or lodged in other tissues it is a most acrid and dangerous poison. The treatment in cases of extravasation must, therefore, be decisive, and free evacuation secured as early as possible. In this affection, more, perhaps, than in any other, delay is dangerous, but success will generally attend prompt action.

G. C—, a boy aged sixteen years, was admitted September 26th, 1872, having twenty hours previously fallen astride a parallel bar in a gymnasium. On admission he was in intense pain and in a low feverish condition, no urine having passed by the end of the penis for at least twenty-four hours. The perineum and left groin below Poupart's ligament were very much bruised and tense with extravasated urine and blood. On being called to see him, Mr. Bellamy passed a No. 11 silver catheter into the urethra, and, succeeding in guiding it into the bladder, drew off a large quantity of bloody urine. The catheter was then tied in, and a good dose of opium given. Two incisions were made in either side of the mesial raphe, and a great deal of blood and urine came away.

On the 27th the patient was in a low typhoid state; scarcely any discharge from the wounds in the perineum, but clearer urine flowing from the catheter. As the swelling in the perineum and groin was decidedly increasing and becoming very much inflamed, a very free incision was made in the mesial line down upon the catheter, and, on introducing the finger, the anterior surface of the urethra was felt to be lacerated and rent longitudinally for about an inch and a half. Another free incision was made into an enormous swelling which had appeared on the nates, and which discharged thick coagulated blood, highly urinous in odour. The swelling in the left groin was also opened, and in like manner discharged offensive bloody matter. The catheter was removed, and a large poultice placed over the nates and lower part of the abdomen. The following day his low feverish symptoms were much improved, the urine flowed quite clear from the middle wound, and there was abundant discharge from the others.

On Oct. 3rd smart hæmorrhage took place suddenly from the bottom of the wound in the nates, probably owing to ulceration of some large muscular branch to the gluteus maximus; and as it was found impossible to apply a ligature, it was ultimately controlled by plugging with lint soaked in perchloride of iron, placing ice in the rectum, and applying a strong pad of lint, firmly secured by a bandage round the hips. The patient was much blanched and weak from loss of blood, very low, and could not retain any food in the stomach. He was ordered champagne, which he was able to keep down, and which seemed to give a turning-point to his case.

The following day he was able to eat, looked better, felt stronger, the tongue was cleaner, and the urine came through the central opening only.

Some slight sloughing occurred in the neighbourhood of the incision in the left groin, but the slough rapidly separated. A full-sized catheter was passed from time to time, with the view of preventing contraction of the urethra anterior to the seat of injury, and, as far as possible, to keep the channel continuous with the proximal portion of the urethra.

On the 14th the poultices were left off, and the lateral wound dressed with carbolic-acid lotion.

The patient was allowed to get up on the 16th, the central perineal opening being very small, and the other incisions healing, no urine coming from them, and the parts looking very healthy.

On the 24th the urine was coming away in a small degree by the penis, and the greater part by the central perineal opening. The other wounds had healed well, and the patient was in excellent health.

It was proposed that he should have a change from hospital atmosphere for a time, when any resulting complication may be dealt with.

HOMERTON FEVER HOSPITAL.

TYPHUS FEVER; PERITONITIS; DEATH.

(Under the care of Dr. COLLIE.)

THE following case is interesting on account of the rarity of the complication (peritonitis) through which it proved fatal. Dr. Murchison says that it is almost unknown "as

a complication of typhus," and he only gives two cases: one reported by Sir William Jenner, in which it was idiopathic; and another by Dr. Buchanan, in which it was due to the softening of an "embolic deposit in the spleen."

John S—, aged twenty-one, was admitted to the hospital on the 18th of May, after seven days' illness. Pulse 104; temperature in rectum 105.4°; well marked eruption of typhus over the whole body; mind clear; lungs normal; tongue moist and furred; bowels not opened for seven days. To have one ounce of castor oil, one pint of milk, one pint of beef-tea, and six ounces of bread. From this time to the 28th, the case presented nothing unusual. No medicine was administered, but a cold bath was given daily. The patient was placed in the bath whilst the temperature of the water was at 80°, which, in the fifteen or twenty minutes during which the bath lasted, was gradually reduced to 61°. On the evening of the 28th (seventeenth day of the disease), and five hours after a bath as above described, the patient complained of severe pain in the abdomen, and difficulty of breathing. The belly was very much distended, there were severe pain and tenderness, chiefly in the left hypogastric region, the pulse was very small and feeble, the expression anxious, the respiration hurried, and there was great restlessness. Half an ounce of whisky was given every half-hour, and turpentine stupes were applied to the painful part. At midnight there was some slight improvement, but it was only temporary. Death occurred within thirteen hours from the commencement of the attack.

