

region where the thoracic duct enters the internal jugular vein. The glands near the internal condyles of the humeri are not affected.

The patient died about a month after admission, the nodules having increased in number and emaciation having progressed very rapidly.

At the necropsy, made by Dr. Boulter, in addition to the appearances already mentioned, the tortuous masses which occurred subcutaneously on the front of the chest were seen on section to consist of swollen dilated lymphatics, containing a whitish fluid. A small cancerous mass occupied the region of the thymus gland, and was adherent to and partly involved the sternum and second left costal cartilage. The heart and lungs were healthy; the posterior mediastinal glands were much enlarged, and apparently infected with a soft cancer, which towards the centre was caseous and degenerated. The intestines showed no sign of peritonitis, but were peppered over with a black deposit, not removable by washing, probably the result of the escape of blood into the abdominal cavity during the laparotomy; the remains of what appeared to be the pedicle of the tumour which had been removed were seen attached to the broad ligament; the lumbar glands formed a lobulated mass weighing eight or nine ounces. Three round cancerous masses, not so hard as scirrhus, occupied different regions of the liver. The uterus, kidneys, and spleen were all apparently healthy. The brain was not examined.

Microscopical examination.—The nodules in the liver, which were round on section and about the size of walnuts, presented the ordinary appearance of a carcinoma, intermediate in character between scirrhus and encephaloid, the alveoli and their contained cells being very clearly marked. In the nodule mentioned as lying subcutaneously in the hepatic region the cancer was softer and more encephaloid, the stroma being less in quantity. The infected glands were seen to consist of a cellular substance, undergoing in many places fatty degeneration and caseation, stroma being almost entirely absent. On section of such a gland, several little new outgrowths were observed springing up in the capsule of the gland. Microscopical examination of the semi-fluid matter found in the centre of many of the infected glands showed the presence of numerous oil globules and fatty lymphoid cells and corpuscles, also many small masses of broken-down lymphoid tissue, but no special appearance of cancer elements.

Remarks by Mr. CAW.—The case is noteworthy on account of the acuteness and virulency with which the cancer poison invaded the lymphatics, and is, so far as I can learn, unique in the number of glands affected. Although numerous staining reagents were used, no micro-organisms were found.

LEEDS GENERAL INFIRMARY.

SUCCESSFUL OPERATION FOR FÆCAL FISTULA, IN A FEMALE PATIENT WHO HAD BEEN THRICE TREATED FOR STRANGULATED INGUINAL HERNIA.

(Under the care of Mr. MCGILL.)

For the notes of this case we are indebted to Mr. Green, house surgeon.

Isabella S—, aged forty-one, was admitted on May 2nd, 1887, suffering from a fæcal fistula in the situation of the right external abdominal ring of seventeen years' duration, and with the following history. When nineteen years of age, patient ruptured herself in the right inguinal region. She went about for five years without a truss, the protrusion being all the time reducible, and then the hernia became strangulated while the patient was lifting a tub. She was taken to a London hospital, where the hernia was reduced by operation. She left the hospital three weeks afterwards, wearing a truss, but with a small opening in the inguinal region discharging fæces. For nine years the hernia remained reducible, but was kept back with difficulty by a truss. The sinus also remained open. At the end of that time the hernia again became strangulated, and the patient was again operated upon at the same hospital. The hernia was reduced, but the fistula increased in size, and for six weeks all the motions were passed through it. Fæces then began to pass by the rectum, and soon very little came through the wound. At the end of three months she left the hospital with a hernia as large as a fist, reducible, but incapable of being kept back by a truss, and with two sinuses, discharging a small quantity of fæces. About two years ago the patient began to suffer from menorrhagia,

and a year last November this was cured by the removal of a polypus from the uterus. Last January, during a fit of coughing, the hernia again became strangulated, and was again operated upon. She states that an attempt was made at the same time to close the fistula, but upon the first dressings being removed fæces were found to be coming from the wound. The patient stayed in the infirmary, where the operation was performed for four weeks, and then left with a large fistula through which all the motions passed.

On admission into the Leeds Infirmary, the patient complained of the great annoyance caused by a fæcal fistula in the right groin, about an inch in length, in the position of the external abdominal ring. All the motions had come through this opening for the last three months. A hernia about the size of a fist came down when the patient stood up, and into this the fistula opened. Patient had no control whatever over the motions. It was decided to attempt to close the fistula. On the day before the operation the bowels were well cleared by a dose of castor-oil, and an enema was injected into the fistula on the morning of the operation.

Operation.—On May 9th an incision was made round the fistula close to its edge down to the adhesions connecting the bone with the parietal peritoneum. These adhesions were dissected and torn through, and the affected portion of the bowel was drawn out of the wound. The fistula was then found to involve about half the circumference of the gut. The edges of the fistula were then pared and brought together by means of Lembert's suture. Chromicised gut was used. The gut was then returned into the peritoneal cavity. The opening into the peritoneum was then sutured, and a set of deep silver sutures was used to draw together the pillars of the external abdominal ring. The superficial parts were sutured by means of gut stitches. A tube was put in to drain the superficial parts. The wound was dressed with gauze, iodoform, and salicylic silk.

No vomiting occurred after the operation. Milk and ice were given. The wound was dressed and the tube removed on the third day. The patient passed flatus per rectum on the same day. On the ninth day the bowels were moved by the rectum after the administration of an enema. The deep parts had united, but superficially the wound was healing by granulation. On the twelfth day antiseptics were discontinued. On the sixteenth day she was given fifteen minims of liquid extract of cascara sagrada, after which the bowels were moved twice. On the eighteenth day the patient was able to sit in a chair. Subsequently she progressed rapidly. The bowels were moved naturally every day. During the fifth week one of the silver sutures had to be cut down upon and removed. The patient left hospital on the forty-fifth day after the operation. She afterwards stated that she was quite well, and able to do ordinary house work.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Cow-pox.—*Carcinoma of Bile-duct.*—*Abscess of Brain and Adenoma of Pituitary Body in a Ewe.*—*Cystic Squamous Epithelioma.*—*Charcot's Joint Disease.*—*Hendon Cow Disease.*

AN ordinary meeting of this Society was held on Tuesday last, Sir James Paget, Bart., F.R.S., President, in the chair. The controversy on the Hendon Cow Disease and Cow-pox was continued by the meeting being prolonged till half-past ten.

Dr. KLEIN, F.R.S., said that on December 15th Dr. Crookshank showed a calf in which he had produced cow-pox. Several persons had expressed doubt. He now showed the same calf inoculated on Thursday last from the calf with typical cow-pox. Another calf also took cow-pox. In calves Nos. 3 and 4 (Crookshank) the results were spoilt by insufficient experiment, for Warlomont's stored lymph was used in No. 3, and therefore not reliable; in calf No. 4 it was doubtful whether the inoculation from the child's arm (human lymph) did really take, and so this specimen was spoilt for further experimentation. He also presented the following table showing the inoculations of the so-called cow-pox:—