May 1st.—He has continued as above to this date. He is now to leave off the opium, and to have a mixture containing one grain of carbolic acid three times a day, and the following diet: five pints of milk, two chops, and green vegetables.

10th.—Since he has been taking the carbolic acid he complains of feeling sick and of having a pain in the side. To omit the acid, and to have ten minims of the tincture of opium three times a day.

29th.—Has continued the above treatment to this date. To have full diet—meat, bread, and potatoes, with half a pint of beer.

He left the infirmary on the 31st improved, the sugar having diminished to one-eighth the quantity. There was a slight increase in the quantity after the full diet, and the specific gravity of the urine was 1020. He drank five pints of fluid in the twenty-four hours, and passed five pints and a half of water.

Since this time he has attended as a dispensary patient, and has been living upon eggs and bread made of bran soaked and washed and then mixed up with milk and gum acacia. He has taken five grains of bromide of iron three times a day. He says he has not been so well since he left the infirmary, but has lost in weight only 1½ lb. up to this date (Aug. 15th), when he was again admitted as an in-patient. He still suffers from thirst, and passes an increased quantity of urine; specific gravity 1034, and contains a large amount of sugar. He was ordered five pints of skim-milk, vegetables, and meat, and to take a mixture containing opium.

He left the infirmary on Sept. 15th, having continued the same diet during the month; but, after the first few days, taking five grains of the bromide of iron instead of the opium. He was in much the same state of health as on admission; he was taking less drink, and passing less water, the quantity of sugar remaining about the same. He lost 1 lb. in weight during the time.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

A PIECE OF WILLOW-STICK, THREE-QUARTERS OF AN INCH LONG, LODGED IN THE UPPER EYELID, SIMULATING ABSCESS AND TUMOUR.

(Under the care of Mr. J. V. SOLOMON.)

EDITH T—, aged ten months, was brought to the hospital on the 13th of February. The right upper lid was much swollen, very red, and so tense as to render eversion impossible. The cornea, as far as could be seen, was clear. There was slight muco-purulent discharge. The mother could assign no cause for the symptoms. A lotion and drops were ordered. A fortnight later the swelling had much diminished; there was some appearance of pointing externally. A few drops of pus were evacuated, and the lotion was continued. At the end of another week all inflammation had subsided. There remained in the lid a small, hard tumour, of the size of a horse-bean. Mr. Solomon was asked to see the case. He cut down upon the substance, introducing the index-finger beneath the lid. In the course of the dissection he felt a gritty substance, and remarked that there was a foreign body. On raising the lid he discovered a large body, of osseous appearance, imbedded in it, which he withdrew with forceps. It proved to be a piece of willow-stick, rather more than three-quarters of an inch in length, rounded at one end, jagged at the other, and of the thickness of a penholder. The mother now remembered that, three weeks before the child was first brought to the hospital, it had fallen from a chair, striking its head upon the edge of a wicker cradle. The piece in question had no doubt entered the lid through its conjunctival surface, snapped off, and remained firmly lodged in it. The incision and the internal wound both healed in a week. Some thickening of the lid remained. The cornea was uninjured.

The notes of the above case have been forwarded us by Mr. J. Priestley Smith, house-surgeon.

THE death-rate in the City has lately been below the average for the last ten years.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 14TH, 1872.

GEO. CRITCHETT, F.R.C.S., VICE-PRESIDENT, IN THE CHAIR.

THE following papers by Mr. MCARTHY, assistant-surgeon to the London Hospital, were communicated by Mr. Curling, the President of the Society:—(1) "A Description of some Renal Calculi of unusual shape found in the Kidney of a Patient who died of Cancer of the Uterus," &c. (2) "An Account of a Case of Intestinal Obstruction in which an Artificial Anus was established successfully in the Small Intestine; recovery and subsequent death from Cancer and Fatty Degeneration of the Heart."

With regard to the second paper,

THE CHAIRMAN applied to Mr. MAUNDER, who remarked that he was led to advise operative procedure, inasmuch as there was evident contraction and gradual filling up of the canal. He considered that much of the success that attended the operation was due to the skill and "elegance" with which it was performed.

Mr. TIMOTHY HOLMES commented upon the great interest of the case, but wished to know why the small rather than the large intestine was opened, and, as the obstruction depended upon cancer, why not have ascertained how far the ascending colon was free. He believed that it was extremely difficult in all these cases to arrive at an exact diagnosis, and suggested that the amount of fluid injected per rectum was a far better indication of the seat of obstruction than the O'Beirne tube, the usefulness of which latter was, according to his knowledge and belief, much overrated. In concluding, he expressed grave doubts as to the propriety of an early operation, and thought that in such cases it was often well if the patient was saved from the surgeon altogether.

