

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 12th.—*Chronic Ostitis.* Dr. C. B. FIFIELD, of Weymouth, presented the tibia and lower half of the femur from a limb that he had amputated, and read a detailed history of the case, of which the following is a brief summary :

A hard-working man, aged 32, came under his care last December. Twenty years previously he was attacked with fever after bathing, and was left with two sores on his left leg, one of which, near the ankle, had ever since remained open. Last August several other sores appeared, discharging pus, and occasionally bone; the knee also being very painful. When seen in December, the leg was much bent and immovable; enormously enlarged, and having several openings discharging pus. The whole knee was converted into a vast abscess, very tender, and from which, as the patient said, he could discharge the pus through one of the openings below the joint. The thigh also was much swollen and œdematous. General health very much reduced. The thigh was amputated by Mr. Luke's method, and the wound subsequently dressed after the method of the same surgeon. Under appropriate constitutional treatment the patient did well, and was discharged on the 19th of February. The tibia is much enlarged, but not heavy, and the form of the shaft is rounded, as usual in such cases; the surface is rough, and there are some small carious excavations, with traces of dead bone in them. The upper articular surface is directed somewhat backwards, probably from the position in which the limb had been for some time before amputation; the greater part of this surface, also, as well as that of the femur, is generally more or less rough; the femur being otherwise healthy.

MAY 26th.—*Unusual Cardiac Lesion.* Dr. MORLAND read the following account, which was furnished by Dr. G. L. COLLINS, of Providence, R. I., who also sent the accompanying specimen to the Society. A brief report of the case was made in the *Boston Medical and Surgical Journal* of April 10th, 1856, under the head of *Extracts from the Records of the Providence Medical Association*; but, from the unusual character of the lesion discovered *post-mortem*, and the youth of the subject, a detailed description was thought desirable.

The patient was an Irish boy, about 17 years of age, an inmate of the Reform School in Providence. Dr. Collins took charge of him about the middle of October last; his previous history was unsatisfactory. Since he had been in the School (several months), he had always been able to do his share of labor until just before Dr. C. was called to him. It could not be ascertained that he had ever had any severe disease. The first symptoms remarked by Dr. C. were chills and fever; dyspnoea; pain in the right side nearly over the liver; troublesome cough, with scanty expectoration. On percussion, there was marked dulness about the base of the right lung. The pulse was feeble, small and unequal—from 88 to 100 in the minute. Œdema of the legs, and a peculiar puffiness about the face and neck, were remarked. A very unusual, mottled appearance of the entire cutaneous surface was observed; most pronounced upon the legs. The *sounds of the heart* were feeble and indistinct; no abnormal sound could ever be detected. The œdema became, finally, more general, and effusion took place into the

large cavities; the patient died very suddenly, and rather unexpectedly, about the end of December.

Quite a number of diuretics were tried, and occasional diminution of the effusion followed their use. At his death, the œdema and ascites had both somewhat diminished.

*Autopsy.*—Extreme venous congestion of all the internal organs. From five to six quarts of water in the *abdominal cavity*; from three to four pints were also found in the *right pleural cavity*, one pint in the *left*, and nearly one pint in the *pericardium*. The *right auricle* of the *heart* was dilated to the capacity of some six ounces; the *right ventricle* was rather smaller than usual; the left cavities appeared to be normal. Upon the internal surface of the right ventricle, near the tricuspid valve, there was a bony plate, about one-eighth of an inch in thickness, one-fourth of an inch long, and five-eighths of an inch wide. The upper end of this plate extended upwards behind one of the segments of the valve, involving its base and also its *chordæ tendineæ*, in such a manner as both to considerably constrict the auriculo-ventricular opening, and also to prevent its closure by the valves. The endo-cardial surface around the osseous plate had a cicatrized appearance. The right lung was found to be nearly useless from the effects of compression by the effused fluid. A few tubercles were seen in both lungs. The liver was enlarged and congested, and its surface was the seat of tuberculous deposit. During life, this organ was perceived, on palpation previous to the occurrence of the ascites, to extend beyond its usual limits. A large portion of the peritoneum was studded with tubercles; and, in many places, the intestines were adherent from previous inflammation.

Dr. J. B. S. JACKSON exhibited the specimen to the Society, and remarked as follows:—Upon the internal surface of the right ventricle was an irregular cretaceous deposit, measuring  $1\frac{3}{4}$  inch in length, and varying in diameter from one to three eighths of an inch. It extended obliquely downwards into the ventricle from just below one of the segments of the tricuspid valve, and slightly involved one of the columnæ. Immediately around the deposit, the inner surface of the heart was opaque-white; and there was also a deficiency of the membranous portion of the valve, to nearly the extent of one-fourth of an inch, from some old disease.

MAY 26th.—*Phlebotites*. These, three or four in number, were also sent to the Society by Dr. COLLINS, of Providence. They were taken from near the spleen of an elderly man, who died from cerebral disease a short time since, and were remarkable for their size, their concentric structure, and still more for their locality.

MAY 26th.—*Contraction of the Mitral Valve. Old Pulmonary Apoplexy*. The specimen, shown by Dr. ELLIS, was taken from a woman about 50 years of age, who had been troubled with dyspnœa for some time before her death. The action of the heart was irregular, but no soufflé was heard. A short time before death, the lower extremities became œdematous. There was no hæmoptysis.

