

tance below the opening in the bowel, the folds of the ileum were found matted together by adhesive lymph, as if they had been crowded together in a hernia. In the inguinal canal on the same side, (left,) there was a hernial sac of considerable size. The cæcum was distended with flatus, and contained some scybala of light colour; the transverse and descending colon were empty, and much contracted, the latter being united by lymph with the mats of ileum before mentioned.

How did it come to pass that this abscess communicated with a portion of the jejunum? and what was the exciting cause of that abscess in the groin? Though these questions could not well be answered with any degree of certainty, it would appear that the accumulation of pus in the groin was connected with the pressure of the truss. In closely following up the various pathological phenomena presented by this case, it will be perceived that the very first symptom complained of was, "a curious painful sensation down the inside of the thigh." From this period the groin had hardly ever been free from pain; nay, "the gnawing pain continued," and steadily increased, though the protruded intestine was twice returned into the cavity of the abdomen by the house-surgeon, and though repeated alvine evacuations took place. A great deal of irritation must have been produced in the part; and whilst the groin was thus ready, as it were, for the secretion of pus, what was the state of the intestine which had been reduced? The report says that the "matter vomited had a faecal smell;" there must therefore have been obstruction or severe inflammation in some part of the intestinal tract; and it may fairly be supposed that that piece of jejunum which, after death, was found to open into the abscess, had then been greatly damaged, and that its coats were not far short of a gangrenous state. Though the effusion of lymph may have been mainly instrumental in preventing the actual escape of the contents of the intestines into the abdomen, the irritation must have been great, for we find that "on the 15th the bowels were much relieved, but vomiting and tenderness in the groin increased." How it further came to pass that the abscess in front of the thigh communicated with the bowel by the obturator foramen and the great sacro-sciatic notch, might be guessed at, but suppositions would here be of no practical use; it is, however, of some importance distinctly to record the fact, for cases of a pretty similar kind may spring up, and this precedent would certainly be of some utility in the diagnosis.

The nature of the case was made very clear after the opening of the abscess: it was found "that a small opening existed in the situation of the obturator foramen, which just admitted the point of the finger," and the escape of foetid gas could leave no doubt on the subject. At one period of the case, however, obturator hernia was suspected; and this circumstance created much interest, as such cases are extremely rare,—so much so, that Sir Astley Cooper says, in his great work on Hernia, "The only example which I have seen of this disease is in the collection of preparations at St. Thomas's Hospital, and in this case the hernial sac was so small that I doubted the propriety of including it among my plates. But when I considered that the danger of a hernia is proportioned rather to the smallness of its size than to its great magnitude, and that this small sac explains equally well with the largest the situation of the disease, and moreover, when I considered that it is probable that this hernia seldom becomes of great size, I thought it right to introduce it." When in Mr. Ferguson's case it was ascertained that no hernia had occurred through the thyroïd foramen, the interest was hardly lessened, for the real state of things was equally unusual; and we venture to hope that the report of these pathological facts will be of some practical utility.

ST. GEORGE'S HOSPITAL.

Two Cases of Removal of the Testis.

(Under the care of Mr. CUTLER and Mr. PRESCOTT HEWETT.)

Removal of the testis, in the present day, is an operation, comparatively speaking, of rare occurrence. Formerly, however, this measure was frequently resorted to, for a disease which some years back was discovered to be generally under the control of mercury. Two cases, necessitating such an operation, have lately occurred at this hospital, the notes of which have been kindly given to us by Mr. Gray, the assistant house-surgeon.

The first case refers to a patient, aged thirty-six, who was admitted, under the care of Mr. Prescott Hewett, for a tumour of the testis, the size of a turkey's egg, of an oval shape, and perfectly smooth. It was very heavy, and generally firm; and

the cord, with the exception of some slight thickening about the vas deferens, was quite healthy. The disease had existed seven weeks, but its appearance could not be traced to any injury; there was no cough, and the patient had always enjoyed good health. Under the supposition that the disease might be of the kind which is commonly known as chronic inflammation of this organ, the patient was confined to bed, and put under a gentle course of mercury, until the gums became affected; but after the medicine had been persevered in for some little time, it became evident that the general health was beginning to suffer, and that no impression had been made on the diseased testicle, which continued gradually to increase in size and weight. Its shape had become globular, but the surface remained regular, and of equal firmness throughout. The mercury was discontinued; and as soon as he had rallied from its effects, it was deemed prudent to resort to an operation, the patient himself being anxious for it.

The usual incisions having been made, the testis was removed from below upwards; but in the division of the cord, great caution was required, on account of a hernial sac which was lying in this region. A section of the tumour showed that it was formed by a large mass of scrofulous deposit which had taken place in the centre of the testis, the tubes being displaced, but quite healthy; the epididymis and vas deferens were somewhat thickened, but otherwise not diseased. The cavity of the tunica vaginalis was for the greater part obliterated by old adhesions of the two layers of this membrane.

