a scheme till more conclusive evidence were obtained of its harmony with our institutions. A preliminary trial in those commercial ports, which, I have endeavoured to show, possess strong claims as holding an intermediate position between arsenals and ordinary municipalities, would go far, I believe, to solve the problem; and, if thoroughly successful, would afford the best encouragement for the further expansion of the system.

In the records of the army, navy, and mercantile marine, we possess much more definite and correct information as to the success or failure of sanitary experiments than we can ever hope to find in those relating to the civil population; and a few years' tentative experience in these three branches of the service would decide the question.

I have, I fear, dwelt too long on this topic; but at this important meeting, comprising, doubtless, several medical representatives of the ports in question, we may hope to have the advantage of hearing the opinions of gentlemen who have great practical experience, and who have probably bestowed much thoughtful consideration on the subject.

[The length of the debate on Hospitalism in the Public Medicine Section prevented any discussion on this question.]

CASE OF STRANGULATED INGUINAL HERNIA: OPERATION: RECOVERY: UNION OF THE WOUND BY FIRST INTENTION.

By ARTHUR EVERSHERD, Esq., L.R.C.P., Ampthill.

THE following notes of a case of herniotomy may at the present time be of some interest, since they show that perfect repair of the injury inflicted by the knife in this operation may occur under the simplest treatment, without the formation of a single drop of pus.

William Cook, aged 34, a healthy farm-labourer, had been subject to an inguinal hernia on the right side for four years. It came down almost daily (for he never wore a truss), and he could always return the protrusion himself, until a few days before the operation, when the hernia having come down, a portion of it could not be reduced; still, he had no inconvenience until the next day, Wednesday, October 7th, when he was cleaning some harness, and felt the intestine descend still more; he had then considerable pain about the umbilicus. This occurred at 10 A.M.; and in the evening, at 8 P.M., finding, after repeated efforts, he could not get the bowel back, he sent for assistance. The tumour at this time was of the size of a pigeon's egg, situated at the junction of the scrotum with the pubes, being half in the scrotum; it was very tense and elastic, tender to the touch, and it received no impulse on coughing.

All attempts to reduce the hernia failed, so opium was given, and cold applied. At 9 P.M., vomiting commenced, and continued through the night.

October 8th, 11 A.M. He had now stercoraceous vomiting; his tongue was becoming coated; his pulse 76, rather weak; he had some anxiety of expression. There was now more tenderness about the tumour. The taxis was again tried, unavailingly, so also was pressure made upwards and backwards, when the man was standing, the operator also standing behind the patient. Chloroform was then given, and the taxis again tried; but as it failed to give relief, the operation for dividing the obstruction was performed by me, assisted by Mr. Montague Eversherd. An incision, two inches long, was made over the seat of obstruction—the external ring—in a direction almost parallel with the linea alba. The several coverings of the hernia (excepting the sac) were divided, so also was the obstruction, and the strangulation relieved. Two wire sutures were put in, the edges being brought neatly together, and any protruding fat was cut away. A pad of lint was then placed over the wound, and maintained there by strapping and bandages; the knee was bent, and a pillow placed beneath the ham. He was strictly enjoined to take only a fluid diet, and to keep perfectly quiet. A pill, containing one grain of opium, was given every three hours. The patient went on favourably from the first. The opium was discontinued on October 11th; on the 12th, the wound had entirely healed, without the formation of a drop of pus. On the 13th, the bowels had relieved themselves naturally by a perfectly healthy evacuation. He was allowed to have some mutton. On October 15th, the sutures were removed. A day or two after this he was wearing a truss quite comfortably; and in less than a fortnight from the time of operation, he walked nearly a mile, and was able to wear the truss all day.

In this case, the urgent symptoms of strangulation were manifested early—i.e., within twelve hours, and fecal vomiting occurred within twenty-four hours of the time when the strangulation took place. The satisfactory termination was due, in part (most probably), to the early performance of the operation; and that, too, on the spot, in the pa-

tient's cottage, far away from other surgical cases and various sources of disturbance. The patient himself also is a man of most temperate habits; his life has been spent out of doors; and his health had, up to his recent illness, been uninterruptedly good.

