worked for some time, although the knee remained weak and painful. Although the swelling subsided after the accident, it appeared again after a few weeks. Latterly it increased very considerably, and on admission he was unable to walk. When admitted the joint was very much distended with fluid; more especially was it noticed that the prolongation beneath the quadriceps extensor seemed to be more tightly distended than the rest of the joint. No foreign body could be felt in the joint. For a month rest on a splint, lead lotion, and counter-irritants were tried without success. As there was no redness or heat about the joint it was aspirated, and four ounces of thick straw-coloured fluid were drawn off. A movable mass could then be felt for the first time on the inner side of the joint above the patella, and a second tumour on the outer side just below. The first was as large as a hen's egg, the second about one-third the size. A week later (Dec. 4th) the knee-joint was opened first on the inner side, and the mass, which was a fibroid polypus attached by a broad base to the synovial membrane, was removed, together with the disc of membrane from which it sprang. A smaller growth was also found and removed. Exploration by the finger revealed a third polypoid growth on the outer side of the joint, which was removed through an external incision. A drainage-tube was inserted and an antiseptic dressing applied, the knee being placed on a back splint. The growths were of an irregular shape (see appended engravings) more or less lobulated, and composed of fibrous tissue covered with synovial membrane. They were all pedunculated. On the third day the drainage-tube was removed. On the tenth day the wounds were healed. On the fourteenth day a Thomas's splint was applied, and two days later the patient went to a convalescent home. Five weeks later the patient walked without limp into the hospital, carrying his splint under his arm, and describing himself as perfectly well. He was then following his occupation as a seaman. The movements of the joint were perfect, and there was no swelling or tenderness.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Melanotic Sarcomatosis.—Perforation of Gall-bladder.—Osteitis Deformans.—Ulceration and Contraction of Stomach.—Tubercular Bladder after Koch's Treatment.—Myeloid Tumour of Tibia.—Umbilical Fæcal Fistula.

AN ordinary meeting of this Society was held on April 21st, the President, Dr. Dickinson, in the chair.

Dr. J. C. MACKENZIE contributed a paper on Melanotic Sarcomatosis, the specimens being shown for him by Dr. Woodhead. The patient was seventy-five years of age, and an inmate of Morpeth County Asylum. The primary growth occurred in the left iris; there was infiltration of the optic nerve, but the brain and spinal cord were free. The general symptoms observed during life did not bear on the pathology of the case. There was extensive infiltration, with secondary nodules, of the skin of the chest and abdomen, and at the necropsy secondary deposits were found in the substance of the heart, the inner surface of the pericardium, the lungs, the pleuræ, diaphragm, liver, gall-bladder, pancreas, speen, adrenals, kidneys, intestines, stomach, bladder, mesenteric glands, testes, thyroid body, portal vein, and left pulmonary veins. The rarity of secondary growth in several of these situations was commented on, and it was pointed out that the chief interest of the case lay in the very wide distribution of the malignant deposits.

Mr. SYDNEY JONES exhibited a Perforation of the Gall-bladder, the specimen being taken from a lady aged fifty-three, of phthisical history and delicate, who had suffered at times from attacks of "spasms." Twelve months ago, in one of these attacks, she became jaundiced, but she had since been in good health. On Feb. 16th she had an attack of severe abdominal pain, with vomiting and symptoms of obstruction, and two days later there was well-marked acute general peritonitis. Later still obscure fluctuation was detected on the right side, and on incision a quantity of fluid was evacuated, together with bile-coloured lymph. The left parotid gland, which was also swollen, was incised, and sero-purulent fluid removed. The right parotid likewise swelled, but it was not incised. The patient died thirty-one days after the commencement of the symptoms. At the necropsy fifty-three stones were found in the gall-bladder, varying in size from a mustard seed to that of a pea, together with some bile. At the bottom of the gall-bladder was a minute perforation. No stones had escaped, but the peritonitis appeared to have been set up by the leakage of a small quantity of bile into the peritoneum. The walls of the bladder were thickened, but the lining membrane was free from ulceration. He referred to a case, shown at the Society in December last, in which perforation of the gall-bladder followed upon a general ulcerative condition, unaccompanied by the presence of stones.—Dr. SHARKEY remembered seeing post mortem a case of single ulcer of the gall-bladder, which caused death by perforative peritonitis. No calculi were present.

