end; yet it was sufficiently satisfactory to explain the cause of the aphonia, which resulted most probably in the beginning from ulcerative laryngitis co-existing with pharyngitis.

ST. GEORGE'S HOSPITAL.

TUBERCULOUS DISEASE OF THE LARYNX AND TRACHEA IN A PHTHISICAL PATIENT; FATAL RESULT.

(Under the care of Dr. BARCLAY.)

THE points of special interest in the following case are, the exposure of the tracheal cartilages by ulceration, and the general deposition of tubercles throughout the laryngeal mucous membrane.

Samuel P—, aged fifty-one, admitted June 25th, 1862. He was a waterman, and consequently exposed to wet and cold. He stated that for six weeks he had suffered from sore-throat with increasing difficulty of deglutition, so that at the time of admission he could not swallow solid food; the sore-throat was accompanied by hoarseness and a feeling of tickling and irritation, which produced cough. Last Christmas he spat a small quantity of blood, but he denied being subject to cough in winter; his family were all healthy, and he regarded himself always as a strong man. On admission he had a sallow skin, cachectic appearance, a hoarse voice, and a constant hacking cough. On examination, the fauces were found to be a little congested, nothing more. He was ordered ten grains of iodide of potassium in a cinchona draught, thrice a day; beef-tea, arrowroot, and milk. The sputum the next day was noticed to be frothy; the urine was healthy. He complained of being kept awake at night by his cough, and was ordered linctus.

June 28th.—A blister to the throat was applied without benefit.

July 1st.—He was altogether worse, thinner, and more cachectic, so as to give the idea of malignant disease; he spoke only in a whisper, swallowed with increased difficulty, and his tongue was much furred. A drachm of the liquor of bichloride of mercury was added to the draught, and a dose of senna ordered to be taken every morning.

For a few days he seemed better, but complained of piles, which were attended to by the surgeon; at the same time he was ordered ten ounces of port wine. The oxymel of squill mixture was given instead of liactus, and syrup of the iodide of iron, two drachms thrice a day. In spite of all medicine, it was plain that he was steadily getting worse.

21st.—He grew very weak, although his medicine was changed; the sputum retained its simple frothy character; the cough became more troublesome, but there was no dyspnoea.

He died, worn out, July 25th.

Autopsy, fifteen hours after death.—The body was in good condition, and was that of a powerful man. The whole exterior of the tongue, including the undersurface of the epiglottis, the trachea, and the large bronchi, were raw-looking, covered with mucus, and dotted with minute tubercles. Towards the lower end of the trachea, the cartilages in several places were laid bare by ulceration. The right lung had at the apex an old fibrous cicatrix with extraneous matter embedded; it was sprinkled throughout with miliary tubercles, and was generally consolidated, though not enough to sink. Miliary tubercles also existed in the left lung. There was a little atheroma upon the aorta and upon the mitral valve; but in other respects the heart was healthy. The blood was fluid. All the other viscera were healthy, including the œsophagus.

GUY'S HOSPITAL.

IMPACTION OF A PIECE OF APPLE-SKIN IN THE RIMA GLOTTIDIS OF AN INFANT; TRACHEOTOMY; FATAL RESULT.

(Under the care of Mr. DURHAM.)

THE variety of substances which, as foreign bodies, have from time to time been discovered in the air-passages, although sufficiently extensive, every now and then receives some fresh addition in the shape of a substance that has not been noticed before. Pieces of nutshell, fish-bones, and the stones of fruit, are commonly met with in young children. In the following case a piece of the skin of an apple was the cause of the obstruction to breathing, and, unfortunately, was not extracted at the operation. Had the child been old enough, laryngoscopy might

have revealed its presence, as was done for the first time the other day in private practice, when a piece of walnut-shell was distinctly seen in the rima by the aid of the laryngeal mirror.

Daniel S—, aged fourteen months, was admitted into Dorcas ward on Aug. 11th, 1862. Whilst eating an apple, the child in swallowing permitted a portion to enter the trachea, which caused much dyspnoea and other urgent symptoms. Mr. Durham performed tracheotomy, but failed to extract anything "but a hair." Six hours after this the child died.

Autopsy, sixteen hours after death.—The body was well nourished. A piece of apple-skin was firmly fixed in the rima glottidis; it was about an inch long, half an inch wide, and tapered at both ends. The trachea was slightly injected. The lungs collapsed perfectly on opening the chest, and were quite healthy.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 12TH, 1863.

DR. SIBSON, F.R.S., PRESIDENT.

