

aged twenty-eight, died of ulceration of bowels; abscesses in groin, nates, and thigh; disease of ramus and body of pubis; joint sound. But when the two diseases co-exist, then the difficulty and importance of the cases are much enhanced. 6th. There should be no disease in any of the vital organs. It may be taken for granted that no prudent surgeon will operate when pulmonic disease or any symptoms indicative of strumous disease involving the organs of nutrition are present. Mr. Coulson then analyzed the cases related by the author, and expressed an opinion that excepting Mr. White's and Mr. French's cases, and three of Mr. Fergusson's, the conditions he had laid down as rendering the operation desirable were not present. Such was the fact regarding one of the cases operated upon by Mr. Fergusson (with all due deference to that able surgeon), and the cases of Mr. Morris and Mr. Walton. As to the case related by Mr. H. Smith, it was quite evident that in that instance the operation was quite unjustifiable. Why, look at the preparation on the table; it must be evident to every one that the bone itself was not in such a state of disease as would warrant any surgeon in using the knife: but worse than this, the acetabulum was filled up with ossific deposit. But this was not the worst part of this unfortunate case, for not only was the local disease insufficient to warrant any operative procedure, but the man was absolutely at the time labouring under incurable disease of the kidneys, as was evidenced by the dropsy and other symptoms presented. So that, under every circumstance, this case could not have been successful. Bad as it was, however, the cases of Mr. H. Walton were, if possible, worse; they were, in fact, bad as bad could be, and the operation in these instances could not on any principles of surgery be considered either safe or justifiable.

Mr. WALTON, in reply, said he agreed with Mr. Travers that the cases in which the operation should be performed were very rare. He differed, however, from him respecting the salvation of life in these instances, as in some of the cases he had related, the patients must otherwise have sunk. Mr. Chalk was no doubt perfectly correct in stating the difficulties of diagnosis between the disease under consideration and the advanced stage of lumbar abscess. He could detail cases in point, but time would not allow it. Mr. Chalk, however, was wrong in supposing that one of his, Mr. Walton's patients, died of hæmorrhage consequent upon the operation, as the hæmorrhage from which he sank was found to have originated in ulceration of the femoral vein. He (Mr. Walton) had not overlooked the point respecting dislocation, and the difficulty of its diagnosis. He regretted that time did not permit to enter further into the question under discussion.

PATHOLOGICAL SOCIETY OF LONDON.

THURSDAY, NOV. 14, 1850.—DR. LATHAM, PRESIDENT.

Mr. PRESCOTT HEWETT presented

TWO SPECIMENS OF ANEURISM OF THE MITRAL VALVE, AND A THIRD SPECIMEN,

in which the appearances so exactly resembled this affection that they were at first mistaken for it. In the first preparation, two well-marked aneurismal pouches existed in the anterior flap of the valve; the larger pouch, of the size of a filbert, was situated close to the attachments of the chordæ tendineæ, and formed a projection into the left auricle; the smaller one, situated a little higher up, presented a jagged opening which measured four lines in its greater and two in its lesser diameter. The pouch itself, of a vermiform appearance, and six lines in length, projected also in the left auricle. The internal membrane of the ventricle was perfectly continuous with that lining these pouches, both of which still presented some remnants of coagula. The apices of both aneurisms had been destroyed, having apparently been cut off. In this case, the middle aortic valve presented a large ulcerated opening, the margins of which were covered by long soft vegetations; the other valves were somewhat thickened, as well as the root of the aorta, by atheromatous deposit. In the second preparation, the aneurismal pouches were much smaller, but still well marked—two in number; they were situated in the anterior flap of the mitral valve, nearer to the aortic opening. They were partly covered with the remnants of coagula, and projected slightly into the auricle. The mitral and aortic valves were covered with long and very soft vegetations. In presenting these preparations, Mr. P. Hewett regretted that he had no notes of the history of the cases; having been requested by Dr. Pea-

cock, he had brought them forward, as they were well marked specimens of an affection which was considered as somewhat rare; but he added that, in addition to the cases now before the Society, he had met with four or five others of a similar nature. In the third preparation, the only one of the kind which had fallen under Mr. P. Hewett's notice, the anterior flap of the mitral valve presented, towards the centre of its ventricular surface, an opening of the size of a pea, with perfectly round margins, leading into a cavity, which at first appeared to be that of a small aneurismal pouch projecting into the auricle. On further examination, however, these appearances were found to be produced by a coagulum of blood, which had become adherent to the margin of the opening in the valve, while in the centre of this coagulum there was a small cavity occupying nearly its whole length. One side of the coagulum was easily detached from the opening, and the true nature of the appearance was at once made evident. The mitral valve was otherwise quite healthy. The heart itself was dilated in all its cavities, and its muscular structure, much atrophied, was flaccid, and easily lacerated. This preparation had been taken from an elderly gentleman, who died of acute inflammation of the membranes of the brain, and had never presented any heart symptoms.

