twelfth wide. I must acknowledge that the situation of the corn was evidence of my inattention to the injunction of the music masters, — viz., to press the strings with the tips of the fingers, and not with the pulp. Violinists usually have corns at the tips of their fingers.

The corn was a source of annoyance to me, and interfered with the use of the finger. Some months after its formation I applied to the corn a piece of lint covered by simple ointment, and kept the lint to the part day and night. After a few days I noticed that there was a slightly-raised line of cuticle surrounding the corn, making it apparent that the latter was set in a depression as is a stone in a brooch. I carried a penknife in a vertical direction in the groove betwixt the raised line of cuticle and the corn. At one spot, a drop of blood appeared, and gradually became diffused beneath the corn. Next day the corn dropped out, leaving the true skin perfect, with the wavy lines of the finger in a normal condition, and covered by cuticle in a natural state. The cup-like depression ceased to be apparent after a short period.

This case clearly shows that a corn produced by repeated pressure of the finger against a violin-string consists of indurated layers of cuticle placed upon normal cuticle, and seated in a cup-like depression of the cutis vera.

A few weeks back I operated on a friend who was suffering with a corn on the great toe, in the usual situation of a bunion, which it closely resembled. In this case I used no ointment, but passed a penknife vertically around the corn, for the full depth of the indurated cuticle, in the situation of the marginal line (which from pressure and dryness was scarcely apparent). The next step consisted of lifting out the corn by evulsion, or rather by a process of enucleation, aided by a few touches of the knife. The true skin was not wounded, consequently there was no effusion of blood. After the corn was taken out, a minute one was found beneath the situation of the larger corn, and it was removed in a similar manner.

This is all the experience that I have had in corn-operations, but I advance the method of enucleation as one that is effectual, simple, and unattended by much pain.

Chatham, March 30, 1854.

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.

ST. THOMAS'S HOSPITAL.

Rupture of the Left Ventricle of the Heart into the Pericardium; Sudden Death.

(Under the care of Dr. GOOLDEN.)

MEDICAL men are well aware that in a great proportion of sudden deaths the seat of the mischief is the central organ of circulation; and this is still more likely to be the case when the affected individual drops down either without any apparent cause, or whilst under the influence of bodily exertion or mental excitement. Indeed, some physicians hold that disease of the muscular portion of the heart is not unfrequently caused by lifting heavy weights, or by taxing physical strength too much in a variety of ways. Among the especial cardiac changes which may bring on sudden death, we would mention inefficiency of the valvular apparatus or of the muscular texture; when the valves are at fault, the patient has generally some warning, both as regards his own sensation, or the statements made to him by his medical attendant; but when fatty degeneration gradually creeps on, or when from other causes the fibres lose their tone, and are no longer equal to their task, the mischief may go on for a long time without being suspected, and the patient is snatched away by a sudden failing of cardiac action. We do not mean to assert that the dilatation of ventricles and thinning of their walls do not yield any symptoms whatever, but merely that they are less striking than valvular changes, which latter generally cause rhythmic derangements.

It so happens that, very lately, several cases of sudden

death have been reported in the newspapers; and, in those instances which required a post-mortem examination, it was found that the cause of death lay at the heart. One case, that of Colonel Gordon, who died in a railway carriage between Stafford and Crewe, on the 15th of March, is remarkable for the fact that the colonel, who was suffering from disease of the heart, became very much excited in an altercation with the guard. Another case of sudden death—viz., that of Mr. Vance, at Cambridge, may be noticed on the other hand, as being unaccompanied with any mental disturbance, and as taking place in a very quiet manner. Indeed, one of the witnesses said,—“Mr. Vance had nothing to drink in the house; he came up to my bed-room, and laid himself on my bed. The deceased did not complain of ill-health at all, and had lain about five minutes, when he appeared to be speechless, moaned very slightly, and lay quite still.” Mr. Vance was quite dead when Mr. Bumpsted, of Cambridge, who was instantly fetched, saw him. Here, however, there had been symptoms sufficiently marked, for the deceased was under Mr. Bumpsted's treatment, and had consulted him a fortnight before for disease of the heart. We wish Sir John Liddell, who made the post-mortem examination of Col. Gordon, and Mr. Bumpsted, who inspected Mr. Vance, would publish an account of these examinations, it would be very acceptable. We beg, in the meanwhile, to direct attention to a case of a similar kind in which the patient was taken, quite dead, into St. Thomas's Hospital. We conceive that the advantage to be gained by dwelling on cases of this sort is to impress upon the profession the necessity of putting their patients on their guard, and apprising them of the possible consequences of the lesion they have suffered. By management, care, avoidance of excitement, and proper medicines, the lives of such patients may be prolonged to an indefinite period.

John W—, aged 68, a labourer, was taken to the surgery on Jan. 3, 1854, having dropped down dead. The deceased was examined on the 5th, and we beg to subjoin an account of the post-mortem examination as kindly furnished by Dr. Bristowe, Demonstrator of Morbid Anatomy to the Hospital.

