

M. LAFARGUE ON THE CURE OF NÆVI BY CROTON OIL.

M. Lafargue communicated a new method of curing nævi, by inoculating with croton oil. Five or six punctures should be made on and around the tumor, with a lancet dipped in the oil, just as in vaccination. Each of the punctures causes immediately a pimple, which in thirty-six hours is developed into a little boil. These boils unite, and form a red hot painful tumor, covered with white crusts, and resembling a small carbuncle. Two days afterwards the scabs separate, and in lieu of the nævus is seen an ulcer, which is to be treated on general principles. It would be dangerous to make more than six punctures on a very young infant, as the irritation and fever are considerable.

BIRMINGHAM PATHOLOGICAL SOCIETY.

January 6, 1844.

FREDERICK RYLAND, Esq., in the Chair.

MR. RUSSELL ON A CASE OF TUMOR IN THE PELVIS.

Mr. Russell exhibited to the society an oval tumor, about the size of a large hen's egg, which had been taken from behind and beneath the uterus, with the rectum very much curved, to which it was loosely attached by a number of fine cellular bands. It was enclosed in a firm capsule, and contained a number of hairs, interspersed in a soft, moist, friable matter, apparently quite unorganised. Embedded in this structure, and quite distinct from it, was a mass the size of a large nut, having the appearance of a fibrous tumor.

Mr. Russell said the following case presents two points of interest: it presents a tumor within the pelvis, of peculiar construction, composed partly of a structure very similar to that which forms a distinct organ of the body; and it also illustrates the pathology of constipation. The tumor, without producing of itself a mechanical obstacle to the passage of feces, had so altered the direction of the rectum by its loose attachment to that gut, as to impede greatly the evacuation of its contents, and to give rise to the existence of the usual effects of obstruction in any part of the intestinal canal upon that portion situated above the obstacle.

The subject of this disease was a lady, fifty-one years of age. She had been a patient of Mr. Russell's for more than twenty years, and has been the mother of six children. When Mr. Russell first attended her, she complained of great difficulty in relieving her bowels. For this trouble she had consulted several eminent practitioners both in town and in the country, and had obtained various opinions as to the cause of the disease from which she suffered. By some she was supposed to have stricture of the rectum; others had conjectured that she had a tumor. Mr. Russell examined her repeatedly, both by the vagina and the rectum, without being able to decide the question. Various internal remedies were prescribed, and, by the advocates for the existence of stricture of the rectum, bougies were employed; but she obtained very little relief from any of the remedies. For several of the last years of her life her mornings were principally devoted to giving herself injections, kneading her bowels, irritating the rectum with bougies, and

using every expedient to obtain relief. Her disease produced an influence upon her mind, and she became afraid of taking food, lest she should not get rid of the ingesta; and this apprehension so impressed her mind that she almost starved herself, and seemed to die more from the effects of inanition than from any particular disease. Her feet, and legs, and hands, gradually became œdematous, and she died on the 1st of January, 1844.

Sectio Cadaveris, Thirty-six Hours after Death.

Body extremely emaciated. The abdomen only was examined. The small intestines were of small calibre, and presented, at various intervals, considerable constrictions, which, however, very easily yielded to a dilating force. They contained merely some thick fluid, adhering to their coats. They were healthy, excepting a few scattered ulcers just above the ilio cœcal valve. The cœcum and the colon were very much dilated; their coats were thick, and the three bands of longitudinal muscular fibres were remarkably developed. The appendix vermiformis was very large, and its coats much thickened; it lay upon the ilium, to which it adhered. It was quite pervious, but contained near its termination a stony body, firmly impacted. This body was about the size of a plum-stone, brown, and very friable. The coats of the cœcum and colon seemed quite healthy in structure; but the mucous membrane throughout was stained, uniformly of a deep brown color. This discoloration commenced at the ilio cœcal valve, by a remarkably well defined line. The large intestines were distended with flatus, but contained nothing like feces. The stomach healthy; where it terminated in the duodenum it was greatly constricted for the space of an inch. At first stricture of the pylorus was supposed to exist, but the contraction, like that of the small intestines, was found to yield very readily. The mesenteric glands were rather large.

