emphysema was still distinct, though not increased. No untoward symptoms occurred from this time, except such as were connected with a wound of the index-finger, which had been inflicted with the injury to the chest. The punctured wounds were healed in a week; the emphysema had disappeared in about three, and the patient left the hospital quite well one month after admission.

Strangulated Femoral Hernia; unusually large Tumour; Peritoneal Sac low down in front of the Thigh; Operation; Death; Autopsy.

(Under the charge of Mr. FERGUSSON.)

The connexions between the sheath of the femoral vessels, the cribriform fascia, the fascia lata, and the fascia superficialis, have of late been fully investigated, and the different directions which the hernial tumour may take in crural protrusion accurately described. Mr. Gay, in his work on Femoral Rupture, has done much to elucidate these points; we find, in referring to this book, the following passage, which bears upon the peculiarity noticed in Mr. Fergusson's case:—"Its extensibility (of the hernial sac) is very great, so that scarcely any reasonable limits can be assigned to the size which it may, under favourable circumstances, attain. A femoral hernia has been known to occupy the whole of the hollow from the anterior superior spinous process of the ilium to the tuberosity of the pubis; and in a case quoted by Sir A. Cooper, it was known to extend half way down the thigh." The following particulars illustrate the last-mentioned direction of the hernial sac. Notes by Mr. Lawson.

Eliza K—, forty years of age, was brought to the hospital in the night of December 31st, 1851, suffering from strangulated femoral hernia of the right side. She had had hernia for fifteen years; it had always been reducible up to the present time; and she always wore a truss. The intestine came down about five o'clock P.M., on the day of admission; and finding herself unable to reduce it, she sent for a surgeon, who used taxis for three hours, but without success. She was then brought to the hospital. The tumour covered the anterior and upper part of the thigh, and was about the size of a child's head eight or nine years old. It was hard, tense, and painful, and the skin over it very red. The vomiting had been frequent, but not stercoraceous; there was no hiccup, yet the prostration was very great.

Mr. Davis, the house-surgeon, put the patient into a warm bath, and endeavoured to return the hernial tumour, but finding such reduction impossible, sent for Mr. Fergusson. After having examined the patient, Mr. Fergusson stated that an operation was immediately called for. Chloroform was therefore administered, and an incision made over the internal and superior portion of the tumour. Some layers of fascia and cellular tissue were then divided, and Mr. Fergusson passed up his finger, and divided Gimbernat's ligament, without opening the sac.

Reduction was now attempted, but was found impossible. Mr. Fergusson was thus obliged to open the sac, and enlarge the external wound. The division of the stricture was now made more freely, and the very considerable mass of intestine returned with much trouble into the abdomen, a portion of the coils having previously been drawn downwards.

The intestine was found in a highly congested state, of a deep purple colour, and it looked indeed in a state approaching to gangrene. The wound was stitched up, and a full dose of opium given.

Six hours afterwards, calomel and opium were administered, upon which followed an enema. These measures produced a scanty, watery evacuation; the patient, however, gradually sank, and died twenty-six hours after the operation.

The post-mortem examination took place forty-eight hours after death. The anterior part of the thigh, down to the lower portion of the upper third, was externally of a greenish colour, the rest of the frame covered with much adipose matter, and well-proportioned. When the right iliac fossa was brought into view, it was found completely filled up by small intestine of a deep red colour; the rest of the bowels were in a pretty healthy condition. The crural canal would admit the point of the fore-finger, and led down to a cavity, formed on the anterior part of the thigh, reaching downwards to the upper part of the middle third. This cavity lay between the subcutaneous cellular tissue or fascia superficialis, and the fascia lata; it was smooth and shining, and might have contained a Dutch cheese. This kind of cyst likewise presented sacculi of a large size, towards the external part of the thigh; these might have lodged a ball pessary. The portion of small intestine, which had been strangulated, measured nine feet, and was in an almost gangrenous state.

