ORIGINAL COMMUNICATIONS.

REPORT OF THE READING PATHOLOGICAL SOCIETY FOR THE YEAR 1852.*

By T. S. LITTLE, Esq.

(Read on the 4th of August, 1852.)

MALIGNANT DISEASE. Mr. GAMBLE presented a specimen of encephaloid disease, which had perforated the skull of a man aged 55. He was a pauper patient, of short stature, sallow complexion, and dark hair; he had usually enjoyed good health. A year ago, the disease was first accidentally noticed, and then it formed a flattened and rather hard tumour of about the size of a crown-piece, occupying the upper part of the temporal fossa. It gradually increased in size, and, in the last month, occupied the space bounded by the parietal eminence behind, the orbit in front, the median line above, and the zygoma below; its circumference was very irregular, and it had many offshoots. It was soft, very elastic, and not painful; the skin was but little discoloured; numerous large veins and the temporal artery ramified over it. The edges of absorbed bone were easily felt around the main part of the tumour; they were irregular, very elastic, and denticulated. The shape of the head was much altered, and the right eye protruded considerably. The patient had no headache, nor any disturbance of the cerebral functions, till three days before his death, when, after violent shivering, he had epileptic fits, became semi-comatose, and died.

Post mortem Examination. The cranium was very thin; a portion of it, as large as a crown-piece, was entirely absorbed, and through the opening thus formed the main portion of the tumour protruded: there were also smaller openings through which other portions of the tumour had escaped. The tables of the bone forming the edge of the large opening were widely separated, whilst those of the smaller openings were not. The encephaloid mass adhered to the dura mater and to the bones, and considerably involved the external tissues. Its consistence was tolerably firm and white, except in the centre, where it was soft, and dark from the presence of blood. The outer portions were much softer than the central mass. The brain was healthy, but considerably flattened by the pressure of the tumour.

Mr. Gamble thought that the disease had originated in the diploë.

Mr. BULLEY presented a fine specimen of osteosarcoma, which occupied the right wrist and part of the ulna. The tumour measured fourteen inches in circumference, and nine inches from side to side, and consisted chiefly of bony cells.

The patient was an ostler, aged 46. Sixteen years ago, a horse kicked his right hand, bending it violently backwards: this injury occasioned active inflammation, which terminated in ankylosis of the wrist. A few months afterwards, a tumour arose on the back of the wrist, and acquired considerable size: it was punctured, and a quantity of fluid discharged. Other treatment was adopted, but without benefit. The tumour enlarged, increased in hardness, and then remained almost stationary. He was advised to allow nothing to be done to it, and he resumed his occupation. A few months ago, he received a blow on the tumour; the skin was broken, and there was smart hæmorrhage. This was soon followed by darting pains in it, and by dark red patches on its surface; fistulous openings formed, and from them there was much hæmorrhage; the pain became especially severe at night, and the strength was rapidly failing. Amputation was performed about three inches below the elbow-joint. The patient soon recovered; and two months after the operation was in excellent health.

Mr. HARRISON presented a specimen of cancer of the bladder in a woman aged 70. In September 1851, she was anæmic and cachectic; she had had hæmaturia twelve

months, and the hæmorrhage had sometimes been profuse. A small fungus, protruding from the meatus urinarius, was removed, and nitrate of silver applied. A month later, the bladder was felt, by means of a catheter, to be hard, rugose, and unyielding: there was pain in it. The urine contained mucus mixed with cretaceous masses. After awhile, the pain became agonizing, and a tumour appeared in the right groin. In April 1852, the patient died, exhausted by pain and hæmorrhage.

Post mortem Examination. The bladder was much thickened, and studded with cancerous deposits of various sizes; its mucous membrane was ulcerated in some places. There was a cancerous mass, of the size of a walnut, in the left lumbar region. The kidneys, the rectum, the ovaries, and the uterus, were healthy.

Mr. Harrison cited the authority of Dr. Cross and Professor Walshe, to show that uncomplicated cancer of the female bladder is very rare. Dr. Cowan had seen two such cases.

