NATURE OF DISEASE.	CASES ADMITTED DURING THE YEAR 1858.					ADMITTED DURING EIGHT YEARS.		NATURE OF DISEASE.	CASES ADMITTED DURING THE YEAR 1858.					ADMITTED DURING EIGHT YEARS.	
	Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths amongst complicated cases.	Admitted.	Per centage of mortality.		Admitted.	Died.	Per centage of mortality.	Complicated with other diseases.	Deaths amongst complicated cases.	Admitted.	Per centage of mortality.
Insanity	6	1	?	2	1	20	?	35. Diseases of urinary organs:							
Inflammation of cord	1	...	...	...	...	18	66·6	Nephritis	14	1	7·14	5	...	65	18·4
23. Paralysis:								Abscess	2	2	100·0	1	1	15	40·0
Hemiplegia	17	2	11·7	4	2	219	9·58	Cystitis	2	1	?	1	1	44	...
Paraplegia	6	...	...	2	...	122	13·1	Diuresis	2	...	...	...	...	8	...
General paralysis ...	...	...	...	...	...	7	14·2	Albuminuria	89	39	43·8	84	39	714	44·8
Local paralysis ...	12	...	...	3	...	94	5·31	Ischuria	...	...	...	...	...	4	75·0
24. Neuralgia:								Supra-renal capsules	2	1	50·0	1	1	2	50·0
Tic douloureux ...	4	...	...	1	...	26	...	36. Diabetes	2	...	...	...	...	41	14·6
Sciatica	14	...	...	1	...	107	...	37. Diseases of ovaries:							
Hemicrania	1	...	...	...	...	15	...	Dropsy	9	2	22·2	4	2	54	18·5
Angina	1	...	...	...	...	4	...	Tumours	9	...	...	1	...	65	4·41
25. Diseases of the heart:								38. Diseases of uterus:							
Pericarditis	16	7	43·7	16	7	130	35·3	Amenorrhœa	24	...	...	10	...	144	...
Carditis	1	1	100·0	1	1	1	100·0	Leucorrhœa	15	...	...	9	...	94	...
Endocarditis	22	4	18·1	21	3	125	11·2	Menorrhagia	8	...	...	4	...	94	...
Hypertrophy	16	5	31·2	12	5	185	59·4	Tumours	13	1	?	4	1	61	9·83
Dilatation	17	10	58·8	17	10	125	53·6	Prolapsus	12	...	...	4	...	54	...
Valvular disease ...	61	15	24·5	44	14	467	25·5	Congestion	10	...	...	1	...	34	...
26. Diseases of arteries and veins:								Ulceration	3	...	...	1	...	7	...
Aneurism	10	4	40·0	4	3	46	50·0	Doubtful pelvic tumours	...	...	...	...	...	14	...
Phlebitis	3	1	33·3	1	1	44	29·5	External organs ...	2	...	...	...	...	22	...
27. Diseases of respiratory organs:								39. Diseases of bones and joints	12	3	25·0	6	3	86	24·4
Laryngitis	7	3	42·8	4	2	63	52·3	40. Diseases of skin and cellular tissue:							
Tracheitis	4	4	100·0	1	1	15	60·0	Erythema	12	1	?	5	1	101	...
Bronchitis	100	34	34·0	47	26	1017	17·5	Urticaria and roseola	4	...	...	3	...	26	...
Emphysema	8	3	37·5	8	3	117	35·8	Lichen and prurigo..	6	...	...	3	...	28	...
Asthma	2	...	...	...	...	23	...	Squamous eruptions	9	...	...	3	...	79	...
Pneumonia	45	20	44·4	24	12	404	33·1	Vesicular eruptions.	8	...	...	3	...	103	...
Pleurisy	44	13	29·5	22	11	427	32·5	Pustular eruptions...	1	...	...	1	...	37	...
Pertussis	3	1	...	1	1	13	30·7	Pompholix and rupia	2	...	...	1	...	15	...
Pneumothorax ...	1	1	100·0	1	1	9	77·7	Cellular inflammation and abscess	13	4	30·7	9	4	102	28·4
28. Diseases of mouth and pharynx:								41. Diseases of muscles	1	...	...	...	...	4	?
Glossitis	...	...	...	...	...	3	...	42. Anomalous and accidental cases	8	1	12·5	...	...	51	13·6
Quinsey	10	...	...	2	...	75	...								
Enlarged tonsils ...	2	...	...	2	...	37	...								
Ulceration	17	3	17·6	1	1	65	10·7								
Mumps	2	...	...	1	...	19	...								
Diphtheria	4	3	75·0	2	2	4	75·0								
29. Diseases of stomach and œsophagus:															
Stricture of œso-phagus	3	...	...	1	...	14	14·2								
Dyspepsia	60	1	...	21	1	494	...								
Ulceration	1	1	?	1	1	21	71·4								
30. Diseases of intestinal canal:															
Constipation	31	...	...	10	...	321	...								
Obstruction	1	...	...	...	...	10	50·0								
Diarrhœa	12	2	16·6	6	2	265	8·67								
Dysentery	7	2	28·5	4	2	43	32·5								
Enteritis	1	...	...	...	...	4	...								
Tympanitis	1	...	...	...	...	20	...								
Ulceration	3	3	100·0	3	3	28	100·0								
31. Diseases of peritoneum:															
Acute peritonitis ...	16	7	43·7	9	7	171	40·3								
Chronic peritonitis..	5	2	40·0	4	1	94	41·4								
32. Diseases of liver and gall-bladder:															
Inflammation and congestion	12	1	8·33	5	1	74	16·2								
Cirrhosis	4	3	75·0	4	3	74	75·6								
Enlargement	4	1	25·0	4	1	80	25·0								
Jaundice	11	3	27·2	6	2	132	22·7								
Abscess	1	...	...	1	...	6	...								
Gall-stones	2	2	?	2	2	10	?								
33. Diseases of pancreas	...	...	...	...	...	...	...								
34. Diseases of spleen:															
Enlargement	1	...	...	...	...	32	40·6								

