inches long, and is seen to extend between the gracilis and adductor magnus, the former being considerably thickened and expanded; while the latter is much pushed up, forming a considerable prominence on the inner aspect of the thigh. The hamstring muscles, together with the great sciatic nerve, are pushed outwards.

On dividing and turning back the hamstring muscles, so as to expose the posterior aspect of the adductor magnus to its full extent, this muscle is seen to constitute a considerable portion of the posterior wall of the tumour. After clearing the glutei muscles, the wall of the cyst is seen to extend up above and in front of the adductor magnus and the quadratus femoris, ending high up between the obturator externus and the pectineus.

On cutting across the adductor magnus, it is found to be incorporated with the walls of the tumour, which looks as if it had been formed in the substance of the muscle. On pursuing the dissection more deeply into the substance of the adductor magnus, the walls of the cyst are found to be completely incorporated with the muscular fibres, forming a dense mass grating under the knife: the two are quite inseparable. The cyst wall looks semi-transparent, except on its internal surface; and appears to the naked eye to be composed of layers of muscular fibre, and of a dense homogeneous semi-transparent hard substance. On tracing the adductor magnus up to its superior attachment, it is still found to constitute the wall of the tumour, through which the tuberosity of the ischium, obturator foramen, and indeed the whole anterior wall of the left side of pelvis, may be felt. As the tumour is traced up, it seems to fade away in the substance of the muscle, and is found to extend as far as the upper border of the obturator externus.

By pursuing the dissection in front, it is found that the cyst becomes incorporated with the under and inner surface of adductor brevis, continuing as high as the obturator externus, to a point corresponding to where it was seen at the back.

The remainder of the cyst wall not removed during the operation, is so closely incorporated with the surrounding muscular structures, that it is impossible to say where one terminates and another begins, or to detach it from the parts among which it lies.

Examination of portion of Sac removed. It is very tough, strong, and leather-like. Generally the wall is between one-sixteenth and one-eighth of an inch thick. The external surface is dense and shiny, and in parts is blended with muscular fibre. The internal surface is bright red and velvety; and this appearance is given by a layer of bright red coloured matter with a finely mamillated surface. The internal coating consists of granular matter mixed with cholesterine and fat globules: no other microscopic structure is to be detected in it. This layer is readily peeled off from the subjacent stratum. The next coat is of brownish yellow colour, and its surface is covered by small arborescent blood-vessels. It is rather smooth. On scraping its surface and putting the matter so obtained under the microscope, no epithelium nor other structure is observed. This layer is with difficulty dissected up from the next; it is very thin, but tolerably strong. Under the microscope, it is found to consist of obscure cellular tissue and granular matter. The remainder of the wall is readily separable into four layers, which vary in thickness: they are all tough and fibrous, and of glistening aspect. They all consist of cellular tissue, and do not exhibit any other structure. The fungous growths found in the sac consist of granular matter, *débris*, and cholesterine.

The adductor magnus in the neighbourhood of the tumour appears considerably changed. It appears as if the cellular tissue between the bundles of fibres is considerably hardened and hypertrophied, the muscular tissue appearing to run into hard cartilaginous tissue grating under the knife. When examined under the microscope, this new product is found to consist of cellular tissue alone.

NORTH STAFFORDSHIRE INFIRMARY.

DISLOCATION OF THE MIDDLE CUNEIFORM BONE OF THE LEFT FOOT, AND CONTUSIONS OF THE LEG AND FOOT: FOLLOWED BY TETANIC SPASMS.

Under the care of S. M. TURNER, Esq., Surgeon to the Infirmary.

CASE. James N., a young man, aged 24 years, of a sanguine temperament, and full habit of body, was admitted under the care of Mr. Samuel Mayer Turner, at 6 P.M., on the 27th July, 1855, in consequence of the following accident. Whilst attempting to stop a truck of coals, his foot slipped, was caught by the wheel and twisted, and when he was down, his foot and leg were again struck.

On examining the limb, it was found that, in addition to a laceration on the lower and outer side of the leg, and several severe contusions, there was a dislocation of the middle cuneiform bone of the foot. The dislocation was very easily made out, the bone being forced up, and its square upper surface being very distinctly felt on the dorsum of the foot.

Reduction was easily effected by making extension from the toes, slightly bending the foot backwards, and, at the same time, pressing the bone firmly down, when it was felt to slip into its place with a slight snap. A flat piece of wood on the sole of the foot, and a firm bandage were applied to prevent the bone from again slipping from its place.

