Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 3RD, 1857.

THOMAS WATSON, M.D., President, in the Chair.

REPORT ON DR. SIBSON'S SPECIMEN OF PERFORATING ULCER OF THE STOMACH.

BY W. BRINTON, M.D., AND J. HUTCHINSON, ESQ.

The conclusion arrived at was, that the disease was not malignant. Among the indurated tissues were small, isolated portions of pancreatic gland structure. Dr. Brinton's careful microscopic examination had not been able to discover any cells resembling those of cancer.

GANGRENOUS ABSCESS IN THE LUNGS. BY J. S. BRISTOWE, M.D.

A man, aged 28, had been admitted under his care into St. Thomas's Hospital, on account of pleuro-pneumonia. He improved somewhat at first, but subsequently relapsed. Some weeks after his admission it was noticed that when he coughed his breath had a fœtid odour, which was not perceptible during ordinary respiration. About the same time he began to expectorate a prune juice fluid, which was also fœtid. Both these symptoms continued until the time of death, which occurred two months later. Cavernous breathing had been heard over the lower part of the left lung. At the autopsy, two spots of commencing gangrene, with consolidation around them, were found in the right lung. In the apex of the left was a gangrenous cavity of some size, and in its lower lobe was a yet larger one, surrounded by much old induration. No tubercles were found in the lungs. The lower part of the ileum was found much distended, the cœcum being obliterated and much constricted by the cicatrices of old ulcers. Smaller ulcers of the same character were found in other parts of the mucous membrane of the ileum. Dr. BRISTOWE suggested that the disease, both in the lung and the intestine, had commenced by the deposit of tubercle, a supposition which was supported by the fact that hæmoptysis had been among the earliest symptoms.

AMPUTATION OF THE HIP-JOINT. BY T. B. CURLING, ESQ.

Mr. CURLING read a report of the conclusion of a case which he had formerly brought before the Society, in which amputation of the hip-joint had been performed.

The patient, a woman in very bad health, had submitted to amputation on account of a large tumour on the thigh. After removal, the disease proved to be medullary cancer deposited in the intermuscular areolar tissue, and not connected with the bone. The patient recovered well, and lived nearly ten months afterwards. Her last illness had been attended by the symptoms of a large growth in the chest. The autopsy had been performed in the country. The left lung was found compressed by a very large growth in the pleura, which the surgeons who performed the autopsy agreed in describing as medullary cancer. There was, however, no deposit in any other organ of the body, and the lung tissue itself was quite free from disease. A portion of the tumour had been sent up to town and carefully examined by Dr. Andrew Clark, who reported that it consisted merely of inflammatory products, and did not contain any of the elements of cancer. Remembering the circumstance that there were no deposits in the lumbar glands, or in any other viscera, Mr. Curling was inclined to agree with Dr. Clark, and to think that his patient had died from inflammatory disease, and without any recurrence of the original one.

PNEUMOTHORAX: METALLIC TINKLING PRODUCED BY THE HEART'S IMPULSE. BY H. BENCE JONES, M.D., F.R.S.

The patient, a man aged 25, had been ill two months, when he was admitted into St. George's Hospital on account of pneumothorax of the left side. The usual symptoms were present, and a splash might easily be produced by succussion. On auscultating the back of the chest, a metallic tinkling sound was found to be produced by each stroke of the heart. This continued to be a very distinct sign up to the time of death, which occurred more than a fortnight later. It was repeatedly listened to by the students, and the pulse could easily be reckoned by counting the tinkles. The autopsy showed pneumothorax, the fistula in the lung tissue being long and oblique. The pleural sac contained about five pints of thick fluid, and the pleural layers were very much thickened. Dr. BENCE JONES remarked, that in an experience of about twenty years at St. George's Hospital, he had only met with one similar case.

BONY UNION AFTER FRACTURE OF THE CERVIX FEMORIS WITHIN THE CAPSULE. BY T. BRYANT, ESQ.

Mary H., aged 60, a lunatic inmate of the asylum at Guy's Hospital five years ago, when walking in the garden, fell and fractured her right thigh-bone. All the symptoms of fracture of the neck of the femur within the capsule were present, clearly indicating the character of the injury. A long splint was applied; but much difficulty was experienced in preserving the leg in the right position, from the restlessness of the patient. After some weeks confinement she was allowed to sit up, but her health soon began to fail, and she never walked again, and on June 30th she died. The specimens shown consisted of the upper parts of both thigh-bones. On the injured side union was complete, and had partly been effected by bone, partly by cartilage, and in part by fibrous tissue. The whole of the neck had been absorbed, and the articular head was united directly to the base of the great trochanter. The union was very firm, and the head of the bone was much indurated.

ANEURISM OF THE CORONARY ARTERY. BY T. OGIER WARD, M.D.