MR. BISHOP brought before the Society the ingenious and successful invention of

AN ARTIFICIAL HAND,

by Senor Gallegos. He referred to the invention of the late Sir George Caley, in which the actions of flexion and extension of the thumb and fingers were accomplished. But his invention had been completely superseded by that of Senor Gallegos, who was able by his mechanism to perform many of the ordinary useful functions of the natural hand. The mechanism of his invention was briefly described, and the Senor then proceeded to show all the various movements of the artificial hand, which excited very considerable interest. The flexion of the fingers is effected by the action of special springs at their bases, and the extension, or opening of the hand, is performed by means of cords connected with the humerus, and depending on the opening of the angle between the arm and forearm at the elbow-joint. The grasp is proportional to the force of the spring. On extending the forearm, the index finger moves with the greatest velocity, and, in order to retard the velocity of the other three fingers, there is a double action by means of a pulley introduced.

MR. HENRY SMITH exhibited his

IMPROVED CLAMP FOR PILES,

and then read a letter from Mr. Curling, stating that his (Mr. Smith's) clamp was precisely like the one he had described some years ago in his work on the Rectum. Mr. Smith showed the two instruments together, and explained the differences between them. The shape was nearly the same, but the great point of difference was a groove and mortice in the blades of his own, whilst those of Mr. Curling's were serrated. His instrument had a screw, instead of the catch in Mr. Curling's.

DR. GIBB said he could not avoid making the remark that Mr. Smith's instrument was really a modification of Mr. Curling's, although, perhaps, the alterations were of importance.

THE PRESIDENT observed that he made such a remark to Mr. Smith when he first brought his instrument before the Society, and he then acknowledged that his was a modification of Mr. Curling's. He thought both gentlemen deserved credit for the skill and ingenuity they had displayed.

MR. SMITH likewise exhibited

TEN FRAGMENTS OF CALCULI,

which he had removed from the bladder of a patient, seventy years of age, by the lithotripe scoop, through the urethra, after lithotritry. It would hardly be supposed, he said, that they could have passed through the urethra; but the man had a paralysed bladder, and there were only two methods of getting rid of them—by washing out the bladder, and by extraction with a lithotripe scoop. He practised both modes. The patient had recovered without any inconvenience, and no fragments can now be detected in the bladder. He (Mr. Smith) had shown these fragments to Mr. Fergusson, his respected colleague, and he assured him (Mr. Smith) that he had had no case wherein the fragments to be removed were so large as these. The patient was six feet three inches in height, with a very large urethra. Some of the fragments of stone removed were an inch long and

half an inch broad. The operations extended over a period of three months, and sometimes he had great difficulties to contend against.

Mr. FRANCIS MASON remarked that the opinion was general that the withdrawal of fragments by the urethra was attended with considerable risk. Now, he had seen Mr. Fergusson extract a great many, without any inconvenience or bad result whatever.

Mr. HART asked Mr. Smith if he could not have crushed the fragments smaller.

Mr. SMITH replied that he could have done so, but as the patient could not pass his urine, and the bladder would have to be washed out, he, therefore, purposely broke them into large fragments to get them out. There was less chance of doing mischief, he thought, by removing them with a scoop than by the syringe.

Dr. LEARED made some observations

ON THE USE OF ARSENICAL CIGARETTES AT THE ROYAL INFIRMARY FOR DISEASES OF THE CHEST,

where cases of asthma were frequent. Each cigarette contained one grain and a half of arsenic, with a little nitre, and he had found the greatest benefit from their use in many cases, especially in those cases where there was much nervous spasm.

Dr. HABERSHON related the particulars of

TWO CASES OF HICCUGH,

one chronic, associated with epilepsy, the other preceding the formation of an abscess in the perineum. The first was a man aged twenty-six, under his care at Guy's Hospital in Aug. last, a railway porter, who had received several blows on the back and neck, and had been struck on the head with a buffer. Some time after he was seized with hiccough, more severe on lying down; sleep much disturbed: no affection of lungs or heart. It could be restrained by counting continuously, and it stopped on his walking about. It was cured by iodide of potassium, given freely, then steel and blistering to the neck. The second case was in a man aged forty-seven, wherein the hiccough preceded the formation of a perineal abscess, and did not finally cease until it had been opened, and was quite healed. He thought both cases due to some indirect irritation of the pneumogastric nerve acting on the spine, and thence reflecting on the phrenic nerve.

Mr. LAWSON remembered seeing a case under the late Dr. Todd very much like the first described, in the person of a young woman, in whom hiccough was present day and night, depending upon some intestinal irritation. He gave a scruple dose of calomel at the commencement, and recovery ensued.

