

**Catalogue of the pathological preparations in the Museum of Guy's Hospital / revised and edited by Samuel Wilks.**

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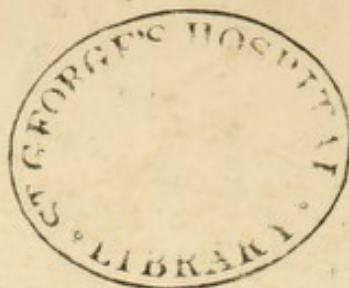






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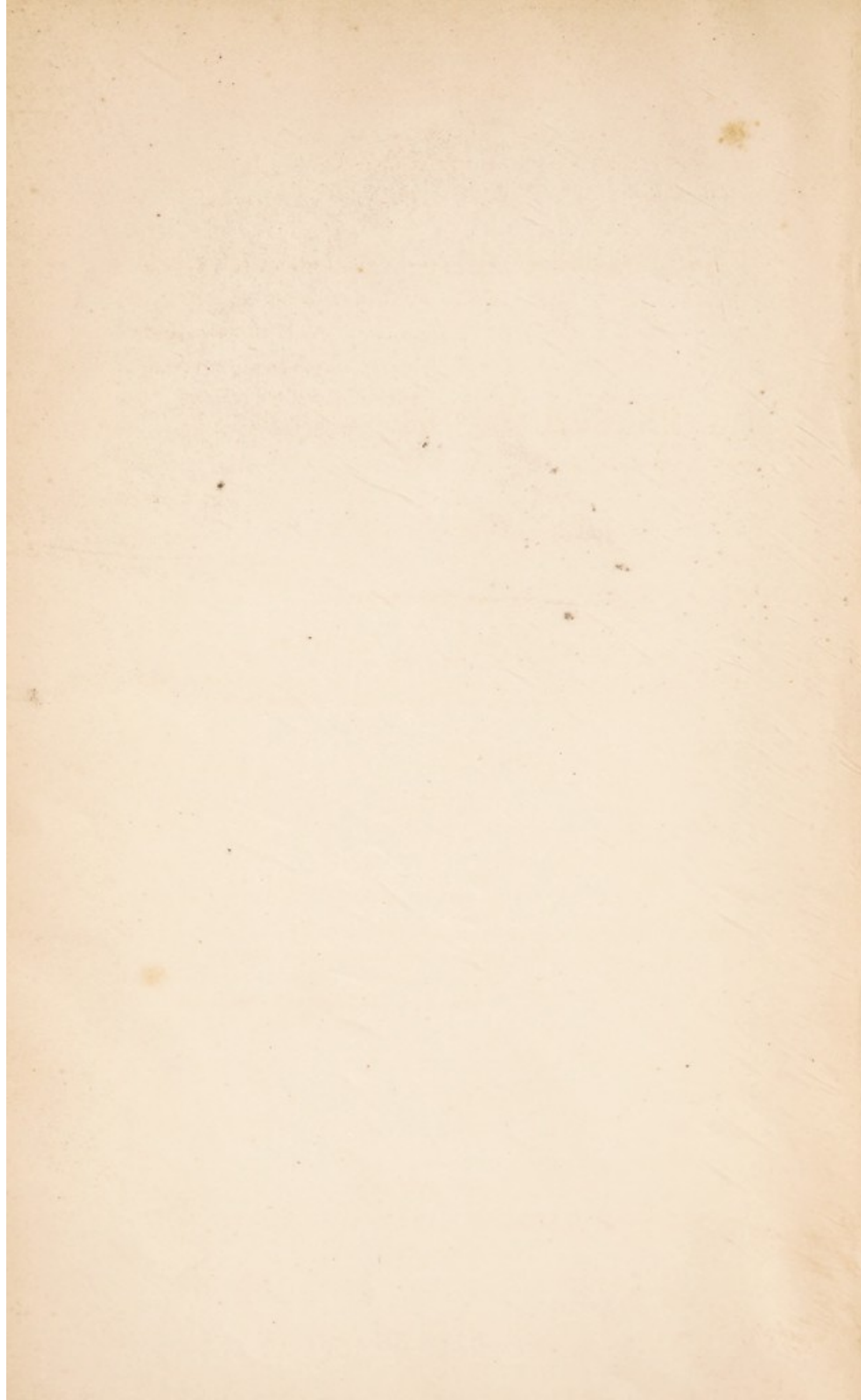


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# CATALOGUE

OF THE

## PATHOLOGICAL PREPARATIONS

IN THE

## MUSEUM OF GUY'S HOSPITAL.

REVISED AND EDITED BY

SAMUEL WILKS, M.D., LONDIN.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO GUY'S HOSPITAL  
LECTURER ON PATHOLOGY; AND CURATOR OF THE MUSEUM.

VOL. I.

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PART 1. DISEASES OF THE BONES, JOINTS, ETC.

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|------|---|---|---|
| " 2. | " | " | HEART AND CIRCULATORY SYSTEM.           |
| " 3. | " | " | NERVOUS SYSTEM, INTEGUMENT, AND SENSES. |
| " 4. | " | " | VOCAL AND RESPIRATORY ORGANS.           |
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LONDON:

WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

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## PREFACE.

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It is now more than thirty years since the Museum of Guy's Hospital was first formed, and since Dr. Hodgkin published his descriptive Catalogue of the preparations contained therein. To this distinguished pathologist the praise is due, of having, by considerable labour, brought together a large and valuable series of specimens, which made the collection deservedly celebrated throughout the world. In the period which has subsequently elapsed, the preparations have increased in number more than fourfold; and as pathology has kept an equal pace with kindred sciences, a larger and revised catalogue has been long much needed. To supply the want, every old preparation has been submitted to a fresh examination, so that it might be viewed in the light of modern science. In doing this, some very interesting discoveries have been made: for in the first attempt to frame a collection, a large number of specimens were preserved, the true nature of which has been left for recent times to elucidate. Many of them refer back to a time even anterior to that above-mentioned, and were comprised in a small collection kept in the hospital since the commencement of the present century. Amongst these have been found a liver "which cut like bacon," and which is a good specimen of the *lardaceous* disease; also a fibrous deposit in the liver and brain, which is probably *syphilitic*; good specimens of *myeloid* tumors of bones, under the designation "fungoid" and "spina ventosa;" *typhoid* deposits in the intestine, styled "scrofulous;" *enchondroma* of the testes, and other organs, called "colloid;" *adenocetes* of the breast,



with various names; and a specimen of "chalky deposit in a muscle," which on microscopic examination proves to be *trichina spiralis*. There are also examples of *Addison's disease* of the suprarenal capsules.

A revision of the Catalogue has necessitated the correction of all terms which were vague, and not in common use; and in many cases has involved the transfer of the specimens to other sections. This alteration of position, however, has been adopted only in a limited manner, since it was found that the re-arrangement of the specimens would be attended with greater inconvenience, than their retention in a somewhat disorderly series; many of them being referred to by their numbers not only in our "Reports," but in several foreign journals. To obviate, however, as much as possible this partial want of order, an *analytical index* has been placed before each section, in which the various forms of disease of the organs are classified, and thus all the changes of a like kind can be readily discovered. In the case of the osseous system, even more than this has been accomplished; for since each bone is treated of separately, diseases of the same character are often placed widely apart; therefore, a second index will be found comprising the diseases of all the Bones, according to pathological classification. Again, since there are several diseases of the same character affecting different organs of the body, and since these may require to be studied together; a classification of new growths, tumors, and deposits, arranged from all the sections, will be found under the division of "Integument."

Our object in preserving specimens has always been to make the collection as complete as possible; and if a word of self-praise may be allowed, it may be said that our Museum is not celebrated so much for the perfection of any one section, as it is for its excellence as a whole. Perfection, indeed, is a term which we can scarcely use, for it is almost without meaning, with the wide field of nature before us; but, nevertheless, it is the goal to which our efforts are steadily directed. With these views, our purpose of late years has been to preserve all the more usual and simple morbid processes for



the great object of instruction ; an example of this will be found in the preservation of about twenty specimens illustrating the state of the intestine in the various stages of typhoid fever. Accordingly since our object has been to render the Museum useful, by illustrating every form and stage of disease, and not merely to exhibit a collection of curiosities, the number of specimens of a particular kind must not be taken necessarily as an indication of the frequency or rarity of the disease; yet this mistake is constantly made. We have repeatedly seen investigators pass through the Museums of London, in order to discover the frequency of the occurrence of a particular form of disease. For example, in one instance it was said that Guy's Museum had three examples of a peculiar malformation, and a very erroneous inference was drawn from the fact. It so happens, however, that these specimens are very old; but as they are good, and quite sufficient for the illustration of the subject, we have been unwilling to encumber our shelves with several similar examples which have come under our notice since. The fallacy, also, of such a process of reasoning might be shown by the fact, that until very lately there was not a specimen of tubercular disease of several of the most important organs of the body. It is true that an absence of specimens of any form of disease would be an evidence of its rare occurrence, and thus we cannot but observe how few are the specimens of disease of the shoulder joint, compared with those of the hip joint; and, indeed, of the upper extremity generally, compared with those of the lower. The difference in this respect is most remarkable, and points, without doubt, to the fact of the greater liability of the leg to disease and injury than the arm. The greater facility also of obtaining a preparation from one part of the body than another, must not be overlooked, when regarding merely the number of specimens of a particular form of disease. For example, the absence of any instance in our London Museums (we believe we speak correctly) of a cranium showing a united fracture of the base, is attributable, most probably, to the difficulty of obtaining a specimen for preservation.



It will be observed that the preparations referring to the disease of the *Eye* and *Ear* are few in number, and in these sections our Museum is certainly weak. These deficiencies, however, will soon be remedied, for already Mr. Bader has prepared a good series of specimens illustrating the pathological changes in the Eye, and Mr. Hinton is about to do the same with the Ear.

In all the specimens which have been preserved of late years, histories of the cases have been attached, or references to them given; wherever it could be effected, also, old preparations without histories have been changed for recent ones of which something was known. All old specimens which had any intrinsic value have been carefully preserved.

The portions of the Catalogue referring to the Respiratory and Digestive systems were revised (as will be seen by their title-pages) by Dr. Habershon; but since the commencement of the present publication by this gentleman, so large a number of new preparations have been added to the collection, that it has been necessary to frame an appendix. In this will be found specimens of several diseases which have excited some interest of late; such, for example, as acute atrophy of the liver, and lardaceous and syphilitic disease of various organs.

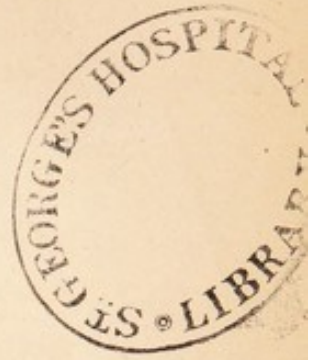
We had some intention of republishing the original Preface, by Dr. Hodgkin, and the observations which he attached to each part of the Catalogue; but owing to the great alteration in the position and number of the specimens, a revision would have been necessary. We must be content, therefore, to refer the reader to the original work, which contains many valuable remarks, and which may still be consulted in the Museum.

The Catalogue of the preparations of healthy anatomy is a separate publication, as also is that containing a description of the wax models. The Catalogue of the Comparative Anatomy Museum is now under revision.

PATHOLOGICAL CATALOGUE

OF THE

MUSEUM OF GUY'S HOSPITAL.



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BONES, JOINTS, MUSCLES,  
TENDONS, APONEUROSES, BURSÆ, &c.

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REVISED, WITH NUMEROUS ADDITIONS, FROM THE ORIGINAL CATALOGUE OF  
DR. HODGKIN, F.R.S., &c.,

By SAMUEL WILKS, M.D., LONDIN.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO GUY'S HOSPITAL;  
DEMONSTRATOR OF MORBID ANATOMY; AND CURATOR OF THE MUSEUM.

LONDON:  
WILLIAM MACKENZIE, 22 PATERNOSTER ROW.  
MDCCCLVIII.



ANATOMICAL CATALOGUE

MUSEUM OF GILT'S HOSPITAL

FOR THE JOINTS OF THE

REPRODUCED BY WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

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LONDON:

PRINTED BY WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

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BY HARRIS WILSON, M.D., LONDON.

THE JOINTS OF THE HUMAN BODY, WITH A DESCRIPTION OF THE MUSCLES, LIGAMENTS, AND NERVES, AND OF THE BONES OF THE SKULL AND SPINE.

LONDON:

WILLIAM MACKENZIE, 22 PATERNOSTER ROW.  
MILNERS' BUILDINGS.

# ANALYTICAL INDEX.

## BONES.

### SPINE.

#### MALFORMATION.

- Spina bifida, 1001, 1001<sup>40</sup>, 1001<sup>50</sup>, 1002<sup>50</sup>, 1003, 2546<sup>15</sup>.  
Spina bifida, combined with malformed skull, 2540<sup>20</sup>, 2540<sup>30</sup>, 2540<sup>47</sup>, 2540<sup>50</sup>,  
2541<sup>65</sup>, 2541<sup>70</sup>, 2541<sup>75</sup>, 2542<sup>15</sup>, 2557<sup>54</sup>.  
Spina bifida combined with hydrocephalus, 2551<sup>50</sup>, 2551<sup>52</sup>, 2551<sup>72</sup>.  
Atlas divided, 1000<sup>90</sup>, 1008<sup>52</sup>.  
Axis bifid, 1010<sup>50</sup>.  
Cervical and dorsal vertebræ divided and ankylosed, 1004<sup>92</sup>.  
Dorsal vertebræ, supernumerary, 1000<sup>50</sup>.  
Lumbar vertebræ, supernumerary, 1006<sup>90</sup>; last malformed, 1000<sup>50</sup>.  
Sacrum open posteriorly, 1004, 1004<sup>50</sup>; curved forwards, 1009, 1010; upper  
piece malformed, 1027.

#### HYPERTROPHY.

- Atlas, 1008<sup>51</sup>; sacrum, 1132<sup>50</sup>.

#### EXOSTOSIS, 1007<sup>5</sup>, 1017<sup>25</sup>, 1017<sup>50</sup>, 1017<sup>70</sup>, &c.; and see Ankylosis.

#### ATROPHY.

- Atlas, 1008<sup>50</sup>; and several others, from disease.

#### ABSORPTION BY PRESSURE OF ANEURISM, 1004<sup>75</sup>, 1004<sup>80</sup>, 1004<sup>85</sup>, 1489<sup>30</sup>, 1490<sup>21</sup>, 1490<sup>70</sup>, 1491, 1494.

#### ANKYLOSIS.

- Skull and atlas, 1007<sup>35</sup>, 1071, 1071<sup>35</sup>, 1071<sup>70</sup>, 1072, 1089<sup>50</sup> F.  
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Dorsal, 1004<sup>92</sup>, 1006<sup>40</sup>, 1006<sup>63</sup>, 1007<sup>35</sup>, 1014<sup>35</sup>, 1014<sup>36</sup>, 1015, 1020<sup>70</sup>, 1021, 1024<sup>50</sup>,  
1047, 1048.  
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Sacrum and ilium.—See Pelvis.

#### SUPERFICIAL ANKYLOSIS.

- Cervical, 1007<sup>10</sup>, 1011<sup>25</sup>.  
Dorsal, 1005, 1006, 1006<sup>66</sup>, 1007<sup>20</sup>, 1007<sup>30</sup>, 1007<sup>40</sup>, 1007<sup>50</sup>, 1007<sup>75</sup>, 1007<sup>80</sup>, 1011<sup>25</sup>,  
1014<sup>30</sup>, 1289<sup>40</sup>, 1289<sup>42</sup>.  
Lumbar, 1000<sup>25</sup>, 1006<sup>90</sup>, 1017, 1017<sup>25</sup>, 1017<sup>70</sup>, 1022<sup>40</sup>, 1022<sup>60</sup>.

ANKYLOSIS OF VERTEBRÆ TO RIBS.—See Ribs.

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ANGULAR CURVATURE, 1006<sup>50</sup>, 1006<sup>70</sup>, 1006<sup>75</sup>, 1020, 1021<sup>50</sup>, 1022, 1022<sup>20</sup>, 1023, 1024<sup>50</sup>, 1024<sup>62</sup>, 1024<sup>75</sup>, 1024<sup>76</sup>, 1024<sup>85</sup>, 1024<sup>86</sup>, 1026<sup>55</sup>, 1026<sup>60</sup>, 1029<sup>25</sup>, 1290, 1292<sup>5</sup>.

LATERAL CURVATURE, 1000<sup>25</sup>, 1004<sup>92</sup>, 1005, 1006, 1006<sup>40</sup>, 1006<sup>60</sup>, 1006<sup>63</sup>, 1006<sup>68</sup>, 1006<sup>80</sup>, 1006<sup>90</sup>, 1007, 1026<sup>50</sup>.

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MOLLITIES OSSIIUM, 1004<sup>88</sup>, 1004<sup>89</sup>; sacrum, 1129<sup>20</sup>.

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CARCINOMA, 1027<sup>70</sup>, 1028, 1028<sup>50</sup>, 1028<sup>60</sup>, 1029<sup>18</sup>, 1029<sup>20</sup>, 1029<sup>25</sup>, 1037, 1037<sup>5</sup>.

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INJURIES.

Fracture and displacement, 1030, 1030<sup>50</sup>, 1031, 1032, 1033, 1034<sup>35</sup>, 1034<sup>40</sup>, 1034<sup>70</sup>, 1034<sup>84</sup>, 1035, 1035<sup>25</sup>, 1035<sup>50</sup>, 1036.

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Simple dislocation, 1030 (?), 1292<sup>60</sup>, 1292<sup>65</sup>, 1292<sup>70</sup>.

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MALFORMATION.

Ill shape, 1038<sup>35</sup>, 1038<sup>70</sup>.

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OS HYOIDES.

OSSIFICATION OF STYLO-HYOID LIGAMENT, 1043<sup>47</sup>, 1043<sup>50</sup>, 1074<sup>68</sup>, 1074<sup>69</sup>.



## RIBS.

### MALFORMATION.

Deficiency, 1044.

Tenuity, 1044<sup>50</sup>.

Supernumerary (cervical and others), 1045, 1045<sup>70</sup>.

Bifid, 1046, 1046<sup>55</sup>, 1294<sup>50</sup>.

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Cyst in rib, 1044<sup>40</sup>.

CARIES AND NECROSIS, 1041<sup>75</sup>, 1020<sup>15</sup>, 1044<sup>87</sup>, 1049<sup>50</sup>, 1049.

### ANKYLOSIS.

To vertebrae, 1005, 1006<sup>63</sup>, 1006<sup>40</sup>, 1006<sup>66</sup>, 1024<sup>62</sup>, 1047, 1048.

To sternum, 1038<sup>82</sup>, 1038<sup>83</sup>, 1038<sup>85</sup>, 1038<sup>90</sup>.

To one another, 1006<sup>66</sup>; and see Fracture.

OSSIFICATION OF CARTILAGES, 1294<sup>60</sup>, 1294<sup>68</sup>, 1294<sup>69</sup>.

ABSORPTION BY ANEURISM, 1044<sup>75</sup>, 1294<sup>25</sup>, 1481, 1486, 1486<sup>60</sup>, 1490<sup>70</sup>, 1491, 1494.

CARCINOMA, 1050, 1050<sup>35</sup>, 1050<sup>40</sup>, 1098<sup>10</sup>.

SCROFULA, 1000<sup>20</sup>.

MOLLITIES OSSIIUM, 1000<sup>30</sup>, 1044<sup>62</sup>, 1098<sup>50</sup>.

FRACTURE, 1044<sup>62</sup>, 1050<sup>85</sup>, 1051, 1051<sup>25</sup>, 1051<sup>36</sup>, 1051<sup>50</sup>, 1051<sup>90</sup>, 1052, 1052<sup>5</sup>, 1053, 1054, 1054<sup>20</sup>, 1054<sup>30</sup>, 1762<sup>44</sup>.

DISLOCATION OF RIB, 1034<sup>40</sup>.

## THORAX.

In lateral curvature of spine, 1000<sup>25</sup>, 1006<sup>66</sup>, 1006<sup>80</sup>; also portions of chest, 1006<sup>40</sup>, 1006<sup>60</sup>, 1006<sup>63</sup>.

In angular curvature, 1006<sup>70</sup>.

In rickets, 1000<sup>10</sup>, 1000<sup>35</sup>.

In mollities ossium, 1000<sup>30</sup>, 1044<sup>62</sup>.

## CRANIUM.

### MALFORMATION.

Deficient in cases of anencephalus and encephalocele, 1055, 1055<sup>25</sup>, 2540<sup>55</sup>, 2540<sup>60</sup>, 2541, 2541<sup>25</sup>, 2541<sup>50</sup>, 2541<sup>55</sup>, 2541<sup>60</sup>, 2541<sup>80</sup>, 2541<sup>85</sup>, 2542, 2542<sup>35</sup>, 2542<sup>50</sup>, 2542<sup>55</sup>, 2542<sup>70</sup>.

The same combined with spina bifida, 2540<sup>20</sup>, 2540<sup>30</sup>, 2540<sup>47</sup>, 2540<sup>50</sup>, 2541<sup>65</sup>, 2541<sup>70</sup>, 2541<sup>75</sup>, 2542<sup>15</sup>, 2551<sup>54</sup>.

