

more, of the cancellated structure within the exposed end of the medullary canal; and portions of the acetabulum were also removed by the scoop, care being taken to avoid the great vessels and nerves anteriorly. No hæmorrhage of any consequence occurred during the operation, or subsequently, and no ligatures were used. The patient was put to bed, with the leg resting on a pillow.

On examining the diseased portion of bone, the head was seen to be entirely denuded of cartilage, and of a brown colour. Its margin presented a prominent, rough rim, overhanging the neck, which was partly absorbed, and appeared as if pushed into the great trochanter. On section, the whole of the cancellated structure, including that of the shaft portion, was softened so much as to yield before the finger; it had the consistence of wet sand. When this was turned out, the compact texture, which was also softened, appeared a mere shell of bone, especially that of the head, which was almost transparent. The whole of the diseased portion of bone, compact and cancellated, was *fatty* to such an extent that, on thrusting the finger into the latter, oil filled up the depression when the finger was withdrawn. The cancellated bone had a variable colour, that of the head being of a dark-red hue.

Resuming the history of this case, its conclusion can be told in a few words. After the first three days the boy's health took a favourable turn, and rapidly improving, the wound began to heal.

Aug. 30th.—The limb was extended to the full length of its fellow, and secured in this position by a Liston splint. The wound healed apace by the first intention. Some discharge continued for a time from under the buttock, but this was moderate in quantity, and healthy.

Oct. 25th.—The cicatrix is quite sound, and the thigh of the natural size. There is not the slightest pain in the part. On removing the splint the limb can be moved freely in all directions, although, as might be supposed, the patient cannot himself raise the limb. But the consolidation is progressing, and the muscles of the thigh are firm and powerful.

The final result, as regards the eventual condition of the hip, will be reported in due time. Meanwhile the patient goes about on crutches, and from being a miserable object,—in fact, a living skeleton,—he has become fat, healthy, and happy.

KING'S COLLEGE HOSPITAL.

SCIRRHUS GROWTHS DEVELOPED BETWEEN THE LEFT BREAST AND AXILLA; ABLATION.

(Under the care of Mr. FERGUSON.)

THOUGH quite an ordinary occurrence to meet with cancer involving the breast, the appearance of the disease in the vicinity of the gland seems altogether exceptional. A case of the kind, however, is at the present time in the above hospital, the patient being a woman about forty-five years of age, who has been subject for some years to a growth or swelling at the upper and outer margin of the left breast, and situated rather between it and the axilla. It was as large as an orange, and had involved the skin to the size of a shilling, presenting a prominent but not discoloured tubercle. Mr. Ferguson removed it under chloroform on the 21st instant, and it was discovered to be a well-marked example of the true scirrhus, surrounded by much adipose tissue. After the operation, he remarked upon the rarity of scirrhous tumours in such close proximity to the mammary gland, without involving it. This latter was a fine, healthy-looking and prominent organ, with no appearance of contamination whatever about it. The patient is doing well.

DEFORMITY OF THE CHEEK, ASSOCIATED WITH HARE-LIP.

An infant was submitted to operation for hare-lip on the 21st inst., the fissure being on the left of the mesial line. But associated with this deformity was another, consisting of slight extension of the left angle of the fissure of the mouth into the cheek, yet with a continuous line towards the jaw, resembling a cicatrix. This gave to the cheek above a very prominent and peculiar appearance. Mr. Fergusson observed that he had met with two instances wherein the mouth was continued into the cheek, and it is a deformity very seldom brought under observation.

Provincial Hospital Reports.

GENERAL HOSPITAL, NOTTINGHAM.

DISEASE OF ANKLE-JOINT; EXCISION OF EXTERNAL MALLEOLUS; RECOVERY.

(Under the care of Mr. JOSEPH THOMPSON.)

WM. H—, aged thirty-six, was admitted into the surgical wards of this hospital on July 28th, 1863. Seventeen years ago the patient, on getting out of bed one morning, knocked his ankle on the sharp corner of a box. The joint became a good deal swollen, but this subsided with the aid of warm fomentations. Four months after his ankle became very painful, and again swollen. A medical practitioner made an opening into it, and a quantity of matter discharged itself. One year after (Jan., 1849), his ankle not getting any better, he became a patient in the above institution. He remained in the hospital fourteen weeks, apparently without deriving any benefit from the treatment. He continued as an out-patient for two years, when he again came into the house, and a portion of bone was removed. He subsequently recovered so far as to be capable of walking, and of continuing his employment for twelve years afterwards. From this time his foot began to grow worse again, and he was unable to walk on it. After keeping poultices &c. applied for several weeks, a practitioner removed no less than thirty pieces of bone; the wound filled up, and the patient improved much. But it again broke out, and he once more entered the hospital, under the care of Mr. Joseph Thompson. The ankle was much swollen, with a large-sized wound over the external malleolus; it discharged a good deal of unhealthy-looking pus. There was much pain, preventing the patient sleeping well at night. Appetite not very good. The following medicine was ordered:—Citrate of iron and quinine, five grains; water, one ounce: three times a day. Liquor of muriate of morphia, twenty minims; water, one ounce: to be taken at night.