On dissection, twenty ounces of serum were found in the *left pleural cavity*. In various parts of the *lungs* were recent apoplectic effusions. Continuous with one of these, in the lower lobe of the right lung, and evidently a later stage of the same disease, was a firm, dull-red, granular portion, somewhat resembling pneumonia, in the second stage, but much firmer. A nodule, about two inches in diameter, in the upper lobe of the left lung, presented throughout the same appearance of age as that just described,

and the corresponding pleural surfaces were united by an old, firm band. In the neighborhood of both of these old effusions, blood-vessels were found, filled with coagula, which must have formed some time before death. A large portion of the lower lobe of the left lung was compressed. The *heart* was rather large. In the *left auricle* was quite an old, firm and partially decolorized conglomeration, slightly adherent to the lining membrane. The mitral valve was thickened and much contracted, admitting only the fore-finger to the second joint. Upon its free edge were a number of reddish vegetations. The aortic valves were healthy. The *liver* was normal, and the *gall-bladder* filled with dark, tarry bile, in the midst of which were three round, brownish, granular calculi, about half an inch in diameter; a fourth calculus of the same character was impacted in the cystic duct, just outside of the gall-bladder.

The appearances of portions of the lungs were thought interesting, showing, as they did, the changes in apoplectic effusions, so rare that Dr. J. B. S. Jackson had never before met with them.

MAY 26th.—*Recurrent Fibro-plastic Tumor of the Eye.* Dr. BETHUNE reported the case.

The patient, J. B. S., a blacksmith, aged 44, was first seen in May, 1847. Fifteen years before, he had had inflammation of both eyes, which had since been weak. Five years before, a growth had commenced from the inside of the left globe, which grew towards the pupil (*pteryx*). Two years before, it began to "throw the eye out," and had since continued to grow. At the same time the sight of the left eye began to fail, and the patient was, at the time he was seen, only able to distinguish light. He had had no pain in the eyes except after exposure. On examination of the right eye, a membrane was discovered overlapping the cornea at the inner angle. The left eye was pushed forwards and outwards, and a thick pteryx overlapped the cornea at the inner angle. Growing from the base, was a large elastic tumor which filled the angle, projecting more below than above. For two or three months he had twinging in the right eye, with increasing "blur." On the 12th of May, an operation for the removal of the pteryx from the right eye was performed, almost unattended by pain, the patient being under the influence of ether. On the 14th, an attempt was made, after separating the lids at both angles, to remove the tumor from the left eye; but this was found impossible, without removing the globe of the eye, which was accordingly done. The tumor was then, with much difficulty, extirpated, being found to extend deep into the orbit. On examination, it was found to be of the size of a walnut, and to consist of a soft, blueish-gray substance, made up of large granules, and having the appearance of colloid disease. He was discharged on the first of June, the eye having healed kindly, and there being no appearance of a return of the disease.

The patient was seen again on the 30th of October. There had been no pain of consequence since the operation. Pteryx was discovered again growing on the right eye; but the eye was stronger and clearer. He had been troubled with shortness of breath since the operation. On the 21st of December, 1848, the patient looked in fine health. There was no trouble in the left eye except a degree of weakness, and, in hot weather, in stooping, a sensation of pressure. The pteryx of the right eye partially returned, three months after the operation, but from that time remained stationary. The orbit of the left eye was filled with granulations. The fissure of the lids was two-thirds closed.

The patient was again seen on the 1st of May, 1856. The tumor had been gradually returning since the operation, and was at that time of the size of a turkey's egg, pushing the lids before it; it was irregular in shape, elastic, and attached to the orbital process.

This was removed at the Hospital on the 3d of May, and proved, on microscopic examination, which was made by Drs. Shaw and Ellis, to be of a fibro-plastic nature, there having been found an abundance of free oval nuclei, with small nucleoli, and many fusiform cells containing the same nuclei. It was the opinion of Dr. Shaw, that, although not presenting the true cancer cell, it was a growth which was liable to recur.

MAY 26th.—*Ovum Blighted and Retained.* Dr. MINOT exhibited the specimen, which had the appearance of being at about the sixth week, although from the symptoms it would appear to have been carried three months from the time of conception. The patient was a young married lady, of good constitution. She was confined with her first child at the beginning of November last, and has nursed her infant ever since. Four weeks after delivery, she menstruated, and continued to do so for three more periods. She then passed over two periods without the monthly flow, and began to have morning sickness. At about the next monthly period, she was suddenly attacked with flowing, while walking in the street. The discharge continued profuse for a fortnight, when its character changed; it became colorless and offensive, resembling the lochia. It then ceased, and at the same time the sickness also ceased. A vaginal examination gave no evidence of pregnancy, and it was concluded that the patient had aborted. This opinion was confirmed by the next appearance of the catamenia, at their regular time, about May 24th. This morning (26th), she nursed her child, as usual, and had just risen from her bed, when the ovum escaped from the vagina, without pain, and with very little hæmorrhage.

JUNE 9th.—*Vesication of the Epithelial Layer of Cornea. Absence of Sensibility to Irritation.* Dr. WILLIAMS reported a case recently under his care, where a patient, a young married woman, of strumous diathesis, had exhibited the phenomena of repeated elevation of a portion of the layer of conjunctiva covering the surface of the cornea. When first seen, the cornea was opaque to such an extent as to abolish vision, and prevent any inspection of the anterior chamber. The patient stated, that just before coming to the city for consultation she had pulled off from the eye what had seemed like a blister. The abraded aspect of the central portion of the cornea confirmed this statement. There was entire absence of sensibility of the cornea, and it could be touched with a probe, needle or finger without causing any pain. The epithelial layer seemed to be reproduced, and became, a second, and afterward a third, time, raised by effusion beneath it. The raised portion was removed with fine scissors, after it had become so far detached from the cornea that its separation was inevitable. Each time, the extent of affected surface was less than before, and, under the use of remedies adapted to improve the general health, together with mild local applications, the cornea recovered its natural firmness, and became gradually clearer, the patient recovering her vision.