Post-mortem examination.—Lungs healthy with the exception of old pleuritic adhesions in the left chest; liver and kidneys apparently healthy, excepting in the latter a few small cysts; spleen slightly enlarged, rather soft and congested. The peritoneal cavity contained a considerable quantity of turbid semi-purulent fluid. The peritonitis was limited to the meso-colon and meso-rectum, and hardly extended beyond the sigmoid flexure. Here the peritoneum was covered with masses of lymph and bathed in a quasi-purulent effusion. The interval between the reflexions of the meso-colon and rectum was infiltrated with pus. The bladder was healthy. The intestine was carefully examined, but no disease of any kind was discovered in it.

BIRMINGHAM GENERAL HOSPITAL.

DEATH FROM OBSTRUCTION OF THE PULMONARY ARTERY
IN THE COURSE OF PERICARDITIS OCCURRING DURING
THE FIFTH ATTACK OF ACUTE RHEUMATISM.

(Under the care of Dr. RUSSELL.)

THE chief point of interest in the following case, in addition to the cause of death, is the occurrence of pericarditis, for the first time, at a very late period in the history of a patient who had suffered so severely from acute rheumatism in former years. The cardiac complication having been delayed till twenty-three days after the patient had been in hospital, though less unusual, is not, according to the ordinary course of events, rare in acute rheumatism. No cause could be assigned for its occurrence, the patient having been strictly confined to bed in the warmest part of the ward. The case adds a further illustration to many others of the irregular course which the local developments of acute rheumatism are apt occasionally to take. The striking manner in which the hereditary tendency appeared in the case will also be noted. It is, however, to be regretted that the health of the patient's mother was not noted, but it is believed that she was free from the disease.

Elizabeth B—, aged thirty-six, had her first attack of acute rheumatism at the age of fourteen. It lasted for three weeks; her second at the age of twenty-four, when the attack continued for seventeen weeks. Her third attack occurred when she was thirty years old, and lasted only for two weeks, and her fourth a year afterwards. On the latter occasion she was upstairs for five months, but suffered no permanent injury to her joints. Her health was a good deal broken by this last illness. Her father was disabled by rheumatism for eighteen years. She is an only child, but during her present illness her daughter was also in the hospital with acute rheumatism, from which she had suffered for eighteen months, and narrowly escaped dying from pericarditis attended by pulmonary complication.

The patient was admitted on August 30th with her fifth attack, nearly five years after her previous one. The attack was mild in its local development; it had been present for one week. The urine was not high-coloured; the tongue presented only a thin fur. The evening temperature fell gradually from 102° F. at entrance to 99.8° on the twelfth day. But it then rose again gradually, reaching 102.4° in six days afterwards. It remained nearly constant at this point through ten days, and it was in the middle of this last period of ten days that the physical signs of pericarditis developed themselves (on the twenty-third day after admission), together with evidence of some effusion in each pleural cavity. No change took place in the temperature of the patient on the occurrence of the complication, and the urine preserved its previous colour and specific gravity (1025), and was free from albumen. Four days after the invasion of the pericarditis the temperature fell in one night to 100.2°, and continued at that point till the patient's death.

Nothing happened in the course of the pericardial attack to attract special notice. The effusion was very small in quantity, and the pleural fluid did not increase. But two days before death she had a sudden paroxysm of dyspnoea, attended by marked cyanosis, which, however, only lasted twenty minutes. It had been observed previously that much distress of breathing was occasioned by moving her, and the usual examination was therefore intermitted. On Sept. 29th the attack returned quite suddenly at 2 P.M., after the patient had been pulled down by diarrhoea. She became completely cyanosed, fell into extreme dyspnoea, which continued till 6 P.M., when she became comatose, and died at 7 P.M.

Post-mortem examination.—With the exception of a small effusion in each pleural cavity, the morbid changes were confined to the heart and pericardium. The fluid effused into the pericardium was very small in quantity; the layer of recent lymph which covered the surface of the heart was thin; some quite recent adhesion was found posteriorly between the heart and the pericardium, which was easily separated. The mouth of the pulmonary artery was obstructed by a circular plug of fibrin, which nearly filled the aperture of the vessel, but did not extend beyond the valves. It lay in the infundibulum, and was attached by roots interlacing with the fleshy columns in the neighbourhood. The tissue of the plug was spongy, not laminated, and free from colouring matter of the blood. A coagulum, evidently formed during the process of dying, occupied a part of the right auricle. The edges both of the aortic and mitral valves were somewhat thickened. The muscular tissue of the heart was found healthy by microscopic examination. The ramifications of the pulmonary artery were free from coagulum. The lungs were simply anæmic.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 4TH, 1872.

