occurred in the right breast after the confinement, but the left breast became swollen and tender; a little milk escaped, but disappeared in three days. She made no attempt to suckle the child. The disease has not spread more rapidly since the lying-in. For the last seven months the patient has failed in health. She has become wasted and weak. Six months ago a cough commenced, and this has persisted ever since. On admission, the patient was exceedingly feeble, and was much troubled with the cough. Her temperature was normal. On being informed that any operation was out of the question, the patient left the hospital after a few days' rest.

Remarks by Mr. TREVES.—The case is peculiar in many respects, and is, in my personal experience, unique. It is, in the first place, unusual for a scirrhus to appear during pregnancy, and still more unusual for it to involve both breasts under those circumstances. The growth appears to show in an exaggerated way the mode in which a scirrhus extends. It is well known that the extreme margin of the morbid growth shows under the microscope a disposition to form nodular masses and cords. All rapidly growing tissues that invade the lymphatics and the lymph spaces show the same tendency. An advance guard of nodules precedes the spread of lymphadenoma, and the spreading of lymphatic growths in the lung in tuberculosis is attended with the formation of nodular masses. In that form of cancer known as *cancer en cuirasse*, the skin around the mamma and far away on the chest becomes hard with the induration of cancer. The part becomes hide-bound, and the skin leathery. But I have not seen an example of this variety where a nodular disposition of the growth has been evident. It is not infrequent to find a noded cord leading from the breast to the axilla in a somewhat early stage of scirrhus of the ordinary form. I have met with an instance where the whole of the skin in the mammary region became infiltrated with cancer, apparently as a result of the very long continued poulticing of a scirrhus breast. The infiltration in this case was integumentary, and although it was not uniform, it hardly assumed a distinctly nodular character.

GENERAL HOSPITAL, BIRMINGHAM.

ANEURYSM OF THE SUPERFICIAL FEMORAL ARTERY IN HUNTER'S CANAL, PRECEDED BY ANEURYSM OF THE COMMON FEMORAL OF THE OPPOSITE LIMB, BOTH TREATED BY LIGATURE; REMARKS.

(Under the care of Mr. BARTLEET.)

FOR the following account we are indebted to Mr. Stephen Townesend, assistant house-surgeon.

J. C.—, single, aged thirty-two, a tin-plate worker was admitted on May 10th, 1887, for a pulsating swelling on the anterior and inner aspect of the left thigh in the position of the upper part of Hunter's canal. For some weeks previously he had been subject to pricking pains in the region of the terminal branches of the long saphenous nerve, at the inner side of the foot and ankle, and to aching pains in the calf of the leg. He had noticed the pulsating swelling about ten days before coming to the hospital.

On admission, a swelling of the size and shape of a hen's egg was found at the point above named. It had distensible pulsation. The pulsation was controlled by pressure on the femoral artery.

The patient had never suffered from syphilis, had always been temperate, and had very rarely touched spirits. He had not been exposed to any great physical labour or any severe strain. He had an attack of acute rheumatism at fifteen, and again at twenty-one. In June, 1886, he had the external iliac artery tied by Mr. Bartleet for an aneurysm of the common femoral on the right side. Remembering the success of this operation, Mr. Bartleet determined to treat this second aneurysm (of 1887) by the ligature at once, without giving any other method a trial. Accordingly, on June 17th, he ligatured the superficial femoral about three inches below Poupart's ligament, making the incision, after his usual custom, from above downwards and outwards obliquely to the line of the artery. The vessel was tied with a single ligature of strong catgut. A small drainage tube was introduced. The operation was performed under the spray. The wound was completely healed by the third week after the operation, without the occurrence of any untoward symptom, general or local. The tumour at this period was firm, non-pulsating, and considerably reduced in size.

Remarks.—There are two or three points of interest in this case. First of all, the occurrence of aneurysm at all in an otherwise perfectly healthy young adult without any predisposing constitutional condition or local traumatic cause. Secondly, the appearance of another tumour soon after the first, and seated in the comparatively rare situation of Hunter's canal. The etiology of both aneurysms is obscure. The parents of the patient are both living and healthy. He distinctly denies ever having suffered from any venereal affection, nor does he present any signs of constitutional syphilis. His statement that he has been of abstemious habits is fully supported by his appearance. His occupation does not involve unusual physical labour, nor has he been exposed by accident to any severe strain. Many pathologists regard syphilis as by far the most common cause of aneurysm in the adult, but the occurrence of such a case as the above suggests that, as hæmophilia owes its origin to constitutional tendencies, so there may be a condition which may be termed an "aneurysmal diathesis," and, further, as syphilis is not altogether infrequent in the adult, that, in some cases at least, aneurysm and syphilis may be, not dependent, but merely synchronous conditions.

GLASGOW ROYAL INFIRMARY.

