CLAYTON HOSPITAL, WAKEFIELD.

CASE OF GLOSSITIS.

(Under the care of Mr. FOWLER.)

FOR the following notes we are indebted to Mr. R. L. Williamson.

William H—, aged thirty, was admitted on July 17th with glossitis. The tongue was protruded two and a half inches beyond the teeth, and could not be retracted. The whole organ was very greatly enlarged and of a brawny hardness, due to exudation. A deep ulcerated fissure existed where the tongue rested on the lower incisors. There was difficult, hurried respiration, the breath was fetid, and saliva constantly dribbled from the mouth. Only fluids could be swallowed, and these with difficulty. The dorsum of the protruded portion of the tongue was parched. The patient said the affection began twenty-eight days before, that he was nearly suffocated at first, and that an abscess had formed at the root of the tongue, and burst with only slight relief of the symptoms a week from the commencement of the attack. On admission the temperature was 101° F.

The mouth and all its contents were thoroughly cleansed with a strong solution of chlorate of potash in glycerine and warm water, and a piece of lint frequently wetted with water was kept over the protruded part of the tongue. The mouth was frequently syringed out. No perceptible improvement followed. Four days after admission a gutta-percha support was made for the tongue, and fitted to the lower incisors. This afforded great relief to the patient, and the exudation began to disappear rapidly, so that forty-eight hours afterwards he could retract the tongue within the teeth, after being unable to do so for more than a month. The fissure caused by the pressure of the lower incisors simultaneously disappeared. The patient shortly afterwards could keep the tongue within the teeth permanently, and the case progressed so rapidly that a week from the time the gutta-percha support was first used he was almost well. He was discharged cured seventeen days after admission.

He had not had syphilis nor had he the characteristic signs of scrofula, though this affection, accompanied by abscess, generally occurs in scrofulous subjects. The case is unusual in that the exudation did not tend to disappear after the evacuation of the abscess. It would seem that this persistence of the exudation was due to hyperæmia of the organ, caused mechanically by the pressure of the teeth.

ROSS COTTAGE HOSPITAL.

LOOSE CARTILAGE IN KNEE-JOINT; REMOVAL.

(Under the care of Dr. C. C. COCKS.)

H. G—, aged forty-two, was admitted on Sept. 1st, complaining of pain in his right knee-joint, which had troubled him at times for twelve or eighteen months. On examination a loose cartilage was easily felt. Removal of the body was advised.

On Sept. 2nd, chloroform having been given, and with strict Listerian antiseptic precautions, an opening was made on the outside of the knee-joint, about an inch and a half long, through which a loose cartilage, weighing three drachms and a half, was easily removed.

The patient made an uninterrupted recovery, and was up on the twenty-first day, and at the end of eight weeks followed his work as a labourer.

After removal the substance was examined, and found to be made up of an oblong flat piece of bone-like material, with a thick corrugated fringe of cartilage all round.

LINCOLN COUNTY HOSPITAL.—The annual meeting of the Board of Governors of this institution was held on the 13th inst. The financial statement showed the receipts during the past year to be £4295 4s. 1d., and the expenditure £5565 1s. 7d. Various propositions were made to remedy this unsatisfactory state of things, but ultimately it was decided to issue a special appeal to well-to-do persons in the neighbourhood who were not already subscribers—a step which we hope may meet with the success desired.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Acute Myositis.—Abscess of Liver.—Cirrhosis of Liver and Tuberculosis.—Thrombosis of Innominate Vein.—Stenosis of Tricuspid Orifice.—Fibro-cyst of Uterus.

THE ordinary meeting of the Pathological Society of London was held on Tuesday last, Dr. Wilks, the newly-elected President, in the chair. There was a very small attendance of members. On the motion of Dr. Pye-Smith, seconded by Mr. Marrant Baker, the President was requested to postpone his introductory address until the next meeting, as there were many members of the Society anxious to hear it who were prevented from being present by the extremely inclement weather. Dr. Wilks consented to this proposal, and the ordinary business of the Society was proceeded with. In addition to other communications of interest, Dr. Fenwick made a careful and valuable communication on Stenosis of the Tricuspid Orifice of the Heart.

Dr. PAYNE showed a specimen of Acute Myositis, and read an account of it, sent to Dr. Greenfield by Dr. Bevis, of the Hereford Infirmary. A woman, aged thirty-three, three days after her confinement got up and went downstairs into a cold room, where she had a shiver, and on attempting to return to bed found she had to crawl on hands and knees, on account of severe pain in the right thigh. The pain increased for the next two days; and on the third day there were tenderness, rapidly increasing swelling, and redness of the skin. She was then admitted to the hospital. She had chills, but no sweats; temperature about 100·4°; pulse 132; tongue dry, with sordes on the lips; no cardiac bruit. The right thigh was much swollen, hard, brawny, very tender, hot, and there was pitting on pressure. Next day the pain was less; there was great tremor, and she died. At the post-mortem the bone and periosteum were healthy. A section of the muscles showed the vasti and crureus to be yellowish in colour, resistant, the fasciculi separated so as to present a granular surface, the fibrous septa being infiltrated with serum. The fibres of the vastus externus were found to have lost their striæ, and to contain granular debris and very few cell elements. The adductor magnus muscle had its striæ well marked, with many cells, and both red and white blood-corpuscles. The rectus femoris was healthy.

Dr. NORMAN MOORE showed a specimen of an Abscess in the Left Lobe of the Liver in a girl, aged three years and a half, who died in St. Bartholomew's Hospital. She had been ill ten months with intermittent diarrhoea and pains in the belly. During her stay in the hospital her temperature varied from 102° to 105°; at the end of a month she died from sudden collapse. After death this abscess at the surface of the left lobe and another larger one in the substance of the right lobe of the liver were found. The whole of the large intestine was extensively ulcerated. The points of interest in this case were the early age of the patient, and the fact that the child had never been out of London; although he had known of dysentery occurring in Londoners, he had not been able to meet with any case occurring in so young a child.

Dr. NORMAN MOORE also showed microscopical sections of a Liver affected with Cirrhosis. A girl ten years of age, under Dr. Gee's care at St. Bartholomew's Hospital, had enlargement of the belly for some time; she was tapped twice for the ascites. At the autopsy the whole liver was found to be dense, with great elastic bands of fibrous tissue running through it, rough and nodular; there was tuberculosis of the peritoneum, but none of the liver. There was no history of spirit-drinking, and Dr. Moore thought this was an example of interstitial hepatitis in association with general tuberculosis, as described by Cornil and Ranvier, and more fully by Dr. Payne.—The PRESIDENT asked if the patient had the usual appearance of patients with cirrhosis of the liver, and whether the diagnosis was made.—Dr. MOORE replied that the child was very emaciated, and with a big belly; after one of the tappings it was noted "liver certainly not enlarged."—Dr. PYE-SMITH had recently a young man under his care at Guy's Hospital with great ascites and no symptoms of any