Mr. Fergusson stated that such cases should never be subjected to much taxis, and that the tumour, when so large, does not ascend on the pubis, as is usual with crural hernia, but by its weight descends low on the thigh. Mr. Fergusson pointed out a rupture which had taken place at the lower portion of the sac, and thought that this solution of continuity might possibly have been the result of the taxis.

MIDDLESEX HOSPITAL.

Morbid habit of swallowing Hair; Prolonged sojourn of the foreign bodies in the gastro-intestinal canal. Evacuation of Packets of Hair by vomiting and alvine defecations.

(Under the care of Dr. CRAWFORD.)

DR. THOMPSON has alluded, in this journal, to the case of a girl who used to swallow her hair, and had lately vomited packets of it. The patient has, since then, passed, per anum, a large mass of the same organic product; this circumstance induced us to inquire more minutely into the case, and we learned from the girl the following facts.

She is a servant, twenty-three years of age, now pale and thin, but formerly ruddy and stout, and was admitted Nov. 16, 1851, under the care of Dr. Crawford, with very obstinate constipation. The patient began to menstruate at the age of twelve years, and at thirteen, while in a comfortable situation, contracted the habit of picking off her hair, biting, chewing, and at last swallowing it. She went on satisfying this depraved taste for four or five months, when, being reprimanded, she gave it up, and has never resumed the custom since.

Soon after this, the patient began to feel a pain under the false ribs, on the left side, just over the spleen and the large extremity of the stomach. She was treated in various ways, and at different hospitals and dispensaries, during several years, for this pain, no one, nor herself, suspecting that the above-mentioned habit was the source of her malady. The general belief was, that she suffered from a tumour in the vicinity of the spleen; pain in that region, constipation of bowels, and wasting, being the principal symptoms.

At last, about a fortnight before admission, she was seized with fits of vomiting, and, among the rejected matters, a solid concretion, about the size of a walnut, was noticed; but this attracted no attention, until a second and much larger one was likewise brought up in the hospital. The nature of the affection became now apparent, but the constipation was very obstinate, and went so far as to produce stercoraceous vomiting. No more hair was noticed after these symptoms abated, until Jan. 26, about nine weeks after admission, when a very large hairy concretion was discovered in the fæces. It was of the size of the dilated rectum, measured five inches in length, and was of a deep black colour. (The girl's hair is of a light tint.) The patient states that she felt this in the right iliac fossa, and she is now under the impression that more hair will be evacuated. The health has of late been rather weak, but the appetite is pretty good, and the intellect clear; but the patient complains of flatus, and of the bowels rolling in knots. This is another and very striking example of the difficulty of treating disease, when we do not know every particular of the history.

Supposed Aneurism of the External Iliac Artery; Deligation of the Common Iliac; Death; Autopsy.

(Under the care of Mr. MOORE.)

We pointed out, in a late number, that a case of aneurism of the arteria innominata had been admitted into this hospital, under the care of Mr. Shaw; another patient, supposed to be affected with the same arterial disease, has since been received; but it was the external iliac artery which was thought to have suffered in this latter instance. The patient, a man fifty-two years of age, was admitted, Jan. 20, 1852, under the care of Dr. Seth Thompson, for pain and swelling of the left leg.

The limb had been cedematous, and the skin permeated with large veins, for about ten weeks before admission; and it was soon discovered that this state of things was owing to the existence of a pulsating tumour situated within the abdomen, and easily felt between the umbilicus and Poupart's ligament. The patient was now transferred to Pepys' ward, and placed under the care of Mr. Moore. The tumour could be distinctly felt through the abdominal parietes, lying in the course of the external iliac artery, and yielded to the hand a strong pulsation, synchronous with the cardiac action. The tumour and the pulsation increased rapidly; and as there was no distinct evidence of their being other than aneurismal, and a prepon-

derance of opinion that they were of that nature, Mr. Moore proceeded to the deligation of the common iliac artery. The pulsations of the tumour ceased immediately, and the patient went on pretty well for a little while; but his system seemed unable to resist the shock of the operation, and he died a few days after the deligation of the vessel.