HERNIOTOMY; GANGRENE OF INTESTINE; RESECTION OF BOWEL; ENTERORRAPHY; RECOVERY.

(Under the care of Dr. FLEMING.)

WE are indebted for the notes of the following case to Mr. G. G. Ferguson.

J. C.—, aged forty-eight, fish hawker, was admitted on April 27th, 1887, with large strangulated hernia. He stated that he had had hernia for twelve years, which, in spite of the intermittent use of various forms of truss, frequently came down. He always succeeded in returning it, although often with great difficulty and after many hours, during which he had severe pain and vomiting, until November 24th last (five months' ago), when Dr. Knox operated for strangulation and stitched the pillars of the ring together. He did not wear any truss, and the bowel remained up until April 22nd.

On admission, herniotomy was at once performed by Dr. Fleming, and, as the bowel was found gangrenous, it was laid open and slightly stitched to the external wound. The man did very well after the operation, the temperature never rising above 99°. A month afterwards it was noted that he was distinctly emaciating and was in low spirits, although naturally a very cheery man; he was also suffering extremely from the irritation of the fæces continually pouring out of the artificial anus, this irritation even preventing him from sleeping. In consultation it was decided to attempt resection and stitching of the bowel. The operation being fixed for Wednesday, June 1st, on the preceding Sunday he was put upon the most solid and dry diet possible; next morning he had a dose of castor oil, and as soon as it had acted freely he was confined to milk diet, and a grain of solid opium given by the mouth every three hours.

Operation.—Under chloroform, a thick ligature was first tied round the projecting end of the bowel, the ends being left long. By this means any further discharge of fæcal matter was prevented, and a distinct advantage gained in the subsequent manipulation of the bowel. An incision was made through the skin round the projecting end of the bowel and about a quarter of an inch from it, and was prolonged upwards. By putting the bowel on the stretch by means of the ligature already applied, it was easily dissected free and a portion pulled down with the mesentery. By following this the lower end of the bowel was found, and Bishop's clamp applied, one limb to each end of the bowel, leaving about an inch inside the clamps. About half an inch of this was cut off with scissors, and the incisions carried in a converging direction until they met about two inches up in the mesentery. There was thus removed a nearly equivalent triangle of mesentery, each side of which measured about three inches, along with about half an inch of bowel attached to the angles of the lower side. The freshly cut edges were then brought together by the approximation of the limbs of the clamp. The muscular and serous coats being distinctly retracted, it was easy to bring the mucous coat into accurate apposition by a large number of fine interrupted sutures of carbolised silk, the knots being in the lumen of the bowel. The last stitch or two had of course to be tied outside, but

the knots were easily pushed inside with the eye end of the needle. The peritoneal and muscular coats were then brought together by a series of Lembert's sutures, also of carbolic silk, very closely introduced. The edges of the mesenteric wound were stitched in a similar way by numerous Lembert's sutures, first on one surface and then on the other. The clamps having been removed, the places where the bowel had been compressed by it were carefully watched, until in a few seconds they ceased to be distinguishable. The bowels became immediately distended with gas, and some pressure had to be used to return it to the abdomen, during which it was proved that the joint was air-tight. The pillars were brought together, and the wound dressed with alembroth gauze.

The patient was kept under opium for five days, and fed entirely on peptonised milk. On June 8th his bowels were freely moved by an enema, and after a few days and one or two more enemata acted regularly and spontaneously. The temperature never rose above 100.4° , and this was due to intercurrent facial abscess from carious teeth. On July 16th he was dismissed well, having been kept in the hospital more than a week. A truss was ordered him to support the abdominal wall, which had been weakened by the incisions of the various operations.

ANTRIM COUNTY INFIRMARY, LISBURN.

CASE OF CEREBRAL ABSCESS FOLLOWING WOUND OF THE SCALP; TREPHINING; DEATH; REMARKS.

(Under the care of Mr. St. George.)

N. B.—, aged eighteen, a farm servant, was admitted about 11.30 P.M. on June 9th, 1887, suffering from a severe contused wound of the scalp, extending for about three inches over the right frontal eminence. The history of the injury was that while playing with some other lads at a game of throwing stones he was accidentally struck on the temple. He was stunned, but not made completely insensible. After the accident he walked into Lisburn, a distance of three miles.

On admission it was found that the patient had lost a good deal of blood, but otherwise he did not complain. The upper part of the wound was filled with a large firm clot. The wound was brought together lightly with three catgut carbolic sutures, and dressed with iodoform, without disturbing the clot.

June 10th.—Ordered a pill consisting of five grains each of blue pill and extract of rhubarb, with a seidlitz powder the following morning.

16th.—The patient complained of headache, and vomited for the first time. He had up to this gone on very well. Ordered five grains of calomel and saline draught every three hours, with ice to the scalp.

