

same evening to 102°. Although higher in the evening than in the morning, it did not again exceed 101.6°, until the evening of the 9th, when she had her highest recorded temperature, 104.4°. After this date the record shows a hectic character, being three to four degrees higher in the evening than in the morning, falling slightly lower from night to night until the evening of the 30th, when it was again 101.6°. Next day, however, it rose from 98.8 A.M. to 103.6 P.M., without apparent cause, falling on the 31st to 99°, and only rising to 101° P.M. On the morning of the operation, June 2nd, it was 98.8°, and in the evening 98°. After the operation the course was more erratic.

*Morning and Evening Temperatures.*

	A.M.	P.M.		A.M.	P.M.
June 3rd ...	100°	100°	June 11th ...	98.6°	101°
„ 4th ...	97.6°	98.8°	„ 12th ...	99.8°	100.6°
„ 5th ...	98.4°	99.8°	„ 13th ...	100.2°	99.6°
„ 6th ...	98.8°	100.2°	„ 14th ...	97.8°	99.4°
„ 7th ...	100.8°	100.2°	„ 15th ...	99.4°	98.4°
„ 8th ...	97°	101°	„ 16th ...	98.8° <sup>1</sup>	96.8°
„ 9th ...	98.4°	97.4°	„ 17th ...	99°	—
„ 10th ...	98.6°	102°			

<sup>1</sup> 96° at noon.

The post-mortem examination, made by Dr. Haddon fifty-three hours after death, showed, in addition to the local condition, considerable visceral disease. Body much emaciated, commencing putrefaction. Left pleura adherent all over by old adhesions; right contains ten ounces of blood-stained fluid. The left lung very oedematous; right fairly normal. Pericardial sac closed by old adhesions, which are oedematous. Heart very flabby and soft from decomposition. Left ventricle hypertrophied; the free end of the mitral valve was soft and thickened, there were distinct vegetations on the auricular aspect of the valve, exact condition obscured by post-mortem change. No peritonitis. Liver soft and decomposed; no infarcts. Spleen large, contains numerous infarcts, hard, decolourised, and undergoing contraction. Kidneys: capsules not adherent; in the cortex were numerous fairly old infarcts, some typically wedge-shaped. In the right iliac fossa the ligature was found loose, and a drop or two of pus were seen near this spot. The right common iliac was filled with dark, soft, very slightly adherent clot, no where decolourised, and showing no signs of organisation. The clot also extended into the internal iliac. The vessel was evidently ligatured at a spot an inch and a quarter from the aneurism, for here the course of the artery was interrupted, and not to be found; just above the artery was filled in (as before mentioned) by soft dark clot, but below the lumen of the vessel was much contracted, and contained partially decolourised and organised coagulum. The aneurism itself was diffuse, and without defined walls. It bulges from the inner side of the femoral at its commencement, and to a less extent from the end of the external iliac. The aneurism was about the size of a small orange. Externally there was a layer of white, firm, laminated clot; towards the centre the clot was only partially decolourised; whilst quite inside, and filling in the cavity, was some blood, apparently recent coagulum, very slightly adherent to the middle layer. The corresponding femoral artery was apparently healthy, and showed no signs of degeneration. During the removal of the vessel with the aneurism an abscess was opened, from which two or three teaspoonfuls of blood-stained pus escaped; the site of the abscess was the iliac fossa, just above Poupart's ligament; it was external to the artery, and, on further examination, was found to burrow downwards, still lying external to the aneurismal sac, and in no way communicating with it.

**NORTH STAFFORDSHIRE INFIRMARY.**

A CASE OF ADDISON'S DISEASE; PIGMENTATION OF THE SKIN FROM THREE TO FOUR WEEKS' DURATION; SUDDEN DEATH FROM SYNCOPE; NECROPSY.

(Under the care of Mr. WEST.)

FOR the following notes we are indebted to Mr. G. S. Hatton.

E. P—, aged fourteen years, a young girl of no occupation, residing at Hanley, was admitted May 13th, 1882, complaining of general weakness, with pain in the epigastrium and vomiting after food. Her family history was good. The parents were both of English birth, and their skin

was not unduly pigmented. So far as could be ascertained there was no hereditary predisposition to phthisis. The patient had always lived in Staffordshire. Her mother stated that the patient had been strong and healthy as a child, and had never suffered from any illness requiring medical treatment until two years ago, at which time she became an out-patient at the infirmary for "fainting fits," and, although improvement followed, she has never quite recovered. Within the last few months she has attended in the surgical department for abscesses in the arm. Three weeks before admission she commenced to suffer from sickness after food, with anorexia, pain in the epigastrium, and general weakness, and, to quote her mother's words, "since then she has been getting a bad colour." Her complexion was not at all dark until after the sickness and other symptoms commenced. "She was never a stout girl, but had lost flesh slightly." Catamenia not appeared; "a slight cough at times."