On a post-mortem examination, it was found that the tumour was of the encephaloid kind, and lay between two large arteries, which had communicated to the tumour the pulsations felt during life. It will be recollected that unavoidable errors of this kind have happened once or twice before in our hospitals; and it is plain that the most careful examination, and the most consummate surgical skill, can hardly preserve from such misapprehensions.

ST. MARY'S HOSPITAL.

Exostosis of the Orbit; Successful Removal. Epithelial Cancer of the Cheek; Operation; Recurrence of the Disease.

(Under the care of Mr. HAYNES WALTON.)

Two cases, which it will be useful to put in juxtaposition, have lately been treated at this hospital; they will show very forcibly how different are the manifestations in different subjects, consequent upon irritation of parts. In fact, it would appear that before long we shall be driven back again to an almost purely humeral pathology, for how could otherwise be explained such phenomena as these?—Three persons, in apparent health, receive an accidental blow, or meet with a slight bruise, on some portion of the body. One hardly notices the circumstance; the healthy process of inflammation, and subsequent cicatrization, are rapidly gone through, and no trace of the accident is left. The second sees a slow and sluggish congestive inflammation take place, an unhealthy discharge follows, and if a joint have been implicated, there is much likelihood of its complete disorganization. The third experiences little or no pain, but after some time the part becomes indurated, inflammation slowly sets in, and the ulceration which ensues assumes the unmistakable characteristics of a cancerous fungosity.

We shall be told, of course, that the first individual was in perfect health; that the second was under the influence of the scrofulous, and the third of the cancerous, diathesis. But what is the nature of this diathesis? In what structures does it lie? Can its principle be isolated, either from the solids or the fluids? Can we chemically or microscopically discover it before any tangible manifestations have occurred? Shall we rely on the theory of retrograde metamorphosis, so cleverly advocated by Dr. Thomas Addison, in his work on Scrofula? Whichever way these questions may sooner or later be solved, it is extremely probable that, by the aid of chemistry and the microscope, the fluids will be found at fault. But we at once proceed to narrate the two cases; they will certainly prove replete with useful suggestions.

CASE 1.—Exostosis.—E. H.—, aged forty, a carter by trade, fell down stairs a few years ago, and struck the edge of the orbit against a hard substance. In the space of about two months an enlargement of the part began to appear; it was at first but small, but it gradually increased, and within about three years the eye was overhung with a hard tumour, evidently an osseous growth, which so much intruded on the orbit as to compress the eye, threatening by its further development to destroy vision.

Under these circumstances the patient applied for relief, and Mr. Walton, after carefully examining the part, thought that it was imperative for the safety of the eye that the exostosis should be removed. The characters were not surrounded by any doubt; hardness, immobility, slow growth, continuity with the bone, absence of pain and inflammation, &c., were all sufficiently marked. The patient was therefore brought into the theatre, in July, 1851, and having been narcotized with chloroform, Mr. Walton made a crucial incision over the tumour; the growth having then been isolated, it was removed from the edge of the orbit by means of a small saw. The parts were brought together in the usual way; the inflammatory action did not run very high, nor materially interfere with the globe of the eye, though that organ was so near the parts operated upon. After a few weeks the patient was discharged, and up to this period has done well, no tendency to a recurrence having been manifested.

