remarked that it formed a serious impediment to the performance of some of the patient's functions, and she was most anxious to get rid of it. She made a good recovery.

KING'S COLLEGE HOSPITAL.

EXCISION OF A PORTION OF THE TONGUE FOR EPITHELIAL CARCINOMA.

(Under the care of Mr. FERGUSSON.)

DURING the last few years surgeons have seemed more disposed to use the knife in cancerous and other diseases of the tongue than was formerly the custom. When the disease was favourably situated, Mr. Liston used to employ the vulsellum and the knife, "there being no great difficulty in holding the organ so as to secure any vessel, or take other means of arresting the flow of blood." Bleeding was the great bugbear to almost any operative proceeding. To avoid this, the ligature was employed, and latterly the écraseur. The preference, however, seems to be given to excision, for the reason, as Mr. Fergusson stated at King's College Hospital on the 24th of November last, that the diseased mass is at once removed, and the bleeding stops of its own accord in a few minutes. This has certainly been the case in most of the operations which we have witnessed. Under any circumstances, it can be controlled by tying the small vessels if necessary.

An elderly man was brought into the operating theatre of the hospital on this occasion with an ulcerated mass on the left side of the tongue. When the tongue was protruded, the ulcer appeared to be very much increased in size. The mass, being as large as a hen's egg flattened, was seized with a vulsellum, and entirely excised with the knife. The bleeding was copious during the operation, but diminished very much at its termination. Mr. Fergusson, however, tied two small vessels.

In commenting upon this case, he stated that the disease seemed to be what was called epithelial cancer; but he believed that, in a great many instances, it was not so, because when it was removed there was no recurrence. We have ourselves seen examples of ulceration of the tongue which, to the naked eye, resembled epithelial cancer, but careful microscopical examination proved them to be of different natures, and they have healed up under proper treatment. We will not undertake to say, however, that in Mr. Fergusson's patient the affection was any other than epithelial cancer.

OSSEOUS ANCHYLOSIS OF THE ELBOW IN A FAULTY POSITION.

(Under the care of Mr. HENRY LEE.)

We have already several times drawn attention to the good results which ensue in the treatment of anchylosis of the elbow and other joints by the forcible rupture of the uniting medium, whatever that may be, provided it is not bony. Flexion of the joint is not to be thought of when osseous union has taken place. The question then arises, what is to be done in a case of anchylosed elbow in a faulty position? An example in point was recently admitted into King's College Hospital, under the care of Mr. Henry Lee, in the person of a delicate-looking girl, about seventeen years of age, who had long been a sufferer from possibly strumous disease of her right elbow, which in the course of time had become anchylosed in a straight position. There was no motion in the joint, the various bones seeming to be fused into a solid mass. Mr. Lee determined to put into practice a plan, the merits or demerits of which experience has yet to decide upon—namely, to saw through the lower end of the humerus above the joint, bend the arm, and obtain anchylosis in an improved position. Accordingly, on the 6th of October, chloroform was administered, an incision made at the back of the joint, and the lower end of the humerus exposed and sawn across by means of a circular saw and concave blade, the latter being placed under the bone. By rotating the saw with the handle, the bone was quickly cut through. The arm was now flexed after closure of the wound, and the patient removed to the ward.

In the event of anchylosis again occurring by the aid of callus, it seemed extremely questionable whether the girl would be in a better condition than she was previously. A false joint, it appears to us, should have been aimed at, and this result has actually happened, a useful arm being gained by the very measure which was intended to give her a stiff arm, only in a better position than it was before.

ST. GEORGE'S HOSPITAL.

CANCER OF THE PYLORUS, WITH PERSISTENT VOMITING, THE EGESTA CONTAINING SARCINÆ; FATAL RESULT.

(Under the care of Dr. FULLER.)

EMILY B——, aged fifty-eight, was admitted on Feb. 9th, 1860. She was a cook. About six months before her admission she began to suffer from vomiting. This was violent, and usually came on an hour or two after every meal. She often had diarrhœa, and soon began to experience a disagreeable sensation immediately below the ensiform cartilage. She was usually sick after all kinds of food, solid or fluid; but meat was especially apt to provoke the vomiting.

On her admission she was greatly emaciated, the bowels had been confined for some time, and the vomiting was persistent after meals. The food was returned half digested. The vomit had a yeasty appearance, and exhibited sarcinæ under the microscope. The pulse was somewhat weak—72, and the tongue a little redder than natural. A minim of croton oil, with nine grains of calomel-and-colocynth pill, were given at once, without any result. Some sulphate of magnesia was afterwards administered, but no movement obtained until an injection was made use of. Effervescing salines, hydrocyanic acid, and creasote were occasionally given, in the vain hope of checking the vomiting.

