that remained of the calculus in the bladder was a small quantity of finely-powdered débris. There were no fragments large enough to cause irritation, and hence the almost complete absence of those constitutional and local symptoms which sometimes follow lithotripsy when the calculus is only partially broken up. The manipulations also were well borne by the bladder.

On this occasion I used a curved catheter similar in size to Bigelow's straight catheter. I have since used the latter instrument, and found it to be perfectly easy of introduction, while it allows the fragments to escape more readily.

Harley-street, W.

A CASE OF XANTHELASMA MULTIPLEX:

VEL VITILIGOIDEA (ADDISON AND GULL); VEL XANTHOMA (FRANK SMITH); VEL MOLLUSCUM CHOLESTÉRIQUE (BAZIN).

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THE general form of the disease named above is sufficiently rare that observers have usually recorded any case they have met with, and Dr. Pye-Smith has collected such cases in the twenty-second volume of Guy's Hospital Reports. To his list may be added three cases observed in France—namely, by Bazin, in a boy aged sixteen years,¹ who suffered for five months previously with enlarged liver and jaundice; by Hillairet, in a woman aged forty-four, who had a jaundice of little intensity, and enlarged liver for five months;² and by Chambard,³ in a woman. I have also seen two other as yet unpublished cases, one of which was in a middle-aged woman, who was under Dr. Ringer's care in University College Hospital with chronic jaundice, and who afterwards died in the Middlesex Hospital with xanthelasma of the eyelids and hands. The case I am now going to detail has important differences from any yet recorded.

Miss F—, aged twenty-one years, was sent in February last to Dr. Tilbury Fox, and has of late been under my care. The family history obtained stated that on her *paternal* side the tradition is that there was real active gout passing over a generation and coming out in an active form in the next. Her grandfather had constant attacks, but lived till eighty-six. Her father suffered from "suppressed gout." On her father's maternal side "gouty rheumatism," or "rheumatic gout," developed at eighteen years of age in the young lady's grandmother and great-aunt, the former and a third sister dying young of consumption. On her *maternal* side there is active gout in both families, and several members have died prematurely of cancer.

Miss F— was always a pale, delicate child, but grew fairly well for fourteen years, when she seemed to stop short, and in no way to develop until after the age of eighteen. Since then, however, she has grown in inches, developed in figure, and gained more freshness of complexion, owing, it is thought, to the influence of constant sojourns at Buxton. Her periods, which commenced when she was fifteen, were for some time very troublesome, but have lately occurred with more regularity. When she was between twelve and eighteen months old the nurse called attention to "some small yellowish-white patches like little bunches of white currants just around the back passage." These patches have been watched, and until the age of fourteen they increased in size and numbers, and became confluent; but since that age they have been stationary. When aged seven years and a half she had a mild attack of small-pox, which has not left any pitting, accompanied by swelling and pain at the back of the right os calcis. A few months after this attack, seed-like patches of xanthelasma appeared on the knees, and became confluent. At ten years of age she had a severe attack of nettlerash, and also complained about this time of severe pains in the limbs, pronounced to be "growing pains." At the age of fifteen swellings gradually appeared on the hands about the phalangeal and metacarpo-phalangeal joint, but no idea of rheumatism was entertained. The swellings and eruption

were considered by several distinguished physicians and surgeons to be of a gouty nature, but under douching the mischief rather increased. At the age of seventeen a tuberoso xanthelasmic patch, as big as a florin, appeared on the ball of each great toe, giving at first sight the impression of gouty enlargement of the joint. Considerable-sized patches also came in the webs between some of the fingers and by the side of one thumb.

When examined in 1879 the patient presented also a tuberoso patch on the back of each elbow, on the left as large as a shilling, and on the right still larger. These probably appeared between her seventeenth and eighteenth years; at any rate, they were then first noticed. The joints were still enlarged, and the back of the right os calcis outgrown, less so than formerly. No fresh xanthelasmic patches had made their appearance for several years. *There were none on the palms, or soles, or eyelids, and she had never suffered from jaundice.* On searching for the cause of constant pains in the chest and shortness of breath, a loud mitral regurgitant murmur was heard, and it was elicited that Miss F— had been brought up in a locality highly conducive and renowned for rheumatism. She complained, indeed, that any kind of damp weather, or an east wind, painfully affected her joints, and congested her throat directly. In the winter of 1878-9 it is to be noted that she had a second severe attack of nettlerash, lasting three weeks. The liver was normal in size and the urine healthy when examined on more than one occasion. There was no pruritus. As Miss F— was anxious to be rid of her disfigurement, the more conspicuous patches were removed by Mr. George Lawson with very satisfactory results, and there has as yet been no fresh outbreak.

