PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 19.—VOL. II.]

LONDON, SATURDAY, AUGUST 13, 1842.

PRICE SIXPENCE.
[Stamped Edition Sevenpence.]

RETROSPECTIVE ADDRESS OF THE FIRST ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY.

By CHARLES COWAN, M.D.,
Physician to the Royal Berkshire Hospital and Reading
Dispensary.

[Read August 2, 1842.]

MR. PRESIDENT AND GENTLEMEN,—If there be one feature more characteristic than another of the present aspect of the medical profession, it is that of combination.

Societies and associations have multiplied and extended beyond all former precedent, the principle and advantages of union being more generally and simultaneously acknowledged, while the effect has evidently been to increase our power and our usefulness, to elicit our kindlier and better feelings, to cultivate and warm our social faculties, to break in upon the cheerlessness of isolated, unsympathising effort, to inspire us with a greater love for our interesting though arduous calling, and to excite a higher ambition to maintain its dignity and contribute to its advancement.

Nor is this all: we have approximated individually as well as collectively; we have become better acquainted with each other; and, from closer contact, have resulted increased pleasure and regard. It may be safely asserted that he who associates most with his professional brethren, most learns to value and respect them. His petty selfish jealousies yield to the more genial influence of generous sentiments; and we need only look around for proofs, that men may run the race of active, honorable competition, and preserve inviolate the bonds of good fellowship and peace.

Our little society, of which we now celebrate the first anniversary, we are gratified in saying, may be regarded as an example of the principle and effects we have just alluded to; and, in proportion as the same spirit is infused into our future efforts, may we anticipate a full and abundant reward.

The Reading Pathological Society was established on the 13th of June, 1841, and its origin may be fairly attributed to the erection of the Royal Berkshire Hospital, which thus became the means of realising the intentions and wishes of those who had long contemplated such an association. We are much indebted to the board of management for the convenient and advantageous locality in which we meet, and for the comforts and facilities they have so liberally supplied; and we have also the satisfaction of feeling we are somewhat responding to these favors by contributing to the formation of a museum, which we trust shall, at no distant period, be a credit to its collectors, and worthy of so noble an institution.

Our objects are simple and purely practical—viz.,
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the discussion of medical and surgical subjects, with the view of eliciting mutual experience, and to catch, as it were, and diffuse the daily record of practice, which would otherwise be circumscribed or forgotten.

The advantages of such an association, in addition to those we have already insisted upon, are obvious. We hold out distinct encouragement to professional diligence and zeal; we give a motive for accuracy of observation on the living, and for inspecting appearances after death; we excite fresh interest in our daily bed-side duties, and are enabled to make inquiries and discuss difficulties, when their solution is important, and their memory unfaded. Our rules are few, our efforts voluntary; and, though numerous questions have been brought forward and discussed, I believe good feeling and good faith have universally prevailed.

During the past year thirteen meetings of the society have taken place, and of these, in compliance with the wishes of the members, we now proceed to give a brief retrospective history. To render the necessary detail as useful and interesting as possible, some arrangement of the materials was absolutely necessary, and the plan we have adopted is, first, to give a short outline of the principal communications, oral or written, nearly in the order of their presentation, and afterwards a classified enumeration of the morbid specimens, appending occasionally a brief history of the case, or any observations which may have transpired calculated to add to their interest or usefulness.

The object of your reporter has been to act as the historian, and not as the annotator of the society; and he has, therefore, abstained from any other sources of information than the written or remembered record of your proceedings.

In concluding these introductory remarks, it is now our pleasing duty to express our obligations, and those of the members generally, to your intelligent and indefatigable secretary, Dr. Woodhouse, without the assistance of whose accurate and lucid minutes the present undertaking must have proved abortive. We are also much indebted to Mr. Dunn, who has kindly consented to act as our curator, for the admirable manner in which the morbid specimens have been prepared for the museum.

COMMUNICATIONS.

The first paper we have to notice was by Mr. F. Bulley, on a case of aneurism. The writer's object was to explain his reasons for not deeming it prudent to operate upon a patient admitted into the hospital, laboring under aneurism of the arteria innominata.

As a modification and extension of the plans of Brasdor and Wardrop, the tying of the carotid and subclavian arteries had been suggested by his colleagues. The patient was afterwards admitted into

King's College Hospital, and the carotid successfully tied by Professor Fergusson, with partial diminution of the swelling and pulsation; but death took place twelve days subsequently, from an attack of acute bronchitis, preventing any satisfactory conclusion as to the propriety of the operation or otherwise. It was the intention of Professor F. to have tied the subclavian had the patient survived, and the first operation proved insufficient. The practice of Valsalva had been put in force for ten days in the Royal Berkshire Hospital by Mr. Bulley, with decided benefit, the pulsations diminishing, and the solidity of the tumor increasing, but the patient wishing the operation to be performed, was in consequence discharged.