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Spine on os frontis, 1057<sup>40</sup>.

Wormian bones (ossa triquetra), 1059, 1060, 1060<sup>50</sup>, 1061, 1061<sup>35</sup>, 1061<sup>70</sup>; also in the various specimens of hydrocephalus, particularly 1000.

HYDROCEPHALUS, 1000, 1056, 1057, 1057<sup>30</sup>, 1057<sup>50</sup>, 1057<sup>75</sup>, 1065, 2551<sup>63</sup>.

With spina bifida, 2551<sup>50</sup>, 2551<sup>52</sup>, 2551<sup>72</sup>.

### ANKYLOSIS (synostosis).

Union of sutures, 1064, &c.; and in cases of fractured nasal bones.

Occiput to atlas, 1007<sup>35</sup>, 1071, 1071<sup>35</sup>, 1071<sup>70</sup>, 1072, 1089<sup>50</sup> F.

Temporal to lower jaw, 1070.

HYPERTROPHY, GENERAL, 1055<sup>50</sup>, 1066, 1066<sup>25</sup>, 1066<sup>35</sup>, 1066<sup>70</sup>, 1067, 1068, 1068<sup>35</sup>, 1068<sup>36</sup>, 1069<sup>55</sup>, 1073<sup>50</sup>, 1074<sup>21</sup>, 1074<sup>28</sup>, 1083.

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Exostosis, 1072<sup>60</sup>, 1073, 1073<sup>75</sup>, 1074, 1074<sup>15</sup>, 1074<sup>29</sup>, 1074<sup>30</sup>, 1074<sup>35</sup>.

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CARIES AND NECROSIS. \*

Scrofulous, 1000<sup>35</sup>, 1075 (?), 1078<sup>66</sup>, 1078<sup>67</sup>, 1081.

Syphilitic, 1075<sup>35</sup>, 1075<sup>36</sup>, 1075<sup>40</sup>, 1075<sup>70</sup>, 1075<sup>75</sup>, 1076<sup>33</sup>, 1077 (?), 1077<sup>90</sup>, 1078<sup>60</sup> (?), 1080, 1080<sup>15</sup>, 1080<sup>25</sup>, 1080<sup>50</sup> (?), 1080<sup>69</sup>, 1080<sup>70</sup> (?), 1080<sup>75</sup> (?).

From injury, 1075<sup>20</sup>, 1075<sup>21</sup> (?), 1076<sup>35</sup>, 1076<sup>70</sup>, 1076<sup>85</sup>, 1077<sup>20</sup>, 1077<sup>40</sup>, 1077<sup>60</sup>, 1077<sup>70</sup> (?), 1077<sup>80</sup>, 1078 (?), 1078<sup>50</sup>, 1078<sup>55</sup> (?), 1080<sup>80</sup>, 1083<sup>80</sup>, 1083<sup>81</sup>, 1083<sup>85</sup>, 1084<sup>60</sup>.

CANCER.

Deposit in bone, 1081<sup>35</sup>, 1081<sup>45</sup>, 1081<sup>60</sup>, 1081<sup>70</sup>, 1081<sup>74</sup>, 1081<sup>78</sup>, 1081<sup>92</sup>, 1081<sup>95</sup>, 1098<sup>10</sup>.

Cancerous erosion (osteolysis), 1080<sup>50</sup> (?), 1080<sup>62</sup> (?), 1081<sup>40</sup>, 1081<sup>85</sup> (?).

RICKETS, 1000<sup>35</sup>, and probably some of the hypertrophied skulls.

INJURY.

Fracture, 1076<sup>35</sup>, 1078<sup>50</sup>, 1082, 1082<sup>50</sup>, 1083, 1083<sup>20</sup>, 1083<sup>23</sup>, 1083<sup>25</sup>, 1083<sup>29</sup>, 1083<sup>30</sup>, 1083<sup>37</sup>, 1083<sup>42</sup>, 1083<sup>48</sup>, 1083<sup>55</sup>, 1083<sup>58</sup>, 1083<sup>60</sup>, 1083<sup>62</sup>, 1083<sup>65</sup>, 1083<sup>70</sup>, 1083<sup>75</sup>, 1083<sup>80</sup>, 1083<sup>81</sup>, 1083<sup>85</sup>, 1084, 1084<sup>15</sup>, 1084<sup>20</sup>, 1084<sup>25</sup>, 1084<sup>30</sup>, 1084<sup>34</sup>, 1084<sup>35</sup>, 1084<sup>38</sup>, 1084<sup>45</sup>, 1084<sup>60</sup>, 1084<sup>65</sup>, 1084<sup>70</sup>, 1084<sup>75</sup>, 1085, 1085<sup>75</sup>, 1085<sup>80</sup>, 1085<sup>85</sup>, 1085<sup>90</sup>, 1086, 1086<sup>65</sup>, 1086<sup>70</sup>, 1086<sup>75</sup>, 1086<sup>80</sup>, 1086<sup>85</sup>.

Sabre wounds, 1076<sup>85</sup>, 1084, 1084<sup>15</sup>, 1084<sup>35</sup>, 1085<sup>80</sup>.  
Gun-shot wounds, 1084<sup>34</sup>, 1084<sup>70</sup>, 1085<sup>80</sup>, 1086<sup>75</sup>. } and probably some others.

TREPHINE, 1073<sup>50</sup>, 1078<sup>50</sup> (?), 1083, 1083<sup>29</sup>, 1083<sup>30</sup>, 1083<sup>60</sup>, 1083<sup>62</sup>, 1084<sup>20</sup> (?), 1086<sup>70</sup>, 1086<sup>75</sup>.

REPAIR OF INJURIES AND DISEASE.

From fractures and sword cuts, 1076<sup>85</sup>, 1084, 1084<sup>15</sup>, 1084<sup>25</sup>, 1084<sup>30</sup>, 1084<sup>38</sup>, 1084<sup>45</sup>, 1084<sup>60</sup>, 1084<sup>65</sup>, 1084<sup>70</sup>, 1084<sup>75</sup>, 1085<sup>80</sup>, 1086<sup>85</sup>.

From trephine, 1083<sup>30</sup>, 1084<sup>20</sup>, 1086<sup>70</sup>.

After exfoliation of bone, 1077<sup>70</sup>, 1078<sup>60</sup>.

BONES OF FACE.

MALFORMATION.

Superior maxillary, 1087<sup>12</sup>.

Inferior maxillary, 1090<sup>30</sup>.

ANKYLOSIS.

Inferior maxilla to skull, 1070.

EXOSTOSIS.

Superior maxillary and vomer, 1074<sup>15</sup>.

Inferior maxillary, 1090<sup>60</sup>.

\* As these two morbid conditions are so often combined in our specimens, we have placed them together. It will be seen by the query being placed after many numbers that some uncertainty exists as to the determining cause of the disease in several of them.



#### CARIES AND NECROSIS.

Bones of face, 1080<sup>25</sup>, 1080<sup>50</sup>, 1080<sup>75</sup>, 1087<sup>24</sup>, 1087<sup>35</sup>, 1087<sup>48</sup>, 1087<sup>60</sup>, 1087<sup>74</sup>, 1087<sup>86</sup>.

Inferior maxilla, 1080<sup>75</sup>, 1090<sup>80</sup>, 1091, 1091<sup>5</sup>, 1091<sup>6</sup>, 1091<sup>7</sup>.

Internal ear and temporal bone, 1074<sup>70</sup>, 1074<sup>75</sup>.

#### DISEASES.

Superior maxilla, cystic, 1087.

Inferior maxilla.

Enchondroma, 1091<sup>10</sup>, 1091<sup>23</sup>, 1091<sup>35</sup>.

Fibro-cartilaginous, 1091<sup>15</sup>, 1091<sup>16</sup>.

Fibrous, and fibro-cystic, 1091<sup>20</sup>, 1091<sup>25</sup>, 1091<sup>30</sup>, 1091<sup>60</sup>.

Carcinoma, 1091<sup>11</sup>, 1091<sup>40</sup>.

#### FRACTURE.

Os nasi, 1088, 1089, 1089<sup>50</sup>.

Superior maxilla, 1082.

Inferior maxilla, 1091<sup>70</sup>.

#### FOREIGN BODY.

From superior maxilla, 1091<sup>80</sup>.

### CLAVICLE.

#### INFLAMMATION AND RESULTS.

Periostitis, enlargement from, 1093, 1093<sup>50</sup>, 1094<sup>24</sup>.

Caries and necrosis, 1093<sup>25</sup>, 1093<sup>26</sup>, 1093<sup>50</sup>, 1094, 1094<sup>8</sup>, 1094<sup>16</sup>,

Osseous deposits, &c., in chronic rheumatic arthritis, 1100<sup>30</sup>, 1100<sup>45</sup>, &c.

#### NEW ARTICULAR SURFACE, 1293.

FRACTURE, 1094<sup>24</sup>, 1094<sup>32</sup>, 1094<sup>36</sup>, 1094<sup>38</sup>, 1094<sup>40</sup>, 1094<sup>48</sup>, 1094<sup>50</sup>, 1094<sup>52</sup>, 1094<sup>54</sup>, 1094<sup>56</sup>, 1094<sup>64</sup>, 1094<sup>72</sup>, 1094<sup>80</sup>, 1094<sup>86</sup>, 1094<sup>94</sup>, 1094<sup>95</sup>, 1297<sup>25</sup>.

CARCINOMA, 1106<sup>5</sup>.

MOLLITIES OSSIIUM, 1000<sup>30</sup>.

RICKETS, 1105.

### SCAPULA.

#### MALFORMATION (of angles).

Superior, 1096<sup>50</sup>, 1096<sup>60</sup>.

Inferior, 1096<sup>30</sup>, 1096<sup>40</sup>, 1096<sup>70</sup>.

ATROPHY, 1095, 1096, 1096<sup>10</sup>, 1096<sup>20</sup>, 1096<sup>30</sup>, 1096<sup>40</sup>.

#### NEW ARTICULAR SURFACE.

From dislocation, 1114, 1114<sup>30</sup>, 1297<sup>50</sup>, 1298<sup>50</sup>, 1298<sup>55</sup>.

From disease, 1297<sup>30</sup>.

On under surface of acromion, 1295<sup>50</sup>, 1297<sup>70</sup>, 1298<sup>60</sup>.

On coronoid process, 1293.

#### INFLAMMATION AND RESULTS.

Periostitis, enlargement from, 1096<sup>80</sup>, 1096<sup>90</sup>.

Caries of glenoid cavity, 1097, 1100<sup>80</sup>.

Osseous deposits, and other changes in chronic rheumatic arthritis, 1097<sup>90</sup> (?),

1098 (?), 1100<sup>30</sup>, 1100<sup>45</sup>, 1100<sup>60</sup>, 1295<sup>25</sup>, 1295<sup>50</sup>, 1298<sup>60</sup>.

Changes from injury (?), 1297<sup>25</sup>, 1297<sup>30</sup>, 1297<sup>70</sup>.



FRACTURE.

Body, 1097<sup>60</sup>, 1097<sup>70</sup>.

Neck, 1097<sup>85</sup>.

Acromion process, 1097<sup>90</sup> (?), 1098 (?).

GUN-SHOT, 1097<sup>35</sup>.

MOLLITIES OSSIIUM, 1000<sup>30</sup>, 1098<sup>60</sup>.

MYELOID TUMOR, 1098<sup>5</sup>.

ENCHONDROMA, 1098<sup>20, 21</sup>.

CARCINOMA, 1098<sup>10</sup>, 1098<sup>15</sup>.

OS HUMERI.

MALFORMATION, 1306<sup>60</sup>.

Supra-condyloid process, 1100<sup>15</sup>.

HYPERTROPHY, 1000<sup>15</sup>.

EXOSTOSIS, 1100<sup>7</sup>, 1100<sup>10</sup>, 1100<sup>17</sup>.

ALTERATION FROM CHRONIC ARTHRITIS.

Head, 1100<sup>30</sup>, 1100<sup>45</sup>, 1100<sup>60</sup>, 1295<sup>25</sup>, 1295<sup>50</sup>, 1297<sup>25</sup>, 1297<sup>30</sup>, 1297<sup>70</sup>.

Condyles, 1303<sup>25</sup>, 1303<sup>30</sup>, 1305.

Ossicles of bone in elbow-joint, 1298<sup>75</sup>, 1298<sup>77</sup>.

INFLAMMATION AND RESULTS.

Periostitis, enlargement from, 1000<sup>5</sup>, 1100, 1100<sup>22</sup>, 1101<sup>60</sup>, 1102, 1302.

Local enlargements.—See Fracture.

Caries, 1099, 1100, 1100<sup>80</sup>, 1117<sup>60</sup>.

Necrosis, 1102<sup>60</sup>, 1103, 1103<sup>25</sup>, 1103<sup>60</sup>, 1103<sup>75</sup>, 1104, 1104<sup>25</sup>, 1104<sup>26</sup>, 1104<sup>50</sup>,  
1104<sup>60</sup>, 1302.

FRACTURE.

Neck, 1107<sup>35</sup>, 1107<sup>37</sup>, 1107<sup>40</sup>, 1112<sup>80</sup>, 1113<sup>50</sup>, 1114, 1114<sup>30</sup>, 1304<sup>50</sup>.

Shaft, 1107<sup>50</sup>, 1107<sup>60</sup>, 1107<sup>80</sup>, 1108, 1109, 1110, 1110<sup>50</sup>, 1110<sup>65</sup>, 1110<sup>75</sup>, 1110<sup>80</sup>,  
1111, 1111<sup>60</sup>, 1111<sup>68</sup>, 1111<sup>69</sup>, 1111<sup>75</sup>, 1111<sup>84</sup>, 1111<sup>90</sup>, 1112<sup>80</sup>.

Condyles, 1107<sup>80</sup>, 1112, 1112<sup>50</sup>, 1112<sup>75</sup>, 1112<sup>85</sup>, 1113, 1119<sup>25</sup>, 1304<sup>25</sup>, 1304<sup>30</sup> (?).

Arising from cancer, 1107<sup>20</sup>, 1107<sup>22</sup>, 1107<sup>30</sup>.

FALSE JOINT, 1110<sup>75</sup>, 1110<sup>80</sup>.

EXCISION OF ELBOW-JOINT AND ANKYLOSIS.—See Joint.

RICKETS, 1000, 1000<sup>35</sup>, 1105.

SCAPULA, 1000<sup>20</sup>.

FIBRO-OSSEOUS TUMOR, 1105<sup>50, 51</sup>.

OSTEOID CANCER, 1107, 1107<sup>10</sup>.

MEDULLARY CANCER, 1106<sup>5</sup>, 1107<sup>20</sup>, 1107<sup>22, 23</sup>, 1107<sup>25</sup>, 1107<sup>30</sup>.

RADIUS AND ULNA.

MALFORMATION, 1306<sup>60</sup>.

HYPERTROPHY, 1000<sup>15</sup>.

ENLARGED FROM CHRONIC RHEUMATIC ARTHRITIS of elbow-joint, 1303<sup>25</sup>, 1303<sup>30</sup>,  
1305.

INFLAMMATION (enlargement from), 1114<sup>80</sup>, 1158.

CARIES.—See Joint.

FRACTURE, 1118<sup>75</sup>, 1118<sup>80</sup>, 1119<sup>20</sup>, 1119<sup>30</sup>, 1119<sup>35</sup>.

FALSE JOINT, 1119<sup>20</sup>, 1119<sup>35</sup>.

RICKETS, 1000<sup>10</sup>.

OSTEOSARCOMA, 1117<sup>30</sup>.

#### RADIUS.

INFLAMMATION (enlargement from), 1114<sup>60</sup>, 1115, 1116, 1117.

CARIES AND NECROSIS, 1117.

Altered from dislocation, 1306<sup>32</sup>.

ANKYLOSIS TO CARPUS, 1123<sup>75</sup>, 1124<sup>8</sup>, 1124<sup>16</sup>, 1124<sup>24</sup>.

FRACTURE, 1114<sup>45</sup>, 1118<sup>30</sup>, 1118<sup>81</sup>, 1118<sup>83</sup>, 1118<sup>85</sup>, 1115<sup>87</sup>, 1119<sup>32</sup>.

CANCER, 1117<sup>10</sup>.

MYELOID, 1117<sup>20</sup>, 1117<sup>21</sup>.

#### ULNA.

CARIES, 1117<sup>60</sup>.

FRACTURE.

Olecranon, 1118, 1119<sup>28</sup>, 1119<sup>36</sup>.

Coronoid process, 1119<sup>25</sup>.

Shaft, 1118<sup>50</sup>, 1119, 1304<sup>15</sup> (?).

Styloid process, 1117<sup>40</sup>.

#### BONES OF WRIST.

NEW ARTICULAR SURFACE ON UNCIFORM BONE, 1119<sup>30</sup>.

CARIES, 1123<sup>50</sup>.

ANKYLOSIS, 1123<sup>75</sup>, 1124, 1124<sup>8</sup>, 1124<sup>16</sup>, 1124<sup>24</sup>.

#### HAND AND PHALANGES.

MALFORMATION.

Deficient fingers, 1190<sup>40</sup>, 1190<sup>41</sup>.

Supernumerary fingers, 1120, 1120<sup>50</sup>.

CARIES AND NECROSIS, 1124<sup>28</sup>, 1124<sup>29</sup>, 1124<sup>30</sup>, 1124<sup>32</sup>, 1124<sup>35</sup>, 1124<sup>38</sup>, 1124<sup>41</sup>.

INJURY AND AMPUTATION OF FINGERS, 1119<sup>60</sup>, 1119<sup>61</sup>, 1119<sup>80</sup>, 1120<sup>10</sup>.

Torn off with tendons, 1119<sup>65</sup>, 1367.

ENCHONDROMA, 1121, 1122, 1122<sup>50</sup>, 1124<sup>50</sup>, 1124<sup>55</sup>.

FIBROUS TUMOR, 1124<sup>46</sup>.

CARCINOMA, 1124<sup>44</sup>, 1124<sup>45</sup>.

#### BONES OF THE PELVIS.

MALFORMATION.

General contraction, 1124<sup>65</sup>.

Oblique (in ankylosis to sacrum), 1125<sup>50</sup>.

Oblique (in lateral curvature), 1000<sup>25</sup>, 1006<sup>80</sup>, 1006<sup>90</sup>.

Deep (in angular curvature), 1006<sup>70</sup>.

From rickets, 1000<sup>10</sup>.

From mollities ossium, 1000<sup>30</sup>, 1124<sup>90</sup>, 1129<sup>20</sup>, 1129<sup>60</sup>.



HYPERTROPHY, 1132<sup>50</sup>.

CARIES, 1124<sup>80</sup>.

ANKYLOSIS.

To sacrum, 1125, 1125<sup>50</sup>, 1126, 1127, 1128, 1128<sup>25</sup>, 1129, 1134<sup>48</sup>.

Pubic bones, 1128<sup>25</sup>, 1130, 1314<sup>25</sup>, 1314<sup>30</sup>.

BONY EXCRESCENCES AND EXOSTOSES, 1127, 1128, 1128<sup>25</sup>, 1128<sup>50</sup>, 1129, 1134<sup>48</sup>, 1134<sup>68</sup>, 1187<sup>55</sup>.—(The first five have probably a relation to chronic rheumatic arthritis.)

Acetabulum in chronic rheumatic arthritis—see Femur.

ADVENTITIOUS GROWTHS AND EFFECTS.

Cartilaginous Tumors, 1132<sup>52</sup>.

Osseous basis of do. (?), 1132<sup>66</sup>.

Effects of *cancerous tumor*, 1132<sup>58</sup>.

*Cancerous erosion* (osteolysis), 1132<sup>54</sup>.

FRACTURE, 1133, 1134, 1134<sup>8</sup>, 1134<sup>16</sup>, 1134<sup>32</sup>, 1134<sup>48</sup>, 1134<sup>68</sup>.

NEW ARTICULAR SURFACE IN DISLOCATION, 1319<sup>50</sup>, 1320, 1322<sup>32</sup>.

SACRUM.—See SPINE.

OS FEMORIS.

HYPERTROPHY.

Simple, 1134<sup>86</sup>, 1139<sup>50</sup>.

Spongy, 1069<sup>55</sup>, 1132<sup>50</sup>.

ATROPHY.

Simple, 1000<sup>15</sup>.

Senile changes in cervix, 1136, 1137, 1138, 1139, 1140, 1147.

Senile changes in cervix, with shortening, 1141, 1142, 1143, 1187.

Head and neck after fracture.—See Fracture.

CHRONIC RHEUMATIC ARTHRITIS (alteration of head in), 1131, 1131<sup>33</sup>, 1131<sup>50</sup>, 1131<sup>66</sup>, 1132, 1132<sup>33</sup>, 1144, 1145 (?), 1146, 1146<sup>32</sup>, <sup>66</sup>, 1147, 1148, 1149, 1150, 1151, 1187<sup>54</sup>, 1205, 1209<sup>32</sup>, 1319, 1319<sup>10</sup>, 1319<sup>20</sup>, 1319<sup>24</sup>, 1319<sup>26</sup>, 1319<sup>28</sup>, 1319<sup>30</sup>, 1319<sup>32</sup>, 1319<sup>36</sup>, 1319<sup>40</sup>, 1319<sup>50</sup> (?).

