course of study, commenced at a good classical school, continued at Oxford, and completed in London, would not be more likely to accomplish his object, than the smattering of knowledge obtainable from a country apothecary, succeeded by the high-pressure system resorted to at the metropolis.

Throughout the greater part of this letter it may be thought, that I have spoken as if there was no other English University in existence than that of Oxford.

This, however, has arisen, not from any disposition to disparage the sister University of Cambridge as a place of medical instruction, but from my imperfect acquaintance with the system therein pursued. A comparative estimate, indeed, of the advantages afforded in these two great seats of learning for the study of the special sciences which are connected with our profession, would come with better grace from some one wholly unconnected with either place, than from any of their own members.

One thing, however, an Oxonian need have no scruple in admitting—namely, that Cambridge has the start of us in two particulars—namely, first, in allowing its *freshmen* to begin their special studies from the commencement of their residences, on placing themselves upon the physic list; second, that the obligation to live within the colleges is there dispensed with, so that a youth of slender means is not obliged to adapt his style of living to that of the wealthier students around him.

These circumstances may account for the more thriving condition of the Cambridge Medical School, which, although far from what we should wish to see it, numbers, it is said, more pupils than we can at present boast of in Oxford.

FIBRO-CELLULAR TUMOUR OF THE RIGHT BUTTOCK AND LABIUM,

PASSING DEEPLY BESIDE THE RECTUM AND THE VAGINA: OPERATION: RECOVERY.*

By T. SYMPSON, Esq.,

Surgeon to the Lincoln County Hospital, etc.

THE infrequency of the occurrence of fibro-cellular tumours in the neighbourhood of the female genital organs, the uncertainty of their diagnosis when so situated, and, oftentimes, from the presence of deep attachments to important parts, the difficulties attendant upon their removal, induce me to bring the following case before the meeting. For some portion of the notes I am indebted to our House-Surgeon, Mr. Samuel Mills.

A. W., aged 45, was admitted into the Lincoln County Hospital, under my care, on February 19th, 1866. She complained of a sense of weight and uneasiness about the right buttock, which, on inspection, appeared considerably larger than the left, and to the touch afforded a peculiar sensation of elastic resistance.

She was a well-built, strong-looking woman, of florid complexion, generally enjoying good health. She had, for about a year and a half, noticed increasing enlargement of the buttock, for which she had consulted several medical men, one of whom made a deep exploratory incision, which gave exit only to a little blood. She had been married twelve years without having borne children. For five years or more she had been troubled by frequency of micturi-

tion, having often to pass urine twice in an hour; but this was unaccompanied by either pain or difficulty. She had not been incommoded in defecation. The skin was natural; the tongue clean; the bowels regular; the urine natural; the pulse 96, feeble; the catamenia regular. She was placed upon ordinary diet.

February 21st. No action of the bowels yesterday. Tongue slightly coated. She was ordered to take immediately six grains of rhubarb, and three of hydrargyrum cum creta.

February 22nd. After consulting with my colleagues, I made an incision four inches in length, along the inner aspect of the buttock, so that the resulting cicatrix might be out of the way of pressure in sitting. By this the tumour was partly exposed, and at first looked so like the sac of a hernia as to suggest the idea of an error in diagnosis having been committed; a little further dissection, however, dispelled the doubt, but removal of the mass proved very difficult, as one long process passed forwards into the labium, and by the side of the vagina, and another upwards and backwards very deeply along the rectum, to which, and to the sacro-sciatic ligaments and coccyx, it was firmly adherent. After removal of the posterior portion of the tumour, something closely resembling it in appearance was seen low down in the wound. Traction was made on this by vulsella; but, some fæces appearing, it was desisted from, when a transverse rent, large enough to admit the tip of the index finger, was found in the rectum. Some small arteries spouted freely at the commencement of the operation, but the hæmorrhage soon ceased, and no ligature was required. The edges of the wound were approximated by six silver wire sutures, a pad and bandage. The patient was then sent to bed. The operation commenced at 11 A.M., and lasted nearly three-quarters of an hour.

3 P.M. After the operation, notwithstanding the administration of large quantities of brandy, the patient was in an extremely feeble condition, and her pulse was scarcely perceptible. At 3 the house-surgeon was called to see her, and, finding a good deal of general oozing of blood from the surface going on, he reapplied the pad and bandage. She was collapsed, shivering with a cold surface, and almost pulseless. Brandy and hot tea were given copiously, and reaction slowly set in during the afternoon.

February 23rd. She had a good night, and felt easy this morning; skin moist; tongue slightly coated, moist; pulse 80, small and weak; the bowels had not acted; she had passed urine during the night; there had been no return of bleeding. There was a dark discoloration of the edges of the central part of the wound, and the discharge, which was pretty free, had a gangrenous odour. Two sutures were removed; a charcoal poultice was applied; she was ordered to have milk, beef-tea, and eight ounces of sherry daily, and to take five minims of tincture of opium in an ounce of camphor mixture, every four hours.

February 27th. The surface of the wound was cleaning, some granulations were appearing, and the sloughs were separating. The treatment was continued, and she was ordered to have a mutton-chop.

February 28th. She was much improved in strength; the surface of the sore was covered with healthy granulations. She was tired of the sherry, and was ordered to have eight ounces of port daily, and fancy diet; the opiate mixture was omitted.

March 1st. She was looking better, and had a pretty good night, but complained of a sense of fullness and uneasiness of the abdomen; the bowels had not been relieved since the operation; there was

* Read at the Annual Meeting of the Midland Branch, June 31st, 1866.

slight difficulty in micturition; the urine dribbled; the wound presented a perfectly healthy surface.