In his remarks on this case, Mr. Hewett laid great stress on the valuable rule of the present day, of putting a patient under a fair course of mercury before resorting to any operation for diseases of the testis. It was right, under most circumstances, to give the patient a chance of having a diseased testicle cured by mercury, and not unfrequently it had happened that this organ was thus saved in cases which had been condemned by the surgeon. This rule had been strictly adhered to in the case just operated upon, and this plan of treatment had only been abandoned when it became evident that the general health was beginning to suffer, and that the disease was progressing. With the exception of some slight diffuse cellular inflammation of the scrotum, this case did well, and the patient left the hospital much stouter and in better health than when he came in.

The second case, which was under the care of Mr. Cutler, presented many points of very great interest.

The patient, aged fifty-four, a gamekeeper, was admitted into this hospital for a disease of the right testicle, which organ was of the size of the fist, very heavy, and of stony hardness; it presented an irregular surface, but was of equal firmness throughout. The cord, which was extensively affected close up to the ring, was also nodulated, and very hard; the veins of the scrotum were not much enlarged, but the skin appeared to be somewhat adherent to the tumour. No indication of disease about the abdomen or viscera. It appears that about fifteen years ago, the patient, for the first time, perceived a small lump, of the size of a bean, at the bottom of the right testis. It was hard, not in the least painful, and did not increase in size. Ten years ago, hydrocele made its appearance on the same side. This was tapped several times by Mr. Lane, who, about four years and a half ago, injected some port wine-and-water, in order to bring about the radical cure. The injection was followed by considerable effusion, and the parts became very painful. Mr. Lane, finding that the effusion did not subside, as it usually does, advised a course of mercury; the gums became affected, but for how long this was kept up no accurate account could be obtained. The treatment had had little or no effect on the swelling, which has remained of the same size as it was shortly after the injection; the affection of the cord had not been observed until within the last six weeks, since which time it had been somewhat increasing. The patient had suffered little or no inconvenience from the disease, save a slight dull aching pain at times. The general aspect was that of rude health, which is said to have been uninterruptedly good.

A course of mercury having been gone through, and the patient being most anxious about the removal of the tumour, Mr. Cutler determined upon operating at once. At the operation, the skin was observed to be intimately united to the subjacent parts, so intimately, indeed, that it was with great difficulty dissected off; the section of the cord was made at the external ring, this part being free from disease. Besides the vessels of the cord, numerous arteries in the scrotum required the ligature.

A careful examination of the tumour showed, that the

greater part of it was formed by a deposit which had taken place superficial to the tunica vaginalis, the testis itself being but little larger than natural, and the layers of the serous membrane intimately connected with each other. The section of the testis, and that of the morbid deposit on the outside of the tunica vaginalis, presented very much the same appearance, the natural structure of the testis having disappeared. To the naked eye they both looked as if infiltrated with lymph, mixed up here and there with patches of yellow deposit.

It may be here mentioned, that the opinions of several surgeons most versed in morbid appearances of diseases of the testis, to whom this preparation was subsequently shown, differed as to the true nature of the disease. Some looked upon it as simple chronic inflammation, whilst others thought that it was decidedly carcinomatous. When submitted to microscopic examination, the opinions likewise differed: some thought the characters quite decisive as to its being malignant; others, equally well versed in the use of this instrument and in minute morbid anatomy, were of opinion that the characters were anything but decisive.

Should the disease ultimately prove to be of a carcinomatous nature, this specimen will be a most interesting one; the greater part of the morbid deposit, being superficial to the tunica vaginalis, would be a very rare form of malignant disease connected with the testicle, the skin being altogether unaffected. Subsequently to the operation, the patient had a very sharp attack of diffuse cellular inflammation of the scrotum and neighbouring parts, accompanied by severe rigors and a low typhoid state, from which, after remaining for several days in a most precarious state, he gradually recovered, and was lately discharged from the hospital, apparently in good health. Means have been adopted for having this patient carefully watched in the country, and should there be any return of the disease, we shall not fail to acquaint our readers with the circumstance.

The very severe inflammatory attack which this patient experienced points to the hazard which may accompany the removal of the testis, and seems calculated to impress the surgeon with the propriety of performing that operation in extreme cases only, and when other means have entirely failed. When the disease is of a malignant nature, there is great likelihood of its reappearing either in the scrotum or some other organ. Indeed, the results may, in some cases, be very soon fatal when the lymphatic glands are involved. An example of the latter fact will be found in a case operated upon by Mr. Lawrence, at St. Bartholomew's Hospital, a little time ago, (*THE LANCET*, January 26th, 1850, p. 127.) The patient, in this instance, died a week after the operation. His principal symptom was pain of an excruciating character in the opposite thigh and groin; the pulse gradually failed, and he sank from mere exhaustion. On a post-mortem examination, a mass of hardened and diseased lumbar glands were found on the affected side, and within these a cheesy, half-fluid matter was observed, similar to that which had been noticed in some portions of the removed testicle.

Medical Societies.