An old man had been seized in bed, while passing urine in the recumbent posture, with extreme oppression, and died in about fifteen minutes. The chest only was examined. The lungs were healthy. The heart was rather enlarged, and its right cavities dilated. It was covered with fat, and was empty, and flattened by the pressure of a large clot, weighing half a pound, that completely enveloped it, and with about four ounces of bloody serum distended the pericardium. This hæmorrhage proceeded from a false aneurism at the root of the aorta (which was generally dilated), involving the orifice of the right coronary artery, and opening by a very small aperture into the pericardium. The size of the aperture perfectly explained the mode of death by compression of the heart, and why it did not immediately follow the rupture.

TWO SPECIMENS OF DIFFERENT FORMS OF ADENOCELE. BY JOHN BIRKETT, ESQ.

In one case a small mammary glandular tumour had been removed from the breast of a young woman, in whom it had commenced to grow at the age of sixteen. The tumour was solid, and consisted of very perfect gland tissue, wanting only the efferent ducts. The second had been removed by Mr. Teale, of Leeds, from the breast of a lady, aged 56, the mother of eleven children, who had ceased to menstruate fourteen years ago. It had grown rapidly. It consisted of a cyst of some size, containing fluid, and large masses of intracystic growth. The solid structure showed the elements of gland tissue loosely formed, and wanting the due proportion of connective membrane. The latter was a good illustration of Sir Astley Cooper's "Cysto-sarcoma," and the former of the "Chronic mammary tumour;" yet both were proved by the microscope to be the same structure. Mr. BIRKETT drew attention to the difference in age of the patients; the difference in rapidity of growth in the two tumours, etc.; remarking that the only difference in elemental constitution, was the substitution of surrounding fluid, in the one case, for the developed fibrous or connective tissue binding together the gland acini of the other. Might this serous fluid be regarded as the plasma from which the fibrous tissue ought to have been developed, had the rate of growth been slow enough to permit of it?

HAIR-PIN REMOVED FROM THE FEMALE BLADDER. BY. T. HOLMES, ESQ.

A young married woman had passed a hair-pin of the usual bent form into the urethra, and three weeks later consulted a surgeon respecting it. Mr. Faithorn, of Chesham, under whose care she came, succeeded in removing it with forceps without any previous incisions or dilatation of the urethra. It was much bent in removal. It came out thickly crusted with phosphates. She recovered quickly, and no inconvenience remained.

COLLOID CANCER OF THE OMENTUM. BY W. BRINTON, M.D.

An elderly lady had died, as was supposed, of cancer of the liver. She had been much distressed by vomiting, but no hæmatamesis had occurred. The liver had been felt enlarged, but there was also a distinct tumour below it. The autopsy showed colloid cancer in the liver, and also in the omentum.

CARCINOMA OF THE STOMACH UNDERGOING A CURE.
BY S. WILKS, M.D.

Martin F., aged 65, was admitted, under Dr. Gull's care, into Guy's Hospital, on August 6th, 1856, and died November 24th. For a year before admission he had suffered from vomiting, and other gastric symptoms, accompanied by great emaciation, indicative of an obstruction at the pylorus. He was so weak that he was obliged to be placed in bed, and he appeared as if he could not survive many days. A tumour was felt at the pylorus. He took but little food, and this, in part, remained down. After the expiration of three or four weeks the vomiting was less urgent, so that he soon was able to pass several days without any sickness at all. After this his condition was tolerably uniform; he did not improve in general health, although he did not retrograde. The nourishment he took was small in quantity, but remained on his stomach, and at the same time the pyloric tumour was less distinct; in fact, fresh visitors to his bed side were unable to detect it. He died at last rather suddenly.

The *post mortem* examination showed a recent pleurisy as the immediate cause of death. There was no other disease in the body, except that of the stomach. Some large glands were seen occupying the lesser curvature, and the pylorus felt hard, and, in fact, constituted a tumour, owing to the neighbouring tissues being adherent to it. On opening the stomach the little finger could be passed through the pylorus. The walls were not thicker than usual, although diseased; the coats were blended together, and amongst them was a yellow, amorphous material, which was, probably, dead cancer. Two of the enlarged lymphatic glands in the lesser curvature, each of which was about the size of a walnut, contained a soft semi-fluid material, such as is seen in decayed exudations, particularly cancer. In a third gland some true encephaloid matter was found; this emitted a milky juice, and showed large nucleated cells beneath the microscope. In the midst of it, however, was some degenerating structure, as in the others, which sent out radiating streaks throughout it; so that it was very clear that in a short space of time, even his remnant of cancer would have disappeared; and then the question would have arisen as to the nature of the gastric disorder from which this man had died. It was tolerably certain that this case exemplified the instance of a man who had been suffering from cancer of the stomach for the usual period, and that then being placed under different circumstances (to say nothing of medicine), the disease not only ceased to grow, but the morbid deposit which already existed began to decay. A relief to the symptoms followed, and an unexpected prolongation of life. Should this result have been due only to the man's feeble powers, which were unequal to the formation of new structures, it would show that cancer may sometimes be starved out.

GREAT ENLARGEMENT OF THE HEART WITHOUT VALVULAR DISEASE
BY S. WILKS, M.D.

