

ing to the man's statement, the surgeon who first saw him said he had broken his ribs. Assuming this to be the correct view, we have here a demonstration of the possibility of breaking down union of fractured ends of bones, one month after the accident, without using any great amount of force.

In a recent number of the *Guy's Hospital Gazette* may be found the record of an almost identical case, in which Mr. Howse pursued a similar line of treatment with the same result. He does not mince matters, however, for he says that "in attempting to violently break down the adhesions he fractured the humerus." Dr. Sheen believes that it is scarcely possible to fracture a perfect humerus by such means unless both ends were fixed, and extreme violence used.

LIVERPOOL WORKHOUSE INFIRMARY.

AUTOPSY OF A CASE OF CONGENITAL MALPOSITION OF THE RIGHT KIDNEY.

(By Drs. ALEXANDER and IRVINE.)

It will perhaps be remembered that a committee was recently appointed by the Pathological Society "to inquire into the matter of movable, floating, and displaced kidneys." The following record is therefore very interesting at this time.

The subject of the post-mortem was a woman aged sixty-three, who had been disabled by a "stroke" five months ago. She had borne children. The disease from which she died had no connexion with the anatomical abnormality. The liver, both suprarenal capsules, spleen, pancreas, large and small intestines, and left kidney were normal in position, except that the ascending colon had no kidney behind it. The right kidney was found projecting above the brim of the pelvis, a little to the right of the median line, beneath the peritoneum, internal to the right iliac vessels, and resting on the bodies of the last lumbar and first sacral vertebræ. It was irregularly rounded in shape, and less flattened than usual, having a longitudinal depression along the centre of the anterior surface; the upper two-thirds of which lodged an artery derived from the aorta, an inch above its bifurcation, and a vein ending in the vena cava opposite to the commencement of the artery. The lower third of the depression lodged the ureter. Close to where the vessels and ureter entered the kidney a fissure extended obliquely backwards, upwards, and inwards for about an inch. In this lay the left branch of the ureter and the termination of a large artery derived from the inner side of the left common iliac, and a vein which, running over the left common iliac artery, passed beneath the aorta to terminate in the vena cava. Entering the posterior flattened surface of the organ was observed another small artery and vein, derived respectively from the right common iliac artery and vein. The ureter passed directly to the bladder over the structures contained in the broad ligament and internal to the ovary.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on the 1st inst., the President, Mr. G. Pollock, in the chair. The attendance of members and visitors was very large, and the broad and philosophic address delivered by Mr. Jonathan Hutchinson, in opening a debate upon the Pathology of Syphilis, was listened to with marked attention. The debate can hardly be considered to have been commenced on this occasion at all, for neither the brief remarks of Mr. Henry Lee, who contented himself with reiterating his views as to the non-infective character of the soft chancre, nor the more ambitious attempt of Dr. Drysdale, can be said to have thrown much light upon the position taken up by Mr. Hutchinson. It is, we believe, likely that at the next meeting Sir James Paget, Messrs. Simon and Berkeley

Hill, Drs. Wilks, Moxon, Hilton Fagge, and others will speak, in which case the numerous questions of pathological importance raised by Mr. Hutchinson will be sure to receive the full and exhaustive criticism they merit.

At the close of the opening address, the President said that the Society and the profession generally were much indebted to Mr. Hutchinson for his paper, upon which he invited discussion.

Mr. HENRY LEE opened the discussion. He concurred in thanking Mr. Hutchinson for the careful and talented manner in which he had introduced the subject; and as the ground he had travelled over was so extensive, he would only touch upon a few of the questions raised. The first point he wished to discuss was as to syphilis being a blood-disease. If it were so, and yet the time were limited to the stage to which Mr. Hutchinson apparently desired to confine it, then another definition of a "blood-disease" must be adopted. Although Mr. Hutchinson would limit the definition of syphilis as a blood-disease to the secondary stage, yet he described the appearance of gummata as occurring occasionally at the same time as the secondary eruption. Then in children the later stages in syphilis are frequent; and surely in them the affection was one of the blood; since what stronger proof of this could there be than the transmission of the disease from parent to offspring? Another point was as to the way in which the new matter is deposited in the primary and in the secondary affections. Mr. Hutchinson refers them both to one poison, but he (the speaker) would like to know something more definite concerning the nature of this poison. He himself believed there were three distinct forms of primary affection. In the first there is deposition of new material, circumscribed and accurately defined, not tending to undergo suppuration or ulceration. This is distinctly infective and inoculable. In the second, ulceration takes place at once, leading to a loss of substance never met with in the first variety. In the third there is deposition of new matter, which tends to rapid degeneration, forming a soft sore, which was infective and which, he submitted, Mr. Hutchinson had confounded with the second non-infective sore. This form of affection, the non-recognition of which had led to much confusion, is met with in individuals who, already under the influence of syphilis, became re-inoculated with the virus. The induration stage is rapid and often unperceived, for the ordinary period of incubation does not occur; there is then rapid breaking down, and the formation of a sore simulating the innocuous soft chancre.

Dr. DRYSDALE pointed out that the theory of dualism described by Mr. Hutchinson as being "dead" was indeed a comparatively recent view. It (i.e., the later form of dualism, and not that propounded by Carmichael) was held by almost, if not all, the French observers. He then recapitulated the points in favour of this dualistic theory, remarking that the points of difference between the soft and hard chancre were very great. He agreed with Mr. Hutchinson in allying syphilis to the exanthemata, but he thought that the tertiary manifestations were equally evidence of blood-infection as the secondary eruptions. As bearing upon the view taken by Mr. Hutchinson with regard to the secondary stage, he related a case of hemiplegia in a male the subject of syphilitic roseola. The hemiplegia was right-sided, and the patient has remained permanently aphasic. He had often seen jaundice in the secondary stage, and believed the liver to be frequently affected at that period. He had also seen nodes develop a few months after inoculation. Acquired syphilis in children readily passes away; he had never seen tertiary symptoms develop in such young subjects. He had never met with nervous disease in inherited syphilis, but he had frequently seen tertiary gummata in that variety, and he referred to three cases of children, aged about twelve or thirteen years, in which stricture of the trachea, periosteal nodes, and stricture of the larynx, with extensive ulceration, respectively occurred. Finally, he agreed with Mr. Hutchinson as to the absence of any grounds for believing in any causal relations between syphilis and scrofula.

The debate was then adjourned to the next meeting of the Society, to be held on the 15th inst.