Dr. ROUTH thought that cases of hiccough were not so rare as is generally believed. He recollected seeing two very bad cases, one in his own practice, and one in University College Hospital. Both were treated as in Dr. Habershon's first case—namely, by blistering in the region of the par vagum nerve. This produced cure in both.

Dr. LEARED related a case of dyspnoea, spinal disease, and hiccough, in which the last was much complained of.

Dr. HABERSHON asked if surgeons had noticed it often.

Mr. HENRY SMITH remarked that it was a frequent symptom in patients about to die.

Dr. GIBB exhibited his

LARYNGEAL ECRASEUR,

which he had successfully employed in several cases for the removal of polypoid growths from the interior of the larynx. He described its mechanism, and the mode of its application. The form and length of the curve of that part of the instrument to which the loop of wire was attached had been carefully regulated by experiments on the dead subject. He expressed his acknowledgments to Messrs. Weiss and Son, of the Strand, for the readiness with which they had entered into his plan for the construction of what Dr. Gibb called one of the most ingenious and important instruments that had ever been contrived.

POPULATION OF SPAIN.—For the first time a general statistical review of the movement of the population of Spain has lately been published. According to this, the number of births for the past year was 571,186; of deaths, 432,067; of marriages, 126,893. The statistics fail to give the total of the population; they only record one birth in 27 inhabitants, one death in 33, one marriage in 129; according to which the total number of inhabitants would be 15,500,000.

Reviews and Notices of Books.

Lectures on Syphilitic and Vaccino-Syphilitic Inoculations: their Prevention, Diagnosis, and Treatment. Illustrated by Coloured Plates. By HENRY LEE, F.R.C.S., Senior Surgeon to the Lock Hospital and Asylum. Second Edition. pp. 335. London: Churchill. 1863.

THE title of this book might lead to the supposition that Mr. Lee is simply offering to the profession a monograph on syphilitic and vaccino-syphilitic inoculations—a subject, as our readers know, fully and completely treated in the pages of this journal a short time ago by the same author. But this would be an erroneous surmise. Mr. Lee has, on the contrary, collected, on a large scale, in these lectures, the facts and arguments upon which he founds his pathological and therapeutical creed, and discussed, besides the vaccination question, most of the controverted subjects connected with venereal diseases.

We have, therefore, in this book, a kind of manifesto from the senior surgeon of the Lock Hospital of London. Such a work will naturally be read with the greatest interest by every member of the profession, as the author's position gives him, in some degree, the leadership in matters relating to syphilis.

Nay, these lectures have a certain historical value. In after years, the book will be referred to and quoted, just as we now refer to or quote from Pearson's work.

Such being the case, we of course at once inquire whether Mr. Lee is a mercurialist or the reverse, as rather smart attacks upon the mercurial treatment of syphilis have of late been made. The author certainly uses mercury in cases of generalized syphilis; but to call him broadly a mercurialist, as well as all those who do not reject a mercurial course when required, would be a great mistake. Mr. Lee, although he has successfully combated some of Ricord's opinions, views the treatment of syphilis exactly in the same manner as the French syphilographer. Where the disease seizes, or is likely to seize, upon the organism, the metal, under some form or other, is given. But the mercury is withheld in the numerous cases which present the local disease only,—as made patent by a peculiar lymphatic absorption—namely, suppurating bubo (another point on which Mr. Lee is in perfect harmony with Ricord). Anti-mercurialists are too apt to think or to say that they *never* give the metal, and their adversaries *always*. To the most cursory observer this is an evident misstatement. Neither Ricord nor Mr. Lee nor the well-known specialists of London would have given mercury in the great majority of Fricke's or Rose's cases, that are always quoted with such glee by the non-mercurial school. The great difference between the latter and the school to which the author of the present volume belongs is, that the former go blindly to work, ignore all distinctions and shades, thrust together all kinds of cases, denounce a few instances where mercury has not prevented a relapse, extol other cases in which no secondaries would have appeared with or without mercury, and quietly settle down to expectancy.

Mr. Lee is none of such; from his present work, and from the valuable contributions which he now and then offers to societies and the press, we gather that, practically, the Lock Hospital of London can shake hands with the Hôpital du Midi of Paris. We may venture to add that the same harmony now also exists in a theoretical point of view. Ricord has accepted most of the modifications proposed by a few of his pupils and by some surgeons out of France, and there is a fair prospect of an eventual settlement.

Some questions of priority exist between M. Langlebert, of Paris, and M. Rollet, of Lyons, as to which of these surgeons first suggested that contamination from secondaries always gives rise to a chancre; but these differences are small matters when compared to the great truths (or hitherto supposed truths) that have been attained.