

A descriptive catalogue of the drawings and photographs of diseased or injured parts (series 57).

Contributors

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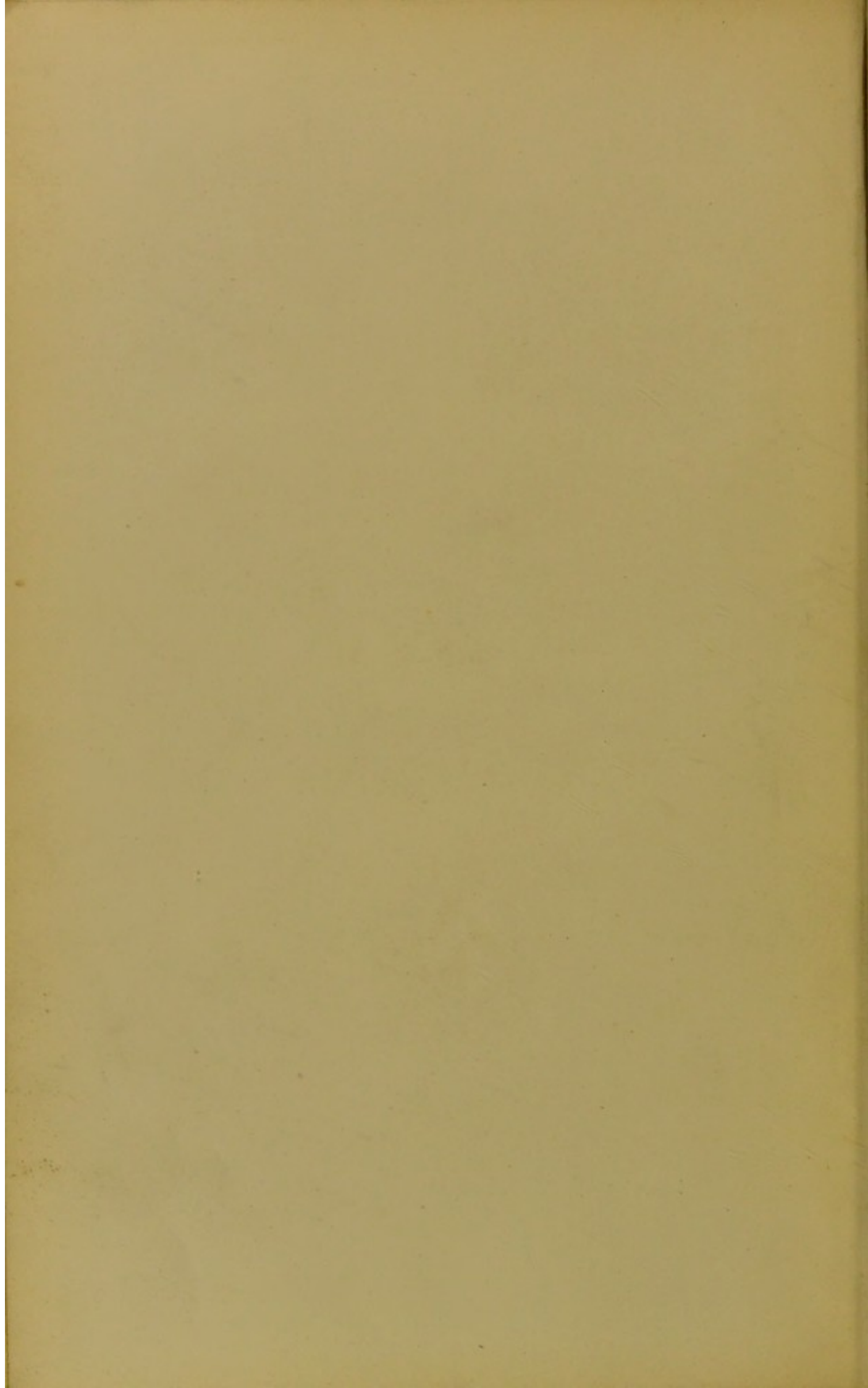


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A
DESCRIPTIVE CATALOGUE
OF THE
DRAWINGS AND PHOTOGRAPHS
OF
DISEASED OR INJURED PARTS
(SERIES LVII.)
IN THE
MUSEUM
OF
St. Bartholomew's Hospital.

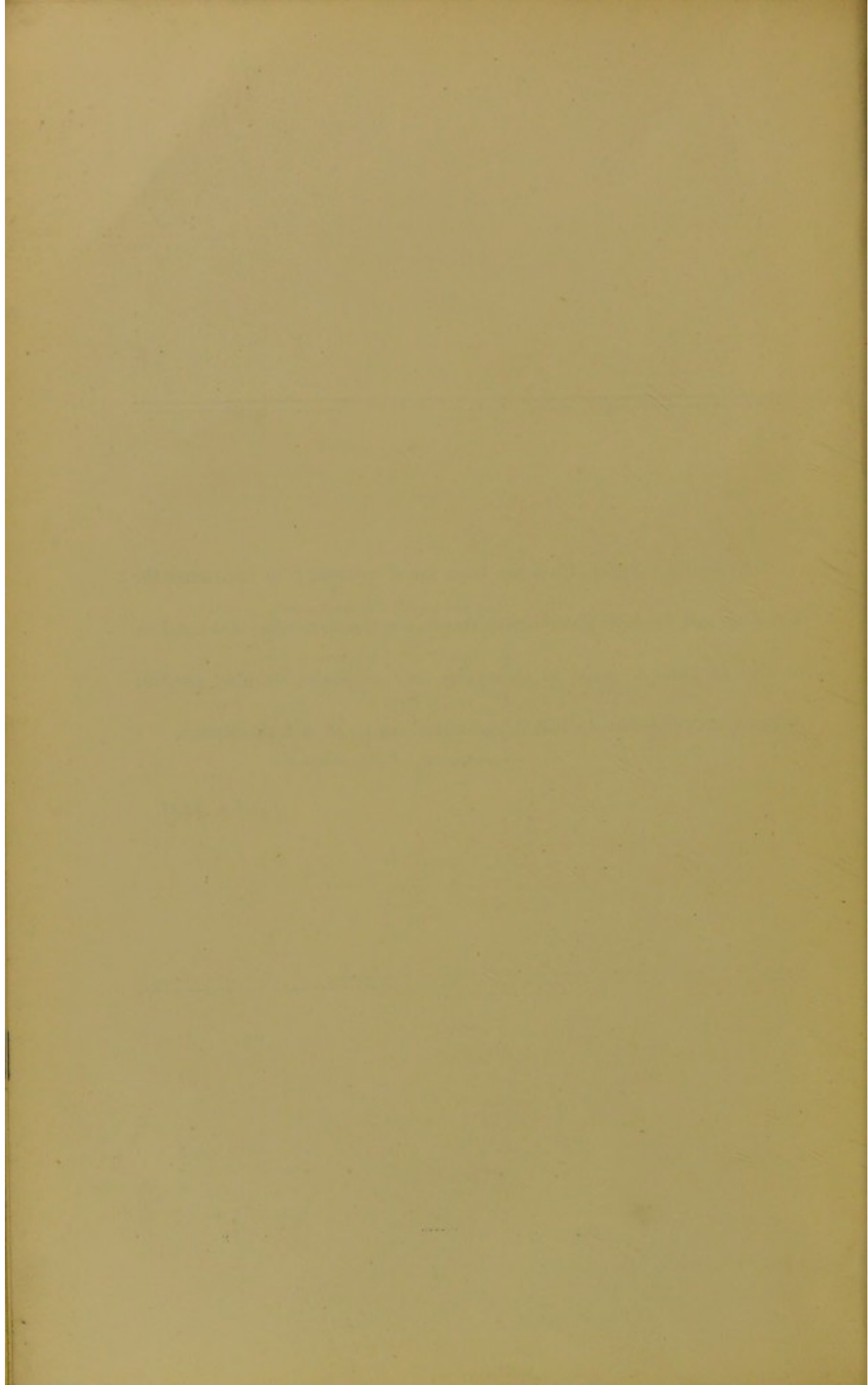


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In re-editing Series lvii. it has been found necessary to re-arrange the Drawings and Photographs to a very large extent, and to alter the numbers of all: in order to assist in identifying any particular drawing the old numbers are printed at the bottom right-hand corner of each description.

October, 1893.



SERIES LVII.

DRAWINGS AND PHOTOGRAPHS OF DISEASED OR INJURED PARTS.

I.—DISEASES OF BONES.

1. Atrophy of the Femur, with bending and partial fracture of the shaft, accompanying disease of the knee-joint. (T. Godart.) 1
The specimen is preserved in Series i., No. 8.
2. Head of a maniac with enlargement and distortion of the cranium, resulting from the deposition of bony matter between the tables of the skull. 2
3. A Series of Eight Photographs of patients suffering from Acromegaly. Most of these cases have been described by Professor Virchow. 2a
Presented by A. A. Kanthack, M.D.
4. Two Photographs of a Case of Acromegaly. The second toe of the left foot is the part most affected. 2b
The patient was a young Hindoo, aged 18. For details of the case see *British Medical Journal*, vol. ii. (1891), p. 188.
Presented by A. A. Kanthack, M.D.
5. Diffuse Suppuration in the Medullary Tissue of the stump of a femur. Phlebitis also existed. 3
6. Section of a Tibia, from a lad, aged nineteen years; its cancellous tissue was infiltrated with pus, and in places of a deep claret colour, from congestion. The surface of the entire shaft was white and bare. (T. Godart.) 4
7. Drawing of a Section through the Femur of a girl who had central necrosis. The lower part of the femur has undergone atrophy of the cancellous tissue, leading to the formation of a large quantity of a soft and blood-stained granulation tissue. (L. Mark, Esq.) 4a
See Series i., No. 138b and c.
See *Female Surgical Register*, vol ii. (1888), No. 367.
8. Section of a Tibia affected with Osteo-myelitis. Its vascularity is increased throughout. (T. Godart.) 5
From a boy, aged eight years, who was admitted with acute inflammation of the tibia, and died of pyæmia.
9. Section of a Femur which has undergone enlargement and sclerosis from chronic inflammation. The modelling of the various layers is not yet complete, the line of the original shaft being still plainly visible. (T. Godart.) 5a

10. A Tibia similarly affected, but the modelling process is complete, and all trace of the line of the original shaft is lost. (T. Godart.) 5b
The specimen is preserved in Series i., No. 103.
11. Section of a Femur, removed by amputation at the hip-joint. Nearly the whole shaft had perished; before the operation the bone had undergone so-called spontaneous fracture; but at no time, either before or after the operation, could any trace of suppuration be discovered. (T. Godart.) 5c
The specimen is preserved in Series i., No. 167.
12. Section of a Femur, of which a large portion of the shaft has perished. There is no cloaca in the layer of periosteal new-bone surrounding the sequestrum. (T. Godart.) 5d
13. Section of a Tibia, showing a precisely similar condition, presumed to have belonged to the same person as the preceding, but taken from the opposite limb. (T. Godart.) 5e
This and the preceding specimens are preserved in Series i., Nos. 258, 259.
14. Section of a Femur, nearly the whole shaft of which has necrosed. 5f
The specimen is preserved in Series i., No. 256.
15. Two Photographs of a Woman, aged fifty-four years, showing the deformity resulting from Osteitis Deformans. 5g
16. Four Photographs of a Man with Osteitis Deformans. 5h
17. A Photograph of a Lady, aged fifty-seven, who, during the last nine years of her life, suffered from Osteitis Deformans. The bones of her skull were those mostly affected, but many of the long bones showed thickening and increased curvature. 2c
A portion of her frontal bone is preserved in Series i., No. 72a, to which refer.
Presented by R. H. W. Wilbe, M.D.
18. Necrosis of part of the shaft of a Femur, with thickening of the surrounding periosteum. (T. Godart.) 6
19. Drawings of a case of Symmetrical Periostitis of both Femora in a child, with unusual formation of bone substance.
(a.) Represents the general outline of the Right Femur, and also the appearances seen after making a transverse section through the most prominent part of the swelling.
(b.) Shows the appearances, when fresh, of a longitudinal section through the lower part of the Left Femur. (Leonard Mark, Esq.) 6a
The bones themselves are preserved in Series i., Nos. 39a and 39b, to which refer for details of the case.
20. Necrosis of part of the anterior wall of a tibia. 7
The specimen is preserved and described in Series i, No. 251.
21. Necrosis of a portion of the anterior wall of a Tibia; the sequestrum is exposed through an ulcer in the integuments. (W. H. Clift.) 8
22. Necrosis of the shaft of a Humerus, six weeks after a Compound Fracture. A line of florid granulations marks the separation between the white, dead, and the living bone, upon which an abundance of new bone has been formed. (T. Godart.) 9
23. Section of part of the Femur of a Rabbit. Into a hole, drilled through it, a peg,

- made of bone, was tightly driven. When examined, at the end of twelve weeks, a great portion of the peg had disappeared. (T. Godart.) 10
 See some experiments performed by Sir William S. Savory, Bart., F.R.S., the specimens from which are preserved in the Museum.
24. Rickety curvature of both Tibiæ. 11
25. A Photograph of a Boy, aged eleven, showing great deformity of the Legs due to Rickets. 11a
 A cast of the lower extremities is preserved in Series lvi., No. 2h.
 See *Male Surgical Register*, vol. iii. (1891), No. 855.
26. Drawing of the appearance, seen after death, of the lower extremities of a child, who died from Scurvy Rickets. A longitudinal section has been made through the limbs; hæmorrhages into the substance of the bones, and beneath the periosteum are clearly shown. (Leonard Mark, Esq.) 11b
 The case occurred in the Great Ormond Street Hospital for Children.
27. Drawings of the right and left humerus, of the alveolar border of the lower jaw, and of the mucous membrane of the bladder, from the same case as the preceding drawing. (Leonard Mark, Esq.) 11c
28. Syphilitic Necrosis of the Tibia. (T. Godart.) 12
29. Drawings of the Right Humerus, condylar surface of the Femur and Knee-Joint, from an unusual case of ulceration of the articular ends of bones. (T. Godart.) 12a
 The specimens are preserved in Series i., Nos. 312b, c, and d.
30. Syphilitic Nodes on the Clavicles and left side of the Frontal Bone. (T. Godart.) 13
31. Drawing of an undergrown girl, aged sixteen years, showing some of the effects of Congenital Syphilis. The teeth are "pegged," and the bridge of the nose is flattened; both eyes are affected with interstitial keratitis, and the right, which is also affected with kerato-globus, was absolutely blind. Large patches of necrosis of the cranial bones are exposed by ulceration of the scalp. (T. Godart.) 14
32. Hard ivory-like Osseous Tumour, involving the frontal and other adjacent bones. From a specimen in the Museum of the University of Cambridge. (J. L. Bailey.) 15
33. A Hand, in which the metacarpal bone of the little finger was the seat of a bony tumour, and was removed by Jonathan Toogood, Esq., by whom the sketches were presented. 16, 17
34. Enormous Cartilaginous Tumours in several of the bones of a hand. The hand was removed from a man, fifty-six years old, in whom some of the tumours had grown from his birth. (T. Godart.) 18
 The specimen is preserved and described in Series i., Nos. 412, 413.
- 35, 36. A Hand, with numerous Cartilaginous Tumours in its metacarpal bones and phalanges. 19, 20
 The specimen, amputated from a boy, is preserved, and is described with the next following, in Series i., Nos. 414, 415.
37. The Metacarpal Bone of the other hand of the same boy. It was amputated at the same time, and contained a similar tumour. 21

38. Very large softened and sloughing Cartilaginous Tumour, surrounding the upper two-thirds of a girl's tibia. 22
From a specimen described in Series i., No. 425.
39. Part of a Medullary Growth involving the bones of the skull and the pericranium. (T. Godart.) 23
40. Another view of the same growth. (T. Godart.) 24
41. A Malignant Growth, involving the skull and the cervical glands. The circumference of the head, horizontally, was thirty-four inches. (T. Godart.) 25
42. A soft Sarcoma, occupying and enclosing the upper part of the humerus. It was of twelve weeks' growth. (T. Godart.) 26
43. An enormous Tumour of the Humerus. 26a
44. Drawing of a very large Osteo-Sarcoma of the Right Humerus. (Leonard Mark, Esq.) 26b
The tumour had existed for eight years, but had increased very rapidly during the last year. It was removed by amputation at the shoulder joint, and the patient made a good recovery. The limb, with the tumour, weighed 33 lbs. after removal.
One-half of the tumour is preserved in Series i., No. 474a, and microscopical sections are preserved in Series lv., No. 60a.
See *Male Surgical Register*, vol., iv. (1892), No. 1408.
45. A Photograph of the patient from whom the preceding drawing (No. 44) was taken. (J. H. Griffiths, Esq.) 26c
46. Drawing of one-half of a Humerus. The bone has been sawn through longitudinally, and it is seen that the interior of the shaft is occupied by a vascular new growth which has caused the bone to give way at about the middle of the shaft; here there are two lobulated masses covered by a thin shell of bone, but containing sarcomatous elements similar to, and continuous with, that occupying the interior of the bone. (Leonard Mark, Esq.) 26c
The specimen is preserved in Series i., No. 446e, to which refer.
47. A Medullary Growth, involving the bones forming the wrist-joint, of twelve months' duration. (T. Godart.) 27
From a woman, 34 years of age.
48. A Sarcoma springing from the surface of the lower extremity of a femur. (T. Godart.) 28
From a patient, aged 29 years.
49. Drawing of a case of Central Sarcoma of the shaft of the femur. (T. Godart.) 28a
Fig. 1 represents the tumour as it could be felt before the amputation of the limb.
Fig. 2 represents the tumour in the position it occupied within the femur.
Fig. 3 represents a portion of the femur with the tumour removed to show the excavation it had effected within the bone, and the irregular line of the spontaneous fracture.
The tumour is preserved in Series i., No. 475a.
These drawings are reproduced in the *Transactions of the Pathological Society*, vol. xxxvii., pl. xiv.
50. A Medullary Tumour of the lower end of the femur. (T. Godart.) 29

51. An immense Medullary Tumour in the head of a tibia. 30
The specimen is in the Pathological Museum of the Royal College of Surgeons, No. 281a.
52. Section of a Myeloid Sarcoma of the lower end of a femur. (T. Godart.) 31
53. Sarcoma of the Forearm in a child, aged nine months. 31a
The specimen is preserved in Series i., No. 441a.
54. A Myeloid Sarcoma containing cysts, in the head of a tibia. (T. Godart.) 32
The specimen is preserved in Series i., No. 471.
55. A Myeloid Sarcoma of the lower part of the tibia. 33
The specimen is preserved in Series i., No. 472.
56. A Medullary Tumour originating in the fibula, after a blow. (T. Godart.) 34
57. Photograph of a Skull, showing the nodes of Parrot. 34a
The skull itself is preserved in Series i., No. 350a.
58. The Calvaria of a child, aged eight months, showing a traumatic cephalhydrocele. 34b
The specimen is preserved in Series iii., No. 881a.
59. A Photograph of a lady, from whom the left half of the lower jaw had been removed three years previously on account of an endosteal fibro-sarcoma. The patient had no recurrence of the disease up to the time when the photograph was taken, and there seems to have been but little deformity as a result of the operation. 34k
One-half of the jaw is preserved in Series i., No. 482a.
Presented by Sir William S. Savory, Bart., F.R.S.
- 60.

II.—DISEASES OF JOINTS.

61. A Hip-Joint, showing acute inflammation of the synovial membrane, with softening of the ligamentum teres. (T. Godart.) 35
From a boy, aged 14 years, who died of acute pyæmia, the first symptoms of which appeared ten days before death.
62. A Hip-Joint of which the synovial membrane and ligaments are swollen and intensely congested. The cartilages are superficially ulcerated. On the dorsum ilii, just above the margin of the acetabulum, is an abscess cavity communicating by a narrow track, through which a bristle is passed, with the acetabulum. A similar track passes through the bottom of the acetabulum, and communicates with an abscess cavity in the pelvis. (T. Godart.) 36
From a child, aged 12 years, who died in the Hospital with purpura hæmorrhagica.
The specimen is preserved in Series ii., No. 571.
- 63a, b. Photographs of a Girl, aged fifteen, who had recovered from hip-joint disease, the hip being ankylosed in a faulty position. 605a, b
64. Drawing of the Foot and Leg of a boy who had acute inflammation of the upper epiphysis of his tibia. (L. Mark, Esq.) 36a
The joint is preserved in Series i., No. 621c.
65. Acute Rheumatic Inflammation of the Hip-Joint, especially of its synovial membrane. (A. M. McWhinnie.) 37

66. Photograph of a Young Woman whose right femur had been divided below the trochanters on account of ankylosis of the hip. Free movement and a useful limb resulted from the operation. 37a
67. Drawing of the Left Hand of a Child, aged fourteen, who had well-marked rheumatoid arthritis. (L. Mark, Esq.) 37b
 See *Faith Ward Book* (1889), s. v. A. Abrahams.
 See also *Clinical Society's Transactions*, vol. xxii. (1889), p. 328.
 Casts of the hands are preserved in Series lvi., No. 20n¹ and n².
68. Acute Inflammation of the Synovial Membrane of a Knee-Joint, from a patient who died with pericarditis. (A. M. McWhinnie.) 38
69. Acute Synovitis of the Knee-Joint, with commencing disintegration of the cartilage of the internal condyle. (T. Godart.) 39
70. A Knee-Joint in a case of acute inflammation, from a puerperal woman. 39a
 See *Female Surgical Register*, vol. iii. (1884), No. 2226.
71. A Knee-Joint showing the results of acute suppuration. 39b
72. Drawing of a Knee-Joint from a case of suppurating osteo-arthritis. (T. Godart.) 39c
 From a patient, aged 40, who had disease of her right knee-joint for twenty years.
 See *Female Surgical Register*, vol. i. (1886), No. 1921, and vol. i. (1887), No. 11.
73. Pulpy degeneration of the Synovial Membrane of a Knee-Joint; there is œdematous thickening of the synovial membrane, which is brownish-red from congestion. 40
74. Pulpy degeneration of the Knee-Joint. 40a
75. Drawing of the Knee-Joint from a case of Tubercular Synovitis. The synovial membrane is seen to be very greatly thickened and the cartilages are ulcerated. Microscopic examination of the synovial membrane showed the presence of tubercular deposits, but no tubercle bacilli could be detected. (T. Godart.) 40b
 From a lady, aged 67, who, on October 10th, had a sudden attack of pain in the knee, followed by an effusion, which, on account of the subsequent ecchymosis over the joint, was supposed to have been of blood. The symptoms of chronic arthritis subsequently set in, and the limb was removed on March 10th in the following year. Two months before amputation the joint was tapped, and clear synovial fluid was removed. During the whole period of the joint-disease the patient got up daily, and absolutely refused to wear any splint.
 The joint is preserved in Series ii., No. 569b.
 Presented by Thomas Smith, Esq.
76. Lower extremity of a Femur, showing irregular fragments of cartilage connected with the articular surfaces. After amputation for disease of the knee-joint. (T. Godart.) 41
77. Ulceration of the Articular Cartilage of the Femur from disease of the joint. (T. Godart.) 42
78. Left Lower Extremity of a child, after excision of the head and neck of the femur for disease. (T. Godart.) 43
79. A Cyst on the inner side of the Knee, of uncertain nature. (T. Godart.) 44
80. Drawing of the Left Hand of a woman, aged forty-seven, who was a canvas-sewer. The synovial membranes of the inter-phalangeal joints of the fingers are enlarged and pulpy. (Leonard Mark, Esq.) 44a

81. A Cyst on the inner side of the Popliteal Space, connected with disease of the knee-joint. (T. Godart.) 45
See a paper, by Mr. W. Marrant Baker, in the *St. Bartholomew's Hospital Reports*, vol. xiii. (1877), p. 245.
82. Knee and Ankle Joints from a boy, who was a bleeder, and died from continuous hæmorrhage, resulting from a cut on the lip. The synovial membrane is stained with blood, which had been extravasated into the joint, the cartilage is very thin, and the patella was adherent to the condyles of the femur. (T. Godart.) 45a
The case is described by Dr. Legg in the *Pathological Society's Transactions*, vol. xxxiii., p. 412. The joints are preserved in Series ii., No. 740a.
- 83a, b, c. Knee and Ankle Joints from a case of hæmophilia. 45p, q, r
The joints are preserved in Series ii., Nos. 740b, c, d.
84. The Popliteal Space, showing an intermuscular synovial cyst. 45b
85. The posterior aspect of the Leg, showing an intermuscular synovial cyst. 45c
86. The head and part of the shaft of the Humerus, from a case of arthritis resulting from the suppuration of an intermuscular synovial cyst. 45d
The three preceding drawings illustrate a paper in the *Pathological Society's Transactions*, vol. xxxvi. (1885), p. 335.
The specimens are preserved in Series vi., No. 1205a, b and c.
87. The Elbow of a patient showing an intermuscular synovial cyst. 45e
88. Arm showing the deformity produced by osteo-arthritis in a patient with tabes dorsalis. 45f
89. Right Knee-Joint from a patient, aged fifty, the subject of marked locomotor ataxy. 45g
90. The same Joint laid open to show the changes which have taken place in the bones. 45h
91. Another view of the same Joint laid open. 45i
92. A side view of the same Joint laid open. 45k
The preceding specimen was shown at the Clinical Society. See *Transactions of the Clinical Society*, vol. xviii. (1885), p. 50, iv. and v. pl.
The specimen is preserved in Series ii., No. 691b.
93. The Right Knee-Joint of a patient who suffered from osteo-arthritis, and who had well-marked symptoms of locomotor ataxy. 45l
94. The Left Knee-Joint of the same patient. 45m
The two preceding joints are preserved in Series, ii., Nos. 691c and d.
- 95a, b. Drawings of various Joints with deposits of urate of soda. 45n, o
96. The Left Thigh of a man, aged fifty-three, who was suffering from Charcot's disease of the hip-joint. (T. Godart.) 45s
See *Male Surgical Register*, vol. v. (1886), No. 1209.
97. Drawing of the Left Knee-Joint of a patient who had osteo-arthritis. (T. Godart.) 45t
The joint is preserved in Series ii., No. 693a.

98. Drawing of the inner side of the thigh of a patient who had an intermuscular synovial cyst in connection with the knee-joint. (T. Godart.) 45u
Cf. Nos. 84 and 85.

