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RETROSPECTIVE ADDRESS

OF THE
SECOND ANNIVERSARY
OF THE

READING PATHOLOGICAL SOCIETY.

By RICHARD T. WOODHOUSE, M.D.,

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[Read July 11, 1843.]

MR. PRESIDENT AND GENTLEMEN,—In appearing before you this evening in the novel position to which your unanimous votes at our last meeting so kindly elected us, we feel that, had we not been taken by surprise, and had had more time to weigh well the responsible task which you did us the honor to assign to our care, we ought to have declined the compliment as much from a diffidence in ability to perform it in a manner satisfactory to ourselves, as from the conviction that there are many other members of the society better qualified to deliver an address retrospective of your proceedings for the last year, and more able to fulfil the objects and intentions of such a review.

But willing, in however small a degree, to acknowledge our share of a debt of gratitude to the Association for the valuable information and useful instruction which we, in common with every other member, have derived from its sittings, we are emboldened to commence the undertaking, trusting to your kind indulgence for the many defects and errors which will be found in our pages.

We are assembled this evening to celebrate the second anniversary of our infant society, and, in reverting to the labors of the year just elapsed, feel pride in the assurance that it will not be found to have fallen short of the promises of the first twelve months of its existence, in fulfilling the objects and purposes for which it was established. The increasing interest taken in the discussions, and the augmented zeal of its members in collecting and producing morbid and other interesting specimens, many of which now deck the shelves of this museum, give confidence to the hope that it will soon attain to vigorous adolescence and manhood—ultimately to venerable and protracted age.

We need not now recapitulate the objects for which the Reading Pathological Society was instituted; they were clearly and happily expressed by my talented predecessor in the address of last year; but will merely state that his predictions of its utility have been amply verified; for, while we have continued to run the race of honorable competition, and endeavored to promote the advantage and extend the usefulness of our common profession, harmony, good feeling, and increased respect for each other, have uniformly prevailed amongst us.

The advantages of such institutions as the one we

this day commemorate are further pointed out by another talented and exalted member of our profession, Sir Benjamin Brodie, in his retrospective address at the anniversary meeting of the Medico-Chirurgical Society of London, for 1840: "Whatever brings a number of men of our profession into friendly intercourse and scientific conversation, will be useful in exciting emulation, exercising intellect, and giving additions to their knowledge; it maintains the zeal of the zealous, while it imparts a spirit of emulation to those who are without it; it removes the distrustful feeling so liable to be engendered by professional men not personally acquainted; it gives us a better knowledge of ourselves, teaches humility with respect to our own attainments, and respect for the opinions of others." Had these feelings and sentiments been previously wanting in the bosom of any of our members, we feel assured the social and harmonious conduct of our meetings has been calculated to excite and augment them.

But while we thus recite the advantages and utility of our society, we must not omit to record our tribute of praise to the memory of departed worth; for we have to deplore the loss sustained by the recent and untimely death of one of our most zealous and useful members, Mr. Sylvester. The minutes of your proceedings bear frequent testimony to the energy and assiduity with which he labored in the search after knowledge, while to his efforts to discharge the arduous duties of his profession to the poor over a field too extensive for his physical strength, may be attributed the accession of the malady which prematurely closed his useful career. We have also to regret the removal of two other useful and most esteemed members, Mr. Boulger and Mr. Walker, the former to a larger sphere of more lucrative practice, the latter to seek a more genial clime for one who is nearest and most dear to him.

During the past year eleven meetings of the society have been held, of which we now, in accordance with your request, proceed to give a retrospective review, and shall follow the same arrangement of the materials as that adopted in the address of last year, taking the communications in the order of their presentation, and classifying the specimens under the same heads, appending as much of the history and observations given on each as will render it interesting, or as we, in our capacity of your secretary, have been able to collect without the aid of stenography.

[Here follows a general description of the specimens and cases presented to the society during the past year, a portion of which we are obliged to omit, introducing only those which, from the completeness of the history or intrinsic interest, may prove acceptable to our readers.]—Eds.

COMMUNICATIONS.

Sept. 6.—The first communication I have to notice

is a case related by Dr. Cowan, of a man who was admitted into the hospital under his care suffering from paralysis of the shoulders, arms, and hands. He had formerly been a painter, but had not touched paint for eight months. The peculiarity of this case was the singular outline which the disease occupied, affecting the shoulders, upper part of chest, and back, with a distinct and symmetrical line of demarcation between the paralysed and healthy portions. He remained a considerable time under treatment—the affected portions of the thorax, shoulders, and upper arm recovering first, the forearms and wrists being more slow in their progress. It is difficult to assign a reason why the disease should have affected these precise limits.

