A COURSE OF
LECTURES ON SURGERY,

DELIVERED IN THE
MEDICAL SCHOOL OF CAMBRIDGE.

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LECTURE XXII.—HYPERTROPHY CONTINUED.

Bronchocele; its pathology, symptoms, and treatment.

Inflammatory hypertrophy, general or circumscribed; hypertrophy of tongue, of tonsils; elephantiasis. The slight degrees of inflammation which are long continued are likely to be overlooked, as causes of hypertrophy; inflammatory hypertrophy occurring in a circumscribed manner; warts, nature and treatment; relation between simple and cancerous warts; the one seems occasionally to assume the characters of the other; thickening of cuticle upon warts; corns; condylomata; integumental growths at anus; hæmorrhoidal tumours.

THE common goitre or bronchocele is one of the simplest and best known instances of hypertrophy. It consists of an enlargement of the thyroid gland, which, in our ignorance of the essential nature of the disease, we can refer only to an excess of assimilative power. There appears to be no inflammatory disturbance, no functional excitement; the increase of size is the only feature sufficiently marked to attract our attention. You see in this specimen that the organ preserves its natural shape, it is simply enlarged far beyond its proper dimensions: the surface is marked out into lobes corresponding with those existing in the healthy gland; the filamentous tissue passing between these lobes is much thicker and tougher than usual. The interior of the gland exhibits a coarse or magnified representation of its natural structure; the cellular spaces are larger, containing a greater quantity of glairy fluid, and the septa between them are denser and stronger. Such is the ordinary form of the complaint, in which the gland is uniformly enlarged in all its parts, and all the component structures share the disease equally or nearly so. Sometimes, however, certain parts of the gland are enlarged more than others, so as to alter its shape; or various other morbid conditions may be superadded, such as the development of cysts, &c. It happens not uncommonly that one lobe of the gland is increased to a size disproportionate to that of the other; but when the difference is very great, or when the swelling is confined to one lobe, it will generally be found to depend upon the formation of a cyst or tumour in its substance. The goitrous gland is liable also to various alterations in structure as well as in size; sometimes it is condensed by the formation of a preternatural quantity of cellular tissue, which may form the chief part of its substance; at other times its cells are enlarged into considerable cavities, and the contents of these cavities may be aqueous, or more or less viscid, adhesive, and gelatinous; occasionally they

have a fatty or earthy character. You see in this specimen masses of hard straw-coloured earthy matter scattered through the substance of an enlarged thyroid gland.

Persons living in hill countries, or rather in the hollows between the hills, are most liable to this affection; its frequent occurrence under those circumstances being probably referable to some unhealthy states of the atmosphere. In this neighbourhood we meet with it generally in females of delicate leucophlegmatic temperament. It commences insidiously, proceeds gradually, and is, for the most part, unattended with pain. Although the thyroid gland is so liberally supplied with blood we cannot ascertain that it does, in its natural state, exert any definite influence upon the rest of the economy; neither does the morbid condition, of which we are now speaking, give rise to any particular general or local symptoms, except those occasioned by the mere increase of its bulk. These, it is true, are often very distressing, and have even proved fatal. In the specimen, for instance, which you here see, the enlarged lateral lobes of the thyroid gland caused such pressure upon the œsophagus, that deglutition was very difficult. The trachea more frequently suffers in the same manner; the pressure exerted upon its sides being sufficient to narrow the tube and cause stridulous respiration or even suffocation. In some instances the obstruction to the circulation from pressure upon the adjacent large vessels, has been so great as to cause congestion of the brain or even apoplexy.

The external application, and the internal administration, of iodine, has almost superseded every other kind of treatment in bronchocele. In a few obstinate and distressing cases a ligature has been placed upon the superior thyroid arteries, with the effect of causing a temporary diminution of the swelling, but in the greater number of instances the gland has resumed its former size, and has continued to increase as soon as the supply of blood was restored by anastomosing vessels. The extirpation of the part by the knife is so formidable an operation, on account of the hæmorrhage attending it, that it is very seldom resorted to.

The spleen, together with the prostate gland, as described in the last lecture, is occasionally the subject of an enlargement corresponding closely with the affection of the thyroid we are now discussing. In each instance the organ becomes coarser in structure as well as larger, and the change is associated with a disordered and enfeebled state of the general health. In the case of the spleen and thyroid gland the affection is generally curable by proper treatment, the parts often returning to their natural size when the health is re-established.

