septic; the larynx was apparently normal. Scarring on the shins and thighs were the only possible signs of syphilis. The abdominal cavity contained an excess of clear yellow fluid. The wall of the left ventricle of the heart was slightly hypertrophied but there was no valvular lesion.

The specimen was shown at a meeting of the Plymouth Medical Society.

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Clinical Laboratory, South Devon and East Cornwall Hospital.
Plymouth.

REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

BRADFORD ROYAL INFIRMARY.

DOUBLE INGUINAL HERNIA WITH UNUSUAL SAC CONTENTS.

By WILLIAM H. HORROCKS, F.R.C.S., Honorary Surgeon to the Infirmary.)

P. F., a delicate male child, aged 9½ months, was admitted on April 18th, 1901, with a painful swelling in the left inguinal region.

The patient was ill-nourished, and had a spina bifida in the lumbar region and an inguinal hernia on each side. On the right side the hernia could be partly reduced, the skin over the left inguinal hernia was red and œdematous, and the scrotum and inguinal canal filled with a tense tumour, over which no impulse could be felt when the child cried. There was no vomiting, and the bowels were moved after admission.

On April 23rd an incision was made over the left inguinal swelling and the hernial sac opened. It was found to contain pus, and along the back part of the sac a thin band about ⅜-inch in diameter and 2¼ inches long extended to the bottom of the sac, where it was adherent. This was easily separated from the sac wall, and found to be continuous above with the small intestine, of which it was a diverticulum. The tissues were so infiltrated that it was considered desirable to remove the testicle and sac. The diverticulum was cut off near its origin from the intestine, and its stump inverted and buried by two rows of catgut sutures. The pillars of the inguinal canal were brought together with catgut, and the skin with silkworm-gut; collodion dressing was applied. The part removed from the sac was found to be a thin, hollow band, which had perforated and become attached at its distal extremity. The fluid contained in the sac was a glutinous pus, which had not found its way along the patent inguinal canal, owing to the narrow nature of that connection. The wound healed without trouble.

On May 7th an incision was made over the right scrotal hernia; the sac was opened and found to contain the lower part of the cæcum, which had a mesentery of sufficient length to allow its return to the abdomen without disturbing its vascular connection to any extent. A pad was formed of the sac, and the pillars of the ring brought together.

REMARKS.—Perforation of Meckel's diverticulum in a hernial sac is a rare occurrence. Dr. Stretch Dowse in the *Transactions* of the Pathological Society describes a case in which a fæcal fistula had formed from ulceration of the diverticulum. Dr. Keeling in the BRITISH MEDICAL JOURNAL, December 21st, 1899, records a case of gangrene of the diverticulum with extravasation of its contents (crab shell) into a hernial sac. In the present case the long narrow band stretching down the back of the sac had little resemblance to the ordinary finger-like process of a Meckel's diverticulum. It was only after tracing it upwards to its origin and drawing down the small intestine from which it came that its nature was discovered. The cæcal hernia on the right side had a long mesenteric attachment, so that it was reduced without difficulty, care being taken to avoid injury to the vessels going to the right testicle as the left had been previously removed. The wall of the spina bifida was thick and the skin sound, and it was not interfered with on the present occasion.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

W. WATSON CHEYNE, F.R.S., President, in the Chair.

Tuesday, December 3rd, 1901.

LYMPHADENOMA AND ITS RELATION TO TUBERCULOSIS.

A DISCUSSION upon the above subject was opened by Mr. H. T. BUTLIN, who commenced by stating that the term lymphadenoma must be limited to a particular set of cases of glandular enlargement. In one form the glands were soft to the feel; they might in time become adherent; other groups than those originally affected might enlarge, together with the spleen and liver. In a second form the glands were firm. In his opinion the disease was not a true hypertrophy, it was not tuberculous, and not inflammatory; it was a disease *sui generis*. It had not as yet been proved to be infective, though that was, of course, a possibility. The disease could at present only be classified by its morbid anatomy; and the author went so far as to believe that the diseased glands presented a characteristic or pathognomonic structure. The structure had been figured by Dr. Greenfield in the Society's *Transactions*. Insuperable difficulties at times presented themselves in the diagnosis between tuberculosis and lymphadenoma. What was more, the two diseases might coexist; and he thought that glands affected with lymphadenoma were slightly more liable to tuberculosis than normal ones.

