brarum," and may not only be a deformity, a source of much annoyance from the discharge of tears and pus on the cheek, but occasionally indeed of suffering. In temperate climates this is almost entirely confined to the poor, and there can be no doubt that, for the most part, neglect of the early stage of the affection is the common cause. But when, as in the tropics, the eyes are constantly exposed to the combined and trying influences of intense glare, clouds of dust, and heat, no care or attention will prevent it. It may be well to recognise the morbid changes that take place in the palpebra. All of its component parts are altered, and not the least, the fibrous cellular tissue around the hair follicles, and by the contraction of which, the displacement of the lid is probably most due. But the eversion is generally ascribed to the diseased conjunctiva alone. Now, it does not require much observation to learn that this membrane is the part least materially affected. It may become more or less congested at an early period, and in fact it generally does, but it does not get thickened, cuticular, or insensible till it has been exposed. No doubt the irritation to which it is subjected when so exposed keeps up chronic inflammation in all the parts. There is therefore a material difference between this state and ectropium, produced from swelling of the conjunctiva, the result of purulent ophthalmia, when the eyelid is actually turned out, and the upper one is chiefly so affected. This consideration prepares us for the statement of Mr. Walton, that the use of local applications are not productive of that beneficial influence that surgeons would seem to hope when they prescribe them, and that a surgical operation is the proper treatment. We select for reporting a severe and a mild form of the affection.

Symmetrical Ectropium of both Lower Eyelids.—This was in a male, aged fifty-four, who dates the commencement of the affection four years ago. Each eyelid was everted; the conjunctiva was cuticular, although not much thickened; the cilia were nearly all lost, and the tarsal edges slightly rounded off. A muco-purulent secretion, varying much at times as to quantity, was always escaping on the cheek. The patient readily assented to Mr. Walton's proposal of an operation on one eye, which was thus executed:—The external commissure of the lids was drawn out, and the skin of the cheek pulled down by an assistant, in order to stretch and secure the eyelid. The whole of the exposed conjunctiva was then circumscribed by an incision, and dissected off; tenaculum forceps were used. Mr. Walton lays great stress on the importance of carrying the incision to the very margin of the tarsus. It is by the contraction which ensues that the eyelid is brought to its place. Sometimes cicatrization is rapid; sometimes exuberant granulations spring up, and retard the progress. This did not happen here. In six weeks the effect of the operation was as marked as in any case that we have witnessed at this hospital, but it did not accomplish all that was needed. The punctum lachrymale was not brought quite into contact with the eyeball, in consequence of the thickening around it, hence all the tears were not taken up. The canaliculus was subsequently slit up by passing a probe into it, and cutting on the probe with a fine scalpel. This little tube is apt to close after having been divided, unless some precaution be taken to prevent it, and the best method is to examine the part a day or two after, and if adherent, to break it asunder with a probe. This was quite effectual. Similar operations were performed on the other eye, and the same beautiful result was as marked as in the first.

Partial Ectropium of the left lower Eyelid, with much thickening of the Tarsus.—J. H—, aged seventeen, had had ophthalmia tarsi in both eyes. In the right, the disease was arrested, and, except that the cilia were lost, there was no trace of it. In the left, the outer half of the eyelid was partially everted, and the exposed conjunctiva was swollen and the villi large. Moreover, the corresponding part of the tarsus was much thickened, and the rest of the margin of the lid was similarly affected in a slight degree. Mr. Walton performed the operation as above described. The effect was rapid: in three weeks the eyelid was in contact with the eyeball, and the lachrymal secretion passed to its proper destination. The thickening of the tarsal edge was scarcely reduced, but from our knowledge of these cases we are sure of its almost entire, if not complete removal, although months may elapse before the accomplishment of it. A very dilute form of the red oxide ointment was used, as the Meibomian secretion was vitiated and formed incrustation. As a rule, when this thickening is present, Mr. Walton prescribes cold applications,—either cold water or a weak spirit lotion.

The removal of conjunctiva from the tarsal cartilage, even

when thickened, is not very readily accomplished. It is best done by using a small and pointed scalpel, and carrying the first incision through the entire thickness, laying hold of the edge with a pair of strong tenaculum forceps, and completing the dissection with a small knife.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 22ND, 1856.

CÆSAR HAWKINS, ESQ., F.R.C.S., PRESIDENT.

ON THE STRUCTURE AND NATURE OF THE SO-CALLED COLLOID CANCER.

BY SEPTIMUS W. SIBLEY,

MEDICAL REGISTRAR TO THE MIDDLESEX HOSPITAL.

(Communicated by J. M. ARNOTT, F.R.S.)