EXOSTOSES, 1151<sup>50</sup>, 1151<sup>75</sup>, 1151<sup>76</sup>, 1151<sup>78</sup>, 1151<sup>79</sup>, 1152, 1152<sup>5</sup>, 1152<sup>15</sup>, 1152<sup>16</sup>, 1152<sup>32</sup>, 1152<sup>48</sup>, 1152<sup>64</sup>, 1152<sup>68</sup>, 1158<sup>50</sup>, 1160<sup>50</sup>, 1160<sup>62</sup>, 1167<sup>50</sup>, 1182, 1197<sup>50</sup>, 1210, 1368.

ANKYLOSIS.—See Hip and Knee Joint.

INFLAMMATION AND RESULTS.

Enlargement from inflammation, 1000<sup>5</sup>, 1134<sup>86</sup>, 1152<sup>72</sup>, 1152<sup>76</sup>, 1152<sup>80</sup>, 1153.

Periostitis (more especially), 1125<sup>50</sup>, 1153<sup>25</sup>, <sup>26</sup>, 1158<sup>64</sup>.

Ostitis (sclerosis) more especially, 1152<sup>85</sup>, 1197<sup>8</sup>.

Bone trephined for suppuration, 1155<sup>10</sup>.

Stump after amputation, 1158<sup>40</sup>, <sup>41</sup>, 1158<sup>50</sup>, 1158<sup>64</sup>.

WITH CARIES AND NECROSIS.

Head, 1156, and numerous cases under hip-joint.

Shaft, 1157<sup>50</sup>, 1157<sup>70</sup>, <sup>71</sup>, 1157<sup>80</sup>, 1158, 1160<sup>24</sup>, 1160<sup>32</sup>, 1160<sup>35</sup>, 1160<sup>48</sup>, 1199, 1199<sup>50</sup>, 1210<sup>20</sup>.

Condyles, 1160<sup>30</sup>, 1197<sup>48</sup>, 1197<sup>88</sup>, 1245<sup>40</sup>, 1245<sup>55</sup>, 1245<sup>60</sup>.

Amputated ends of bone undergoing inflammatory changes, 1158<sup>8</sup>, 1158<sup>12</sup>, 1158<sup>16</sup>, 1158<sup>24</sup>, <sup>25</sup>, 1158<sup>32</sup>, 1158<sup>35</sup>, <sup>36</sup>, 1158<sup>50</sup>, 1158<sup>64</sup>, 1158<sup>70</sup>.

Sequestrum removed from stumps, 1159, 1159<sup>50</sup>, 1160, 1160<sup>16</sup>, 1160<sup>17</sup>, 1160<sup>18</sup>, 1160<sup>36</sup>.

MOLLITIES OSSIIUM, 1000<sup>30</sup>, 1134<sup>74</sup>, 1134<sup>75</sup>, 1160<sup>64</sup>, 1160<sup>65</sup>.

RICKETS, 1000<sup>10</sup>, 1000<sup>35</sup>, 1134<sup>86</sup> (?), 1134<sup>90</sup>, 1135<sup>40</sup>, 1135<sup>45</sup> (?), 1135<sup>48</sup> (?), 1135<sup>50</sup>, 1135<sup>75</sup>, 1135<sup>85</sup>.

ADVENTITIOUS GROWTHS:—

ENCHONDROMA, 1160<sup>86</sup>.

MYELOID, 1160<sup>60</sup>, 1162<sup>30</sup>, 1162<sup>31</sup>, 1162<sup>32</sup>.

OSTEOSARCOMA, 1162<sup>65</sup>, <sup>66</sup>, 1162<sup>77</sup>, <sup>78</sup>, 1162<sup>82</sup>, <sup>84</sup>, <sup>96</sup>, 1163, 1164, 1165, 1168  
(having various proportions of osseous and softer structures).

Osseous tumors forming basis of osteosarcoma or enchondroma, 1160<sup>70</sup>,  
1160<sup>91</sup>, 1167.

OSTEOID CANCER, 1160<sup>50</sup>, <sup>51</sup>.

CARCINOMA, 1132<sup>58</sup>, 1160<sup>54</sup>, 1160<sup>56</sup>, 1160<sup>60</sup>, 1161, 1162<sup>12</sup>, <sup>24</sup>, 1162<sup>36</sup>, 1162<sup>40</sup>,  
1162<sup>45</sup>, <sup>46</sup>, 1162<sup>48</sup>, 1162<sup>60</sup>, 1166, 1169.

FRACTURE FROM INJURY:—

*Neck.*

Within capsule, 1174, 1176, 1177, 1177<sup>50</sup>, 1178, 1180, 1181, 1182, 1183,  
1184<sup>60</sup>, 1185, 1185<sup>5</sup>, <sup>10</sup>, 1185<sup>15</sup>, 1186, 1187 (?), 1187<sup>50</sup>.

Do. undergoing repair, 1183, 1185, 1185<sup>5</sup>, <sup>10</sup>, 1186, 1187 (?).

Without capsule, 1187<sup>51</sup>, 1188<sup>55</sup>.

Within and without, 1183, 1184.

Through neck and trochanters (impacted), 1172, 1173, 1187<sup>52</sup>, 1187<sup>54</sup>, 1187<sup>55</sup>,  
1187<sup>58</sup>, 1187<sup>64</sup>, 1187<sup>70</sup>, 1187<sup>76</sup>, 1188, 1188<sup>50</sup>, 1188<sup>60</sup>, 1189, 1189<sup>10</sup>, 1189<sup>50</sup>,  
1189<sup>60</sup>, 1191, 1191<sup>50</sup>, 1197<sup>36</sup>.

*Trochanter*, 1195.

*Shaft.*

Upper part, involving trochanters, 1192, 1193, 1194, 1196, 1197, 1197<sup>8</sup>, 1197<sup>36</sup>,  
1209<sup>74</sup>, 1209<sup>75</sup>, 1209<sup>76</sup>.

Shaft, 1152<sup>72</sup> (?), 1160<sup>32</sup>, 1191<sup>65</sup>, 1197<sup>16</sup>, 1197<sup>18</sup>, 1197<sup>19</sup>, 1197<sup>20</sup>, 1197<sup>28</sup>, 1197<sup>32</sup>,  
1197<sup>40</sup>, 1197<sup>44</sup>, 1197<sup>48</sup>, 1197<sup>50</sup>, 1197<sup>64</sup>, 1197<sup>65</sup>, <sup>66</sup>, 1197<sup>80</sup>, 1197<sup>82</sup>, 1197<sup>88</sup>,  
1198, 1199, 1199<sup>50</sup>, 1200, 1201, 1203, 1204, 1205, 1205<sup>50</sup>, 1206, 1206<sup>50</sup>,  
1207, 1208, 1208<sup>50</sup>, 1209, 1209<sup>32</sup>, 1209<sup>36</sup>, 1209<sup>64</sup>, 1209<sup>72</sup>, 1209<sup>77</sup>, 1209<sup>78</sup>,  
1209<sup>79</sup>, 1209<sup>80</sup>, 1209<sup>81</sup>, 1209<sup>82</sup>, 1209<sup>83</sup>, 1209<sup>84</sup>, 1209<sup>85</sup>, 1209<sup>86</sup>, 1210, 1210<sup>10</sup>,  
1210<sup>20</sup>, 1210<sup>40</sup>, 1245<sup>55</sup>.

*Condyles*, 1202, 1210<sup>40</sup>, 1210<sup>60</sup>, 1210<sup>65</sup>, <sup>66</sup>.

FRACTURE FROM DISEASE.

Necrosis, 1160<sup>35</sup>.

Cancer.—Neck, 1132<sup>58</sup>, 1162<sup>36</sup>.

Shaft, 1162<sup>12</sup>, <sup>24</sup>, 1162<sup>45</sup>, 1162<sup>48</sup>, 1169.

PATELLA.

ATROPHY, 1210<sup>70</sup>.

ENLARGED FROM PERIOSTITIS, 1210<sup>90</sup>.

EXOSTOSIS, 1197<sup>88</sup>.

CARIES AND NECROSIS, 1160<sup>48</sup>, 1210<sup>80</sup>, 1245<sup>55</sup>, 1245<sup>60</sup>.

ANKYLOSIS, 1160<sup>24</sup>, 1160<sup>48</sup>, 1197<sup>88</sup>, and under knee-joint.



## FRACTURE.

Longitudinal, 1211, 1211<sup>32</sup>, 1211<sup>64</sup>, 1211<sup>65</sup> (all osseous union).

Transverse, 1212, 1212<sup>20</sup>, (recent); 1211<sup>80, 81, 82, 83</sup>, 1211<sup>80, 91</sup>, 1212<sup>32</sup>, 1212<sup>64</sup>,  
(ligamentous union); 1211<sup>75</sup>, (bony union).

Incised wound, 1326<sup>50</sup>.

## ADVENTITIOUS GROWTHS.

Medullary cancer, 1210<sup>97, 98</sup>.

Osteoid cancer, 1165<sup>50, 51</sup>.

Myeloid, 1210<sup>95</sup>.

## TIBIA AND FIBULA.

HYPERTROPHY, spongy, 1069<sup>55</sup>, 1132<sup>50</sup>.

ATROPHY, simple, 1000<sup>15</sup>.

EXOSTOSIS, 1160<sup>92</sup>, 1251.

## ANKYLOSED TOGETHER.

Superiorly, 1135<sup>75</sup>, 1251.

Inferiorly, 1132<sup>50</sup>, 1225, 1225<sup>32</sup>, 1225<sup>45</sup>, 1227<sup>60</sup>, 1228, 1229, 1230, 1231, 1231<sup>50</sup>,  
1237, 1238, 1250<sup>50</sup>, 1251, 1281<sup>75</sup>.

## INFLAMMATION.

Periostitis, 1220, 1221, 1222, 1224<sup>50</sup>, 1225, 1225<sup>32</sup>, 1225<sup>45</sup>, 1225<sup>64</sup>, 1227<sup>60</sup>, 1228,  
1229, 1230, 1231, 1231<sup>50</sup>, 1237, 1238, 1238<sup>50</sup>; with necrosis, 1239<sup>32</sup>.

Stump after amputation, 1248<sup>12</sup>, 1260<sup>15</sup>.

MOLLITIES OSSIIUM, 1212<sup>82</sup>.

RICKETS, 1000<sup>10</sup>, 1135<sup>75</sup>, 1214<sup>20</sup>, 1248.

FRACTURE, 1259, 1259<sup>50</sup>, 1260<sup>20</sup>, 1260<sup>40</sup>, 1260<sup>45</sup>, 1266<sup>37</sup>, 1273, 1274, 1275, 1276, 1277,  
1277<sup>40</sup>, 1277<sup>50</sup>, 1278, 1278<sup>50</sup>, 1279, 1279<sup>35</sup>, 1279<sup>50</sup>, 1279<sup>75</sup>, 1279<sup>80</sup>, 1279<sup>86</sup>, 1280,  
1281, 1281<sup>25</sup>, 1281<sup>50</sup>, 1282.

FALSE JOINT, 1260<sup>20</sup>.

## ADVENTITIOUS GROWTHS.

Carcinoma, 1249, 1250, 1374<sup>40</sup>,

Fibrous tumors, 1257.

## TIBIA.

HYPERTROPHY.—See Rickets and Inflammation.

## ATROPHY.

Absorption by aneurism, 1223<sup>50</sup>.

EXOSTOSIS, 1215, 1215<sup>50</sup>, 1216.

## ANKYLOSIS.

To femur, 1197<sup>88</sup>; see Joints.

To astragalus, 1225; do.

## INFLAMMATION AND RESULTS.

Periostitis, 1216<sup>75</sup>, 1217, 1244<sup>55</sup>, 1245<sup>40</sup>.

Enlargement from, 1000<sup>5</sup>, 1215<sup>50</sup>, 1216, 1218, 1219, 1223, 1225<sup>80</sup>,  
1232<sup>30, 31</sup>, 1234<sup>64</sup>.

## INFLAMMATION AND RESULTS—*continued*.

Ostitis (sclerosis), 1217<sup>50</sup>, 1225<sup>90</sup>, 1233<sup>40</sup>, 1233<sup>50</sup>, 1234<sup>32</sup>, 1235, 1260<sup>45</sup>.

Parts removed by operation, 1233<sup>10</sup>, 1245<sup>32</sup>.

With caries and necrosis, 1160<sup>48</sup>, 1216<sup>50</sup>, 1216<sup>75</sup>, 1217<sup>50</sup>, 1223<sup>20</sup>, 1224, 1227<sup>55</sup>, 1239<sup>64</sup>, 1240, 1242, 1243, 1244, 1244<sup>50</sup>, 1244<sup>55</sup>, 1245, 1245<sup>40</sup>, 1245<sup>55</sup>, 1245<sup>60</sup>, 1246, 1247, 1248<sup>48</sup>, <sup>64</sup>; and knee-joint.

Styled more especially strumous, 1248<sup>16</sup>, <sup>32</sup>, 1248<sup>40</sup>, 1248<sup>70</sup>.

Head of the bone, 1239, 1245<sup>45</sup>, 1245<sup>48</sup>, 1245<sup>50</sup>, 1248<sup>8</sup>, 1248<sup>66</sup>.

Sequestrum, 1232<sup>10</sup>, 1233<sup>20</sup>, 1242<sup>50</sup>, 1242<sup>55</sup>.

FRACTURE, 1260<sup>6</sup>, 1260<sup>18</sup>, 1260<sup>25</sup>, 1260<sup>30</sup>, 1260<sup>50</sup>, 1260<sup>75</sup>, <sup>76</sup>, 1261, 1262, 1263, 1265, 1265<sup>32</sup>, 1265<sup>64</sup>, 1266, 1266<sup>25</sup>, 1266<sup>26</sup>, 1266<sup>27</sup>, 1266<sup>28</sup>, 1266<sup>29</sup>, 1266<sup>30</sup>, 1266<sup>31</sup>, 1266<sup>32</sup>, 1266<sup>50</sup>, 1266<sup>75</sup>, 1267, 1268, 1268<sup>32</sup>, 1281<sup>75</sup>, 1283.

Want of union, 1260<sup>30</sup>.

Into ankle-joint, 1260<sup>40</sup>, 1266<sup>75</sup>, 1281<sup>75</sup>, 1283, 1349, 1353; with dislocation, 1354, 1355, 1356.

Injury by bullet, 1260<sup>12</sup>.

## ADVENTITIOUS GROWTHS.

Carcinoma, 1160<sup>56</sup>, 1162<sup>45</sup>, 1248<sup>80</sup>, 1251<sup>85</sup>; Epithelial, 1248<sup>88</sup>, 1223<sup>20</sup> (?), 1232<sup>30</sup>, <sup>31</sup> (?).

Melanosis, 1257<sup>50</sup>.

Osteoid cancer, 1165<sup>50</sup>, <sup>51</sup>.

Osteosarcoma, 1251<sup>25</sup>, <sup>50</sup>, 1251<sup>75</sup>, 1251<sup>80</sup>, 1252, 1252<sup>25</sup>, 1252<sup>87</sup>, 1254, 1255<sup>50</sup>.

Enchondroma, 1336.

Myeloid, 1255 (?), 1255<sup>25</sup>, <sup>26</sup>, 1255<sup>30</sup>.

Hydatid, 1258.

## FIBULA.

### HYPERTROPHY.

Simple, 1268.—See also Rickets.

### INFLAMMATION.

Enlarged from periostitis, 1226, 1227, 1236, 1236<sup>50</sup>, 1245<sup>55</sup>.

With necrosis, 1227<sup>50</sup>.

RICKETS, 1213<sup>64</sup>, 1213<sup>72</sup>.

FRACTURE, 1268<sup>64</sup>, 1268<sup>82</sup>, 1268<sup>90</sup>, 1269, 1269<sup>32</sup>, 1269<sup>64</sup>, 1269<sup>72</sup>, 1269<sup>80</sup>, 1270, 1270<sup>90</sup>, 1271, 1272.

### ADVENTITIOUS GROWTHS.

Carcinoma, 1251<sup>55</sup>, 1268<sup>46</sup>, 1268<sup>60</sup>.

Osteoid cancer, 1268<sup>61</sup>.

Myeloid, 1268<sup>50</sup>.

## BONES OF THE FOOT.

MALFORMATION, 1284, 1284<sup>80</sup>, <sup>81</sup>, 1285, 1286, 1286<sup>50</sup>, 1286<sup>60</sup>.

### ANKYLOSIS.

Astragalus to tibia, 1225, 1281<sup>75</sup>.

Astragalus to os calcis, 1225, 1281<sup>75</sup>, 1284<sup>60</sup>.

Tarsal to metatarsal, 1284<sup>64</sup>, 1284<sup>64</sup>, 1284<sup>70</sup>.

Phalanges, 1287<sup>32</sup>, 1287<sup>64</sup>.



#### INFLAMMATION AND RESULTS.

Enlarged from inflammation, 1285<sup>50</sup>, 1285<sup>75</sup>.

Caries and necrosis, 1239<sup>32</sup>, 1266<sup>75</sup>, 1284<sup>32</sup>, 1284<sup>48</sup>, 1284<sup>49</sup>, 1284<sup>60</sup>, 1284<sup>60</sup>,  
1284<sup>62</sup>, 1288, 1288<sup>32</sup>, 1288<sup>40</sup>, 1289, 1375<sup>88</sup>.

Chronic rheumatic arthritis, 1285<sup>60</sup> (?).

#### FRACTURE.

Astragalus, 1284<sup>75</sup>, 1354.

Phalanx, 1289<sup>16</sup>.

#### NEW GROWTHS.

Enchondroma and exostosis, 1285<sup>80</sup>, 1287, 1289<sup>17</sup>.

## JOINTS.

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### INTERVERTEBRAL SUBSTANCE AND LIGAMENTS.

ULCERATION OF INTERVERTEBRAL SUBSTANCE, 1289<sup>40</sup>, 1289<sup>42</sup>, 1289<sup>43</sup>, 1290, 1291, 1292, 1292<sup>5</sup>, 1292<sup>10</sup>; also among bones, 1018<sup>70</sup>, 1018<sup>77</sup>, 1021<sup>30</sup>, 1021<sup>40</sup>, 1027<sup>35</sup>, 1027<sup>40</sup>, &c., &c.

OSSIFICATION (?), 1289<sup>48</sup>, 1289<sup>80</sup>.

CARCINOMA, 1292<sup>20</sup>, <sup>21</sup>.

RUPTURED ODONTOID LIGAMENT, 1289<sup>32</sup>.

Dislocation of vertebræ, 1292<sup>60</sup>, 1292<sup>65</sup>, 1292<sup>70</sup>.—See also Spine.

Ankylosis of vertebræ together, to ribs, to head, &c.—See Spine.

### CLAVICULAR JOINTS.

DISLOCATION on sternum, 1292<sup>90</sup>.

NEW ARTICULAR SURFACE on clavicle, 1293.

### CARTILAGES OF RIBS.

ABSORBED BY ANEURISM, 1294<sup>25</sup>.

MALFORMATION, 1294<sup>50</sup>.

OSSIFICATION, 1294<sup>60</sup>, 1294<sup>68</sup>, <sup>69</sup>.

DISLOCATION, 1034<sup>40</sup>.

Ankylosis to sternum.—See Sternum.

### TEMPORO-MAXILLARY ARTICULATION.

ANKYLOSIS, 1070.

### SHOULDER-JOINT.

CHRONIC RHEUMATIC ARTHRITIS, 1295<sup>25</sup>, 1295<sup>50</sup>, 1297<sup>25</sup>, 1297<sup>30</sup>, 1297<sup>70</sup>, 1298<sup>60</sup>, 1100<sup>30</sup>, 1100<sup>45</sup>, 1100<sup>60</sup>, 1097<sup>90</sup> (?), 1098 (?).

ULCERATION OF CARTILAGE, 1103<sup>50</sup>.

Accompanied by caries of bone, 1100<sup>80</sup>, 1103<sup>25</sup>, 1097.

DISLOCATION, 1295<sup>50</sup> (?), 1297<sup>25</sup> (?), 1297<sup>30</sup> (?), 1297<sup>60</sup>, 1297<sup>70</sup>, 1298<sup>60</sup>, 1298<sup>65</sup>.

With fracture, 1114, 1114<sup>30</sup>.

FRACTURE INTO JOINT, 1113<sup>50</sup>.

EXCISION OF JOINT, 1103<sup>25</sup>.



## ELBOW.

MALFORMATION, 1306<sup>56</sup>.

ULCERATION OF CARTILAGE, 1298<sup>80</sup>, 1107<sup>25</sup>.

“ “ with caries and necrosis of bone, 1299, 1301, 1301<sup>50</sup>,  
1301<sup>75</sup>, 1301<sup>76</sup>, 1303<sup>50</sup>, 1117<sup>60</sup>, 1112<sup>85</sup>.

ANKYLOSIS, (ligamentous), 1300, 1303.

