displaced downwards and to the right. There was no evidence of any recent rent, rupture, or laceration of the diaphragm, the edges of which were quite rounded and callous, entirely absent on the left side of the chest, and only retained *in situ* by a thin band of ligamentous tissue, which, stretching loosely between the right tendon and the opposite side, allowed a free communication between the chest and abdomen. The left kidney occupied the place usually assigned to the spleen, which latter, adhering slightly to subjacent pleura, was found lying within the cavity of the thorax, as were also numerous coils of large and small intestine—drawn up partly, doubtless, by the efforts at vomiting that preceded death, but chiefly, as I apprehend, by the position of the pylorus, which was closely jammed under the left clavicle.

Remarks.—Taking into account the state of this boy's health previous to his joining the service, as described by his mother and referred to above, the absence of any evidence or trace of recent injury of the diaphragm, and the atrophy of the left lung, which, though crepitant and elastic throughout, barely exceeded in weight a third of its fellow,—and coupling these with the ascertained facts, that the attempts at vomiting were neither frequent, urgent, nor persistent, and that he always experienced uneasiness and discomfort after meals or exertion, —I think I am justified in assuming that this displacement was the result of congenital, or at least very long standing, deficiency of the diaphragm, and not dependent on any recent injury or spasm. In further confirmation of this view, it may be stated that a precisely similar condition of pulmonary atrophy of the left side obtained in the case of a man who happened to die on the same day as the subject of this paper, who had been confessedly ailing and delicate for a very long time, and in whose register the following notice—subsequently verified by actual examination—was recorded by me as far back as the 6th of April last: “On examining this man's chest more closely, I find a distinct bulging and prominence at apex, and to left side of sternum, which is dull, unyielding, and tender on percussion; there is considerable dulness and deficiency of respiratory murmur all over left side, both in front and behind; the breathing is very harsh, grating, and bronchial in right chest; and I am disposed to ascribe his sufferings and symptoms to extensive tubercular consolidation of right lung, complicated with aneurismal dilatation of aortic arch, of long standing and great size, and consequent constitutional cachexia.” An unusually large and sacculated aneurism of the aortic arch was found occupying the upper portion of the chest, displacing the left lung upwards and backwards, and, by its pressure on the trachea and bronchus, giving rise to aphonia, and reducing the lung to considerably less than a third of its average healthy bulk. With reference to our inability to procure emesis, it will not, I think, be a matter of surprise that this boy could not be induced to vomit, considering the position of the stomach, encased as it was in a comparatively immovable cavity, and beyond the reach of abdominal or diaphragmatic agency. And this may serve to throw some light on the much-debated question of vomition as referable to the stomach of the horse, the somewhat analogous healthy position of which near the spine, and separated from the floor of the abdomen by the intestines, Girard regarded as an obstacle to its being sufficiently compressed to reject its contents; and while Mr. Youatt, M. Colin, and several others, ascribe it to mechanical impediment arising from the peculiar arrangement and interlacement of the œsophageal fibres and constriction of the cardiac sphincter, Mr. Gamgee, on the other hand, regards “the fact that therapeutics, as applied to the horse, exclude emetics—that the great majority of experimenters have agreed on the inoperativeness of emetic substances, even when injected into the veins of that animal”—as conclusive against the assumption of mechanical obstruction, and refers the rarity of vomition in the horse to his total insusceptibility to emetic action, and probable physical indifference to ordinary nervous excitation.

In connexion with the above, it may not be out of place to subjoin a few particulars of a somewhat similar case that occurred in the practice of my colleague, Staff-surgeon Bacot, who has kindly placed them at my disposal:—

“In September, 1858, I was requested, at a very early hour in the morning, to see, in consultation with the family attendant, a Mr. M—, a banker in Wellington, New Zealand, who had been attacked with faintness and vomiting after retiring early to bed the previous evening with an overloaded stomach, and much exhausted by the bustle and fatigue of the day. When I saw him, the symptoms were obscure and puzzling: his skin was cold and clammy, his pulse rapid and small, his countenance fearfully anxious, the features drawn and haggard, and the intellect perfectly clear; he suffered

from occasional hiccup, subsultus, and unavailing spasmodic attempts at vomiting; there was little or no pain or tenderness of the abdomen, no unusual tympanitis or distension, and the bowels had acted freely up to the period of his seizure. On a hasty examination of these symptoms, I concluded that Mr. M— was suffering from the effects of a strangulated bowel or intussusception, but could not reconcile the entire absence of pain and other local signs with the assumption of mortification, which could have scarcely supervened so rapidly, but with which, however, these appearances were alone compatible. He continued to sink, and died a few hours after my visit; and on opening the chest, in the presence of several practitioners of the station, there appeared, what we all mistook for an uncommonly distended pericardium, an unusually large, tympanitic and bulging, membranous, bladder-like mass, which, on being punctured, allowed a free escape of air, and this at once led to our recognising it as the stomach displaced upwards in front of the heart through a recent rupture of the diaphragm.”

