

its cavity, and thus gave rise to the often rapidly increasing size of the large hard masses frequently observed after the withdrawal of fluid by paracentesis. Not infrequently the development of such secondary growths occupied but a very short period, and he had seen many cases, in which, after the first tapping, little or no solid matter could be felt; at a second tapping, less fluid had been removed, and a larger solid growth detected; whilst, after repeated tapplings, the whole of the cavity of the parent sac had become filled by myriads of cells, containing serous, mucous, colloid, and often purulent or muco-purulent secretions. In their compound structure, in the manner of their growth, in the frequent rapidity of development, and in common association of fungoid and cerebiform degeneration, some evidence might be found of the relationship of ovarian tumours with other diseases admitted to be malignant. He could not accord in the opinion that had been expressed in reference to the duration of life in those affected with ovarian disease. Statistical evidence derived from his own cases, gave but three years as the average duration of life, and such result was supported by reference to hospital records, as well as by the written opinions of those who had recently investigated the subject. He was quite prepared to admit that exceptions were occasionally to be met with, but they were comparatively rare; and that some, at least, of such cases, were not examples of true ovarian tumours, but consisted of cystic collections of fluid contained in the broad ligaments, and not involving the structure of the ovary itself.

Dr. OLDHAM did not regard the average duration of life in ovarian disease as being so short as had been stated, and alluded to cases in which the patients had lived on for a much longer period. He inquired as to the cause and seat of ovarian tumours, and expressed his belief that, in their incipient stage at least, they might be capable of removal by remedies; and he narrated a case in which ovarian tumour had, under the influence of local depletion and general remedies, remained stationary. He was opposed to the opinion of the malignancy of ovarian disease.

Dr. F. BRAD remarked, that in the table of cases he had referred to, he had assumed the duration of life as extending from the period of abdominal enlargement to the time of death. It was possible that the primary stage of ovarian tumour, in which the small size of the morbid growth allowed it to remain within the cavity of the pelvis, and hence in many cases not detected, might be slow; but that he had not included the time occupied by such stage of incipience in the results he had given. With reference to the etiology of ovarian tumour, he believed that ovaritis was a common cause, and that the same influences which might produce such disease might also give rise to the formation of tumour.

Dr. CHOWNE spoke at length in reference to the evidence afforded by statistical records, and objected to the data employed, inasmuch as fatal cases alone had been included; and he had seen examples, to four of which he referred, in which ovarian disease had existed for many years, unassociated with any great impairment of the general health.

Dr. CURTISBUCK coincided in the view that had been expressed of the frequently inflammatory origin of ovarian tumours, and believed that much good would often result in the earlier stages of disease, by the careful employment of antiphlogistic measures; and he adduced a case in which frequent small bleedings from the arm, aided by other general antiphlogistic remedies, had been of marked benefit.

Some farther discussion ensued, in which Dr. Waller, Mr. Clarke, Dr. Chowne, and Dr. Oldham, took part, and the Society adjourned.

MONDAY, JANUARY 25, 1847.—MR. DENDY, PRESIDENT.  
CANCER.

Mr. DENDY related the case of a single lady, thirty-five years of age, who, four years since, came to London for advice respecting a genuine scirrhus of the breast, of which she was the subject. Her mother had died a short time before of the same affection. In the present instance, the tumour exhibited all the marks of that frightful malady. It was lobulated, dark, and shining, with purple lumps about it, the nipple was retracted, and there was sharp lancinating pains in it. Pressure, on the plan of Dr. Arnott, was employed, but without benefit. She now came for the purpose of determining on the propriety of an operation. It was determined, in consultation with Mr. Travers and others, that an operation should be resorted to. It was accordingly performed: union took place by the first intention, and in three weeks the wound was quite healed. The countenance, previously pale and cadaverous, had become healthy, and some glands previously enlarged in the axilla,

had disappeared. She remains well. The tumour was examined after its removal, and exhibited all the characteristics of cancer. He narrated the case to show that, in some instances, at least, of malignant disease, the knife was the best remedy; for in this case it was evident that life would soon have been worn away, as, in addition to the symptoms enumerated above, the patient was rapidly emaciating, had sleepless nights, and an increasing fever.

Mr. BISHOP agreed in opinion with Sir A. Cooper, Mr. Liston, and other eminent surgeons, who declined to operate in any case in which malignant disease was discovered to exist.

Mr. PILCHER could not agree in this opinion entirely. In cases of unquestionable malignant disease, it might be right not to operate; but in cases of a questionable character, it was desirable to give the patient an opportunity of being relieved by operation. The case related to-night proved that the operation had been a boon of the greatest value; it had prolonged life, and made that life one of comfort. He referred to cases of tumours of the breast in women and young girls, resulting from pressure of the stay-bones, and which, if allowed to go on, he believed would become malignant. He threw out this question—Does the primary disease, being local, at last degenerate into malignant disease, and thus implicate the constitution; or is the constitution the first affected, and the local disease a consequence thereof? He thought the former the correct view of the subject. He then referred to cases of "local cancer," in which all the signs and symptoms of the disease were exhibited, but the constitution of the patient did not suffer.