“ BONY (synostosis), 1302, 1302<sup>1</sup>, 1304, 1304<sup>15</sup>, 1304<sup>25</sup>, 1304<sup>30</sup>, 1304<sup>35</sup>,  
1304<sup>50</sup>.

“ Of radius and ulna, 1306<sup>59</sup>, 1306<sup>90</sup>.

RESECTION, 1302<sup>10</sup>, 1302<sup>15</sup>, 1302<sup>20</sup>, 1112<sup>75</sup>.

CHRONIC RHEUMATIC ARTHRITIS, 1303<sup>25</sup>, 1303<sup>30</sup>, 1305.

OSSICLE IN JOINT, 1298<sup>75</sup>, 1298<sup>77</sup>.

DISLOCATION, 1306, 1306<sup>32</sup>, 1306<sup>40</sup>, 1306<sup>64</sup>, 1307.

FRACTURE INTO JOINT, 1304<sup>25</sup>, 1304<sup>30</sup> (?), 1107<sup>80</sup>, 1112, 1112<sup>50</sup>, 1112<sup>76</sup>, 1112<sup>85</sup>, 1113,  
1119<sup>25</sup>.

OLECRANON, 1118, 1119<sup>28</sup>, 1119<sup>36</sup>.

## WRIST.

ULCERATED CARTILAGE, 1309, 1309<sup>40</sup>, 1310.

FRACTURE, near or into Joint, 1117<sup>40</sup>, 1119<sup>30</sup>, 1119<sup>32</sup>.

## CARPAL JOINTS.

ULCERATED CARTILAGE, 1309, 1309<sup>40</sup>, 1309<sup>50</sup>, 1310.

## DIGITAL JOINTS.

INFLAMMATION OF SYNOVIAL MEMBRANE, 1311<sup>10</sup>.

ULCERATION AND CARIES OF JOINT, 1311, 1124<sup>30</sup>.

DISLOCATION, 1312<sup>50</sup>, 1313, 1313<sup>10</sup>.

## PELVIC ARTICULATIONS.

SEPARATION of pubic articulations, 1314.

INFLAMMATION of pubic articulations, 1314<sup>16</sup>, 1314<sup>50</sup>.

ANKYLOSIS of pubic articulations, 1128<sup>25</sup>, 1130, 1314<sup>25</sup>, 1314<sup>30</sup>.

“ of sacro-iliac synchondrosis. See Pelvis.

## HIP-JOINT.

ULCERATION OF CARTILAGE, 1315, 1315<sup>50</sup>, 1316, 1316<sup>50</sup>, 1317<sup>20</sup>, 1180, 1181.

CARIES AND NECROSIS, 1317, 1317<sup>7</sup>, 1317<sup>11</sup>, 1317<sup>15</sup>, 1317<sup>25</sup>, 1317<sup>40</sup>, 1317<sup>60</sup>, 1317<sup>70</sup>,  
1317<sup>75</sup>, 1317<sup>80</sup>, 1317<sup>90</sup>, 1318, 1318<sup>8</sup>, 1318<sup>16</sup>, 1318<sup>18</sup>, 1318<sup>20, 21</sup>, 1318<sup>24</sup>, 1156.

#### ANKYLOSIS.

Ligamentous, 1318<sup>35</sup>, 1318<sup>65</sup>, 1318<sup>70, 71</sup>.

Bony (synostosis), 1318<sup>23</sup>, 1318<sup>32, 33</sup>, 1318<sup>40</sup>, 1318<sup>45</sup>, 1318<sup>48, 49</sup>, 1318<sup>51</sup>, 1318<sup>53</sup>, 1318<sup>55</sup>, 1318<sup>60</sup>, 1007<sup>35</sup>.

CHRONIC RHEUMATIC ARTHRITIS, 1319, 1319<sup>10</sup>, 1319<sup>20</sup>, 1319<sup>24</sup>, 1319<sup>25</sup>, 1319<sup>28</sup>, 1319<sup>30</sup>, 1319<sup>32</sup>, 1319<sup>36</sup>, 1319<sup>40</sup>, 1319<sup>50</sup> (?), 1131, 1131<sup>33</sup>, 1131<sup>50</sup>, 1131<sup>63</sup>, 1132, 1132<sup>33</sup>, 1144, 1145 (?), 1146, 1146<sup>32, 66</sup>, 1147, 1148, 1149, 1150, 1151, 1187<sup>54</sup>, 1205, 1209<sup>32</sup>.

ADVENTITIOUS CARTILAGE, 1316<sup>25</sup>.

LOOSE BODIES IN JOINT, 1316<sup>50</sup>.

Around joint, 1316.

DISLOCATION, 1319<sup>50</sup> (?), 1320, 1321<sup>50</sup>, 1321<sup>55</sup>, 1322<sup>32</sup>, 1324<sup>25</sup>.

#### KNEE-JOINT.

INFLAMMATION OF SYNOVIAL MEMBRANE, 1329<sup>20</sup>, 1329<sup>40, 41</sup>, 1248<sup>70</sup> (?).

ULCERATION OF CARTILAGE, 1325, 1325<sup>50</sup>, 1326, 1326<sup>50</sup>, 1327, 1328, 1329<sup>10, 11</sup>, 1329<sup>50</sup>, 1329<sup>55</sup>, 1329<sup>57</sup>, 1329<sup>60</sup>, 1329<sup>65</sup>, 1329<sup>70</sup>, 1329<sup>75</sup>, 1329<sup>82, 83, 90, 91</sup>, 1332, 1332<sup>5</sup>, 1332<sup>50</sup>, 1333, 1333<sup>50</sup>, 1334<sup>25</sup>, 1334<sup>38</sup>, 1334<sup>81</sup>, 1334<sup>84, 85, 86, 87</sup>, 1335<sup>30</sup>, 1335<sup>40</sup>, 1336, 1340, 1340<sup>50</sup>, 1340<sup>60</sup>, 1341, 1341<sup>50</sup>, 1343.

CARIES AND NECROSIS, 1329<sup>65</sup>, 1334<sup>25</sup>, 1334<sup>75</sup>, 1334<sup>84</sup>, 1335<sup>35</sup>, 1344<sup>10</sup>, 1345<sup>50</sup>, 1157<sup>50</sup>, 1160<sup>30</sup>, 1197<sup>48</sup>, 1197<sup>88</sup>, 1245<sup>40</sup>, 1245<sup>45</sup>, 1245<sup>48</sup>, 1245<sup>50</sup>, 1245<sup>55</sup>, 1245<sup>60</sup>, 1248<sup>16, 32</sup>.

#### ANKYLOSIS.

Ligamentous, 1334<sup>38</sup>, 1334<sup>50</sup>, 1334<sup>75</sup>, 1335, 1335<sup>5</sup>, 1335<sup>10</sup>, 1337, 1337<sup>25, 26</sup>, 1337<sup>75</sup>, 1338, 1338<sup>25, 26, 27</sup>, 1338<sup>50</sup>, 1339, 1210<sup>80</sup>, 1245<sup>50</sup>.

Bony (synostosis), 1337<sup>25, 26</sup>, 1337<sup>30</sup>, 1337<sup>45</sup>, 1337<sup>50</sup>, 1339<sup>50</sup>, 1197<sup>88</sup>.

Softened ankylosis, 1335<sup>20</sup>, 1335<sup>35</sup>.

#### DISLOCATION.

From disease, 1329<sup>75</sup>, 1335<sup>30</sup>, 1337, 1339<sup>50</sup>, 1344<sup>80</sup>, 1345, 1345<sup>50</sup>, 1346.

EXCISION OF JOINT, 1329<sup>57</sup>.

CHRONIC RHEUMATIC ARTHRITIS, 1343<sup>50</sup>.

LOOSE CARTILAGES AND PEDUNCULATED GROWTHS, 1344<sup>20</sup>, 1344<sup>30</sup>, 1344<sup>40</sup>, 1344<sup>60</sup>, 1344<sup>80</sup>.

GOUTY DEPOSIT, 1327<sup>50</sup>.

WOUND, 1326<sup>50</sup>.

CARCINOMA, 1347, 1347<sup>50</sup>, 1347<sup>60</sup>.

#### ANKLE, TARSAL, AND DIGITAL JOINTS.

Talipes, 1352<sup>55</sup>, 1352<sup>75</sup>.

Chinese Lady's Foot, 1352<sup>60</sup>.

Inflammation of Synovial Membrane, 1352<sup>12</sup>, 1352<sup>18</sup>.

Ulceration of Cartilage, 1352, 1352<sup>25</sup>, 1360, 1360<sup>25, 26</sup>.

Caries and Necrosis, 1239<sup>32</sup>, 1266<sup>75</sup>, 1284<sup>48</sup>, 1353<sup>10</sup>, 1360<sup>50</sup>.

#### ANKYLOSIS.

Ankle, 1225, 1281<sup>75</sup>, 1353, 1360<sup>25</sup>.

Astragalus to os calcis, 1225, 1281<sup>75</sup>.

Tarsus to metatarsus, 1284<sup>54</sup>, 1284<sup>64</sup>, 1284<sup>70</sup>, 1284<sup>75</sup>.

Phalangeal, 1287<sup>32</sup>, 1287<sup>64</sup>.



Astragalus removed by Operation, 1353<sup>10</sup>, 1357<sup>50</sup>.

Repair after removal of Astragalus, 1353<sup>10</sup>.

Fracture of Tibia into Ankle-joint, 1260<sup>40</sup>, 1266<sup>75</sup>, 1281<sup>75</sup>, 1283, 1349, 1353.

Fracture of Astragalus into Ankle-joint, 1284<sup>75</sup>.

Dislocation of Ankle-joint with fracture, 1354, 1355, 1356, 1357.

Dislocation of Toe, 1360<sup>55</sup>.

Portion of Tibia removed in dislocation, 1357.

Cancer of Toe, 1360<sup>80</sup>.

Chronic Rheumatic Arthritis, 1285<sup>50</sup>.

## TENDONS, MUSCLES, BURSÆ, &c.

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Biceps with Supernumerary Head, 1361<sup>57</sup>.

Biceps with Deficient Head, 1361<sup>55</sup>.

Ossified Tendon, 1361<sup>60</sup>, 1368 (?).

Tendons affected by Inflammation, 1365, 1366, 1366<sup>25</sup>, 1366<sup>75</sup>, 1375<sup>88</sup>, 1376, 1377<sup>52</sup>, 1124<sup>28</sup>, 1124<sup>30</sup>.

Tendon torn, 1367, 1119<sup>65</sup>.

Repaired Tendo-achillis, after division, 1376<sup>5</sup>, 1376<sup>10</sup>.

Tumor growing from Tendon, 1366<sup>50</sup>, 1366<sup>70</sup>.

### BURSA.

From knee, 1374<sup>80</sup>, 1374<sup>90</sup>, 1375, 1375<sup>15</sup>, 1375<sup>20</sup>, 1375<sup>25</sup>, 1375<sup>50</sup>, 1375<sup>55</sup>, 1375<sup>60</sup>, 1375<sup>65</sup>, 1375<sup>70</sup>.

From wrist, 1364<sup>50</sup>.

From tuberosity of ischium, 1369<sup>20</sup>.

From head of gastronemius, 1375<sup>75</sup>.

From peroneus muscle, 1377<sup>50</sup>.

From tendons of toe, 1377<sup>75</sup>, 1377<sup>80</sup>.

Pedunculated and Loose Bodies in sheaths of Tendons and Bursæ, 1364, 1364<sup>12</sup>, 1364<sup>25</sup>, 1364<sup>50</sup>, 1375, 1375<sup>25</sup>, 1375<sup>70</sup>.

Muscle containing the Trichina Spiralis, 1361<sup>30</sup>, 1361<sup>40</sup>, 1362<sup>16</sup>.

Muscle converted into Fat, 1369.

Muscle in state of Suppuration, 1361<sup>50</sup>.

Fibrous Tumor,\* 1361<sup>45</sup>, 1362<sup>20</sup>, 1363<sup>85</sup>, 1369<sup>16</sup>, 1377<sup>54</sup>, 1378.

Fibro-cartilaginous and Bony, 1361, 1361<sup>46</sup>, 1361<sup>47</sup>, 1361<sup>48</sup>, 1363<sup>90</sup>, 1376<sup>40</sup>.

Gelatinous sarcoma (?), 1361<sup>48</sup>, 1376<sup>50</sup>.

Recurrent Fibroid, 1362<sup>48</sup>, 1362<sup>70</sup>, 1363<sup>20, 30, 40, 50</sup>, 1369<sup>55</sup>, 1376<sup>30</sup>, 1376<sup>45</sup>, 1376<sup>46</sup>, 1376<sup>50</sup>, 1376<sup>51</sup>, 1376<sup>55</sup>.

Cystic tumor, 1369<sup>25</sup>, 1362<sup>32</sup>, (sebaceous?).

Steatoma, 1362<sup>64, 65</sup>.

Melanosis, 1362<sup>35</sup>, 1369<sup>50</sup>.

Cancer, 1362<sup>40</sup>, 1363, 1363<sup>60</sup>, 1363<sup>70</sup>, 1363<sup>80</sup>, 1365<sup>50</sup>, 1369<sup>48</sup>, 1369<sup>64</sup>, 1374<sup>40</sup>.

Cysticerous Cellulosæ, 1362<sup>30</sup>, 1369<sup>18</sup>.

Gangrene of Hand, 1376<sup>80</sup>.

Gangrene of Foot, 1377, 1377<sup>25</sup>, 1377<sup>30</sup>.

\* Tumors will be found in various sections, according to the organs in which they have grown: thus those here referred to were supposed to have originated in the muscles. This, in many instances, is very doubtful; but they have been allowed to remain, as great inconvenience would have attended their removal.



## PATHOLOGICAL TABLE.

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To facilitate the study of the diseases of the bones, the following table has been added, framed from a selection of the most remarkable specimens in the respective divisions.

### MALFORMATION.

<i>Spine.</i> . . . .	Supernumerary dorsal, 1000 <sup>50</sup> . Supernumerary lumbar, 1006 <sup>90</sup> . Supernumerary sacral, 1027. Deficient union, 1000 <sup>90</sup> , 1004 <sup>92</sup> , 1008 <sup>52</sup> , and Spina-bifida.
<i>Cranium.</i> . . .	Unsymmetrical, 1055 <sup>50</sup> , 1055 <sup>75</sup> . Encephalocele, 1055 <sup>25</sup> . Frontal suture, 1062, 1063.
<i>Sternum.</i> . . .	Ill shaped, 1038 <sup>70</sup> . Bifid, 1040, 1041. Episternal bones, 1038 <sup>20</sup> .
<i>Ribs.</i> . . . .	Supernumerary, 1045, 1045 <sup>70</sup> . Deficient, 1044. Bifid, 1046.
<i>Humerus.</i> . . .	Supra condyloid process, 1100 <sup>15</sup> .
<i>Forearm.</i> . . .	Defective, 1306 <sup>55</sup> ,
<i>Hands and Feet.</i> .	Defective, 1119 <sup>40</sup> , 1284 <sup>80</sup> .

### HYPERTROPHY.

<i>Cranium.</i> . . .	Hydrocephalus, 1000, 1057, 1057 <sup>50</sup> , 1065. Wormian bones, 1060 <sup>50</sup> , 1061 <sup>35</sup> , 1061 <sup>70</sup> . Spongy, 1067, 1069 <sup>55</sup> . Dense (sclerosis), 1068 <sup>35</sup> .
<i>Upper extremity.</i> .	From increased function, 1000 <sup>15</sup> .
<i>Fibula.</i> . . . .	From increased function, 1268.
<i>Lower extremity.</i> .	Spongy, 1132 <sup>50</sup> .

### EXOSTOSIS AND OSTEOPHYTE.

<i>Calvaria.</i> . . .	External, 1074 <sup>29</sup> , 1074 <sup>35</sup> . Internal, 1073, 1074. Puerperal, 1072 <sup>65</sup> .
<i>Os femoris.</i> . . .	1151 <sup>50</sup> , 1151 <sup>76</sup> , 1152 <sup>5</sup> .
<i>Toe.</i> . . . .	1289 <sup>17</sup> .

07575.

 $1006^{68}, 1006^{80}.$  $0, 1024^{62}, 1024^{75}, 1024^8$



## EXCISION OF JOINTS.

Shoulder, 1103<sup>25</sup>.

Elbow, 1112<sup>75</sup> (fracture) ; 1302<sup>10</sup>, 1302<sup>15</sup>, 1302<sup>20</sup> (disease).

Hip.

Knee, 1329<sup>57</sup>.

## CHRONIC RHEUMATIC ARTHRITIS.

Vertebræ, 1007<sup>5</sup>, 1010<sup>75</sup>, 1011<sup>25</sup>, 1017 (?) .

Shoulder, 1100<sup>30</sup>, 1100<sup>45</sup>, 1295<sup>25</sup>, 1295<sup>50</sup>, &c.

Elbow, 1303<sup>25</sup>, 1303<sup>30</sup>, 1305.

Hip, 1131<sup>33</sup>, 1131<sup>50</sup>, 1149, 1319, 1319<sup>10</sup>, 1319<sup>32</sup>, 1319<sup>36</sup>.

Knee, 1343<sup>50</sup>.

Toe, 1285<sup>50</sup>.

Pelvis, 1127, 1128, 1128<sup>25</sup>, 1128<sup>50</sup>, 1129 (?) .

## INJURY.

Spine, sternum, ribs, &c. ; see

*Cranium.* . . . Depressed bone, 1083<sup>42</sup>, 1083<sup>58</sup>.

Fractured base and temporal bone, 1082<sup>50</sup>, 1083<sup>23</sup>, 1085<sup>55</sup>.  
1085<sup>90</sup>.

Internal and external tables separately fractured, 1083<sup>75</sup>.

Separation at sutures, 1086, 1086<sup>80</sup>.

Gun-shot, 1086<sup>75</sup>.

Trephine, 1083<sup>20</sup>, <sup>30</sup>, 1083<sup>60</sup>.

Showing repair, 1084<sup>15</sup> to 1085<sup>80</sup>, and 1086<sup>85</sup>.

*Clavicle.* . . . In process of repair, 1094<sup>95</sup>.

*Scapula.* . . . Fractured neck, 1097<sup>85</sup>.

Gun-shot, 1097<sup>35</sup>.

*Os femoris.* . . . Fractured cervix, 1176, &c.

Fractured cervix undergoing repair, 1183, 1184, 1185<sup>5</sup>.

Impacted fracture, 1187<sup>54</sup>, 1187<sup>64</sup>, 1188<sup>60</sup>, 1189<sup>50</sup>, 1189<sup>60</sup>.

Section of united ends, 1197<sup>65</sup>, <sup>66</sup>, 1197<sup>80</sup>.

After amputation.—See Bone.

*Tibia and fibula.* . . After amputation, 1260<sup>15</sup>.

Gun-shot (?), 1260<sup>12</sup>.

*Patella.* . . . Transverse fracture united by ligament, 1211<sup>80</sup>, <sup>81</sup>, <sup>83</sup>, <sup>90</sup>, <sup>91</sup>.

Transverse fracture united by bone, 1211<sup>75</sup>.

Vertical fracture united by bone, 1211<sup>32</sup>, <sup>64</sup>, <sup>65</sup>.

*Astragalus.* . . . 1284<sup>75</sup>.

## DISLOCATION.

Shoulder, 1297<sup>50</sup>, 1298<sup>50</sup>, 1298<sup>55</sup>.

Shoulder with fracture, 1114, 1114<sup>30</sup>.

Elbow, 1306<sup>32</sup>, 1306<sup>40</sup>.

Fingers, 1312<sup>50</sup>, 1313, 1313<sup>10</sup>.

Hip, 1320, 1322<sup>32</sup>.

From Disease.—See Joints.

## EXCISION OF FRACTURED ENDS OF BONE.

Tibia, 1260<sup>30</sup>.

FALSE JOINT.

- Os humeri, 1110<sup>75</sup>, 1110<sup>80</sup>.
- Radius and ulna, 1119<sup>20</sup>, 1119<sup>35</sup>.
- Tibia and fibula, 1260<sup>20</sup>.

RICKETS.

- Whole skeleton, 1000<sup>10</sup>.
- Long bones, 1000<sup>35</sup>, 1135<sup>50</sup>, 1135<sup>75</sup>, 1213<sup>72</sup>, 1214<sup>20</sup>.

MOLLITIES OSSIUM.

- Skeleton, 1000<sup>30</sup>.
- Spine, 1004<sup>88</sup>, 89.
- Pelvis, 1124<sup>90</sup>, 1129<sup>60</sup>.
- Thorax, 1044<sup>62</sup>.
- Scapula and ribs, 1098<sup>50</sup>.
- Os femoris, 1160<sup>64</sup>, 65.
- Tibia and fibula, 1212<sup>82</sup>.

ADVENTITIOUS GROWTHS.

- Enchondroma*.—Upper jaw, 1666<sup>32</sup>.
- Lower jaw, 1091<sup>15</sup>, 1091<sup>28</sup>.
- Shoulder, 1098<sup>20</sup>.
- Finger, 1122, 1124<sup>60</sup>.
- Ilium, 1132<sup>53</sup>.
- Os femoris, 1160<sup>86</sup>.
- Toe, 1285<sup>80</sup>.

