of the left arm; the head of the humerus could be thrown easily from the cavity by passive motion, giving a crackling sensation; a chain of enlarged lymphatic glands was traced down the axillary region. The tumor was the size of a blacksmith's fist. The spontaneous opening was enlarged, and a large amount of purulent matter evacuated. The eruption gradually yielded to the administration of liq. potass. arsenit., and the general condition of the patient was much improved by large doses of syrup of iodide of iron and manganese.

On the 24th day of May, an incision was made from a point over the left acromion, extending downward three and one half inches; and when the capsular ligament was penetrated a yellowish thin fluid escaped, and a fistulous tract connecting the cavity of the joint with the pectoral abscess was disclosed. Through this incision the dislocated head of the humerus was turned out, and two inches of porous, softened bone removed with the saw. A solution of five grains of carbolic acid and one ounce of water was injected down the fistula, and a compress adjusted. Quinine and whiskey, with a nourishing diet, were ordered. By the 14th of June the tumor had disappeared, and the discharge of the purulent matter from the lower opening was slight. Early in September, the incision over the joint was completely closed, and he was transferred to the infirmary in excellent health.—*American Practitioner*.

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES. J. ORNE GREEN, M.D., SECRETARY.

JANUARY 3d, 1871.—The Society met at the house of Dr. Jeffries, Dr. White in the chair.

Dr. Wigglesworth read a paper on the histological development of epithelial carcinoma, according to the views of Koester, of Würzburg. [The paper was published in full in this JOURNAL, Jan. 19, 1871.]

In reply to a question by Dr. Ellis, Dr. Wigglesworth said that these investigations as to the origin of cancer had been carried out with a like result in cancer of the deeper, internal organs.

Dr. Ellis said that in the cases of canceroid which he had examined, he had *always* found the characteristic balls, consisting of cells closely packed together; but in the

deeper organs, with generalized cancer, such cells were not usually found, he thought.

Dr. Fitz stated that he had found these onion-like balls in uterine cancer which had become generalized. He also said that, in epithelial cancer of the skin, an opening or lumen not infrequently exists, but whether this is a lymph-vessel or a blood-vessel he was unable to say: in the cases in which he had observed it, however, the sections had been made, not as Dr. Wigglesworth described, but parallel with the long axis of the papillæ.

Dr. Warren said that it seemed to him that Koester, in his investigations, had not paid sufficient attention to the part played by the rete-mucosum, which, in epithelial cancer, is often found to be much thickened, those portions of it lying between the papillæ growing inwards into the other tissues. Auspitz, he said, from recent investigations, is led to consider that the rete-mucosum is developed before the papillæ, and has, so to speak, an independent existence: in regard to epithelial cancer, he (Auspitz) advances the theory that it is an ingrowth of the rete-mucosum into the tissues beneath. Billroth also speaks of the active part played by the rete-mucosum in this process, and considers that the tubular masses of cells or cell threads grow in the plasmatic spaces of the connective tissue.

Dr. Warren also said that in examining an ulcer of the face, evidently epithelial, he had observed what appeared to be capillary lymphatics crowded with epithelial cells; there was, however, no cavity or lumen to be distinguished in these cases.

Dr. Webber then read a paper on the "Relation between lesion of the nervous system and muscular atrophy," giving the histories and minute dissections of numerous cases from authors, from which he concludes that these cases point to the vicinity of the tractus intermedio-lateralis as that portion of the cord by the lesion of which fatty or granulo-fatty degeneration of the muscular fibres is induced. The paper will be published in full.

Dr. Blake called attention to the occasional existence of larvæ in the ear, and showed one which he had recently removed; it belonged to the genus *Lucilia*, and was taken from the middle ear of a child. In two cases seen by him, where larvæ were extracted alive, the membrana tympani had been destroyed by a recent inflammatory process in the middle ear, and there was profuse and offensive discharge, which, a short time before the removal of the larvæ, had been observed to be streaked with

blood. The chief interest lies in determining the manner in which the larvæ effect their entrance into the ear and maintain their position despite vigorous efforts at their dislodgment by means of syringing. An examination into the habits of the fly affords the desired information. In the first of the cases, five well-developed larvæ, apparently those of a fly belonging to the family *Sarcophaga*, were taken from the middle ear and inner end of the meatus; in the second case, but one larva (the specimen exhibited) was found. The *Sarcophaga* and *Lucilia* belong respectively to the classes of viviparous and oviparous muscidæ. In *sarcophaga* the eggs are hatched in large numbers within the body of the mother, and the larvæ when born are ready to begin the first stage of their active existence and seek food for themselves. The body is made up of a series of wings, terminating in a long, tapering head, armed with a pair of hard and sharp mandibles projecting forwards and downwards, with a slight curve backwards. At the birth of the larva, it may be seen protruding for about half its length from the abdomen of the fly, and moving its head in search of something to which it may attach itself; should a piece of meat or other such object be presented, the mandibles are driven into it and the larva withdraws itself from the body of the mother, and is immediately followed by another and another till several have been delivered. It moves upon any soft substance by attaching the mandibles and then drawing the body forwards, and repeating this procedure is able to progress with considerable rapidity.

The larvæ of *Lucilia* are distinguishable from those of *Sarcophaga* by the truncated posterior extremity which exhibits, moreover, but two spiracles in contrast to the three pair of allied larvæ. The head, like that in *sarcophaga*, is pointed, and has a pair of mandibles. The eggs are hatched generally within a day, under favorable circumstances of warmth and moisture within a few hours after being laid; after breaking from the egg, the larva attaches itself in the manner already described and effects its delivery from the egg. An examination of the mandibles in both cases shows them to be very formidable in proportion to the size of the body; and this, as well as their shape and direction, explains the tenacity with which the larvæ cling to the surface to which they have attached themselves, and would account for the blood appearing in the discharges of the ear shortly before their presence was discovered. Placed

upon a piece of meat, the larvæ soon burrow beneath the surface; but as air is necessary to their existence, as well as warmth and moisture, the posterior extremity, with the spiracles, is generally exposed. In the same way they would seem to creep into the deeper parts of the ear, and may usually be found with the head directed inwards.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 9, 1871.

THE UNITY OR THE DUALITY OF THE VENEREAL POISON.

So much interest has been felt in the recent investigation of this subject, that no apology is needed for giving still farther remarks made by Mr. Morgan before the Surgical Society of Ireland on the 20th of January. The views expressed by Mr. M. at a former meeting of the Society were given in the *JOURNAL* of December 1, 1870.

Mr. Morgan said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for two months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings; whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman got so well that she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care, when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutionally infected by true syphilis. Within the last few months a case of infec-