Charles G., aged 45, was admitted, under Dr. WILKS' care, into Guy's Hospital, in December, 1856. He had had good health until about three months before, when he began to experience oppression at the chest and difficulty of breathing. These symptoms increased until swelling of the legs came on; and, on his admission to the Hospital, he had all the appearance of a man labouring under advanced heart disease. From the extreme fatness of the patient, the cardiac sounds were with difficulty heard, but no bruit was audible, while the systolic sound was slightly double. Hæmoptysis came on, and other symptoms of severe pulmonary apoplexy; and the man died about a month afterwards. The body presented the usual appearance of death by heart disease. While the heart itself was very much increased in size, weighing above a pound and a half, its form was normal, as the due proportion was maintained between its several parts, but there was no valvular disease. The muscular structure was slightly fatty, and the coronary arteries were excessively diseased, as were also the small arteries in other parts of the body. This case is an example of a class occasionally met with of great enlargement of the heart without valvular disease: in the present instance the morbid condition of the small vessels may in all probability be considered as having been productive of an obstruction in the arterial system, the impediment to the circulation being at the periphery instead of at the trunk, and so leading to the usual consequence on the heart itself.

EXTENSIVE DISEASE OF THE KIDNEYS. BY GRAILY HEWITT, M.D.

From a case in which death was preceded by puerperal convulsions. The case from which the specimens exhibited were taken was one of considerable interest. A woman, aged 26, was seized twelve hours after delivery with dimness of vision, and quickly following convulsions, the attack of convulsions leaving behind it coma of a peculiar character. Convulsions occurred at intervals of about half an hour to an hour for the next twelve hours. Death took place sixteen hours after the first attack, and twenty-eight hours after the birth of the child. The left kidney was found exceedingly atrophied, weighing only 170 grains. The right kidney exhibited an advanced condition of that known as granular fatty degeneration. Its weight was eight ounces. The cortical substance was atrophied, of a dull yellowish white colour, with red striæ consisting, apparently, of enlarged veins. The tubular substance was also atrophied, and paler than usual. The texture of the kidney was very loose and flabby. Urine, bloody and albuminous, was found in the bladder. The valves of the heart were somewhat thickened. The walls of the left ventricle were about one-third thicker than normal; in places much exceeding this measurement. The endocardium was thickened, opaque, and of a dull yellow colour. The woman had lived for some time under great privations. It was afterwards ascertained that the lower extremities had been anasarcous six weeks before death.

Editor's Letter Box.

SPLINTS FOR OBLIQUE FRACTURES.

LETTER FROM W. H. WINCHESTER, ESQ., F.R.C.S.

SIR,—In the JOURNAL for February 28th, I see an account of the use, in St. Bartholomew's Hospital, of a new *railway splint*, invented by Professor Dummreicher, for the treatment of oblique fractures, and of which a full description is given in the *Medical Times and Gazette* for February 7th.

The introduction and use of such an instrument shows clearly the state of uncertainty in which the treatment of fractures is at present involved; and, indeed, until some fixed principle is established and recognised by the profession, it is impossible that it can be so uniformly successful as it ought.

I have on former occasions endeavoured to point out what I conceive to be the only correct method of treatment, and I would again direct attention to that principle, and earnestly solicit for it the serious consideration of the profession; believing—and from experience knowing—that by its adoption not only will oblique, but also compound or comminuted fractures be rendered as easily amenable to treatment, and indeed even more so, than many simple transverse fractures by the ordinary methods.

It would be well if the terms used were to be in some measure modified, in order that they may convey a more exact meaning. For instance, the word *straight* is used to denote an idea of perfection of treatment. Now, as no limb is perfectly straight, it is evident that it conveys an erroneous impression, and is likely to lead the inexperienced into difficulties, particularly when taking into consideration that the direct tendency of all the ordinary forms of apparatus is literally to produce such a state. *Natural form*, therefore, ought to be substituted for it. Again, as regards extension and counter extension, these terms should be confined solely to that process by which reduction is effected in cases of displacement; beyond this they should not be used,—for, implying as they do an active force in operation, the persistence of it cannot but be injurious. A *passive force* is required, viz., *retention*, in imitation of the natural process. During the integrity of bone, the muscles are retained within certain fixed points, their attachments, beyond which it is impossible to stretch them with impunity; but so long as they remain within these bounds, they are, as it were, in a passive or quiescent state. Our object, therefore, should be to retain them in the same position.

The treatment then resolves itself into these two heads, viz., *reduction*, or the obtaining, and *retention*, or preservation of position; and now the question arises, How is this to be accomplished? We know that early after a fracture reduction is easily effected; it is, therefore, to the retention of such position that the care of the surgeon must be directed, and for this all his skill and ingenuity are required. Now, as the limbs of no two persons are precisely similar, it is absurd to suppose that any one fixed form of apparatus can be applicable to all cases. To be beneficial it becomes necessary that it should have the power of adjustment, so as to enable it to be adapted to the