THIS paper was accompanied with many illustrations, and an analysis of nine cases of colloid cancer observed by the author, giving an account of the age, sex, history, progress, result, and post-mortem examination in each. It gave a very minute description of the structure and nature of the disease, more especially of the characters and development of the membranous stroma and its contents, both of which had been indicated, but not fully described, by previous authors. Having given a minute account of the mode of origin and development of colloid, with an examination of the question as to its relation to and association with cancer and tubercle, the author drew the conclusion, that, as far as could be judged from the cases detailed by him, colloid was a disease perfectly *sui generis*, neither of a cancerous nature, nor frequently associated with cancer, and concluded with advocating the propriety of the early removal of the disease when practicable, inasmuch as, if not radically cured by operation, there was abundant evidence that colloid was slow to return after excision.

Mr. HAWKINS inquired whether the tumours described in the paper did not bear a close remembrance to the solid contents of the cystic tumours of the breast, at an advanced period of the disease?

Mr. SIBLEY had examined several cases of cystic tumours, but they bore no resemblance to the colloid disease.

Dr. BALLARD inquired whether he understood the author rightly to say that he was unacquainted with any instance of colloid disease affecting the substance of the liver? Was the statement confined to secondary colloid? A case of primary colloid disease of the liver occurred in University College Hospital.

Mr. SIBLEY remarked that his observation was confined to secondary colloid, no instance of which he had seen when the liver or lungs were the seat of the disease.

Mr. CÆSAR HAWKINS referred to a case on which he had operated about fourteen times during the last twelve or fourteen years. It seemed to begin as cystic disease of the breast, and formed in all the structures of the part, the morbid growths varying in size very greatly. It could hardly be called either colloid or cystic, the diseases seemed to run into one another. He referred also to another instance of the disease, as large as the head, that did not admit of removal. It involved the intercostal muscles.

Dr. OGIER WARD inquired whether the author had met with any cases of colloid disease complicated with tubercle?

CASE OF FRACTURE OF FOUR CERVICAL VERTEBRÆ, WITH DISLOCATION, PRODUCED BY SLIGHT AND UNUSUAL CAUSE, AND RESULTING IN IMMEDIATE DEATH; WITH NOTES OF A CASE OF FRACTURE OF THE OS CALCIS.

BY GEORGE GREEN GASCOYEN, M.R.C.S.,

HOUSE-SURGEON TO ST. MARY'S HOSPITAL.

(Communicated by SPENCER SMITH, Hon. Sec.)

This paper was accompanied with the pathological preparation of the parts. The interest of the case lay in the great amount of injury produced by a slight cause. There was fracture of the posterior arch of the atlas, through the laminae of the second, third, and fourth cervical vertebræ, directly behind the articulating processes, completely separating them from their respective bodies, in addition to which the laminae of the third and fourth on the left side were comminuted.

There was partial dislocation of the third vertebra forwards; the posterior atlo-axoid ligament was bruised, and in parts disorganized; the ligamentum subflavum was torn away from the second vertebra; there was effusion of blood into the areolar tissue between the bones and the membranes of the cord from the first to the fifth vertebra inclusive; the posterior common ligament was much stretched with a longitudinal rupture of an inch in length, opposite the second and third vertebrae; while the cause producing all this amount of injury was the forcible twisting of the head a few times from side to side, the sufferer holding his head in a butting position, with his hat on, while his friend, who caused the mischief, forcibly rotated it by the aid of the brim. The author, who had taken great pains to convince himself that this account of the accident was the true one, gave a minute description of the relations of the bones of the spine when placed in the position described, and of his view of the cause and progressive stages of the injury, quoting in corroboration many sources of information, the case, however, being in its details quite a solitary one. The notes of the fractured Os Calcis, the author stated he was induced to lay before the Society, in consequence of the statement of eminent authorities, (Malgaigne and others,) to the effect that the calcaneum, when broken by direct violence, is always crushed, and that the fracture is always situated behind the astragalus; whereas, from the seat of the crepitus, and the deposit of callus after the injury, it was evident in this case that the anterior third of the bone was separated obliquely, from above downwards, from the posterior two-thirds—that is, that the fracture took place in front of the larger articulating facet for the astragalus.

Mr. URE referred to the two causes of fracture of the calcaneum—viz., from direct violence, and from action of the muscles, and described the symptoms of the accident.

Mr. MOORE related a case of fracture of the os calcis, occurring to a man who, falling some distance, alighted on his heel. The fracture could not be detected until the knee was bent. With respect to the case of fracture of the spine, he enquired what was the condition of the other bones of the body. He thought there must either be some error in the history of the case, or some defect in the firmness of the bone, for such remarkable effects to take place from so slight a cause.

Mr. GASCOYEN replied, that the vertebrae, but no other bones of the body were examined. The body was that of a finely-grown man, and there were no appearances of any unnatural thinness of the bone.

PATHOLOGICAL SOCIETY OF LONDON.

MR. ARNOTT, PRESIDENT, IN THE CHAIR.

MR. HUTCHINSON exhibited the parts involved in an

EXCISION OF THE KNEE-JOINT.