The following is a summary of Mr. Bulley's objections:—

1. The extent and locality of the tumor rendered a ligature on the cardiac side impossible.

2. A ligature on the distal side was only prudent when no branches intervened between the ligature and the sac.

3. That a distal ligature, in recent cases of aneurism, endangered bursting the sac, as happened to Deschamps and Sir A. Cooper, and that its natural effect is to produce inflammation.

4. That it is only in cases where the tumor is out of the direct current, and when no vessel was given off between the ligature and the sac, that the distal ligature promised benefit.

5. That the cases of cure reported by Messrs. Wardrop, Mott, Fearn, and Wycomb, are more probably to be ascribed to natural processes than to the effects of the operation.

6. That, in the case of his own patient, all the unfavorable conditions were present, with probable disease of the arteries beyond the sac, and a state of general health unfavorable for so serious an operation.

7. The improvement resulting from palliative treatment, Mr. B. also considered an additional reason for the line of practice he had adopted. Mr. B. summed up his objections by stating that he considered the operation as a very dangerous procedure, and only to be resorted to in cases of extreme necessity, and where the palliative mode of treatment had failed.

A protracted and very interesting discussion took place at the same and following meeting, in which Mr. May maintained that spontaneous cure of aneurism of the innominate never took place. He supported the propriety of operating in such circumstances, and as early as possible. He gave a tabular analysis of the ten recorded cases where a single distal ligature was applied, two of which were successful and now living, and, from these data, concluded that surgical interference was both justifiable and necessary, and expressed his conviction that *both* the carotid and subclavian should be tied, either at one or different periods, as the circumstances of the patient might indicate.

The question is, no doubt, one fairly open to discussion, the evidence yet accumulated being insufficient for any absolute decision; we shall not, therefore, attempt to pass any verdict upon the respective merits of the preceding opinions.

Mr. Harrison, at the close of the debate, made some practical observations on the importance of depletion, after severe operations on the larger

vessels, for the purpose of preventing secondary visceral disease.

On September the 7th a paper on Medical Statistics was read by your reporter. It was illustrative of the plan of registration, as detailed in the "Provincial Transactions," and as adopted in the hospital and dispensary of this town.

It contained a general and special analysis of 1,349 cases, and was intended to point out how much valuable information would be secured were such a mode of reporting generally adopted. Having been published in the "Lancet" for June 11, 18, and 26, any further analysis is at present unnecessary.

Mr. Walker read the case of a girl who suffered from severe ptialism when attending upon her mother, under mercurial treatment for pneumonia, in a very small and badly-ventilated room.

Every precaution was taken to test the reality of the fact, and a confirmative instance was at a subsequent meeting read by Mr. Boulger, occurring in his own practice. The statements of other members tended to establish the possibility of such an occurrence, though arriving at the literal truth must always be considered as extremely difficult. Many cases are on record of salivation from very minute doses of mercury, and the volatile power of this mineral is well known. It is certainly possible that minute quantities may be inhaled from the skin and lungs of a mercurialised patient, but a peculiar idiosyncrasy in persons so affected, must be admitted.

Some interesting observations on the state of the blood after operations, and in asthenic cases generally, were read by Mr. Bulley, tending to prove that there was a deficiency of *iron* in the circulating fluid, that element being eliminated by the kidneys; and he inferred, theoretically and from experience, that the use of steel, under such circumstances, was decidedly beneficial. Mr. B. promised to give his facts and inferences in greater detail at some future meeting. Humoral pathology has again revived amongst us, and, with the assistance of modern science, much practical good has already resulted, and much more may be anticipated from continued investigations.

Mr. Harrison read a paper on Diseases of the Ear, October 5. The writer's object was to show the importance of diseases of this organ, about the nature and treatment of which so little was known by the great mass of the profession. "There appears," he says, "to be among surgeons a singular dread and inward horror against ever looking into the ear—a disposition to seek anywhere for the cause of deafness rather than in that situation, to which we might suppose common sense would instinctively direct us—viz., the ear itself." He drew an ingenious comparison between the eye and the ear, as to their uses, structure, connections, and sympathies, and then dwelt on the frequency, interest, diagnostic characters, and danger of aural disease. A brief but classified description was then given of some of the more prominent morbid liabilities of the auditory apparatus, and a variety of cases were subjoined to prove the triumph of art when under the guidance of enlightened science, and the amount of suffering unrelieved, and mischief induced, from the want of knowledge possessed by a few, but attainable by all. A discussion followed, which had chiefly reference to the therapeu-

tical value of the modes of treatment recently recommended.

On the same evening an interesting case of sudden death, occurring during labour, was read by Mr. Taylor, jun., of Wargrave. The patient, whose symptoms were minutely detailed, died almost instantly after a severe uterine pain. No other morbid changes were discovered after death than a small quantity of air in the heart, and a considerable effusion of blood in the theca vertebralis. The latter was, no doubt, the immediate cause of death; but it does not satisfactorily account for the extreme suddenness of dissolution, which, perhaps, must be partially attributed, in the present instance, to the associated conditions of great nervous exhaustion from mental agitation and pain, involving what is familiarly expressed by the term *shock* of the nervous system.

