heart was scarcely audible. This extreme depression of the circulation I consider almost pathognomonic of abdominal affection, and consequent on the mass of sympathetic nerve located in the abdomen, through which the heart becomes secondarily affected. It kills in peritonitis and cholera. It is most remarkable in obstruction of the bowels, and in diarrhoea; and, in this case, it destroyed life, for I do not consider there was any evidence of bile elements being in excess in the blood.

October, 1858.

TREATMENT OF EPITHELIAL CANCER OF THE TONGUE.

By J. VINING PORTER, Esq., M.R.C.S.,
Isle of Wight.

WM. P.—, aged sixty, has suffered for the last three years with epithelial cancer of the tongue. His brother died with cancer of the tongue, and his father died of a tumour in the neck. The treatment has been to let masticatories gradually dissolve as near to the part as possible, composed of equal parts of powdered oak-bark and alum, made up with mucilage, and divided into about five grains each. The cancerous disease has not appeared to progress. The general health is quite as good or better than at any time of his life; and if I cannot cure, at any rate I seem to have held the disease in check, and hope still to do so.

Bloomfield Lake, October, 1858.

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

LONDON HOSPITAL.

THE GREAT VALUE OF CHLOROFORM IN DELIRIUM TREMENS.

(Under the care of Mr. CURLING.)

ON one occasion we remember seeing a large, muscular man, a labourer, brought into an hospital, with symptoms of delirium tremens of the most violent character. The most powerful anodynes, frequently given, had no effect; he was strapped down in his bed, and had gloves put on his hands. He continued to struggle and rave, without intermission, from the time he was admitted, and died from exhaustion on the same evening. This astonished those under whom the poor man was placed, and a regret was expressed that any restraint at all had been practised. Had chloroform been administered in this case, it is very probable that the man would have been saved. We saw an example of delirium tremens, on the 7th instant, in the London Hospital, the patient being a stout, healthy man, twenty-seven years of age, under Mr. Curling's care. He was a clerk out of situation, and affected with this malady for the first time, from drinking rum to excess. The symptoms were very violent, but not to the extreme degree. Drachm doses of laudanum were administered three different times in succession, without the slightest effect; then twenty-five grains of extract of hyoscyamus, with the same result. At last, it was determined to try chloroform. This had been inhaled scarcely five minutes, when he fell asleep, and continued sleeping for six hours, when he awoke, and the symptoms of his trembling delirium had vanished. Several other cases have been successfully treated by the administration of chloroform in the same hospital.

This form of practice in delirium tremens is by no means

new, having been employed since the year 1852. Many practitioners prefer giving chloroform internally in this affection, sometimes combined with sulphuric ether; but when it is desirable speedily to obtain quietude and repose, lest the violence of the delirium should exhaust the patient and render the case hopeless, the best and safest results may be anticipated from the inhalation of a moderate amount.

ABSCESS OF THE SCAPULA.

(Under the care of Mr. CURLING.)

UNUSUAL as is the situation of the scapula for the formation of an abscess, we find that matter forms in that bone from comparatively the most trivial of causes, as is exemplified in a patient, a girl of fifteen years, in the above hospital, who was admitted on the 27th of August last. She is a glass-cutter by occupation, and, five weeks previously, she happened to knock her shoulder-blade against the window-ledge. This was thought nothing of at the time, but shortly afterwards a swelling commenced slowly to form beneath the spine, and has now extended itself over a great part of the blade-bone. For the present it is not being interfered with, but was soft and fluctuating when we saw it on the 9th of September.

An example not less interesting is also at the present time under treatment in University College Hospital, only that there is very extensive disease of this bone implicating the shoulder-joint; in fact, the case is an unusual one, for there is partial ankylosis of this joint by the extension of the original disease of the scapula, of some years' duration, the patient being an elderly, muscular man, but now in a delicate state of health. Two large fistulous openings lead to the shoulder-blade, and near the shoulder-joint, through which the former, as well as the humerus, were felt bare, and in a state which Mr. Erichsen called hard necrosis. On the 6th of October he made a large crucial incision over the spine, below the acromion process, and at once came down upon necrosed bone, near the anterior axis of this process. The necrosis was found, however, to affect the scapula more extensively than was anticipated, partaking of the hard character met with in the flat bones of the body. There was a small cavity in the bone near the spine, which was enlarged and the affected portions scooped out; the finger passing through this to the sub-scapularis muscle beneath. A sinus was found leading to the shoulder, which was laid open by a crucial incision, and a detached piece of the globular head of the humerus was taken away. A quantity of suspicious bone was removed from the scapula itself; it was thickened, possibly from old inflammation. The bone has a hole through it near the base of the acromion. The portion still remaining was in a doubtful condition; but as the man was in a delicate state, and had suffered from long-continued inflammation, Mr. Erichsen thought it better to leave the wound open and allow it to suppurate, and see what the result would be. It is certainly an uncommon case, and may eventually require complete excision of the bone. There was no history to point to any former injury, although the disease, as before stated, has existed for some years.

An example of medullary cancer affecting the scapula, in a female of twenty-three years, under the care of Mr. Hawkins, at St. George's Hospital, we briefly noticed on a previous occasion. (THE LANCET, vol. i., 1857, p. 291.)

In Mr. Curling's patient it will be interesting to observe the ultimate result of the opening of the abscess.

ST. GEORGE'S HOSPITAL.

LARGE STRANGULATED OMENTAL HERNIA; SLOUGHING AWAY OF THE TUMOUR; RECOVERY.

(Under the care of Mr. CESAR HAWKINS.)

ALTHOUGH the patient in the following case was admitted with symptoms of strangulated hernia, they were not of a very urgent character. The tumour was as large as a child's head, but possessed no impulse when the patient coughed. The bowels were well relieved on the third day, and the tumour remained undiminished in size until the twenty-sixth day, when it was observed to be softer and smaller at its upper part, with fluctuation. Two ounces of bloody serum and pus were evacuated by means of a trocar. Subsequently, portions of sloughing omentum came away, with much dark fluid intermingled with oil. Still later, Mr. Hawkins removed a piece of omentum several inches long, and when the openings were