Your attention has already been directed to the relation existing between inflammation and hypertrophy, and the former has been described to be no uncommon cause of the latter, by which you are to understand that inflammation may induce the enlargement of an organ, not simply by causing a distension of its vessels, and an effusion of new products into its texture, but by leading to an actual growth of its substance. Indeed, when you come to consider the matter closely, you will

perceive that there is no very wide interval between that which we call the growth of a structure, and its enlargement by the deposit of new material into the interstices of its tissue. In both instances the elements of nutrition are supplied in excess, and in both they are appropriated in excess: the difference consists in the fact that in the one case (owing to an increase in the nutritive powers of the tissue) they are appropriated by, and blended with the parent structure, so as to form an integral part of it; whereas, in the other case (their own developmental force being augmented in greater proportion than the nutritive powers of the tissue) they are formed into new structures distinct from, and, as it were, external to the old. Still, even in the latter case, the nutritive power of the tissue is not without its influence, for the effused products are found to be in a greater or less degree assimilated by it. Now the effect of inflammation in its incipient and reparative stage is exhibited chiefly by its heightening the nutritive powers of the tissues, and while it carries in this stage it induces hypertrophy. In the second stage its effect is rather to increase the developmental force of the elements of nutrition, and in that manner it leads to the formation of new products. The transition from one of these stages to the other is not sudden, but gradual, and we have, as might be expected, a transitional series of changes intervening between simple hypertrophy on the one hand, and mere increase of size from the deposit of inflammatory products on the other. The slighter the amount of inflammation, the more close will be the approximation to simple hypertrophy; and the more marked the inflammation, the more apparent will be the distinction between the new products and the parent tissue. We shall find that this compartment of pathology intervening between inflammation and hypertrophy, to which the term "inflammatory hypertrophy" may be given, embraces a large number of morbid products which have hitherto remained unclassified, or which have been arranged in such a manner as to convey no idea of their real nature.

The affection of which we are now speaking involves in some instances the whole or a considerable part of an organ or structure, producing *general* enlargement; more frequently it is confined to a limited space, giving rise to a *circumscribed* increase, such as a wart or a polypus.

You have often an opportunity of witnessing the effect of chronic inflammation upon the tongue, in causing a thickened, uneven, rugose condition of the part, with knots and fissures upon its surface. This subsides in most cases with the inflammation, and would scarcely deserve to be mentioned here were it not that we now and then meet with instances in which a change of very much the same nature has proceeded to far greater extent, leading to such enormous enlargement or hypertrophy, that the tongue, no longer retained within the mouth, protrudes between the lips and hangs upon the chin, forming a loathsome and distressing deformity. Here are the casts and drawings of a case of this kind in a girl eleven years old. The tongue was greatly enlarged in every direction; it hung $3\frac{1}{2}$ inches

out of the mouth upon the chin, and measured $6\frac{1}{2}$ inches in circumference. By its weight it had bent down the mental portion of the lower jaw, and had pressed the teeth into a horizontal position. Its edges were rounded, and its surface rendered coarse by the increased size of the papillæ upon its dorsum. The hypertrophy was not confined to the part projected from the mouth, but affected the organ quite to its roots. The account we received from the mother was, that the child, when three years old, had sore throat and whooping-cough; some small white powders were given, the nature of which is uncertain. After these had been taken the tongue swelled, and during the fits of coughing was protruded from the mouth. It remained exposed to the air, and had gone on increasing in size till her admission into the hospital. I had seen another similar case, where compression was perseveringly tried for a great length of time with only partial success, and therefore determined to remove the protruding mass with the knife, which was done without difficulty or much loss of blood. The patient recovered, and the remaining portion did not increase; on the contrary, it became gradually reduced in size, and the lower jaw was, by the aid of mechanical apparatus, restored nearly to its proper shape. This affection evidently had its origin in an inflammatory attack, and is an instance of hypertrophy commencing under the impulse of inflammatory excitement, and continuing after that excitement had passed away. No doubt the unnatural circumstances in which the organ was placed, its exposure to the air, its weight, and the constricting pressure of the lips, had great influence in aiding the progress of the disease. It was on this supposition that the amputation was determined on, and the propriety of the decision was proved by the result.