A tumor, the size of a large hen's egg, existed in the lowest part of the pelvis, behind and beneath the uterus. It seemed to be covered entirely by peritoneum, and was loosely attached to the lower part of the rectum, in front and rather to the right of which it was situated, by a series of fine cellular bands. It was quite unconnected with any other organ. By its attachment to the rectum it had effected a peculiar alteration in the course of that gut, causing it to describe two acute bends; at each angle the gut was somewhat twisted, so that, in addition to the alteration of its course, its calibre was much contracted in two places. There was not a single sign of the existence of inflammation around the tumor; indeed, it appeared quite naturalised.

In form the tumor was somewhat rounded. It was contained in a firm capsule, and was composed chiefly of short hairs, loosely contained in a soft, moist, friable matter, apparently quite unorganised, and having somewhat the character of the broken down structure of a colloid tumor; but embedded in this structure, and quite distinct from it, was a mass, the size of a large nut, having the appearance of a fibrous tumor. In the upper part of the tumor there was a small quantity of effused blood. The capsule appeared to be composed of condensed cellular tissue; at the upper part it was cartilaginous, and adhered to the fibrous portion of the tumor.

The liver was rather contracted; its substance was condensed and injected, and its capsule was very thick and opaque.

From the appearance of the tumor, conjoined with its freedom from all appearances of inflammation, and with the history of the case, it seems probable that it had existed for many years. It was, probably, first formed beneath the peritoneum; but as it advanced forwards, and increased in size, whilst it remained covered by that membrane, the prolongation connecting it with the rectum had become extended, until at last only a few cellular bands remained.

MR. RICE AND DR. FLETCHER ON A CASE OF PULMONARY DISEASE.

Mr. Rice then exhibited the left lung, very much condensed and atrophied, and with cartilaginous adhesions of the pleura and the upper portion of the right lung, in which are about half a dozen tumors, formed by air enclosed under the pulmonary pleura, irreducible by pressure, not communicating with the bronchi or tissue of the lung; one of these tumors the size of a middle-sized orange, the other about the size of large walnuts; and also a kidney in the early stage of Bright's disease, from a patient who had died exhausted by repeated attacks of pulmonary disease, and who passed albuminous urine.

CASE.—Samuel Carter, aged thirty-three. About four years ago, when Mr. Rice first saw him, was extremely reduced by expectoration of pus, diarrhœa, and aphthæ of the mouth and throat. The diarrhœa was soon relieved by small doses of magnesia sulph., his strength regained by various preparations of iron, and the action of his kidneys kept up by buchu infusion. He got so well as to return to his work. After a few months he told Mr. Rice that his "lungs were gathering again;" left work, and again expectorated pus, but there was no return of the diarrhœa or aphthæ. Under the use of the iron and buchu he again got sufficiently well to return to his work; he had several relapses and improvements, sufficient to enable him to resume his work.

Though the diarrhœa never returned, his bowels were always what he called tender, and would not bear the slightest aperient till about six weeks before his death, when he began to require purgatives; soon after which he first called Mr. Rice's attention to his making too much water, which, on examination, proved "moderately albuminous," specific gravity 1.010. He never had anasarca of the legs nor puffiness of the eyelids, nor became comatose, but had several attacks of severe pain in the back. He gradually sank, and died on the 23rd of December, 1843.

Post-mortem Examination, Twenty-four Hours after Death.

Body extremely emaciated. Left side of the chest measures an inch and a half less than the right.

Head not examined.