MR. THOMAS BRYANT, PRESIDENT, IN THE CHAIR.

MR. DAVY brought forward some new Retentive Drainage Wires. After a fine puncture, a piece of wire, having Holt's india-rubber wings attached, was introduced, which answered admirably.

The PRESIDENT said he had used a roll of gutta-percha tissue with much success.

Dr. MACKNIGHT, of the United States, exhibited a new Artificial Limb. The material was raw ox-hide, and was very light. The specimen exhibited had been worn for six months. No shoulder-strap was required; a linen cap was put on the limb and drawn down into a bucket, which was a model of the stump with a little allowance for the circulation of air. The limb could be made for very young children, and were in use for those only three years old. The price for a full-sized limb was about £20.

Dr. WILTSHIRE had under his care a lady who had frequently aborted, as she asserted, from wearing an artificial leg. She had sought a lighter limb, and had a leg made by a Polish mechanic with ox-hide, weighing about 3 lb., and

which appeared to be of a like description with that shown by Dr. Macknight.

Mr. ROYES BELL thought the subject of importance, as he had lately seen a case where the stump required to be removed because of the irritation of bone from wearing too heavy a limb.

Mr. DAVY thought that good artificial legs should be washable and noiseless.

Dr. MACKNIGHT said that one advantage of the leg was that perspiration rather hardened than softened the limb, and that it was perfectly impermeable to water. It was applicable even where there was no stump.

Dr. GODSON mentioned a case of Hæmatoma of the Vagina. The patient, a young woman aged twenty-three, was admitted into St. Bartholomew's Hospital complaining of enlargement of the abdomen and uterine hæmorrhage. Ten days after admission a vesicular mole was discharged, and in a few days she left the hospital. She, however, was again admitted on the 14th of September last, and, upon a careful examination, the entrance to the vagina was found impeded by a peculiar-looking swelling about the size of a walnut, situated on the anterior wall immediately below the meatus urinarius; this was opened, and appeared to consist of firm blood-clot, with a covering of mucous membrane, very much congested. A further swelling, occupying the greater part of the roof of the vagina, was afterwards discovered. The removal of the sound was followed by the discharge of a quantity of very fetid purulent matter; there was no hæmorrhage. She gradually became worse, and was removed into a medical ward. The whole of the anterior wall of the vagina subsequently became involved, and she died on the 3rd of October. At the autopsy, the peritoneal cavity and the right pleural cavity were full of pus. Pyæmic nodules were found in the right lung; the liver and kidneys were in a state of great degeneration; the heart and stomach natural. The uterus was four times its natural size; tissues pale and soft; lower surface covered with black detritus, deeply ulcerated, the whole surface containing a quantity of pus; no retro-uterine hæmatocle.

Dr. T. C. WILLIAMS said, one interesting point was the connexion between the pyæmia and miliary tubercle. Were the tubercles secondary to the pyæmia? If so, the case resembled the experiments of Dr. Sanderson on tuberculation.

Dr. GODSON said the patient had had several attacks of hæmoptysis in previous years.

Dr. WILTSHIRE thought the case afforded a good text wherefrom a sermon might be preached on the dangers following abortions and the like. He concurred in Dr. Williams's remarks; similar thoughts had passed through his own mind. The case appeared to be one of plugging of pelvic veins and secondary thrombosis; after which, probably pyæmic symptoms set in.

Dr. BERKHART and Dr. ROUTH also joined in the discussion.

Mr. JABEZ HOGG then read a paper

ON THE RELATION OF CATARACT, STRICTURE OF THE URETHRA, AND ENLARGEMENT OF THE PROSTATE.

Stricture of the urethra had not hitherto been noticed as a predisposing cause of cataract; it might arise from a change in the specific gravity of the fluids, and the retention of the urinary salts in disease of the bladder, &c., which was sufficient to cause opacity of the dioptric media and disorganisation of the vitreous. The author's daily experience, confirmed by work in the post-mortem room, showed something more than an accidental connexion between lenticular opacities and stricture. It was no uncommon circumstance for a patient to complain of failing sight for which glasses afforded no relief; and the general health being good, with the exception of the inconvenience occasioned by the remains of an old stricture, it was hard to make him believe that it had anything to do with the loss of vision; nevertheless, it frequently had, and Mr. Hogg, having satisfied himself of this fact, and being particularly anxious to ascertain whether the same circumstance had attracted attention in an institution where many seafaring men were constantly under treatment for stricture and other diseases of the urinary organs, gathered certain facts which seemed to point out a correlation of cataract, stricture of the urethra, and enlarged prostate. The author