Mr. A. FISHER related a case of scirrhus, situated an inch below the mamma, and making its first appearance at the age of seventy-two. It was of the size of an ordinary marble, and exhibited all the signs and symptoms of scirrhus. It was removed, and under the microscope, gave evidence of its malignant character.

Mr. BISHOP had lately conversed with a surgeon who had operated on twenty-two cases of scirrhus. In nineteen the disease returned and destroyed the patient. He had determined never again to operate.

Mr. ROBERTS, to show the difficulty of diagnosis in these cases, referred to an instance of a lady, forty-five years of age, who had a small nodulated tumour, as large as a marble, in the mamma. It gave her no uneasiness; she discovered it by chance. One eminent surgeon advised its removal; another recommended its being left alone; for, if malignant, an operation would do no good, and if not, an operation was not required.

Mr. LINNECAR referred to some cases, lately reported in THE LANCET, from St. Bartholomew's Hospital, in which small tumours, supposed to be malignant, had been removed, but returned and destroyed the patient. He knew that Mr. Lawrence believed that operations were of little service where scirrhus tumour had attained any size, but if small he removed them. Mr. Linnekar related a case of scirrhus, of large size, which had been under his care for some years, and appeared to be getting somewhat smaller, under the application of a plaster of mercury and ammoniacum. There was little or no pain in it.

Dr. BENNETT referred to the influence of mental anxiety and distress on the production of scirrhus. He had noticed the prevalence of this disease in persons whose tone of mind was that of depression, and thought such a cause, by interfering with nutrition, had a great influence in the production of the disease.

Mr. PILCHER referred to some cases, in which the long continued use of tincture of iodine, internally, had produced irritative fever, from which the patients sunk.

#### WESTMINSTER MEDICAL SOCIETY.

SATURDAY, JANUARY 23, 1847.—DR. SAYER, PRESIDENT.

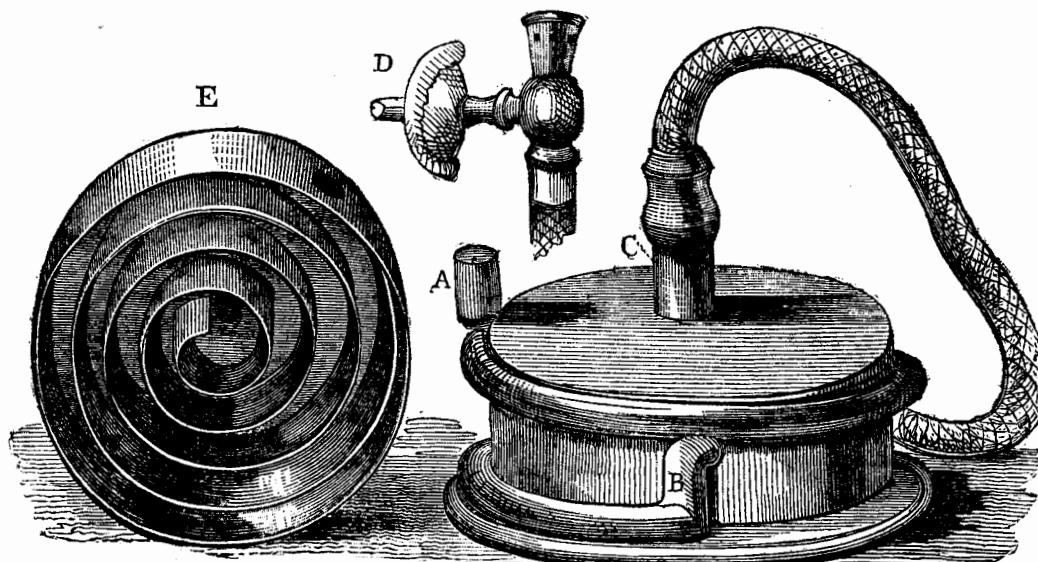
Dr. SNOW placed on the table an

#### APPARATUS FOR INHALING THE VAPOUR OF ETHER.

It consisted of a round tin box, two inches deep, and four or five inches in diameter, with a tube of flexible white metal, half an inch in diameter, and about a foot and a half long, coiled round and soldered to it. There was an opening in the top of the vessel, at its centre, for putting in the ether, and afterwards attaching the flexible tube belonging to the mouth-piece. In the interior was a spiral plate of tin, soldered to the top, and reaching almost to touch the bottom. When used, the inhaler was to be put in a hand-basin of water, mixed

