the pericardium, extended all round the lung to the spine, and downwards to the diaphragm. Here, also, the false membranes and pleura formed a mass of very considerable thickness. The anterior border of the lung-substance was solid from a mottled infiltration. The other portion was very œdematous. Immediately beneath the pleura, investing the anterior face of the lung, a countless number of either miliary or cancer tubercles were seen rising beyond the level of the surrounding tissue, and varying in colour from white to greenish-black, giving the face of the lung somewhat the appearance of the roe of a fish. An inch and a half below the apex, and deep in the parenchyma, larger tubera were found, which grated on section, and seemed composed of small granules. The lower third of the lung was much engorged, semi-solid, and presented throughout a few scattered miliary granules. The weight of the lung was two pounds and a quarter. The bronchial glands were apparently unchanged. The heart and pericardium occupied a considerable portion of the left side of the chest exposed, reaching as far as the costal borders of the ribs, where the pericardium was adherent to the lung, which coursed straight along its left border, corresponding to a line dropped from the lower border of the second to the lower border of the sixth rib. The pericardial sac contained about two ounces of turbid serum. Anteriorly, over the right ventricle, were milky patches of considerable size; and posteriorly, on the inner surface of the pericardium, a layer of recent lymph. The heart was distended by black blood; the coronary veins were much congested; the organ was enlarged, and its tissue flabby; the valves were healthy; its weight was thirteen ounces and a quarter. — Abdomen: The peritoneal sac contained a large quantity of turbid serum. The liver, which was coated by recent lymph, was unusually large and firm, extending three inches below the false ribs; it was of a very dark green colour, becoming lighter towards its left lobe. The gall-bladder was moderately full of dark bile. The weight of the liver was fifty-four ounces. The stomach, somewhat contracted, was bound down by recent adhesions; it was thicker than usual about its lesser curvature. The small intestines were but slightly involved in the adhesion, but were covered with minute granules. A very considerable amount of solid deposit existed about the left half of the transverse colon. The mesentery was studded throughout with miliary granules; and the mesenteric glands were enlarged, red, and softened. There was entire fusion of the omentum, which from the left side of the colon formed a thick dense collar, of almost scirrhous hardness, an inch and a half thick, and an inch and three quarters wide, adhering firmly and extensively to the peritoneum near the left lumbar region, and thence running towards the pelvic region and dividing into two branches, one attached to the peritoneum corresponding to the linea alba, the other passing to the recto-colic junction. The lumbar glands were not sensibly enlarged. The spleen was apparently healthy, and weighed seven ounces. The capsule of the pancreas was adherent; the organ weighed three ounces, and was bound by adhesions. The right kidney was lobulated, but healthy; weight five ounces and a quarter. The left, also lobulated, weighed five ounces and a half.

The following clinical remarks were made:—"Although, during the progress of this case, a diagnosis was made of probable malignant disease, nevertheless, for some time after the admission of the patient into the hospital, it was regarded as one of effusion into the right pleural cavity, directly excited by the exposure to cold of a subject from whose system the poison of rheumatic gout might not have been sufficiently eliminated. It was furthermore thought that, in consequence of this faulty elimination, a certain amount of constitutional irritation might be kept up, and the disease suffered to lapse into a chronic condition, or that the effusion might even be in the way of gradual absorption. For it must be borne in mind that the man had scarcely recovered from an attack of rheumatic gout when the pulmonary affection supervened. The previous good health of the patient, his age, somewhat intemperate habits, family history, and the apparent integrity of the left lung, seemed to favour such a conclusion. On the other hand, the phthisical aspect, the general character of the symptoms—gradual loss of flesh and strengh, distressing cough with scanty muco-purulent expectoration, profuse night-sweats, slightly hoarse and cracked voice,—and the site of the effusion, excited the suspicion of possible tubercular deposit. While hesitating, for some time, between these views, new signs and symptoms arose which finally led to the abandonment of both. The breathing gradually became more difficult, the lips livid, and the cough more distressing, without any detectable increase of effusion upon the right side. The left lung, as gradually, became dull upon percussion—a dulness not limited to the apex, but extending over the whole anterior, and partially over the posterior, aspect. The respiration became very harsh in quality, mingled frequently with dry rhonchus, and latterly with a large moist crepitation around the axilla and extending to the base. After these signs had existed a very short time, or, indeed, nearly coincident with them, gradual effusion took place into the peritoneal sac. Occasional and very slight wandering pains over the abdomen attended its progress. Pressure did not, in any marked degree, occasion either pain or tenderness. During this change the conjunctivæ still retained their clear blue colour; the urine, frequently tested, gave no evidence of albumen; the face and forehead gradually acquired a slightly yellow or sallow tint, but the remaining parts of the body were comparatively fair. Three small tubera, if so they may be called, now appeared in the middle of the abdomen on either side of the linea alba. They were of roundish form, slightly movable, and quite painless. Until the attention of the patient was directed to them, he was quite unconscious of their presence. Upon the sides of the neck were four other tumours, but apparently of different character. They were much more defined, and larger. The largest could be moulded by pressure into any form, which was retained until again pressed flat by the neck-tie. These tumours, the patient stated, had existed very many years; and this statement was undoubtedly correct, for they proved to be ordinary sebaceous cysts. Soon after these changes alluded to, the anasarca of the extremities appeared; and for some days before death the urine gave unequivocal indications of albumen. It was the gradual supervention of these signs and symptoms that now awakened the suspicion of cancerous disease. In brief summary, then: a man originally of very robust frame, hitherto healthy, although of somewhat intemperate habits, and probably inheriting a disposition to rheumatic gout, suffers, at the age of forty-six, from an attack of this disorder. Before he is fairly well, exposure to cold determines an attack of rheumatic (?) pleurisy. This affection persists for some weeks in a chronic form, and appears eventually to develop the cancerous diathesis, followed by extensive deposit in the chest and abdomen. Some obscure and ill-defined relation would seem to exist between gout, rheumatism, consumption, and cancer. Indeed, there are the strongest grounds for believing that occasionally, in certain cases, actual 'conversion' may ensue."