In the debate which followed, the question was discussed whether effusion of blood *above* the phrenic nerves did or did not cause instant death. Cases were related by different members from Müller and Abercrombie, tending to prove that the lesion was not necessarily or immediately fatal. Mr. May strongly insisted upon the importance of distinguishing between hæmorrhage without and within the theca, that on the exterior being much more likely to produce fatal pressure, from the circumscribed situation in which it occurs; and he attributed the apparent contradictions in the results, as narrated by different writers, to want of attention to this fact. He mentioned the case of a man suffering from caries of the second cervical vertebra, who died suddenly the day after admission into the hospital, and where a limited effusion of blood, above the phrenic nerves and outside the theca, was the only lesion discovered.

Mr. Harrington reported the case of a groom who fell from a horse, and was taken up labouring under the symptoms of concussion of the brain. The next morning he was better, but the day after, a state of collapse succeeded, and he died in forty-five hours from the time of the accident, without paralysis of any kind. The fourth cervical vertebra was fractured, with considerable effusion of blood into the spinal canal.

Spinal hæmorrhage, as one of the causes of sudden death, has not, perhaps, attracted sufficient attention, and, no doubt, when present, has been often overlooked in post-mortem investigations.

The case narrated by Mr. Taylor also led to the consideration of the necessary steps to be taken for saving the child under similar circumstances, and it was concluded, in the event of not being able to effect rapid delivery, that so soon as we were satisfied of the mother's death, and had explained the circumstances to the friends, the Cæsarean section should be made, and that even the lapse of an hour should not prevent our removing and attempting to recover the child.

Mr. May related a fatal case of ileus depending on a rare form of obstruction. The mesentery was throughout thickened and contracted, inducing a puckered condition of the mucous and submucous coats, which, in the obstructed portion, hung in folds across the canal, and seemed the cause of the attack. There were other indications of chronic peritoneal disease. Mr. M. had met with one similar case.

Mr. Sylvester, on the 7th of December, read a paper on the Pathology of Hooping-cough, concluding, after having canvassed the numerous opinions of different writers upon the subject, that it might be considered an "infectious bronchitis," to which pneumonia succeeded in some cases, in others mischief in the brain.

A long discussion succeeded, in which various opinions were expressed, the majority of the members considering the complaint to come under the head of infectious diseases generally, the specific poison in pertussis affecting primarily the nervous system, and in particular the respiratory nerves, and generally leading to more or less secondary vascular pulmonic disturbance.

Mr. Harrington advanced and ingeniously supported the novel hypothesis that the pathology of hooping-cough was inflammation of the middle lobe of the lung, with irritation of the posterior pulmonic plexus.

At the next meeting Mr. Vines read a communication on the treatment of pertussis. After adverting to the numberless panaceas proposed for its cure, and to the theories as to its pathology, discussed the preceding evening, Mr. V. remarked that light is often thrown on the pathology of a complaint by observing the action of the remedies employed, and that we should be guided in our treatment by the symptoms rather than the name of the disease. He then considered *seriatim* the different classes of remedial means, advising laxatives, with occasional emetics, in the early stage. If any inflammatory action was present, the application of leeches, followed by poultices, were the best, with calomel and Dover's powder. Ipecacuanha was useful in all stages; and when the expectoration was copious, he had found the compound tincture of camphor and nitric æther very useful; of the liquor potassæ he thought highly, the secretions from the lining membrane being remarkably acid—a fact which forms a strong indication for the use of alkalescent medicines. Sedatives are very generally applicable; and, when flatulence prevails, Hoffman's anodyne is useful. Mild counter irritation to the chest was also recommended. He lastly directed attention to the cases reported by Dr. Dohnn, of Holstein, where rapid benefit seemed to result from inhalations with benzoïn, styrax, rose, and lavender flowers. Tonics, and, above all, change of air, are necessary for obstinate cases.

In the conversation which followed, Mr. Walfourd stated that he had seen much relief from leeches to the larynx, with laxatives and alkalies. The combination of acetate of lead with the extract of conium was also stated to have been unusually successful in the hands of an extensive general practitioner.

Mr. Harrington read a very interesting and distressing case of utero-vesical fistula, of five years' duration, where he succeeded, after much difficulty, in discovering the opening, and passing six strong silk threads from the bladder into the uterus by means of a curved catheter. He then withdrew one thread every three or four days, and, on the seventeenth day, only one remained. No dribbling took place from the first, except during violent straining; before it was constant. The removal of the last thread was followed, after a short time, by a return of the symptoms, and the same treatment was repeated. The

patient continues to wear one thread, and, when not much exerting herself, is free from all inconvenience, and, from a state of extreme suffering and misery, is restored to one of health and comfort. Mr. H. anticipates a complete cure, and deserves much credit for the ingenuity and perseverance displayed in the treatment. The hint is valuable, and admits of other applications.

Mr. Walford related a case of phthisis in a girl aged sixteen, where considerable opacity of the membranes of the brain, with serous effusion in the ventricles and round the base, were found after death, no symptoms having led him to suspect their existence.