Mr. Bacot does not think that death arose from the passage of the stomach or the rupture, but believes it due to the persistent and uncontrollable vomiting, to the irritation and compression caused by such a mass in the chest, and to the combined effects of shock and exhaustion almost necessarily associated with such a grave visceral derangement.

Nov. 1860.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

MIDDLESEX HOSPITAL.

WARTY GROWTHS AROUND THE VAGINA AND ANUS OF A PREGNANT WOMAN; REMOVAL.

(Under the care of Mr. SHAW.)

It is a question with obstetricians, whether any operative measure of importance should be performed on women during the pregnant state, because of the liability of inducing premature labour. If we take the experience of London hospital practice as a guide, we shall find that in many instances operations have been performed on women as a matter of necessity, even at an advanced stage of pregnancy, and no bad results have followed. We have seen Mr. Erichsen, at University College Hospital, attempt the cure of troublesome varicose veins, with success, in women thus circumstanced. Mr. Pollock, at St. George's Hospital, once performed tracheotomy upon a woman, with syphilitic ulceration of the larynx, who was on the verge of her confinement. Indeed, labour set in some hours after, but no untoward consequence ensued either to the mother or the child. This case appeared in a former “Mirror,” and we could cite other examples of successful operations performed upon pregnant women. On the other hand, the mere extraction of a tooth has caused miscarriage or abortion. It is, therefore, difficult to draw the line of demarcation. But when necessity steps in, there is no alternative; something must be done, and that oftentimes speedily.

A pale, sickly, and emaciated young married woman, of diminutive appearance, was recently admitted into Middlesex Hospital. She was about six months' pregnant, and suffered from a large and prominent mass of warts surrounding the lower part of the vagina, and extending to the anus, which was also completely encircled by them. They had become so agglomerated as to present a tolerably firm epithelial growth. There were in addition numerous small isolated warts on either side of the vulvæ and thighs. All were the result of a former attack of gonorrhœa, existing previously to her pregnant condition. The vaginal outlet was diminished to the size of a few

lines, and it seemed to be quite clear, that if she were allowed to go to the full time of utero-gestation, there would be a great risk of serious impediment to labour, in consequence of the state of the parts. Rupture of the perinaeum, if not some more serious lesion, might be anticipated under the circumstances.

Her case was carefully considered by the staff of the hospital, including Dr. Priestley, the physician-accoucheur, and it was determined to remove all the diseased mass under the influence of chloroform. This was accordingly put into practice on the 28th of November, by Mr. Shaw, who, with the aid of a scalpel and a pair of curved scissors, effectually dissected away and cut off the various parts of the tumour, and all the smaller warts. This was done without any sacrifice of the integuments, for the whole were found to be superficial, having only involved the epithelial layer of the dermis. The anus and vagina were thus freed, and the outlet of the latter, although still a little constricted, resumed nearly its natural dimensions. As might be expected, there was free bleeding during the operation, but it was readily controlled afterwards by a piece of lint steeped in a solution of the perchloride of iron.

Dec. 14th.—No constitutional disturbance followed the operation, and a good recovery was made by the patient. The affected parts are sound, except a few warts which were left, as Mr. Shaw was desirous not to protract the operation, or cause her to lose any more blood. She has been out of her bed now for upwards of a week.

ST. GEORGE'S HOSPITAL.

ENCEPHALOID TUMOURS ON BOTH SIDES OF THE NECK; OBLITERATION OF THE LEFT INTERNAL JUGULAR VEIN; FATAL RESULT.

(Under the care of Mr. CUTLER.)

JOHN T—, aged thirty-six, admitted October, 1860. He had a large swelling on both sides of the neck, under the jaw, which proved to be medullary cancer. He died from the effects of this on the 5th of November.

Autopsy, thirty-one hours after death.—On dissection, the swelling of the neck was found to depend upon a series of globular tumours, apparently generated in the cervical glands, of the soft malignant (encephaloid) variety, filling all the upper part of the neck, resting on the cervical vertebrae behind on both sides, and nearly meeting in front across the middle line. The skin was not adherent. On the right side, the carotid artery, pneumogastric nerve, and internal jugular vein passed completely through the tumour. The vessels were widely separated, but were quite pervious. The nerve did not present any obvious appearance of injury. On the other side, the vessels also passed through the tumour, and were less widely separated; but the vein was completely impervious at its upper part. The tumour presented a whitish uniform section, and contained an abundant creamy juice, in which multitudes of large nucleated cells of various forms, many of them containing oil-globules, were seen. On the left side, large masses lay over the angle of the jaw, and others were found passing behind the hamular process, and pressing on the floor of the mouth. The parts about the left tonsil seemed sloughy, though the tonsil itself was natural. The pharynx and larynx were healthy. The sterno-mastoid muscle on each side was lost in the tumour. The veins at the root of the neck were distended with blood. The right side of the heart was loaded with decolorized blood. There were old pleuritic adhesions. The heart, lungs, and abdominal viscera were healthy.