WESTMINSTER MEDICAL SOCIETY.

SATURDAY, APRIL 14, 1850.—PROFESSOR MURPHY, PRESIDENT.

EAR SPECULUM.

Mr. HARVEY exhibited to the Society an ear speculum, which had been manufactured by Mr. Fergusson, of Smithfield, and improved by himself. The improvements consisted mainly in an enlargement of the tube, a more ready mode of expanding the blades, and a higher polish.

Dr. TAYLOR related the following case of

PERFORATING ULCER OF THE STOMACH.

John Lynes, aged fifty-three, was admitted as a patient of the St. Pancras Royal General Dispensary, April 2nd, complaining of cough, dyspnoea, and dropsical swelling of the legs. He informed me that seven years ago he had an attack of rheumatic gout in the right knee, which confined him to bed for three weeks. For the last two years and a half he has suffered from gradually increasing cough, dyspnoea, and occasional palpitation, much increased by exertion; and within the last twelve months he has been unusually drowsy, frequently falling asleep during the day. Six weeks ago, after exposure to wet, he became much worse: the dyspnoea in-

creased to such an extent as to prevent him from lying down night or day; the cough was constant, and accompanied with copious frothy expectoration; and the legs and thighs began to swell; the chest was dull on percussion, from the level of the third rib, on the left side, as far as the stomach; the dullness extended two inches to the right of the sternum, and completely round the lower part of the chest, for two or three inches above the attachments of the diaphragm; the natural sounds of the heart were replaced by a very loud and harsh double murmur, extensively audible over the front of the chest; the first murmur was propagated upwards, and was very loud in the neck; the second was most intense at the base and apex of the heart. While examining the chest, I found that he had slight tenderness of the epigastrium; and upon questioning him further, he told me that for the last few weeks he had had occasional pain in this region, darting through to the left scapula. Early on the morning of the 7th, he was seized with vomiting of blood. In the course of a few hours, he had vomited sufficient to fill a large wash-hand basin, and he died in about eight hours after the commencement of the hæmorrhage.

April 9th.—*Autopsy*.—The cavity of the pleura on each side contained about six ounces of clear serum, and the lungs were large and emphysematous. The heart was considerably enlarged, pale and flabby, collapsing when laid on the table; it was covered with numerous white spots and streaks, especially in the track of the coronary vessels. The walls of both ventricles were much thickened; the columnæ carneæ were hypertrophied, and the cordæ tendineæ were thick and rigid. The septum, towards the base of the heart, was an inch and a half in thickness. There were some thickening and deposit on the margins of the mitral valves. The right auricle and auriculo-ventricular orifice were much dilated. Two of the aortic valves were consolidated into one large, irregular, bony mass, so as nearly to block up the aortic opening; the third, which was also the seat of a large bony deposit, was partly separated from its attachment to the aorta, leaving an aperture through which the circulation had been in part carried on, as was shown by a clot of blood which it entangled. The stomach was distended with coagulated blood. Two inches and a half from the pylorus, on the lesser curvature, there was a large, excavated, circular ulcer, an inch in diameter, with smooth and regular edges. This had completely destroyed the mucous and muscular coats of the stomach, and penetrated the coronary vein, thus giving rise to the hæmorrhage which was the immediate cause of death. The liver was small, and presented some fatty deposit in its structure. Both kidneys were in an advanced stage of Bright's disease. On closely questioning the friends of the deceased, I learned that for the last year and a half he had occasionally complained of uneasy sensations in the stomach; these, however, were so slight as not to attract much attention, and do not appear to have amounted to pain till within five weeks of his death. Even then, had I not discovered the epigastric tenderness, he would not have considered it as worth mentioning. Till within two days of his death, his appetite was good, and he never suffered from vomiting or increase of pain after eating. Previous to the attack of rheumatism, he had been in the habit of drinking beer rather freely, but very seldom to intoxication. For the last four or five years he has been very abstemious.

Dr. WEBSTER read a paper, entitled

REMARKS ON THE HEALTH OF LONDON DURING THE SIX MONTHS ENDING THE 30TH OF LAST MARCH.

Adverting to his previous communication made to the Society at the first meeting of the present session, the author said, that the remarks he now proposed reading were intended as a continuation of the subjects then discussed; and he believed they would perhaps seem more interesting to the fellows, when they heard, by way of preface, that the public health in London, during the last six months, had been satisfactory, as shown by the amount of deaths being less than the ordinary average, and still more so, seeing they were considerably under that of the parallel six months of the previous year. For instance, 30,163 persons then died in London, whereas only 26,096 were carried off during the recent period, being a diminution of 4067 deaths, or more than 15½ per cent. in favour of the winter just terminated. This favourable aspect chiefly arose from the diminished mortality of several diseases that proved both prevalent and fatal during the six months first mentioned. Thus, scarlatina, which destroyed 2541 individuals, during the six months ending the 31st of March, 1849, was only fatal to 685 patients in the corresponding months of the recent season, being a diminution of 1856 deaths from