The enlargement of the tonsils so common in delicate scrofulous children and young persons, resembles in many particulars the hypertrophy of the tongue just mentioned. It has in general still less direct connection with inflammation as its cause, and is accordingly very little influenced by antiphlogistic treatment. So far as my experience goes, the same may be said with regard to the various local applications recommended for the treatment of this disease. I have in several cases freely and perseveringly used the nitrate of silver and tincture of iodine, both in adults and children, and never saw decided benefit result in any one instance. The complaint is seldom attended with danger directly or indirectly, but it alters the tone of the voice, and renders the patient liable to attacks of sore throat, which are very distressing from the passage of the fauces being so narrow. It is, therefore, often desirable to remove so much of the tonsil as projects beyond the pillars of the fauces, which may be easily done with a vulsellum and probe-pointed bistoury. The operation is attended with very little pain, and generally with no great bleeding; in a few instances, however, the hæmorrhage has been profuse, and even fatal. I have watched several cases for considerable periods, but never knew any return of the disease to take place.

It seems probable that the affection of the skin called elephantiasis, which is common in some southern latitudes, and occasionally appears in this climate, is an example of hypertrophy corresponding very closely with the enlargement of the tongue just described. Here is a transverse section of a portion of integument, taken from a leg amputated on account of elephantiasis; it is greatly increased in thickness, and is composed of tough white fibro-cellular tissue, forming thick bands and laminae, which enclose areolae, filled with a transparent jelly-like substance; the surface of the skin is thrown into folds or wrinkles, and is in some places tuberculated. The subcutaneous cellular tissue is sometimes affected in a similar manner, being thickened, coarse, and infiltrated with serum. The deeper textures,—the muscles, fasciæ, and bones—preserve, for the most part, their natural structure. In this country the disease is almost confined to the lower extremities, but in warmer regions, where the functions of the skin are more active, it attacks also the scrotum and face. It generally commences with symptoms of inflammation, more or less marked; these sometimes continue, giving rise to heat, redness, and tenderness, perhaps to vesication, eruptions, or superficial ulceration; in other cases the usual symptoms of inflammation subside, although the enlargement excited by it goes on increasing. The disease may often be arrested in an early stage, by strict confinement in the recumbent posture, and by pressure, together with attention to the general health. Unfortunately a radical cure is not easily obtained if the treatment has been delayed, for the affection, if mitigated, commonly returns, and the limb becomes in course of time so bulky, heavy, and cumbersome, that amputation may be required, for the mere purpose of disburdening the patient of a huge unwieldy mass. In this, as in other cases of the same kind, where the inflammatory symptoms are least evident, the disease partakes most of the characters of simple hypertrophy, and the antiphlogistic treatment is least effectual. The disease does not generally terminate in a defined line, but extends in a slight degree to some distance above the part most affected. Nevertheless, when it has been decided to amputate the limb you need not be careful to remove the whole of the morbid structure, for experience shows that the incisions may be safely carried through a part of the limb which is affected in a slight degree without fear of the disease making serious progress in the stump. In all the cases which I have happened to see, the disease either was or had been originally of an inflammatory nature; in one, where the lower extremity measured in circumference ten inches more than the opposite sound limb, the first symptom had been inflammation of the foot, followed by erysipelas of the leg. In another an excessively thickened tuberculated condition of the skin of the leg, precisely similar to elephantiasis, was occasioned by the irritation of a carious os calcis. It may be objected that the latter was not a fair example of the disease in question, and I grant that it would not be universally so considered, but it appears to me that the cases of pure elephantiasis, resulting from hypertrophy of the skin,

are connected with those of inflammatory thickening by so many intervening gradations, that the transition from the one to the other is very easy, and no clear line of distinction can be drawn between them. Without asserting that elephantiasis is in all cases due to a state of hypertrophy of the skin induced by inflammation, I strongly suspect that it is so in the greater number of instances. We need not suppose that the inflammation is continued throughout the whole progress of the complaint; indeed it is often manifest that it is not so, but it appears, in this country at least, to give the first impulse to the growth, which may go on without it, or may be accelerated by occasionally recurring attacks of it. In warm climates it is probable that the higher temperature may act as sufficient stimulus to induce the disease, without the occurrence of any obvious signs of inflammatory disturbance.

