

the imperfect sight either to encephalic tumour, or to implication of the frontal nerve, examination of the urine, a few days later, furnished a much more satisfactory clue to the symptom. The fluid was highly albuminous. We now ascertained from relatives that the daily amount was small (a fact previously denied by the patient). A few days later, the eyelids were distinctly, though very slightly, oedematous; the ankles remained free from dropsy throughout. The most active measures failed to produce any secretion from the skin, which continued to the last day dry and harsh.

Between this period and that of the patient's death, on the 29th of November, one or two circumstances occurred worthy of note. The hydrochloric acid test succeeded strikingly; the expired air gave thick opaque fumes: but in this instance, as in many we have seen in the wards together, the breath was of strongly urinous odour—a state quite as significant of uræmia, as an affirmative result by Frerichs's test. For several days before his decease, the patient had *uræmic dyspnoea*, as I would call it—a dyspnoea evidently depending on the morbid state of the blood: for there was no pulmonary nor cardiac affection to explain it; the percussion-sound was excellent everywhere; there was no rhonchus, no serious alteration of the respiration-sound, and no cardiac disease. The pulse-respiration ratio averaged during this time 3:1, both pulse and respiration being, absolutely speaking, very frequent, namely 120 and 40. But there was an amount of breathing distress materially greater than attends a respiration of forty per minute: to this the poisoned blood was the apparent clue.

Now, remarkably enough, this patient remained, almost to the last moment, free from the more ordinary effects of uræmic poisoning. The brain and cord gave no sign of suffering; his intellect continued clear; there was neither delirium nor sopor; and convulsions did not occur. This dissection of the effects of the kind of poisoning in question is not uncommon: the brain and vision may alone be affected; or the vision, the functions of the spinal cord, and those of the brain may suffer simultaneously.

40, Queen Anne Street, Cavendish Square, Nov. 11, 1853.

## REPORT OF THE READING PATHOLOGICAL SOCIETY.

By W. W. MOXHAY, Esq.

[Concluded from p. 996 of last number.]

### DISEASES OF THE VASCULAR SYSTEM.

**HYPERTROPHY OF HEART: DISEASE OF AORTIC VALVES: SUDDEN DEATH ON THE DAY FOLLOWING DELIVERY.** By W. B. YOUNG, Esq. (Sept. 1st, 1852.) A married female was delivered of her seventh child on the morning of 21st August, 1852. She had a natural labour. On the following morning, she suddenly expired after taking some tea and bread and butter.

*Examination of the Body.* The omentum was loaded with fat, the stomach and bowels were much distended with flatus, and the liver was enlarged; the uterus was fully contracted, containing no clots; the right kidney was somewhat enlarged, but not altered in structure—the left was natural; the cavity of the chest was rather contracted, and the lungs were congested; the heart was larger than normal; the left ventricle was hypertrophied, and contained dark clots; the aortic valves were thickened and rigid; the right ventricle was small, atrophied, and quite empty.

Mr. Young considered that the disease of the heart had been the cause of death, and that its function had been arrested by the distended state of the stomach, and large size of the liver.

**MIXED OR COMPOUND ANEURISM OF THE AORTA.** By C. H. GAMBLE, Esq. The ascending aorta and arch were dilated to twice their natural size; while the upper part of the descending portion presented in addition a rupture of its coats, and a sac communicating with it as large as an

orange. The two upper dorsal vertebræ were eroded by the pressure, and formed a boundary to the sac; this part of it was the only one containing coagulum. The patient was a brewer's man, aged 54. He had continued his employment, with temporary intervals, until within a few days of his death. He died after excitement, which had produced rupture of the sac and effusion of blood into the right thoracic cavity. The right lung was emphysematous; it lay across the front of the pleural cavity under the sternum. Three pints or more of blood were found effused into this cavity.

