SCIENTIFIC INTELLIGENCE.

PROCEEDINGS OF THE PATHOLOGICAL SOCIETY OF DUBLIN.

SESSION 1841-1842.

First Meeting, 20th November, 1841.

Dr. GRAVES in the Chair.

1. *Aneurism of Abdominal Aorta.*—Doctor Law detailed a remarkable case of aneurism of the abdominal aorta, and exhibited a drawing and preparations of the parts engaged. The patient was a gentleman, aged about 38, of slight figure, and who generally enjoyed good health. His habits had been active, he was fond of hunting, and had sometimes been thrown from his horse, but without receiving any serious injury. In November last he applied to Dr. Law, complaining of pain in the back, from which he had suffered for a considerable time past, and which he could not ascribe to any particular cause. About six weeks before his application to Dr. L. the pain had suddenly become much more severe, and he recollected distinctly that this aggravation occurred on his hearing some intelligence that distressed him very much. From the medical treatment to which he had been subjected he had experienced but little relief, and that merely temporary. Dr. Law prescribed for him an anti-spasmodic draught, and it had the effect of immediately relieving the pain.—There were, however, some circumstances in the case which induced Dr. Law to desire that the patient should remain in bed on the following day, when he made an examination with the stethoscope. On applying the instrument to the epigastrium a *bruit de soufflet*, very loud and distinct, was heard; it was also audible posteriorly on both sides of the spine. Careful examination, repeated on a second and third day, detected the same symptoms, from which, together with the character of the pain, Dr. Law made his diagnosis that the case was one of aortic aneurism, and of some duration, an opinion in which Dr. Stokes, who was called into consultation, coincided. In compliance with the anxious desire of the patient's family, there was subsequently added to the consultation another practitioner, who doubted whether the diagnosis already made was correct, because he had himself (as he mentioned) met with the same symptoms in a patient

that he was attending some months previously, and whose case proved, by a complete recovery, that it was not one of aneurismal disease, which it was at first pronounced to be. Notwithstanding this difference of opinion, the case continued under Dr. Law's care, and the event confirmed the accuracy of his and Dr. Stokes' prognosis. The general health declined, the appetite failed, the patient gradually became weak, emaciated, and exceedingly nervous. There was strong pulsation in the epigastrium, but no tumour, nor was the action of the heart much increased. The pain in the back was of two different forms—one was a continual sense of weight or uneasiness, which never intermitted, the other was acute, sharp, darting pain, felt on each side of the spine, which was periodical, recurring generally at midnight, and which, for a considerable time, always yielded to the medicine directed—viz., camphor mixture, ether, and Batly's sedative liquor. As the case proceeded towards its termination the emaciation increased, the pains became more severe, and extended into the lower extremities, particularly on the left side. In this manner six months passed away, when Dr. Law was suddenly sent for in the evening; he found the patient in a state of great distress and agitation, with all his symptoms increased; he complained of most agonizing pains, extending from the seventh rib on the left side, down to the margin of the ilium; a heaving motion was perceptible in the side; the abdomen was tympanitic, and the *bruit de soufflet* could no longer be heard; the pulse was weak and faltering, and there was great depression, which continued to increase till death occurred, which took place on the next day but one.

The body was examined twenty-six hours after death. The parietes of the left ventricle were somewhat hypertrophied and softened; in other respects the contents of the thorax appeared healthy. In the abdomen the aorta was observed passing into an aneurismal tumour, near the cœliac axis. The tumour did not project much beyond the level of the spine, it extended more to the right side, and was about three inches in diameter. The aorta having been raised from the spine, there was observed in its posterior wall, opposite to the origin of the cœliac artery, a circular aperture, with smooth edges and about an inch in diameter, opening into an irregular-shaped cavity corresponding to the bodies of the two last dorsal and two first lumbar vertebræ, whose substance had been absorbed; the intervertebral substance was not eroded; the cavity itself was filled with lamellated fibrinous matter, dark, brown-coloured, and firm in consistence. Behind the peritoneum, on the left side of the spine, was an immense clot of blood, extending from the diaphragm down to Poupart's ligament. The descending colon was firmly adherent posteriorly to this mass. The effused blood had so infiltrated the adjoining parts that it was very difficult to raise the coagulum from its situation: a section was made of the mass, which did not present any lamellated structure; the cellular matter in which it was entangled, could be traced through it in whitish lines, and the fibres of the psoas, from which numerous

nerves were seen to issue, were spread upon its surface; the left kidney was completely imbedded in it. The tumour lying on the spine where the bodies of the vertebræ had been destroyed was the original aortic aneurism, and the infiltration of blood into the neighbouring parts, and the large coagulum, evidently proceeded from a recent hæmorrhage, the occurrence of which was marked by that sudden aggravation of symptoms which had occurred about two days before the death of the patient.

Dr. Law considered this case of great value and interest, from the information which it conveyed as to a disease so obscure, and in which accurate diagnosis is so difficult. He had observed that no symptom was more pathognomonic than the pain, when viewed in connexion with the other symptoms, and it was the peculiar character of this symptom, which led him to diagnose aortic aneurism in the present case. Epigastric pulsation and *bruit de soufflet* might occur in cases where there was no organic disease. During the last session he had met with a case of aneurism of the thoracic aorta, in which, as well as in this, the opening occurred in the posterior wall of the artery, and the pain endured by the patient was also of two kinds; one an aching, boring pain, which was constant, the other an occasional nipping pain, darting sometimes along the ribs, sometimes in other directions. There was also a sense of stuffing, almost amounting to suffocation, caused by the aneurismal tumour encroaching on the organs of respiration. A case of abdominal aneurism had been detailed by Dr. Thomas Beatty [in the Dublin Hospital Reports], which was among the earliest efforts towards the accurate investigation of this formidable affection. (*Museum, Sir Patrick Dun's Hospital.*)

2. *Tubercular Deposit in Bone.*—Doctor Lees exhibited recent specimens of a scrofulous disease of the bones, in which there was infiltration of tubercular matter into the cancelli. The case was that of a child in the South Union Hospital (Dublin), who had been suddenly attacked with swelling of the forearm, accompanied by vomiting, crying, and the usual symptoms of hydrocephalus, which continued for a week, when death took place. A considerable quantity of fluid was found in the ventricles of the brain, and at its base a gelatinous effusion. The lungs were free from tubercles. One tubercle was found in the mediastinum, and a great number in the mesentery. The urine during the illness had been albuminous, but the kidneys presented no appearance of disease. The most remarkable appearances were those connected with the radius and ulna of the left fore-arm.—The elbow joint itself was free, and the synovial membrane healthy, but the periosteum was much thickened. The medullary canal and cancelli near the head of the ulna were very vascular, and the upper end of the canal filled with caseous matter which was also diffused in the cancellated structure.

3. *Stricture of the Descending Colon.*—Mr. Ferrall said he was about to lay before the Society some particulars of a case illus-

trative of the great difficulty, which often occurs in forming an accurate diagnosis of intestinal disease. The case was that of a woman, aged between 50 and 60, who had often felt slight pain at the left side of the abdomen, and whose bowels were usually torpid, but not inconveniently so ; at last obstinate constipation set in, and this had already continued five or six days before he saw her. She was then suffering general distress ; the countenance was anxious ; the course of the colon could be easily traced through the parietes of the abdomen, and during the attacks of tormina, which were frequent, the vermicular motion of the colon was distinctly perceptible. Medicine having failed to effect a passage through the bowels, on the following day, which was the seventh of the illness, Mr. F. directed an injection to be thrown up as high as possible. A long tube was passed as far as the sigmoid flexure of the colon, and the fluid injected. It passed suddenly and with force ; immediately the patient sprung from the bed, pale and gasping, the pulse at the wrist could not be felt, and there was every symptom of collapse. Mr. F. had some brandy instantly administered and ordered two grains of opium, which was to be repeated at suitable intervals till reaction should be produced. On the next day he found her greatly relieved. She had taken altogether fifteen grains of opium. There had been no discharge of either *fæces* or *flatus*. The abdomen was much less tumefied than it had been. During the course of that day there was a small evacuation of solid *fæces* per anum. On the succeeding day she appeared sinking rapidly, there was frequent singultus, and she died toward morning.—The diagnosis Mr. F. had made was, that there was obstruction in the intestinal canal, but its exact situation could not be determined. The body was examined after death. There was no appearance of peritonitis. About the middle of its course the descending colon was dilated, and below the dilatation was a sudden contraction of a carcinomatous hardness, reducing the calibre of the canal to about the diameter of a goose quill. The intestine gradually thickened and hardened as it approached the stricture. The several tissues of the intestine could not be traced into the contraction, they were united into one dense structure ; the mucous membrane was slightly ulcerated at the stricture. Below the stricture the intestine was much contracted, but otherwise had no appearance of disease. The rectum was apparently healthy. Mr. F. produced a drawing made from the recent parts, and also exhibited to the meeting the preparation of the stricture. He observed that the case was remarkable for the slight inconvenience experienced during its early stages, and also for the effect of the opium in controlling all the symptoms of the disease. The diagnosis was difficult, but was confirmed by the examination after death. The remarkable resemblance of the symptoms produced by sudden distention of the abdomen on using the enema, to those arising from perforation of the intestinal canal, suggested the use of opium, and the effects of this treatment, although it could not remove the disease, constitute an important fact in therapeutics.

4. *Disease of the Kidney, Ureter, and Bladder, consequent upon Stricture of the Urethra.*—Mr. Bannon produced a specimen of diseased kidney, ureter, and bladder, taken from the body of a man who had for many years laboured under organic stricture of the urethra. Mr. Bannon had only seen him a short time before his death; he found the bladder distended, and the urine coming away by drops; the man refused to submit to the introduction of the catheter. When the body was examined after death, the bladder was found distended to a great size; its muscular coat hypertrophied; the fibres presenting an appearance like that of the *carneæ volumnæ* of the heart. The bladder, ureter, and kidney contained a large quantity of puriform fluid; the ureter was tortuous, and its coats much thicker than natural: the pelvis and calyces of the kidney were greatly dilated, and the organ itself reduced almost to a membranous sac.

