vulsive shivering or trembling of the whole body. Morph. sulph. gr. $\frac{1}{4}$ was repeated.

At 12, P.M., the paroxysms of pain were very severe. Patient starting from the bed, and rolling about in agony; then, after becoming quiet, she would change gradually from groaning to loud laughter, until the next paroxysm commenced. $\frac{1}{2}$ gr. of morphia was given, and repeated at 1, A.M.

By 2, A.M., she was quiet, and nearly free from pain. The next day, she talked rationally; pain was still paroxysmal, but easier; seat of pain now below umbilicus; frequent trembling, and twitching of arms and face; abdomen somewhat tympanitic, excessively tender, even to the slightest touch; knees kept drawn up; tongue heavily coated; pulse 108. Turpentine stupe ordered to abdomen, and milk given freely to drink. Two grains of morphia were given during the day, at intervals, so as to keep the patient nearly free from pain. She was very restless, and had had no sleep since entrance. Pulse 120. Temp. 100.

On the 22d, slept from 1 till 5, A.M. Face flushed; tongue dry in centre, thick, white coat on sides; no contraction of pupils; no dejection since the 18th. She slept nearly all day, and had no morphia until 4 $\frac{1}{2}$, P.M., then one-third of a grain repeated at 8 and 10. The pain was not excessive, but patient was very restless; became quiet after one-eighth of a grain of morphia and twenty grains of bromide of potassium; slept nearly all night.

On the morning of the 23d, had a copious dejection, preceded, according to directions, by a large injection of oil, and accompanied by some pain and blood. The dejection contained about a dozen large fragments of glass, and a larger number of smaller ones. Patient moved herself easily, and without pain. Tenderness of abdomen somewhat diminished; slept nearly all day, and had but one-third grain of morphia, and twenty grains of bromide of potassium. On account of nausea, the olive oil was omitted. The patient continued to improve after this, the tongue clearing off, and pain and tenderness gradually disappearing. Two more dejections were examined for broken glass, and from each a moderate quantity was recovered, making in all nearly the amount swallowed. Patient was discharged, free from pain or other trouble, Dec. 1st.

DR. ALFRED WRIGHT says in the *London Lancet* that he has frequently employed with success the oil of peppermint as a local anæsthetic in the treatment of neuralgia, and also of gout.

CYSTS OF LUMBAR LYMPHATIC GLANDS.

Read before the Boston Society of Medical Sciences, March 7th, 1871, by R. H. FITZ, M.D., Boston.

On the 21st of February, the autopsy was made at the Massachusetts General Hospital of a patient in whom the following diseased appearances were observed. Osteosclerosis of cranium, old peritoneal adhesions, enlarged and cheesy follicles of the spleen, hemorrhagic parenchymatous nephritis, dropsy of Fallopian tubes, recto-vaginal fistula, fibro-myoma of vagina, extensive cicatrix of rectum, probably specific, and a rare form of disease of the lumbar lymphatic glands. Three of these glands, lying near one another in a vertical direction, were enlarged—the one, the superior, to the size of a pigeon's egg, somewhat lobulated; the second to that of a horse-chestnut; the third, the inferior, perhaps doubled in size, presented externally but little appearance of disease. The two largest glands were slightly transparent in parts, apparently containing fluid. On cutting open one of these, a clear, yellow fluid escaped, and the walls of the cyst at once collapsed. The cavity was partially separated by projecting walls, with crescentic edges, into five or six smaller cavities, all of which freely communicated with one another. The lining membrane of the wall was smooth, shining, presenting here and there numerous projections somewhat smaller than mustard-seed. The walls of this cyst varied in thickness from a line or two up to a half inch, the thicker portions containing more or less glandular tissue. This fluid, on microscopic examination, presented, as morphological elements, granular corpuscles. This specimen was preserved in alcohol for further examination.