Feb. 19th, 1860.—The creasote appeared rather to increase the sickness. The sensation still remained under the ensiform cartilage; but no tumour could be felt.

26th.—She became greatly emaciated. She appeared somewhat quieted by some compound soap pills; but nothing else relieved her at all. The patient gradually sank, worn out by the vomiting, and died on the 29th.

Autopsy, sixteen hours after death.—There were old pleural adhesions. The heart and lungs were healthy. There were old peritoneal adhesions around the liver. The liver and spleen were healthy. The stomach was enormously distended; its coats for about four inches above the pylorus were much thickened by a deposit, which extended also for a short distance into the duodenum, and produced a very tight stricture. No ulceration had taken place. The section of the diseased mass exhibited vertical, brush-like arrangement of fibres; and a microscopical examination showed a considerable proportion of fibrous tissue, small nuclei, and a few bodies resembling the laminated corpuscles of epithelioma. Its consistence was very firm, and it was destitute of juice. The left kidney contained a large cyst, with dried, putty-like contents. The uterus and right ovary were healthy. The left ovary was affected by a multilocular cystic growth, containing serous fluid, which extended into the broad ligament.

CHARING-CROSS HOSPITAL.

COMPLETE CONTRACTION OF THE LOWER EXTREMITIES, WITH EXTREME RIGIDITY OF THE MUSCLES; SLIGHT TRACES OF DISEASE FOUND IN THE SPINAL CORD AFTER DEATH.

(Under the care of Dr. WILLSHIRE.)

FOR many months we have watched with great interest in this hospital, a case (briefly described in the following notes, furnished by Mr. Thos. Dobson, clinical clerk,) in which it was believed there might have existed a great amount of disease of the spinal cord. Beyond slight congestion of the membranes in one spot, however, with a little adhesion of the spinal dura mater, nothing of importance was discovered.

Hannah W——, aged forty-three years, housemaid, unmarried; has been accustomed to stand a great deal on cold stones and oil-cloth in the course of her duties. About eighteen months ago, being previously in good health, she first began to feel a sensation of what she calls "pins and needles," followed by numbness of the lower extremities, and a feeling of constriction around the umbilical region of the abdomen. These symptoms gradually became worse; and finding that she could not walk as she used to do, and that she had lost nearly all sensation in the lower extremities, she applied, and was admitted under the care of Dr. Willshire, about fifteen months ago. Galvanism to the lower extremities and blisters to the

spine were ordered; and after being under treatment for three months she left the hospital, much improved.

For six months she remained in the same condition, when the symptoms returned in a more severe form. She was re-admitted on Nov. 6th, 1860. There was more sensation in the lower extremities than at the first attack, but the legs and thighs were rigidly contracted by the flexor muscles, with occasional spasmodic contractions, giving her some pain; the sphincters as yet were under perfect control. These symptoms gradually increased until she lost power over the bladder and rectum, when bed-sores set in, and she sank, exhausted, on Feb. 24th, 1861.

The treatment consisted chiefly of iodide of potassium, mercury, belladonna, and sedatives, with counter-irritation to the spine; but no improvement took place. The contracted limbs were straightened under the use of chloroform, and placed on splints; but this caused so much pain that the splints were taken off, when the limbs again returned to their former condition.

At the post-mortem examination, no traces of disease could be found in the body, except *very slight* redness and congestion of the membranes of the spinal cord opposite the tenth dorsal vertebra, with slight adhesion of the spinal dura mater. No microscopical examination of the cord has yet been made.

SWELLING OF THE LEG, AND CONGESTION OF THE INTEGUMENTS OF A PURPLE COLOUR.

(Under the care of Dr. WILLSHIRE.)

Young female patients frequently present themselves in hospital practice with a general congestion of various parts of the body, especially noticeable in the cheeks, arms, and legs. The general health may be good; but there is a feeble pulse, and a languor about the circulation, which show that the vital powers are in some way affected. The congestion represents a condition of stasis as if the blood could hardly circulate through the smaller vessels. There is no apparent disease of the heart or lungs to account for this condition of system. There can be no doubt that occasionally the circulation is actually obstructed in some of the smaller and most distant veins by minute coagula tions occurring within them. Such a condition most probably prevailed in a girl, aged eighteen, who was admitted on March 14th, with intense congestion of the face, arms, and legs; one of the last, the right, was swollen to double the size of its fellow, and the congestion was so extreme that the skin was a dark purple. This was uniform throughout the leg, and not existing in patches of ecchymosis as observed in purpura. Under the use of stimulants, and the application of warmth to the limb, the swelling and discoloration have disappeared, and simple congestion remains, as observed in the hands, arms, and face.

The origin of this condition in the leg, when resulting after chronic diseases, is referred by Mr. Humphrey, of Cambridge, to coagulation within the veins—a view which is most probably correct.