Chest.—Extensive adhesions of the right pleura. Right lung enlarged and emphysematous; its anterior edge extending over to the left side of the chest, so as to reach to the union of the left costal cartilages with their ribs. At its upper part are about half a dozen tumors, formed by air enclosed under the pulmonary pleura, irreducible by pressure, not communicating with the bronchi or tissue of the lung; one of these tumors the size of a middle-sized orange, the others

about the size of large walnuts. Left pleura generally adherent by a firm, cartilaginous union about a third of an inch in thickness, except at its upper part, and also in the interlobular fissure, where there are situated cavities containing pus, and communicating with the bronchi of the lung. The right lung much contracted in size, its tissue being condensed and atrophied, and its bronchi generally much dilated; it lay at the back part of the chest. The heart healthy.

Abdomen.—Liver enlarged and congested; the rest of its contents healthy. The kidneys affected with granulous disease in its earliest stage. The bladder was distended with urine.

Mr. Rice referred to Dr. Fletcher, who had seen the case, for some further remarks upon it.

Dr. Fletcher said, that through the kindness of Mr. Rice he had been permitted to see the case during life, and also to be present at the post-mortem examination; it appeared to him to have been one of those cases which originate in a pleurisy and consequent accumulation of pus in the cavity of the pleura, which had been evacuated by means of a communication with the bronchi, and that the pleura had subsequently adhered, except at those portions which were left as receptacles for, and the future secretors of, the subsequent accumulations of pus, which broke into the branches of the bronchi by pressing upon them, and so caused absorption of their coats, the pus being then expectorated; after which the communications with the bronchi healed, again to be broken open by a fresh accumulation of pus being secreted. It was one of those cases which prove the insufficiency of the communications formed by nature between the cavity of the pleura and the bronchi to effectually and completely empty the cavity of the pleura—a fact he (Dr. F.) had alluded to when he brought Smith's case before the society at the meeting in March, 1843. It was also worthy of remark that in the case before the society and in Smith's case the kidneys was affected with Bright's disease.

MR. ELKINGTON'S CASE OF CAULIFLOWER EXCRESCENCE.

Mr. Elkington exhibited a uterus somewhat enlarged, with a cauliflower excrescence growing out from around its mouth.

The preparation, Mr. Elkington said, was taken from a patient who died December 6, and that the history of the case is briefly this. She (Mrs. N.) was forty-two years of age, and the mother of four children; was taken ill last March; had a copious vaginal discharge, accompanied by dyspepsia, and pain in the back; was treated, by the gentleman who attended her, for dyspepsia, &c. In the course of the summer her health became affected; she lost flesh and got gradually weaker.

Her menstrual periods were more frequent than natural, and she lost more at each time; she occasionally had sudden and alarming floodings; at other times a constant watery discharge.

Mr. Elkington saw her in October; she was then weak, debilitated, and *exsanguineous*; the watery discharge considerable, wetting many napkins in the course of the day; she was constantly distressed with thirst; there was œdema of the feet, and she had a cough. On examining per vaginam, Mr. Elkington found the vagina nearly filled with a tumor of an

irregular feel, insensible to the touch, and growing from the whole circumference of the os uteri; it had less of the granulated feel than the cauliflower excrescence usually has, having a striated form, giving the idea of a bundle of small vessels connected together.

Dr. Ingleby saw her with Mr. Elkington, and proposed the excision of the cervix uteri. She refused to have the operation performed, and gradually got worse, the floodings each time leaving her more exhausted. During the last fortnight she had almost constant vomiting. The evening before she died she took some warmed ale with ginger, and soon afterwards was attacked with violent spasmodic pain at the stomach. She continued in violent pain till she died.

Post-mortem Examination Dec. 7.

General Aspect.—Great emaciation; exsanguineous; œdema of the legs, &c.

Chest.—Slight adhesions; considerable effusion; lungs healthy; heart pale and flabby.

Abdomen.—Effusion; great paleness of the viscera; liver pale and soft; there was a laceration of the stomach, about an inch and a half in length, recent in its appearance, and which must have taken place just before death; there was no evidence of inflammation in any of the surrounding parts.

