substance was very fragile and weak, so that the inner wall of the cyst was easily flexible in nearly every part. There appeared to be but one cyst.

The *solid* part of the disease had the appearance of a milk-white, and almost brain-like medullary substance, blotched with blood, and containing portions of hard, minutely cancellous bone, which were placed irregularly in nearly every part of it, and were like the bone of an osteoid tumour. (The medullary character of this part was proved with the microscope.) In the part of the femur which was enclosed within this disease, the greater portion of the cancellous tissue was solid, very hard, heavy, and "ivory-like," and similar to the hardest form of osteoid substance. The change appeared to have been produced by gradual consolidation of the cancellous tissue, for faint traces of the original cancelli could be discerned in the osteoid parts. In those portions of the cancellous tissue which had not undergone this osteoid change, medullary substance, like that on the exterior of the shaft, only firmer, was interspersed in irregularly circumscribed masses, or nodules, in which the medullary matter was mixed up with osteoid bony matter.

The walls of the shaft, enclosed within the disease, presented, especially in the part corresponding with the cyst, a separation or removal of their outer laminae. On looking down upon the cut surface of the shaft, there could be traced, for an inch or two above the disease, the outer layers gradually separating; then the two or three outermost ceased abruptly at the cyst, as if they had been carried off with its periosteal investment; and the remainder, retaining their position, were rough, irregular, and as if broken and fused with the osteoid disease of the cancellous tissue. The appearance was exactly as if the medullary growth had been formed among the layers of the wall of the bone, separating and pushing out the outer layers, and wasting or eroding the inner ones. On the inner wall of the shaft there was a similar, but much less complete, separation of the layers, and some wasting of them under the medullary growth, situated above. But here, in the same places where their wasting was seen, there had sprung up low, brittle, osteoid growths, which extended into the medullary matter, and were mingled with it. The knee-joint was healthy; the front of the tibia presented the blotched, purpureous appearance of the surface of its shaft, so often seen in connexion with medullary disease of the lower end of the femur. The anterior surface of the patella was also deeply vascular, and a livid hue extended for nearly a line into its substance.

Mr. Paget, to whom we owe the above accurate description, was kind enough to point out to us preparations, in the museum of St. Bartholomew's Hospital, which present much analogy with the tumour of Mr. Lloyd's patient. We find, for instance, No. 220 of the Pathological Series described as follows:—

"Portion of a femur, of which the lower extremity is expanded into a large cyst, which was filled with *liquid and coagulated blood*, and a small quantity of *brain-like medullary substance*. The cyst is nearly globular; its walls are from a line to two lines in thickness, composed of thin plates of bone and fibrous membrane, smooth externally, and presenting, internally, at some parts, a rough surface of bone, and at others, numerous prominent, decussating, fibrous bands and cords, like the texture of the basis of a spleen, or of erectile tissue. Below, the cyst is bounded by the articular cartilages, of which the texture is unaltered; above, by the shaft of the femur, which terminates abruptly, just before it is expanded into a cyst. The shaft above the cyst presented numerous small spots of effused blood, like ecchymosis, beneath the periosteum."

Nos. 32 & 83 of the above-named series offer, likewise, good examples of the same affection; and we would, in conclusion, remark, that when a cyst, filled with fluid and clotted blood, is found to have sprung from a bone, the idea of the so-called blood-tumour is immediately suggested. But it would appear that some caution is required in pronouncing as to the actual nature of such growths. Various surgeons present at Mr. Lloyd's operation were much inclined to regard the tumour affecting the thigh just removed as a blood tumour; but, on close examination, both in the theatre and subsequently, the encephaloid nature of the growth was clearly made out. That there may be such a blending of the two varieties of the disease as to perplex the pathologist will be made evident by the following case, related by Mr. Stanley, in his work on "Diseases of the Bones," p. 188:—"In an instance of sanguineous tumour, originating within the condyles of the femur, where I amputated the thigh at its middle, it was considered probable, from the ecchymosed condition of the tibia and of the femur to its amputated extremity, that other bones had undergone a similar alteration; yet, in the *sixth year* after amputation, I

ascertained that the patient was in good health, and the remaining portion of the thigh in a perfectly sound state. In this instance, moreover, whilst the large cyst formed by the expanded condyles of the femur was filled by fluid and extravasated blood, there were distinct portions of soft substance attached to the inside of the cyst, so closely resembling brain-like matter as to suggest that *the sanguineous tumour of bone may be a variety, or the incipient stage of encephaloid disease.*"

We are glad to add that Mr. Lloyd's patient has progressed satisfactorily; and as cases of non-recurrence of the disease after amputation are on record, we may hope that such a favourable circumstance will likewise take place in this instance. As for the little doubt which at first hung over the nature of the tumour, we would just quote the following lines from Mr. Stanley, p. 141:—"An arrangement of tumours of bone cannot well be founded on their composition, *two or more morbid products* being occasionally united in the same tumour. Another source of difficulty in classifying tumours of bone is the changes to which they are liable."

