a *viva voce* examination. Your readers may infer how searching must be this investigation, when they are told that Professor Tiedemann is the only member of the conclave who can pretend to talk English! And I know, for a positive fact, that some of the examiners cannot understand the answers to the questions they themselves propound in writing. The examination is, then, *bonâ fide* a farce, and that I may not be supposed to be giving an unfair sketch of what some would fain make the public believe to be a rigorous investigation, I would observe that, among other sources, my information has been derived from a fellow-countryman who has recently received his diploma in Heidelberg, and so pleased is he with the liberal manner in which the honours are here distributed, that he has serious thoughts of procuring likewise a degree of doctor in divinity, so that in case he can find no bodies to physic on his return to England, he may still be so fortunate as to cure souls. These strictures, however, do not apply to all the German universities, for in Berlin, Goettingen, and Bonn, are found honourable exceptions; in these such compromise is unknown.

But another reason of some importance calls for the interference of the Legislature to protect the rights of British physicians. Throughout Germany no alien is allowed to practise, although a member of one of the medical corporate bodies of his own country; he cannot exert his skill, even on his own person, whilst in this country, as I recently found by the refusal of the pharmacist to prepare a prescription which I had written for my own use. Thus, the interests of the medical community are here most strictly protected, since the apothecary dare not make up a prescription without rendering himself liable to a fine, from any one who has not passed the "Staats Examen" of the province in which he lives. It is true that at the German spas English physicians are to be found who are allowed to practise among their own countrymen only, and under a special licence from the authorities, the policy of which is evident when the large sums of English money annually spent at these fashionable resorts is contemplated. While the gold-bought diplomas of Germany are tacitly allowed to place an adventurer on a par with a graduate of a British college in Great Britain, no corresponding boon is granted to the latter when in Germany. Did Germans not take our manufactures, England would not import the produce of the soil of Germany, and yet this just and almost universal law of political economy is entirely slighted in its relation to the large and educated medical community of our country.

To discuss this grievance more at length would encroach too much on your valuable space; in conclusion, therefore, I may ex-

press the hope that the projected Bill on Medical Reform, by Sir James Graham, will effectually prevent the further working of so injurious and disgraceful a system, and cause the various duties of the members of the medical profession to be so circumstantially defined that an infringement of them shall be an infraction of the law itself. I remain, Sir, your obedient servant,

EDWIN THORNE WAIT, M.R.C.S.
Heidelberg, Sept. 29, 1843.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 23, 1844.

JAMES COPLAND, M.D., F.R.S., in the chair.

Case of Phlegmasia Dolens and Synovitis.
By THOMAS MAYO, M.D., F.R.S., &c.

THE train of symptoms described in this case commenced about five weeks after delivery, in a healthy female, aged twenty-four, whose lochia, after the delivery, had been nearly suppressed. The first symptom was lameness, for which she was placed in the surgical wards of the St. Marylebone Infirmary. Abscess at the knee then was observed; the thigh swelled, and phlebitis of the femoral vein was next noticed. The phlebitis was subdued by antiphlogistic treatment, and the knee freely punctured, with much discharge of pus, and subsidence of pain and fulness. Inflammatory cerebral disease next became manifest, and on this yielding to depletion, moderately performed, a painful and highly-congested state of the conjunctiva ensued.

Hemiplegia now occurred, with very defective articulation. Of this class of symptoms the first set yielded rapidly to remedies, the latter is still, in some degree, present. Strychnia seemed now to benefit the patient.

Throughout this illness the presence of a hysterical diathesis was highly observable. The author takes occasion to notice that this fact, coupled with the varying and protean nature of the symptoms, might have seemed to justify the practice appropriate to hysteria, but for the presence of well-marked inflammatory symptoms; and he draws some practical inferences from this consideration, as to the means of preventing such mistakes.

Dr. COPLAND considered the case to be interesting, from the occurrence of synovitis previous to the phlegmasia dolens. It was by no means uncommon for synovitis to follow, but very rare for it to precede that disease. With respect to inflammation of the brain coming on after the phlegmasia dolens, it was, no doubt, a curious circumstance, but he had, at the present time, a case illustrative of this fact under his care.

Dr. G. BURROWS inquired the condition of the knee joint before and after the evacuation of the pus.