5. *Bright's Kidney.*—*Urine apparently normal.*—Dr. Graves laid before the Society two kidneys from a man named Connell, æt. 50, of intemperate habits, who had died of consumption and dropsy in the Meath Hospital. Of these the right was of the natural size, and on being cut into appeared pale and granular. The other was one of the best specimens he had ever seen of what is designated *Bright's kidney*. It was hard and very small; the capsule came off readily, and the surface of the kidney then appeared rough and nodulated, indicating the latter and more confirmed stages of the disease. There had been five examinations made of the urine while he was in the hospital. It was ascertained to be healthy, and had no trace of albumen. This coincided with observations made by Dr. Graves in some other cases. Dr. G. objected to the doctrines of Rayer, as inconsistent with pathology. Rayer had assented that there is an *albuminous nephritis*, which is only distinguishable by symptoms from common nephritis. But this was inconsistent with cases Dr. G. had observed. Symptoms of disease might be explained, by reference to structural changes, but these changes were not to be explained by reference to symptoms.

6. *Caries of the Petrous Portion of the Temporal Bone, Abscess in the Brain, and Discharge from the Ear.*—Dr. Corrigan produced the recent parts, and mentioned that he had met with two cases, in each of which there had been discharge from the ear, with extensive destruction of the petrous process of the temporal bone, together with disease of the brain. It had been a question, whether the disease of the brain, or that of the bone, was the earlier. In his cases they appeared both to proceed *pari passu*. The specimens he had to produce belonged to a case that had come under his notice in the Hardwick Fever Hospital. Mary Nowlan, æt. 29, when seen by Dr. C., was semicomatose, but capable of replying to the questions she was asked; the pulse was slow and compressible; there had been frequent retching but no general fever; from the right ear was discharged a copious, purulent, very foetid matter; there had been violent pain in the head, which was relieved slightly by the discharge from the ear. The dis-

ease was attributed to having washed the head with cold water. She died in five days after her admission into the hospital. The head was opened; the brain appeared dry superiorly, and the veins enormously distended with dark-coloured blood; at the base of the brain, on the right side, was an abscess, in the substance of the brain itself, not encysted, and filled with a green fetid pus. Sero-purulent matter was effused at the base of the brain. The petrous portion of the temporal bone was carious to a considerable extent; the dura matter covering it was discoloured, and there was purulent matter beneath it.

7. *Pneumonia supervening on Scarlatina.*—*Tubercular Depositions in the Lung, &c.*—Dr. Corrigan detailed the case of a child, æt. ten years, who was recovering from scarlatina, and had been removed into the convalescent ward of the Hardwicke Fever Hospital, when pneumonia supervened. There was sudden and acute pain of the right side, hurried and difficult respiration, great sinking and prostration of strength; face congested. There was dulness with crepitation at the upper part of the right lung, and inferiorly a clear sound on percussion and distinct respiratory murmur. The pneumonia extended itself gradually to the entire of the right lung. She recovered from this attack, but acute anasarca and diarrhœa supervened, and proved fatal in a few days. On examination, the right lung, except its upper portion, was found to be completely carnified. The carnified portion sunk in water; there was no effusion.

8. *Aneurism of the Ascending Aorta.*—Dr. J. Duncan said he had to communicate to the Society, a case of aneurism of the ascending aorta, which was remarkable for its size and mode of termination. It had occurred in a stout quarryman, æt. about thirty, who was addicted to the use of intoxicating liquors; but he had been healthy until sixteen months ago. It might have originated in some violent exertion incidental to his occupation. The aneurism was of enormous size, and produced absorption of the upper part of the sternum; there had been neither dysphagia nor change of voice, and but little suffering. There was a double bruit de soufflet, and violent pulsation. Death was produced by suffocation, there being no effusion of blood, nor had the sac burst internally.

Second Meeting, November 27th, 1841.

DOCTOR MONTGOMERY in the Chair.

1. *Osteo-sarcoma of the first Phalanx of the middle Finger.*—Mr. Ferrall said he wished to draw the attention of the Society to a case of osteo-sarcoma, which had occurred in a woman, sixty years of age, who had been admitted into St. Vincent's Hospital, with a large tumour growing from the second and third phalanges of the middle finger of the left hand. The drawing showed the first phalanx passing into the tumour; the second and third were completely lost in it, except the tip of the third with the nail attached to it, which appeared still projecting beyond the morbid growth. The tumour was covered by integument; it was of an irregular rounded figure, with several

protuberances. The artist who made the drawing compared the section to an unsound potato, and the same comparison had been applied to similar tumours by Boyer. Externally the tumour was in some parts soft, in others firm and elastic. Its growth had commenced in childhood, but for a number of years, it had caused little inconvenience. It had gradually enlarged, and had become painful during the last five years. At first the pain was slight and occasional, but it had increased in severity up to the patient's admission into hospital. It was felt in every part of the tumour and completely destroyed rest. The strength had failed, and the body was emaciated. Amputation was determined on, and performed at the junction of the phalanx with the metacarpal bone. Mr. Ferrall exhibited the section, and observed that the first phalanx was perfect, but the second was altogether lost in the tumour. The joint between the first and second phalanges was also preserved, notwithstanding the destruction of the second phalanx itself, the cartilage at the head of the latter having remained. The section exhibited several distinct cavities, filled with a gelatinous fluid; cartilaginous matter and bony spicula could be felt in some parts of it. Mr. Ferrall then alluded to the opinions of Boyer and Sir Philip Crampton, and others, on diseases of this nature. Sir Philip would call it *benign osteo-sarcoma*, and he would agree with him that it should not be confounded with the strumous disease of the bones in children, as might be the case if the name *spina ventosa* were applied to it. A spirited description of this form of *abnormal growth*, would be found in the Cyclopædia of Anatomy; but the author, in terming it *spina ventosa*, had admitted an inaccurate notion of its pathology. The *spina ventosa* (itself an objectionable term) should be reserved for the strumous enlargements of bones. The latter have a tendency to cure themselves, by elimination of their contents, leaving merely an atrophied finger. The osteo-sarcoma has no such tendency, but although progressively increasing in size, does not, like malignant osteo-sarcoma, contaminate other parts. Benign osteo-sarcoma, then, is the more suitable term for this disease.

2. *Paralysis of the Muscles of the Face.*—*Caries of petrous Portion of temporal Bone.*—*Spasmodic Contractions of the Muscles of the Face.*—Doctor Graves said he had to lay before the Society some particulars, respecting a rare disease of the nervous system, adduced from two cases that had come under his notice in the Meath Hospital. In one case there was a spasmodic contraction of the several sets of muscles, supplied by the *portio dura*; in the other, there was the opposite effect, paralysis of the same parts. Of both these he exhibited drawings.

The paralysis occurred in a boy of ten years of age, and of a scrofulous habit, who had been admitted into the Meath Hospital labouring under dropsy and diarrhœa. He was several days in hospital, and these complaints had been greatly relieved, when it was observed that there was paralysis of the right side of the face, but obvious only

when the muscles of the face were in action. Thus the attempt to close the eye failed on the affected side. There was a discharge from the ear of the same side which originated seven years previously. The opinion formed of the case was, that there was disease of the petrous portion of the temporal bone, and that with this was connected the affection of the portio dura of the seventh pair, from which the paralysis might be considered to result. There was pain in the head at the right side, which after some time changed its place and moved to the back of the head, and from this time the discharge from the ear ceased. The pain then moved down the spine. A few days before death there were tetanic convulsions, and an extreme sensibility of the entire surface of the body. Three years before there had been similar convulsions. The power of locomotion and the intellect continued to the last unimpaired. During the few days which intervened between the first appearance of the convulsions, and his death, they had recurred five or six times. The body was examined after death. The portio dura on the face exhibited no morbid appearance. Within the skull a perforation was observed in the dura mater, immediately opposite to the aqueduct of the vestibule in the petrous portion of the temporal bone, which was carious. A green foetid pus detached the dura mater from the bone in this situation, and also bathed the nerves at the base of the brain. The membrana tympani and internal ear had been destroyed. The brain itself appeared healthy. The theca of the medulla spinalis was filled with pus, but the medulla itself (of which Dr. Graves exhibited a drawing) appeared healthy, and the attachments of the ligamentum dentatum were all perfect.

The other case was that of a woman, forty years of age, who was admitted into the Meath Hospital in June, 1841, affected with spasmodic contractions, which occurred several times in a minute, of all the muscles supplied by the portio dura on the right side of the face. The angle of the mouth and ala nasi of the affected side were drawn towards the ear during the spasms, and the fibres of the platysma, participating in the contractions, appeared strongly marked upon the neck. She described the complaint to have commenced four years and a half before, in the lower eyelid, with spasmodic twitchings, which after some time extended to other parts of the same side of the face. Pain in the head had not preceded the attack. The contractions occurred even during sleep. There was no diminution either of sensation or temperature of the affected parts. There was a sensation of noise in the right ear, but without pain, and the hearing continued unimpaired. Could the noise in the ear in this case be accounted for? Was it the muscular *bruit* caused by spasmodic twitching of the minute muscles of the internal ear?

3. *Scarlatina*.—*Purulent Depositions in the sterno-clavicular and Knee Joints*.—*Depositions of Pus in the subcutaneous cellular Membrane*.—Dr. Corrigan produced the recent parts in this case. The subject was a child four years of age, who had been admitted into the Hardwicke Fever Hospital on the 10th of November,

which was the third day of her illness in scarlatina. The eruption was confined to the extremities, and was not high; the tonsils were swollen, but not ulcerated, and deglutition was very difficult; on the left side of the neck was an enlarged gland, which was tender and painful on pressure; it continued in apparently the same state for some days: on the morning of the 15th it appeared greatly enlarged, but no fluctuation could be perceived. The child was restless, and her skin burning hot; the fever continued to increase. On the 18th there were rigors; a patch of redness was observed on the back of her hand on the following morning; there was also a deep red blotch on the inside of the thigh and calf of the leg of one side, and on the great toe of the opposite side; no fluctuation could be felt in any of those situations; the fever had become typhoid, and the patient died on the following day. When the body was examined, the spot had disappeared from the back of the hand; underneath the skin there was a trace of purulent deposition. The dark red spots on the leg and toe still continued; they presented the same intensity of congestion through the whole depth of the subcutaneous cellular structure, and the cuticle (which Dr. C. exhibited) was permanently stained, but there was no trace whatever of purulent deposition. There was in the neck a considerable quantity of purulent matter among the cellular tissue and glands. The lungs and liver were perfectly free from any purulent deposition; but the knee joints and the sterno-clavicular articulations were both filled with pus. The other joints were not examined.

