Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 22ND, 1855.

MR. CÆSAR HAWKINS, PRESIDENT.

RESEARCHES ON GOUT.

BY W. BUDD, M.D.,

PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

(Communicated by Dr. G. BUDD.)

DR. BUDD commenced his communication by stating that, in 1852, he had the opportunity of examining portions of the cartilages of the knees and elbows, and the adjacent bursæ, from a man who died after having long suffered from gout. Subsequently, he had examined the knees, elbows, wrists, ankles, and most of the smaller joints of seven other gouty subjects, and had found them to contain a deposit consisting of lithate of soda in combination with phosphate and carbonate of lime. The nature of the deposit was very different in the cartilages and bursæ. In the former it consisted almost solely of lithate of soda; in the latter there was an admixture of the calcareous salts, sometimes in large proportion. He found that the deposit in the cartilages was not placed on the free surface, but that it formed a thin layer immediately beneath the surface in the substance of the cartilage itself, this layer being also, in early stages of gout, often separated from the edges of the cartilage by a free margin, in which no deposit existed. He traced the deposition of the foreign matter as occurring, in many instances, around the cartilage cells. The lithate of soda, he, in common with many others, supposed to be an essential ingredient of the *materies morbi* of gout, but the calcareous salts to be only an accidental complication, originating in the common inflammation around the gouty joints. He then detailed the particulars of two cases of acute gout, in one of which he found a considerable quantity of urea (a known product of the metamorphosis of lithic acid) in the serum, obtained from a blister, and in the other from the blood; and he added, that in nine other cases he had procured a large quantity of urea from blood or serum obtained from the patients, there being no albuminuria, and the kidneys being, in all, as far as could be ascertained, free from disease. From the facts and reasonings founded on them the author was led to the following inferences: 1st. That lithic acid (in combination with soda) is an essential and very principal ingredient of the *materies morbi* of gout. 2nd. That the result of the fit of gout is partly to deposit this compound in the least vascular structures of the joint, but much more largely to accomplish its elimination from the body, by converting it into compounds of a more simple order, such as urea, and admitting of more ready discharge from the body. (Dr. Budd's paper was accompanied by drawings and microscopic demonstrations, illustrative of his observation.)

TUESDAY, JUNE 12TH, 1855.

CASE OF IMPERFORATE ANUS, THE BOWEL TERMINATING IN THE URINARY APPARATUS.

BY JOHN PUGHE, F.R.C.S., OF ABERDOVEY, N.W.

This was the description of a most successful case of establishment of a new outlet. The operation, the author states, was that proposed and performed by Amussat; the termination of the bowel being cautiously sought for by dissection, and, when discovered at the unusual height of two inches and a half from the coccyx, was gradually drawn down and secured by sutures to the integument. Some retraction of the intestine took place; but the result described was most satisfactory, and was chiefly ascribable, as the author thought, to the constant dilatation of the parts, which was maintained for a long period after the operation by the use of bougies. The author recommended for such purposes the use of the long, round stems of the laminaria digitala, which become flexible, and increase in bulk when immersed for a short time in warm water.

MR. CÆSAR HAWKINS remarked that the case detailed exemplified the satisfactory treatment of a most unsatisfactory complaint.

MR. ARNOTT mentioned the case of a boy, nine years of age, on whom he had operated in 1846 for imperforate anus. He was sent for by Dr. Chowne to see the child soon after birth. There was then no appearance of an anus, no bulging or other sign to indicate the situation in which that orifice should be. Meconium passed with the urine. An incision was made in

the position of the anus, and the distended bowel relieved, but the gut could not be brought down. With respect to the plan adopted in Mr. Pughe's case, of drawing down the bowel and stitching it to the sides of the opening, this proceeding was first proposed by Amussat, and adopted with success by Mr. Shaw in a case on which he operated five years since. Though the bowel was not brought down in his (Mr. Arnott's) case, the parts were kept clean and washed, and a bougie frequently used, followed by a pewter tube. A few months after the operation a little obstruction had taken place, and then the fæces had again passed with the urine, but the use of the bougie soon restored the passage. Subsequently, at the end of about four months, the parts became so contracted, that it was found necessary to divide them freely forwards and laterally, and to use the bougie diligently. No fæcal matter had passed with the urine since the first year. The bougie was still passed three or four times a week. The fæces up to a late date had been perfectly retained; but the presence of a worm of late had interfered with this power to some extent. The essential part of the treatment in these cases was the continual passage of a bougie. The insertion of a pewter tube in the early part of the treatment was a useful measure. He (Mr. Arnott) had been consulted in a case in which the termination of the canal was in the vagina.

MR. SPENCER SMITH, in justice to the author, stated that in the commencement of the paper, which had not been read, allusion had been made to M. Amussat.

MR. CÆSAR HAWKINS remarked that the author of the case before the Society had stated that retraction of the end of the tube to the extent of an inch had taken place, so that in this respect it resembled the case related by Mr. Arnott. There was a curious preparation in the museum of St. George's Hospital, showing an interruption in the intestinal tube in several places, some of these interruptions being to the extent of three or four inches.

ACCOUNT OF A GROWTH OF CARTILAGE IN A TESTICLE AND ITS LYMPHATICS, AND IN OTHER PARTS.

BY JAMES PAGET, F.R.S.,

ASSISTANT-SURGEON AND LECTURER ON PHYSIOLOGY AT ST. BARTHOLOMEW'S HOSPITAL.

A case is related, in which a man, thirty-seven years old, had a large tumour in the right testicle, and a series of tumours, like diseased lymphatic glands, thence extending through the whole length of the spermatic cord. On removal by Mr. Skey, the tumour in the testicle was found to be formed of cartilage, growing, apparently, in tubes, and, probably, in the lymphatics of the testicle. The tumours above the testicle proved to be minute growths of cartilage, clustered, in many instances, with filamentous and nucleated structures, within the lymphatic vessels in the spermatic cord. The lymphatics, thus filled, were greatly enlarged and lengthened; and, in their tortuosity, were collected into nearly isolated swellings. The patient recovered, apparently, from the operation, but, soon after, lost health, became embarrassed in his breathing, and gradually died. It was then found that similar growths, of cartilage and of nucleated and filamentous structures, extended along the spermatic lymphatic trunks to a large lumbar gland. Here, one of the growths penetrated into the vena cava inferior, penetrating its coats. Beyond this point, no disease was found in any lymphatic vessel, but, in the lungs, and apparently within the branches of the pulmonary artery, there was an immense number of nodular growths of cartilage and other structure, similar to those in the lymphatics. The total weight of the growths in the lungs was about nine pounds. No other part was diseased.

The microscopic structure of the growths are fully described, and, as well, as the other principal facts of the case were illustrated by drawings and specimens.

In comments on the case, the author suggests that the cartilaginous growths in testicles are, probably, generally seated in the lymphatics of the organ. He remarks on the dendritic mode of growth of morbid structures here noticed in the confined spaces of minute vessels; and on the imitation of the construction of synovial fringes, and of glands, which the microscopic examination of these specimens displayed. He observes, also, that, in this case, although all the morbid growths imitated, in their structures, the natural components of the body, yet, in their multiplicity, seats, and distribution, they resembled cancers. Their increase appears to have been due to their extension into the lymphatic vessels, and into the vena cava inferior. From the growth into this vein, germs (if they may be so called) seem to have been carried with the venous blood into the lungs, and to have been developed in the minute and other branches of the pulmonary arteries. The case thus