Dr. MAYO replied, that the patient had been originally in the surgeon's ward for what appeared to be lameness. Immediately after the opening of the joint the redness, heat, and other evident symptoms of inflammation, rapidly subsided, and in a few days the joint became quite normal. It was afterwards examined, and nothing wrong could be detected in it. On the knee-joint becoming enlarged the vein, hardened and cord-like, could be detected; this state soon subsided when the joint was opened. He thought the interest of the case consisted in the rapidity with which one set of symptoms came on as another set subsided. If, indeed, the inflammation in the knee-joint had not been so distinct, the tenderness and enlargement might have been thought to be hysterical. At first the irritation of the brain resembled that connected with hysteria, but distinct cerebritis soon presented itself.

Dr. GEORGE BURROWS considered the society indebted to Dr. Mayo for the detail of the case, particularly as it illustrated the occurrence of synovitis previous to the setting in of the phlegmasia dolens, a very uncommon circumstance. He had a case, however, last summer, under his care, in which this deviation from the usual course of things occurred. The subject of the case was a youth, nineteen years of age, who was admitted into St. Bartholomew's Hospital with severe pains in the left ankle and knee, attended with severe pyrexia. It appeared that five days previously, having been fatigued by walking, he threw himself down on the grass in the park. On getting up he felt chilly, and this sensation continued until he got home. In the evening he suffered from severe pain in the left ankle, knee, and groin. With these symptoms, accompanied by considerable fever, he was admitted into the hospital. The disease was thought to be rheumatic fever, and he was depleted, and calomel and opium, with salines, were administered. These means, conjoined with low diet and confinement, soon succeeded in relieving the pains and inflammation, but in the course of a day or two the left knee became swollen, and there was distinct fluctuation in it. In the course of a few days the veins of the right hip, thigh, and, indeed, of the entire right lower extremity, became inflamed; in fact, all the usual symptoms of phlegmasia dolens presented themselves. The other extremity was afterwards similarly affected. Local depletion, poultices, mercurial frictions, and calomel and opium, with attention to the bowels, with the after-administration of Dover's powder, removed those symptoms. Pain and redness of the right testicle and shoulder came on, and were followed by

hectic fever, which required the exhibition of quinine, and the employment of nourishing diet. Abscesses subsequently formed in the left groin, but the patient recovered sufficiently to go into the country, where his health became established. This case illustrated the occurrence of synovitis several days previous to the setting in of phlegmasia dolens, which occurred first in one extremity and then in another, the patient being a male, and the disease resulting from cold. This and Dr. Mayo's case illustrated the peculiar sympathy which evidently existed between the internal lining of veins and synovitis, in accordance with what we knew to be the case with regard to synovial membranes and the inner lining of the heart, as exemplified in cases in which rheumatism produced endocarditis. We were aware of the fact, the explanation of it was difficult.

Dr. ROBERT LEE stated that several cases had been recorded similar to that related to the society by Dr. Burrows, in which, from exposure of the lower extremities to cold, inflammation was excited in the branches of the saphena veins, which inflammation extended upwards, along the trunks of these vessels, to the femoral veins, and produced in men all the phenomena of crural phlebitis, or phlegmasia dolens. The late Lord Liverpool had inflammation of the left saphena veins, induced by exposure of the feet and legs, when dressed in thin silk stockings, to a current of cold air, which passed through an open window, while attending a crowded levee. The inflammation extended upwards to the groin, and phlegmasia dolens of the whole left lower extremity took place. Lord Liverpool recovered from this disease, but died some years afterwards from an organic affection of the brain; and Sir Astley Cooper, who made the post-mortem examination, found the left iliac and femoral veins were completely impervious. Sir Astley gave him (Dr. Lee) an opportunity of examining the preparation of the diseased veins, and he found that they had undergone precisely the same change of structure which he had observed in those women who had died several years after having suffered from phlegmasia dolens. Dr. Graves, of Dublin, had related the case of a young man who was employed for two successive days working in a ditch, and who was consequently obliged to stand in water, above his knees, during that time. Soon after he was seized with fever and severe pain in the right thigh, which became swollen. Typhoid symptoms supervened, and he died on the eleventh day after the attack. The lining membrane of the external iliac vein was inflamed, and also the lower part of the vena cava, and a large friable concretion adhered to the inner surface of these vessels. He (Dr. Lee) saw a gentleman about fifteen years ago, who had received a blow on his right shin, immediately over a branch of the

