Under all the circumstances, more especially as the tumour was tense and tender, and the symptoms of strangulation had not yielded, it was deemed right not to delay the operation.

Mr. Erichsen, on dissecting down to the seat of the stricture, found the coverings of the hernia very dense; and, on opening the sac, found a condition of things he did not expect. The intestine was quite thickened, and had become firmly adherent to the sac; so that, after dividing the stricture, he thought it the best practice to leave the intestine unreduced, merely closing up the wound again.

In Mr. Stanley's case—a poor old woman, aged 72—the sac was also obliged to be opened, as the intestine would not go up. The hernia here was femoral. The semilunar edge of the fascia lata was divided, as it did not seem necessary to cut Poupart's ligament, which might favour the subsequent descent of the hernia when the woman shall have recovered. On examining the condition of parts, when the sac was opened, Mr. Stanley found omentum and intestine, with the omentum firmly adherent by old adhesion. In seven out of every ten cases of femoral hernia, Mr. Stanley observed, these adhesions are found; before he had opened the sac, indeed, Mr. Stanley diagnosed adhesions to those assisting at the operation. As the woman was apparently so feeble, she was not placed in a warm bath, but the taxis was cautiously tried under chloroform. Mr. Stanley said that inguinal hernia is much more amenable to chloroform than femoral hernia; the cause of the stricture in the latter being the tense and tendinous fibre of Gimbernat's ligament internally, with other fibrous structures in front and externally, which do not yield like muscular structures to the influence of chloroform.

FATAL HÆMORRHAGIC DYSCRASIA OF THE BLOOD, LEADING TO COMMENCING GANGRENE: AMPUTATION OF THE THIGH.

We have recently seen a very practical case under the care of Mr. ERICHSEN, where the patient sunk after very severe extravasation of blood into the calf of the leg, consequent on an unusual degree of what appeared the hæmorrhagic diathesis, and where there was reason to think that some vessel, if not an aneurism, had given way in the leg after a severe sprain. The swelling, which was first confined to the upper part of the calf of the leg, subsequently extended upwards to the popliteal space, and downwards to the heel, and all round the ankle. Gallic acid and other styptics were given, and seemed to do some good. Mr. Erichsen enlarged a small opening also, to allow of the escape of some coagula; but on the admission of the patient into hospital, February 6th, the man was evidently so reduced from the long continued loss of blood, a bandage had to be applied, with compresses; but the oozing still continuing, it was deemed advisable to open up the whole of the limb and apply the actual cautery. Accordingly, on Mr. Erichsen enlarging a former incision upwards and downwards for about eight inches in length, a large quantity of clotted blood, of very offensive odour, was turned out of the wound; a large cavity was then exposed, reaching from the popliteal space above the knee, down to the heel, from the walls of which, on relaxing the tourniquet over the femoral artery, dark venous blood, as might be expected, welled up in considerable quantities. No arterial hæmorrhage was observable, so that it was thought best to touch with the actual cautery all the points from which oozing took place, while the lower part, near the heel, was filled with lint soaked in tincture of sesquichloride of iron. A compress was also placed over the lower end of the chasm, and water dressings applied, with a bandage from the toes to the knee. The patient was removed to bed, and the limb elevated on pillows. Carte's tourniquet, or clamp, to press alone on the artery, and not include the vein, was also kept applied. As the patient was restless, an opiate was given; and as diet, beef-tea was ordered. Under this plan of treatment he seemed to go on very well for forty-eight hours.

February 9th. Though the patient has gone on pretty well since the 6th, he is not so well to-day; his countenance

is more anxious, and he complains of tremblings of the upper extremities; the swelling in the popliteal space has increased, and Mr. Erichsen begins to fear low cellulitis, which may go on to gangrene; the integuments are dusky red, and tender, with emphysematous crackling; the bandages and dressings were removed, and the cavity still found very foul and gangrenous; the cavity was injected with solution of chloruret of soda, plugged, and treated as before. He was ordered eggs, beef-tea, and wine, with a draught containing carbonate of ammonia, and bark.