Microscopical examination.—The very characteristic patches which were removed were subjected to a careful study and comparison with xanthelasmic patches removed in two cases from the eyelids, and clear corroboration was afforded of their nature. The appearances agreed in all respects with the two general cases examined by Chambard (*loc. cit.*), and with those eight cases collected by Dr. Pye-Smith in which the microscope was used. The epithelial layers took no active part in the disease, but the lowest cells contained yellow pigment. The corium throughout, but more particularly in the upper middle layer, was packed with more or less rounded or polygonal cells, almost as large as fat-cells. These cells contained one or more nuclei (generally two or three), deeply staining by logwood, and imbedded in the granular opaque mass which distended the cell wall. The fat-containing cells were crowded together in great number towards the centre of the nodule, to the total obscuration of other elements of the tissue, but at its periphery the cells were seen to occupy the meshes of the tissue in groups. The fibrous tissue was increased and compressed by the pressure of the new cells, and there was considerable engorgement of the outlying vessels and outwandering of leucocytes. We know that these appearances are explained by the facts that, firstly, an irritant process has been set up in the particular part of the skin, leading to considerable cell proliferation; and that, secondly, a fatty degeneration, or, as Virchow, Waldeyer, and Kaposi think, an oily infiltration, has occurred in these cells. I was unable to observe the thickening of the walls of the small arteries, of the sheaths of the nerves, and of the fibrous capsules of the sudoriparous glands noticed by Chambard.

Remarks.—In this case three points are of more special interest—viz., the age at which the eruption commenced to appear; secondly, the absence of the eruption from the eyelids and palms, its usual sites; and, thirdly, the absence of any apparent affection of the liver and precursory jaundice. Xanthelasma is an affection of middle or advanced life, but it occurs somewhat earlier in the multiple forms immediately associated with jaundice. Bazin's case was in a boy aged sixteen years, and there was a doubtful case of Dr. Barlow's, aged eighteen years. The present case is therefore remarkable in commencing at the age of from twelve to eighteen months. This case also confirms the fact that whilst the special seats of selection for the eruption are on the palms and eyelids, in very exceptional cases these localities may be free. With regard to jaundice, Dr. Pye-Smith says "that in every case but two, in which the skin affection had spread beyond the eyelids, there was jaundice," and in one of the two jaundice came on a year later. Both Bazin's and Hillairet's cases also were jaundiced, but Chambard omits the mention in his case. In the present case there has been no suspicion of jaundice at any time.

¹ Copies of the wax models of this case in the Hôpital St. Louis Museum are to be seen in the Dermatological Collection of the Royal College of Surgeons.

² Bull. de l'Acad. de Méd., Nov. 19th, 1873.

³ Loc. cit.

This brings us, lastly, to the consideration of the etiology of this affection. It is evident from this case, and from the ordinary cases of *X. palpebrarum*, that the circulation of biliary pigment is not the only cause of this eruption, but it is probable, from the strong family history of gout, the occurrence of urticaria, &c., that here there existed chronic functional disturbance of the liver with the consequent circulation of abnormal products.

Harley-street.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

CASES OF FRACTURE OF THE BASE OF THE SKULL.

(Under the care of Mr. HULKE.)

THE loss of blood continuing for several hours, followed by serous oozing from the left ear, which continued till the end of the second day, considered in connexion with the other symptoms, and the distance of the fall—twenty-four feet,—raises a strong presumption of fracture of the base of the skull in this case. The convulsions of the right arm were ascribed to superficial laceration of the left cerebral hemisphere.

CASE 1. *Fall from a height of about twenty-four feet; bleeding, followed by serous oozing, from the left ear; recovery.*—Shortly before 10 P.M. on the 25th of July, 1876, a little boy, aged six, fell from a second-floor window on to the leads of a portico, and thence upon the street pavement. The entire distance was thought to be about twenty-four feet. He was taken at once to the hospital. When admitted into Percy ward consciousness had returned; blood was trickling from the left ear; the left side of the head and brow were bruised and swollen; and there were numerous bruises on his body and limbs. Next day he was drowsy; he occasionally retched; the axillary temperature was 99° 8'; pulse 120. A serous fluid replaced the bleeding from the ear. The right arm was convulsed. The head was shaved and kept cool with ice, and a purge was given him. On the 27th the serous oozing from the ear ceased, and the right arm was less convulsed. From this time his condition improved gradually, and at the beginning of September he was discharged convalescent.

