

abdominal walls, extending from the pelvic cavity to the ensiform cartilage and compressing the intestines against the spinal cord.

The right ovary was converted into a caseous mass, and contained a quantity of hair.

Drs. D. Hayes Agnew and Edward Rhoads, being appointed a committee to investigate the structure of the hair found in the ovary, made the following report:—

April 12. Dr. Edward Rhoads presented the following report in regard to the preceding case: The hairs found in the ovarian cyst presented by Dr. Jas. H. Hutchinson were identical in their structure with hairs upon the surface of the body. Each possessed a cortical portion of imbricated scales, a medullary substance, and a bulbous extremity; this last being attached to no stationary papilla but loosely imbedded in the cheesy or sebaceous matter. The hairs varied in thickness, and in length from $\frac{1}{4}$ to $1\frac{1}{2}$ inch; their colour was usually reddish-yellow, occasionally brown; no regularity appeared in their distribution. The occurrence of hair in ovarian cysts is noted by a number of observers, but only a few accurate investigations are recorded. Lebert gives merely a plate of the hairy mass, hairs, and “*matière sebacé.*” Rokitsansky, Hewitt, and others make incidental mention of their occasional presence. In the proceedings of the Obstet. Soc. of Edinburgh (*Edin. Med. Journal*, vol. 7, p. 886), we find reports of two cases, by Dr. Gillespie and A. R. Simpson. From that of the latter we quote “On opening the sac a considerable ball of loosely tangled hair was found lying in its interior, and two or three long hairs of a similar kind were seen growing from follicles in a skin-like patch on the posterior wall, toward its lower end. * * * He (Dr. Alex. Simpson) was not aware whether any observation had ever been made in such cases in regard to the colour of the hair, but in the case which he had brought under the notice of the Society, the hair contained in the ovarian cyst was strikingly like that growing on the head and pubes of the patient, and it would be interesting to know whether this obtained as a general law.”

“Dr. Gillespie stated that the hair contained in the cyst he had exhibited, was of the same colour as that on the surface of the patient’s body.”

Dr. Hutchinson states that there was not this correspondence in the case under consideration, the cystic hairs being reddish-yellow, those upon the head brown.

March 22. Surgical Fever.—Dr. RHOADS in presenting these specimens said: They have not the charm of novelty, but certainly do possess whatever of interest attaches to a disease of dangerous character and frequent occurrence, and the pathological, but more especially the therapeutical relations of which are imperfectly understood. They were taken from the body of a young man who died on Tuesday, March 21st, after an illness of seventeen days. He entered the Pennsylvania Hospital eighteen hours after a car-wheel passed over the anterior portion of his left foot, comminuting the bones of the part and tearing the soft tissues. Amputation at the tarso-metatarsal articulation was at once performed by Dr. Morton. The plantar flap sloughed, but the dead portion soon separated, leaving the wound covered with healthy granulations. Beyond the ordinary irritation consequent upon such an operation and frequent restlessness, no marked constitutional symptoms presented themselves until Sunday, March 12th. On the preceding Friday some redness and swelling appeared in front of his ankle along the edge of the dorsal flap, and two small subcutaneous abscesses formed there,

no material change occurring in the wound's appearance. On Sunday afternoon a severe chill, half an hour in duration, ushered in an irregular series of rigors ending only with death. A few hours later red lines appeared, commencing in front of the ankle and extending obliquely upward and inward to the inner side of the knee. With the redness there were swelling and induration. These continued together to the middle of the thigh, and then *ceased abruptly*. The left inguinal glands were, however, much enlarged. On Thursday a circumscribed subcutaneous abscess, which had formed on the inner aspect of the leg, about midway between the ankle and knee, was opened, and, resting upon the deep fascia forming its floor, appeared the internal saphena vein. This was distended and quite firm. Through a puncture made in its walls with a bistoury, exuded abundantly no blood, but a thick puruloid fluid, exhibiting under the microscope much granular matter with corpuscles (uni- and bi-nuclear, but usually granular or fatty), and coloured flakes, evidently altered hæmatin. Blood from the patient's finger at this time contained a positive increase in the number of white nucleated corpuscles. The general symptoms had assumed the most decided character—persistent rigors, irregular as to time of occurrence, severity and duration; colligative sweats, macerating the skin, the hue, the shrivelled fingers, the heavy odour, the dull, lethargic expression of countenance, the uneasy passive delirium, the rapid pulse and hurried respiration, the dry tongue, the tympanitic abdomen and diarrhœa, the heavy alkaline urine, slightly albuminous, with its copious deposit of phosphates and urates, combined to render the case complete and unmistakable. There were moist rales, too, in the lung, with coarse friction sound and cough. After the first chill the wound ceased to produce healthy pus, discharging sanious fluid merely.