Nov. 1. Dr. Bradshaw—Notes on the Use of Terebinthina in Puerperal Peritonitis, showing the advantages of this remedy in doses of twenty drops three times in the day in the commencement of the disease, frequently cutting it short, rendering the use of the lancet unnecessary. He quoted the opinion of John Hunter, "that the peritoneum in puerperal women was liable to a gangrenous inflammation, and that turpentine might be employed with advantage as a specific." He, Dr. Bradshaw, did not recommend it in cases of severe peritonitis to supersede the lancet, but as an adjuvant. Mr. Sylvester said that, about the year 1810, Dr. Brennan, of Dublin, had recommended the same remedy in six drachm doses. In the course of the interesting discussion which followed, it was remarked that the cases related were not those of well marked child-bed fever, or genuine puerperal disease, consisting of inflammation of the veins or absorbents, of the uterus or the peritoneum. On which Mr. May observed that we had first to define what was puerperal fever?—It is a disease on which the profession are yet undecided. He referred to Dr. Ferguson's able book on this subject, who says it is a disease proceeding from a specific poison introduced into the system, and divides the cases into four classes. In many cases of puerperal fever no traces of inflammation of the peritoneum can be found. Mr. May added that it is now generally admitted that medical men themselves frequently were the innocent means of conveying the contagion from one patient to another, either on their hands or in their clothes; and he thought practitioners in midwifery should be very cautious in respect of the contamination of their hands by post-mortem examinations and other surgical manipulations, which is now a point most strongly insisted on by the highest authorities. Mr. Jeston inquired whether similar effects had been observed to arise from other diseases, and that he had been called from a case of erysipelas to one of labor, in which fatal puerperal fever followed. The late Dr. Hamilton, of Edinburgh, used to maintain this doctrine in his lectures, and an instance was referred to where forty cases occurred in the practice of a surgeon at Nottingham from dressing a simple sore. The varying types and shades of this disease may more readily be accounted for on the old though reviving doctrine of the humoral pathology; and if turpentine has any peculiar virtues in this dire complaint, it may be by its action on the emunctories, and thus aiding to get rid of the poison.

Mr. Vines, on the 17th of January, read a case of

ovarian dropsy, accompanied with ascites, in a woman of sixty-two, who had been married forty-two years, and had borne but one child. The catamenia had ceased fifteen years ago. The chief point of interest in this case was the profuse discharge of blood from the vagina, which was believed to be menstrual. At the necropsy a large quantity of fluid was found in the peritoneal sac, and an oblong tumor filling the cavity of the pelvis, and extending up to the umbilicus, which, on being laid open, presented the usual appearance of cells and sacs filled with pus or albuminous fluid. The discussion which followed chiefly turned upon the sanguineous discharge, which Mr. Harrison believed to proceed rather from varicose veins of the vagina, than to be the usual periodical secretion, as in the progress of age the os uteri becomes closed up. Dr. Cowan and Mr. May denied the latter part of Mr. H.'s opinion, and thought that when occlusion took place it was accidental. Our own limited experience would lead us to incline to Mr. Harrison's notion of the varicose, or otherwise extravasated nature of the discharge, rather than that it was the periodical secretion revived; but it is a point yet undecided, and would require more accurate examination and dissection. These cases generally baffle all medical means of cure, the only effectual mode being their removal by the knife—a triumph which has been reserved for modern surgery to achieve, successful instances of which have recently been published by Mr. Walm, in the "Medical Gazette" for December 23, 1842. Other cases have been published by Mr. Clay, of Manchester; Mr. Lizars, of Edinburgh; and Dr. Macdowal, of Kentucky.

On the 14th of February Dr. Bradshaw related the case of a lady who, for seven years past, had in every February been affected with hæmorrhage from the uterus, accompanied by a tertian ague, in whom, by treating the fever in the ordinary way, the hæmorrhage subsides. The question in this instance was, which was the cause, or which the effect? Mr. May thought it was a case of congestion of the uterus occurring in a tertian ague, as congestion usually takes place in some internal organ during the cold stage of that disease. Dr. Cowan thought every disease in the calendar was simulated by ague, and instanced a periodical attack of ophthalmia in his own person, which was only cured by quinine; and that in our practice we should look more to the general condition of the system than to the host of minute symptoms which usually attract our attention.

On March 14 Dr. Cowan read the first part of his Statistics of Private Practice, in which, with his usual power and fluency, he illustrated the great advantages of this mode of recording facts, thereby accumulating a store of information from which just inferences and well founded opinions may be drawn to guide us in our search after truth. The report contained an analysis of 1281 cases treated by him, exclusive of those attending at our public institutions; also special statistics of fever, influenza, and hooping-cough, with a collation of the opinions and treatment recommended by various writers in the different periodicals of the day—the writer's object being to concentrate, as it were, into one focus, for the benefit of the student and junior practitioner, the lights of so

many fugitive luminaries. But, as this valuable document has since been published in the Provincial Medical Journal for May 6 and 13, 1843, I need not here further allude to it, than to say it received the cordial and well merited thanks of the society.

Mr. Waldron, of Theale, on the 11th of April, related the case of a woman under his care, who was formerly a patient in this hospital, and exhibited a number of calculi, which she said she had passed from the bladder, but which, on being examined, were found to be chiefly pebbles and flints. She certainly had now a stone in the bladder, distinctly felt by the catheter, but whether a true urinary calculus, or one like those now before the society, he did not know. He asked how such a case should be treated. Mr. May said the case presented more interest than might at first sight appear; it was a question whether the stone was formed in the kidney or introduced *ab externo*; he thought there was a certain extent of original disease with a considerable amount of imposture, and that such cases should be looked on with some leniency as occurring in females of a certain constitution.

