easily completed with a bistoury passed fairly behind the edge of the mass, and carried forwards through the substance of the tongue. Brisk hæmorrhage ensues from numerous vessels, some of which should be tied with the assistance of Assilini's forceps. The smaller vessels generally cease bleeding after a time if the patient be kept quiet in bed in a cool room, with the head raised and the mouth open. It is a good precaution to leave the thread in the tip of the tongue for two or three days.

Here are two specimens which present the ordinary characters of epithelial cancer of the bladder so closely that we may safely assume them to be of that nature, though they have not been submitted to the test of microscopical examination. In this one a large loose flocculent growth is seen sprouting into the bladder from the mucous membrane about the entrance of the left ureter; and there are several smaller growths of similar character upon the mucous membrane at the fundus. In the other specimen a soft vascular growth, as large as a hen's egg, is connected with the mucous membrane near the entrance of the left ureter. At the base it is associated with, and seems to be in great measure composed of, a prolongation of the membrane. At the free end it branches out into long loose flocculi, of a yellowish-white colour and soft structure, which were, in the recent state, besmeared with a substance like cream or soft cheese. The muscular coat of the bladder is much thickened. Both the muscular and mucous coats are extensively destroyed by ulceration at the fundus; and the peritoneum, and other coverings of the bladder, have yielded in this situation, so as to form a swelling, which was perceptible above the pubes during life. The patient, a gentleman, aged 55, had long suffered from frequent and painful micturition, with bloody urine, and had been sounded by several surgeons, his symptoms resembling those of calculus in many respects. He became pale and emaciated, suffering very greatly, and died exhausted. The most constant and characteristic symptom of this malignant disease of the bladder is the passage of blood by the urethra; the blood being not only intermixed with the urine, but being observed to pass in a small quantity, undiluted, or nearly so, after the urine has been evacuated. The patient will tell you that he has occasion to make water frequently; that the act is attended with pain at the end of the penis, about the perineum, and over the pubes; that the pain is most severe when the bladder is nearly empty; that the urine, generally turbid from admixture of mucus, pus, or blood, is sometimes nearly clear; and that, during the straining efforts which he is compelled to make after the bladder is empty, some pure blood often flows down the urethra, sometimes in very considerable quantities. There is scarcely any other disease in which this symptom occurs in a decided manner for any length of time; and when it is associated with a general cachectic condition the nature of the affection is tolerably certain. In cases of long-continued inflammation of the bladder in women you will now and then meet with soft vascular processes of the lining membrane projecting through the meatus, which bleed easily. These must not be

mistaken for the disease in question. They are soft and smooth like common polypi, may be drawn out with a pair of forceps, and removed with safety by scissors or ligature; indeed, much benefit is sometimes experienced from their removal.

I cannot say whether the following case should be regarded as one of epithelial cancer. The growth presented many practical resemblances to that disease, though the subject was young:—A healthy-looking girl, aged 8, was brought to the hospital in August, 1844, with a red vascular excrescence, firm in structure, and granular or finely warty on the surface, projecting between the labia. It measured about an inch in diameter, and was attached by a pedicle as large as a goose-quill to the left side and lower part of the urethra, quite within the meatus. It had been observed for about a year, and had been removed by ligature, but had returned. Having drawn out the growth I passed a ligature round its neck as far back as possible. It sloughed away, and a little red warty growth sprung up at the situation of the ligature. To this I applied nitrate of silver, with some apparent benefit at first; but the growth soon increased in spite of that treatment, and the child ceased to attend at the hospital. I learnt afterwards from the mother that the growth attained a great size, bled frequently, and caused the death of the child about six months after she left the hospital.

This specimen affords an example of what appears to be epithelial cancer of the stomach. It is a large polypous tumour sprouting into the stomach near the cardiac orifice, which was almost blocked up by it. The surface is lobulated and granulated, like a cauliflower, and there is an ulcerated spot on the summit, leading to a cavity in the interior. The central part of the mass is firm, of grey colour, and striated. It is said to have been taken from a woman who had frequent discharges of blood by stool and by vomiting, with difficulty of swallowing.

LECTURE ON THE DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

BY DR. MEREI,

Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pech, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pech; Fellow of the Imperial Society of Medicine at Vienna, etc.

LECTURE V.

Urine; Spinal Cord; Extremities; Anus; Skin.

URINE.—As it is difficult to collect the urine of little children, this liquid is less attended to in them than in adults. I will direct your attention only to a few of its *physical* qualities which I have observed it to

possess in the earliest infancy. In the first weeks and months after birth we find the urine of a healthy infant nearly colourless, and this quality persists nearly as long as they do not take substantial food. I observed, however, that the derangement of the health of an infant causes its urine to stain the linen in different ways, and after the spot is dry we perceive a colour more or less distinct. A *dirty whitish stain*, and a little *stiffness* of that part of the linen, denoting the increased density of the urine, is frequently present in gastric disorders. A light *reddish stain* occurs in acute inflammations and inflammatory fevers, including the eruptives. A *reddish-brown stain* I observed sometimes in high degrees of acidity, which can be still better ascertained by litmus paper. A *yellow, or yellowish-green stain* is proportionally very rare at this age, as this colouration is proper to bilious derangement, particularly in icterus, *hematury*, and *pyury*, which are very rare in infants.