saphena vein, by a small piece of timber accidentally falling upon it. Pain in the direction of the upper part of the saphena vein followed, and the whole leg and thigh soon became enlarged, as in phlegmasia dolens. He had seen the same effect repeatedly produced, both in men and women, by chronic ulcers over the tibia, with varicose veins of the legs; and in some pregnant women, without ulceration, he had seen varicose veins in the latter months become inflamed after delivery, and a local or partial phlegmasia dolens on the inner part of the leg and thigh supervene. In one case the inflammation of the saphena veins, excited in this way, reached the femoral vein, and the whole limb became affected with phlegmasia dolens. In men crural phlebitis might be produced in another way, by the excitement of inflammation in any of the veins within the pelvis which terminated in the internal iliac or hypogastric veins. In two cases related by Mr. Holberton, ulcers of the rectum, in men who died of tubercular phthisis, produced inflammation of the hæmorrhoidal veins, which extended to the internal common and external iliac and femoral veins. He (Dr. Lee) traced the inflamed hæmorrhoidal veins to the ulcerations of the mucous membrane in the recent parts. Mr. Lawrence examined the body of a man who died of cancer of the rectum, and he found the iliac veins inflamed and obstructed. The introduction of a sound or catheter into the bladder had excited inflammation in the vesical or prostatic veins, with a similar result. But in puerperal women, as he (Dr. Lee) had first stated to the society in 1829, crural phlebitis usually commenced in the uterine branches of the internal iliac or hypogastric veins, and subsequently extended from them into the common external iliac and femoral veins of the side affected. He had, since that time, enjoyed so many opportunities of confirming by actual dissection the correctness of this view of the origin of phlegmasia dolens, that he was as firmly persuaded of its truth as he was of any fact in pathology. The frequent occurrence of phlegmasia dolens during the progress of malignant diseases of the uterus, in which crural phlebitis had been distinctly traced after death to its commencement in the veins of the cervix uteri, further corroborated the truth of what was first stated here fourteen years ago. He had no doubt that the case now read to the society by Dr. Mayo was originally a case of uterine phlebitis. If the condition of the patient had been carefully observed during the five weeks which elapsed from the period of her delivery to the time when she came under Dr. Mayo's care, it was highly probable that some of the characteristic symptoms of chronic uterine phlebitis would have been noticed, viz., acceleration of the pulse, irregular paroxysms of fever, more or less derangement of the

nervous system and digestive organs, salowness of complexion, and general debility. The disturbed state of the brain, the inflammation of the eyes, and the suppuration in the knee-joint, described so fully by Dr. Mayo, were the complications most frequently observed in uterine phlebitis, and he believed they all arose from this cause. It was now sufficiently well known that all the remote organs of the body were liable to suffer violent derangement in cases of uterine phlebitis. Sometimes the lungs were attacked with fatal inflammation and gangrene, or the coats of the eyes were rapidly disorganised; deposits of pus took place in the cellular membrane, and among the muscles in different parts of the body, particularly around the joints—the elbow, knee, wrist, and ankle-joints; the cartilages of the joints themselves had been affected and destroyed by ulceration. Large portions of the integuments of the extremities had been suddenly attacked with gangrene, in other cases of uterine phlebitis, where the lungs, eyes, joints, and cellular membrane had escaped. In these cases the symptoms had resembled somewhat those of typhus fever; there had been rapid, feeble pulse, delirium, severe nervous tremors; the teeth and tongue had been covered with black sordes, and there had been vomiting and diarrhoea. The connection between inflammation of the uterine veins, and the other varieties of uterine inflammation, and these constitutional symptoms, was now completely established; but it might be explained in different ways, and he was satisfied that the intimate part of the process required further investigation. There could be no doubt that these secondary affections did occur in the progress of cases of uterine inflammation, where the veins and absorbents had not been inflamed, and where there had been no purulent fluid contained in these vessels. He had repeatedly seen these destructive affections of the lungs, and other remote organs, where the muscular coat and lining membrane of the uterus were softened by inflammation, and where the vascular system of the organ was in a perfectly healthy state. Dr. Mayo had attributed to him an opinion respecting the cause of uterine phlebitis which he did not entertain, viz., that the disease was produced by absorption of the secretions from the cavity of the uterus after delivery. There was no proof of this, nor was there any evidence of puerperal fever ever being excited by the absorption of fluids from the inner surface of the uterus and contamination of the mass of blood. Even in cases of retained placenta it was impossible to prove that the constitutional symptoms were produced by absorption of putrid matters from the interior of the uterus. The effects produced upon the brain and other organs in all these cases were obviously referrible, in some degree, if not

entirely, to nervous sympathy with the uterus. We had here all the conditions present in the uterus in the most marked manner, to produce, through the medium of the nervous system, by reflex action, these violent effects upon the remote organs of the body.