Dr. Corrigan proceeded to make some observations on the different theories that have been advanced, in explanation of insulated purulent depositions. Arnott maintained, that the pus is carried to distant parts from its original dépôt; Cruveilhier, that the particles of pus carried through the blood, themselves become in distant parts distinct centres of irritation, round which congestion and purulent inflammation may occur. The present case would hardly bear out either of these opinions, and Dr. Corrigan thought it much more probable, that these depositions in distant parts were wholly independent of each other, or only connected by sympathy of action in similar tissues. He considered, that when a purulent secretion had taken place in any part of the system, the same lesion of secretion might, in an unhealthy state, occur in many and distant parts; and that he looked on the dark red patches already described, as the preparatory local congestions, which, if the child had lived long enough, would all have terminated in purulent deposits.

4. *Bright's Disease of the Kidney.—Dropsy.*—Dr. Corrigan said, that the specimens which he had now to lay before the Society, were taken from the body of a man of broken down constitution, who had laboured under dropsy, connected with that state of the kidney which is denominated Bright's Disease. The surface of the kidney was yet smooth, its substance was yellow, and had no tendency to contract; it was analogous to the pale yellow liver, and it was evi-

dent, that this was not the first state of the contracted kidney. The liver appeared to be undergoing a similar change of structure, and externally there was a deposit of lymph upon it.

In this case the urine had been slightly albuminous. It had been observed, that the quantity of albumen is greatest in the early stages, and diminishes as the disease proceeds. The very low specific gravity of the urine ranging from 1001 to 1005, indicating the presence of but one-twelfth of its usual solid ingredients, showed that the disease was of the worst and most fatal form. Dr. Corrigan adverted to the opinions of Dr. Christison on this disease, and observed, that the presence of albumen in the urine was not in itself a proof of organic lesion. Indeed, it had been remarked by Dr. Prout, that the re-appearance of albumen in the urine was itself a favourable symptom.

5. *Cirrhosis of the Liver.*—*Ascites.*—Dr. Greene produced a fine specimen of cirrhosis of the liver, from the body of a woman who had died labouring under dropsy, and who had also had hæmatemesis. This condition of the liver was always found connected either with ascites or diarrhœa. In the present case it was found in connexion with ascites. Dr. Greene exhibited the peculiar state of the liver, and observed, that two different opinions had been formed as to the nature of the disease itself. Laennec asserted, that an adventitious tissue was formed in the organ, while Cruveilhier taught that the appearances were owing to an exaggeration of the natural structure by which the acini became conspicuous. In the present specimen there was a remarkable shrinking of the organ, as Laennec had observed, and which he considered to be effected by an accidental tissue. The peritoneal covering was greatly thickened. The specific gravity of the whole organ was greatly increased. On cutting into the substance of the organ, it appeared filled with granules, attached by peduncles to the cellular structure. The urine in this case was not coagulable either by heat or by acids.

6. *Malignant Tumour.*—Mr. Lynch exhibited a specimen of malignant disease, which he had removed from a man aged 38, who had been admitted into the Jervis-street Hospital on the 19th instant. The tumour was attached to the inside of the right thigh, and had a smaller one projecting from it. It had been slowly increasing for seven or eight years, and during the greater part of that time had given little inconvenience. Lately it had, after a blow received in riding on horseback, become inflamed, and severe darting pains were felt through it. Early in November it burst, and discharged an ichorous foetid fluid. There was one gland in the groin swelled. The tumour itself felt very elastic, and on being cut into after its removal, was found to present the characters of encephaloid disease.

Third Meeting, December 4, 1841.

SIR PHILIP CRAMPTON in the Chair.

1. *Pneumonia of the left Lung.*—*Emphysema of the superior Lobe.*—*White Solidification of the inferior Lobe.*—Mr. Ferrall laid

before the Society the recent specimens, and detailed the history of this case which had come under his notice in St. Vincent's Hospital. The subject was a female, who was admitted into hospital about two months previously, and who at that time had been a month ill. She was suffering great difficulty of breathing; there were bronchial respiration and bronchophony in both lungs, with dulness on percussion, except at the upper portion of the left. Calomel and opium were used with great relief, but the strength failed. The decoction of senega and ammonia was used with benefit for some time, when the pneumonic symptoms recurred with great difficulty of breathing and orthopnœa, under which she gradually sunk. This woman had been greatly exposed to cold in a passage from Liverpool to Dublin, and as the examination of the body proved, there were two diseases of the lung, one of which was of an earlier date than the other. The right lung was firmly adherent to the thoracic parietes; it was dense, contracted in size, and carnified from an old pleuritis; that side of the thorax had also contracted, in correspondence with the diminished bulk of the lung. The superior lobe of the left lung was emphysematous, and was the only portion of the lungs that remained capable of respiration. The inferior lobe of the left lung was in a state of hepatization; it was white and solid, not containing any pus, but there had probably been a deposit of lymph in it. Mr. F. demonstrated these different morbid changes, and offered a conjecture, that if the patient had lived longer, this hepatized portion might have passed into the state which Dr. Corrigan has denominated cirrhosis of the lung. The heart was pale, and there was no valvular disease. The state in which the inferior lobe of the left lung was found, he thought would be most appropriately described by the name *white hepatization*. Indeed, Andral himself has objected to the name *grey hepatization*. This condition was induced by the deposition of lymph in the parenchyma of the lung, and was not of very uncommon occurrence. He had met with a case where it existed in the superior lobe, while the inferior was in the state of *red hepatization*.

2. *Hydropericardium and Inflammation of the Valves of the Pulmonary Artery*.—Dr. Graves exhibited the recent parts in this case, which was that of a man 60 years of age, who had been admitted into the Meath Hospital, labouring under pneumonia of the right lung. Part of the lung was in a state of solidification. During three weeks that this patient was in the hospital, the disease continued nearly stationary, treatment had little effect upon it. There was then a sudden change for the worse, and death occurred in about twenty-six hours afterwards. The body was examined after death, and it was discovered, that in addition to the pulmonary disease, there was also hydropericardium and inflammation of the valves of the pulmonary artery, lesions which were not suspected during life. Both had evidently arisen within thirty hours before death, contemporaneously with the sudden exacerbation. The disease of the pericardium was extraordinary, considering there was no effusion into any other part. Dr. Graves exhibited the heart, and pointed out the

valves coated with recent lymph, the result of acute inflammation. There was another remarkable circumstance; the pulmonary artery had but *two* valves. The usual abnormal variation is an increase in the number. In other respects, the heart appeared healthy.

3. *Effusion of Blood within the Brain.*—Mr. Hamilton said, the specimens which he had to submit to the Society, were taken from Mary King, æt. 76, who up to last month had been generally healthy. On the 20th of November she had suddenly become insensible, and was paralyzed on the left side. When Mr. H. saw her on the following day, she was lying on her back; there was paralysis of motion of the left side; she could still protrude the tongue; there was strabismus of the right eye; the pulse was eighty, full and strong. On the next day to that she was comatose; but on the three subsequent days rallied and recovered her senses. On the eighth day of the illness she was able to call for drink, but afterwards got worse, became comatose, and died. When the body was examined, on the right hemisphere was found a large clot. Abercrombie had described three varieties of apoplexy, to one of which this corresponded. It was analogous to extravasation from injuries. In this case, the coma before death, and the fatal event itself, had been the result of a fresh extravasation, which had occurred when the patient was recovering from the effects of the first effusion. In old persons this effusion arises from a disease of the arteries, and the consequences are softening of the brain and great extravasation of blood. Mr. Hamilton pointed out the appearances presented by the apoplectic clot, and the brain in apposition with it, and conceived that in some parts there was a thinning of the coats of the arteries, rendering them very liable to give way at those points.

4. *Arachnitis.—Tubercular Cavities in the Lung.*—Dr. Graves detailed the case of a young man, one of the constabulary stationed in Lucan. He had been brought to the hospital when his illness had already lasted ten days. He was in a state of collapse; for several days there was headach; he raved occasionally, and was incoherent in his speech. There was no heat of the scalp, nor extraordinary pulsation of the temporal or carotid arteries. There was extreme watchfulness. This patient died after he had been sixteen days in hospital. There was found within the skull, extensive inflammation of the arachnoid, particularly at the base of the brain and commencement of the medulla oblongata, which were coated with lymph, and bathed in a puriform serum. But what Dr. G. wished particularly to direct the attention of the meeting to, was the state of the lungs. There had been neither cough nor expectoration, and the pulse and respiration were both natural, yet on examination the lungs were found studded with tubercles, which, in some portions were so numerous as to solidify the lung. In the upper part of the lung there were tubercular cavities, some of which were filled with fluid, and here and there sinuous ulcerations extended into the pulmonary substance. The case also showed, that inflammation of the brain might

exist without the occurrence of convulsions or paralysis, and that it might be latent for several days.

