narcotic medicines was frequently preferable to their administration by the mouth. He had administered as much as two grains of morphia in some painful nervous affections; yet even in this large quantity, relief had only been obtained after an interval of two hours.

Mr. SNOW remarked that, in the case to which he had formerly alluded, he was led to believe that the nerves of sensation only were affected, or, perhaps, the severe effect upon these nervous trunks might have caused a sympathetic action in other nervous branches.

Dr. A. B. THOMPSON had seen cutaneous ulceration ensue as a consequence of applying morphia over an abraded surface. In a case which was under the care of Dr. Graves, in Dublin, one-sixth of a grain of strychnine had been applied to a blistered surface, but no untoward results had occurred. He considered the application of morphia in this manner to be a very dangerous one.

Some conversation here occurred, in which Messrs. Chance, Snow, and Clarke, took part, which was terminated by the inquiry of the President, whether in Mr. Snow's case there had been any difficulty in raising the arm?

Mr. SNOW replied in the affirmative, adding, that the patient could not throw the arm forward without pain.

The PRESIDENT observed that he had been induced to ask the question, as he had seen several cases of a similar kind. One occurred to a navigator, in St. George's Hospital; many remedies had been tried, but without avail; moxa had been tried, and so effectually as to cause the patient to decamp. He had under his care a gentleman who, when with his regiment in Ireland, had been harassed by very severe and dangerous service, and exposed to severe atmospheric changes. The result of this was, that he one day found himself unable to move his arm. He could neither carry it backwards, nor raise it to a horizontal position. There was much pain accompanying motion, and the deltoid muscle was wasted. Pressure over the head of the humerus gave great pain. When first he saw these symptoms, he came to the conclusion that the sheath or fibrous tissue of the deltoid muscle was inflamed, and the circumflex nerve participated in the mischief. Blisters, leeches, colchicum and calomel, and opium, were employed, but the pain and wasting of the muscle continued. Mr. Keate saw the patient, and took the same view of the case; the same remedies were again tried, but without avail, and Colonel Coffin went down to Brighton. There he was under the care of Dr. Hare, who employed electricity—a remedy which he (the President) did not think an advisable one in such a case. No good, however, resulted from it; and now the other arm became affected, the same remedies (leeches, blisters, colchicum and calomel, and opium), were applied as in the former affection, and with somewhat better results; for though the muscle wasted, there was still some motor power present. The patient had thus lost the use of one arm, whilst the other was only moderately serviceable. In reflecting upon such cases as these, he was induced to consider that they required very strong and active treatment, which should consist of such remedies as those he had named. He did not use strychnine or morphia in these cases; he had never seen any good or bad effects from either of these remedies.

Dr. V. PETTIGREW observed that such cases as those described by the President were not uncommon. The guard of a mail coach was attacked with rheumatism, and was unable to raise his arm. All the means that had been previously named had been resorted to, but without any good effect occurring; but an old woman's remedy cured every symptom—it was the application of hot vinegar to the part for three hours, for seventeen successive days, at the end

of which time he was well. He had also a gentleman under his care with a similar affection, and in which the same remedy had succeeded. It was a custom at the opera, when the dancers sprained their ankles or feet, to plunge them into hot vinegar, which immediately relieved them.

After some further observations from Dr. Leonard Stewart, Mr. Snow, and others, the society adjourned.

PATHOLOGICAL SOCIETY OF BIRMINGHAM.

March 5, 1842.

FREDERICK RYLAND, Esq., in the Chair.

DISEASE OF KIDNEY.