Mr. VINES presented a specimen of encephaloid disease of the right ovary of a child aged seven and a half years. At the age of five and a half years, the child had occasional pain in the bowels and sickness, and also a red vaginal discharge, which recurred at intervals of three, four, and six weeks. The mammary glands gradually enlarged, and at seven and a half years appeared to be fully developed. About six weeks before the child's death, the abdomen became much swollen and tender, and there was severe pain in it, especially at night. The appetite failed, the stomach rejected all kinds of food, and bilious-looking matters were frequently vomited. She died much emaciated.

Post mortem Examination. There was about a pint of straw-coloured fluid in the peritoneum. The abdomen was nearly filled by an enormous tumour, which had its origin in the right ovary, and weighed four pounds and a half. The left ovary and Fallopian tube were perfectly free. The uterus appeared to be fully developed.

A point worthy of notice in this case, is the coincidence of malignant disease in an ovary with the early development of the sexual organs.

Dr. WELLS exhibited the uterus, ovaries, and rectum, of a woman, who had died in the hospital. When admitted, she was much emaciated: the abdomen was tympanitic, and contained a large tumour. After a few days, vomiting came on, with great prostration. As there had been no evacuation from the bowels, the rectum was examined, and found to be strictured, so that neither a finger nor a tube could be passed up it. In consultation, it was considered unadvisable to attempt to form an artificial anus. Two days afterwards, the patient died.

Post mortem Examination. The left ovary was as large as a child's head; the right was of the size of an orange, and sacculated: it pressed on the rectum. The rectum was obstructed by cancerous deposit, and its canal was not larger than a quill.

During the discussion, Mr. May said that, in any case in which it seemed advisable to form an artificial anus, he would make an opening into the cæcum or ascending colon, by cutting down to the peritoneum, and then applying potassa fusa, so as to produce a slough of that membrane, with adhesion of the intestine; by which all risk of effusion into the peritonæum would be avoided. He considered this mode preferable to that of Amussat, in which the colon is opened behind. He viewed the colon merely as a receptacle, like the bladder, and believed that all the vital functions of the bowels were performed in the small intestines.

PERFORATION OF THE STOMACH. The case was reported by Dr. M'INTYRE, of Odiham, and communicated by Dr. Cowan.

The patient was a labouring woman, of spare habit, who had not been well for several months; she chiefly complained of pain in the epigastrium after meals. In the afternoon of the 23rd August, whilst engaged in reaping, she was seized with violent pain in the left lumbar and iliac regions, and immediately became faint, cold, and

* From the great and increasing demands upon our space, we have been obliged to omit several paragraphs.

covered with profuse perspiration. At half-past nine in the evening, when first seen by Dr. McIntyre, she was in a state of collapse. There was pain all over the abdomen, but it was most severe on the left side, and was increased by pressure; the abdominal walls were retracted; there was thirst, and the tongue was dry and brown. The bowels had not acted since the morning of the preceding day. The diagnosis was, that perforation of a bowel existed; and she was treated by opium in repeated doses.

August 24th, at 3 A.M., she was easier. At 9 A.M., the extremities were warmer, and the pulse somewhat improved. The countenance was still cadaverous; she had slept a good deal early in the morning, and was still sleepy; the pupils were contracted; there was urgent thirst, and slight retching.

August 25th. She had passed a very bad night, and was evidently sinking. She died at 3 P.M., about forty-eight hours after the seizure.

Post mortem Examination. In the peritoneal sac there were about three pints of green rosy fluid, of the consistence of mucilage. The peritoneum and bowels were highly inflamed, and covered with recent lymph. The stomach was collapsed; on its anterior surface, about two inches from its cardiac orifice, there was a perforation, into which the forefinger easily passed. Its edges were firm, and slightly funnel-shaped; the tissues around were highly vascular and much thickened; near the perforation there was a small superficial ulcer surrounded by slight redness. The ascending and half of the transverse arch of the colon were distended with flatus; the remainder of it was strongly contracted. The lower extremity of the ileum was of a dark purple hue.

