occasional quiet delirium. The temperature till a day or two before death was high and variable (highest temperature 104.2° on April 19th and 22nd). For a day or two before death the temperature was lower (98.8°—100° F.). The pulse varied from 108 to 120. The respiration during May varied from 30 to 36. No organic changes, except those of lung, were found, and no diagnosis was arrived at except of "suppuration." He gradually sank, and died May 21st. The medicinal treatment consisted of stimulants and tonics, and for the pain bromide of potassium and chloral and opium plaster to the loins.

Necropsy twenty-two hours after death.—Much emaciation. Adhesions between dura mater and pia mater in parts over vertex. The grey matter over an area about the size of a florin, and located in the marginal and superior anterior frontal convolutions of the left side, was totally disorganised. In similarly softened condition was an area of about the same size situated in the right inferior surface of cerebellum, chiefly in the slender lobe, but in this part the membranes were absorbed over a space three-quarters of an inch by a quarter of an inch; a broken-down nerve substance was in contact with the bone. The arteries at the base of the brain seemed normal, as did the rest of the encephalon. It was remarked that the left side of the skull was flattened (probably congenital). The heart was fatty, valves were normal; the kidneys also were normal. There were old adhesions in the right pleura, especially at the base. Both lungs were riddled with nodules of caseation about the size of peas. There were also many miliary tubercles. The left lobe of the liver, the cardiac end of the stomach, and the spleen were adherent by fine firm bands of fibrous tissue. There were no signs of recent inflammation. The stomach was firmly adherent to the spleen over a circular area about the size of a shilling, and at this spot the coats of the stomach were so thin that on removal the stomach separated from the spleen leaving a round patch of mucous membrane adherent to spleen. The left lobe of liver was much flattened. The spleen (which, together with the stomach and part of left lobe of liver, weighed forty-nine ounces) was about the size of a cocoa-nut. Its capsule was thick and purple, mottled with red, and round patches of yellow corresponding with the caseous nodules with which the spleen was filled. The spleen was transformed into a collection of caseous nodules, each about the size of a pea, these apparently being converted Malpighian bodies, and between these ramified fibrous tissues and bloodvessels. The stomach appeared healthy but thinned, especially at the cardiac end. The liver, which weighed forty-eight ounces without the piece of left lobe, was fatty and fibrous. Two caseous masses were found in upper surface of right lobe, and another in quadrate lobe; adjacent to each were dilated bile-ducts containing viscid secretion. In the head of the pancreas was a caseous mass about the size of an ordinary marble.

SOUTH STAFFORDSHIRE HOSPITAL.

A CASE OF SCIRRHUS OF THE BREAST IN THE MALE.

(Under the care of Mr. KOUGH.)

E. B—, aged forty-five, was admitted March 9th, 1880. Nearly three years ago a tumour of the size of a pea was noticed in the left mamma. It gradually increased till it acquired its present dimensions, but caused no pain till January, 1880. He then felt shooting pains passing upwards, to the neck. In February the patient sought advice, and was admitted into the hospital as soon as he could leave his employment. There is no history of injury or eruption about the breast or discharge from the nipple.

On admission the tumour was the size of a large egg; it was of stony hardness, adherent to the skin, but movable on the pectoral muscles. One gland at the anterior fold of the axilla was enlarged. The patient's general condition was fair, although he said he had lost flesh lately. The family history was indefinite.

On March 11th the tumour was removed by two elliptical incisions, and the axillary glands were enucleated. Owing to the adherence of the skin to the surface of the tumour a somewhat large wound was left. This had nearly healed by granulation by April 20th, when the patient was discharged.

The physical and microscopic examination of the tumour showed it to be scirrhous. There is no reason to believe that the axillary gland was infiltrated with cancer.

The case is interesting as forming a unit in the statistics of cancer of the male breast, but it also has some points of interest when read with similar cases published in the "Hospital Mirror" of THE LANCET, the "Transactions of the Medico-Chirurgical Society," and elsewhere. (1) The growth was noticed when it was very small. (2) It occurred after the period of physical perfection. (3) It was attributed to no physical cause. (4) Mr. Birkett states that in the male cancer of the breast is less rapid in its course, and slower in its recurrence, than in the female. This was slow in its growth, and it will be interesting to note whether it will return.

COTTAGE HOSPITAL, MORETON-IN-MARSH.

CASE OF OVARIOTOMY; RECOVERY.

(Under the care of Mr. JOHN N. MOORE.)