General appearance.—Short and fat; there were one or two small wounds over the left eye.—Chest: On opening the pericardium, it was found to contain about a quarter of a pint of bloody serum, and the heart was concealed and enveloped in a layer of dark-coloured coagulum, which was about half an inch thick in front, and three-quarters behind. The heart appeared of ordinary size, but a considerable quantity of fat was deposited about the right ventricle. The latter appeared to have been compressed and flattened by the pericardial effusion. On examining the heart, a lacerated opening, three-quarters of an inch long, was found at the posterior part of the left ventricle, about an inch from the ventricular sulcus, and parallel to it. The laceration of the pericardium did not quite correspond to that of the muscular wall. The heart weighed sixteen ounces and a half. On opening the left ventricle, it was observed to be quite empty, its walls a little increased in thickness, and of good colour and consistence. The aortic valves were a little thickened by atheromatous deposit, and nodules of earthy matter were situated at their attached margins. They probably interfered very little with the circulation, or, at the most, only caused slight obstruction. The anterior curtain of the mitral valve was atheromatous, but competent; the posterior curtain presented towards its attachment many nodules of earthy matter, but was apparently capable of preventing regurgitation. On examining carefully the rupture it was found to be most extensive near the pericardial surface, and thence could be traced upwards and forwards as a narrow channel to the endocardial layer. The internal aperture appeared to be very small, but was concealed and lost among the carnae columnæ in that situation. A little coagulated blood was deposited among the lacerated fibres, and the muscular tissue of the walls, for some little distance around the laceration, had a pale yellowish mottled appearance, which contrasted remarkably with the healthy condition of the other portions of the heart. The walls of the right ventricle appeared sound in every respect; its cavity was empty, and its valves healthy. The auricles were normal and empty. On examining the muscular tissue of the heart with the microscope, it was found that generally the fasciculi presented more or less oil, deposited in longitudinal strings, although the transverse markings were very fairly shown; but in the mottled part, near the laceration, fatty deposit in the fibres was very abundant, and almost all traces of transverse or even longitudinal markings were absent. The fibre was thus rendered opaque, and thickly studded with oil-globules of rather small size, and in these there seemed to be a tendency to unite. Many parts of the fibre appeared tolerably

healthy, or only slightly studded, while others were fatty to an extreme degree. There was also in them a remarkable brittleness, or tendency to break up into small fragments, which floated about in large numbers in the field of the microscope. This was not noticed in the muscular tissue of other parts of the heart, and is interesting as bearing on the cause of the rupture. The aorta presented a considerable amount of atheromatous and earthy deposit throughout. In the pleuræ were old adhesions. The lungs were congested, but healthy throughout.—Abdomen: The walls of the abdomen and the great omentum were very much loaded with fat; the liver and spleen rather increased in size, but otherwise healthy; the kidneys were congested, and the right one at its lower part presented a cyst as large as a walnut, filled with a clear limpid fluid. In other respects these organs appeared healthy.

ST. GEORGE'S HOSPITAL.

Disease of the Heart; Extensive Sloughing over the Hip.

(Under the care of Dr. WILSON.)

WE published last week a case treated by Dr. Todd at King's College Hospital, which illustrated in a very instructive manner how thoroughly obscure and embarrassing certain groups of symptoms may be, and how difficult it sometimes is to class the case in hand in one or other of the nosological subdivisions. It is particularly with reference to certain sensations of pain on the part of patients that the nature of the case may become doubtful, this applying especially to women. The latter often experience, or think they experience, severe agony in a given region; and when it is supposed that some local mischief has taken place, the pain suddenly passes to the opposite side, and the observer is forced to conclude that some important change is taking place in the circulating fluid, which change is sufficiently considerable to influence the nervous system in a high degree.

Such a state of things seemed to obtain in a case some time ago under the care of Dr. Wilson at this hospital; but, besides these strangely shifting sensations, the case presents one peculiar feature—viz., a state of great debility of vital or nervous power, influencing the circulation and the faculty of resistance to such an extent as to cause a complete disorganization of the tegumentary surface and cellular tissue, exposed to pressure; and very often, the damaging of several organs of much importance to the economy. When this kind of dyscrasia exists, it may be doubted whether an affection of the heart and pericardium then springing up is cause or effect of the general vitiation of the solids and fluids of the economy. Do we not now-a-days fix our eye too exclusively on local lesions and organic or functional changes, to the exclusion of considerations of a more general nature? Causes which may be called vital are much concerned when the whole frame seems to sink under a noxious influence, which chemistry cannot analyze. We have seen cases in our hospitals where the whole fabric gave way without any antecedent fever or any distinct organic disease: witness the patient who died at Middlesex Hospital—the whole back a mass of sloughs. Such was also the case with the patient whose case follows; and if any supposition may be allowed as to the cause of this exhaustion, we would suggest that over-work, combined with bad living, may produce the effect alluded to; and it is very likely that much distress, disease, and inconvenience, are experienced by the baneful habit of sending very young people into service, where they mostly are bowed down with a very heavy description of work. But let us turn to the case in question:—

