ring; I then passed a narrow-bladed bistoury through this fold into the orifice of the canal, above and to the inner side of the cord, which an assistant drew outwards. Into the opening thus made I passed a small convex myotome with a round blunt point, and introduced the whole blade (about 10 lines long) into the canal; my next step was to make several incisions obliquely from behind forwards, and from within outwards, to the depth of four or five lines, having previously ascertained by the touch the exact situation of the cord; I now turned the blade of the instrument, and divided, above and below, the tendinous cords formed by the two divisions of the ligament of Fallopius, and the fibres of the external oblique muscle which are inserted into it; finally, I made several superficial scarifications along the course of the canal. These different incisions merely divided the aponeurotic fibres of the external oblique, and were confined to the superficial wall of the canal and to its external orifice. The operation lasted ten minutes, and about four ounces of blood were lost.

Having expelled the air and some blood from the wound, I closed the orifice of incision, and applied some compresses over the canal, supported by a spica bandage.

The patient slept well during the night, and experienced no pain; I did not think it necessary to see him for eight days; there was now no trace of external wound; no redness or sensibility, but a considerable quantity of effusion had taken place into the canal; pads, supported by a moderately tight bandage, were reapplied, and the patient directed still to keep his bed.

On the 15th day the effused fluid had attained a very considerable degree of consistency, sufficient in all appearance to support the gut; I made the patient cough until the left hernia came down, but on the right side there was no trace of tumor; the patient, however, while coughing, experienced a painful sensation of dragging in the interior of the canal. On the 20th day I allowed the patient to get up, keeping on his bandage; coughing now excited no pain; he gradually resumed his ordinary occupations, and laid aside the bandage on the 5th week after the operation. If the patient be now examined, (ten weeks after operation,) it will be seen that the whole of the right iliac region and groin is less prominent than the corresponding parts on the left side; the inguinal canal is obliterated; during strong efforts, coughing, &c., the viscera can be felt driven against the walls of the abdomen, about an inch and three-quarters above and to the outer side of the canal; the parts which had been the seat of operation become depressed, while the tumor appears on the opposite side. On the right side the intestine never descended since the day of operation, and it may be safely asserted that the cure is essentially *radical*.

ROYAL BERKSHIRE HOSPITAL.

(Practice of Mr. F. A. BULLEY.)

CELLULO-MEMBRANOUS ABSCESS OF THE KNEE, WITH ULCERATION OF THE ARTICULAR CARTILAGE OF THE FEMUR. DEATH.

WILLIAM ATCHER, æt. 22, a pale unhealthy-looking man, who worked as a farmer's labourer,

was admitted into the hospital April 7, 1841. His disease presented the following appearances:—There was no perceptible swelling of the knee-joint, nor could any fluctuation be felt within its cavity. It could be flexed and extended without any considerable pain, and before he became debilitated by purulent discharge, he could bear upon it with tolerable ease. Above and below the articulation were openings caused by incision or ulceration, which communicated with each other; the cellular membrane intervening, being in a sloughy unhealthy condition, allowing the easy introduction of the probe in any direction. These apertures had no evident communication with the cavity of the joint. He had become much weakened by the unhealthy discharge, which, for a few days just, prior to admission, had exceeded a pint of offensive pus mixed with blood, a day. He was now in a low febrile state, with night sweats, and had all the appearance of a person debilitated by protracted purulent discharge. The previous history of his disease was very imperfect, and I could only glean from him, that about three months prior to admission, he had had a blow upon the knee, which had caused the parts about the joint to become inflamed, and subsequently an abscess formed, apparently unconnected with the joint. He was in bad health at the time of his accident, and had lived very irregularly. He was then, being unable to continue his work, taken into a workhouse, where he remained gradually getting worse, until he came to the hospital.

11. The discharge has continued as profusely as before his admission. A consultation was held upon his case, when, in consideration of the hectic fever under which he suffered, and the debilitated state into which his disease had brought him, it was deemed neither expedient nor safe to remove the limb.

17. He has been gradually getting worse and weaker since last report. This morning, on going into the ward, I found that he had expired in the night, as it were, thoroughly worn out by the exhausting nature of the discharge.

Inspectio cadaveris.—On minutely examining every part of the body after death, I could not discover the slightest morbid change in any of the organs, except that the vessels of the pia mater were rather more turgid than usual. The heart and larger arteries and veins were filled with blood of a dark thick colour and treacly consistence, similar to that usually found in persons who have died of malignant, malarious, or exhausting diseases.

The cellular membrane surrounding the knee-joints, and for some distance above and below it, was in a sloughy, broken-down condition, and of a dark colour, the integument over it being in a state of impending gangrene. The fascia, both that investing the limb and the intermuscular, was softened, and in some parts gangrenous. The muscular and tendinous tissues were alike involved in the disease in different degrees. The whole of these altered tissues were infiltrated with pus mixed with blood, having an unhealthy putrid smell.