OSTEOSARCOMA.

- Forearm, 1117<sup>30</sup>.
- Os femoris, 1162<sup>65</sup>, 1163, 1168.
- Tibia, 1251<sup>25</sup>, 1251<sup>80</sup>.

OSTEOID CANCER.

- Os humeri, 1107 (?).
- Os femoris, 1165<sup>60</sup>.

SCIRRHOUS CANCER.

- Tibia, 1251<sup>85</sup>.

ENCEPHALOID CANCER.

- Spine, 1028, 1028<sup>60</sup>, 1029<sup>20</sup>, 1029<sup>25</sup>, 1037.
- Rib, 1050, 1050<sup>40</sup>.
- Cranium, 1081<sup>45</sup>, 1081<sup>60</sup>.
- Scapula, 1098<sup>10</sup>, 1098<sup>15</sup>.
- Clavicle, 1106<sup>5</sup>.
- Os humeri, 1106<sup>5</sup>, 1107<sup>20</sup>, 1107<sup>22</sup>.
- Os femoris, 1162<sup>12</sup>.
- Patella, 1210<sup>97</sup>.
- Fibula, 1251<sup>55</sup>, 1268<sup>00</sup>.

CANCEROUS EROSION.

- Cranium, 1081<sup>40</sup>.
- Pelvis, 1132<sup>54</sup>.

LUPUS (?).

- Cranium, 1087<sup>48</sup>.

EPITHELIAL CANCER OF PERIOSTEUM (?), 1223<sup>20</sup>, 1248<sup>88</sup>.



MELANOSIS OF PERIOSTEUM, 1257<sup>50</sup>.

MYELOID DISEASE.

Scapula, 1098<sup>5</sup>.

Radius, 1117<sup>20</sup>.

Os femoris, 1160<sup>50</sup>, 1162<sup>30</sup>, 1162<sup>31</sup>, 1162<sup>32</sup>.

Patella, 1210<sup>65</sup>.

Tibia, 1255 (<sup>2</sup>), 1255<sup>26</sup>, 1255<sup>30</sup>.

Fibula, 1268<sup>50</sup>.

FIBRO-CYSTIC DISEASE OF JAW, 1087, 1091<sup>50</sup>.

TUBERCLE.

HYDATID.

Spine, 1029<sup>30</sup>.

Tibia, 1258.

BLOOD TUMORS.

Cephalhæmatoma.

Osteo-aneurism.

ERRATUM.

Page 40, *for* 1169<sup>80</sup> *read* 1269<sup>80</sup>.

## DISEASES AND INJURIES OF THE BONES.

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### SPINE.\*

1000. Skeleton of a man affected from infancy with chronic hydrocephalus. It is of moderate stature, but the bones are slender. The cranium measures 33 inches in circumference; and from the articulation of the lower jaw, across the vertex to the opposite side, 21 inches. The numerous ossa triquetra at the sides and top of the head are very remarkable.

Case of James Cardinal, aged 29, who died under Sir A. Cooper's care in Guy's Hospital, in 1824. He was born at Coggleshall, Essex, in 1795, when his head was a very little larger than natural; but in a fortnight's time it began to increase, and gradually grew until, at five years of age, his mother thought it was as large as at the present time. He was unable to walk until 6 years old, but went to school and learned to read and write. It was said if a candle was placed near him, his head was semitransparent. He continued in tolerable health until the age of 23, when he began to have fits, and for these he came to the hospital. He presented a very remarkable appearance, the head being about twice its size in proportion to his body; he was rather under the average stature, and was childish in his manners, but otherwise his mental faculties were moderately developed. He died at last of pulmonary affection. Upon opening the head, the brain was found lying at the base of the skull, and between the membranes about 6-7 pints of fluid; also within the ventricles about 1 pint. It appeared, from an opening in the corpus callosum, as if the fluid had originally been within the ventricles, but had burst out and compressed the brain downwards. The whole skull was able to contain ten pints of fluid.

1. Note-Book, p. 72; and Dr. Bright's published Medical Reports.

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\* The first few specimens, constituting entire skeletons, are from necessity placed out of their proper order.



- 1000<sup>5</sup>. Skeleton of a male subject, of which both the ossa femorum are greatly enlarged, from periosteal inflammation induced by mercury. Both humeri and the left tibia are also affected, and some other bones slightly.
- 1000<sup>10</sup>. Skeleton of a small female. The bones of the extremities, especially of the lower, are much distorted with rickets. The chest is prominent. The spine is well curved in the dorsal region, and then makes a considerable projection forward in the lumbar region, whereby the lower bones appear to sink into the pelvis, and the sacrum is thrust backward almost in a horizontal direction. The rami of the ischia and pubes are thrust outwards, and the tuberosities considerably everted. The ossa humeri are slightly bent forwards, and bones of forearm outward. The ossa femorum are bent outward and forward at their middle, which causes the condyles to meet or even overlap: the bones of the leg being curved in the same direction, cause the feet to be again thrust outwards.
- 1000<sup>15</sup>. Skeleton of an adult male, long paraplegic, who was habituated to the mode of locomotion which the former now indicates. Progression was performed by the arms and trunk, the legs being dragged along, as in the present attitude. It will be seen how, by long-continued exercise of the one, and disuse of the other, the bones of the upper extremities have become stronger than those of the lower. The parts resting on the ground appear to have been the tuberosities of the tibia, the inner malleolus and inner side of right foot, and dorsum of left foot. The spine is curved more than in the natural condition, the upper part of the dorsal region being thrust slightly forward, and the lower part much backward.
- 1000<sup>20</sup>. Female skeleton, aged  $3\frac{1}{2}$  years, illustrating the effects of scrofulous disease. This is principally seen in the enlargement of the right humerus, and in the ulceration of the ribs.
- 1000<sup>25</sup>. Vertebral column, with ribs and pelvis attached, from a female aged 64. There is great lateral curvature of the upper



part of the spine, by the inclination of the first six bones to the left side; these are bent at a right angle with the column below. The lumbar vertebræ have been superficially ankylosed, though now there are merely seen exostoses on the edges of the bodies. The chest is much distorted, being raised on the right side and depressed on the left; the ribs of the latter approach close to the fifth lumbar vertebra. The pelvis is slightly distorted, the right oblique diameter being increased, and the antero-lateral rendered oblique and towards the right side. The pelvis sinks on the left side, so that the right tuberosity of ischium is above the plane of its fellow. The femur, tibia, and fibula, also distorted.

See 1134<sup>90</sup> and 1214<sup>20</sup>.

1000<sup>30</sup>. Natural skeleton of a sweep, much distorted from mollities ossium, and exhibiting numerous fractures. The pelvis is of the triangular shape, and the outlet nearly closed; the ribs and scapula are much bent, and the femora are likewise curved; the clavicles have been bent or fractured. The other bones are tolerably straight.

1000<sup>35</sup>. Separate bones of a rickety skeleton. The principal change is in the ossa femorum, which are bent outwards nearly at right angles. The ossa humeri are also somewhat affected in a similar way, but the other bones only slightly. The skull is remarkably thin and light, and the whole skeleton is in a similar condition. There has apparently been some caries of frontal bone, and there is a small exostosis of first lumbar vertebra. Thorax capacious; pelvis natural. It appears to have belonged to a young person, though the epiphyses have ossified.

1000<sup>40</sup>. A pelvis, showing the sacrum joined to the third lumbar vertebra, the bodies of the fourth and fifth being nearly wholly destroyed, or only the remains of them seen between the two former bones. Posteriorly the spinous processes, with the arches and transverse processes, are seen to be perfect, although the bodies are gone; but they are ankylosed to one another.



1000<sup>50</sup>. Spine and pelvis, showing a supernumerary vertebra. There is a thirteenth dorsal, having a small rib attached on each side. (This has been sawn through and again joined.) The last lumbar is also malformed; instead of having an ordinary transverse process, this part is broad and intimately connected with the sacrum, having a disposition to form one piece with it.

1000<sup>90</sup>. Original malformation of the atlas. This was considered at one time to be a fractured bone, but it appears to be made up of two distinct lateral halves. The junction posteriorly is by rounded ends; but anteriorly, where the two portions form the articular surface for the odontoid process, the extremities of the bones are broad and flattened, and appear as if they had been joined by a fibro-cartilage.

1001. Spina bifida in a young subject, showing simply the deficiency of spinous processes, and the spreading out of the laminæ of the lumbar vertebræ.

1001<sup>40</sup>. A spina bifida in a fœtus, at a very early period of existence.

Presented by Dr. Addison.

1001<sup>50</sup>. A spina bifida dried.

1002<sup>50</sup>. A spina bifida dissected, to show the connection between the cord and the pouch. The fœtus was fully grown at birth. The bodies of the vertebræ are perfect, together with the medulla and nerves, but the arches of the three last lumbar vertebræ and those of the sacrum are deficient. From this space proceeds a sac the size of a large walnut, which was filled with fluid; the external integument is thin, the lining membrane is continuous with the arachnoid, and between the two is some loose cellular tissue. Near the small opening on its anterior surface, by which it communicates with the spinal canal, some nerves are seen running. August, 1837.

12. Misc. Insp. Book, p. 163. Drawing 1<sup>50</sup>.

Presented by Messrs. Tweedie and Browse.

1003. The sac of a spina bifida about the size of an egg, included in a ligature and sloughing.

Mr. Butler, Woolwich.

1004. Sacrum, with the canal partially open posteriorly, from deficiency of the spinous processes.

- 1004<sup>50</sup>. Sacrum, with the canal completely open posteriorly, from deficiency of the spinous processes.

- 1004<sup>55</sup>. Sacrum, showing necrosis of bone produced by bed sore, and involving the spinal cord.

Case of Jane G., aged 44, a patient of Mr. Hilton. She had her breast removed for cancer; and, erysipelas ensuing, she was confined to her bed for some time. A bed sore came, which soon reached the bone, and finally the spinal canal became exposed; some paralysis coming on before death. On post-mortem examination it was found that a probe could be passed from the external sore into the canal, and that the whole of the spinal membranes were bathed in pus as high as the cerebellum, whose surface also was slightly inflamed.

Record of Inspec., No. 142. 1857.

- 1004<sup>75</sup>. Abdominal portion of spine, dried, with part of an aneurismal sac, communicating with the aorta by a considerable oval vertical opening. The bodies of the two upper lumbar vertebræ are partially absorbed by the pressure. The sac was of great extent, and the left kidney was flattened, wasted, and stretched over it.

Case of Augustus E., aged 32, under Dr. Addison, November, 1834; Æg<sup>t</sup>. two years.

6. Misc. Inspec. Book, p. 101.

- 1004<sup>80</sup>. Sections of vertebræ eroded by aneurism, the intervertebral substance being entire.

- 1004<sup>85</sup>. Bodies of dorsal vertebræ absorbed by an aneurism, and the spinal cord exposed. The sixth, seventh, and eighth vertebræ are almost wholly destroyed, and the ribs near the angles are also partly absorbed. The theca vertebralis is laid open, and the medulla exposed.

Case of Richard T., aged 38, under Dr. Addison in June, 1838. He was a policeman, and suffered from symptoms of aneurism for three years, which he attributed to a sudden exertion and sprain of the back.



Finally the tumor was felt pulsating in the back, and he had complete paraplegia. See Prep. of ribs, 1044<sup>75</sup>.

13. Misc. Insp. Book, p. 163.

- 1004<sup>88</sup>. A section of four vertebræ, affected with mollities ossium; they are soft and sponge-like, consisting simply of an organic matrix with little earthy matter, and containing little fat.

Case of Sarah U., aged 39, first seen by Mr. Solly, in October, 1843. He stated that she was a married woman with no family; had had good health until the last three years, since which time been ailing, and suffered from pain in back. A year ago she began to suffer from pains, which she called rheumatic; these rapidly increased, with great debility, so that she was scarcely able to walk. At the expiration of six months, when attempting to move, she fell, her legs bent under her, and since this time she had kept her bed. When seen she was found almost doubled up, her spine curved, chest flattened, both clavicles bent, and the thigh bones broken, allowing the legs to be bent backwards on the body. In April, 1844, she died, the distortion having become greater, and the bones of the arms having also given way. On post-mortem examination, all the bones were found flexible, including those of the head; and on section were vascular, soft, reticulated, and filled with a red grumous matter, the amount of earthy constituents varying in the different bones.

Presented by Mr. Solly. See case in Med. Chir. Trans., vol. xxvii.

- 1004<sup>89</sup>. Dried section of same.

- 1004<sup>92</sup>. A congenital malformation of the spine. This is caused by the fusion together of the bodies of the third, fourth, and fifth dorsal vertebræ, and the curvature of the new-formed mass. A slight oblique fissure passes across the anterior part, whereby it is seen that the body of the fourth vertebra is wholly destroyed, and the third and fifth partially so, the one more on its left side, and the other more on the right. Upon the posterior view, the three transverse processes are seen to be perfect, those of the lower vertebra retaining their natural position; and respecting those of the two other vertebræ, on the *right* side, the upper process is seen entering its proper body, and the middle one attached to a very small portion of the body of the fourth which remains. On the *left* side, the two upper transverse processes are fused together, and join the remains of the



body of the third vertebra. The three spinous processes are correct in number, and the two lower ones come off from the remains of their respective vertebræ in the usual way, but the upper spine is continuous wholly with the right arch of the third vertebra; the left arch of this bone not meeting its fellow at all (the two being developed separately), but is welded with the spinous process and arch of the vertebra below. There is a synostosis of the left transverse processes of the first and second dorsal vertebræ. The two last cervical vertebræ are also malformed with respect to their arches, those of the lower being separate. Thus, upon looking at these two bones posteriorly, two spinous processes are seen; but the upper is formed not only by the union of its own two arches, but also by the left side of the seventh cervical, leaving the lower spinous process to be formed wholly by the right lateral half which is placed beneath its fellow. The two vertebræ are united by their bodies and arches on the left side. This preparation came from the dissecting room, and is therefore deficient in history; it shows a congenital defect, followed by a reparative process, which probably occurred during foetal life.

1005. Vertebral column distorted by a lateral curvature in the dorsal region. On the concave side, the bodies are slightly diminished in thickness, and there is superficial ankylosis of four of them. At this place there is ankylosis of the tenth rib.

1006. Vertebral column of an old subject, with slight lateral curvature of the dorsal region, and superficial ankylosis on the concave side.

Presented by T. Foster, Esq.

1006<sup>40</sup>. A spine remarkably distorted by lateral curvature, and by a twisting of the vertebræ, producing a great projection backwards. The bending is in the middle of the dorsal region, and towards the left side, and is so great that the upper dorsal and cervical bones are brought down parallel with the lower dorsal and lumbar. The vertebræ them-



selves are not much altered in shape, being only slightly reduced in size on the concave side of the curve. The three upper dorsal and two lower are unaffected; the remaining seven which form the curve, are firmly united on their concave side. The intervertebral cartilages are seen to be entire on the convex side, except in one place where two bones are wholly ankylosed. If the spine be so placed that the anterior surface of the lumbar vertebræ faces forwards, the convexity of the curve is towards the right side, and the left side of the upper dorsal vertebræ come into view, with their spinous processes in the concavity of the curve. At the termination of the curvature, the upper dorsal are twisted back again, so that their anterior surface, and part of right side come into view, and the spinous processes are hidden. The projection in the back is thus formed by the right sides of the bodies of the dorsal vertebræ. The extremities of the column, *i.e.*, the lumbar and cervical vertebræ, are thus in their normal position as regards their vertical plane, although the upper are so bent downwards, that their front surfaces face each other—in fact, they are turned upside down; while the middle dorsal region constituting the curve, has the vertebræ twisted to the right, exhibiting the spinous processes in the hollow of the concavity. The ribs on the concave side are squeezed together, and ankylosed to the vertebræ and to one another. On the convex side the chest appears almost obliterated, as the two ribs remaining attached pass in front of the spine, and nearly half surround it.

Found nearly opposite the anatomical theatre, Guy's Hospital, while digging through an old burying-ground in Sutton Street.

- 1006<sup>50</sup>. Section of spine showing excessive angular curvature; the nine lower dorsal and the three upper lumbar vertebræ, are fused together into one mass of bone, which does not measure four inches in length. This is bent at an acute angle. The chest is consequently greatly deformed, though equal on both sides. It appears to have belonged to a young and small subject.



1006<sup>60</sup>. Portion of spine, consisting of the dorsal and three lumbar vertebræ, partly distorted by double lateral curvature. The lower curve with its convexity on the left side, consists of the lower dorsal and lumbar vertebræ; the upper, with the convexity on the right side of the middle and upper dorsal. The front aspects of the cervical and lumbar vertebræ are on the same plane, and face anteriorly, while those of the bones forming the lower curve, look towards the convexity, and the same obtains in the upper curve; the vertebræ being twisted in opposite directions. The ribs are widely separated on one side, and approximated on the other.

1006<sup>63</sup>. Extreme lateral curvature of the dorsal vertebræ, whereby the upper portion is bent downwards parallel with the lower. The whole of this curve is produced by four vertebræ. These are not much altered in shape, being but slightly diminished in thickness on the side of the concavity; on this side their bodies are ankylosed as well as their arches posteriorly, but on the convexity the bones are distinct. The curvature of the spine is towards the right, and the spinous processes being turned to this side within the concavity, the projection of the back must have been formed by the angles of the left ribs. The latter are seen coming off from the concave side closely approximated, and some overhanging one another.

From Dissecting-room.

1006<sup>66</sup>. Chest of an adult male, showing lateral curvature of the spine. This consists of one large curve to the right side, composed of all the dorsal and lumbar vertebræ. The front of the bones is turned towards the right and convexity, while the bodies on the concave side are slightly diminished in thickness, and are united by superficial ankylosis. The chest is much contracted on the right side by the curvature, so that the left forms the great bulk of the thorax; but in the former, the ribs are rounded, and in the latter, flattened. The sternum keeps its position in the median line, its upper and lower border being opposite the superior dorsal and the lumbar verte-



bræ, as is natural; while owing to the curvature of the spine to the right, its middle portion is opposite the angles of the left ribs. The projection of the back is formed by the right transverse processes with the angles of the ribs closely approximated. There is slight ankylosis between five of the ribs.

- 1006<sup>70</sup>. Trunk of an adult, with extreme angular curvature of the dorsal vertebræ. The disease is quite repaired, and has affected the seven lower dorsal, and the two upper lumbar, these being united together into a mass of bone bent at an acute angle; a considerable portion of the bodies of the vertebræ forming the upper and lower ends of this piece, remains perfect. The chest is much distorted, though symmetrical; its diameter from above to below, is much shorter than any of its other measurements, the antero-posterior being nearly double that of the vertical diameter. The lower ribs reach slightly below the crest of the ilium. The vertical plane of the sternum is much anterior to that of the face. The pelvis is very deep.

From Dissecting-Room.

- 1006<sup>75</sup>. Extreme angular curvature of the spine, and fusion of the diseased vertebræ into one solid bony mass.

From Dissecting-Room.

- 1006<sup>80</sup>. Natural skeleton of the trunk of an aged decrepit female with double lateral curvature affecting the lower half of the vertebral column. The lower curvature commences immediately above the sacrum by the inclination of the lumbar vertebræ to the left side, the lower bones facing the convexity on the left; the upper bones face naturally forwards, and then the lower dorsal twist in the opposite direction, producing the superior curvature to the right side, the spinous processes looking towards the concavity in each case. The superior curve commences with the upper lumbar, and ends with the sixth dorsal. Above this the spine is nearly straight, although there is a slight disposition to form a third curve above the other two, the principal one of which is that in the lumbar region. The



chest is capacious, though the right side is encroached upon. The ribs here approach nearer the crest of the ilium. The projection of the back is formed principally by the angles of the lower ribs, which are acutely bent. They are on a plane much posterior to that of the spinous processes. The pelvis is rendered slightly oblique. She was a little person, and said to have borne children.

Case of Sarah B., aged 70.

11. Green Inspec. Book, p. 123.

1006<sup>90</sup>. Vertebral column and pelvis; there are six lumbar vertebræ, which are considerably distorted. They are twisted and partly ankylosed, so as to produce a double curvature. The first three turn with their front aspect towards the right, by which the right transverse processes are hidden from view, while the lower three turn their faces to the left, hiding the left transverse processes. There is thus a slight double curvature produced. The last lumbar is sunk considerably beneath the crest of the ilium on the left side. The dorsal spine is tolerably straight. The pelvis is somewhat distorted, its right oblique diameter being greater than the left, and the antero-posterior diameter being rendered oblique, and directed to the right. The pelvis is also raised on the right side.

1007. Vertebral column distorted by lateral curvature. This is due to the irregular shape of the third, fourth, fifth, and sixth dorsal vertebræ. The two lower of these turn to the left, by their bodies being thinner on the left side, while the two upper are in a corresponding manner thinner on the right side, and so incline in that direction. The column is thus again brought straight, and the cervical and lumbar portions are nearly in a line.

1007<sup>5</sup>. Ankylosis of the fifth and sixth cervical vertebræ, including bodies and arches. There are bony growths on the margins of all the vertebræ, as if the commencement of a general ankylosis.

Presented by Mr. Birkett.