Aug. 10th.—It now appears that no operation short of removing the external malleolus could be of any service; accordingly about three inches of the lower end of the fibula were removed, great care being taken not to divide the tendons of the peronei muscles. The ligaments were necessarily divided, and the ankle-joint laid open. The bone, having been sawn nearly through at its upper part, was separated by the cutting forceps. By this operation the ankle-joint was much weakened, the outer ankle being removed, and the ligaments divided; the foot had, therefore, to be kept perfectly straight by the application of splints, &c. It was then dressed with wet lint, and subsequently with permanganate of potash lotion. It has continued to improve since. The patient is better in health, and says "his foot feels much stronger." There is slight movement in the joint.

During the whole process of cure great care was taken to keep the foot perfectly straight. The patient came into the hospital for the purpose of having amputation performed. This seemed unnecessary, as the disease had not extended into the ankle-joint; but it was evident that it would do so sooner or later, and it was therefore considered more prudent to perform the operation described, and subsequently to amputate if it should become requisite. At the time of the operation the patient was in a very imperfect state of health, but he is now much improved.

LEEDS GENERAL INFIRMARY.

PLEURITIC EFFUSION ON THE RIGHT SIDE, WITH KELOID-TUMOURS ON THE SURFACE; BRONCHITIS; DEATH; SIMILAR NEW GROWTHS IN THE LIVER.

(Under the care of Dr. HARDWICK.)

MARIA G—, aged thirty-nine, married, was admitted on the 16th January, 1863. She stated that she had had a good deal of trouble, but that her health had always been fair. There was no history of syphilis. Two years before admission her right breast had been excised for "cancer," and the disease had returned. Six months ago she was admitted into the

Leeds Infirmary for the first time. There was then a Y-shaped hard cicatrix in the situation of the right breast. About the cicatrix, and scattered around for four or five inches, were growths in the skin; they extended chiefly down towards the abdomen; in size they varied from that of a half-crown to that of a pea; they were flat, giving the feeling of a hard growth in the skin; their surface was smooth, slightly shining, and of a yellowish red colour. One large growth was situated in the skin of the anterior fold of the axilla. The glands were not affected. She was admitted for shortness of breath and cough; the right side was perfectly dull on percussion throughout rather more than the lower half; in this position no respiration could be heard, and tactile vibration was entirely lost. Of course the question arose, Was this a returning cancerous growth in the chest? The case was diagnosed to be pleurisy; and, under treatment, in a month all the dulness had gone, and the woman was discharged.

When admitted again on the above mentioned day, she stated that she had remained well till three weeks previously, when the pain in her right side and cough commenced. She had not wasted, but now looked pale and somewhat sallow. The tumours did not seem to have altered. She coughed much, and expectorated abundant frothy mucus. The heart's action was very irregular, but there was no murmur. The lower half of the right side was again dull on percussion; tactile vibration was almost lost, and very little respiration could be heard. The appetite was poor; bowels regular; urine natural; pulse quick and irregular. Ordered compound cascarrilla mixture, one ounce every four hours.

Feb. 5th.—Chest symptoms not much altered. She appeared weaker, and expectorated more abundantly. Ordered cubeb oil, twenty minims three times a day.

Towards the end of February she commenced to sink rather rapidly, and died on March 1st.

Post-mortem appearances.—Body not much wasted. The tumours described above were found to be distinctly in the skin, causing it to be thickened at the affected spots to about one-fourth or one-third of an inch; at their margins they gradually passed into healthy skin. The heart's structure was healthy; one fold of the mitral valve was tied by an old adhesion to the septum of the ventricle. Left lung healthy; right firmly compressed in the lower part, and not admitting any air. There were several pints of pleuritic fluid on this side, and the pleura at the base was thickened by old inflammatory deposit to the extent of half an inch in some places. The mucous membrane of the bronchial tubes was much injected and granular. The liver had scattered over its surface small white growths about the size of a pea or a little larger, not raised above the surface, and a few similar ones in its interior. On section, these were rather rough, and evidently fibrous. The other viscera were healthy.