The PRESIDENT having adverted to the difficulty of differential diagnosis,

Dr. F. W. ANDREWES remarked that he had examined 23 cases chiefly supplied by Mr. Butlin's practice. The disease was that known as Hodgkin's, or by Virchow as lymphosarcoma—a progressive enlargement of lymphatic glands and lymphatic tissues, without metastasis in the usual sense, and without distinctive changes in the blood. Histologically, the general plan of the gland was abolished; the number of lymphocytes was diminished; the stoma underwent hyperplasia, the endothelial cells proliferating; the eosinophile cells, of which normally only a few are present, were increased. The whole gland was affected. In the soft form endothelial hyperplasia was chiefly present; but between the soft and the hard there were intermediate stages. Caseous foci might be encountered, and these sometimes, at least, were probably indicative of an added tuberculous infection. In tuberculosis a gland might exhibit miliary tubercles, or caseous foci, or endothelial proliferation; the disease was not generalised through the gland, and here the number of eosinophile cells tended to diminish. In undoubted examples of lymphadenoma, the speaker had not been able to discover tubercle bacilli. He considered a mixed infection as at times occurring, and in such cases experimental inoculation in the guinea-pig led to tuberculosis; in unmixed lymphadenoma such inoculations with the diseased glands gave negative results. Nevertheless, some cases offered extreme difficulties in diagnosis, not only clinically, but after death, the lesions in the organs being of both kinds; in such cases the tuberculosis was the secondary affection.

Dr. LEE DICKINSON recounted at length a case in which tuberculosis supervened upon lymphadenoma.

Professor J. MACFADYEAN had not had an opportunity of examining lymphadenoma in animals, though the disease was alleged to occur. Doubtless some such cases were tuberculous, as for instance those where nodules occurred in the spleen; tubercle bacilli could be demonstrated in such, as well as the histological signs of tuberculosis. He had a suspicion that in lymphadenoma the glands first enlarged did not, in many cases, correspond with those first diseased in tuberculosis.

Dr. N. PITT adverted, like other speakers, to the great clinical difficulty of the diagnosis as between lymphadenoma and tuberculous disease. In three cases, regarded during life as typically lymphadenoma, the necropsy revealed tuberculosis as a complication. Possibly the tuberculin test might be applied. As to whether caseation occurred in uncomplicated lymphadenoma he was doubtful. In the visceral lesions of lymphadenoma he pointed out that fibrosis was uncommon; and he did not think lymphadenoma related to tuberculosis—it was not a para-tuberculous affection.

SOUTH-WEST LONDON MEDICAL SOCIETY.

JOHN GAY, L.R.C.P., M.R.C.S., President, in the Chair.

Wednesday, November 13th, 1901.

THE *X* RAYS IN CANCER.

MR. CECIL R. C. LYSTER, Medical Superintendent of Bolingbroke Hospital, Wandsworth Common, brought before the Society two cases of local cancerous disease treated by the *x* rays at the Bolingbroke Hospital. His experience of *x*-ray work dated from June, 1900, when, by the kindness of one of the Board, Mr. Mackrell, he was enabled to purchase a Wimshurst induction machine and vacuum tube apparatus, very largely for the purpose of treating a case of lupus in which they were interested. Success resulted, and other successes followed. He next treated a rodent ulcer of the outer canthus of the right eye, and was as fortunate as hitherto. Studying with some care the pathological effect of this new-found remedy, he eventually formed the opinion that the diseased tissues were gradually thrown off in the form of crusts and scabs, or absorbed. This belief induced him to apply the Roentgen rays on the first of the two patients whom he showed. J. L., aged 65, a knife-grinder and tinker by trade, came to Mr. Lyster on March 1st, 1901, complaining of a sore on the lower lip. On examination, he found the lower lip everted, there was a hard growth, an inch by three-quarters of an inch, slightly to the left side of the middle line, and a foul ulcer, the size of a sixpence, at the junction of the skin with the mucous membrane, extending from the middle line towards the left. The edges were indurated, irregular, and markedly everted. It was, in short, a typical epithelioma. For the reason stated above, Mr. Lyster treated this in the same way as his lupus cases had hitherto been treated, and with the usual 10-inch tube. The rays were applied on March 5th, 6th, 7th, 8th, 9th, and 11th, giving sittings of ten minutes, with resulting congestion. The ulcer was now discharging a thin, serous fluid, and a healthy granulating surface was beginning to make an appearance. Treatment was discontinued until March 19th, by which time the congestion was disappearing, the ulcer being smaller, cleaner, and definitely not so hard as before. He again applied the *x* rays on March 19th, 20th, 21st and 22nd. Less congestion resulted, and the ulcer daily grew smaller and healthier. Treatment as hitherto was continued on March 25th and 26th and on the first three days of April; marked diminution in the size of the ulcer and growth being manifest. The rays were applied for the last time on April 10th, 1901, by which time the ulcer had practically healed, and except for a slight scar the lip looked normal, although some slight thickening towards the middle line was still apparent. He told the patient to come again as usual, but considering the cure to be complete, the order was not obeyed, and they had not seen him until this evening, having been at some pains to discover his whereabouts to bring him before the Society. Mr. Lyster added that the patient was somewhat addicted to C_2H_6O, and was for various other reasons—obvious to all bystanders—not the person one would have chosen in order to demonstrate rapid healing under a new treatment. The treatment of all their *x*-ray cases had been carried out by Mr. Lyster and by his assistant, Mr. Eric M. Perkins, and it was intimated that they would be glad to demonstrate their methods and appliances to any member of the Society.