1007<sup>10</sup>. Superficial ankylosis of cervical vertebræ, consisting of a simple layer of bone upon the front aspect of the spine.



This is the form of disease called by some ossification of the ligaments of the spine.

From Dissecting-Room.

- 1007<sup>20</sup>. Superficial ankylosis of dorsal vertebræ, principally on right side.

From Dissecting-Room.

- 1007<sup>30</sup>. Superficial ankylosis of spine, principally on right side.

- 1007<sup>35</sup>. Consists of three preparations. *One*, of the skull and cervical vertebræ, showing ankylosis of the occipital bone to the atlas. Between the atlas and axis the union is not quite perfect: the remaining cervical firmly ankylosed. *Another*, of the dorsal and lumbar vertebræ consolidated into one bony column; the ankylosis, however, is probably only superficial. *A third*, of the pelvis and thigh bones, showing ankylosis of the hip joints.

- 1007<sup>40</sup>. Superficial ankylosis of the dorsal vertebræ on the left side.

- 1007<sup>50</sup>. Superficial ankylosis of right side of spine, with slight curvature.

- 1007<sup>75</sup>. Superficial ankylosis of right side of spine, with slight curvature.

From Mr. Bryant's collection.

- 1007<sup>80</sup>. Partial consolidation of the bodies of two vertebræ.

- 1008<sup>50, 51, 52</sup>. Three preparations showing increased and diminished development of the atlas.

The first (A) has its bony arch remarkably thin and slender. The second (B) is large and stout, and the bony arch remarkably thick.

The third (C) has the portion corresponding to the body of the bone deficient; it appears to have been supplied by an isolated piece, the consolidation having been defective.

1009. Sacrum with the lower part bent preternaturally forwards. There is also ankylosis between the transverse processes of the last lumbar vertebra and the sacrum, on the left side.



1010. Sacrum, with the lower part projecting preternaturally forwards.

1010<sup>50</sup>. The second cervical vertebra, with the processus dentatus bifid, and the arterial canals incomplete.

1010<sup>75</sup>. Slight ulceration of the odontoid articulation: repaired.

Case of John N., aged 20, who died of renal dropsy, under Dr. Addison's care, in November, 1840. He had had a stiff neck for several years.

17. *Miscell. Insp. Book*, p. 290.

1011. Enlargement, with ulceration of the processus dentatus, which encroached on the spinal canal, and compressed the cord. Also necrosis of the superior articular surface, and partial ankylosis of the remaining cervical vertebræ.

Case of Charles Davis, a black, from Jamaica, who died in the hospital in October, 1825. He was a sailor, and stated that about eighteen months before, he began to feel pain in various parts of the body and limbs, and soon an inability to move them freely. On admission, he walked with difficulty, and his arms were stiff; the head was bent forward, and was nearly immovable; his jaw, too, was nearly fixed. After death, the atlas was found diseased in its articulations with the occipital bone and axis; the processus dentatus was also diseased, so that all the surfaces were ulcerated and scabrous; the process was slightly out of its place. The lower jaw was firmly ankylosed to the skull. (Prep. 1070.)

*Red Insp. Book*, p. 188.

1011<sup>25</sup>. Superficial ankylosis of the lower cervical vertebræ and first dorsal: now separated.

1011<sup>50</sup>. Four specimens of the second and third cervical vertebræ united by ankylosis. In some the bodies only are joined, in others the arches and articular processes.

1012. Enlargement of the processus dentatus, which encroached on the spinal canal and compressed the cord.

Case of William B., aged 20, who died in Guy's Hospital in 1824. He had been suffering a few weeks from pain in the head, and stiffness of the neck. The head was bent forward, and there was complete hemiplegia of the right side. The paralysis increased so as to affect all parts of the body, although sensation remained perfect. He died of erysipelas, seven months after the commencement of the symptoms.

See case in Bright's Report of Medical Cases, vol. ii., p. 417.



1014<sup>30</sup>. Two specimens of superficial ankylosis of the dorsal vertebræ.  
No. 1, on the right side, being the concavity of a curved spine.

Case of George M., aged 50. Record of Insp., No. 134, 1855.

No. 2, on the right side of the spine.

Case of James S., aged 53. Record of Insp., No. 173, 1855.

1014<sup>35</sup>. A portion of the dorsal spine, showing very complete ankylosis between the vertebræ.

Case of Charles G., aged 32, under Dr. Addison, November, 1856. At the age of 6 years he suffered from spine disease, accompanied with abscess, and considerable angular curvature. He quite recovered, and continued well until five months before his death, when symptoms of paraplegia came on, and he died at last of renal disease and bed sore. Some fresh inflammatory action had been set up in the neighbourhood of the old disease, and the medulla at that part was found softened.

Record of Insp., No. 227, 1856.

1014<sup>36</sup>. Dried preparation of same.

1015. Partial ankylosis of dorsal and lumbar vertebræ.

1017. Superficial ankylosis of lumbar vertebræ, with large exostoses growing from the edges of the bodies.

1017<sup>25</sup>. Superficial ankylosis of lumbar vertebræ.

1017<sup>50</sup>. Three lumbar vertebræ united by ankylosis, attended with considerable redundant deposit of bone. It appears to be the sequel of disease of the bodies of the vertebræ and intervertebral substance.

1017<sup>70</sup>. Superficial ankylosis of lumbar vertebræ to one another, and these to the sacrum. The union is by large masses of bone, on either side of the bodies, which might rather be called exostoses. The articular surfaces and arches are free.

1018. Atlas partially destroyed by ulceration, accompanied by abscess, making its way to the anterior part of the vertebral column.



1018<sup>15</sup>. Odontoid articulation of the atlas, separated by ulceration.

An atlas is placed behind, with the corresponding portion broken off and placed below the diseased one, to show their relation.

Case of Mrs. G., a patient of Mr. J. Babington in 1834: She was a married woman, and had worked hard at washing, and been much exposed to cold. Five years before, she had an attack of pleurisy; but was not aware of having taken mercury, at least was not salivated, and she never had syphilis. Four months previously to her seeking advice she began to find her neck stiff, with a pain at the back of the head. These symptoms increased, until one day, on coughing, she brought from her mouth a piece of bone, and subsequently some smaller fragments. This is the portion of odontoid bone seen in the specimen. She was visited for some months afterwards, when the head was nearly fixed, and there was a discharging ulcer at the back of the pharynx. The patient was last seen in October, 1838, when she was in tolerable health, and was serving at the bar of a public house.

1018<sup>35</sup>. Adjoining cervical and dorsal vertebræ. The entire body of the last cervical is necrosed, with the adjoining surfaces of the sixth cervical and first dorsal; the intervertebral cartilages between them being quite destroyed. An abscess had formed on the anterior surface of the bodies communicating with the œsophagus through an opening, a part of which remains.

Case of Wm. S., aged 50, under Dr. Bright, in November, 1835. He had suffered nine months from pains and weakness in the arms, with difficulty of swallowing. The abscess was found to have penetrated to the spinal canal, the membranes were covered with lymph, and the medulla softened. Prep. 1562<sup>72</sup>.

8. *Miscell. Insp. Book*, p. 73.

1018<sup>40</sup>. Caries of the third and fourth cervical vertebræ, with the disease communicating with the pharynx, and extending to the medulla.

Case of Jane S., aged 26, under Dr. Gull. She was admitted for disease of the pharynx and difficulty of swallowing, which had been coming on for six months. Afterwards the neck became stiff, and paralysis of the whole body ensued.

*Record of Insp.*, No. 131, 1854.

1018<sup>52</sup>. The dorsal vertebræ of a child 18 months old, showing scrofulous disease. The sixth dorsal vertebra is nearly



destroyed, and a curvature produced. In the place of the bone is a cyst, composed of cheesy tuberculous matter; inflammatory lymph surrounded the theca in the spinal canal.

From Mr. Bryant's Collection.

- 1018<sup>70</sup>. Middle part of the vertebral column dried, showing the effects of ulceration in the dorsal vertebræ. All the intervertebral substances seem to have been destroyed, between the third and ninth bones. The body of the fifth is reduced to two small necrotic portions; that of the sixth is isolated and diminished, that of the seventh is more than denuded, and that of the eighth is partially bared. In the medullary canal, the bodies from the fifth to the eighth inclusive, are all seen eroded.

Case of James C., aged 27, under Dr. Bright, in 1837. He had been suffering several years from paraplegia.

11. *Miscell. Insp. Book*, p. 48.

- 1018<sup>77</sup>. Dorsal vertebræ dried, showing partial caries of the ninth and tenth, and destruction of the intervertebral cartilage.

Case of John B., aged 23, under Mr. Morgan, in 1845. There was a large abscess running up the psoas muscle to a large cavity in the chest.

*Miscell. Insp. Book*, vol. xx., p. 169.

- 1018<sup>85</sup>. The dorsal vertebræ of a child, with a large abscess in front, the fourth quite destroyed, and those above and below it carious.

Case of William G., aged 6, who was admitted in 1828, with urgent symptoms of suffocation resembling those of croup. He died in a few hours. The respiratory organs were found quite healthy; but beneath the œsophagus, and opposite the upper dorsal vertebræ, there was a large abscess, communicating with diseased bone.

1. *Miscell. Insp. Book*, p. 13.

1020. Ulceration and partial absorption of the body of the first lumbar vertebra, producing angular curvature, and compression of the spinal cord.

- 1020<sup>15</sup>. Section of dorsal vertebræ, showing a general caries of the bodies, producing a spongy appearance. Caries and

absorption have affected also the processes and heads of the ribs.

- 1020<sup>35</sup>. Two dorsal vertebræ, the bodies of which are porous, and contain large cavities, from absorption or discharge of dead bone.

- 1020<sup>40</sup>. Extensive caries of dorsal vertebræ, exposing the medulla.

Presented by Mr. Gossett.

- 1020<sup>70</sup>. Three last dorsal vertebræ united by their articular processes. The body of the upper one is nearly destroyed, and that of the next entirely so; the lower is partially excavated, but its upper and under surfaces remain entire, making it probable that the intervertebral substance had not participated in the disease.

1021. Section of four dorsal vertebræ. The three upper ankylosed, and in their bodies a large cavity produced by absorption; other parts are also seen to be affected by caries. From the corresponding wet preparation—1292, it would appear as if the disease had commenced in the intervertebral cartilage.

- 1021<sup>30</sup>. Disease of intervertebral cartilage and adjacent bone.

Case of Edward J., aged 17, under Mr. Birkett. He had suffered pain in the back for two years, and lumbar and psoas abscess a few weeks. The disease was found to be situated between the fifth and sixth dorsal vertebræ, the intervertebral substance being destroyed, and its place occupied by a soft cheesy material. There were a few tubercles in the lungs.

Record of Insp. No. 22. 1857.

- 1021<sup>40</sup>. Three portions of dried vertebræ, showing destruction of intervertebral substance, and caries of adjacent bone.

Case of Henry L., aged 23, under Dr. Addison. He had been ill several months, with psoas abscess on both sides; but the only disease in the spine was the destruction of cartilage between the last dorsal and first lumbar vertebræ, and caries of adjacent surfaces. The cord was unaffected. No tubercles in any part of the body.

Record of Insp. No. 218. 1856.



1021<sup>50</sup>. A lumbo-dorsal portion of the spine, showing the effects of strumous disease. A considerable number of bones have been destroyed, and a mass has been formed, bent at an acute angle. Softening is in process in this portion. Two intervertebral cartilages, above and below, are partially destroyed. The cord is seen following the curve, and apparently little injured by the disease.

Case of William W., aged 15, under Mr. Morgan in 1833. He had suffered three years from angular curvature, and for a year from psoas abscess. He died worn out by the discharge.

5. *Miscell. Insp. Book*, p. 49.

1022. Dried preparation, showing destruction of the dorsal vertebræ, producing angular curvature. One vertebra entirely destroyed, and those above and below partially. The spinal canal is laid open.

1022<sup>20</sup>. The dorsal portion of the spinal column, with part of the ribs, with considerable curvature forwards, from extensive ulceration of several of the bodies of the vertebræ.

1022<sup>40</sup>. Four lumbar vertebræ, showing ankylosis of the bodies, and a little old sequestrum between the two middle ones, which seem to have lost their intervertebral substance.

1022<sup>60</sup>. Two lumbar vertebræ, united by ankylosis; the body of the upper one greatly reduced by ulceration. There is a small sequestrum lodged in the cavity, the internal surface of which is partially smooth.

1022<sup>80</sup>. Section of two lumbar vertebræ, showing partial destruction of the intervertebral cartilage, and caries of the upper one, with a portion of necrotic bone. The spinal canal is opened.

Case of Thomas P., aged 39, under Dr. Bright in 1831. He had had symptoms of spinal disease for four years; and at last died worn out with psoas abscess on the right side. After death a small psoas abscess was also found on the left side, undergoing cure, as well as a lumbar abscess. The lungs contained tubercular deposit. Drawing, No. 2.

11. *Green Insp. Book*, p. 153.

- 1022<sup>90</sup>. Three lumbar vertebræ, dried; the middle one of which appears to have been the seat of caries, which occurred with psoas abscess in a female aged 53.

From Mr. Bryant's Collection.

- 1022<sup>95</sup>. Dried section of three lumbar vertebræ, showing caries of the upper two, with a portion of necrosed bone.

1023. A dried section of several dorsal vertebræ, showing considerable angular curvature, produced by the destruction of the bodies of two vertebræ, and the ankylosis of their remains.

- 1024<sup>50</sup>. Eight contiguous vertebræ of the back and loins, united by ankylosis, and bent forwards to nearly a right angle, in consequence of the absorption of a great part of the body of the tenth dorsal; that of the twelfth appears to have been excavated by caries. The ossification is superficial, and occupies principally the right side, together with the articular processes of the eighth, ninth, tenth, and eleventh vertebræ.

- 1024<sup>62</sup>. Extreme angular curvature, from destruction and ankylosis of dorsal vertebræ. The disease extends from the fourth to the eighth, the upper and lower being only partially destroyed. One solid mass is formed from the remains of these bones, which is bent at a right angle, and to it are ankylosed the heads of the fifth, sixth, seventh, and eighth ribs.

From Mr. Howship's Collection.

- 1024<sup>75</sup>. Dried section of some dorsal and lumbar vertebræ, showing angular curvature of the spine. Six are completely consolidated, producing a mass of bone, bent at an acute angle; these appear to be the four lower dorsal, and two upper lumbar.

Case of Thomas V., aged 39, under Dr. Addison in 1839; died of heart disease.

16 Miscell. Insp. Book, p. 73.

- 1024<sup>76</sup>. Counterpart of the above, as a wet preparation, showing



spinal canal, with the cord and cauda equina adapted to the curvature.

- 1024<sup>78</sup>. Portions of lumbar vertebræ and intervertebral substance passed from an abscess, through the anterior abdominal walls, from a child who afterwards left the hospital well.

Case of Mr. Cock.

- 1024<sup>85</sup>. Angular curvature of spine, produced by destruction of five upper dorsal vertebræ. Their place is occupied in part only by bone, a quantity of dense fibre-tissue holding the remnants together; the mass thus produced being bent at an acute angle; in this is some dead inflammatory matter. The last cervical is partially destroyed, and the sixth, seventh, and eighth dorsal are also affected.

Thomas C., aged 23, under Dr. Barlow in 1854, and died of bronchitis and dropsy. Previous health good.

Record of Insp., No. 39. 1854.

- 1024<sup>86</sup>. Dried preparation of same.

1026. Section of lower dorsal and upper lumbar vertebræ, showing disease of transverse and spinous processes, producing lumbar abscess, the bodies remaining entire. The two upper lumbar are especially affected, and the disease extends into the canal, some inflammatory deposit being seen within it. At the back is seen the lumbar abscess, the lower rib passing along its upper margin.

- 1026<sup>50</sup>. The last dorsal and first two lumbar vertebræ, affected with caries and destruction of intervertebral cartilage, producing lateral curvature. It was connected with a large abscess. The left kidney was altered in shape by compression. Prep. 2022<sup>70</sup>.

Case of Abraham H., aged 25, under Dr. Bright in 1855. He died of pulmonary disease.

6. Green Insp. Book, p. 49.

- 1026<sup>32</sup>. Strumous caries of the dorsal vertebræ. The bodies of the eighth and ninth destroyed, and the canal open at this part. The three above and the one below these also



partially affected. The strumous or inflammatory material is upon the dura mater, and a distinct nodule, the size of a marble, is seen pressing upon the medulla.

Case of Sarah B., aged 3, admitted under Mr. Callaway, junr. She had been suddenly seized with symptoms of suffocation while eating, and tracheotomy was accordingly performed, but the child soon died. A slight angular curvature was observed in the dorsal region. On post-mortem examination, a large abscess was found behind the œsophagus on the anterior part of the spine, filled with a curdy strumous matter. This communicated with the diseased vertebræ, as seen in the preparation.

Record of Insp. No. 62, 1855, and Guy's H. Rep. 1855, p. 190.

- 1026<sup>55</sup>. Angular curvature of spine from destruction of the bodies of several of the dorsal vertebræ. Their place is not taken, as is usual, by a mass of bone, but their remains are held together by tough fibre tissue.

Case of Frederick W., aged 16, under Dr. Addison. He had suffered from spine disease since he was a year old, but had only been seriously ill for three months, dying at last of bronchitis and emphysema.

Drawing 1<sup>86</sup>. Record of Insp., No. 55. 1855.

- 1026<sup>60</sup>. Section of dorsal spine, showing destruction of the sixth vertebra, and slight disease of the bones above and below, so that the healthy vertebræ approximate, and an angular curvature is produced. The disease is seen to have reached the cord, and firm inflammatory deposit covers the theca for some distance.

Case of John H., aged 43, under Dr. Addison. He was a porter, and stated that three years before he had fever, and had not been well since. He had suffered from pain in the back for fifteen months. On admission, he had angular curvature, and slight paraplegia. The latter increased until it was perfect, and finally the respiration became involved.

Record of Insp., No. 157. 1857.

1027. Partial destruction of the two lower lumbar vertebræ, but especially of the fifth, and ankylosis between them. There is also a slight growth of new bone on the sacrum. The patient had psoas abscess. The upper piece of the sacrum has a remarkable formation, having on its back part, arches and processes like a lumbar vertebra, but firmly consoli-



dated to the main portion. It has, indeed, almost the appearance of the last lumbar vertebra consolidated to the sacrum. The sacrum is thus composed of six pieces.

1027<sup>35</sup>. Last lumbar vertebra and sacrum, showing disease of the intervertebral cartilage.

1027<sup>40</sup>. Section of the fifth, sixth, seventh, and eighth dorsal vertebræ, showing commencing degeneration of the intervertebral substance, or deposit of strumous matter. The spinal cord was softened, and the arachnoid covered with bony plates.

Case of Elizabeth G., aged 33, under Dr. Barlow. Two months before her death she was suddenly seized with weakness of the legs, and rapidly became paraplegic. She died of pyelitis and bed sore. A large part of the dorsal cord was found softened. The inner side of the membranes was healthy, but on the external surface opposite the fifth intervertebral substance, there was soft inflammatory matter. The other intervertebral cartilages also contained a small amount of the same material.

Drawing of Cord, 24<sup>91</sup>. Record of Insp., No. 48. 1855.

Guy's H. Rep. for 1856, p. 197.

1027<sup>70</sup>. Dorsal portion of the vertebral column, showing carcinomatous masses on each side of it, and a continuous medullary deposit occupying much of the spinal canal, which is laid open.

Case of James A., aged 37, under Mr. Key in 1835. He had had a malignant testis removed eighteen months before, and which had been growing five years. Now the disease had returned, and was of enormous size, with similar growths in groin and abdomen. The last few days of his life he became paraplegic. After death cancer was found also in the lungs and liver, and a large mass which grew from the spine, entered the canal on each side, as seen in the specimen. The sheath of the medulla was also covered, see preparation 1562<sup>90</sup>.

7. Misc. Insp. Book, p. 100.

1028. Several dorsal vertebræ affected with carcinoma; the disease apparently beginning behind, has taken the place of the bodies of the bones, leaving the cartilages almost unaffected. The membranes are implicated as well as the spinal cord.

Case of John F., aged 30, under Dr. Cholmeley in 1821. He was admitted for pains and weakness in the legs, but soon became paraplegic, and he died with a bed sore. Cancerous growths were found in the bones of the cranium, and various other parts of the body.

Cancer of sternum, see prep. 1042; lungs, 1782; pericardium, 1449; axillary glands, 1844; bronchial glands, 1548; liver, 1927; spleen, 2012.

C. A. Key's Record of Inspections.

- 1028<sup>50</sup>. Carcinomatous tubera excavating the bodies of the dorsal vertebræ. A similar growth is seen protruding from the lesser trochanter in prep. 1160<sup>54</sup>.

From Dissecting-Room.

- 1028<sup>60</sup>. Section of some of bodies of dorsal vertebræ, showing their almost total destruction by carcinomatous disease. The cartilages are unaffected, and have fallen together.

Case of Sarah D., aged 58, under Dr. Hughes. She had been ailing a year, and had had hematuria three months, and for two months paraplegia. A large mass of carcinomatous lumbar glands was found involving the spine, and the cord within was softened.

