patient went on week after week gradually losing strength, and becoming extremely emaciated. Towards the end of October she suffered from hypostatic congestion of the bases of the lungs and some bronchitis, attended by a very troublesome cough, with a great deal of expectoration. Frequency of micturition continued, and the urine contained about one-tenth of pus. It was several times determined to make an exploratory incision in the loin, but the patient was so weak that this operation could not be ventured upon. On Nov. 30th the aspiration wound opened, and about six ounces of pus escaped. It continued to discharge for two or three days, and then closed again. The patient did not seem relieved by this outflow. On Dec. 24th considerable oedema of the legs was noticed. During January, February, and March, 1887, the patient gradually lost ground, and she died on April 12th.

On post-mortem examination general chronic peritonitis with adhesions was found, especially on the right side. Liver, spleen, and intestines natural, except that on the surface of the former organs were about a dozen small calcified nodules, which possibly were old tubercle. The left kidney weighed seven ounces; healthy. The right kidney was firmly adherent to the intestines and to the vertebral column by dense fibrous tissue, which enclosed the renal vessels and also involved the vena cava. It was filled with soft caseous matter, which was quite inspissated and evidently very old. The organ itself was reduced to a series of cysts, which opened into a distended pelvis, all being equally blocked by caseous matter. The ureter was thickened for about four inches, and contained a little thick pus. Round the gland there was a small collection of pus, situated chiefly at its back part and in close contact with it. This collection communicated with the old aspiration wound in the loin. The abscess cavity was bounded on one side by the duodenum. Close to the kidney was an old calcareous gland. The bladder and pelvic viscera were quite healthy.

Remarks by Mr. MARSH.—The main interest in this case lies in the illustration it affords of the difficulty there may be in distinguishing between abscess of the kidney and malignant disease. The swelling was of such hardness and apparently solid density that its physical characters, while they accurately resembled those constantly met with in malignant tumours, were unlike those usually present in an abscess, especially in a large abscess of the kidney, in which generally fluctuation, or at least elasticity, can be readily detected. Another feature pointing to malignant disease rather than to abscess was the almost completely fixed condition of the swelling. Of course a kidney that is the seat of a new growth may remain to some extent movable when pressure is exerted upon it; while, on the other hand, a kidney involved in chronic inflammatory changes may become firmly matted down to surrounding parts. The mere fact, therefore, that an enlarged kidney is fixed or that it is movable is not necessarily evidence in the direction of malignant disease. Yet here, though there was still some slight mobility, the tumour gave the same impression that is often felt in malignant swellings in the side of the neck and elsewhere—an impression as if wide infiltration had occurred between the tumour and the neighbouring structures, blending them into one general mass, so that the tumour was rooted on a hard and extended base. The fact, too, that the urine was healthy seemed a strong indication against the presence of suppuration in the kidney. That no pus made its way along the ureter into the bladder seems to have been due to the fact that the renal calyces and the pelvis of the ureter were blocked by inspissated pus of old standing. It may, however, have been due to the circumstance that the swelling overlapped and so pressed upon and obstructed the commencement of the ureter. That pus was found in the urine in considerable quantity soon after the swelling was aspirated may be explained on the supposition either that when resection of pus occurred the pus was thinner and so was able to percolate through the old caseous material into the ureter, or that the aspiration, by partially emptying the swelling, left the ureter free from pressure. Another deceptive feature was the absence of any material rise or daily variation of temperature. For several weeks the temperature was never raised more than about one degree, and as the patient was subject to bronchitis this slight rise was attributed to the lung affection. The case is but another warning that, in many instances, the evidence to be obtained as to the nature of abdominal swellings by an external examination is not to be depended upon. Widely different diseases may present

exactly the same features. There is thus far nothing to distinguish the one from the other; the only safe course is to explore the swelling itself, either, in appropriate cases, by the aspirator needle, or by laparotomy and the direct examination of the tumours by the hand passed into the abdominal cavity. In the course of the case two or three consultations took place on the question whether any further treatment ought to be adopted. It was discussed whether a free incision and drainage would be an advantage, and whether any more radical method should be followed. No incision was made, for it could not be ascertained that any further collection of pus had taken place, and the patient had neither pain nor any material rise of temperature. Her feeble condition, and the chronic bronchitis from which she suffered, rendered her quite unfit for an operation of any magnitude, so that the idea of removing the kidney could not be entertained. The post-mortem examination showed that no interference of whatever nature would have availed to save the patient's life.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

CASES OF SUPRA-PUBIC LITHOTOMY; REMARKS.

(Under the care of Dr. K. M'LEOD.)

THE notes of these cases have been supplied by Assistant Surgeon Khagendra Nath Sen, M.B.

