

very great difficulty in securing, which was only accomplished by making a still freer incision and picking up both ends and tying. The wound was then washed with a strong solution of chloride of zinc, dusted with iodoform, a long drainage-tube inserted, closed with sutures, and dressed with antiseptic gauze. The portion of omentum removed, when spread out, was as large as the palm of the hand.

Jan. 30th.—The patient passed a fairly good night, although troubled by cough at times, which was treated with an occasional dose of linctus morphiae. She had some little pain in the wound, and took three half-grain opium pills during the night and a little milk and lime-water.—9 A.M.: Pulse 104; temperature 101.4°. Some slight abdominal tenderness.—2 P.M.: Wound dressed; looking well; a little blood-coloured inodorous discharge.

31st.—9 A.M.: Pulse 96; temperature 100.2°; the temperature during the night had reached 102.2°; has a little bronchial catarrh. Ordered an ounce of compound draught of senega every four hours. Wound again dressed; looking well, but had some slight tenderness over abdomen.

Feb. 2nd.—9 A.M.: Pulse 100; temperature 100.8°.

3rd.—Pulse 100; temperature 100°. From this date the patient improved, the wound granulating well. The drainage-tubes were removed, and on March 17th she was walking about the ward wearing a truss and in good health.

STRANGULATED UMBILICAL HERNIA; OPERATION; REMOVAL OF THE SAC AFTER LIGATURE OF THE NECK; RECOVERY.

(Under the care of Mr. J. W. HULKE.)

E. O—, a man aged sixty-one years, was admitted at 9 P.M. on March 3rd, 1885, complaining of some vomiting and constipation, and a large swelling about the umbilicus. He stated that for five years he had suffered from hernia, but that he could always reduce it easily; for the last two years he had worn a belt, and there had always been more or less swelling. On March 1st, without any apparent cause, he experienced pain in the abdomen, and noticed that the swelling was larger; he vomited after taking any food. On the 2nd he placed himself under medical treatment. Ice was tried, and an attempt at reduction made, but this failed, and, the vomiting and constipation continuing, he was advised to come to the hospital; but twelve hours previous to admission he took a large dose of castor oil and fomented the rupture on his own responsibility. This failing to act, he sought admission.

On admission there was a large swelling about the size of the clenched fist in the umbilical region. Its upper surface was almost entirely denuded of epithelium from the application of poultices, ice, &c. On palpation the swelling was found to extend some distance beneath the skin, more than was apparent to the eye. It was very hard, gave no impulse on coughing, was irreducible, but only very slightly tender on manipulation. It was diagnosed to be strangulated umbilical hernia.

Mr. Hulke, being in the hospital, decided to place the patient under ether at once, and if taxis failed—which it did—to operate at once. The parts were first washed out with carbolic solution, and iodoform dusted into the umbilicus. A semicircular incision was made at the upper and left outer margin of the swelling, with the intention of dissecting down to the constriction, and reducing, if possible, without opening the sac; but after carrying the dissection down a considerable distance, it was found impossible to do this, and another incision was made, running outwards and upwards from the centre of the umbilicus, and cutting the previous one at right angles. The strictures were then very carefully divided until a deep red and congested tissue, which looked and felt exactly like the bowel, came into view, but the finger could not be passed round the swelling; and the incision was further increased by two diverging ones, and then beneath this thickened membrane a bubble of air and fluid could be seen, showing evidently that this was the sac, and it was consequently picked up and pricked, and a large quantity of blood-coloured watery fluid escaped, showing the sac had been opened. It was freely divided, and a large piece of omentum deeply congested came into view; this was pulled forward, and numerous double ligatures passed through and firmly tied; the mass was then cut away (it weighed twelve ounces). The finger was next passed down to the constriction, which was found to be very tight and fibrous, and was divided with a hernia knife; a few bleeding points were ligatured. The whole surface was then thoroughly washed with car-

bolic solution (1 in 20), and there being no bleeding whatever, the stump was pocketed. The sac was next dealt with, and was found to be adherent nearly throughout its entire outer surface to the abdominal wall; it was freed by stripping it away, pulled well forwards, and the finger introduced to its own base inside; a ligature was tied round at this point as the finger was withdrawn, and the upper portion entirely cut away. Drainage-tubes were inserted, the edges of the wound brought together with waxed silk sutures, iodoform dusted over, and gauze dressing and a binder applied. The operation lasted one hour and a quarter. Temperature at 12 (midnight) 97°; pulse 84.

March 4th.—9 A.M.: Pulse 90; temperature 96°. The patient has not been sick; expresses himself as feeling quite comfortable. Has had a few teaspoonfuls of wine, water, and milk. Fifteen ounces of urine were drawn off; sp. gr. 1025, acid, no albumen.—3 P.M.: Bowels acted, a copious semi-solid motion being passed.—8 P.M.: Bowels acted again.

