likely indicative, had probably continued in a chronic form for some little time. About five weeks after the accident, a bed-sore made its appearance over the sacrum. Under the influence of night-sweats, and the exhaustion produced by the diseases of the urinary and other organs, the man rapidly emaciated, and became every day more feeble. There was at one time a very slight indication of returning motor power in the left thigh, but only for a short time, and it then disappeared. The sensibility of the skin of the lower extremities was at first very much reduced, but afterwards there was considerable improvement in this respect, so far as the skin below the knees was concerned; that of the thighs continued in *statu quo*. Death took place on the 18th of January, about eleven weeks after the accident.

Remarks.—The two cases detailed present some points of resemblance. In the first, there was paralysis of the bladder and rectum, together with incomplete paraplegia. The progress of the case was satisfactory; and the man left the hospital in a condition which promised continued improvement. Here the cord had probably only sustained concussion. In the second case there was the same paralysis of the bladder and rectum, with complete paraplegia; the cord being constantly subjected to pressure owing to the altered direction of the canal. The eleventh dorsal vertebra had been fractured and crushed; and the posterior part of the body of the vertebrae projected slightly backwards into the vertebral canal. The bone became consolidated in its altered condition; and the pressure on the cord thereby produced was thus constantly kept up.

In cases where the injury is in this situation, it is usual for patients to survive the accident longer than four months, though much must of course depend on the concomitant conditions. In this case, the peritonitis which supervened apparently hastened the fatal event considerably. Few of these cases ever recover; but from the degree to which the cord was compressed, in this instance, as shown by the post-mortem examination, it would not perhaps have been expected that the paraplegia would have been so complete or so persistent, or that the fatal result would so quickly have arrived. The nuxvomica, administered in both cases with the view of improving the condition of the motor power of the lower extremities, seemed, in the first case, to be of great service; in the second case, its use could not be borne. The disease of the bladder seems to be the chief cause of death following injuries of the spinal column; and, unfortunately, the treatment adopted has hitherto been very ineffectual in obviating its effects, or in removing it.

Radnor-place, Hyde-park, April, 1855.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1855.

MR. CÆSAR HAWKINS, PRESIDENT.

A CASE OF SCARLET FEVER OCCURRING TWICE IN THE SAME PERSON.

BY J. WEBSTER, F.R.C.P.

After alluding to the opinion expressed by writers of great practice and experience, as to the infrequency of second attacks of scarlet fever, the author stated, that in April, 1854, the nurse in a family was seized with scarlet fever, and, on the 8th of May, a young lady, then nineteen years of age, sickened with the disease, and at a subsequent period another servant and a brother and sister of the young lady had the fever. All the attacks were well characterized examples of scarlatina. In the month of March of the present year a brother of the same young lady was taken with scarlet fever, and was attended by his sister, and on the 5th of April, or nearly a year after her former illness, she was again seized, and suffered from a well-marked and severe attack of the disease.

Dr. PEACOCK remarked that he was hardly of opinion that scarlet fever, occurring twice in the same individual, was really so rare as might be inferred from Dr. Webster's paper. He related a case, which had come under his own observation, of a child, who having suffered from scarlet fever, was sent from home as soon as convalescent. Having returned after a time, the child slept in a bed which had been occupied by other children who had had the complaint; the child took the disease, and died in this the second attack. He (Dr. Peacock)

had been in the habit of regarding scarlet fever as more frequently attacking persons a second time than any of the other eruptive diseases. He thought he could mention another case, but, as he was not quite clear with respect to it, would not do so; but he might observe that he had seen several instances of persons who were attending scarlet fever patients becoming affected with a sharp febrile attack.

Dr. O'CONNOR was glad Dr. Webster had brought his case forward, as it was still a matter of dispute whether scarlet fever could occur a second time. He mentioned a case which had come under his own observation, in which a child, having suffered from a severe attack of the disease, was two years afterwards subjected to a second seizure. In both attacks the throat suffered severely; but in the last the ulceration was accompanied by such severe hæmorrhage, that it became necessary to resort to an operation for its arrestment.

Dr. WEBSTER remarked that he had brought forward his case because it was still doubted by many whether scarlet fever ever did occur a second time, men of the most extensive experience never having seen an instance of it.

CASES OF DISEASE OF THE LARYNX, AND SOME OBSERVATIONS ON THE OPERATION OF TRACHEOTOMY.

BY T. H. BARKER, M.D.

