

The present illness commenced six months ago, when she first noticed a lump like a pea in the skin under the right breast. This grew rapidly, but as it did not give her any pain she delayed seeking advice until a week before admission. In the right breast there is a semi-fluctuating, purplish tumour, movable on the thorax, the size of a large orange. The left breast has the appearance of extravasated blood, evidently containing a growth. Other small tumours, six in number, ranging in size from a walnut to a pea, and having the same bruised appearance, exist over the sternum and in the abdominal wall.

Feb. 11th.—The right breast was excised, and three small tumours on the abdomen. Free hæmorrhage during the operation.

16th.—Wound of small tumours healed, but that of breast breaking down and discharging. Patient weaker and losing flesh.

The progress of the case was unsatisfactory. The granulations over the right breast became gelatinous in appearance, and the other growths increased in size, and fresh ones appeared on the abdomen. The patient sank gradually, and died from asthenia on April 20th. A microscopical examination of the growth removed showed spindle and fusiform cells pigmented.

*Necropsy, forty-eight hours after death* (from notes by Mr. C. C. Claremont).—Body emaciated. In the situation of the right mamma is a well-defined fungating tumour, covering an area of about six inches square, and reaching to the middle line. The tumour at the surface is black, softened, and seems to be mainly slough. The deeper part, reaching down to the periosteum, is white, soft, and brain-like. The ribs are unaffected. There is a tumour in the left mamma. Under the skin of the trunk and thighs are fourteen tumours, soft, sharply defined, and some fluctuating. Dissection shows some of them to be of the same white, soft material as the large tumour; others are more or less pigmented with black material, and some contain broken-down blood-clot. They vary from the size of a hazel-nut to that of a walnut. Abdomen: The transverse colon, being distended and translucent, exhibits several black patches the size of a finger-nail. In connexion with the omentum are four or five tumours, more or less pigmented, and similar to the subcutaneous ones. The mesentery presents at least a dozen of these small tumours, which appear to be covered by peritoneum; some are free from pigment. In front of the left kidney is a tumour the size of the fist, mottled white and black, and containing a cavity of broken-down blood-clot; similar but smaller tumours were found at the lower end of each kidney. A small patch of pigment in left supra-renal capsule. Liver and kidneys markedly fatty in appearance. Thorax: Small, partially pigmented tumour in the anterior mediastinum. Lungs emphysematous and congested posteriorly. Heart walls fatty: valves healthy. Skull not opened. All the tumours examined were encapsuled.

CRUSH OF LEGS BY TRAM-CAR; DOUBLE AMPUTATION BELOW THE KNEES; RECOVERY.

(Under the care of Mr. RUNDLE.)

Henry D.—, aged ten, was admitted on Oct. 17th, 1886. Whilst crossing the road he was run over by a tram-car and sustained extensive compound comminuted fractures of both legs, the soft parts being much lacerated. On admission the boy was conscious, but much collapsed. Both legs were removed at once a hand's breadth below the knee, by circular operation on the right and flap operation on the left. Oct. 18th.—Restless night. Pulse 140; temperature 103°. Very sick.

19th.—Still very sick. Pulse 130; temperature 103.2°. Very restless and delirious in the night. Hypodermic injection of morphia (one-sixth of a grain) at 9 P.M.

20th.—Slept fairly well. Pulse 112; temperature 100°. Retains food. Some of the stitches separated, and stumps discharging and inclined to slough.

26th.—Pulse 112; temperature 99.3°. Constitutional disturbance much less. Sloughs from flaps removed.

From this date he went on well. The flaps were brought together by strapping, and iodoform dusted over them, and by Nov. 30th the stumps were nearly healed.

At an inquest held at Newport, on the 7th inst., on the body of a woman who had died from taking a dose of liniment instead of the mixture which had been prescribed for her, the jury returned a verdict of accidental death.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

*Hypertrophy of Thigh and Leg.*—*Cervical Pachymeningitis.*—*Lupus of Larynx.*—*Syphilis of Tongue.*—*Rare Syphilis of Face.*—*Talipes Equinus.*

A CLINICAL meeting of this Society was held on Monday last, Mr. R. Brudenell Carter, F.R.C.S., President, in the chair.