5. *Pendulous Tumour (simple Sarcoma of Abernethy).—Encysted atheromatous Tumour.—Common fatty Tumour.*—Sir Philip Crampton said he had to lay before the Society several specimens of tumours, which he had met with during the preceding week. The first specimen was a pendulous tumour, the simple sarcoma of Abernethy. It had been attached to the fold, between the nates and the thigh; its surface was rough, and the skin covering it corrugated. Tumours of this kind were formed in the manner first described by Hunter, which is detailed by Sir Everard Home, in the "Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge," vol. i. p. 230, sq. In a similar manner are formed pendulous warts on parts subject to much friction; this causes increased determination of blood, and then hypertrophy. Sir Philip here exhibited drawings of two patients in the Meath Hospital, to each of whom one of these tumours of enormous size was attached: he had operated in one case. Tumours of this kind frequently grow from the pudenda in females. Some of the smallest size form on the lower eyelid, proceeding from the tarsal ridge, or the loose skin in that situation. The tumours of this kind are not supplied by a single artery, but by several small branches. The next tumour was taken from the scalp of the same subject, but was of a different nature. It was atheromatous and encysted. To this description of tumour the theory of Hunter, already alluded to, does not apply. The cyst is a secreting membrane. The tumour appears to have little or no vital connexion with the body, and is easily removed without hæmorrhage. The last specimen was one of the common fatty tumour, a variety which is rarely found on the extremities. This had occurred in a lady, between fifty and sixty years of age. It was situated at the root of the neck, and was so close to the subclavian artery, that the pulsation could be felt through it which led one surgeon who had seen the case to consider it to be aneurism, while another pronounced it to be malignant tumour. The diagnosis of these tumours would be assisted by recollecting that they are always superficial, that they are encysted and lobulated. When pressed down with the hand, the lobes are separated, and a well-defined scalloped edge is felt. The operation for their removal is to cut into the tumour, insert a hook, and then withdraw the tumour, which is very easily done unless there has been previous inflammation.

8. *Atrophic Cancer of the Breast.—Cancerous Infiltration of the Diploe of the Bones of the Cranium, and of the Femur.—Cancerous Tubercles in Liver.*—Mr. Smith said he had to exhibit to the Society several specimens of cancerous disease. They were taken from the body of a woman who had been admitted into Jervis-street Hospital, two years ago, suffering under cancer of the left breast. The gland was hard, and the ulcer itself, which was near the nipple, and of small dimensions, was very indolent. The skin covering the breast was rough and nodulated: as operation was not considered advisable, she was discharged. The same patient

was lately admitted into the North Union Poorhouse, greatly altered in appearance. She was emaciated, and evidently suffering under cancerous hectic. The left breast had diminished in size; it was not painful, and was of a stony hardness. The right was scirrhus. There were severe pains of the limbs, hip, and back. The right thigh broke while she was turning in bed; the hectic proceeded; epileptic fits supervened, and then death ensued. When the body was examined, both the breasts were found to be scirrhus. The left was more dense and firm than usual, and no fluid or cancerous juice (as it has been called) could be expressed from it. The right was enlarged, and contained fluid. Cancerous tubercles existed in the liver. In the osseous system cancerous matter was found in the femur and skull, the inner table of which always suffers the most from cancerous deposition in the diploe. Having demonstrated the several lesions, Mr. Smith observed, that there are two forms of the cancer of bones, one consisting of circumscribed tubercles, the other of infiltration, which may be into the compact structure as well as into the medullary tissue. Cruveilhier had remarked, that the atrophic cancer of the breast was almost confined to the aged, to persons between fifty and eighty. This remark Mr. Smith could confirm from his own observations. In this description of cancer it was, that the internal organs and the bones were most usually affected. The cancerous matter was probably deposited in the veins, and venous capillaries, of which there was an instance in a case of uterine cancer delineated by Cruveilhier. In uterine cancer the bones had not been found affected. These cancerous affections had been represented in the plates of Cruveilhier, whose accurate observation nothing could escape. When a bone is infiltrated with cancerous matter, large perforations are not made in it. The compact structure is merely thinned by absorption, and then the bone may break from a very slight cause. (*Museum, Richmond Hospital.*)

Fourth Meeting, December 11, 1841.

Dr. O'BEIRNE in the Chair.

1. *Obscure Abdominal Tumour.—Malposition and Disease of the Kidney.*—Mr. Ferrall said that he had on more than one occasion directed the attention of the Society to specimens illustrative of the great difficulty that often occurs in forming an accurate diagnosis of abdominal tumours. The case he had now to communicate was another instance of the same difficulty. The subject, a female, aged 30, was admitted into St. Vincent's Hospital, affected with tubercle in the lungs, and diarrhœa; she also suffered from almost continual incontinence of urine, with pain in the vesical region; the urine itself was purulent and alkaline. A tumour, the size of a melon, and which was tender to the touch, appeared on the right side of the abdomen, between the last rib and the spine of the ileum (the situation and external appearance of which were represented in the drawing he then produced). The position of this tumour was deceptive—it was too high for an ilio-cœcal abscess; too low for an hepatic dis-

ease ; and above it was an interval below the ribs, which was sonorous on percussion. The patient sunk under a complication of diseases. The body having been examined, the abdominal tumour was found to be produced by the right kidney, to which the cœcum was adherent anteriorly and inferiorly ; the capsule of the kidney was thickened, and the organ itself, which was enlarged, was full of abscesses ; but little of the cortical substance remained. The remaining bulk of the tumour, felt during life, was formed by enlarged glands, some of which, on being laid open, presented a tubercular—others a lardaceous character. Mr. Ferrall, having pointed out these appearances in the recent specimens, observed that the purulent urine might have been supposed capable of aiding the diagnosis ; but, it would be recollected, that in some of the cases which he had on previous occasions laid before the Society, there was the same symptom without disease of the kidney ; as, for instance, where the symptoms depended on fungoid and other diseases of the bladder. Of this displacement of the kidney, Dr. Bright had given some examples. Where it occurs, and the organ, becoming diseased, loses its normal shape and proportions, the diagnosis must be obscure. We cannot, therefore, have too many cases on record for our guidance.

2. *Malignant Tumour in the Epigastrium.—Malignant Disease of the Testis.*—Dr. Croker presented the diseased parts in this case. The subject was a man, æt. 53. In July last he perceived a slight tumefaction of the right testis, and began to experience a sense of weight and dragging when he was walking ; he became emaciated. In August, a tumour was perceived in the epigastrium, which gradually increased in size ; pressure on it produced sickness and vomiting ; however, he continued at his usual work up to ten days before his death, which occurred during the past week. For seven days before his death, he had obstinate constipation, and frequent vomitings. His pulse, when Dr. Croker saw him, was 120 ; the surface cold ; and there was complete prostration of strength, with thirst and sickness of stomach. After death, when the body was examined, the tumour in the epigastrium was found to be encysted ; it lay anterior to the pancreas ; when cut into, it was found to be full of cells, with cartilaginous septa, which Dr. Croker then pointed out to the Society. Both it and the testis presented the usual characters of encephaloid disease. (*Museum, Park-street School.*)

3. *Cancer of the Rectum—Cancer of the Uterus, in its incipient and, as yet, curable Stage.*—Dr. Montgomery said, that by the kindness of Dr. Greene he was enabled to lay before the Society a most interesting specimen of disease, and which was peculiarly adapted to illustrate a subject that for a long time had engaged his attention. The patient in this case was a woman, æt. 45, who died of a carcinomatous affection of the rectum. The disease commenced eighteen months ago. The first symptoms observed were constipation, succeeded by great irritability of stomach, and afterwards severe and lancinating pains in the sacral and lumbar regions, extending to

the hip joints, and down the thighs. The pains were exacerbated, when the bowels were moved; the constipation ceased, and then came on an uncontrollable purging, with fœtid and bloody dejections, which lasted for some time, and then alternated with constipation. On the 2nd of December she was admitted into the Whitworth Hospital, and was then suffering unceasing pain in the back; it extended down the left thigh, which was œdematous; the hypogastric veins were enlarged; the abdominal muscles rigid; the countenance sallow, and sunken; the body in a state of emaciation. There was severe pain in the pyloric region, and the stomach rejected both food and medicines. In the examination, after death, no disease could be detected in the stomach; the rectum was extensively diseased; but what he wished to direct the attention of the Meeting to, was the condition of the uterus, which was covered with false membrane, and agglutinated to the intestines. The patient had died of the carcinoma of the rectum, and the same disease was commencing in the uterus, but as yet the substance of the uterus was unaffected, except at the cervix, and there it exhibited, in a very well marked manner, the symptoms of a period of cancer uteri, which it was very important to recognize, not only as a pathological fact, but as one connected with therapeutics, and which he had been the first to describe. The propositions he wished to inculcate were these:

I. That there is a stage of cancer of the uterus, in which the disease is confined to the muciferous glands of the cervix uteri—a stage earlier than that which authors have described as the first stage.

II. That this can be recognized by examination during life.

III. That the disease is then curable, but, if neglected, will pass on into the incurable stage.

The symptoms of this earliest stage of cancer of the uterus are nearly those of the subsequent (the *first* of authors), or even of the ulcerative; for instance, pain; but on examination, the disease will be found affecting only the os uteri and the cervix; these will be swelled and turgid, and projecting granules will be felt under the mucous membrane; the os uteri and cervix will be of a deep crimson colour, and the characteristic points or granules often of a dark blue, and prominent; there will be no consolidation of the organ with surrounding parts, and its functions, as the catamenia, continue unimpaired. It might be objected, that such a state would not be carcinomatous, but the present case sufficiently proved it to be real cancer. The patient had died of cancer in one organ, and it was extending to another, where it exhibited all the characters he had described, of the period in which cancer of the uterus is as yet curable, and can be recognized. In the specimen, the Society would observe the fulness and firmness of the os and cervix uteri, and the granules which felt like shot or gravel under the mucous membrane. Dr. Montgomery said he dwelt on the importance of this matter, because he had several instances of cures effected when the cancer was detected in this early period. One of these had now remained seven years free from the disease; another

five years; a third, two years and a half, &c. Of the curative means, that was not the place to speak; but what his experience enabled him to communicate, he intended to lay before the public.