Dr. Willshire informed his pupils that he had lately a case in private practice analogous to the one just described, and, singularly enough, in all the cases that had come under his observation it had been the right leg that was affected.

GUY'S HOSPITAL.

RECURRENCE OF A TUMOUR OVER THE DELTOID MUSCLE SOME MONTHS AFTER PREVIOUS REMOVAL.

(Under the care of Mr. HILTON.)

IN our "Mirror" of last week, we recorded an instance of large medullary tumour growing within the sheath of the sartorius muscle, and originating in a rupture of its fibres some years before. The patient was a man under Mr. Erichsen's care at University College Hospital. A case of equal interest and instruction to the surgical pupil came under our notice a few weeks back at Guy's Hospital. A man, forty-five years of age, a leather dresser, who had always enjoyed good health, sustained a blow on his left shoulder two years ago from the falling of a beam. The part was much bruised and ecchymosed, and a few days after a tumour commenced to form in the situation of the injury, which was removed by Mr. Hilton in February, 1860. It was evident that the tumour sprang from the lacerated fibres of the deltoid muscle, and an examination showed it to be recurrent fibroid in its general characters. Six months afterwards the disease returned, and grew very rapidly, attaining to the size of a large orange. This was removed by Mr. Hilton on February 19th, 1861, with a portion of the deltoid muscle, and on making a section of it, it was found to be medullary cancer, which subsequent microscopical examination confirmed. Its appearance, however, to the eye was intermediate between fibrous and medullary. The patient has subsequently gone on well, but is liable to a recurrence at an early period. The points of interest in this case are the development of the tumour primarily from lacerated muscular structure, and the subsequent appearance of a growth of cancerous nature, which had, in the first instance, been recurrent fibroid. The latter, however, is strongly allied to cancer, and in the end proves as fatal.

EXFOLIATION OF PORTIONS OF THE PARIETAL BONES, WITH DISPLACEMENT OF THE SCALP AND OCCIPITO-FRONTALIS MUSCLE.

(Under the care of Mr. HILTON.)

The history of this remarkable case is briefly as follows:—A man, aged sixty-four years, was admitted in December last, with displacement of the coverings of the skull. Eleven months before he fell from some rigging on to a bar of iron, and sustained a severe scalp wound. It was dressed, and the edges brought together by strapping. This was removed by the patient in eleven days owing to the pain it caused. A fortnight afterwards erysipelas set in, to attacks of which he was now frequently subject. In May, 1860, the scalp commenced moving down on the right side. In June, an exfoliation of the two parietal bones, as large as the palm of the hand, came away. This mainly consisted of the outer table, with a small portion of the inner. Afterwards the scalp slipped lower down by degrees until the entire upper part of the head was uncovered, but leaving exposed a large surface covered with granulations, in the centre of which could be seen the pulsations of the brain.

When Mr. Hilton exhibited the case in the ward, the man presented a most singular appearance. A large fold of skin commenced near the left eye, and completely encircled the right side of the head like a band, depressing the cartilage of the ear, and concealing the right eye.

In this case, as Mr. Hilton subsequently observed, there had been considerable sloughing of the scalp, which permitted the occipito-frontalis muscle to slip down. He removed the prolapsed fold by two operations. In the first, that part of it covering the eye was taken away, so that the supply of blood to the scalp above might not be cut off. In doing this he found the eyebrow lying over the eye; and, to prevent its continuance, he made an incision through the skin above the eyebrow, and another below, so that when the remainder of the fold should be removed the eyebrow would slip into the gap formed between the two incisions. The first operation proved successful, and the remainder of the fold was removed by a second. His appearance was thus much improved; he was able to elevate the eyelid and close the eye. The granulating surface, however, still remained over the lost bone; yet he was so much better in other respects that he left the hospital the latter end of February.

This case strongly reminded us of a patient, aged sixty-one, who was under Mr. Lawrence's care in Kenton ward of St. Bartholomew's Hospital, about four years ago. A wound of the scalp was followed by inflammation of the occipito-frontalis muscle, and very extensive sloughing; yet, as the pericranium was uninjured, the bone was not exposed.

MYELOID DISEASE OF THE TIBIA.

(Under the care of Mr. COCK.)

The case of supposed malignant disease of the tibia which we recorded last week has done very well. A more minute examination of the diseased parts has since been made, and we learn that the enlargement was simple in its nature, not malignant as was supposed, and in structure was found to consist of cysts, myeloid cells, cartilage cells, and bone. Mr. Bryant (to whom we are indebted for this information) observed that it might be called cysto-osteo-sarcoma; and that if it had occurred in any other part of the body it would have been fibro plastic, but being near bone it contained bone elements. This determination of the true nature of the disease is most satisfactory for the future welfare of the patient, who can now be assured of a freedom from its return.