We are in the habit of considering inflammation chiefly in its more acute forms, when it is attended with marked symptoms and occasions some decided alteration of structure. Under these circumstances it usually lasts only for a short time, and then passes away. We do not, perhaps, sufficiently estimate those slighter modifications of it which endure for a great length of time, and which, acting imperceptibly, produce a gentle and gradual effect upon the nutrition of the textures. These latter influences are, of course, more difficult to recognise, and almost impossible to value aright; nevertheless, we must not lose sight of them altogether. In one class of cases, we find that a slight amount of inflammation lingers on month after month without making any impression that we can discover, either upon structure or nutrition. In the woman who lately died in the hospital, an inflammatory state of the integuments of the face, a state corresponding very closely with the first stage of erysipelas, had existed for eight months without varying in intensity. It was accompanied by a similar affection of the mouth, pharynx, and upper part of the oesophagus. She was in a low state of health, and a carbuncle ensuing upon the back, terminated fatally. We could discover, neither before nor after death, any particular cause for the continuance of the inflammation in this woman; there appeared to be simply an inability in the diseased parts to return to their natural state. There is another class of cases where the inflammation in like manner lingers on in an initiatory stage, but in them it leads to an increase of nutrition or hypertrophy; the structure so produced varying according to circumstances, and bearing a greater or less resemblance to the parent tissue in proportion to the slow progress of the disease. Some of the instances of enlargement of the tongue, of elephantiasis, molluscum, and a variety of cutaneous diseases, are examples of this. Thirdly, the inflammation, having given a stimulus to the hypertrophy, may subside, and the hypertrophy may go on without it, just as inflammation itself often proceeds after the stimulus which gave rise to it has been removed. It is probable that elephantiasis often originates in this way, as well as many of the growths we have yet to consider. After what you have before heard, it is scarcely necessary to remind you that hyper-

trophy not uncommonly begins and proceeds without any of the ordinary exciting causes, inflammatory or other, that we are able to discover.

It has already been said that hypertrophy, attended with more or less of inflammation, sometimes affects a tissue in a very limited way, giving rise to circumscribed enlargements or growths, such as warts and polypi. Under whatever conditions a wart appears (we will speak for the present of cutaneous warts), it is evidently continuous with the tissue of the skin, and results from the hypertrophy of some portion of the cutis. In the first instance the papillæ are seen to be enlarged, so as to form pointed processes, visible with the naked eye, and covered by a thickened layer of cuticle; they are crowded together into a flat or conical uneven, scabrous elevation. The wart has a defined edge, and enlarges by involving the adjacent cutis at the same time that the part primarily affected continues to increase, the papillæ in it growing still more, and branching so as to produce a complicated, knotty, deeply-fissured mass, something like a cauliflower. The fibrous tissue of the cutis and of the papillæ becomes thickened and coarse, so as, in the worst cases, to constitute tough firm bands, which hold together the several portions of the mass. The cuticle also is much thickened, forming horny sheaths for the papillæ, and sending processes into the fissures between them. In a great number of cases of the common wart we cannot discover any decided cause for the commencement of the disease, or any morbid process preceding and exciting the growth. Most of them seem to begin spontaneously, and they go on slowly increasing, and involving the neighbouring skin, by an inherent power of assimilation as it were, without any symptom of inflammatory action. Nevertheless, it is to be remarked that they are generally situated in parts of the body most exposed to irritation, and they occur most frequently in persons who are employed in dirty work, as chimney sweeps, servant lads, and scullery maids. There is another class of warts where the disease is evidently and directly dependent upon some inflammatory disturbance; such are the warts occurring in connection with gonorrhœa preputii, and about the orifices of urinary fistulæ; and there are numerous intervening gradations between those which have an inflammatory origin and those which commence spontaneously. These intermediate links confirm the close pathological relationship between the several kinds of simple warty growths, if the consideration of their structure and general characters leaves any doubt as to this point.