The first of these cases was that of a boy, seven and a half years of age, who was admitted into St. Thomas's Hospital on the 31st of October, 1854. When seen by Dr. Barker, he was only able to speak in an abortive whisper, and presented the breath and cough sounds characteristic of croup; but there was not much constitutional disturbance, and it was ascertained that his illness was of twelve months' duration, and that he had in early life suffered from difficulty of breathing. At the commencement of his attack he took cold, but was relieved in a short time, and then gradually fell into the state in which he was admitted. Under these circumstances, and in consideration of the difficulty of performing tracheotomy in a child, the operation was not had recourse to. Leeches were applied to the neck, and small doses of tartar emetic given, and the following day he was much relieved. A few days after he relapsed, and then the mercury with chalk was given. He died suddenly and unexpectedly in the night of the 12th of November. On examination after death, the rima glottidis was found almost completely closed by a warty growth, about the size of a half of a marble, which was attached to the upper and lower chordæ vocales, and the space between them. The tumour consisted of three or four more or less pedunculated masses; and, under the microscope, presented the usual character of warty growths. The only available space for respiration was a narrow passage at the posterior part. No other disease was found in the body. After relating this case, Dr. Barker described and exhibited a similar specimen of disease, in a preparation, in the museum of St. Thomas's Hospital; and referred to other cases of laryngeal disease which had fallen under his notice, including a case of chronic disease in a female, forty years of age, for which tracheotomy was performed, and the patient survived the operation twelve weeks. Dr. Barker concluded his observations with some remarks upon the expediency of performing the operation at an earlier period than was usually advocated. The delay generally practised, not only lessened the chance of ultimate recovery, but rendered the operation very much more difficult of performance. In a patient of his own, a middle-aged man, labouring under acute laryngitis, in whom the operation was performed by Mr. Clarke, the patient ceased to breathe while on the table, and it was necessary immediately to open the larynx, notwithstanding that considerable hæmorrhage was going on, and, consequently, that blood freely entered the trachea; yet the man recovered, and is now, after an interval of three years, entirely free from pulmonary disease.

Dr. BARCLAY observed that the author had not referred to one point in connexion with the question of advisability of operating in these cases—viz., the condition of the lungs. He (Dr. Barclay) believed that when the disease had spread from the larynx to the lungs, or when the larynx had become secondarily affected, no good could result from tracheotomy. How then were we to determine the question? The stethoscope failed us; for the sounds were so modified by the obstruction in the larynx, that it was difficult, if not impossible, to determine whether they arose from the larynx or the lungs. In all cases, however, we should probably render most justice to our patient by operating. He agreed with Dr. Barker, that the operation, if determined on, could scarcely be performed too early. It must be remembered, however, that one consideration often deterred us from an early resort to the knife—the

operation was regarded as a serious step by the patient and his friends, and, if followed by fatal results, they were apt to think that it had proved positively injurious. He would be glad to know from the author of the paper whether he could afford any information on the question of diagnosis referred to.

Dr. WEBSTER referred to the practice of Brettoneau in the treatment of croup by tracheotomy. That practitioner urged the necessity of the early resort to operative procedure in these cases, many of which had been successful in his hands. He was in the habit, after opening the trachea, of making local applications of caustic to the larynx and trachea.

Dr. BARKER remarked that the question put by Dr. Barclay was difficult to answer. If we had had the opportunity of watching the patient before the laryngeal affection set in, we might be in a condition to form an opinion upon the subject; but if we did not see him until the disease had progressed to some extent, it was extremely difficult to know the condition of the lungs. In some cases, for instance, there might be no breath-sounds whatever; whilst in other cases there were loud sounds, but it was difficult, if not impossible, to determine whether they arose from the chest or the larynx. We might, however, be assisted in our opinion by observing to what extent and with what equability the chest expanded, and also by percussion.

Dr. BARCLAY referred to some circumstances which he thought might lead us to infer that the lungs were unaffected in cases of laryngeal disease. In those cases in which there were exacerbations of dyspnoea, without any assignable cause, in connexion with cough and expectoration of frothy mucus, the secretion was from an uninfamed mucous membrane, and gave rise to the paroxysms. He thought in such cases it was fair to assume that the lungs were not diseased, and that an operation should be performed. An illustrative case had been related in Dr. Barker's paper.

Mr. ATHOL JOHNSON suggested that laryngotomy was an easier and safer operation than tracheotomy. In cases of acute inflammation of the larynx, the disease always stopped about the situation of the chordæ vocales, and the operation might be performed in the larynx below that point. In chronic cases also the mischief was situated above the vocal chords. He had performed laryngotomy in two cases, and tracheotomy in one: one was successful. Two of these were cases of acute, one of chronic, disease.

Dr. BARKER admitted that laryngotomy would often be sufficient in these cases, and no doubt it was a safer and easier operation than tracheotomy; but he would ask whether, in all cases, we should perform laryngotomy, and run the risk of making the opening so high up as to be of no use; whilst, if we performed tracheotomy, in the adult at least, we were almost certain of being below the disease?

Mr. ATHOL JOHNSON replied, that in acute laryngitis, by opening the larynx we were certain of being below the seat of the disease. Not so, however, in cases of croup. In chronic cases in the adult, the danger was from spasm of the glottis; and the opening in laryngotomy would be below the glottis.

Dr. TANNER inquired whether Dr. Barker had in any of his cases employed the nitrate of silver in the manner recommended by Dr. Horace Green?