GUY'S HOSPITAL.

EPITHELIAL CANCER OF THE TONGUE, SUCCESSFULLY EXCISED.

(Under the care of Mr. THOMAS BRYANT.)

A MAN, aged fifty-five years, of healthy constitution and regular habits, was admitted on November 15th, 1860. He had had a tubercle in his tongue on the right side near its apex for twelve years, which had gradually enlarged. Three weeks before his application to Mr. Bryant, it had begun to ulcerate, and, as this rapidly extended, he sought advice. When seen, a large, ragged, irregular surface, of the size of a florin, presented itself, with well-defined hardness all round it. There was no secondary enlargement of the glands.

On November 21st, Mr. Bryant excised the mass, having previously fixed the tongue by passing a double ligature through

its base, which was held by an assistant. The incisions were made anterior to the ligature. But one vessel required tying. No hæmorrhage of any consequence followed, and the man left the hospital convalescent.

CLINICAL RECORDS.

BURSTING OF AN UNSUSPECTED CEREBRAL ABSCESS THROUGH THE NOSE IN A CASE OF PHTHISIS.

It is well known to pathologists that with phthisis pulmonalis there is sometimes associated disease either of the membranes or the substance of the brain, from deposits of tubercular matter. The symptoms vary a good deal, are oftentimes very sudden, and may even carry off the patient in a few days. The cerebral mischief is generally unsuspected, because no signs are evinced by the patient of its existence. A case in point has just terminated at St. Bartholomew's Hospital, but differing somewhat from any of the cases spoken of by Louis, Andral, Cotton, and others:—

JOHN W. H—, a man aged thirty-two years, was admitted on the 23rd of August last, under Dr. Farre's care, for phthisis. He had also had an attack of pleurisy of the right side of the chest six weeks before admission. He improved as much as could be expected in the second stage of the disease, but remained pale and anæmic. He was nevertheless sufficiently well to be discharged on the 17th of November, very much improved in his general health. He, however, was not to leave until the next day, when he was seized with symptoms resembling a mild fit, such as spasmodic contractions of the fingers, rigidity of the mouth and lips (the latter of which were bitten), and some amount of unconsciousness. These lasted for about twenty-four hours, when a sudden discharge of a large quantity of pure pus took place from the nose, and he died. He was shortly after taken away by his friends, and no post-mortem examination was obtained. During the period of his stay in the hospital, no manifestation of cerebral mischief was ever shown; and there can be no doubt, as Dr. Farre believes, that a tuberculous abscess had formed at the anterior part of the base of the brain, which burst into the frontal sinuses. Such an unusual occurrence in phthisis invests the case with a considerable amount of interest and importance, and it proves to what extent cerebral disease may remain dormant, without impairment of the general functions of the individual.

SUPERNUMERARY FIRST RIB.

MECKEL observes, in his Manual of Anatomy, that a supernumerary rib usually forms below the twelfth, and not above the first, in which case the number and the arrangement of the upper ribs and the cervical vertebrae are the same as usual, while there is one dorsal vertebra too many, or at least the inferior ribs are only a little more developed. Sometimes, he again observes, this supernumerary rib is found above the first; in this case it generally arises from the anterior root of the transverse process of the seventh cervical vertebra, which is unusually developed and not united to the rest of the bone; the first rib is then generally longer and thinner than usual.

This singular excess of development is to be seen in Mary O—, aged twenty-one years, at the present time a patient in the Charing-cross Hospital, under Dr. Willshire's care. She is under treatment for general anæmia, and attention was drawn to a pulsation felt in the space corresponding to the subclavian triangle, first observed about six months ago, and which proves to be, so far as can be made out by examination, a supernumerary rib arising above the first, as we have just described from Meckel. The patient states that the lump felt, corresponding to the rib, was small at first, and she thinks it must have increased in size; the truth of this, however, there is no means of positively determining; but it has all the apparent physical characters of a rib, and is crossed by a large pulsating trunk, which is most probably the subclavian artery. The pulsation there felt is to some extent explained by the nature of her present illness, for which she is taking a preparation of iron. The rib can be distinctly traced into the spine; and if the diagnosis of its true nature be correct, its origin would correspond with the situation of the transverse process of the seventh cervical vertebra. There is no pain nor tenderness. The left side of the neck is normal, and there is no other indication of excessive development about the body.