18th.—The vomiting had ceased, but the temperature had gone up to 100° . Ordered five minims of tincture of aconite with each saline draught every three hours, and to be purged again with the pills as on June 10th.

19th.—The pills and seidlitz powder not having acted, he was ordered a draught of white mixture.

20th.—Temperature 102° and the mental faculties stupid, but he is sensible and answers questions when roused. No vomiting. Ordered six grains of quinine every six hours. To continue the saline mixture and aconite.

26th.—Seems a good deal better. Temperature fallen to normal. The quinine and aconite were omitted, and he was ordered twenty minims of solution of perchloride of iron three times a day with infusion of cinchona. On examining the wound with a probe, rough bone was found at the upper angle; rest of wound healthy.

29th.—Very stupid. Lies chiefly on the right side. Conscious, but will not speak unless roused. Very thirsty. Temperature 100° . To omit iron solution, and repeat saline mixture and pills.

July 2nd.—No improvement. Complains still of headache, but lies quietly on the right side. Conscious if spoken to. Pulse 40; respiration 15; temperature 99° . To repeat the pill and omit the saline mixture. Ordered five grains of iodide of potassium, with half an ounce of infusion of cinchona, every four hours.

5th.—No improvement. Pulse 34; respiration 15; temperature 97° . Ordered half an ounce of whisky every four hours. Pupils slightly dilated; respond feebly to light. Conscious when roused. Complains of his head.

This state went on until the morning of July 8th, when

he began to show signs of paralysis of the left leg and arm, and in the afternoon of the left side of his face. The pupils were dilated, and he would not speak. Mr. St. George therefore, as a last resource, trephined over the upper angle of the wound, where the periosteum was stripped off from the bone. On removing the disc of bone the dura mater bulged forwards and was incised freely. A little pus and a good deal of venous blood resulted. A drainage tube was introduced, and the whole lightly dressed with carbolic gauze. The patient was removed to bed about 10 P.M. He rallied well from the chloroform, moved his left leg and arm, put out his tongue when desired, and also swallowed whisky and milk. When spoken to he said he felt better. However, he slowly sank, and died on the following morning at 6 o'clock.

Mr. St. George made an examination of the body in the afternoon of July 9th, about ten hours after death. The head only was examined. The periosteum was very easily stripped from the bones in the neighbourhood of the wound, and there was a slight congestion of the vessels of the right parietal bone just posterior to where the trephined portion of bone had been removed. On removing the skull-cap the vessels of the dura mater were found to be greatly congested, and the dura mater itself was slightly adherent at the site of injury. There was no fracture on the internal surface of the parietal bone, and a little posterior to the trephined portion there was an abraded portion, and round this the dura mater was attached. At the point where the portion of bone had been removed was found the opening of an abscess, extending under the dura mater and into the brain substance. The abscess was as large as a hen's egg, and also opened upon the skull at the abraded portion.

Remarks by Mr. St. George.—The great difficulties in the diagnosis of intra-cranial abscesses were in this case heightened by the slow progress of the symptoms, paralysis not appearing until the very last day, when the abscess had reached such a size as to be hopeless. Still the satisfactory results, the improvement in the patient's state by the removal of the pressure, such as the disappearance of the paralysis, the recovery of consciousness, &c., would lead me in future to trephine early, and make free drainage, if possible, of the abscess, as the best and only chance of saving what otherwise is a hopeless case.

Reviews and Notices of Books.

Pulmonary Consumption, its Etiology, Pathology, and Treatment. By C. J. B. WILLIAMS, M.D., LL.D., F.R.S., and CHARLES THEODORE WILLIAMS, M.A., M.D. Second Edition. Enlarged and rewritten by Dr. C. THEODORE WILLIAMS. London: Longmans, Green, and Co. 1887.

THIS, although stated to be a second edition, is to all intents and purposes a new work. No better evidence of the extent to which the bacillary doctrine has revolutionised our conception of phthisis could have been afforded than the contrast presented by the theories contained in the original work, published in 1871, and this. Seldom in the history of medicine has a greater change been seen in the current conceptions of a disease. Then the influence of humoral pathology had not died out, in spite of the cell doctrines which had gained so much acceptance; for, if we do not err, the theory advanced by the authors was in favour of a dyscrasia, a blood condition, and the formation of tubercle from blood products. But apart from their views, the influence of German pathology had largely overridden the original conceptions of Laennec, and phthisis was subdivided into varieties, mainly referable to inflammatory changes, to which tubercle was superimposed as a secondary phenomenon or accident, the result of infection through caseous material. The notion of infectiveness was initiated, then, long before a determined search was made for a special virus, and when this was discovered the pendulum swung back almost to the standpoint of Laennec—viz., that no phthisis could occur without tubercle, or, *mutatis mutandis*, without the bacillus. Dr. C. T. Williams has from the first recognised the bearings of the new discovery, and is as thorough in