CONGENITAL INTESTINAL OBSTRUCTION. Mr. HARRISON related the case of an infant boy, of full size, who two hours after birth vomited large quantities of green bilious fluid; the urine passed freely; everything given was immediately rejected; the vomiting continued to the evening of the third day, when the child died. Injections were tried, but they would not pass; a small flexible catheter was introduced its whole length up the rectum, but it neither brought anything away, nor was it stained by meconium.

Post mortem Examination. The liver was healthy; the right kidney was absent; the stomach and the upper half of the intestines were distended with a greenish flaky fluid; the lower half was extremely contracted; the large intestines were a mere cord dotted with dark matter.

The mother of this boy had had six children, four of whom had died of congenital disease: one of diseased heart, and three of this affection; the first of these lived ten days, the second five days, and the last three days.

PURULENT CYSTS IN KIDNEY. Mr. MAY exhibited a kidney, in which there were several cysts filled with pus: it was taken from a boy, aged 17, who, three days before his death, complained of frequent desire to pass his urine, of pain in the loins, and vomiting.

OBSCURE RENAL DISEASE. Mr. HARRISON presented the kidneys of a man, aged 61, whose principal symptom was rapid breathing with great distress. There was no thoracic disease; the pulse was natural; the skin cool; the urine abundant, and free from albumen. He died more from asthenia than from coma.

Post mortem Examination. The bladder was much dilated and hypertrophied. On the surface of the kidneys there were many cysts filled with sabulous matter; the pelvis and ureter were dilated.

EMPHYSEMA FOLLOWING PHTHISIS. Dr. WOODHOUSE related a case. The patient was a man who had been in the hospital three times during the last eighteen months. On the first occasion, he was under Dr. Woodhouse, and his symptoms were those of confirmed phthisis. He was discharged at the end of his eight weeks. After a few months he was admitted under Dr. Cowan, and, in a short time, again discharged. About a month ago he was re-admitted under Dr. Woodhouse with symptoms of well-marked

emphysema. He was somewhat relieved by treatment; but one morning he suddenly expired in a paroxysm of dyspnoea.

Post mortem Examination. The sternum having been removed, the lungs appeared unusually prominent, on their surface there were numerous vesicles, some of which were of the size of a walnut. In the apices of the lungs there were some tubercles, and some condensed and corrugated points, which were apparently the cicatrices of former cavities; there were also other tubercles surrounded by hepatized lung. The lower lobes were much congested and partially hepatized.

EPILEPSY: LARGE BRAIN. Mr. MAY related the case of a gentleman, aged 40, who for the last fifteen years of his life had been subject to epileptic fits, during which he was generally thrown on his face, and then only rescued from suffocation by an attendant altering his position. In the fits his right humerus had been many times dislocated, but this accident had latterly been prevented by a bandage. He was at last found lying on his face dead, having been suffocated in a fit.

Post mortem Examination. The brain was pale, and weighed sixty-four ounces; the cerebrum fifty-eight, and the cerebellum six.

POISONING FROM BITE OF A FERRET. Mr. JESTON, Jun., related the case of George P., who came to him on the 14th May, complaining of intense pain in the point of one of the fingers of the right hand; the finger had been bitten by a ferret three weeks before. On the 18th, a small abscess was found in the situation of the bite and was laid open. A few days afterwards the patient had a shivering fit, and complained of great weakness, headache, and inability to get out of bed: there was a claret-coloured spot on the cheek and forehead. On the 23rd, the right side of the body was covered with red spots varying in size from a pea to a shilling; the lymphatics of the arm were inflamed, and the glands in the axilla were enlarged: there was great dyspnoea and prostration. Stimulants were freely given, and he began to rally; in a few days the spots disappeared and he got better. On the 27th the left half of the body was affected in the same manner as the right had been: the pulse was sixty; there was great debility, with very slow deep-sighing respiration. A glass of wine or brandy was given every hour; the arm was put into a bath, and the bowels were regulated by enemata. The stimulants were continued, and on the 2nd June the spots had disappeared, and the patient seemed to be going on favourably.