At night a good deal of pain and swelling came on; the bandage was obliged to be removed, leeches and fomentations were applied, and a purgative of calomel and colocynth given.

The following day the bowels were open, and the swelling decreased, though the pain was still severe.

July 29th. A good deal of erysipelas about the foot.

August 1st. The wound on the leg looks sloughy. Matter has formed in the sole of the foot, and the glands in the groin are painful and enlarged. The matter in the foot was let out with a lancet, leeches to be applied to the groin, and five grains of calomel given, to be followed by a purgative draught.

August 2nd. Leg still inflamed a great deal; the leeches to be repeated.

August 10th. Matter having formed over the shin, it was evacuated, and the part poulticed. There was also a great deal of swelling and vesication over the foot.

August 15th. He had several shivering fits; leg very much inflamed; ordered a quarter of a grain of opium every four hours.

August 20th. The wound on the leg, which is now the size of the palm of the hand, looks very unhealthy; a slough is also forming on the inside of the ankle; there is also much pain in the stomach, with flatulency. The dose of opium was increased to half a grain; the leg to be dressed with resin ointment, covered with a fermenting poultice.

August 22nd. Wounds still sloughing, and increasing in size. To take effervescing mixture, with carbonate of ammonia, and some brandy.

August 23rd. Sloughing still on the increase; the whole leg very painful. Tincture of benzoin applied to the wounds, under the poultice. Has been slightly purged; has a very anxious expression of countenance, and an impression that he is going to die.

About 2 P.M. the house-surgeon was suddenly summoned to the patient, who was said to have something in his throat. He was observed to have a violent moving up and down of the thyroid cartilage, the head slightly thrown back, and difficulty of breathing. He could open his mouth, but very little; and when questioned, answered with a great deal of stammering and indistinctness, and complained of great pain at the angles of his jaw. Chloroform was administered, and a very few inspirations relieved the symptoms; he then spoke distinctly, and said that he was first seized with cramp in the stomach, which appeared to pass

up into the throat; he also complained of severe pain in the leg; he also stated that he had two similar attacks in the previous night, which he had not mentioned before. A little brandy was given, and, in a short time, he appeared to be quite recovered.

About an hour afterwards, another summons came, saying the man was dying. All the symptoms of the former attack had returned, with the addition of twitching of all the facial muscles, and insensibility. The inhalation of chloroform, to a very small extent, again relieved him, but not so perfectly as before, the pain in the jaws and twitching of the face remaining. He could not put out his tongue steadily, nor speak distinctly, and had a difficulty in swallowing. His pulse was quick, and face flushed. A poultice was ordered to the leg and foot, a line of caustic was pencilled round the leg, above the inflamed parts, and two drops of chloroform in camphor mixture ordered to be taken every two hours.

At 11 p.m. had had several other paroxysms; the twitching and pain in the jaw continue, but are not so bad, and the pain in the stomach has subsided. To continue the chloroform mixture, and take a draught containing twenty-five minims of liquor opii sedativus.

August 24th. Has slept pretty well, but rambled a little; during sleep even a slight twitching remains, but no violent paroxysm has occurred. He is feverish and thirsty; pulse 112; occasionally rambling. The leg is painful, and the sloughing has increased. Free incisions were made in the leg, which was then covered with a poultice, and ten drops of liq. opii sedat. were added to his mixture.

In the afternoon hæmorrhage occurred from two of the incisions; one was controlled by a compress of lint, in the other, a vessel, which had given way, was divided and tied.

10 p.m. Rather better. To continue mixture, and take three ounces of wine, and some strong beef-tea.

August 25th. Has slept, but is restless, and rambles; no twitchings or pain in the face; pulse 107; leg very painful. Omit liq. opii sedativus, and take a grain of quinine in an ounce of infusion of roses three times a day.

10 p.m. Has had two slight paroxysms in the afternoon, accompanied with pain in the stomach and face, as before; very thirsty; pulse 112. To continue beef-tea, quinine, etc., and to take the chloroform mixture when necessary.

August 26th. Slept but little; pulse 117; is very weak and low; bowels open; has no pain or spasms.

10 p.m. In the evening he has had three or four very severe paroxysms, the limbs being rigid and immovable, a catching in the throat, as if for breath, and violent twitching of the nose and face. Chloroform, which was inhaled to a small extent, relieved him immediately, as it had done when administered on each of the previous attacks; pulse 105; weak. To take a grain of extract of belladonna every four hours.