The treatment of warts requires to be varied according to the degree in which they partake of an inflammatory nature. Where that is most marked the removal of the inflammation will often be followed by the shrinking and disappearance of the wart, more particularly if the latter have been formed quickly, and be of soft vascular structure. Frequently this will not suffice, the change which has been effected in the nutrition of the part continuing after the cessation of the exciting cause, and some other measures must be taken to arrest the growth

of the wart. Very often the application of an astringent substance will effect a cure such as the sulphate of iron, sulphate of copper, nitrate of silver, the tincture of the sesquichloride of iron, or powdered savine leaves. You should direct the patient to keep the part as dry as possible, because these growths, like ferns, mosses, and other vegetable substances, luxuriate in a damp atmosphere; and I have often known them cured by attention to this single point. These measures are not sufficient to check the warts first mentioned which commence without any obvious traces of inflammation, indeed they seem rather to worry them, and to excite their more rapid growth. It is necessary to apply some decided caustic; the nitric acid freely used generally answers the purpose. You must take care completely to exterminate the wart, otherwise it is almost sure to grow again. We sometimes meet with large cauliflower-like warts growing from the integuments at the orifice of the vagina; it is the best and least painful plan to remove these at once with the knife, the introduction and general use of chloroform having given to the knife a decided preference over caustic in all cases of this kind.

You will occasionally see a peculiar warty condition of the skin spreading more quickly over the surface, and attended with inflammation which goes on to suppuration or ulceration at various points in the substance of the mass. A man was admitted into Maynard's Ward with disease of this kind on the back of the neck. There was a circumscribed oval red patch of skin, three inches by two, raised above the surrounding skin, with a defined edge, flat and warty or fissured on the surface: it was covered with a thick soft layer of cuticle, processes of which extended into the fissures; when this was scraped off the part was seen to be superficially ulcerated in places, and there were a number of minute white spots of pus scattered through the substance of the diseased cutis. The man suffered a great deal of sharp burning pain. He said the affection had commenced about three months before with a small lump, which had increased quickly, being irritated no doubt by the chafing of the collar of his coat. It was quickly and completely cured by the free and repeated application of nitrate of silver.

Warts, in common with other morbid structures, are liable to the destructive effects of inflammation, and the ulcers which form upon them are particularly indisposed to heal. Sometimes these morbid growths ulcerate spontaneously, or decay at the summit, without any particular exciting cause, as was the case with the wart which I removed some time since from the nose of the little girl in Mary's Ward. This ulceration goes on slowly, spreading in the centre of the wart, and thereby creating additional irritation, gives rise to the extension of the disease in its circumference. The wart thus spreading at its circumference, and ulcerating at the centre, presents much resemblance to cancerous disease of the skin, so much that it is scarcely possible to define clearly the distinguishing characters of each. It is possible, indeed not improbable, that the one may pass into the other; that the growth, which was originally a simple cutaneous wart, may in course of time,

as a result of continued irritation, assume a cancerous nature. Several cases have occurred, some of them in the recollection of most of you, which had impressed this forcibly upon me. Unless we admit such to be the case, it is not easy to explain the fact, that warts which have remained in a dormant state for years, do not uncommonly begin to ulcerate, increase in size, affect the contiguous absorbent glands, and go on to a fatal termination. We had an opportunity of seeing a case of this kind only the other day in a fine healthy man, aged 70, a shepherd, who was admitted into the hospital with a cauliflower-like growth sprouting from the integuments at the upper and inner part of the thigh, it was deeply fissured and ulcerated on the surface. Several of the absorbent glands beneath Poupart's ligament were enlarged and indurated. The wart had existed for more than twenty years, had been gradually increasing, but in the last year only had it ulcerated and become painful. I remember another case where an extensive lobulated and warty growth involved the whole of the lower lip, in its mucous as well as its cutaneous aspect, and the adjacent part of the gum, the patient being a healthy man, aged 65. It commenced ten years previously in a small pimple, which had gradually increased; it was quite devoid of pain, and there was no induration or tenderness about the part. It just resembled those large warty growths of simple nature which are seen about the orifice of the vagina, but some portion of it had been destroyed by ulceration; and there was slight enlargement and induration of the absorbent glands under the chin.