Susannah F—, aged eleven years, was admitted October 6, 1852, under the care of Dr. Wilson. The little patient was labouring under a febrile attack, associated with symptoms of a rheumatic character, which had not, however, the aspect of acute rheumatism. She had been sent out to service, but returned home a fortnight before she was admitted here, feeling ill all over. The poor girl had kept her bed since, and had especially had pain in the back and the left side; within the last few days, however, she had suffered from pain in the abdomen, which latter was tense and tender to the touch. The bowels were said to be relaxed; skin hot; pulse quick, and not firm; tongue very much coated.

The patient was directed to have a saline draught every six hours, the abdomen to be well fomented with decoction of poppies, and seven grains of Dover's powder to be taken at night.

It was found, the next day, that she had slept a little, but the bowels had acted only once. The tenderness of the abdomen was not so great as on the previous day, and she lay chiefly on her right side. The heart's sounds were observed to

be excited and shrill, but there was no abnormal bruit of any kind. In other respects she was much the same as on admission, and fever spots were looked for in vain.

In a couple of days, the pain seemed to pass from the iliac region in front, round to the side and back, and a distinct fulness and puffiness, with considerable tenderness, was traced along the crest of the ilium, on the right side, but no fluctuation was detected. The face was much flushed; the pulse continued quick; the tongue was patchy and brownish; and there was pain referred to the elbows, ankles, &c.

The patient was placed on a water-bed, from which she seemed to derive great comfort. The heart had not been examined for one or two days, when unexpectedly fully developed friction sound was clearly heard, with some extension of præcordial dulness, but these pathological changes were unaccompanied by pain or distress.

A few leeches were applied, followed by fomentations, but the patient was too much depressed to bear active measures, and only a little grey powder at night was ordered. The redness, swelling, and puffiness about the ilium disappeared, but the back and hips soon began to show a tendency to inflame. The skin first gave way under the left hip, and when the patient had lain some two or three days on the right side, to relieve pressure, that part of the body also became inflamed. Meanwhile (about fourteen days after admission) very large effusion took place into the pericardium, almost annulling the friction sound with very distinct audulatory movement over the præcordium. Pulse 156, and excessively weak; respiration 48.

Attacks of dyspnoea now came on, which were relieved by sinapisms, but the face continued much flushed. When the severity of the pericarditis seemed in some degree abated, the girl was directed, on the twenty-first day, to have sarsaparilla, bottled stout, and nutritious food, as well as morphia at night.

The sloughing surface, however, became more extensive and deeper, and showed no tendency to assume a healthy action. Jelly was given on the twenty-seventh day, with the idea of supplying the gelatinous structures, which were so evidently wasting. Chlorate of potash was added to the mixture, but the patient's strength was evidently declining, and the appetite began to fail. Nothing worthy of note further occurred, except that, on examination of the heart at a late period—viz., on the thirty-eighth day, a loud and distinct systolic murmur was heard over the region of the mitral valves. She sank from day to day under the exhaustion caused by the immense sloughing, the head of each femur having at last become entirely denuded. This patient lingered on, and died on the sixtieth day after admission.

Post-mortem Examination.—The body was greatly emaciated, and large sloughy sores existed at almost every prominent part of the body. The whole of the cutaneous surface covering both hips was destroyed, and the bone exposed and carious; all the ligamentous structure was gone, so that the head of the bone was on each side dislocated on the dorsum ilii. The acetabula were also much diseased on both sides. Thorax: Except some old adhesions, the lungs were natural; the two layers of the pericardium were almost entirely adherent, but not with any great firmness. The heart itself was normal, and weighed seven ounces; small dark clots were found in the left cavities. Liver pale and very fatty. Other organs natural.

Here the succession of symptoms might lead the observer to consider this case as one of acute articular rheumatism; but the pain in the joints was not sufficiently fixed: there was no actual fever, and the uneasiness along the iliac regions and in the abdomen can hardly be reconciled with acute rheumatism. Then comes a decided attack of pericarditis, and soon afterwards a breaking up of the system, in consequence of which the parts pressed upon lost their vitality, and to such an extent that both hips were thrown into the state mentioned above. Such a case is well calculated to excite reflection, and make us look, in our ætiological researches, for causes unconnected with organic lesions.

ST. BARTHOLOMEW'S HOSPITAL.

Hydrocele; Tapping; Sudden Inflammation of the Tunica Vaginalis.

(Under the care of Mr. STANLEY.)

WHEN a hydrocele has been tapped once and refills, is it time to have recourse to the radical cure by exciting inflammation in the tunica vaginalis with injections of iodine or port wine? Or should we go on tapping without attempting to free the patient from a very inconvenient affection? The most satisfactory practice is, very probably, to induce patients to