and the hospital surgeon, as well as a remarkable instance of the deleterious effects of syphilis on the reparative powers of the system.

In the greater number of instances the presence of specific poison in the system is indicated by signs that at once put us on our guard, but the constitutional state of this patient at the time of his admission would not have deterred the most experienced and careful surgeon from performing a capital operation upon him, should such have been required. That the results would have been disappointing to the operator and calamitous to the patient there can be very little doubt. In a fracture which fails to unite in a reasonable time without any apparent cause we might be justified in adopting the empiric method of exhibiting specific treatment.

Peter R—, labourer, aged thirty, was admitted on March 17th, 1873, suffering from an oblique fracture of the tibia at about the junction of its middle with the lower third. He states that two days previous to admission, on ascending the steps leading from the cellar of the house in which he resides his foot slipped, and was caught between two iron railings, which caused him to fall backwards, thereby producing the fracture for which he was admitted. Up to the time of his meeting with this accident he says he never suffered from any illness.

The fracture was easily reduced and put up in two side splints. The redness and swelling were subdued by evaporating lotion. The patient now seemed to be progressing as favourably as could be desired, took his food heartily, and slept well. The limb was kept perfectly still, the fragments in good apposition, but on removing the splints about the usual time it was found that no attempt at union seemed to have taken place; or, to use the patient's own words, "the limb was in the condition of a flail."

The question naturally arose as to what could be the cause of such a state of affairs. There was no apparent constitutional cause to account for it, and with regard to a local cause, the line of fracture did not run in such a way as to interfere with the nutritious artery of the bone, which, according to Sueretin, is a common cause of ununited fracture.

April 24th.—The fragments were put firmly in apposition for the second time, and the patient's general health carefully attended to.

June 10th.—The splints were again removed to-day, with the same result as before. It was now decided to employ Dieffenbach's method of exciting inflammation in the fragments. This was accordingly done without delay.

July 29th.—The pins were removed to-day, having become loosened by suppuration. There was a great deal of tenderness at the lower end of the upper fragment, and a large quantity of pus was discharged through the openings made by the pins. It was not thought advisable to make any examination of the limb for a few days, lest any callus which might have been thrown out should be disturbed. Pus still discharging from the pin-openings.

Aug. 10th.—On examination, the limb presents the same sad state of affairs as before.

11th.—The patient now presents a very careworn, anxious aspect, and is very restless at night. Appetite much impaired.

12th.—Complains of having "got cold" in his left eye, which presents a good deal of conjunctival injection, but no other mischief. Limb still discharging a quantity of pus. Patient very feverish. During the evening the house-surgeon was called to see him, and found him quite delirious, muttering and asking all sorts of incoherent questions. He was ordered a draught of hydrate of chloral, which had the effect of producing sleep.

13th.—Patient calm; face and body covered with an erythematous eruption; and, on examining his left eye again, it was found that he was suffering from iritis in a marked degree. There was no doubt now as to the nature of the eruption. Could this have been the cause of all the difficulty? There seemed no reason to doubt it. The patient was accordingly ordered bichloride of mercury, one-twelfth of a grain for a dose, in combination with ten grains of iodide of potassium, three times daily. The effect was well marked. The lymph became absorbed from the eye, the patient's general health gradually improved, and the limb seemed at last to take on a healthy action. The patient himself says that "he is sure his leg is knitting," as he felt

the pains previously shooting up and down the limb, but now he feels them shooting in the direction in which the pins were left. He still persists in denying that he ever had any form of venereal disease, although he admits that he ran the risk of contracting it exactly nine weeks previous to admission. He suffers from congenital phimosis, but says he never had any discharge or soreness about the prepuce.

Sept. 8th.—The patient's leg firmly united, and in good position.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 27TH, 1873.

DR. ROUTH IN THE CHAIR.

Dr. ROGERS exhibited a case in which the entire penis had been lost by gangrene; he attributed the arrest of the mischief, which had threatened to spread into the abdomen, to the free application of strong nitric acid, and to the liberal administration of stimulants, tonics, and nourishment. The patient was well able to hold his water, but could not pass it clear of his person when standing up.

In the discussion which followed upon the case, many suggestions were offered to explain the gangrene, and to adapt some instrument which should enable the patient to pass his water more conveniently.

Mr. DURHAM stated his conviction that in not a few cases the act of copulation during excessive drunkenness was followed by sloughing of the penis, and quoted one striking instance of the same.

Mr. THOMAS CHURTON, of Erith, exhibited some portions of the Viscera of a child aged twenty-three months, who had died of suppurative pericarditis. He stated the particulars of the case, and believed suppurative inflammation of the serous membranes to be particularly common in low-lying districts near rivers.