Mr. THOMAS SMITH dwelt emphatically on the difficulties that occurred in returning the intestine when it escaped from the opening in the abdominal cavity, and quoted several cases in illustration thereof.

Mr. JOHN WOOD had seen this kind of operation performed, had performed it twice himself, and had not found insuperable difficulty in returning the intestine; but if such difficulty existed he should not hesitate to puncture with a trocar and canula, because whether air or fluid be present some amount of benefit must follow. He doubted, however, the wisdom of the operation, as all patients died.

Mr. HULKE took some sort of exception to the particulars of the operation, asserting that the operator could not know what part of the small bowel was caught up.

Mr. MCARTHY, in reply, said that he had not used injections; that he did not operate as suggested by Mr. Holmes because the right colon might have been diseased as well as the left; and that his knowledge of regional anatomy enabled him to state a belief that the lower part of the ileum was usually situated at the place where in this case he had found it.

THE SYNOVIAL MEMBRANES IN PYÆMIA.

BY ROBERT HAMILTON, F.R.C.S.,
SURGEON TO THE SOUTHERN HOSPITAL, LIVERPOOL.

After a brief account of the views at present held by the majority of writers on pyæmia as to the way in which the morbid changes found in this disease are brought about, the author dwells upon the fact of the synovial membranes being so generally attacked in pyæmia—a circumstance that has not hitherto attracted sufficient attention, though it makes it extremely probable that the first step in those forms of surgical pyæmia most commonly met with in hospital practice is to be found there. All the cases occurring at the Southern Hospital for the last thirteen years, of which particulars have been kept, had some joint affection. In some the pathological changes in the joint were slight, in others most extensive. That the disease observable in the joints begins in the synovial membrane is rendered probable from the character of the pain, and from the appearances found after death.

The poison of pyæmia, as observed in hospital practice, is *sui generis*. Whether generated in the system from a com-

bination of constitutional and surrounding conditions, or entering as a specific germ through a wound, it is a poison having a special affinity for certain structures, and to these it passes at once. The structures are here assumed to be the synovial membranes. In what this affinity or attractiveness consists we are as yet ignorant, and can but illustrate it by what takes place in other diseases, such as the cholera poison, and the scarlatinal poison, or the producer of tetanus; whether it is a something evolved within the system, or introduced from without, it goes at once to certain nerve-tissues, and in them creates changes which set up other morbid action. Many drugs illustrate the same fact. Strychnia when swallowed, or when subcutaneously injected, has but one form of action, like the poison of tetanus,—it affects nerve-tissue only. The strong analogy between pyæmia at the commencement, and acute rheumatism, has often been observed. In both there are the rigors, the fever, the rapid pulse, the profuse sweating, but above all there is the pain and swelling of one or more joints. It seems probable that in both an entity has entered the system whose habitat is the joints. We cannot tell in what consists the difference of the two poisons, so that the one as a rule eventuates in recovery, and the other in a train of pathological changes whose termination is death. In both cases the tissue first affected is the synovial membrane. The abnormal action induced in it leads to an increased secretion of synovia, probably unaltered in its character and constituents in rheumatism, but of an abnormal kind in pyæmia. In the case of the synovial fluids there is in most joints a limit to its quantity; so tightly is the synovial sac compressed by surrounding tissues which are not yielding that an amount of tension quickly ensues, which leads to a forced absorption of some of the effused fluid, and then ensues in acute rheumatism, and probably as a necessary sequence, an extension of the disease to other synovial sacs, and often to the pericardium, a serous membrane, but closely allied in its nature to a synovial membrane. This augmented synovial fluid is in rheumatism a bland and innocuous fluid—a mere increase of the natural secretion; but in pyæmia it is in a decomposing state, developing rapidly germs of a lower organisation; and when such a fluid has been absorbed, and in its course reaches the minute capillaries of the lungs, some of its morbid cells coagulate the fibrine of the blood there, and become arrested, and thus are formed the nuclei with which the lungs are studded, around which more fibrine is deposited, and the pathological changes follow described by Virchow and others.

In conclusion, the author states that in limiting the paper to a consideration of the fact of the synovial membranes being the tissues first affected in many forms of pyæmia, he has not lost sight of the probability of many other phases of pyæmia having their beginnings in one or other of the serous membranes, these two membranes being so closely allied in their microscopic characters.

