STANLEY has been obliged, somewhat on the plan recommended by Mr. Gay, to open into the hip-joint, for the purpose of giving exit to matter. The patient is B. J., aged 37, in Darker Ward, a very tall able man, engaged on a railway, who says he got a "rick" or start in his hip about three years since. On his admission, a very long probe traversed a sinus twelve or fourteen inches long, from below the great trochanter up to the dorsum illi. The parts around were all immensely swollen, and infiltrated with pus.

Mr. Busk, who had previously seen the case, stated that the more serious symptoms commenced with those of acute synovitis of the hip-joint. Mr. Paget, Mr. Arnott, Mr. Skey, and others, who also happened to be present at the consultation, and aided Mr. Stanley with their advice, seemed to look upon the case as almost hopeless, if some heroic means were not put in force. Mr. Jones of Jersey, who was also present, exhibited the head and trochanter of a femur in a similar case, which he recently excised with the best possible result. Mr. Stanley made his incision apparently through the glutei muscles behind the joint, as the most depending position.

TUMOUR OF THE LOWER MAXILLA.

Mr. PAGET operated, on last Saturday, in a case of extensive disease of the lower maxilla—a fibrous tumour of the interior of the ascending ramus of the lower jaw, which, according to the history, had been growing for seven years, and had latterly begun to soften, or, as Mr. Paget expressed it to his class, to die or rot away. An extensive incision was first made along the angle and front of the jaw, and the interior of the bone exposed; then as much of the fibrous mass as possible was scooped away, and the parts filled with cotton-wool. This procedure, Mr. Paget believed, was quite sufficient under the circumstances, as the tumour was of such a simple character; and if the woman recover (which she will have a better chance of doing with this simple operation), it will be a point gained—that the entire ramus and facial nerve are not destroyed. A more brilliant operation might have been essayed, and the whole jaw removed; but Mr. Paget preferred the minor tentative plan first.

EXCERPTA MINORA.

In a case of carcinoma of the mamma in St. Bartholomew's Hospital, Mr. STANLEY is applying the chloride of zinc, as recommended by Mr. Langston Parker; and apparently with good results.—In a case at Guy's, Mr. BIRKETT has removed a similar growth in the same way; but an ugly cicatrix remains.—In a curious case at St. Mary's Hospital, under the care of Mr. LANE, a patient, who happened not to see well, drank off some fluid in which a fish-hook and link had been lying; the hook stuck in the oesophagus, but was fortunately removed by a sort of contrivance like that for seizing corks in the inside of bottles.—Mr. WARD, operating in a case of talipes, at the London Hospital, on the 27th ult., in place of cutting the tendons up towards the skin, observed the precaution of slipping the knife under the skin, and *cutting upon the tendons*—a plan which Mr. Curling advised, as he had seen it succeed well in operations by Mr. Syme.—In a case of operation on a growth near the buttock, by Mr. HOLMES COOTE, on the 22nd November, a peculiar new form of curved *écraseur* was used, which seemed to have some obvious advantages over the straight instrument to which we drew attention as first used by Mr. Lawrence on a lunatic patient, with good results.—Two cases of necrosis of the tibia, of no moment, one under Mr. COULSON, the second under Mr. HOLZ, have been operated on.—We saw Mr. HOLMES COOTE, on the 22nd ult., remove a portion of scrotum, for the relief of varicocele. Previous to the operation, the parts were drawn together by shotted suture, the object held in view being to diminish the scrotal pouch, and thus compress the dilated veins.—A good case of excision of the knee-joint, at King's College Hospital, under the care of Mr. BOWMAN, may also be mentioned. K.

Original Communications.

CASE OF ULCERATION OF THE POSTERIOR WALL OF THE LESSER CURVATURE OF THE STOMACH, OF EIGHT YEARS DURATION: DEATH FROM HÆMORRHAGE.

By W. DAVIES, M.D., Senior Physician to the Bath United Hospital.

[Read at the Meeting of the Bath and Bristol Branch, Nov. 20, 1856.]

