

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 whiplcord 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.