Disturbed Nutrition, with Suppuration and Exfoliation of the Nails, probably of strumous origin. The patient was a girl seven years of age, one of seven children, two of whom had died from chest

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Treatment of Traumatic Salivary Fistula.—Suture of divided Median Nerve.—Disease of Finger-nails, probably Strumous.—Results of Excision of Lower Ends of Radius and Ulna for Myeloid Tumour.—Treatment of Popliteal Aneurism by Esmarch's Bandage.

THE ordinary meeting of this Society was held on the 13th inst., the President, Dr. E. H. Greenhow, F.R.S., in the chair. At the opening of the business the President laid on the table a copy of the Index to the Transactions, which had just been prepared by Mr. Wheatley. Mr. H. Morris read notes of a case of salivary fistula, and Mr. Hulke of a case of sutural junction of a severed ulnar nerve. Dr. Sangster contributed notes of a case of disordered nutrition and exfoliation of the nails, which had been previously