Mr. Sylvester gave a brief sketch of four cases of injury to the elbow-joint, occurring in children generally under four years of age, of relaxed and strumous habits, resulting, he thought, from partial dislocation of the radius, and caused by lifting the child by the wrists, or catching it by the arms when falling. The displacement was easily reduced, and as easily re-cured.

On April 5, your reporter related the experiments of Mr. Braid, of Manchester, which he had witnessed in London, on the production of nervous sleep and cataleptic phenomena. Our object was to prove that the effects attributed to animal magnetism admitted of a far more simple and rational explanation than what is assumed by the teachers and disciples of that pseudo-science, and also to point out how the peculiar nervous susceptibilities of particular individuals might be usefully taken advantage of in the treatment of disease. On no subject has greater extravagance been committed than on the one now referred to, and no instances can be cited where men of talent and information have become the victims of an equal amount of absurdity and delusion.

On the 3rd of May some observations were read by Mr. Bulley "On the Relative Advantages of Immediate and Deferred Amputation in Cases of Severe Compound Fracture." He advocated the principle of waiting a longer or shorter time, in the generality of such cases, before proceeding to so severe an operation; founding his opinion on the danger arising from immediately superadding the shock of operation to that of the accident, and stating that he believed the danger to be less from two shocks, with sufficient interval between them, than that arising from the effect of operating before the first impression on the nervous system had subsided. By too great promptness we often failed to ascertain the real extent of the local mischief, and that some hours must elapse before we can fully detect the amount of injury which the muscles have received. When, however, much suffering resulted from the laceration of a nerve, or when an artery was opened, and could not be secured, no doubt could exist as to the propriety of immediate amputation.

Mr. B. then combated the objection of gangrene, by urging that it seldom occurred before the second or third day, and that, in traumatic cases, amputation may be safely resorted to when the line of demarcation was not very apparent, provided we were guided by the state of the *muscles*, and not of the *skin*, the latter often appearing sound, while the former were disorganised. He also argued that, by prudent delay, the system is enabled to accommodate itself gradually

to the locally interrupted circulation, and that the after evils of suddenly induced plethora, are partially obviated by the effusion which soon takes place in the injured textures.

Perhaps the above, like many other contested questions, must, after all, be left to the practitioner's sagacity and skill, and cannot be subjected to any general rule. Much evil has, no doubt, arisen from hasty routine operations; and, on the other hand, mischief has often resulted from undue procrastination. The path of safety is, doubtless, that which leads us to the careful weighing of all the circumstances attending each individual case, rather than in subjecting our practice to the dicta of general but often inapplicable rules.

The last paper of the season was read by Mr. Sylvester, June 5, on Latent Pneumonia, the object of which was to direct attention to the very insidious way in which pulmonary inflammation might supervene without the ordinary symptomatic indications. These views were illustrated by the history of two cases recently occurring in his own practice. A discussion followed.

The general practical soundness of Mr. Sylvester's statements were admitted, but the term "latent" was considered as almost inapplicable to diseases of the chest, and also to many other affections to which it had been formerly applied.

Where our present means of physical diagnosis were carefully employed, and *all* the functions of the patient accurately questioned, there would be comparatively few cases where the term "latent" was strictly correct. If intended to express the mere absence of prominent and characteristic functional disturbance, the most acute as well as chronic diseases would occasionally be included. The fact is, that the vividness of nosological description is seldom realised at the bed-side, and too much is expected from the mere observation of symptoms, forgetful of the many influences which interfere with their more than partial, or excite their exaggerated, development, and practically unmindful of their frequent disproportion to the extent of local disease. It is here that pathology comes to our aid, acquainting us with what we may term the natural history of disease, and leading us to search for and anticipate changes which no other method of investigation could ever have enabled us to discover, and often not even to suspect.

Having now completed our intention (feebly and imperfectly, we confess) of giving a brief outline of the principal communications read or narrated during the past year, we shall, without further comment, proceed to report upon the morbid specimens, in accordance with the plan we have already laid down. And, first, as to diseases of the

Osseous System.

1. By Mr. Maurice.—The first we have to notice was—fracture and depression of the sixth cervical vertebra, proving fatal in sixty-nine hours. Respiration was wholly effected by the diaphragm, until a few hours before death, when the muscles supplied by the spinal accessories assisted. The process of breathing was to the eye reversed, the thorax collapsing and abdomen expanding during inspiration, and the reverse during expiration. The patient was not conscious of dyspnoea. Sensibility and motion

were extinct below the neck, and no reflex movements could be excited.

2. Mr. Bulley.—Fracture of the first lumbar vertebra, with compression of the medulla, and partial laceration of the posterior column.

Sensation was partially retained, and slight movements could be excited in the left thigh by tickling the soles of the feet. The patient survived nine days.

3. Mr. May.—Example of complete section of the spinal cord. The divided surfaces were not softened or otherwise modified. Effect of fracture of second dorsal vertebra from fall, in a man aged thirty. Death forty-one days after the accident. Loss of motion and sensation below third dorsal.

