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(Concluded from page 248.)

ABDOMINAL VISCERA.

10. Mr. F. A. Bulley. The stomach of a man supposed to have died from the effects of oxalic acid. It contained four ounces of dark bloody fluid; the œsophagus was inflamed. He promised a paper on the subject.

11. Mr. May. A portion of intestine taken from a man, aged 77, who died from strangulated hernia on the fifth day. He was found in a state of collapse, and no operation was justifiable. On inspection one half of the cylinder of the ileum was strangulated, sphacelated, but without inflammation. He had had no pain except a little at the umbilicus the first day. Mr. May then said that pain was not a symptom to be relied on in hernia, though generally considered diagnostic. Two cases had occurred to him where the hernia became strangulated and death followed, without the patients having had any pain in the tumour. He thought the true surgical rule was, where there was tumour at some of the ordinary places of rupture, with symptoms of incarceration, to cut down on the tumour and ascertain its true nature. The length of time which occurred between strangulation and death was another circumstance worthy of attention, and he instanced the case of an old lady who was well at night; in the morning symptoms of strangulation came on, and she died in the evening. The tumour was dark, and assumed the appearance of sphacelus at a very early period.

12. Mr. May. The gall-bladder taken from the same patient, and filled with biliary concretions.

Mr. Harrinson asked whether there was any connection between gall stones and deposit in the arteries.

Dr. Cowan said he thought not, as there was no chemical analogy. It might be from the general condition of the system; gall stones being usually found in corpulent persons.

13. Mr. Walford. A portion of liver taken from a child, aged 13 days. On the third day after birth jaundice set in; it had also drowsiness, white stools, &c. On the second day before death, an oozing of bloody fluid from the umbilicus came on, which could not be stopped. No obstruction was found in the ducts; the liver was of a foety colour; the gall-bladder

was small, and contained a little thick dark green matter.

Mr. Harrinson asked whether, in obstructions to the outlet of the bile from the liver, the secretion still went on in the liver, and was then absorbed into the system, or whether its action was taken on by other organs, as the kidneys, skin, &c., as bile was found in the urine in jaundice, some days before the skin became discoloured, and as a small quantity of bile injected into the veins produced speedy death.

Dr. Cowan thought there was no such thing as a vicarious action of organs; that each organ had its special duty; but that in interruption of its function, other organs might allow the separation or evolution of those principles it was the duty of each organ to eliminate; that one great function of the liver was to decarbonize the blood; that bile was a highly carbonized principle; but that the liver could only act on the blood transmitted to it; that the blood might be much modified by the processes of respiration, nutrition, &c. He thought that in cases of obstruction the bile might be absorbed from the liver, but that the poisonous principle in jaundice might not be formed or not absorbed.

Mr. Walford considered the bile not altogether excrementitious, but that it had an important influence in the formation of chyle.

14. Mr. Walford. A granular kidney, removed from a boy aged ten, who had died from universal inflammation of the serous membranes, following scarlatina. The urine was highly albuminous.

15. Mr. Harrinson. The stomach of a child, aged four years, who was found dead in bed an hour after a hearty dinner of bread, cheese, and water. On inspection, no other morbid appearance was seen than the stomach inordinately distended with lumps of bread, cheese, and masses of mucus; its mucous membrane was intensely injected. He thought that from the distention of, and irritating matters in, the stomach, there was such a concentration of nervous energy, that it died by asthenia.

The redness of the stomach was considered by the Society as merely physiological.

16. Mr. Jeston. The rectum and lower part of the colon of a woman who died from obstruction of the bowels, from swallowing a number of cherry stones. No fæces passed for two months. She died by asthenia. On examination, ulceration and perforation of the rectum were found about four inches from the anus. There was much thickening of the intestine, but no evidence of malignant disease.

17. Mr. Dunn. A preparation, taken from a man

who died suddenly in the Hospital. There was a large abscess in the peritoneum, with a communication into the intestine.

UTERUS AND ITS APPENDAGES.

18. Mr. May. The uterus and ovaries removed from a girl, aged 22 years, who died in a state of anæmia. At about the time of puberty she had an attack of mania, preceded by nymphomania. She recovered for a time. The catamenia never appeared; nymphomania returned, followed by mania, and she gradually sank. He had reason to believe that she practised onanism. Examination after death discovered no abnormal condition of the brain or lungs. Heart very small, not larger than a child's of five years old; uterus very small; ovaries exceedingly vascular; tunics of ovaries much thickened; pubes, vagina, &c., normal.

Dr. Cowan asked whether anything peculiar had been observed in the cerebellum. He thought the connexion between the cerebellum and the sexual propensity sufficiently established. This, from the researches of Gall, could not be disputed. He considered it as a general rule that nymphomania was connected with the cerebellum, while onanism depended on local irritation; but that nymphomania might be produced by a local cause, as eczema pudendi, &c; that also in nymphomania there was a desire for sexual intercourse, while from onanism there was an aversion.

