unusual situation. Here also the tendency to rapid local recurrence was very strongly pronounced. It is to be regretted that the entire auricle was not in the first instance excised, but the mutilation thus involved was regarded by the patient as so likely to prevent his continuing to obtain employment in his calling that he was averse from entertaining the recommendation to submit to it.

CASE 4. *Myxo-sarcoma; primary tumour simulating multilocular ganglion; recurrence in liver after excision; amputation; death from recurrence in lungs about four years and a half after the first operation.*—A milliner, aged eighteen, a blonde, apparently in the enjoyment of excellent health, was admitted into Regent ward on Jan. 13th, 1880, for a swelling of the left knee joint, latterly accompanied with so much pain as to render walking very difficult. The swelling was about the size of a pigeon's egg; it was firm, yet somewhat elastic; its consistence suggested that it might be a very tightly distended cyst. When the leg was extended, the swelling seemed fixed to the femur just above and slightly behind the external condyle; but when the leg was flexed a distinct mobility of the swelling upon the femur was recognisable. It was in close relation to the tendon of the biceps muscle, which passed behind and internal to it. The patient stated that about four years previously she first began to suffer pain in the knee, which was regarded as rheumatic; the pain gradually increased, and this latterly to such an extent that the limb was nearly disabled. The swelling was first noticed about one year before she entered the hospital. The diagnosis was a ganglion connected with the bicipital sheath, tightly distended. A few days later the swelling was exposed and dissected out. Its rough characters were those of multilocular cyst, the spaces of which were filled by a jelly-like substance. The wound healed well, and the patient went home on Feb. 26th.

On Aug. 26th, 1881, being about nineteen months after the first operation, the patient again sought admission into the hospital. A note of her condition at this time states that there was at the outer and posterior aspect of the knee a subglobular nodular swelling, three inches in diameter, crossed by the scar of the former operation. Its consistence was not uniform, being mostly firm, but in some situations so soft and elastic as to occasion the idea of fluctuation. The mass was plainly now attached to the femur. The patient was unable to fix the date of the reappearance of the tumour, but she thought that it was not very long after she left the hospital. She attached so little importance to it that it did not deter her from marrying. Amputation was proposed by Mr. A. Clark, then in charge of Mr. Hulke's ward, but it was declined by the patient, who left the hospital.

On Nov. 4th following the patient returned, looking thin, anxious, and worn. The tumour had in the interim considerably increased. The limb was removed by a circular amputation at the middle of the thigh. The femoral artery was secured by torsion. The stump suppurated and healed slowly, so that she did not leave her bed until Jan. 4th, 1882. At the middle of the month she was allowed to return home, having gained flesh, and feeling stronger and looking much better than before the amputation. The tumour proved to be a myxo-sarcoma, springing apparently from the periosteum of the outer condyle of the femur. The preparation is preserved in the Middlesex Hospital museum, No. 544, catalogue.

The patient was not seen again until the autumn of 1885, when she entered a medical ward for intense dyspnoea, under the care of Dr. Cayley, who referred it to sarcomatous infiltration of lung.

Death occurred suddenly. At the necropsy, Dr. Fowler found the upper lobe of right lung compressed by a sarcomatous mass, a portion of which intruded into the right bronchus. From this a detached nodule of the size of a walnut had escaped into the trachea and caused suffocation. The middle lobe of the right and the lower lobe of the left lung each contained a small knob of tumour. Its histology was that of spindle-cell sarcoma.

CASE 5. *Melanotic sarcoma; primary tumour in the sole of the foot, simulating epithelioma; recurrence after excision, and wide dissemination of secondary tumours.*—E. W—, aged fifty-four, an extremely fat woman, was admitted into the Regent ward on June 26th, 1880. In the middle of the sole of her right foot was an ulcer of the size of a shilling. Its edges were abrupt, raised, and slightly everted, and its base was warty. It was tender and painful, and prevented her walking. She stated that the sore had begun about one year previously in a small mole which

she picked because it itched. The circular outline of the ulcer was not unlike that of a perforating ulcer, but its situation was in the hollow of the sole, and not in a part subjected to pressure, as the balls of the toes or heel, situations for which perforating ulcer would appear to exercise a selection. The edges of the ulcer were everted and not undercut, and the base was warty, both of which circumstances were unfavourable to the supposition of its being a perforating ulcer. The absence of all symptoms of tabes dorsalis, with which malady perforating ulcer so frequently concurs, was also against this view of its nature. The probabilities were considered to be in favour of its being an epithelioma. On June 30th it was very freely excised. Cicatrization proceeded very slowly. This was attributed firstly to the little extensibility of the tegument in the sole. On July 27th, the wound having almost closed, and appearing healthy, she was allowed to return home. A few weeks later, when she next presented herself at the hospital, there was evidently a renewal of the growth at the seat of the operation, and now, first, enlargement of the inguinal and also of the lymph glands along the course of the external iliac vessels was detected. This extensive glandular implication barred further operative measures. She was seen at intervals in the course of 1881-84; in the latter year she died. Large tumour masses appeared in the leg and thigh, upon the right shoulder, and in the neck. They were bossy and elevated, and imparted to the attenuated skin covering them the bluish-black appearance characteristic of melanosis.