4. Mr. Walker.—Upper portion of a femur dug up in Sonning churchyard, presenting several processes and projections of unusual size, evidently thrown up to support the head, which, with the neck, presented the irregular flattened appearance described by Sir Astley Cooper, and Mr. Adams of Dublin, as resulting from chronic rheumatic inflammation.

5. Mr. Harrinson.—Fracture of the neck of the femur in a man aged eighty-two, with no attempt at union. The limb was only slightly shortened during life.

6. Mr. Bulley.—Fracture of the neck of the femur and of the trochanter major, where the neck was shortened by being impacted in the cancellous structure of the split trochanter. A description of the case was given, and has since been published in, the "Provincial Journal."

7. Mr. Walker.—Tibia dug up in Kent after 500 years' interment, and presenting the traces of a well-united fracture: very creditable to the skill of our brethren in olden times.

8. Mr. Walker.—Scrofulous ulceration of the tibia, removed by amputation from a child, by Mr. Brooks, of Henley. The caries, contrary to the usual course, was limited to the shaft instead of the cancellated portions of the bone.

9. Mr. Bulley.—Ulcerated cartilages of the knee-joint, from a patient whose leg was amputated in consequence of uncontrollable hæmorrhage occurring in an extensive abscess, which communicated with the articulation.

10. Mr. Walker.—Spicula of bone from the head of a lady who died epileptic. Convulsions came on for the first time thirty-six hours before death. The scalp was bloodless, the brain much congested.

11. Mr. Bulley.—Cast of a scrofulous enlargement of the knee.

12. Mr. Bulley.—Cast of a hand contracted by a burn seventy years ago.

Diseases of the Heart and Large Vessels.

13. Dr. Woodhouse.—Diseased mitral and aortic valves, from a man aged fifty-one. On the upper surface of the large flap of the bicuspid there was a pouch large enough to admit the end of the finger from beneath. It seemed produced by former rupture of the valve, and subsequent distension from below of the effused lymph. There were several warty growths on the aortic valves, and one very large one on the portion nearest to the septum. The bellows murmur was remarkably loud, diffused, and superficial, masking the second sound, and conveying the impression of pericarditic disease. The patient had suffered from repeated attacks of syphilis.

14. Dr. Woodhouse.—Ossified aortic valves from a man who died anasarous in the hospital, and in whom gangrene followed acupuncture on the dorsum of the foot, though the sloughing did not commence round the punctured spots. A discussion took place on the uses and effects of acupuncture in cases of oedematous limbs. Successful instances of puncture below the knee were related, but the members generally coincided in the prudence of puncturing above the knee in all cases, which, with elevation of the limbs, was generally sufficient to drain off the serum.

A case of diseased heart and liver, with distressing anasarca, was also referred to by the writer, where rapid gangrene and death followed the application of two small blisters above the knee. The patient, though greatly relieved at first, quickly sunk under the secondary effects.

Perhaps attention to the general state and vital power of the patient is of more practical importance than the point selected for operation. Puncture of the skin is, probably, safe everywhere in some instances, and nowhere in others.

Mr. Jeston, of Henley, in allusion to the same subject, stated that he had seen much benefit result, in several instances of anasarous limbs, from frictions, with the infusion of digitalis and the strong ammoniacal solution. This application had brought on copious diuresis where all other means had failed. He proposed stating his experience at greater length on some future occasion.

15. Dr. Woodhouse.—Aneurism of the aorta, involving the subclavians. The patient, a man, had been habitually intemperate.

16. Mr. Dunn, for Mr. Weight, of Wokingham.—Dilatation of the left auricle—almost complete closure of the auriculo-ventricular orifice—atrophy of the left ventricle, and hypertrophy of the right. No history.

17. Mr. Vines.—Dilatation of the aortic arch—contraction of the aortic orifice—left ventricle contracted.

18. Mr. May.—Universally adherent pericardium—aortic valves indurated and patulous—aorta dilated and diseased. The arrangement of the deposit on the valves confirmed the accuracy of Dr. Watson's views, as recently published.

Diseases of the Lungs.

19. Dr. Cowan.—Acephalocysts of the lungs. They were coughed up by a shoemaker, aged twenty-two. The principal cyst was as large as an egg, and there were five or six smaller ones, all torn and empty. Their expulsion followed a violent fit of coughing, and some muco-purulent offensive fluid was expectorated for some hours subsequently. In two days all pulmonary irritation had ceased. A smaller quantity had been ejected twelve months previously, and also six weeks before the last attack. The patient was of small stature, pale, and strumous in appearance, but otherwise enjoying good health. He had had no return six months afterwards. The stethoscope and percussion detected nothing but some mucous ronchus in the inferior and anterior portions of the right lung. There was no evidence of hepatic disease.

Very few cases of pulmonary hydatids are on record.

Mr. May mentioned that, some years ago, a patient under his care had expectorated a large number of

flattened membranes, resembling the skins of white grapes. The patient is still living.

Malignant Diseases.

