cæcum itself; and, in the latter, inflammation of the areolar structures surrounding the cæcum. The latter is, of course, a much more dangerous malady; but the two are probably sometimes combined. In considering the pathological anatomy of pelvic cellulitis, Dr. Simpson, of Edinburgh, has shown that effusion of serum, of pus, or of coagulable lymph, may follow the inflammation, which may terminate in sloughing of the cellular tissue.

POLYPUS OF THE NOSE INVOLVING THE ORBIT.

A SOMEWHAT severe case of polypus was admitted into St. Bartholomew's Hospital in December last, under Mr. Skey's care. The patient was an elderly man, who had been the subject of the disease for some years. On admission it was quite apparent that the morbid growth was not confined to the nose, but extended to the orbit; it had, indeed, already partially destroyed the power of vision. It was necessary, therefore, to afford prompt surgical relief. The man was examined by Mr. Skey's colleagues, and as a decided opinion was expressed as to the non-malignancy of the disease, he determined at once to remove it. The polypus occupied the right side of the nose and right orbit. On the 14th of January, whilst the patient was under the influence of chloroform, Mr. Skey made an incision from the apex of the nose, along the centre of its right side to the nostril (not along the base of the nose), and, by much patient dissection, removed a large amount of diseased substance. The cavity was then sponged out, the edges of the wound being brought together by several points of suture.

In some remarks which he made afterwards, Mr. Skey observed, that it was necessary to go to the very bottom of the disease, and this was a case in which it could not be removed by a pair of forceps. The orbit and nose were in connexion with one another, as had been determined by a probe before the operation. The fact that vision, although impaired, was not quite destroyed, was an argument against malignancy. He had expunged the disease, taken out a polypus from the nostril and orbit, and had passed his finger from the former cavity into the latter. It had something of the aspect of a benign polypus. He made an opening also above the lid, and removed the greater part if not the whole of the disease. The case might terminate badly, but he believed he had done what was best for the poor man.

SCIRRHOUS TUMOUR OF THE ARM, INVOLVING THE BRACHIAL ARTERY AND MEDIAN NERVE.

A CASE of unusual and somewhat painful interest was recently presented to the notice of the pupils at Guy's Hospital. An old woman was brought into the operating theatre on the 17th of January, with a tumour present on the inner aspect of the right arm, immediately above the elbow. It was the size of a small cocoa-nut, and extended one-third of the way up the arm. Three years was the period of its growth, being at first a small movable nodule, and latterly much increasing in size. It appeared to lay upon the median nerve, and was in intimate connexion with the brachial artery. It was Mr. Poland's intention to remove it, but if he found that it involved too many important structures, it would be necessary to amputate the arm. Accordingly, chloroform was given, and an incision made longitudinally over the middle of the tumour from above downwards, the integuments being reflected on either side. The growth was got away by careful dissection, but it was discovered that the median nerve and brachial artery ran through it, and these were necessarily cut across in the process of removal. In a consultation held on the spot, it was deemed prudent to amputate the arm, and this was now accomplished. The growth was found to be scirrhous, and involved particularly the brachialis anticus muscle. The ulnar and musculospiral nerves were sound. The tendon of the biceps was unaffected. No glands were enlarged in the axilla. Notwithstanding these conditions, to have suffered the arm to remain would have been unwise and attended with no benefit. The patient is doing well, and the stump is healing kindly.

DOUBLE VARICOCELE—SHORTENING OF THE SCROTUM.

A GOOD example of double varicocele, in a man aged twenty-five, was admitted into University College Hospital on the 14th December, under Mr. Erichsen's care. The disease commenced on the right side, and then spread to the left. He was submitted to two different operations, and both proved successful in effecting a cure. The first one was performed on the day of his admission on the left side, by Vidal's method—namely, a steel pin behind and a silver wire in front of the vein, and rolling up the two. The second was performed three weeks afterwards, a silver wire being used subcutaneously, the two ends of the wire, after surrounding the vein, emerging through the one opening in the scrotum. The cure thus being perfected, the patient found his scrotum rather long, and was anxious to have it shortened. Chloroform was therefore administered on the 11th January, when Mr. Erichsen proceeded to pass several sutures through a compressed portion of the scrotum at its lower part, and then cut off that part of it below these with a bistoury. This proceeding was adopted to prevent the accession of air to the internal structures, and at the same time to get union of the wound by the first intention—closing the wound first, as it were, and then cutting off the lower scrotum. This obviated the risk of inflammation and its consequences; the wound readily healed as anticipated, and the man was well. Here was a satisfactory termination to three distinct operations in one region.

EXCISION OF A PART OF THE TONGUE FOR CANCER.

A FEW weeks back we noticed the removal of nearly half of the tongue for cancerous disease, by Mr. Fergusson, at King's College Hospital. Since then, we have seen another operation for the same purpose, resorted to at Guy's Hospital by Mr. Bryant. The patient was an elderly man, who had been the subject of carcinoma of this important organ for some time, and was a great sufferer. The disease was chiefly confined to the right side. Two needles armed with thread, passed through the healthy structure behind, enabled assistants to hold the organ firmly, while with a scalpel Mr. Bryant cut away the disease by removing the anterior part of the right half, which was equivalent to one-fourth of the tongue. The patient was not given chloroform, but he bore the operation with great firmness. There was free bleeding after it, but not more than might be expected. This was on the 17th January. The man has been going on well since, and there is no doubt that the wound will heal up.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 24TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

OBSERVATIONS ON STERTOR, AND ON THE VARYING CONDITIONS UPON WHICH IT IS DEPENDENT; WITH THE TREATMENT NECESSARY FOR ITS RELIEF.

BY R. L. BOWLES, M.R.C.S., FOLKESTONE.

MR. BOWLES commenced by stating that in the majority of instances he had found from experiment that stertor arose from one of three conditions: 1st, from paralysis of the velum palati; 2nd, from the paralysed tongue lolling back in the throat; 3rd, from the presence of mucus in the pharynx and air passages. His attention was first attracted to this subject when assisting Dr. Marshall Hall in elucidating the subject of artificial respiration on the dead body. It was found that the position of the body invariably influenced the relations of the tongue,—namely, that in the prone position it fell forwards and away from the pharynx; whereas, when the body was supine, it fell back towards the pharynx, and would form a serious obstacle to the passage of air into or out of the trachea. It was also observed that mucus or fluid ejected from the stomach tended to drain away in the prone position, and to remain in the back of the pharynx in the supine; and this would greatly increase the danger of apnœa in the latter. The author stated that in November, 1857, he was called to a case of apoplexy, in which coma and stertorous breathing had persisted for some hours; the patient was wholly unconscious and uninfluenced by external impressions, and the pupils were contracted and immovable. Whilst watching the case, some fluid was ejected from the stomach, which lodged in the pharynx, and would have caused death by suffocation had not the patient been quickly turned on her side, and the fluid allowed to drain away. In this position the stertor entirely ceased, but on resuming the supine position it returned as loudly as before. The experiment of change of posture was tried several times,