great horror of the knife. I cured his more urgent affection, and then proceeded to open up the os preputii; not as I had done before from the outside inwardly, but from within outwards. Making the patient stand in front of me, I grasped the penis with the fingers of both hands, and partly by retracting the foreskin, partly by projecting forwards the glans penis, I commenced this wedge-like dilatation, and soon had the satisfaction of seeing an area of surface around the mouth of the urethra. This procedure I repeated every other day, and, in a fortnight, the phymosis was quite cured, so as not to be likely to return. He married, and has become the father of two children; and, when I recently examined him, there was not even any approach to contraction—he has, in fact, remained perfectly cured. This patient had never before had any part of the glans uncovered, except the very mouth of the urethra.

The third case came under my notice in July 1876. The young man, eighteen years old, had never been able to get the skin back at all. He had just contracted a very severe discharge, attended with a good deal of inflammation and swelling. Having cured him of these, I then treated him for the phymosis, which was quite as light as in the second case I have recorded, and, at the fourth sitting, I had the pleasure of being able to uncover the entire glans penis. I had adopted the plan of making him inject some oil under the foreskin on each occasion previous to his coming to consult me. With this patient I used the recumbent posture, because the pain was more severe than in the former cases, but then the treatment was much more rapid. Under chloroform the dilatation might be even more rapid—effected, perhaps, in one, or at most two, sittings, especially if we did not mind splitting the mucous lining of the prepuce; but I prefer producing no rent or crack, but simple dilatation.

SPINDLE-CELLED SARCOMA OF OMENTUM.*

By P. M. BRAIDWOOD, M.D., Birkenhead.

THE interest of the following case depends in part on the absence during life of characteristic symptoms and signs, and in part on the rarity of the pathological lesions discovered after death.

Miss P., aged 46, stated that she never (as far as her memory went) had required medical advice till she summoned me on February 7th. During last summer, she felt she required change of air, and went to the country for some weeks; but, with this exception, she never complained of ill health till a day or two before I saw her. When visited, I found her very emaciated, but her sister said she had always been extremely thin. She complained of "wandering" pains in the abdomen, not very acute, and described as shooting through to the back. Her pulse was rapid and wiry; her temperature was not very high; she had not an anxious look. During the course of the three weeks I attended her, till her death on February 27th, the principal symptoms she presented were—irregular action of the bowels; very red, but not dry tongue; considerable thirst; rapid, very weak, and wiry pulse; gradually increasing debility; sleeplessness; vomiting of brownish acid fluid, which changed, shortly before death, to dark grumous fluid; and, on palpation of the abdomen, pain (but not extreme) was felt, and a round tumour, not movable, was detected in the umbilical region. She sank gradually, seemingly from inanition.

Necropsy.—About forty hours after death the abdomen was examined. On opening this cavity, its walls were felt firmly adherent, by old and recent lymph, to the subjacent viscera. A thick layer of new material, in part inflammatory, was seen to cover the entire surface, and to mat together the various coils of the intestine, the stomach, and liver; at the sides and posteriorly, the various viscera were found to be free. This thick layer, on section, presented the naked eye appearance of cancerous omentum. There was a considerable amount of serum in the abdominal cavity. On separating this cancerous mass from the liver, some greenish pus was squeezed out of the gall-bladder, and, as it flowed, it floated out certain hard dark bodies, which proved to be biliary calculi. Having removed with care the gall-bladder and common bile-duct, these were seen to be greatly distended by biliary calculi, which were embedded in pouches formed by lymph in the interior of these cavities, and were surrounded by greenish foetid pus. Altogether, there were found about two hundred biliary calculi, varying in weight from fifty grains to three or four grains, and most of them beautifully faceted. The hepatic tissue was firm and anæmic, and the hepatic capsule was thickened. The kidneys, uterus, spleen, and other organs were healthy. A portion of the omentum, prepared by Messrs. A. C. Cole and Son of Liverpool for microscopical examination, showed the tissue to be transformed into spindle-celled sarcoma.

* Read before the Lancashire and Cheshire Branch.

REMARKS.—Modern pathology has given birth to no offspring which has proved more attractive to the students of pathological histology than is the group of neoplasia included under the generic term sarcomata. From Virchow, the pioneer in the study of tumours, to the youngest contributor in our weekly medical journals, all have striven to describe an uniformity in the features, both of the true children and of the bastards, as well as a consanguinity of appearance between that tumour (sarcoma), "consisting of tissues belonging to the developmental series of connective-tissue substances", which do "not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms"; and that other class (cancerous or malignant tumours) whose clinical history is coeval with that of pathology.

Of all the six varieties into which Billroth (*Surgical Pathology and Therapeutics*, 1874) divides sarcomatous tumours, the spindle-celled is the least likely to be found affecting the omentum. That eminent pathologist states that "spindle-celled sarcoma is composed of closely packed, usually thin, elongated spindle-cells, so-called filament cells, *i. e.*, a fibrous tissue, whose development has not advanced beyond the production of spindle-cells". He, moreover, states of this class of growths, that they are generally encapsuled, that they rarely occur on free surfaces, that their more ordinary seat is the muscles, fasciæ, and cutis. They develop generally in persons strong and well nourished, often in particularly healthy and fat persons. In the case narrated, it will be observed that, on the contrary, spindle-celled sarcoma affected a free surface; was not encapsuled; infiltrated a tissue more cellular than fibrous in its developmental homology; and that the patient, though she seems never to have ailed much, yet did not enjoy robust health, and was in fact very emaciated.

I have searched in vain to discover in books or journals an analogous case, either as regards the peculiar pathological lesion which occasioned death, or as regards the very large number of biliary calculi found after death, and which appear to have accumulated without occasioning any marked disturbance.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

HOSPITAL NOTES.

BIRMINGHAM.

Thoracic Injury: Emphysema.—A youth, aged 14, had his left arm torn off by machinery. In the only piece of tissue that remained connecting the limb with the trunk, ran the brachial artery, so that hæmorrhage was moderate. The lung substance could be felt through a wound in the left side of the thorax; there was emphysema of the trunk, and, after the application of a bandage, the face also became emphysematous. The lad could speak and was sensible, had not much cough, and, though the breathing was at first difficult, it became easier; he lived nineteen hours. On section, there was found a laceration across the middle of the upper lobe of the left lung; the organ itself was collapsed, and the cavity full of dark blood; the third and fourth ribs were fractured.

Cerebro-Spinal Meningitis.—For some months past, the number of cases of this malady has been such as to amount to an epidemic in Birmingham and the neighbourhood. Dr. Johnston argues that it is correlated with pneumonia and also with purpura, both of which diseases have been more than usually prevalent, and he finds in the "rheumatic diathesis" a common link. In adult cases, no one remedy has been proved of service, unless it be morphia by injections—the iodides, bromides, belladonna, and ice-bags, have had fair trial without more than temporary benefit. One case recovered under moderate mercurialism, and amongst children recoveries have not been rare. Some cases have run the recognised acute course in ten to fourteen days; others have been unusually prolonged to six or eight weeks, with remissions. They have simulated at first variola, or more markedly rheumatic fever, with herpes on face, violent pains in head, spine, and joints, sickness, sweating, and later, retraction of head; stiffness and spasm of muscles, delirium or semicoma; often discharges from ears. *Post mortem* have rather corroborated older knowledge than taught new; the membranes being found adherent, lymph generally at the base of the brain and the upper cord, and congestion of the nerve-substance, without exudation corpuscles or evidence of cerebritis.

Spinal Sclerosis.—The following are brief notes of a case of this