

dilated, but there was no strabismus—a circumstance worthy of great attention. The râles heard in both lungs could be explained away by admitting the existence of pulmonary congestion associated with tubercle. Notwithstanding these circumstances, and by reason of the age of the child, the general appearance and the peculiar symptoms already referred to, the diagnosis was more clearly in favour of acute hydrocephalus. The results of the autopsy showed, however, that there was no organic lesion of the brain, and that the case was unmistakably one of typhoid fever.

LARGE RECURRENT TUMOUR OF THE LOWER JAW; REMOVAL;
RAPID RECOVERY.

(Under the care of Dr. GIRALDÈS.)

R —, aged fourteen, was admitted into the wards in June last. She is a strong, well-built girl, and enjoys habitual good health.

History and description of the tumour.—About the end of February last the patient became aware of the presence of a tumour situated in the floor of the mouth beneath the tip of the tongue and behind the dental arcade. The tumour was then of the size of a nut. By the month of April following the morbid growth had much increased in size, and had become very prominent in the mouth; a large portion of it was therefore excised by a medical man. At the time of the patient's admission into the hospital the tumour was the size of a small apple, and bulged under the tongue. In that situation it presented an ulcerated but not a bleeding surface, which did not communicate any offensive odour to the breath. The bulging of the tumour could be felt with the finger in the sub-hyoid region, but did not cause any marked visible deformity. The tumour was immovable, and seemed to adhere to the posterior surface of the body of the lower jaw-bone. On exploring the anterior surface of the bone, it was found to be in a normal condition. The anterior surface of the dental arcade also presented a normal appearance. Immediately behind the teeth could be felt the bulging of the tumour. The lower border of the body of the inferior maxillary was somewhat thickened on the left up to the situation of the ascending ramus; on the right the thickening extended somewhat further. The growth was of hard and elastic consistence.

By July 30th, at which date the operation was performed, the tumour had rapidly increased to double its size since the time of the patient's admission; but it was particularly the vertical diameter which had augmented. The bulging in the mouth was much more considerable, and the growth now produced a notable deformity of the sub-hyoid region. In front of the central portion of the lower jaw-bone slight bulging had become manifest. The general condition of the patient was still excellent. There was no tumefaction of the ganglia.

Operation.—M. Giraldès resected the body of the sub-maxillary bone with a portion of its left ascending branch, and removed the tumour, which was well circumscribed and implanted in the bone. A vertical incision was first made, commencing at three centimetres beneath the lower lip, and extending to the middle of the sub-hyoid region. Two lateral incisions were then made, the left extending to the ascending ramus, the right extending to two centimetres within the ascending ramus. Ligature of the facial artery, which was extremely small, was performed. The flaps having been carefully dissected, the resection of the bone was made at about the middle of the ascending ramus on the left side, and at the junction of the body of the bone with the ascending ramus on the right side. The flaps were united by means of a metallic suture. There was no difficulty in separating the tumour from the mylo-hyoid muscles.

The local sequelæ of the wound were of a most favourable kind. The after-treatment consisted mainly in injecting a solution of carbolic acid into the mouth, so as to remove the large quantity of sanious and purulent matter which accumulated there, and in applying to the wound compresses steeped in camphorated alcohol, or carbolic acid, proper restorative diet being administered to the patient. The recovery was remarkably rapid, and eight days only after the operation the patient was walking about the wards in high spirits and excellent condition.

Examination of the tumour after removal.—The morbid growth had obviously taken rise in the periosteum; osseous, needle-like processes were observed proceeding from the maxillary bone, and penetrating into the tissue of the tumour. The body of the bone was slightly hypertrophied. When cut through, the tumour presented a greyish-white appearance. Its consistence was rather firm, and the tissue did not creak

under the scalpel. Examination with the microscope showed that the growth belonged to the now well-defined group of sarcomata. The presence of some cartilaginous and of some osseous elements gave a mixed character to the tumour, of the composition of which some idea may be had by the appellation "osteo-chondro-sarcoma." The sarcoma in the present case belonged to the variety of sarcomata having large fusiform cellules, and did not warrant so gloomy a prognosis as if it had been a medullary sarcoma.

Inoculations with the tumour were performed by M. Joffroy (one of the *internes* of the service) upon two white mice. Two inoculations were made under the skin by means of grafted shreds. In three others, matter scraped from the tumour was introduced into a deep wound of the neck. The results of these various experiments were entirely negative.

The account of this case has been obligingly communicated by M. Joffroy, whose name has been mentioned above.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 2ND, 1868.

DR. B. W. RICHARDSON, F.R.S., PRESIDENT, IN THE CHAIR.

MR. ALFRED COOPER showed a Calculus, which he had removed from the bladder of a boy aged twelve by the lateral operation of lithotomy. The point of interest was that the boy had been in the West London Hospital for seventeen days without showing a symptom of the presence of the foreign body.

