enveloped its entire surface, was perfectly transparent and colorless, exhibiting the color of the subjacent growth through it. The tumor occupied the whole of the left side of the cavity of the abdomen, with the exception of a small space where the stomach (much contracted) and a very diminutive spleen were situated. It stretched from the right hypochondrium into the false pelvis, filling up the iliac fossa, and all the lumbar region; stretching across the spine, it pushed the left kidney before it, to the right side of the umbilicus, which constituted the dense and solid portion of the tumor, formerly noticed. The whole of the intestines (with the exception of the descending colon) lay to the right side of the spine; this portion of the colon extended from the scrobiculus cordis, in front of the tumor, down to the symphisis pubis, forming a slight curve to the left of the umbilicus, being closely adherent to the tumor by a serous-looking membrane, but being easily separated from it. There were no traces of recent inflammation. The liver was atrophied to about one half its normal size. The left lobe lay against the upper portion of the tumor, and was attenuated to a thin flap; the right lobe was about half its natural size, a large cavity appearing under the ribs, being occupied by the intestines instead of the liver. The pancreas lay behind and attached to the posterior surface of the tumor, and did not exceed a quarter of an inch in thickness. The left kidney lay imbedded in the front of the tumor, and was scarcely half its natural size, being very flat and thin, but in other respects normal and healthy; the left ureter ran along the wall of the tumour. All these viscera, although apparently closely connected with the morbid growth, were very easily separated from it. The right kidney was healthy and in situ. The lungs were perfectly healthy, with the exception of some old pleural adhesions. The pericardium contained about four ounces of fluid. The heart was large, but in other respects apparently normal.

The tumor (which had been accidentally burst, on bringing it forward to remove some slight attachments to the spine and aorta) was about the full size of a uterus at the ninth month of pregnancy. It presented a tolerably even surface, but of varied structure and solidity, as well as color. About four quarts of extremely fætid blackish or brown fluid, had escaped into the abdomen, from the rent in the posterior part of the sac, which was very thin at this part. Several large yellow fibrinous masses, like jelly, also were discharged: these substances speedily discharged a quantity of lympid serum, and became much reduced in size, appearing as it were to melt away. On examining thetumor from its posterior or rent surface, a large cavity appeared divided into compartments, or cells of various dimensions,—containing dark fluid, the yellow jellylooking substance, and portions resembling the slough of cellular texture; in parts it presented the appearance of a lung filled with vomicæ. The anterior and remaining portions of the tumor were made up of a variety of structures, and innumerable cells containing forceps, removed a piece of gun-barrel, of the size, limpid straw-colored or bloody-looking fluid,

and even the peritoneum covering of the tumor, which portions were thick and cartilagenous, while others were delicate and membranous. In the walls as well as the open cavities, innumerable delicate cysis, or hydatids, were found, and in no part that was cut into were they wanting. They were attached to these cells generally by about one-fourth of their surface, the remaining portion consisting of a very thin membrane, so delicate as scarcely to hear any examination, ruptured on the slightest touch. This membrane appeared throughout very vascular and like inflamed peritoneum.

The growth would appear to be the cystic tumor or cysto-sarcoma, described by Miller and some other authors, and to be different from the hydatid-a large number of which I removed from the axilla of a female a few years ago. These were all contained in one large sac, and were of oval shapes, unattached and independent of each other, and of all sizes from that of duck shot to that of a bantam's egg, floating in a bloody se-On accidentally rupturing the general sac, the gush of a bloody fluid from a tumor seated so near the axillary artery, alarmed me no little, fearing I had opened into an aneurysmal tumour. I caused pressure to be made over the subclavian artery; and thrusting my fingers into the cavity, I turned out several hydateds, which relieved me considerably of the difficulty I anticipated from having to deal with an aneurysmal sac. In this case I removed the sac, together with its contents, and the case did very well.

ART. LXXXI.-CASE OF LACERATED WOUND WITHIN THE ORBIT.

By George Griffin, Esquire, Surgeon, (H.P.) 85th Light Infantry, Quebec.

In 1826-7, the 32nd regiment, in which I was then assistant surgeon, was stationed at Oldham and other places near Manchester,—a detachment occupied the barracks at Stockport, under the command of Major Gascoigne; these men were, on a certain day, practising firing with blank cartridge in the barrack yard—after the parade was over, the commanding officer ordered such men whose muskets had hung fire, to fall in four or five paces in the front of the main body, as is usually done. Under his order they fired, and immediately they did so,—a man in the front rank of the main body in their rear, exclaimed, "that he was hit by something," and on examining the part injured, a somewhat jagged but tolerably clean wound, was seen at the lower edge of the under eyelid of the right eye, just at the edge of the orbit; there was trifling hæmorrhage. ian surgeon, who had charge of the detachment, was immediately sent for-he brought the edges of the wound together, and directed the man to be kept quiet. Two or three hours after, the Major went to see him, found him "complaining a good deal-the eye somewhat protruded from the socket, and bloodshot;" sent for another surgeon, who removed the adhesive plaster, and, on a close examination of the wound, detected some extraneous body within it; he fixed the man's head by assistants, and with a very strong pair of Many form and weight indicated below. It was wedged