- 99a and b. Drawings of the Right Knee-Joint from a case in which an intermuscular cyst extended deeply into the popliteal space. (T. Godart.) 45v, w
Cf. Nos. 81 and 84 to 87.
 The specimen is preserved in Series vi., No. 1205f.

100. Drawing of the Left Leg, from a case in which a large intermuscular synovial cyst opened into the knee-joint. The shrivelled remains of an old cyst runs along the inner border of the gastro-cnemius muscle. (T. Godart.) 45x
 The specimen is preserved in Series vi., No. 1205e, and this drawing is reproduced in the *Transactions of the Pathological Society*, vol. xxxviii., pl. xxiii., fig. 2.

101. Synovial Cyst in the Groin in connection with rheumatic disease of the hip-joint. 75a

102.

III.—INJURIES OF BONES (FRACTURES).

103. Spontaneous Fractures of the Femora, united with deformity. They were produced by very slight forces, in a lad suffering with extreme general atrophy. (H. B. Dobell.) 46

104. Two Drawings of the Head of a Child, with a compound depressed fracture of the left parietal bone. The drawings show the gradual increase in size of a hernia cerebri; they were made at an interval of a month. (T. Godart.) 46a
See Male Surgical Register, vol. i. (1887), No. 3378*.

105. Fracture of a Tibia, five weeks after the accident. Plates of new bone are formed in and beneath the periosteum, adjacent to the line of fracture, and in the new tissue in the angles between the fragments. (H. B. Dobell.) 47

106. Section of the same specimen. (H. B. Dobell.) 48

107. Fracture of the neck of the Femur, united partly by fibrous tissue, and partly by bone. 49
 The specimen is preserved in Series iii., No. 964.

108. Different drawings of the same specimen as the preceding. 50

109. Sections of the head and neck of the opposite Femur from the same case as the preceding. They present the same appearances, but the line of fibrous tissue is uninterrupted by deposits of bone. 51
 The specimen is preserved in Series iii., No. 965.

110. Un-united fracture of a Humerus, six months after the accident; the ends of the bones are covered with granulations. 52
 The specimen is preserved in Series iii., No. 846.

111. Vesications and Ecchymosis, connected with a fracture of the olecranon, twenty hours after the injury. (T. Godart.) 53

112. Large Bullæ containing blood-stained serum, forming after fracture of both bones of the leg, with considerable bruising of the soft parts. The bullæ made their appearance in successive crops, between the fourth and eighth days from the injury. (T. Godart.) 54

The fracture was repaired in the usual time ; but the patient suffered for some weeks from eczema.

113.

IV.—INJURIES OF JOINTS (DISLOCATIONS, &c.).

114. A Shoulder-Joint, dissected. A few hours before death the humerus was dislocated beneath the coracoid process, without laceration of the capsule ; and the vertical indentation seen on the posterior surface of the head of the humerus was probably produced by the impact of the head against the anterior margin of the glenoid cavity. (T. Godart.) 55

The specimen is preserved in Series iv., No. 1019.

115. Old dislocation of a Humerus ; its head rests on the inner side of the coracoid process. 56

The specimen is in Series iv., No. 1020. There is a cast of the same in Series lvi., No. 37.

116. A Photograph of a feeble old man, who had a double subcoracoid dislocation of his shoulders. The dislocation was traumatic, and of twenty-six weeks' duration. It was not considered advisable to attempt reduction. 59b

A cast is preserved in Series lvi., No. 37a.

See *Male Surgical Register*, vol. i. (1889), No. 37a.

117. A Hip-Joint dissected after a recent Dislocation of the Femur backwards, with fracture of the posterior margin of the acetabulum and laceration of the obturator externus. (T. Godart.) 57

The specimen is preserved in Series iv., No. 1036.

118. A Hip-Joint, showing a Dislocation of the Femur upon the body of the Ischium, with fracture of the posterior margin of the acetabulum. (T. Godart.) 58

The specimen is preserved in Series iv., No. 1038.

119. Two Photographs of a Boy who had congenital displacement of his left hip. Several other members of the same family had a similar abnormality. 57a

120. Photograph of an Old Man who had many idiopathic dislocations. 59a

Casts of this patient are preserved in Series lvi., Nos. 36a, 36b.

121.

V.—DISEASES, DEFORMITIES, AND INJURIES OF THE SPINE.

122. White Induration (sclerosis) of the substance of two Vertebrae, in a case of diseased spine with paraplegia. 60

123. Sections of Lumbar Vertebrae, the bodies of which are infiltrated with a malignant growth. (T. Godart.) 61

From a man, aged 55 years.

- 124 to 130. A series of Sketches of a specimen in which it is probable that an accidental injury had broken off the arch, with the spinous process, and inferior

- articular processes, of one of the lumbar vertebræ. The separated portion remained movably connected with the rest of the vertebra. 62 to 68
Presented by John Jessie, Esq. From a specimen in the Museum of the Royal College of Surgeons, Pathological Series, No. 983.
131. Back of a Girl, showing well-marked lateral curvature. 68a
- 132.
- 133.

VI.—DISEASES AND INJURIES OF MUSCLES, TENDONS, AND BURSÆ.

134. Fatty degeneration of the Diaphragm. (T. Godart.) 69
135. Portion of a Psoas Muscle in a state of suppuration. The lungs and spleen also contained suppurating spots. (T. Godart.) 70
136. Drawing taken from a case of Progressive Muscular Atrophy. (T. Godart.) 71
137. Another drawing of the same case. (T. Godart.) 72
138. Photographs of a similar case. 73
139. Photographs of the back and feet of a patient who was affected with Myositis Ossificans. 73a

C. A. M., a boy, aged seven, presented a series of lumps, apparently bony, along the margin of each latissimus dorsi, one in the left trapezius a little below the occiput, another in the right trapezius midway down the neck, and a third over the right supraspinous fossa. Another, in the substance of the right triceps, reached from the posterior margin of the axilla nearly to the insertion of the deltoid. A saddle of bone covered the erector spinæ on either side, and rendered the boy incapable of stooping. The right shoulder-joint was quite fixed, but there was a little movement in the left. There was no ossification of any of the muscles on the anterior surface of the trunk.

There was no history of syphilis; parents healthy; grandparents on male side rheumatic. See also the *British Medical Journal*, vol. ii. (1886), p. 1026.

Presented by T. Sympson, Esq.

140. A Photograph of the Skeleton of a man, aged thirty-nine, which had numerous osseous growths, of various dimensions and extent. Some of these project from the bones like osseous tumours; others, passing from one part of the skeleton to another, have produced ankylosis of many of the joints. The growths, like tumours, are present on the os frontis, mastoid process, and occiput, as well as on other parts of the skeleton where muscles are inserted, as near the angle of the lower jaw, where the masseter is inserted; at the extremities of the spines of the vertebræ; at the coronoid processes of the ulnæ, in the femur at the part where the glutæus maximus is inserted, &c. The second and more extended kinds of ossification have in general followed the course of the larger muscles, and may be seen on the right side in the course of the deltoid, joining the clavicle and the acromion of the scapula to the humerus; in the situation of the supra-spinatus, and passing from the inferior angle of the scapula to the humerus, in the situation of the teres major and latissimus dorsi. On the back more extensive ossifications of the muscles appear which affix the scapulæ on both sides to the sacrum and ilium, and to the spines of the lumbar and dorsal vertebræ. On the left scapula the ossification of the teres major has not extended quite to the humerus, but the dorsum presents a singular process or ossification, with smooth sides and a flattened overhanging margin like an auxiliary or second spine. From the pelvis, ossifications extend from the sacrum and ilium in the direction of the glutæus maximus, and

from the tuber ischii and os pubis, in the course of the biceps and triceps abductor muscles. These extend to the right femur. Ossifications of the tendinous and ligamentous parts appear to be still more common, producing ankylosis of the vertebræ, of the left elbow-joint, of the tibia and fibula to each other on both sides, of the ankle-joints, and general consolidation of the bones of the tarsi. 73b

From the Hunterian specimen in the Museum of the Royal College of Surgeons, No. 1616a.
Presented by S. G. Shattock, Esq.

141. Photographs of a Young Woman, aged twenty-one, who had torticollis on the right side. (The photograph was taken by R. J. Hillier, Esq.) 75b

A cast of the neck of the patient is preserved in Series lvi., No. 66b.
See *Female Surgical Register*, vol. iii. (1891), No. 140.

142. Photographs of a Man, aged thirty-three, who had double spasmodic wry-neck. The patient had suffered in this way for three months. His head was almost constantly drawn backwards and turned round towards the left shoulder. The attacks recurred at very close intervals. 70a

See *Luke Ward Book* for 1888, s. v. H. Smith, and *St. Bartholomew's Hospital Reports* (1888), vol. xxiv., p. 249.

143. Photograph of a Girl, aged fourteen, who had Contraction with Paralysis of various Joints and Muscles. There is also extreme wasting of the muscles. 75d

See *Elizabeth Ward Book* for 1892, sub. Annie Kentish.

144. Photograph of the back of the Neck and Shoulders of a boy, aged thirteen, who had wasting of the left trapezius following old infantile paralysis. 73d

A cast is preserved in Series lvi. No. 73d.
See *Report Book of the Electrical Department*, vol. xv., p. 100.

145. Photographs of a case of Pseudo-Hypertrophic Paralysis, occurring in a boy, aged ten years. The photographs show the wasting of the thighs and the enlargement of the calf; an attempt was made to show the characteristic attitude assumed by the patient in rising from the recumbent position. 73b

See *Male Surgical Register*, vol. iii. (1887), No. 3093.

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See *Pathological Society's Transactions*, vol. xx., p. 102.

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170. Drawing of a heart from a case of Ulcerative Endocarditis, in which the patient had numerous embolic aneurysms. (T. Godart.) 96a
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ULCERATIVE ENDOCARDITIS.

171. (i.) Two Drawings showing several minute ulcers on the endocardial surface of the right ventricle. (ii.) Similar small ulcers in the substance of the kidney. They were obtained from the same case. (Leonard Mark, Esq.) 96*b*
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Vide *Pathological Society's Transactions*, vol. xix., p. 146.
176. Drawing of the Right Ventricle of a Heart. There is great dilatation of the right ventricle without much hypertrophy, a great increase in the calibre of the pulmonary artery, and an absence of one pulmonary valve, with the commencement of an aneurysm in the place where it should have been. (T. Godart.) 100*a*
From a man, aged 49, who was admitted with chronic bronchitis, emphysema, and gout. He had a diastolic heart-murmur, heard at the apex and conducted downwards.
See *John Ward Book* for 1887, No. 15.
The specimen is preserved in Series vii., No. 1316*a*.
177. Congestion of the skin of the face and arms, from obstruction of the circulation by disease, and, perhaps, malformation of the heart. 101
178. Drawing of a child with Measles. The patient was deeply cyanosed, as a result of a congenital malformation of the heart, whereby the aorta communicated with both ventricles. The fingers were markedly clubbed. (T. Godart.) 101*a*
The heart is preserved in Series iv., Class v., No. 3601*a*.
179. Drawing of the hands of a boy, aged fourteen, who had a congenital malformation of the heart. The ends of all the fingers are clubbed and of a dusky hue. (Leonard Mark, Esq.) 101*d*
See *Male Surgical Register*, vol. i. (1890), No. 3170.
180. Drawing of the heart of a girl, aged fifteen, who died from Purpura Hæmorrhagica. There were small hæmorrhages beneath the visceral pericardium and under the endocardium of the left ventricle. There was neither valvular disease nor dilatation of the heart, but the organ was extremely pale. The pallor was most marked in the left ventricle. The internal part of the section as well as the columnæ carneæ were very white; streaks of white substance stretched into the outer part of the wall, but this was less affected than the inner part. Microscopical examination of the heart did not show any structural change in the tissue, so that the appearances were probably due to anæmia. (L. Mark, Esq.) 101*b*
See *Medical Post-Mortem Register*, vol. xiv., p. 272.
181. Drawing of the Face of a girl, showing a marked blush on the cheeks due to dilated capillaries. The blush occurred in the course of dilatation of the heart, resulting from mitral and tricuspid disease. The lips are of a livid colour, also the result of venous obstruction. (L. Mark, Esq.) 101*c*
From a girl, aged 11 years, who had acute rheumatism three months previously.
See *Mary Ward Book* for 1889, s. v. Ellen Poole.

VIII.—DISEASES AND INJURIES OF ARTERIES.

182. Atheroma of the Aorta with thickened and contracted semilunar valves. (T. Godart.) 102
183. Extensive Atheroma of the Pulmonary artery in connection with mitral disease and hypertrophy of the right ventricle. The aorta was almost healthy. (T. Godart.) 103
184. Calcareous Degeneration of Atheromatous Deposits in the walls of an abdominal aorta. (T. Godart.) 104
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187. Drawing of an Aneurysm of the abdominal aorta, which ruptured externally. (T. Godart.) 105b
See *Post-Mortem Book*, vol. xii., p. 262.
188. Drawing of an Aneurysm of the Profunda Femoris Artery, which burst into the muscles of thigh, causing death in a few hours. It appeared to have been caused by embolism, as the patient, a lighterman, aged twenty-six, had disease (vegetative) of the aortic valves. (L. Mark, Esq.) 105c
See *British Medical Journal*, June 14th, 1890, p. 1355.
189. Pencil Drawing of the neck and upper part of the chest of a man who had an Aneurysm, probably arising from the arch of the aorta. It was treated on several occasions by the insertion of steel pins, with the result that considerable consolidation followed. The patient, however, became discontented, and left the Hospital before the case was complete. (Leonard Mark, Esq.) 105d
See *Male Surgical Register*, vol. iii. (1891), 3470*.
190. An Aneurysm of the Axillary Artery filled with blood-clot after ligature of the subclavian artery. (T. Godart.) 106
From a man, aged 32 years, who died of pyæmia twenty days after the operation. The specimen is preserved in Series viii., No. 1515.
191. Arterial Angioma, so-called Aneurysm by anastomosis of the arteries of the scalp. 107
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From a girl, aged 23; the condition of the hand dated back to a fall in the fire at the age of three years.
See *President Ward Book*, vol. viii., and account of cases in *Transactions of the Clinical Society*, vol. xv., p. 198.
193. Drawing of the right arm of a man, showing a varicose aneurysm at the bend of the elbow. All the veins of the forearm are much distended. A loud bruit could be heard over the veins as high up as the subclavian. There was evidently a communication between the brachial artery and the median vein. (Leonard Mark, Esq.) 107b
See *Male Surgical Register*, vol. iii. (1892), No. 198.

194. Obstructed Middle Cerebral Artery, associated with deposits upon the valves of the heart. (T. Godart.) 108
195. Drawing of the abdominal aorta with the common iliac arteries, from a case of multiple embolic aneurysms. (T. Godart.) 108a
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197. Drawing of the posterior tibial artery, from the same case as the preceding. The artery opens into a large false aneurysm of the calf. (T. Godart.) 108c
198. Front view of the false aneurysm shown in the preceding drawing. (T. Godart.) 108d
199. Drawing of the microscopical appearances presented by a section of the common iliac artery, from the same case of multiple embolic aneurysms. The section is taken at the seat of embolism, and shows that the internal coat has been destroyed, and that the other coats of the vessel are infiltrated with cells, whilst portions of a calcareous embolus are still visible. (T. Godart.) 108e
200. Drawing of a section of a plugged anterior cerebral artery, from the same case as the preceding. The destruction of the arterial wall in the neighbourhood of the calcareous embolus is well shown. (T. Godart.) 108f
- The specimens are preserved in Series viii., Nos. 1460b, c, d. Cf. No. 170.
See also *Transactions of the Royal Medico-Chirurgical Society*, vol. lxx., p. 117.
201. Drawing of the subclavian artery, showing rupture of the middle and internal coats. The patient, a woman, aged seventy, received a severe injury to the right shoulder, causing fracture of the clavicle and first rib. On admission, no pulse could be felt in the vessels of the arm. She died next day, when the condition shown in the drawing was discovered, namely, that the middle and internal coats had been ruptured, and that they had been stripped off and invaginated forwards by the current of the blood, thus causing complete blocking of the lumen of the vessel. (L. Mark, Esq.) 108g
- The artery itself is preserved in Series viii., No. 1384c.

IX. DISEASES AND INJURIES OF VEINS.

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204. Drawing of the abdomen of a man who had the lateral subcutaneous veins very greatly enlarged. The blood in the veins was passing upwards. There was no "caput medusæ," as the venules in the neighbourhood of the umbilicus were not dilated. The cause of the enlargement appeared to be thrombosis of the inferior vena cava. 110a

From a man, aged 30, a hard drinker, whose left leg swelled two years before he came under observation. Six months after the left leg became enlarged, he noticed a swelling of the right limb.

See *John Ward Book* for 1889, s. v. W. Windsor.

A cast of the abdomen is preserved in Series lvi., No. 101b.

205. Drawing of a small oval tumour which formed on the inner side of the leg, in connection with a large varicose vein. The surface began to ulcerate; it was removed by operation. (Leonard Mark, Esq.) 110*b*
 The patient was a woman, aged 58.
 See *Female Surgical Register*, vol. ii. (1890), No. 2515.
206. Distension of the superficial veins of the anterior surface of the thorax and abdomen owing to obstruction of the superior vena cava by a lympho-sarcomatous tumour. (T. Godart.) 111
207. The inner surface of a leg with several round sloughs, produced by the application of nitric acid to large varicose veins. (T. Godart.) 112
208. An unusual form of nævus. 112*b*
209. Drawing of the face of a man who had extreme veno-capillary congestion, in association with a remarkable eruption resembling lichen planus. See drawing 785. (T. G.) 112*a*
210. Recurrent nævoid growth on the upper lip. 189*b*

X.—DISEASES AND INJURIES OF THE LARYNX AND TRACHEA.

211. Acute inflammation and œdema of the epiglottis and aryteno-epiglottidean folds. (T. Godart.) 113
212. A Larynx, acutely inflamed, with effusion of lymph and puriform fluid in its submucous tissue. 114
213. Drawing of a larynx in a state of acute phlegmonous ulceration. (T. Godart.) 114*a*
 See *Medical Post-Mortem Book*, vol. xii., p. 139.
214. Drawing of the interior of the trachea of a woman who died from glanders. The trachea has been laid open from behind. The mucous membrane is everywhere acutely inflamed, that part immediately below the vocal cords showing numerous small ulcers. (Leonard Mark, Esq.) 125*a*
 Drawings of some of the appearances seen in the same patient during life are preserved in this Series, No. 903.
 See also *Medical Post-Mortem Register*, vol. xix., p. 189.
215. Drawing of the tongue and tonsils from a patient in whom the tonsils had become gangrenous. Numerous micrococci were found upon making a careful microscopical examination of the dead tissue. (T. Godart.) 114*b*
 From a boy, aged 19, who had only been ill a week. He suffered from epistaxis and hæmoptysis, but had made no complaint of sore throat.
 See *John Ward Book* for 1887, No. 72.
216. Drawing of the tongue and tonsils, with the larynx, trachea, and lungs, from a case of diphtheria with gangrene of the tonsils and numerous hæmorrhages into the lungs. (T. Godart.) 114*c*
 See *Medical Post-Mortem Book*, vol. xiv., p. 24.
217. Œdema of the Epiglottis. (T. Godart.) 115
218. Œdema of one side of the Larynx. The patient died suddenly from the rupture of a thoracic aneurysm. 116

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From a man between 40 and 50 years old.
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222. Croupous exudation covering the mucous membrane of the larynx and trachea; below it was soft and easily detached; above, firm and closely connected with the tissue beneath. (T. Godart.) 120
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225. Diphtheritic false-membrane forming a complete tube, and extending down the trachea and right bronchus. (T. Godart.) 123
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XI.—DISEASES AND INJURIES OF THE PLEURA,
BRONCHIAL TUBES, AND LUNGS.

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255. Ecchymosis in the lung of a dog, into whose femoral veins some oxide of zinc suspended in distilled water had been injected twice (respectively a week and a fortnight) before he was killed. (T. Godart.) 148
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258. Diffused and spotted pulmonary apoplexy in a tubercular lung. It was connected with profuse hæmoptysis. 151
259. Spotted pulmonary apoplexy. 152
260. Pulmonary apoplexy in an emphysematous lung. Repeated hæmorrhages into the trachea occurring from an aneurysm of the aorta. 153
The specimen is preserved in Series xi., No. 1708.
261. Pallid lung, from a case of spanæmia, with obstruction of the splenic veins. (T. Godart.) 154
262. Miliary tuberculosis of the lung of a child. (T. Godart.) 155
- 263, 264, 265, 266. Illustrations of phthisis pulmonalis. (T. Godart.) 156, 157, 158, 159
267. Inflammation of an old tubercular cavity in the upper part of a lung. 160
268. Tubercular cavity of a lung, from a vessel in the wall of which fatal hæmorrhage occurred. (T. Godart.) 161
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269. A lung filled with closely packed nodules of cartilage. Natural size. (T. Godart.) 162
270. A new growth (? lympho-sarcoma) of the anterior mediastinal and bronchial glands, involving the lung to a slight extent, and compressing the right bronchus. Breaking down of a portion of the new-growth occurred, whence fatal hæmorrhage arose. (T. Godart.) 163
From a man, aged 39 years.—Vide *Pathological Society's Transactions*, vol. xix., p. 64.
271. Section through a lung exhibiting malignant disease (? lympho-sarcoma) partly spreading into its interior along the bronchial tubes, and connected with a similar growth in the bronchial and mediastinal glands; partly involving directly the pulmonary tissue. (T. Godart.) 164
272. A lung infiltrated with a soft medullary tumour. 165
273. Drawing of the left lung, showing numerous deposits of ossifying sarcoma secondary to a primary growth in the knee. (L. Mark, Esq.) 171a
The right lung from the same case is preserved in Series xi., No. 1728c.
274. A Drawing of the microscopical appearances under a half-inch objective of drawing No. 273, a secondary growth of ossifying sarcoma invading the lungs. The primary growth occurred in the femur. (L. Mark, Esq.) 171b
275. Section of a tumour lying beneath the pleura at the base of a lung; it consisted of granular and fibrous material (? syphilitic). (T. Godart.) 166

276. A recent clot in the pulmonary artery, from a case of injury to the foot. The clot was the immediate cause of death. (T. Godart.) 167
- 277, 278. Clots, partially organised and adherent, in branches of the pulmonary arteries. 168, 169
The specimens are in Series xi., No. 1749, 1750. No. 277 is engraved in the *Medico-Chirurgical Transactions*, vol. xxvii., pl. iii., fig. 3.
279. An old clot in the pulmonary artery. (T. Godart.) 170
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281. Aneurysm of a branch of the pulmonary artery lying in the wall of a vomica. (T. Godart.) 171
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XII.—DISEASES AND INJURIES OF THE NOSE, MOUTH, TONGUE, PALATE, AND FAUCES.

285. Photograph of a girl upon whom the Tagliacotian operation of rhinoplasty had been performed. (T. G.) 189c
For details see *President Ward Book*, vol. ix., p. 170, 1882.
286. A series of twelve photographs illustrating the normal and pathological anatomy of the nose. 173a
Presented by Dr. Arthur Hartmann, of Berlin.
287. Recurrent epitheliomatous tumour of the upper lip. The primary growth had been removed five years previously. (T. Godart.) 189a
See *Abernethy Ward Book*, vol. vii., p. 226.
288. Hypertrophy of the gums. 175b
289. Drawing of the outer surface of the gum, to show the results of hypertrophy occurring after an attack of diphtheria in a girl, aged nineteen. (T. Godart.) 175c
See *Female Surgical Register*, vol. v. (1886), No. 1043.
290. A Drawing of a case showing hypertrophy of the mucous surface of the lips. (T. Godart.) 175d
291. Drawing of the mouth, from a case of stomatitis. (T. G.) 175a
292. Drawing of the face of a young woman, aged twenty-two, who died from poisoning by carbolic acid. The lips and chin, together with the mucous membrane of the mouth, are stained and charred from the action of the acid. She lived for three hours after taking the poison. (Leonard Mark, Esq.) 174a
The stomach is preserved in Series xvii., No. 1949d, and a drawing of the interior of the stomach, showing the action of the acid on the mucous membrane, is preserved in No. 390 of this Series.
See *Medical Post-Mortem Register*, vol. xviii., p. 194.
293. A case of cancrum oris. (T. Godart.) 174
From a male child, aged 20 months. In the course of the disease, which proved fatal, the intermaxillary bones necrosed and came away.
294. Cancrum oris. (T. Godart.) 175

295. Hypertrophy of the tongue of a child, aged three years, in whom the disease had existed for fifteen months, occurring subsequently to an attack of stomatitis. (T. Godart.) 177

The disease was removed by the *écraseur* on two occasions, but after removal there was still a tendency to excessive growth. The structure of the portions removed was apparently that of healthy tongue tissue, without excess of vascular tissue.

296. Drawing showing hemiatrophy and hemiplegia of the left side of the tongue of a man, aged fifty, an out-patient at the Hospital, caused by a malignant tumour situated deeply in the neck (left side). The sense of taste was not affected on either side, nor was there any other paralysis. (L. Mark, Esq.) 177b

297. Drawing of a case of unilateral atrophy of the tongue. (T. Godart.) 177a

From a man, aged 30, who had rheumatic fever seven years and syphilis four years before admission to the Hospital. Three months before admission sores were noticed on the right ankle, and one month later he had a sore throat and a headache, which he referred to the frontal and occipital regions. The headache was accompanied by occasional vomiting. About a month after the onset of the headache the tongue was first protruded to the right side, and loss of power in the left arm and leg was noticed, with slight dimness of sight. On admission, his walk was feeble and the grasp of the left hand was impaired; the tongue was protruded to the right, and on the right side of it great loss of substance with a flabby consistency was manifest. The neck was stiff, and the head was rotated with difficulty. The temperature maintained a slightly hectic character. Electrical examination revealed complete loss of faradic excitability on the right side of the tongue with impaired sensation, whilst the muscles of the left thumb supplied by the median nerve did not readily react.

See *Luke Ward Book* for 1885, No. 481.

298. Drawing of the tongue of a boy, aged thirteen, in a state of acute glossitis. The tongue was so much swollen and enlarged that the mouth could not be shut. Under appropriate treatment, the symptoms subsided in a few hours. (L. Mark, Esq.) 177c

299. Drawing of the tongue of a child, aged three and a half years, who had superficial ulceration of the sides and tip, associated with Bright's disease. (L. Mark, Esq.) 187c

See *Hope Ward Book*, 1889 and 1890, s. v. Rose Bartlett.