Mr. H. H. CLUTTON showed a specimen of Osteitis Deformans of the Tibia. A vertical section showed enlargement from one end to the other with the exception of the articular extremities. The medullary canal was almost completely filled up with new bone, which was as dense as the wall of the shaft. A few pits and spaces were filled in the recent state with granulation tissue. The specimen was removed by amputation from a woman aged thirty-five, who had been an out-patient at St. Thomas's Hospital for ten years. No other bone was affected, and there was no history of syphilis; no old or recent syphilitic lesion could at any time be discovered. She suffered from a great deal of pain, but obtained no relief from anti-syphilitic remedies given over long periods and in full doses. Mr. Clutton was inclined to look upon it as an unusual case of osteitis deformans: 1. From the absence of any evidence of syphilis either in the history or in the examination of the patient over a long period. 2. From the pathological appearances of the bone, which were as much in favour of osteitis deformans as of syphilis. Objections, he thought, might be raised: 1. From the age of the patient; but in one of Sir James Paget's cases evidences of the disease were first noticed at the age of twenty-eight. 2. From the fact that only one bone was affected; but in the Pathological Society's Transactions (1883) Mr. Bowlby had recorded a similar case in an elderly subject, and he (Mr. Clutton) had himself recorded one in 1888, in which the bones were unsymmetrically involved. 3. From the absence of any curvature of the bone. In answer to this objection, he stated that the patient scarcely ever put her foot to the ground except to come to the hospital. She was a pensioner, and had an angular curvature of the spine; and only one bone being affected, she naturally stood on the sound one, and never leant heavily on the leg that was so painful —Mr. SYDNEY JONES asked if a microscopical examination of the bone had been made.—Mr. BARKER inquired as to the cause of the angular curvature of the spine.—Mr. CLUTTON, in reply, said he had not made a microscopical examination of the bone, as he failed to see that it could throw light on its causation. The angular curvature was of tubercular nature.

Dr. HADDEN showed an extremely Contracted Stomach, which was taken from the body of a woman aged thirty, who had suffered for several months before death from vomiting. She lived on liquid food only, which she took with marked slowness. The walls of the stomach were much thickened from a chronic and œdematous condition of the submucous coat. There was some ulceration of the lower half of the œsophagus and the first two inches of the stomach. There was some chronic broncho-pneumonic consolidation of the upper lobe of the left lung, with a cavity of rather recent date. The condition of the stomach was probably due to extensive ulceration with subsequent contraction. It was probable that the ulceration might have been due to the action of some corrosive poison, although the history, which was indefinite, did not furnish information on the point.—Dr. LONGHURST asked if there had been any hæmatemesis.—Mr. WILLIAMS called attention to the excellent series of specimens of ulceration of the stomach which were to be found in the museum of St. Thomas's Hospital.—The PRESIDENT asked if there was any evidence of morbid growth in the gastric walls.—Dr. HADDEN replied that there was no mention of hæmatemesis in the history of the cases and microscopically there was no evidence of malignancy.

Mr. HURRY FENWICK showed the Urinary Tract of a

man aged thirty-two. Obscure symptoms, apparently of urinary tuberculosis, had been observed for two years, and yet only very slight vesical ulceration was found after death. Before Koch's injection the tubercle bacillus was discovered in large numbers in the urine, but none could be detected in any part on microscopical examination of the diseased tissues. Instrumental interference was considered unadvisable, from the constant presence of the bacillus, so 1 milligramme of tuberculin was injected. The reaction was immediate and moderate. But vomiting and profuse hæmaturia set in, and the patient sank sixteen days after with symptoms of pyelo-nephritis. On post-mortem examination the left ureter was found congenitally occluded and the left kidney atrophic. The right kidney was of large size and pyelo-nephritic; the bladder was ulcerated, and there were several small submucous abscesses in the apex of that viscus. Mr. Fenwick did not consider the death to be due to tuberculin, though he thought it had hastened it. He had injected another case, and had watched the ulceration change very markedly, but no permanent benefit seemed to have resulted, although a temporary improvement took place.—Dr. WOODHEAD asked if there was any histological evidence of tubercle in the pelvis of the kidney or in the walls of the small abscesses.—The PRESIDENT supposed that the shrunken kidney was an instance of simple atrophy from obstruction.—Mr. TARGETT said that the right kidney was an instance of simple dilatation; on the other side the abscesses were pyelo-nephritic and non-tubercular. At the neck of the bladder there was giant-celled growth, with small round cells.

Mr. SOLLY showed a specimen of Central Myeloid Sarcoma of the Shaft of the Tibia, situated a little above the centre of the bone. The patient was a lad aged seventeen, who had only noticed the growth fourteen days before the leg was amputated, and at the operation the popliteal glands were found to be infected. Recovery appeared complete for about five months, but secondary growths became evident in the lungs and axillary glands, and death took place six months after the operation. Secondary deposits very rarely followed central myeloid sarcomata of bone, but the statistics of Gross and others showed that they were most frequent in tumours springing from the diaphysial part of the bone rather than from the epiphysial ends.