On admission the patient was thin, but not emaciated. Hair brown in colour, and rather dark. All symptoms before mentioned were still in existence; she always felt cold, but did not shiver; temperature in axilla 98°. The sickness was not very troublesome while in the hospital, but the debility was extreme, so much so that she could not walk without help, and felt faint on the slightest exertion. The pulse was feeble and rapid, but quite regular; the tongue clean and moist; the bowels natural. There was no oedema of face or extremities. The conjunctivæ were perfectly white. The general pigmentation of the skin was a symptom which immediately attracted one's attention, and it varied from a light-brown to a deep bronze-colour. On the arms were some three or four superficial abscesses, varying in size from a half-crown to a five-shilling-piece, and from one of these issued a scanty discharge, having the appearance of ichorous pus. The skin on the surfaces of these abscesses was deeply bronzed, but in several places where old abscesses had healed the cicatrices were almost devoid of pigment. The greatest amount of pigmentation was observed in the neck, axilla, and lumbar regions, while the skin was also very dark near the nipples and the umbilicus, also along the margin of the lips, at the angles of the mouth, and at the internal and external angles of the orbit. On the arms the colour was deeper in tint over the extensors than the flexors, and while the skin over the dorsum of the hands and fingers was very dark, that on the palmar surfaces was almost of its normal appearance. The legs generally were less stained than any other parts of the body, but at the hip, knee, and ankle on either side there was some deep pigmentation, distributed as follows: In the first and last situations named, it consisted of a broad band extending transversely in front of the joint, and at each knee there were two similar bands, commencing on either side of the popliteal space and gradually becoming lost towards the patella. The popliteal space itself was but little altered in appearance. On the neck and in the axilla were some few patches of even a deeper tint than the surrounding skin, and with fairly abrupt and well-defined margins; but in most parts of the body the transition from one degree of pigmentation to another was gradual and ill-defined. In the mucous membrane of the mouth a line of pigmentation extended backward from each angle for about an inch, besides which some small brownish patches were visible with an irregular but distinct outline. A physical examination of the chest revealed the existence of slightly impaired resonance over apex of right lung; but no abnormal sounds were heard on auscultation. The respiration was shallow, and the expansion of the chest-walls deficient. The heart was not enlarged, and there was no murmur. There was tenderness in each flank and in epigastrium, but otherwise the abdomen seemed natural. The urine was clear and of acid reaction; specific gravity 1028; no albumen. During the week that the patient was under treatment the sickness improved, but the bronzing of the skin and all other symptoms increased. On the seventh day she died suddenly, apparently from an attack of syncope. The treatment adopted was a light but nutritious diet, and a mixture was ordered containing arsenic and iron.

At the necropsy, made twenty-four hours after death, the body was somewhat thin, but not emaciated; the rigor mortis was still present. The pigmentation was more intense than on admission. An examination of the vagina and uterus showed the mucous membrane of both of these organs to be highly pigmented, and the same condition was noticed in the peritoneum, more especially in the neighbourhood of

the generative organs. The right lung presented a caseous deposit at the apex, and a few patches of miliary tubercle throughout the organ. The heart, liver, and kidneys were all normal in appearance, but the spleen was congested and large. The supra-renal bodies were both enlarged, and adherent to the surrounding structures. In each gland was a cavity containing about a drachm of fluid, resembling chyle, while the gland substance itself was thickened, hard, and nodular. The weight of the two bodies was nearly an ounce, the right being slightly larger than the left. Under the microscope the fluid consisted chiefly of fat cells, pus, and granular matter. A transverse section of the gland showed what appeared to be a caseous deposit around the wall of the cavity, and a deposit of tubercle in the gland substance.

## Medical Societies.

### PATHOLOGICAL SOCIETY OF LONDON.

*Bromide Rash.—Epithelioma of Bladder.—Syphilitic Disease of the Cerebral Arteries.—Syphilitic Inflammation of the Capsule of the Liver.—Keloid after Scraping for Lupus.*

THE ordinary meeting of this Society was held on the 16th instant, J. W. Hulke, Esq., F.R.S., President, in the chair. There was a long list of specimens, but, as a prolonged and animated discussion took place upon a case of presumed Syphilitic Disease of the Liver, shown by Dr. Sharkey, a large number were held over to the next meeting.

Mr. HULKE, the newly elected President, addressed the Fellows as follows:—"Gentlemen,—On taking for the first time the Presidential chair to which your votes have lately elected me, allow me to return you my very warm thanks, and to tell you how much I am touched by this mark of your confidence and appreciation. I feel it to be a distinction so far beyond the desert of any work I may have accomplished in connexion with our Society, that I cannot put aside the idea that I must in some measure owe it to the friendships it was my happiness to make during the many years I was in office as councillor, secretary, and treasurer. On the threshold of my occupancy I must ask your indulgence for an omission—I refer to the inaugural address, as given, I am informed, by my two immediate predecessors in office. It is only a very few days since I first learned this to me new practice, and the interval has been too short for me to prepare anything in the guise of an address worthy of your attention. I shall, however, cherish the hope of endeavouring to atone for the present omission at the close of my tenure of office."

The report of the Morbid Growths Committee upon Mr. Kesteven's specimen of Hæmatoma of the Spinal Canal was read by Mr. Godlee. The report described the characters of the tumour which had invaded the spinal column, and which was found to be of a sarcomatous nature. An interesting feature was the discovery of masses of micrococci in the growth, suggestive of some septic infective process towards the close of life. The report was signed by Messrs. Beck and Godlee.