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306. A Drawing of a tongue, from a case of congenital syphilis occurring in a boy, aged seven years. (T. Godart.) 178f

See *Male Surgical Register*, vol. ii. (1887), No. 1187.

307. Drawing of the tongue of a boy, aged ten, showing two large deeply excavated ulcers with raised and rugged edges, due to congenital syphilis. (L. Mark, Esq.) 180c

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See *Male Surgical Register*, vol. ii. (1890), No. 1720.

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 From a man, aged 45, who had observed the swelling for two months.
 See *Male Surgical Register*, vol. iv. (1888), No. 3574.
316. Drawing of a tumour on the right side of the under-surface of the tongue of a man, aged thirty. It was doubtful whether the tumour was syphilitic or tubercular. It had been observed for nine months. (T. Godart.) 178e
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 See *Male Surgical Register*, vol. v. (1886), No. 2831.

323. Drawing of the tongue of an out-patient, aged fifty-two, showing a nævus situated upon the tip. It had never bled or given him any trouble. (L. Mark, Esq.) (*Cf.* 344, Mr. Butlin's Case of Tongue Drawings, Plate xiii., Nos. 3 and 4, and Plate xiv., Nos. 1, 2, 3, and 4.) 189h
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DESCRIPTIONS
OF THE
ILLUSTRATIONS OF CERTAIN DISEASES
OF THE TONGUE.

PRESENTED BY
H. T. BUTLIN, Esq.

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PLATE I.

1. Drawing representing an eruption at the tip of the tongue of an intemperate man. The eruption was *vesicular* and acute.

Out-patient Department, June, 1884.

2. Drawing of the tongue of a boy, about ten years old, showing a group of *vesicles* near the tip. These vesicles were probably the precursors of aphthous ulcers, from which several of the children of the family were or had been suffering. The boy was not seen again. The tongue was coated and the breath was foul.

Consulting Room, June, 1886.

3. Drawing of the *indented* tongue of a woman, sixty years of age. The precise cause of the disfigurement could not with certainty be ascertained, but it was partly due to the teeth, partly perhaps to syphilis.

Out-patient Department, December, 1883. (M. Colson.)

4. Drawing of a "raw" and *excoriated* tongue in a young man, seventeen years of age. The fungiform papillæ were large and prominent, while the filiform papillæ of the raw area were less prominent than usual. The cause of the condition was not clear. The patient did not smoke or drink, and there was no history of dyspepsia; possibly it might have been due to "sucking the tongue."

Out-patient Department, March, 1883. (J. Cooksey.)

PLATE II.

1. Drawing of a "raw" and *excoriated* tongue. The condition appeared to be in part due to dyspepsia. The patient was a boy. There was a sore place at the corner of the mouth, which looked as if it might have been due to secondary syphilis, but there was no other sign or history of syphilis.

Out-patient Department, June, 1884.

2. Drawing of the *fissured* tongue of a syphilitic man (tertiary syphilis.)

Out-patient Department, January, 1885. (H. Fox.)

3. Drawing of the tongue of a man, thirty-four years old, with *fissures* and *furrows* of tertiary syphilis.

Out-patient Department, December, 1883. (A. Elliott.)

4. Drawing showing deep *fissures* and disfigurement produced by tertiary syphilis in a woman.

Out-patient Department, January, 1884.

PLATE III.

1. Drawing showing *aphthous* ulceration, of four days' duration, of the tongue of a boy, five years old. Said to have been produced by sucking pennies.

Out-patient Department, February, 1885. (Bl. Sharp.)

2. Drawing of a *chronic* ulcer of the dorsum of the tongue of a man. All other means having failed to cure, it was finally cut out by elliptical incisions, two embracing each arm of the ulcer.

Out-patient Department, October, 1884. (J. Cooper.)

3. Drawing of an extensive *chronic* ulcer of the tongue of a man. He had been a great smoker, but believed he had never suffered from syphilis.

Out-patient Department, December, 1885. (A. Simmonds.)

4. Drawing showing two typical *dyspeptic* ulcers of the tip of the tongue. Small central slough, sharp-cut edges and a bright red areola.

PLATE IV.

1. Drawing of the tongue of an old man, showing an indolent *traumatic* ulcer on the border, due to the rubbing of a tooth. The base of the sore was indurated, so that it was feared it might be cancerous, but it disappeared within a few days of the removal of the tooth.

Darker Ward, under the care of Mr. Langton, 1884.

2. Drawing of an *inflamed traumatic* ulcer on the border of the tongue of a man, twenty-four years old. It was due to the rubbing of a rough and carious tooth.

Out-patient Department, February, 1884. (G. Galligan.)

3. Drawing of a *tuberculous* ulcer of the tip of the tongue. The patient was a woman suffering from general tuberculosis.

President Ward, July, 1884. (E. Mengham.)

4. Drawing showing the fore-part of the tongue of a young woman suffering from *lupus*. Almost the whole of the tip of the tongue had been destroyed by the disease, which had commenced on the face and slowly spread to the lips and tongue. She said she had been constantly in the habit of licking the sore lips with the tip of the tongue.

President Ward, December, 1884. (H. Pigott.)

PLATE V.

1. The tongue of a man, twenty-eight years old, showing *ulcerated mucous patches* due to secondary syphilis. They had been rubbed by the teeth, were ulcerated, fissured, and inflamed. The yellowish trefoil patch towards the dorsum shows how the disease spread during the course of a week, while he was under observation.

Out-patient Department, November, 1882.

2. Drawing showing a *gummatous* ulcer of the tongue of a man, twenty-five years old. There was a central slough and a raised undermined border.

Consulting-room. (W. Portch.)

3. Drawing showing a great central chasm due to *gummatous ulceration* of the tongue in a man, thirty-nine years of age. He had only known of its existence a few days, and it gave him but little trouble.

Out-patient Department, July, 1883. (W. Wallis.)

4. Drawing showing *ulceration* of the border of the tongue of a woman, due to tertiary syphilis. It was very painful, but not at all inflamed.

Out-patient Department, November, 1885. (C. Munday.)

PLATE VI.

1. Drawing of *leucoma* on the tongue of a woman, thirty-four years of age. The diseased area was very soft and fluffy towards the middle of the tongue. It had commenced nineteen years previously after a burn of the surface of the tongue, and had made more rapid progress after the application of caustic.

(Mrs. P., seen with Dr. Hall.)

2. Drawing of *ichthyosis* of the tongue of a man. The diseased area of the tongue was very hard, with hard hypertrophied papillæ.

(From a man under the care of Dr. Sharkey, 1886.)

3. Drawing of the tongue of a man, forty-one years old, showing a large patch of *leucoma* in the centre of the fore part of the dorsum. He had been a smoker and drinker.

(From a man under the care of Dr. Hall.)

4. Drawing of the tongue of a man, thirty-four years old, the seat of extensive *leucoma*. The rawness of the borders and the three red areas in the centre were due to an attack of acute inflammation.

Out-patient Department, March, 1882. (D. Piper.)

PLATE VII.

1. Drawing of a *warty* growth on the dorsum of a tongue which had been the seat of *leucoma* for an unknown period of time. The leucoma was thin and translucent.

Henry Ward, June, 1884. (John Bowles.)

2. Drawing showing a *warty epithelioma* (squamous-celled carcinoma) of the tongue of a man advanced in life. The surface of the tongue was the seat of *leucoma* of some years' duration. The carcinoma commenced as a wart.

Henry Ward, July, 1884. (John Stalker.)

3. Drawing showing a small mass of *squamous-celled carcinoma* (epithelioma) on the dorsum of the tongue of a man, aged forty-five. The surface of the tongue was the seat of *chronic superficial glossitis*, with patches of leucoma.

Throat Department, November, 1884. (Peter Douglas.)

4. Drawing of the tongue of a boy, aged eight years, showing *wandering rash*. He had been subject to it for several years, but there were not any subjective symptoms of the disease.

(Master A. M., February 12th, 1885.)

PLATE VIII.

1. Drawing of the tongue of a young man suffering from secondary syphilis. There are three *mucous patches*, and a smooth area on the left border, from which the white covering had been removed. The absence of surrounding inflammation is noteworthy.

Out-patient Department, May, 1883.

2. Tongue of a female child, two years old, showing *mucous patches* on the dorsum and at the corners of the mouth. The child was the subject of inherited syphilis.

Out-patient Department, February, 1884. (No. 147.)

3. Tongue of a man, aged twenty-eight, suffering from secondary syphilis. On the right border is a *mucous patch*, with a fissure in the centre. It had been irritated by the teeth. Twelve months had elapsed since the primary sore.

Out-patient Department, February, 1882.

4. Tongue of a man, aged nineteen years, showing *condylomata* on the under aspect of the tip. The patient was suffering from secondary syphilis. The prominence and perfection of form of the growths were probably due to the fact of their position on the under aspect of the tongue, where they were sheltered from rubbing and the passage of food.

Out-patient Department, November, 1881.

PLATE IX.

1. Drawing of a *tertiary syphilitic plaque* on the dorsum of the tongue of a man, aged fifty-six. The surface of the tongue was the seat of leucoma and chronic superficial glossitis, with acute ulceration.

Out-patient Department, February, 1882. (J. Clithero.)

2. Drawing of an oval plaque on the tongue of a man suffering from *tertiary syphilis*. On the right border are two *gummatous* swellings. The whole of the disease appeared during the period in which he was treated in the Out-patient Department; it disappeared under the administration of large doses of iodide of potassium.

Out-patient Department, January, 1882. (R. Smith, æt. 30.)

3. Tongue of a man suffering from anæsthetic *leprosy*. The drawing shows a number of nodules on the dorsum, borders, and tip, some of which were as large as peas. They were very firm, smooth, and for the most part rounded on the surface, but some of them were flattened. They were not ulcerated. They were not anæsthetic; indeed, some of them were decidedly tender.

The patient was an Englishman, who had lived for some years in India. He was the victim of typical anæsthetic leprosy, affecting the face, palate, larynx, &c., &c. The duration of the disease was about two years, but he did not know how long his tongue had been affected.

Patient under the care of Dr. Andrew, in Mark Ward, August, 1885.

4. Drawing showing a raised, slightly indurated plaque on the border of the tongue of a man, twenty-eight years old. Probably *tuberculous*. It was slightly broken down

in the centre, and exhibited two or three yellow points on its surface, such as are thought to be pathognomonic of tubercle of the tongue. It had existed a year, and there were signs of general tuberculosis.

Out-patient Department, March, 1886.
(Charles James. He was lost sight of after the first visit.)

PLATE X.

1. Drawing of a tongue showing two *smooth crescentic areas* on the fore part of the dorsum. The patient, a man, twenty-two years old, was only made aware of their existence by discovering them by chance in the looking-glass. No probable cause could be assigned for their origin.

Out-patient Department. (Alfred Hardy.)

2. Drawing of a perfectly *smooth tongue* in a delicate anæmic woman, about thirty years of age. The tongue was lissome, free from fur, and only excoriated here and there on the borders.

Lawrence Ward, March, 1884. (Mrs. Evans.)

3. Drawing of the tongue in a case of progressive muscular atrophy, showing *atrophy* of the right half of the organ. The atrophied half is shortened, wrinkled, and thickly furred.

W. Henvill, under the care of Dr. Gee, in Luke Ward, September, 1885.

4. Drawing of a *fissured* and *atrophied* tongue produced by tertiary syphilis occurring in a woman, aged fifty-six.

Out-patient Department, July, 1885. (C. Watts.)

PLATE XI.

1. Drawing showing *hypertrophy* of the left half of the tongue of a man suffering from cancer at the back of the organ. The hypertrophy appeared to be due to inflammation and to the pressure on the vessels exercised by the cancer.

Henry Ward, September, 1885. (Henry Patterson.)

2. Drawing showing a small oblong translucent *cyst* on the under aspect of the tongue of a girl, aged six years. The duration of the disease was uncertain. It was treated by a seton, when clear, thin fluid escaped.

Out-patient Department, April, 1886. (J. Harvey.)

3. Drawing showing a *ranula* under the tongue of a young man.

Out-patient Department, June, 1886.

4. Drawing showing a tiny *cyst* under the tongue of an infant, two months old. It contained thick creamy fluid within a thick cyst-wall.

Out-patient Department, March, 1886.

PLATE XII.

1 and 2. Two drawings showing the swelling produced by the presence of a *dermoid cyst* on the left side. The mucous membrane was thrust up by the tumour, but otherwise little altered in character.

Henry Ward, March, 1886.

3. Drawing showing a suppurating *dermoid cyst* under the tongue of a girl, five years old. A little pus is escaping from a tiny puncture which was made on the left side. The tumour had not been previously treated, and the pus was laudable pus,

quite inoffensive. There was not any swelling under the floor of the mouth. The absence of the characteristic symptoms of dermoid cyst led to the belief that the disease was a chronic abscess, although there was a history of long duration, perhaps from birth. Other means having failed to cure the abscess, it was ultimately dissected out, when its true nature was discovered. The account of the sac is given by Mr. S. Paget in the Transactions of the Pathological Society, 1886.

Out-patient Department and Lawrence Ward, July, 1885. (M. A. Jepcoat.)

PLATE XIII.

1. The tongue of a man, twenty-five years old, showing a small tumour on the right border. It is very hard, slightly constricted at the base, smooth, painless, but troublesome because it was occasionally bitten. It proved to be a *fibroma*. The tumour had existed for five years.

Out-patient Department, February, 1886.

2. Drawing showing a compound *papillary* growth on the border of the tongue of a woman, between fifty and sixty years of age. It had existed for six years.

Out-patient Department, 1885.

3. Drawing of the tongue of a boy, seven years of age, showing a papillary and vascular swelling of the fore part of the left half. The disease extended round the border to the under aspect of the tongue. It had been first noticed when he was a year old. It appeared to be an altered *navus*.

Throat Department, July, 1883.

4. Tongue of a woman, twenty years of age, showing warty masses. One of them was said to be congenital, the others of between one and two years' duration. They were cut out, when they were found to be altered *navi*.

President Ward, August, 1883.

Patient transferred to Mr. Butlin by Mr. Marsh during his holiday.

PLATE XIV.

1. Drawing of the tongue of an old woman, showing a *navus* at the tip. It had existed from birth, but had never grown out of proportion to the growth of the tongue, or caused her any trouble.

Out-patient Department, March, 1886.

2. Tongue of a man, sixty-eight years old, showing a large soft *navus*. It had existed from birth, but had never occasioned him the least inconvenience.

Patient under the care of Dr. De Havilland Hall, December, 1885.

3. Drawing of the tongue of a girl, three years old, with a growing *navus* of the right border.

Lawrence Ward, July, 1886. (Edith Histed.)

4. The tongue of a woman, aged twenty-four years. On the left half was a warty tumour, with black and red papillæ. It was removed with the galvano-cautery, and proved to be a degenerated *navus*. The patient believed that it had only existed a few weeks, and said that it was rapidly increasing in size.

Lawrence Ward, June, 1885.

PLATE XV.

1. Drawing showing a large rounded tumour in the left half of the tongue of a man, forty-four years of age. The tumour was so soft and smooth on the upper surface that it was thought to fluctuate. The tongue could not be protruded on account of

the implication of the floor of the mouth. The duration of the disease was said to be only about two months at the time of the removal of the left half of the tongue. It proved to be a round-celled or *lympho-sarcoma*.

Rahere Ward, November, 1886.

2. Drawing showing a small and recent squamous-celled *carcinoma* (epithelioma) of the tongue of an old man. The surface of the tongue had upon it several patches of leucoma and small warty growths.

Henry Ward, October, 1885. (Daniel Walker.)

3. Tongue of a man, aged forty years, with an ulcerated squamous-celled *carcinoma* (epithelioma) of the border. The surface of the tongue had been the seat of leucoma for years, and there were several curious little bright warty growths scattered on the dorsum.

Henry Ward, March, 1884. (Thomas Slater.)

4. Drawing of the tongue of a man with a raised mass of squamous-celled *carcinoma* (epithelioma) of the border. The surface of the tongue was the seat of chronic superficial glossitis of old standing.

From a patient (Henry Orange) under the care of Mr. T. Smith,
Henry Ward, July, 1885.

PLATE XVI.

1. Drawing showing a fungating squamous-celled *carcinoma* (epithelioma) of the fore part of the tongue of a man.

Patient (John Sullivan) under the care of Mr. Willett,
in Pitcairn Ward, October, 1884.

2. Drawing of the tongue of a man, showing a fungating squamous-celled *carcinoma* (epithelioma). The central part had sloughed.

A patient (Thomas Porter) under the care of Mr. T. Smith,
Henry Ward, December, 1883.

3. Drawing of the tongue of a man, fifty-two years old, showing a fissured squamous-celled *carcinoma* (epithelioma). The tongue could not be protruded because it was fixed to the floor of the mouth.

From a patient (William Brown) under the care of Mr. T. Smith,
Henry Ward, January, 1884.

4. Drawing of the tongue of a man with an ulcerated squamous-celled *carcinoma* (epithelioma) of the right half. There was a central slough. The dorsum of the tongue was the seat of superficial glossitis, and, near the carcinoma, of an area of typical ichthyosis.

Out-patient Department, November, 1885. (G. Smith.)

XIII.—DISEASES OF THE TEETH.

345. A Molar Tooth, projecting through the integuments over the angle of the jaw, in which it appeared to be firmly rooted. 190

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Presented by J. C. Clendon, Esq.

346. Mouth of a Gouty Patient, showing a prominent central incisor of the lower jaw—a so-called "buck tooth"—protruding so as to be on a plane anterior to the remainder of the teeth. 190a

347. Drawing of the mouth of a boy, aged twelve, showing the indented margin of the upper central incisors which occurs in congenital syphilis. (L. Mark, Esq.) 190*b*
See *Male Surgical Register*, vol. ii. (1888), No. 478.
348. Drawing of the teeth of a patient, aged eleven years, who was the subject of inherited syphilis. The notching of the incisors is very characteristically shown. (L. Mark, Esq.) 190*c*
A cast of the same patient's legs are preserved in Series lvi., No. 2*f*.
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XX.—HERNIA, OR PROTRUSIONS, AND OTHER DISPLACEMENTS
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See *British Medical Journal*, vol. i. (1885), p. 1195.
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See *Transactions of the Pathological Society*, vol. xxxiv. (1883), p. 109.
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The specimen is preserved in Series xx., No. 2140c.
464. An Ovary, laid open. It was found in an inguinal hernia in a woman, aged twenty-five. 260*f*
465. Drawing of a Congenital Umbilical Hernia, with the Intestines *in situ*. The small cyst situated immediately below the sac was filled with a viscid substance. (T. Godart.) 260*j*
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466. Drawing of a Child, aged one week, who was brought as an out-patient to the Hospital with an umbilical hernia, the sac of which had sloughed. (T. Godart.) 260*k*
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470. Diaphragmatic Hernia. The greater part of the transverse colon lay in the thorax. 260*g*
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Presented by C. A. Parker, Esq.

VOLVULUS OF SMALL INTESTINE.

472. Drawing of the appearances seen after death on opening the Abdomen of a man who died from Acute Intestinal Obstruction. All the small intestines are in a condition of commencing gangrene, due to the fact that there has been a complete twist of the Mesentery. (Leonard Mark, Esq.) 260*g*
See *Surgical Post-Mortem Register* for 1892, p. 61.

473. Drawing of a case of Volvulus of the Ascending Colon, occurring in a man, aged thirty-five. The cæcum was enormously distended, and occupied the whole of the lower abdomen. The cæcum is twisted through one complete revolution, so as to lead to its complete occlusion. There was a long vermiform appendix and a rather voluminous meso-ileum. (L. Mark, Esq.) 260*n*
See *Medical Post-Mortem Register*, vol. xiv., p. 181.
474. Drawing of a case of Volvulus. The obstruction has led to great congestion, so that the intestine is almost gangrenous. (Joseph Perry.) 260*o*
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See *Transactions of the Royal Medico-Chirurgical Society* for 1890.
493. Liver, showing depressions on its convex surface caused by beading of the ribs in a case of rickets. (T. Godart.) 283b
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The specimen was shown by Dr. Moore at the Pathological Society. Session 1882-1883.
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From a woman, aged 60, who had a scirrhus carcinoma of the breast.
See *Surgical Post-Mortem Book* for 1888, p. 72.
503. Drawing of the under surface of the Liver, showing a new growth springing from the mucous membrane of the common bile duct. The gall bladder was distended with thin puriform fluid. Immediately below the junction of the cystic with the hepatic ducts the common bile duct is blocked by an annular mass of soft whitish new growth. Microscopically, the growth was found to be an encephaloid carcinoma. The bile ducts were very greatly distended. Numerous calculi were found in the gall bladder. (L. Mark, Esq.) 280b
Sections of the growth are preserved in Series lvi., No. 317.
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504. Liver, with a Cyst containing Acephalocyst Hydatids; the cyst-wall is thick. 282
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506. Drawing of the under surface of a Liver, showing a small accessory lobule which was attached by a pedicle to the under surface of the right lobe. (L. Mark, Esq.) 283d

507. Extensive Rupture of the Liver. 283c

From a man who received a blow on the right side of the abdomen, which was followed by continuous vomiting and other signs of injury to the intestine. No other lesion was discovered after death.

The case is described by Mr. E. Colville in vol. xviii. of *St. Bartholomew's Hospital Reports*.

XXII.—DISEASES AND INJURIES OF THE GALL-BLADDER AND BILIARY DUCTS.

508. Congenital atresia of the Hepatic Duct, and consequent engorgement of the liver with dark-green bile contained in dilated canals terminating in a soft tumour which bulged at the transverse fissure. (T. Godart.) 284

509. The Gall-Bladder of a woman, the extremity of which passed through the right femoral ring and formed a strangulated hernia. (T. Godart.) 285

The specimen is in Series xxii., No. 2114.

510. Drawing of a greatly thickened Gall-Bladder, the walls of which are in places ulcerated. Death ensued on rupture through one of these ulcers. (Leonard Mark, Esq.) 285b

The specimen is preserved in Series xxii., No. 2263a, from a man, aged 67.
See *Medical Post-Mortem Register*, vol. xvii., p. 294.

511. Cancer of the Gall-Bladder, with secondary growths in the liver. (T. Godart.) 285a

XXIII.—DISEASES OF THE PANCREAS.

512. A Pancreas, infiltrated with numerous Tubercular Deposits. (T. Godart.) 286

The specimen is in Series xxiii., No. 2272.

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XXIV.—DISEASES OF THE LYMPHATIC GLANDS AND VESSELS.

515. Lumbar Lymphatic Glands, from a middle-aged man. Like all the lymphatic glands examined, they were enlarged and more than naturally vascular: in some instances, they had undergone caseous degeneration. (W. J. Bayntin.) 287

516. Lymphadenoma of the cervical lymphatic glands. (T. Godart.) 288

517. Drawing of a mass of Sarcomatous Glands growing in the right side of the neck, over the sterno-mastoid muscle. One gland has become ulcerated, and now protrudes through the skin. (Leonard Mark, Esq.) 556j

See *Male Surgical Register*, vol. i. (1892), No. 1764.

518. Drawing of the right hand of a child, in which, as a result of lymphatic obstruction, the fingers have assumed an abnormal appearance. (L. Mark, Esq.) 288b

See *Female Surgical Register*, vol. iv. (1887), No. 1868.

519. Lymphangiectasis in the Abdomen of a woman who had a large ovarian tumour. 288a

520. Lupus Lymphaticus occurring in the axilla of a young woman. 465c

521. Congenital "Lupus Lymphaticus" in the axilla of a girl, aged seventeen years. The disease consists of small patches of raised vesicles containing a clear fluid, painful to the touch, and not tending to spread. 465a

The case was shown by Sir Dyce Duckworth at a meeting of the Dermatological Society in July, 1883.

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XXV.—DISEASES OF THE SPLEEN.

523. A Spleen, showing amyloid degeneration of the Malpighian bodies. (T. Godart.) 289

524. Section of the spleen of a child, showing enlarged Malpighian bodies. (T. Godart.) 290

525. Capillary Phlebitis of spleen. 291

526. Portion of spleen, greatly enlarged, and in one part containing a partially decolourised infarct. (T. Godart.) 292

527. Spleen, with numerous small circumscribed Tubercular Deposits, many of which are softened at their centres. 293

Presented by S. G. Lawrence, Esq.

528. Spleen, with abundant diffuse Tubercular Deposits. (T. Godart.) 294
The specimen is in Series xxv., No. 2301.

529. A Spleen, containing Tubercular Deposits. (T. Godart.) 295

530. A large Hydatid projecting from the superior surface of the spleen, and adherent to the under surface of the diaphragm. (T. Godart.) 296
The specimen is preserved in Series xxv., No. 2306.

531. Photograph of a recent Splenic Infarct. 292a

XXVI.—DISEASES OF THE THYROID GLAND.

532. Dissection of a Bronchocele. The case is published in the *Lancet*, July 13th, 1861, by Mr. McWhinnie. 298

533. Drawing of a large Goitre in a woman. (T. G.) 298a

534. Photograph of a patient who had a large cystic Goitre, which had been growing for five years. The tumour was almost entirely confined to the right lobe of the gland. 299w

From a girl, aged 15.

See *Female Surgical Register*, vol. ii. (1889), No. 1172.

535. A Series of photographs of a married woman, aged twenty-three, who had exophthalmic Goitre. 298xx

See *Dr. Hensley's Out-Patient Register* for 1889, No. 869.

536. Drawing of the face of a young woman who had exophthalmic Goitre. (L. Mark, Esq.) 305h

537. Drawing of a man with a very large Goitre, probably carcinomatous. (T. Godart.) 298b

See *Male Surgical Register*, vol. ii. (1886), No. 3660*.

538. Photograph of a Cretin, who had a great enlargement of the thyroid. She was twenty-four years of age, and had never been out of London. The goitre was of three years' duration. *Cf.* 572. 610
See *Mary Ward Book* for 1886, s. v. E. L. Balls.
539. Drawing of the same patient. (T. Godart.) 611
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A COLLECTION OF PHOTOGRAPHS OF VARIOUS DISEASES OF THE THYROID GLAND.

