

cool, and pulse 100 and jerking. The wound looked healthy, and had partially healed. She was given calomel and opium every six hours.

8th.—Was delirious this morning; her pulse was 120, and very weak; tongue dry; and she was in a very low state. There was more tenderness over the abdomen. The edges of the wound were of a dark colour. The calomel and opium were repeated every three hours, and she was also given brandy and port wine; but towards evening she sank.

The autopsy showed the following:—The peritoneal cavity contained much blood, reaching as high as the small omentum, and coating the various viscera; but the largest quantity was in the pelvis. The gut and omentum that had been strangulated were lying at a distance from the femoral ring, five feet from the ileo-cæcal valve, and were evidently recovering themselves. No vessel could be found wounded, except a very small one which was given off from a branch of the epigastric artery.

CASE 2.—A. F—, aged fifty-two, was admitted, on July 10th, under Mr. Prescott Hewett's care, for strangulated femoral hernia. She had had a hernia on the left side for the last ten years, for which she had always worn a truss. When it came down she could never return it herself, always requiring the aid of a medical man; and this reduction gave her much pain. Five years ago she was in Guy's Hospital for symptoms of strangulation, but the gut was then returned by means of a hot bath and taxis. It had not been down since last November until three hours ago, and directly afterwards sickness came on. Hot baths and taxis were tried, but in vain; so, five hours after the strangulation took place, an operation was performed. The sac was opened, and found to contain nothing but a small knuckle of intestine, not much congested. Directly the stricture was divided, which was the inner portion of Poupart's ligament, and the gut returned, a jet of blood took place, which was of such a size that it came evidently from some considerable vessel. Mr. Hewett managed to ligature one end of the artery by simply drawing down the sac of the hernia, by which means it was exposed; but the other end he could not get hold of at all until he had cut through and everted Gimbernat's ligament, and then just beneath this he saw the vessel bleeding, which was accordingly secured.

The woman did very well, and on August 17th, thirty-eight days after the operation, she left the hospital.

CASE 3.—E. Y—, aged fifty-one, was admitted on August 17th, under the care of Mr. Tatum, for severe constipation and stercoraceous vomiting, she having suffered from the former for the last six days, and from the latter for about twenty-four hours. Until the day of her admission she had applied to no one; but, on that day, she called in a medical man, who gave her an enema, but the whole of it was directly returned. She stated she had had a hernia for four or five years past, but had never worn a truss. On admission, besides the constipation and vomiting, she was in a state of great collapse, had some tenderness over her abdomen, and complained of a tender swelling in the right groin, which was examined, and declared to be an inflamed gland. Nothing could be felt below this; but, on account of the extreme urgency of the symptoms, an operation was proposed. She was then quite cold; her pulse could scarcely be felt; in fact, she was moribund. Beneath the inflamed gland, a small aqueous cyst was found, and still deeper, a small strangulated piece of intestine. The sac was opened and found to contain about half an ounce of milky fluid; a knuckle of intestine of the size of a filbert, not very dark in colour, and which became even lighter before returned; and a small piece of omentum, which was adherent to the sac, and was accordingly left there. The woman did not rally at all, and in about half an hour she died. An autopsy showed some peritonitis. There was also a band of lymph encircling three parts of the gut, which was recovering itself, showing the original stricture.

CASE 4.—H. M—, aged thirty-nine, was admitted on July 30th, under Mr. Prescott Hewett, for strangulated umbilical hernia. The patient stated that, seven or eight years ago, whilst pulling a box from beneath a bed, she ruptured herself in the umbilical region, since which time she had always worn a bandage to support the hernia, but it never returned into the cavity of the abdomen. It never gave her any inconvenience till a month ago, when she felt some pain in the tumour, and since then it had gradually increased in size; it had also been getting painful and harder to the touch. On admission, she said that she was four months advanced in pregnancy; she had had two children since she had been ruptured, but they

had never affected the hernia in any way. The bowels had not acted for five days, and since then she had been frequently sick. An operation was performed immediately. On dividing the stricture, which consisted of a large piece of omentum encircling a small knuckle of the transverse colon, a vessel of the size of a crow-quill was cut across. The divided ends were so situated that there was some considerable difficulty in securing them; for one was attached to the omentum, whilst the other was lying on the surface of the gut, thereby rendering it very difficult to take up the latter without injuring the bowel. A little sloughing of the integuments followed the operation, and slight peritonitis; but she soon recovered from these, and on August 30th left the hospital.

GUY'S HOSPITAL.

LEUCOCYTHÆMIA SPLENICA.

(Under the care of Dr. WILKS.)