Dr. RISDON BENNETT exhibited for Mr. Middleton a specimen of

CARCINOMA OF THE LUNG.

A person, aged 27, had an acute attack of pleurisy, in October, 1847, which yielded readily to treatment. In March, 1848, he was under treatment for secondary symptoms. In April of the following year he had a second severe attack of acute pleurisy, from which he recovered in about five weeks. On December 1st, he was suffering from cough, expectoration, night-sweats, and emaciation; there was dulness on percussion at the upper part of the left lung, and but little air entered that organ. There appeared every indication of solid deposit taking place; this spread downwards so rapidly that, on the 16th January (six weeks afterwards), it was pronounced to be effusion into the pleura; so perfectly dull now was every part of the left chest. The expectoration soon ceased while taking cod-liver oil. On the 9th of February the diagnosis was supported by a second opinion, and he was treated more actively; the disease, however, remained stationary. His general health improved, but the complete dulness remained, with absence of respiratory murmur. After being five months in bed, on the 7th May he left town, his appetite improved, he gained flesh, and in a short time could walk three or four miles. He returned in August without any alteration in his chest symptoms, but complaining of a tumour, about the size of a walnut, anterior to the left ear, attended with considerable pain; and two smaller ones on the left side of the head; they were of a malignant nature, and quickly increased in size. The pain in them became distressing, preventing sleep; he had two or three attacks of loss of consciousness, and was for a time imbecile. At the beginning of November he was expectorating copiously an offensive matter, which rendered the room almost unbearable, and there was no doubt gangrene had taken place. He died on the 14th.—*Examination*: The right side presented adhesive bands between the surfaces of the pleura, allowing, however, free play to the lung; its upper lobes were emphysematous, but otherwise healthy, the lower one was affected by gangrene; the left lung was connected by firm adhesions to the walls of the chest; the whole lung was solidified, the upper third forming one solid mass of malignant disease, pressing upon all the large bloodvessels, and obliterating the left bronchial tube within an inch and a half of its origin. There was also an enlarged bronchial gland at the bifurcation of the trachea, containing calcareous matter. No fluid was found in the cavity of the pleura.

THE CONTENTION AT THE ORTHOPÆDIC HOSPITAL.

Biggin Lodge, Norwood, Surrey, Dec. 26, 1850.

SIR,—I have to acknowledge the receipt, as a governor of the Royal Orthopædic Hospital, of your circular of the 13th instant.

Acting under the conviction that it is "the duty of every governor to study on every occasion its welfare and prosperity," I confess it would have been more satisfactory to my mind had your circular *combated* the *fact alleged* in THE LANCET, instead of the *mode* of its *promulgation*.

It by no means appears to me that the fact is denied; if, therefore, there is substantial ground for the complaint, surely it is but strict justice that the matter should be thoroughly investigated.

Having been a governor of St. Thomas's Hospital for a considerable period, and not unconnected with it for upwards of forty years, I am not ignorant of the jarring jealousies of the medical profession, and therefore would suggest the propriety of a committee (*not of the general committee of the hospital*) being authorized to sift the matter, and in the event of its being well founded, to propose a remedy.

That remedy, on the first blush of the affair, might be to direct that in future *all cases* should be given to the surgeon and the two assistant-surgeons *alternately*; it strikes me that such an arrangement would operate beneficially, and effectually prevent anything like partiality or nepotism in future.

Another *more effectual* remedy is also manifest. Why not elect the present assistant-surgeons, Mr. Lonsdale and Mr. Chance, full surgeons, and let all the three surgeons have their alternate weeks, as at *other hospitals*, by which all future jealousy would be entirely prevented.

I may add, that I am almost a stranger to all the medical officers, but it is my decided conviction that the welfare of the charity should not yield to any other consideration.

I am, Sir, yours faithfully,
RALPH LINDSAY, F.S.A.

To Quarles Harris, Esq. &c., 9, Billiter-square.

Correspondence.

"Audi alteram partem."

EMERGENCE AT THE SURFACE OF THE BODY OF PINS AND NEEDLES THAT HAD BEEN SWALLOWED.

To the Editor of THE LANCET.

SIR,—In your number, dated Dec. 21 last, a practitioner is reported as stating that he had no faith in the accounts we hear of needles or pins having been swallowed, and then re-appearing under the skin in some distant part of the body.

I believe, however, that some cases have been made known, in which both one and the other of those articles had been extracted from various parts of the trunk and limbs, and that they had been previously swallowed, and not inserted in the skin by acupuncture, if that term may be used.

It is now many years since a case occurred in which twenty, or perhaps thirty pins, were removed at different times from different parts of the body and limbs of a servant girl. The history is as follows:—She was engaged in hanging out clothes, having, as is often the case with girls, her mouth full of pins. Some young female visitors in a frolic stole quietly behind her, and gave her a smart slap between the shoulders. The girl's head being raised and thrown back at the time, she gave a sudden start, and down went the pins. Her sufferings were very great, and long-continued; and she became subject to fits, though she lived many years, and eventually died in child-bed; having, however, in the interval, had successively pins extracted from her arms, legs, and from the breasts.