The following collection, consisting of forty-five photographs of goitre and allied affections of the thyroid gland, was presented by James Berry, Esq. It illustrates the various points in his essay upon diseases of the thyroid gland, to which the Jacksonian Prize was awarded by the Council of the Royal College of Surgeons in 1887.

541. A Photograph of the Heart, Lungs, Thyroid and Thymus Glands at birth. The specimen shows the relative size of the different organs. 298*d*
From the Anatomical and Physiological Series xviii., No. 780.
542. Photograph of an Atrophied Thyroid Gland. The specimen consists of the larynx, part of the trachea, and thyroid gland, from a woman, aged fifty-three, who died of myxœdema, in the Holborn Infirmary, in May, 1886. 298*h*
The original specimen is preserved in the Hunterian Museum, No. 2906c.
543. Two Photographs of a man who had a Cystic Tumour of the right lobe of the thyroid gland, removed by operation. (Before the operation.) 298*gg*
See *Male Surgical Register*, vol. i. (1886), No. 2948.
The trachea is preserved in Series xxvi., No. 2319d.
544. Photograph of a remarkable Cyst of the Thyroid Gland, which was removed by operation. The cyst has been cut open, and is lying, with its contents, in a heap at the bottom of a basin. The interior of the cyst was completely filled with rounded crenate bodies, which were chiefly composed of solidified colloid material. These bodies were all free; they were not attached either to each other or to the cyst-wall. 298*hh*
The greater part of the specimen is in the Pathological Museum at Geneva, but a small portion is preserved in the Hunterian Museum, No. 2905b.
The case is reported in the *Journal de la Suisse Romande*, 1883, Mme. K.
545. Photograph of a man in whom a Cystic Goitre had been tapped and injected some years previously. A permanent fistula remains. 298*oo*
See *Colston Ward Book* for 1887.
546. Two Photographs of a patient who had a large Unilocular Cyst of the Thyroid Gland, which was removed by Dr. Comte at the Canton Hospital, Geneva, on July 30th, 1886. The cyst-wall was partially calcified; the contents were solid, and consisted of a mixture of blood-clot and colloid material, which had in part undergone calcification. 298*qq*
The photographs show the patient as he appeared before and after the operation.
The greater part of the tumour is in the Pathological Museum at Geneva, but small portions of it are preserved in glycerine jelly in Series xxvi., No. 2314f.
547. Photograph of a case of a cystic adenoma, with numerous intracystic growths, which was removed from a middle-aged woman in the Insel Hospital, Berne, August 11th, 1886, by Dr. Girard. The tumour has a definite capsule. It has

- been laid open from the front to show its internal structure. A glass rod is introduced through one of the channels which connect the cysts. 298w
The original specimen is preserved in the Hunterian Museum, No. 2904a.
548. Photograph of a woman who had a large Cystic Goitre, which had existed for many years without causing inconvenience. The superficial veins are greatly distended over the swelling. 298x
From an old woman seen at Youlgreave, Derbyshire, in August, 1887.
549. Photograph of an old woman who had an unusually prominent Cystic Goitre. The tumour was of many years' duration and caused no trouble. 298y
From an aged woman seen at Hôpital des Bourgeois, Fribourg, Switzerland.
550. Two Photographs of a man who had a very large Cystic Goitre. The tumour had existed between fifty and sixty years, but during the last ten years it had greatly increased in size, causing dyspnoea and dysphagia. The trachea was much displaced to the left. The superficial veins are dilated. 298z
Case of Michel Gebischer, aged 70, who was seen at Wölperswyl, Canton Fribourg, Switzerland, in August, 1886.
551. Photograph of a woman who had a cyst or cystic adenoma affecting the right lobe of the thyroid gland. 298aa
From an out-patient seen at St. Bartholomew's Hospital in 1886.
552. A Photograph of a case similar to the preceding. 298bb
From a patient seen at Llanelly, Glamorganshire, April, 1886.
553. A Photograph of a case similar to the two preceding. 298cc
From a patient seen at Llanelly, Glamorganshire, in April, 1886.
554. A Photograph of a case which is similar to the three preceding. 298dd
From a patient seen at Llanelly in April, 1886.
555. A Photograph of a patient who had a cyst or cystic adenoma of the thyroid gland, similar to those seen in the four preceding cases. 298ee
From a patient seen at Llanelly in April, 1886.
556. Photograph of the Larynx, Trachea, and neighbouring parts, showing a cyst in the right lobe of the thyroid gland. The cyst had existed for thirty years, and had displaced the trachea, which was considerably flattened. There was no dyspnoea. 298ff
From C. K., aged 49, who died in the City of London Hospital for Diseases of the Chest, Victoria Park, during the year 1886.
The original specimen, with a cast of the interior of the larynx and trachea, is preserved in the Hunterian Museum, Nos. 2902c and d.
557. Photograph of a Case of Congenital Goitre, from a still-born child. The condition of the skin over the tumour is due to post-mortem changes. 298o
From Series xxvi., No. 2319b.
558. Three Photographs from a man who had a cystic parenchymatous Goitre. The whole of the thyroid gland is affected, but the left lobe is larger than the right. 298p
See *Mark Ward Book* for 1887.
559. Photograph of a section of a cystic parenchymatous Goitre, showing the internal structure. All the vesicles of the gland are dilated, most of them are full of a dark brown colloid substance, but some contain white calcareous material. 298q
The specimen is preserved in the Hunterian Museum, No. 2902c.

560. Photograph of a man with a cystic adenoma of the Thyroid Gland, which chiefly affected the isthmus and left lobe of the gland. 298r

Case of Jean Jungo, aged about 35, a native of Besançon, seen at the Hôpital des Bourgeois, Fribourg, Switzerland, in August, 1886.

561. Photograph of a case of cystic adenoma, from the sister of the man from whom 560 was taken. 298s

Seen at the Hôpital des Bourgeois, Fribourg, Switzerland, August, 1886.

562. Photograph of a woman who had a small cystic adenoma in the right lobe of the Thyroid Gland, which is otherwise nearly normal. This patient subsequently died of ovarian disease. The tumour was found to have the usual structure of a cystic adenoma, and to possess a well-defined capsule. 298t

The thyroid gland is preserved in Series xxvi., No. 2310b.
See *Mark Ward Book* for 1887.

563. Photograph of a man who had a solid tumour of the left lobe of the Thyroid Gland. The growth was probably a cystic adenoma. The anterior jugular vein, as is commonly the case, is seen to be greatly distended. 298u

Case of Mr. K., seen at Llanelly, Glamorganshire, in April, 1886.

564. Photograph of a case of cystic adenoma which was removed from the left lobe of the Thyroid Gland of a young man, by Dr. Paul Niehans, at the Insel Hospital, Berne, on August 11th, 1886. The tumour, which has been split open from the front, is chiefly composed of fibrous tissue. It contains a cyst as large as a walnut, which is definitely encapsuled, its interior being smooth, white, and glistening. 298v

The original specimen is preserved in the Hunterian Museum, No. 2907b.

565. Two Photographs of a girl with a Parenchymatous Goitre, taken several weeks after division of the thyroid isthmus and the performance of tracheotomy. The goitre, which almost entirely disappeared a few days after the operation, returned to its former size. 298pp

See *Female Surgical Register*, vol. iv. (1886), No. 2796*.

566. Photograph of a girl, aged thirteen, who exhibited an early stage of Parenchymatous Goitre. The whole gland is uniformly enlarged. 298k

567. Photograph of a boy, aged fourteen, who was affected with Parenchymatous Goitre in an early stage. The whole gland is uniformly enlarged. 298l

568. Photograph of the Larynx, Trachea, and Thyroid Gland, from a case of Parenchymatous Goitre, showing the manner in which goitre most frequently causes dyspnoea. The trachea is narrowed laterally at a point situated an inch below the cricoid cartilage. The relations to the tumour of the enlarged inferior thyroid arteries are also seen. 298m

From a boy, aged 14, who died with dyspnoea produced by the goitre.
The specimen is preserved in Series xxvi., No. 2310a.

569. Photograph of a case of Exophthalmic Goitre. 298n

See *Hope Ward Book* for 1887.

570. A Photograph of a case of non-goitrous Cretinism, the worst form of this disease. 298e

A native of Steeple Aston, in Wiltshire, where she had always lived. The patient was twenty-five years of age, but was less intelligent than most children of three. The thyroid gland was atrophied. The mother had a goitre. Death occurred a year after the photograph had been taken.

571. A Photograph of a case of Cretinism of a less severe form than the preceding. In this case there is less swelling, and there was more intelligence. The boy was eight years of age. 298f
 See *Rahere Ward Book* for 1887.
572. Photograph of a Goïtrous Cretin, aged twenty-five. (*Cf.* Nos. 538 and 539.) 298i
 See *Elizabeth Ward Book* for 1886, s. v. E. L. Balls, and *Female Surgical Register*, vol. iv. (1886), No. 559.
573. Photograph of a Semi-Cretin with a cystic parenchymatous Goïtre. 298j
 From Trowbridge, in Wiltshire; seen 1886.
574. Photograph of a patient in whom a Goïtre had been removed three weeks previously from the right side of the neck. The oblique line of incision can be seen, and the wound is not quite healed at its lower end. A large hollow on the right side of the neck shows the place where the tumour was situated. The larynx and trachea are still displaced, and form a curve, the convexity of which is to the left. 298rr
 Case of M. Demmeyer, seen at Geneva, in July, 1886.
575. Photograph of a woman, six months after the removal of all the parts of a Goïtre except the isthmus. The two lobes of the gland were removed at separate operations, with an interval of several months between them. The general health of the patient, when seen, was excellent, and there were no signs of cachexia strumipriva. The isthmus of the thyroid, as is seen in the photograph, was greatly hypertrophied. 298ss
 The patient was seen at the Radcliffe Infirmary, Oxford, in May, 1886.
576. Photograph of a woman with Cachexia Strumipriva (*myxœdème opératoire* of Reverdin), taken five years after the complete extirpation of the thyroid gland. There was great anæmia, but there is no abnormal swelling. Both the recurrent laryngeal nerves have probably been divided. 298tt
 Case of Pauline Crottaz, one of the five cases from which this disease was first described. See *Journal de la Suisse Romande*, 1883. Seen at Geneva, in August, 1886.
577. Photograph of a woman with Cachexia Strumipriva, taken eleven years after the complete removal of a goïtrous thyroid gland. This patient in many respects resembles the one from whom the preceding photograph was taken. 298uu
 For a full account of this case see the *Lancet*, vol. ii. (1886), p. 65.
578. Photograph of patient in the last stage of Cachexia Strumipriva, which eventually proved fatal. A goïtrous thyroid gland had been entirely removed four years previously, the left half being extirpated on January 7th, 1882, and the right half on November 27th, 1882, by Professor Kocher, of Berne. The condition of the patient on August 7th, 1886, is described as being one of complete imbecility, with much swelling of the head and great emaciation of all the other parts of the body. 298vv
 Seen in the Insel Hospital, at Berne.
579. Photograph of a woman with a cyst or cystic adenoma of the left lobe of the thyroid gland. 298ii
580. Two Photographs of a woman who had tumours of the cranium, which were probably sarcomatous. The patient is the one from whom the preceding photograph was taken. 298jj
 See *Sitwell Ward Book* for 1887.

581. Three Photographs of a man who had a Goitre which had existed for many years. During the five months preceding the period at which the photograph was taken, the tumour had considerably increased in size, especially upon the right side, and it appeared to be the seat of malignant disease. There is a narrowing of the palpebral fissure with contraction of the pupil, due to pressure upon the sympathetic nerve in the neck. 298kk

The patient presented himself as an out-patient at St. Bartholomew's Hospital.

582. Photograph of a man who had malignant disease of the Thyroid Gland, attacking an innocent goitre which had existed for many years. The patient eventually died slowly of suffocation. 298ll

See *Male Surgical Register*, vol. ii. (1886), No. 3660.

583. Photograph of a case of malignant disease of the Thyroid Gland. 298mm

584. Photograph of a Larynx, Trachea, &c., with malignant disease of the Thyroid Gland. A vertical section has been made to show the manner in which the new growth infiltrates and becomes adherent to the trachea. 298nn

The specimen is preserved in the Hunterian Museum, No. 2908b.

585. Photograph from a case of Myxœdema. A swelling similar to the so-called "fatty tumour" of cretinism is seen in the right supra-clavicular region. 298g

The photograph is that of a middle-aged woman, seen at Leytonstone; it was taken shortly before her death.

XXVII.—DISEASES OF THE SUPRA-RENAL BODIES.

586. Hypertrophied Supra-renal Capsule. (T. Godart.) 299

587. Left Supra-renal Capsule, showing enlargement of its cortical layer. (T. Godart.) 300

588. Drawing of two Supra-renal Bodies into which Hæmorrhage has occurred. The adrenals have been cut open, and show blood recently effused into their interior. The large vessel between the two bodies is the aorta. (L. Mark, Esq.) 300a

From a child who died of whooping-cough.

589. Tubercular disease involving the supra-renal capsules. (T. Godart.) 301

590. Supra-renal Capsule, containing Tubercular Deposits. 302
The specimen is preserved in Series xxvii., No. 2325.

591. A Supra-renal Body, with the kidney infiltrated with caseous material. 302a
The patient had discolouration of the mammæ and scrotum.

592. A Supra-renal Capsule, filled with calcareous tubercular deposit. (T. Godart.) 303

593. Supra-renal Capsules and Skin, from a case of Addison's disease. (T. Godart.) 304

594. Face of a man, with deep bronzing of the skin; he had other symptoms of Addison's disease. 305

595. Discolouration of the integuments, associated with disease of the supra-renal capsules. (T. Godart.) 407

596. Drawing of the arm of a man, showing the deep bronzing of the skin which occurs in Addison's disease. (T. G.) 305a

597. Drawing of the face of a man, to show the deep bronzing of the skin which occurs in Addison's disease. The drawing was made three years after those of the knee and arm, which are preserved in the collection, but there is little or no alteration in the tint. (T. Godart.) 305*bbi*
- 598*a* and *b*. Drawings of the face and arms of a girl who had Addison's disease. (T. G.) 305*c* and *d*
For details see *Mary Ward Book* for 1884, under the name of Anne E. Webb.
- 599*a* and *b*. Drawings of the face and arms of a woman who had Addison's disease. (T. G.) 305*e* and *f*
For details see *Mary Ward Book*, June 26th, 1884, under the name of Jane Bartrap.
- 600.
601. Drawing of the face of a girl who had Addison's disease and exophthalmic goitre. (T. Godart.) 305*g*
- 602.

XXVIII.—DISEASES AND INJURIES OF THE KIDNEY.

603. A Kidney in an early stage of acute nephritis, with extravasation of blood into its Malpighian capsules. (T. Godart.) 306
604. Drawings of a kidney in a condition of acute Interstitial Nephritis. (T. Godart.) 306*a*
Sections are preserved in Series *lv.*, No. 382.
605. Kidneys, acutely inflamed, and with minute purulent deposits in their substance; after a burn. 317
606. Drawing of a kidney, from a case of Chronic Interstitial Nephritis. The kidney is very small, and its surface was highly granular, whilst the cortex was extremely narrow, and contained a few small cysts. (T. Godart.) 315*a*
607. Drawing of a right Kidney, which was small and surrounded by much fat. The substance was pale and almost structureless, showing streaks of uric acid deposit. The capsule was thickened and adherent. When stripped off, it left a granular surface with one or two cysts upon it. (L. Mark, Esq.) 315*b*
See *Medical Post-Mortem Register*, vol. *xiv.*, p. 324.
608. View of the outer surface of the left Kidney, from a case of dropsy after scarlet fever. (T. Godart.) 308
609. Section of a Kidney, from a case of dropsy after scarlet fever, in which the exterior of the pyramids were in a state of extreme fatty degeneration. (T. Godart.) 309
610. Kidney of a child, from a case of dropsy after scarlet fever. (T. Godart.) 310
611. Mottled Kidney at an early stage of degeneration. (T. Godart.) 311
612. Kidney, enlarged, scarred, granulated, and containing minute yellowish deposits. 312
613. Kidney, similarly diseased, but more contracted and more coarsely granular. (S. H. Swayne.) 313
614. A granular contracted Kidney. 314

615. Contracted and granular Kidney, in the last stage of Bright's disease. (T. Godart.) 315
616. Kidneys much enlarged, softened, and infiltrated with small deposits of pus. The pelves and ureters are dilated. (T. Godart.) 316
The patient, a young man, was suddenly attacked with renal symptoms after the passage of a catheter for the stricture in the anterior portion of the urethra, shown in the drawing. The penis is preserved in Series xl., No. 2857.
617. Large white Kidney. (T. Godart.) 307
From a man, aged 30 years.
618. Drawing of a Kidney, from a case of Chronic Parenchymatous Nephritis. The kidney is large and pale, somewhat granular upon its surface, and with an adherent capsule. The cortex is pale and mottled, whilst the pyramids are of a bright pink colour. (T. Godart.) 307a
See *Post-Mortem Register*, vol. xiii., p. 143.
619. Drawing of a Large White Kidney, which, with its fellow, weighed eleven ounces. The capsule has been removed to show the smooth pale cortex, on which the stellate veins are excellently seen. (L. Mark, Esq.) 307b
From a child, aged four, who had anasarca and ascites. On section, the cortex was very pale and almost structureless; the pyramids were rather deeply coloured. The capsule separated easily. The kidneys were so much increased in size that they appeared to have belonged to an adult.
See *Medical Post-Mortem Register*, vol. xiv., p. 288.
620. A Kidney, showing a condition of acute pyonephrosis. The ureter is blocked by a calculus, and several calculi are seen lying in the sacculi. 324a
The specimen is preserved in Series xxviii., No. 2358a.
621. Drawing of the Left Kidney, showing a condition of acute pyelitis. The pelvis and calyces are full of blood, and the mucous membrane lining them is rough and inflamed. The cortex is very fatty. (L. Mark, Esq.) 318a
See *Surgical Post-Mortem Book* for 1887, p. 167.
622. Left Kidney in a state of suppuration following the application of an enormous blister. (T. Godart.) 318
The right kidney was in a still more advanced stage of suppuration.
623. A Kidney occupied by yellow fibrinous infarcts. (T. Godart.) 319
624. Exterior of a Kidney similarly affected. (T. Godart.) 320
625. Kidney, with extensive and partially softened tubercular deposits. 321
626. Part of a Kidney, showing the appearance presented by extensive tubercular disease of its calyces and tubuli. (T. Godart.) 322
627. A Kidney, the dilated pelvis and calyces of which are filled with caseous material. (T. Godart.) 323
628. Advanced tubercular disease of the Kidney, Bladder, and Ureter. 322a
629. Drawings of the Kidneys and Bladder, from a case of tuberculosis of the urinary tract. The kidneys are greatly enlarged, and the cortex is filled with abscesses containing caseating substance. The bladder is small and thickened, its mucous membrane being covered with small masses of tubercle. (L. Mark, Esq.) 331c
See Series xxviii., No. 2341d.

630. A Drawing of a Kidney, in which, as a result of tubercular disease, nearly the whole kidney substance has been absorbed, its place being taken by masses of caseating material. The other kidney was healthy. (T. Godart.) 322*b*
See Surgical Post-Mortem Book for 1887, p. 67.
631. (a.) Left Kidney, containing a Calculus. (b.) Large Calculus and specimens of smaller calculi from the right kidney of the same patient. (c.) Also a section of a gouty great toe. (T. Godart.) 324
632. Two Drawings illustrating the effects of Calculus of the Kidney. From long-continued irritation, the kidney had become adherent to the surrounding structures.
 1. The kidney became adherent to the diaphragm, and it to the lung : a piece of the calculus ulcerated through the former into the latter, and there caused gangrene : a glass rod marks the sinus leading from the interior of the kidney into the abscess cavity in the lung.
 2. The kidney also became adherent to the colon near the splenic flexure, and a piece of the calculus ulcerated through into the lumen of the bowel.
 It will thus be seen that there was a communication between the large intestine and the lung through the kidney and the diaphragm. (Leonard Mark, Esq.) 324*c*
See Male Surgical Register, vol. v. (1890), No. 3520.
633. A Kidney, showing Cysts upon its surface. (T. Godart.) 325
634. Group of Cysts at lower end of the Kidney, from a man, aged sixty-five years. (T. Godart.) 326
There was great dilatation of the ureter and pelvis of both kidneys, with atrophy of the parenchyma, consequent on obstruction to the passage of urine due to a valvular fold of mucous membrane at the neck of the bladder.
635. Cystic Degeneration of the Kidney. (T. Godart.) 327
636. Section of a Kidney, showing a blood-clot, which fills the pelvis. (T. Godart.) 328
637. Drawing of the Kidney of a child. Hæmorrhage has occurred into the substance of the kidney immediately beneath the mucous membrane which lines the pelvis. A similar condition was found in the other kidney, and also over a localised area (about one-fourth) in the bladder. (L. Mark, Esq.) 328*b*
From a child, who died of tubercular meningitis ; she also had well-marked rickets. A drawing of the bladder is preserved in Series lvii., No. 644.
638. Drawing of a Kidney, whose substance was in great part destroyed by a large blood-clot, which induced degeneration. The white spots represent cholesterin. (T. G.) 328*a*
639. Drawing of the microscopic appearances in a case of Cancer of the Kidney, associated with renal calculus. (T. G.) 329*a*
640. Medullary disease of the right Kidney, from a female child, aged six years. The mass weighed four and a half pounds. (T. Godart.) 329
641. Drawing of the Kidneys and Bladder, from a case in which numerous pedunculated tumours grew from the bladder of a child. (L. Mark, Esq.) 331*b*
The bladder is preserved in Series xxix., No. 2417a.
642. Four Drawings of the Urine, from a case of nitric acid poisoning. The urine (1) was passed about twenty hours after the nitric acid had been swallowed. 329*b*
M., æt. 29, died in 100 hours after drinking one ounce of strong nitric acid. See Transactions of the Clinical Society, 1886.

XXIX.—DISEASES AND INJURIES OF THE URINARY BLADDER.

643. Extreme Ecchymosis of the mucous membrane of the Urinary Bladder, from a case of enteric fever. Urine had been repeatedly drawn off by the catheter. (T. Godart.) 330
644. A Drawing of the Bladder, from the same case as that from which the drawing No. 637 (of the kidney) was taken. The bladder has been laid open, and shows a large submucous hæmorrhage near the base. (L. Mark, Esq.) 330a
645. Tubercular Ulcer in a Urinary Bladder, and tubercular deposits in an epididymis and testicle. (T. Godart.) 331
646. Drawing of the interior of a bladder, showing two tubercular Ulcers. The edges of the ulcers are raised and sharply defined, and the surface is covered by a yellowish slough. The mucous membrane elsewhere is acutely inflamed. (Leonard Mark, Esq.) 331d
See *Surgical Post-Mortem Register* for 1892, p. 80.
647. Drawing of a Recto-vesical Fistula in a man. (L. Mark, Esq.) 494a
- 648.
649. Drawing of a Section of the Bladder, to show an unusually well-marked development of the inter-uretal fold, which has caused the development of a large prostatic pouch. (T. Godart.) 331a
The specimen is preserved in Series xxxix., No. 2837a.
- 650.
- 651.

XXX.—DISEASES AND INJURIES OF THE BRAIN AND ITS MEMBRANES.

652. Atrophy of the Corpus Striatum and Optic Thalamus on the right side. (T. Godart.) 338
From a female, aged 20 years. The right middle cerebral artery was obliterated, and there was extensive disease of, with vegetations on, the mitral and aortic valves. Hemiplegia had existed for the last three years of life.
653. Extreme congestion of the Brain and its Membranes. (T. Godart.) 351
From a girl, aged 16 years, who, after delirium and vomiting, became comatose and died in that condition. No structural disease of the brain or its vessels was discovered.

HYDROCEPHALUS.

654. A Drawing of a child who suffered from very advanced Hydrocephalus. The head is enormously enlarged in all directions. The superficial veins of the scalp are greatly enlarged and distended, particularly in the temporal and frontal regions. (Leonard Mark, Esq.) 372b
The child was five months old when the drawing was made; at that time the head measured thirty inches in circumference; it died two months later.
A cast of the head is preserved in Series lvi., No. 63b, and the brain in Series xxx., No. 2516a.
See *Medical Post-Mortem Register*, vol. xix., p. 330.
655. Dura Mater, with a thin layer of blood-clot on its internal surface. (J. G. Shepherd.) 332

656. A Blood-clot in the sac of the arachnoid on the surface of the Left Hemisphere, probably about three months after the extravasation had taken place. (T. Godart.) 333
657. Cerebral Apoplexy, with ecchymosis, softening, and discolouration of the adjacent part of the brain. (T. Godart.) 339
658. Apoplexy, in which blood effused into the optic thalamus appeared to have subsequently escaped into the lateral ventricle through a small round aperture. (T. Godart.) 340
659. Blood extravasated into the substance of the cerebral hemisphere, and into the corpus callosum, the coagula extending into the ventricles of the brain. (T. Godart.) 341
660. Apoplexy, with laceration of the under surface of the right middle lobe of the brain. (T. Godart.) 342
661. Left Hemisphere of the Brain. Situated posteriorly near the median fissure a recent extravasation of blood is depicted, and beneath the red vascular patch on the surface of the hemisphere was an older extravasation. (T. Godart.) 343
From a female, aged 53 years.
662. Effusion of blood into the substance of the pons Varolii, crura cerebri, and into the fourth ventricle. (T. Godart.) 344
663. An Apoplectic Clot in the pons Varolii and crura cerebri. (T. Godart.) 345
664. An Apoplectic Clot in the pons Varolii and floor of the fourth ventricle. 346
665. Recent Hæmorrhage into the substance of the pons Varolii. (T. Godart.) 347
666. Old, partially decolourised, clot in the substance of the optic thalamus. (T. Godart.) 348
667. Blood extravasated into the cerebral hemispheres in various stages of absorption. (T. Godart.) 349
668. Cerebral Apoplexy; there was an effusion of five ounces of blood from rupture of a small aneurysm of a middle cerebral artery. 350
The specimens are in Series viii., Nos. 1518, 1519.
669. An unusual form of Cerebral Hæmorrhage. The bleeding has taken place into the right corpus striatum. The straight sinus and the left vena Galeni are plugged. 339a
From a woman, aged 25, who was brought to the Great Northern Hospital in a comatose condition, and so continued until her death, five days afterwards. There was no history of injury.
670. Partial softening of a cerebrum, with small effusions of blood. 352
671. Softening of portions of brain substance, with small hæmorrhagic effusions. In the anterior portion of the right hemisphere is a mass of yellow deposit. (T. Godart.) 353
- 672, 673. Brains of two Rabbits which, after death, were suspended so that the blood might gravitate in the one from, in the other towards, the head. The brain and its membranes, in the former, are pale, showing scarcely a trace of blood; those in the latter have their blood-vessels over-filled. 373, 374

These and the following sketches were made from Rabbits on which some of the experiments were performed which are recorded by Sir G. Burrows, in his "Essay on the Disorders of the Cerebral Circulation."