Mr. Harrison believed it was generally admitted that gouty and rheumatic individuals were exceedingly salacious, and considered it curious that colchicum, the remedy for these diseases, should also have the power of nearly extinguishing the sexual propensity, while it was also a specific for chordee.

19. Mr. Vines. The uterus of a young woman, who died twenty-four hours after parturition, from puerperal fever. On examination, the upper part of the uterus was found blackened, with portions of placenta remaining. The lower part was gangrenous. There was effusion into the larger joints.

Mr. May said this case demonstrated the necessity of injecting the uterus more frequently. He believed that many cases of puerperal fever arose from imprisoned and putrescent discharges. He related the case of a lady who suffered from puerperal fever, tympanitic abdomen, and other very alarming symptoms. The vagina and uterus were carefully washed out, and she immediately became better. He believed that the medical man very frequently was the medium of propagation.

Dr. Cowan thought puerperal fever might be epidemic; might arise from general causes, as other diseases; and that though it might arise from offensive discharges, yet it might be propagated by other means than through the medical man.

Dr. Woodhouse said that in the Dublin Lying-in Hospital puerperal fever was found to prevail most extensively at those times when typhus was endemic in the city.

ABNORMAL AND MORBID FŒTAL CONDITIONS.

20. Mr. Walford. The placenta of a female delivered of twins at the sixth month. She had on several previous occasions miscarried, and the placenta been found diseased. In this were large clots of blood, apoplexy of the placenta, the cause of the abortion.

21. Mr. Harrison. The placenta of a lady who had miscarried at two months. This was the fourth time at the same period. There was a thick membrane externally, the indurated decidua, causing obstruction of the circulation, apoplexy of the chorion, and ultimately producing abortion.

22. Mr. Harrison. A portion of an umbilical cord with a single knot on it. The entire length of the cord was not accurately ascertained, but it was not unusual; the quantity of liquor amnii not excessive; nor was the nutrition of the child at all influenced. Since this was presented, two other cases of single knot have been met with. The conditions apparently necessary for the production of knots, viz., a long cord, and an excess of liquor amnii, were not present in any.

23. Mr. Harrison. A double placenta, united by two large vessels and the membranes. He was called in by a midwife. The child had been born dead, and the placenta had been retained five hours. Much ergot had been used. He enquired whether any one believed that ergot exerted any injurious medicinal influence on the fœtus? Dr. Beatty, in a paper in the Dublin Journal, had stated that it did, and that it ought not to be given when the labour was not likely to be determined in two hours.

Mr. May stated he had found ergot exert an influence on the pregnant uterus as early as four months and a half. Mr. Jeston had never known it originate uterine action.

Mr. Vines had found it originate uterine action in a slight degree at the fifth month.

Mr. Waldron had known it given at the eighth month with success in a case of contracted pelvis.

The eligibility of ergot to operative measures, its mode of administration, its influence on the mother, its use in hæmorrhage, menorrhagia, &c., were then discussed, but nothing novel was elicited.

24. Mr. Harrison. A beautiful specimen of apoplexy of the placenta, passed by a woman, aged 31. Since the birth of her last child, four years before, her catamenia had been very irregular, but during the last twelve months regular as to time, though very much increased in quantity. She was admitted under him with all the symptoms, general and physical, of chronic inflammation of the uterus. For the last two years flatus had escaped in considerable quantity from the womb. She had none of the symptoms of pregnancy. After a time this diseased mass was passed, and all her symptoms disappeared. No fœtus was found. The length of time that it had been in the uterus was considered very uncertain.

Dr. Cowan then referred to the recent statements respecting the origin of uterine fibrous tumours, as probably originating in the escape of ovisacs into the uterine tissue by various channels. Statistics proved that the uterus was peculiarly the seat of fibrous growths, that they were never found prior to puberty, and were much more frequent in women who had been characterised by uterine activity, and not unfrequently by the presence of hair and other growths, indicating an origin from a highly organised cell. This is rendered probable, and is not more surprising than that the impregnated ovum should escape into the tissue of the uterus, and form what is termed "interstitial gestation."

25. Mr. Harrison. A mature child with hernia

of the liver. It lived ten hours. The entire liver, and a number of the small intestines were situated in the sheath of the umbilical cord. It was an instance of arrest of development of the abdominal parietes.