ABOUT eight years since, Jane Howell, a young woman, 23 years of age, a lady's-maid, came under my care, on account of severe epigastric pain. With the exception of being rather pallid, she had a healthy aspect, was well nourished, and the menstrual function had always been regularly performed. At this time she became an in-patient of the hospital, where she remained for more than two months. Fierce paroxysms of epigastric pain came on at irregular intervals, which nothing but full doses of opium would relieve. She also complained of severe pain, extending through to her back; according to her own account, the pain had usually followed, at somewhat uncertain intervals, the taking of food; but after her admission into hospital, no relation could be observed between the ingestion of food and the coming on of the pain. She was, however, very carefully dieted, chiefly bread and milk, boiled and allowed to get nearly cold. The most careful examination many times repeated failed to detect any physical evidence of disease in the epigastric region; there was neither fulness nor hardness nor tenderness; the only abnormal condition detectable was a firm and persistent contraction of the recti muscles. During the first month of her stay in hospital she did not vomit; her treatment consisted only of frequent blistering of the epigastrium, and the administration of opium to allay pain, with the careful avoidance of all stimulating articles of diet. When she had been about a month in the house, she suddenly vomited a considerable quantity of blood. The hæmorrhage was so rapid and to so large an extent, as to produce syncope, and to leave behind it the usual condition which follows excessive loss of blood. There was but this one vomiting, but for several days thereafter changed blood passed in considerable quantity by stool. From the time of the occurrence of this hæmorrhage the paroxysmal pain almost entirely subsided. She remained more than a month longer in hospital very slowly recovering the effects of the loss, but suffering from weakness only. At the end of that time she quitted the hospital, and went to reside with a relative in an airy and healthy part of the city. She remained under my observation for the next four months, during which time she had no return of the pain, and gradually regained flesh and strength so as to be enabled, at the end of that period, to resume her situation of lady's-maid and attendant on an invalid lady. She remained in this situation four years, in the enjoyment, on the whole, of very good health. She might, perhaps, have come to see me on three or four occasions during that time on account of some stomach discomfort, but was never incapacitated from her duties.

Three years ago, last March, she again applied to me on account of a return of her old pain; and from that time up to the period of her death, which took place at the end of last month, she had been constantly under my observation. On each of two occasions she was during two months in the hospital. During the whole of the three years she suffered fearfully from frequent paroxysms of epigastric pain, extending through to the back. Nothing that I was able to effect in the way of treatment was in any way beneficial, with the exception of opium administered freely for the relief of the pain. I should also say that benefit was occasionally produced by the application to the epigastrium of a chloroform liniment confined under oiled silk. Again the most careful manipulation failed to detect any physical evidence of disease, except the never failing tension of the

recti muscles. On the day before she died she vomited blood largely, which she continued to do in lesser quantities; blood also passing from the bowels, until she died, death being clearly the immediate consequence of the loss of blood.

On examination of the body after death, a large deeply excavated ulcer was found in the posterior wall of the lesser curvature of the stomach. The walls of the ulcer were very much thickened, but, as I believe, not with malignant deposit, but simply an interstitial deposit of lymph, the result of a permanent condition of low inflammatory action. The other organs were all healthy, merely blanched by reason of the manner of death.

REMARKS. The point of interest in this case, consists in the interval of four years of perfect health occurring between the two periods of disease which I have described. I think the evidence well nigh complete, that this young woman suffered from ulceration of the stomach eight years ago. I think there can be little doubt that the ulcer under which she then suffered cicatrised, for it would be difficult to believe that she continued for four years in the enjoyment of good health, free from stomach derangement, with all the time an open ulcer in her stomach. Then, from some cause, acting on her general health, probably her sedentary life and confinement to heated rooms, as an attendant on an invalid, the old cicatrix became the seat of fresh ulceration which proceeded unchecked until its termination in fatal hæmorrhage. The autopsy sufficiently explained the absence of objective evidence of disease, as the thickened part of the stomach was overlapped by a portion of the liver.

FATAL HÆMORRHAGE INTO AN OLD OVARIAN CYST.

By JOHN SODEN, Esq., F.R.C.S., Surgeon to the Bath United Hospital.

[Read at the Meeting of the Bath and Bristol Branch, Nov. 20, 1856.]

A LADY, aged 48, of healthful appearance, and of large well formed figure, on reaching her home after a long walk on the evening of April 19th last, was seized with such severe pain in the left side that with difficulty she entered her house. After a short time, the pain subsided in a degree, but returned with increased violence at the tea table. Mrs. A. was taken to bed, and various remedies were applied for her relief, but with so little benefit, that about midnight I was sent for.

