Foreign body in ear; otorrhœa; suppurative otitis media; suppurative meningitis; death; necropsy. (From notes by Mr. J. Roberts.)—J. B—, aged twelve, was admitted on March 19th and died on March 26th, 1888. Whilst in school on the previous afternoon he placed a bit of square slate pencil, about a third of an inch long, in his right ear, and then held his head down on one side and the piece of pencil fell into the ear. He went to a surgeon and had the ear syringed out, with a view of removing the pencil, but this failed, and in consequence he was sent to the hospital.

On admission there was a slight sticky serous discharge from the right ear. There was no pain, but he was deaf on the affected side. There was a slight increase of temperature on the same side, and a dark-looking object was visible at the bottom of the external meatus. Temperature 98° 8'.

March 23rd.—Mr. Tressider removed the foreign body by syringing and forceps. Chloroform was given. There was already well-marked and acute suppuration in the middle ear.

24th.—Chloroform was again given, and Mr. Bryant made a semicircular incision about a quarter of an inch above the tip of the mastoid process. Considerable bleeding ensued, which was stopped with sponges. A periosteal elevator was used to clear the bone, and then Mr. Bryant trephined. Iodoform dressing was applied. There was a communication between the middle ear and the wound made by the trephine. This morning the boy became unconscious, tossing about the bed and whining, being very feverish. At 6 P.M. the temperature was 98°, and at midnight 102°; it afterwards gradually rose to 104° 8'. He was then given three grains of sulphate of quinine, after which the temperature fell to 103° 6'. Later on he had two teaspoonfuls of brandy and another dose of quinine, when the temperature fell to 102°.

25th.—The patient is not so restless this morning. Had a little sleep last night, and consciousness has slightly returned. He gradually became worse towards evening. Temperature at 6 P.M. 104° 8'; then it fell by degrees to 101°.

26th.—Temperature remained about the same until the death of the patient at 2.20 this afternoon.

At the post-mortem examination rigor mortis was present in both arms and legs. There were petechial spots over the posterior surface of the pleuræ. The right lung was in a condition of partial collapse; the posterior half was sharply defined from the healthy anterior portion, and was tough and airless. The left lung was the same as the right. The heart weighed 6½ oz.; there was a little fatty degeneration of the mitral valve. The liver weighed 33 oz.; it was mottled on section and rather tough. The spleen weighed 2 oz.; it was otherwise normal. The kidneys weighed 4 oz., and were otherwise normal. The stomach was healthy. The brain weighed 47 oz.; pus scattered about, especially in the Sylvian fissures; a little in the longitudinal fissures and upper surface of the cerebellum; suppurative meningitis; vessels engorged with blood; consistency of brain diminished, and blood-stained fluid on ventricles; excess of blood everywhere. There was also necrosis of the bone round the internal auditory meatus from acute suppurative otitis media.

SOUTH DEVON AND EAST CORNWALL HOSPITAL.

SUTURE OF THE URETHRA IN A CASE OF PERINEAL SECTION FOR RUPTURE OF THE URETHRA; REMARKS.

(Under the care of Mr. W. L. WOOLLCOMBE.)

IN connexion with the cases published in THE LANCET of Oct. 20th, of suture of the urethra in cases of perineal section, the following case may be of interest, because, although the circumstances of the case are different, the object to be attained was precisely the same, and the results in this case were as favourable apparently as those obtained by Mr. Marmaduke Sheild.

J. D—, a male, aged twenty-four, was brought to the hospital on July 13th, 1888, with free hæmorrhage from the urethra. The patient, a gymnast by profession, was practising some exercises, when he slipped and fell astride a bar. He was immediately seized with severe pain in the perineum, and blood commenced to run freely from the urethra, and continued to do so up to the time of his admission, which was about twenty minutes after the accident. After some difficulty, a full-sized silver catheter was passed into the bladder, and a firm pad placed on the perineum, where it was secured by a bandage, the penis being also landaged up over the catheter. This, however, did not

seem to affect the hæmorrhage, and blood continued to leak fast along the sides of the catheter, so that the patient quickly lost half a pint of blood. He was therefore placed in the lithotomy position, and an incision about an inch and a half long made in the perineum down to the urethra, which, after being carefully exposed, was opened by a sharp bistoury on the catheter. In the neighbourhood of the bulb was a cavity containing a considerable quantity of clot, which was turned out and two bleeding points tied. Very free oozing still continued, however, from the substance of the bulb; a layer of catgut sutures was therefore introduced, including the edges of the urethra and the bleeding surfaces of the bulb, and these were brought together over the catheter. This effectually checked the hæmorrhage; a superficial layer of silver sutures was then introduced, and the wound dressed with a good pad of iodoform wool. The temperature rose next night to 103°, but dropped in the morning, and never rose again to any notable extent. The catheter was left in ten days, and then removed, and passed every other day for four weeks, after which the patient went home, able to micturate freely and comfortably, and to pass a No. 12 catheter without difficulty. There was a little leakage, amounting only to a few drops during the first ten days, but none afterwards.