Uterus.—Slight deposit at the fundus, also at the cervix of brain-like fungus, with some change of structure. The tumor very much shrunk, soft, and brain-like—pulpy.

MR. CARTER'S CASE OF MALIGNANT DISEASE OF THE WOMB.

Mr. Carter then presented to the society a fine specimen of fungoid disease affecting the fundus, and forming a large tumor upon the anterior part of the uterus, softened in its interior and communicating with the cavity of the uterus.

It was taken from the body of Mary Ann Bishop, aged forty-seven, the mother of seven children, the youngest three years old. She was of a strong, robust habit; had been healthy, except an occasional cough, until about October, 1842, at which time she began to experience symptoms similar to those of pregnancy, which continued until Christmas, when she received an injury to her leg and foot, which was immediately followed by uterine hæmorrhage, from which she was still suffering when Mr. Carter commenced attending her.

January 14, 1843. She complained of severe pain in the loins and pelvic region; pain in the chest, difficulty of breathing, and cough; in a few weeks she passed a very large quantity of hydatids from the uterus; the flooding continued more or less up to the period of her death. She had at times very severe pain in the bowels, with diarrhoea; a few months before her death the expectoration was mixed with blood. She continued to get worse, and died on the 19th of December 1843.

Post-mortem Examination, Twenty-four Hours after Death.

Body not much emaciated, nor decomposed.

Head not examined.

Chest.—Adhesions of the pleuræ, and fungoid disease very extensively deposited in the tissue of the lungs. Heart healthy.

Abdomen.—Fungoid deposits in the liver, spleen, and pancreas, and in the mesenteric glands. Stomach and intestines healthy.

Fungoid deposits in the kidneys, and in the uterine, as before described. Ovaries healthy.

PROVINCIAL PHYSICIANS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The physicians of England unconnected with the London College, but graduates of Edinburgh, Dublin, Glasgow, Paris, and Berlin, constitute a body in every way deserving of public respect, and capable of exerting considerable parliamentary influence—a body, as I believe, much exceeding the London College in numbers, almost all whose members are in extensive practice, and possess the confidence of a very large and very intellectual portion of the people; and yet, notwithstanding so many advantages, these educated and intelligent men remain in a state of lethargy at a critical moment, when measures are about to be brought forward in Parliament which will most seriously, or, rather, most insultingly, affect their position.

It is supposed, indeed, that the new charter and the new bill will not actually disqualify them—will not render it illegal that they should practise. Oh, no! they are to be *tolerated*; but all persons desirous of entering into practice as physicians, after the date of the bill, will be compelled, by its stringent enactments, to belong to the London College.

THE TOLERATED CLASS, unless some measures of defence be quickly taken, will be exposed to the annoyance of being looked down upon, not only by the present members of the London College, but by its rising generation—by those who are at this moment boys at school, or babies in the nursery.

Now, there are many members of Parliament who are ready to help the graduates of Edinburgh, Dublin, Glasgow, &c.; but these graduates must first help themselves, advance their claims, and rouse themselves into active exertion.

The charter and bill should be postponed indefinitely, or the following clauses should be introduced into them:—1st, that every graduate of Edinburgh, Dublin, Glasgow, Paris, and Berlin, who may have been three years in practice as a physician in any part of England, shall be entitled to register himself as a licentiate of the London College on the payment of £5 or £10 into the college treasury; 2nd, that no stamp be required for the licenses. The latter clause is perfectly reasonable, inasmuch as most of the gentlemen to whom it refers have already paid to the government a stamp-duty on a medical degree. These clauses would bring a large sum into the college, and would place the president of that institution at the head of an united, numerous, and truly influential body, comprising all the physicians of England.

A committee should at once be organised, including all interested parties who reside in the metropolis, or at a distance not exceeding thirty miles; the meetings of the committee should be held twice weekly until the bill and charter have been disposed of; the proceedings should be characterised by the most determined