was a male, aged thirty-two, who, ten days after the operation, became the subject of typhus fever. The oldest, also a male, was sixty-one years of age. This patient died, not from hernia nor from the effects of the operation, but from cancer of the rectum of old standing, the calibre of the bowel being greatly contracted. Of the two remaining fatal cases, one was a female, aged fifty-six, admitted in a state of great exhaustion from long-continued strangulation; the bowel was dark-coloured, and had lost its bright reflecting aspect. She never rallied after admission. The other was the case already mentioned, in which there was the coexistence of both an umbilical and inguinal hernia. I had much difficulty in determining in which hernia I should first operate; but finally decided on the inguinal, where I found the stricture. The patient was a most unfavourable subject for operation, being very obese. Death ensued from peritonitis of low type.

The only fact of any apparent novelty that I have to communicate is as follows:—Thus, in two of the cases of femoral hernia, I succeeded in destroying the stricture by the pressure of the point of the finger—not using the knife at all. This mode of proceeding showed how small an increase in the size of the femoral ring is necessary for the replacement of the intestine; and it also drew my attention more particularly to those supernumerary fibrous bands, internal to Gimbernat's ligament (i. e., nearer the neck of the sac), on the existence of which the irreducibility of the femoral hernia often depends. The femoral ring cannot be readily very greatly enlarged by pressure; hence, when the protrusion is returned, a small ring, of nearly natural dimensions, is left—a condition which exerts a most important influence on the proper adaptation of a truss. My friend, Mr. Kingdon, surgeon to the Truss Society, assures me that the very free division and consequent enlargement of the ring, as practised by some surgeons, renders almost impossible the useful application of a truss.

Queen Anne-street, Cavendish-square, Aug. 1865.

P.S.—With reference to the statistics of hernia in St. Bartholomew's Hospital, I beg to observe that since last May twelvemonth (i. e., May, 1864) there have been admitted twenty-one females the subjects of strangulated crural hernia. Of these, three only have died: one, over seventy years of age, from bronchitis and fatty degeneration of the heart; the other two from peritonitis, both of them having been admitted in a state of collapse. These returns are remarkably favourable, and illustrate the fact that the operation for strangulated femoral hernia is not in itself dangerous, and that the cases do well under proper after-treatment, provided the condition of the intestine be such as to admit of recovery.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

CASE OF ANEURISM OF THE THORACIC AORTA, IN WHICH THERE WERE THREE DISTINCT SACS.

(Under the care of Dr. FINCHAM.)

ELIZABETH E—, aged thirty-six, married, was admitted on February 16th, 1865. Seven years ago she first had "pain in the chest." This appears to have soon left her, but to have returned after an interval of two years, since which period she has never been entirely free. The pain was described as of a pricking sensation at first, but latterly as of a boring, burning character. A year ago she began to be short-breathed, and to cough, and five months afterwards the voice became hoarse; this last symptom coming on suddenly, and being accompanied by a throbbing in the upper part of the chest. About a month

before admission the pain became more severe, and she noticed a swelling about the upper sternum; at the same time the dyspnoea notably increased, and she had some difficulty in swallowing. She began also to have great pain in the left shoulder, shooting down the arm to the fingers.

On admission, her chief complaint was of very severe pain beneath the left nipple and over the upper part of the sternum, shooting down the arm. She had some dysphagia, hoarseness, cough with mucous expectoration, and great dyspnoea, so that she was unable to lie either on her side or back for any length of time. She lay habitually with the back arched, resting on the knees and elbows. She was pale and thin, with an aspect of great suffering; she slept but little from pain; the pulse 82, weak, and of the same strength in both radial arteries. The upper part of the sternum and the left sterno-clavicular angle were occupied by a pulsating tumour, the apex of which was evidently protruding through the sternum. Over the tumour and at the base of the heart a diastolic murmur was audible, whilst a systolic bruit could be heard along the left subclavian and carotid arteries. Throughout the left lung the respiration was notably feeble, and in the infra-clavicular region there were coarse moist râles. There was, however, nowhere deficient resonance, except immediately over the tumour. Over the right chest the breathing was loudly puerile. There was no œdema either of the face or upper extremities.

In this case the pain was so great and constant that the treatment was directed mainly to allay this. She was accordingly ordered morphia in half-grain doses at night, and subsequently in combination with chloric ether every six hours, and afterwards every four hours. Belladonna plasters were also applied to the side and back, and the aconite liniment of the British Pharmacopœia. Some temporary relief was given by these remedies, but her sufferings continued most distressing. At the beginning of March fluctuation could be detected in the tumour, and this was followed shortly afterwards by slight discoloration over its most prominent portion. A few days subsequently, the dyspnoea having become urgent, the whole left side of the chest was found to be dull on percussion, and the breathing tubular. She died on the 15th, exhausted by pain and suffering.