ROYAL FREE HOSPITAL.

Sequelæ of Scarlatina connected with Anæmia.

(Under the care of Mr. WEEDEN COOKE.)

It is a fact worthy of remark, and one which must have frequently occurred to the minds of practitioners who are called upon to prescribe for the young, that it is more often the secondary anæmic effects of a primary disease which destroy the little patient, than the original fever or inflammation to which it has been subjected. The primary diseases, rubeola, scarlatina, pertussis, bronchitis, and pneumonia, destroy, undoubtedly, a large number of children, indeed a very much larger proportion than would perish were the purely medical aids of our art assisted by those hygienic measures of cleanliness and pure air and light which are such necessary conditions for restoring as well as preserving health. Should peace and prosperity continue to afford our legislators time for the moral and physical improvements which characterize the age, we may hope that these diseases of childhood, which have for so long been considered *necessary* occurrences, will be, if not conquered altogether, at least rendered so harmless, that death from them shall be the exception, rather than, as now, almost the rule.

Medical men are doing their part in this social amelioration, and already do we begin to see, in the registrars' reports, the results of increased attention to the diseases of infancy. It is, perhaps, almost too early to claim the great decrease in deaths under fifteen years as a *propter hoc*, but at least it gives hope and encouragement, and sweetens labour.

We have travelled from the subject of our present report, which is that of the sequelæ, or secondary results of the exanthems. Amongst Mr. Weeden Cooke's little patients at the Royal Free Hospital, it is extraordinary to witness the Protean forms of disease which result from, or are developed by, an attack of scarlatina or measles. Taking the head only, at least four or five different affections present themselves; porriginous eruptions on the scalp, attended by enlargement of the glandulæ concatenatæ of the neck; purulent discharges from the auditory passages, with or without partial deafness; cornetitis, with, perhaps, ulceration, and muco-purulent discharge, of an offensive character, from the nares, arising from ulceration of the Schneiderian membrane; indolent ulcers behind the ears, at the angles of the mouth, and alæ nasi; ulceration of the vulva, (THE LANCET, Nov. 23, 1850, p. 578;) and cerebral irritation. Other parts of the frame suffer from the exhausting effects of the primary disease; but interesting and important as it is, thus to class together different forms of disease owing their development to one cause, our space warns us to confine ourselves at present to the illustration of one or two of these affections of the head.

James B—, aged two years and a half, came under the care of Mr. Cooke on the 27th of August. He was strong and well until four months previously, when he had scarlet fever, since which he has been weakly, thin, and pale. Two months ago the mother noticed that he became deaf, acquired a vacant look, and put his hand to the left side of his head, although he did not complain of pain. A day or two elapsed, and then a discharge proceeded from the left ear, which has continued ever since. He is now very anæmic in his appearance, and the deafness and discharge from the ear remain. Ordered a nourishing diet, with meat once a day, and milk twice. The shower-bath every morning, cold, if he can bear it; if not, slightly heated. Six grains of the sesquioxide of iron, in treacle, three times a day; and an injection for the

ear, composed of sulphate of zinc, one scruple; water, four ounces,—the meatus being syringed with soapy water previous to the injection of the lotion.

The iron was gradually increased, until he took ten grains, three times a day. The discharge ceased in a week, the hearing gradually returned, and in about one month he had become a healthy-looking boy, apparently free from all disease.

Mr. Cooke states that many of these cases of otorrhœa are not so easily managed; that the ulceration extends to, and cuts through, the tympanum, if astringents and tonics be not administered; and many cases are seen, in which the bony structure of the ear is implicated in the disease, caries of the contiguous portion of the petrous bone sometimes takes place, and abscesses form within the cavity of the skull, either diffused beneath the membranes, or circumscribed within the substance of the brain itself. Such formidable results do indeed warn us not to permit this apparently unimportant but insidious affection to remain unattended to. In the following case, another form is assumed by the anæmic disease, which results from scarlet fever. We give it as shortly as possible:—

Ann R—, aged six years, had suffered from scarlatina, three months before she was brought to the hospital. The glands of the neck had been more or less swelled since; there was a listlessness, and general indisposition to use any exertion, either to play or to eat. By degrees, she became drowsy; and, on the day previous to her being seen by Mr. Cooke, she had a convulsive fit, which continued for half an hour. When brought to the hospital, Sept. 20, the first thing noticed was a decided frown; the next, a largely-dilated pupil; then a remarkable blueness and prominence of the veins of the scalp. The head was hot, and drooped into the mother's lap; during sleep, it was rolled from side to side, and the eyelids were only partially closed. There was a dry skin, an inactive liver,—the dejections being of a light clay colour and consistency; the tongue was coated with a dirty white fur, and the pulse languid and small; the countenance was indicative of distress, and the whole surface of the body pale and exsanguined. Two four-grain doses of mercury with chalk restored the biliary secretion; tepid baths, with friction, assisted in renewing the action of the skin, whilst the cerebral symptoms were combated by means of the iodide of potassium, at first in doses of one grain, in infusion of calumba, three times a day; and, subsequently, in a grain and a half and two-grain doses, until the fourth day, when the coryza, which should always be produced by this remedy, set in. The cerebral symptoms at once began to ameliorate; the iodine was then diminished gradually, and desisted from on the seventh day. The pupil had recovered its natural size, the frown was gone, and the cheerfulness of the child had returned. The chlorate of potash, in doses of eight grains, three times a day, was now ordered; and, three days afterwards, ten grains, combined with twenty minims of tincture of bark, and a few drops of hydrochloric acid. The child progressed very favourably under this for ten days; and, all head symptoms having now disappeared, the sesquioxide of iron was prescribed, in ten-grain doses, three times a day, to be continued for a fortnight. When she returned, at the end of that period, nearly all traces of the anæmia had passed away, and she was enjoying her life fully. The iron, however, was repeated for another fortnight, at the close of which she was discharged quite well.