CASE 1. *Supra-pubic lithotomy.*—B—, a Hindu male, aged thirty-five, had suffered from symptoms of stone for two years, and on two occasions passed small calculi. A stone was readily detected by the sound, and also felt per rectum. It was discovered with unusual ease and distinctness above the pubes through the abdominal wall, and this circumstance suggested the supra-pubic as the preferable operation. The rectum was thickened and somewhat contracted, apparently from syphilis, though this was denied. The urine was turbid, alkaline, and contained an excess of mucus and phosphates. Owing to the state of the rectum no attempt was made to distend it. Eight ounces of bichloride of mercury lotion (1 in 4000) were injected into the bladder after it had been emptied by means of a catheter, and a tape was tied round the penis to prevent the escape of the fluid. A vertical incision about three inches in length was made above the pubic symphysis. The muscles were cautiously separated, and the surface of the bladder reached by scraping upward with the nail of the forefinger from behind the symphysis. When the surface of the bladder was laid fully bare, it was steadied by a sharp hook, transfixed, and divided in the middle line by a scalpel from above downwards. The stone (phosphatic) was found to be very friable, and broke down under the forceps into several fragments, which were removed, and the bladder thoroughly washed out. It was found to be fasciculated and pouched. A soft catheter was tied in, and a wide drainage tube inserted through the wound, which was not stitched. The catheter was removed in twenty-four and the tube in forty-eight hours. Urine escaped freely by the wound, being caught in a vessel as the patient lay on his side. The bladder was washed out daily with glycerine of borax lotion (one drachm to the ounce). During the first month the urine escaped entirely through the supra-pubic wound. As the wound contracted, the discharge took place in increasing quantities through the urethra. No symptom causing any anxiety arose during his convalescence, and his health was greatly improved by diet and tonics. He was discharged fifty-two days after the operation. The fragments which were collected weighed fifteen drachms.

CASE 2. *Prostatic and vesical calculi removed by median and supra-pubic lithotomy simultaneously.*—E—, a Mahomedan male, aged twenty-five. Has had symptoms of stone for thirteen years. During the last month and a half he has had great trouble in passing urine. He is a healthy man and well nourished. There is increased frequency of micturition, and the act is performed with great pain and difficulty. The urine is ammoniacal, and contains an excess of phosphates. On sounding, a large stone is found to occupy the prostatic urethra, impeding the passage of the sound into the bladder. The stone can be very distinctly felt by rectal examination. The patient was placed in the lithotomy position, the perineum divided in the middle line, and a stone weighing 3 dr. 49 gr. easily removed from the dilated prostatic urethra by means of a lithotomy forceps. On introducing the finger into the bladder a large stone was found to occupy its cavity—too large to be crushed or extracted

through the perineal wound. Accordingly, the bladder was at once opened above the pubes in the manner described in the preceding case, and a stone weighing 6 oz. 11 gr., and measuring 3 in. by 2½ in. easily removed by forceps. A large drainage tube was inserted through the supra-pubic wound and brought out through the perineal wound. This was retained for some days. The progress of the case was quite satisfactory, and the patient left hospital after a stay of sixty-three days, with both wounds soundly healed and able to pass urine naturally.

CASE 3. *Supra-pubic lithotomy.*—K—, a Hindu male, aged twenty, passed a small calculus in childhood, and has suffered from symptoms of stone ever since. He came to the hospital on account of retention of three days' duration. The bladder was relieved by means of a catheter, and two small calculi were removed by a urethral forceps from the bulbous portion of the urethra. He now passed urine in good stream, but very frequently, and his bladder was found to be inflamed and very irritable. After a few days' treatment he was chloroformed and carefully examined. The urethra was found to be narrowed at the meatus and bulb, and the bladder firmly contracted round what seemed to be a large stone, which appeared to be encysted. The bladder was opened above the pubes, in the manner described in Case 1, the sound being retained as a guide. One stone weighing about six drachms and several fragments were removed by forceps and scoop, and the cavity washed out. The bladder was extremely contracted, and the stone was firmly held by it. A soft catheter was tied in, and a large drainage tube inserted into the wound, which was not stitched. The catheter was removed in two days, and the drainage tube in nineteen days. The bladder was washed out daily with glycerine of borax lotion (one drachm to the ounce). He began to pass urine after twenty-seven days, and was discharged forty-seven days after operation with the wound quite healed, and the function of micturition restored to its normal state.

Remarks by Dr. McLEOD.—The operation of supra-pubic cystotomy is a very easy one, and, as far as my limited experience goes, very safe. By working close to the symphysis, in the pre-vesical space, and stripping the loose cellular tissue of this region off the surface of the bladder with the finger, so as to displace the peritoneum with a good covering of subperitoneal tissue upwards, there is no risk of cutting or otherwise injuring that membrane. I have repeatedly verified this statement on the dead body. Distension of the rectum was not employed in any of these cases. In one of them the bladder has been emptied in consequence of a previous perineal section, and in the last case both rectum and bladder were as empty and contracted as they could be. The great objection to the operation is the prolonged detention in hospital—fifty-two, sixty-three, and forty-seven days in these three cases. When therefore no special reason exists for opening the bladder above the pubes on account of the size of the stone or the desirability of obtaining the more direct access to the interior of the bladder which this operation affords, I incline to think that some form of perineal section is preferable. Of course a crushing operation is preferable to either in suitable cases. In none of the cases was there any unhealthy action in or around the wound, nor any constitutional disturbance of consequence.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Annual General Meeting.—President's Address.