Microscopic examination.—The tumours taken from the skin showed only fibrous structure closely matted, and mixed up with a few small oval or round nuclei. The growths in the liver were tough, and with difficulty teased out for microscopical examination. They consisted of a similar structure to those in the skin, but the fibres were less distinct, being slightly granular.

Remarks.—Though this case was not devoid of interest to the physician on account of the difficulty in diagnosing the condition of the right chest on her first admission, yet as a contribution to the surgical pathology of new growths it is of most value. In some points it somewhat resembled secondary cancer of the skin, but to one familiar with keloid its true nature was apparent in the flat tumours, in the appearance of their surface, and more especially in the fact that two years after the removal of a supposed cancer the patient was in fair health, had not lost any great amount of flesh, and the axillary glands were unaffected. The case also serves to show how impossible it is to draw a distinct boundary line between malignant and non malignant tumours. Keloid is always included in the latter class, and yet here we find it taking on two of the most important characters of malignant growths, returning at the part after removal, and affecting the viscera. On the other hand, it may be said that keloid, though very apt to appear again after removal, seems to have very little tendency to destroy life. It has been assumed in these remarks that the primary disease was keloid, and not unreasonably, since it is often mistaken for cancer. Still it may have happened that the keloid growth appeared for the first time in the cicatrix left by the removal of some other tumour. The case altogether appears to be a good illustration of the general law so ably insisted on by Dr. Wilks, that "like produces like."

NORFOLK AND NORWICH HOSPITAL.

GENERAL STATEMENT OF THE NUMBER OF PATIENTS UNDER TREATMENT DURING THE YEAR 1862.

(Reported by Mr. CHAS. WILLIAMS.)

Total number of in-patients admitted during 1862	...	1040
Total number of deaths during the same period*	...	53
Death rate	...	1 in 19.62
Average number resident daily throughout the year	...	121.07
Males	...	71
Females	...	50.07
Mean residence of each patient	...	42.48 days.
Rate of mortality over all the cases	...	5.09 per cent.
Males	...	5.71 per cent.
Females	...	4.14 per cent.

Medical Cases.

Average number in hospital	...	53.48
Males	...	22.68
Females	...	30.8
Mean residence	...	44.56 days.
Rate of mortality	...	5.02 per cent.
Males	...	7.81 per cent.
Females	...	2.84 per cent.

Surgical Cases.

Average number in hospital	...	67.58
Males	...	48.31
Females	...	19.27
Mean residence	...	40.98 days.
Rate of mortality	...	5.14 per cent.
Males	...	4.79 per cent.
Females	...	6.09 per cent.

Total number of in-patients admitted during the last ninety years...	...	52,199
Total number of deaths during the same period	...	2,936
Average number of in-patients admitted yearly during the same period	...	579.98
Average number of deaths yearly during the same period	...	32.62
Death per-centage per year	...	5.52
Death-rate per year	...	1 in 18.09

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Nov. 3rd, 1863.

MR. PRESCOTT G. HEWETT, PRESIDENT.

DR. OGLE presented the following specimens:—

- I. SPINAL ARACHNITIS, THE RESULT OF DISEASE OF THE CERVICAL VERTEBRÆ AND INTERVERTEBRAL CARTILAGES, IN AN INSANE WOMAN, WHO HAD ATTEMPTED SUICIDE BY CUTTING HER THROAT.

Dr. Ogle was indebted for the history of the case to Dr. Boyd of the Somerset Lunatic Asylum. It was that of a woman, aged fifty-two, who, in making the suicidal wound with a razor, had not only divided the larynx, but also the œsophagus, to a considerable extent. She was kept alive by nutritious injections passed through an œsophageal tube thrice a day for three weeks. During that time the wound contracted to half its original dimensions, and she went on well until two days before death, when she became delirious. No convulsion or spasm, however, occurred at any time before death, and one hour before that took place the patient was fed as usual, and answered questions rationally. After death it was found that not only had the razor divided the larynx and œsophagus, but that inflammation had been set up behind the pharynx and œsophagus, and that a carious condition of the anterior surfaces of the cervical vertebræ, and softening, with perforation, of the intervertebral cartilage had resulted, so that a probe could easily be passed through one part of an intervertebral cartilage into the spinal canal. On examining the latter, it was found that the dura mater at the upper part of the cervical region was thick and shreddy, and that the spinal arachnoid cavity

* Nine died within twenty-four hours of admission.