- 674, 675. Brains of two Rabbits, of which one was killed by hæmorrhage, the other by strangulation. The contrast in the respective states of their blood-vessels is nearly as marked as in the preceding. 375, 376
- 676, 677. Similar sketches of the Brains of two Rabbits, of which, after death, by apnoea, one was suspended with the head upwards, and the other was laid horizontally. The contrast is similar to that shown in 672, 673, but less marked. 377, 378
- 678, 679. Brains of two Rabbits which, after death by drowning, were placed in the same positions as the preceding. 379, 380
680. Anæmia of a brain, with hæmorrhage in the arachnoid sac, in a case of purpura. 384
681. Acute inflammation of the brain substance. 335b
682. A child suffering from meningitis, showing the attitude assumed in such cases. (T. G.) 602
683. Drawing of a child who had suffered an obscure injury to the head. The attitude assumed is suggestive of some chronic form of basal and spinal meningitis, with sclerosis of the nervous tissue. The drawing was made three months after the injury, and whilst the patient was still unconscious. (T. Godart). 602a
 A boy, aged three, fell from a railway train. On admission to the Hospital, he was found to be unconscious, and to have well-marked spastic rigidity of his limbs, with some epileptiform convulsions. After remaining in a comatose condition for many months, he gradually recovered consciousness, and ultimately was cured.
 See *Male Surgical Register*, vol. iii. (1887), s. v. J. T. Roe.
684. Drawing of a child who had basal meningitis. The drawing shows the extreme emaciation and the characteristic attitude which occurs in these cases. 602b
 See *Mary Ward Book* for 1886, s. v. John Bodington.
685. Drawing of the left hemisphere of a brain, showing an area of diffuse suppurative meningitis in the neighbourhood of the upper part of the fissure of Rolando. (L. Mark, Esq.) 335c
 See *Medical Post-Mortem Register*, vol. xvii., p. 205.
686. Purulent infiltration into part of a pia mater. 335
687. A Brain, with a very thick layer of pus effused upon its surface. (T. Godart.) 335a
 From a boy, aged three years. A small collection of pus was found in the mastoid cells.
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From Series xxx., No. 2466c.
See *St. Bartholomew's Hospital Reports*, vol. xxiii., pp. 179-181, and *Transactions of the Pathological Society*, vol. xxxix., p. 4, and Plate i., fig. 1.
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712. A Section through the cerebral hemispheres, to show the position of the tumours in a case of multiple sarcoma of the brain. 370a
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XXXI.—DISEASES AND INJURIES OF THE SPINAL CORD.

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720. A Photograph of a boy, aged eleven years, who had congenital spastic paraplegia. He did not begin to walk until after he had attained the age of two years; he then walked for a year, but after an attack of whooping-cough he gradually lost all power of locomotion. For the last three years he has gone about on crutches. 386a
See *Luke Ward Book* for 1889, s. v. M. Gale.
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XXXII.—DISEASES AND INJURIES OF THE NERVES.

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There is marked degeneration and atrophy of the extensors of the fingers, with the exception of the wrist and thumb. 387a

See *Mary Ward Book* for 1889, s. v. M. A. Johnson.

726. Drawings of the face and extremities of a young woman who had general neuritis, probably of peripheral origin. The skin shows the changes characteristic of chronic nerve lesions. (T. Godart.) 388a

See *Faith Ward Book* (1885), p. 1463.

727. Drawing of the hand of a man, showing a destructive ulceration of the index finger, with bullæ upon the palm, resulting from a chronic neuritis. (L. Mark, Esq.) 388h

From a man, aged 54, who first had numbness in his left hand eight years before his admission to the Hospital. One year previous to his admission his right hand became affected, and ten months later the terminal phalanx of the left index finger began to ulcerate. The middle and ring fingers of the left hand were also contracted. On the radial side of the left middle finger, at the base of the first phalanx, was a small ulcerated surface, covered with a scab.

See *Male Surgical Register*, vol. ii. (1889), No. 1911.

728. Drawings of the left hand of a patient who had neuritis of the upper extremities. The left index finger has ulcerated. (L. Mark, Esq.) 388i

From a man, aged 54, who had symptoms of neuritis for eight years. The ulceration of the finger began two months before the drawing was made.

See *Male Surgical Register*, vol. iii. (1889), No. 1911.

729. Drawing of the left hand, showing the changes which have resulted in the integuments of the index finger after section of the median nerve at the wrist three months previously. (L. Mark, Esq.) 388f

See *Female Surgical Register*, vol. iv. (1888), No. 2540.

730. Drawings of the hands of a female patient, aged twenty-five years, whose left median nerve had been accidentally divided three years previously. The patient was the subject of phthisis. The right hand has long tapering fingers, the nails are curved, and the thumb is slightly bulbous. The left hand has glossy fingers, with nails which are too greatly curved. The index and middle fingers are wasted, and their movement is impaired, the abductor and part of the flexor brevis pollicis muscles are wasted. (L. Mark, Esq.) 388j

See *Faith Ward Book* for 1889, s. v. M. Dayman.

Casts of the hands are also preserved in Series lvi., No. 144j.

731. Drawing of a destructive Ulceration of the Distal Phalanx of the Left Fore-finger, resulting from the division of the median nerve. The adjacent sides of the thumb and middle finger are also ulcerated, but to a less extent. (T. Godart.) 388d

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733. Drawing of a hand, showing the results of division of the median nerve. (T. G.) 388a

734. Photograph of a hand, some months after an injury to the radial nerve. 388b

735. A fibrous tumour in the posterior tibial nerve, containing a soft grumous material. (T. Godart.) 388

The specimen is preserved in Series xxxii., No. 2555.

XXXIII.—DISEASES AND INJURIES OF THE EYE.

736. A small tumour, growing apparently beneath the conjunctiva, and bearing three hairs, like eye-lashes, on its surface. (A. M. McWhinnie.) 389
737. The eye of an ox, with a growth of coarse warty skin extending over part of the cornea, and bearing tufts of hair. (W. J. Bayntin.) 390
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From a girl, aged 21 years, in whom the lupus first appeared seven years previously.
See *Alexandra Ward Book* for 1889, No. 599.
740. Drawing of a lacrymal abscess, which had existed for fourteen years. From a patient, aged forty-one, who had suffered from syphilis, rheumatism, and diabetes. (T. Godart.) 395f
See *Albert Edward Ward Book* for 1886, No. 1104.
741. Drawing of the face of a girl, aged thirteen, who had an inflamed sebaceous cyst situated in the position of the right lachrymal gland. 395h
See *Alexandra Ward Book* for 1888, No. 86.
742. Drawing of the face of a girl, aged five, showing a fibrous tumour which occupied four-sixths of the anterior surface of the left cornea, whilst a similar but smaller growth sprang from the inferior margin of the right cornea. (T. Godart.) 390a
The left eye, with the fibrous tumour *in situ*, is preserved in Series xxxiii., No. 2589a. Sections are preserved in Series lv., No. 485.
743. Drawing of a malignant growth springing from the eye of a woman, aged sixty-nine. The eye had protruded for two months. (L. Mark, Esq.) 392b
The eye is preserved in Series xxiii., No. 2578a.
See *Ophthalmic Ward Book* for 1887, No. 1597.
744. Drawing of the eye of a child, showing an intra-ocular tumour. The eye was subsequently removed, and microscopical examination showed that the growth, which sprang from the optic disc, and was attached thereto by means of a narrow pedicle, was a small round-celled sarcoma. (L. Mark, Esq.) 392d
See *Alexandra Ward Book, Female Register* (1889), No. 1965.
The eye is preserved in Series xxxiii., No. 2663a, and a microscopical section in Series lv., No. 499.
745. Drawing of an eye, showing dislocation of the lens, the result of the growth of a melanotic sarcoma. (T. G.) 395a
For details of the case see *Alexandra Ward Book*, No. 403, February 19th, 1884.
746. Drawing of the left eye of a woman, showing the growth of a melanotic sarcoma through the conjunctiva and sclerotic along the lower border of the cornea. (T. G.) 395b
For details of case see *Alexandra Ward Book*, No. 377, February 15th, 1884.
747. A melanotic sarcoma of the globe, projecting between and protruding the eyelids. (T. Godart.) 392

748. Sections of the globe, from the same specimen, after removal. (T. Godart.)
393
749. Melanosis of the eye-ball and orbit. 394
The specimen is preserved in Series xxxiii., No. 2638.
750. Face of a man, with a large malignant growth, ulcerated on the surface, and protruding from both orbits. (T. Godart.) 395
751. Photograph of a boy, aged eight years, who had a sarcoma of the eye. 392c
The eye is preserved in Series xxxiii., No. 2570a.
Presented by H. C. Alderton, Esq.
752. A Drawing of the right eye of a boy, aged sixteen, in whom the lens had been dislocated into the anterior chamber. After removal the lens was found to be calcareous. (T. Godart.) 395g
The patient stated that he had always been blind with his right eye, but it was only three days before his admission that a round yellow object had appeared in the anterior chamber, and at the same time his eye became painful.
The lens itself is preserved in Series xxxiii., No. 2640a.
See *Ophthalmic Ward Book* for 1886, No. 3090.
753. Drawings of the face of a boy who had ectropion of the right eyelids, resulting from a burn. The sketches were made before and after the performance of a plastic operation to close the right palpebral fissure. (L. Mark, Esq.) 395i
See *Albert Edward Ward Book* for 1888, No. 1197.
754. Drawing of the anterior half of an eye, showing the position of a piece of spectacle glass which had lodged between the lens and the margin of the ciliary processes. The piece of glass had been in the eye for seven years. (L. Mark, Esq.) 395j
The eye is preserved in Series xxxiii., No. 2651b.
See also *St. Bartholomew's Hospital Reports* for 1888, vol. xxiv., p. 201.

755.

XXXIV.—DISEASES AND INJURIES OF THE EAR.

756. A Series of four photographs, illustrating certain diseases of the middle ear. 395k
Presented by Dr. Arthur Hartmann, of Berlin.

757.

758.

XXXV.—DISEASES AND INJURIES OF THE SKIN AND ITS APPENDAGES.

ERYTHEMA—Forms of Dermatitis.

759. Drawing of a leg, showing a condition of Erythema Marginatum. The eruption is copious and annular; it appeared all over the trunk and limbs two days before the drawing was made. The outlines of the rings are marked by hæmorrhage. (L. Mark, Esq.) 412b

From a woman, aged 39, who had suffered from four attacks of rheumatic fever. She had pains in many of her joints when she was first seen, and rheumatic changes in her hands. There was a loud cardiac systolic apex-murmur, which was heard behind. The patient had previously had an eruption of the same kind as that here depicted.

From an out-patient.

760. Drawing of the chest of a girl, showing well-marked Erythema Circinatum. The circinate patches first appeared on the abdomen, where they varied in size from a threepenny-piece to a half-crown. Two days after the appearance of the isolated spots they coalesced to form a large patch, which extended like a great yellow stain over the abdomen and chest. (L. Mark, Esq.) 412a
See *Elizabeth Ward Book* for 1888, No. 26.
761. Drawing of the extensor surface of the right forearm of a woman, showing an unusually large area of Erythema Nodosum. It occurred during an attack of rheumatism. (Leonard Mark, Esq.) 412d
762. Drawing of an Eruption which appeared on the face and hands. 412c
The patient was a man, aged 61: the eruption began on the face and caused much swelling: as this subsided the spots on the hands, both of which were similarly affected, occurred.
763. Erythema Circumscriptum of an arm. (T. Godart.) 411
Taken from a child, aged three years.
764. Erythema Circinatum. (T. Godart.) 412
- 765, 766. Erythema Serpens. (T. Godart.) 413, 414
767. Erythema Multiforme (?) (T. Godart.) 415
768. Erythema Multiforme on the arm of a child. 415b
No. 95 in *Register of Skin Cases* (1880).
769. Acute Erythema with Bullæ (Erythema Multiforme). 415a
- 770, 771. Erythema Vesiculatum of the hands and feet, supposed to be due to exposure to cold. (T. Godart.) 416, 417
772. The face and left hand of a woman, affected with Erythema Tuberculatum. (T. Godart.) 418
773. Eruptions of an uncertain nature. The dark dots represent the pigmented scars, which remain in places from which the eruption had disappeared. (T. Godart.) 431a
774. Head and neck of the boy from whom the preceding specimen was copied. The cervical glands are very large and inflamed. (T. Godart.) 431b
775. Eruption in the arm of a young child, of uncertain nature. (T. Godart.) 431c
776. Drawing of the lower portion of the body of a child, aged two years, the subject of Urticaria Pigmentosa. (T. Godart.) 422a
See *Male Surgical Register*, vol. v. (1886), s. v. Wm. Murphy.
777. Drawing of the right arm and forearm of a young woman who suffered from Urticaria Pigmentosa: a similar eruption existed on the other arm and on the trunk. (Leonard Mark, Esq.) 422c
See *Female Surgical Register*, vol. v. (1891), No. 1914.
778. Drawing of a leg, from a case of Urticaria Hæmorrhagica. (T. G.) 422a
779. Urticaria Hæmorrhagica? (T. Godart.) 422
780. Pustular Eczema with thick crusts, almost entirely limited to the face. (T. Godart.) 421b
781. Eczema of the cheek and scalp of a child. (T. Godart.) 421a

782. Drawing of the back of a child, aged two and a half years, during an attack of Eczema Circinatum. (Leonard Mark, Esq.) 412b
783. Prurigo of Hebra affecting the hips and thighs of a boy, aged twelve years. The disease had existed since early infancy. (T. Godart.) 419b
784. A Pruriginous Eruption of an uncertain nature, with an affection of the gums. It is perhaps an exaggerated form of Lichen Planus. 419d
For further details see *Sitwell Ward Book* (Mr. Baker), No. 409, 1884.
785. The arm of a man, showing an unusual form of Lichen. The face of the same man is seen in drawing 209. (T. G.) 419e
786. Lichen Ruber, occurring on the chest and abdomen. (T. G.) 419c
787. Drawing of the arm of a man, showing an unusual form of Lichen. (T. Godart.) 419f
788. Unusual form of Lichen, occurring in a child. There was a complete absence of all itching. (T. Godart.) 419a
789. Lichen Ruber. (T. Godart.) 419
A cast is preserved in Series lvi., No. 157.
790. Psoriasis of an arm, of many months' duration, in an old man. 420
791. Psoriasis, with a heaping up of epithelial scales in such a manner as to resemble Rupia. (T. Godart.) 421
792. Drawing of a portion of the skin of the chest of a boy, aged fifteen, who suffered from very severe Psoriasis. The lower part of the trunk, both in front and behind, and also his limbs, were covered with thick greyish-yellow crusts; when these were picked off, a bright red raw surface remained. One of these patches is represented on the left. (Leonard Mark, Esq.) 420c
See *Male Surgical Register*, vol. iv. (1891), No. 1256.
793. Drawing of a hand, showing Psoriasis Guttata, with two tophi in the extensor tendon of the middle finger. (L. Mark, Esq.) 420a
From a woman, aged 55, who had carcinoma hepatis with gouty cachexia.
See *Elizabeth Ward Book* for 1886, s. v. Sophia Hunt.
794. Drawing of a portion of the thorax of a man, aged twenty-five years, who had a scaly eruption which was of the nature of Psoriasis. There was no history of syphilis. (L. Mark, Esq.) 420b
See *Male Surgical Register*, vol. 1 (1889), No. 2538.
- HERPES.**
795. Herpes of the right side of the face, lower lip, and of the upper eyelid; on the lower lip it passes across the mesial line, and there is also a patch on the left side of the tip of the nose. (T. Godart.) 423
796. Drawing of Herpes Zoster of the neck and shoulder, in part sloughing. (T. Godart.) 424
Taken from an old man much broken down in health.
797. Drawing of the face of a girl who had Herpes Frontalis. The eruption is limited to the left side of the face, and extends over the anterior third of the scalp. Both eyelids are swollen, the left more so than the right. There was some mucopurulent discharge from the left eye, with some photophobia and lacrymation. The frontal branch of the fifth nerve is alone affected. (L. Mark, Esq.) 423c
See *Alexandra Ward Book* for 1887, No. 2095.

- 798a and b. Two Photographs of a case of Herpes Zoster affecting the flank. The numbers refer to the ribs. 423a, b
799. Symmetrical Herpes, occurring in a boy—front view. (T. G.) 424a
800. Same case—back view. (T. G.) 424b
This case was shown at the Dermatological Society, July, 1882.
- PEMPHIGUS.**
801. Drawing of the right thigh of a woman, aged thirty-two years, who had a large gangrenous patch originating in an attack of Pemphigus. (L. Mark, Esq.) 429c
See *Mary Ward Book* for 1889, s. v. Emmeline Durnton.
802. Drawing of the hands of a patient who had Pemphigus. The fingers of both hands and the palm of the right hand were affected. The eruption commenced as small purulent spots. (L. Mark, Esq.) 429d
See *John Ward Book* for 1889, s. v. J. H. Haynes.
803. Drawing of the right foot, showing a Bullous Eruption. (T. Godart.) 431e
- 804a and b. Shoulders and forearm of a woman, affected with Pemphigus. (T. Godart.) 429a, b
805. Drawing of the back of a man, showing the appearance of Pemphigus Hæmorrhagicus. (T. Godart.) 431d
From a man, aged 42, a meat carrier, who had repeatedly suffered from blood-poisoning.
See *Matthew Ward Book* for 1886.
806. Drawing of a Bullous Eruption, which occurred on the foot of a woman, aged forty-five. (Leonard Mark, Esq.) 429e
807. Hand with a Bullous Eruption, which appeared at intervals on different parts of the body. 535d
- 808 to 812. Illustrations of Pemphigus. (T. Godart.) 425 to 429
813. A Bullous Eruption confined to the hands, the nature and cause of which was uncertain. (T. Godart.) 430
814. A long-standing Eruption of uncertain nature (? Pemphigus Pruriginosus). (T. Godart.) 431
- ACNE.**
815. Acne Varioliformis of the forehead. (T. Godart.) 421c
816. Acne Varioliformis of the face, neck and chest. (T. Godart.) 421d
817. Warty Growths occurring on the neck of a man. (T. G.) 534
- 818.
819. An Ichthyotic Condition of the Skin in a lunatic, forty-six years old, in whom the disease had existed since childhood. 396
Portions of the skin are preserved in Series xxxv., Nos. 2710, 2711.
- 820, 821. A ruddy, finely warty or papillary condition of the Skin, with much thickening, but no ulceration (papillary lupus?). It affected the surface and fold of both buttocks, and the inner surface of the right thigh at the perineum. (T. Godart.) 467, 468
From a middle-aged man.
822. Drawings of the right leg of an unmarried woman, aged twenty-one years, who had an advanced ichthyotic condition of the skin of the thigh and leg. The skin of

the thigh, as is seen in the upper drawing, has a remarkably papillated appearance. The papillæ appear to be due to hypertrophy of the epidermis, for they could be readily picked off, leaving the Malpighian layer exposed. At the line of flexion of the joints the skin was smooth, being devoid of papillæ. The lower drawing shows the amount of hyper-extension present at the knee-joint. (L. Mark, Esq.) 400a

The patient's hip had been excised eight and a half years previously, and the ichthyotic condition had been gradually increasing for five years. The opposite limb was healthy, and there was no evidence of xeroderma in other parts of the body.

A cast of the limb is preserved in Series lvi., No. 147a.

823. A Warty Growth in the groin. (T. G.) 443a

824. Circumscribed Scleroderma (Syn. Keloid of Addison, Morphœa.) (T. Godart.) 405

The disease occurred in the form of smooth, raised, hard patches on both sides of the abdomen. The drawing was taken seven years after the commencement of the disease.

825. A drawing from the same patient, three years later. Pigmentary stainings mark the site of the original affection. (T. Godart.) 405a

826. Circumscribed Scleroderma (Syn. Keloid of Addison) of the leg of a middle-aged woman. (T. Godart.) 406

827. Drawing of the trunk and thighs of a child, aged two years, who suffered from Scleroderma. The right hip and knee-joints were flexed, and the skin over the thigh much thickened and contracted. (L. Mark, Esq.) 406g

See further the *Illustrated Medical News* for June 1st, 1889, vol. iii., p. 195.

828. Localised Scleroderma, which had existed for six and a half years in a woman. (T. G.) 406b

For an account of the case see *Transactions of the Pathological Society*, vol. xxii., p. 61.

829. A patch of Scleroderma of the scalp, following similar disease of the face, and undergoing spontaneous ulceration; from the same case as the preceding. (T. G.) 406c

830. Sketch of a woman, showing a patch of Morphœa (Circumscribed Scleroderma) of the neck, and Chronic Eczema of the nipple. 406a

831. Photograph of a child, aged five years, with Scleroderma of the left lower extremity. 406b

Presented by T. Sympton, Esq.

832. Morphœa of the Face and Scalp. 406c

833. Drawing of the posterior aspect of a child, whose buttock was affected with a condition allied to Sclerema. (T. Godart.) 406d

A section of the skin of the buttock is preserved in Series xxxv., No. 2700a, and a microscopical section in Series lv., No. 511.

834. Two Photographs showing patches of Vitiligo on the forearm, which occurred as a sequela of Influenza and Erysipelas. 432a

See *British Medical Journal*, vol. i. (1891), p. 848.

Presented by E. Mansel Sympton, M.D.

835. Lupus Non-Exedens. (T. Godart.) 464

836. Lupus Exedens. (T. Godart.) 465

837. Scrofuloderma (Verrucosum ?) of the leg and foot. (T. Godart.) 466

Taken from a boy, aged 10 years.

XANTHELASMA. (XANTHOMA.) (VITILIGOIDEA.)

838. Drawing of the face of a child. Beneath the outer half of each lower eyelid there is a patch of Xanthelasma. A few spots also extend up towards the temple on both sides. (Leonard Mark, Esq.) 233a
The child was one and a half years old. The affection had been noticed for ten months, during which period it had slowly increased.
- 839, 840. Xanthelasma Plana et Tuberosa of the face, nose, ear, arm, and hand. (T. Godart.) 432, 433
A cast of the hand is preserved in Series lvi., No. 163.
841. Xanthelasma Plana on the palm of the hand. (T. Godart.) 434
842. A Photograph, taken on the 8th February, 1888, of the left little finger and right thumb of Mr. Lawrence, showing marks on the nails caused by sea-sickness, August 28th to 31st, and October 18th to 21st, 1887. 473b
See *Transactions of the Pathological Society*, vol. xxxix., p. 370.
Presented by S. Wilks, M.D., F.R.S., per Thomas Smith, Esq.
843. Drawing of the right hand and of the toes of the left foot of a boy who had congenital absence of the nails. (Leonard Mark, Esq.) 473c
He also suffered from purpura. A drawing of his face shortly after an attack is preserved in No. 867 of this Series.
See *Male Surgical Register*, vol. ii. (1891), No. 736.
844. Chronic Ulcers of the integuments of a leg, granulating and healing. 460
845. Ulcer of the back, of ten years' duration, which resisted all remedies. After complete excision, healing was nearly completed, when similar ulceration again commenced, and rapidly extended. 461
The specimen is preserved in Series xxxv., No 2720.
846. A circular Ulcer of the left lower extremity. (T. Godart.) 462
847. A peculiar form of sloughing and ulceration of the integuments of a leg, in a strumous patient. (H. B. Dobell.) 463
848. Drawing of the front of a man's chest, showing a true Keloid of Alibert over the centre of the sternum. (Leonard Mark, Esq.) 401a
The man was a sailor, aged 35, and stated that the keloid commenced to grow without any known cause twelve years previously: a small nodule of a similar nature over the right mammary gland had been noticed for seven months.
A cast of the same case is preserved in Series lvi., No. 153c.
See *Male Surgical Register*, vol. iii. (1891), No. 2901.
849. Drawing of a Keloid which formed on a scar in the groin. (Leonard Mark, Esq.) 402f
See *Male Surgical Register*, vol. i. (1892), No. 2121.
850. True Keloid. (T. Godart.) 401
From a gentleman, aged 65 years. The tumour had been growing thirty-six years, and ensued from the irritation caused by carrying a carpet bag slung across the shoulders.
A cast of the specimen is preserved in Series lvi., No. 153.
851. Keloid growths, from a cicatrix following a burn. 402

- 852, 853. Extensive Keloid Growths in the cicatrices following scalds of a leg and foot. After amputation of the leg, the patient completely recovered. 403, 404
The leg was amputated below the knee in 1848; the patient was seen in 1875, and there had then been no return of the growth anywhere.
See *Henry Ward Book*, vol. iv.
The specimen is preserved in Series xxxv., No. 2696.
854. Drawing of the right hand and forearm, showing a Keloid Condition of a scar following a severe burn. The other arm was affected in a similar way. (L. Mark, Esq.) 402d
Casts of the two hands and forearms are preserved in Series lvi., No. 153a and b.
See *Female Surgical Register*, vol. i. (1890), No. 820a.
855. Drawing of the trunk of a child, showing a Keloid Condition of the small scars which formed along the course of one of the lower intercostal nerves after an attack of Herpes Zoster. (Leonard Mark, Esq.) 402c
See *Female Surgical Register*, vol. iv. (1891), No. 889.
856. Acne Keloid in a man, aged forty-seven. The disease had existed about four years. 402b
857. Keloid of Alibert in the site of scars of Acne Vulgaris. (T. Godart.) 402a
858. Drawing of the Face of a girl, aged nineteen, showing a Keloid on the chin. The growth commenced after a slight blow, and had been growing for a month. (L. Mark, Esq.) 402c
See *Female Surgical Register*, vol. iii. (1888), No. 2517.
859. Molluscum Simplex, with a great cutaneous growth of the nates, and a cancerous growth in the axilla. (T. Godart.) 471
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861. Drawing of the head of a child, who had Molluscum Contagiosum. (L. Mark, Esq.) 176a

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863. Two drawings, one of the inner side of the foot, the other of the extensor surface of the toes of a woman who had Elephantiasis. (Leonard Mark, Esq.) 400b
See *Female Surgical Register*, vol. v. (1889), No. 2181.
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865. Drawing of an arm, showing a peculiar rash which occurred in a woman, aged thirty-five, who had heart disease. The rash was present on both arms. (L. Mark, Esq.) 455a
See *Elizabeth Ward Book* for March, 1890, s. v. Laura Fairweather.