4. *Diphtheritis in the Colon, not preceded by Dysentery.*—Mr. Macdonnell produced the recent parts. The subject, a man, æt. 24, was a patient of Dr. Graves, in the Meath Hospital; he complained of pain in the abdomen; when the pain ceased, nausea occurred; the abdomen was flaccid, and not tender to the touch; the bowels were constipated, but a week before his death diarrhœa appeared. While in the hospital, he vomited a large quantity of dark-coloured, pitchy matter; his tongue was clean and moist; and his pulse never accelerated. In the examination, after death, the mucous membrane of the colon was found extensively diseased; it was thickened, almost cartilaginous, and was coated through its whole extent with lymph. It had been the seat of extensive inflammation, of which there had been no symptom during life. Dr. Abercrombie had enumerated such lesions among the effects of dysentery, but in this case no dysentery had occurred.

5. *Contraction of the Palmar Fascia.*—Mr. Mayne produced the recent specimen in this case. The deformity consisted in a firm, permanent flexure of the little finger on the palm. From the palm a firm cord could be distinctly felt, proceeding up to the anterior part of the carpal annular ligament; the integuments were found to be firmly united to the aponeurosis at the wrinkle; the palmar fascia was natural, except that its fourth fasciculus was very strong, and contracted; the flexor tendons were also natural. The deformity appeared to depend on the contracted state of the fasciculus, of the palmar aponeurosis, and a similar contraction of the sheaths of the tendons in front of the finger. It should be observed, that there was in the specimen a branch of the palmar artery running very near and parallel to the band, which might have been divided, if operation had been resorted to. (*Museum, Richmond School.*)

6. *Dilatation of the Air-cells.*—*Bronchitis.*—*Pneumonia.*—Dr. Corrigan produced the recent specimens. The dilatation of the air-cells was a lesion of very rare occurrence, and had been first described by Dr. Stokes, in a communication to the Society.* The present case was that of a man æt. 25, who appeared in good health up to four days before his death. He had suddenly become cold and collapsed, and was affected with a sense of suffocation, the pulse was weak, and there was no pain referred to any particular situation. From this state he rallied a little, but the oppression and sense of suffocation continued. There was expectoration similar to that of pneumonia, and a crepitating râle was audible in the posterior part of both lungs. He gradually sunk, and died on the fourth day of the attack. The pleura was found to be healthy, but the lungs did not collapse, and their surface was everywhere studded with sub-pleural

* *Vide* Dublin Journ. of Med. and Chem. Science, vol. xv. p. 194.

vesicles, particularly about portions which were in a congested state; along the edge of the lungs they formed a line like beads; no part of the lung was hepatized, but there were some lobules in its posterior part emphysematous, and the section presented a marbled appearance. The bronchi and tubes were filled with matter of the same kind as had been expectorated. There was no crepitus in the lung on pressure being applied; the air was confined in the vesicles, and there was an appearance of arterial injection in the interstices between the lobules, where they were free from pressure. With the view of determining whether the emphysema was ancient, Dr. C. had dried a portion of the lung (which he then exhibited), and found that the vesicles were not enlarged, and that there was even an attempt at interlobular emphysema. The pneumonia in this case was not sufficient to account for the rapid sinking and other constitutional symptoms. Perhaps the principal disease was confined to the bronchial arteries and smaller air cells, and the suffocation and rapidly fatal course of the illness might be ascribed to the blood being obstructed in its progress to the air cells. The case was interesting as connecting extreme bronchitis with pneumonia. In the case described by Dr. Stokes, the physical signs were those of universal, equable, and extreme dilatation of the cells in both lungs without rupture, and there were not, as in this, any sub-pleural vesicles.

7. *Disease of Genito-Urinary System and Rectum.*—*Bright's Kidney.*—Dr. Hutton produced the recent parts. The subject was a female, who, on two occasions, had been admitted into the Richmond Hospital, suffering from acute matritis. One of these attacks was six years ago, the other in three years and-a-half afterwards. She was on each of these occasions treated with success, and discharged much relieved. About five weeks ago she again presented herself at the Hospital. She appeared in a state of complete exhaustion, worn out with pain and suffering. She had dysentery and incontinence of urine. In a few days after her admission she died. When the body was examined the uterus and all the neighbouring parts were found to be agglutinated together. The kidneys were in that state called Bright's disease. The ureters were dilated, and adhered to the uterus. The bladder was inflamed, and the urethra ulcerated. On the upper part of the uterus were two or three membranous cysts, and several smaller ones in the tissue of the uterus itself. The contents of these cysts were soft or liquid, of an ochreous colour, and extremely foetid smell. The rectum was adherent to the uterus, and its mucous coat was ulcerated in several places; a fistulous opening led from a contracted part of the rectum towards the uterus.

Rupture of the Tendon of the Triceps Femoralis.—M. Demarquay, intern of the Hotel Dieu, gives in the *Gazette Medicale* for September last a detailed account of this very rare accident, with thirteen cases, collected from various authors. Of these we shall extract the first case, which is also the first ever described, by Ruysch, in 1720, as it gives as clear and satisfactory a description of the accident in a few words as the more detailed cases of others. He says, "If the reader should find the fact which I am about to relate difficult of credence, I may inform him that I have not seen it myself without admiration, and that I should hardly look on it as credible if I were unable to prove it. One day I was called to see two men, who were in the habit of fastening their gaiters above the knee, and so tightly, that the motion of these parts was obstructed. They happened to fall on their knees, the legs flexed on the thighs, without fracture of the patella or of its tendon; but in revenge, the tendon of the muscles which extend the leg on the thigh, in consequence of the sudden flexion, broke. This fact will appear extremely difficult to be believed by those who know the strength and size of this part. Having examined the string with care, I perceived that the space between the inferior fragment and the superior would admit the finger of an adult. These men could neither rise nor walk, nor even balance themselves on their feet. Carried home, they kept their beds for several months; nevertheless, they remained lame, and could only walk, leaning on a stick."

The symptoms of this accident, according to M. Demarquay, are, "A smart pain perceived at the lower part of the thigh, a sensation of something having snapped in this situation, and, finally, falling down. If the surgeon is called at the moment of the accident, he detects a subcutaneous depression, situated above the patella, sometimes immediately above this bone, and sometimes, on the contrary, at three or four fingers' breadth, higher up. This depression is not always the same: sometimes it hardly admits the finger; at others, on the contrary, it has a large extent: its depth also equally varies. This symptom becomes more manifest, according as one bends or extends the leg. Pressure on the depression gives pain. The patella is more moveable than ordinary; it is a little lowered; and in one case it had been drawn on the head of the fibula. The patient can neither raise nor extend the limb. Besides these symptoms there is sometimes a swelling, sometimes a large ecchymosis, and sometimes even inflammation supervenes at the spot." The treatment he recommends is the application of a starch bandage from the toes to above the knee, and a long straight splint behind the limb, which should be raised so as to keep it in the most perfect extension.

Spontaneous Perforation of the Stomach.—There is a paper on this affection in the *Archives Generales* for September by M. Amédée Lefèvre, Medicin, Professeur de la Marine. He details seven cases; some of which came under his own observation, and some which

occurred in the practice of others, or were selected from authors. We do not quite agree with M. Lefèvre, that all these cases were of purely sudden formation, but believe that the perforation was rather the termination of previous slow ulceration, but that many were sudden perforations of the stomach appears very probable, and M. Lefèvre's opinions are worthy of every attention. It may be premised, that he succeeded, by inflating excessively the dead stomach, in inducing rupture, and that the openings thus made were of various shapes, some *perfectly circular*.

CASE, reported by M. Prosper Rijou. — Appearance of health perfect up to the occurrence of the symptoms; ingestion of beans; a few hours after, development of atrocious pains in the region of the stomach, no vomiting, later symptoms of peritonitis and of effusion: death forty-eight hours after; tear of the lesser curvature of the stomach near the cardia. Marie Angelique Pelée, 32 years old, a labouring girl, menstruation usually slight, poor and unhealthy, hard worked, badly nourished, sometimes fasting till three o'clock in the afternoon, and then eating gluttonously; subject, in consequence, to indigestion, and often complaining of the stomach; was very well the 16th April, 1842, which she passed in working at an inhabitant's of the town. It was fast day; and she only got at her dinner beans and confection of grapes, which she eat with repugnance. In the evening she was seized with a violent pain in the stomach occurring suddenly, with a sense of distention of that organ, extreme impediment to respiration, and violent efforts at vomiting, without throwing up any thing. All the night passed in this state. She was made to take infusions of linden and of tea; but these drinks, as soon as taken, were immediately rejected unaltered; and, in the words of the patient, they did not penetrate into the stomach.

On Sunday, this girl suffering more, and believing herself poisoned, sent for me at ten o'clock in the morning. I found her in a great state of agitation, complaining of a violent pain in the stomach, with heat and tension of that organ, and saying that she was suffocating: the extremities were cold, the face violet, as if shrunk, the tongue natural, pulse small and hard. Tartar emetic was given, but was instantly gulphed up, without having reached the stomach, and without acting on this organ. Some hardened fæces were brought away by injection.

In the evening, not having been able to induce vomiting, and as the symptoms persisted and augmented in intensity, especially when the patient was lying down, I looked upon it as a case of *gastro-enteralgia*. I ordered an opiate potion, &c.

In the night of Sunday and on Monday the same agitation, the same sufferings, impossibility of remaining in the recumbent posture, and of keeping down what she drank. Icy coldness of the surface, violet skin, internal heat intense.

On Monday, 18th, early, same state of suffering as on yesterday; the belly was distended and tympanitic; no stools since yesterday,

tongue pale and cold, the pulse very small, occasional eructations. At eleven o'clock the patient, not being able to support her pains, left her bed, wishing, she said, to open her belly; then she came like a madwoman to me, praying for help. I was not able to go till a long time after; they told me then that all of a sudden her belly had greatly augmented in size, and that afterwards there was more calm.

The idea of a perforation of the stomach then struck me. I felt the abdomen, which was in fact very much distended, and full of gas. The patient had several times expressed a wish to make water, and could not. Drinks in small quantity were retained better. Angerique was calmer, but the belly continued to swell, the pulse to sink, the skin became covered with a cold icy sweat. At five o'clock in the evening life became extinct, forty-two hours after the first symptoms.