CASE 2.—Epithelial Cancer of the Cheek.—Notes taken by Mr. Bullock, house-surgeon.—Anne G.—, aged thirty-seven, a thin, spare woman, with dark hair and sallow complexion, was admitted June 27, 1851. About six months previous to her reception into the hospital, five of her teeth

on the left upper jaw were decayed; one of these broke off, and the sharp end of the stump scratched the inner side of her left cheek. To the wound thus made the patient applied a solution of alum. An ulcer formed; a second followed; these soon coalesced, and formed a sore, which has ever since been increasing. She has had much darting and shooting pain disturbing her rest; and the cheek becoming perforated, a fungoid growth appeared externally. In that state the patient was admitted into University College Hospital, where the fungous mass was partially destroyed by chloride of zinc. After staying four months in that institution, where we frequently had opportunities of seeing her, and watching the progress of the disease, the woman left, and applied for admission at St. Mary's Hospital, when she presented the following appearances:—

In the centre of the cheek, close to the situation where Steno's duct opens into the mouth, there is an ulcerated perforation, about an inch and a half in diameter, surrounded by a fungous mass, which secreted a sanious and fœtid, purulent fluid, mixed with saliva and mucus. The lymphatic glands under the jaw and in the neck were indurated and enlarged. The aspect of the patient was distressing, her suffering very great, and she was very anxious to obtain relief. Under these circumstances, the idea of an operation was entertained after the chloride of zinc had been used for some little time. Mr. Walton being anxious to give the patient the benefit of the doubt, and afford her a chance of permanent relief, though of course very small, placed some of the tissues into the hands of Dr. Handfield Jones, who formed the opinion that the disease might be looked upon as epithelial cancer. The report of the examination runs as follows:—

Dr. Handfield Jones decides for the non-malignant character of the tumour, so far, at least, as to say that it is not scirrhus, or an encephaloid or colloid growth, of none of which forms does it appear to bear the character. He believes it to be one of those growths which Lebert calls epithelial or epidermic. On examining the cut surface, a lobed arrangement, like that of a salivary gland, is very apparent, and the lobes appear not very firmly united together. It has none of the glossiness or semi-translucency of scirrhus, and is firmer than encephaloid matter. Pressure causes no "suc cancéreux" to exude, but here and there start out longish cylindrical moulds, just like those from an enlarged sebaceous follicle. A section under the microscope shows several circular spaces with a concentric lamella; in their interior these appear to be divided ducts, with accumulated epithelial scales almost filling them up. Around these circular spaces there is an abundant cell-formation, which Dr. Jones conceives to be situated in the glandular vesicles; the cells, as seen scattered about, are (the majority) evidently epithelial scales or modifications of them. There are no cells, or but very few, which might not be referred to epithelium or its modifications. The interlobular tissue seems to be of much the same nature as is seen in fibrous tumours, and Dr. Jones would not regard it as of cancerous nature.

The limits of the growth are defined; it does not appear to infiltrate the adjacent tissues; certainly the skin is not involved. The circumstances which seem to point to the conclusion adopted above, are:—1. The aspect of the growth resembling that of gland tissue. 2. The non-infiltrating tendency. 3. The absence of the "suc cancéreux." 4. The presence of a multitude of epithelial scales, which are forced out in cylindrical moulds by pressure. 5. The stroma and the cells do not exhibit in their arrangement or characters decided evidence of a cancerous nature. The chemical constitution (as yielding proteine) would appear opposed to the view of its non-malignancy; but this is by no means conclusive, as all epithelium is primarily an albuminous substance.

Now, as epithelial cancer is not so liable to recurrence as the other forms of the disease, Mr. Walton, with Mr. Coulson's concurrence, proposed the removal of the mass, a measure to which the patient gladly assented. The operation, which took place on the 13th of August, consisted in the removal of the cancerous growth, which had involved nearly the whole of the soft parts between the upper and the lower jaw on the left side. The hæmorrhage was rather profuse, but it was soon commanded by the actual cautery, and the extensive gap left between the upper and lower maxillæ filled with lint.

The patient progressed pretty favourably for about twelve days after the operation, when the pain in the face returned, the sound parts below the eye began to swell, the discharge from the wound became profuse, the glands under the chin enlarged, and the skin covering them became red and painful. In a few more days the newly-inflamed parts took on an ulcerating action, and the whole of the margin surrounding