MR. COOPER also exhibited three Polypi of the Rectum, one of which he had removed from a child, one from a lady, and one from a gentleman. He had used the ligature in all the cases, and all had been mistaken for hæmorrhoids.

MR. HENRY SMITH showed a Stone weighing five and a half ounces, which he had removed from a woman's bladder. She had suffered eight or ten years from the disease. He extracted the calculus piecemeal by an incision made through the vagina and the neck of the bladder. The patient had since died.

MR. SMITH also exhibited a Stone from the female bladder, in which case he had performed the usual operation of lithotomy. At the second operation there was some difficulty in introducing the lithotrite, when the cause of the obstruction was discovered to be a large fragment, as big as a small walnut, which had become impacted in the urethra. This was removed by slightly incising the meatus, and the patient did well.

An animated discussion then followed on the question of dilating the urethra, Mr. Walter Coulson and Mr. Bryant being of opinion that rapid dilatation was seldom, if ever, followed by incontinence, whereas slow or gradual dilatation was attended by that distressing sequel.

MR. HENRY LEE then read a paper on

THE MEDIO-LATERAL OPERATION OF LITHOTOMY.

The author described the way in which he now performs lithotomy, and which he has named the Medio-lateral Operation. He gave the particulars of three cases in which this operation had been performed. The first of these had occurred upwards of twelve months ago. The medio-lateral operation, he said, was performed in the following manner:—The patient is placed in the ordinary position for lithotomy, and a grooved staff having been introduced, an incision is then made in the median line of the perineum from before backward. This incision should extend through the posterior half of the perineum, terminating two or three lines in front of the anus. From this point the incision is continued for a quarter of a circle round the front and left side of the rectum. The finger of the left hand may then be put into the wound, and the rectum pressed back, whilst an additional touch or two with the knife separates it still further from the parts in front. The forefinger of the left hand is now passed into the rectum, and the knife, with its back towards the bowel, is passed at the posterior part of the central incision, and in the median line, into the membranous portion of the urethra. With the finger as a guide this is done with great ease and certainty. A bistoury or knife, with a probe as its extremity, is then passed into the same opening, and made to slide along the staff into the bladder. The blade of the knife is then directed towards the patient's left side, and somewhat backward, and as it is withdrawn the heel of

the knife passes in the direction of the original incision through the skin. The point of the knife remains very nearly in the median line. A free external incision is thus produced, involving no important parts, with a small opening into the bladder. The urethra being opened, the median line is reached with the greatest facility with the finger, and the incision into the bladder is in the same way very easily dilated. The forceps, or any other instruments that may be used, are also introduced more directly into the bladder than in the ordinary lateral operation. In this operation all the usual accidents and difficulties which are likely to occur in lithotomy are guarded against. With the finger in the rectum as a guide, the urethra may be opened without difficulty, and a probe-pointed bistoury, being guided by a grooved staff, cannot well fail to enter the bladder. The incision into the prostate gland is made from within outward, and this he (Mr. Lee) considered an advantage. An incision made in the opposite direction partakes more or less of the nature of a stab, and the point of the knife, even when guided by the most skilful hand, will sometimes wander from the groove in the staff.

The medio-lateral operation for lithotomy is performed in far less time than it requires to describe it, and Mr. Lee had been impressed in operating both upon the dead and living subject with the facility with which it is accomplished. The instruments used are an ordinary staff grooved in the median line, a common narrow scalpel cutting on one side only, and a curved bistoury with a probe projecting two lines beyond the termination of its cutting edge.

In children a single incision with the scalpel is generally sufficient, but in adults the circular part of the wound should be deepened either before or after the urethra is opened. Should the stone prove large, there is no difficulty in obtaining more room at the neck of the bladder by making an incision in the prostate gland on the right side, as well as upon the left. This is easily accomplished by the probe-pointed bistoury introduced upon the finger, and guided by it.

The external incision in the medio-lateral operation combines, as it appears to Mr. Lee, the advantages of all the different incisions which have been recommended. It affords sufficient room for the use of instruments. These may be introduced in the median line, and the rectum is not likely to be displaced or injured. The operation as a whole is, he thinks, the simplest in conception, the easiest in execution, and the least liable to be attended or followed by any unfavourable complications, of all the operations for lithotomy.

Mr. BRYANT advocated the plan that he had been taught—of using a straight staff. He believed that almost any stone of reasonable size could be removed by the lateral method. Mr. Lee's plan might be useful in very large stones.

Mr. WALTER COULSON and Mr. TEEVAN respectively spoke of the importance of cutting, not dilating the prostate, and exhibited calculi that they had removed.

The PRESIDENT gave a succinct history of the operation of lithotomy, and showed that whatever operations were performed, death is in proportion to the age.