The state of the placenta and ovum in labours and abortions is most unaccountably overlooked and neglected by practitioners in general. Few deny the value of their investigation. All confess the poverty of our knowledge of the precise nature of their morbid conditions, and yet they give themselves no trouble, nor take any pains to extend it. This is the less excusable, as opportunity abounds to every practitioner. By a little more attention to these matters, we might frequently be enabled to prevent those mischances, so disappointing to the patient, and so annoying to the surgeon. Undoubtedly the whole pathology of abortions is usually to be found in morbid conditions of the ovum. Dr. Lee is opposed to the opinion that these diseases of the ovum arise from inflammation, but considers them to be most frequently the result of some constitutional disorder in one or both parents. He thinks that in the greater number of cases syphilis is the cause. In confirmation of this view, I beg to direct particular attention to a paper on Congenite Syphilis, by Dr. Campbell, in the June number of the Edinburgh Monthly Journal. The subject demands the most searching enquiry.

MALIGNANT DISEASES.

26. Mr. May. A carcinomatous breast, removed from a lady, aged 60. There was no glandular enlargement; the general health was good. He then commented on the liability to return, and the unsatisfactory result of late operations, and agreed that these affections were better removed in the early stage.

The hereditary nature of carcinoma was then discussed and agreed on. Mr. Jeston had found a weak solution of nitric acid, ten minims to one pint of carrot water, most useful in cicatrizing cancerous ulcers of the mamma. He stated that the cavity was not filled up with granulations, but was merely skinned over.

27. Mr. Walford. Carcinoma of the œsophagus, removed from a woman, aged 68, who was affected and died with the ordinary symptoms. The malignant or non-malignant nature of the morbid changes in these cases was next discussed; and Mr. May made some valuable observations on the use of the probang, deprecating its employment where pain was occasioned.

28. Mr. F. A. Bulley. A large mass of medullary sarcoma, taken from the pelvis of a man, and communicating with the bladder. Mr. Bulley promised to read a paper on the case.

TUMOURS.

29. Mr. May. Two small tumours, which to him were curious. They had lately been described by Dr. E. Wilson. They appeared to have been originally follicular, the secretion becoming afterwards converted into bone. They were taken from the arm of a young lady, aged 15, and were readily removed. She had had one of a similar nature, the size of a turkey's egg, removed from the same arm, some years before. They probably, if let alone, would have attained a large size.

30. Mr. Walford. A steatomatous tumour, the size of a walnut, removed from the upper lip of a man, aged 40 years. It was of three years growth.

31. Mr. Walford. A small tumour, of a fibrous nature, removed from the forehead of a young woman. It followed a blow on the part.

CALCULI; CONCRETIONS.

32. Mr. May. A small urinary calculus, removed from a boy in the hospital, composed of lithate of ammonia, with a coating of the triple phosphates. The operation was performed in the usual way.

33. Mr. Harrison. A lithic acid calculus, weighing eight ounces and a half, removed after death, from the bladder of an old man. He had two sons and two daughters. The elder son died from stone, at 66 years of age; the younger son passed gravel for years. Some of the children of each son had passed several small calculi. The two daughters never suffered.

34. Mr. Harrison. A small calculus, found in the kidney of a pig, composed of lithic acid.

35. Mr. Harrison. A beautiful specimen of mulberry calculus, taken after death, from the bladder of a pig. It was exceedingly hard, and weighed six and a-half drachms. The bladder was thickened and ulcerated. The age of the pig, an Irish one, was about six months. He could not ascertain the usual food of such pigs. From extensive enquiries among pig-killers, it was probable that stone occurred about once in two thousand animals.

36. Mr. Taylor presented two specimens of those siliceous deposits found in the intestines of horses. One, the size of a fist, had a nucleus of steel, the other was an enormous concretion, and weighed 15 pounds.

I must now conclude this lengthened address with an enumeration of the instruments exhibited during the session.

Mr. Harrison showed Ronketti's complete apparatus for testing the urine, &c. A speculum lamp, with reflector, ingeniously contrived by Miller, of Piccadilly; he had found it indispensable in the examination of diseases of the ear, nose, &c., and efficient in all cases requiring the speculum and artificial light. Also Chitty Clendon's forceps for extracting foreign bodies from the ear; and Mr. Wilde's case of ear instruments.

Mr. May. Mr. Hilton's tracheotomy trochar, stated by Mr. Vines to be the last instrument approved of by the late Sir A. Cooper. Also a bath speculum—a perforated tube to be introduced in the bath, so as to admit water, simple and medicated, to the os and cervix uteri. The idea was suggested by Dr. Ashwell. In its presentation he made some valuable observations on ulceration and ulcers of the cervix uteri, and insisted on the necessity of a rigid examination.

An important and not less pleasing part of my duty would be left undone were I not, in conclusion, to tender our united and most sincere thanks and acknowledgments to our esteemed and worthy Secretary, Dr. Woodhouse. The appointment is one of no ordinary difficulty, involving much time, and entailing much trouble and personal inconvenience; and from the manner in which it is fulfilled, he amply merits the meed of our highest praise, and the tribute of our most unqualified gratitude.

Finally, I may be permitted to trust that the task of your historian in each succeeding year will be more arduous; that the materials will be more abundant, and that he may elicit an address more worthy of your notice and attention.