Mr. MARSHALL opened the adjourned discussion on Dr. Richardson's paper, and remarked that the relative time at which pain followed the taking of food, often served to decide between obstruction in the œsophagus and dyspepsia.

Dr. CRISP gave the following particulars of twenty-one cases recorded in the Pathological Society's Transactions:—The constriction was situated eleven times in the lower, once in the middle, and nine times in the upper portion of the tube; in nineteen cases the disease was malignant, in seventeen it attacked males, and the average age of the patients was fifty-nine. He spoke against gastrotomy when it only alleviated suffering at the expense of life.

Mr. DURHAM explained what he had said about the operation, of which he was a warm advocate.

Dr. SYMES THOMPSON mentioned a case in which, after the house-surgeon had failed to pass an instrument through a strictured œsophagus, Sir William Fergusson had passed one down the trachea.

Dr. HEYWOOD SMITH spoke in favour of gastrotomy, which he believed might prove beneficial in cases of cancer of the gullet, as colotomy does in cancer of the rectum, when not too long deferred.

Dr. RICHARDSON, in replying, said he did not deny the existence of non-malignant organic stricture of the œsophagus, if those of traumatic origin were to be reckoned organic. He considered mental dejection and hereditary taint as particularly constant accompaniments of the malignant stricture. As the method suggested by Mr. Mason would exert the dilating force laterally, he considered it right in principle. He thought that the case mentioned by Mr. Durham as one of organic stricture might have been due to spasm from reflex irritation or hysteria, unless traced definitely to an injury or inflammation of the part. The comfort and facility in swallowing fluids which the partial administration of an anæsthetic afforded was very great in some cases of malignant stricture. He thought an admixture of methylic alcohol and bichloride of methylene proved the best agent to use under such circumstances. He was sure that the profession were not yet conversant with the facts concerning the amount of nourishment which might be

introduced into the stomach through tubes of smaller size and better design than those hitherto used; and believed that much more than was done could be done by the introduction of fluids through tubes even as fine as a No. 3 or No. 4 catheter.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 21ST, 1873.

SIR W. JENNER, BART., K.C.B., PRESIDENT, IN THE CHAIR.

Mr. McCARTHY showed a specimen of Traumatic Separation of the Epiphysis of the Great Trochanter. This is very rarely met with; it is described in books, but has not been verified except in connexion with fracture. A child was admitted into the London Hospital who, ten days before, had fallen on the left side; a swelling came over the left hip, and then difficulty of breathing, &c., set in. She was able to walk to the hospital, but died three hours after admission. The cause of death was pyæmia. An abscess was found around the head of the femur, and the epiphysis was separated. Mr. Key had reported a very similar case in a child who had fallen on the kerbstone; she died soon after (most probably from pyæmia), and the epiphysis was found separated. In reply to Dr. Goodhart, who asked if the separation of the epiphysis was primary or secondary to acute osteitis, Mr. McCarthy said there was no evidence of inflammation of the bone.

Mr. McCARTHY then showed a Fracture of the Atlas and the Odontoid Process of the Axis. The specimen was taken from a man who had fallen down the hold of a ship, on his head. There was no displacement of the vertebræ. The man died six hours after admission. The atlas was in four pieces; the odontoid process was smashed off at its base, and was held by the ligaments. There was no pressure on the cord.

Dr. DOWSE showed a Larynx with a Foreign Body in the Crico-thyroid Pouch. The patient, a woman, was suffering from syphilis when she came under his care; she was diabetic; the right lung was consolidated, and she was subject to attacks of spasm: in one of these she died. A piece of bone was found embedded in the mucous membrane of the crico-thyroid pouch; it appeared as though covered by Schneiderian mucous membrane. Dr. Dowse thought it was the tuberosity of the palate bone.

Dr. GEO. HARLEY thought the bone might have come from without, and not from the nasal passages. He related the case of a lady who was supposed to be suffering from phthisis, and from the offensive sputa the lung was thought to be gangrenous. She spat up, after a time, a fish-bone, which she then remembered having swallowed at a dinner party.

In reply to Mr. Brown Dr. DOWSE said there was no necrosis of the arytenoid cartilages. He still thought it was the tuberosity of the palate bone; he did not examine the palate bone at the post-mortem.

Dr. DOWSE then showed the Spinal Cord from a man who twelve months ago had fallen from a scaffold thirty feet high. The lower extremities were paralysed, and there was loss of sensibility below the fourth rib. At the post-mortem examination the cord from the ninth to the second dorsal vertebra appeared to be only connective tissue; all cord substance gone. Above this there was softening. (These two specimens were referred.)