A specimen of dilated pelvis of the right kidney, which had been sent to the secretaries by Mr. Hadley, was exhibited to the society. The person in whom the disease occurred was a man of 65 years of age, of spare habit, and suffered much from asthma; he had not been under any medical gentleman's care; he died suddenly on the 26th of February. On examination of the body on the 1st instant, effusion was found underneath the pia mater, which was thickened in patches. On the right side of the chest elongated adhesions were found in the pleura, and the lung was much engorged with dark blood, considerably softened, and did not crepitate on pressure. The right pleura was healthy. In the upper portion of the right lung there was a small cavity, the parietes of which were somewhat ossified; the lung itself was much engorged with blood. The heart was generally dilated. The mucous membrane of the stomach presented red and inflamed patches; the other contents of the abdomen were healthy. The left kidney was found healthy. The pelvis of the right was dilated so as to be capable of containing a pint of turbid urine, by which it was much distended. The substance of the kidney was nearly obliterated, but its artery and veins were of the normal size. The ureter of this kidney was described as being nearly obliterated.

Dr. FLETCHER believed that the dilatation of the pelvis of the kidney was the result of obstruction, existing in some part of the course of the ureter; and illustrated this position by a preparation, which he exhibited to the society, in which the ureter was obstructed by carcinoma at its inferior portion, which had caused dilatation of the whole of the ureter above it, dilatation of the pelvis, and absorption of the structure of the kidney; and he thought that death had taken place in Mr. Hadley's case from the absorption of urea.

FUNGOID DISEASE.—RUPTURE OF GALL-BLADDER.

A specimen of fungoid disease was brought forward, which had been sent by Mr. Ryan, of Sutton Coldfield. He had taken it from just above the left mamma of a female, aged about 37. It had been treated by caustics by an uneducated quack practitioner. Constitutional irritation, miscarriage of a seven months' child, and death, had taken place.

Dr. FLETCHER then brought before the notice of the society a ruptured gall-bladder, which had been presented to him, some months previously, by Mr. Hazlehurst, of Claverley. On July 3, 1841, the patient in whom it was found was taken suddenly ill with pains in the abdomen, after fighting, so as to render him unable to walk home. Peritonitis succeeded, and he sunk, and died in the afternoon of the 5th. There were no marks of external violence in any part of the region of the gall-bladder.

Mr. HONGSON said he had heard something of the case now before the society, from Mr. Hazlehurst, and believed that the gall-bladder was not healthy. He knew of another case, from which, and from experiments which were performed in consequence of

it, he believed that rupture of a healthy gall-bladder, in which the ducts were not obstructed, could not take place from external violence. The case he alluded to was that of a gentleman who had died from peritonitis, and on examination the gall-bladder was found ruptured. A judicial inquiry was about to take place, but some experiments were performed upon sheep's gall-bladders, and it was found that it was impossible to burst them, by striking them with the flat side of a cleaver, as they lay upon a butcher's bench attached to the liver and intestines.

Mr. HAZLEHUST's description of this gall-bladder, as it appeared at the time the body was opened, bore out Mr. Hodgson's opinion. He said, "the gall-bladder was thickened on its back part, where it was connected with the liver, and internally it was studded and inclined to ulceration."

LEEDS GENERAL INFIRMARY.

[Practice of Mr. T. P. Teale.]

DISEASE OF THE UPPER JAW.—EXCISION OF THE RIGHT SUPERIOR MAXILLARY BONE, AND PART OF THE LEFT.

[Reported by Mr. Gibbes.]

Jane Cran, aged 16 years, admitted into the Leeds Infirmary on account of a tumour affecting the upper jaw.

About five years ago she suffered severe pain in the teeth and gums of the right superior maxilla, and a small tumour appeared on the outer side of the gums. It enlarged slowly at first, but its increase has been much more rapid during the last two months.

On admission, the right side of the face presented a considerable prominence, and the nose was displaced towards the left side. A tumour, larger than a hen's egg, occupied the upper jaw. It extended transversely from the right second molar to the left canine tooth. The diseased mass implicated the external surface of the alveoli as low as the teeth, which, however, appeared healthy, and were firmly attached. Between the teeth and the lip it formed a rounded projection, generally possessing a considerable degree of hardness, but in some parts was slightly elastic. Numerous varicose veins were seen ramifying on the mucous membrane which covered the tumour in this situation. The disease extended upwards nearly to the edge of the orbit, filling entirely the right canine fossa, compressing and completely closing the right nostril, and diminishing the capacity of the left. The malar bone, pterygoid process, bony palate, and the internal surface of the alveoli, were not implicated in the disease. Her general health was good. The catamenia had not yet appeared.