In a post mortem examination of a male subject, a needle was found imbedded in the substance of the liver.

It has been said that all foreign bodies have a tendency to seek the surface, progressing on, as it were, by what Abernethy (borrowing the term, I believe, from John Hunter) was wont to call "continuous absorption." I do not quote such cases as instructing us in the practical management: but as showing the wonderful provisions of nature. Had the second patient lived, the needle might not improbably have travelled eventually to the surface of the body.

I will beg to mention, as concisely as I can, another curious case, which, though not exactly classable with the above, is in its way of some interest. A man, who had complained of uneasy sensations about the lower part of the bowels, found one day a portion of worsted thread hanging down from the anus. On this being slightly drawn down, some pain and pricking sensations were felt, and eventually, to shorten the narrative, by a little manipulation he was delivered of a large stocking darning-needle, round which was wound a portion of worsted, with one end of it somewhat loose, and which had protruded at the anus. Now, had not this needle been coated, so to speak, with the worsted wound round it, the bulk of which prevented its puncturing and passing through the sides of the intestines, it may be assumed that it would have made its way to the skin—that being found impracticable, nature (if we may so speak), very kindly steered it through the entire tortuous channel of the convolutions of the intestines till it arrived at the exit.

I will just say, that the man recollected having had his throat pricked by something when eating his breakfast some time before, and his wife concluded that in making the household bread, the needle might have fallen from her handkerchief into the dough.

Your obedient servant,
A SUBSCRIBER TO THE LANCET, "AB INITIO."

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 26th of October last, is noticed a report of a case of a foreign body (a common pin) in the urethra, which came under the care of Mr. Bransby Cooper at Guy's Hospital, in July last, and as your reporter has expressed a doubt as to the probability of the boy having swallowed the pin, I take the liberty of quoting a few cases reported by some very old writers on a similar subject, by which you will see that those things do occasionally occur.

It is, indeed, very curious how those small, sharp-pointed bodies do insensibly insinuate themselves into the bladder and urethra, and what powerful efforts Nature makes to get rid of her strange visitors.

I am, Sir, your obedient servant,

P. CREGAN, M.D.

Boyle, Dec. 7, 1850.

"Julius Cæsar Claudinus informs us, that a child of seven years of age swallowed a bodkin longer than two finger-breadths, and that during the two first years (for the bodkin remained five or six in his body), the child had violent pains in the kidneys and bladder. He at different times discharged small stones and sand, living worms, and even a blackish matter of a very bad smell; at last he was seized with a very great difficulty of making water, and had an almost total retention of urine. In the violent efforts he made to pass urine, he perceived at the end of the urethra a small sharp body, which he extracted himself.

"The bystanders were greatly surprised to see that it was the bodkin he had swallowed five years before. It was incrustated with a gypsious and stony matter, of a cineritious colour. By its figure and bulk it pretty nearly resembled the stone of a large olive." *Respons. Med.* 40.

Diemerbroek, says, that "His wife swallowed a middle-sized pin, which she discharged with her urine three days after, without having felt the least pain."—*Libr. Anatom.* cap. 173.

Langious also relates that "A young girl swallowed five needles, which she evacuated by the urethra three days after."—*Libr. 2, epistol.* 40.

But the following fact is still more remarkable:—"A girl, during her sleep, swallowed a large bodkin, which she used for keeping her hair in order, and ten months after she discharged the bodkin by the urinary passage."

Benedictus, who relates this fact, says, that "The girl was not in any way incommoded by it."—*Libr. 2, cap.* 9.

We find in the observations of Platinus, "An account of a man who discharged by the urethra some small bones which he had swallowed in eating; these bones, by their inequalities, produced an inflammation in the rectum, which was succeeded by a suppuration and loss of substance in that intestine, the small bones passed through this aperture into the bladder, and were discharged with the urine."—*Tom. 3, Libr. 2, cap.* 173.

Bartholin and Borelli relate two cases nearly similar.—*Ephen. Obs.* 73, am. 2.

A great number of other cases of foreign bodies discharged by the urinary passages might be given, taken from the writings of Stalport, Vanderwiell, Bartholin, and the German Ephemeridus.

NAVAL ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged to you for the insertion in THE LANCET of the following extract, from a letter received by me from an assistant-surgeon on the west coast of Africa.

"As to the ward-room and a cabin, after three years' service, we must be content with no such compromise. The assistant-surgeon never feels his misfortunes so bitterly as during his first commission, before apathy or ruin have served, in some measure, to blunt the sensitiveness of his feelings. I spent some time in the *Sealark*, last commission. There were fifteen of us, supposed to be located in the smallest-sized berth in the service. My chest was placed opposite the "galley," and, notwithstanding my repeated remonstrance and reports on the subject, was continually used by the cooks as an extra