Mr. HULKE failed to understand the theory of the author as to the re-entrance of fluid into the joints, and hoped to have heard some suggestion explanatory of the source of pus found in the joints, and how bacteria, &c., originate under such circumstances. He also averred his belief that many cases of pyæmia occur without any affections of joints.

Mr. WOOD failed to understand how joints can, as it were, manufacture a poison without some predisposition on the part of the fluids of the body, and that then the joints only should be affected.

Mr. HAMILTON, in reply, regretted that he had not been sufficiently understood. He believed that the fluid spread from one joint to another, on account of the pressure exercised on the synovial membrane, which forced the fluid into the circulation. His observations as to the presence of living organisms in the fluid were made irrespective of the results recorded by Dr. Burdon Sanderson. He had never any case of pyæmia without some stiffness, if not positively some acute affection, of the joints.

ON SOME FURTHER ATTEMPTS TO CURE LARGE INTERNAL ANEURISMS.

BY WILLIAM MURRAY, M.D. (NEWCASTLE.)

(Communicated by Dr. SYMES THOMPSON.)

This is an account of some attempts to cure internal aneurisms by the insertion of foreign bodies with a view to

the formation of clots in the interior of the sac. Some of these bodies were introduced and again withdrawn (needles), and their introduction was repeated at intervals with manifest thickening of the aneurismal walls on each occasion; others were of a material the presence of which would be as harmless as possible (carbolised catgut), and they were used because of the hope that their absorption might take place after the work of coagulation was completed. Lastly, wire was tried, as in Mr Moore's case, and with more favourable results as regards the preservation of the patient's life, he having lain more than three weeks with twenty-four feet of wire in him. Although none of these efforts were actually successful in curing the patient, they mark out a line of practice which may some day be perfectly safe and successful.

Mr. HOLMES thought Dr. Murray's paper useful as tending to show the harmlessness of such an operation, and that surgeons might meddle with aneurisms to a much greater extent than was generally imagined. After remarking that the introduction of carbolised catgut was manifestly useless (because it would soften rapidly) he said that Mr. Moore's case (the preparation is now in the Middlesex Hospital) showed markedly the dangers of the operation, and it was evident that wire or any other material of sufficient hardness to help coagulation when introduced into the sac, must, by rubbing against the walls of the latter, tend to set up a dangerous degree of inflammation.

Dr. ANDREW demurred to the wisdom of any surgical interference, inasmuch as external ruptures of the sac are extremely rare, and any modes of procedure such as those described would tend to produce a clot around the strongest instead of the weakest portion of the sac.

The last meeting of this session will be held on the 28th inst.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 10TH, 1872.

SIR WILLIAM GULL, BART., M.D., F.R.S., IN THE CHAIR.

Dr. BURNES YEO read a paper on a case of Paralysis of the Senses of Taste and Smell following Concussion of the Brain. The patient, a man aged fifty, came to King's College Hospital on January 11th, having four months before been thrown out of a cart. He was admitted into St. Thomas's Hospital in a semi-conscious state, under the care of Mr. Croft. A slight contusion was discovered on the back of the head, but there was no fractured bone. He vomited, was delirious and insensible during the night, and in the morning complained of much pain in the head, which was relieved by aperients. He soon recovered, and, feeling well, discharged himself after he had been in the hospital about a week. He found, however, that he could neither taste nor smell. This condition had persisted ever since the accident. He had suffered also a good deal from giddiness, and from severe pains on the right side of the head. He had been a perfectly healthy man, and quite free from any syphilitic taint. The patient's statements were thoroughly tested. Salt, sugar, solution of quinine, dilute acids, tincture of assafoetida, were applied to the tip, the centre, and the back part of the tongue, to the under as well as the upper surface, but were not recognised in any degree. The tongue, however, was sensitive to the slightest touch, and its movements were perfect. The sense of smell, similarly tested, was found to be absent. The patient was ordered five grains of iodide of potassium three times a day. The first two doses produced such violent symptoms of iodism that it could not be continued. The dose was therefore reduced to two grains; and as this also acted in the same way, only one grain three times a day was given. This dose, at first, produced iodism, and afterwards purged him; he, however, continued to take it. In a few days the sense of taste began to return. On January 25th he could taste solution of quinine as bitter, and tincture of assafoetida as bitter; but he could detect no odour in the latter. He could distinguish salt from sugar, but not tea from coffee. The sense of taste continued to return rapidly. On Feb. 11th he was able to taste the flavour of meat for the first time for twenty weeks. He could also now perceive strong odours, but smell came back less rapidly and less perfectly than taste. In connexion with the return of smell, he