THE annual general meeting of this Society was held on Thursday, March 1st, Mr. G. D. Pollock, F.R.C.S., President, in the chair. Dr. Clement Godson and Mr. H. Butlin were appointed scrutineers of the ballot.

Dr. CHEADLE read the report of the President and Council, which showed the continued prosperity of the Society, the number of Fellows at the present time standing at the highest point reached since the foundation of the Society.

The report of the Honorary Librarians stated that the additions to the library during the year 1887 consisted of 460 works, including pamphlets, but not including transactions, journals, and other periodical publications. Of

these additions, 165 had been obtained by purchase and 295 by donation. The latter included fifty-three volumes presented by Dr. Wickham Legg. The total number of works in the library, December, 1887, was 30,742. During the past year 3694 books had been borrowed from the library, and the number of visits of Fellows had been 4574. The collection of portraits of members of the medical profession had been enriched by the addition of sixteen, and two oil paintings had been presented to the Society by Dr. R. J. Lee.

The PRESIDENT then read his address, which consisted principally, as is customary, of obituary notices of deceased Fellows of the Society. Amongst these were Sir George Burrows, a former President of the Society; Dr. Wilson Fox, the late honorary librarian, Dr. Arthur Farre, Dr. Alfred Meadows, Mr. Quain, and Professor von Langenbeck. Referring to the succession of Mr. Quain by seniority to the presidential chair of the Royal College of Surgeons, he said that many Fellows of the College thought this custom, which might still be said to be in vogue, would be more honoured in the breach than in the observance. He then drew attention to the valuable contributions of Mr. Rickman Godlee, Mr. R. W. Parker, and Mr. Haward, on the treatment of cases in which kidney complications required the assistance of the surgeon; to the interesting communications of Mr. Rivington, Mr. Jacobson, and Mr. Barwell on the Removal of Urinary Calculi by the Supra-pubic Operation; of Dr. Vivian Poore, on Writers' Cramp and Impaired Writing Power; of Mr. Knowsley Thornton, on Splenectomy; of Mr. Malcolm, on the Condition and Management of the Intestine after Abdominal Section; of Dr. Cheadle and Mr. Thomas Smith, on a case of Occlusion of the Left Bronchus; of Mr. Walsham, on Intra-peritoneal Rupture of the Bladder; and of Mr. Arthur Barker, who showed two successful cases of Trephining for Cerebral Abscess. For the future, the subjects of cancer and tubercle, amongst others, afforded abundant material for research, and would well reward the time and attention devoted to their investigation, and he trusted it was not too much to hope that someone hereafter might be able to point to the sure and successful treatment of one or both of these maladies.

Dr. William Wood proposed, and Mr. Willett seconded, the adoption of the report of the Council.

Mr. Edmund Owen proposed, and Dr. Day seconded, the vote of thanks to the President for his address.

Mr. H. T. Butlin proposed, and Mr. R. W. Parker seconded, the vote of thanks to the retiring President.

Mr. Timothy Holmes moved, and Dr. Myers seconded, the vote of thanks to the retiring secretary, Mr. Howard Marsh.

Dr. E. A. Sansom moved, and Dr. Coupland seconded, the vote of thanks to Mr. Holmes, the retiring treasurer.

Dr. Buzzard moved a vote of thanks to the retiring vice-presidents and members of Council, Dr. W. H. Dickinson, Dr. W. Ogle, Mr. A. E. Durham, Dr. J. Cavafy, Sir Thomas Crawford, Dr. J. Payne, Dr. Cooper Rose, Mr. M. Beck, Mr. J. McCarthy, and Mr. C. S. Tomes.

The following gentlemen were unanimously elected to act as officers during the ensuing year:—President: Sir Edward Henry Sieveking, M.D. Vice-Presidents: Sir Andrew Clark, Bart, M.D., F.R.S.; James Andrew, M.D.; Sir Henry Thompson; Thomas Smith. Treasurers: C. J. Hare, M.D.; J. Ashton Bostock, C.B. Secretaries: W. Butler Cheadle, M.D.; J. Warrington Haward. Librarians: S. Jones Gee, M.D.; J. Whitaker Hulke, F.R.S. Other members of Council: William Cayley, M.D.; Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.; T. Lauder Brunton, M.D., F.R.S.; R. Douglas Powell, M.D.; Arthur Ernest Sansom, M.D.; R. W. Parker; W. Johnson Walsham; H. Trentham Butlin; Henry Morris; Edward Tegart.

PATHOLOGICAL SOCIETY OF LONDON.

Epithelioma in a Calculous Kidney.—Villous Carcinoma of Breast.—Villous Papillomata and Contact Carcinoma of Bladder.—Renal Disease.—Acute Necrosis.—Osteitis Deformans.

AN ordinary meeting of this Society was held on March 6th, Sir James Paget, F.R.S., President, in the chair.

Mr. SHATTOCK exhibited for Sir William Mac Cormac a case of Epithelioma of the Kidney associated with Calculus. The growth was not of the glandular type usual in malignant renal tumours, but was a true epithelioma, and probably due to the irritation of the calculus. The stone, by continual friction, had prepared a spot on which the cancerous