On the 27th and 28th he had some few attacks. Average of pulse, 105. The sloughing has stopped.

Sept. 3rd. Had a slight attack for the first time since the 28th. The sloughs have separated, leaving three wounds, each larger than the palm of the hand, which discharge a great deal. To have meat, and six ounces of brandy beaten up with eggs, during the day. Continue quinine; dress the leg with ung. zinci, and take the chloroform mixture when required.

Sept. 8th. Has had twitchings once or twice during the last few evenings, once very severely, being unable to speak intelligibly for several hours; pulse 84. Leg looks well; feels better in himself. To keep on with quinine, brandy, and eggs, and have four ounces of wine in addition.

Sept. 30th. Had been gradually better; no more spasms. The leg to be dressed with red wash. Medicines and diet as before.

October 20th. Much better; wounds healing up. There is a good deal of thickening about the instep, and the ankle is stiff. To be done up with strapping from the toes upwards, leaving apertures to dress the wounds.

Nov. 10th. Less swollen; more motion in the ankle. A

small piece of exfoliated bone came from one of the wounds in the leg. Wounds healing fast; has gained flesh.

Dec. 4th. Rambled during the night, and had several shivering fits. Bowels costive; foot much inflamed. To have low diet, and take effervescing mixture, with a quarter of a grain of antimony, and a two-grain calomel pill three times a day. Poultice to the foot.

Dec. 5th. Has rambled a good deal; pain and inflammation in the foot very severe, with erythema, extending up the leg.

Dec. 6th. Has had several shivering fits; the erysipelatous blush has extended up the leg; bowels open. To continue the medicine, and have a line of caustic pencilled round the leg, just above the knee.

Dec. 8th. Rather better, though the erythema still remains.

Dec. 10th. Mouth slightly affected by the calomel, and he has been very sick. To leave off the calomel, and take simple effervescing mixture.

Dec. 12th. Better. Erythema dying away. Swelling in the foot diminishing.

Dec. 15th. Much better; all the wounds closed.

Dec. 20th. Discharged. The wounds perfectly healed; the foot still somewhat swollen, and the ankle stiff. A firm roller bandage applied, and directions given to exercise the ankle-joint gradually.

March 4th. He came to the Infirmary with his leg quite healed, and had free motion in the ankle-joint.

CARNARVONSHIRE AND ANGLESEY INFIRMARY.

SURGICAL CASES.

By HUGH R. HUGHES, Esq., M.R.C.S., Surgeon to the Infirmary.

CASE I. *Eight Fractures, with Severe Contusions: Recovery.* Jonathan Griffith, aged 25 years, a railway labourer, was admitted into the infirmary at Bangor on the 14th February, 1846, having met with the following injuries, caused by a large quantity of earth falling upon the lower half of his body, whilst working in a deep cutting: fracture of the ilium; comminuted fracture of femur immediately above the condyles, implicating the knee-joint; and a severe compound fracture of tibia and fibula all on the right side; double fracture of tibia and fibula, one in the upper and another in the lower third of the left leg, with an extensive laceration of integuments. Both limbs also were greatly bruised.

Upon admission, and for some hours afterwards, he was in a state of collapse, there having been considerable hæmorrhage from the wounds of both legs, particularly the right. Stimulants were constantly given, and hot bottles applied to the body and feet. When reaction was fairly established, the right extremity was placed on a double inclined M'Intyre's apparatus, a many-tailed bandage being used; but before reduction of the compound fracture could be accomplished, it was necessary to saw off a portion of the fibula. The wounds were brought together by adhesive plaster. A broad bandage was passed around the pelvis, to secure the fractured ilium. An eighteen-tailed bandage and common wooden splints were applied to the left leg, which was supported upon pillows; and a full anodyne was given.

It is not my intention to give a detailed progressive account of the case during a period of fifteen weeks; suffice it to say, that great constitutional disturbance arose; both limbs swelled enormously; the injured knee required repeated leeching; the wound of compound fracture sloughed and discharged unhealthy pus for a considerable time. Happily, the pelvic viscera escaped injury.

Feb. 27th. An abscess was opened on the left leg.

March 1st. There was an immense discharge from both legs, which weakened the patient greatly.

April 4th. I made a free incision into an abscess that had formed on the outer side of the leg, where the fracture