A somewhat analogous case is given in the "Lancet" for June 30, 1838, by Mr. John Christophers, of London, formerly house surgeon to the Middlesex Hospital, of a female from whose urethra a square piece of flint pebble, weighing 174 grains, was extracted with a common forceps. Instances are not rare, in our hospital records, of females using such devices to prolong their abode in these institutions.

On the same evening, Mr. Hooper read his notes of the autopsy of Thomas Steers, who was found drowned in the Kennet a short time since, under rather suspicious circumstances. He was seen between nine, p.m., and half-past, as he left the public-house in Bridge-street, and at twenty minutes or half-past ten the same night his body was found floating by some bargemen at the wharf, half a mile from the place where his hat and apron were found. The writer's object was to state the reasons for the opinions he gave on the inquest. The marks of violence on the body were slight; the legs were loosely tied together. In other respects he had not the usual appearance of a person who dies by drowning. From the closed eyes, the natural pupil, the unprotruded and pale tongue, the calm features, the absence of frothy mucus about the mouth and nostrils, the open hands, the nails free from dirt, the moderately congested state of the vessels, the fluid blood, the empty state of the bladder, and the lungs so fully inflated as to render the body buoyant in the water, he was led to the conclusion that death took place after immersion, and perhaps during syncope.

In the animated and prolonged discussion which followed, Dr. Cowan said his impression was, that the man died from immersion—that he put an end to his own life, and that his age being taken into the account (seventy-five), would not enable him to make that resistance to asphyxia which a younger man would, and instanced the case of Captain Canning, who died at Madeira after plunging into a cold tank in a state of exhaustion from exercise. He was taken up without exhibiting any of those usual evidences of asphyxia; he died at once, the heart ceasing its action, being exhausted by the previous exertion. Mr. May thought

the man died before being immersed, and regretted the post-mortem examination was not complete; the cervical spine should have been examined, for, in cases of injury to that part of the vertebral column, death is very sudden; and stated his opinion that, from the previous history, the attending circumstances, and from the post-mortem appearances, the man died by other hands than his own. Mr. Harrison coincided with Mr. May, and observed, that as the body was not examined for thirty-six hours after death, it might account for congestion not being found in some of the organs; and, on the following evening, remarked the circumstance of the body being found floating, which, in his opinion, could only be accounted for by the abdomen becoming suddenly tympanitic, and which usually arises from a general or local cause, the general cause being hysteria, the local, injury to the spine or strangulation. In support of the latter cause, he referred to the practice of the sleigh-drivers in Canada and elsewhere; when a horse sinks through the ice, a rope is put round his neck, and drawn so tight as to produce incomplete strangulation, which causes a sudden tympanitic condition of the abdomen, by which the animal floats, and is more readily drawn over the edge of the ice.

At the same meeting Dr. Cowan read the second part of his Statistics of Private Practice, containing a special report of the cases of rheumatism, neuralgia, chlorosis, bronchitis, and phthisis, which had fallen under his care, and collated the opinions and the various modes of treatment recommended by different writers down to the present day on these subjects, of which he gave a lucid sketch with that ability which characterises all the productions of the accomplished author. These valuable documents have since been published in the Provincial Journal for May 20th, and two succeeding numbers.

On the 9th of May Mr. Vines read his notes of the autopsy of Francis Watson, who fell suddenly dead in the street a few weeks before. In the head, a considerable portion of bone was found in the falx major, between its middle and anterior part, of an irregular flattened oval shape, slightly convex on each side and about the diameter of a halfpenny, pressing on each hemisphere of the brain. There were slight traces of arachnitis. The heart was thin and the coronaries ossified. The aorta dilated. The abdominal viscera healthy. An interesting and prolonged conversation followed as to the cause of death in this case, some believing the heart, and others the brain, to be the immediate organ in which dissolution commenced; but as the heart was found empty, it must have continued to act to the last; the more probable cause was the sudden arrest of the function of the brain.

On the same evening Dr. Cowan read a case of diabetes mellitus, or mellituria, the chief interest of which, he said, arose from the appropriate dietetic treatment, especially the importance of abstaining from bread; while greens, turnip-tops, brocoli, and water-cresses, with other plants of the order cruciferae, as first pointed out by Dr. Babington, were used with advantage, as enabling the patient better to take the animal food. He afterwards gave an abridgment of the opinions of the ancient as well as modern authors on this interesting though obscure disease, and col-

lated with his usual felicity and industry the varieties of treatment recommended by various writers in the periodicals of the day as well as the standard works, from which he concludes that more reliance is to be placed on the dietetic than the medicinal treatment of the malady. This valuable and interesting paper has also been published in the *Provincial Journal* for June 17th, 1843.