Post Mortem Examination.—The abdomen, enormously distended, made a considerable protuberance. In dividing the integuments we traversed a thick layer of fat, which indicated previous perfect nutrition. When the scalpel penetrated the peritoneal cavity, gases escaped with a hissing noise, the parietes fell, and the belly regained its ordinary size. We then perceived a considerable effusion of a blackish liquid, containing pellicles of beans, exhaling an acid odour, and bathing the small intestines. The stomach, though flattened, was yet voluminous. In raising it cautiously a round opening was perceived (environ trois centimetres en diameter) at the lesser curvature near the cardia. It was slightly marbled of a brown colour on the surface; on the inside it contained a quantity of an acrid and blackish fluid, like that effused into the abdomen, and like it contained floating in it, skins of beans; the mucous membrane from reddish brown to a blackish brown, more remarkable nearer to the perforation. This, a little funnel-shaped on the side of the mucous membrane, was round, and did not equally engage the different membranous layers of the stomach. Thus the mucous membrane, much larger and more widely opened, presented on many points a sort of fissure. In its neighbourhood there was emphysema, and the organ had the appearance of having been violently contused. The other organs in the abdomen presented nothing particular.

M. Lefèvre conceives that this disease is caused by a sudden ingestion of a large quantity of indigestible materials, particularly fruit or vegetables, which remain long in the stomach, till fermentation ensues with the evolution of a large quantity of gas; the stomach is thus over-distended, and becomes paralyzed, and unable to pass on its contents, or to expel them by vomiting. The further continuance of the acrid mass in the stomach softens the organ, thus preparing it to yield to the distending force of the gas, rupture ensues, part of the materials contained in the stomach are expelled into the cavity of the abdomen through the opening, but not all, as the stomach is so paralyzed as to be unable to expel all its contents, so that a considerable quantity is always found in the stomach after death, which inevitably ensues. After the perforation, of course, the efforts of art would be

useless; but M. Lefèvre suggests the utility, in the first stage, of emptying the stomach by means of the stomach-pump, as emetics are powerless. As yet the suggestion is merely theoretical, as he has not yet had a case to try it on, since its possible utility struck his mind. It is certainly a very ingenious one, and the whole paper does the author great credit.

On a new Remedy for Scalds and Burns, by William Rhind, Surgeon, Edinburgh.—In the year 1828, having let fall a drop of melted sealing-wax on the point of the finger, by which it was rendered extremely painful, I plunged it into a solution of gum-arabic, this being the only fluid substance at hand. In a few minutes I was surprised to find that the pain had completely ceased. I allowed this gum to harden on the part, and on washing it off several hours afterwards, I found the cuticle hardened and separated from the cutis, indicating the usual severity of the burn, but there was no blister or effusion of serum, and no pain or injury of the cutis. From this circumstance I resolved to try the farther effects of solution of gum-arabic in burns.

As it is of consequence to have the solution prepared instantly, the powdered gum, if it can be procured, may be in a few minutes dissolved in warm water. If this is not ready prepared, the common gum in small particles roughly pounded, will very soon dissolve, and the application in any case may be applied at a temperature of 96° or 100°, although in general it is more soothing when applied colder. Rancid gum solution should not be used, as it in this state has lost its adhesive quality. Two, three, or four applications may be necessary at intervals of five or ten minutes. The skin should be previously freed of all oily matters, and the first coating, in order that it may be insinuated closely into the furrowed surfaces of the skin, should be rather thinner than the subsequent ones. In order to produce the proper effect it should form a varnished coat of some thickness and closeness over the whole space of the burned part.

With regard to the *modus operandi* of this substance, I am as much in the dark as we usually are with the mode of action of most other well known remedies. I am unable to say whether it has a specific action, or whether it allays the inflammable irritation of the skin, by effectually excluding the external air, and by its being a bad conductor of heat. The first proposition might be so far tested, by trying if other gums and mucilages, or isinglass, for example, produced a similar effect. This I have not tried.

From some experiments, which, however, were never completed, that I instituted some years ago, regarding the influence of oxygen on inflamed tissues and vessels, I am inclined to think that the exclusion of atmospheric air influences very much inflammatory action, and in this way, perhaps, the gum solution checks the inflammation of the skin in burns. Inflammation caused by touching the skin with nitrous acid and other irritants, appears to be suddenly allayed by a solution

of gum-arabic ; erysipelatous spots on the skin seemed also in some trials influenced by this application. And I may here suggest, that it might be tried in the first stages of the pustules of small-pox, especially those of the face, with a view to modify their development, and prevent pitting.—*Edin. Med. and Surg. Journ.*, Oct. 1842.

[Mr. Rhind details several successful cases.]

Liquor Taraxaci.—A very elegant preparation has been introduced under the above title, and which, from the strong taste it possesses of the recent root, has been much used by medical men who have confidence in the remedial power of dandelion. The following formula has been communicated to us :

Dandelion roots, perfectly clean, *dried*, and sliced, 18 ounces.

Infuse for twenty-four hours in a sufficient quantity of cold distilled water to cover them.

Press and set aside, that the feculæ may subside ; decant and heat the clear liquor to 180° F., so as to coagulate the albumen ; filter the liquid whilst hot, and evaporate in a drying room, or by means of a current of warm air (a water or steam bath will not succeed so well), until the product shall weigh 14 ounces. To this must be added 4 ounces of rectified spirit. Should the roots not have been perfectly cleansed, the product must be digested with pure animal charcoal. If properly prepared, *Liquor Taraxaci* resembles in colour pale Sherry, and possesses the acrid taste of the fresh root in an eminent degree. The dose is from one to three fluid drachms.—*Annals of Chemistry*.

On acute Ulceration of the Duodenum in Cases of Burns.—Mr. Curling has discovered the curious fact, that cases of severe burn give rise to an ulcer in the duodenum, and thus frequently lead to a fatal termination. He details eleven cases of this singular affection, which cannot be perused by the pathologist without the greatest interest. The following are the first two cases, with some of Mr. Curling's remarks :

"CASE I.—*Extensive Burn ; Ulceration of the Duodenum ; Fatal Hæmatemesis*.—M. A. Fox, a girl aged 11, was brought to the London Hospital, May 9th, 1841, on account of a severe burn on the chest and both arms, the skin of which was extensively destroyed. She had apparently been going on tolerably well until the 27th instant, when I was summoned to the case in consequence of the occurrence of profuse hæmatemesis. She afterwards repeatedly ejected blood from the mouth, and also passed some by stool, and notwithstanding the remedies employed, expired in fifteen hours after first vomiting blood.

"The body was examined on the following day. The surface was pale and exsanguineous. The heart and lungs were healthy, but nearly devoid of blood. The stomach was sound, and contained a quantity of dark grumous blood. In the duodenum, at the distance

of an inch from the pylorus, there was a circular ulcer about half an inch in diameter, and its edges slightly elevated, which had extended through all the coats of the intestine, the bottom of the ulcer being formed by the glandular substance of the pancreas, which was closely united to the duodenum at that part. The open mouth of a considerable-sized vessel could be distinctly seen at the base of the ulcer, apparently on the surface of the pancreas. There was no further disease of the intestinal canal, but it contained a good deal of dark-coloured blood mixed with the fæces. On subsequently making inquiry of the parents, I could find no reason to suspect the existence of disease in the duodenum previously to the occurrence of the burn.

“CASE II.—*Extensive Burn; Perforating Ulcer of the Duodenum; Death from Hæmorrhage.*—A fine male child, aged 4 years, was admitted into the London Hospital, Sept. 11th, 1840, under the care of Mr. Luke, having sustained an extensive burn on the neck, chest, and both arms. The case was treated in the usual way, but on the 24th, about 11 A.M., after complaining of heat and pain in the abdomen, he vomited about half a pint of blood, and afterwards continued to pass blood by stool at different periods till his death, which occurred on the following day, in the evening, after a convulsive fit. The bowels were not relaxed previously to the hæmorrhage.

“I examined the body the day after death. The surface and internal organs were unusually pale. The heart and lungs were healthy. The stomach was sound, and filled with undigested food mixed with dark-coloured blood. The intestines contained a quantity of black blood, like pitch, mixed with feculent matter and mucus. A large solitary ulcer was found at the posterior part of the duodenum where it passes in front of the head of the pancreas. This ulcer was of an irregular form, and three-quarters of an inch in diameter at its broadest part. It had destroyed the whole of the coats of the gut, so that its base was formed by the pancreas. So slight was the connexion of the margin of the ulcer to this gland, that in disturbing the parts in their removal, the border of the ulcer gave way, and allowed the escape of a portion of the contents of the duodenum into the cavity of the abdomen. The edges of the ulcer were smooth and elevated. A large blood-vessel was distinctly seen running across the base of the ulcer in a transverse direction. The anterior part of the parietes of this vessel was destroyed, so that the remains presented merely a groove or channel, which terminated near the edges of the ulcer, at the opposite sides, in open mouths, into which bristles are introduced in the preparation. The rest of the intestinal canal was carefully examined, but without any further disease being detected. The follicles however throughout were well developed.”

“In the preceding observations, the origin of the mischief in the intestine may be traced from the period of the injury to the skin, and referred to acute inflammation, ending in ulceration of a defined portion of the mucous membrane of the duodenum proceeding rapidly to

perforation, exposing the pancreas, and sometimes laying open the branches of the hepatic artery passing between this gland and the intestine, and sometimes opening a communication with the serous cavity of the abdomen, producing peritonitis, and thus causing death. It has been noticed by authors, that in cases of extensive burn, patients often appear to be going on well, the constitution seeming to bear up against its destructive effects, when the powers suddenly give way, and the patient rapidly sinks. In many of these cases, if inquiry had been made, it would very probably have been found that the unfavourable change had resulted from the occurrence of hæmorrhage or perforation from an ulcer in the duodenum. Indeed, in two cases which have come under my notice, the surgeon in attendance was quite unaware of there being any bleeding from the bowels, the nurse having neglected to inform him of the alteration in the appearance of the stools.