Mr. SOLLY inquired what evidence there was that the knee-joint had suppurated in this case. It was certainly curious, if it were so, that it should recover entirely its normal state in four or five days. This circumstance induced him to believe that the inflammation and suppuration must have been external to the joint. He detailed a case of phlebitis in the male, affecting one leg, and resulting from exposure to cold. He had seen cases of this disease in unmarried females.

Dr. MAYO replied that the signs of inflammation of the joint, in his case, were the smoothness, redness, tenderness, and globular character of the swelling, conjoined with the depth to which the puncture to evacuate the fluid was obliged to be made. He had no doubt but the joint itself was inflamed. The real peculiarity of the case under discussion, was the rapidity with which one set of symptoms gave way, and were followed by another. He thought, in opposition to Dr. Lee, that the phlegmasia dolens commenced with the knee affection, and that the general health, if disordered before, would have been noticed by those in attendance. The woman was strong and healthy in constitution, and suckled two children. This latter circumstance would probably have the effect of keeping down inflammatory action. He apologised for mistaking Dr. Lee with respect to absorption in the production of phlegmasia dolens.

Mr. SOLLY observed that Dr. Mayo's description of the knee affection proved that the suppuration was external to the joint. Had the joint itself been affected, the tumour would not have been round, and there would have been on each side a sulcus marking the situation of the ligaments.

Dr. MURPHY suggested that as the woman was hysterical, and suckled two infants, the head affection might have resulted from that cause.

Mr. DAVIS had found that phlegmasia dolens usually affected leucophlegmatic females, and those of a hysterical habit. It was sometimes short, sometimes long in its duration. He had seen a case like that detailed by Dr. Burrows, following scarlet fever. In females he had found local bleeding of service; general bleeding he had not employed.

Account of a Horn developed from the Human Skin, with observations on the Pathology of certain Disorders of the Sebaceous Organs. By ERASMUS WILSON, Esq.

Investigating the pathology of the seba-

ceous organs, the author observed that several disorders of these organs were due to alteration in the qualities of the sebaceous secretion. This secretion is separated from the blood through the agency of the cells formed upon the internal surface of the glands, and contains, among other substances, an albuminous fluid and calcareous salts. When the albumen is in larger proportion than natural the cells retain their distended form, and, by accumulation, produce those small tumours which are termed *molluscum contagiosum*. When the calcareous matter is in excess, and remains in the flattened cell, the accumulation of these cells constitutes the calcareous sebaceous tumours. In other cases, the sebaceous cells, from torpidity of the skin, accumulate in considerable quantity, and gave rise to small sebaceous tumours. The peculiar pathological character of these tumours is their laminated texture, and the identity of structure of their contents with epidermis, most, if not all, of the peculiar constituents of sebaceous substance being absent. When the contents of such a tumour as this are extruded from the mouth of the follicle, and become desiccated, they form a hard, laminated, semi-transparent mass, identical with horn. A horn of this kind was removed by the author from the thigh of an aged female; it had been some years in growing; it was two inches and three-quarters in length, by two inches in greatest breadth. The horn was laminated longitudinally, and towards the apex was split in the direction of the laminae. In minute structure it was composed of flattened epithelial cell, closely condensed, and in some parts having a fibrous arrangement. The cells measured in length 1-500th, and in breadth 1-650th of an inch, average dimensions. Chemical analysis of horn shows it to consist of albumen, mucus, phosphate of lime, chloride of sodium, and lactate of soda. The author has collected ninety cases of horn, the majority of which occurred in the female subject. Among the older writers, horn was a subject of curious speculation. Rhodius met with a Benedictine monk, who had a pair of horns, and was addicted to rumination; and Fabricius, having seen a man with a horn growing from his forehead, whose son ruminated, attributed the peculiarity of the latter to the ruminant character of the former. The most remarkable case of horn on record, is that of a Mexican porter, in whom the horn was fourteen inches in circumference around its shaft, and divided into three branches. The author concluded by advertising to the authors on this subject, among whom are Vicdazyr, Everard Home, Alibert, Rudolphi, Cruveilhier, Astley Cooper, and Travers.