June 6. Mr. Walford—The case of a man who committed suicide by hanging on the 29th of May, while under great mental depression. On examination of the body, a little jelly-like effusion was found between the arachnoid and pia mater on the upper surface of the brain, but not at the base, and which was considered the effect of the mode of death. There was a small bony plate, about the size of a sixpence, on the falx major, in or about the same place as in the man Watson, reported by Mr. Vines, but not imbedded in the substance of the membrane. In the chest all was normal, the cavities of the heart full of dark fluid blood. The liver was soft and friable in structure, the peritoneal coat easily peeling off to a considerable extent. In this man the disposition to suicide was hereditary. That portion of the brain where the organ of destructiveness is said to be located was not minutely examined, so as to enable one to say whether there was any alteration of structure. Dr. Cowan referred to the opinion of Dr. Bright and others, that the cortical portion of the brain is divided into several laminae, which, in these cases, present alterations of structure, and that generally a red softening and diffusion of substance had been found. This opinion was confirmed by Foville and Esquirol, in their examinations at Salpêtrière, where the diseased brain is almost always dissected side by side with a healthy one. Dr. Cowan then went on to draw a parallel between the hypochondriacal and suicidal conditions of the mind, defining the former as an excessive love of life, the latter having generally a reference to the affairs of the external world. In the conversation which arose from this case, the following questions were asked:—How long after a person was cut down attempts should be made to reproduce animation? The general reply was, that in a very short time after the heart had ceased to act, all efforts would be useless. In those who die by suspension, does death occur from apnoea or from dislocation of the vertebrae? The general answer was, that dislocation rarely, if ever, took place. The treatment suggested by various members, in cases where signs of life remained, was bleeding from the jugular veins, artificial respiration, by acting on the elasticity of the ribs, stimulating frictions or flagellation, to rouse the excito-motory system, but, above all, electricity, when it was at hand. No blood should be drawn from the *arteries*, as they are already empty.

On June 6, the last paper of the year was read by Mr. Vines, on a case of arachnitis, which occurred in a servant girl, aged nineteen, of small stature, and rather plethoric habit, from whom he abstracted 136 ounces of blood from the arm and by cupping on the nape of the neck, in ten days, terminating in perfect recovery after two or three relapses. The object of the narrator was to show the unusual extent to which it is sometimes necessary to carry our depletory measures, as well as to point out one or two particu-

lars in the case which he deemed worthy of notice—viz., the occurrence of dilated pupil and insensibility to light in the commencement of the disease, which, though generally a symptom of pressure from effusion, extravasation, or by other means, he thought might arise from the congested state of the vessels of the ophthalmic apparatus, caused by arterial excitement; secondly, the peculiarly rapid pulse; and lastly, the advantages of cupping in the neighbourhood of the head, where general bleeding fails to give all the relief we expect. Mr. V. recommends the scarificator and glasses to be applied to the vertex, in accordance with the views of Dr. Burrows, that the brain does contain more blood at one time than another. This case has since been given in the "*Medical Gazette*" for June 16, 1843.

Having now given a very condensed, and, we confess, a very feeble and imperfect outline of the principal communications made during the past year, we shall now proceed to glance at the morbid specimens presented, and shall adopt the same arrangement of them as my predecessor, beginning with the diseases of the

Osseous System.

1. By Mr. May—The first we have to notice was injury of the cervical spine, proving fatal in ten hours. It occurred in a curious manner. A girl employed at the silk factory, whose shawl was caught by the driving shaft of the steam-engine, and coiled round the revolving shaft, was dragged forcibly against it, so that the muscles of the lower lip and chin were torn down from the jaw. The larynx and anterior part of the neck were much injured. There was great dyspnoea, and no respiratory murmur was heard in the left lung for a few hours before death. At the time of her admission no suspicion existed as to the state of the spine. On examination after death, the fifth cervical vertebra was found disrupted from its inferior intervertebral substance; the theca ruptured, but no effusion within or without the canal; the nervous fibrillae on the left side were congested. Could this be sufficient to account for the absence of murmur in the left lung?

2. Mr. Harrison—A specimen of spina bifida in a child eight weeks' old, which, gradually increasing in size, was punctured with Davis's exploring needle, and dressed with compresses and bandage. Complete perforation took place in fourteen days, and, on the seventeenth, death.

Diseases of the Heart and Great Vessels.

3. Mr. Harrison—A specimen of acute inflammation of the pericardium in a child of five months. The pericardium contained six to eight ounces of flaky serous fluid. The surface of the heart covered with fibrine of a curdy consistence, and in some places a quarter of an inch in thickness. The reflected pericardium was red, thickened, and velvety. No effusion in pleura. Lungs healthy, adhering to the distended pericardium.

4. Mr. Harrison—Disease of the heart in a man of seventy-six. At the left auriculo-ventricular opening ossification of the coronary arteries. The patient had been subject to palpitations, angina, and rheumatism for twenty years. The heart was flabby, and exhibited a good instance of cessation of its action from deficient nourishment.

5. Dr. Cowan—A specimen of pericardium adhering to the heart. Adhesion of the apex to the diaphragm and to the lungs, which was indicated during life by the degree of sound which was audible all over the chest. The interior of the heart little affected. In one kidney there was a distinct tubercular degeneration, but in no other part of the body was any tubercular deposit found.

6. Dr. Cowan—The abdominal aorta taken from a female, aged seventy-two, which had bony deposit in it to a large extent. The splenic artery was very tortuous. Œdema of the lower extremities took place about a fortnight before death, but not from the state of the artery. She died from chronic bronchitis.

7. Mr. Harrison—A diseased heart, sent by Mr. Tiley, from London, in which there was a curious circular depression at the apex, resembling sphacelus, about the size of a shilling, and which would, in all probability, in a short time, had the patient survived, have terminated in rupture. No history.