“It would be interesting to inquire how it happens that in cases of burn, the first portion of the duodenum is peculiarly the seat of inflammation and ulceration, in preference to other parts of the intestinal tube. It cannot be attributed solely to the congestion of the mucous membrane, which commonly occurs after a severe burn, inasmuch as the remainder of the alimentary canal, though equally participating in the vascular disturbance, very rarely indeed becomes affected with ulceration. May it not be an effect of the sudden arrest of the important functions of a large part of the skin, not only of that actually injured or destroyed by the fire, but also of the parts which usually become afterwards inflamed to some extent around the seat of injury? The duodenum is furnished with peculiar glands, the true glands of Brunner, which abound in that particular part of the intestine, the seat of disease, and though their office and the nature and uses of their secretion have not been well ascertained, their size and number indicate that they must be capable of pouring out a large quantity of fluid, and that their functions in the œconomy are by no means unimportant. Now it is seldom that the secretions of any organ can be suddenly stopped without injurious consequences resulting, and considering the importance of those of the skin, and the continuity of this structure with the mucous surface of the alimentary canal, we can scarcely be surprised that the duodenal glands should sympathize and endeavour, by an increased action, to compensate for the suppression of the exhalation from the skin, and that the irritation consequent thereon should often lead to inflammation and ulceration. The period too at which the disease is set up, commencing as it does so soon after the occurrence of the injury, and, if not fatal, ceasing, as I shall presently show, when the functions of the skin are restored, or a drain is established during the necessary work of repair,—all these circumstances seem to indicate that the origin of the mischief must be referred to some sympathetic cause, such as I have described. And if this supposition should prove correct, the exca-

vated and perforating character of the ulcer* would be explained by the disease commencing in glands seated beneath the mucous membrane. Since I was led to suspect that the glands of the duodenum were the original seat of diseased action, I have not had sufficient opportunities of investigating this interesting point by dissection, in cases where death has ensued within a few days after the injury."

Improved Method of administering Cod Liver Oil.—Dr. Ure has suggested the adoption of cod livers as a diet for patients who are recommended to take the oil. In order to prevent the loss of oil during the process of cooking, he recommends the livers to be immersed entire in boiling water, to which a sufficient quantity of salt has been added, to raise the boiling point to about 220° Fahr. The sudden application of this high temperature coagulates the albumen of the liver, and prevents the escape of the oil. When the liver is cut the oil exudes, and mashed potato may be used as a vehicle. Dr. Ure informs us, that having been advised to take cod liver oil, he found the nauseous flavour very objectionable, until he contrived the above plan, which he finds to answer extremely well.—*Pharmaceutical Journal*.

A Notice of a Case of Poison by Hemlock Fruit taken in Mistake for Anise Fruit, by Jonathan Pereira, M. D.—The resemblance between the fruits (usually called seeds) of anise (*Pimpinella Anisum*) and hemlock (*Conium maculatum*) is such that the one may be readily mistaken for the other by a superficial observer. A case of poisoning, which has recently occurred in France from an error of this kind, induces me to hope that the following account of the distinctive characters of the two fruits may not be uninteresting to the Members of the Pharmaceutical Society.

The following is a brief sketch of the case referred to :

"A gentleman who had at various times derived benefit from the use of an infusion of anise (prepared with eight grammes or about 123½ troy grains of the fruits and 500 grammes of water) took, on one occasion, his usual medicine without deriving therefrom the accustomed relief. On the contrary, he experienced after its use various alarming symptoms, such as extreme uneasiness, followed by slowness of pulse, coldness of extremities and other complaints, all of which ceased after copious vomiting. The physician, who had been called in, having declared that the symptoms resembled those of poisoning, the remains of all the substances used that day at table were examined, but without any noxious ingredient being detected. A fresh infusion

* "I have seen ulcers of this form in the same part of the intestine in other cases besides burns. Some specimens of the kind may be seen in the museum of Guy's Hospital. The peculiar characters of the duodenal ulcer are also well described by Dr. Hodgkin, in his published lectures on the Morbid Anatomy of the Mucous Membranes. For the hint that the glands of Brunner are the probable seat of ulceration in these cases, I am indebted to my friend Mr. Bowman, of King's College."

of anise was prepared and taken ; and the same symptoms, but in a more aggravated form, followed its employment. The water, the sugar, and the anise were now carefully examined. In the two first nothing injurious was found, but in the anise some suspicious fruits were detected, which Professor Richard declared to be those of hemlock. They were recognized by the five crenulated ridges which each mericarp or half-fruit presented.

In another place I have adduced the resemblance between the fruits of hemlock and anise as an argument in favour of the identity of our hemlock with the celebrated Athenian state poison, by which Socrates and Phocion were destroyed, and which was called by the Greeks, *κάρνηον*, by the Romans, *cicuta*. For Dioscorides declares, that the fruit of *κάρνηον* resembles that of anise, but is somewhat paler.

As many persons, unacquainted with botany, are apt to confound fool's parsley (*Æthusa Cynapium*) with hemlock, I shall describe the essential and distinctive characters of the fruit of this plant as well as of hemlock and anise. An accurate botanical description is then given, illustrated with wood-cuts — *Ibid.*

Notes on the Tallicoonah or Kundah Oil, by Mr. Robert Clarke, Senior Assistant Surgeon to the Colony of Sierra Leone.—The tree which furnishes the nuts from which Tallicoonah or Kundah oil is procured, is found growing abundantly in the Timneh country and over the colony. At the village of Kent, near Cape Schilling, the oil is manufactured as follows :—The nuts are dried in the sun, then hung up in wicker racks or hurdles, and exposed to the smoke of the huts ; when exposed for a sufficient time the nuts are roasted and subjected to trituration in large wooden mortars until reduced to a pulp. The mass is then boiled, when the supernatant oil is removed by skimming. The natives principally manufacture the oil to afford light ; the leaves are used by the Kroomen as a thatch.

I believe the medicinal properties of Tallicoonah or Kundah oil are unknown in Europe. Among the liberated Africans, the Sherbro and Soosoos, the oil is held in high estimation as an anthelmintic, the negroes and all classes of the colonists being very subject to worms. The sort of worms for which Tallicoonah or Kundah oil proves efficacious are the tape, lumbicus, and ascarides, more especially the two former ; administered, however, in the form of enemata, the oil is successful in bringing away great numbers of the latter. When employed as an enema, one or two ounces may be thrown into the bowels, dissolved in warm water, of a temperature sufficient to retain it in the liquid state. I have used it in large doses (as much as 3 iss.) in "Lethargus,"† a disease of the brain in which it is desirable to act on the bowels with the most powerful drastic purgatives. Some of the colonists are in the habit of mixing with the palm and nut oils used to afford light, a portion of Tallicoonah oil, to prevent their servants from using the oil with their food.

† See London Medical Gazette, Sept. 18, 1840.

I have employed it in cases of worms, or where I suspected their existence, in doses proportionate to the age and strength of the patient. In such cases the dose has ranged from one ounce to one drachm, fluid measure. It is here necessary to observe, that its purgative effects were by no means always uniform. In persons of weak habit of body, and in whom there existed any liability to bowel complaints, the Tallicoonah oil, from its acrid bitter properties, would prove injurious; but in persons in the opposite condition of body, I can confidently recommend this medicine as a safe and powerful anthelmintic. The usual way I have administered the oils is precisely similar to the modes in which castor or the other fixed oil are given. If given in proper doses, its purgative effects bear a close resemblance to those of castor oil, both in the length of time that elapses before its operation, and in the bulk of the stools produced. When over doses are taken, it produces the most violent hypercatharsis, cold sweats and vomiting, succeeded by collapse, and if remedial means are not promptly employed, even death. I may observe, that the negroes also use it as an expectorant. The best specimens are liquid, but it is more generally found concrete. The tree grows to the height of forty feet, the nuts being contained in a multilocular capsule. The oil is sold in the colony at two shillings a gallon, and could be procured in abundance from the coast as an article of commerce. I could spare to any of your medical friends, who wish to administer this oil as a remedy, a small quantity. I expect shortly to receive specimens of the root, stem, and leaf, and will forward them on their arrival.

Remarks on the above Paper, by Dr. Pereira.—"The 'nuts' described in Mr. Clarke's paper, are the seeds of the *Carapa Touloucouna* of the *Flore de Sénégambie*, a Meliaceous plant, figured in Sweet's British Flower Garden (i. 72), and growing in dry places near Itou, on the shores of the Casamancia. The fruit is a large, somewhat globular, five-celled capsule. The seeds (of which there are from eighteen to thirty in each capsule) vary in size from that of a chesnut to a hen's egg: they are three-cornered, convex on the dorsal surface, of a brownish or blackish red colour, and rugous. Specimens of the seeds, with the fruit, are contained in the Banksian Collection at the British Museum. In the *Flore de Sénégambie*, the expressed oil of the seeds is called *Huile de Touloucouna*, and it is described as being sometimes liquid, sometimes solid according to the variable quantities of oleine and stearine which it contains. A notice of its uses is said to be contained in the *Ann. de la Société Linnéenne de Paris*, for May, 1824, but I have had no opportunity of consulting this work. The oil owes its bitterness to an alkaloid principle, which MM. Petroz and Robinet (*Journal de Pharmacie*, t. vii. p. 48), found also in the bark of the tree."

Mr. Redwood observed that he had made a few experiments to determine some of the most prominent characters of the oil. He found it to be entirely soluble in ether, and that alcohol separated it into two parts, a concrete substance, which was dissolved, and an oily

fluid at ordinary temperatures, on which the alcohol took no effect. The former contained the bitter principle and the nauseous odour of the oil, the latter was nearly colourless and tasteless.—*Ibid.*

The Solubility of Lead in all Water containing free Carbonic Acid, by G. R. Morson, Esq., M. D.—I am most anxious to communicate to you, in your Editorial capacity, a chemical discovery, mentioned to me a day or two since, by Professor Daniel of King's College, which he has kindly permitted me so to communicate, and a general knowledge of which is, in my opinion, highly important.