CASE 6. *Melanotic sarcoma of auricle; excision; recurrence; second operation; recurrence.*—A footman, aged twenty-three years, was admitted into the hospital on March 2nd, 1883. In the lobe of the left auricle and on the posterior border of the helix, at its lower end, he had two small rounded swellings of a violet-bluish colour, overrun with dilated capillary bloodvessels. The upper of the two swellings was of the size of a small grape; the lower was slightly larger. They were not tender or painful. No enlargement of the cervical lymph glands or other swellings were discoverable. He said that the upper swelling had been first observed about five years previously, being then as large as a "pea." He had noticed the existence of the lower swelling about one year. The appearance of the upper swelling was slightly suggestive of hæmatoma, but this is commonly an incident in perichondritis of traumatic origin, being of not very infrequent occurrence in pugilists. Here, however, there were not any circumstances pointing to injuries of the external ear, and there was an absence of tenderness and of heat; besides, hæmatomata are limited to the cartilaginous part of the auricle, and here the lower swelling was seated on the lobe. The diagnosis of hæmatoma was also rebutted by the duration for five years from the first appearance of the upper swelling. The appearance of the swellings was very suggestive of melanotic sarcoma, but the duration threw doubt on this supposition, and the infrequency of such new growths in the auricle, and the patient's age, tended to confirm this doubt. He would not permit more than the least possible mutilation of the ear consistent with the removal of the swellings. These were therefore excised. Their naked-eye appearances and histology were those of melanotic sarcoma. On March 10th he returned home with the wound apparently soundly healed. In the following August he returned with a recurrence of the melanosis in the scar and in the neck. Mr. Lyell, then in charge of Mr. Hulke's wards, freely excised the masses in the ear and neck. The wounds healed, but before long such extensive recurrence occurred in the neck as placed the patient beyond further surgical aid.

HERTFORD GENERAL INFIRMARY.

A CASE OF HYPERTROPHY OF THE SPLEEN; DEATH;
NECROPSY.

(From notes by Mr. H. G. SHORE, House-Surgeon.)

E. T—, aged twenty-eight, married, came to the outpatient room on April 4th, having walked two miles and a half. She was evidently suffering great pain, and was considerably exhausted, so she was sent into the ward at once, when her temperature was found to be 102·8°. The patient has had five children, the youngest two years and three months old. Catamenia normal. She says she has had a tumour in the abdomen since last August, but her friends say she has been looking ill for two years. She has suffered

pain during the last fortnight, but has not consulted any doctor. She says the tumour was first noticed just above the left anterior superior spine of the ilium, and has been getting larger for the last four or five months. There was no history of malignant disease, of syphilis, or ague (?). Urine: sp. gr. 1020; acid; no albumen.

On examination, a tumour was found occupying the whole of the left side of the abdomen, with a well-defined inner and lower edge, it being just possible to get one's fingers between the lower margin and the ilium. Percussion did not give an absolutely dull note. The tumour felt hard, and extended right back into the lumbar region. The patient was in considerable pain, which was, however, relieved by hot fomentations with laudanum sprinkled thereon.

April 5th.—The patient slept about six hours after the hypodermic injection of morphia (gr. $\frac{1}{4}$), and atropine (gr. $\frac{1}{10}$). Temperature 104.2°. Systolic murmur audible at the base of the heart. Nothing remarkable about the lungs, excepting loud breathing over the right back. Uterus normal.

6th.—Temperature 103°. The pain still continues, but is relieved by laudanum fomentations and by an anodyne mixture containing fifteen minims of tincture of opium. Urine: sp. gr. 1020, albuminous, and contained pus and blood. Fæces dysenteric in character, and apparently contained pus. Farinaceous diet ordered, with beef-tea, soda-water, and brandy (two ounces). There was some difficulty in obtaining the urine, and possibly the specimen was not pure.

8th.—The patient seemed somewhat better yesterday, was in less pain, and the temperature 102°; but this morning she is in great pain, temperature 103.8°, lips purple, and apparently some interference with circulation. An exploratory puncture was made, and two ounces of sanious serum drawn off by means of the aspirator.

9th.—In less pain; tongue not so furred; temperature 102°; pulse 120, soft, of fair volume.

10th.—Tongue dry; sordes about teeth; very exhausted; pulse 124, not feeble. Exhaustion shows itself principally in shallow respiration, &c. Veins of right iliac region very distinctly visible. Less peritoneal distension. Wound of puncture healed; tumour unaltered in appearance. Noon: The patient became cyanosed. A subcutaneous injection of ether (twenty minims), to be repeated in an hour, was administered. Took nourishment well, but died at 5 P.M.