Lungs and Respiratory Apparatus.

8. Mr. Harrison—A series of specimens from a woman, aged thirty, who died of pneumo-thorax, in whom abscess of the ear occurred, followed by paralysis of the portio dura. The right lung was much diseased, splenified, and softened. The left lung presented one large purulent deposit. No tubercles existed anywhere. The dura mater was scarcely adherent to the calvarium. The sinuses were filled with pus. The cerebrum and cerebellum were softened, diffuent. The petrous portion of the right temporal bone was carious in several places. The auditory nerve bathed in pus. The posterior portion of the occipital bone perforated. Lateral sinus thickened.

9. Mr. Harrison—A larynx where laryngitis followed scarlatina, producing closure of the rima glottidis and suffocation. He mentioned one or two instances where tracheotomy was performed with advantage, but in this case it was out of the question.

10. Mr. Walford—The lung of a child fifteen months old, in whom pneumonia succeeded to hooping-cough. The lower lobe was consolidated, the upper emphysematous.

11. Mr. Walford—A portion of the lung and anterior mediastinum of a person who died of cancer of the mamma, with effusion into the chest. The portion of the mediastinum appeared cancerous. The lungs and the liver also contained cancerous infiltration. There were scirrhous nodules in the uterus.

12. Dr. Woodhouse—a portion of an enormously thickened pleura, taken from a boy who died in the hospital. He had been ill three months prior to admission, at which time the whole of the right side of the chest was filled with fluid. He never had pain at any period of his illness. Death ensued from the supervention of acute pleurisy, with effusion into the other side of the chest. The portion of pleura presented was taken from the right anterior superior part, and was about five lines in thickness. The absence of pain in such cases is not uncommon, though systematic writers set it down as one of the diagnostics of the disease.

13. Mr. May—A disease of the lung, taken from a female, aged sixty, who died from purpura hæmor-

rhagia, called cirrhosis by Dr. Corrigan (Dublin Journal, Vol. XIII), having dilated tubes passing into blind sacs, or cavities, and which gave the signs of vomica, yet no tubercular deposit took place. The kidneys were discoloured with dark blood, of almost sooty hue. The patient had effusion of blood under the serous membranes of the chest and abdomen in several parts. There was hæmorrhage from the nose, mouth, and with the urine. Death was caused by asthænia, or syncope. The liver was congested, and adherent to the diaphragm. The lumbar glands filled with encephaloid infiltration.

The explanation given of this condition of lung, to which the name cirrhosis is given, is, that inflammation of the cellular tissue of the lung condenses and contracts it, and as it contracts it draws the bronchial tube with it, while the air assists in dilating it; and there is this difference in obstructions of the lung from adventitious deposits, that there is not room for the tubes to dilate, therefore they are not found in phthisis and other instances of infiltration of the lung.

14. Mr. Walford—The heart and lungs of a child five years of age, who had frequently been the subject of inflammation of the bronchia and tonsils. There was bellows sound over the heart. At the necropsy, thickening of the mitral and tricuspid valves was found, with a consolidation of the upper portions of the lungs corresponding with cirrhosis.

Among the observations which were made on the relation of this case, Dr. Cowan, in speaking of the influence of disorganisation of the heart, and imperfect action of the valves on the circulation through the lungs, said that it did not affect the lungs as much as one might, *a priori*, suppose, for there were valves or reflections of the lining membrane of the pulmonary veins—falciform projections of the inner membrane of the lesser veins at their entrance into the larger trunks—owing to which congestion of the large vessels did not extend beyond the secondary or tertiary branches, so that the smaller are not affected, and the structure of the lung not so much implicated in disease of the heart. These valves are not noticed in any work on descriptive anatomy.

Malformations.

15. Dr. Bradshaw—An anencephalous fœtus of about seven months. The whole of the abdominal viscera were external to the parietes, and there is varus of the left foot. The mother attributed it to a fright from seeing a man with a club foot, as well as being in a state of great mental excitement from domestic affliction. This lady afterwards miscarried on two separate occasions, but, the cause of her distresses being removed, subsequently went her full time, and twice produced a healthy, full-grown infant. He mentioned this case, as showing the influence of the mind over the functions of the uterus.

Mr. Walker related an instance where a newly-married female was frightened by a hare being shown her with the entrails hanging out. The child was born without a head, and the whole of the abdominal viscera were external to the abdominal parietes. There is great difficulty in tracing the results of the produce of conception to the circumstances which caused the mental excitement. Occurrences like these are not unfrequent, and many are recorded by the older writers, and have afforded grounds for much

vague speculation; but, in the present state of our knowledge, they can be looked upon merely as curious coincidences, and arrest of the ordinary development.

16. Mr. May—An anencephalous fœtus of about eight months' growth, sent by Mr. Skeate Workman. It was produced by a delicate female, aged thirty-five, her second child; the first alive and normal. It was a face without a brain; spinal cord perfect; born dead, with foot presentation, but felt alive the day before. There is double talipes varus, and slight umbilical hernia; one arm much smaller than the other.

Fœtus and Fœtal Preparations.