PURPURA HÆMORRHAGICA (SCORBUTUS).

866. Drawing of a Purpuric Eruption on the outer side of the leg. There are also three small chronic ulcers situated over the upper third of the fibula. (Leonard Mark, Esq.) 454a
867. Drawing of the face of a boy who suffered from Purpura Hæmorrhagica. Shortly before the drawing was made he suddenly had an effusion of blood beneath

- the mucous membrane of the tongue, giving to it a dark purplish colour. He also had hæmorrhages beneath the conjunctiva of both eyes. (Leonard Mark, Esq.)
See Drawing No. 843, and *Male Surgical Register*, vol. ii. (1891), No. 736. 453d
868. Head of a man suffering from Purpura Rheumatica. (T. G.) 458a
869. Purpura Hæmorrhagica. 453
870. Purpura Hæmorrhagica ; there are minute and diffused ecchymoses on the leg. 454
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875. Subcutaneous Rheumatic Nodules in the ears and knee. 468a
See description by Sir Dyce Duckworth in the *Transactions of the Clinical Society*, vol. xvi., p. 190.
876. Subcutaneous Rheumatic Nodules in the hand. 468b
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877. Hand of a woman, with Rheumatic Nodes—Heberden's. (T. G.) 468c
The hand itself is preserved in Series ii., No. 645a.
878. Drawing of the face of a young woman who was convalescent from Rheumatic Fever. There was present a peculiar thickening of the skin and subcutaneous tissue of both cheeks. (Miss L. E. Mark.) 455b
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881. A large hairy Mole upon the forehead of a young girl. (T. Godart.) 407a
882. Photograph of a young woman who had a hairy Mole growing above the left eyebrow. (Cf. vol. ii., Series xxxviii., No. 21.) 407d
See *Female Surgical Register*, vol. v. (1885), No. 2419.
883. Drawing of a hairy Mole on the cheek of a girl. (L. Mark, Esq.) 407f
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SPECIFIC INFECTIOUS DISEASES.

887. Drawing of the head of a child suffering from Varicella Gangrenosa of the scalp. There is a large ulcerated surface, the base of which is formed largely of exfoliating necrosed bone, occupying the greater part of the left parietal, and of the left half of the occipital bones. (Leonard Mark, Esq.) 448d
The child was one and a half years old. The disease commenced ten days before the drawing was made, and resulted in a good recovery.
See *Female Surgical Register*, vol. iii. (1890), No. 1925.

888. Drawing of the head and face of a child who had Varicella Gangrenosa. (T. Godart.) 448b
889. Drawing of the back of the same child. (T. Godart.) 448c
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891. Idiopathic Gangrene, occurring on back of child after vaccination—(?) Varicella Gangrenosa. 543e
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896. Head of a child who had Varicella Gangrenosa. (T. G.) 448a
897. Drawing of the arm of a child, showing a peculiar rash with numerous small vesicles. The child was seriously ill, and in a so-called "typhoid" condition. (Leonard Mark, Esq.) 453b
898. Drawing of a typical Rash of Typhoid Fever. It occurred on the abdomen of a patient in an early stage of the disease. (Leonard Mark, Esq.) 453c
899. Unusually copious Typhoid Eruption on the chest and abdomen. (T. Godart.) 477a
900. Head and Neck from the same patient. (T. Godart.) 477b
901. A Drawing of the Lips and Tongue of a man, aged twenty-one. There is a pustular herpetic eruption upon the lower lip, which is very much thickened, but was not indurated. At both oral angles and upon the left lateral half of the lower lip are abundant closely-set pustulating herpetic vesicles, and over the rest of the lower lip are large pustulating bullæ and sordes. On the upper lip is discrete pustulating herpes. On the left lateral half of the tongue anteriorly are small herpetic pustules, which appear similar to, but are smaller than those on the lips. (T. Godart.) 451a
- The man was a carman, who had four horses to groom. Of these, two had been laid up with "greasy heel." The fluid obtained from the vesicles was examined microscopically, but no micro-organisms were found.
902. Drawing of the forearm of a man, showing a rare eruption which resulted from infection derived from a horse. The eruption appears to be one of Vaccinia, derived from the disease known as "grease" in the horse. (T. Godart.) 451b
- See *Transactions of the Clinical Society*, vol. x., p. 121.

GLANDERS (EQUINIA).

903. Two Drawings showing some of the appearances seen in a case of Glanders which rapidly proved fatal. (i.) The skin of the upper part of the face shows several patches of inflammation, over some of which unhealthy looking ulcers have formed. Both eyes are closed from cellulitis of the eyelids. (ii.) Two similar inflammatory areas on the right foot. (Leonard Mark, Esq.) 452a

A drawing of the larynx and trachea (post-mortem) is preserved in this Series, No. 214. See also *Medical Post-Mortem Register*, vol. xix., p. 189.

904. A Pustular Eruption on the hand, occurring in a young man, suffering from Glanders, of which he died. (T. Godart.) 452
- 905, 906. An Eruption on the face of a young woman, who worked in skins (making seal-skin purses). (T. Godart.) 449, 450
907. Purulent and Bloody Discharge from the Nostrils, and pustules with inflamed bases on the face; probably Glanders. 451

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From a child, having at the same time ringworm of the scalp.
909. Tinea Favosa Capitis. (T. Godart.) 474
Drawn from a youth, aged 18 years. He had one nail affected.
910. Tinea Favosa. (T. Godart.) 475
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913. Photographs of the microscopic appearances of hair—(a) in health, (b) when affected with *Trichophyton Tonsurans*. 477i

Presented by W. E. Green, Esq.

914. Drawings of the hands of a girl who had *Onychia Mycosis*. From a girl, aged twenty-four, who had *Tinea Circinata* of the scalp for four years. Her nails had been affected during the whole time, but not continuously. The parasitic growth is seen spreading beneath the nails and leading to their destruction. (L. Mark, Esq.) 473a
From an out-patient.

DRUG RASHES.

915. Drawing of the face of a man, aged twenty-four, covered with a rash which resulted from the administration of Iodide of Potassium. (L. Mark, Esq.) 445b
The patient had been treated for ten days with iodide of potassium.
See *Male Surgical Register*, vol. ii. (1887), No. 2766.
916. A Pustular Eruption occurring on the leg of a male child, aged three years, who had always been healthy. A similar but smaller eruption appeared on the face. It has many of the appearances of the rash produced by Bromide of Potassium. (T. Godart.) 446a
917. Drawing of the face of a man who had an Iodide Rash. The eruption was best marked upon the side of the face and neck, as well as upon the alæ of the nose. When it was first seen it was discrete, and each spot had an indurated base, but the eruption rapidly became confluent, and there was much discharge of a purulent nature. (L. Mark, Esq.) 445c
From a man, aged 37, who had aortic regurgitation and hemiplegia. The eruption appeared seven days after the patient had taken a drachm of the mixed iodide and bromides of potassium and ammonium in twenty-grain doses thrice daily.
See *Matthew Ward Book* for 1889, s. v. J. W. Slaney.
918. Iodide of Potassium rash occurring on the face and hands of a man. (T. G.) 445a
919. An Eruption on the face, caused by the administration of Chloral Hydrate; the rash assumes the form of a papillary erythema. (T. Godart.) 446b

920. The Arm from the same patient as the preceding drawing, covered by a similar eruption. (T. Godart.) 446c
921. An Eruption on the face, caused by the administration of Iodide of Potassium. (T. Godart.) 445
922. An Eruption occurring in a man suffering from chronic Bright's disease of the kidneys, who was taking Iodide of Potassium. The eruption looked vesicular (like Herpes), but the seeming vesicles were solid (tubercular). (T. Godart.) 446
923. A Cutaneous Eruption produced in an infant, eight months old, from the administration of Bromide of Potassium. (T. Godart.) 446a
924. The Face of a woman, showing a dusky discolouration of the skin, produced by the administration of Nitrate of Silver for Epilepsy. (T. Godart.) 408

XXXVI.—DISEASES OF THE TESTICLE, ITS COVERINGS, AND OF THE SPERMATIC CORD.

925. Tubercular Disease of a Testicle; and a portion of the Cerebellum containing caseous tubercular masses from the same case. (T. Godart.) 478
926. A Testicle, laid open, occupied by softened tubercle. (T. Godart.) 479
927. Chronic Enlargement of a Testicle, with a deposit of yellow soft substance. (H. B. Dobell.) 480
928. Drawing of a Gummatous Testis. (L. Mark, Esq.) 480a
See *Male Surgical Register*, vol. iii. (1889), No. 3351.
929. A Round-celled Sarcoma of a Testicle, containing a mass of Cartilage. 481
- 930, 931, 932. Medullary Tumours of the Testicle. (T. Godart.) 482, 483, 484
933. Displacement of the Left Testis into the Perinæum, with failure of development of the corresponding half of the scrotum. 484a
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XXXVII.—DISEASES OF THE SCROTUM.

935. Drawing of the External Genital Organs of a man, aged fifty-seven, showing numerous chalk-stones on the scrotum. (L. Mark, Esq.) 463c
From an out-patient.
936. Scrotum of a Bengalee affected with Elephantiasis, and weighing forty pounds, which was removed by operation. 398
937. Elephantiasis of the Scrotum. 399
938. Drawing of a Scrotum affected with Elephantiasis. (R. M. West, Esq.) 488a
The scrotum was subsequently removed by operation, and is preserved in Series xxxvii., No. 2818a, and a microscopical section in Series lv., No. 554, to which refer.
939. Drawing showing a peculiar form of Ulceration of the Scrotum and Perinæum. The edges of the ulcers are ragged and overhanging, but were not indurated; they had existed for two years and a half. (Leonard Mark, Esq.) 488b
The growth was freely removed.
See *Male Surgical Register*, vol. ii. (1892), No. 2555.

CHIMNEY SWEEP'S CANCER.

940. Drawing of a Penis and Scrotum and the surrounding skin. At the lower part of the right side of the scrotum is a large ragged ulcer with raised and pigmented edges, which proved to be an epithelioma. The skin of the scrotum, penis, and of the upper part of both thighs is discoloured by a deep brown molting, due to deposits of pigment in the true skin. (Leonard Mark, Esq.) 487a

From a man, aged 78, who was a chimney-sweep.
See *Male Surgical Register*, vol. iii. (1891), No. 2015.

941. Chimney-Sweeper's Cancer of a Scrotum : a small, discoid, elevated, vascular, and warty growth. 485
942. Similar disease : a larger wart, covered with a thick, dry, black scab. (H. B. Dobell.) 486
943. Similar disease : in part warty, in part scabbed, in part deeply and irregularly ulcerated. 487
944. Large Cancerous Ulcer of a Scrotum, not connected with soot. (H. B. Dobell.) 488
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XXXVIII.—DISEASES OF THE VAS DEFERENS AND VESICULÆ SEMINALES.

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952. Stricture of an Urethra ; and dilatation of the prostatic ducts, some of which contained calculi. (A. M. McWhinnie.) 489
953. Urethra, with two annular Strictures of thirty years' duration. 490
954. Urethra, with a Stricture an inch in length in the bulbous and membranous parts. 491
955. Dilatation of the middle of the prostatic portion of an Urethra. 492
956. Urethra, with Stricture and urinary Fistulæ. 493
957. Stricture of the Urethra, with numerous false passages. 494
958. White, superficially sloughing, sore on the glans penis of an old man. 495
959. Exuberant warty Epithelioma of the mucous and submucous tissues of the prepuce. (T. Godart.) 500
960. Cancer of the Corpus Spongiosum Urethræ. 501

XLI.—DISEASES OF THE OVARIES.

961. An Ovarian Cyst, showing necrotic change in part of the cyst wall. (T.G.) 501a
- 962.
963. A Drawing of a Tubo-ovarian Cyst. The communication between the tube and the cyst is shown by an opening made from above. The folds at this part are the result of a collapse of the cyst, and are not natural. (T. Godart.) 501b
The specimen is preserved in Series xlii., No. 2934b.
964. Drawing of a sagittal section of a pelvis, the outlet of which is obstructed by a large Fibroma of the Ovary. (Leonard Mark, Esq.) 512a
The specimen from which the drawing was taken is preserved in Series xlvii., No. 3091a, to which refer.
- 965.
- 966.

XLII.—DISEASES OF THE UTERINE APPENDAGES.

967. Drawing of a Large Bilocular Parovarian Cyst, showing a portion of the elongated distended tube, the orifice of which is everted from the surface of the cyst by the tension of the ovarian fimbriae. 501c
From Series xliii., No. 2942b.
- 968.
- 969.
970. Drawing of the female pelvic organs, showing great, but symmetrical, distension of the Fallopian tubes. The second and smaller drawing shows the microscopical appearance of the undistended part of the left tube. (Leonard Mark, Esq.) 516l
The specimen is preserved in Series xlii., No. 2937b.
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XLIII.—DISEASES OF THE UTERUS.

972. Drawing of a fluctuating swelling which presented at the vulva of an infant, aged seven weeks : it proved to be an imperforate hymen pushed down by a collection of pus in the vagina and uterus. (Leonard Mark, Esq.) 517b
The child subsequently died. The parts are preserved in Series xlv., No. 3016a, to which refer.
973. A Drawing of the pelvic organs, removed after death from the same case as that from which the preceding drawing was made. (Leonard Mark, Esq.) 517c
974. Drawing of a section through the uterus of a virgin, who died during Menstruation. (Leonard Mark, Esq.) 515b
975. A Virgin Uterus at the period of menstruation. 29

976. Vaginal portion of an Uterus, enlarged and indurated, and with irregular fissures of the os. 502
The specimen, excised from the Uterus, is in Series xliii., No. 2960.
977. A similar specimen, with ulceration of the cervix uteri. (T. Godart.) 503
978. A Polypus, having a long pedicle protruding from the os uteri. (T. Godart.) 506
979. A Polypus growing from the upper part of the cavity of an Uterus, and with a ligature tied around its neck. The patient died eight days after the application of the ligature. 507
980. Section of same Polypus. 508
The specimen is in Series xliii., No. 2972.
981. Hypertrophic elongation of the Cervix Uteri, protruding from the vagina. 504a
982. An extremely vascular Fibro-cellular Tumour, removed from the Vagina. During life it was attached by a narrow base to the posterior lip of the os uteri. (T. Godart.) 509
983. A large sloughing Fibroid attached to a portion of the lips of the Uterus, and projecting into the vagina. The walls of the uterus are healthy, but a large colloid growth is seen between the uterus and rectum, and a small polypoid mass of uncertain nature projects into the uterine cavity. (T. Godart.) 514
984. Drawing of a Fibroid Tumour of the Uterus. It is nodular on the surface, and is attached by a long pedicle to the body of the uterus. The tumour protruded through the orifice of the vagina, and is represented as it appeared after having been drawn well down preparatory to its removal by operation. (Leonard Mark, Esq.) 506a
985. Drawing of a Fibroid Tumour, occurring in the undeveloped Horn of a double Uterus. (T. Godart.) 511a
For full details of this case see *Transactions of the Obstetrical Society of London*, vol. xxxix. (1887), p. 57.
The specimen from which this drawing was made is preserved in Series xliii., No. 3001a.
986. A large Uterine Fibroid. (T. Godart.) 510
987. A large lobulated Fibroid of the Uterus. (T. Godart.) 511
988. Section of a large Fibroid of the Uterus. (T. Godart.) 512
989. An Uterine Fibroid, with a small, well-defined, capsulated fatty tumour imbedded in it. (T. Godart.) 513
The specimen is preserved in Series xliii., No. 3001.
990. Drawing of an Uterus containing a Fibrinous Polypus. 514a
The specimen from which the drawing was taken is preserved in Series xliii., No. 3015a.
991. Acute Antelexion of the Uterus. 516a
The specimen from which the drawing was taken is preserved and described in Series xliii., No. 2944a.
992. Drawing of the posterior and upper surfaces of a Retroverted Uterus. The right broad ligament and the right ovary are suppurating, and communicate with each other. (L. Mark, Esq.) 516i

993. Superficial view of the Female Pelvis, from a case of anterior iliac right lateral and psoas parametritis occurring on the right side. (T. Godart.) 516*d*

994. Drawing of a sagittal section of the female genital organs, from a case of purulent anterior parametritis. (T. Godart.) 516*e*

M. M., æt. 27, mother of five children, the last born two years previously. Catamenia regular except during the last two months. No history of abortion. Symptoms of parametritis set in suddenly on October 20th, 1885. The patient died of exhaustion on January 14th, 1886. At the autopsy a large abscess was found between the bladder and cervix uteri, distending the right broad ligament, and extending into the right iliac fossa and sheath of the psoas. The abscess involved the right sacro-iliac joint. The cause of the parametritis could not be ascertained.

995. Drawing of a sagittal section of the female genital organs, from a case of retro-uterine perimetritis complicating cancer of the posterior wall of the cervix. (T. Godart.) 516*f*

A. C., æt. 52. Two years since the climacteric. The patient had been in good health until three weeks before admission, when she developed symptoms of cancer of the uterus. She died rather suddenly.

996. Drawing of a sagittal section of a retro-uterine perimetritis. The uterus forms part of the abscess wall; a fistulous passage opens into the pouch of Douglas. (T. Godart.) 516*h*

The specimen is preserved in Series xix., No. 2055a.

997. The Bladder and Uterus, from a case of serous perimetritis. 516*b*

The specimen is preserved in Series xliii., No. 2951a.

998. Extreme vascularity of the inner surface of the Uterus. From a woman poisoned with arsenic. 515

999. Drawing of the Uterus and its appendages, from a case of myxœdema. (T. Godart.) 516*g*

1000. An Uterus and its Appendages, from a case of peritonitis after enteric fever. (T. Godart.) 516

1001. Drawing of a cancerous ulceration of the Portio Vaginalis Uteri, from a woman, aged thirty-seven. (L. Mark, Esq.) 505*a*

See *Martha Ward Book* for 1888, s. v. Anne Kemp.

1002. Hypertrophy of the Cervix Uteri, with ulceration. (T. Godart.) 504

1003. Ulceration of the Os and Cervix Uteri. (T. Godart.) 505

1004. Drawing of a portion of the posterior wall of the uterus, from a primipara who died on the fourth day after Cæsarian section, performed twelve hours after the commencement of actual labour. The contraction-ring is identical with the internal os, the cervical glands being visible immediately below the ring. 36

From a specimen preserved in Series xxxii., No. 1234a.

1005. Drawing of an Uterus which has been laid open to show the effect of electrolysis. At about the middle of the cavity of the uterus is a bluish line where the mucous membrane was eroded by the electrode, and where decomposition set in very early. (L. Mark, Esq.) 515*a*

1006

XLIV.—DISEASES OF THE VAGINA AND EXTERNAL ORGANS
OF GENERATION IN THE FEMALE.

1007. An enormous warty growth from the clitoris. (T. Godart.) 517
1008. Prolapse of vagina. 517a
See *Female Surgical Register*, vol. iii. (1885).
1009. Drawing of the Vulva. As a result of previous ulceration, the mucous membrane at the orifice of the vagina is extensively scarred and puckered. (Leonard Mark, Esq.) 517d
- 1010.
- 1011.

XLV.—DISEASES OF THE OVUM AND MEMBRANES.

1012. Drawing of a section through an early Abortion. The decidual cavity is distended with blood. (Leonard Mark, Esq.) 519c
The specimen is preserved in Series xlv., No. 3056a.
1013. Drawing of a Placenta, showing numerous cysts of the amnion. (L. Mark, Esq.) 518a
The specimen is preserved in Series xlv., No. 3095a.
- 1014.
- 1015.

XLVI.—DISEASES AND INJURIES INCIDENTAL TO GESTATION
AND PARTURITION.

1016. An Uterus laid open, showing a villous membrane in its interior, and a cyst in the Fallopian tube, which contained an ovum. (T. Godart.) 518
1017. Tubal Gestation, in the seventh week. 519
From the specimen in Series xlvi., No. 3071.
1018. Drawing of a case of pregnancy in the undeveloped horn of a double uterus. (T. Godart.) 519a
See *Transactions of the Obstetrical Society*, vol. xxviii., p. 70.
1019. Drawing of a sagittal section of the female genital organs, from a case of extra-uterine foetation. (L. Mark, Esq.) 519b
The specimen is preserved in Series xlvi., No. 3077c.
1020. Clot of Blood, surrounded by a thin layer of yellow granular matter, in the ovary of a woman who died during menstruation. 289
1021. A Corpus Luteum, from a woman who died with chorea, in or about the sixth week of pregnancy. 291
1022. Corpus Luteum at the commencement of the second month of pregnancy. 356

XLVII.—DEFORMITIES AND TUMOURS OF THE PELVIS.

1023.

1024.

XLVIII.—DISEASES OF THE MAMMARY GLAND.

1025. An Immense Mammary Glandular Tumour. 524

A section of it is in Series *xlvi.*, No. 3160; the chief mass is in the Pathological Museum of the Royal College of Surgeons.

1026.

1027. Drawing of the breast of a single woman, aged sixty-two, who had lupus. The lupus eruption was first noticed two years previously. (G. Hare.) 531*g*

See *Female Surgical Register*, vol. v. (1888), No. 1662.

1028. A Sero-cystic Tumour, removed from the mamma of a woman, where it had been growing twenty-one years. (T. Godart.) 520

1029. A Sero-cystic Tumour (Proliferous Cysts) in a mammary gland, together with dilatation of the ducts. 521

1030. A Proliferous Cystic Tumour in a mammary gland: the intra-cystic growths protruding. After a third return of the disease, the patient died with erysipelas. 522

The specimen is in Series *xlvi.*, No. 3155, and the recurrent growth in No. 3156.

1031. Tumour in a Mammary Gland, consisting partly of cysts and partly of a solid substance of a doubtful nature. Similar growths existed in the axilla, and, by their exceeding increase and protrusion, proved fatal. 523

1032*a, b, c*. Drawings of the histological appearances presented by a case of chondro-sarcoma of the breast. 525*a, b, c*

A section is preserved in Series *lv.*, No. 657.

1033. A Spindle-celled Sarcoma of a breast.

The specimen is in Series *xlvi.*, No. 3163.

1034. A Drawing of the breast of a woman who had an epithelioma of the nipple. There were also two or three nodules in the surrounding skin. (L. Mark, Esq.) 527*b*

See *Female Surgical Register*, vol. i. (1889), No. 2351.

1035, 1036. Scirrhus Cancers of the mammary gland. (T. Godart.) 526, 527

1037. Scirrhus Cancer of a breast, with unusual fulness of its blood-vessels. 528

1038. Drawing of the left breast of a patient who had a large carcinomatous growth springing from the gland at some distance from the nipple. The tumour was bilobed and of the size of a foetal head. It was attached to the ribs, and the skin over it was involved, but the nipple was not retracted. The growth was of eight months' duration. It was considered to be too far advanced for operative interference. (T. Godart.) 527*a*

See *Female Surgical Register*, vol. ii. (1886), No. 1690.

1039. Drawing of a woman in whom both breasts were infiltrated with Scirrhus, which was undergoing atrophy. The mammae were greatly diminished in size and

were very hard, but the skin was not adherent. The skin over the left breast was much puckered, and the gland was adherent to the underlying structures. There were no enlarged axillary glands. (T. Godart.) 531c

From a woman, aged 48, the mother of six children, all of whom she suckled. In March, 1886, the abdomen was opened for ovarian disease at another hospital, but the case was discovered to be one of ascites. At this time there was a suspicion of abdominal cancer, which became a certainty in December, 1886, when the patient was found to have a stricture high up in the rectum. Six years ago she first noticed a small swelling in the left breast, but as it gave her no trouble she paid no attention to it.

See *Faith Ward Book* (1886-7), s. v. E. Bish.

1040. Drawing of a Scirrhus Carcinoma of the breast, which had ulcerated through the skin, forming a large fungating tumour. It occupied the upper part of the breast, and had pushed the nipple downwards, concealing it beneath its lower edge. (Leonard Mark, Esq.) 527c

The patient was a woman, aged 67. The tumour had increased very rapidly, and reached its present size in nine months. One gland in the axilla had become infiltrated, and was removed with the tumour.

See *Female Surgical Register*, vol. iv. (1891), No. 918.

1041. Drawing of one half of a Scirrhus Carcinoma of the breast. The tumour is unusually well defined, and is of a deep blood-red colour, due to extensive hæmorrhage which has occurred into the intrinsic structures. (Leonard Mark, Esq.) 528b

A microscopical section of the tumour is preserved in Series lv., No. 659a.

See *Female Surgical Register*, vol. ii. (1891), No. 1066.

1042. Scirrhus Carcinoma of the mammary gland, with extensive softening (fatty degeneration and liquefaction) of its central parts. (T. Godart.) 530

1043. Drawing of a recently removed Scirrhus Carcinoma of the breast, showing the exudation of thick milk-like fluid from numerous minute cysts on the cut surface. (L. Mark, Esq.) 528a

1044. Scirrhus Cancer of a man's breast. (T. Godart.) 529

1045. Drawing of the thorax of a man, showing a malignant growth of the right breast. The tumour was situated immediately above the right nipple, and extended from the mid-sternal line as far as the posterior fold of the axilla. It was deep purple in colour. The superficial veins were enlarged, and it had ulcerated in two places. (L. Mark, Esq.) 529a

From a man, aged 46, who had observed the tumour for three months. As no operation was performed, the exact nature of the growth could not be ascertained.

See *Male Surgical Register*, vol. iv. (1887), No. 3172.

1046. Drawing of a Recurrent Cancerous Ulcer invading the left breast of a woman, aged forty-nine. The recurrent growth was of four years' duration. It began to ulcerate two years before the drawing was made. (L. Mark, Esq.) 531f

From an out-patient.