Mr. BULL showed a boy with great enlargement of the left thigh and leg, which began six months ago. There was no evidence of tumour, phlebitis, or arterial disease. The thigh measured two inches more in circumference than the right side. The swelling was probably due to lymphangiectasis. There was no evidence of chyluria or albuminuria. It was not a case of asymmetry. The patient had never had any deep-seated phlebitis or attacks of erysipelas or erythemata.—The PRESIDENT asked whether there was any difference in the temperature of the two sides.—Mr. MAR-MADUKE SHEILD remarked that there seemed to be an elongation of the femur. Was this so?—Mr. J. H. MORGAN considered with Mr. Sheild that the case was of congenital origin.—Dr. A. MONEY inquired for filariæ sanguinis hominis.—Mr. NOBLE SMITH inclined to the view that the hypertrophy was congenital.—Mr. BULL said there was no difference in length or temperature in the two limbs.

Dr. ORD showed a specimen of Chronic Hypertrophic Cervical Pachymeningitis, in a footman aged twenty-six. Last Christmas (1885) he was seized with pain, stiffness of neck, sickness, and constipation. Temperature 103°; pulse 95. At another time the temperature was 101.2°; pulse 72. He had some shivering fits, which bore a resemblance to ague. He had delirium at times, and was very much weakened. Later he gained flesh and strength. In May of this year there was no fever, but great loss of power and wasting of muscle, and loss of sensation in the arms. The legs were in a state of spasmodic paraplegia. Two muscles have escaped to a large extent—the anterior part of the deltoid, and the biceps. There was some exaggeration of extensor tendon reflexes. Mechanical irritability of the muscles was excessive. The electrical state of the muscles was that of the reaction of degeneration. Sensation has improved, and there was some improvement in the power of the arms and legs. A claw-shape of the hands had developed since May. There was considerable curvature of the spine. Distressing attacks of diaphragmatic paralysis (?) had occurred of late. The skin of the fingers was wasted and smooth—somewhat glossy. A gradual osteo-arthritis had developed in several joints in the hand. There was no history of a chill, or injury, or syphilis. He advanced this case as an illustration of the hypothesis that a good many cases of chronic progressive affections of joints are dependent on altered states of nutrition of the spinal cord.—The PRESIDENT inquired whether the optic discs were affected.—Dr. BEEVOR thought it threw some light on the localisation of groups of muscles in the spinal cord. The facts of this case strengthened the results of experimental observations.—Dr. A. MONEY remarked on paralysis and dilatation of pupil, associated with atrophy of interossei.—In reply, Dr. ORD said the optic discs were natural, the pupils were somewhat dilated, and the left larger than the right. There were no evidences of abnormality in the pulse.

Dr. ORWIN showed a case of Lupus of the Larynx in a woman, associated with the same disease of face and nose.

Dr. COLCOTT FOX showed a case of Lupus of the Larynx associated with lupus of the face, palate, and scalp, in a boy aged seven years. Kaposi said that autochthonous affection of the larynx with lupus was unknown.—Dr. FELIX SEMON said that papillary excrescences and ulceration of the epiglottis were to be seen. He did not think lupus of the larynx so rare. Chiari had collected forty cases. In perhaps 5 to 8 per cent. of cases of lupus the larynx had been involved.—Mr. LENNOX BROWNE agreed with the remarks of Dr. Semon.—Dr. MORELL MACKENZIE had noticed the stridor in Dr. Orwin's case a month or more ago, and could not therefore set it down to the treatment by dilatation.

Dr. ORWIN showed a specimen of Syphilitic Affection of the Tongue in a boy aged nine, in whom there were no other evidences of congenital syphilis.

Mr. NOBLE SMITH showed severe cases of Talipes Equinus, in which he divided the tendo Achillis; and rapid extension,