whole was carefully removed; and, on making an incision into the lowest portion upon the obstructing body through the coats of the colon, the inverted mucous membrane was seen of a dark chocolate colour, and covered with a thick grumous, offensive matter, exactly similar to what passed *per anum* before death. The membrane generally was like strangulated intestine, and covered with an albuminous exudation. There was thus presented an even uniform surface of a closely packed, sausage-shaped body: on drawing this out of the intestinal sheath and putting it upon the stretch, it exhibited a regular plaited appearance, from being so firmly compressed, each plait was matted to its fellow by the albuminous secretion before named. On cutting through this dark invaginated body longitudinally, it presented four different membranous surfaces, with the intervening muscular and cellular tissues, namely, two peritoneal and two mucous, the latter being most external. The appendix vermiformis cæci was lying compressed at the lowest portion of the mass, and within the cæcum several inches of the ileum were seen lying collapsed and flattened, forming the very centre of the intussusception, and in all probability the commencement of the displacement.

REMARKS. The intussusception, therefore, comprised three portions of intestine: first, several inches of ileum, as the centre or nucleus, were drawn into the cæcum, which contracted upon it; and lastly, both these were sucked onwards into the colon, which formed, as it were, the investing envelope or covering of the malposition. The peristaltic action of the bowels, doubtless, tends to increase such a displacement, and if continued long enough with violent tenesmus, would cause the invagination to protrude *per anum*, as has been noticed in some instances.

Emetics have been recommended as likely to afford relief in these cases, but on grounds that seem to me unreasonable; for first, in what way can they act beneficially? And secondly, as vomiting is always present, and perhaps the most painful symptom, what good can be gained by provoking additional emesis, and aggravating the distress and suffering which are so quickly exhausting to the vital powers? The mechanical treatment by shot and quicksilver is, at any rate, unscientific, if it be not barbarous and cruel,—for even in the dead subject I defy any impression to be made in a favorable direction. It must always be a point of doubt and uncertainty in which direction the invagination has proceeded, whether retrogressive towards the stomach, or progressive towards the anus; for, according to the course taken, the shot ought to be administered, viz., in the opposite direction, if it can ever be of any service. Injections of warm water, if they can be retained, which scarcely ever happens, may afford some comfort, if no positive replacement follows their administration. But in such a case as the one I have described, there can be no resource available but gastrotomy. Considering, however, that the symptoms during life are not sufficiently precise and clearly marked to determine the nature of the malady (which, in most cases, a necropsy only reveals), surely he will be accused of exercising more rashness than careful judgment, who exposes his patient to the risk of an operation, the chances of recovery from which it is scarcely possible to appreciate or define. Opium, in its fullest influence, seems to promise happier results; for it not only alleviates pain, and renders the last hours of suffering more tolerable, but it may, by relaxing spasm, counteract the abnormal force which has caused, and still keeps up, the displacement; while in the less serious cases, at any rate, we may hope by its means to stop the further progress of the malady, and enable nature to regain her lost power, and once more establish the equilibrium of the vital forces.

INJURY OF RIBS AND LUNGS: SIMPLE TREATMENT: RECOVERY.

By FRANCIS DAVIES, Esq., Pershore.

ON August 8th, 1856, I was requested to see J. Collins, a lad fourteen years old, who had been leading a cart, loaded with one ton and a half of gravel, drawn by two horses, down a slope into a farmyard belonging to the late F. Woodward, Esq., Bricklehampton Hall. The boy, in checking the horses, got jammed in between the post and the cartshaft. The father said, "If the shaft had been a pecked un, it would have been threw him." The point of the shaft, which was blunt and bound with iron, took the boy under the left scapula, and fairly jammed him against the post point-blank; the father being obliged to back the horses before he could release the boy.

On examination, I found a lump on his back, as large as half a cocoa-nut: and it felt like a bladder full of dominoes. It expanded with every inspiration, and left a most unpleasant crackling under the hand. He expectorated a large quantity of blood, of a brilliant colour, and very frothy. The skin was cold; the pulse feeble, 120.

I placed two soft napkins on the swelling, and bound him as tightly as I could with a four-inch flannel bandage. He felt much relieved; his breathing, which was very difficult, was much improved by the application of the bandage.

I went up to the Hall, and remained there four hours. On returning, I found the boy tolerably comfortable. I sent him blue pill and hyoscyanus in a pill, and digitalis and nitrate of potash in a draught.

It is useless to detail the daily treatment. He got well without one bad symptom, and was in the church in a fortnight.

This case may be useful to students, as showing that the heroic plan of treatment is not always necessary in extensive injury to the lungs. To older practitioners, it will only show what immense mischief nature will repair with very little assistance.

Reviews and Notices.

REPORT OF THE SURGICAL STAFF OF THE MIDDLESEX HOSPITAL, TO THE WEEKLY BOARD AND GOVERNORS UPON THE TREATMENT OF CANCEROUS DISEASES IN THE HOSPITAL ON THE PLAN INTRODUCED BY DR. FELL. Printed by order of the Quarterly Court. 8vo. pp. 114. London: Churchill.

THE joint authors of this report doubtless found no easy task in addressing the Weekly Board and Governors upon a plan of special treatment, to be on the one hand scientifically accurate, and on the other sufficiently untechnical to suit the occasion. The difficulty of their position has been, however, well met; and the result of their labours reflects on them great credit. It is remarkable for its candour, and offers a most satisfactory justification of what was stated of these gentlemen, Messrs. Shaw, De Morgan, Moore, and Henry, in the review of Dr. Fell's *Treatise*, published in the number of the BRITISH MEDICAL JOURNAL for June 27th, as follows:—

"We must not conclude without referring to the conduct of the surgeons of the Middlesex Hospital. These gentlemen have been, in our opinion, most unjustly reflected upon in connection with this affair. Their names alone should have shielded them from all imputation of wrong. There are not to be found in the profession men more honourable and high-minded than they, or men in whose hands the dignity of the profession would be more jealously guarded. We are thoroughly satisfied that whatever they have done, has been done conscientiously, and as duty dictated; '*fais ton devoir, adieu que pourra*' has been their device. The subject demanded their cognisance, and they investigated it. There were *proofs* that Dr. Fell had eradicated tumours in a novel way; that he had operated with an unexpected degree of success in cases which Hospital surgeons had refused to touch. The Middlesex Hospital had wards specially appropriated to cancer; and their founder had particularly desired that investigations of this nature should take place there."

But to turn from the authors to the report itself. First of all, what does it say of Dr. Fell's "remedy"—of the sanguinaria—applied locally?

"For the purpose of destroying cancer, it appears to be practically inert. No single fact that has come before us would arouse the suspicion that constitutionally it has any effect, one way or the other. Under this, as under previous modes of treatment, cancer retains its notoriously malignant character; that is to say, its capacity for spontaneous and destructive growth in its primary seat, for obstinate recurrence after what has appeared to be the most complete extirpation, and for progress, if not for reproduction, in other and, it may be, distant organs of the body. The degree of that malignancy has varied in different cases. Each case has had, and maintained throughout the period of our observation, a character of its own, a specific character, as distinct and appreciable as we have been accustomed to recognise in similar cases which had been subjected to other treatment, or to no treatment at all.