

into a rather lengthy account of the post-mortem appearances observable in the several cases. The observations and descriptions, however valuable, were, nevertheless, more suited to the lecture-room than to a society like the Pathological; and as but little of the history of the cases was detailed, and the auscultatory sounds, upon which the diagnoses were chiefly founded, unknown, or scarcely touched upon, we shall content ourselves by recording one or two of the more remarkable circumstances which they presented. In the first case, the tumour had completely enveloped the clavicle, which was nearly absorbed, denuded of its periosteum, and carious. Scales and spiculæ were found in the tumour at the part where it had been in contact with the bone. The subclavian artery was impervious, the carotid, patent. There was no pulse in the right wrist or arm.

In the second case, the thoracic duct had become obstructed and impervious, but there was no striking emaciation. The other cases presented nothing remarkable.

MALIGNANT DISEASE OF BONE.

Mr. MAYO read some details of three cases of malignant disease occurring in the femur, the tibia, and the lower jaw. In the second case, in which the head of the tibia had become extensively involved in disease, the amputation of the limb took place in nine weeks from the period of the receipt of the blow by which the disease was produced. This was a good illustration of the rapidity with which malignant disease of bone occasionally progressed.

CONGENITAL MALFORMATION.

Dr. BOYD exhibited a beautiful wax model, taken from a boy, the subject of a peculiar kind of congenital malformation. He was thirteen years of age. The malformation consisted of a deficiency of the anterior and lower part of the abdominal parietes, and also of the anterior portion of the bladder. On raising the mucous membrane of the bladder, which was exposed to view, the termination of the ureters could be observed with the urine dropping from them; which, as soon as it was secreted, immediately dribbled from the bladder, and excoriated the integuments in the neighbourhood of a rudimentary penis and scrotum. There was no urethra, no corpus spongiosum, and only a portion of the corpora cavernosa penis. There was a mere attempt at the formation of a scrotum. The testicles were contained in a double congenital hernia in each groin. The boy was in excellent health.

FATTY TUMOUR OF THE TONGUE.

Mr. ARNOTT showed some drawings and a preparation of a fatty tumour of the tongue.

The patient from whom it was taken was a man about 38 years of age. He had suffered for eight years from the tumour, which was the size of a large walnut, and situated under the tongue. He stated, however, that it varied much in size; when he opened his mouth, the growth projected very much, and interfered with his speech. The tumour had the appearance of red, thick, and corrugated mucous membrane; it was soft, compressible, and varied in shape. Under the idea that it was ranula, Mr. Arnott cut into it for the purpose of injecting it and destroying the sac; when he found that it consisted of fat, and, therefore, extirpated it at once.

The case was curious, from the rare occurrence of a fatty tumour in that situation. Dupuytren had recorded a case of a similar kind in his "*Leçons Orales*," and Mr. Liston another in his "*Practical Surgery*."

The PRESIDENT, on leaving the chair, announced that the Pathological Society would hold no more meetings.

INTERESTING CASE OF ŒSOPHAGEAL ARREST OF DEVELOPMENT.

To the Editor of THE LANCET.

SIR:—May I beg you to insert the following case of rare malformation, if you consider it of sufficient interest for the readers of THE LANCET. Yours obediently,

THOMAS WARNER.

Cirencester, June 5, 1840.

On the 21st of Feb., J. D. was delivered of a male child, well formed externally, though small in size: the cries were as loud as is usual in new-born infants; and the first deviation from a healthy condition reported by the nurse, was a constant rejection of the food. Injections were used, and the intestines were evacuated, but still nothing appeared to pass into the stomach, although the child seemed eager for food, and applied itself to the nipple.

On watching more attentively the process of deglutition, it was evident that the attempt was immediately followed by a regurgitation of the food with saliva through the nostrils; thus clearly indicating some mechanical obstruction.

The child died on the 25th, and on examination it was found that the pharynx terminated in a *cul de sac*; and that from the cardiac opening in the stomach, the œsophagus, after passing in the usual direction upwards for about $1\frac{1}{2}$ inch, terminated in a *cul de sac* also. In the intervening space no thickened structure, resembling the remains of an œsophagus, could be traced. The muscles elevating the trachea and pharynx were complete, and the muscular

structure of the pharynx and of a portion of oesophagus was obvious.

