separating the one from the other. On section, a large quantity of yellow colloid fluid exuded from the surface of the solid tissues, and escaped from several cysts of various sizes amidst it. The growth was irregularly-lobed and lobulated, and the appearance arose from the presence of dense fibroid tissue permeating it in every direction, and dividing it into larger and smaller portions, which, after section, became remarkably convex on the surface, being, as it were, squeezed forward by the contraction of the different divisions of this tissue. The colour was pearly and glistening through the greater part of the extent of the tumour; through the remainder, it was more or less pink, in consequence of the structure being tinged in different degrees with blood.

The microscopic examination, conducted by Dr. Andrew Clark and others, confirmed the first opinion of the structure of the diseased mass being made up of modified mammary-gland tissue.

The patient went on well after the operation, and subsequently left the hospital.

KING'S COLLEGE HOSPITAL.

MAMMARY GLANDULAR TUMOUR, WITH A PREPONDERANCE OF FIBROUS TISSUE, COMMENCING AT FOURTEEN YEARS OF AGE.

(Under the care of Mr. FERGUSSON.)

ALTHOUGH the tumour in the present instance we heard described as fibrous, it is most probable that it was originally a true adenocoele commencing when the patient was fourteen years of age, remaining quiescent until pregnancy occurred two years ago, when it began to grow larger. Before removal, its physical characters were those of a mammary glandular tumour, and on section afterwards its resemblance to this description of disease was even more striking. It differed, however, in this respect, that it had a large quantity of fibrous tissue disseminated throughout its substance—a feature not uncommon in this form of disease of the breast. Indeed we may remind the reader that hypertrophy of the glandular structure, with an equal enlargement of the fibrous tissue, which envelopes and intersects the gland, are usually noticed in these cases. No microscopic examination was made to determine the ultimate structure of the removed mass.

For the notes of the case we are indebted to Mr. William Wickham, house-surgeon to the hospital:—

Hetty T—, aged thirty-four, a married and healthy-looking woman, and the mother of two children, was admitted on the 10th of May, 1860. She states that twenty years ago she noticed a substance about the size of a filbert in her left breast. She took little notice of it, as it caused no pain or inconvenience. It increased very little in size until two years ago, when she became pregnant; it then grew very rapidly, and continued to do so up to the time of her admission into the hospital. During these last two years she has suffered more or less pain, of a smarting character, and particularly during the period of lactation (when milk was secreted by the affected as well as by the sound breast).

On examination, the tumour was felt as a hard, isolated growth, about the size of a child's head, being quite movable on the walls of the thorax, and not adherent to the skin. Over the inner half it was very hard and uniform, and the skin covering it very tense. The remaining portion of it was somewhat lobulated in appearance, and a feeling resembling fluctuation was perceptible in three or four places; the skin in these situations was very red and thin.

May 12th.—The patient being placed under the influence of chloroform, an incision was made extending transversely from the inner margin of the tumour to the anterior fold of axilla. The skin and subjacent tissues, of which none was removed, were easily separated from the tumour. The mammary gland was not involved in the operation, it being left pretty well entire. Several small vessels were secured by ligatures, and the edges of the wound brought together by silk sutures. On examining the tumour, it was found to consist chiefly of fibrous material, there being on its under surface some isolated portions of fat. In one or two places the fibrous portion was somewhat softened, corresponding in position to those places where, before removal, a feeling somewhat analogous to fluctuation was perceptible. Weight of tumour, 3 lbs. 12 oz.

The patient has done remarkably well since the operation.

A greater portion of the wound has healed, and the skin has greatly contracted. There is now a slight and healthy discharge of pus from the lower part of the wound.

INVAGINATION OF FIVE INCHES OF THE ILEUM INTO THE CÆCUM AND ASCENDING COLON; FATAL RESULT.

(Under the care of Dr. JOHNSON.)

THE notes of the following interesting case were furnished by Dr. Edmund Symes Thompson, late house-physician to the hospital:—

A farmer's boy, fifteen years of age, was admitted on April 2nd, affected with catarrh and slight rheumatic pains. He had been but a few hours in the hospital when he was seized with pain in the abdomen, vomiting, and purging, the motions consisting only of blood and mucus. Opiates were administered; but the symptoms continued unabated. On the following day the patient had an anxious expression of countenance; his pulse was of natural frequency, but very feeble; a resisting mass, of the size of a doubled fist, which felt like coils of intestine, dull on percussion, and very tender to the touch, was noticed in the right iliac fossa.

The case being regarded as one of intussusception, occurring at or near the termination of the ileum, an operation for the relief of the constricted bowel was suggested, but deemed inadmissible by Mr. Fergusson, whose opinion was consulted. Five grains of compound soap-pill were given every three hours, with effervescing draughts to allay the sickness; and several pints of warm water were injected into the colon by means of a long tube. Under this treatment the restlessness diminished, and the patient ceased to complain of pain. The distension and tenderness, however, daily increased, the bowels were not relieved, retching and vomiting continued; but on the 7th (five days after admission), the sickness and abdominal tenderness suddenly abated, the eyes became sunken, the face distressed and worn, and it was evident that collapse was setting in; the abdomen was very hard, except in the track of the transverse colon, where it was soft and resonant. On the morning of the 9th, the patient vomited a round worm (*Ascaris lumbricoides*), about five inches in length. Throughout the illness the urine was natural, both in quantity and quality. Death occurred on the morning of the 11th (ten days after the first symptoms of obstruction had appeared).

Post mortem examination.—The intestines were found to be loosely adherent to one another, and to the abdominal parietes, by recently-effused lymph; the small intestines were congested and filled with fecal matter; and the transverse colon was distended with flatus. On laying open the large intestine, a portion of the ileum, about five inches in length, was found invaginated within the cæcum and ascending colon, and tightly girt by the margins of the ileo-cæcal valve; the constricted part was highly congested, breaking down under the finger, and almost in a state of mortification.

CLINICAL RECORDS.

RETENTION OF URINE FROM INFLAMMATORY STRICTURE.

THE chief point of interest in the subjoined case was the impossibility of passing an instrument into the bladder, on the patient's admission shortly after midnight. There was distension from an inflammatory stricture, combined with some amount of spasm, arising from the patient's habits and manner of life. No resource was left but to puncture the bladder through the rectum, which gave him immediate relief; and after a few days the urine flowed freely through the natural passage, without the necessity of resorting to any special treatment for the slight degree of permanent stricture remaining. For the notes of the case we are indebted to Mr. John D. Hill, house-surgeon to the hospital.

Chas. L—, aged 26, was admitted into the Royal Free Hospital on March 19th, 1860, with retention of urine from inflammatory stricture. The patient stated that he had had difficulty in passing urine for more than two years, and always in a very small stream, and upon one or two occasions had suffered from retention, which, however, had been relieved by the catheter. These attacks invariably resulted from exposure to cold after a debauch. He was admitted at two A.M., suffering most acutely with the distended bladder, which could be seen and felt above the pubes. Instruments were introduced without success by the house-surgeon; a warm bath with a dose of opium were given, and an instrument again tried without