17. Mr. Harrinson—A diseased placenta, taken from a woman in labor of her eighth child, of which he gave the following history and description:—He was sent for by the midwife in attendance, who could not distinguish the presentation, which he found to be the integuments, containing the cranial bones, in a state of decomposition. The fœtus appeared to have arrived at the seventh month, and to have been dead five or six weeks. The placenta he described as being tuberculated in a generic sense, not in a specific. No blood followed on the labor, or in the lochia. The blood becoming coagulated in the sinuses of the placenta, was a frequent cause of abortion, and was found to have occurred in fifty-two out of fifty-six cases, and appeared to arise from an undue excitement of the walls of the uterus.

Tumors.

18. Mr. May—Polypus of the uterus, taken from a maiden lady of 45, which he had attempted to remove by ligature, but, failing, excised it with curved scissors. No hæmorrhage followed. This tumor is usually called polypous, but he believed it identical with that called fibrous—that it commenced beneath the mucous membrane, and, passing out of the os tincæ, expanded according to the diminished pressure of the vagina. In the ordinary fibrous tumor little could be done by way of operation, but when they were pedunculated they could be easily removed. There is generally little hæmorrhage. In 200 cases related by Dupuytren, in only two was there bleeding to any extent, and it was easily controlled by a sponge.

19. Mr. Maurice—A large tumor, together with the uterus and its appendices, taken from a female who died forty hours after the Cæsarean operation, the tumor obstructing delivery by every other means. On examination after death, a large fibrous tumor with osseous deposit, was found attached by a broad band nearly three inches in diameter, to the sacrum and last lumbar vertebra, pressing against the vagina and cervix uteri, covered anteriorly by the peritoneum, which attached it to the sides and body of the uterus. It nearly filled the whole cavity of the pelvis. The uterus was contracted and the wound gaping, which now appeared as if made in a slightly oblique direction from opposite the left Fallopian tube to an inch below the right. On the upper edge the muscular fibres were exposed, the peritoneum appearing retracted to the width of an inch; the lower one consisted of little besides its peritoneal covering. This case was afterwards communicated to the Medical Society of London, and is published in the "*Lancet*," for Feb. 4, 1843, along with its proceedings.

20. Mr. Harrinson—A kidney, which, with the

diseased mass around it, weighed nearly six pounds. Sent by Mr. Keen, of Sloane-street, Chelsea. It was taken from a man aged sixty-two, who, nine months previously, had first noticed a fulness in his left side, which at length increased to such an extent as to occupy the whole length of the left hypochondrium, compressing the stomach so as to interfere with its function and admit food only in small quantities at a time. On the 17th September some blood was first noticed, passed in strings, as he termed it, with the urine. There was dyspnœa at intervals, and about a week before death cough, with a copious expectoration of tuberculous matter. Œdema of the legs succeeded, and death on the 10th of October. At the autopsy, which could not be obtained till four days after death, on turning up the omentum, a large mass presented itself, so little like any known organ, that all present were at a loss respecting its nature and seat, until the whole was removed from the body, and the stomach, intestines, &c., which were adherent to it, were dissected away; prolongations descending between the course of the diaphragm attached it to the vertebræ. The anterior surface was soft, and, on being cut into, about half a pint of matter, resembling broken-down tubercle, escaped. Behind this sac was found the kidney, completely degenerated into a tuberculous mass. The right kidney was healthy, though considerably enlarged. The spleen healthy; left lobe of liver compressed and curiously flattened by pressure of the tumor. The mesenteric and lumbar glands diseased. The only thing that could be elicited as to the early history of this case was, that he had been subject to lumbago, but at that time was not aware of anything anomalous or deficient in the urine.

21. Mr. Harrinson—A sacculated tumor, of which he gave the following history:—About twelve months ago he was called on by Mrs. Graham, aged fifty-five, mother of several children, to introduce the catheter for retention of urine. Eight months afterwards she became a patient at the dispensary for some affection of the bladder. A tumor was discovered nearly occupying the cavity of the pelvis, which was punctured with a trocar from the vagina, and an albuminous fluid drawn off. It was followed by slight rigors and fever, which lasted only a few days. Two months afterwards she had a relapse, and died of asthenia. On inspection the pelvis was found filled with a large tumor attached to the sacrum from the second to the third foramen, and extending to the right sacro-sciatic ligament. On being laid open, a large sac was found in the centre, containing a considerable quantity of albuminous fluid, the tumor itself being chiefly scirrhous. The uterus, bladder, and rectum were healthy.

22. Mr. May—Scirrhus and atrophy of the mamma, taken from a lady, aged forty-three, who died from purpura hæmorrhagica. The skin during life was brawny, parchment-like; the mamma gone, a slight scirrhous deposit occupied its situation between the anterior and posterior fasciæ of the mamma. The liver on its upper surface presented scirrhous infiltration, not a distinct tumor, but a gradual blending with the original structure; there were in other parts small tubera. The gall-bladder was in a curious condition, filled with a clear fluid, perfectly neutral as regards the ordinary tests. The kidneys filled with blood; the intestines with dark fluid. The lungs healthy;

right lung adherent to the diaphragm. The heart empty, with effusion of blood beneath its serous covering. The uterus presented a scirrhus tumor between the rectum and vagina. The Fallopian tubes were blocked up with cancerous matter, and a serous cyst in the free extremity of one of them. The cancerous deposits in this instance were truly scirrhus, different from the encephaloid form of cancer. The catamenia ceased suddenly three years ago on getting wet.

