

Her progress was pretty satisfactory for some time after the operation, but in a few weeks the old hæmorrhagic tendency became again manifest, and bleeding occurred from the stump. The cicatrix did not, in consequence of this attack, form in the expected firm and satisfactory manner; the bone again showed a propensity to protrude; and Mr. Hawkins was obliged, about eight weeks after the first operation, to remove a further portion of bone, and adjust the soft parts in the way best calculated to conduce to a better stump. But the diathesis was not conquered, and attacks of bleeding recurred after this second operation.

It is plain, from the details given above, that the tendency to bleeding is, in this patient, of the most inveterate kind, and not likely to be removed by the usual means; but it may perhaps be conjectured that a great disturbance and radical change in the action of the part might lead to a more favourable state of things. This disturbance has actually occurred, in the shape of sloughing phagedæna, with which the stump has been attacked. This destructive process went on at a rapid rate for some time, but was finally arrested, and the patient is now fast recovering.

This is certainly an instance of hæmorrhagic diathesis well worthy of record; it shows very forcibly that the tendency may remain latent for a great number of years, and be made manifest by the infliction of a wound of more or less extent.

This reiterated and obstinate reappearance of the same symptom leads us to mention another case, also under the care of Mr. Hawkins, which sets in a very strong light the uncontrollable nature of some recurring tumours of the breast.

CYSTIC TUMOUR OF THE BREAST: REMOVAL OF THE TUMOUR, WHICH HAD RECURRED FOR THE EIGHTH TIME.

(By Mr. CÆSAR HAWKINS.)

It is now some time since we had occasion to mention this case, an account of which will be found in a former "Mirror," (*THE LANCET*, vol. i. 1853, p. 177;) but it will surprise none of our readers that it should again be brought forward, since the propensity to recurrence of these tumours is generally known. Still it should not be passed unnoticed that the growth has reappeared as many as eight times, without the patient's health being affected, and without the glands of the axilla becoming enlarged.

It will be recollected that the patient is a tall, robust looking woman, who came under the care of Mr. Hawkins as much as eight years since, when the breast, affected with a cystic tumour, was removed. At that time, as well as after every operation which has since been undertaken, the intimate nature of the growth was carefully investigated, but no traces of malignant disease could be found. And were even the means of ascertaining by the microscope the actual structure of the diseased parts less perfect, it would be sufficient, for classing the tumour amongst the benign group, to observe the unshaken good general health of the patient after such frequent recurrences as we have above alluded to.

On October the 5th, the patient appeared in the theatre for the eighth time, the growth having sprung up again at one of the angles of the cicatrix, and reached the size of a small orange. It may easily be imagined in what state must be the mammary region of this patient on the side affected. It presents, in fact, an extensive radiated cicatrix, firmly adhering to the ribs beneath, almost all the soft parts being seemingly removed, and none but a thin scar tissue being left, which presents the usual puckering and colour of new texture.

After the tumour had been removed, Mr. Hawkins stated that he considered this case of much importance, as showing the almost unlimited power of reproduction which these cystic tumours exhibit. There was no evidence of malignancy in the different growths which had been removed, and he saw no chance of prolonging life but by removing the tumours as they reappeared. A time would, nevertheless, come when it would be impossible to have again recourse to surgical procedure.

We sincerely hope that the disease will, as it is commonly called, wear itself out, though it must be confessed that what has already occurred is not encouraging for the future; the most satisfactory feature being, at the same time, that the general health does not suffer.

Mr. Hawkins mentioned, after this eighth operation, that the tumours had mainly consisted of imperfectly arranged cysts found in the ducts. Of course the structure must have been considerably modified by the frequent recurrences; still it would appear that the general outline is each time reproduced. The peculiar tendency of recurrence in this kind of mammary tumours is not, as far as we could find, clearly alluded to in some of the late works on the subject.

LONDON HOSPITAL.

FATTY TUMOUR OF THE THIGH: LOCAL ANÆSTHESIA BY MEANS OF DR. JAMES ARNOTT'S FREEZING MIXTURE: REMOVAL OF THE TUMOUR.

(Performed by Mr. CRITCHETT.)

THE fatal consequences which have, in several instances, followed the inhalations of chloroform, make it very desirable that means should be found to produce local anæsthesia; it is, therefore, very natural that efforts should be made to find an agent capable of rendering the soft parts insensible to cutting instruments. Dr. Hardy, of Dublin, has succeeded in benumbing the cervix uteri in cancer, by means of an ingenious apparatus, with which chloroform or ether may be doused against the affected organ, and deaden its sensibility. This favourable result was hailed with enthusiasm in Paris, and the problem of local anæsthesia was thought to be solved. Numerous experiments were made in hospitals, very clever improvements upon Dr. Hardy's apparatus were introduced, (especially for obtaining instantaneous evaporation,) and, after a short exultation, the legitimate hopes were not realized.

It would thus appear that, as far as we have gone, local anæsthesia is not to be obtained to a satisfactory degree, except by congelation. Under these circumstances, we naturally turn to Dr. James Arnott, the persevering advocate of the ice and salt mixture; and the question arises whether, by freezing the integuments and subcutaneous cellular tissue, we can save patients the pain accompanying surgical operations, without exposing them to the risk of an overdose of chloroform.

This question, we are inclined to think, may be readily answered by those who have seen a few operations performed upon congelated parts; and it amounts to this: that all surgical procedures in which the knife reaches no further than the skin and cellular tissue, may be undertaken without giving the patient any pain; but that the freezing mixture can do no more. Hence it is clear that Dr. Arnott's plan is extremely valuable in some cases, especially abscesses, and gatherings of all kinds where the escape of the accumulated fluid is desirable, as in dropsy, &c.

We suspect that, in private practice, the freezing mixture will be largely used when surgeons have become familiar with the necessary manipulations, and chloroform need in fact be employed but when the knife is expected to enter the muscular and other tissues.

Mr. Critchett's patient is a man about forty years of age, who presented on the upper part of the left thigh a fatty tumour about the size of two fists. A mixture of ice and salt, pounded together in a linen bag, was placed on the tumour, on the 22nd of September, and in about two minutes the skin covering the swelling was quite white and hard, no expression of uneasiness having escaped the patient.

The usual longitudinal incision was now made, the part being quite insensible and tough, this circumstance rendering the dissection somewhat laborious. When, however, the knife was made to sweep between the inner aspect of the cellular tissue and the fatty mass, severe pain was experienced by the patient, and this continued more or less until the adipose accumulation had been quite removed.

This case, and some others of the same kind, seem to set the matter at rest, and to prove that congelation, though very successful in some instances, cannot be thought of when the operation goes deeper than the skin.

Reviews and Notices of Books.

The Science and Art of Surgery. By JOHN ERICHSEN, Professor of Surgery in University College, and Surgeon to University College Hospital. 8vo, pp. 951. 1853. London: Walton and Maberly.

THE activity of the medical mind and of the medical press at the present day is so great that one might be disposed, at first thought, to believe a desideratum in our literature a thing not readily to be discovered; or, at all events, that amidst the "new books" and "announcements of forthcoming works" with which the journals teem, and which now render the initial and concluding pages of a popular one so important a portion of its sheets, no very serious void in the supply of our actual literary necessities could be found. Nevertheless, it is a fact that such an one has been felt for some time past, and that to an inconvenient extent.