5th.—12.30 A.M.: Pulse 96; temperature 99° in mouth. He complains of great thirst; liquids increased, and to take a little barley-water as well.—8.30 P.M.: Temperature 98.8°. Slept several hours. Pulse 100. He has some bronchial catarrh, probably due to ether. Ordered steam inhalations.

6th.—Wound dressed. Total absence of inflammatory swelling; slight serous, inodorous discharge; no tenderness. Evening temperature 100°.

15th.—The patient since last note has steadily improved; temperature normal; pulse 84; bowels acted well, and wound granulating freely. Drainage-tubes have been considerably shortened, and the patient is sitting up in bed, going on remarkably well.

CITY OF LONDON INFIRMARY.

CARCINOMA OF THE LIVER WITH GREAT CONTRACTION OF THE STOMACH, PRODUCING NO SYMPTOMS; NECROPSY; REMARKS.

(Under the care of Mr. W. GEM.)

GEORGE K—, aged fifty-six, a porter, was admitted into the infirmary on October 29th, 1884, suffering from fistula in ano. His condition on admission was pale and anæmic, with great debility and weakness, although no emaciation was apparent; there was a rather copious discharge from the fistula, which was situated an inch and a half up the bowel. He had faint dulness on deep percussion over the left apex of the lung, but no complaint as regards the abdomen, which was enlarged. The liver dulness somewhat exceeded the normal, and was slightly irregular on the surface, but with no pain or uneasiness. He had a little diarrhoea, which was soon stopped by an astringent mixture. He was placed on a nutritious diet and got slightly better of the discharge and debility, but still complained of lassitude. Operation on the fistula was deferred until his condition became more favourable. Not having improved after being under treatment for a month, he was again thoroughly examined, and on percussion over the liver complained of pain over the right hypochondrium, with irregular masses slightly increased. All through there was no vomiting or jaundice. The bowels again became free, but were stopped by lead and opium pills. His history, by the way, indicated no hereditary cancer; he was of temperate and regular habits, and had always done his work as a porter without any feeling of illness except the fistula, which troubled him at times. About a month before his death he complained of pain over the right hypochondriac region, increasing slightly, but not to any extent, and a sense of weight and fulness over the epigastrium, but still no vomiting or jaundice occurred. It was only a few days before death that he showed the unmistakable cachexia of cancer, and emaciation became very great, though he still took his food up to the last, without any trouble or vomiting. He gradually got worse, and sank on January 14th last.

The autopsy was made twenty-four hours after death, and revealed the following. The liver appeared double the size of normal in outline, weighed nine pounds, was nodulated on the surface, with flat tuberos masses of cancer of the encephaloid type, and was soft in consistence. The gall-bladder was normal in appearance, and contained four drachms of bile. There was, of course, great displacement of the neighbouring viscera. The stomach was contracted so as to be a mere tube of half an inch in diameter. The kidneys

were slightly atrophied and granular. The left apex of the lung contained some tuberculous masses. The heart was normal, likewise the other organs and viscera. The abdominal cavity contained a small amount of bile-stained fluid; the fistula was slightly cartilaginous half an inch above the anus, and there was a small cancerous nodule of the head of the pancreas of the same type as the liver.

Remarks by Mr. GEM.—The above is interesting inasmuch as cancer of the liver usually gives rise to pain, jaundice, and gastric disturbance, or symptoms of various import, which were conspicuous by their absence here, and usually causing a patient to seek relief before they have caused such great destruction and reached such a stage as in this case. There were nominally no symptoms suggestive of cancer until two or three weeks before death, although it was suspected all through, and no jaundice or vomiting, although the stomach was so contracted and the liver substance so destroyed. The case also shows that it is not incompatible with life for the organs to be in this state. The query arises, How were the functions of the liver and stomach carried on under such conditions?

LEICESTER INFIRMARY AND FEVER-HOUSE.

ACUTE HYDROCELE; PLEURISY AND PERICARDITIS;
DEATH; NECROPSY; REMARKS.

For the following case we are indebted to Mr. C. J. Bond, house-surgeon.

George W—, aged sixty-five, a hedge-cutter, first felt sharp pain in the right tunica vaginalis five days before admission; this was followed in a few hours by rapid swelling, so sudden indeed that the patient thought he was ruptured. Two days later he complained of pain in his chest, with some shortness of breath, and gave up work. On his admission, three days later, there were loud friction-sounds over both sides of the chest, with signs of consolidation of the lower part of the left lung. The right tunica vaginalis was distended with fluid, and very tender. No enlargement of the testicle could be detected. The patient died three days later from the pneumonia and rapid pericarditis.

At the autopsy both pleuræ were found covered with thick layers of recent lymph, but containing very little fluid. The left lung showed consolidation of the lower lobe in the stage of red, passing in parts into that of grey, hepatisation. The pericardium contained two ounces of semi-turbid serum, and both surfaces were covered with recent lymph. The right tunica vaginalis contained about two ounces of clear serum, and the surfaces were coated with a layer of recent lymph, a quarter of an inch thick, and having the same naked-eye characters as that on the pleuræ—tough, white, and adherent. The testicle itself was neither swollen nor altered in colour or consistence, and the cord appeared normal. The other organs were healthy, as were also the serous membranes of the peritoneum and arachnoid, and the synovial membranes.