**DIFFUSED POPLITEAL ANEURISM.** By F. A. BULLEY, Esq. The patient was W. B., a man in the Royal Berkshire Hospital, whose thigh Mr. Bulley had amputated a few days ago, on account of threatened sloughing. The man stated, on his admission on August 21st, that eleven months previously he experienced, after having carried a sack of wheat up some steps, a tingling sensation in front of the right knee. He noticed also a small swelling, not larger than a pea, in the ham; this and the tingling sensation disappeared in a few days. On the 23rd June, he again noticed the swelling, and he had some throbbing in it, and also pricking sensations up the inner side of the thigh. The tumour reached the size of a pigeon's egg. On the morning of his admission into the hospital, he was engaged in hoeing turnips; he felt something give way in the ham, and experienced rushing sensations down the leg, and up the thigh, in the course of the femoral artery. The limb became disabled, and the leg and foot numb and oedematous. The popliteal swelling rapidly increased in size, and he had sensations of burning in parts of the leg, etc. Pressure was tried by means of Mr. Bulley's tourniquet; but, the patient being obstinate, the plan was not properly carried out, and amputation became the only resource, gangrene being threatened, and the man being in a very cachectic and exhausted state.

There were found on dissection the sacs; one, the larger and posterior, contained much coagula, and was formed by the surrounding textures (fascia lata, gastrocnemii, and hamstring muscles, cellular tissue, etc.); the smaller, communicating directly with the artery through a longitudinal aperture, had more distinct parietes, continuous with the coats of the artery, but lost posteriorly in the mass of coagula of the larger cyst. The arteries were healthy above and below. The man made a slow but good recovery.

Mr. Bulley thought pressure had one inconvenience attached to it; viz., that it might damage the artery by thickening its coats, so as to render the separation of a ligature difficult and dangerous. He thought the collateral arteries had begun to dilate in this case.

Mr. MAY would limit the trial of pressure to cases of circumscribed aneurism, where the sac was entire; or where, if it had given way, a second sac had formed from the condensation of cellular tissue by inflammation.

**DISEASED ARTERIES IN A PATIENT DYING OF GANGRENE.** By F. A. BULLEY, Esq. (March 23rd, 1853.) Mr. Bulley presented some specimens of arterial disease taken from a woman aged 68, who had lately died in the hospital with dry gangrene of the right hand and arm. She had been exposed to cold in hanging up some clothes in her garden, and had a rigor, followed by fit, soon after. One night, having previously complained of smarting in the hand, she had great pain in it and in the wrist; she found they were of a dark colour; this change extended upwards, and had involved nearly the whole of the forearm, the hand and arm being a dry black and charred looking mass. Some of the toes were gangrenous, but there was more action in the neighbouring parts; so that the gangrenous parts were not so dry. She had for years been subject to cold extremities, shewing great feebleness of circulation.

*Examination of the Body.* The main arteries were examined. The right brachial artery was blocked by a firm adherent coagulum for two or three inches; the lining membrane of the artery shewing dark discoloration through this extent. The whole arterial system seemed affected

with deposits of bony and cartilaginous matter; the former being most marked at the bifurcation of the aorta into the common iliacs, and of the latter into external and internal.

#### DISEASES OF THE URINARY SYSTEM.

**MALIGNANT DISEASE OF THE KIDNEY.** By C. H. GAMBLE, Esq. (Feb. 23rd, 1853.) A child, aged two years and a quarter, had recently recovered from symptoms resembling those of acute hydrocephalus, under active treatment. The belly became afterwards tympanitic; a tumour could, however, be felt in the left iliac region, but no diagnosis was arrived at. Death by asthenia ensued.

*Examination of the Body.* The abdomen was found to contain a large quantity of grumous blood, which had escaped through an aperture in the peritoneum from a mass of malignant disease, which arose from the tubular structure of the left kidney, leaving the cortical substance to a certain extent untouched, but involving the colon and supra-renal capsule. The tumour, which was encephaloid and contained in the spaces left in its structure much blood, weighed five pounds; the kidney alone weighed two and a quarter pounds.