The urine of infants is in general superabundant of acid, consequently a moderate red colouration of the litmus paper by it is not significant. The lithic acid forms sometimes a *red gravel*, which is in general without bad consequence. The plurality of calculi of children are formed by lithate of ammonia. The evacuation of urine is sometimes impeded by, or accompanied with, *spasm of the neck of the bladder*—dysury. In this case the child cries most violently, the urine commences to flow drop by drop, then it runs freely, and the child ceases to cry. In this case we inquire if the urine stains the linen; as in the case that this liquid is quite colourless, we infer the spasm to be purely nervous. If there is some coloured or dirty stain, the spasm probably depends upon gastric derangement, and a consequent irritative quality of the urine. Dysury from stone does not occur in the earliest period of infancy; and if a child presents its probable symptoms, we ascertain the case by sounding.

The spine.—The osseous canal of the spine is frequently altered by disease in children, but with the exception of spina bifida, the affections of the vertebræ seldom do occur in the first year of life.

Spina bifida is soon detected after birth, by a round, oval, or pyriform tumour, covered with a very thin sheath of skin, which sometimes is even more or less deficient, most commonly on the lower half of the spine. A certain degree of paralysis of the lower extremities, rectum, and bladder, is generally connected with this deficient formation.

Most of these patients die very soon. A boy, 13 years old, was the eldest which I saw with this imperfection of organic development. Mr. Whitehead, of Manchester, had lately a case in a lady above 20 years old, and he succeeded in curing it by the double ligature.

The *adynamic*, the *rachitic*, and the *carious* curvatures of the spine, seldom commence before the fifteenth month. I call the lateral curvature (which by others is termed the sigmoid) *adynamic*, as there is no affection of the texture of the bones, but simple deviation from the normal line, from disproportional development

of the muscles which are acting upon the spine, or by long-continued asymmetric positions, occurring in both instances, as a matter of preference in weak or delicate constitutions. This curvature in general extends over a considerable length of the spine, in a gradual line, laterally. The rachitic is connected with an alteration and swelling of the spongy part of the vertebræ, and forms commonly a curve backwards, sometimes anteriorly, that is, into the chest; this curve is more sudden and salient than the former, but still extends over a good length of the spine, easily recognizable by the general habit of the child. The caries of vertebræ is the most insidious of all, and the most dangerous to life. It develops itself in some cases, internally, to a certain extent, before we are struck by external symptoms. Caries is almost always limited to the spongy part of one or two, seldom of three vertebræ; consequently, if these parts are destroyed, the next vertebræ approach each other, whilst the corresponding spinous processes necessarily protrude in a more or less angular form backwards; consequently the line of this curve is not so gradual as that of both the former, and much more limited to a small extent of the spine. In this case we observe also paralysis, as the consequence of pressure exerted by the altered bones and the purulent liquid upon the cord. This symptom is frequently the first, before even the appearance of an external deviation, and we must be aware of this.

Slight degrees of lateral curvature we detect by close inspection, giving to the child an upright position on the arm of its mother; if then we cause the trunk to be anteriorly bent, this curvature will disappear by the extension which, by this posture, acts upon the spine, and will reappear if again the child sits upright; but if the curvature is more severe, or connected with an organic change of vertebral texture, then it does not disappear by bending the trunk. On the contrary, slight degrees of curvature, caused by caries, will just be the more perceptible if we bend the trunk anteriorly.

Affections of the spinal cord and its envelopes.—Hæmorrhage or inflammation are very rare in little children. There is only one local symptom in cases of spinal inflammation, this is the constant straight dorsal position observed by the child, and expressions of pain, if we move it, or bend the spine; fever, vomiting, stiffness of the limbs at first, and paralysis after transudation has taken place; but as these are not local symptoms, but the result of troubled innervation, they do not belong to our present task. I seldom could perceive, or even suspect, spinal meningitis, before the stage of transudation, which, if acute and considerable, almost always, and very soon, causes death to tender children.

The *extremities*, we consider in their proportional development and muscular strength. Thin and flabby limbs, with a large skull and large abdomen, is a scrofulous or rachitic symptom. Habitual strength or weakness of the legs, in proportion to the age of the child, show a good or a weak constitution. Constant disorders in the mobility, without local changes in the joints, refer to affections of the brain or of the spinal cord.