Examination thirty hours after death.—Body much emaciated; rigor mortis persistent. On removing the sternum it was found eroded and perforated at the point of junction of its upper with its middle piece. The erosion was caused by an aneurism of the ascending portion of the aorta, about the size of a small orange, and partially filled with laminated fibrin of a dirty-brown colour. A second pouch, of the size of a large walnut, was found arising from the transverse portion of the arch, and pressing backwards on the trachea. A third aneurism arose from the posterior aspect of the descending aorta: this compressed the left bronchus, notably diminishing its calibre; it had also eroded the bodies of the second, third, and fourth dorsal vertebræ. The whole arch of the aorta was roughened with atheromatous deposit. The heart and its valves were healthy. Right lung healthy. The left lung was consolidated throughout; its upper lobe in the state of grey hepatization.

LOCK HOSPITAL AND ASYLUM.

REMARKABLE CASE OF ACUTE FATTY DEGENERATION OF LIVER.

(Under the care of Dr. SIEVEKING.)

THE following case is reported by Mr. Wm. J. Laud:—

Elizabeth W—, aged twenty-eight, was in the Lock Hospital from April 28th to May 29th, 1865, suffering from sloughing phagedena of labia majora, with suppurating bubo in groin, and slight vaginal discharge. Recovered perfectly under the use of tonics and local applications. No specific treatment. Since May has been an inmate of the Lock Asylum. After feeling unwell for several days, complaining of lassitude, pains in the head, &c., on July 20th discoloration of skin, yellowness of conjunctivæ and nails were noticed. Vomited several times; slight pain over abdomen, but not in right hypochondrium especially; no tenderness; region of hepatic dulness very small; bowels constipated; urine contains large quantity of bile; tongue dirty white; pulse normal. Ordered senna draught at once, and warm bath.

July 21st.—Appearance as yesterday; skin of light-yellow

colour. Patient complains of restlessness and want of sleep; the vomiting continues; bowels have moved once, but not freely; fæces clay-coloured. Repeat bath. To have five grains of blue-pill at bedtime.

23rd.—Had been delirious during the night, and is now only half-conscious. Tongue brown and dry; lips covered with dark sordes; pulse weak and rapid; skin hot; bowels have not been moved since yesterday morning. Some clots of blood passed per vaginam. She has also vomited some blood, but only a small quantity. Dr. Sieveking saw her, and ordered a quarter of a grain of podophyllin and three grains of extract of hyoscyamus in pill at once; twenty grains of chlorate of potash and twenty minims of dilute hydrochloric acid in water: a sixth part every hour.—Ten A.M.: Bowels not having yet moved, an enema of castor and croton oils was administered, and a large quantity of fæces (clay-coloured and very offensive) brought away. Vomiting now more frequent. The patient is very restless, throwing her arms about, and turning from side to side continually; pulse 120, and very weak.

24th.—She lies in a comatose state, with dilated pupils, breathing stertorously. Skin cold and clammy, and darker than before. No petechiæ. Pulse almost imperceptible. About a pint of blood was vomited during the night. At two P.M. she died: that is, on the fourth day after the appearance of the jaundice, and about thirty-six hours after the supervention of the head symptoms.

Analysis of urine.—Specific gravity 1015; acid; of a dirty brownish-yellow colour; turbid; stains paper yellow. Addition of nitric acid causes faint play of colours, purple and green. Sulphuric acid and sugar give a brownish tint, and not purple: ergo, suppression, and not reabsorption (Harley). The microscope shows crystals of oxalate of lime; jaundiced renal epithelium; also vaginal epithelium, some colourless and some jaundiced. One well-marked fibrinous cast, with epithelial débris.

Autopsy, twenty-four hours after death.—Body rather fat and muscular; light-yellow all over. Liver: weight 1 lb. 13½ oz.; capsule not puckered or contracted; consistence normal; colour light, and not markedly jaundiced. On section, the texture appears to be effaced in some parts, and everywhere the lobules are indistinct. Hepatic veins congested. Gall bladder nearly empty. Under the microscope, no secreting tissue at all is to be seen, with the exception of some doubtful débris; the hepatic cells appear to be entirely converted into oil; no excess of fibrous or fibroid tissue. All the other organs are healthy, but all more or less jaundiced, with the exception of the kidneys, which are large, rather congested, jaundiced, and show signs of incipient fatty degeneration in the cortical portion. No syphilitic nodules or deposits found in any organ.

