Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 10TH, 1855.

MR. CÆSAR HAWKINS, PRESIDENT.

DR. HANDFIELD JONES read a paper

ON DEGENERATION OF THE PANCREAS,

containing observations on thirty cases, with tables specifying the ages and sex of the subjects; the nature of the illness causing death, and the results of post-mortem examination; especially a careful investigation of the state of the stomach, duodenum, and pancreas. In nine of the cases the pancreas was found to be considerably degenerated, and in five less so; and the paper contained an analysis of these cases as regards the tendency to degeneration at different periods of life, in the two sexes, and in different forms of disease.

MR. CÆSAR HAWKINS inquired if the author of the paper had seen a case of disease of the pancreas in which the ducts were enormously enlarged. Such a case had fallen under his (Mr. Hawkins') observation, the ducts being distended with watery fluid, and much increasing the size of the organ.

DR. JONES had seen no such specimen; the main object of his communication was to show that serious disease of the pancreas was by no means uncommon.

MR. CÆSAR HAWKINS remarked that the paper before the Society did not appear to confirm Dr. Bright's observations, that disease of the pancreas was accompanied by fatty excretions from the bowels.

DR. JONES, in reply, said that the faeces in his cases were not examined specially with reference to the point mentioned; but he might observe that fat in the faecal evacuations was by no means a prominent symptom, or he should certainly have observed it.

ON STONE IN THE BLADDER, ATTENDED WITH SOME REMARKABLE SYMPTOMS; LITHOTOMY, FOLLOWED BY ABSCESS IN THE LEFT KIDNEY, WITH COMPLETE RECOVERY.

BY HENRY BURFORD NORMAN, ESQ.

The chief point of interest connected with this case antecedent to the operation was that the stone, although a very rough mulberry calculus, weighing about two drachms, produced no symptoms until within a very few months previous to the operation, and then only after an attack of gonorrhœa. The urine contained pus, and there was pain in the loins, and especially of the left lumbar region, when the operation was performed. This pain, which never ceased, was occasionally mitigated by various forms of treatment; but towards the end of the fourth week became very severe. Five weeks after the operation, a swelling was first detected in the left lumbar region, and was freely opened a few days afterwards, when four ounces of healthy pus were evacuated. On that occasion both Mr. Norman and his colleague passed their fingers into the cavity of the abscess, which they felt distinctly to be the interior of the kidney. No stone was felt. From that time the case progressed favourably to complete recovery. The patient is now married, and in perfect health.

MR. ERICHSEN inquired if any urine had passed from the opening in the loins, or if the pus had an urinous odour; or if the pus and urine passed by the opening in the perinæum?

MR. NORMAN replied that the pus was not examined with reference to the presence of urine. A small quantity of pus passed by the perinæum and urethra at first, but this ceased after the opening made in the loin.

MR. ERICHSEN observed that his question had reference to the position of the abscess; whether, in fact, it was situated in the kidney, or merely in the cellular tissue surrounding it? No evidence had yet been adduced to prove that it was in the kidney, and it appeared to him to be one of those abscesses which were perinephritic, and such as were by no means of uncommon occurrence after operations on the urinary organs.

DR. BENGE JONES agreed with Mr. Erichsen as to the seat of the abscess. If it had been situated in the kidney itself, he (Dr. Jones) thought that sufficient urine would have been passed from the opening in the loin to make itself evident.

MR. CÆSAR HAWKINS mentioned a case of abscess of the kidney, into which an opening was made from the loin. The discharge of pus from the loin and urethra alternated, but there was no urine from the opening in the loin.

MR. NORMAN remarked that it had been stated, even in cases where death occurred from abscess of the kidney, that a dis-

charge of urine was not always present. He had no other evidence to adduce as to the seat of the disease, beside that contained in the paper.

MR. LE GROS CLARK inquired what obstructed the kidney to produce the abscess? If so much of the organs existed as to be detectable by the finger, surely sufficient remained to secrete urine.

MR. NORMAN remarked that it was not necessary there should be a stone present in the kidney or urethra to produce obstruction, which might be the result of inflammation, ulceration, or other causes.

MR. PAGET observed that the chief point to be considered was whether an abscess supposed to exist in the kidney was likely to discharge pus without discharging urine with it. There were very few cases bearing on that point, but he was acquainted with the history of two. One was that of a man admitted into St. Bartholomew's Hospital, with obscure signs of renal disease, one of which was the discharge of a large quantity of pus with the urine. There was a swelling in the loin, which presented signs of fluctuation, and which, on being opened, discharged a considerable quantity of matter. There was no indication of urine by smell, or by any ordinary appearances. The case went on for some weeks, being daily watched as to the character of the pus discharged; and he (Mr. Paget) was sure that there was no indication of the presence of urine by any ordinary test; but, on a chemical examination, a small quantity of the constituents of the urine was detected. It was doubted by some to the last whether the abscess discharging from the loin communicated with any part of the urinary canal; but when the patient died, a careful examination was made, and it was found that the abscess had a considerable opening into the pelvis of the kidney, and the pelvis and upper part of the ureter were obstructed by a large calculus. The kidney was not completely wasted, and the secretion of urine had continued up to the time of death. It was observed that when the discharge of matter from the opening in the loins was diminished, the discharge of matter with the urine was increased. The other case was that of a lady who had a large abscess formed in the loin, and who discharged a great deal of pus with the urine. The abscess also gave exit to a large quantity of pus, in which, however, there was no indication of the presence of urine, though there was a clear proof of the communication of the abscess with the pelvis of the kidney.

MR. SPENCER SMITH remarked that as there was pain in the loins before the operation was performed, the abscess could not, in his opinion, be regarded, as Mr. Erichsen supposed, as the result of the operation.

MR. ERICHSEN observed that if the abscess were in the kidney, there should have been urine from the opening in the loin, or pus should have passed down the ureter. If urine could pass by that passage so could pus.

PATHOLOGICAL SOCIETY OF LONDON.

MR. ARNOTT, PRESIDENT, IN THE CHAIR.

(Concluded from p. 406.)

MR. NATHANIEL WARD exhibited a specimen of

PERFORATING ULCER AND SLOUGHING OF PART OF THE VERMIFORM APPENDIX, CAUSED BY A FOREIGN BODY, LIKE A BRISTLE, DEATH FROM VIOLENT PERITONITIS SUCCEEDING,

taken from a gentleman, twenty-seven years of age, of temperate habit, who, on his arrival at home, was seized with violent rigors; he had been, previously to this attack, exposed on a railway platform to cold, and felt very chilly. When the rigors occurred he complained of pain in the abdomen, which continued during the next day. On the fourth day after his seizure he was seen by Dr. George Jackson, of Tottenham, who, on careful examination of the abdomen, discovered a peculiarly tender part in the right iliac region, and which yielded a duller sound on percussion than any other part of the abdomen. The patient complained of great debility and great pain in the iliac region, darting to the back. He vomited frequently dark-green bile-like fluid. On the third day the symptoms became more severe, the pain amounting to agony; he was restless, breathing hurried, and the only position that could be borne was sitting with the thighs drawn up. The treatment, consisting of leeches, calomel and opium, and counter-irritation, with occasional injections, produced no appreciable relief. The symptoms rapidly increased, with the addition of constant hiccoughing. On the 7th day after his seizure, Mr. Ward was requested to visit him, when he appeared to be sinking. He died the same night, excessive restlessness, dyspnoea, profuse