In this case a healthy man (his only previous illness had been an attack of rheumatism one year previously) suddenly suffered, without any blow, inflammation of the testicle, or apparent exciting cause, from a rapid and acute inflammation of the right tunica vaginalis. In forty-eight hours the pleuræ had commenced to take on inflammation of a like nature, and in eight days from the onset of the symptoms the man died from acute pericarditis. No record can be found of inflammation of the tunica vaginalis arising thus in cases of this kind; neither Bransby Cooper, Velpeau, nor Syme mention it in their comprehensive lectures on the subject in the years 1852, 1854, and 1855; so that it would seem to be a rare complication, and the etiology and exact pathology of the hydrocele in this case seems obscure. We are of course familiar with the ordinary hydroceles of children and adults, with the hydrocele arising after inflammation or disease of the testis called by Velpeau acute, but really secondary, and the cases of hydrocele following injury without the testicular implication. But in this case there was a general inflammation of the serous membranes of the body, and in this inflammation the tunica vaginalis takes part. The naked-eye characters, too, of the products of the inflammation, the thick white lymph, and the scanty, almost clear, fluid are alike. Moreover, the somewhat large round organisms described by Friedländer as characteristic of pneumonia were found not only in the pneumonic lung, but also in the pleural fluid, and, what is noteworthy, in that

of the hydrocele. Are we, then, to regard the inflammation of the tunica vaginalis as a part of the general inflammation having a common cause with it, a view rendered probable by the absence of any other cause, by similarity of appearance, and the presence of the organisms? If so, in what relation does the pneumonia stand to this inflammation? Was it really the primary affection, and the others secondary, due to an escape, as it were, of the organism? But, supposing this view of the hydrocele to be correct, is it not strange that, with so many cases of pleurisy, the tunica vaginalis is so rarely, in fact never, affected. It might be supposed that the man was suffering from some form of septic poisoning, and that the hydrocele was really a secondary process or pyæmic abscess; but this is unlikely, because there were no symptoms of septicæmia, the temperature was the continuously high temperature of pneumonia, there were no rigors, and especially because the fluid in all the cavities was clear serum, and the lymph white and tough, quite unlike the appearance of any septicallly-inflamed serous membrane or pyæmic abscess.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Displacement of Lumbar Vertebra.—Cerebral Arteries in States of Congestion.—Hypospadias.—Destructive Disease of the Lung.—Acute Ulceration of Colon.—Cyst growing from the Wall of the Intestine.—Cases of Gastrotomy.

AN ordinary meeting of this Society took place on Tuesday last, Dr. J. S. Bristowe, F.R.S., President, in the chair. The number of card specimens exhibited was very large.

Mr. ARBUTHNOT LANE read a paper on the Modifications which the Lumbo-sacral Articulation undergo as the result of transmission of superjacent weights through it to the pelvis in labourers. He found that the changes varied within broad limits, having at one extreme those cases in which the centre of pressure fell behind the body of the fifth lumbar vertebra; in the other extreme the centre of pressure fell somewhat in front of the body of the last lumbar vertebra, so that there was a marked tendency to forward displacement of it, which was opposed by the articular processes of the vertebra. In this case the spinous processes did not share as they did in the first set of cases in supporting or transmitting the weight to those of the sacrum, which were proportionately to the bodies but slightly developed. Mr. Lane has now found two remarkable modifications of the lower part of the spinal column resulting from pressure. The first of these presented most of the changes characteristic of the first group referred to above. The spinous processes and laminae of the sacrum were enormously enlarged and were very dense. The bodies were small and cancellous in structure. The body of the fifth lumbar vertebra was displaced backwards, producing a condition diametrically opposite to that called spondylolisthesis. The second specimen, although appearing to belong to the second class of pressure changes, was perceived on vertical median section to belong to the first class. The subject from whom it was taken was a man who had carried heavy burdens on the left shoulder, back, and neck. The lumbar spine was very convex and presented the appearance of spondylolisthesis. On section the last fibro-cartilage was seen to be increased in depth, so that the weight had been transmitted to the sacrum chiefly through the spinous and articular processes, which were very much thickened and increased in strength. The sacrum had yielded transversely about its centre, the upper part going forwards and downwards, so much so that if the plane of the upper surface of the sacrum were continued forward it would pass one inch below the lower margin of the symphysis. The diameters between the angle of the sacrum and the upper and lower margins of the symphysis were three inches and a half. The spinous processes of the sacrum were much enlarged, as were the laminae. The sacrum had during the later period of life been acted upon by an upward pressure, probably due to a continuous sedentary position. This position had served to increase the anterior concavity of the sacrum still further.

Dr. HANDFIELD JONES showed specimens of Cerebral