and, near the second phalangeal joint on the outer side, there was a circular opening, about a line and a half in diameter, and having a sloughy-looking margin. From the opening, arterial blood spirted as from an ordinary radial whenever pressure was removed from the artery in the arm. The finger was accordingly removed, and with it the head of the metacarpal bone. The arteries were very large. One vessel was ligatured rather high up in the palm of the hand, in order to get beyond a point of diseased structure. The wound healed in the course of a fortnight. He was seen a few days since, and no return of the disease could be detected.

On dissection of the finger, which was effected under water, both digital arteries presented a number of pouchy dilatations, reaching from the metacarpo-phalangeal joint to the proximal end of the ungual phalanx. These dilatations varied in size: some were small, constituting mere depressions in the arterial coats; others were large enough to hold a pea. On examination of the part whence the hæmorrhage had occurred, there was found an elongated pouch, having the calibre of an ordinary ulnar artery, and perforated at its extremity by an aperture capable of admitting a director. The digital arteries above and at the point of origin of their dilatations, had their coats much thinned, but otherwise did not appear unhealthy. They were not subjected to microscopical examination, but, to the naked eye, showed no trace of atheroma. The veins were large, but otherwise normal. The nerves were unusually large.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

ENTROPION AND TRICHIASIS OF OLD STANDING; CHRONIC CORNEITIS, WITH OPACITY; IMPROVED OPERATION.

(Under the care of Mr. ERNEST HART.)

THE operative treatment of entropion has for long exercised the ingenuity of surgeons. In slight cases most forms of operative treatment are successful, and even milder forms of proceeding, such as the repeated application of collodion to the external surface of the lid, are sometimes effective in procuring relief. In the severer cases, however, much difficulty is often experienced in effecting a satisfactory cure by any of the methods in use. In these cases, as in one lately operated on by Mr. Hart, at the above hospital, the condition is complicated, and the effects on the vision very disastrous. In the case alluded to, the lids were deformed, the cartilages being viciously bent, and the palpebral fissure small; the hairs of the lid numerous, fine, and ingrowing; the palpebral edges inverted; and the lashes sweeping the cornea had produced chronic irritation, which had ended in thorough obscuration of sight by the irritation of the eye, and chronic infiltration of the cornea with lymph, the result of long-continued inflammation. The patient had at different periods of her life been submitted twice to operation, but ineffectually. The result of each operation had, in fact, been to increase the deformity, while the temporary relief afforded had soon passed away, and existence had only been rendered tolerable by constant evulsion of the lashes, which were rapidly reproduced. The state of the patient was miserable, as it always is in such cases, and as she was disheartened by the ill-success of previous operations, she was with difficulty induced to submit to any further proceeding.

The plan adopted by Mr. Hart was the following:—The external commissure was divided horizontally in each eye, for about the third of an inch, with sharp scissors. This incision was so made as to divide skin, orbicular muscle, and mucous membrane, the skin being somewhat more freely divided than the mucous membrane. The horizontal wound was then made vertical by drawing upon the skin in the upward and downward direction, and thus separating the lips of the wound. The edges of skin were united by suture to the corresponding edges of mucous membrane. Thus the palpebral commissure was enlarged, and by bringing together the corresponding cut edges of skin and mucous membrane the permanence of the improvement was ensured. Ligatures were then passed beneath the skin of the lids, and folds of skin included in them tied up tightly so as to procure sufficient eversion of the edges of the lids; the needles carrying the silk being passed in at a little distance from the attached border of the lids, and brought out near the free edges and carried close to the cartilage. Three ligatures were then applied on each upper lid, and one on each lower lid. They were left to cut their way through.

This operation, Mr. Hart observed, fulfilled very satisfac-

torily the indications for a cure. By enlarging the aperture of the lids and dividing the orbicular muscle, that spasm and pressure on the ball which is one of the most difficult and troublesome features of these cases is overcome. By most other methods it is, if anything, increased. The deformity of the cartilages is neutralized, and the main source of that deformity—spasm—removed. The removal of superfluous skin from the lids by ligature then suffices to conquer the inversion of the free edges. The credit of this proceeding is due to Pagenstecher; and Mr. Hart stated that his experience of its successful application in difficult and obstinate cases warranted him in recommending it as a marked improvement over any method hitherto in vogue.

ST. GEORGE'S HOSPITAL.

TUBERO-CYSTIC DISEASE OF THE MALE BREAST, SUCCESSFULLY EXTIRPATED.

(Under the care of Mr. PRESCOTT HEWETT.)

OF the various forms of disease which are occasionally observed to attack the breast in the male sex, scirrhus is the one most generally witnessed, although it is by no means of common occurrence. The records of our "Mirror" every now and then contain an instance treated at some one of the hospitals. When disease in the gland is found to be other than scirrhus, it is worthy of special notice. Lately a patient, fifty-five years of age, was admitted into the above hospital for the second time for a tumour over the left breast. He had been an inmate three months before; and as there was then considerable œdema of the surrounding parts, he was sent to the coast of Sussex for six weeks to repair his general health, which was then below par. Having very much improved in every respect, he returned to the hospital, and, on examination, a large cyst, the size of an orange, flattened somewhat, was noticed in the situation it had occupied on his previous stay in the hospital. This had been growing for two years. Chloroform was administered on the 7th inst., and Mr. Hewett proceeded to remove the diseased mass, which was speedily and satisfactorily accomplished with comparatively little hæmorrhage.

Mr. Hewett then remarked to the pupils and others present, that the disease in this instance was extremely rare as occurring in the breast of the male sex. Neither Mr. Cæsar Hawkins, himself, nor any other surgeon at St. George's Hospital, had ever seen a case like it in the male subject. As the patient's health had now improved, he had removed a large cyst with growths springing from its interior; in fact, Mr. Hewett observed, it was an example of tubero-cystic disease of the breast seen occasionally in females, but very seldom indeed in males. Scirrhus of the male breast was ever rare; but the present form of disease was very much more so. He had removed the whole disease, and left a large gaping wound, because it was adherent to the pectoral muscle. In recurrent cases, no doubt some of the disease is left behind; and he was, therefore, especially careful to remove every trace of it.

Suppuration has become freely established, and the wound is gradually contracting and healing; and there is every prospect of a favourable recovery.

MIDDLESEX HOSPITAL.

COMPOUND DISLOCATION OF THE LAST PHALANX OF THE THUMB.

THE following case, communicated by Mr. W. E. Lee, the house-surgeon, illustrates one of the causes of difficulty which sometimes occur in the reduction of dislocations of the thumb.

A man, aged forty-five, came to the hospital on the evening of the 11th inst. suffering from a compound dislocation of the last phalanx of the thumb. The wound extended quite across the flexor surface of the joint, and through it the end of the proximal phalanx was protruding, the distal phalanx being drawn up about one-third of an inch on its dorsal surface. The tendon of the flexor longus pollicis could not be seen.

Repeated attempts at reduction having been made without any sign of success, the wound was enlarged longitudinally, and the long flexor tendon was then found passing tightly round the outer side of the neck of the first phalanx, and still retaining its normal attachment to the base of the last phalanx; and as the tendon could not be brought into proper position, it was divided, and the displacement of the bone was then easily rectified. The patient is now doing well.