CASE 2. *Fracture of the right temple and orbital roof; subconjunctival ecchymosis on the following day; broken ribs; death on the eleventh day from the chest complication.*—In the forenoon of August 17th, 1874, a labourer, aged forty-two, who had just before fallen off the roof of a house (it was supposed forty feet high), was admitted into Broderipp ward. He was insensible; blood was flowing from his right ear and nose; his breathing was embarrassed, and several ribs were found broken on the left side of the chest. Consciousness returned towards evening. Next day there was considerable subconjunctival ecchymosis of the right eye; in the evening his breathing, which had been easier after the broken ribs had been supported and fixed with long strips of adhesive plaster, became very distressed; he had a sharp stitch and cough, with muco-purulent sputa. The left side of the chest was jacketed with a large poultice, and as the dyspnoea increased, the house-surgeon at midnight cupped him, which was followed by relief. From this time his condition improved until the 25th, when his breathing became very quick and shallow, his face was blue, and his dyspnoea very great. The loss of several ounces of blood from the arm afforded marked relief. Three days later the difficulty of breathing returned. Another bleeding failed to give relief, and he died at 10 P.M.

Necropsy.—A radiating fissure was found in the right temporal fossa, implicating the temporal, parietal, and frontal bones. Corresponding to these cracks was a thin blood-clot outside the dura mater. No trace of injury was found in the brain. Five ribs—from the second to the seventh

inclusive—were found broken. The lungs, bound to the chest-wall by old adhesions, were much congested, and the bronchial tubes were choked with mucus.

CASE 3. *Fall upon the ground; chin grazed; bleeding from both ears; laceration of the membrana tympani.*—In injuries of the head it is a recognised axiom that bleeding from the ear is not strong evidence of fracture of the base of the skull, unless it is copious and prolonged. In this case it appears to have been due simply to injury to the tympanic membrane, caused by the violent impact of the condyles of the mandible on the floor of the tympanum. This impact has been sufficient in some instances to drive the condyle through it, and split the temporal bone, as in the well-known preparation in St. George's Hospital Museum. On May 24th, 1874, a schoolboy, aged ten, whilst playing at "touch," slipped and fell, striking his chin on the ground, and cutting it. He was stunned, but he soon regained consciousness. When taken into the hospital very shortly after the accident, he was pale and faint, and blood was trickling from the external meatus of each ear. (He had also a convergent squint, but this was of older date.) The bleeding, though never copious, did not wholly cease till the 29th. On the 30th a watch was heard to tick at three inches from the left ear, and at eight inches from the right; before the accident his hearing was believed to have been naturally acute. On June 7th, on examination with a speculum, a small recent scar, partially hidden by a minute blood-clot, was detected in the upper part of the membrana tympani, in the left ear. The bottom of the right meatus externus was blocked by a clot which it was not judged prudent to remove. After the shock, which was slight, had passed off, he continued free from head symptoms, and on June 14th he was discharged from the hospital convalescent.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASE OF DERMOID CYSTS OF PAROVARIIUM AND OVARY; OVARIOTOMY; DEATH.

(Under the care of Mr. JOHN CLAY.)

FOR the following interesting notes we are indebted to Mr. J. Lloyd Thomas, obstetric assistant.

R. S—, aged fifty, widow, married when seventeen years of age, and the mother of seven children, the youngest of whom was nineteen years old, was admitted in August last. Her mother died at thirty-eight years of age from phthisis. One brother is living. Three sisters died from phthisis. She always enjoyed very good health during married life; had good confinements and convalescences. About ten years ago she felt two lumps of the size of a hen's egg, one on each side of the abdomen. They eventually became larger, and appeared to be joined into one mass, and she felt as though she was in the fifth month of pregnancy, but menstruated regularly. The tumours began to increase rapidly twelve months before admission, and increased in size up to the time of her entering the hospital.

The patient had an anxious expression, was moderately well nourished, of dark complexion, with dark-brown hair, which did not fall off. The tumour occupied the umbilical and hypogastric regions, with a slight deviation to the left side. It appeared flattened and hard, with well-marked border superiorly, which was on a level with the umbilicus. The measurement from the ensiform cartilage to the umbilicus was 4½ in.; that from the latter point to the pubes was 9 in. The circular measurement at the umbilicus was 33 in. There was dulness over the whole of the tumour, and the abdominal integuments were cedematous. The cervix and os uteri were normally situated. No tumour could be felt in either cul-de-sac, nor was there any impulse conveyed to the finger in the vagina by external manipulation of the tumour. The uterus measured 2½ in. The tumour was aspirated, but only some caseous matter was withdrawn. As it interfered with the patient's occupation as a hawker, she was very desirous to have it removed, and after mature consideration ovariectomy was determined upon.

On August 27th, Mr. Clay made an incision between the umbilicus and pubes 4½ in. in length, on the median line. The integuments of the abdomen were cedematous and thickened to the extent of an inch and a half. There were some firm adhesions to the abdominal wall; these were broken down, and the tumour was then easily removed from the