

wish to call your attention for a few moments to some points which appear to be of great interest to the welfare of our Society. The interchange of opinion and the communication of the results of individual observation and experience, which are the proper business of our discussions, are certainly amongst the most important, and are probably the most important objects of this Society. It is thus that error may be corrected and truth elicited. The sphere of individual observation may be considered to be enlarged by bringing forth in this way the experience of many inquirers, which serves, like light shining from various sources, to illuminate the object of research. But for this end, gentlemen, our discussions should be conducted in the calm spirit of true philosophy, apart from all personal and acrimonious considerations. Truth should be the sole object of our discussions, and all vain display of opportunities, or rivalrous exhibitions of feelings in favour of peculiar opinions or practices, should find no place in our meetings. I wish also to observe that the duration of our meetings is short, and the number of attending members capable of taking useful part in our discussions is large. Hence the importance, in order that we may obtain the full benefit of numerous opinions on the subject before us, that each speaker should only occupy sufficient time for the just exposition of his views and experience; and I hope I may be permitted to add that it should on all occasions be borne in mind that our hall is not a lecture-room. In drawing the attention of this meeting to these points, my object is to relieve our most important Society from the recurrence of occasions of much anxiety to many of its oldest and most enlightened members. The report of your Council has rendered you acquainted with an important alteration, which, after much and anxious consideration, they recommend in the by-laws of the Society, with regard to the election of members. Not only does the present mode of conducting this important business interfere much with the proceedings of our meetings, but it is also considered that sufficient opportunity is scarcely afforded to the fellows to investigate the qualifications of candidates for election. The proposed alteration, it is believed, will obviate these evils, and cannot fail to add both to the convenience and character of the Society.

CASE OF A LARGE SUB-CUTANEOUS NÆVUS CURED BY VACCINATION.

By JOHN WOOLCOTT, Esq., M.R.C.S.,
SURGEON TO THE KENT OPHTHALMIC HOSPITAL.

A LADY brought to me her infant, a healthy-looking child, nine weeks old, in January, 1848, with an extensive sub-cutaneous nævus which had existed from birth. The tumour, which was of a blue, livid colour, occupied the whole of the upper eyelid and a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis palpebrarum muscle; outwards and downwards it reached nearly to the tragus of the right ear, and then extended upwards and inwards along the lower margin of the zygomatic process of the temporal bone, across the malar bone to the external angle of the orbit, where it joined the morbid product at the upper eyelid; there was no pulsation in the tumour; it was soft and compressible, and increased greatly when the child cried, and it then assumed a dark purple colour; pressure on the temporal arteries did not diminish its bulk. The application of ligatures in this case was of course inadmissible, on account of the deformity which would arise from cicatrization of the wound causing ectropium. The treatment for the first month consisted in the application of tincture of iodine; the abnormal growth being freely punctured all over with a fine cataract needle, and the iodine applied over the punctures. The bleeding was considerable, and of arterial character, but it soon subsided on the application of the iodine. These punctures were made twice a week, but the iodine was applied daily, except when it caused too great irritation and soreness of the skin, when it was discontinued for a day or two, and then resumed. At the end of the month, the disease remaining undiminished, I altered the treatment and applied vaccine lymph: with a lancet armed with the matter, punctures were made at short intervals all round the circumference of the tumour, and several points in the centre of it; to ensure its taking, I inserted into each puncture a bone-point, also well-armed with vaccine lymph; most of these punctures took, and the irritation they caused was considerable, the

child's face and head being swollen enormously. This was attended with fever and much constitutional disturbance, but at the end of a fortnight it had somewhat abated, and at the end of a month the disease was evidently decreasing; and at the expiration of six months from the vaccine lymph having been used, not the least swelling existed, and the skin was assuming its natural colour. I saw the child the beginning of (January, 1852,) and not a vestige of the morbid structure remains; and it was only by looking closely for the vaccination scars, that I could tell on which side the nævus had been. I have treated several cases in the same way at the Kent Ophthalmic Hospital, and have succeeded in arresting their growth, but I have never seen so large an erectile tumour cured by this treatment, nor can I remember to have read of any such case. The colour of this vascular tumour was venous, the bleeding was arterial.

Marsham-street, Maidstone, 1852.

ON A CASE OF POISONING BY HARTSHORN.

By J. W. TROTTER, Esq.,
RESIDENT MEDICAL OFFICER OF ST. MARY'S HOSPITAL.

As on referring to works on "Toxicology" I find that authenticated cases of poisoning by "caustic alkalies" are far from numerous, it appears to me that a short account of the following one might prove interesting to some of your readers:—

P. W.—, aged thirty-six, a conductor, was admitted into St. Mary's Hospital, under the care of Dr. Alderson, at twelve P.M., February 22nd, 1852, having an hour previously taken an ounce of hartshorn, which in the dark he had mixed with milk, in mistake for castor-oil. He said that he swallowed it all, having, as was his custom on taking any of the oil, "gulped it down." On finding his mistake, he took copious draughts of warm water, when he vomited a quantity of matter like soap-suds, but continuing to suffer great pain, he was advised to come to the hospital, when, on examination, the inside of his upper lip, tongue, roof of mouth, and fauces, were white, and other parts excoriated; there was great difficulty in swallowing, and he said he felt as if he was on fire from his stomach to his mouth; voice husky; pulse small, 112; surface rather cold. He was ordered dilute acetic acid, and then a mixture consisting of equal parts of olive oil and mucilage, an ounce for a dose.

Feb. 23rd.—Pulse 108. Coughed and retched several times during the night. Says that he experienced much relief from the oily mixture. There was severe pain over the epigastric region, increased by pressure, with the same burning sensation from the stomach to the mouth. Was ordered a cooling gargle, demulcent drinks, and some leeches to the epigastrium.

24th.—Felt more comfortable, and had much less pain. Pulse 64. He did not require any further treatment, and left the hospital on Feb. 27th, when the voice had regained its natural tone. There was not any diarrhoea throughout the case. The speedy recovery, I think it fair to suppose, was much aided by the nature of the liquid in which the hartshorn was taken.

March, 1852.

SPONTANEOUS EVOLUTION AT THE FULL PERIOD OF UTERO-GESTATION.

By S. E. BRAND, Esq., L.S.A., London.

On the afternoon of Friday, the 9th January, I was called to Mrs. P—, who had just been brought home from her mother's, on account of the membranes suddenly rupturing, and escape of the liquor amnii. I found the pains were but slight, the os uteri had not begun to dilate, and there was no indication of the presentation.

I saw her again the following morning, but no change had taken place; the waters were still draining away. In the afternoon, my partner, Mr. Lowe, examined her. He was unable to reach any part of the child, and no tumour could be felt through the walls of the uterus, whereby to ascertain the part likely to present.

On Sunday morning, the 11th, true labour pains commenced; the elbow presented; but on account of the firm contraction of the os round the upper part of the arm and wrist, I was not able to get my finger through to reach the parts above, and from its swollen condition, to learn with certainty whether it