1047. Photograph of a patient who had a recurrent carcinoma of the right breast. The gland had been removed about a year previously. 531h

From a married woman, aged 40 years, who came to the Hospital as an out-patient.

1048. Colloid Cancer of the Mamma. (T. Godart.) 532

1049. Drawing of a Duct Papilloma of the mammary gland, removed from a boy. (L. Mark, Esq.) 531e

The specimen is preserved in Series xlvi., No. 3186c.

1050. Drawing of a Tumour ("Duct Carcinoma") of the female breast, after removal. The breast and the nipple have been laid open: near the nipple one of the gland ducts is much dilated, and lying in it, and adherent to its walls, is a small papillary growth: this is the essential characteristic of the disease. (Leonard Mark, Esq.) 523a
See *Female Surgical Register*, vol. iii. (1891), No. 495.
1051. Drawing of a Right Mammary Gland, showing well-marked Paget's disease of the nipple. The surface of the nipple is ulcerated, and is covered by a slough, while the areola is red and inflamed, presenting the usual appearance of the so-called "eczema." (Leonard Mark, Esq.) 531k
The woman was 63 years of age. The breast was removed by operation, as it was also the seat of scirrhus carcinoma.
See *Female Surgical Register*, vol. v. (1890), No. 2323.
1052. Drawing of a case of Eczema of the Left Nipple associated with scirrhus of the breast. The cancer was undergoing atrophy. It occurred in an anæmic woman, aged forty-eight. (T. Godart.) 531d
1053. Superficial ulceration surrounding a Nipple (eczema of nipple) and covering a hard cancer of the breast. 531
1054. Two Drawings of the microscopical appearances seen (*a*) under a low, and (*b*) under a high power, of a section taken through the skin of a case of "eczema of the nipple" (Paget's Disease). Several spaces containing nucleated bodies occur in the deeper layers of the epidermis: these are the so-called "psorosperms," which are thought by some pathologists to be the direct cause of the ulceration and resulting carcinoma. (Leonard Mark, Esq.) 531l
1055. Drawing of the breast of a widow, aged thirty-two, who had chronic eczema of the nipples. In the right breast the disease had lasted for eight months, and in the left for five months. In the left breast the affection was associated with a mammary abscess. (Leonard Mark, Esq.) 531j
See *Female Surgical Register*, vol. iii. (1889), No. 1813.
1056. Eczema of the left nipple. 531c
1057. Eczema of the Nipple in the right breast, occurring three years after removal of the left breast for scirrhus. (T. G.) 531a
1058. The Right Breast of the same woman; the drawing was made fifteen months after the previous one. (T. G.) 531b
- 1059.

XLIX.—PATHOLOGY OF STUMPS.

1060. Drawing of the Stump of a Leg, amputated on account of a compound dislocation of the ankle, showing a sloughing condition of the flaps. (L. Mark, Esq.) 545k
See *Male Surgical Register*, vol. v. (1889), No. 1784.
- 1061.

L.—GENERAL PATHOLOGY.

BURNS.

1062. A Girl's Hand, enlarged by a kind of solid œdema following a burn. 410
1063. Contraction of the elbow and wrist after a burn. (T. Godart.) 585

1064. Drawing of the Arm and Chest of a man, in whom, as a result of a burn from a paraffin lamp and subsequent tight bandaging, great deformity had occurred. The limb was perfectly useless, and was covered with a thick crust of epidermis, which readily peeled off. The chest was greatly scarred. After staying for two months in the Hospital, the arm was amputated immediately below the neck of the humerus. (T. Godart.) 535a

See *Male Surgical Register*, vol. i. (1887), No. 1405.

See also Nos. 851 and 854 for cases of Keloid following burns.

1065. Drawing of the Right Shoulder and side of the Chest of a young woman, who suffered from large subcutaneous hæmorrhages accompanied by great pain. The hæmorrhage over the shoulder and on the stump of her arm occurred shortly before her admission into the Hospital, and that on the chest shortly afterwards. No cause could be assigned for their occurrence. (L. Mark, Esq.) 543a

See *Female Surgical Register*, vol. i. (1890), No. 50.

ULCERATION.

1066. Drawing of a hand, showing the characteristics of a suppurating poisoned wound. There has been extensive lymphangitis, which has been treated by incisions. (L. Mark, Esq.) 545i

See *Male Surgical Register*, vol. v. (1888), No. 587.

1067. Drawings of the hand of a man, who had Cellulitis following upon a poisoned wound of the first finger. He recovered with the loss of the finger, which had to be amputated. (T. Godart.) 545g

See *Male Surgical Register*, vol. v. (1887).

1068. Ulceration of the Forearm, resulting from repeated morphia injections. 535b

1069. Drawing of the Right Thigh of a man, who had extensive and long-standing ulceration. The ulceration was not due to syphilis, but no cause could be assigned for its occurrence. (T. Godart.) 534c

See *Male Surgical Register*, vol. v. (1886), No. 3400*.

1070. A large Ulcer, occurring on the dorsum of the foot of a girl whose leg had long been useless on account of chronic disease of the knee-joint. (T. Godart.) 535e

See *Female Surgical Register*, vol. iii. (1886), No. 225.

1071. Drawings of the Soles of Two Feet. Over the situation of the ends of the metatarsal bones, and also over the outer side of the little toe of the right foot, is a large chronic ulcer. There is also some long-standing disease of the phalanges, causing much shortening and distortion of the foot. As the foot was quite useless, it was removed by Syme's amputation. There is also marked deformity of the toes of the left foot. (Leonard Mark, Esq.) 460c

See *Male Surgical Register*, vol. iv. (1891), No. 3390*.

1072. A Perforating Ulcer, in a case of locomotor ataxy; both great-toes were affected. (T. G.) 477e

1073. Drawing of a large irregular Ulcer on the outer side of the right ankle. It had existed for over twelve years, and was gradually spreading. Under rest and treatment by boracic acid poultices it healed completely. (L. Mark, Esq.) 460a

See *Female Surgical Register*, vol. ii. (1890), No. 493.

1074. Drawing of a Chronic Ulcer of the leg, showing the process of healing by skin grafts. It had existed four years. Sixteen days before the drawing was made twenty-one grafts were taken from the arm, laid on the ulcer, and covered with isinglass plaster. Of these grafts fifteen were successful. (R. M. West, Esq.) 460b

See *Male Surgical Register*, vol. i. (1890), No. 1032.

1075. Drawing of the leg of a woman, upon whom islets of skin had been successfully grafted for the more speedy repair of an ulcer due to phlegmonous erysipelas. The drawing was made six weeks after the first grafting. (T. Godart.) 534b

See *Female Surgical Register*, vol. i. (1885), No. 1878.

1076. An Ulcer on the outer surface of the knee, showing the appearance some weeks after "sponge grafting." The sponge is being cast off as small sloughs. (T. Godart.) 535a

1077. Drawing of the lower portion of the abdomen of a patient who first noticed a small pimple above her pubes five years previously. The growth gradually increased until it attained the condition seen in the drawing. (G. Hare.) 612

From a single woman, aged 43.

See *Female Surgical Register*, vol. iii. (1888), No. 1696.

PHAGEDÆNA AND GANGRENE.

1078. Drawing of the Face of a man who had necrosis of the left side of his lower jaw, with sloughing phagedæna. (L. Mark, Esq.) 545j

Four months before the admission of the patient to the Hospital he caught a cold, which was followed by necrosis of a portion of the left ramus of his lower jaw. After the removal of a sequestrum gangrene set in.

See *Male Surgical Register*, vol. v. (1889), No. 578.

1079. A Drawing of a child who died from phagedæna of the right pectoral region. The ulceration has laid bare the costo-sternal articulation as well as the second costal cartilage. (L. Mark, Esq.) 535g

From a child, aged 15 months, who was probably the subject of inherited syphilis. She had been ill for three weeks before her death.

See *Female Surgical Register*, vol. iii. (1888), s. v. Rosina Willett.

1080. Phagedænic, Warty, Perforating Ulceration of Labia and adjacent parts, of uncertain nature, but probably not venereal. 535c

From a woman, aged 26, who had first noticed some blebs on the vulva five months previously. She died with extension of the ulceration ten months after the first symptoms appeared. The mouth and tongue, before death, were the seat of a similar ulceration, and bullous eruptions appeared on the skin.

For account of case see *Magdalen Ward Book*, vol. ix., p. 357.

1081. Drawing of the External Genital Organs of a girl, aged two years, who had noma vulvæ after an attack of measles. (L. Mark, Esq.) 543h

See *Female Surgical Register*, vol. i. (1889), s. v. M. A. Read.

1082. Sloughing Phagedæna of the Arm. (T. Godart.) 544

- 1083a to f. A Series of Sketches of the effects of Hospital Gangrene, from cases which occurred in St. Bartholomew's Hospital in 1846. An account of the cases is recorded by Mr. Holmes Coote in the *Lancet*, October and November, 1847.

545 to 545f

1084. A large Slough of the Scalp of an infant. Cause uncertain. (T. Godart.) 542

1085. Gangrene of the skin of the loins and of both thighs of a child, aged two and a half years. (T. Godart.) 543
- 1086a to e. Illustrations of Dry Gangrene. (T. Godart.) 536 to 538b
1087. The Foot of a Negro, whose toes became gangrenous from frost-bite. The broad red band represents the granulations springing up between the living and dead parts. (T. Godart.) 539
The toes are preserved in Series I., No. 3238.
1088. Dry Gangrene of both feet from frost-bite. (T. Godart.) 540
1089. Traumatic Gangrene of the hand and lower part of the forearm of a boy. (T. Godart.) 541
1090. Idiopathic Gangrene of fingers of a child. 543a
1091. Gangrene of the hand, resulting from idiopathic arteritis. (T. G.) 538c
The aorta and arteries of the arm are preserved in Series viii., No. 1571c, and the hand is preserved in Series I., No. 3235c.
1092. Gangrene of both Eyelids on the left side. (T. G.) 595a
1093. Dry Gangrene of the hand. 538d
See *Male Surgical Register*, vol. i. (1884), No. 3637.
The hand is preserved in Series I., No. 3235d, and the Heart and arteries of the Arm in Series viii., No. 1571d.
1094. A Drawing of the right hand and forearm of a woman in a condition of dry gangrene. The skin of the whole hand, and that over the lower half of the forearm, is of an uniform black hue. There is a well-defined line of demarcation where the edges of the healthy skin are red and ulcerated. There is also a patch of superficial ulceration on the upper part of the forearm. (L. Mark, Esq.) 536a
From a woman, aged 32.
See *Female Surgical Register*, vol. ii. (1893), No. 7.
1095. Drawing of the leg of a young woman in an early stage of Moist Gangrene. From the junction of the upper and middle thirds of the leg downwards the skin is discoloured and of a dusky hue. The line of demarcation is distinct, and there is an area of inflammation immediately above the blue and livid skin. (Leonard Mark, Esq.) 543l
The patient was a young woman, aged 21. Amputation above the knee was performed.
See *Female Surgical Register*, vol. iii. (1892), No. 138.
- SYMMETRICAL GANGRENE—(Raynaud's Disease).**
1096. A Drawing of the hands of a child, aged four years, who suffered from symmetrical gangrene (Raynaud's disease). (T. Godart.) 543g
See *Male Surgical Register*, vol. i. (1887), No. 1325.
1097. Drawing of the hands of a girl, aged seventeen, who had Raynaud's disease (symmetrical gangrene). The fingers are thin, and of a light pinkish colour, especially towards their tips. The epithelium is peeling off in patches. (G. Hare.) 543h
See *Elizabeth Ward Book* for 1888, s. v. H. Spurgeon.
1098. A Case of Symmetrical Gangrene, view of legs. (T. G.) 543b
1099. The same, view of back. (T. G.) 543c
1100. Same, view of buttocks. (T. G.) 543d
For further details of this case see *Faith Ward Book* for 1882, and *Pathological Society's Transactions*, 1883, vol. xxxiv., p. 286.

1101. Drawings of the ears of a man who had Symmetrical Gangrene of the pinna. The right ear is the more affected, and there has been considerable loss of substance on that side. (Leonard Mark, Esq.) 543m

See *Male Surgical Register*, vol. ii. (1892), No. 1126.

1102. Drawings of the feet of a child, aged four years, who had symmetrical gangrene of the tips of the toes. The left foot is rather more affected than the right. (Leonard Mark, Esq.) 543k

See *Elizabeth Ward Book* for 1891, sub Robert Steggall.

1103. Drawings of the ears of a man who had Symmetrical Gangrene (Raynaud's disease) of tips of both ears. The left ear is rather more affected than the right. (Leonard Mark, Esq.) 543n

From a man, aged 45, a costermonger by occupation. The left ear had been affected for three months, and the right for two. He had always lived in England.

TUBERCULOSIS.

1104. Drawing of a Tubercular Ulcer on the mucous membrane lining the lower lip. (Leonard Mark, Esq.) 186b

The patient was a woman, aged 36. The ulcer had existed for twelve months. It was freely excised.

See *Female Surgical Register*, vol. iv. (1892), No. 895.

1105. Drawing showing two Tubercular Ulcers on the inner side of the lip, occurring in a man, aged fifty-five. A similar growth, together with a small gland in the neck, had been removed a few months previously, but it recurred. (L. Mark, Esq.) 186a

See *Male Surgical Register*, vol. ii. (1890), No. 616.

1106.

1107.

LUPUS.

1108. Drawing of the right leg and foot, showing a large patch of Lupus, affecting mainly the inner side of the calf: the central portion is scarred over, but the edges are formed by exuberant granulations springing from a large ulcerated surface. (Leonard Mark, Esq.) 464b

The patient was a lady, aged 68: the disease commenced twenty years previously, during convalescence from a severe attack of small-pox.

The leg itself is preserved in Series xxxv., No. 2704a.

1109. Drawing of the face of a woman who had been affected with tubercular lupus for six years. (A. Head.) 465ea

See *Female Surgical Register*, vol. v. (1887), No. 1243.

1110. An unusual form of Lupus, occurring on the chin of a child. 465d

See *Female Surgical Register*, vol. iii. (1884), No. 2150.

1111. Lupus Vulgaris sive Hypertrophicus affecting the cheek. (T. G.) 464a

1112. Ulceration of nose or upper lip; due either to lupus, or hereditary syphilis. (T. G.) 465b

1113.

LEPROSY.

1114. Enlarged photograph of the face of a man who suffered from Tubercular Leprosy. The skin covering the lower half of his forehead and the rest of his face is very thick, and is thrown into permanent folds with deeply grooved wrinkles.

418a

The patient was a blacksmith, aged 64, who had lived for thirty-five years at the Cape of Good Hope: the change in his face had come on gradually during the past twelve months: the skin over his ears and the backs of his hands was similarly affected.

1115.

1116.

SYPHILIS.

I.—PRIMARY SORE.

1117. A Primary Syphilitic Sore on the nipple. (T. Godart.) 533
Contracted by suckling an infant with syphilis.

1118. A Primary Syphilitic Sore on the nipple. (T. G.) 533a

1119. Drawing of the lower part of the face of a man, showing a Primary Syphilitic Sore on the chin. (Leonard Mark, Esq.) 435b

1120. Drawing of the face of an unmarried girl, aged eighteen, showing a primary syphilitic sore on the lower lip, coexisting with a secondary rash. (L. Mark, Esq.) 545h

See *Female Surgical Register*, vol. i. (1888), No. 1394.

1121. Drawing of the face of a girl who had a primary sore upon her lower lip, with a secondary syphilitic eruption upon her forehead. (L. Mark, Esq.) 172i

From an unmarried girl, aged 18 years.

See *Female Surgical Register*, vol. i. (1888), No. 1394.

1122. A primary Syphilitic Sore on the Cheek. (T. Godart.) 435

1123. Primary Syphilitic Sore on the back of the hand. 545g

1124. Drawing of the face of a patient with a large spreading Ulcer affecting the inner corner of the eyelids, with the left side of the nose and cheek. The ulcer had many of the characters of a primary syphilitic sore. It healed under the influence of black-wash and mercury administered internally. (T. Godart.) 435a

See *Ophthalmic Ward Book* for 1886, No. 1964.

1125. The arm of a man, who was supposed to have been vaccinated with lymph taken from a syphilitic child. 441a

1126. Drawing of a Hunterian Chancre situated on the dorsum of the tongue. (Leonard Mark, Esq.) 182a

The patient was a young woman, aged 22.

1127.

II.—SECONDARY RASHES, &c., &c.

1128. Drawing of the left side of the chest, shoulder, and arm of a man, showing an extensive secondary syphilitic rash. It existed, uniformly with that shown in the drawing, on all parts of his body, including the face and scalp. (L. Mark, Esq.) 438e

From a man, aged 38. The primary sore on the penis occurred six weeks previous to the skin eruption. This had lasted five weeks when the drawing was made; it was beginning to fade under treatment.

1129. A Syphilitic Bubo, with pale, coarsely granulating base and margins. 496
1130. Bubo. 497
- 1131a and b. Secondary Syphilitic Ulcer (Creeping Bubo) in the hollow of a thigh :
in *a*, progressive ; in *b*, partially healed. (H. B. Dobell.) 498, 499
- 1132.

III.—TERTIARY AFFECTIONS, &c.

1133. A Warty, Ulcerating Growth in the fold of the groin. (T. Godart.) 443
From a case of syphilis.
1134. Sketch showing the different stages in the progress of a syphilitic gumma of
the integuments. (T. Godart.) 444
1135. Tertiary syphilitic affection of the nipple. (T. Godart.) 442
1136. Tertiary, tubercular, ulcerating Syphilide, resulting from a primary sore on the
upper arm. (T. Godart.) 172*b*
1137. A Rupial Syphilitic Eruption on the face. (T. Godart.) 436
1138. Syphilitic Rupia, with crusts, on an arm. 437
1139. Syphilitic affection of the integument. (T. Godart.) 438
- 1140, 1141, 1142. Similar illustrations of Syphilides. (T. Godart.) 439, 440, 441
1143. A Syphilitic Ulcer of twenty years' duration, occurring on the radial side of the
carpus. 438*a*
1144. Drawing of the face of a girl, who had a tertiary syphilitic eruption. The
spots were small, papular, and copper-coloured at first, but they soon scabbed and
formed circular ulcers with sharply defined edges. (L. Mark, Esq.) 424*f*
See *Elizabeth Ward Book* for 1889, *s. v.* E. Bishop.
1145. Drawing of a leg, with large circular Ulcers, which have the appearance of
broken-down gummata. Under the action of iodide of potassium, given internally,
and the local application of lotio nigra, the ulcers rapidly healed. They were there-
fore regarded as syphilitic in origin. (T. Godart.) 438*b*
See *Male Surgical Register*, vol. iii. (1885), No. 3337.
1146. Face of a man, with a herpetiform syphilide and enlarged cervical glands.
(T. G.) 424*c*
1147. Herpetiform Syphilide, showing an eruption on the arm ; from the same case
as the preceding. (T. G.) 424*d*
1148. Face of a man, with herpetiform syphilide. (T. G.) 424*e*
1149. Drawing of the left arm, showing rupial ulceration. (J. C. Hoyle.) 437*a*
From a boy, aged 17, who had the eruption on his arm for three or four years. There was
no other evidence of syphilis, but the patient received benefit from anti-syphilitic treatment.
1150. Drawing of the face and head of a man, who had tertiary syphilis. The skin
over the nose and left side of the face presents extensive scars, produced by the
healing of serpiginous ulcers. The forehead has numerous prominences of a
gummatous nature. (L. Mark, Esq.) 438*c*
From a man, aged 60, who had syphilis fourteen years previously, and gonorrhoea at the
age of 32.
See *Male Surgical Register*, vol. iii. (1888), No. 3243.

1151. Drawing of the face of a woman, who had tuberculated ulcerations about the face, resulting from tertiary syphilis. (L. Mark, Esq.) 438d
From a woman, aged 28.
See *Magdalen Ward Book* for 1888, No. 1095.
1152. Drawing of the face of a woman, in whom, as the result of the healing of syphilitic ulcers, there was complete destruction of the nose, with occlusion of the nostrils. The soft palate was almost entirely ulcerated away, and there was extensive ulceration of the base of the skull and the back of the pharynx. (L. Mark, Esq.) (*Cf.* Series lvi., No. 102e.) 172h
See *Magdalen Ward Book* for 1888, No. 1075.
1153. Drawing of a deeply excavated Ulcer, occurring in the neck of a man, aged thirty-two. It was probably syphilitic in character. (L. Mark, Esq.) 438f
See *Male Surgical Register*, vol. iii. (1890), No. 1499.

IV.—CONGENITAL SYPHILIS.

1154. Ulceration in the nose of a young girl, the result of Congenital Syphilis. (T. Godart.) 172a
1155. Syphilitic Ulceration of the nose of a girl, aged fifteen years. (T. Godart.) 172
- 1156.
1157.
For Congenital Syphilitic Affections of the Teeth, see Nos. 347, 348 and 349.

GOUT.

1158. Drawing of the left hand of a man. Over the region of the two distal phalanges of the little finger is a large "gouty" swelling, the skin of which is ulcerated in places. (Leonard Mark, Esq.) 365f
1159. Drawing of a Gouty Ulcer, occurring over the inner side of the left tibia. Numerous granules of urate of soda are seen upon its surface. (T. Godart.) 463a
From a woman who had numerous manifestations of gout in other parts of her body.
See *Female Surgical Register*, vol. iv. (1887), No. 543.
1160. Drawings of the ear and external genital organs of a man, aged fifty-eight, who had numerous tophi distributed over his body. (L. Mark, Esq.) 463b
See *Luke Ward Book* for 1887, s. v. John Luck.
1161. Drawings representing Gouty Tophi, situated on the first phalanx of the left ring finger: and over the left elbow. (Leonard Mark, Esq.) 365g
The patient was a wheelwright, aged 67.
- 1162.

LEAD-POISONING.

1163. Drawing of the mouth and gums of a woman who worked in a lead-mill. There is saturnine impregnation with a well-marked Burtonian line, and a blue stain on the buccal membrane opposite. (T. Godart.) 191b
1164. The Gums and Tongue, from a case of lead-poisoning. 172g
See *Hope Ward Book*, 1884.
1165. Face of a patient suffering from Chronic Lead-poisoning. The lips and gums show a deep blue stain. 191a

1166. The front teeth blackened, with a black line along the gums, from Mercurial Poisoning. (T. Godart.) 191

Taken from a looking-glass manufacturer.

MYXŒDEMA.

1167. A Painting, in oil colour, of the head of a man who had Myxœdema. The various facial characteristics of the disease are well shown. 298gi

From a man, aged 45, whose thyroid gland could not be felt. He had "scanning" speech and marked slowness of intellect. At the age of sixteen the patient entered the army, and was successively quartered in Malta, Nova Scotia, Ireland, and Chester. After twelve years' service he was discharged by purchase, having obtained the rank of corporal, with two good-conduct badges. He acted for two years as an omnibus conductor, and then became an assistant-warder at Portland convict prison, where for six years he led a hard and anxious life. During this period he was much exposed to cold for very long periods, and it was at this time that he first observed the symptoms which developed into myxœdema. He never had syphilis or gonorrhœa, and with the exception of an attack of measles when a child, he did not recollect ever having been laid up. He had one sister, who was alive and healthy. His mother died of cancer in the mouth. (Cf. 409c.)

Presented by J. A. Gray, Esq.

1168. A Photograph of the preceding patient, taken twenty-three years previously. 298gr

1169. Photograph of a patient who had Myxœdema. The face presents the stolid appearance which is characteristic of the disease. The hair of the head is thin and scanty, whilst the skin of the forehead is thickened and of a yellowish hue. The eyebrows are very arched. The eyelashes are thin, and the eyelids are puffy, transversely wrinkled, and pearly in aspect. The root of the nose is broad and thick. The alæ nasi are thick and fixed. The lips are thick and of a purplish hue. The tongue was broad and thick, the gums thickened and lobulated. The teeth were loose; the thyroid was not perceptible. (Cf. 1167.) 409c

From a man, aged 38, who was born and bred in London. He was always temperate and loved to be very active. Five years ago he was told that his face was beginning to swell. The swelling appeared first in the eyelids, spreading along the sides of the nose and the cheeks. He noticed about the same time that his gait was unsteady, so that he was thought to be drunk, and he had a great tendency to fall towards the right side. He always felt chilly. For the last four years his actions have been slower than they used to be, and for two years he had difficulty in articulating his words, owing to his tongue being too large for his mouth. He says that his hair began to fall out and his teeth to get loose before any swelling of his face began. His hands are expressionless; the skin is dry. The pulse has an average beat of seventy-two in a minute. The voice is monotonous. The urea is 1.1 per cent. The temperature is subnormal, and the gait slow.

See *Clinical Society's Transactions*, vol. xx. (1887), p. 267.

The photograph and description were presented by Arthur Davies, M.D.

1170. The face of a married woman, aged thirty-four years, affected with Myxœdema. The listless expression, puffy eyelids, and waxy complexion, associated with this affection, are well marked. (T. Godart.) 409

1171. Drawing of the face of a woman, who had been affected for seven years with Myxœdema. (T. G.) 409a

1172. Photograph of the same woman. 409b

For further details see *Clinical Society's Transactions*, 1880, and *Elizabeth Ward Book*, March and April, 1884, under the name of Mary Shepherd.

1173. Photograph of a case of Myxœdema in an early stage. 409c

From a married woman, aged 45 years, the mother of six children. She stated that she had been ill for six years with swelling and pain in the kidneys. She speaks more slowly than she used to do, and feels as if she was in a dream. She is growing much fatter, and her hands are larger; for although she used to wear gloves size 7½, she now requires size 8.

See *Dr. Hensley's Out-Patient Register* for 1889, No. 231.

1174. Drawing of the face of a woman who suffered from Myxœdema. (Miss L. E. Mark.) 409e

The patient was aged 47. Her symptoms had been slowly coming on for eight years. She was treated by hypodermic injections of extract of thyroid glands. She improved slightly under this treatment.

Photographs of her, before and after the treatment, are preserved in this Series, Nos. 1175 and 1176.

See *Female Surgical Register*, vol. v. (1893), No. 2002.