FEMORAL ANEURISM: LIGATURE OF EXTERNAL ILIAC ARTERY: RECOVERY.*

By R. T. LAND, M.D.,

Lecturer on Anatomy in the School of Medicine, Leeds.

THE case was one of aneurism of the right femoral artery occurring in a woman, aged thirty-three, a weaver. About six or seven weeks before my seeing her, the patient had much heavier pieces of cloth to lift than usual; this was followed by a weak, numb feeling in the right leg, and a difficulty in standing, to such an extent, that she was compelled to give up work. At this time, she noticed, in the upper part of the thigh, a lump, which gradually increased in size, and to relieve the pain of which she had recourse to frequent rubbing with the hand. There was now unmistakably distinct aneurism of the femoral artery. The skin covering it was of a bluish-white colour, glazed, and very tense, and presented all the appearance of giving way externally. In conjunction with my father, and my friend Mr. Jessop, it was determined to ligature the external iliac artery. This was accordingly done, under chloroform, on November 24th, 1868. Nothing unusual occurred in the course of the operation, until, after carefully dividing the various strata of the abdominal wall, it became a question whether the structure exposed was peritoneum or simply transversalis fascia. The opinion seemed to be, that the lining membrane of the abdomen had yet not been exposed, and that the structure was transversalis fascia. This was therefore slit up to the full extent of the external wound, when it was at once discovered that the peritoneal cavity was opened. The cut edges were held together by Mr. Jessop; and, without anything further untoward taking place, the operation was completed. All went on well until December 4th, when, from the patient having had a restless night or two, and considerable pain in the right hip, on which she was lying, I was induced to examine that part, and found a very large sloughing bed-sore, which had been considerably aggravated by the patient persistently urinating into the bed, and which, unknown to me, had existed before the operation. With the view to get over this second complication, I now had the patient placed on a water-bed, and the sore dressed, in the first instance, with carbolic acid lotion, and afterwards with zinc ointment, until it was completely healed. Means were adapted to keep up and improve the general condition of the patient; and all went on satisfactorily, with the exception of one or two points which I shall presently mention, to a complete and satisfactory recovery. The ligature came away, with a little assistance, on December 31st—the thirty-eighth day.

I would now shortly draw your attention to two or three points in this case.

1. Here is an aneurism, of rapid growth, occurring in a woman (a rare occurrence), and on the point of bursting externally, arrested completely by ligature above the part.

2. As to the cause of this aneurism; the woman was rather weakly looking; no history of syphilis could be made out; and it seemed to me, as the patient had suffered some time before from acute rheumatism, that some impairment of the nutrition of the vessel therefrom had taken place, and that the condition was excited by the increased exertion to which she was subjected, of lifting heavy pieces of cloth, using, at the same time, the right leg as a lever.

3. The slitting up of the peritoneum was done deliberately; and how this membrane was mistaken for transversalis fascia, seems difficult to understand, except that the light was bad, and the transversalis fascia not so readily distinguishable in the female as in the male. The edges of the wound were stitched together after the ligature had been placed around the vessel; and this ultimately came away through the opening in the abdominal wall. Not the slightest indication of peritonitis presented itself.

4. The complication of bed-sore was treated, in the first instance, by a lotion composed of one part of carbolic acid to eight of olive oil, up to December 14th, a period of ten days, when the patient was seized with severe bilious vomiting, and pain in the epigastrium, and passed dark coloured urine, noticed in cases of poisoning by carbolic acid. This dressing was, therefore, discontinued for three days, and the symptoms thus related ceased; and, with a view to ascertain whether the carbolic lotion was the cause of this disturbance, I re-applied it as before, with the same result.

* Read in the Surgical Section before the Annual Meeting of the British Medical Association in Leeds, July 1869.

