ST. MARYLEBONE INFIRMARY.

COLLOID DISEASE OF THE MAMMARY GLAND, AND A
FATTY TUMOUR ON THE SHOULDER; SUCCESSFUL
REMOVAL.

(Under the care of Mr. HENRY THOMPSON.)

THE female breast is occasionally the seat of colloid cancer, but rarely so as contrasted with the other species of this disease. Cases are noticed by Velpeau, Walshe, Lebert, Sibley, Price, and other writers. The growth of colloid cancer is usually slow, and when early removed from any external part of the body, experience proves that, if not radically cured by the operation, it is slow to return after excision. In the following case no sign of the disease had presented itself for a year after removal. When present in the breast during a series of years it is liable to extend to the internal organs; a striking example of this is related by Lebert. One of the most perfect illustrations of colloid cancer in the breast is recorded in the 8th volume of the "Transactions of the Pathological Society;" it may be taken as a typical case.

Catherine W—, aged sixty-two, admitted into the above infirmary in July, 1857. Six months ago, without any known cause, a small and rather hard swelling appeared in her left breast. It was never very painful. Her health is generally good. She has been robust, and is so now—remarkably so for her age. The tumour is now as large as a hen's egg, very hard, non-adherent to deep parts, and slightly involves the skin at one point. There is one enlarged gland in the axilla.

July 13th.—Mr. Thompson removed the breast in the usual manner, but not the gland in the axilla.

24th.—Wound healing well. All ligatures removed on the 20th.

Aug. 22nd.—Perfectly well.

Oct. 19th.—Mr. Thompson removed a fatty tumour from the left shoulder, which has increased in size rapidly since the breast operation. The enlarged gland does not alter in any respect.

The section of the mammary tumour exhibited a very fine and characteristic specimen of colloid growth.

May 18th, 1858.—The woman remains perfectly well; no sign of return seen.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 1ST, 1861.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

DR. DRUITT exhibited specimens of a liquid and solid extract of beef, made under his directions by Brand, of Little Stanhope-street, Mayfair. He observed that, next to brandy, no remedy was so essential in the treatment of debility from flooding as the true essence of meat; and, besides, he claimed the credit of introducing this as a remedy for intense nervous exhaustion, arising from any cause whatever, whether from grief or mental disturbance, and believed that it possessed stimulating effects on the brain. The liquid essence is the pure juice of beef, prepared by heat, of a clear amber colour, and aromatic smell. It contains scarcely any gelatinous matter. The solid extract is made by drying the essence at a gentle heat, and may be kept a long time without spoiling.

DR. MEADOWS exhibited a pelvimeter, the invention of Mr. Earle, which promised to be useful in practice. He also directed the attention of the Fellows to the heart of a child, two years old, who had died from idiopathic pericarditis.

DYSTOCIA FROM DORSAL DISPLACEMENT OF THE ARM.

BY J. JARDINE MURRAY, F.R.C.S. (BRIGHTON),

AND

DR. EASTLAKE, M.R.C.S.

SOME importance may be attached to the case which formed the subject of this communication, as the peculiar obstruction to parturition does not appear to have been recorded by any obstetrician except Professor Simpson. It consists in one of the arms of the infant being displaced backwards across the occipital region, the arm being thrown upwards in a line with

the body in order to admit of the malposition of the forearm. The dimensions of the basis of the head are thus greatly increased, and the projecting elbow hitches on the brim of the pelvis, and prevents the descent of the head.

ON THE TREATMENT OF CASES OF ABORTION IN WHICH THE
MEMBRANES AND PLACENTA ARE RETAINED.

BY W. O. PRIESTLEY, M.D.,

PHYSICIAN-ACCOCHEUR TO THE MIDDLESEX HOSPITAL.

The author began by observing that when abortion occurs in the early weeks, the ovum is frequently expelled without rupture of any of the membranes except the external decidua, because the attachments to the uterine cavity are unstable; the mass is then smaller and less difficult to push through the os uteri, and the contractile power of the uterus is very feeble. In the third, fourth, and fifth months the decidua cavity is obliterated, the placenta has acquired more intimate attachments to the womb, and the contractile power of the uterus being greater, rupture of the membranes commonly takes place before expulsion. The embryo having escaped, the secundines may speedily follow, or, lying in the os uteri, they may be removed by the finger or some simple instrument. In a considerable number of abortions, however, in which the foetus and liquor amnii have been voided, the secundines are not soon extruded; and after the uterus has made repeated ineffectual attempts to expel them the os uteri closes and action ceases. Instances of this kind are common in obstetric practice, and are often a source of much embarrassment to the practitioner. Obstetric authorities differ widely as to the treatment which ought to be adopted when the secundines are not thrown off spontaneously, and particularly as to the propriety of manual interference. Dr. Denman, Dr. Davis, Dr. Ramsbotham, and Dr. Dewees deprecate any attempts at extraction by the hand; and Mr. Ingleby held that "no manual extraction can be effected prior to the sixth month." Dr. Burns and Dr. Churchill regard interference in this way as only allowable in exceptional cases; and Dr. Tyler Smith stands almost alone in recommending the removal of the secundines in all cases of abortion where they are retained. The author regarded the question of treatment as an important one to all obstetric practitioners, as they might be blamed on the one hand for omitting a duty they ought to have performed, or on the other hand might be charged with meddling practice. He had met with a considerable number of patients who had seriously suffered from placental retention, and this had induced him to bring the subject before the Society for the purpose of eliciting opinions as to the proper course which ought to be followed. The dangers and morbid conditions arising from membranous and placental retention were stated to be:—

1. Flooding; this being sometimes of a very serious character, and the patient being always liable to hæmorrhage so long as a fragment remains.

2. Decomposition of the uterine contents, leading to local inflammation of the uterus and surrounding tissues, to phlebitis and phlegmasia dolens, and lastly to general poisoning of the system, as evidenced by irritative fever, peritonitis, rheumatic pains, the formation of abscesses, and even the occurrence of death.

3. Sub-involution of the uterus.

4. The generation of some of the forms of mole out of the tissue left in the uterine cavity, and the hæmorrhage attending the presence and expulsion of these morbid growths.

The entire absorption of the placenta was regarded as uncertain and not to be counted upon. Cases illustrative of the several sources of danger were detailed.

In considering the various methods of treatment which have been recommended, the author's experience led him to believe that the effect of the administration of ergot was very uncertain, and that galvanism and injection of water were not to be depended upon. Any form of abortion-forceps which must needs be pushed beyond the reach of the finger he regarded as useless and dangerous. He was thus driven to the conclusion that the introduction of one or two fingers into the uterus was the safest and best way to remove the retained uterine contents. In his hands such manual interference had never been followed by any evil results, and a considerable number of cases had fallen under his observation. He begged particularly to be understood as not advocating rash and violent attempts to empty the uterus. Rough and careless manipulation might be fatal to a patient; but the consequences of placental retention were so serious that, under ordinary circumstances, less risk was incurred by the operation. It was important to effect removal, not only before putrescence began, but before the os uteri became much contracted; and if in six hours after the