Dr. PEACOCK showed an Aneurism of the Aorta, which had formed a large external tumour. A man, aged fifty-two, a year ago slipped and fell upon his back. He had pain in the shoulder and left arm; this increased, and soon after a distinctly pulsating tumour was noticed. This was large, rounded, semi-globular, extending from the spine to the scapula, which was displaced and pushed outwards. The man died exhausted. The aneurism arose from the aorta, one inch beyond the left subclavian, and involved about two inches of the posterior part of the vessel; part of the sac crossed the spine to the right, eroding the bodies of three vertebræ; the larger part was on the left of the spine, and had destroyed the third, fourth, fifth, sixth, and seventh ribs. Dr. Peacock said he had never seen an aneurism presenting in such a place or with so large a sac.

Mr. DE MORGAN brought forward a case of Hernia of the Vermiform Appendix. A man was admitted into Middlesex

Hospital with the history of old hernia. He had worn a truss. About fourteen days ago he felt ill, and remained in bed, and there was a lump which could not be got back. When he saw him there was a scrotal tumour the size of an orange, which was hard and doughy; the bowels were opened regularly; there was no vomiting, some tympanites, but no symptoms of strangulation; it was supposed omental. The next day the man was collapsed. Mr. De Morgan operated, and cutting through a dense structure about three-quarters of an inch thick, opened into a cavity containing pus. No hernia was found protruding. Cutting on, he came to a small opening lined by mucous membrane; a probe was passed up this in the direction of the bowel. The man died two hours after, dyspnoea setting in from congestion of the lungs. At the autopsy the vermiform appendix was found forming part of the posterior wall of the sac, and a probe was passed up quite behind the peritoneum. The case was singular and interesting.

Dr. SILVER exhibited a specimen of Obstruction of the Bile-duct. A man, aged fifty-three, came under his care who had suffered for some time from slight jaundice; the liver was slightly enlarged, and the man was supposed to have catarrh of the bile-ducts. The jaundice increased, and the liver became larger. The man died in the hospital. At the post-mortem examination no stricture of the common duct was found, but where the cystic and hepatic ducts join a new growth was discovered, soft and easily separated from the walls of the duct. It occluded both ducts. The liver was distended with bile. All the ducts were in a varicose condition and their calibre much increased; the gall-bladder enlarged, and full of a colourless mucoid fluid. The new growth appeared to be of a carcinomatous nature; no carcinoma was detected elsewhere. In reply to Dr. Legg, Dr. Silver said the bile-ducts contained altered bile; only the colour test was employed, not Pettenkofer's.

Dr. HARLEY said it was a very rare case; hardly another on record. He could quite understand the secretion in the gall-bladder not giving the reaction of bile, as, after a time, nothing but mucus was found in it.

The specimen was referred to the Morbid Growth Committee.

Dr. SILVER showed a Hydatid Cyst of the Liver. A man aged forty-nine had been for some time under care. He brought up his food soon after swallowing it, and was supposed to have cancer of the stomach. He came into hospital with ascites; there was a hard mass on the left side of the abdomen, and the left lobe was supposed to be cirrhotic. On the right side there was dullness almost to the iliac crest. He was tapped, but the man died from exhaustion. There was found a large hydatid cyst in the right lobe of the liver; the left lobe was cirrhotic. The posterior wall of the stomach and the glands behind it were a mass of cancer.

Dr. SILVER also showed a piece of Lung with an aneurismal dilatation of a small branch of the pulmonary artery, from a man who had had repeated attacks of hæmoptysis, and who died in one of them. A cavity was found at the left apex and the small aneurism.

Mr. WAGSTAFFE showed a Glandular Tumour of the Parotid, which he had removed from a man aged fifty. When he came to him the tumour was the size of two fists, and it weighed, after removal, sixteen ounces. On section, it had a honeycombed appearance, and was full of small cysts. No cartilaginous or osseous tissue was detected under the microscope.

Mr. GODLEE exhibited a Myeloid Tumour of the Femur. A young man, aged eighteen, was sent up from the country to be under Mr. Berkeley Hill for a white swelling of the knee-joint. He had had pain in the joint for some time; there was slight pain on moving the joint; the muscles of the limb were wasted, the glands in the groin enlarged; and there was a slight expansile pulsation over the outer condyle. The thigh was amputated in the middle third. On opening the joint the growth was found connected with the outer condyle; the joint was not involved, the tumour being confined to the bone. Under the microscope it presented myeloid characters.

Dr. CAYLEY showed, for Mr. NUTT, a photograph of a remarkable Vesical Calculus, which weighed half an ounce. It was removed from a boy.

The PRESIDENT presented to the Society the volume of the Transactions of the past year.