

health at the present time very good. Sleeps well at night, and is not drowsy during the day. Memory fair. Has no pain in the head. Can move the right upper extremity freely, although this is not so strong as the left. In walking he drags the right foot. Mouth still drawn to the left side. The left upper eyelid cannot be elevated. There is well-marked internal squint on the left side, but patient can see well with the left eye.

### ST. THOMAS'S HOSPITAL.

#### MEDIASTINAL TUMOUR.

(Under the care of Dr. CLAPTON.)

THE following case is of interest, as showing the difficulties often encountered in the diagnosis of intra-thoracic tumours. There were certainly some signs of obstructed circulation, but many of the pressure-signs met with in cases of tumour within the thorax were absent or but slightly marked. The peculiar situation and distribution of the growths are worthy of note.

E. C—, a man-servant, aged thirty-seven, was admitted into the hospital on January 3rd, 1872. His previous health had been good, and he did not remember having had any serious illness. His father and mother were living and healthy, and he stated that he had always lived well, and had drunk freely. He was very subject to fits. Three years previously he began to have headache, giddiness, and to suffer from sleeplessness. He left his situation twelve months previously, and did not then live so well. About six months after this he began to suffer shortness of breath, which gradually got worse, so that he could not get about. Latterly his face had got bluish, and his speech thick.

The patient was a big, heavy man. The face and nose were congested, and the lips bluish, but there was no oedema anywhere. He talked somewhat thickly, and was very short of breath when he moved about. There was no particular cough. The tongue was coated, the appetite fair; bowels regular; urine scanty, sp. gr. 1026, and contained much lithates, but no albumen. Pulse 96, soft and small. The chest was resonant, but here and there were bronchial râles and prolonged respiration. The heart sounds were healthy.

The patient remained much about the same till about the beginning of March, when his breathing became worse, and the cyanosis increased. He died on the 21st of March.

*Autopsy.*—Immediately beneath the pleura there was seen a tumour situated in front of the ascending aorta, between the superior vena cava and the pulmonary artery, and extending as high as the left innominate vein. In addition to this, the right auricle was almost completely filled by a nearly spherical mass of soft consistence, and covered by reflected endocardium, which bulged somewhat through the auriculo-ventricular orifice. The growth extended upwards into the superior cava and its various branches to a distance of four or five inches from the auricle, and these were completely occupied and much distended by it. It seems probable that the new growth commenced in the anterior mediastinum, and extended through small veins into the superior cava and its branches, and thence to the auricle. In minute structure the tumours appeared to be lymphadenomatous, the exocardial one being much firmer than the other. In the left lung, where it was close to the tumour, there were several nodules of similar structure, but there were none in other organs. There was much fluid in the abdomen and in the right pleura.

### LONDON HOSPITAL.

#### BLEEDING FUNGOUS GROWTH FROM THE URETHRA.

(Under the care of Mr. HUTCHINSON.)

THE following case is an illustration of the manner in which the hæmorrhagic diathesis often runs in a family and affects several or all of the members of it. As a rule, however, the tendency to bleeding is most marked in members of the male sex. It has several times been found, for instance, that all the male members of a family were thus affected, while all the females escaped; at least, they did not themselves manifest it, although all the male children they

bore were the subjects of the hæmorrhagic diathesis, but all the female children were free. In this instance, on the other hand, the history shows the tendency to be almost entirely confined to the female members of the family.

Elizabeth P—, aged thirty-three, had suffered for five or six years from a bleeding growth of the urethra. The bleeding first came on about five years ago, after severe muscular exertion. The patient had been in several hospitals, provincial and metropolitan, without gaining any permanent relief. Four years ago she was in this hospital for ten months, during which time the growth was removed by the knife and the cautery, but it returned about December last. Since then she has been subject to severe hæmorrhages from the part. On April 4th she was again admitted, and the actual cautery was applied, with some relief from the bleedings for a few days.

The interest of this case lies in the fact that there is a family history of the hæmorrhagic diathesis, and also of recurrent (? malignant) growths. The mother's sister had a "bleeding cancer of the lip," which was removed, but re-formed on the tongue. One sister is subject to severe epistaxis, and the patient's son has been affected with epistaxis for three years. Another child died at the age of six years with bleeding from the nose and mouth. A sister of the patient has severe floodings after parturition, and has also a large red tumour of the left upper eyelid, which has been removed twice.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the meeting of this Society on the 8th instant—the President, Dr. C. J. B. Williams, in the chair—a very valuable and interesting paper was read by Dr. GEO. JOHNSON, F.R.S., on the Laryngeal Symptoms which result from the Pressure of Aneurismal and other Tumours upon the Vagus and Recurrent Nerves. In spite of the somewhat thin attendance of fellows, the debate that followed the reading of the paper was ably maintained, and the duration of the meeting was prolonged beyond its usual limits.

The main object of the paper was to demonstrate and explain the fact that bilateral spasm and bilateral palsy of the larynx may result from the pressure of an aneurism or other tumour on the vagus nerve of one side only. In support of this fact Dr. Johnson quoted two cases, one recorded by Dr. Bäumlér in the 23rd volume of the *Pathological Transactions*, and one by himself in the 24th volume of the same *Transactions*. In the latter case, a man forty-five years of age, suffering from shortness of breath and stridor, was found, on laryngoscopic examination, to have bilateral palsy of the vocal cords, which, preserving their natural colour, were nearly motionless on vocalisation, were pushed together on inspiration and forced apart on expiration. There was distinct impulse, and dulness over the manubrium sterni. The patient stated that he had become hoarse eighteen months before, and that latterly he had suffered much from dyspnoea, especially at night. The day after his admission tracheotomy was performed, and gave him relief, but he died on the fourth day from pleuropneumonia. After death an aneurism was found springing from the posterior part of the arch of the aorta, displacing the left vagus nerve forwards, while the left recurrent laryngeal nerve was carried behind the tumour and nearly buried in it. Dr. Curnow, who examined the laryngeal muscles, found decided atrophy of those of the left half of the larynx, and slight wasting of the right muscles. Dr. Bäumlér's case was one of aneurism of the innominate artery implicating the right vagus and recurrent nerves, which were flattened by the pressure, the left nerves being healthy, while the intrinsic muscles of the larynx of both sides were pale, flabby, and in a state of granular degeneration. In both these cases the fact of bilateral palsy of the larynx was ascertained by laryngoscopic examination