INDUCTION OF PREMATURE LABOUR. Mr. VINES related two cases in which he had performed the operation.

The first was a twin-case. The woman, having had several severe labours, for the completion of which instruments had been used, readily consented to be delivered at the seventh month. On the 21st July, about noon, the membranes were punctured and a great quantity of liquor amnii escaped. In the night of the 22nd, labour pains commenced; on the morning of the 23rd the os uteri was dilating and the pains were strong. The first child was delivered by the feet about noon, still-born, and the second in the same manner about half-an-hour afterwards: the latter was born alive, but died in a fortnight.

In the second case, the woman was of short stature and had an exceedingly narrow pelvis: she had been three times delivered of still-born children; the last of them in the seventh month. On the 22nd Oct., at 4 P.M. the membranes were punctured, and three or four pints of liquor amnii escaped; shortly afterwards she had a shivering fit, which quickly ceased on covering her with warm blankets. In the afternoon of the following day, the child was expelled still-born. The presentation was of the breech. The mother rapidly recovered.

Mr. Harrison said he had induced premature labour twice in the same individual. The first time, in the seventh month, he separated the membranes with a male catheter and then gave ergot of rye: the labour was completed in

seventy-two hours; the child was born alive, but soon died. The second time, in the eighth month, the membranes were punctured with a stilettoed catheter and the liquor amnii let out; the labour was completed in thirty-six hours: the presentation was a breech one, and the child was asphyxiated. The mother did well.

Mr. May mentioned the case of a lady whom he had attended in two labours, in which he had been obliged to perforate the head. During the third pregnancy he advised the induction of premature labour. Without difficulty he introduced a sponge-tent into the os uteri. The next day he was summoned in great haste: there had been excessive hæmorrhage, and the floor was deluged with blood. He proceeded to deliver her, and then found a placental presentation. Without losing more blood, she almost immediately expired.

PUPERAL BLOOD-POISONING. Mr. HARRISON stated that Mrs. —, aged 36, was delivered of her second child on the 8th March, 1852: the duration of the labour was eleven hours. After the sudden escape of the liquor amnii and when the head was engaged in the outlet, the pains ceased for two hours and a half, then recurred, and, in an hour and a half more, the labour was completed. The outlet was narrowed by an undue prominence of the coccyx; the presentation was face to pubes; the child was a boy and weighed ten pounds: the placenta was extracted in a few minutes; the uterus contracted well, and there was no hæmorrhage.

Second day. She was comfortable in every respect.

Third day. She had been disturbed by the child and felt languid.

Fourth day. She had a good night, and made no complaint. The pulse was 90 and soft; the face flushed, the mouth and tongue dry, and she had slight thirst, the skin was moist, the urine abundant, the lochia moderate in quantity and healthy: there was not much milk. Mr. Harrison concluded that there was a general disturbance of the system, with interrupted secretion. He ordered hydrargyri chloridi gr. j.; opii gr. $\frac{1}{2}$, quartis horis sumend.; also saline mixture with antimony; and barley water, beef tea, and a little wine and water, for diet; warm water was injected into the vagina, and a hot bran poultice applied to the abdomen for an hour three times a day.

Fifth day, (morning report). She had had a good night: her expression was natural; the tongue moist, clean at the tip and edges, and coated with yellowish fur in the centre. To continue the medicines.

(Evening report). The pulse was more frequent than in the morning; the patient felt perfectly well, with the exception of being a little languid.

Sixth day. She had had a good night; had vomited a large quantity of bile, and expressed herself much relieved, the pulse was as yesterday; the complexion clear; tongue dry in the centre; the bowels had been twice relieved by medicine, and the evacuations were healthy; urine was abundant, and loaded with lithates. She was ordered effervescing medicine with ammonia, soda-water and brandy, and beef-tea.

