

rare that so good a view of a reparative process can be watched in the human subject.

T. B—, aged twenty, was admitted on Nov. 13th, 1886, at 11 P.M. The patient is unaware of having had any rupture as a child, but at Christmas last a swelling suddenly appeared in his groin and scrotum. This was accompanied by dragging pain in the abdomen and a sense of sickness. A week ago he jumped from a cart and immediately felt a pain in the groin and testicle, and found considerable swelling in that neighbourhood. Soon after he was sick. Next day and again a day or two after, he tried to work, but was unable to do so, and has been several times sick, more especially during this day. The bowels have not acted since the accident.

Mr. Barwell being sent for, he saw the patient shortly after admission. He had a small weak pulse; the skin was cool and somewhat clammy. He complained of much pain in the scrotum, groin, and umbilical region. He had not been sick since admission, nor had he hiccough. The hernial swelling distended the inguinal canal and the scrotum very considerably; it was very tense and tender; the skin over it was red. Herniotomy was at once performed. The sac was reached without difficulty and opened; within it was nothing but a much distended and congested coil of intestine, which lay in contact with the testicle. The external ring was excessively tense; when this was incised the inguinal canal was not found shortened, as is commonly the case with large herniæ, but was of normal length and obliquity. A little inside the ring, the gut showed a more excessively congested patch, running across which was a rupture about half an inch long and ragged, the edges of mucous membrane that protruded being ulcerated. After several bands in the inguinal canal had been divided, and the very tense internal ring incised, it became possible to draw that part of the intestine into better view. The opening was closely stitched, after Lemberg's method, with fine catgut. A stitch was passed through the peritoneal and partly through the muscular coat, a little beyond the highly congested part, and left long, so as to hang from the wound; then all the gut was returned from both ends, leaving the ruptured and sewn part bare, just at the mouth of the ring. This was covered with a double layer of protective, and the whole was dressed with carbolised gauze. Ordered half a grain of opium every fourth hour.

Nov. 17th.—The patient has had no disquieting symptom. Over the ruptured intestine, and covering in the stitches, was a layer of lymph. The highest temperature was 99.8°.

19th.—The temperature rose to 102.4°. On examining the wound the scrotum was found distended, and a little dark blood was found to come from one part near a stitch. The incision here (the front of the scrotum) was opened, and a dark clot turned out. No bleeding point could be discovered, and the wound was closed again.

Dec. 20th.—With the exception of the oozing above mentioned, which did not recur, the patient has had no bad symptom. The wound was rather slow of healing, but he has been practically well for several days.

NEWCASTLE-ON-TYNE INFIRMARY.

DIFFUSED TRAUMATIC ANEURYSM OF THE ANTERIOR TIBIAL ARTERY OF TEN WEEKS' DURATION; ATTEMPTED LIGATURE; AMPUTATION.

(Under the care of Mr. PAGE.)

The following notes are by Mr. F. P. Maynard, M.B., house-surgeon.

John M—, aged sixteen, was admitted on Nov. 18th, 1886, with the following history: On Sept. 13th, while staying with some friends in Lancashire and playing with other boys, one stabbed him with a penknife (blade two inches long) in the left leg, at the junction of the middle with the lower third, about half an inch outside the crest of the tibia, in a direction backwards and inwards. It bled freely, spurting out (not in jets) dark blood, he says. The leg swelled. He was sent to bed and poultices applied. Four days after, on getting up, he had pains in the leg, and the swelling increased a little. The wound healed, the swelling remained, and on Oct. 4th he returned home. The next day suddenly great pain came on, and the swelling again increased. It was poulticed, and a fortnight later his doctor opened it, when much blood clot was removed, and a few

drops of fetid pus. The bleeding, which was considerable, was stopped by pressure. It bled at intervals until Nov. 17th, the day before admission, when free hæmorrhage took place.

On admission the boy was very anæmic and emaciated, with a poor pulse and no appetite. The lower and half of the middle third of the leg were occupied by a swelling about eight inches in length, uniformly fluctuating and soft; and situated about its middle was a small wound, from which blood was oozing, a drop at a time. This swelling communicated distinctly with a similar but smaller one behind the inner side of the tibia. Both were without pulsation. Pulsation was absent in the anterior tibial artery below, but present in the posterior tibial. The foot was œdematous. Pressure was applied and the oozing stopped.

Nov. 24th.—Hæmorrhage occurring, under chloroform Mr. Page enlarged the opening and cleared out about one pound of blood clot, with a tourniquet on the femoral. The anterior tibial artery could not be found, but two or three bleeding venous points were tied, and afterwards one small artery, and the bleeding stopped. The posterior portion of the sac was also opened, but nothing found to tie. The tibialis anticus was completely split up and separated from the tibia, which in one place, the size of half a crown, was eroded, and the interosseous membrane was wanting for several inches. There were no signs of suppuration anywhere except at the old incision. The leg was elevated and dressed, and permission for amputation obtained should it be necessary. At night the bleeding recurred, and the leg was amputated through the middle third by lateral flaps (Bryant's), so as to utilise the incisions previously made into the aneurysm, and the flaps brought together by a continuous catgut suture.

The leg did well, except that pus collected over the inner side of the end of the tibia, and the patient was allowed to go out on Dec. 12th. On the 15th oozing of blood came through the incision. At 10 P.M. excessive bleeding took place, and, under ether, Mr. Maynard opened up the stump, having to cut through firm cicatricial tissue, turned out the clot, and tied some bleeding points, only one of them arterial, and that a small vessel. As the end of the tibia was necrosing, a piece of it was sawn off, some unhealthy granulations scraped, and the flaps sutured. After operation the patient was much collapsed, and rallied slowly.

Jan. 20th, 1887.—Patient has recovered uninterruptedly, gaining flesh rapidly.

Feb. 8th.—a small exfoliation has come away from the tibia. The size of a small button.

25th.—Wound all but healed. Is going to a convalescent home.

EPITHELIOMA OF THE SOFT PALATE.

(Under the care of Mr. PAGE.)

The notes of this case are also furnished by F. P. Maynard, M.B., house-surgeon.

E. D—, aged twenty-seven, a fireman, was admitted on Oct. 7th, 1886. Family history good; habits good, and no history or sign of syphilis. Last April he felt with his tongue a small projection on his soft palate. It grew slowly, and when as large as a pea it was snipped off by his doctor. The wound healed badly, and when admitted there was a small cicatrix in the middle line of the soft palate. At its left border was a small growth the size of a small pea, exactly like an ordinary gonorrhœal wart in appearance. There was a small gland enlarged on the right side of the neck in front of the sterno-mastoid.

The patient was treated with large doses of iodide of potassium, and with mercury, without effect. The growth therefore was scraped off, but, strange to say, a similar one appeared on the other side. The whole of the disease was freely removed on November 9th with the knife, removing the whole thickness of the palate. The wound did not heal well, and the disease returned in it within a month, and the gland in the neck enlarged rapidly. He went home on December 23rd.

On Feb. 1st the man came again to the hospital. The whole of the right two-thirds of the soft palate was a mass of foul epithelioma, which had spread down the right arch to the tonsil, which was itself a mass of disease. He had lost flesh, and looked very ill and anæmic. The gland in the neck had enlarged, and was now as large as an orange; it was adherent to other enlarged glands. They were still encapsuled, but under the sterno-mastoid.