employment of dilatation; and I should give the preference to a well constructed and rather conical bougie over any other instrument: the latter progress of the case proves that such an instrument is sufficient for the re-establishment of the almost closed opening. I proposed the use of a gum-elastic tube, to be constantly worn; and such an one was constructed; but the satisfactory progress of the case, under the use of the bougie, superseded the necessity for its employment. One further remark I would make, which, indeed, could not but force itself upon my attention,—I mean, the importance of keeping the bowels in a relaxed state whilst there exists any tendency to contraction. Fortunately, constipation is not common at this early age; but I felt that, at one period, it would probably have proved fatal in this case. I cannot form any idea, from examination, of the nature of the tissues I cut through at first; but I apprehend they must have been of a condensed areolar character. The dense structures which required subsequent incision were clearly the product of inflammation; their gradual removal under the employment of the bougie is an encouragement to be satisfied with similar treatment under parallel circumstances.

I need scarcely add how much of the success in this case is due to the judgment and attention of my coadjutor, Mr. Armstrong.

London, March, 1851.

ON A CASE OF

OBSTRUCTION TO MENSTRUATION BY AN IMPERFORATED HYMEN.

WITH REMARKS ON THE PREVALENCE OF QUACKERY IN WALES.

By J. JONES, Esq., Surgeon, Llanfair.

I WAS requested in December, 1849, to attend a female, aged nineteen, who was represented to be suffering from intense abdominal pain and swelling. On visiting the patient, I found her apparently in the agonies of labour, the abdomen being enormously distended, but soft, and wanting that hard feel so characteristic of pregnancy at the full period. The vagina was occupied by what I at first supposed to be the membranes of the ovum, so tense and stretched as to be almost ready to burst; but a moment's further examination assured me that there was complete occlusion of the vagina by an imperforate hymen or some adventitious membrane. I forthwith plunged an abscess lancet through this membrane, when a treacle-like, inodorous fluid instantly issued forth, with such force as to squirt over myself and the by-standing attendants, and which in a very short time deluged the bed. Relief was instantaneous. The discharge continued in a stream for about an hour, when it gradually almost ceased. I afterwards further divided the hymen, which I found the obstruction really to be; and I left my patient with injunctions that she should be kept quiet for a few days, and that an aperient should be given her on the morrow. Three days subsequently I heard she was convalescent, and she has enjoyed good health since.

I may add, that previous to my being called to this female, she had been for some days attended by an irregular practitioner. Had her death occurred while under his hands, there would have been no inquest, no post-mortem examination, and the affair would have been passed over as a case of ordinary death. There can be no conception of the deaths, or rather murders, occurring, under circumstances akin to this, but which never come to light in Wales, where quackery is rampant. It is not uncommon in this country for dissenting ministers to practise physic; they traverse the whole principality, pretending to be curers of both bodies and souls, and our benighted, credulous peasantry, believing them to receive both missions by inspiration, believe also, of course, that they *can* do no injury, but are more likely to confer benefit than a person scientifically educated, which means, in their apprehensions, educated merely in "worldly wisdom."

I know one celebrated character of this class, whose way of going to work is the following:—He gets himself proclaimed to preach in a certain neighbourhood on a Sunday, and it is a publicly understood matter that he will be accessible for consultation during the following Monday. He accordingly engages an apartment at an inn, or some place most convenient, where all who wish the benefit of his advice are desired to meet. He finally examines and prescribes for each individual, and for every prescription demands one shilling, but any larger sum is not declined. This worthy, although most illiterate, and ignorant of medical science, makes hundreds a year in this way. It is no credit to the respectable Christian body of whom he is minister, the Welch Calvinistic Methodists, that they tolerate such proceedings among them.

Since writing the above, I have noticed there is in the last July number of the *American Journal of Medical Science* a parallel case to the foregoing, where the unfortunate female lost her life simply through the hymen not being divided, as the post-mortem revealed;—"the uterus and vagina being immensely distended, as well as the Fallopian tubes, with dark, inodorous fluid." It is stated, that "a consultation by two or three professed surgeons" was held respecting the propriety of operating in this melancholy and most shamefully treated case, but they decided against it. Culpable as our government is for its toleration, or rather patronage, of quackery, and its carelessness of human life, surely such an instance of criminal ignorance as this, were it to become known, would not escape condign punishment.

Llanfair, Montgomeryshire, Jan. 1851.

ON A CASE OF ELEPHANTIASIS SCROTI.

By F. GODFREY, Esq.,

SUPERINTENDING-SURGEON, E.I.CO'S SERVICE, MADRAS.

