of the latter lesion, there is nothing equal or corresponding to the peculiar firm tense, elastic, whitish swelling of phlegmasia dolens; and I think a careful perusal of Dr. Lee's interesting cases of true phlebitis will show, that they are very widely different, and most clearly discernible from that disease. An interesting debate followed the reading of this paper, in which the President, Mr. Streeter, Mr. Gregory Smith, and others, took a part; after which, the meeting adjourned until this evening, Saturday, the 15th instant.

SHEFFIELD MEDICAL SOCIETY.

Dec. 30, 1841.

Mr. W. JACKSON in the Chair.

Dr. FAVELL exhibited three pathological specimens which he had obtained since the preceding meeting.

THE HEART OF A CHILD IN WHICH THERE WAS IMPERFECT CLOSURE OF THE FORAMEN OVALE.

The subject of this malformation was nine years old, and had enjoyed a tolerably good state of health. She was in the habit of playing about with the children in the neighbourhood, but could not take an equal amount of violent exercise. Her parents had often noticed a blueness of the countenance after she had been exerting herself. She never had a florid complexion. About a fortnight ago she was seized with measles, for which, however, no medical aid was obtained; but as she did not recover well after the disappearance of the eruption, application was made to the dispensary, and she was visited by one of Dr. Favell's pupils. Two or three days afterwards the Doctor was requested to see her. He found her labouring under partial pneumonia of the right lung, and intense bronchitis in the left. But his attention was particularly struck by the lividity of the countenance. The blueness was much more considerable than would be likely to result from the condition of the lungs. The pulse was feeble. The child died in the course of three or four days; and on a post-mortem examination, in addition to the usual appearances resulting from pneumonia being observed, there was also imperfect closure of the foramen ovale. The aperture was large enough to admit a moderate sized quill.

SCIRRHUS OMENTUM.

The patient was a man about 55 years of age, who, nine months ago, was admitted into the infirmary under the care of Dr. Favell, labouring under ascites, apparently caused by chronic inflammation of the peritoneum. After remaining in the house for several weeks, the fluid was entirely removed, and he was made an out-patient. In the course of a very short time, however, he again began to suffer from pain in the abdomen, which was greatly increased by pressure. The bowels were tolerably regular, but the pain continued, and he lost flesh. Shortly afterwards he became affected with a troublesome cough, attended with copious expectoration. A variety of remedies were employed, but he gradually sunk.

On examination, twenty-four hours after death, the peritoneum was found to be much thickened, and very closely adherent to the viscera. The serous coat of the intestines was studded with tubercular deposits. The liver was larger than natural, but healthy in structure. The kidneys were healthy, but the omentum was much changed in character; its length in the most depending part was an inch and a half, and its thickness rather more than half an inch; its structure was exceedingly firm and resisting, when cut into it had a whitish mottled appearance. The left cavity of the chest was full of fluid, which had pressed the lung

into a very small space. The pleura was greatly thickened. The right lung contained tubercles, and there was a small cavity in the upper third. The heart was healthy.

PERFORATION OF THE STOMACH.

The subject was a female, aged 22, who for a period of three years had suffered from slight symptoms of dyspepsia, but had not been under medical care. She had occasionally been prescribed for by a druggist, and had been in the habit of eating a considerable quantity of chalk. On Saturday morning, the 20th of December, she got up to her work (she was a domestic servant) in her usual health and spirits; but whilst she was engaged in her duties, was seized with violent pain in the epigastrium. This continued with such severity that a medical gentleman was summoned, who, on being informed that she had on the previous night eaten a raw turnip, regarded the case as one of gastrodynia, and prescribed for her accordingly. In a few hours, however, he saw her again, and the pain not being relieved, being increased by pressure, and extending itself over the abdomen, he judged there was inflammation present, and bled her. Great prostration followed the abstraction of only a small quantity of blood, the pain was not relieved, and the patient died in twenty-four hours after her seizure.

On a post-mortem examination, a portion of the contents of the stomach were found in the peritoneal cavity, and had there excited considerable inflammation. On examining the stomach, an aperture, through which the little finger would readily pass, was found on the upper portion of the anterior surface, near the cardiac extremity. The edges were hard and elevated.

Mr. OVEREND exhibited the heart of a child, in which the posterior and inferior surface of the right ventricle was perforated by a small ulcer. The pericardium and right pleura were filled with blood, partly fluid, and partly coagulated. A needle, about an inch in length, and black in colour, was found lying on the diaphragm, penetrating the cavity of the pleura and pericardium. No history could be obtained. The child was ten months old, and about six weeks before her death, which was sudden, was supposed to have fractured her ribs on the right side. Her death was sudden, except that she had had several convulsive fits the same morning. A figure of the preparation is given in "Farre's Journal of Morbid Anatomy."

The New Italian Tourniquet was exhibited by Mr. THOMAS. It had been used in the morning at the infirmary, when it had not answered very satisfactorily. The objection to it appeared to be that the bow was liable to be moved by the struggles and shrinking of the patient, by which, an alteration taking place in the form of the thigh, the pad was moved from its position, as was evidenced in the operation when it was found necessary, although in the first instance well and carefully applied, to adopt other means of compression during the performance of the operation. On the whole, it was considered that the advantage accruing from the prevention of venous congestion, was more than counterbalanced by the insecurity arising from the above mentioned cause, and it was also considered that a screw applied to the pad, by which compression on the artery could be regulated according to the state of the limb, would render it more likely to answer.