Mr. WILLIAM ANDERSON brought forward a case of Fæcal Fistula at the Umbilicus, with Imperfect Development of the Large Intestine. The patient, a seven months' child (male), was found on the day after birth to have a fæcal fistula at the umbilicus and an absence of development of the lower part of the large intestine. He died of asthenia a fortnight afterwards, the functions in the interval having been discharged normally, and the bowels evacuated without difficulty through the umbilical aperture. The post-mortem examination showed a hernia of the ileum at the umbilicus, at a point an inch and a half from the cæcum. The umbilical orifice was single, but the probe passed freely into the intestine in both proximal and distal directions. The large intestine was filled with fæces, and terminated in a blind conical extremity about six inches from the ileo-cæcal valve. There was little doubt that the umbilical protrusion consisted of a kind of Littre's hernia (the result of persistence of the condition which normally obtained during the early period of fœtal life), a portion of which had been cut off when the cord was divided. Its adjacency to the cæcum made it probable that the hernia was determined by a persistent Meckel's diverticulum, which drew the ileum close up to the umbilical aperture, and favoured its escape when the ventless gut became filled with accumulated excretion. The placental end of the cord was unfortunately not preserved.—The PRESIDENT referred to a child which had been under his care at the Children's Hospital with habitual discharge of fæces from the umbilicus. Nothing was attempted in the way of treatment, and the child left the hospital in much the same condition.—Mr. BARKER had seen several cases where fæcal fistulæ had lasted a long time, and had then closed spontaneously.—Dr. WOODHEAD looked upon the case rather as one of persistence of the omphalo-mesenteric duct than of true fistula.—Mr. D'ARCY POWER asked if any swelling was visible in the cord before division, which might have been a caution against dividing it too closely to the umbilicus.—Mr. ANDERSON, in reply, said that a swelling was noticed in the stump of the cord after the scissors had been used. Perhaps the opening of the gut at the time was the most fortunate thing for the child, as there was no other outlet for the fæces.

The following card specimens were shown:—

Dr. LEE DICKINSON: (1) Aneurysm of the Abdominal Aorta opening into the Duodenum; (2) Aneurysm of the Thoracic Aorta opening into the Left Bronchus.

Mr. H. H. CLUTTON: Extensive Rodent Ulcer of the Scalp.

Mr. J. H. TARGETT: Melanotic Sarcoma of Bladder.

MEDICAL SOCIETY OF LONDON.

Debate on the Use of Koch's Remedy in Lupus and Pulmonary Tuberculosis.

AN ordinary meeting of this Society was held on April 21st, the President, Dr. Douglas Powell, in the chair.

Dr. G. A. HERON read a paper on the Use of Koch's Remedy in Lupus Vulgaris and in Tuberculosis of the Lung, which is published in another part of our present issue. An exhibition took place of many of the patients whose cases were described in the paper.

Dr. THEODORE WILLIAMS considered that the author had taken a very moderate view of the value of this treatment. He himself had not had so many cases under his care. Of those which had been treated at the Brompton Hospital at present no report had been published, and he would only refer to his own cases. He went over to Berlin to study the treatment, and he came back with the impression that he had not seen many material successes; only a small number appeared to be genuinely improved. He had had fourteen undoubted cases of phthisis under this treatment; all were under treatment for a considerable time, none less than six weeks, and others as long as ten. For the most part they were injected three times a week, in quantities varying from a milligramme to a decigramme. In five cases the disease was in what Dr. Heron would describe as the first stage; one was a case of softening, five had single cavities, and three had double cavities. Only six out of these fourteen improved generally in weight and strength during the injections; the rest were all decidedly worse. As to the effect on the lungs in the five cases of the first stage, four of them showed cavity formation somewhat rapidly, tubercle bacilli became more numerous, and lung tissue was constantly found in the sputum. In the excavation cases also extension of the disease was observed, and in one of the double cavity cases two other cavities formed. At the end of the treatment excavation was found in twelve of the cases, excavation accompanied by tubercular spread in six, and tubercular spread without excavation in one. In two of the cases the cavities appeared to contract, and the patients left the hospital better, but the others could not be said to have done at all well; in fact, they could not compare with the results of the ordinary expectant treatment. He remarked on the extraordinary effect the drug appeared to exercise in increasing the amount of lung tissue expectorated. It was found in the sputum in almost all the cases, and was detected as long as the patient remained under treatment. He had observed when at Berlin that at most of the hospitals they did not appear to look for lung tissue. In most of the cases there was also an increase in the number of bacilli expectorated. As regards diagnosis, it might prove very useful, but he observed that in two cases of laryngeal tuberculosis, though there was general, there was no local reaction. The searching nature of this remedy might be made use of by combining other drugs with it, and so eventually attacking the bacillus in its own nest after it had been hunted thither by the tuberculin.

Dr. RADCLIFFE CROCKER desired to direct his remarks to the treatment of lupus by this drug. He quoted a case which showed the advantage of giving the injection locally, for reaction was obtained after the ordinary injection in the back had ceased to have effect. In one case, in a boy, who left the hospital with scarcely any perceptible lupus, he hoped he had obtained a cure, for all that remained were some little brown nodules below the level of the skin. After three weeks at the seaside, however, the nodules had appeared above the skin, and showed signs of incrustation. As regarded permanence, therefore, this remedy did not compare favourably with scraping alone. But in the treatment of lupus he had for some time not only scraped, but had swabbed the surface with sulphuric, or carbolic, or some other strong acid, and by this means