1175. A Photograph of a woman, aged forty-seven, suffering from well-marked Myxœdema. (C. J. Hussey, Esq.) 298g-1

1176. A Photograph of the same woman as the preceding (No. 1175), taken seven weeks subsequently. During this period she underwent the treatment by hypodermic injections of thyroid juice. These were administered twice a week, thirteen injections of twenty or twenty-five minims of the juice, prepared by Martin and Brady, were given. (D. W. Collings, Esq.) 298g-2

Casts of her hands, before and after treatment, are preserved in Series lvi., Nos. 1381 and m. See *Elizabeth Ward Book* for 1892, sub. Mary Ann Cornell.

1177.

1178.

1179.

TUMOURS—FIBROMA.

1180. A softened Fibro-cellular Tumour of the forearm. 549

1181. Fibro-Cellular Tumour, removed from beneath a tensor vaginae femoris muscle. One end of it is covered with a thin layer of bone; and partitions, containing nodules of cartilage, traverse it. 550

From a specimen preserved in Series l., No. 3285.

1182. A pendulous Fibro-cellular Tumour. 551

1183. A pedunculated Fibro-cellular Tumour of the back. (T. Godart.) 552

1184. A Fibro-cellular Tumour of the buttock. 553

1185. A Tumour composed of fibro-cellular and adipose tissue, growing from the perineum. (T. Godart.) 554

On removal it was found to have extended deeply into the right ischio-rectal fossa.

1186.

ENCHONDROMA.

1187. A softened Cartilaginous Tumour of the metacarpal bone of an index-finger. In general appearance it resembled gelatiniform cancer. 546

1188. A large Adenoma of the parotid gland, containing portions of cartilage. (T. Godart.) 547

The specimen is preserved in Series xiv., No. 1831.

1189. A large Tumour from over a parotid gland. It consisted probably in part of cartilage: its centre is hollowed out, and contained fluid. (J. L. Bailey.) 548

The specimen is in the Museum of the University of Cambridge.

LIPOMA.

1190. Drawing of a portion of a large Fatty Tumour, removed from among the deep structures of the back of the thigh, and showing thin bands of muscular tissue lying in the substance of the tumour. (L. Mark, Esq.) 550a

1191.

DIFFUSE LIPOMA.

1192a to g. Sketches of five different patients, all affected with similar tumours. These consist of soft, diffuse, ill-defined growths, of about the consistence of fat, occupying chiefly the neck, both back and front, and the inguinal regions. In the opinion of the patients, the tumours varied in size from time to time, and were only inconvenient from their bulk; they did not affect the general health. It is doubtful whether they consisted of fat (diffuse lipoma), or of gland tissue (lymphadenoma), 1192d, e, f, and g, are, respectively, back and front views of the same patients. (T. Godart.) 554a to 554g

1193a and b. Drawings of a case of Diffuse Lipoma of the neck. 554h, i

1194. Drawing of a similar case. 554k

1195. Case of cervical Lympho-lipoma in a man. (T. G.) 554l

1196. Case of Lipoma of neck. (T. G.) 554m

1197. Case of Diffuse Lipomata occurring in a man. (T. G.) 554n

1198.

1199.

NÆVUS.

1200. The head of a woman, aged twenty-one years, the pinna of whose ear was affected with Arterial Angioma (aneurysm by anastomosis). (T. Godart.) 590

The ear is preserved in Series I., No. 3345.

1201. Small congenital Nævus. (T. Godart.) 591

1202. Large congenital Nævus. (T. Godart.) 592

1203. Degenerate Venous Vascular Tumour, from the thigh. (T. Godart.) 593

The specimen is preserved in Series I., No. 3348.

1204. Vascular Tumour, sloughing on its surface. (T. Godart.) 594

1205. Drawing of the face of a man, aged twenty-five, who had a large congenital Nævus of the right side of the face. (L. Mark, Esq.) 592a

See *Male Surgical Register*, vol. v. (1888), No. 3826*.

1206. Drawing of the face of a woman, showing symmetrical patches of dilated venous radicles upon either cheek. It was thought that the patches might be due to capillary embola. They occurred in a married woman, aged twenty-one, who had ulcerative endocarditis. She had continuous pyrexia, and subsequently developed an enlarged spleen and hæmaturia. Four months after the drawing was made she developed another attack of the eruption upon her face, in the same position as the former one. 603a

See *Elizabeth Ward Book* for 1888, s. v. E. E. Ims.

1207. Drawings showing Small Multiple Nævi, which occurred on various portions of the body. There is one on the concha of the right ear, one on the upper lip, one on the skin of the abdomen near the umbilicus, and one on the back of the left hand; there were several others on the right foot and leg. There was also a large nævoid tumour in the popliteal space, which caused so much pain as to necessitate amputation through the thigh. (Leonard Mark, Esq.) 592b

See *Male Surgical Register*, vol. ii. (1891), No. 1597.

1208.

PAPILLOMA.

1209. Drawing of a flattened pedunculated Papilloma, which grew in the situation of a chronic ulcer of the leg; it had been noticed for forty years, and had increased in size very slowly. (Leonard Mark, Esq.) 551a

1210.

SARCOMA.

1211. Horizontal section of an eye, to show a Glioma springing from the optic nerve. 395c

1212. Drawing of a Sarcoma growing near the inner canthus, and involving the lower eyelid and region of the lachrymal bone. (Leonard Mark, Esq.) 173c

The patient was a girl, aged 13. An extensive operation for the removal of the growth was performed, from which she recovered. There was no recurrence at the end of three months.

See *Alexandra Ward Register* (1891), No. 1282.

1213. Two Drawings, showing a Large Tumour, probably sarcomatous in character, which grew in the left superior maxilla of a woman, aged forty-six. The skin over the tumour is red and inflamed, and the nostril and orbit on the left side are both encroached upon by the growth. No operation was attempted for its removal. (Leonard Mark, Esq.) 173b

See *Female Surgical Register*, vol. ii. (1891), No. 168.

1214. Drawing of the face of a woman, aged twenty-three years, showing an unusual form of sarcoma of the left cheek. (L. Mark, Esq.) 556d

The tumour had been growing for eight months. It commenced as a small pimple. Microscopical examination showed that it consisted of spindle cells.

See *Female Surgical Register*, vol. v. (1888), No. 2512.

The specimen is preserved in Series I., No. 3294b.

1215. Drawings of the arms of the patient whose face is represented in the preceding sketch. There are numerous secondary sarcomatous tumours of the same character as the primary growth. The secondary tumours were observed six weeks after the removal of the sarcoma on the face, and the drawing was made ten months after the previous one. (Leonard Mark, Esq.) 556e

See *Female Surgical Register*, vol. v. (1889), No. 2005.

1216. A Tumour growing from the antrum. (T. Godart.) 173

1217. Malignant Growth of the orbit and side of the face, from a child, aged eighteen months. (T. Godart.) 585

1218. A Myeloid (fibro-plastic) Tumour in an upper jaw. 567

1219. Myeloid Sarcoma of the inferior maxilla. (T. Godart.) 568

1220. An unusual form of Round-celled Sarcoma, occurring at the angle of the jaw in a young woman. 556a
A painted cast is preserved in Series lvi., No. 212a, and the specimen itself in Series l., No. 3294a.
- 1221, 1222. Drawings of a soft, round-celled Sarcomatous Tumour, springing from the angle of the mouth and inside of the cheek. (T. Godart.) 555, 556
Taken from a young child. The growth recurred soon after its removal.
See *President Ward Book*, vol. vi., p. 439.
- 1223 to 1227. Spindle-cell Sarcomata (recurrent fibroid Tumours). 557 to 561
No. 1227 is preserved in Series l., No. 3299.
- 1228, 1229. Great protruding "recurring fibroid," Tumour of a leg. In general aspect both its exterior and its section resemble a brain-like medullary tumour. The case is described by Sir J. Paget in his *Lectures on Tumours*, p. 598. 562, 563
The specimen is preserved, and is described, in Series l., No. 3302.
1230. Enormous Tumour in a girl's neck, having a fibrous appearance, rapidly reproduced after partial removal. 564
1231. Great omentum occupied by a Fibro-sarcomatous Growth, which involved also the uterus and ovaries. (T. Godart.) 565
1232. Drawing of the head of a young man, aged twenty-four, who had several tumours on the scalp, some of which were removed by operation, while others disappeared of their own accord, and to which Mr. Marrant Baker, under whose care the patient was, has applied the name of "Withering Sarcoma." (Leonard Mark, Esq.) 580b
A wax model of the same tumour is preserved in Series lvi., No. 212b, to which refer.
1233. Drawing of the back of the shoulder and axilla of a man, aged fifty-five, who had a sarcoma of the skin, which had become ulcerated. There were also several nodules of the disease in the neighbouring skin. (L. Mark, Esq.) 580a
See *Male Surgical Register*, vol. iv. (1889), No. 3234.
1234. Photograph of a man who had a large periosteal sarcoma springing from his shoulder. It was considered inadvisable to perform any operation. 581i
1235. Medullary Tumour from a thigh: partly brain-like, partly intensely vascular, and presenting in many places effusions of blood. (T. Godart.) 581
1236. Medullary Tumour, from among the muscles in the lumbar region. (J. Paget.) 582
1237. Medullary Tumour, with a portion of the pectoral muscle that covered it. 583
From a specimen preserved in Series l., No. 3334.
1238. Great Medullary Tumour between the prostate gland and rectum of a man, seventy years old. It was of slow growth, and simulated the characters of simple enlargement of the gland. 584
1239. A soft new-growth occupying the muscles of the calf of an infant, in whom the disease had existed twelve months. (T. Godart.) 571
1240. Disseminated Recurrent Fibroid Tumours of the groin. 563a
From a man, aged 47. The first tumour had begun to grow when the patient was eleven years old, and was removed at the age of twenty-one. Recurrent growths were afterwards removed at the ages of twenty-seven, thirty-two, and thirty-six. The present tumours had commenced to grow at the age of forty-four.
See *Darker Ward Book*, vol. viii., p. 465.

1241. A recurrent, ossifying Tumour, from the subcutaneous tissue of a thigh. (T. Godart.) 566
1242. Tumours, of uncertain nature, in an upper arm. The patient lived several years after amputation at the shoulder-joint. 586
Specimens are preserved in Series I., Nos. 3356, 3357.
1243. A Tumour, of uncertain nature, but nearly resembling the preceding, in a boy's forearm. 587
The specimen is preserved in Series I., No. 3302.
1244. Drawing of a boy, aged ten, who had multiple chloromata of the orbit, internal ear, cerebral dura mater, kidneys, &c. (L. Mark, Esq.) 556b
See *Medical Post-Mortem Register*, vol. xiv., No. 260.

LYMPHO-SARCOMA.

1245. A Lympho-sarcomatous Tumour occupying the mediastinum, and compressing the superior vena cava. (T. Godart.) 569
1246. Large Tumour occupying the anterior mediastinum, and making its way externally through the wall of the chest. (T. Godart.) 570
1247. Drawing of the neck and thorax of a patient who had a large fixed swelling under the right ear. The skin round the neck was very tense and furrowed. There were enlarged and hard glands in the right supra-clavicular space, axilla, and groin. The swelling was thought to be due to lympho-sarcoma. (L. Mark, Esq.) 569a
See *Male Surgical Register*, vol. ii. (1888), No. 377.

1248.

MELANOTIC SARCOMA.

1249. A Melanotic Tumour beneath a cutaneous nævus on the abdomen. 572
The specimen is preserved in Series I., No. 3318.
1250. Melanosis, in clustered and more distantly scattered minute tumours in the heel and leg. 573
- 1251a and b. The face and hands of a man, with melanotic sarcomata following excision of the eyeball. The sketch shows the peculiar livid pigmentation of his skin. (T. G.) 408a and b
For further details see *Transactions of the Pathological Society*, vol. xxxv., 1884; *Luke Ward Book*, 1883, p. 1292.
1252. A Melanotic Sarcoma growing from the sclerotic. 395d
See *Eye Wards' Register*, 1884, case No. 1286.
1253. Drawing of a recurrent, Melanotic Sarcoma which originally grew from the subconjunctival tissue of the eyeball in a woman, aged seventy. (T. Godart.) 395e
See *Alexandra Ward Book* for 1886, No. 3.
1254. Drawing of a patient with a Melanotic Wart on the left side of his nose. The wart was first noticed six years before admission. It was said to be slowly growing. (T. Godart.) 572a
See *Male Surgical Register*, vol. i. (1886), No. 3215.

1255. A Melanotic Tumour growing from the left eye of a child, aged two years. 392a

1256.

1257.

GLANDULAR CARCINOMA.

1258. Cancerous growths in the axilla of a woman, whose whole body was beset with growths of molluscum simplex. (T. Godart.) 580

From a specimen in Series I., No. 3331.

1259. Cancerous Nodules in the skin, in connection with cancer of the thyroid gland, liver, and lymphatic glands. (T. Godart.) 469

1260. Drawing of a Large Lobulated Tumour, with an ulcerated surface, which grew from the ungual phalanx of the thumb. The nail itself has become partially detached, but remains imbedded in the tumour. Its structure is that of a carcinoma. (Leonard Mark, Esq.) 546a

One-half of the tumour is preserved in Series I., No. 3357a, and microscopical sections in Series IV., No. 777a.

1261. Colloid Cancer, involving a toe. (T. Godart.) 588

The specimen is preserved in Series I., No. 3338.

1262. Colloid Cancer, originating in an ovary. (T. Godart.) 589

1263. Photograph of a man, who had obscure symptoms of cancer, who subsequently died of carcinoma of the stomach. 598c

1264.

EPITHELIOMA.

1265. A large, warty, and very vascular Epithelioma of the whole of the lower lip, and half the upper lip, of an old man. 575

1266. Extensive ulcerated Epithelioma of the lips of an elderly woman. The growth surrounds more than half the mouth. The drawing was made after death. 576

1267. Extensive ulcerated and deeply infiltrated Epithelioma of the lower lip, gum, and chin. 577

1268. Deep-seated Epithelioma of the cheek. 578

1269. Epithelioma of the tongue, fauces, and upper part of the larynx, with secondary deposits in the cervical lymphatic glands. (T. Godart.) 579

1270. Two Photographs of a patient who had large Epithelioma involving his mouth and cheek. 576a

From a man, aged 35, who enjoyed perfect health until seven months before the photograph was taken, when he noticed a small lump on the inner side of the right commissure of the lips. The lump rapidly increased in size, and the patient was admitted into St. Bartholomew's Hospital, Chatham, where the growth was removed. Three months after its first appearance the growth recommenced in the cicatrix, and progressed rapidly. The man was an inveterate smoker.

Presented by W. Eames, Esq., per A. Lyndon, Esq.

1271. Face of a man, with well-marked Epithelioma of the cheek. (T. G.) 470a

1272. Epithelioma of the back of the hand. Parts of the ulcerated surface appear to be healing. The disease was of slow progress in an old man. 574

1273. Epithelioma affecting the nose of a man. 470b
 See *Male Surgical Register*, vol. i. (1885), s. v. F. Finn.
1274. Epithelioma occurring in the back of a hand. (T. G.) 477d
- 1275.
1276. Drawings of the dorsal aspect of the left forearm of a man who worked as a wax-refiner. A large recurrent epitheliomatous growth occupies the whole surface. (T. Godart.) 470f
1277. Drawing of the palmar aspect of the forearm, from the same case as the preceding. (T. Godart.) 470g
 See *Male Surgical Register*, vol. v. (1886), No. 1603.
1278. Drawing of the face of a woman, who had an Epithelioma growing on the left temple. (L. Mark, Esq.) 556c
 From a woman, aged 62. The tumour had been growing for five years.
 See *Female Surgical Register*, vol. iv. (1888), No. 2730*.
- 1279.
- 1280.

MELANOTIC EPITHELIOMA.

1281. Melanotic Epithelioma of the tip of the middle finger. 573a
 The finger was amputated, but the patient died ten months after the operation with a return of the disease in the axillary glands. The growth had been noticed for four years before the operation was performed. The finger is preserved in Series l., No. 3318a.
1282. Drawing of a section through a Melanotic Epithelioma, originating in the bed of the great toe-nail. The growth has invaded the skin and the unguis phalanx. (Leonard Mark, Esq.) 573b
 The specimen is preserved in Series l., No. 3318c, to which refer.
1283. A Drawing of a Degenerating Nævus on the thigh. (T. Godart.) 593a
- 1284.

RODENT ULCER.

1285. Rodent Ulcer of the cheek. (T. Godart.) 470
1286. Rodent Ulcer, causing destruction of the nose. (T. Godart.) 579a
1287. Rodent Ulcer, affecting the nose. 470c
 M., æt. 70. The ulcer was of twenty-five years' duration.
 See *Male Surgical Register*, vol. ii. (1885), s. v. T. Parsons.
1288. Drawing of a Rodent Ulcer, involving the right cheek of a man, aged forty-eight. The ulceration was of eight years' duration. (T. Godart.) 477g
 See *Male Surgical Register*, vol. v. (1886), No. 1393.
1289. Drawing of a Rodent Ulcer, invading the inferior maxillary bone. The growth was excised and the bone was gouged. (T. Godart.) 477h
 See *Female Surgical Register*, vol. iii. (1886), No. 2189.
1290. Drawing of a Rodent Ulcer, occurring upon the face of a woman. The unusual amount of hypertrophy gives to the growth the appearance of an epithelioma. (T. Godart.) 470d

1291. Drawing of a Rodent Ulcer, invading the right orbit. (T. Godart.) 470e

From a man, aged 76. Four months previous to admission the patient had torn his lower eyelid with a rusty nail. The edges of the torn surface assumed the appearance of a rodent ulcer, the diagnosis being subsequently confirmed by microscopical investigation. The scars of a long-standing ulcer of the same nature are seen upon the left side of the patient's face.

See *Albert Edward Ward Book* (1886), No. 1038.

1292. Drawing of the face of a man, aged forty-six, who had suffered from Rodent Ulcer for many years. The right eye has been entirely destroyed, together with a large portion of the superior maxilla, palate, ethmoid and frontal bones, leaving the frontal sinuses, pharynx, and mouth exposed to the air. (L. Mark, Esq.) 579b

See *Male Surgical Register*, vol. iii. (1889), No. 746.

A cast of the face is preserved in Series lvi., No. 173a.

1293. Drawing of a Rodent Ulcer on the cheek. It consists of a small, nearly circular growth, with slightly raised edges and depressed centre. (L. Mark, Esq.) 579c

The patient was a man, aged 24, who had noticed the tumour for four years. It was removed freely by operation. Microscopical examination proved it to be a typical rodent ulcer. There were no enlarged glands.

See *Male Surgical Register*, vol. iii. (1890), No. 1987.

1294. Drawing of a large Rodent Ulcer, occurring on the nape of the neck. The lower part of it has partially healed, and is covered by scar-tissue. (Leonard Mark, Esq.) 461a

From a woman, aged 52. The ulcer had existed for twenty-six years, sometimes healing up to a large extent, and then "breaking down" again.

It was freely removed with the knife. The growth is preserved in Series xxxv., No. 2720c. See *Female Surgical Register*, vol. iv. (1891), No. 681.

1295. Drawing of a Rodent Ulcer, involving the skin over the greater part of the left cheek. Immediately below the outer canthus of the eye is a shallow ulcer, oval in shape, with slightly raised edges. There is considerable scarring over the greater part of the remainder, the result of previous operations. (Leonard Mark, Esq.) 579d

See *Male Surgical Register*, vol. ii. (1892), No. 2250.

1296. Drawing of a very extensive Rodent Ulcer of the left side of the face. The eye had been completely destroyed, and the skin was involved from the side of the nose to within a short distance of the ear, and from the eyebrow downwards over the whole of the cheek. The edges of the ulcer are much raised, especially over the lower and outer part, where the overgrowth is excessive. (Leonard Mark, Esq.) 579e

The patient was a man, aged 60, who suffered from the disease for four years. It had increased very rapidly during the past few months. There were no enlarged glands. The growth was freely excised, and he made a good recovery. Microscopical examination showed that the structure was that of a typical rodent ulcer.

See *Male Surgical Register*, vol. iii. (1892), No. 2258.

CYSTS.

1297. A Cyst in the substance of the diaphragm. (T. Godart.) 595

The specimen is preserved in Series l., No. 3380.

1298. Cystic and Fibro-Cellular Tumour removed from beneath the gracilis and adductor longus muscles in a thigh. 596

1299. Large Cyst, containing fluid blood, in a boy's neck. 597

1300. Drawing of a man who had a large Cystic Tumour on the right side of the back of the neck. On making an incision into it, a considerable quantity of fluid, mixed with blood-clots, escaped. (T. Godart.) 564a

From a man, aged 45, who had noticed a swelling in his neck for three years. It was at first the size of a marble, and two drachms of a viscid fluid were obtained on tapping it. The tumour was repeatedly incised, and ultimately it increased rapidly, and the skin over it ulcerated.

See *Male Surgical Register*, vol. iv. (1887), No. 1085.

1301. A congenital growth, of the nature of a Cystic Hygroma, occupying the inner surface of the arm. (T. Godart.) 598

1302. Drawing of the chest of a child, aged two years, who had a congenital cystic hygroma, of the size of an egg, situated over the sternum. (L. Mark, Esq.) 598e

See *Male Surgical Register*, vol. iv. (1889), No. 1847.

1303. Photograph showing a Cyst of the Neck, which occurred in a young man, aged twenty-one. The prominent spot in the centre shows where the skin had become very thin. 298gg

A cast is preserved in Series lvi., No. 138k.

See *Male Surgical Register*, vol. v. (1891), No. 695.

1304.

1305.

1306.

II.—CALCULI AND OTHER CONCRETIONS.

1307. Large Calculus, composed principally of urate of ammonia, formed on a hair-pin in the urinary bladder of a child. 600

1308. Similar Calculus, formed on a female silver catheter, which had remained in the bladder between two and three years. 601

Presented by Jonathan Toogood, Esq.

1309.

1310.

LII.—DRAWINGS AND PHOTOGRAPHS OF CONGENITAL MALFORMATIONS AND NORMAL STRUCTURES.

1311. Photographs of the Hands and Feet of a girl affected with congenital deformity of the nails (Onychogryphosis). The hands are of normal size and shape, but the nails project forwards and upwards from their matrices to the distance of one-half to three-quarters of an inch, so as to present the appearance of claws. The feet were well formed, but the nails of the toes presented features similar to those of the fingers, excepting that they were shorter, being about a quarter of an inch in length. 38

From a girl, aged 11. The mother stated that the nails grew rapidly, and that when they were cut a quantity of clear fluid exuded, and they became very sore. The family history was good, and none of her relatives had any similar malformation. The knee-jerk was slightly exaggerated on the left side; there was no ankle-clonus or supinator reflex.

See the *Lancet*, vol. i. (1888), p. 722.

Presented by Thomas Sympton, Esq.

ECTOPIA VESICÆ.

1312. Drawing of the urino-generative organs of a man who had Extroversion of the Bladder, and lived till he was over sixty years of age. The deep red mass represents the exposed mucous membrane of the bladder. Below this is seen the

rudimentary penis in a condition of complete epispadias. The rounded eminences on either side of the extroverted bladder are two hernial sacs, and below these lie the testes, widely separated in an imperfect scrotum, the skin of which, particularly in the middle line, is raised into numerous hypertrophied papillæ, caused by the irritation of the urine, which continually trickled over this region. The drawing was taken after death. (L. Mark, Esq.) 330b

The soft parts are preserved in Series vii., No. 3668a of the Teratological Catalogue.

1313. Drawing of the abdomen of a girl, aged five years, who had Ectopia Vesicæ. There is no umbilicus. The pubes are separated at the symphysis by a distance of about one inch and a quarter. The pelvis measures eighteen inches round the crests. The labia majora are present; two small nodules above them represent the labia minora. The bladder projects above the labia minora. 15a

A cast is preserved in Series xxxvii., No. 93a of the Teratological Catalogue.
See *Female Surgical Register*, vol. iii. (1888), No. 1306.

1314.

EPISPADIAS.

1315. Drawing of the lower Portion of a boy, aged nine, showing an epispadias which had been treated by operation. 39

See *Male Surgical Register*, vol. iii. (1887), No. 2770, and vol. iii. (1888), No. 3763*.

1316.

1317.

SUPERNUMERARY NIPPLES.

1318. Photograph of a woman, who, on each side, had a supernumerary breast and nipple, situated in the axillary fold. 18a

1319. Enlarged Photograph of the left side of the same woman. 18b

1320. Photograph of a man, who, on each side, had a supernumerary nipple, situated a few inches below the normal one. 18c

The above three photographs were presented by A. A. Kanthack, M.D.

1321. Drawing of the Body of a man, who had a supernumerary nipple situated above the crest of his right ilium. In addition to the nipple, a slight thickening of the tissues could be felt, as if a rudimentary mammary gland were present. 32a

See *Matthew Ward Book* for 1888, s. v. Albert Adams.

1322. Drawing of an old man with supernumerary nipples. The brachial arteries were unusually tortuous and distinct. 32

1323.

1324a and b. Front and Back Views of a man, who had a remarkable cartilaginous development in his true skin. 30, 30a

See *Male Surgical Register*, vol. iii. (1885).

1325a, b, c. Photograph of Cretinous Fœtuses. 31, 31a, b

The specimens are preserved in the Teratological Series, vol. ii., Nos. 3492a, b, and c.

1326. Drawing of the Right Hand of a gouty man, aged sixty-three, to show a congenital enlargement of the second finger, which was deformed by being bent to the ulnar side. 44
See *Coborn Ward Book* for 1889, *s. v.* Joseph Pain.
- 1327a and b. Deformity of the Hands, simulating rheumatoid arthritis, occurring in an old ropemaker. (T. G.) 598a, b
See *Mark Ward Book* for 1884.
1328. Drawing of the Hand of a boy, upon whose left middle finger was a congenital tumour. The swelling was situated over the second phalanx, and was densely hard. (T. Godart.) 33
See *Male Surgical Register*, vol. v. (1887), No. 559.
- HARE-LIP.**
1329. Head of a boy, in whom, in addition to a cleft palate and hare-lip, the right eye was absent, and the bones forming the socket were much smaller than those of the opposite side. A tooth protrudes from under the right nostril, above a portion of lip which had been united by a previous operation. (T. Godart.)
1330. Drawings of a child, aged six months, who was brought as an out-patient. He had hare-lip, a congenital absence of the left radius, and a bifid right thumb. (T. Godart.) 34
- 1331.
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