**MALIGNANT DISEASE OF THE KIDNEY.** By R. T. WOODHOUSE, M.D. This specimen weighed eighteen pounds; only a small portion of the cortical structure was unaffected. The tumour had occupied the whole of the right side of the abdominal cavity, and had extended itself across the spine into the left, pushing the small intestines into the left iliac fossa. The ascending colon went over the front and inner part of the diseased mass, and the ileum over the lower part, both being attached to it; the peritoneum covered the whole. The iliac, pelvic, and lumbar glands were all infiltrated with malignant deposit. The substance of the tumour was made up of a stone coloured medullary deposit, easily broken down, and having in it one or two cavities containing straw-coloured fluid. There was a cyst formed by the expansion and thickening of the capsule of the kidney, the tumour seemed to grow from the tubular structure of that organ. The left kidney was found large and congested but healthy. The history was imperfect; but the man from whom this immense mass was taken was sixty-six years old; he seems to have met with a strain twelve months ago, but dated his illness from only four months since, having been then seized with vomiting and biliousness. The legs, face, and left hand began to swell as well as the abdomen. On his admission, Jan. 26th, the tumour seemed to extend from the ribs down to within two or three inches of Poupart's ligament, and a spur could be felt going over the spine. There was a depression near the margin of the ribs, resonant on percussion; fluid existed in the abdominal cavity. He sunk by asthenia.

The urine had been examined, and was found to be sp. gr. 1022, containing no albumen. Dr. Walshe mentions, in regard to the urine, that it is unaffected in cancer of the kidney, until the renal structure is deeply diseased, blood, pus, and encephaloid matter being then found in it. In this case nothing could pass from the kidney to the bladder, on account of the ureter being obliterated by the pressure of it between the mass of the kidney and lumbar glands. Some of the diseased deposit was placed under the microscope, and was found to consist of oval cells, some of which contained nuclei; they were intersected by curvilinear fibres.

**DISEASE OF THE KIDNEYS IN A CHILD.** By EDWARD WELLS, M.D. (Oct. 27th, 1852.) The patient, G. K., was between two and three years of age. The mother gave the following account. On Saturday, Oct. 16th, she first noticed the child to be poorly, without any particular symptoms; on the following Tuesday, the body began to swell; but she merely thought he was getting stout; the anasarca increased. On Friday, the breathing became affected; and on Saturday, the day the child was brought to the hospital, the dyspnoea was very urgent. He died by apnoea two hours afterwards.

*Examination of the Body.* Very considerable serous effusion was found in both pleuræ; some in the pericardium. The heart was healthy, there was consolidation at the base of the right lung, and congestion of the liver. The left

kidney was larger than natural, the capsule readily peeled off, the exposed surface was studded with red points; the cortical substance was in a state of degeneration; the tubular structure was healthy. The right kidney was smaller; the cortical structure was also in a state of degeneration. The body was anasarcaous. There was no opportunity of examining the urine before death, and none was found in the bladder.

#### DISEASES OF THE UTERINE SYSTEM.

\* **ENCEPHALOID CANCER OF THE UTERUS.** By C. H. GAMBLE, Esq. (Jan. 26th, 1853.) The specimen was taken from a woman, aged 38, the mother of nine children. In October 1851 she suffered from a profuse inodorous watery discharge, and the menstrual flow became more sanguinolent, frequent, and copious. At a time when this flow was very free, the diagnosis of cauliflower excrescence was come to, a tumour filling the vagina which was crisp and friable at the lower end, but firmer above; it was attached firmly by a base larger than half a crown to the inner surface of the os uteri. Considerable bleeding followed the examination, from the tumour breaking down in its substance. Bleeding again and again recurred; in July last, one attack was so severe as to be followed by syncope of two or three days duration, since which, so much serum or blood has never escaped. Mr. G. found the alum hip bath of Dr. Ashwell the most useful remedy in checking these hæmorrhages. The pain which she had suffered in the back and hips, had been of a dull, aching character, but it now became more distressing, and accompanied with aching in the legs, more particularly the left, and in the course of the sciatics; much weight and bearing down on the perineum had also existed latterly. Symptoms connected with other organs occurred, as nausea, vomiting, diarrhoea, dyspeptic ailments, puffiness of the whole body, and incapability of being raised from the recumbent posture.

