CASE OF INTERNAL PILES IN A MALE SUBJECT.

The tumours, which had been previously protruded below the sphincter and remained there, were isolated by three ligatures in the usual manner, and a few external piles were removed by the scissors. The patient left the hospital cured in about a fortnight.

A CASE OF PROLAPSUS OF THE BOWEL IN A MIDDLE-AGED MAN.

The lower end of the bowel presented itself externally to the anus as a large ring-like mass, forming one entire portion, and not separable into independent tumours like the preceding case. It had existed many years, and had been gradually increasing in size, entailing severe suffering on the subject of it. The mass was divided into three or four separate segments by stout whiccord ligatures, and a fold or two of the external skin was removed by scissors from the external margin of the anus. The case has since progressed extremely well; the ligatured parts have separated, and no protrusion occurs at stool or otherwise.

There were also two cases of fistula in ano, to complete the series; but, from some reason connected with the condition of the patients, the operations were not performed until the following week.

ROYAL FREE HOSPITAL.

CASES OF SUPERNUMERARY THUMB, IMPERFORATE VAGINA, AND IMPERFECT DEVELOPMENT OF THE EAR, IN CHILDREN.

(Under the care of Mr. THOS. WAKLEY.)

AMONGST the out-patients at this hospital, three children were brought by their mothers, on the same day, who were affected with congenital deformities. These were, as we learn from Mr. J. D. Hill, the house-surgeon, a supernumerary thumb in a female infant, six weeks old, situated on the right hand, and growing from the metacarpal bone of the true thumb. The extra thumb, although rudimentary to some extent, possessed three joints, and was removed with success. Formerly, a double thumb was considered a rarity, but the experience of our hospitals proves it to be by no means unfrequent.

Another infant of the same age and sex was the subject of an imperforate vagina. The membrane which closed the passage extended quite to the urethra, which possessed a very small orifice, so small, indeed, that it caused difficulty of micturition, and it was for the relief of this inconvenience that application was made. The hymeneal membrane—for so it must be considered—which closed the vagina, was laid open by a crucial incision, which at once relieved the tension in the urethral orifice, but the latter was enlarged by an incision as well. The membrane was nearly three-eighths of an inch thick. The ultimate result of the operation was successful, so far as micturition is concerned.

The deformity in the third child, a female infant, seven weeks old, consisted of an arrest of development of the left external ear, to the extent of about one-half. The concha projected forwards and downwards, and had not the natural shape. There was a deficiency in its lower part. False positions, clefts, and partial auricles are noticed by Mr. Harvey in his practical work on "The Ear in Health and Disease." He mentions that the helix and lobe are often wanting, and that the concha has been found convex, instead of being concave.

There is a curious fact, however, in connexion with the external ear, which cannot be overlooked, and it is, that whether the auricle is wholly or partially wanting, hearing is said to be perfect. Notwithstanding this, no physiologist will deny that the auricle performs very important functions as an auxiliary to hearing.

ST. MARY'S HOSPITAL.

STRANGULATED FEMORAL HERNIA; OPERATION WITHOUT OPENING THE SAC; PERSISTENCE OF SYMPTOMS; SECOND EXPLORATORY OPERATION; RECOVERY.

(Under the care of Mr. LANE.)

E. L—, aged thirty-nine, was admitted on the 5th of October, with a strangulated femoral hernia on the left side. She had had a rupture for thirteen years, and had worn a

truss. The strangulation had commenced the day previous to her admission. The vomiting was severe and had become stercoraceous, and the other usual symptoms were well marked. The swelling was about the size of the fist.

All attempts at reduction having failed, Mr. Lane made a T incision over the tumour, and exposed the hernial sac, which was very loosely connected with the surrounding parts, and bulged forwards through the wound. He then divided the stricture without opening the sac, and attempted to return the intestine. Not succeeding in this, a small puncture was made into the sac, and a considerable quantity of bloody serum escaped, after which the protruded intestine was readily reduced, and also a portion of omentum, without any further opening into the sac. The omentum at one point was adherent to the fundus of the sac, and as it passed back the sac was inverted and drawn upwards with it into the abdominal cavity. This recession of the sac took place the more readily in consequence of the unusually loose connexion of its fundus with the surrounding parts. The wound was then closed in the usual way.

During the following two days no relief of the symptoms occurred, but the sickness, constipation, and all the other signs of strangulation continued unabated. It was thought necessary, therefore, on the third day to perform a second exploratory operation. This consisted in opening the wound, in introducing the finger through the femoral ring, and in drawing down the sac, which was not accomplished without some difficulty. The sac was then opened, but no intestine was found in it. The adherent piece of omentum was cut away below a ligature previously applied about an inch above its point of attachment. From this moment she began to improve, the vomiting immediately ceased, and the bowels acted during the night. At the date of this report (twelve days after the second operation) she was progressing rapidly towards recovery.