These growths forming the intermediate links between simple warts and cutaneous cancer are most frequent in old persons, in the lips, eyelids, and other parts of the integuments of the face. A similar growth affecting cicatrices, attaining to a considerable size and attended with ulceration, has been described by Mr. Hawkins, in the "Medico-Chirurgical Transactions." The liability of warty growths which have for a long time worn a doubtful appearance, to assume the decided characters of malignant disease, and to proceed with the work of destruction, renders it the more important to eradicate them in an early stage, which may be done by a strong caustic, the nitric acid, or, still better, the chloride of zinc, or by the knife. I would not advise you to apply nitrate of silver, or any substances possessing merely astringent qualities, because they are likely to act only as irritants, and to excite a more rapid progress of the disease.

We have just remarked that in warts the cuticle generally undergoes a change corresponding to that of the cutis. This, however, varies a good deal. In some instances, more particularly where the growth is large and quickly formed, there is scarcely any thickening of the cuticle; indeed, it may be thinner than natural. At other times the increase of the cuticle is in greater proportion than that of the cutis; it may form a tough horny mass projecting an inch or more from the surface of the skin, and composed of lamellæ or fibres set virtually upon the wart, and attached firmly to it by processes extending into its clefts. It is probable that

the strange formations which we now and then find described as horns growing from the integuments of the head and other parts of the body are of this nature. The treatment consists first in softening and separating or paring away the horny substance, and then in applying nitric acid or other caustic to the wart beneath, unless it be judged more expedient to excise the entire mass at once.

In a *corn* the laminae of thickened or hypertrophied cuticle are superimposed upon one another and laid flat upon the cutis, not placed perpendicularly with regard to it, and the cutis beneath is more or less inflamed, as in a wart. The treatment of a corn consists in removing the hard thick cuticle which acts as an irritant to the subjacent skin, and applying nitrate of silver, or some other astringent substance, of course taking care that the part is relieved from the pressure which has been an exciting cause of the disease.

The broad flat elevations of the skin, called *condylomata*, have a close relation to warts. They consist of a thickening of the cutis, without any preternatural development of its papillæ, or of the cuticle; indeed the latter is often thinned or excoriated, and a serous discharge issues from the surface of the swelling. *Condylomata* are generally vascular, tender, and painful, bearing the evident marks of an inflammatory nature. They occur on the most delicate parts of the skin, as the penis, scrotum, and adjacent regions, the neighbourhood of the anus, and in the axilla. They are generally, if not always, connected with one or other form of the venereal disease; sometimes resulting from the direct irritation of the matter of gonorrhœa; at others proceeding from the virus of syphilis admitted into the system. In the latter case you will often find associated with the condylomata of the skin a similar affection of the mucous membrane of the mouth, tongue, and fauces. If the contact of irritating discharges be prevented, and attention to cleanliness enforced, the disease generally yields readily, and the application of nitrate of silver repeated a few times will soon reduce the swellings to the level of the surrounding skin. When they appear in various parts of the body and owe their origin to a general syphilitic taint, you will find a mild mercurial course to be the most effectual treatment.

The integumental growths which often surround the verge of the anus, and consist of a thickening and protrusion of the fine skin of that part, furnish another instance of this class of diseases. They are the occasional attendants upon strictures, constipation, continued diarrhœa, hæmorrhoids, or any source of irritation. They deviate from the structure of healthy skin more or less, in proportion to the severity of the exciting cause, and are themselves, in the same proportion, annoying to the patient, and the cause of other diseases. Sometimes they form merely soft, inert, flaccid folds of skin, of the very existence of which the patient may be unconscious; at others they are larger, indurated, and tender, becoming excoriated, ulcerated, or, perhaps, suppurating in their interior. Under these circumstances they form a very distressing complaint, aggravating the malady which gave rise to them, and

inducing tenesmus, prolapsus ani, abscesses about the rectum, &c. There may be only one or two; or there may be a considerable crop of them around the anus, in which case they are generally found to be connected with enlarged hæmorrhoidal veins, and you may feel the veins running from them up to the internal sphincter. If the source of irritation which provoked their growth be removed they will generally cease to enlarge, and will shrink up. The application of Argenti. Nitras. will often expedite this result. When they continue to be troublesome, more especially if they be ulcerated, it is the best plan to cut them off with the knife or scissors. You will sometimes find that the removal of these excrescences by operation will at once put a stop to diarrhoea, prolapsus ani, and other affections of the bowel which have long resisted treatment.

