freely movable in every direction, and did not seem to be connected with any intra-abdominal structure.

On Aug. 3rd the tumour was removed. The superficial and warty portion was enclosed between two semilunar incisions made through the skin, and then, together with the deep portion, was dissected out. It was found necessary to cut through the peritoneum, and towards the end of the operation small intestine and omentum were freely exposed. The patient made a speedy recovery without any rise of temperature or other bad sign. The tumour measured one inch and three-quarters in thickness. On section it presented a dull white colour, and its substance, which was of almost cartilaginous hardness, was directly continuous, without any well-defined margin, with the surrounding fat and other tissues. The excised portion of peritoneum, though intact at all points, was very closely adherent to the growth and drawn up into its structure near the middle of its posterior surface, from which point a well-marked band of fibrous tissue, probably the cicatricial remains of the cord, extended through the tumour to its anterior warty surface. The tumour on section presented to the naked eye an appearance very similar to that of a recent specimen of cancer of the mamma.

The following report, together with drawings of sections, on the microscopical appearances of this growth, have been kindly supplied by Dr. Otto Kauffmann. "The tumour on microscopic examination was found to consist of fibrous tissue, very fully developed and free from all embryonic characters. At one spot only some large cells were found aggregated in a manner somewhat suggestive of malignant epithelial growth, but the extent of this formation was so limited as to lead to the conclusion that a papilla had here been cut across. Even an extremely hard scirrhus could not have shown such an absence of epithelial elements. The growth may therefore be called a fibro-papilloma."

RADCLIFFE INFIRMARY, OXFORD.

THREE CASES OF ABDOMINAL SECTION; REMARKS.

(Under the care of Mr. H. P. SYMONDS.)

THE recent discussion at the Medical Society¹ on the present position of abdominal surgery has attracted much attention in the profession, and it is a cause for congratulation that the advance in this department of surgery has been so marked during the last few years. According to Dr. Meredith, who introduced the discussion, it was not until 1877 that the pedicle after ovariectomy was treated by the intra-peritoneal method as a matter of routine, and it is since then that the use of antiseptics has aided in improving the results obtained. Although some of those who took part in the discussion do not employ the antiseptic plan of treatment, all agreed in the necessity of thorough cleanliness during the operation. Before 1887 few country hospitals could show a succession of three cases cured by operation without any complications during the after treatment, whereas it is not uncommon at the present time to find that such success is frequently attained, as in the cases under Mr. Symonds recorded below.

CASE 1.—E. P—, aged twenty-eight, was admitted on April 3rd, 1889, with swelling of the abdomen, which she had noticed for two years, and it seemed to be getting larger; she had no pain. On admission the abdomen was enormously distended, absolutely dull on percussion, except quite in the flanks; no alteration in dullness on changing position. Abdominal girth 46 in.; superficial veins enlarged. On vaginal examination the uterus was rather low down, fulness in vaginal roof both in front and behind the uterus. Sound entered in normal direction 2½ ins. On April 10th the abdomen was opened in the middle line below the umbilicus, the patient being under ether. One large ovarian cyst was found with smaller ones at the upper part, which were afterwards drained into the large cyst. No adhesions. The cyst arose from the left ovary. The pedicle was transfixed and tied with stout silk. The other ovary was removed. The abdominal wound was stitched with silk, and dressed with alembroth wool and gauze. Spray used, no drainage-tube. The patient made an uninterrupted recovery. The highest temperature reached was 100.2°. She was discharged cured on May 4th, 1889.

CASE 2.—E. B—, single, aged twenty-nine, was

admitted on June 22nd, 1889. The patient complained that her abdomen had been increasing in size for over two years. She first noticed fulness at the lower part. She began to menstruate at fourteen, and was always regular till pregnancy, five years ago. After this her periods were again regular until two years ago, when they ceased for seven or eight months, again becoming regular, but being very scanty. On admission, the abdomen was considerably distended, more so on the left side than on the right. Skin covered with numerous old striæ; linea alba deeply pigmented. Fluctuation easily obtained across the abdomen. When the patient lay on her back, the whole of the abdomen was dull on percussion, even in the flanks; but when turned on her side, the uppermost flank gave a resonant note posteriorly. The perineum was torn, the cervix lacerated bilaterally, and the uterus lay low down in the pelvis, and was markedly retroflexed and fixed; sound only entered a very short distance.

July 5th.—Ether was given and the abdomen opened by Mr. Symonds in the usual position. Cyst readily exposed; quite free from adhesions; a large trocar was inserted and several pints of fluid removed. The pedicle was found to come from the left side; it was transfixed and ligatured in two parts, and returned into the abdomen. Right ovary, which contained two or three small cysts, was then removed, the pedicle being treated in the same way. After the sutures had been passed through the edges of the abdominal wound, there was found to be a considerable quantity of blood in the peritoneal cavity; uterus pulled forwards into wound and both pedicles brought into view, when the ligature on the left was found to have slipped. A fresh one was applied, and the peritoneum mopped out. The spray was used and sal alembroth dressings. The patient made a good recovery, and was discharged on Aug. 3rd.