Mr. RAY introduced the following case, which was illustrated by sketches:—

A gardener, aged 79, who has always enjoyed good health, about fourteen years ago perceived a small tumour over the seventh cervical vertebra, about the size of a common nut. It has gradually increased until it has reached the following dimensions. It ex-

tends from the last cervical to the sixth dorsal vertebra :—

Length from superior <i>margin</i> to the most depending <i>part</i> . . .	19½ inches.
Length from inferior <i>margin</i> . . .	5 ”
Superior circumference . . .	10 ”
Middle	18 ”
Inferior	17 ”
From its commencement at the seventh cervical vertebra longitudinally to the margin at sixth dorsal . . .	24½ ”

It appears to be one of the fatty tumours, and in the opinion of Mr. Ray, removal was precluded by the advanced age of the patient.

MANCHESTER EYE HOSPITAL.

Practice of Mr. Walker.

IMPERFECT DEVELOPMENT OF THE EYES, WITH CATARACT.

Mary Wild, aged one month, admitted an out-patient, July 20, 1841. The external aspect, when the eyelids are closed, is that of great depression, such as is seen after the evacuation of the humours, the palpebræ being flattened instead of possessing the convex appearance observed in the normal state. On separating the lids, the eyes have the same sunken and flat appearance, resembling those of a small bird, being evidently imperfectly developed; the cornea are transparent, but not more than half the usual dimensions; the irides of a dark blue, and a greyish white body—evidently the opaque lens—is seen within the pupils, which latter are of the ordinary size.

No other morbid appearance is observable. There has, however, been a slight mucous discharge from the conjunctival surface of both eyes, almost ever since the period of birth, but this is inconsiderable. The child occasionally opens both eyes, and appears to fix them on the window as if sensible of the presence of light. In other respects she is in good health.

The usual local and general remedies were ordered, with a view to the correction of the morbid secretion from the conjunctival surface.

July 23. The mucous discharge much abated. Ordered extract of belladonna to be rubbed around the eyes every night.

27. The pupils are considerably dilated, and the lenses are seen to be perfectly opaque.

Jan. 4, 1842. The child has been occasionally brought to the hospital since the last report, but no change is perceptible in the appearance of the eyes. The mother is unable to satisfy herself as to whether the child exhibits any real sensibility to light. She often places a lighted candle before the eyes, but thinks that no notice is taken of it. The child is now very delicate in appearance, and its health not very good. Whether the retina is sensible or otherwise is difficult to decide. Should the health improve, and some evidence of the sensibility of the retina become apparent, it will perhaps be desirable to operate for the removal of the cataracts. This is a very interesting and extremely rare case of malformation, or rather of imperfect development of the visual organs.

SINGLE CATARACT IN AN INFANT.

William Batty, aged seven months, admitted an out-patient June 20, 1841. About a month previous to admission, the parents noticed something wrong about the appearance of the right eye, which they were confident was not before visible. On looking into the pupil, a white pearly opacity is observed in the situation of the lens, which is evidently of the

nature of cataract. The eye in other respects is perfectly healthy, the pupil being very active. This eye had never been the subject of injury, nor was there any mark of a wound such as might have been inflicted by a needle or other sharp instrument.

The pupil being dilated by belladonna, the opacity has all the appearance of being seated in the substance of the lens, having a blueish white colour, and being somewhat removed from the posterior surface of the iris. The other eye is free from disease, and vision evidently perfect.

July 10. The pupil being well dilated by belladonna, the posterior needle operation was performed in the usual manner. Moistened extract of belladonna was ordered to be kept constantly applied, and a light bandage passed over the eye and around the head.

13. Scarcely any inflammation of the eye; slight ecchymosis under the conjunctiva, at the point where the needle perforated the globe; the pupil well dilated; but little change in the appearance of the cataract. Continue the belladonna; a mild purgative occasionally.

Aug. 28. There is evidently nothing of the cataract remaining but the opaque capsule, which, however, completely occupies the pupil. The pupil having been previously dilated, the needle was again introduced, and the capsule freely lacerated and displaced. The belladonna to be applied as before.

Nov. 10. There is now no perceptible difference in the appearance of the two eyes, the pupil of the right being as clear, active, and regular as that of the other. The parents are satisfied that vision has been restored to the affected eye.

The case is interesting, from the circumstance of the cataract being confined to one eye, which it rarely is in infants, and from its becoming developed at such an early age. Congenital cataract almost invariably affects both eyes; and the fact of the disease being, in this instance, confined to one, is probably sufficient proof that it was not congenital.

CONGENITAL CATARACT.

The following are from Mr. Walker's private notebook, and may be interesting in connection with the preceding cases :—

CASE I.—Martha W., aged 12 months, has been blind from birth, not having at any time appeared to notice any object whatever, although she frequently directs her eyes in a fixed manner towards the window or any strong light. The eyes have latterly acquired a somewhat rolling, unsteady movement, and there is a slight degree of internal strabismus of the right. They have a generally healthy aspect, are well formed, and the pupils active. On looking into the pupils, however, there is distinct evidence of an opaque condition of the lens and capsule, which are perfectly white. Her general health is good.

July 23, 1841. Belladonna has been applied, and the pupils are fully dilated, so that the cataracts are completely exposed. The child being properly secured on a table, the head placed on a pillow, and the lower lid depressed by an assistant, I raised the upper lid, introduced the needle into the posterior chamber, and freely broke up the cataract, first in the right and afterwards in the left eye. Extract of belladonna, moistened to a proper consistence, was ordered to be kept upon the eyes, which were also directed to be covered by means of a light bandage passed around the head.

26. There has been scarcely any inflammation in either eye since the operation; slight ecchymosis of the right from effused blood under the conjunctiva; the pupils are well dilated, and the cataracts, particularly that of the right eye, are rapidly undergoing absorption, a considerable aperture being visible in each.

30. The right pupil is now perfectly clear, but the left is still occupied with a considerable portion of opaque capsule.