Dr. Sieveking remarked on the case, that the question during the illness naturally suggested itself, as to whether the case was one of acute yellow atrophy. The rapidity with which the symptoms supervened and ran from bad to worse justified a most unfavourable prognosis, and it was early evident that the essential disease was one involving a decomposition of blood. Although the post-mortem examination disproved the existence of acute yellow atrophy, the entire disappearance of the true hepatic secreting tissue, and its conversion into fatty and oily matter, rendered it a remarkable case, justifying the term acute fatty degeneration.

ST. THOMAS'S HOSPITAL.

SUBPECTORAL FATTY TUMOUR.

(Under the care of Mr. LE GROS CLARK.)

A MARRIED schoolmistress was admitted, on the 27th of December, 1864, with a large subpectoral tumour. About five years since, this tumour made its appearance as a moderately firm body, of small size, above and to the outer side of the right mamma. It gradually increased in size, rising towards the clavicle; but as it occasioned no inconvenience, and was unattended by pain, she was recommended not to have anything done. Latterly, however, the swelling had reached the clavicle, and then made its way beneath it and upward, of the size of a small egg, above that bone. She then complained of numbness, loss of power, and some pain in the arm, and it therefore became necessary to give some relief. On the 14th of January, the removal was effected in the following way:—A free incision was made along the lower border of the outstretched pectoral muscle. Access was thus given

to the axilla, and the tumour (fat) was found to extend beneath the smaller pectoral muscle, and continuously above the clavicle. From the close connexion in which it was held to the coracoid process and clavicle by the fascia in that region, considerable difficulty was found in detaching it from the neighbourhood of the subclavian vessels and nerves, the fascia requiring, at that depth, cautious division with the point of the knife, as the adhesions refused to yield to traction. After this separation, the supra-clavicular portion of the tumour was drawn down, and the mass, weighing eleven ounces, removed entire. One artery required a ligature.

The patient made a slow recovery, having diffuse cellulitis in the neighbourhood of the wound, and, subsequently, threatening of pyæmia, but she ultimately returned home well.

On the first appearance of this swelling, it was doubtful whether it might not prove to be a chronic abscess; but for a long time before the operation there was no doubt expressed as to its nature—it was evidently a fatty tumour. Its deep position and critical relations rendered the operation a little hazardous; and no doubt the subsequent complications and tardy recovery were due to the same cause.

Reviews and Notices of Books.

Report on the Quality, Wholesomeness, Price, and Use in Diet and Medicine, of the Cheap Wines from France, Italy, Austria, Greece, and Hungary, imported in pursuance of Mr. Gladstone's liberal policy. By ROBT. DRUITT, M.R.C.P. London: Renshaw.

FIFTEEN years ago THE LANCET originated a Commission for ascertaining the condition of the Solids and Fluids consumed by all classes of the public. This Commission proceeded in its inquiries on certain well-defined bases or principles. First, it affirmed, in the case of every article examined, whether it was genuine or adulterated; and, to arrive at this conclusion, it employed all the means known to science, including chemistry and the microscope. Secondly, it published to the world, without a single exception, the names and addresses of the parties of whom the analyzed articles were purchased, whatever might have been the results of their examination. Conducted in this manner, the inquiries of the Commission have been published more or less regularly to the present time. The results of the analyses of fully 3000 articles have been given; and with each sample the name of the person of whom it was purchased was made known. In every instance was a distinct conclusion arrived at; and out of such a vast number of samples, we do not remember that a single one was ever put aside in consequence of any doubt being entertained as to its being genuine or otherwise; neither in any instance was a name withheld, those published including some of the first firms in this great commercial country. The result of all this labour has, doubtless, been to effect a vast improvement in the condition of articles of consumption as now supplied to the public—a complete revolution, in fact, has been effected in many instances in their composition and preparation; and when, lastly, we state that we have never yet been subjected to legal consequences for any error or inadvertence, it will be acknowledged that we have much reason to congratulate ourselves upon the manner in which the duties and functions of this Commission have been discharged from first to last.

It might have been supposed that an inquiry of such importance, and carried out in such a manner, would have been sure to have enlisted the favourable opinion of our contemporaries. There was one, however, which rarely lost an opportunity of indulging in ill-natured remarks and innuendoes respecting the Commission. But now, strange to say, after all these years have passed away, this very periodical comes out, with its "special empirical Commissioner," to report upon cheap wine somewhat on the plan of our original undertaking. In this case, however, instead of science being brought to bear upon the subject, the Commissioner merely used his nose and tongue, in the same way as might any other ordinary mortal; and,