20. Mr. Harrinson.—Scirrhus thickening, but no obstruction or ulceration of the pylorus; stomach greatly enlarged, but not otherwise morbid; the duodenum was also remarkably dilated, almost like a second stomach. The condition of the stomach was, probably, the consequence of pyloric obstruction, though the opening was found free after death. In the earlier stages of disease the local sensibility is necessarily heightened, and presents a formidable functional obstacle to the egress of food, while later changes establish a permanent patency in an orifice which at first was narrowed. The painful, irritable condition of the pylorus might also interfere with the peristaltic movements of the duodenum, and thus lead to its gradual distension and enlargement.

21. Dr. Woodhouse.—Scirrhus pylorus, with a very small opening into the duodenum; stomach healthy; the left hepatic lobe was nearly replaced by a large carcinomatous tumor.

22. Dr. Woodhouse.—Scirrhus pylorus. No history.

23. Mr. May.—Scirrhus œsophagus, with perforation of the left bronchus, and also of the arch of the aorta. The patient died from sudden hæmorrhage.

Other cases of malignant disease were related by different members. One occurred in a gentleman who was obliged to swallow quicksilver in large quantities before he was able to take the smallest quantity of fluid food. The practice was recommended by Sir Astley Cooper, and did not apparently injure the general health.

24. Mr. May.—Encephaloid carcinomatous tumor of the orbit, with a cast, taken after death. The patient was a bricklayer, aged twenty-one. A small encephaloid carcinoma of the eyelid, commencing in the conjunctiva at the angle of reflection, was removed by operation. It soon returned, and rapidly progressed. Death took place from exhaustion in nine months from the commencement.

The tumor was about the size of a full grown fœtus's head, globular in shape, cerebriform in consistence, of a greyish white colour, sloughing surface, and central vascularity. The globe was atrophied, the orbital contents of medullary appearance, and creamy consistence near the bones; optic nerve healthy, and abruptly lost in this structure; bones of orbit partially absorbed; brain healthy; no glandular enlargement; hereditary predisposition presumptive, his father, grandmother, and great grandmother having had malignant disease. The case may be regarded as rare and interesting.

A duplicate cast, together with a history of the case, has been forwarded by Mr. May to the museum of the Royal College of Surgeons, London.

Malformations.

25. Mr. Harrinson presented the drawing of an infant with double hare-lip. The nose, mouth, and pharynx formed one cavity, the opening of the palate occurring on either side of the intermaxillary bone, which remained in its fœtal distinctness and isolation, from arrest of lateral development.

26. Mr. Harrinson.—A full grown and otherwise well formed anencephalous fœtus. It lived nine days,

performing all the animal functions with regularity, and died convulsively. There was only one eye, and that near the centre of the forehead. Within the flattened cranium there was a cavity about the size of a walnut, but the nervous structure was too difficult from decomposition to admit of useful examination.

Mr. Harrinson.—Occipital tumor, removed from a child during life, and found to communicate by a small tubular orifice with the cavity of the skull. The practitioner should be aware of the frequency of this fact in tumors of the scalp in children, and proceed with caution. It is probable that, by the process of growth, all internal communication would cease.

Mr. Harrinson.—Specimen of extrophy of the bladder, in a female child six days old. Death resulted from general inflammation of the cellular tissue and abscess in the left breast. The various opinions and theories on this singular malformation were fully stated by Mr. H.

Mr. Harrinson.—Imperforate anus, where the operation was performed by a sharp curved trochar, which succeeded in reaching the cavity of the bowel and discharging its contents. A second obstruction existed higher up, and the child died three days afterwards. Mr. H. thought the bistoury preferable to the trochar.

Mr. Harrinson.—Dried preparation where the urethra, vagina, and rectum, terminated in a common cloacum.

Mr. May.—Pigeon-breasted thorax of an infant twelve months old, illustrative of the views of Mr. Shaw, as detailed in the "Medical Gazette" for October 29, 1841, where that gentleman clearly demonstrates its dependance on atmospheric pressure, the consequence of deficient expansibility of some portions of the lung, either from the persistence of fœtal, or the after occurrence of inflammatory conditions. The subject is a very interesting one, and strictly in accordance with the general law of the dependance of the containing upon the contained. The principle so ingeniously established by Mr. Shaw has been partially recognised as explanatory of changes in the form of the thorax, after certain inflammatory affections of the pleura or lungs, but was never successfully applied to the explanation of infant thoracic deformity, prior to the researches in question.

Morbid Fœtal Conditions.

27. Mr. Harrinson.—Diseased placenta, with the fœtus of five months' growth, but not expelled till the seventh month.

28. Mr. Harrinson.—Fœtus six weeks old. Perfect.

29. Mr. May.—Portion of a fœtal parietal bone passed per anum, by a woman who, twenty years since, voided several other bones in the same way. She had been pregnant seven months when the first was discharged.

30. Mr. Harrinson.—Double-knotted umbilical cord. The entire cord was forty-four inches long, belonging to an unusually large and healthy child, weighing thirteen pounds. A long cord and a large quantity of liquor amnii were considered the necessary and predisposing conditions.