This case illustrates the propriety of treating the cerebral diseases of children, as for the most part arising from deficient power. Authority is certainly on the other side, but when we look at the statistics of the fatal diseases of childhood, we feel bound not to yield too implicitly to its guidance. We would especially draw attention to the value of the salts of iodine and chlorine in these affections. The chlorate of potash contains likewise a large proportion of oxygen, which renders it most desirable both as a febrifuge in asthenic fevers, and as a tonic; it must, however, be given, as Mr. Cooke says, in much larger doses than we have been accustomed to employ.

LONDON HOSPITAL.

Congenital Hernia in an Adult; Strangulation; Death; Autopsy.

(Under the care of Mr. CRITCHETT.)

THE diagnosis of tumours in the groin and scrotum is now and then surrounded with some difficulty; and although the strangest deviations from the usual course have been discovered and described as regards hernia, and surgeons are aware of the possibility of their recurrence, cases will present themselves where the most unexpected

state of things is found after operation. Who, for instance, would suspect congenital hernia in a man of forty-five? And yet we should be inclined to think that congenital hernia is perhaps more common than it is supposed; there is sometimes hardly any swelling, no pain or inconvenience, and both the parents and the patient are totally unaware of the congenital displacement. The following case, strongly illustrating this fact, was carefully noted by Mr. Mountford, the house-surgeon, and we subjoin it, with the remarks which he has thereto appended.

A very muscular man, aged forty-five, was sent from Stratford, Sept. 13, 1850, to the London Hospital, said to be suffering from "strangulated oblique inguinal hernia." On examination, there was found what appeared like a swelling of the spermatic cord, and passing from the testis to the inner ring was an oblong tumour, of equal dimensions throughout, giving under the finger also the impression of a thickened cord. The patient did not complain of pain, but only of a slight tenderness when the part was pinched, and there was no impulse on coughing. On being questioned, the patient stated, that about three or four weeks before his admission his groin became painful, and he there perceived a slight swelling, of which, however, he took but little notice. But the pain increased, and the swelling became more developed, so that he was, from time to time, compelled to give up his work for several hours. The swelling was always larger at night, and it came down more (as he expressed himself) when he coughed or used any exertion. The tumour still went on increasing until Sept. 10th, when the pain obliged him to take to his bed, and send for medical aid. His bowels were relieved for the last time on the 11th, and about that time he was first troubled with a little retching, which, on the evening of the 12th and the morning of the 13th, changed to vomiting, the latter being sometimes very violent, and accompanied by pains in the abdomen.

In the course of the 13th—viz., on the third day after the attack of pain, the taxis was applied without success, though the swelling was by that measure somewhat diminished. The patient was then sent to the hospital, where he arrived about seven P.M.

On examination, the tumour did not give at all the impression of a hernia. He was ordered a warm bath, and had afterwards a common enema. An hour after his admission vomiting returned, the ejected matter being fluid, of a dark colour, and of a fæculent smell; but he was still free from pain, both in the tumour and in the abdomen; there was no anxiety of countenance; the pulse was normal, and the tongue moist.

Mr. Luke was now sent for, but not being in the way, Mr. Critchett was called. After having made a careful examination, Mr. Critchett stated that there was doubtless fluid in the tunica vaginalis, and that by drawing down the testis, an indistinct margin of the organ might be traced, so that the swelling was not (as previously imagined) continuous with the testis, which would have been the case if a thickening of the cord only had been the cause of the tumour. Mr. Critchett considered that the case was very obscure; but taking all the symptoms into consideration, and seeing that the vomiting was increasing, he advised an exploratory operation, to which the patient consented.

On cutting through the skin and fascia, (which latter was slightly infiltrated,) a sac of peritoneum was soon discovered. On the latter being opened, a quantity of turbid fluid escaped, and a knuckle of intestine presented itself, flaccid, of a chocolate colour, and lying to the outer side of the cord, which was considerably thickened. The sac, which communicated with

a The intestine, lying by the side of
b The spermatic cord, somewhat thickened.