Next day, the pulse was 152, full, and moderately strong; the patient was also otherwise worse, and it was thought best, in consultation, to amputate the limb, which was accordingly done. The character of the hæmorrhage may be conceived from the fact that thirty-two ligatures had to be applied; the oozing, however, still continued, and the man sank and died at eleven o'clock at night.

The *post mortem* examination did not throw any light on the nature of the original ailment, whether ruptured aneurism or vein. The amputation was called for to control the commencing gangrene.

Original Communications.

TWO CASES OF HEMICEPHALOUS MONSTERS.

By FREDERIC H. HARTSHORNE, Esq., Broseley, Salop.

IN THE ASSOCIATION JOURNAL of May 10th, Mr. Hatton, of Manchester, has reported an interesting case of spontaneous evacuation of the cranium, in which it was difficult to ascertain the presentation. In my practice, the two following cases have occurred, in which it was also difficult to diagnose the presentation. The parts felt very much resembling the case described by Mr. Hatton.

CASE I. On the 27th April, 1846, I was called to a woman in labour with her first child. A midwife had been with her about thirty hours previously, who stated that the membranes were ruptured early, and that the pains had been slight and at long intervals. I observed from the stains on the bed linen that there had been slight hæmorrhage; and on examining the sheets to see to what extent it had proceeded, I found some pieces of funis, one of which was two or three inches in length. The midwife and people in attendance declared they were quite unable to account for them, nor had they any knowledge how they came there.

I now made a vaginal examination, and found the os uteri fully dilated; but was greatly puzzled to make out the presentation. I felt a sharp edge of bone, terminating at a right angle, and a soft fleshy mass besides, but nothing like any portion of an ordinary fetus. This, together with the pieces of funis in the bed, induced me to leave the room to tell the friends there was something very unusual in the case; and, on my reentering the room, a powerful expulsive pain came on, and the fetus was entirely expelled at once. The difficulty was now explained, for the fetus presented the following remarkable appearances.

The whole of the calvarium was absent, with the exception of a portion of the frontal bone, which was the part felt in the vaginal examination. The base of the skull was perfect; but the scalp and the usual cranial contents were wanting. To the greater part of the basis cranii was attached a placenta, which was connected to the umbilicus by a very short and thick cord: from the umbilicus also proceeded another cord, about a foot in length, from which, I believe, the pieces found in the bed had been torn. The anterior and lateral portions of the thoracic and abdominal parietes, to the left of the median line, were absent; the liver and part of the intestines lying exterior to the body on the right side, in a fold of the placenta as it stretched over the chest. The left upper and lower extremities were

considerably less developed than the right; and there also existed a hare-lip and cleft palate. The fetus was apparently one of nine months. No other afterbirth was expelled, nor would the attendants admit that they had removed one.

The woman quickly recovered, and has not since been pregnant. She lately informed me she ceased to menstruate at the age of thirty.

CASE II. I was summoned one day in 1853, at 7 P.M., to attend a woman, of remarkably fair complexion, aged 21 years, a primipara. The os uteri was dilated to about the size of a crown-piece, the membranes being entire. I could not at first feel the child; but, the pains increasing in intensity, the liquor amnii soon escaped, and then I found an unusual presentation, a rough edge of bone being felt. The child was quickly expelled; and I found the calvarium and brain absent. The scalp partly overlapped some of the edges of the bones, which rose a little above the level of the base. The face was nearly black from the development of black pigment. The rest of the body was dark coloured, but well developed.

REMARKS. I think it worthy of remark, that both of these women had undergone considerable mental emotion during their pregnancy. In the first case, the woman had been much surprised and distressed by the sudden arrest of her husband for poaching; and the second had experienced great excitement from some domestic incidents.

Dr. Johnson, of Shrewsbury, in a letter addressed to the ASSOCIATION JOURNAL for January 27th, 1854, expresses his belief, "that the fetus is impressed through the mind of the mother"; and my experience corroborates his views.