Mr. KING thought pathologists had been pretty well aware that human horns were morbid products of natural glands. There is in the museum of Guy's Hospital a con-

cal hollow horn, taken from a sheep's back, about as large as a breakfast teacup, based on, and half filled by, a fleshy, vascular, bleeding fungus. The apex is formed within of a solid, soft, fibrous horn, and the horny exterior is thin, and much divided into scales or imbrications. The whole gives the idea of a compact series of columns growing up from the convex surface of a great follicle turned inside out. With respect to the ossification, or rather fossilisation, of some cutaneous cysts, he thought it more analogous to the changes which dead matter may slowly undergo when shut up in any part of the body, as when strumous matter dries up and becomes earthy in the lungs or absorbent glands; when fibrin becomes centrally bony in a vein, or a serous cavity, or when a dead hydatid or closed abscess ossifies. Ossified arteries and heart, and even serous membrane itself, and fibrous tumour, seem scarcely different physiologically.

The next meeting of the society will be held on the 13th February.

MEDICAL SOCIETY OF LONDON.

Monday, January 29, 1844.

Mr. PILCHER, President.

PREVALENT DISEASES.

Dr. CLUTTERBUCK made some remarks on the great prevalence, at the present time, of inflammatory disorders generally, whether of the chest, as developed in the form of what was denominated "influenza," which, however, he believed to involve the nervous system, chiefly the brain, as well as the mucous membrane of the air-passages, or of chronic or acute brain affections, or apoplexy and paralysis. Sudden deaths had of late been very common, and these, he thought, were dependant in most cases upon apoplexy. Insanity, in his practice, had also been more than usually prevalent. This he regarded also as an inflammatory disease. The chief object, however, of the speaker, was to point out what, in his experience, was the most advisable plan of proceeding in these cases. He regarded the mere temporary depression which usually occurred, as no good reason against the moderate abstraction of blood, and the employment of general antiphlogistic treatment. He thought this depression often led the practitioner to fear blood-letting in a moderate degree, when, in fact, that remedy would shorten the disease, relieve the symptoms, and renovate the system. Due regard having been had to the habits and condition of the patient, he had never hesitated to resort to moderate depletion. In insanity he followed the same rule of practice, and whilst he deprecated the use of blisters, and all kinds of stimulants, as not only useless, but positively injurious, he eulogised the employment of "necessary

restraint," the abstraction of all excitement, the use of simple regimen, the administration of cathartics, bathing the head with cold water, and the moderate abstraction of blood. He related a case to show the efficacy of this plan of proceeding.

Some discussion took place on the case of abdominal tumour related at the last meeting, but nothing novel was elicited.

Dr. G. BIRD stated that he had lately met with two or three cases of common continued fever, marked by the peculiarities distinguishing the affection as it had lately prevailed at Glasgow, and more recently at Edinburgh. The disease in question came on with all the symptoms of common continued fever; the patient, in the course of a few days, became suddenly convalescent, the tongue becoming clean, and the appetite returning. In a day or two, and without any apparent cause, all the symptoms returned, with increased severity, and accompanied by excruciating pain in the joints, similar to that of rheumatism, but without any of the external characteristics of that affection. From this condition the patient usually recovered in a few days. Cases of this description had lately occurred in Guy's Hospital, under the care of Dr. Hughes and of himself.

Dr. T. THOMSON had found that inflammatory affections of the chest, in children, had been more frequent in October and November last, than at the present time, and required more active treatment than usual.

Dr. WILLSHIRE had found, within the last few days, that diarrhoea was remarkably prevalent among children; and Mr. DENDY related a case, in which a child, seized with diarrhoea, was, in a few hours after, attacked with such acute pneumonia that he had seldom witnessed so severe a case. It appeared to baffle all remedies.

Monday, February 5, 1844.

The proceedings of the evening were of a very desultory character.

Dr. F. BIRD exhibited a morbid specimen, taken from a patient from whom he had removed an ovarian tumour. Previous to operation a most careful examination of the tumour was made, chiefly with respect to its fluctuation. Fourteen medical men of eminence examined it, and all agreed that it contained fluid, the fluctuation from the ensiform cartilage to the pubes being so unequivocal and distinct. On opening the tumour, after its removal, the contents of the sac, which weighed thirty five pounds, were found to consist of a jelly-like substance, precisely similar to that named by the French *matière colloïde*. This had been examined by Dr. G. Bird and others, with the microscope, and found to consist of cells similar to those which constituted malignant disease. The healthy appearance of the patient, and her