The disease commonly called "hæmorrhoidal tumour" depends upon a condition of mucous membrane, somewhat similar to that of the integument just described, and is not unfrequently associated with it. The exciting cause of the change in the mucous membrane, as well as of that in the skin, is commonly a varicose condition of the hæmorrhoidal veins. In this specimen, where the bowel has been laid open, you see that the mucous membrane is thrown into pyramidal folds between the skin and the upper edge of the internal sphincter. Each of the folds is caused by the enlargement of a hæmorrhoidal vein; their bases are directed towards the anus, and protruding the integuments, form swellings around the verge. Their apices extend within the margin of the internal sphincter. The mucous membrane and sub-mucous tissue in such cases becomes thickened, so as to form permanent projections, which may be distinguished by the finger introduced into the bowel. The evacuation of the fæces is attended with a good deal of difficulty, pain, and straining, and during the passage of the motion the hæmorrhoidal tumours are pressed through the anus, in which position they are grasped and constricted by the external sphincter, so that they do not return to their place unless some assistance be rendered by the hand. In consequence of the continued irritation to which the mucous membrane is thus subject it becomes still more vascular, thickened, and granular upon the surface, furnishes a glutinous discharge, and often pours forth considerable quantities of blood. The disease is attended with a good deal of smarting burning pain in the rectum, aching about the sacrum, and sometimes uneasiness all over the body. To these symptoms are often super-added indigestion, with a disordered state of the bowels, and, perhaps, an irritable condition of the bladder, causing frequent desire to pass water, or an irritability of the urethra, inducing spasmodic stricture and retention. In consequence of the repeated losses of blood the patient becomes anæmic, weak, and desponding. When the disease is allowed to go on unheeded it sometimes leads to the formation of abscesses in the neighbourhood of the rectum; these bursting externally, or into the bowel, leave fistulæ.

Under careful regimen, attention to proper action of the bowels, enemata of cold water, a solution of sul-

phate of iron or other astringent fluids, even severe cases may be successfully treated. A more certain and rapid cure may, however, be effected by the removal of the protruding swellings. If they be small this may be done most easily and with least pain by scissors; seize each tumour with a pair of dressing forceps, pull it down and snip it off. When the tumours are large and vascular, this proceeding is apt to be followed by a good deal of hæmorrhage, for the arteries of this region are active, especially when there has been much irritation going on, and they sometimes bleed very freely after operations. On that account it is the common practice to treat hæmorrhoidal tumours by ligatures tied tightly around their bases, so as to cause them to slough off. Even this is not unattended with danger, especially in full plethoric, or in weak emaciated subjects, for inflammation with diffused suppuration sometimes takes place in the cellular tissue surrounding the rectum, or, what is worse, phlebitis and its evil consequences, inflammation and suppuration in various parts of the body, may ensue. The application of nitrate of silver, or strong nitric acid, by altering the condition of the mucous membrane covering these tumours, will often much alleviate the pain attending them, and may even lead to their cure.

CASE OF

CATALEPTIFORM Hysteria,

APPARENTLY INDUCED BY MESMERISM, WITH
REMARKS.

By WILLIAM DAVIES, M.D.,

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Read before the Bath and Bristol Branch of the Association, March, 1850.

MR. PRESIDENT AND GENTLEMEN,—I shall take the liberty to occupy your attention this evening with a subject somewhat beside the usual routine of practical medicine, still, however, one not altogether without interest for such a meeting as the present. I think I shall be enabled to show some reasonable grounds for believing that a condition more allied to catalepsy than to any other morbid state that I am acquainted with, has been set up in a young girl now under my care in the United Hospital, in consequence of her having been frequently subjected to the influence of mesmerism, and been kept under that influence for some hours at a time.

In the first place I will give a history of the case; secondly, I will offer such remarks as seem to arise out of its consideration; and, thirdly, I will define the extent of my own belief in the alleged facts of mesmerism.

CASE.—Mary Jane Targitt, aged 17 years last Christmas, resides at No. 18, Bridewell Lane, in this city. Her aspect may be denominated *nervo-lymphatic*; of middle stature, well formed, and fully developed; hair dark auburn; eyes hazel; speaks with diffidence