LAZARUS H—, an East Indian, aged thirty, resident at St. Thomé, in the suburbs of Madras, by trade a tanner, ten years married, and for the last nine has been afflicted with elephantiasis scroti, during which period has not had the least sexual desire. The tumour is of immense size, hanging down nearly to the level of the ankles, and causing him by its bulk and weight great difficulty in moving about. The following are the dimensions, as taken in the erect position: length from superior to inferior part twenty-six inches; circumference, one yard and a half; general shape ovoid; feels dense, brawny, œdematous, and, on percussion, some deeply seated fluctuation is perceptible; the surface is not warty, (as frequently observed,) but studded with small superficial ulcerations, which itch, smart, and prevent sleep; the præputial opening on the anterior surface, is about ten inches below the pubes; rather singular in appearance, being of an arch-shaped figure, (convexity upwards,) with a strong, well-marked vertical line formed by the frænum, extending from the concavity continuously downwards to the raphe; this opening readily admits the finger, and on introducing a rounded piece of wood to the extent of ten inches, (not having a probe of sufficient length,) the patient was conscious of its touching the penis. On proposing to remove the tumour by operation, he readily assented, saying that it rendered life miserable and burthensome to him; he was removed in a bandy to the Vepery Dispensary, (October 14th, 1850,) for greater convenience of operation, subsequent treatment, and for the benefit of the able assistance of Dr. Kellie, Surgeon of the Institution. Chloroform was administered, to the extent of half an ounce, which produced only a violent and uproarious state of drunkenness; the operation was therefore deferred, as it appeared probable (from the man's habits) he had been drinking, and which, on further inquiry, proved to be the fact. On the subsequent day, (October 15th,) the patient was again placed on the operating table, and two drachms of chloroform produced perfect anæsthesia. It had been previously determined on not to attempt the preservation of the testes, which would protract, not only the operation, but increase the chance of fatal termination; moreover, the total want of venereal desire for so many years seemed almost conclusive as to the degeneration or atrophy of these organs; it need scarcely be said that they could not be distinguished by any external examination; the groins had also been carefully examined with reference to the chance of rupture, and though this complication did not appear to exist, yet the thickened state of parts made the examination uncertain, and rendered caution in this respect necessary.

The operation was performed in the following manner:—The patient being on his back, and the tumour supported on a small table, about eight inches lower than the body, a piece of stick (by a way of a director), about half an inch in diameter, flattened on its upper surface, was passed into the præputial opening to the extent of ten inches, and the thickened intervening mass divided until the glans penis became distinguishable; the bleeding was rather free, but venous. Division of the integuments was then made, about an inch deep and seven or eight inches in length, obliquely from the outer part of the right groin, which extended to and joined the upper end of the first incision. Several small arteries were divided, and quickly ligatured. The cord could be felt rather deep, and the non-existence of rupture satisfactorily ascertained.

The incision in this same direction was then carried deeper, and the instant gush of blood was terrific, chiefly dark-coloured, but apparently from both ends of greatly enlarged veins, (whose mouths seemed to be kept permanently open, in consequence of firm adhesion to the hypertrophied mass.) All attempts to stop the hæmorrhage by pressure or sponges were futile; the blood welled out with great rapidity, quickly filling up the deep wound; the pulse was becoming feeble; the skin covered with sweat; the system evidently greatly suffering, though the man was quite unconscious. No time was to be lost in removing the whole mass, and getting a clear view of the bleeding surfaces. An incision was therefore, without delay, made across the left groin, corresponding to that on the right; the non-existence of hernia ascertained, and with an amputating knife, guided so as to avoid the penis, the whole neck of the tumour was rapidly cut down to the posterior surface, but not through the skin; the edge of the knife was then inclined forwards, cutting out a good-sized integumental flap from the under surface, and the tumour at once removed. The flow of blood was for a short period profuse; but when the whole surface was fairly exposed, was quickly subdued by pressure and ligatures. The man became very low, and stimulants were freely given. Several small masses of the diseased structure which remained were dissected out, and the posterior flap united to those of the groins by means of needles and twisted sutures, (as in hare-lip;) eighteen needles were introduced, which brought the parts into apposition; the loose ends of the ligatures were then crossed over between the needles, which effected the accurate closure of the intervening spaces of the wound. The penis, it should be mentioned, was dissected out, and left pendulous at its normal situation, to effect which the integuments were obliged to be divided longitudinally higher up towards the pubes. On the 18th of October all the needles, eighteen in number, were removed, and the wound found in great part to have healed by the first intention.—21st: Has been progressing favourably, though complaining of some pain across the loins and in the course of the spermatic cords, for which opiates were administered with benefit. I rather think these symptoms were occasioned by the ligature on the left side having enclosed the vas deferens.—24th: Removed all ligatures from the arteries.—Nov. 9th: Nearly well, and is improved in condition. A small fungoid wart has arisen on the right foot, about the size of a walnut, around the neck of which a ligature was tightly tied, a seton was passed across the loins by way of a diverticulum for any morbid action that might be existing in the system, and aperient medicines given. On the 20th November he returned home, and has continued well to the present time. It may be mentioned that the common straight needles employed in closing this wound kept the parts firmly and accurately in apposition, and appeared preferable to ligatures, being more readily passed, and causing less pain. The diseased parts, on examination, were found to be made up of hypertrophied cellular tissue, infiltrated with a semi-transparent gelatinous matter. The testes were atrophied, and the tunica vaginalis much thickened, and containing each about four ounces of fluid; there was also an abscess near the centre of the tumour, containing about one pint of pus. The diseased mass was found to weigh seventy pounds, and would have weighed much more had not the fluid which it contained escaped. Cases of this nature require the utmost caution and celerity in operation. The removal of a mass, weighing perhaps half or even more than the patient's body, must give considerable shock to the system; but what appears to be the cause of the greatest danger in these operations is the profuse and sudden flow of blood, which cannot be readily commanded until the surface be fairly exposed by the removal of the parts. With a view to lessen this source of danger, I would on future occasions consider it advisable to pass a long, powerful needle quite through the neck of the tumour on either side of the situation of the penis, armed with very strong ligature, which should be firmly tied on the outer sides, so as to enclose the neck of the tumour in two halves. This would be a means of arresting, if not entirely stopping, the circulation until after the completion of the operation, when of course they should be removed. I may observe, that chloroform appears to me objectionable in operations where the loss of blood must necessarily be great; the system feels the loss of the circulating fluid; the skin becomes bathed with cold sweat; the pulse falters and stops. You may endeavour to rouse the patient by dashing cold water, using stimulants by the mouth, nose, injection, or by employing artificial respiration; but the body having been rendered by the anæsthetic agent insusceptible of ordinary stimuli, little or no effect is produced—in fact, the only thing of any apparent utility is the application of cold water; and if