5. Although the disappearance of the swelling was no doubt partly effected by absorption, yet the bulk of its removal was owing at a small valvular opening taking place in it, which gradually, and now and then, allowed the more fluid parts to drain away—I need not say, a most desirable result.

Thus, gentlemen, you will see, complications existed in this case likely enough to discourage and damp the ardour of any, more particularly of a young surgeon. Still, as each complication arose, it was grappled with; and, by the assiduous help of the nurses who had charge of the case, overcome; and the patient was restored to her friends comparatively sound and strong.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

UNIVERSITY COLLEGE HOSPITAL.

REMOVAL OF THE WHOLE TONGUE BY REGNOLI'S OR THE SUBMENTAL OPERATION: PLEUROPNEUMONIA: DEATH.

(Under the care of Mr. ERICHSEN.)

THE following interesting case is from notes by Mr. Smith, House-Surgeon.

Henry Pearce, a road-sweeper, aged 53, was admitted on October 5th, 1869, for extensive epithelioma of the tongue. He had been very healthy, never having been laid up with any illness. He had smoked a good deal, always using a clay pipe. His wife stated that he had been a hard drinker. He had had gonorrhœa two or three times but never a sore of any kind. He had had sufficiency of food and clothing. Three months before admission, the tongue was perfectly sound, as far as the patient knew. About that time, one of his left upper molar teeth, having been broken, irritated the tongue, causing it to bleed several times. This was followed by a lump, which enlarged rapidly, and shortly afterwards ulcerated near the tip of the organ. His appetite had remained good; but he had not been able to chew his food, and had lost flesh slightly. The mass caused him no pain beyond the soreness and smarting of the ulcerated portion of it. His general health had not been much impaired since the appearance of the tumour.

When admitted, he was fairly nourished. There was no anæmia, nor cough. His digestion was good. Pulse 78. He had only one tooth—an upper incisor. He could not put out his tongue. The anterior two-thirds of this organ were hard; and on the dorsum was a hard somewhat nodulated mass, which extended backwards to the hyoid bone on the right side, but not so far by half an inch on the left. The anterior part was ulcerated.

On October 6th, Mr. Erichsen removed the whole tongue by Regnoli's operation, in the following way. An incision was made from the symphysis of the lower jaw directly downwards to the hyoid bone. From the upper part of this, a cut, running obliquely upwards and outwards, was made on each side and along the base of the lower jaw. The incision under the jaw was kept within the facial arteries. The flaps of skin having been turned back, the muscles forming the floor of the mouth, and those between the jaw and hyoid bone, were divided close to the bone; and the cavity of the mouth opened. This aperture was enlarged by a blunt-pointed bistoury. The tongue was then seized with three strong hooks, and drawn through the opening. The chain-écraseur was now applied as far back as possible, and then tightened one link every half-minute for ten minutes. Three more workings of it, at a minute's interval, succeeded in separating the diseased part. Rather smart hæmorrhage now occurred from the right lingual artery; this was easily arrested by passing the finger well back, and compressing the structures between finger and thumb. The patient was put to bed with his shoulders well raised, the central incision of the wound being left open. As he could not swallow, an enema of two ounces of beef-tea, with thirty minims of tincture of opium, was given.

About 5 P.M., there was some oozing of blood. Plugs of lint, wrung out of ice-water, were inserted; these proved effectual. Pulse 104.—At 8 P.M., an enema of half an ounce of brandy, an egg, and two ounces of beef-tea, was given.

Oct. 7th. He had about two hours' sleep during the night. He had not complained of pain, but lay very quiet. The enemata were repeated every four hours.—About 6 A.M., his pulse was so weak that an extra enema, with an ounce of brandy in it, was given.—At noon, he was better. Pulse 94. The flaps of lint were removed, and the longitudinal incision closed with silver sutures.

Oct. 8th. He had slept pretty well. The enemata were continued as before. The mouth was washed out several times a day with Condyl's fluid. The discharge was very offensive. The external wound was dressed with lint soaked in carbolic acid lotion. The patient could not swallow.—10 A.M. Pulse 98.—11 P.M. Pulse 96; temperature 100 deg. The patient was cheerful; he sat up in bed, and asked for ice to suck.