Mrs. P—, aged forty-nine, was admitted on April 22nd, stated that, until two years ago, she had enjoyed fairly good health. She began to menstruate at twenty. She had had two children, both of whom were living, aged seven years and ten years respectively. The catamenia stopped about two years ago. In May, 1879, she first noticed a tumour about the size of a four months' foetus just above the pubes; the swelling was perfectly uniform, and exactly the shape of a pregnant uterus. She stated that she had occasional shooting pains through the pelvis, and afterwards distinctly felt the movements of a child. The tumour gradually increased in size until the abdomen became much distended, and the pressure of it caused the legs to swell, and interfered with the breathing and the power of locomotion; micturition was not affected in any way, but there was a constant sanious discharge from the vagina.

On March 4th, 1880, Mr. Moore tapped the tumour, to relieve the urgent symptoms, and drew off four gallons of semi-transparent straw-coloured fluid. This gave great relief, and was followed by no bad symptom except a marked depression of strength for a few days. The tumour commenced to fill again, and on April 22nd she was admitted into the Cottage Hospital. Two days later ovariectomy was performed.

The patient was placed under the influence of the chloroform and ether mixture (in the semi-recumbent position); an incision was made in the median line from the umbilicus to just above the pubes, dividing the layers of abdominal wall down to the peritoneum, which, when exposed, was found to be thickened in character and roughened. The peritoneum was carefully divided on a director, and the anterior surface of the cyst wall exposed. It was adherent to the anterior wall of the cyst by recent adhesions, which were easily broken down by the hand. At this stage a large trocar was plunged into the tumour, and a little over a gallon of thick, dark-coloured, gelatinous fluid was drawn off. It was then found on attempting to lift the tumour that there were lateral pelvic adhesions, one being of an exceedingly firm character. These were carefully broken through by the hand and finger-nail, and the tumour got free. The mass was then raised through the wound, exposing the pedicle, which was about three inches long by an inch broad. A needle, armed with a double ligature of Chinese gimp, was then passed through the centre of the pedicle and tied on either side, and afterwards completely round "the pedicle," which was then cut short and dropped into the abdomen. In breaking through the lateral adhesions there was an escape of fluid into the peritoneal cavity. This was carefully sponged out, the omentum replaced *in situ*, and the edges of the wound were brought carefully together by four deep and six superficial sutures, the former including the peritoneum. The wound was dressed in a simple manner by dry lint, the edges of it being supported by broad strips of Leslie's adhesive plaster, and the whole secured by means of a broad flannel bandage.

The after-treatment consisted in careful attention to the bladder, the administration of small but frequent quantities of gruel and milk and a little iced champagne to allay the sickness, which was of a trifling character. The temperature never rose beyond 102° F., and that forty-eight hours after the operation. The deep sutures were removed on the fifth day, by which time the wound had completely healed. No medicine was given at all, with the exception of two single pills, containing a grain of opium, on the night of the operation.

On examining the tumour after its removal it was found to be a composite ovarian, one large cyst, together with a solid substance, containing several small cysts, and weighed about five pounds.

No special antiseptic treatment was adopted; there was no hæmorrhage or vessel of any kind requiring ligature, and the patient made a rapid and complete recovery, leaving the hospital on the twenty-sixth day after operation.

Valuable assistance was rendered in the operation by Dr. Yelf (one of the surgeons to the hospital), Mr. Moore of Bourton-on-the-Water, and Surgeon-Major Crisp, A.M.D.

Reviews and Notices of Books.

Lessons in Gynecology. By WILLIAM GOODELL, A.M., M.D. London: Baillière, Tyn dall, and Cox.

THE name of this book fairly describes it. It consists of short clinical lectures delivered, in many if not in all instances, at the bedside or in the operating theatre. The author in his preface says: "This book is not a treatise upon diseases of women, but mainly the outcome of clinical and didactic lectures delivered to the advanced students of the medical department of the University of Pennsylvania." Still most of the diseases peculiar to women are treated of. The author has been long known as an able and original worker in the obstetric department of medicine, but no one can read the book before us without feeling that he is also a very able teacher—that is, that he has the power to convey his views clearly to, and to impress them deeply upon, his hearers. His style is terse and pointed, and, without elaboration and in short space, he draws a striking picture of a disease. Originality of matter is not to be expected of a teacher educating students, but there are things which we have a right to expect of him—his teaching should, in so far as possible, be correct, and should be free from evil or dangerous tendencies.