But these affections may possibly be only functionally nervous; they are not always connected with organic changes in the nervous centres. *Contracture* is sometimes congenital, but more commonly consecutive to nervous diseases, either with organic alteration, or purely nervous. This latter kind, which I have ascertained, as well as French physicians, by dissection, is termed by the latter (Rilliet and Barthez,) the *essential contracture*, which I have seen as the consequence of convulsions, purely nervous. Most commonly we see this state of permanent contracture of the flexors, connected with only a degree of paralytic weakness of the affected extremity or extremities. Complete paralysis, on the contrary, of the flexors as well as extensors, is almost always the result of transudation or softening. If this takes place in one hemisphere of the brain, then the paralysis extends over the whole length of the opposite half of the body, from the muscles of the face to those of the foot.

The *anus*, soon after birth, offers an abnormality which we call *atresia ani*, or imperforate anus, sometimes without the least opening, at other times there is a small opening, leading to the rectum. I have seen no more than eight similar cases in the whole extent of my practice. The *prolapsus ani*, a frequent consequence of dysentery in children, shows us a part of the mucous membrane of the rectum. As there is always a degree of strangulation caused by the sphincter, a considerable passive congestion is necessarily present in the prolapsed mucous membrane; but sometimes we perceive a swollen surface, with much granulous appearance, the follicles swollen or ulcerated, which are all symptoms of inflammation. On the contrary, redness at the *orificium ani*, with erosions or ulceration, is most commonly the consequence of the irritating quality of discharge, or of uncleanness, and is seldom dependent on pure intestinal inflammation. I have been satisfied that the latter circumstances gives sometimes rise even to luxuriations like flat tubercles, independent of syphilis; and these luxuriations at the *orificium* are frequently surrounded by eczematous eruptions and ulcerations, extending over the contiguous parts of the thighs; this is in particular the case in scrofulous children abandoned to uncleanness. I have succeeded in curing hundreds of similar cases without antiphlogistic means.

The skin.—You need not to be referred in this place to the various chronic and acute eruptions of the skin; these, and ulcerations, or any other local affections of the derma, are easily recognizable, and have their more or less clear signification, local and constitutional. The *red* foetal colouration of the skin sometimes persists for some weeks after birth; and I remember a case where a practitioner took it for erysipelas. *Cyanosis*, if the consequence of the abnormal persistence of the foetal blood-communications, gets its full signification by auscultating, in which case a bellows murmur will never fail. But I have seen cases of cyanosis in children dependent upon gastric disorder, or rather derangement in the portal system. *Yellow* colouration, if primary, denotes bilious derangement, but frequently after

erysipelas or erythema follows a degree of icterus during the course of recovery, which yellowness is without signification. *Paleness* of the skin, with proportional want of redness of the mucous membrane of the eyelids, the tongue, and lips, signifies chlorosis, which I met with in some cases even about the second year of age, and ascertained it by auscultation and the presence of the carotid *souffle*.

The *temperature* of the skin, dryness, or perspiring state, heat or coolness of it, are of the same signification as in adults, only that there is more variability of temperature in children. The high degree of dry and burning skin, proper to typhoid or putrid fevers, I never met with in the first years of childhood.

Next we shall speak of the pulse and then of some other symptoms.

CASES IN MIDWIFERY,

WITH REMARKS.*

By THOMAS RADFORD, M.D., F.R.C.P., EDIN.,
&c., &c., &c.

Consulting Physician to the Manchester and Salford Lying-in Hospital.

THE following case was most kindly and liberally given to me by JAMES BRAID, Esq., M.R.C.S., Edin., C.M.W.S., &c. &c., for the purpose of publication:—

CASE VI.

CÆSAREAN SECTION.—(Unsuccessful.)

"About one o'clock, P.M., on the 15th of June, 1847, I was requested to go to Wilmslow, in Cheshire, to perform the Cæsarean section in the case of a poor woman named Mrs. Toft, who had been in labour since early on the morning of the 12th, that was three days and a half, and for whom the surgeons in attendance considered there was no hope of relief otherwise than by such operation. I consequently started by the first railway train, accompanied by my son, and arrived at the house of the patient about half-past two o'clock. The patient was said to be about 30 years of age, and had been married twenty-one months. She became pregnant shortly after marriage, but aborted at the third month. On the present occasion she had arrived at the full term of utero-gestation *before calling for professional aid*, which indeed she did only *after* labour had commenced, which was early on the morning of the 12th. Mr. Mayson, surgeon, of Wilmslow, had attended her alone from Saturday morning till Monday morning, when he had Mr. Dean, surgeon, of the same place, associated with him, who continued his attendance, along with Mr. Mayson, up to the period when Mr. Dean came to request my aid. The patient had always been of a feeble constitution, with fair complexion, but now she was excessively pale and exhausted, and was much disfigured by a large bronchocele. Her