Churchill to be regarded as the D'Orsay of medical publishers. Nor should the merits of Mr. Bagg be forgotten. He has contributed 246 illustrations of exquisite finish. Well, indeed, would it be, for patients and their surgeons too, if half the jaws and new noses partook of a tithe of the beauty with which Bagg here delineates them. They are like restorations from the antique. Bagg is, in truth, the "Phiz" of medical literature.

SHEFFIELD MEDICAL SOCIETY.

February 9, 1843.

Sir A. J. KNIGHT in the Chair.

SOFTENING OF THE STOMACH.

Dr. Favell introduced the particulars of a case of softening and erosion of the stomach, which he had had the opportunity of witnessing some time previously.

The subject of the affection was a child, twelve months' old, which had died very suddenly. According to the statement of the parents, the child had enjoyed very good health from the period of its birth. The body was extremely well developed, and the process of nutrition had evidently been perfectly carried on. A day or two before death the child did not appear to be in its usual health and spirits, but was not so much indisposed as to induce the parents to send for their medical attendant. A little medicine, however, was procured from the druggist's, and the child soon appeared to be well again. On the Saturday evening it was put to bed about ten o'clock, and seemed to ail nothing. It slept well and naturally, but between twelve and one the mother awoke, and found the child dead by her side.

The body was examined, by order of the coroner, two days afterwards. Externally there was no appearance worthy of note; not the slightest appearance of decomposition; the brain and its membranes were natural, the former slightly congested. The only departure from a healthy state of the thoracic viscera was the unclosed condition of the foramen ovale. When the abdominal cavity was opened, the liver, intestines, spleen, &c., were all natural; but on proceeding to remove the stomach, it was found that the cardiac extremity had a large aperture in it, and was so extremely soft as not to bear the slightest degree of handling. When the viscus was removed, it was incapable of sustaining its own weight; in fact, the cardiac portion of it was a soft gelatinous mass. The lining membrane of the other portions of the stomach was quite normal. In some subsequent remarks, Dr. Favell referred to the two kinds of softening described by Cruveilhier—the gelatiniform and the pultaceous, the former of which is usually preceded by symptoms of gastric irritation. He was of opinion, however, that the abnormal state of the stomach in the case just detailed was altogether post-mortem. He maintained that the perfect nutrition and healthy development of the child were sufficient evidence that it had not labored under chronic disease of the organs concerned in digestion, whilst it had never had any symptoms of acute mischief. The erosion had certainly not occurred during life, because

there was no sudden expression of suffering on the part of the child, and not the slightest inflammatory blush on the peritoneum.

The author afterwards proceeded to notice the various theories which have been advanced to account for softening and erosion of the stomach, and dwelt particularly on the opinions of Hunter, Gairdner, Joeger, Carswell, and Dr. Imlach. He stated it to be his own conviction that the abnormal condition of the viscus is attributable to the action of the gastric juice.

With respect to the cause of death, Dr. F. was disposed to refer it to some sudden irregularity in the circulation, favored, but probably not induced, by the patent condition of the foramen ovale.

BIRMINGHAM PATHOLOGICAL SOCIETY.

January 7, 1843.

JAMES RUSSELL, Esq., in the Chair.

The report of the secretaries and treasurer for 1842 was read and adopted by the society, and ordered to be printed.

Dr. Fletcher introduced a specimen of true polypus of the heart, the particulars of which he did not wish to be entered upon the minutes, or published at present.

Dr. Fletcher then brought before the society a man, aged thirty-four, affected with congenital malformation of the urinary and genital organs—absence of the inferior parietes of the abdomen and the anterior part of the bladder, exposing the posterior red mucous membrane, with the ureters terminating upon it—absence of the corpora cavernosa, with the ureter split all along superiorly, through the corpus spongiosum and glans penis. He married eight years since, and has connection, at which time the corpus spongiosum and glans measure about four inches, and the ejection of semen takes place from the upper part of its root. His wife has no children. He has no navel, and the origin of this malformation appears to have been in some degree connected with the malformation of the urachus and umbilical cord.

Dr. F. then exhibited a drawing of the same malformation in a child, which is now six years old.

ANATOMICAL SOCIETY OF EDINBURGH.

December 20, 1842.

ANEURYSM OF AORTA BURSTING INTO PERICARDIUM.

Mr. Spence exhibited an aneurysm of the ascending aorta, the size of a small orange, which had burst into the pericardium by an ulcerated opening, about a line in diameter. The patient, a female, aged forty-five, had suffered, some months before her death, an attack of pericarditis. She was in her ordinary state of health on the morning of the day on which death took place, which occurred suddenly.

OBLITERATION OF THE LARGE VENOUS TRUNKS.

Dr. Peacock exhibited two preparations illustrative of obliteration of the large venous trunks.

The first preparation, showing complete obliteration of the vena cava inferior, was obtained from the body of a female, forty-seven years of age, who died laboring under general dropsy and hæmatemesis. On ex-