There are subjects treated of in this volume with regard to which the opinions of experienced physicians widely differ, such as displacement of the uterus, lacerations of the cervix uteri, &c.—subjects upon which each one must form his opinion upon the evidence at his command. Dr. Goodell holds flexion of the uterus of a certain degree—be it backwards or forwards—as a pathological condition. In the treatment of ante flexion he recommends, among other means, the use of stem pessaries. Now this method of treatment is, unfortunately, one of those subjects upon which opinions are widely asunder. There is, however, one fact about which there can be no doubt, and all are agreed—namely, that death has in many instances followed the introduction of stem pessaries into the uterus. Whenever the use of stems is recommended, this important fact in their history should be made known. The author makes no mention of it, but contents himself with referring to two cases of his own, in one of which "a smart attack of peritonitis," and in the other "a pelvic soreness," followed the introduction of a stem!

Again, we cannot help regarding the manner in which the employment of the curette is recommended for the removal of fungosities supposed to be present in the cavity of the uterus as hazardous. That fungosities are sometimes present in the uterus there is no manner of doubt, yet post-mortem examination shows how rarely they occur. Moreover, their detection during life is very difficult, for they cannot be easily recognised by the finger introduced into the dilated womb because of their softness; every gynecologist knows how liable small mucous polypi in the cervix of the uterus are to escape the sense of touch, and how the sight is necessary for their detection. We cannot but think also that in many instances pieces of tissue which have been removed by the curette, and regarded as fungosities,

are nothing but portions of the mucous membrane of the uterus, for on examination they have presented a structure precisely similar to that membrane. They may be present, moreover, with or without symptoms, so that it is by no means established that they are often the source of the mischief which has been ascribed to them. From this book one would be led to think that fungosities giving rise to symptoms are of frequent occurrence. In describing the preparation of the patient for Emmet's operation for laceration of the cervix, the author says: "Whenever the catamenia are profuse the preliminary use of the curette is always good practice." From what is well known of the result of interference with the interior of the uterus, we cannot help regarding such advice as reckless and highly dangerous.

There is one other subject to which we must call attention—namely, sexual relations as causes of uterine diseases. This is repeatedly referred to in the course of the work and at the end a special "lesson" is devoted to it, in which several scriptural characters, together with an apostle, are summoned to support the author's views. This subject may be one of the highest importance medically, as it is socially and morally, but we have no evidence regarding it which justifies us in forming an opinion. Whether the result would repay an investigation into so nauseating a subject surrounded by such peculiar difficulties we do not pretend to say, but we cannot hesitate to assert that the subject is too offensive to be touched upon now and then. Like a stinking cesspool, it should be opened, once for all set right, and closed, so that its foulness may not pollute its surroundings. This can only be effected by an exhaustive investigation of the subject, and thus setting it on a scientific basis. The author has not done this. The lesson referred to contains little that is scientific, little or nothing that the moralist could not teach; indeed the author, from the highest motives, has played the part of the moralist under the guise—and a very thin one—of the physician. We think this a mistake, for it can lead to no good to morality or medicine. Until the subject can be treated in a scientific manner, by the physician as such, it had better be left untouched.

On Aneurism; especially of the Thorax and Root of the Neck. By RICHARD BARWELL, F.R.C.S., Surgeon to Charing-cross Hospital. With Illustrations. London: Macmillan & Co. 1880.

THE practice and success of Mr. Barwell in this special department of surgery have already been brought under the notice of the profession in papers at the Medico-Chirurgical Society, but the subject is so important and his success has been so signal, that we are glad to welcome this little book, which will make the facts more widely known than they could otherwise be. Mr. Barwell has performed the double distal ligature for innominate aneurism four times, and is able to report that in three cases cure resulted. This is a success quite new to surgery. The result is attributed to the use of a new flat or ribbon ligature and the Listerian dressing. Although Mr. Barwell is a warm supporter of Listerism, he is strongly impressed with the imperfections of the carbolised catgut for ligatures, and proposes to replace it by a ribbon ligature prepared from the fresh aorta of an ox. It is stated that this ligature is organised in the body, and that being flat, it is used without severing any of the coats of the artery. He has employed it for the ligature in continuity of the largest arteries of the body seven times, and in no case has any trouble arisen from the ligature, and all the cases have done very well. Unfortunately the ligature is unsuited for divided arteries, and we note that Mr. Barwell does not give evidence to show that the coats of the vessels are not severed by this flat ligature. We are presented with a very gloomy picture of the pain attending the treatment of aneurism by compression; in view of the many rapid re-