March 3rd. Some hardened feces had passed through the wound, and occasioned great pain; as, upon examination, the rectum was found to be loaded with scybala, it was cleared out.

March 4th. She was ordered to take half an ounce of castor-oil at once, and afterwards to have a clyster.

Evening. She was much troubled by nausea and vomiting; tongue coated; pulse 80, soft; the bowels had acted freely. She was ordered to have two minims of Scheele's hydrocyanic acid in saline effervescent mixture, every four hours; and next day was better.

March 7th. She was again more sickly; there was free purulent discharge from the wound; tongue coated; bowels confined; rectum loaded; the rectum was again cleared out. She was ordered to take five grains of calomel immediately.

March 8th. She was better, though she felt weak, and had but little appetite; the bowels were open, about half of each motion passing *per anum*.

Careful attention was paid to the state of the bowels; and on April 24th, the wound was almost closed; feces did not pass through it, though flatus did so occasionally.

April 29th. The wound had not yet entirely healed, but it no longer afforded exit to either feces or flatus; she micturated without difficulty, and not too frequently. She was in good health, and left the hospital on the following day.

The tumour, soon after removal, weighed one pound and eleven ounces; in outline it was somewhat crescentic, but extremely irregular, from being divided by dense fibrous bands into two large and numerous smaller lobes. It was invested with a distinct capsule, and was of moderately soft consistency. Its extreme length was nine inches by four across its widest part; each of the larger lobes, from its tip to its junction with the main portion of the tumour, measured three inches and a half. The general colour of the tumour was yellowish-white, but some portions were buff, others of a pink hue, and others again darkly-red; from its section serous fluid oozed in small quantity. Under the microscope, numerous vessels were seen ramifying in a network of wavy fibres of connective tissue, closely compacted. The addition of acetic acid brought into view curled elastic fibres, and a great abundance of oat-shaped nuclei.

REMARKS. Prior to the operation, it was extremely difficult to form an opinion as to the real nature of the swelling further than this—that it was occasioned by the presence of some kind of tumour: whether this were fatty, fibro-cellular, or cystic, seemed doubtful, though the last was apparently excluded by the fact of no fluid, other than blood, having issued from a deep exploratory incision.

The integuments over the tumour were uniformly smooth, preserved their natural colour, and were moveable; the mass of the tumour was firm and solid, but in one portion afforded a sensation difficult to distinguish from fluctuation; pressure over the tumour was well borne, there was neither rumbling nor impulse on coughing, nor could the tumour be reduced in size by manipulation.

The damage done to the rectum, in the course of the operation, proved of less consequence than might have been anticipated; probably from the rent being situated high up, and so out of the way of disturbance by the action of the sphincters.

If it be true, as the best authorities assert, that tumours are liable to return after removal, in proportion to the degree in which their structures are rudimentary, the microscopic appearances in this

case, showing the complete development of the textures, render the prognosis as to the probability of recurrence of the disease highly favourable.

[In the course of the discussion, following the reading of the case, Dr. Mackinder remarked that, prior to entering the hospital, the patient had been under his care, and that he had passed a trochar deeply into the tumour, with the result of affording exit to a small quantity of serum tinged with blood.]

IS THERE A CHANGE OF TYPE IN DISEASE?

By WILLIAM NORRIS, M.D., Stourbridge.

ARE we really to consider there is a change in the type of diseases? Diseases have certainly assumed a different character in the last thirty or thirty-five years; and those who were not in practice previously to that period cannot, I think, be competent judges on this important point. I am decidedly of opinion that there is a change in the character of diseases, and our first inquiry should be to learn the cause of this change; and really this is a very difficult question to answer rationally and satisfactorily; for a theory should account for all the phenomena it pretends to explain.

About the year 1832 a most general influenza came, and affected both old and young. Very few, I think, escaped its ravages, more or less; it appeared to me to be a severe catarrh with typhoid symptoms. I remember being at St. Bartholomew's soon after it occurred, and Dr. Latham asked me if I bled my patients. I told him that I had one strong female patient affected with the disease, with some crepitation in the lungs, and that I ordered her to be bled, but it so much exhausted her that she dismissed me; she recovered. He told me that his patients in the metropolis could not bear the lancet.

I have read with much pleasure Dr. Markham's paper in the BRITISH MEDICAL JOURNAL, and the philosophic remarks by Dr. Watson, and his comments on Dr. Latham's views on fever. Observations from such high authorities carry great weight with them, and I think their united evidence goes far to prove that there is some change in the type of diseases, but not so great as to lead us to abandon the use of the lancet in many cases.

Although modern pathologists have proved that we may have enteric fever, perhaps, as frequently as typhus, we must not fail to remember that, although bleeding may be forbidden in many cases of this species of fever, yet there may be cases of synchus and synocha where the lancet may be occasionally necessary, more particularly in the inhabitants of rural districts.

To bleed, or not to bleed, in inflammation is one of the most important inquiries in medical science; for the lives of thousands and tens of thousands depend upon its judicious solution. Are we to adopt the expectant practice in pneumonia? or are we to use antiphlogistic measures with a little more caution? I have lately had three cases of pneumonia, one of pleuro-pneumonia, not in rural district men, but in men who worked at the fire, making nails or chains, in a very unhealthy district. Two of these patients I bled twice, the other three times, and the last bleeding was on the sixth day, because the worst symptoms, after subsiding, had recurred again; all these patients had a good recovery.

I am much disposed to believe that there is not much change in the type of diseases in rural district men, but I believe that there is a change of type in the working men in large towns; and certainly many