Abdominal Viscera.

23. Mr. Harrison—A series of dried stomachs, human and quadruped, as tending to illustrate the remarks of Professor Schultz on the relative size of the curvature of the stomach in infants, adults, and animals, which served to explain the facilities of vomiting in different individuals, according as the line of curvature of the stomach approached that of the direct peristaltic action of the general alimentary canal.

24. Mr. Harrison—A diverticulum ilii taken from an old man, who showed no symptom of it during life. Mr. H. called attention to the importance of a knowledge of these diverticula, as they are sometimes the cause of strangulation, and showed a drawing of a case where a boy of twelve years died from strangulated intestine, by a diverticulum ilii which was attached to the umbilicus.

25. Mr. Walker—An enormously enlarged spleen, taken from a boy ten years of age, who complained of rigors, pain of the left hypochondrium, and emaciation. The rigors assumed the regularity of ague; he sank exhausted. On opening the body, the liver was found exceedingly enlarged, with several small abscesses, some of which had emptied their contents into the folds of the mesentery, where there was a considerable collection of matter. The spleen was red, and bore the appearance of inflammation. The case altogether presented features of great complication. The boy had only been ill for three weeks. The alvine evacuations were pale; the gall-bladder surcharged with bile; no pain in the right side.

26. Mr. Dunn—Stomach and heart of a man who died in the hospital from the effects of poison. He was a compositor in a printing-office in this town, and of dissipated habits. He took the poison between ten and eleven o'clock in the forenoon, and retired to his bed-room, where he was discovered about two hours afterwards. Medical aid was immediately called in, and an emetic administered, which brought up a quantity of yellow matter. On being visited in an hour afterwards by another medical man, he was found in a state of stupor; cold, purple skin, and pulseless at the wrist, but with intelligence perfect, and he could be easily roused to answer questions. The stupor did not seem to be that from opium; the pupils were not dilated, nor was there any stertor in the breathing; there was no tenderness on pressure in the epigastrium, nor did he complain of pain, but the whole of the vital powers seemed depressed greatly, and the stupor appeared to be the consequence. He was conveyed to the hospital about five o'clock, when the stomach-pump was employed, and hydrated protoxide of iron administered. He expired two hours afterwards. The body was examined nineteen hours after death. The stomach was much congested and vascular, with several points of ecchy-

mosis scattered over it. The heart also was very red, with several flakes of effused blood beneath the endocardium. The whole of the organs were red, the blood fluid. Arsenic was found in the stomach; the patient acknowledged having taken both arsenic and laudanum; the phial which contained the latter was found in his bed-room. An interesting discussion followed, as to whether the coma and depression exhibited during life were the result of the opium or the arsenic, or whether the usual effects of arsenic, as pain, griping, and vomiting, were suppressed by the accompanying quantity of opium. It is probable the laudanum had some share in the production of the symptoms, but similar results are found to arise in cases where the dose of arsenic is large, or in solution, constituting the second class of cases described by Christison, Orfila, and others, where death occurs in six to ten hours, or within the first day. Where the quantity of arsenic is large, its depressing influence induces the comatose condition and death before the inflammatory symptoms set in.

27. Mr. Walford—The stomach of a boy, who, mistaking a bottle of gin for something else, to quench his thirst, took a draught of it, became comatose, and never woke up. The quantity swallowed was about six ounces of undiluted gin. On examining the body, the stomach was found ecchymosed, the bronchial membrane congested, and the tubes filled with frothy mucus. The brain was congested, the arachnoid covered with a jelly-like effusion, and slightly opaque; no fluid in the ventricles. A very interesting conversation ensued on this case, in which Mr. May mentioned an instance of extreme drunkenness which occurred in the practice of Mr. Sampson, of Salisbury, in which he opened the trachea, and kept up artificial respiration for some time with complete success. It is supposed that, from pressure on the brain, asphyxia follows, from the difficult transmission of blood through the lungs in these cases. Mr. M. believed it is the only instance on record of such a proceeding, but it is sufficient to prove the accuracy of the pathology, for, by keeping up artificial respiration, you give the brain time to recover itself. In cases of extreme coma from intoxication, when symptoms of death are apparent, this operation should be attempted.

The stomach in Mr. Walford's case presented similar appearances to those described by Sir B. Brodie in his experiments on rabbits, but which are not always found in those who have been habituated to the use of ardent spirits, as we may suppose this boy *not* to have been. The experiments of Orfila and Christison show the same effects on the stomach when proof spirit is injected into the veins.

28. Mr. Dunn—A cirrhotic, hobnailed, or tuberculated liver, taken from a man who died in the hospital, and had been a confirmed drunkard. He had effusion into one side of his chest, as well as in the peritoneum, on his admission. Effusion suddenly occurred in the other side, terminating life a few days afterwards. The gall-bladder was small and contained very little bile.

Calculi.

29. Mr. May—A vesical calculus extracted during life by the lateral operation. Also a renal calculus impacted in the kidney, of a triangular form, its angles

so fixed in the infundibulum that it could never have descended into the bladder. The nucleus was lithic acid.