Remarks by Mr. WOOLLCOMBE.—I am not aware that a similar operation has ever been found necessary in a case of ruptured urethra, or at all events has been practised; but this man's life was in imminent danger from the hæmorrhage, and the result, I think, fully justified the operation. Neither do I see any reason why a similar operation should not become the standard practice in cases of perineal section, whether for an old stricture or a recent injury. It certainly seems to have saved the patients in Mr. Sheild's cases, as well as J. D—, from what is usually a long and troublesome convalescence after Wheelhouse's operation when the wound is left open, besides being a safeguard against hæmorrhage, which so often necessitates plugging of the wound.

VICTORIA COTTAGE HOSPITAL, GUERNSEY.

A CASE OF SUPRAPUBIC LITHOTOMY: REMARKS.

(Under the care of Dr. CAREY.)

GEORGE C—, aged fifty, stonecracker, was admitted on Aug. 1st, 1888. He had been suffering for more than seven years from vesical symptoms, but only within the previous fortnight had it been ascertained that a stone existed in his bladder. He was very emaciated, and both body and mind were much enfeebled by long-continued suffering. The urine was slightly muco-purulent, and contained a trace of albumen, but no abnormality existed when the patient left the hospital.

On Aug. 5th, with the assistance of Mr. Robinson and Dr. Collings, the patient was placed under chloroform, and the operation as described by Sir H. Thompson in THE LANCET of Dec. 5th, 1885, was performed. Twelve ounces of saturated boric acid lotion were injected into the bladder, and a similar quantity of water thrown into an indiarubber bag which had been inserted well within the sphincter of the anus. No difficulty occurred in the operation. The fasciæ were divided on a director; no bloodvessels of any consequence were wounded. The bladder, which was easily recognised by its pink appearance, was transfixed by a hook, and an opening large enough to admit the forefinger of the right hand made with an ordinary scalpel, care being taken to avoid the large veins coursing over the surface of the bladder. The left forefinger was then introduced, and the opening enlarged by simply separating the fingers and gently tearing open the bladder to the size required. The removal of the stone was effected by grasping it with the two forefingers, as recommended by Sir H. Thompson. It weighed 258 grains, and consisted of a uric acid nucleus, with a thick coating of phosphates, which gave it a very irregular and granular surface. The patient's temperature rose to 100° in the afternoon, and 102° in the evening. The following day the temperature was 101° 4'; and after this, with the exception of a rise to 101° 4' on the 9th, due to some suppuration in the upper part of the incision, where three sutures had been placed to lessen the size of the wound, the temperature never rose above 99° 4'. He made an uninterrupted recovery. Urine passed per urethram on the 22nd, and he was able to leave the hospital

on Sept. 19th, the wound having been perfectly cicatrised for a week.

Remarks by Dr. CAREY.—This operation, as modified by Petersen, is now awaiting the verdict of the profession, and every case, however simple, merits publication. Its almost absolute freedom from complications, the entire absence of all risk of wounding important parts, and its wellnigh bloodlessness, make this operation one of the simplest in surgery, and bring it within the grasp of a general practitioner, who, after the lapse of years and the feeling that his anatomy is thereby somewhat at fault, might hesitate to encounter the risks which beset him in the perineal operation. The peritoneum, the only important structure which before Petersen's modification was liable to be injured, seldom if ever comes into view, and the after treatment, though somewhat laborious and tedious, has none of the anxieties attendant upon the possibilities of hæmorrhage, pyæmia, &c. Fewer assistants are required; the risks of chill are altogether removed, as only the abdominal surface need be laid bare; and (a material difference between the two operations) the fear of incontinence of urine and impotence does not exist. The after treatment, which necessitates close attendance on the part of the surgeon, is simple, and consists in free ablution with carbolic acid lotion (1 in 40) of those parts with which the urine is likely to come in contact, and a lavish inunction with vaseline to prevent excoriation.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Tubercle of Ovary.—*Aortic Aneurysm.*—*Hydatid Cyst of Brain.*—*Sarcoma of Mediastinum.*—*"Payet's Disease" of Scrotum.*

AN ordinary meeting of this Society was held on Nov. 6th, Sir James Paget, President, in the chair.

Dr. GRIFFITH showed sections of an Ovary the seat of Tubercular Disease. It was removed by Dr. Galabin from a nullipara aged nineteen, was as large as a small apple, dense on section, and containing numerous small cysts filled with viscid fluid. Examination revealed a rather dense well-developed connective-tissue stroma infiltrated with small round cells and containing scattered spherical nodules resembling well-formed non-caseating tubercles. Each of these was bounded by circularly arranged connective tissue, which was prolonged by branching processes into the centre, which latter was occupied by a giant cell often multinuclear. There was no appearance of caseation in any part. A few newly developed bloodvessels were seen traversing the section, but they did not appear to enter the nodules; there was little or no normal ovarian stroma left. The peritoneal surface was thickened, and consisted of fibrous tissue invaded by leucocytes. The fibro-muscular wall of the Fallopian tube was expanded, the mucous membrane being thick, consisting almost entirely of tissue similar to that of the ovary, and containing but few tubercles. No micro-organisms were found in the giant cells or the surrounding tissue. The tubercles all appeared to be of recent formation and rapid growth. Reference was made to the scanty literature on the subject, there being two chief forms of tubercular ovarian disease described: (1) minute miliary granulations, chiefly near and on the surface of the organ; and (2) larger caseous masses. It occurred usually as a part of a general tuberculosis. The most common seat of tubercle in the female generative organs was the Fallopian tube, then the uterus, and lastly the ovary.—Dr. MONEY showed a case a short time since of caseous disease of the uterus and appendages in a child of six.—Dr. EDMUNDS showed as a card specimen a large tubercular mass in the ovary, from a patient with general tuberculosis.—Dr. ORMEROD had recently examined a case in which general tuberculosis was associated with minute tubercles in both ovaries.