You and most of your readers are well aware, that it is the generally received opinion of chemists, that spring or river water containing salts of lime, &c., will not dissolve lead or its salts, if kept in or transmitted through that metal, although pure distilled water will hold a considerable quantity in solution. Professor Daniel's attention having been directed, in consequence of some severe cases of colic in the neighbourhood of his residence at Norwood, to the examination of the water, found, to his astonishment, that it contained lead in large quantity, and has established the fact, that in all cases of water containing *free carbonic acid*, lead is readily dissolved, and cannot therefore be safely kept in or transmitted through that metal.—*Ibid.*

Alteration of the Blood in Disease.—M. Andral commenced last year, and is still pursuing, his admirable researches on the blood. It is impossible for us to do justice to his valuable series of experiments, but we may briefly sum up his conclusions, which strike us as promising to unfold mysteries of great importance in the study and treatment of disease. He has proved that all was not error in the humoral pathology, and that in morbid states of the system the prominent characters of the blood appear to undergo various changes. In the phlegmasiæ he has found an excess of fibrine, also in the latter stages of phthisis. In the pyrexia the fibrine diminishes, the globules increase in number in a ratio corresponding to the degree of depression of the powers of life. Cerebral congestions and hæmorrhages appear to develop the same change; but chlorosis forms another type of diseased blood—the fibrine remaining unaffected, but the globules presenting a marked diminution. The organic qualities of the serum diminish in Bright's disease of the kidneys, as well as in other morbid states, attended by the secretion of albuminous urine; while the salts of the urine, which ought to be separated from the blood, remain in excess in the circulation.

From experiments which have been performed by Messrs. Becquerel and Breschet, on the temperature of arterial and venous blood, they have discovered that the former is invariably higher than the latter; the blood of the left auricle was nearly a degree warmer than that of the right, indicating that an increase of temperature had been acquired by its passage through the lungs.—*Spooner and Smart's Retrospect of Medicine and Surgery.*

Auscultation in Diseases of the Stomach.—We are not aware that auscultation has ever been applied to the investigation of diseases of the stomach; we are induced, however, to think that the stethoscope might be rendered available as a means of diagnosis in certain affections of this organ. This opinion suggested itself during our treatment of a patient, whose case presented the following symptoms; gradual emaciation; darting pains, and tenderness along the sternum; sensation of obstruction of food at the epigastrium; no vomiting; no palpitation, cough, or other symptoms of disease of the heart or arteries. On application of the stethoscope to the part of the stomach, and requesting him to swallow some fluid slowly, a *prolonged gurgling sound was heard a few seconds after the act of deglutition, followed by a pause, and then a repetition of the same sound for a shorter period.* On examination of the stomach after death; *externally* a mass of enlarged absorbent glands were seen within the lesser arch, and its coats felt remarkably thick and indurated from a space extending about half way from the œsophageal to the pyloric extremity, and two inches in breadth. *Internally*, the disease presented the usual character of scirrhus vegetation, with an ulcerated superficial excavation near the œsophageal orifice. The introduction of the finger through that opening was slightly opposed by a nodule of the distended structure, which encroaching on the canal, diminished the area of its orifice. It will be observed, that the man's sensations were truly pathognomic of the seat of the disease, and we imagine that the sounds conveyed to our ear were declaratory of the morbid appearances revealed by dissection. It is necessary to acquire an accurate knowledge of the sounds elicited by the passage of food, and particularly fluids, into the stomach, and in various states and positions of the body, before we may assign its due value to auscultation as a mode of diagnosing the diseases of that organ.—*Ibid.*

We are happy in being able to record the following opinion of Messrs. Spooner and Smart, of our fellow-countryman's work:

"On the subject of aneurism, and the diseases of arteries, we cannot refer to a better work than that which Mr. Porter, of Dublin, has published during the past year. Since the work of Mr. Hodgson, we do not think a better summary of this surgical department has issued from the press: and the original matter founded on extensive practical observations, must attract the attention, if it does not carry the conviction of the surgical world."—*Ibid.*

Fissures of the Anus.—This very painful affection has been treated by our continental brethren with success, by enemata, containing the extract of rhatany; four scruples are mixed with 8 ozs. of water, and thrown up the rectum once or twice a day. In the course of a few days the pain, which is very acute during the passage of an evacuation, entirely ceases, and the crack heals. M. Bretonneau first suggested this remedy, which has been employed also by M. Trousseau, and others.—*Ibid.*

Dalby's Carminative.—℞ Tr. Opii. ʒj. ; Tr. Assafoet. ʒiiss. ; Olei Carui. ʒj. ; Olei Menth. Pip. ʒij. ; Tr. Castorei, ʒviss. ; Sp. Rectif. ʒvj. M. S. A.—When the mixture is complete, it is to be divided into two-drachm doses, which are to be poured into small bottles, containing from seven and a half to ten drachms a piece, into each of which a drachm of calcined magnesia has been previously introduced. Finally, the bottles are to be filled up with simple syrup, and a small quantity of rectified spirits, and to be well shaken, to mix the whole.

This medicine is one of the most ancient and popular arcana in Great Britain, where it is recommended in the flatulence, gripes, convulsions, &c., of infants; and in the irregular gout, the bloody flux, and violent colic of adults. It is thought eminently serviceable in the different bowel complaints to which sea-faring men are very subject.

Five or six drops are given to weakly infants two or three days old, in a tea-spoonful of warm water sweetened; and if this dose does not produce the desired effect in six or eight minutes, it is repeated. The dose is augmented in proportion to the age of the little patients, and the severity of the symptoms to be combated. Two doses in a day, or three at the most, are sufficient for the most obstinate cases.

A tea-spoonful is given to infants from one to two years old, or even more, if the symptoms are violent. Three tea-spoonfuls are given to children seven years old.

Adults take half or two-thirds of a bottle for a dose, either pure, or mixed with as much warm water as will make it of an agreeable temperature. In all cases it is necessary to shake the bottle before pouring out the dose.

It has been observed, that in persons subject to constipation, or who often vomit acid matter, it is very useful to combine magnesia with the use of this carminative.—*Journal de Chimie Medicale*, Sept. 1842.

[Like other popular nostrums, Dalby's Carminative is made after various receipts, so that the dose, which is perfectly safe when the cordial is prepared by A., may be poisonous when it is manufactured by B. In the Returns from the Coroners of England and Wales, made to the House of Commons in 1839, we find ten cases of death from Godfrey's Cordial, and one from Infant's Mixture. Dr. John Clarke mentions an infant destroyed by forty drops of Dalby's Carminative.—*Translator's Note*].—*Medical Gazette*.

Means of rendering the Preservation and Use of the Nitrate of Silver more certain and more easy, by Professor Dumeril.—The little cylinders of lunar caustic are generally kept in shops, in a bottle well corked, and separated from each other by linseed, or coriander seeds, to preserve them from the action of the light, air, and moisture. As these cylinders of melted nitrate of silver have not been always moulded at the same degree of fusion, when too much

acid has remained in the material, it crystallizes in the mould, by radiating striæ, and unfortunately the cylinders are then friable, very brittle, and necessarily difficult to fix between the sides of a porte crayon. They must be cut in order to introduce them into the metallic tube, and in doing this they are often broken, and if they are too thin, they break on the least effort. In all cases it is not easy to cut or scrape them, to adapt them to the surfaces on which we wish the caustic to act, whether it be on a single point, or on a line; a flat surface, or the whole extent of a large ulcer. By the little improvement I am about to suggest, I obtain all these advantages. It consists in melting at the fire, or dissolving in pure alcohol, good sealing wax used by engravers, which contains a good deal of gum lac; holding in a forceps the cylinder of nitrate of silver, I dip it in this solution. The material of the lac applies itself perfectly round the nitrate of silver, and covers it entirely; it adheres to it on all sides, and very strongly; as a varnish unalterable by the air, and whose surface is very smooth, and impenetrable to moisture.

The nitrate of silver, so prepared, can be touched with impunity; it does not stain the fingers; it is very strong, in consequence of its envelope. It resists the pressure of the porte-crayon, which it no longer corrodes. By scraping off some of the covering, as much of the surface of the caustic may be exposed as is thought necessary.

The great advantage in this mode of preparation is, that I can fix the caustic with firmness, and carry or insinuate it without danger, to any sufficient distance down the throat, or the other cavities.—*Gazette Medicale*.

Preservation of Dead Bodies.—M. Cornay read a memoir on *Galvanoplasty*, applied to the preservation of bodies previously embalmed; and he showed the body of an infant, that he had by this means covered with a layer of copper.

M. Gannal presented two rams' heads, prepared by his proceeding. The first injected, represented in the most perfect manner the features of the animal; the second had been covered by a layer of copper, according to M. Soyer's plan.—*Gazette Medicale*.

Memoir on Ramollissement of the Brain, by Dr. Durand-Fardel.—The following are the conclusions drawn from a large number of facts:

1st. Ramollissement of the brain is always developed at the end of a sanguineous congestion, and is accompanied by redness in its acute stage, save in some infinitely rare exceptions.

2nd. When it has passed into the chronic stage, this redness disappears, and usually gives place to a yellow colour, a trace of the blood infiltrated in the beginning, and especially common and well marked in the cortical substance.

3rd. Chronic ramollissement is first announced by a simple diminution of the pulpy consistence, without redness.

4th. Later, it takes, in the cortical substance of the circumvolutions, the form of membraniform layers, yellow, soft, *yellow plates of the circumvolutions*.

5th. At the same time the nervous and liquefied pulp is transformed into a liquid, turbid, grumous, like lime and water infiltrated in the intervals of the cellular fibres ; *cellular infiltration*.

6th. At a still more advanced period, the parts, thus softened and transformed, disappear, and there result either ulcerations at the surface of the brain, or circumscribed cavities, or vast losses of substance.

7th. The ramollissement appears susceptible of stopping indefinitely at each of the periods of its chronic stage ; it thus undergoes a sort of cure analogous to that of a hæmorrhagic depot.—*Gazette Medicale*.