I have had several cases of hare-lip and talipes varus, in all of which I have been able to obtain positive evidence of a sudden shock to the system through the mind. I will briefly relate two. A pregnant woman was suddenly surprised by her husband being brought home dead, having been killed in a pit; she said, "his back was cut open". She went her full time; the child when born had a double cleft palate, and double hare-lip, with great eversion of the gum. Another woman was suddenly surprised on turning the corner of her house, by seeing a crippled man, who had always moved from place to place only on a frame affixed to four small wheels. She felt greatly startled at the time; went to the full period of pregnancy; and gave birth to a child which had two club-feet.

Association Intelligence.

ANNUAL MEETING.

THE Annual Meeting of the Association will be held in Birmingham, on the 29th, 30th, and 31st days of July next.

A new Code of Laws will be proposed; the Report of the Council will be presented; and papers of practical and scientific interest will be read.

Further particulars will be published after the next Meeting of the Executive Council.

It is requested that members who wish to read papers, will send an early intimation to

PHILIP H. WILLIAMS, M.D., Secretary.

Worcester, May 1856.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
MIDLAND. [Annual Meeting.]	Exchange Rooms, Nottingham.	Thurs., June 5th, 3 P.M.
BIRMINGHAM AND MID- LAND COUNTIES. [Annual Meeting.]	Regent Hotel, Leamington.	Friday, June 20th.
NORTH WALES. [Annual Meeting.]	The Bee Hotel, Abergele.	Tues., July 8th.

ELECTION OF GENERAL COUNCIL.

DR. WILLIAMS begs respectfully to remind the Hon. Secretaries of the Branches, that the following Law, made at the last Annual Meeting, for the election of the General Council, will be acted upon in Birmingham, on the 29th of July next.

"ELECTION OF THE GENERAL COUNCIL."

"Law 26.—Each District Branch shall, at a meeting to be held before the General Annual Meeting, proceed to nominate members who shall represent the Branch in the General Council for the ensuing year, according to the following scheme:—In a Branch consisting of less than thirty members, the President for the year shall be declared sole representative, with the addition of the Acting Honorary Secretary; if the members amount to thirty or more, and for every complete number of twenty additional members beyond thirty, each Branch shall be entitled to choose one representative. A complete list of the members thus chosen shall be sent to the General Secretary at least a fortnight before the Annual Meeting, and they shall continue in office till the close of the official year, when they may be either re-appointed or superseded.

Worcester, May 19th, 1856.

THE LAWS OF THE ASSOCIATION: NOTICE OF MOTION.

To the Editor of the Journal.

SIR,—In accordance with the decision of the Special Meeting held in Birmingham, I give notice that it will be my duty to propose, at the next Annual Meeting, the two following resolutions; together with such other changes in the Laws of the Association as were adopted at the last meeting of the Laws Committee, and will be published in the next number of the JOURNAL.

Resolution 1.—That the name of the Association be changed to "British Medical Association".

Resolution 2.—That the Council of the Association be elected on the principle of absolute representation, so that each member of the general body may have, by his representative, a voice in the management of its affairs.

Yours, etc.,

PHILIP H. WILLIAMS, M.D., Secretary.

Worcester, May 13th, 1856.

NOTICE TO MEMBERS.

LANCASHIRE AND CHESHIRE BRANCH.

THE time is approaching when it will be necessary, according to the rules passed at the last anniversary at York, for each Branch of the Association to nominate a certain number of representatives to the General Council, in proportion to the strength of the Branch.

There are many associates resident in Lancashire and Cheshire who have not signified to me their wish to become members of our Branch; and since, as I read the rule, *only members have the power to vote*, I shall be obliged if those gentlemen who are not already enrolled will favour me with their names previous to the meeting of the Council, which will shortly be held, in order that a complete list may be presentable on that occasion.

JOHN HARTON, Hon. Secretary.

293, Oxford Street, Manchester, May 2nd, 1856.

THE LAWS OF THE BRITISH MEDICAL ASSOCIATION:

Proposed at a Meeting of the Laws Committee, held in Birmingham, in April 1856.

NAME.

1. The Association shall be called "The British Medical Association".

OBJECTS.

2. The objects of the Association are—the promotion of medical science, and the maintenance of the honour and interests of the medical profession.

MEMBERS.

3. The Association shall consist of ordinary, honorary, and corresponding members, being duly qualified members of the medical profession.