The stomach and intestines were in a natural state, but extremely contracted, as might be supposed.

TRANSLATION OF RICORD.

To the Editor of THE LANCET.

SIR:—Permit me to state, in reply to your correspondent "Alpha," in last week's LANCET, that in Mr. Langston Parker's small work, "The Modern Treatment of Syphilitic Diseases," will be found the opinions and practice of M. Ricord, which that distinguished surgeon kindly furnished to the author.

Allow me to refer to the favourable review of Mr. Parker's work in THE LANCET of February 15. I am, Sir, your obedient servant,

JOHN CHURCHILL.

Princes-street, Soho, June 16, 1840.

JALAPINE.

DR. BARNES, of Sydenham College, in his Lectures on Materia Medica, makes the following observations relative to this substance:—

"Jalapine, or the gum-resin of jalap, varies according to the quality of the drug; but, taking an average of the whole, it is in the proportion of about 15 per cent.; or, as a dose, one grain and a half of the jalapine to ten grains of the jalap. Like all resins, it is soluble in alcohol, æther, pure alkalies, strong acetic acid, &c."

ANOTHER SUCCESSOR FOR MORISON.

A HINT OF VAST IMPORTANCE.—At two o'clock, A.M., of the 9th inst., Dr. Horn, 13, Cannon-street, was called to visit—whom? A dead man! Dr. H. maintains that the generality of sudden deaths are apoplectic, and if prompt and copious phlebotomy is not practised, death will inevitably be the consequence. Apoplexy, he remarks, has been very prevalent of late. Was the disease accurately known when it existed, and the remedy duly appreciated, and seasonably practised, many, very many valuable lives would have been saved! The skilful physician can very readily foretel an approaching attack, and he can, by the self-same remedy, prevent the confirmed attack of this alarmingly fatal disease.

The above is the result of twenty-five years' successful practice, in the West Indies and at home. Even in this town, during Dr. H.'s residence of two years, he has been called in to several cases of threatened as well as confirmed apoplexy. All recovered.—*Preston Chronicle.*

MEDICAL REFORM.

MR. CARMICHAEL, of Dublin, has placed at the disposal of the Council of the Medical Association of Ireland the sum of £500, "to be applied to the carrying out of an ample and complete measure of medical reform."

SEROUS SECRETIONS.

On the 13th of January of this year, M. Guerin presented a paper to the Royal Academy of Sciences of Paris, in which he proposed to establish as a fact, that atmospheric pressure performed an important part in the function of secretion from the serous membranes, in the human body.—*Archiv. Gen. de Med.*

BOOKS RECEIVED.

A Practical Essay on the Disease generally known under the name of Delirium Tremens, written principally with a View to elucidate its Division into Distinct Stages, and hence to simplify its Method of Cure. By Andrew Blake, M.D., M.R.C.S., Physician to the Nottingham and Nottinghamshire General Lunatic Asylum, &c. Second Edition, revised and much enlarged. London: Longman and Co. pp. 112.

The Transactions of the Provincial Medical and Surgical Association. Instituted 1832. Vol. VIII. London: Churchill. pp. 435, with 35 plates.

A System of Anatomical Plates, with Descriptive Letter-press. By John Lizars, F.R.S.E. Parts 10 and 11.

TO CORRESPONDENTS.

A *Medical Student* will find an answer to his questions, in the body of this week's Journal.

The communication from *Mr. Owen* has been received, but, from its length, we have not yet had time to read it.

The letter of *Dr. Sigmond* was not received until Wednesday.

M. D., who writes respecting *Mr. Owen*, should exercise some research in the Museum to prove his case, and then, illustrating it by facts, expose the abuse that he castigates in his letter.

Mr. Wickham's note respecting the Aneurism of the Arteria Innominata, came to hand too late for insertion in this week's Journal; it shall appear in our next.

ERRATA.—In the last number, p. 424, col. 2, line 2, for "fairness," read *fitness*; line 20, for "examination degrees," read *examination for degrees*.