This case, it will be observed, is not an instance of reduction *en masse* of the sac and its contents, but the sac was emptied of its contents before it receded into the abdomen. The neck of the sac was not separated from the femoral ring, but the body of the sac was inverted through the neck into the abdomen. The neck of the sac was not incised, or otherwise interfered with, either in the first or second operation, except so far as was necessary in dividing the stricture external to it. It is not easy to understand why the symptoms of strangulation should have continued after the first operation; and the cause of their disappearance immediately after the second operation is also by no means evident. It is, however, not improbable that the inverted sac, with omentum attached to its fundus, in some way incommode the convolution of intestine which had previously occupied the cavity of the sac, and whose contiguous surfaces had probably become adherent to each other.

STRANGULATED FEMORAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. JAMES LANE.)

A. F—, aged fifty, was admitted on the same evening as the patient whose case has just been related, and in a very similar condition. She had had a swelling in the right groin for twelve years, but had never worn a truss. Symptoms of acute strangulation had existed for twenty-four hours previous to her admission. Reduction having been found impossible, the operation was performed by Mr. Jas. Lane at eleven p.m. of Oct. 7th. An incision was made over the tumour towards its inner side, with the view of dividing the stricture external to the sac; but from the dark colour of the intestine, as seen through the sac and its covering after the incision had been made in the skin, it was thought better to open the sac at once, and to examine its contents. These were found to be, a piece of small intestine about six inches long, and a portion of omentum, the lower end of which, as in the former case, was adherent to the sac. The intestine was of a very dark purple colour, and appeared to have suffered considerably from the constriction, but was nevertheless sufficiently sound to warrant its return into the abdomen. The stricture, which was very tight, was divided from within in the usual direction; the intestine was returned, and, as far as practicable, the omentum also, but that portion of it which was adherent to the sac was not interfered with. The wound was closed with three interrupted sutures.

The vomiting ceased from the time of the operation, and the abdominal pain and other symptoms gradually subsided. The bowels were kept quiet by opium until the third day, when a mild aperient was given, and a copious evacuation was obtained.

With the exception of a small superficial abscess in the neighbourhood of the wound, this patient recovered without a bad symptom.

ST. GEORGE'S HOSPITAL.

SYMPTOMS OF DISEASE OF THE BRAIN, THE RESULT OF A CYST FOUND IN THE CEREBELLUM.

(Under the care of Dr. FULLER.)

No manifestations of cerebral disturbance were noticed in the subject of the following case up to four weeks previous to admission, when giddiness ushered in unmistakable symptoms of disease, which terminated fatally. The autopsy revealed the presence of a cyst in the cerebellum, the period of the formation of which is a question of much pathological interest. Reasoning from analogy, the inference is very strong in favour of the growth of the cyst for some time prior to the occurrence of giddiness:—

George S—, aged sixty, was admitted on December 12th, 1860. He was said to have had good health until four weeks before his admission, when he began to be frequently giddy. When in the hospital he was odd in his manner, as if insane, frequently asking to be killed, and insisting on shaking hands with all comers. He often got out of bed, and liked to micturate on the floor. His statements were incoherent and contradictory. No disease could be at first made out, and it was contemplated sending him to an asylum. When he had been in the hospital for a few days it was found that he had considerable loss of power in the left limbs, and bichloride of mercury was ordered. (Iodide of potassium, ten grains; liquor of bichloride of mercury, two drachms: three times a day.) This did not cause much alteration. The right eyelid was half shut, but was incapable of quite closing, and the eye itself without vision; the conjunctiva was covered with mucous secretion. Cinchona was now given with iodide of potassium. He gradually became drowsy, and was evidently getting lower. He had wine and ammonia; but he soon became stertorous and comatose, and so expired on Jan. 5th, 1861.

Autopsy, eighteen hours after death.—The body much emaciated, with a bed-sore on the right buttock. There was a very large quantity of clear serum in the lateral ventricles, and the convolutions of the brain were somewhat flattened. The septum ventriculorum was entire, but thinned and rather soft. In the left hemisphere of the cerebellum was a large cavity, about equal in size to a walnut, filled with clear serum, and lined by a smooth, shining surface, in which several large vessels were to be seen. There was no trace of the corpus dentatum on this side. The cavity reached nearly as far as the fourth ventricle, but was separated from it by a portion of the medullary tissue of the cerebellum. The vessels at the base of the brain were healthy. There were partial old adhesions on both sides of the chest. All the other viscera were healthy.