Feb. 26, one, p.m. The patient being seated in a chair, and supported by assistants, Mr. Teale commenced an incision over the nasal process of the right superior maxillary bone, and extended it downwards by the side of the nose into the right nostril, and through the upper lip in the median line. A bistoury was then introduced into the mouth and pushed through the right cheek, its point being made to penetrate the integuments a little above the middle of the zygoma; the substance of the cheek was then divided by drawing the instrument downwards to the angle of the mouth. By the point of the bistoury a line of incision was next traced along the palate, in the direction of the transverse palatal suture on the right side as far as the median line, and thence obliquely forwards to the alveolus of the left canine tooth, which had been previously extracted. The flap formed by the right cheek was dissected upwards, until the inferior edge of the orbit and the body of

the malar bone were freely exposed, and by the handle of a scalpel the contents of the orbit were detached from its floor. A groove was now made by a few touches of a saw across the body of the malar bone, extending in an oblique direction upwards and inwards, and another groove in the left superior maxillary bone over the canine alveolus. The bone scissors were now employed for effecting a section of the nasal process and floor of the orbit into the sphenomaxillary fissure. The body of the malar bone was next divided, and the section continued into the sphenomaxillary fissure. The left alveolar arch was then divided, and the section extended obliquely backwards and inwards, throughout the greater part of the floor of the left nostril. The diseased parts still felt firmly attached, and the bone scissors were again applied to the nasal process and to the malar bone, after which the entire mass of disease felt completely released from its osseous connections. Mr. Teale now depressed the tumour, and divided the infra-orbital nerve, and a few other soft attachments from above downwards, until he reached the soft palate, which was carefully divided, and allowed to remain attached to the pterygoid process, and to the palatal process of the right palatal bone. Four or five arteries which bled freely when the facial integuments and the cheek were divided, were secured by ligature. There was not any hæmorrhage from the internal maxillary artery or its branches requiring ligature. The patient, having borne the operation with great fortitude, was now placed in the recumbent posture. The cavity being lightly filled with lint, the wound in the median line of the lip was closed by two twisted sutures, and the angle of the mouth was united by one pin, and the remainder of the incision closed by several stitches. No dressings were applied.

The tumour was found to implicate, almost exclusively, the outer shell of the superior maxillary bone and the external wall of the alveoli. These parts had entirely lost their osseous character, and were converted into a firm elastic substance, of a brown colour, covered externally by thickened periosteum, and internally traversed by several firm white fibrous bands. The antrum, the bony palate, and the palatal wall of the alveoli, were healthy.

The patient, on being removed to bed, appeared considerably exhausted, but soon rallied under the use of stimulants, after which an opiate was given.

8, p.m. The pulse has improved, and she is inclined to sleep; no hæmorrhage; she swallows liquids tolerably well.

27. Has passed a good night; pulse 120, feeble.

28. She is proceeding favourably; the pins removed, but the twisted silk allowed to remain adherent to the wounds; a few of the stitches also removed.

March 1. The remaining stitches removed; perfect union of the incisions has occurred.

2. Pulse 88; suppuration commencing in the mouth.

4. Fetid discharge from the mouth; stomach disordered, probably in consequence of the offensive discharge having been swallowed. Ordered a dose of castor oil; a gargle of chloride of sodium to be used frequently; and a draught containing chloride of sodium to be taken thrice a-day.

6. Stomach relieved; the lint has entirely come away; and the cheek falls loosely inwards.

8. Her strength is rapidly returning; the internal cavity is granulating freely.

12. Proceeding favourably.

15. The cheek is less flaccid, in consequence of the increased deposit in the interior of the mouth; power of speech improved; deglutition performed without difficulty. To take mutton and a little ale for dinner.

18. The cheek has nearly regained its natural prominence, and scarcely any deformity remains; she feels perfectly well, and her speech is much improved.