REMARKABLE CIRCUMSTANCE

OCCURRING IN A

CASE OF STRANGULATED HERNIA.

BY R. BARWELL, Esq., F.R.C.S.,

ASSISTANT-SURGEON TO THE CHARING-CROSS HOSPITAL.

It is a common remark, that in every operation for strangulated hernia there is in the condition of parts something different to what the surgeon may have seen before. Most of these slight deviations or peculiarities are not worthy of especial notice; but in the following case there was a circumstance such as I have not only never seen, but whereof I have been unable to find any mention whatever throughout the large number of authors whom I have consulted; and although this circumstance was not calculated to cause uncertainty in the steps of the operation, it is very interesting as a physiological or pathological fact, and therefore worthy to be recorded.

I was asked by my friends, Dr. Julius and Mr. Bird, of Richmond, to perform an operation for strangulated hernia on the 28th of May, 1859. The subject was a rather stout woman, aged sixty-four years; the hernia was crural, rather large, and situated somewhat higher than usual, its greater bulk being above Poupart's ligament. The steps of the operation presented

nothing uncommon, except that the sac was so tense that it was with difficulty a piece could be pinched up to incise with the scalpel. When, however, this structure was divided and turned back, there was disclosed a smooth, semi-transparent mass, of a lightish-red colour, which retained perfectly the shape of the hernial tumour. On examining this substance more closely, it was found to consist of a gelatinous matter, firmer in its outer than its inner parts, although not in layers; perfectly colourless, except on its surface, which was stained of a light red. On clearing this mass away, a rather small, tense knuckle of intestine was found at the upper part of the sac. When the very tight stricture was divided, and the hernia returned, a considerable quantity of serum welled forth from the abdomen, showing the existence of an ascites, insufficient in amount to have attracted attention while the patient was lying on her back.

I took away with me a piece of the jelly-like matter for minute examination. Under the microscope it was seen to consist of a material partly homogeneous, partly minutely granular, containing here and there a few cells, which seemed to be epithelial, also one or two elongated, and apparently in course of development into cell-fibres. On exposing a piece of the mass to a gentle heat, it became white and opaque; nitric acid produced the same appearance; liquor potassæ dissolved the mass, and from that solution a white, flocculent matter was precipitated by an excess of nitric acid.

Thus it was evident that the gelatinous matter consisted of albumen in a peculiar condition, and it appears to me that its formation and presence may be accounted for in two ways:—Firstly, by the simple deposition from the whole effused fluid of its more solid portions into the most depending part of the peritoneal cavity, which in this instance was the hernial sac. Secondly, thus: that while the communication was open between the cavity of the abdomen and sac, both were filled with the same fluid; but when the stricture closed the passage between these cavities, the serous membrane of the sac, becoming congested, poured forth a thicker secretion; while at the same time, on account of the pressure from within thus established, and of the manipulations to which the tumour was subject, much of the watery part of the serum was absorbed, until the whole fluid was sufficiently concentrated to be capable of gelatinification.