(Afternoon). The bowels acted three times, and vomiting occurred three or four times. At night the patient felt so well that no one sat up with her. During the night she vomited three or four times.

Seventh day, (morning). She was rapidly sinking. The lochia were now offensive. Some unmixed bile had been once vomited or rather gulped up. Her intellect was clear. There was slight delirium in the evening, and she died at 9 P.M.

Post mortem Examination. A deposit of fresh lymph was found on the ovaria and between the intestinal convolutions. A quantity of bile was present in the stomach and duodenum.

This lady was of remarkably even temperament, and before her confinement was in perfect health. Mr. Harrison attributed her death to the influence of a poison, which was generated in the system, and which the secretory organs were unable to eliminate.

ON DISTICHIASIS.

By WHITE COOPER, F.R.C.S., Senior Surgeon to the North London Eye Infirmary, and Ophthalmic Surgeon to St. Mary's Hospital.

It has been observed by Paley, in his *Natural Theology*, that "in general we may remark in how small a degree those who enjoy the perfect use of their organs, know the comprehensiveness of the blessing—the variety of their obligation. They perceive a result; but they think little of the multitude of concurrences and rectitudes which go to form it".

A forcible illustration of the truth of this is afforded by the affection called distichiasis, in which the simple circumstance of a few hairs growing in a wrong place, or taking a wrong direction, is sufficient to embitter a man's existence. The following case presents a sad picture of suffering from this cause, extending over no less a period than two-and-twenty years.

CASE. Captain R. T., aged 44, 2nd regiment Madras Light Cavalry, was brought to me by Mr. R. J. Pollock, of Kensington, December 18th, 1852.

The following is the official report of his case by the regimental surgeon:—

"OPHTHALMIA. R. T., Captain 2nd Regt. L. C., 25 years resident in India, of a spare habit of body, temperament nervous, habits moderate.

"30th July, 1852. He was placed on sick list on 30th of last month, in consequence of a sprained ankle. Leeches were applied, which removed the pain and swelling; and he has now recovered entirely from that accident, but is suffering so much from his eyes, and his general health is so bad, that there is no prospect of his being able to return to duty.

"Captain T.'s eyes are constantly kept in an inflamed and painful state by trichiasis. There is great redness of the conjunctiva of the eyeball and eyelids; the vessels being turgid with florid blood, forming chemosis. There is considerable opacity of the cornea, rendering vision indistinct; and there is more or less constant pain, and a sensation as if particles of sand, or some gritty substance, had insinuated themselves under the eyelid, accompanied by heat and pricking pain. There is a watery secretion constantly going on in the day-time, that becomes glutinous at night, causing the eyelids to stick together. The eyelids are slightly inverted, and a considerable number of hairs of the upper eyelids are turned inwards against the eyeball; and, although their extraction gives temporary relief, they cause much greater irritation when they begin to grow again.

"This ophthalmic disease is of 22 years' standing.

"When living at Bussorah, in 1829, he had a severe attack of ophthalmia, from which he did not perfectly recover, and was sent to Bombay, and eventually to Europe, for further treatment.

"When in Europe, he placed himself under several eminent oculists; but they did not observe any defect in the eyelids, although he has now reason to believe that trichiasis existed at that time. In England, however, his general health improved, and the disease of his eyes subsided. Soon after returning to India in 1835, his eyes became worse than ever; and he was subjected to a variety of treatment, bleeding, purging, blistering, setons, tonics, alteratives, etc. He had the hairs repeatedly extracted from the cilia; but when they grew again, they took their usual course towards the tunica conjunctiva, and, by constant irritation of that membrane, produced pain and chemosis. Eye-washes and salves were at the same time had recourse to, but all proved ineffectual. His general health became involved; and in 1840, Dr. C. sent him for two years to the Neilgherries, where his health improved; and Drs. B. and S. excised a piece of skin from each eyelid; but the operation did no permanent good. His eyes, on leaving the hills, became as bad as ever. In 1842, he went to Madras, on staff duty, where the oculist endeavoured to contract the eyelids by the application of sulphuric acid;