

ON A CASE OF
STRANGULATED OBLIQUE INGUINAL
HERNIA TREATED BY INVERTING
THE PATIENT.

By HENRY POWER, M.B. Lond., F. R. C. S.

ON the 14th ult. William W— presented himself amongst the out-patients of the Westminster Hospital. He stated that he was forty-four years of age, a soda-water maker by trade, and that he had suffered from hernia for twenty years. He had always worn a truss, and though the bowel occasionally slipped down, he had always been able to replace it by himself. On the day previous to his coming, at five o'clock P.M., he was pulling down the sash of a window, when the hernia descended with much force in spite of the truss. He immediately went home and attempted to reduce it, but his efforts were fruitless; he therefore readjusted the truss and went to bed. He endured much pain through the night, and got no sleep. In the morning he felt sick and vomited his breakfast.

On examination a very tense tumour was found in the right inguinal region. It was about equal in size to a guinea-fowl's egg, and was extremely tender to the touch. I could not ascertain whether the hernia was direct or oblique. He complained of nausea, and of pain radiating over the whole abdomen.

I placed him on his back, with the knees drawn up, and for five minutes endeavoured to reduce the hernia by steady pressure, but no impression whatever was made upon it. Recollecting the plan which was rediscovered or reintroduced by my friend Mr. Jessop, of Cheltenham, and of which several successful instances are on record, I obtained the assistance of one or two of the students and placed the patient on his head. On again gently compressing the tumour, I had the satisfaction of feeling it quickly recede, and in less than a minute it entirely returned, with an audible gurgle.

Grosvenor-terrace, Belgrave-road, March, 1861.

ON A CASE OF
RUPTURE OF THE SPLEEN.

By NEVILL JACKSON, M.D., Sumbulpoor;
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THE following case of rupture of the spleen from slight violence derives additional interest from the evidence it affords of recovery from a previous injury of the same nature.

In November last I was desired to examine the body of a middle-aged woman who had been found dead, and against whose husband suspicions were entertained, as he had disappeared, and had not been seen since the occurrence.

The head and chest were examined without result, but the abdomen was found to contain a large quantity of blood in a fluid state, derived from an extensive rupture of the spleen. In conducting the previous steps of the autopsy I had noticed a small circular patch of ecchymosis which exactly corresponded with the rupture, and I had therefore no hesitation in giving it as my opinion that the lesion was probably caused by a thrust in the side with a stick or other blunt-pointed weapon, and that a very slight degree of violence would suffice to cause the injury, as the organ was abnormally enlarged and softened.

If the subsequent statement of the husband, made in ignorance of my expressed opinion, may be taken as confirmatory, this surmise would appear to have been correct, as he confessed to having pushed her in the side with a small bit of cane.

The scar of a previous rupture, about three inches in length, was observed, which had healed in a peculiar manner, the edges being inverted, and presenting rounded, smooth surfaces which were not in contact, bands of fibrous structure apparently forming the chief bond of union.

January, 1861.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. Harris has been elected Assistant-Physician. The Demonstratorship of Morbid Anatomy is vacant.

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

UNIVERSITY COLLEGE HOSPITAL.

ENCEPHALOID CANCEROUS TUMOUR, OF THE SIZE OF AN ADULT'S HEAD, DEVELOPED WITHIN THE SHEATH OF THE SARTORIUS MUSCLE, SUCCESSFULLY REMOVED.

(Under the care of Mr. ERICHSSEN.)

It is a fact well known to pathologists, that scarcely any part of the body is exempt from the invasion of cancer. Of the three recognised forms of this disease, the encephaloid, or medullary, especially attacks the different organs, and frequently appears in other places in the form of distinct tumours, first commencing, perhaps, to grow in the site of some small lymphatic gland. Occasionally a slight injury to a muscle has given rise to this form of cancer, and reports of such instances have now and then appeared in our "Mirror." The rupture of some of the fibres of a muscle within its sheath will likewise produce it, if the constitutional predisposition is favourable for its development. A very remarkable and striking example is at the present time under treatment at University College Hospital, of which the following is a brief account.

Thomas C—, aged thirty-eight, french-polisher, was admitted on the 6th instant, with a large tumour situated in the thigh. It appears that ten years ago he suddenly felt something give way in his left thigh, which particularly attracted his attention, but it was not immediately followed by any symptom of consequence. Two years since, however, a small tumour began to form at the spot where this sensation was experienced eight years before—a circumstance which had been well retained in his memory. The tumour began to increase in size, and has grown very rapidly within the last few months, so that now it is as large as an adult's head. It commences at the apex of Scarpa's triangle, extends upwards to the groin, and fills the space between the rectus femoris and adductor muscles of the thigh. The skin covering it is pale and loose; it has several large veins coursing over it; and in general characters the tumour is soft and elastic, and strongly simulates encephaloid cancer. Although the patient is pale, there is an absence of constitutional cachexia, and there is no secondary enlargement of lymphatic glands or viscera anywhere to be noticed. Mr. Erichsen therefore determined to remove the mass; and before doing so he stated that the femoral artery could be traced down to the tumour, and that pulsation was good in the popliteal and anterior and posterior tibial arteries. There was no oedema of the foot. Neither the femoral vein nor the artery, therefore, was pressed upon. The growth, he said, was not adherent to the bone, but movable in the muscles, although independent of the latter. The tumour had commenced to ulcerate at one point, and discharged an offensive serous matter, and there could be no doubt that it would destroy life if left. He could not say what the precise state of the parts might be, but he should be guided by circumstances during the performance of the operation.

March 13th.—The patient was placed fully under the influence of chloroform by Mr. Clover, who employed his apparatus, by means of which a large air-tight silk bag is filled with air diluted with a certain per-centage of chloroform. By this method, not the slightest risk of accident exists, and narcotism is readily produced, by inhaling the air thus mixed with chloroform, in from three to five minutes. We have heard Dr. Jenner remark that this is the fairest and most reasonable mode of administering chloroform, because the operator knows exactly the quantity of this agent which his patient inhales.

Mr. Erichsen now made a large elliptical incision, including