The fact of albuminous concretions in serous effusion, when a more active state of congestion in the membrane supervenes, is not isolated. Spots of a jelly-like material are found in the abdominal cavity in most cases of ascites; in cases of hydrops articuli one finds the cartilages slightly covered along the edge of the synovial membrane with such matter; and in strumous inflammations of the joint such a formation seems to be the first step, after simple effusion of fluid, towards the gelatinous or fungous degeneration of the synovial membrane. But I have never before seen or heard of such a large mass of concretion as in this case, where it was in many places at least an inch and a half thick; and it is scarcely likely that such a mass, if left undisturbed, would have been capable of organization, as it seems to be when a similar matter forms with serous effusion in chronic inflammation of joints.

Old Burlington-street, June, 1859.

MUNIFICENT BEQUESTS TO CHARITABLE INSTITUTIONS IN THE METROPOLIS.—The following bequests, amounting to £17,500, are left by the will of the late Joshua Drinkald, Esq., of Blandford-square, Marylebone, who died on the 30th of March, 1859:—To the Middlesex Hospital, Charles-street, Tottenham-court-road, £3000; the Royal Free Hospital, Gray's-inn-road, £2000; the Western General Dispensary, Marylebone, £1000; the School, Christchurch District, Stafford-street, Marylebone, £500 (these two last-named legacies to be placed to an endowment fund, if any such exist); the *Dreadnought* Seamen's Hospital Ship, Thames, of which his late brother, John Drinkald, was a most zealous working member of the first committee formed for promoting the object of this most useful charity, £1000; the London Hospital, Whitechapel-road, £4500; the Samaritan Society, instituted to assist those cases of distress in the London Hospital, which are so much in need of it, £500; and the Marine Society, London, to be applied to the object for which the Society was originally intended, and not for building purposes, £5000. His personal estate was proved under £80,000, and there is a probability of the above institutions being benefited by the terms of the codicil, which changes the disposal of the residue given by the will in favour of these institutions.

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.

CHARING-CROSS HOSPITAL.

EPILEPSY AND AMAUROSIS FROM A TUMOUR BENEATH THE OCCIPUT; REMOVAL OF THE GROWTH WITH GOOD RESULTS.

(Under the care of Mr. HANCOCK.)

WE have watched with some anxiety a boy in this hospital, whose case is in many respects a very peculiar and unusual one. When first admitted, two things were noticed—a large tumour at the back of the neck, running up to the occipital bone, and lying in the hollow between the trapezius muscles; and complete amaurosis. These commenced contemporaneously two years ago, his health being perfect up to that time, if we except occasional headaches, the result of a fall on the head four years previously. As the growth of the tumour extended more deeply, it produced such an interference in the cerebral circulation as to bring on epilepsy six weeks before admission, the predisposition to which no doubt existed from the time of the injury. The convulsive attacks were so frequent and violent as to cause fears to be entertained for his life, and they were indicative of the extent of mischief produced by the tumour, which probably sprang from the theca vertebralis in the upper part of the neck. That this might be so, the result of the operation seemed to prove; for although all of the growth has not been removed, from the causes mentioned in the notes of the case, nevertheless the pressure has been relieved, the fits ceased for sixty-nine days, and the amaurosis is disappearing. When we last saw him, on the 4th instant, there was a little tenderness about the neck; otherwise, with the exception of the two fits the night before, he was doing well. Cause and effect are well illustrated by this case, which besides affords an example of one of those rare instances in which epilepsy has shown itself by influences in action external to the brain, yet sufficient to interfere with the balance of the circulation in that important organ; for we may remark that the boy had a decidedly congested appearance about the head before he was submitted to the operation.

R. D—, aged fifteen, with large head, sallow and yellowish skin, was admitted on Feb. 19th, 1859, with a large tumour on the back of his neck, commencing a little below the occipital protuberance, extending four inches and a half down the neck, and four inches across; the circumference of his neck, including the tumour, being twenty inches. He enjoyed good health until nine years of age, when he fell into a cellar in Covent-garden-market, falling heavily on his head; since then he has occasionally complained of pain in his head, but neither his general health nor his appetite was affected until two years ago, when he felt unwell. His neck commenced to swell, and his sight gradually failed, so much so that when admitted he required to be fed, and led to and from his bed. About six weeks before his admission, he was attacked with epilepsy, the fits becoming more frequent, so that when admitted into the hospital it was found there was scarcely half an hour's interval between the attacks.

When admitted, under the care of Mr. Hancock, his face was pallid; eyes large, prominent, staring, and motionless, and the tumour was found to be deeply seated under the deep fascia of the neck. As the fits increased in violence and frequency, it became a question how far they were influenced by the tumour, or rather by the tension of the deep fascia of the neck caused by the tumour interfering with the circulation of the brain. The boy was sinking fast, and it was evident that if something were not done for him he would die. Mr. Hancock, therefore, proposed to the friends to remove as much of the tumour as he could, at the same time explaining the danger of the operation in his then condition, and the chances that he