to a particular temperature, corresponding to the proportion of vapour that the operator might desire to give; and the caps being removed, and the mouth-tube attached, when the patient began to inhale, the air would gain the desired temperature in passing through the metal pipe; it would then come upon the surface of the ether, where it would have to wind round three or four times before entering the tube going to the mouth-piece, thus ensuring its full saturation, and preserving it at the desired temperature. There was no valve,

or any other obstruction to the air, till it reached the mouth-piece, which was of the kind used in other inhalers, and contained the valves necessary to prevent the return of the expired air into the apparatus. Dr. Snow said it had been applied, in one case, at the temperature of seventy degrees, and had produced the effects of ether, very powerfully, in half a minute. In answer to a question, he said that ether, when sufficiently pure to be inhaled, would not act on tin or other metals.



A, Opening of pipe at which the air enters.—B, Termination of pipe in the tin box.—C, Point at which flexible tube is removable by unscrewing.—D, Mouth-piece.—E, Tin vessel, with bottom removed, to show its interior.

Dr. W. MERRIMAN narrated the following case:—A boy of delicate constitution, aged eight, was brought to him to the dispensary, on October 7th, for headach, and was ordered a slight aperient and saline mixture. On Oct. 10th, deafness set in; but he was not seen till the 12th, when confection aromat. was ordered for a diarrhœa. He was very stupid, and passed his motions involuntarily, although this was not stated at the time; he could answer correctly, if spoken to loudly and clearly. Dr. Merriman then heard that he had received a blow on his head about ten days before he became deaf; though the story the patient gave of the manner of receiving the injury has proved to be incorrect, in reality he had been pushed down some steps on September 29th, and was picked up insensible; but this was not known till after his recovery. The diarrhœa continuing unabated, and his strength declining, chalk mixture and kino was given every six hours, and in a week's time had restrained it entirely. On this day, he appeared to revive, as if coming out of a state of recent concussion, but speedily relapsed, and became more and more insensible, accompanied by incessant tossing of the body in every direction, rolling of the head, and screaming, so as to allow no one in the house to get any rest. After clearing the bowels, calomel was assiduously given every six hours, in doses of two grains, combined with one grain and a half of Dover's powder, for fear of reëxciting the diarrhœa; and after about thirty-

six grains had been thus taken, the bichloride of mercury was prescribed, one-eighth of a grain every six hours, for two days, and subsequently one sixteenth, in the almost vain hope of removing the effusion which appeared to have occurred this treatment proved most satisfactory, consciousness returned by degrees, as also eyesight, which remained injured the longest. A relapse took place during the recovery, from the bowels becoming loaded with foul secretions, but was presently removed, and he rapidly regained his health. The case appeared to Dr. Merriman to be continued fever, with aggravated head symptoms, on account of the concussion, and he asked the Society's opinion upon this point, as also if there had been any effusion, or only congestion. A brother of the patient was ill at the same time with fever, and two sisters had subsequently been seized. The house they lived in was most offensive, from want of proper drainage. He was also confirmed in his opinion by the return to consciousness three weeks precisely after the deafness first showed itself.

In the discussion which ensued on this case, it was generally considered that the symptoms clearly indicated it to be one of concussion of the brain. Some comments were made by several speakers on the mode of treatment employed, and the evening was concluded by remarks on the treatment of concussion generally.

PATHOLOGICAL SOCIETY OF LONDON.

JANUARY 18TH, 1847.—DR. WILLIAMS IN THE CHAIR.

DR. GEORGE JOHNSON exhibited

A SPECIMEN OF DISEASED KIDNEY.

The subject of the disease was a cat, and the following was the history of the case:—The animal had for some days been inactive and drowsy; she was then seized with convulsions, followed by coma and death. The kidneys were about twice the normal size, much congested, and presented to the naked eye an abundant yellowish white deposit in the cortical substance. Under the microscope, the urinary tubes were seen to be uniformly and greatly distended with oil globules. Dr. Johnson stated that he had frequently examined specimens of fatty degeneration of the kidneys from this class of animals, and he had found the microscopical examination of them very easy and satisfactory, on account of the delicacy and trans-

parency of the tissues. He invited any members of the Society who were interested in the subject, to take portions of the kidney for microscopical examination, and he did not doubt that such an examination would satisfy them as to the essential nature of the disease.

In answer to questions from Mr. Toynbee, Dr. Johnson stated that he had not an opportunity of examining the urine of the animal; he examined the bloodvessels of the kidney; they were much congested, he believed in consequence of the compression to which they were subjected by the dilated urinary tubes; from the same cause, some of the Malpighian vessels had given way, and the tubes had become filled with blood. He had frequently examined the healthy cat's kidney, and found in it a minute quantity of oil, but infinitely less than in the disease in question.

DR. BENTLEY then read a communication from Mr. Francis Adams, of Banchory,