CASE 3.—E. J—, aged twenty-five, was admitted on July 3rd, 1889, suffering from an abdominal tumour. The patient stated that she had been married six years, and has had three children, the youngest being now fifteen months old. Her last confinement was easy, the labour lasting only about four hours. A week afterwards she was seized with pains in the right side of the abdomen resembling labour pains, which lasted about three days, but were not sufficiently severe to confine her to bed. At this time she noticed a small lump in the right iliac fossa, which has steadily increased in size. She has had similar attacks of pain since then, and had one a week before admission, which confined her to bed. She menstruated regularly till marriage, but has been very irregular since her first pregnancy. She says that she was "poorly" for two or three days two months after the birth of the last child, and then did not menstruate for eleven or twelve months (i.e., about March last), since which time she has seen nothing. In the lower part of the abdomen, filling up the right iliac fossa, was a firm rounded tumour, somewhat softer and semi-fluctuating over its centre, dull on percussion, and movable, though it seemed to be more or less adherent to the umbilicus. It extended to about two fingers' breadth above the level of the umbilicus, and to about a similar extent to the left of that point. It did not contract when grasped or rubbed by the hand. It appeared to extend down into the pelvis. On vaginal examination the sound passed three inches and a half; the tumour could not be made to move with the uterus. No pedicle could be felt. Urine normal.

July 8th.—Sound again passed; it entered two inches and a half, and when withdrawn was smeared with blood.

9th.—Patient commenced with labour pains about midnight, and was delivered of a foetus (about four months) at 3 A.M. Slight difficulty with placenta; no bleeding.

Aug. 3rd.—The tumour remains about the same size, and does not appear to be in any way connected with the uterus. At this time the patient refused to be operated upon, and was discharged.

Nov. 6th.—Readmitted. Tumour if anything very slightly larger than when discharged.

12th.—The patient being under ether, Mr. Symonds opened the abdomen in the middle line, below the umbilicus, by a four-inch incision. A semi-solid tumour was found just to the left of the middle line, and with the pedicle springing from the left ovary. A small piece of omentum adherent to the anterior surface of the tumour was ligatured and divided. The fluctuating part of the mass was then tapped and about an ounce of oily fluid withdrawn. Pedicle transfixed and tied with stout silk, and then

¹ THE LANCET, vol. i. 1890, pp. 835, 858, 904.

divided. No hæmorrhage. Six deep silk sutures used to close abdominal wound. Spray used. Sal alembroth dressings. The mass removed was found to be a single cyst, which contained some fat (oily fluid consolidated), and a large quantity of light-coloured hair and two teeth, also an elongated plate of bone about one inch long and a quarter of an inch broad. Patient made an uninterrupted recovery, and was discharged cured on Dec. 7th, 1889.

Remarks.—In these and other abdominal operations strict Listerian precautions are carried out. Carbolic acid is the antiseptic used, and the operating staff employ it freely for cleansing hands and forearms before and during the progress of the operation. It is also used for the instruments, sponges, ligatures and sutures, and operating room. Care is taken to keep the patient warm, and in the after-treatment the patient is placed in a warm bed with the knees raised over a pillow, and a few pieces of crushed ice with four drops of lemon-juice put into the mouth. No nourishment is given for twenty-four to thirty-six hours, no solid food before the sixth day; if any stimulant is required, it is given by the rectum. A catheter is passed every six hours. The room is kept quiet and darkened, no one but the nurse being allowed in it.

Mr. Symonds expresses his thanks to Mr. Pratt for the notes of the cases, also for his care and attention bestowed on the patients whilst in the hospital.

GENERAL HOSPITAL, BIRMINGHAM.

PECULIAR CASE OF STRANGULATED INGUINAL HERNIA; REMARKS.

(Under the care of Mr. HASLAM.)

THE condition represented in the account of the following case, for which we are indebted to Mr. D. R. P. Stephens, is one which seldom presents itself to the surgeon. The hernia appears to have been of the acquired form, and the intestine was partly protected by omentum, so that one would not expect gangrene of the strangulated portion to have ensued after four days only, neither would one expect such an extensive cellulitis of the scrotum to follow so rapidly. It is more probable that the patient lost count of time, and that the hernia had been down for some days longer. With regard to the appearance of gangrenous intestine, Sir James Paget¹ says: "Colours about which there can be as little doubt, for signs of gangrene, are white, grey, and green, all dull, lustreless, in blotches, or complete over the whole protruded intestine. I cannot tell why there should be so many colours in different cases, or sometimes in the same case; but all are alike certain signs of gangrene, and they are always combined with loss of due tone and texture of the intestinal wall. Intestine with these marks, even though they be small, must not be returned."