*Examination of the Body.* The body was found extremely exsanguine, but by no means deficient in condition. The pelvic organs were matted together; the uterus, ovaries, and cellular tissue, had much cancerous matter deposited in them; that in the centre of the uterus was tolerably firm and cut crisp; what was in the other parts was more cerebriform. There was also some malignant deposit at the vesical ends of the ureters, partially blocking up the left. A thin dirty white and slimy piece of membrane hung from the uterus.

Mr. Gamble said that in this case, Mr. May, Mr. Workman, and himself, had all agreed in the symptoms indicating cauliflower excrescence in the first instance; but he thought that the termination of the case had been by conversion of the womb, etc., into that species of cancer known as medullary sarcoma. He desired, therefore, the opinion of the Society as to whether this was a natural termination or an accidental complication; in a case where life had been unusually prolonged. Mr. May expressed his opinion that cauliflower excrescence and encephaloid cancer were identical; and Dr. Wells also thought that cauliflower excrescence was a malignant disease.

**UTERINE POLYPI.** By G. MAY, Esq. (April 20th, 1853.) An unmarried lady, aged 45, had for six years had occasional uterine hæmorrhage. In consultation with Mr. Stone, a small tumour was found, and tied. She still suffered from periodical floodings, which reduced her very much. A second pedunculated tumour was found, which gradually descended into the vagina; this was surrounded by a stout ligature, which, after some days, broke. The peduncle was nearly ulcerated through, and the tumour soon came away (about a fortnight before death). On the 18th instant, while about her household affairs, she was seized with vomiting, diarrhoea, and shivering, with pain in the abdomen. She appeared death-struck, and died on the 19th.

*Examination of the Body.* The peritoneum, over the

\* A case of Internal Uterine Hæmorrhage was related by Mr. Harrison, but as it was published in the ASSOCIATION JOURNAL for January 7th, it is not necessary to reproduce it here.

small intestines, was found vascular; and there was slight serous effusion into the abdominal cavity, with a few flakes of lymph. The vagina and cervix uteri were healthy; the seat of the polypus showed only a slight projection—no inflammation nor ulceration. The body of the uterus was greatly hypertrophied, weighing  $2\frac{1}{2}$  lbs., with several nodules of various sizes projecting from its surface. There was a small pendant polypus within the cervix, about an inch in length; and, on laying open the cavity of the uterus, a larger one was seen hanging from the fundus,  $2\frac{1}{2}$  or 3 inches in length. The peduncles were pale, but the bulbous heads purple and flaccid, as if composed of turgid vessels. A question arose as to the malignancy of the tumours in the walls of the uterus; but the general opinion seemed to be, that they were fibrous and non-malignant. They were perfectly smooth, almost globular, and slightly elastic to the passage of the knife, the section giving a distinct fibrous appearance.

#### DISEASES OF THE CUTANEOUS SYSTEM.

**LUPIN-SEED FAVUS.** By E. WELLS, M.D. (June 30th, 1852.) Dr. Wells presented wax models and a drawing of a specimen of the lupin-seed favus, extending over the whole body, which had existed in a little girl in the hospital. The disease had yielded to alkaline baths every night, of six ounces of carbonate of potass, in thirty gallons of water at  $98^{\circ}$ . The portion of the disease on the scalp was treated with equal parts of sulphur ointment, and tar ointment, and alkaline lotions. Dr. Wells remarked, that the disease began in small points, which coalesced and formed patches. Some of the smaller of these much resembled a section of calumba root. He also stated, that favus in the scalp often got well under simple poultices. These were, at any rate, absolutely necessary, before stimulating applications were used. Three of this patient's brothers were, it seems, affected with the same disease in the scalp.

**CUTANEOUS CANCER.** By I. HARRISON, Esq. (Sept. 1st, 1852.) Mr. Harrison presented a cast of cutaneous cancer in the neighbourhood of the left eye, taken from a man aged 92. Mr. Harrison thought this man's death had not been in any way accelerated by it. He died by asthma. Mr. H., however, recommended the early removal of tumours of the face; as, he thought, they always degenerated into malignancy. He mentioned a case in which Sir A. Cooper had been consulted, and had advised non-interference, but in which cancerous degeneration had since taken place.