Dr. HORROCKS showed a case of Bromide Rash in an epileptic girl, thirteen years of age, who for the past three months had been taking the bromide of potassium in fifteen-grain doses three times a day. The rash appeared on the leg four weeks after the commencement of treatment. There was no history of congenital syphilis.

Mr. BERRIDGE exhibited a specimen of Epithelioma of the Bladder. The patient had suffered from attacks of hæmaturia for upwards of two years before his death, which occurred rather unexpectedly, the man being at work as a porter within a week of the event. A ragged ulcerated surface two inches in diameter was found in the bladder, and there was inflammation of the right kidney. Dr. Mansell Moullin had made a microscopical examination, and pronounced the disease to be a villous epithelioma.—The PRESIDENT observed that the case was of clinical rather than pathological interest, and remarked upon the difficulty of diagnosing the extent of disease in such cases, and the impracticability of operative interference in a case like the present.

Mr. BERRIDGE also showed as card specimens a specimen

of Cartilaginous Aortic Valves from a man who died suddenly; and a Foreign Body (a "coin-catcher") extracted from the œsophagus.

Dr. SHARKEY showed microscopical specimens of Syphilitic Disease of the Cerebral Arteries, from a man, thirty-six years old, who first came under Mr. Nettleship's care at St. Thomas's Hospital with commencing retinitis, and a syphilitic eruption, three months after contracting syphilis. Three weeks later there was commencing iritis, and it was thought that cyclitis would supervene. He complained of pain in the head, but ceased attendance for some weeks, when he returned to the hospital with the eye well, and with pain in the right side of the head. The ophthalmoscope showed no changes in the eye, and he was transferred to Dr. Payne's care. A few days later he was attacked with convulsions, and became semi-comatose. He was admitted into the hospital, and was found to be hemiplegic on the right side, and to be mentally enfeebled. The left pupil was smaller than the right. There was no loss of sensibility. There was much albuminuria. He became increasingly comatose, the temperature rising to 107° before death, which occurred eight days after admission, being preceded by an attack of general convulsions. At the post-mortem examination the arms and trunk were observed to be covered with a copper-coloured rash; the lungs contained small hæmorrhages, and the kidneys were slightly granular. The dura mater was thick and adherent, but there was no meningitis. The left middle cerebral artery was partially blocked by a firm white thrombus, and there was softening of the outer part of the lenticular nucleus on this side, but not of the cortex cerebri. The right middle cerebral artery was completely plugged by recent thrombus, and there was extensive softening of the hemisphere, as well as of the lenticular nucleus. The ventricles were distended with fluid. The affected arteries showed on microscopical examination two distinct kinds of change—viz., a chronic fibroid thickening of the sub-endothelial connective tissue of the intima, and a recent round cell infiltration of the adventitia. This latter change varied in extent in different parts of the vessel, in places penetrating the muscular coat and separating its fibres. In the right artery the change was limited to the outer coat, but the left in which the thrombus was organising presented extension of the process in the middle coat, as well as masses which might be regarded as gummata. Arterial disease is usually regarded as a late event in syphilis, but in this case only seven months had elapsed since infection. The symmetrical involvement of the vessels was also of interest in connexion with this early occurrence. The external coat of the vessel was here the starting point of the change, and not the inner coat as usual.—Mr. GODLEE mentioned the case of a gentleman who, at the age of sixty, contracted syphilis, symptoms of nervous disease appearing within seven months of the primary attack. The order of his symptoms was as follows: pain in the head, then severe iritis, then cutaneous eruption, and while this was present he was attacked with hemiplegia and aphasia followed by mental derangement, for which he is now in an asylum.—Mr. KESTEVEN inquired as to the results of ophthalmoscopic examination in Dr. Sharkey's case.—Dr. ORMEROD had lately published in *Brain* the record of a case where, in addition to endarteritis of the cerebral vessels, as described by Heubner, there were masses of small round-celled infiltration in the external coat. This change had produced no obvious narrowing of the vessel, nor thrombosis, nor cerebral softening, but may have so interfered with the circulation, by the loss of arterial elasticity, as to starve the brain and produce the symptoms of prolonged somnolence and stupor that were exhibited.—The PRESIDENT instanced the case of a young footman, twenty-two years of age, admitted into the Middlesex Hospital, under his care, with left hemiplegia and diplopia, having contracted syphilis about seven or eight months previously. He was transferred to Dr. Cayley's care, and died shortly afterwards. In that case there was extensive syphilitic disease of the cerebral arteries.—Dr. SHARKEY, in reply, said that there were no changes in the fundus of the eye, ophthalmoscopic examinations being regularly made. He had not been able to establish any connexion between the change in the adventitia and that in the intima. He expressed his belief that such early involvement of the vessels in syphilis was not very rare.

Dr. SHARKEY also exhibited a specimen of Syphilitic Inflammation of the Capsule of the Liver. The patient, a man fifty-five years old, came under Dr. Murchison's care at St. Thomas's Hospital in 1876 with diarrhoea, and mottling