Constitutional treatment.—Potass. permang. Later tr. ferri chlor. and quin. sulph. with alcoholic stimulus and beef-tea. Local emollient applications to leg—yeast poultice and permang. potash to stump.

Autopsy.—*Thorax.* Lungs congested, but everywhere inflatable except in the dark areas surrounding the numerous scattered abscesses. Pleura for the most part covered with a cheesy, straw-coloured exudation, and bathed in abundant fluid grumous with flocculi of the same. Heart healthy in appearance; its chambers filled with fluid blood and soft coagula.

Abdomen. Liver large, its cells healthy. Spleen slightly increased in size. Mesenteric gland conspicuous; intestine distended with gas. Peyer's patches distinct, presenting the dotted ("shaven-beard") appearance. Kidneys rather large, with engorged capillaries, containing frequent points of stasis or coagulation, both in the anastomosing network and in the convolutions of the glomerules.

The blood everywhere contained *very many* white corpuscles with one, two, sometimes three, distinct, and frequently reniform nuclei; the red appearing darker than in health, readily giving up their colouring matter to water, and more disposed to cohere in masses than to arrange themselves in rolls. All the lymphatic glands on the left side of the pelvis and in the corresponding groin were much swollen. The internal saphena vein and its branches as far as the middle of the thigh (at a point corresponding to the cessation of the external redness and induration) contained no blood but the puruloid fluid before mentioned, from which the hæmatin flakes, noticed five days previously, had now disappeared. Above the point in the thigh the vein was entirely occluded by a firm clot, the lower end of which gradually dissolved into the matter below. The same condition obtained

in the deep veins, but there the changes had not progressed so far; and in the vessels of the opposite limb no abnormal appearances presented themselves.

Without at this time entering into a discussion of the various theories advanced in connection with this disease, permit me to call attention to the following facts ascertained in the case under consideration:—

1st. The evident irritation of the lymphatics of the part, and swelling of their glands above with corpuscles exactly resembling those occurring in large numbers everywhere through the blood.

2d. The impossibility of the white venous fluid entering the general circulation from which it was separated by a firm coagulum entirely closing the vessel.

3d. That this white venous fluid was evidently the debris of a clot, as shown by its microscopic characters, particularly the early presence and later absence of hæmatio flakes, and the general granular and fatty rather than nucleated structure of the corpuscles.

4th. That the corpuscles of the blood and lymphatic glands were different from the corpuscles of the venous fluid.

April 12. Interstitial and Necrobiotic Degeneration of Muscle.—Dr. RHODES exhibited the specimen and made the following remarks:—

The patient from whom this specimen was removed, had suffered for 13 years with strumous disease (ankylosis and tumour) of the knee-joint. The muscles of the thigh had been long entirely unemployed; those below the knee were used slightly in moving the foot. These latter were pale, atrophied, and had undergone interstitial fatty degeneration. The fibres preserved their transverse striæ well marked, but instead of their connecting tissue appeared bead-like rows of fat vesicles. The muscles of the thigh were represented by yellow masses retaining the original shape merely, and exhibiting under the microscope absolute elemental fatty degeneration, as well as much fat in the interspaces. Very rarely could any trace whatever of the original striation be discovered, but sheaths empty and collapsed, or filled and transparent with oil; or retaining it in small globules mingled with granular matter, filled the field.

Case of General Tuberculosis in a Child.—Dr. JOHN M. LEEDOM communicated the following case of this:—

Mary K., the little patient from whom this specimen was obtained, had been suffering for about seven years with general tuberculous disease, which first manifested itself in the form of hydrocephalus. The acute symptoms of this affection yielded to treatment, though the head always remained unnaturally large. She went through all the diseases to which childhood is generally liable, I myself having attended her in measles, scarlet fever, and whooping-cough. She dragged on a miserable existence until the night of the 5th of the present month (March, 1865), when an attack of more than ordinary oppression terminated her brief career.

A *post-mortem* examination was made thirty-six hours after death, with the following results: Rigor mortis well marked. On opening the chest, masses of tuberculous matter about the size of nutmegs were found in the walls of the pericardium, which contained about one pint of fluid. Both surfaces were much roughened, that of the heart presenting a peculiar honeycombed appearance. The pleura was studded with tuberculous deposits, roughened in patches, and adherent to the anterior thoracic parietes.