Mr. MAY referred to the case of the clerk at Sonning church, in whom an epithelial cancer had existed thirty years, and had now destroyed the cheek. He thought that, in this form of disease, the neighbouring tissues were tolerably free.

In surgery, there has been little brought before the Society. The few cases relating to this subject I have thought it better to place amongst the diseases of the different systems to which they belong, finding it very difficult to distinguish where medicine ends and surgery begins. I may refer, in proof of the necessity of their existing together, to the two cases of operation by Mr. May. In these, what would have been the value of the attendance of a man endowed merely with the knowledge of external disease and hand work? In his most anxiously treated case of artificial anus, the symptoms brought to him the knowledge of some hidden grave obstruction somewhere in the intestinal canal, and his knowledge of hand-work enabled him to find and use the probable remedy.

We might hope for greater advances than even have been made in our capability of distinguishing disease, but more particularly in our capability of advising our patients well as to some of the dangerous operative proceedings they are to undergo, if all our brethren were induced to adopt the practice of reading their unsuccessful as well as their successful cases. Doubts are thrown on the results of the ovarian section, and its justifiability as a surgical operation, by the non-appearance of facts which, though they

may, in the eyes of some, militate against the reputation of an individual, would make easier the path of many an anxious member of our profession in his endeavours to relieve suffering humanity.

Reading, September 1853.

#### TWO CASES OF VIOLENT INFLAMMATION OF THE PENIS, CAUSED BY CONSTRICTION WITH STEEL RINGS.

By S. T. CHADWICK, M.D. Edin.

ALTHOUGH the following cases may not possess much practical value, their unusual occurrence may render them of sufficient interest to merit being recorded.

**CASE I.** A farmer's son, aged 7 years, residing in the neighbourhood of Standish, was brought to me on a Tuesday morning, in consequence of what his parents (who accompanied him) stated to be an inflammation about his private parts.

On examination, I found the penis prodigiously swollen, tense, and inflamed; and, on the least attempt at manipulation, he involuntarily receded, and screamed out from pain, which was evidently of an agonising character. I was astonished on observing the defined form of the swelling, which abruptly terminated near the root of the penis, at which part there was a grooved appearance that completely encircled the organ; and on forcibly pressing the swelling to one side, I thought it was surrounded by a tight ligature. After urging the boy for an explanation, he for the first time gave a narrative, from which the following facts were gleaned; viz. that on the evening of Sunday he was in one of the outbuildings, amusing himself by attempting to pass a metallic ring over the penis, which, after some difficulty and perseverance, he effected, and very shortly after accomplishing it, he was called into the house by a servant, to partake of supper and be put to bed. In the course of the night he awoke from a feeling of uneasiness; and then, for the first time, he made an attempt (which was ineffectual) for the removal of the cause of the inconvenience. He passed a restless night; and on rising in the morning, he complained of indisposition, so much so, that he was kept from school. During the day he got worse, refused his food, became feverish and restless, was frequently sick; but it was not until evening that he directed his mother's attention to the seat of his suffering. She informed me that at that time there were considerable swelling and inflammation, and she commenced fomenting with a decoction of herbs, and gave him a potion of some domestic cathartic. These means, however, afforded him no relief; the night was passed without sleep, and there was occasional delirium. In the morning, the case had assumed an appearance so alarming, that he was brought over in a spring cart to my surgery, attired in girl's apparel, as he could not endure the contact of his own clothes.

As a similar case had never before come under my observation, I felt exceedingly perplexed how to proceed under the circumstances. By means of several scarifications, which were followed by a copious discharge of blood and serum, and the use of an evaporating lotion, the swelling and sensibility were diminished, and thereby a greater tolerance of handling was the result.

An ingenious mechanic, who chanced to be present, suggested the possibility of the ring being snapped with a powerful pair of forceps or pliers; but the difficulty that presented itself was the deep sulcus in which it was imbedded. Nevertheless, after the lapse of considerable time, we succeeded in breaking the ring on each side, by the means alluded to above.

An emeto-cathartic mixture was ordered to be administered, and warm water dressings kept assiduously applied to the parts.

**CASE II.** The second case was the son of a nail maker from Atherton, aged 8 years. This case also was produced under