pected to proceed from the death of some hydatids. Besides these leading diseases, it was found that the zygomatic bone had been dislocated from the external angular apophysis of the frontal bone, and that it had experienced a fracture which had become consolidated. The veins adjacent to this bone were all varicose, and formed by themselves a soft tumour which existed in this situation.

It cannot be denied here, but that the cerebellar cyst preceded the other diseases, and that the pulsatory motions were produced by its projection externally, but it is difficult to understand how this extraordinary lesion could destroy an entire lobe of the cerebellum without occasioning any alteration in the cerebral or general functions.

CASES 6, 7, 8, 9.—Erectile Tumours on the Face and Head.—Excision.

The next case was remarkable for the difficulty of its diagnosis. The tumour was situated in the furrow which separates one cheek from the nose: it was the size of a nut; free from pain; no change of colour of the skin; diminishing in volume, though not disappearing, when compressed; devoid of pulsation; and containing in its centre a hard nucleus, which occasioned pain on pressure. It was manifestly either a lipomatous or an erectile tumour. The operation could alone decide, and it was accordingly extirpated with great care. There was considerable hemorrhage arrested by compression. In the subsequent treatment the nitrate of silver was very frequently and freely applied, and in five weeks the patient was well. The tumour was of the erectile kind, and the hard nucleus alluded to was composed of bony matter.

In three other cases excision was also performed with success. The first was a child, *ætat.* two years; the tumour small and pediculated, and situated at the external commissure of the left eyelids. It was removed with a curved scissors, and cured in eight days. The second was a case of small erectile tumour on the head, precisely where the hat should be placed. Excision remedied the evils it gave rise to. The third case was a tumour of the lower lip, which was cured by excision in eight days.

If extirpation is in the majority of cases the best means of curing these erectile tumours, we still should not resort to the operation when the tumours are stationary, free from pain, and occasion no inconvenience.

This tissue, which is often congenital, may supervene without known cause, or be provoked by external violence or

continued pressure. It develops itself as I have said, in all parts of the body, but especially in the lips, doubtless on account of their spongy and vascular texture. They have been seen on the fore-arm, arm, thigh, scalp, ear, cheek, labia externa, in the substance of the skin, muscles, periosteum, bones, kidneys, liver, &c. Lastly, they may successively invade an entire limb, as in the case of Lemortier, in which the skin, muscles, and bones themselves, were affected, from the fingers to the shoulder.

**CASE OF
ALVINE CONCRETIONS**

**DISCHARGED THROUGH THE
PARIETES OF THE ABDOMEN.**

*By FREDERIC GRANGER, Esq.
Surgeon, Bristol.*

On the 20th of November 1831, I was requested to visit Mrs. W., a widow lady, aged forty-two years, of spare make and delicate habit, residing about four miles from Bristol. I found her suffering intense and continued pain in the abdomen, more particularly in the right iliac region, increased by pressure, with thirst, heat, anxiety of countenance, a hard quick pulse, vomiting, constipation, in short, presenting every character of acute enteritis.

I learned that in the afternoon of the preceding day, she had returned from a walk, cold and shivering, with slight spasmodic pain at intervals in the part particularly referred to, which had considerably increased during the night, without any remission for some hours before I saw her. My inquiries respecting her diet did not elicit any error committed. The liberal and repeated abstraction of blood from the arm (which was highly cupped and buffy), the application of leeches to the abdomen, with aperients, injections, &c., and rigid antiphlogistic treatment, removed the acute stage in a few days, and in about three weeks my patient (although very much debilitated) had lost the more urgent symptoms, but still complained of some degree of pain and tenderness in the part originally affected, and on minute examination a tumour deep-seated was sensible to the touch. The occasional application of leeches afforded temporary alleviation, but the tumour gradually increased, accompanied by rigors and frequent lancinating pains, indicating the formation of matter. A lin-

seed-meal poultice was accordingly applied.

Towards the latter end of January 1832, the tumour had attained the size of half of a large orange, the base extending to the anterior superior spinous process of the ilium on one side, nearly to the median line on the other, and Poupert's ligament below. Fluctuation was now distinctly felt, and about the commencement of February a small ulcerated opening (situated exactly in the centre of a line drawn from the umbilicus to the anterior superior spinous process of the ilium) gave vent to a healthy purulent secretion, from which she experienced partial relief. After some days the discharge (which had not been very copious) diminished, and the orifice occasionally closed. Great suffering supervened; the base of the tumour feeling hard and dense, a probe at this time, when passed through the orifice, dropped by its own weight an inch and a half perpendicularly, the patient lying in the recumbent position. In the middle of February, from the irregularity of the discharge, I was induced again to pass a probe, and at about an inch from the surface, feeling distinctly a hard substance, I communicated the fact to my patient, who seemed much gratified at the prospect of relief. This substance daily approached nearer to the surface, and early on the morning of the 7th March, I received a note from the sister of the lady, "begging me to see her as soon as possible, as something black appeared to be working its way from her side, and she was suffering excruciating pain." I found, on my arrival, that an alvine concretion had just escaped through the opening, to her great relief, and two days afterwards a second followed the same track.

From this period she gradually recovered her health, although the cavity (which was considerable) filled up very slowly, not having finally closed until March 1833. She is now quite well, but has a sensation of contraction and slight pain in the part, on taking a long walk, or using great exertion.

These concretions resemble nutmegs, both in shape and size; the largest measures in circumference three inches in its longest axis, and two inches and a half around its shortest, weighing seventy-four grains. The smallest measures two inches and three-quarters in the circumference of its longest axis, and is of equal bulk with the other in its shortest, weighing sixty-five grains. Having made a section of one, I find it of about the consistence of hardened cerumen, and formed of concentric laminae, alternating in a dark-brown and yellow hue. A portion when

heated melts like wax, and emits a flame if ignited. They are both extremely rugged in appearance, similar to shagreen, with the exception of the extremities. Here they are smooth, and apparently worn by friction. Whether they were originally in the gall-bladder or intestines, I am unable positively to determine, although I should much incline to the former opinion, both being specifically lighter than water, feeling saponaceous to the touch, and not containing, centrically, any foreign body serving as a nucleus. It would appear from the direction of the passage and corresponding aperture, that they escaped straightway from the termination of the ileum or the caput coli, as there was no tortuous sinus indicative of their having traversed between the muscles from a distance. They are deposited in the Museum at the Bristol Infirmary in the valuable collection of my friend Mr. Richard Smith.

Bristol, April 25, 1833.

P.S. In terming these concretions *alvine*, I am fully aware that I do not strictly accord with the common acceptance of the word, but the high authority of *Cooper's Surgical Dictionary* decides that all concretions passing through the alimentary canal are properly so called, whether biliary, gastric, or intestinal.

LONDON MEDICAL SOCIETY,

Monday, April 29th, 1833.

Mr. KINGDON, President.

THE INFLUENZA.

THE minutes being read and confirmed, THE PRESIDENT reverted to the prevailing epidemic, and said,—As this malady, Gentlemen, still seems to be rife in London, and as there is much anxiety in the public mind regarding it, in consequence of the number of deaths that are reported to have occurred from its attacks, whether mediate or immediate, it would be desirable for us again to communicate any information we may possess on the subject. Are the dispensaries more full than usual?

A MEMBER replied that he thought they were.

THE PRESIDENT continued.—It was, I think, the opinion of the majority at the last meeting of the Society, that the head-ach was an invariable accompaniment of the disease. I have, however, seen some patients that have not complained at all of this symptom, but in whom the chief thing was a spasmodic cough, of so alarming a character to the persons affected