Mr. CHARLES HAWKINS said that the mortality was greater in private than in hospital practice, the reason being that hospital patients applied earlier for relief, and were more ready to undergo the necessary operative procedures. Private patients, on the contrary, hoped on until their kidneys and bladder became diseased.

In reply, Mr. H. LEE thought that his plan of operation was very easy to perform, and he believed that dilatation of the prostate was not only very possible, but expedient.

After a few remarks from Mr. GREGORY SMITH and Mr. MASON, the meeting adjourned.

ULSTER MEDICAL SOCIETY.

At the first meeting of the present session (1868-9) of the above Society, an inaugural address of considerable interest was delivered by Dr. Cuming, the Professor of Medicine at Queen's College, Belfast. After offering his thanks to the members for electing him to the presidential post in the Society, he proceeded as follows:—

Sixty-two years ago this Society was founded, for we are the legitimate successors of those who originated the Belfast Medical Society in 1803, although its continuity was temporarily interrupted before its reorganisation in 1822. In 1862, the Clinical and Pathological was amalgamated with the Medical Society,

and the name of Ulster Medical Society adopted. From that period the meetings have been more frequent, and the number of contributions from the members have considerably increased. We owe much to our predecessors in this Society. They formed and transmitted to us an admirable collection of works, amounting to above five thousand volumes, and including a large number of rare and curious works, which are invaluable to the student of the history of medicine. They have handed down to us also gifts still more precious in the memory of lives honourable to their profession and useful to the community in which they lived.

In 1806, the medical profession in Belfast numbered nineteen members; the town contained 22,000 inhabitants. Now there are eighty-one practitioners of medicine, and the population of the town probably exceeds 150,000. The period of the foundation of the Society was one of great intellectual activity in medical science. Jenner's great discovery of vaccination had been first announced eight years before, and was rapidly making its way into public notice. Hunter's famous treatise on the blood and on inflammation, which changed the face of the existing pathology, had been published in 1794. Abernethy was in the meridian of his unequalled reputation. Astley Cooper and Charles Bell were rapidly rising into eminence. Dupuytren had just been appointed to the Hôtel Dieu, where his surgical ability was so long unrivalled. Laennec, to whom our art owes more than probably to any single man of either ancient or modern times, was commencing the investigations which have rendered such imperishable services to the science and practice of medicine. Cuvier was in the zenith of his fame. The whole method of investigation had also undergone a complete change. Authority was no longer regarded as paramount. The ancients, it is true, had been long dethroned, but in their stead more modern masters had arisen, whose teachings had acquired a sway over the minds of physicians almost equalling that exercised by Hippocrates or Galen. Looking back on the state of knowledge at the beginning of the century, we can recognise the vast strides which have been made in every department of medicine.

Now, this very progress, of which we are justly proud, has been made a subject of reproach to the profession of medicine. The pharmacopœias of past generations have been disinterred, and the public made merry with such complex formulæ as the Aqua Cœlestis and the Mithridate Andromachi. The opinions, often, it must be admitted, crude and fantastic enough, of the earlier physicians, have been cited as evidence that medicine has been practised without any solid foundation for its precepts and methods. In reality, however, this only proves that the growth of medical science has been accompanied by errors and imperfections, such as are known to have occurred in abundance during the development of other branches of knowledge. The history of astronomy, of chemistry, of geology, affords us multiplied examples of speculations as baseless as those of Paracelsus or Van Helmont. Besides, it must be remembered, that physicians could not be mere *curiosi naturæ*—could not be content to be simply spectators of phenomena. No doubt many of their principles were erroneous, and much of their practice useless, some even mischievous, but still their knowledge was always vastly in advance of the popular notions of their day.

[Dr. Cuming then alluded to some of the opinions on medical subjects held by several of the foremost thinkers of modern times; selecting only those philosophers who have given serious attention to questions connected with our art, and who have given deliberate expression to their views.]

Life, according to Bacon, may be effectually prolonged by a combination of ten operations. Of these the first is, "The operation upon the spirits to renew their freshness." This is to be accomplished by various means, of which the principal is the daily use of from three to ten grains of nitre. This remedy refrigerates and condenses the spirits, and he conceives it to have been specially created for that object.

The second operation is the exclusion of the external air from the surface of the body. This is to be effected by closing as completely as possible the pores of the skin. For this purpose astringent baths are to be used, and the surface of the body smeared with oil. Passing over the intermediate operations, we come to the ninth, which is, perhaps, the most curious of the whole. It is entitled, "The operation upon the inteneration of the parts which have become dry, or the softening of the body." It is intended to counteract the drying and hardening of the body, which occurs as age advances; and is to be effected by baths and by anointings. The best bath, according to Bacon, is one composed of the warm fresh blood of either man or animals; but as this is somewhat