Prep. Cancer of kidney, No. 2056<sup>50</sup>. Record of Insp., No. 11. 1858.

- 1029<sup>18</sup>. The fourth lumbar vertebra almost destroyed by carcinomatous disease.

Case of Lucy R., aged 38, under Dr. Addison in 1845. She died of carcinoma of the uterus, and cancer was found also in the spine and the ribs.

20. Misc. Insp. Book, p. 100.

- 1029<sup>20</sup>. A section of lumbar vertebræ, showing the deposition of carcinomatous matter in different stages, the body of the fourth having been almost entirely absorbed. The canal is somewhat encroached upon, producing pressure on the medulla.

Drawing, No. 24.

Case of Richard B., aged 41, under Dr. Addison in 1837. The lungs also contained cancer.

11. Misc. Insp. Book, p. 139.

- 1029<sup>25</sup>. Deposits of cancer in some of the dorsal and lumbar vertebræ in various stages. The eleventh dorsal is reduced almost to the dimension of an intervertebral substance,



and from it projects a large cancerous tumour. An angular curvature has been produced.

Case of Robert W., aged 28, under Dr. Addison in 1839. The lymphatic glands were affected with carcinoma, as also the liver, and the latter organ contained hydatids.

16. Misc. Insp. Book, p. 82.

- 1029<sup>30</sup>. Some of the lumbar vertebræ which formed part of a wall of a hydatid cavity. They are partially absorbed by it, and small parasites are seen adhering to the denuded bone.

Case of James S., aged 16, under Mr. Morgan in 1839. Hydatids were found in the peritoneum and liver, and the vertebral column was laid bare by them.

16. Misc. Insp. Book, p. 149.

1030. Dislocation forwards of the sixth cervical vertebra. It has slipped off the articular surface of the vertebra below on the left side, and the same has occurred on the right side, with the articular process slightly broken. There is also a partial fracture of the body at its inferior part. The bone projects forward about half an inch.

- 1030<sup>40</sup>. Cervical portion of the spinal column with the medulla exposed, and a part of the œsophagus. There is probably fracture, and some apparent ulceration of the vertebræ, communicating by sinus with the œsophagus. The medulla is softened.

Case of Samuel N., under Mr. Morgan in 1831, on account of a severe blow he had received on the throat. He survived twenty-four days.

- 1030<sup>50</sup>. Section of a portion of the cervical and dorsal spine, showing the articulating cartilage separated between two of the vertebræ (fifth and sixth cervical), with a small fracture at the upper and anterior edge of one of their bodies.

1031. Fracture and dislocation of two cervical vertebræ. The sixth is broken through the arches on both sides, allowing the body to slip off the articular processes, and to be thrown forwards; the arches of the one above are also

fractured at the corresponding places, but the body is only slightly displaced.

Case of Edward P., aged 25, in the year 1807. He was a sailor, and fell into the hold of his ship. The arms were partly paralysed, and all below completely so. The patient survived five days. Catheterism was employed. The bladder was found inflamed, and the kidney contained blood.

Old Museum Book, No. 62.

1032. Fracture of the body of the sixth cervical vertebra, with dislocation and much compression of the cord.

Case of Daniel K., under Mr. Forster in 1823. He was carrying a box of oranges on his head, when he fell with his load, and it crushed his head against the curb-stone. He died in twenty-four hours with complete paralysis of all parts below the injury.

C. A. Key's Record of Inspections.

1033. Fracture and dislocation of the fifth cervical vertebra. There is great displacement of this bone backwards, with pressure on the cord.

The patient is said to have survived sixteen weeks and four days.

Presented by Mr. Greenwood.

- 1034<sup>35</sup>. Dorsal vertebræ, with fracture and great displacement between the third and fourth. The upper one is completely separated, and lies in front of the fourth, reaching as low as the intervertebral cartilage of the fourth and fifth; the continuity of the spinal canal is thus entirely destroyed. The anterior and posterior ligaments are for a considerable distance stripped off the bones, but not torn through.

Case of Thomas B., a man of middle age, in the year 1827, fell from a ladder with a hod on his shoulders. He survived three weeks, dying with paraplegia, and the consequent bed sore and cystitis. The spinal canal was obliterated, and the cord completely severed.

4. Green Insp. Book, p. 152.

- 1034<sup>40</sup>. Oblique fracture of the third and fourth dorsal vertebræ. Both bodies are broken and separated, and a portion of the upper one projects into the spinal canal. The head of the fourth rib is displaced forwards. A dried preparation.



1034<sup>70</sup>. Dried section of spine, showing oblique fracture through the body of one of the dorsal vertebræ. The spinous processes of two of the vertebræ above are fractured (a portion of one being lost), and removed from their natural position. The lower one is united to the arch of the bone, above the spot from where it has been broken, and the upper is completely separated, and is united to the broken one below, and partly to the spinous process of the vertebra above it, being altogether unconnected with the root of the process where it originally grew. The arches of some of the vertebræ above are seen to be fissured, as well as the body of the second dorsal.

The patient must have survived at least several weeks after the accident, seeing the amount of repair which has taken place. Occurred about the year 1847.

Drawing, 2<sup>12</sup>.

1034<sup>84</sup>. A dried portion of spine, with oblique fracture of the twelfth dorsal vertebra, and great displacement. The upper portion projects forward, and to the left side, while the lower projects backwards, and to the right. A partial ankylosis has taken place between the upper portion and the left side of the vertebra below, and also between the lower portion and the right side of the vertebra above. The canal is much encroached upon by the projection of the lower fragment into it.

Case of James L., aged 34, under Mr. Key in 1838. While elevating a heavy weight, it fell on his back; paraplegia immediately followed. Extension was made, and the bones partly replaced. He lived two months, and died from cystitis, pyelitis, and bed sore. The spinal cord had suffered pressure at commencement of cauda equina, but the dura mater was not injured. A rupture of the coats of the aorta had taken place just below the arch. See prep. 1454<sup>64</sup>.

14. Misc. Insp. Book, p. 51.

1035. Section of the lumbar spine, showing fracture of the body of the first vertebra, obliquely from before to behind, and more towards the anterior part. There is some displacement forward of the upper part, and displacement of the lower into the spinal canal.

Case of J. C., under Mr. Key in 1826. He stated on admission that,

a month before, he fell while carrying a piece of timber, and was bent double by it. He was able to walk some distance afterwards, but soon his legs became weak. He could move them when admitted, but they gradually became paralysed, and thus he died. There was found sup-puration of the kidney, and ulceration of the bladder opening into the rectum. Prep. 2095.

1. Green Insp. Book, p. 17.

- 1035<sup>25</sup>. Section of lower part of vertebral canal, showing oblique fracture of anterior part of the body of the first lumbar vertebra. The lower portion is thrown backwards into the canal, and firmly compresses the spinal marrow.

Case of John A., aged 17, under Mr. Key in 1836.

- 1035<sup>50</sup>. Three lumbar vertebræ, one of which is fractured, and partly crushed. The superior oblique process on either side is nearly detached. There is no appearance of union or reparative change. A dry preparation.

1036. Fracture of the tenth dorsal vertebra. The body partially absorbed, but projects backwards into the spinal canal, and presses upon the cord.

Case of James H., aged 21, under Mr. Key in 1827. While at work in the docks, a load of earth fell upon him. Considerable displacement of the bones was found, but this was rectified by extension. He had perfect paraplegia, and lived four weeks and three days after the accident. Catheterism was daily employed. There was found after death, peritonitis, pericystitis, and ulceration of the bladder. Prep. 2096.

4. Green Insp. Book, p. 55.

1037. One of the middle lumbar vertebræ, of extreme thinness, supposed to have been crushed. Around it is a mass of carcinomatous disease, and this has protruded into the canal.

Case of Frederick H., aged 20, under Mr. B. Cooper in 1827. While carrying a heavy weight a year before, he slipped and injured his back. He was unable to walk afterwards, but recovered the use of his limbs in about three weeks. He however did not altogether regain his strength, and in five months afterwards the weakness began to increase, and he had difficulty in micturition. When admitted he had complete paraplegia. Catheterism was daily employed, and the back was discovered to be growing out. After death, the bladder was found to be ulcerated. Prep. 2093.

- 1037<sup>5</sup>. A section, the counterpart of the preceding.



## STERNUM.

- 1038<sup>20</sup>. Episternal bones, being two small bones developed upon the superior edge of the sternum.

From the same patient whence the dislocated sternum was taken, Prep. 1043<sup>30</sup>.

See remarks on subject by Mr. T. W. King, in Guy's Hosp. Rep., Series 1, vol. vii., p. 227.

- 1038<sup>35</sup>. Sternum irregularly and imperfectly formed.

From Dissecting-Room.

- 1038<sup>70</sup>. A deformed sternum. A broad short bone ankylosed, and very convex on the front surface.

Case of William M., aged 30, under Mr. Cooper in 1837. He died of pleuro-pneumonia.

10. Misc. Insp. Book, p. 120.

- 1038<sup>82</sup>. Upper bone of the sternum with ankylosis between it and the left rib-cartilage.

- 1038<sup>83</sup>. Two bones of the sternum united. The upper one presents also the left first rib-cartilage ossified, and consolidated with it.

Case of Joshua H., aged 45, a native of the Ladrone islands, who died under Dr. Cholmeley's care in 1829, of phthisis. See also from same case, prep. of scalp, 421<sup>60</sup>; stomach, 709<sup>70</sup>; of phthisical lungs, 1737<sup>60</sup>, 1739<sup>32</sup>, 1743<sup>60</sup>; and of skin, 1641<sup>16</sup>.

9. Green Insp. Book, p. 85.

- 1038<sup>85</sup>. The first bone of the sternum, to which are united two large ossified first rib-cartilages.

- 1038<sup>90</sup>. A similar specimen. (In the 1st edition of the Catalogue, thought to be the ankylosed clavicle.)

1039. Ensiform cartilage ossified, with a deficiency in the middle, producing a foramen.

- 1039<sup>50</sup>. Ensiform cartilage with a foramen, through which protruded a portion of peritoneum and fat.

Case of James C., aged 55, who was under Dr. Back in 1827, and died of renal disease and dropsy.

5. Green Insp. Book, p. 51.

1040. Bifid ensiform cartilage.
1041. Bifid ensiform cartilage.
- 1041<sup>50</sup>. Sternum with the ensiform cartilage ossified and bifid, with a considerable foramen in one of the divisions.
- 1041<sup>75</sup>. A circumscribed abscess in the pleura connected with disease of the rib-cartilage, and of the articulation between the two sternal bones.
1042. Carcinomatous tumor in the cancellated structure of the sternum. From same case is furnished prep. 1028.
- 1042<sup>50</sup>. Carcinomatous tumor attached to the sternum, which is implicated in the disease.
1043. Fracture of the second bone of the sternum, with displacement.
- 1043<sup>15</sup>. Fracture of the first bone of the sternum, transversely and obliquely.

Case of William W., aged 56, under Mr. Morgan in 1840. He fell from a scaffold and fractured his spine, as well as receiving several other injuries. Compound dislocation of wrist, see cast, No. 19.

17. Misc. Insp. Book, p. 225.

- 1043<sup>30</sup>. Sternum dislocated; the second bone being thrown by violence forwards on the upper.

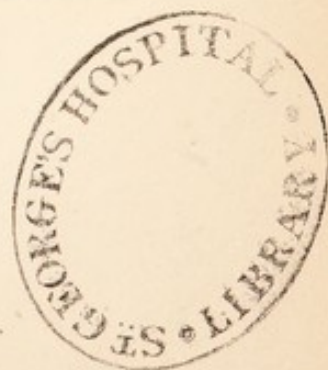
Case of Charles B., aged 25, under Mr. B. Cooper in 1837. He fractured the vertebræ, and lived a fortnight afterwards, dying of cystitis, &c., the organs within the body being uninjured. See prep. 1038<sup>20</sup>.

10. Misc. Insp. Book, p. 115.

- 1043<sup>40</sup>. Fracture of the second bone of the sternum, transversely and obliquely.

Case of John H., aged 40, who died under Mr. Morgan's care in 1840, for fracture of skull.

17. Misc. Insp. Book, p. 170.





## OS HYOIDES.

1043<sup>47</sup>. Stylo-hyoid ligament ossified.

1043<sup>50</sup>. Stylo-hyoid ligament ossified.

## RIBS.

1044. Congenital deficiency of the greater part of the third rib.

Case of John W., aged 15, who died of phthisis under Dr. Cholmeley in 1827. During life the left side of the chest was observed to have a depression, and at this part there was no appearance of rib or cartilage. This space moved with every beat of the heart. A small portion of the rib as far as the angle was found attached to the spine, as well as a piece of cartilage to the sternum; but all the intermediate portion was deficient, leaving merely a membranous wall between second and fourth rib, the pectoral muscle being also deficient at this spot.

See cast of chest, No. 54. Prep. of lung and pleura, 1771, and of thickened and strumous omentum, 2456.

4. Green Insp. Book, p. 120.

1044<sup>40</sup>. Cartilage of one of the false ribs, with a cavity in its interior, which was filled with a glairy fluid resembling synovia.

1044<sup>50</sup>. Several ribs remarkable for their extreme tenuity.

1044<sup>62</sup>. Thorax affected with mollities ossium, the sides being flattened, and ribs bent, and the spine and sternum rendered convex. The upper piece bent inwards, and the lower outwards. Several of the ribs have sustained fractures, and become more or less repaired.

Case of Sarah Ann S., aged 83, who died in 1842, having been an inmate of the lunatic house for fifty-eight years. The deformity commenced about two years before her death, when she began to be too feeble to rise from her bed. She was then daily taken out and placed in a chair, and at the same time she began to grow double, and the deformity gradually increased.

18. Misc. Insp. Book, p. 217.

1044<sup>75</sup>. Angles of four left ribs absorbed from the pressure of an aneurism.

Case of Richard T., aged 38, under Dr. Addison in 1838. He was a policeman, and had suffered from symptoms of aneurism for three years,

which he attributed to a sudden exertion and sprain of the back. Finally, the tumour was felt pulsating in the back, and he had complete paraplegia.

See prep. of spine partly absorbed by the aneurism, 1004<sup>85</sup>.

13. Misc. Insp. Book, p. 163.

1044<sup>87</sup>. Portions of four ribs ulcerated, and absorbed by an empyema, which has made its way through the chest, and formed a sac externally.

1045. Several examples of supernumerary cervical ribs. Some of these form one mass of bone with the first rib. A broad flat piece is thus produced, with two articulating surfaces at its end.

1045<sup>70</sup>. Several dissimilar supernumerary ribs, some of which are probably lumbar.

1046. Several specimens of ribs, bifid at their anterior extremities.

1046<sup>55</sup>. Anterior bifurcation of third right rib.

Case of James C., aged 27, who died of carcinomatous disease, under Dr. Addison in 1845. One of the kidneys was misplaced.

New Vol. i., p. 36.

1047. Ankylosis of ribs to vertebræ.

1048. Ankylosis of ribs to vertebræ.

1049. Exfoliated portion of a rib, making an ulcerated opening into the lung.

Case of James M., aged 5, under Sir A. Cooper in 1805, for diseased knee-joint and psoas abscess.

Old Museum Book, p. 169.

1049<sup>50</sup>. A rib affected with syphilitic necrosis.

From Brooke's Collection.

1050. A rib affected with carcinomatous disease.

Case of Elizabeth W., aged 40, under Mr. Morgan in 1827, for carcinoma of the breast. The liver, kidney, and other organs were found subject of the same disease.

2. Green Insp. Book, p. 57.

1050<sup>35</sup>. Carcinomatous tumour in rib.



1050<sup>40</sup>. Carcinoma of the ribs.

Case of William G., aged 37, under Dr. Barlow. He was a weaver, and stated that fourteen months before, he felt a pain in the left side of the chest, and two months afterwards a tumour appeared. This increased until the whole of that side of the chest was occupied by it. The cancer was of the scirrhus variety, and appeared to have commenced externally, or in the ribs, and extended from the third to the tenth, the lungs being only superficially and secondarily affected. The middle ribs were destroyed; the upper ones are seen in the preparation. The suprarenal capsules were also the subject of carcinoma. See prep. 2022<sup>10</sup>, and drawing 353<sup>12</sup>.

Record of Insp., No. 14. 1855.

1050<sup>85</sup>. Three ribs fractured in four places, showing the amount of repair in twenty-four days, the process of union in some places being considerably advanced. The callus is seen thrown out in the intercostal spaces.

Case of George B., aged 42, who was under Mr. Morgan's care in 1829, for serious injuries received from the kick of a horse; the ribs being fractured, and the skull laid bare. The patient left the hospital convalescent in three weeks, but became intoxicated, and returned shortly to die. There was caries of the frontal bone, prep. 1076<sup>35</sup>; inflammation of dura mater, prep. 1592<sup>14</sup>; lobular pneumonia, prep. 1725<sup>72</sup>; portion of liver injured by fractured rib, prep. 1947<sup>56</sup>; and drawing of same, 348.

8. Green Insp. Book, p. 36.

1051. Dried preparation of a fractured rib, with which there coexisted an external cyst containing air.

Mr. King from Paris.

1051<sup>25</sup>. Three right ribs broken forty-eight days, with tardy reparation.

Case of Martin G., aged 44, under Mr. B. Cooper in 1841. He had phthisis when he met with the accident, and died seven weeks afterwards.

8. Misc. Insp. Book, p. 120.

1051<sup>36</sup>. Fractured rib united, but separated again in removal.

1051<sup>50</sup>. A right upper rib in progress of reparation, thirty-one days after fracture.

Case of William P., aged 55, under Mr. Key in 1840, for several severe injuries. See the fractured femur, prep. 1197<sup>40</sup>.

17. Misc. Insp. Book, p. 303.

1051<sup>90</sup>. Three specimens of fractured ribs united.

From Dissecting-Room.

1052. Fractured rib united.

1052<sup>5</sup>. Fractured rib united.

1053. Three ribs fractured and united.

1054. Three ribs fractured near the middle. The reparation attended with ankylosis to one another.

1054<sup>20</sup>. Two fractured ribs united, and attended with ankylosis, or ossification, uniting them to each other.

1054<sup>30</sup>. Three fractured ribs united, and attended with ankylosis.

### CRANIUM.

1055. Longitudinal section of the skull of a brainless infant; the calvaria wanting.

Presented by Mr. Dodd.

1055<sup>25</sup>. Cranium of a child, in which there is a very considerable deficiency of the right parietal bone, as well as some deficiency of the left, by which a large irregular opening is formed at its summit. The child had congenital hernia cerebri, which produced a tumor almost as large as the skull; and one of the lateral ventricles with an indurated portion of plexus choroides extended into it. The membranes of the brain of this part were much thickened. The child died when nearly two years of age.

See Prep. 1563<sup>50</sup>, the sac of the tumor; and cast 56.

1055<sup>50</sup>. A calvaria rather thick and heavy, and inclined considerably to the right side. The occipital bone is enlarged, and forms an arched prominence towards the lambdoidal suture. There is similar thickening and prominence of the parietal bones adjoining and along the sides of the sagittal suture posteriorly. The sutures are thus sunken, and the bone projects on either side.



1055<sup>75</sup>. Calvaria, in which there is a remarkable thinness of the bones, especially the ossa parietalia, which render them light and porous. This has produced a longitudinal depression on each side, which is increased in depth by a high ridge of bone running backwards from both temples.

1056. Calvaria of a hydrocephalic child, showing incomplete ossification. It is as large or larger than that of an adult; a considerable part of the vertex and front of the head is formed merely by membrane.

1057. Skull of a hydrocephalic child, the size of an adult's. The bones in front appear to have expanded more than those behind; thus the frontal forms all the anterior portion of the skull, and the fontanelle is at the vertex, which forms a large space, and is wholly membranous. The parietal form the principal part of the back of the skull, the occipital being altogether at the base. The posterior fontanelle is quite closed, and the sutures are firm. The frontal bone is incompletely ossified, leaving numerous insulated spots wholly membranous. The roof of the orbit has an oblique direction, and inclines more vertically than horizontally.

Case of a girl 2 years and 2 months old. The head gradually increased in size from the age of five months, after an attack of measles. The ventricles formed one large cavity in the interior of the brain, and contained three pints of serum. The cerebral hemispheres were so expanded that fluctuation could be felt through the skull during life.

Presented by Dr. Dunlap. 1824.

1057<sup>30</sup>. Head of an infant affected with hydrocephalus. Ossification incomplete, but commencing in numerous irregular separate patches in the fontanelles, particularly in the posterior.

1057<sup>40</sup>. Extensive mesian ridge on frontal part of calvaria internally; appearing like an extension upwards, as high as the coronal suture, of the crista galli. It measures three inches in length, and half an inch in depth.

Case of Sophia S., aged 27, who died of fever under Dr. Back in 1838.

14. Misc. Insp. Book, p. 26.

1057<sup>50</sup>. Skull of a hydrocephalic child. It is of large size, and very deficient in symmetry; ossification is completed, except at a very small spot at the anterior fontanelle. There are several supernumerary bones, the most remarkable of which is a large one on the left additamentum suturæ lambdoidalis; also a plate above the squamous portion of the left temporal bone. The fangs of the teeth are exposed on the left side, to show the second dentition.