Oct. 9th. Mr. Poore passed the stomach-pump tube, and administered half a pint of strong beef-tea, with an ounce of brandy and an egg. By the aid of a mirror, the tube was easily passed, the prominence of the epiglottis being the only difficulty. In the evening, the house-surgeon repeated this. The patient seemed stronger.—11 P.M. Pulse 96; temperature 99 deg.

Oct. 10th. He had had a good night. He was fed this morning with the stomach-pump. As he complained of pain in the œsophagus, he was to have enemata in the evening. There was no union in the longitudinal incision; large sloughs and much discharge came through the opening. The patient had some Condyl's fluid by his side, and washed out his mouth frequently with it. He could not, however, swallow. The fœtor was much less offensive. Temperature in the morning, 99.2 deg.; in the evening, 99.4 deg. Pulse 84. The patient was bright and cheerful.

On the 13th, he complained of pains in his chest, but there was no cough. His temperature had risen in the morning to 101 deg., and his pulse to 100; it was weak and intermittent. In the evening, he complained of pain in the right side, two inches below the nipple, which in an hour or two became very severe. He had a tickling cough, quick and shallow breathing, and was constantly moaning. He was given enemata of strong beef-tea with brandy every two hours, and (as deglutition was impossible) an inhalation with a drachm of tincture of conium and twenty-five minims of spirit of chloroform. The latter relieved the cough, and also the pain for a short time; but this soon returned as bad as ever.—At 11 P.M., the temperature was 103.3 deg., and the pulse 116. Tincture of opium was given in the enemata, to relieve pain. During the night, he never slept a moment, but gradually became worse, and died at 8.30 A.M., October 14th.

Autopsy on Oct. 15th.—The body was greatly emaciated. Both tibiae were affected by angular curvature. The tongue was found to have been very cleanly excised close to the hyoid bone. No diseased structure remained. The wound at the seat of separation looked healthy. Some effused lymph was found on the pleura over the pericardium (right ride) and diaphragm. Near the anterior edge of the right lung was an abscess about an inch long. Several other abscesses were found in both lungs, and patches of grey pneumonia.

Dr. Legg examined the tongue and found the following conditions. The entire right half of the tongue seemed to be the seat of a morbid growth. This formation was of cartilaginous hardness, and under the knife creaked and offered considerable resistance. On microscopical examination of the growth, it was found to consist of—*a*, fibres; *b*, epithelial cells—spheroidal, caudate, rectangular, and multipolar, with one or two nuclei and granular contents, disappearing under the influence of acetic acid; *c*, concentric globes, in great number and of considerable size. From these appearances, it was clear that the tumour must be classed among the epithelial cancers.

In his clinical remarks on the case, Mr. Erichsen pointed out the following advantages that this operation appeared to present. 1. It enabled the surgeon to obtain a thorough view of the diseased organ to its very root. 2. It admitted the easy application of the *écraseur* or knife. 3. No blood-vessels, except those of the tongue itself, were endangered, and it obviated the necessity of dividing the lower jaw. The fatal result in this particular case was scarcely attributable to the operation, but rather to the weakened state to which the patient had been reduced by his disease, together with the sudden change in the weather.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF INJURY TO THE HEAD.

(Under the care of REGINALD HARRISON, F.R.C.S., Assistant-Surgeon to the Liverpool Royal Infirmary, and Lecturer on Anatomy at the Liverpool School of Medicine.)

THE following cases came under my care at the Liverpool Northern Hospital during the time when I was surgeon to that institution. They are selected as presenting some features of practical interest in the study of these affections.

CASE 1. *Concussion: Death.*—A middle aged dock labourer was admitted under my care in May 1866, in consequence of an injury caused by the falling of a ship's block. On admission, there was a contusion over the left side of the head. The symptoms were those of concussion. In the course of forty-eight hours, he had almost completely recovered;