30. Mr. Jeston, of Henley—A gall stone of very large dimensions voided during life; fifteen years afterwards the same patient became dropsical, and being weary of taking medicines for its relief and without benefit, was ultimately cured by taking snuff mixed with digitalis, in the proportion of three grains of the latter to thirty of the former.

31. Mr. May—A biliary calculus weighing one drachm twenty-three grains, sent by Mr. Hewitt, of Isley, which was passed during life; also two others of curious triangular shape taken after death, apparently composed of cholestrine and the result of inspissation.

32. Mr. May—A urinary calculus, also sent by Mr. Hewitt, weighing two ounces four drachms fifty-three grains, taken after death; lithic acid nucleus, with rough nodulous or spinous surface, and thin phosphatic crust. Mr. M. read extracts from Mr. Hewitt's letter, mentioning the cases of three men afflicted with calculus, who lived fifty years on the banks of the same brook; two had similar stones, one different.

33. Mr. May—Some calculi with the bladder and kidneys of the same subject, aged eighty-two, and from whom he had taken the biliary calculi. The bladder contained numerous stones and detritus, with some muco-purulent urine. Its fundus was more horizontal than natural, being distended into a pouch, the apex of which was thin, and formed only of serous and mucous membrane. The mucous membrane of the bladder, generally, was highly vascular, the muscular and cellular hypertrophied. The prostate gland enlarged to nearly thrice its natural size, the left lobe projecting considerably within the cavity. The prostatic portion of the urethra very much dilated. The kidneys embedded in fat, the pelvic apparatus of the right dilated, containing calculous matter mixed with muco-purulent urine. The cortical substance atrophied, with small serous cysts within its capsule. The left in a similar condition but more advanced, and with numerous and large cysts on its surface. The ureters dilated, the left contained a calculus near the bladder. The calculi lithic, with deep chocolate coating, and a super-crustation of phosphates, all being extremely fragile; gross weight eleven drachms one scruple; the largest seven drachms twelve grains; the smaller, four drachms eight grains.

34. Mr. Harrison—A calculus taken from the left ureter, the symptoms of which were distinctly marked during life; one or two calculi had been extracted from the urethra about twelve months before; the patient died of *asthenia*. The right kidney and ureter were large and tuberculous, the left three times as large as the right and filled with flocculent fluid; the stone was impacted in the middle of the ureter. He had not voided urine for twenty hours before death, but did not die comatose, as is usual in suppression of that secretion. There was no stone in the bladder. This and the preceding case are well-marked instances of the origin and progress of urinary calculi, their original formation in the kidneys, their progress through the ureters to the bladder, where the successive aggregation of new particles increases their size so as to cause the painful train of symptoms which usually characterise their existence.

37. Mr. Harrison—Casts of the feet of Mrs. Egby's infant, fourteen days old, presenting a curious malformation; the first and second toes of each foot, together with their metatarsal bones are wanting; the phalanges of the third toes are also absent; tarsal bones probably complete. In this infant, also, the extreme phalanx of each thumb is bent at right angles towards the forefinger; there is no nail on the latter.

38. Mr. Jeston, of Henley—Some sketches of the deformity of the feet and toes of two young women who reside at Nuffield, in Oxfordshire; one of them had three children, two of whom had deformity of the feet. The grandmother of the latter says she was frightened when pregnant by the sight of a picture of a man with a deformed foot at a fair; she did not see the man, merely the representation.

39. Mr. May—Two casts of feet, in which the section of the tendons had been performed for talipes. Though simple and efficacious as such operations were, the deformity generally returned unless great care is taken to preserve the proper position by mechanical contrivances.

40. Mr. May—Six casts of deformities of the hands, in some of which the fingers are united by a web; in others there are supernumerary fingers, all occurring in the same family; and gave a detail of eighteen cases which he had traced through six generations, besides others which are not authenticated. Mr. M. continued, it is difficult to find any reasons for these malformations. It is said that up to the third month of intra-uterine life, the fingers are all united by a membrane similar to the *membrana pupillaris*, but why it should continue in certain families is impossible to say. It is observed that when it occurs in the fingers it was nearly always on the ulnar side of the hand, and that the feet were seldom affected. The cases here presented are extraordinary instances of the transmission of an hereditary deformity.

We have thus, Mr. President, performed, with what ability we could, the responsible duty which the society did us the honor to confide to us. Had the task been left in other hands it would doubtless have been more ably performed, and a more useful and valuable document deduced from such excellent materials.

There are two modes open to the writer of an address of this kind—one, that which we have adopted; the other, to illustrate the various subjects, by appending notes and making references to authors, as well as adding observations of his own, thus extending it, and perhaps enhancing its utility; but we preferred the more simple course, of being merely the annalist of, not the commentator on, your own labors.

Before concluding, let us reiterate our thanks to the Board of Management of the Royal Berkshire Hospital, for their continued indulgencies, and accommodation for our meetings. Also to Mr. Dunn, for the admirable and skilful manner in which he discharges the troublesome though important duty of "putting up" the preparations. Finally, let us express the hope that the society will continue to flourish, that its past proceedings may be but the earnest of the future, and that every member will continue to vie with his brother in the promotion of its objects, the advancement of the profession, and the cultivation of every social and good feeling towards each other.