

about half its length. This was met by a second incision, running down and back through the lower lip, a little to the right of the middle line. Grasping the cheek with the left hand, it was reflected up from the tumour, which then came well into view. Clearing the anterior attachments of the tongue from the bone, the saw was applied at the level of the second incisor tooth of the right side, which had been previously extracted. The lateral attachments of the tongue being severed close to the bone, the temporal muscle was cut at its insertion into the coronoid process, and the jaw being drawn outwards and slightly downwards the disarticulation was easily effected and the mass removed. The facial artery, which was small, the inferior labials, and one or two muscular branches, were ligatured. The large cheek-flap fell well into position, and was retained by silver, silk, and catgut sutures. Placing a slip of lint in the deep incision, a light dressing of protective and boracic wool was applied, and the patient placed in bed on her right side. During the after-dressing the mouth was daily sponged out with a mixture containing equal parts of tepid water and tincture of eucalyptus globulus. A short cough proved troublesome for a few days, but was relieved by inhalations of the same tincture. The temperature did not rise above 102° F., nor the pulse above 120. The wound healed rapidly throughout its entire extent, except where a small opening remained, about the middle of the incision, discharging saliva. The patient sat up in bed on the tenth day after the operation, dressed on the fourteenth, and at present continues in perfect health.

*Remarks.*—The microscope shows a dense fibrous structure containing nucleated spindle cells and groups of multinucleated myeloid or giant cells. The case illustrates the certainty with which these epuli return unless that part of bone from which they spring be removed with them; in the former operation the tumour had simply been cut off, and its site freely cauterised. It also shows well the increased rapidity of growth in tumours reproduced of the fibroid variety. Limitation by the symphysis and by the articulation was well marked, as the growth extended quite to the joint, and forward to the middle line. Although the cheek had ulcerated, the ulcer, not being malignant, had healed. The rapidity and completeness of recovery encourage removal of the largest growths in this region; although, from the size of the tumour, section of the portio dura and consequent deformity were unavoidable.

Huelva, Spain.

## A REMARKABLE CASE OF UMBILICAL TUMOUR.

By J. WYATT PRATT, M.R.C.S., L.R.C.P. EDIN.

CASES of umbilical tumour are not of frequent occurrence, and the following one presents some characters that are unique. Three years ago I attended the birth of a male child whose umbilical cord was of average length but of unusual thickness throughout, and which for the space of an inch and a half from the abdomen presented a dilatation of more than double the diameter of the remainder. The usual ligature was applied just beyond this enlargement. The resulting stump was exceedingly tense and hard. On the ninth day the coverings at the top had sloughed and showed a red granular projection, and in about a month all the outer coating had disappeared, and a firm, smooth, red tumour was left. This was an inch and half in length, pyriform in shape, and attached to the umbilicus by a short but thick pedicle. The outer expanded extremity presented a central orifice, from which more or less constantly a watery fluid exuded. There was no evidence of hernia. The growth did not appear to be painful to the touch, nor even to firm pressure; its surface bled when handled unless treated gently with oiled fingers, and, as usual in such cases, always became more full and vascular when the child cried. Towards the end of the third week feculent matter oozed from the terminal orifice, and this recurred, every three or four days only, for the following month. During the latter period, on three occasions, without any appreciable cause, bright-red blood trickled out from the same aperture, this at several days' interval, and upon the last occasion in considerable quantity. The infant in other respects was healthy, and at the breast thrived well.

The tumour was dressed once daily with carbolic oil. When the little patient was seven weeks old, after the last somewhat severe attack of hæmorrhage, I tied a strong silken cord around the pedicle. This was followed by sharp bleeding from the seat of ligature, which was easily arrested by a fold of lint soaked in styptic colloid. A pad and a firm bandage were then applied to the abdomen. The bowels had been relaxed naturally before this treatment. Three days afterwards, upon the removal of the binder, the growth was found detached in a little well of pus upon the lint. The resulting raw umbilical surface was dressed with zinc ointment and a pad, and in a few days more nothing was noticeable except an induration around the umbilicus. Since then the child has continued well. The case is worthy of record on account of the fistulous communication with the bowel, and the tendency to spontaneous hæmorrhage.

Wiveliscombe.

## FATAL CASE OF HYDROPHOBIA.

By MAURICE KNOX,

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PRIVATE H—, aged twenty-two years, a strong and healthy man, was badly bitten on the exposed surface of the left wrist and hand on May 25th, 1884, by a native dog. The dog was immediately killed by one of his comrades, and the man sent to hospital, where his wounds were washed, and freely touched with nitrate of silver; he remained in hospital twenty-three days. The patient presented himself on the morning of August 13th complaining of pain in his back and shoulders, the result, he said, of throwing a heavy shot. Shortly after admission the symptoms of hydrophobia commenced to develop themselves; he complained of discomfort about his throat, and when he was presented with fluid he started back with a look of horror on his face, became wildly excited, and the muscles of his throat and the muscles of respiration were acted on, producing severe spasms and short quick inspirations. The poor fellow when spoken to made every effort to swallow fluid, or take ice into his mouth, but without success, and his cry was "Take away the water; it will kill me." His skin was cool, and bathed in sweat; pulse 80. Given one-third of a grain of morphia hypodermically, and twenty grains of hydrate of chloral by enema; to remain in a dark room. 6 P.M.: Temperature 99.6°; pulse 80; has had some severe spasms within the last three hours. Given half a grain of morphia hypodermically, and twenty grains of hydrate of chloral by enema; also an enema of eggs and brandy. 11 P.M.: Patient much exhausted; any movement in the room or flash of light produces violent spasm of the muscles of the throat and muscles of respiration; he shrinks away in dread from being touched, is at times wildly excited, imagines there is a dog in the room, at other times talks quietly and sensibly to those about him. Given half a grain of morphia hypodermically, twenty grains of hydrate of chloral by the rectum, and an enema of eggs and brandy. Patient became quite exhausted before morning, and died at 3 A.M. on Aug. 14th. During this case no pain was complained of at the place where the bite had occurred, and there was very little secretion of viscid saliva.

*Necropsy, five hours after death.*—Rigor mortis well marked. Five scars on back of the left wrist, one on front. Nerves of the forearm apparently healthy. Brain: Weight 41 oz.; the surface vessels contained dark fluid blood; nothing abnormal apparent to the naked eye on section. The blood throughout the body was dark and fluid; nothing abnormal was observed about the mucous membrane of the mouth and throat. The pericardium and heart were normal. Old adhesions on both sides of the pleura and lungs; both lungs full of dark blood. On section the kidneys presented a dark colour, and the spleen was congested. On section the liver showed a dark colour, weight 3 lb. 8 oz. The stomach was quite empty, and the coat appeared to be much thickened.

Bareilly.

A GIFT of £100, from an anonymous donor, has been received by the Secretary of the Swansea Accident Hospital for the benefit of the institution.