WESTMINSTER HOSPITAL.

NOSE BITTEN OFF, AND SEWN ON AGAIN; TEETH KNOCKED OUT, AND REINTRODUCED; ADJUSTMENT OF A PIECE OF DETACHED SCALP.

IN THE LANCET for 24th August last, Dr. Nichols recorded a successful instance of re-adjustment of a nose that had been accidentally separated. His communication was followed by others from Dr. Cory (p. 216), Mr. Horton (p. 262), Mr. Francis Mason, and Mr. John Jones, of Ilfracombe (p. 239), detailing instances of conservation of the finger (four instances), teeth, and nose, that had been detached. We now add three other cases, forwarded by Mr. Slayter, the late house-surgeon to the Westminster Hospital. The record of these various cases ought to convince surgeons that no chance should be thrown away of trying to save small portions of the body which have become detached. The importance of this practice is well seen by the success which has attended it.

A woman came to the hospital in May last, about five o'clock P.M., and stated that she had had her nose bitten off by another woman about an hour previously. She brought the piece with her; it was quite black, and covered with dirt. However, Mr. Slayter washed it in warm water, and carefully sewed it on again with silver wire. In a fortnight it was perfectly attached,

and had been adjusted with such accuracy that one could scarcely tell she had ever lost her nose.

A man entered the hospital in March last, and stated that he had had three of his teeth knocked out in a fight. On examining his mouth, it was found that he had lost his three upper incisors, which he brought with him. Mr. Slayter tied them in with silver wire, and in ten days two were quite tight; the other would not stop in.

In April last a man came to the hospital, and showed Mr. Slayter a piece of his own scalp, about the size of a five shilling piece, which he stated had been knocked off by a quart pot in a fight. It was sewn on, and in less than a fortnight it was perfectly united.

ST. BARTHOLOMEW'S HOSPITAL.

SEBACEOUS TUMOUR SITUATED UPON THE LEFT AURICLE OF A BOY; SUCCESSFUL REMOVAL.

(Under the care of Mr. SAVORY.)

THE scalp, face, and neck are the favourite sites of atheromatous or sebaceous tumours, although they are occasionally met with in other regions of the body. An instance in which a number of small sebaceous cysts had coalesced, and formed a single oblong tumour upon the back of the left ear, came under observation, at St. Bartholomew's Hospital, on the 26th of October. The patient was a boy, twelve years of age, who had been the subject of this growth for some time; it was of the size of a small almond, and occupied the posterior surface of the upper part of the concha. Mr. Savory treated it in the same manner as is practised on the scalp—namely, by cutting it across with a scalpel, seizing its cut edge with a pair of forceps, and pulling the several cysts from out of their loose cellular bed. The adhesion of the walls of the cysts was stronger than usual, and required a little dissection to assist in their removal. Chloroform was not used. The boy is doing well.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 28TH, 1861.

MR. COULSON, PRESIDENT.

DR. EDMUNDS brought a bitch dog to show the members of the Society. The animal was suffering from a large indurated ulcer on one of its mammae, which exhibited all the characteristics of scirrhus. In the bitch and cat he remarked that the disease was common. The bitch was twelve years of age, and had had many litters of pups; but had ceased to breed for several years. The disease first commenced six months ago. He said that at the request of some members of the Society, he would extirpate the disease, and report at some future meeting the progress of the case.

Dr. ALTHAUS then read a paper

ON CERTAIN POINTS CONNECTED WITH THE NATURE AND ACTION OF MINERAL WATERS.

The author introduced his subject by stating that mineral waters had a special claim upon the attention of the medical profession, not only on account of their remarkable physiological and therapeutical properties, but also because they were the only medicines offered to us by Nature in a state fit for immediate use. Although, however, by the progress of science, the subject was every day rendered more worthy of deep consideration, it had been very much neglected in this country, probably in consequence of England not being so rich in remarkable spas as the Continent, so that the opportunities for observing their effects were not so plentiful here as elsewhere. He then gave a short historical account of the use of mineral waters as curative agents by the Greeks, the Jews in Palestine, and the Romans, which latter, in the course of their warlike expeditions in Europe, Asia, and Africa, everywhere sought for thermal springs, and erected large bathing establishments near them, remains of which even now existed in many parts of the old world. The history of mineral waters was then briefly traced through the middle ages up to our own time, when, in consequence of the great facilities for travelling now afforded, and also through the high degree of perfection obtained in the