These had been taken from a case in which, in an excision of the joint, the femur had, on section, been found so much diseased as to necessitate amputation. The patient, a boy aged nine, of delicate aspect, had been the subject of chronic disease of the right knee for four years. The first symptom had been aching pain, which slowly increased, and was, after some months, followed by swelling. For a year past the knee had been bent at an acute angle, with partial dislocation of the tibia outwards and backwards. Very little pain had ever been experienced, but there had been occasionally startings of the limb during sleep. Until within a month of the operation no abscess had ever broken externally. When placed under Mr. Hutchinson's care, the history given was, that for the last six months the joint had been getting much worse, and that the boy's health was failing. The parents were then willing that the limb should be removed—a measure which, when recommended by another surgeon a year ago had been refused. Believing the case a suitable one, Mr. Hutchinson advised an excision of the joint. In the performance of that operation the following condition of parts was found:—The articular cartilages were everywhere removed, and the opposed surfaces of bone, except where united by adhesions, were in a state of caries. There was a deep ulcer, extending into the patella, the cavity of which would have contained a filbert. In the left side of the head of the tibia was a cavity, into which, for a depth of half an inch, the first joint of the finger entered easily. The condyles of the femur having been sawn away, two patches of yellowish material, infiltrated into its cancellous tissue, were seen, and also the cavity of an ill-circumscribed collection of pus. A second slice of the bone having been removed, a nearly similar condition of things was still found, a small abscess,

lined by tough lymph, and capable of holding a small nut, having been opened. It was thus made evident that, unless by shortening the limb to an extent which would make it useless, it would be impracticable to cut away all the diseased bone, and amputation was accordingly decided on and performed. Mr. Hutchinson remarked, that the pathological interest of the specimens consisted in their showing several distinct abscesses in the bone, and in the circumstance that the existence of these had not been rendered probable by the severe pain usual in such disease. With regard to the operations, he believed that, although it had not been deemed wise to persevere with the excision, his patient had lost nothing whatever by the attempt made to save his limb. He had been, throughout its performance, in complete insensibility from chloroform, and within six hours afterwards was in as good a condition as he could possibly have been after amputation only.

Mr. HUTCHINSON also showed the parts removed in an

EXCISION OF THE ELBOW-JOINT.

The patient, a woman aged fifty, under his care in the Metropolitan Free Hospital, had suffered from diseased elbow for one year. The history given was that of disease commencing in the synovial membrane. There had been stiffness and aching pain for some weeks before swelling commenced, and the latter had increased very gradually. At length abscesses formed, and the pain experienced became very severe and of a gnawing character. The woman was very much emaciated, pale, and worn down by suffering. At the time of the operation there was a single sinus at the back of the joint, which led into the articulation; great general swelling, both around the part and of the whole forearm. The T-shaped incision was adopted, and the extremities of the three bones sawn away. The cartilage was found ulcerated around its margin, on both ulna and humerus; an irregular patch, in the centre of the sigmoid cavity of the former, being also entirely denuded, and the bone exposed. The head of the radius was sound. The whole synovial membrane was very much thickened, and the joint contained much softening lymph, with a small quantity of pus. The patient had lost all pain since the operation; the swelling of the forearm had quite subsided, and she was doing well in every respect.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, APRIL 18TH, 1856.

DR. SEATON, V.P., IN THE CHAIR.

AFTER the nomination of the various officers for the ensuing session,

Mr. LANE, Jun., exhibited a specimen of

IMPERFECT ANCHYLOSIS OF THE KNEE-JOINT.

It was taken from a patient who had recovered from the effects of a severe inflammation of the knee-joint, and which had been attended with extensive suppuration, but who died from small-pox. After death, the patella was glued to the external condyle and the semilunar cartilages attached firmly to the tibia and to the femur; but at no point had the cartilages been sufficiently removed to expose the bone. This union, in the opinion of Mr. Lane, had arisen through the means of a medium formed out of plastic material effused from the synovial membrane, and organized, deriving its vessels from that membrane, and extending from it over the surface of the cartilage. This opinion was borne out by the appearance of the specimen, in which a soft morbid structure was effused between the articular surfaces, but which was so readily removed, as to show that its source was other than the cartilage. This substance would, probably, have become incorporated with the cartilage, which latter would have undergone a gradual conversion into a fibrous tissue, and so rendered the joint imperfect in the extent of its movement. Had the bones been denuded, the uniting medium would probably have been bone, as the nature of the new growth seems to depend upon the source of its growth. The case would possibly have had a favourable termination, more so than could have been expected from the amount of inflammation that was present in the early stages.

Mr. DICKINSON exhibited an

OVUM, WITH ARREST OF DEVELOPMENT FROM FATTY DEGENERATION OF THE PLACENTA.

The ovum was one of twins, the other being perfectly developed, and born at the full period alive. After the labour, the blighted ovum came away with the other placenta. The ovum