It is, however, but proper to state that minute portions of the morbid parts were forwarded to Dr. Wilks, but without any history of the case, in order to obtain his opinion as to their microscopic character; and that he could not detect evidence of cancer. But on a subsequent examination of the parts themselves, and after hearing an outline of the case, unless injustice is done to this most able pathologist, he was understood to say that so far as regards the abdominal disease, it would have been regarded by the late Dr. Addison as of malignant character.

ST. THOMAS'S HOSPITAL.

POUCHY DILATATIONS OF THE DIGITAL ARTERIES.

(Under the care of Mr. SIDNEY JONES.)

THE following case is an instance of rare disease occurring in a youth, in whom there was no evidence of atheromatous conversions:—

John I——, aged seventeen, living at Plumstead, was admitted in January, 1863. He affirmed that twelve months previously his left ring finger was exactly similar to the opposite one; that the former about ten months ago presented a swelling just below the metacarpo-phalangeal joint, and that the swelling, at first involving the outer and subsequently the inner side of the finger, and attracting notice by the uneasiness caused by its pulsations, gradually extended downwards towards the finger-tip. Between three and four months ago he received on the outer side of the finger, near to the second phalangeal joint, some slight wound. From this there was troublesome hæmorrhage, which was subsequently arrested by pressure; and, in the course of about ten days, the wound healed. About a fortnight after this, he received at the same spot a second injury. This was followed by hæmorrhage, which recurred at intervals and in increasing quantities until his admission into the hospital.

When admitted, the lad was very feeble and much blanched, so that it was thought not advisable to attempt any means having for their object the preservation of the finger. The latter had about twice its normal circumference; it was spongy,

and, near the second phalangeal joint on the outer side, there was a circular opening, about a line and a half in diameter, and having a sloughy-looking margin. From the opening, arterial blood spirted as from an ordinary radial whenever pressure was removed from the artery in the arm. The finger was accordingly removed, and with it the head of the metacarpal bone. The arteries were very large. One vessel was ligatured rather high up in the palm of the hand, in order to get beyond a point of diseased structure. The wound healed in the course of a fortnight. He was seen a few days since, and no return of the disease could be detected.

On dissection of the finger, which was effected under water, both digital arteries presented a number of pouchy dilatations, reaching from the metacarpo-phalangeal joint to the proximal end of the ungual phalanx. These dilatations varied in size: some were small, constituting mere depressions in the arterial coats; others were large enough to hold a pea. On examination of the part whence the hæmorrhage had occurred, there was found an elongated pouch, having the calibre of an ordinary ulnar artery, and perforated at its extremity by an aperture capable of admitting a director. The digital arteries above and at the point of origin of their dilatations, had their coats much thinned, but otherwise did not appear unhealthy. They were not subjected to microscopical examination, but, to the naked eye, showed no trace of atheroma. The veins were large, but otherwise normal. The nerves were unusually large.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

ENTROPION AND TRICHIASIS OF OLD STANDING; CHRONIC CORNEITIS, WITH OPACITY; IMPROVED OPERATION.

(Under the care of Mr. ERNEST HART.)

THE operative treatment of entropion has for long exercised the ingenuity of surgeons. In slight cases most forms of operative treatment are successful, and even milder forms of proceeding, such as the repeated application of collodion to the external surface of the lid, are sometimes effective in procuring relief. In the severer cases, however, much difficulty is often experienced in effecting a satisfactory cure by any of the methods in use. In these cases, as in one lately operated on by Mr. Hart, at the above hospital, the condition is complicated, and the effects on the vision very disastrous. In the case alluded to, the lids were deformed, the cartilages being viciously bent, and the palpebral fissure small; the hairs of the lid numerous, fine, and ingrowing; the palpebral edges inverted; and the lashes sweeping the cornea had produced chronic irritation, which had ended in thorough obscuration of sight by the irritation of the eye, and chronic infiltration of the cornea with lymph, the result of long-continued inflammation. The patient had at different periods of her life been submitted twice to operation, but ineffectually. The result of each operation had, in fact, been to increase the deformity, while the temporary relief afforded had soon passed away, and existence had only been rendered tolerable by constant evulsion of the lashes, which were rapidly reproduced. The state of the patient was miserable, as it always is in such cases, and as she was disheartened by the ill-success of previous operations, she was with difficulty induced to submit to any further proceeding.