There was no pus in the cavity of the joint, nor was there any communication between the joint and the external abscess. The ligamentous and synovial tissues of the joint remained unaltered, and the joint itself might have been said to be

free from disease, except that on that portion of the cartilage investing the inner condyle of the femur, the cartilage had been absorbed, leaving a circular sulcus of about half an inch in diameter, the sulcus being about three lines in thickness; in other words, on the surface of the inner condyle of the femur, a portion of the cartilage of above half an inch in diameter was insulated from the rest, by a circular ulcerated furrow leading down to the bone, which felt rough to the probe; the rest of the cartilage was healthy.

REMARKS.

There was nothing peculiar in the preceding case, except that it afforded an opportunity of observing the progress of an extensive cellulomembranous abscess in a person in previous ill health, and who subsequently was not able to bear up against the exhausting discharges it produced. Beyond the thick and dark-coloured appearance of the blood, it was found, after death, that there was no diseased condition of any of the viscera to interfere with the restoration of the patient's health under favourable circumstances, and it is probable that had he been subjected to hospital treatment a little earlier, the abscess in the cellular membrane might, after the separation of the sloughs, through a liberal diet and tonic remedies, have been brought into a healthy state; or at least, if this could not have been effected, he might, through these means, have been enabled to sustain the shock of amputation with a fair hope of a successful result. But he had wanted the common necessities of life, and expressed himself as almost starved, before he was admitted into the hospital. When he did come, he had lost all desire for food, and was in the last stage of hectic fever, and altogether placed beyond the chance of relief from operation.

The ulceration of the articular cartilage and exposure of the bone show that ulceration or absorption of these tissues may take place without secretion of pus into the cavity of the joint. The utter absence of all appearance of disorganizing disease *post mortem*, and the peculiarly diseased condition of the blood, offer interesting subjects for speculation and inquiry, but the limits of this report will not allow me to enter more fully into the consideration of the subject. It is, however, evident, that all other signs of disease being absent, there was nothing to look to as an apparent physical cause, beyond the altered condition of the blood described; and I am inclined to think that if the disease could have been traced to its source, it might have been found to result from this condition, induced, as it is likely it was, by previous ill health, and an irregular manner of life, combined with a defective quantity of nourishing food to which he had been for some time subjected. I may mention, that an examination of the blood did not afford any proofs of pus having entered the circulation, nor was there any appearance of the slightest purulent metastasis to any of the organs or viscera of the body.

MEDICO-CHIRURGICAL TRANSACTIONS.

SECOND SERIES. VOL. VI.

THERE are few publications, the interest and

value of which have been sustained during a long series of years, like those issued by the Medico-Chirurgical Society. The present volume contains seventeen original communications; we shall endeavour to present our readers with an abstract of such as merit attention in a practical point of view.

Dr. Gregory on Small-pox and Vaccination.

The number of patients admitted into the small-pox hospital during the year 1840, amounted to 327; of these 11 had complaints which subsequently proved not to be variolous; of the remaining 316, 194 were wholly unprotected, and the mortality amongst the latter was 45 per cent.; 120 had been previously vaccinated, and here the mortality was only 7 per cent. The mortality on the gross admissions was 30 per cent.

The attention of Dr. Gregory has been recently directed to the cicatrix, as an indication of the probable amount of protection afforded by cow-pock, and he concludes that the cicatrix cannot be relied on, as affording any certain test of the degree to which the constitution has imbibed an anti-variolous influence. With regard to the identity of small-pox and vaccinia, the author thinks that the vaccine is a poison *sui generis*; that its relation to variola is still hypothetical, and the nature of its protective power unknown; and finally, that a thorough acquaintance with its anti-variolous powers must be derived, not from analogy, but from an extended and careful observation of facts, continued through a long series of years. Of the 120 cases of small-pox after vaccination, only 11 were under 16 years of age.

Mr. Stanley on Spontaneous Dislocations.

In this paper Mr. Stanley details seven cases of dislocation of the hip-joint, for the purpose of directing attention to the fact that dislocations of this joint not unfrequently occur without being caused by external violence, or preceded or accompanied by such changes in the soft parts around the articulation, as are attendant on dislocations resulting from the destructive processes of inflammation.

In the first and second cases, the displacement of the head of the femur occurred as a consequence of impaired nervous power, combined with spasms of the muscles. In the third, fourth, and fifth cases, the dislocation depended on rheumatic inflammation of the synovial and fibrous tissues of the joint. The sixth and seventh cases are examples of injury to the hip-joint from external violence, in young persons, followed by a gradual shortening of the limb.

In all these and in analogous cases, Mr. Stanley thinks that the occurrence of spontaneous dislocation may be accounted for in the following manner. Mild inflammation of ligamentous tissue may, without causing any evident change in its organization, so far affect its property of resistance, that it will yield considerably to an extending force; effusion of fluid into the joint may cause extension of these yielding tissues; the head of the bone is thus brought to the head of the acetabulum, slips over it, and then the limb is shortened by the action of the muscles.