Mr. CÆSAR HAWKINS, in reference to the signs of disease being present in the lungs, remarked that we should not lose sight of those instances in which the operation was performed, even when the lungs were diseased, for the purpose of saving life for a time; and referred to some cases in which the disease in the larynx did not threaten life, but from the contraction in that tube the disease in the lungs was aggravated, and death was imminent. He had operated in one such case, attended with bloody expectoration and other urgent symptoms, which were relieved by tracheotomy, and life accordingly prolonged. In a case of phthisis, also associated with narrowing of the glottis, the operation of laryngotomy relieved the lungs materially, and entirely arrested the cough. In both these cases the patients continued to wear the tube inserted at the time of the operation.

Dr. CURSHAM observed, that the last-named patient was at present in the Hospital for Consumption, and was comparatively well, having a good appetite.

Mr. URE said, that M. Trousseau, of Paris, had performed tracheotomy in 130 cases, with a very small amount of mortality. He attributed this to the operation being resorted to at an early period. An opening made in the thyro-hyoid space, when the disease was high up, as in œdema of the glottis, was an advisable operation.

Dr. WEST was anxious that the remarks made with reference to M. Brettoneau should not mislead. Dr. Barker's cases, it must be remembered, were chiefly of a chronic kind, and in old

people. M. Brettoneau's operations were performed for a disease not seen in this country, but prevailing as an epidemic in the neighbourhood in which he practised. Diphtherite began in the posterior part of the fauces, affected the nares, and spread downwards. In such cases there were much greater chances of success from an operation than in the acute diseases of children, such as croup. Moreover, both MM. Brettoneau and Trousseau had seen cause to modify their views with regard to the use of caustics after the operation of tracheotomy. M. Brettoneau had entirely discontinued this practice, having found no benefit result from it. He had also altered his views as to the period when the operation should be performed in cases of diphtherite and croup, and now only resorted to tracheotomy in the "extreme condition of croup." In cases of croup following measles, there was little chance of benefit from tracheotomy. M. Trousseau had mentioned this fact, and further, that death following the operation was not always to be accounted for by the quantity of lymph effused or by the disease of the lungs. He (Dr. West) found that there were few cases of croup in which the resort to an operation was justifiable. He would not, however, put off the operation too long in those cases in which energetic means had failed to arrest the disease. When these means had been taken without success, an operation would be justifiable. M. Trousseau's statistics were less favourable than formerly with regard to this proceeding. He (Dr. West) believed that the statistics of tracheotomy in cases of croup were not more favourable to recovery than those in which no operation had been performed.

Dr. SCHULHOF considered that too little stress was laid upon the importance of the constitutional treatment of croup, and mentioned some cases of that disease which had occurred to him at the General Dispensary, which he had treated successfully with quinine.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 3RD.

MR. ARNOTT, PRESIDENT, IN THE CHAIR.

(Concluded from p. 489.)

Mr. JABEZ HOGG exhibited a specimen of

ENLARGED PROSTATE GLAND.

The disease had been diagnosed in a patient sixty-five years of age, and treated with the daily use of the catheter and the usual internal remedies; he was doing well, when he was attacked with bronchitis, and died. That part generally denominated the third lobe was, on post-mortem examination, found remarkably increased in size.

Mr. HOGG also exhibited some very beautiful

INJECTIONS AND DRAWINGS OF THE GLANS PENIS AND URETHRA,

showing that the whole of the glans penis is covered by furrows, which increase in size at the meatus externus, and completely surround the orifice, terminating in convoluted or knotted vessels, obscured by a layer of tessellated epithelium. Mr. Hogg read a very elaborate paper on the minute structure of the urethra and glans penis.

Mr. JOHN BIRKETT exhibited a specimen of

ACUTE INFLAMMATION AND SUPPURATION OF THE HEAD OF THE TIBIA, INVOLVING THE KNEE-JOINT, AND EXTENDING TO THE SHAFT OF THE BONE.

C. J. L—, aged fifteen, a delicate, strumous lad, was admitted into Guy's Hospital, under the care of Mr. Birkett, February 28th, 1855. Two months previous he was quite well. About that date he felt a sudden pain in the left knee, and since this time he has suffered more or less severely. When admitted he was dangerously ill, with all the constitutional and local symptoms of active disease in and about the articulation, besides holes in the skin over the shin-bone, through which bare bone was felt. Under treatment and rest his constitutional powers rallied; but he could never endure the slightest movement of the limb without intense agony, which continued for some time afterwards. Amputation was performed through the lower third of the femur on March 27th, and to the present time he progressed favourably. At the time of the operation the periosteum was detached from the femur with the slightest touch, yet the bone itself was healthy. The synovial membrane of the capsule of the joint was covered with the vascular new growth so common in these structures. The joint contained very little pus. A portion of the head of the tibia was destroyed, as well as a part of the corresponding condyle of the femur. An abscess extended to the epiphysis of the head