To the student who has to make himself familiar with the different varieties of disease, it is important sometimes to be enabled to examine a typical case, especially when it may happen to be one of the rarer forms. This opportunity is at the present time afforded by a young man twenty years of age (but who has the appearance of a lad of fifteen), in Guy's Hospital, who was admitted on the 15th of July, and who is labouring under the disease described by Dr. Hughes Bennett, of Edinburgh, as *Leucocythæmia*, which is characterized by an excess of white corpuscles in the blood, supposed to depend upon disease of the spleen. In this patient, who is from Newham, in Sussex, there is considerable enlargement of the spleen (which is quite prominent), associated with an excess of white corpuscles in the blood and a normal quantity of the red. No other diseased condition of body has been observed, although at the present time he has a cough, resulting from a recent cold. He has not suffered from ague, but is now taking six-grain doses of quinine every four hours, with the application of the compound iodine ointment to the left side over the enlarged spleen. This affection has the name of *splenica* affixed to it to distinguish it from the *Anæmia lymphatica*, a disease which was illustrated in our "Mirror" of the 27th August, and in which, as we had occasion to mention, there is no excess of white corpuscles. The expression "*leucocythæmia lymphatica*," therefore, is contradictory in itself, and must yield to the one adopted by Dr. Wilks, which we have already brought before the notice of our readers.

CARCINOMATOUS GROWTH OVER THE FRONT PART OF THE CRANIUM; SUCCESSFUL REMOVAL.

(Under the care of Mr. BRYANT.)

At first sight, the series of irregular prominences over the front part of the head of the patient who was the subject of the following case might have been taken for a number of sebaceous tumours of the scalp on the eve of suppurating. Very shortly after operative proceedings were commenced, their true nature was discovered to be carcinomatous, and as much of the disease was taken away as the safety of the patient permitted. A wound exhibiting less promise of healing we have seldom seen; nevertheless, as stated in the notes of the case, the edges of the diseased skin were the first to unite by adhesion, and ultimately the woman left the hospital quite well, with no appearance of a return of the disease, although it must be looked for at a later period.

H. C—, a healthy-looking woman, aged twenty-four, was admitted under the care of Mr. Bryant on the 1st of June last. She had always enjoyed good health, and three years previously she first observed a tumour over the left frontal eminence, about the size of a small nut, and quite movable. Two or three months afterwards she discovered several others over the left frontal bone, and these have been gradually enlarging.

When admitted, there was a large irregular tumour over the left parietal bone, about the size of a fist; it presented an uneven and nodular surface, was closely connected with the integument, and appeared to be tightly bound down to the skull. Upon manipulation, it gave a tense, semi-elastic sensation, and caused but little pain.

At the patient's express wish, the tumour was excised, although its character was very doubtful. On the first incision, the nature of the growth was clearly manifested. The skin was in parts infiltrated with carcinomatous material, and the bone was exposed and rough. As much of the tumour as could

be removed was taken away, and the edges of the wound adjusted. This subsequently healed kindly, although the portions of the disease which were left were in a progressive condition.

There is one point of interest connected with the healing of the wound—namely, that the only part which united by primary union was the diseased one; the healthy edges granulating. This has now been seen to take place upon several occasions, and it appears to point out the extreme activity of the cell development, as this union must have taken place through cell structure and those especially which are called malignant.

CLINICAL RECORDS.

THE EARLY REMOVAL OF GLOSSAL CANCERS.

WHEN a malignant growth upon some part of the tongue has not only increased in size, but has become perhaps extensively ulcerated, the difficulty of complete removal is at once apparent, and we most commonly have recourse to other measures, which sometimes, although rarely, may prove curative. The powdered sulphate of copper, as locally used by Dr. Marsden at the Cancer Hospital, has actually healed up ulcerated cancers of this organ—a fact of considerable importance. On the other hand, when a tumour is present on the side or anterior part of the tongue, and has only just commenced to ulcerate, if removed by the knife, possibly the patient may enjoy a complete immunity from the disease. Such a case came under notice on the 2nd of August at Guy's Hospital, in the person of a woman seventy-seven years of age. A tumour of the size of a small chestnut appeared on the left side of the tongue, rather upon its anterior surface, had been slowly growing for six or seven months, and had commenced to ulcerate on its surface, the ulceration partaking of the usual character of epithelioma. It was excised by Mr. Hilton with a scalpel, and was not attended with any bleeding of consequence, although one small vessel required tying. The patient is doing very well, and the wound has healed. Early and complete extirpation of epithelioma, before any of the neighbouring lymphatics have become affected, offers, we think, as good a chance of non-recurrence in the tongue as in almost any other part of the body.

RUPIA PROMINENS.

THIS form of skin disease is by no means rare, and is commonly witnessed in syphilitic wards. We notice an instance of it here, because there was a peculiarity associated with it worthy of attention.