Mr. Jeston, of Henley, said he had met with one instance of double and three of single knots. In one case the fœtus died suddenly.

Mr. Bulley, senior, during a very long and extensive practice, had never met a case of double knots, and only recollected one example of a single one. They are sometimes drawn so tight as to occasion death or arrest development; and these varieties in the results are, probably, mainly dependant on the period of their formation. The present specimen is extremely rare.

Tumors.

31. Mr. Bulley.—Osseo-fibrous tumors of the uterus. This remarkable specimen was removed from a maiden lady, aged sixty-seven. The entire mass weighed three pounds and a half airoirdupois. The largest tumor communicated with the uterus only by a thin pedicle of serous membrane which was reflected over the entire mass. It was almost wholly osseous, requiring to be sawn through, and about as large as the hands closed and arched. Osseous nodules and irregular bony deposits occupied the centre of the smaller tumors, which were principally fibrous, about a dozen in number, and varying in size from a pea to an orange. The smallest were embedded in the muscular fibres, which were reflected over the more projecting ones, the largest being alone covered by the serous membrane. The tubes and ovaries were normal.

The bony mass already described lay in the right lumbar region, and by obstructing the bowels in consequence of accidental displacement, was the immediate cause of death. A variety of anomalous head and abdominal symptoms had been present for years, baffling both the diagnosis and treatment. From the great corpulency of the patient, the presence of tumor could not be ascertained until about three months before her death; and in consequence of its ascending above the false ribs, and terminating abruptly towards the pelvis, its connection with the uterine organs was not suspected. The catamenia had continued till the fifty-second year; they were at times profuse, and uterine irritation and distress had been occasionally present.

Analogous cases may be found in the works of Davis, Dupuytren, Churchill, and others; but the size of the present tumor, and its complete osseous transformation, render it both rare and interesting.

The case has been fully detailed by Mr. Bulley in the "Provincial Journal."

32. Mr. May.—Osseo-fibrous tumor of the uterus, showing the different stages of transformation. Andral states that one in five of old females have fibrous tumors in the uterus.

33. Mr. Weight, of Wokingham.—Two large cellululo-fibrous tumors of the ovaries, weighing fourteen pounds, and removed from a maiden lady, aged seventy. They were correctly diagnosed during life.

34. Mr. Vines.—A steatomatous tumor, presenting the ordinary characters, and successfully removed from the back of a woman by the late Mr. Young.

35. Mr. Walfourd.—Large warty vegetations excised from the perineum of a female labouring under gonorrhœa.

Various Single Specimens.

36. Mr. Walker.—Tuberculated omentum adherent to the parietes and colon. The patient died from obstinate constipation without pulmonary symptoms. The lungs were not examined.

37. Mr. May.—Thickened and contracted omentum, with puckering of mucous membrane, the cause of fatal obstruction. The case has been already mentioned.

38. Mr. May.—Portion of sphacelated intestine, about five inches long and one in breadth, voided by a patient labouring under symptoms of acute inflammation of the serous and mucous membranes of the bowels, but without any symptoms of obstruction. The recovery was slow but progressive. The minute examination of the fragment by Mr. May, at the time of its being expelled, seemed to justify the conclusion that it was intestine, and not false membrane, though, its being a longitudinal and not a cylindrical portion of the bowel, excited differences of opinion as to its nature. Perhaps the most probable conclusion is, that it was a detached fragment of a portion of invaginated intestine, the remainder of the circle being destroyed by sphacelus.

39. Mr. Walfourd.—Portion of a cirrhotic liver.

40. Mr. Boulger.—A very small indurated spleen, weighing less than an ounce, removed from a patient in a state of extreme inanition. The structural change seemed closely analogous to that of cirrhosis of the liver.

Some conversation on the cause and effects of this morbid condition followed, two cases of cirrhotic liver having been narrated, and presenting very opposite symptoms. In one, protracted ill health, great emaciation, but no dropsy, were the concomitants. In the other, great corpulency and general dropsy were present. The latter individual also retained very tolerable health until about three months before death. Your reporter suggested that the tendency to adipose deposit in one case, and not in the other, might be the cause of the great differences in the symptoms during life. Confirmed spirit drinkers almost invariably became fat and puffy if the general health was not materially impaired, and the increased secretion of fat might be considered as supplementary of impeded hepatic function, and thus obviating many inconveniences which individuals of opposite temperaments were almost sure to incur.

The last group we have to analyse is that of

Calculi.

41. Mr. May.—Several specimens of urinary calculi, principally of lithic acid.

In the centre of one was an apple pip; a second was passed in large fragments during life, without medical or surgical interference.

42. Mr. Jeston also presented several large fragments of phosphatic calculus, which a patient of his had passed, after suffering from vesical distress and the alkaline diathesis two years. The muriatic acid had been taken for some time previously.