it should fail, all is lost; the patient passes unconsciously from life to death, and perhaps on the operating table, "dies, and makes no sign." This is no imaginary description: the distressing occurrence I have since witnessed at an operation similar to the one described.

Madras, Jan. 13, 1851.

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, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proæmium.

GUY'S HOSPITAL.

(*Hydatid Cyst of the Liver.*)

(Under the care of Mr. HILTON.)

TUMOURS situated in the abdomen are frequently very difficult of diagnosis, and this circumstance will hardly cause any surprise when it is considered how many symptoms the most different abnormal growths have in common. When we have a male patient to deal with, the range of suppositions is somewhat more restricted than in the other sex; but even then solid tumours, abscesses, enlargement of organs, accumulation of fæces, and hydatid cysts, may not present very distinctive characters. As to the latter, Dr. Watson says, very properly, (vol. ii. p. 491,) "We can seldom tell that hydatid cysts exist in the body until we see them; nor, if we knew their presence, could we propose any rational method of cure."

That we possess so little control over these parasites is greatly to be regretted, especially when it is considered how summarily we now deal with the various kinds of intestinal worms; but this great difference lies perhaps in the fact that the acephalocysts mostly take root in the *intimate* texture of our organs. Indeed, the opinion of Ruysch and Bremser, that hydatids may degenerate in atheromatous, steatomatous, or melicerous tumours, is well worthy of consideration, and the rise and progress of many tumours are enveloped in such mystery that the belief in a parasitic origin might easily be entertained.

The subject of hydatid growths is thus in many respects highly interesting to the practitioner, and Dr. Copland may well say,—"When we consider these parasites originating without any determined cause, in the very substance of our organs, developing and multiplying themselves, and manifesting their existence only by compression of adjoining structures, whence often result the most serious effects, and even death itself; it must be admitted that they deserve a due share of attention." In the case which we have this day to record it would appear that the cause was somewhat better "determined" than usual, as will be seen by the following report, carefully drawn up by Mr. Pavy:—

Joseph M—, aged forty-two years, was admitted into Luke ward, Nov. 27, 1850. He is a hale, strong, and robust-looking man, with a fresh colour, and an appearance contra-indicating the existence of a malignant diathesis, and with a complete absence of those symptoms and signs which would lead one to suspect the previous or present contamination of his system with miasmatic or aguish taint. The patient is a married man, has lived pretty freely, and until the last year—during which he has been unable to work—has been employed as a gun-maker, in which employment he was obliged to exert continuous pressure over his epigastric region with a breast-plate whilst boring gun-barrels.

Ten years ago he went out to the Cape: during the voyage he fell down the hatchway of the ship, and hurt his left side, but did not fracture any ribs; a slight pain, especially on coughing, remained in that spot for some time afterwards. From the Cape he went to the Mauritius, and resided there, until his return home. Six years ago, the patient had the Bengal fever, which confined him to his room for three weeks. About five years since he used to have frequent attacks of stitch in his left side, which attracted his attention to the part, and on examination he discovered a small lump just