I found the patient in bed, with a distressed and anxious countenance, rather pale, and disposed to be cold; the pulse was small and feeble. She complained of intense suffering in the left hypochondriac region just over the large end of the stomach; there was acute sensibility to the touch, which seemed to radiate from one central point, in the situation indicated, with diminishing severity, over the surface of the abdomen. The character of the pain was that of peritonitis, and not of hysteria.

I found that sickness had appeared at the onset of the attack. The patient had three times vomited; but the ejected matters not having been kept, I could not verify the presence of blood in them, which the description of the servant led me to suppose they contained. It was evident that some serious condition was present: perforating ulcer, ileus, internal strangulation, all passed before my mind; but the state of the patient did not well correspond with the symptoms of any of these lesions. I was obliged to content myself with prescribing for the symptoms as I found them, and awaiting the further development of the case.

I ordered the local application of warmth, chloroform, and laudanum, and ultimately a blister; internally, repeated doses of opium, till relief should be obtained from the pain; and the occasional exhibition of stimulants while the prostration lasted.

On the following morning, no marked change presented itself; the pain was certainly lessened, and the patient herself was calmed by the influence of the opium; but the tenderness was still there, rendering minute examination impossible; and the abdomen was more generally sensitive, and becoming tympanitic. No febrile reaction had supervened; the patient complained of thirst; but the pulse was not rapid, nor the skin hot. I attributed this generally favourable state to the effect of the opium, for I could not hope that any impression had been made upon the original disorder. The same treatment was continued, with the addition of small doses of calomel with the opium.

On the next day (the 22nd), Mrs. A. showed more signs of rallying, and the local symptoms were of less intensity.

April 23rd. She was not so well: return of sickness, increased tympanitis, and increased prostration. Dr. Davies joined me in attendance upon Mrs. A. Time had now set at rest all the suggestions that had at the first moment— but none of them satisfactorily—presented themselves, as to the cause; but it did not more clearly demonstrate the true nature of the case. The sickness was more frequent, and the tympanitis had become considerable. The pain was more diffused, and felt more round the lower part of the abdomen; but it still maintained most strongly its original seat in the left hypochondrium. The treatment admitted but of little variation: turpentine enemata were tried; the blisters were repeated, with subsequent dressings of mercurial ointment; opium and prussic acid were administered, as the symptoms demanded; and we were led by unmistakeable signs to give constant support and stimulus.

From this date (April 23rd), the case went on with great fluctuation, but no change in the character of the symptoms. For a day or two, a steady improvement would be noticeable; the patient's strength would seem to rally; her pulse to become slower and fuller; she would speak cheerfully, and require less constant supply of stimulants; a relapse would then suddenly and unaccountably take place, sickness would return (the matters vomited now undoubtedly containing blood), the pulse quicken, and the powers of life would drop to an alarming state of prostration.

It is unnecessary to relate the details of the case from day to day.

The fluctuations between efforts to rally—sufficient to encourage some hope almost to the last—and the recurrence of the unfavourable symptoms, continued to the 1st of May, when Mrs. A. sank exhausted, on the thirteenth day of her illness.

POST MORTEM EXAMINATION. The abdomen was tympanitic to an extreme degree; on opening the cavity, traces of peritonitis, with recently effused lymph, presented themselves pretty generally, but most abundantly about the region indicated by the seat of the pain. The stomach was removed, and examined. Its lining membrane presented signs of congestion, but nothing remarkable; nor were any appearances found to account for the severe symptoms that had been referred to its locality during life. The examination of the bowels being continued, on raising them, a large dark mass was discovered in the right pelvic region; the intestines were glued to its surface, and had imbibed some of the dark colour of the tumour. The mass was removed, and found to be a large cyst about the size of a child's head of a year old, filled with blood, and occupying the situation of the right ovary. The blood was dark, and partially coagulated; its effusion in the first instance was no doubt the cause of the symptoms, and their marked fluctuation may be attributed to corresponding fresh outbursts of the hæmorrhage. The uterus with the remaining appendages and the rest of the body were perfectly healthy.

REMARKS. The narration of the case and of the *post mortem* appearances may possibly suggest that, among the various conjectures on the nature of the disease, the non-