43. Mr. Taylor.—Sections of urinary calculi, beautifully prepared, with description attached.

44. Mr. May.—Calculi taken from the bladder of a dog.

45. Mr. Harrison.—Preputial calculus, extracted by incision by Mr. May.

46. Mr. Harrison.—Large renal calculus impacted in the pelvis of the kidney, the gland itself being atrophied.

47. Mr. Harrison.—Numerous biliary calculi with distended gall-bladder.

We have now, Mr. President, accomplished, to the best of our power, the rather arduous duty assigned to us by the society, and, while fully conscious that fresh interest might have been imparted to the narration of such varied and interesting detail, had they been entrusted to abler hands, it is but justice to state that some of our omissions have been the inevitable result of imperfect materials, many of the preparations being recorded without any description whatever—a defect we hope, in the ensuing year, to see remedied, by increased attention and diligence on the part of the members.

The great interest of a document like the present is, we conceive, in its being truly representative of our proceedings; and we have purposely avoided giving to your Retrospective Address any other character than that of a history of our own acts and deeds. In conclusion, we cannot do otherwise than congratulate you upon the results of your first year's labors; they have, if we mistake not, exceeded in amount and interest the expectations of the most sanguine amongst us, and more than realised the advantages we mutually expected to gain by our present association. Compared with other analogous societies, we have cause for exultation rather than discouragement; and though laboring in a more limited sphere, and deprived of many of the advantages of our metropolitan brethren, let us not yield to them in our zealous endeavours to uphold the respectability and promote the true interests of our common profession, by an ardent and steady cultivation of all the opportunities in our power, and by maintaining amongst ourselves that spirit of union and friendly co-operation so essential to individual happiness and to corporate prosperity.

CASE
OF
FEMORAL HERNIA,
SUCCESSFULLY OPERATED ON FORTY-EIGHT
HOURS AFTER STRANGULATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I have much pleasure in sending you the following case for insertion in the "Provincial Medical Journal."

Your obedient servant,

FRANCIS BORTON, M.D.,
Physician to the Malton Dispensary.

Malton, August 3, 1842.

It was a correct observation made by the late Sir Astley P. Cooper, and deserving of being retained in remembrance, that hernia was, of all cases, that which required the utmost promptitude of treatment, and application of skill on the part of the medical practitioner; for as to aneurism or stone, they admitted of delay, so that a patient or his friends might consult those who were known to have possessed the greatest opportunities and the most extensive experience in operating in those diseases, whereas, with respect to hernia, there was no time for procrastination—no time for procuring aid from a great distance—consequently, on the experience and nerve of the

medical attendants whose services might be required on such occasions, would often depend the life or death of the patient. The case which I am going to relate is an instance of success manifestly resulting from the adoption of decisive measures, and is an illustration of the applicability and importance of the preceding high authority.

Ann Walker, aged twenty-six, unmarried, and whose health at best is only delicate, has been afflicted with femoral hernia, on the right side, for the last five years, and as the truss which she had been in the habit of constantly wearing caused her some pain and uneasiness, she was induced to procure and apply a new one, which she continued to use till within three days of the unfortunate occurrence of strangulation. In addition to this negligence, she had also omitted to attend to keeping her bowels in a state of regularity, and they became constipated. Finding herself to be getting worse, and labouring under great suffering and agony, she sent, on the 27th of June, for Mr. Charles Cobb, of Malton, the surgical attendant on the family in whose service she was engaged, at Wharrah-le-Street, a village situate on the wolds of Yorkshire, at about seven miles distance from this place. On his arrival, which was not sooner than twenty-four hours after the bowel had been strangulated, the patient was copiously bled, the taxis applied, a tobacco enema administered, and the taxis a second time tried. These energetic measures not having achieved their object, I was then requested to join Mr. Cobb in consultation. At the time we met about four hours had elapsed since the patient was first visited. We again deemed it advisable to have recourse to the tobacco enema, and to the taxis, but were again disappointed. We then proposed the operation, urging its necessity by stating that death to a certainty would take place, before many hours elapsed, without she consented to it, and that it afforded the only possible chance of saving her life. Notwithstanding all our entreaties, however, she withheld her consent. Cold applications were then directed to be constantly applied to the part during the night, and we left her.

On visiting her in the morning, we found that, instead of there having been any mitigation of pain, &c., the symptoms had increased in violence, and that a troublesome sickness and vomiting, the latter partaking of the stercoraceous character, had come on. Pointing out to her again how her case had assumed a more serious form, and how very critical her situation had become, she gave her consent to the immediate performance of the operation. On Mr. Cobb's commencing the operation, the tumor was large and painful to the touch; the abdomen was slightly enlarged, having a tendency to become tympanitic; and the strangulation had existed forty-eight hours. On opening the fascia propria, about an ounce and a half of yellowish serum escaped, and the sac contained about half that quantity. After the free division of Poupart's ligament, the hernia was still irreducible, the sac being adherent to the femoral vessels and fascia iliaca, and the bowel firmly attached to the sac. The bowel was carefully detached from the hernial sac, which was also dissected from the fascia iliaca and femoral vessels, sufficiently to admit of the return of the hernia after the division of the stricture,