The plan adopted by Mr. Hart was the following:—The external commissure was divided horizontally in each eye, for about the third of an inch, with sharp scissors. This incision was so made as to divide skin, orbicular muscle, and mucous membrane, the skin being somewhat more freely divided than the mucous membrane. The horizontal wound was then made vertical by drawing upon the skin in the upward and downward direction, and thus separating the lips of the wound. The edges of skin were united by suture to the corresponding edges of mucous membrane. Thus the palpebral commissure was enlarged, and by bringing together the corresponding cut edges of skin and mucous membrane the permanence of the improvement was ensured. Ligatures were then passed beneath the skin of the lids, and folds of skin included in them tied up tightly so as to procure sufficient eversion of the edges of the lids; the needles carrying the silk being passed in at a little distance from the attached border of the lids, and brought out near the free edges and carried close to the cartilage. Three ligatures were then applied on each upper lid, and one on each lower lid. They were left to cut their way through.

This operation, Mr. Hart observed, fulfilled very satisfactorily the indications for a cure. By enlarging the aperture of the lids and dividing the orbicular muscle, that spasm and pressure on the ball which is one of the most difficult and troublesome features of these cases is overcome. By most other methods it is, if anything, increased. The deformity of the cartilages is neutralized, and the main source of that deformity—spasm—removed. The removal of superfluous skin from the lids by ligature then suffices to conquer the inversion of the free edges. The credit of this proceeding is due to Pagenstecher; and Mr. Hart stated that his experience of its successful application in difficult and obstinate cases warranted him in recommending it as a marked improvement over any method hitherto in vogue.

ST. GEORGE'S HOSPITAL.

TUBERO-CYSTIC DISEASE OF THE MALE BREAST, SUCCESSFULLY EXTIRPATED.

(Under the care of Mr. PRESCOTT HEWETT.)

OF the various forms of disease which are occasionally observed to attack the breast in the male sex, scirrhus is the one most generally witnessed, although it is by no means of common occurrence. The records of our "Mirror" every now and then contain an instance treated at some one of the hospitals. When disease in the gland is found to be other than scirrhus, it is worthy of special notice. Lately a patient, fifty-five years of age, was admitted into the above hospital for the second time for a tumour over the left breast. He had been an inmate three months before; and as there was then considerable œdema of the surrounding parts, he was sent to the coast of Sussex for six weeks to repair his general health, which was then below par. Having very much improved in every respect, he returned to the hospital, and, on examination, a large cyst, the size of an orange, flattened somewhat, was noticed in the situation it had occupied on his previous stay in the hospital. This had been growing for two years. Chloroform was administered on the 7th inst., and Mr. Hewett proceeded to remove the diseased mass, which was speedily and satisfactorily accomplished with comparatively little hæmorrhage.

Mr. Hewett then remarked to the pupils and others pre ent, that the disease in this instance was extremely rare as occurring in the breast of the male sex. Neither Mr. Cæsar Hawkins, himself, nor any other surgeon at St. George's Hospital, had ever seen a case like it in the male subject. As the patient's health had now improved, he had removed a large cyst with growths springing from its interior; in fact, Mr. Hewett observed, it was an example of tubero-cystic disease of the breast seen occasionally in females, but very seldom indeed in males. Scirrhus of the male breast was ever rare; but the present form of disease was very much more so. He had removed the whole disease, and left a large gaping wound, because it was adherent to the pectoral muscle. In recurrent cases, no doubt some of the disease is left behind; and he was, therefore, especially careful to remove every trace of it.

Suppuration has become freely established, and the wound is gradually contracting and healing; and there is every prospect of a favourable recovery.

MIDDLESEX HOSPITAL.

COMPOUND DISLOCATION OF THE LAST PHALANX OF THE THUMB.

THE following case, communicated by Mr. W. E. Lee, the house-surgeon, illustrates one of the causes of difficulty which sometimes occur in the reduction of dislocations of the thumb.

A man, aged forty-five, came to the hospital on the evening of the 11th inst. suffering from a compound dislocation of the last phalanx of the thumb. The wound extended quite across the flexor surface of the joint, and through it the end of the proximal phalanx was protruding, the distal phalanx being drawn up about one-third of an inch on its dorsal surface. The tendon of the flexor longus pollicis could not be seen.

Repeated attempts at reduction having been made without any sign of success, the wound was enlarged longitudinally, and the long flexor tendon was then found passing tightly round the outer side of the neck of the first phalanx, and still retaining its normal attachment to the base of the last phalanx; and as the tendon could not be brought into proper position, it was divided, and the displacement of the bone was then easily rectified. The patient is now doing well.