Dr. HERBERT HABERSON showed a specimen of Aneurysm of the Aorta at the junction of the transverse and descending parts of the arch (and therefore extra-pericardial), which terminated by rupturing into the pericardium. The case was that of a man, aged thirty-four, who presented during life the signs of a small aneurysmal tumour pulsating in the second left intercostal space. He had previously

been treated at St. Bartholomew's Hospital under the care of Sir Dyce Duckworth, and had been greatly relieved. Six months later he applied to Dr. Herbert Habershon, at the General Marylebone Dispensary, and on May 8th was suddenly seized with faintness and symptoms of collapse. Seen on the same evening, he was apparently dying, being pulseless, and with cold extremities and clammy skin. No effusion into any of the cavities could be discovered at the time. On the following day (the 9th) the patient had rallied, and on this and the succeeding day effusion into the pericardium gradually developed, accompanied by a paroxysmal cough, with intense pain, presenting some of the characters of angina pectoris. He died on the morning of May 11th, having lived fifty-six hours after rupture had commenced. There was a fusiform aneurysm with two large saccules, one occupying the greater portion of the transverse part of the arch, involving the great vessels and partly obliterated by fibrinous clot, the second smaller saccule being deeply ulcerated, surrounded by thickened walls of the artery and by dense fibrous tissue, which separated it from the left bronchus below, and led by an ulcerated track through a perforation into the pericardium. The opening lay immediately anterior to the pulmonary artery. The pericardium showed no sign of recent pericarditis except in the vicinity of the rupture. The cavity was found to be distended with about a pint and a half of dark fluid blood. Dr. Habershon commented on the rarity of this termination of aneurysm of an extra-pericardial part of the aorta, and quoted cases and statistics of authors; he likewise dwelt upon the unusual clinical features of the case and the efforts at repair which the specimen illustrated.

Dr. HERMANN WEBER exhibited a case of Hydatid Cyst of the Left Cerebral Hemisphere, from a man aged twenty-two, who suffered from severe pain over the whole of the head, with nausea and vomiting, was rather apathetic, but without unconsciousness. He had some diminution of power in the whole of the left side, and especially of the external rectus muscle of the left eye (abductor); he had well-marked double neuritis (choked disc), and the sight was much impaired. The movements of the tongue and the sphincters were unaffected. The temperature was rather below than above the average; the pulse was normal. Sudden death occurred within six weeks from the beginning of the symptoms and on the twelfth day after admission into the German Hospital. The post-mortem examination exhibited a large hydatid cyst on the posterior part of the left hemisphere. Dr. Weber remarked that the course of the disease had been comparatively short for an hydatid affection, and that the slight hemiplegic symptoms had been on the side of the lesion, and not on the opposite side. Dr. Michel and Dr. Weber had recognised the presence of a tumour in or on the brain, but the absence of certain knowledge as to the exact locality had prevented them from attempting an operation which could have saved life. The wish to obtain the opinion of members as to the possibility of a more accurate diagnosis in similar cases was the principal cause for bringing the case before the Society.—Dr. MONEY thought that a left hemiplegia of the kind described by Dr. Weber indicated a lesion of the motor tract below the cortical area. He attached no importance to the paralysis of the external rectus. He would have recommended a speculative trephining.—Mr. SUTTON referred to the frequency of cerebral hydatids in animals, but surgery was difficult, and localisation almost impossible. The most successful cases were those where, the bone being thinned and bulged, "eggshell crackling" could be obtained, and the site thus accurately determined.—Dr. PENROSE said that in sheep with "staggers" it was the practice of Scotch farmers to wait for bulging of the cranium, and then evacuate the cyst by puncture with trocar and cannula. About 25 per cent. of the cases recovered.

Dr. MOTT brought forward two cases of Mediastinal Growth involving the Pericardium and Heart. The first was that of a female aged twenty-one, admitted into Charing-cross Hospital for left pleural effusion. There was no definite history, except of rheumatism, six months previously. The symptoms at first presented were difficulty of breathing and cyanosis, besides the ordinary symptoms of pleural effusion; but, instead of Skodaic resonance over the upper part of the left front, there were dulness and increased resistance, extending even above the clavicle. This, together with the normal temperature and some dulness on the upper part of the sternum, were the only indications of a mediastinal growth. She was tapped many times, the fluid removed being from