Mr. Lyster then read a communication to the Society from Mr. Thomas Bryant, F.R.C.S., to the following effect:—As I well know how interested every member of your Society is in the work carried on at the Bolingbroke Hospital, I wish to report the result of our experience in the treatment of cutaneous and subcutaneous cancer by the *x* rays. You probably are all aware of the striking beneficial influence of these rays in the treatment of lupus, for the examples of its successful application have been numerous and must be known to all of you. But you may not be acquainted with the fact that we have had at Bolingbroke good success in the treatment of rodent and epithelial skin ulcers, and in one typical example of epithelial tumour of the lower lip of an old man, which did not seem suitable for a surgical operation which Mr. Lyster treated and will show to-night. Indeed it has been from these successes that Mr. Lyster and myself have been induced to try the treatment upon a case of recurrent cancer of the breast which came under my care in private work, and its influence has been so remarkably beneficial, and the lady patient is quite ready to submit herself to your inspection, I have taken the occasion of this meeting of your Society to send you this report of our doings. The patient you will see is about forty-three years of age, and came into my hands in August, 1901, for a recurrent cancerous disease involving the seat of an operation which I had performed in December, 1900, and which had manifested itself about one month before I saw her, and seven months after the original operation. The clavicular flap was the seat of tubercles of a florid red colour, and the lower flap near the original scar was dotted with like tubercles. The upper flap near its axillary end was also the seat of a raised tumour, the size of a crown, the surface of which was breaking down. In front of this tumour was a second, situated beneath the skin, with a convex surface, and apparently infiltrating its deeper layers, as the skin over it was fixed. There was likewise a tubercle in the scar at its extreme axillary end. A rough diagrammatic drawing of the case, as it appeared when the treatment was first commenced, will be laid before you. I may add that the patient complained of much pain at the seat of disease. At the present time—three months after continuous treatment—it has to be reported that in this case all pain has ceased, and that this result was secured about two weeks after the treatment was commenced; that many of the active tubercles have entirely disappeaied, and that all are disappearing. That the ulcerating nodule, the size of a crown, upon which a scab existed when the treatment was started, has now healed under the scab and flattened out; that the nodule next to it has likewise assumed a like shape, and is far less prominent; that the skin in which the disease had returned is now movable, whereas, before the treatment, it was quite fixed; and, lastly, that the tubercle, which was situated at the end of the scar in the axilla appears to be undergoing a withering process. Indeed, from these facts no other conclusions can be drawn than that, as a result of the treatment, the disease has been scotched, if not killed; that the acute form of the disease which existed on its recurrence has been entirely checked and exchanged for an atrophying condition, which it seems reasonable to believe may pass on, by the continuation of the treatment, to the removal of the local manifestation of disease. It is likewise to be emphasised that the treatment itself is absolutely painless, and that it relieves pain if present after the application of the rays for a few days. In a second case of recurrent cancer, now in the hospital, similar changes are also to be observed to those just recorded. With such facts before us, as have thus been briefly described, it seems reasonable to suggest that the treatment of local cutaneous forms of cancer, by the means we are now considering, is most hopeful, and that such treatment should be applied in all cases when the disease is not otherwise suitable for the operative treatment. That in all recurrent cases of carcinoma, as illustrated by the example you have just seen, the treatment should certainly be employed. What it may do in cases of sarcoma has yet to be tested; for my own part, I should anticipate good success, for there seems to be but little doubt that the *x* rays have a destructive influence upon cell life, the extent of which has yet to be worked out, but which is full of promise. Let me, however, again repeat that we must not yet talk of cancer cures, although we seem to be quite justified in saying that these *x* rays will kill pain and retard growth. How much more they may do has still to be worked out; but what we have done at our local hospital, in which all of you take so much interest, has been so hopeful, that I have thought it only right to present to you these brief notes; and I do so with the hope that you may help us in our work, and in so doing help those who fall into your hands for treatment.

The PRESIDENT and several members of the Society took part in the discussion which followed.

PAPER.

Mr. YEARSLEY read a paper entitled The Diagnosis and Treatment of Pain in the Ear.

THE CLINICAL SOCIETY: A CORRECTION.

MR. CUTHBERT S. WALLACE (Upper Wimpole Street) writes: In the discussion at the Clinical Society on intracranial section of the fifth nerve you report me as saying that the "temporal route" had fallen into disrepute in America. As a matter of fact, I quoted an American author as saying that the partial excision of the Gasserian ganglion had fallen into disuse,