T. W—, aged thirty, was admitted to the General Hospital, Birmingham, on March 27th, at 7 o'clock P.M. The patient stated that four days ago he noticed a "lump" in his scrotum on the right side, and that since then he had suffered from absolute constipation and vomiting. He was too collapsed to give details of his illness. On admission he was a badly nourished man, with a typically "abdominal" expression of face. His tongue was furred and dry; his pulse 180, quick and feeble. His abdomen was very distended, tympanitic, motionless, and tender to touch. His scrotum was uniformly enlarged, dark maroon in colour, very tense, dull on percussion, and gave no impulse on coughing. His testes were not to be felt on either side, owing to fulness and tenseness of the scrotum. There was a hard swelling on each side, in the region of the canal, more marked on the right than on the left side. The perineum was also tense, and distended as far back as the base of the triangular ligament. The whole appearance of the genitals closely resembled that produced by extravasated urine. At 8 o'clock P.M. Mr. Haslam cut down on the right side over the canal and scrotum. The patient was now nearly moribund. On incising the swelling the coverings of the sac were found to be very thick, dense, and matted together. On opening the sac some pus at first escaped, and then some dark-coloured

serous fluid. In the sac was a mass of deeply congested omentum; and under it, and pressed on by it, was a loop of small intestine, deeply congested, except in three places (each about the size of half a crown), where it was milk white in colour, but had not lost its glossy appearance. The strangulation was relieved, and the omentum ligatured and cut off. There was no hernia on the other side, only thickened scrotum. A catheter was passed and no stricture found, or any sign of extravasated urine. At 1 A.M. the patient died.

Necropsy.—There was found acute general peritonitis. The gut above the stricture was much dilated. On examining the strangulated loop of gut, which was a few inches from the cæcum, it was found that where the white patches were the mucous and muscular coats of the gut had sloughed off, leaving only the peritoneal covering.

Remarks by Mr. STEPHENS.—I have to thank Mr. Haslam for allowing me to publish the case. It is interesting, as but for the constitutional symptoms and the peritonitis the case would certainly have been diagnosed as one of extravasation of urine; and, again, the condition of the gut, with its peculiar glossy, milk-white patches, giving it a piebald appearance, is certainly not common.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Special General Meeting.—*Persistent Lingual Duct.*—*Uterine Myoma becoming Sarcomatous.*—*Ulcerative Endocarditis with Aneurysm and with Amyloid Disease.*—*Tubercular Disease with Multiple Hepatic Abscesses.*—*Duct Carcinoma of Breast.*

AT the commencement of the proceedings of this Society on May 6th a special general meeting was held to consider certain alterations in the by-laws proposed by the Council. It was recommended that the annual general meeting should be held in May instead of in January, and that the president, vice-president, treasurer, secretaries, and council should be elected by ballot at the general meeting and take office at the first meeting in October. Mr. Alban Doran proposed as an amendment that the Transactions of the Society should be published at periods corresponding with the calendar, and not with the medical year. This was seconded by Mr. E. Willett. The President pointed out in defence of the present method of publication that the long vacation was of advantage to the secretaries in giving them time to prepare the volume, and to the incoming President for the purpose of composing his inaugural address. The amendment was then put and lost, and the original proposition carried. The Surgical Secretary then proposed that the first by-law of the Society should be altered so as to read as follows:—"The Pathological Society of London is instituted for the cultivation and promotion of Pathology, by the exhibition and description of specimens, drawings, microscopic preparations, casts or models of morbid parts, and also by the communication of chemical, experimental, or other researches or observations relating to the nature and results of disease, and by discussions thereon." A similar alteration in the fifty-third by-law was also proposed. Mr. Roger Williams advocated the change, but Dr. Norman Moore hoped that the effect of the alteration would not allow members to omit the necessity of bringing to the Society some specimen to illustrate their papers. The President thought it unwise to limit the members too narrowly, and pointed out that in a chemical research, for instance, the exhibition of the products of the reactions might be of no educational value. The proposition, on being put to the meeting, was carried unanimously. The business of the ordinary meeting was then proceeded with.

Mr. RAYMOND JOHNSON described two cases of Persistent Thyroid Duct. The first case was that of a girl aged fifteen years, who at the age of ten first noticed a small swelling in the front of the neck, which was opened and pus evacuated. It continued to discharge. When admitted, under the care of Mr. Beck, at University College Hospital, a rounded cord passed downwards from the hyoid bone to a sinus an inch and three-quarters above the sternum. The fibrous cord was dissected out; it lay beneath the deep fascia between the sterno-hyoid muscles, and at its upper

¹ Clinical Lectures and Essays, p. 144.