The two smaller cysts, without being opened, were hardened in chromic acid and alcohol. The larger of the two was found to represent a single cyst, whose walls varied in thickness from one to three lines; whereas the smaller was rather to be regarded as a lymphatic gland containing four cysts, one of which might further be considered, judging from its outline, as having been made up by the fusion of two preëxisting cavities.

These cavities were seated nearer the inferior than the superior portion of the gland, and were imbedded in glandular substance. Owing to the action of the fluids used for hardening, the contents of the cysts had become converted into a mass of the consistency of cheese, which filled perhaps seven-eighths of the cavity, the remaining

space being occupied by the hardening fluid.

Microscopic Appearances.—The lining membrane was composed of small polygonal cells of the character of tessellated epithelium, containing large nuclei, one sometimes two nucleoli, the amount of cell protoplasm being small. The coagulated contents lying near and upon the wall were apparently formed by the confluence of innumerable minute globules, in such a manner that spaces were left here and there bordered by irregularly curved lines, the mass itself being homogeneous, strongly reflecting light. At a greater distance from the wall, however, a mass of indistinct granules was observed. In the midst of the homogeneous mass, and in the immediate vicinity of the wall, the glandular corpuscles were found. The character of the wall varied to a certain extent in the different specimens. The smaller gland might be considered as representing the more recent condition; the unilocular cyst, a more advanced stage.

In these smaller cysts the wall seemed to be composed of little else than epithelium and glandular tissue. The retiform tissue, however, contained meshes which were more elongated and narrower than the normal; and, indeed, one might see what could be regarded as direct transitional stages from the well-marked normal glandular reticulum to the denser, as it were compressed, meshes composing the wall. In the unilocular cyst a dense connective tissue formed the wall, with, at times, spindle-shaped thickenings here and there which contained muscular elements. Just beneath this layer of dense connective tissue, formed of bundles of more or less parallel fibres with relatively few cells, came a layer of retiform connective tissue, not so rich in cells, nor with such large meshes as that described previously, but still differing to a marked degree from the strata on either side, which were composed of dense connective tissue. Beneath the third layer, in which were found the larger bloodvessels and a slight amount of fat tissue, came the healthy glandular structure and finally the capsule of the gland and the peritoneum. The lymph sinuses were nowhere found to be dilated; the glandular follicles were apparently of normal size and appearance. In rare cases there were found in the more recent cysts small pouch-like diverticula running for a short distance into the substance of the gland, but nowhere passing through the "compressed" retiform tissue previously spoken of.

The little bodies which were seen upon the wall of the cyst, were found to lie quite superficially in the connective tissue of the older cysts. They seemed to be seated in that stratum of connective tissue containing numerous cells, that intervening between the two layers of denser connective tissue; at the same time they were often of such a size that the two layers were forced apart and to a certain extent encroached upon by them, the meshes of the intermediate stratum being widened immediately on the periphery of these bodies. Their shape was irregular, their outline generally scalloped. They were apparently made up by the more or less intimate fusion of separate masses. Nodulated, lobulated, with excrescences here and there, they suggested microscopic grains of sago. They strongly reflected light; and, on the addition of HCl , bubbles were given off, and at the same time their optical properties became more nearly allied to those of the surrounding tissue, the mineral constituents being dissolved. It was then seen that many of the nodules were made up of concentric rings; others appeared as if composed of innumerable minute spheres, presenting a mulberry-like appearance. In no instance were these found to project above the epithelial layer; their appearance resembled in many respects the so-called prostatic concretions.

Another interesting point observed in the examination of this tumor was with reference to the apparent place of origin of the granular corpuscles. The sections, perpendicular, seemed to indicate the superficial layer of connective tissue corpuscles, lying just beneath the epithelium as the place of origin. Long, spindle-shaped bodies, composed of masses of minute fat globules, were seen lying beneath the epithelium; in other parts the change of form had occurred, the spherical corpuscle was present, elevated above the wall, but still enclosed within the layer of epithelium represented by the continuous layer of nuclei reddened by carmine.