Necropsy.—Thoracic viscera perfectly normal, with the exception of rather an excess of fluid in the pericardium. On opening the abdominal cavity, an enormous spleen was found filling up the whole of the left side from the diaphragm to the iliac region; it appeared perfectly normal, except that the capsule at the posterior border, about the centre, showed signs of inflammation; on section, the organ was quite natural in appearance. Weight of spleen 5½ lb. The liver was greatly enlarged and fatty; kidneys normal, but left ureter distended; bladder and uterus normal. There was evidence of enteritis, but to no very marked extent.

The enormous size of the spleen is so remarkable as to justify the case being published. Unfortunately, the acute pain and high temperature prevented any large operative measures being attempted.

STAMFORD, RUTLAND, AND GENERAL INFIRMARY.

CALCULUS VESICÆ; SUPRAPUBIC OPERATION; DEATH; NECROPSY.

(Under the care of Mr. GREENWOOD.)

N.R.—, male, aged four years and a half, a well-nourished, healthy-looking child, was admitted with the following history. The symptoms of calculus had been noticed for six months, and had been worse for the last two months. No blood had been seen in the urine and no albumen was found, but considerable phosphatic and mucous deposit. There was no phimosis, but the prepuce was adherent to the glans to some extent. On sounding, the instrument struck and passed over a calculus lying to the right side, and the impression was that it was a large one.

On Oct. 18th, 1886, under the influence of ether and chloroform, an elastic bag was passed into the rectum and partially distended; but the bag seemed rather too large for this case. A gum-elastic catheter was passed, and three ounces of boracic acid lotion injected into the bladder. The catheter was withdrawn, and an elastic cord tied around

the root of the penis. The rectal and vesical distension were not sufficient to throw the outline of the bladder into prominence. The abdomen was opened in the mid-line by an incision two inches long upwards from the symphysis pubis. It was not easy to feel the bladder at first, as it eluded the finger, falling over to the right side. Two silk sutures were passed through the bladder wall, and between these the bladder was opened. The stone was then felt lying transversely in the bladder, which was contracted on it, the fluid contents having escaped. The position of the stone was changed with the nail of the forefinger, and then it was extracted with fine lithotomy forceps. The stone, which was flattened and oval in shape, weighed 3 drs. 6 grs. A drainage tube the size of a No. 8 catheter, with two side openings at the lower end only, was introduced for two inches and fixed in place to the abdominal wall by two horse-hair sutures; it extended for six inches outside the abdominal wound. No sutures were placed in the bladder. Deep catgut sutures and superficial silver ones were used for the upper part of the wound. The dressing was iodoform and Gamgee's cotton-wool tissue, through which the drainage tube passed. The child was placed on his left side in bed, and urine began to drain through the tube in half an hour without a stain of blood. The dressings were renewed every morning, and urine continued to drain off through the tube until the fourth day, when it was removed, and two hours afterwards half an ounce of urine was passed per urethram.

Oct. 31st (thirteenth day).—Has been kept on milk diet, and at no time has there been any rise of temperature. About half the urine passed per urethram (an ounce at a time), the rest per abdominal wound, which is granulating from the bottom and looking well.

Nov. 4th (seventeenth day).—Yesterday evening he was sick after taking some milk, but no rise of temperature was noticed, and no change in the local conditions, but at 7 A.M. to-day he became collapsed and died in twenty minutes.

At the post-mortem examination the bladder wound was united, except at one point admitting a fine silver probe. Bladder contracted, with half an ounce of urine in it, and with hypertrophied walls. No escape from the wound into the abdomen could be detected, and the kidneys were healthy.

What was the cause of death? The child was quite well up to the attack of sickness.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, June 1st, Dr. John Williams, President, in the chair.

It was unanimously agreed that an address should be presented from the Society to Her Majesty the Queen on the occasion of the completion of the fiftieth year of her reign.

Microscopic Sections of a Human Embryo.—Mr. LOCKWOOD exhibited a series of sections showing absence of spinal medulla with arrest of the development of the spinal column and retroflexion of the lower limbs. The embryo was eight millimetres long, and had reached about the sixth week of intra-uterine life.

Fœtal Membranes were shown by Dr. BLUETT in which two tumours were found. The labour had been natural and delivery took place at full term.

Spontaneous Gangrene of Cervix Uteri and Base of Bladder.—The parts were shown by Dr. HERMAN, who said they had sloughed away spontaneously from a woman who had not been pregnant for eight years.

Hydatids from the Mesentery were exhibited by Dr. Malins; a Fibroid of the Ovary by Dr. John Williams; a Fibro-cyst and a Solid Fibroma of the Ovary by Mr. Meredith; and a Fibroma of doubtful origin by Mr. Malcolm. These four tumours and Dr. Bluett's specimen were referred to a committee.—A Sloughing Fibroid Polypus was shown by Dr. W. Duncan.

Cæsarean Section.—Dr. C. J. CULLINGWORTH gave an account of this case. A rachitic dwarf, aged thirty, 4 ft. 2 in. in height, was sent at full time to the author. The pelvis was generally contracted and flat, the estimated conjugata vera being two inches and a quarter. The child was alive. There was great albuminuria, with œdema of the abdominal