A man, twenty-three years of age, was admitted into the Charing-cross Hospital, with a rupial eruption, a gonorrhœa, and enlarged cervical glands, which he stated to have been present since last Christmas. There was some ulceration about the glans penis, which was locally treated (during the warm weather) by the application of a black wash, which caused sloughing of the organ; it was therefore changed for another lotion of sulphate of zinc, after which the sloughing ceased. This effect is not usually perceived to result from the black wash, and may have been mainly produced in some way by the extreme heat then prevalent. He was under Dr. Willshire's care for the eruption about his arms and back, on which were conical crusts resembling the shell of a small mussel. These were disappearing slowly under the use of the syrup of the iodide of iron.

NECROSIS OF TIBIA AND HUMERUS.

IN certain scrofulous constitutions, and occasionally in syphilis, we meet with more than one bone affected with necrosis. In a former "Mirror" we noticed an operation, performed by Mr. Stanley, in St. Bartholomew's Hospital, upon the leg of a sailor, which had been for some time necrosed. The removal of pieces of dead bone was followed by a complete cure; and the right arm, also diseased, was reserved for operation at another time. On the 23rd of July, chloroform was administered to him; several sinuses on the anterior part of the arm were run into one by a large incision; and a short sequestrum was drawn out of the interior of the enlarged humerus, together with several other pieces of bone. This has been followed by the best results, for the man may be said to be now perfectly cured, and will be permitted to renew his occupation.

CANCER OF THE LEFT TONSIL.

WHILST we have described cases of epithelial cancer affecting the lips, cheeks, tongue, and gums—in fact, all the essential parts entering into the formation of the mouth and oral cavity, we have not before noticed its extension to the fauces, or, more properly speaking, its idiopathic appearance in the tonsil. Rare as this position of the disease seems to be, independent of extension of the malady from other parts, yet we had an opportunity of examining a remarkably distinct example of it, on the 30th of August, at the Cancer Hospital, in a man forty-nine years of age, admitted on the 5th, under Dr. Marsden's care. It was not noticed by the patient until March last, and shortly afterwards the glands in the neck of the same side (left) began to enlarge, and are now very prominent. He is an old smoker and chewer of tobacco, and his appearance is that of a healthy and robust man. On looking into the throat, the entire left tonsil appears to have been eaten away by the ulcerative process of the disease, forming a large excavation, which is surrounded by the isthmus and left pillar of the fauces, also ulcerated at their margins by contact with the disease. The uvula is unaffected.

The patient has been too short a time under treatment to exhibit any striking change for the better; but the situation is so extremely inconvenient, and the general contamination of the system is such, that not much is to be expected beyond mere palliation. Hereditary predisposition is well made out, for his sister had a cancer of the breast, under which we understand she succumbed.

On looking into the records of cancer of the throat, although we meet with instances in which the tonsils were engaged, it was mostly so in connexion with disease in other parts of the body. The present case, therefore, is one of unusual interest and importance. The disease is clearly epithelial.

MINOR MISCELLANIES.

A Row of Sebaceous Tumours on the Scalp.—An unusual peculiarity was noticed in connexion with some ten or twelve sebaceous tumours on the scalp of a woman, aged about forty, at King's College Hospital, on the 13th of August. They occupied the central line of the head from before backwards, where the hair is parted; and although they had previously been removed, they had recurred several times, as we understood Mr. Hulke to say. He removed them on this occasion in the usual way. We think the teeth of the comb which the patient employs about her hair have a good deal to do with the induction of these tumours—a cause which is recognised to be pretty frequent in women.

Eczema Impetiginodes.—In the month of July, we noticed a little boy, six years of age, in the Charing-cross Hospital, who had an eruption of vesicles, which had become purulent, both on the head and over the whole of the back, produced by eczema impetiginodes. He was admitted in this condition on the 20th, and in a very short time the back became quite well by the local application of aqua calcis and the use of mild alteratives; the head also yielded to treatment, but the character of eczema and impetigo intermingled was at one time well marked.

Pedunculated Adipose Tumour.—Mr. Hulke excised a fatty tumour from the upper and inner part of the left thigh of an elderly woman, under chloroform, on the 13th of August, which had the peculiarity of being pendulous and shaped like a finger, but which, on removal, was found to be much larger, as well as extending deeply inwards.

Parotid Tumour.—A growth, of the size of a small orange, was removed from the situation of the parotid on the left side of the neck, by Mr. Stanley, at St. Bartholomew's Hospital, on the 23rd of July. The patient was an elderly man (aged fifty-two), in whom it had been coming on slowly for two years. It consisted of a number of loose masses of tissue, which seemed to be malignant disease. The wound was stuffed with lint, and allowed to heal up by suppuration.

Calculous Affections in Aberdeen.—Stone in the bladder would seem to be a more common affection in Aberdeen than in any other town in the United Kingdom, if we except, perhaps, Norwich; for a larger number of cases are admitted into the Royal Infirmary than in any other hospital after that of Norwich. On the last occasion of making up the tables at the former institution, the mortality from lithotomy was 1 in 9. Only 2 deaths occurred in 112 cases of lithotomy, and they were from chronic cystitis associated with kidney disease.