At times one found two or three of these corpuscles side by side. And again, in addition, one or two small, round cells, resembling lymph corpuscles, which remained in the same position, notwithstanding the section was removed from the glass, washed, and again examined; these were seen lying in the angle formed by the elevated layer of epithelium and the connective tissue beneath.

In other places the corpuscles were of the same size as those lying in the coagulated contents of the cyst; the epithelium

was no longer continuous over them, but the three or four cells which extended up, ladder-like, on the surface of the corpuscle, indicated what might have been the previous condition though the fact that the epithelium was not continuous over the entire corpuscle by no means indicated that the same was on the point of showing itself in the fluid contents, as this appearance might have been produced in making the section. Nowhere was evidence obtained indicative of a change of the epithelium cell into the granulation corpuscles.

I have made a somewhat careful examination of these tumors, from the fact that I am unable to find on record the microscopic examination of similar growths. The disease, as before said, is one of great rarity. I have been able to find, in Rokitansky, the record of two cases where a cystoid degeneration of the abdominal lymphatic glands is said to have occurred. In one case, where dilatation of the heart was present, with anasarca, several glands were found in the mesentery enlarged to the size of walnuts; the walls were thick and stiff, the contents a fatty, smeary, whitish-yellow mass. Others were delicate, flaccid, contained in part a clear thin, in part a white thick fluid. In the second case a lobulated sac, of the size of a child's head, was found in the meso-colon, the contents of which was a milk-white or light-red fluid, in which were single gelatinous and shreddy masses, of which some were bluish red, others black and clinging to the wall. The ductus thoracicus in the lower part of the lumbar glands was varicose.

In the first case described by Rokitansky, the gross appearances resemble, in part, those of the case presented to the Society. The second case, however, has no points in common, and it might be well doubted whether the origin was similar. In his general remarks previous to introducing the two cases, he considers that the accumulation of lymph or chyle in the glands produces a cystoid degeneration, with increase in the volume of the gland.

This theory of the origin of the cysts seems the most probable one. In our own case, there was at some more or less remote period a peritonitis, as a result of which numerous adhesions formed between the intestines and the neighboring parts. As a result of this process in the pelvis, one has a closure of the Fallopian tubes and the conversion of their cavities into those of cysts, with at the same time an enormous increase in volume, for each of these cysts

of the tubes contained more than three ounces of fluid.

In the microscopical sections of the glandular tumors, we have no appearances which could not be explained upon the theory of cysts due to retention of contents, with subsequent dilatation; and at the same time there is no positive evidence which would indicate the existence of a new formation or a cystoma in the exact sense of the word, while the condition of the wall of the recent cysts is almost positive evidence in favor of the origin from dilated lymph vessels.

Reports of Medical Societies.

LYNN MEDICAL SOCIETY. B. B. BREED, M.D.,
SECRETARY. EXTRACTS FROM THE RECORDS.

FEB. 2d.—Dr. Galloupe reported a case of acute rheumatism, followed by complete paralysis of sensation and of the voluntary muscles below the head. The involuntary muscles were unaffected, and the patient had a good appetite.

Dr. Perley reported a case of post-partum hæmorrhage in a primipara. Delivery good—placenta came readily. He observed the pulse to falter, and, introducing his hand, found the uterus uncontracted, and itself and the vagina full of blood. Carrying his other hand to the fundus and making pressure, contraction was readily induced.

Dr. Galloupe reported five cases of malignant typhoid fever in one family—one death. He attributed the severity of the disease to lack of ventilation and cleanliness.

March 2d.—Dr. Nye reported at length the case of a patient who died of purpura at the age of 68.

Dr. Galloupe stated that he had seen several cases of illness with dark spots on the skin, due, in his opinion, to the use of tainted meat.

Dr. E. Newhall gave the details of a case, in which the symptoms, though obscure, seemed to indicate phlebitis, site unknown, followed by pyæmia. The use of bisulphite of soda in full doses had seemed to control the disease. The case was subsequently fatal. The same remedy had been used, with marked effect, in the case of another patient, who, early last September, was taken with symptoms of typhoid in a mild