1057<sup>75</sup>. Calvaria of a little girl affected with hydrocephalus; the sutures separated.

1059. Skull of a flat-head Indian from the Colombia river, remarkable for the number of its wormian bones, occurring not only in the lambdoidal, but also in the sagittal and coronal sutures.

Presented by B. Harrison, Esq.

1060. European skull, apparently of a female, having several wormian bones.

1060<sup>50</sup>. Skull of a new-born child, with a portion of the occiput isolated.

1061. European skull, with a small supernumerary plate to the squamous portion of the right temporal bone.

1061<sup>35</sup>. A misshapen cranium, with a large os triquetrum, including the upper part of the occipital bone; in fact, another suture passes across from the lateral angles, just above the tuberosity, and divides this bone into two.

1061<sup>70</sup>. Skull and lower jaw. There is a large diamond-shaped wormian bone at the angle of the lambdoidal suture, with small supernumerary plates to the squamous portions of the temporal bones.

1062. Skull, in which the right and left portions of the os frontis have continued separate, forming a frontal suture.

1062<sup>50</sup>. Skull presenting a considerable deficiency in symmetry, exciting the idea of its having been subjected to a force



obliquely pressing the upper part to the right, and the lower to the left side.

1063. Skull in which the original division of the os frontis persists, producing a frontal suture.
1064. Skull in which the different bones are more than usually united, the sutures being obliterated. There is some appearance of necrosis at the protuberance of the os occipitis.
1065. Skull of a man who had suffered from chronic hydrocephalus. It is much larger than natural, and is broad, partaking of the general character of the hydrocephalic cranium. The sutures are nearly obliterated, and the bone itself is thickened.

The man was of middle age, and in tolerable possession of his powers of mind and body. There was not much fluid in the ventricles, and the dura mater was partly ossified. See prep. 1594.

From dissecting-room at St. Thomas'.

See case of Joseph S. in Dr. Bright's published Reports.

1066. Calvaria of a female, externally presenting a good frontal development, but which admitted little space for the anterior lobes of the brain, from the great but partial thickness of the bone; the two tables of bone distinct, but unusually separated.

Case of Emma J., aged 55, under Mr. Key in 1826 for ulcer of the leg. While in hospital she died of apoplexy.

Red Insp. Book, p. 217.

- 1066<sup>25</sup>. Considerable hypertrophy of the cranium, the whole of the bones being increased in thickness.
- 1066<sup>35</sup>. Calvaria much hypertrophied, and bone dense.
- 1066<sup>70</sup>. Calvaria hypertrophied.
1067. Calvaria and base of a skull in which the bone is throughout of unusual thickness; it is spongy, and not presenting the distinction into tables and diploe. The impressions of the vessels of the dura mater are very strongly marked.

1068. Fragment of a cranium very much thickened and spongy.

1068<sup>35</sup>. Thin section of cranium much hypertrophied, being three quarters of an inch in thickness. There is no appearance of diploe, and the bone is less dense than usual.

From a female, aged 72, who always had a large head; during the last fifteen years had weak intellect.

Presented by Dr. Burns. 2. Misc. Insp. Book, p. 162.

1068<sup>36</sup>. A corresponding thin section—a dry preparation.

1069. Several of the bones of the head of a child, somewhat thickened, and remarkably spongy, apparently an early stage of the affection seen in the preceding specimens; supposed to have been the effect of scrofula.

From the Dissecting-Room.

1069<sup>50</sup>. Spongy thickening of sphenoid, and part of superior maxillary bones.

1069<sup>55</sup>. Great hypertrophy of cranium, the calvaria measuring nearly an inch in thickness in some places. It is very heavy, but at the same time is rather spongy and of a uniform character throughout, and somewhat resembling dried mortar, all appearance of tables and diploe being lost. The other bones were similarly affected; see femur, tibia, and fibula.

From Dissecting-Room, March, 1851. Brought from workhouse, and no history. A male about 45 years.

1070. Skull of a Black from Jamaica; the articulation of the lower jaw firmly ankylosed.

For history, see prep. of cervical vertebræ, No. 1011.

1071. Base of skull, with atlas firmly ankylosed to it. The union is so perfect that it appears almost a part of the occipital bone; this is particularly the case with the posterior arch of the vertebra, which forms a perfectly smooth surface with the cranium above. There is no remnant of disease about it.

Presented by Mr. C. A. Key.



1071<sup>35</sup>. Basis of the skull, with the atlas united by ankylosis to the os occipitis. The atlas has been carried slightly forward, so that the anterior arch rests upon the basilar process to which it is ankylosed. The articular surfaces are also firmly united, as well as the posterior arch of the right side, while that of the left side is still free. The spinous process has been destroyed by ulceration, leaving the arch open at this point.

1071<sup>70</sup>. Skull in which the atlas and vertebra dentata are ankylosed together, and united to the skull. The atlas is turned so as to face towards the right side; that is, the right side is thrown backward, and the left forward, by which the left articular process points to the condyle of the lower jaw, and the right in a direction considerably behind this. The anterior arch and articulating processes are ankylosed, but the posterior is free. The axis which is united to the atlas is twisted in the contrary direction, being turned to the left side; and its spinous process points backward to the right, and crosses the right arch of the atlas. There is firm union between the articular surfaces of these two bones; the side of the odontoid process is also ankylosed to the side of its articular surface, but the posterior arches are free. The vertebral foramina, instead of being opposite each other, are three quarters of an inch apart, the lower being in front of the upper on the right side, and behind on the left side.

1072. Ankylosis between occiput and atlas, and also between the second and third cervical vertebræ. The new bone existing at the points of union indicates the inflammatory process which produced the ankylosis. Although the atlas and axis are not united, the joints appear to have been destroyed, and the articular surfaces are roughened; the odontoid process in the same way; and the parts with which it is in contact show the existence of caries.

1072<sup>25</sup>. Calvaria having the bone thin and the interior scabrous.

Case of Richard M., aged 24, under Dr. Addison in 1841, and who died of hydrocephalus and scrofulous tubercles in the brain.



- 1072<sup>50</sup>. Spiculæ of bone, and small warty eminences on frontal part of calvaria.

Case of Edward L., aged 40, under Mr. Morgan in 1838. He received severe injuries to the chest nine months before, as well as to the foot; the latter was amputated, and he died soon afterwards. Besides the exostoses on the skull, the diaphragm was found ruptured, and the stomach protruding through it: see prep. 2506<sup>90</sup>; also fractured ribs, to the fifth of which some omentum was adherent: see prep. 1762<sup>44</sup>; and lung 1755<sup>64</sup>.

13. Misc. Insp. Book, p. 157.

- 1072<sup>55</sup>. Calvaria having its whole internal surface scabrous or covered with bony granulations.

Case of William S., aged 40, under Dr. Barlow. He died of a cyst and softening of the brain of eight months' duration. See prep. 1566<sup>20</sup>, and drawing 57<sup>51</sup>.

Record of Insp., No. 71. 1855.

- 1072<sup>60</sup>. Large protuberance or exostosis projecting externally from left side of frontal bone.

- 1072<sup>65</sup>. Calvaria covered with small bony deposits, and supposed to represent the condition styled "puerperal osteophyte" by Rokitansky. The whole internal surface is covered with a number of ossific granulations, evidently of new formation, and are apparent more particularly along the course of the sutures.

Case of Ann L., aged 21, who was under Dr. Lever. She died of peritonitis, after delivery of a seven months' child.

Record of Insp., No. 95. 1857.

1073. Calvaria in which, at the anterior part, the inner table is much thickened, and presents numerous smooth tuberos exostoses, having the hardness and whiteness of ivory. This state of the inner table is almost confined to the os frontis.

Case of Jane W., aged 30, who died in 1830, having been an inmate of the lunatic house of the hospital for several years, and during the last two years had had epileptic fits. The brain weighed only 2 lbs.

4. Green Insp. Book, p. 161.

- 1073<sup>50</sup>. A circular portion of trephined bone, removed from the upper and back part of the skull of a man who had long



suffered from cerebral symptoms, owing to an injury. The bone is of unequal thickness, and the inner surface is covered with osseous granulations.

Case of Pierre R., aged 36, a Frenchman, in the hospital under Mr. Morgan in 1835. About eight years before, he was thrown from his horse, and struck his head. He had concussion, and suffered from cerebral symptoms for three months; he then continued well for four years, when he began to have severe headaches, slight paralysis, and some impairment of the intellect. He continued thus, better and worse, for another four years, when he came into the hospital. He was then scarcely rational, at times delirious, and the right arm slightly paralysed; on the left side of the head, at the spot where he fell, near the posterior and superior angle of the parietal bone, was a lump. At this spot Mr. Morgan removed a circular piece of bone, the dura mater adhered very closely, and the membrane itself was in a thickened state. The man recovered the operation, but with only slight relief to the original symptoms.

See case fully related in Guy's Hospital Reports,  
Series I., vol. i., p. 407.

- 1073<sup>75</sup>. Calvaria exhibiting upon the inner surface of the os frontis a number of tuberos exostoses; these are principally situated along the median line.

Case of Maria P., aged 55, who had been an inmate of the lunatic asylum of the hospital for 37 years. The brain weighed only 1lb. 14oz.

18. Miscell. Insp. Book, p. 228.

1074. Calvaria covered with large tuberos exostoses on its inner surface. They cover the whole of the interior, but especially the os frontis; and they here have a general disposition to run outwards and upwards on each side, in curved lines towards the coronal suture. There are also numerous projections on the other side of this suture, along the edges of the parietal bones, and also along the longitudinal line of the calvaria. The patient had suffered much from tic douloureux.

Presented by Mr. Wood of Birmingham.

- 1074<sup>15</sup>. Base of an adult skull. The right superior turbinated bone is expanded along its anterior half into a large ovoid cell, and the vomer is inclined to the opposite side. There are exostoses about the molar teeth, large thick styloid and mastoid processes, and projection of the occipital spine.

Presented by J. L. Mason, Esq.

1074<sup>21</sup>. Deformed coronal suture, excessive elevation and thickening of the bones on each side, both of the frontal and parietal.

1074<sup>28</sup>. Great enlargement and projection of the occipital bone.

1074<sup>29</sup>. Portion of frontal bone, having a small exostosis, with a narrow base.

1074<sup>30</sup>. Skull of an adult male, with numerous large and extensive exostoses on the external surface of the os occipitis. There are two smaller exostoses, one on the os frontis, and the other at the union of the right parietal and frontal bones.

Found in a churchyard.

1074<sup>35</sup>. An ivory peduncular exostosis, behind the foramen magnum, the size of a pigeon's egg. It is surrounded by a deep furrow, so that its point of attachment is less in size than its circumference above.

From Dissecting-Room.

1074<sup>68</sup>. Stylo-hyoid ligament ossified.

1074<sup>69</sup>. Stylo-hyoid ligament ossified.

1074<sup>70</sup>. Destruction of tympanum, and perforation of the temporal bone. The dura mater covering it is beginning to slough, but the brain is not affected.

Case of Henry L., aged 6, under Mr. Hilton. He also had phthisis, and scrofulous disease of the kidney.

Record of Insp., No. 85. 1854.

1074<sup>75</sup>. Skull of a child, with ulceration and perforation of the left temporal bone. A considerable portion of the petrous portion is destroyed.

1075. Ulceration on external surface of cranium of child.

Old Museum Book, No. 80.

Presented by Dr. Curry.

1075<sup>20</sup>. Superficial ulceration of calvaria; in some places, however, the whole thickness of skull is affected, and caries is perceived commencing on the inner table. Dried prep.



Case of Thomas F., aged 29, under Dr. Addison in 1840. He had received an injury to the head four months before, and suffered from cerebral symptoms since. On admission to the hospital there was also paralysis. On post-mortem examination, the pericranium was found detached, and suppuration on surface of skull, with caries. This spongy condition of bone was found to extend in several places through the skull, and caries was seen commencing within. The corresponding surfaces of the dura mater were covered with lymph, and opposite one place, at the posterior lobe on left side, the brain was shrunken and softened, and this condition extended to the central parts. There was also inflammation and a new growth of bone on the humerus. See prep. 1101<sup>50</sup>.

17. Miscell. Insp. Book, p. 255.

1075<sup>21</sup>. Corresponding wet section.

1075<sup>35</sup>. Skull with extensive ulceration on the external surface of the cranium; probably the effects of mercury and syphilis. The os frontis and right parietal bone principally affected.

1075<sup>36</sup>. Caries of calvaria; all parts being more or less affected, but principally the frontal. It does not extend to within.

1075<sup>40</sup>. Very extensive caries and necrosis of the calvaria; nearly the whole, both externally and internally, has a worm-eaten appearance. Several portions of bone are dead, have become isolated, and appear as if they would shortly have become detached. The only healthy portions appear to be the posterior parts of the frontal, and anterior parts of parietal, forming the vertex.

Case of Thomas K., aged 31, under Mr. Cock. He had been the subject of syphilis for many years, and caries of skull for twelve years; he had also taken much mercury. He died of acute arachnitis. The dura mater was firmly adherent to the bone, and was covered with lymph. See prep. 1592<sup>30</sup>, and drawing 2<sup>26</sup>.

Record of Insp., No. 141. 1854.

1075<sup>70</sup>. Skull showing considerable caries of the frontal bone. The frontal sinuses are opened by ulceration.

1075<sup>75</sup>. Calvaria in which a large part of the bone has been destroyed, leaving the superior part of the head flattened, and covered merely by a thick membrane composed of the skin and its cicatrices, united together with the dura mater beneath.



On the left side is a large dead piece of parietal bone, almost detached. There is thus only a rim of bone running around the lower edge of the calvaria, and this is deficient in front. There is some new growth of bone seen in parts.

Case of Alfred H., aged 39, under Mr. Hilton's care. He had suffered from syphilis for many years, and taken mercury for other complaints. He died of acute arachnitis and pneumonia; the dura mater adherent to skull. The liver contained numerous fibroid nodules (Prep. 1913<sup>10</sup>), and the testes had undergone fibroid degeneration (Prep. 2351<sup>55</sup>).

Record of Insp., No. 233. 1856.

- 1076<sup>35</sup>. A portion of cranium showing a deposition of pus, with ulceration of bone beneath the pericranium, with a similar ulceration and deposition on the corresponding part of the inner surface; the effects of a kick of a horse.

Case of George B., aged 42, who was under Mr. Morgan's care in 1829, for various injuries received from the kick of a horse. The ribs were fractured, and the skull was laid bare. The patient left the hospital convalescent in three weeks, but became intoxicated, and returned shortly to die. The frontal bone, on right side, was denuded and discolored; and on the corresponding side, internally, the dura mater was separated, and purulent matter was present. There was general arachnitis and pus in the venous sinuses. Fractured ribs, Prep. 1050<sup>85</sup>. Dura mater, Prep. 1592<sup>14</sup>. Portion of liver injured by fractured ribs, Prep. 1947<sup>58</sup>; and drawing of same, 348. Lobular pneumonia, Prep. 1725<sup>72</sup>.

8. Green Insp. Book, p. 36.

- 1076<sup>70</sup>. Part of the parietal bone, with a necrosed portion undergoing the process of separation.

- 1076<sup>85</sup>. Skull showing a fissure on left side, supposed to be the result of a sabre wound. On the left side, and towards the back part, is a linear opening in the bone, about three inches long; this extends quite through to the interior, although, from an ostitis having existed around it, an elevated ridge has been produced in front, and some new ossific deposit within, which has tended to close it. The dura mater was entirely wanting, to the extent of the wound; and adhered by a defined edge to the margin of the hollow. It was thought also that there had been some loss of cerebral substance at this part.

Case of John S., aged 28, under Mr. Key in 1838. He had cut his



throat several years before, and had been in the habit of taking his food through a pipe introduced into the œsophagus. There were vomicae in the apices of both lungs. Prep. of dura mater, 1592<sup>60</sup>. Prep. of larynx and œsophagus, 1711<sup>11</sup>.

13. Miscell. Insp. Book, p. 114.

- 1076<sup>93</sup>. Calvaria showing considerable caries. At the lower part of the left parietal the skull is completely perforated, and a hole left as large as a shilling piece. There is another small isolated patch of caries near it, and two large patches of caries at the vertex, one at each anterior-superior angle of the parietal bone.

From Dissecting-Room.

1077. A parietal bone, the subject of extensive ulceration and necrosis, involving the whole thickness of the bone.

Presented by Sir A. Cooper.

- 1077<sup>20</sup>. Large sequestrum from one of the parietal bones, including both tables.

Removed by Mr. Key.

- 1077<sup>40</sup>. Numerous shot extracted from the head of a woman ; they are all much flattened. Also a piece of exfoliated bone.

Case of Charlotte M., aged 17, under Mr. Callaway, senr., in 1834. The bone exfoliated three months after the accident. The patient quite recovered.

2. Note-Book, p. 32.

- 1077<sup>60</sup>. Calvaria of a woman, with a large irregular opening at the vertex, occasioned by the separation of sequestra ; the result of violence.

Presented by R. Stocker, Esq.

- 1077<sup>70</sup>. Calvaria presenting a large deficiency of bone at the vertex, but more upon the right side. The opening is closed by a membrane, and into this numerous processes of bone are shooting from the inner table. It also contains several isolated deposits of bone towards the centre.

- 1077<sup>80</sup>. Portion of the cranium of a child, fractured by the kick of a horse, which was followed by hernia cerebri.

Wax model (Path.), No. 27.

- 1077<sup>90</sup>. Large exfoliated portion of the os frontis, measuring more than four inches long and three broad.

Case of Dudley C., aged 30, under Mr. Cooper in 1806. He was said to have contracted syphilis only four months before, and had taken much mercury. He speedily recovered, but soon an abscess appeared on the head; the bone became exposed, and afterwards exfoliated. He died, eventually, from the brain becoming implicated.

Old Museum Book, No. 77.

1078. Calvaria, in which there is a large irregular opening in the left portion of the os frontis. It appears to have been the result of ulceration, and to have been of long standing.

Drawing 17<sup>75</sup>.

- 1078<sup>50</sup>. Skull with a large irregular opening in the os frontis, just above the left orbit. It appears to be in part the result of ulceration, and in part of the operation of trephining.

- 1078<sup>55</sup>. Calvaria, showing caries, and much thinning of the bone on the left side of the os frontis; and necrosis, with a large loose portion of bone on the right side.

Case of James G., aged 37, under Mr. Key in 1838. He gave a history of injury to the head. The membranes and parts within at last became involved, and he died with cerebral abscess.

12. Miscell. Insp. Book, p. 159.

- 1078<sup>60</sup>. Calvaria presenting a large excavation on the skull, from exfoliation of bone. It includes the greater part of parietal, and the right side of os frontis. The disease appears to have ceased, as the edges of the bone are thin, smooth, and bevelled off. The opening is four inches long, and two inches broad.

- 1078<sup>66</sup>. Portion of frontal bone, exhibiting strumous ulceration of the os frontis. Also atlas with articular surfaces carious.

- 1078<sup>67</sup>. Dried preparation of remainder of frontal bone of same case, exhibiting an opening through the forehead, produced by



strumous caries; around it, both inside and without, is much spongy new bone. Also the second vertebra, showing ulceration of articular surfaces and odontoid process.

Case of Ellen Y., aged 16, under Mr. Key in 1844. On admission there was a loose piece of bone on the forehead, which was surrounded by soft scrofulous matter. This exfoliated, leaving an opening; and after death the dura mater was found covered with similar strumous material. The disease had also extended through the left orbit. There was an ulceration of odontoid process, and rupture of transverse ligament.

Prep. of dura mater, 1592<sup>42</sup>.

12. Miscell. Insp. Book, p. 159.

1080. Calvaria in which a large portion of bone, consisting of a part of the os frontis and of both ossa parietalia, is exfoliating. This loose portion is about an inch square internally, but is double this size externally; the outer table being, as in nearly all the previous preparations of necrosis, more affected than the internal.

Case of Flora N., a young woman under Mr. Key in 1826, for syphilis.

1. Green Insp. Book, p. 62.

1080<sup>15</sup>. Portion of frontal bone, showing a large portion of it necrosed, and about to be detached. The inner table is much less affected than the outer.

1080<sup>25</sup>. Part of the os frontis and face. The external table of former extensively ulcerated, and at one spot on the left side the disease extends to the interior of the skull; the frontal sinuses are laid open. Nearly all the bones of the left side of the face are also destroyed, leaving a large vacuity; these include the nasal, superior maxillary, malar, and parts of sphenoid, ethmoid, and palate bones.

1080<sup>50</sup>. Skull showing most extensive destruction of the bones of the head and face. The whole of the os frontis has disappeared, with the exception of a fragment of dead bone, and the adjoining ossa parietalia are also somewhat affected. The bones of the face are also extensively destroyed, involving the outer parts of the orbits, the nasal bones, the anterior parts of the superior maxillary, together with the alveolar processes and teeth. The vomer and ethmoid have escaped.

There is seen some new ossific deposit around the diseased portions in the head, as in ordinary caries ; but the bones of the face seem simply corroded, as in lupus or facial cancer.

Sarah C., aged 25.

- 1080<sup>62</sup>. Calvaria presenting a very large opening at its upper part, so that little more is left than a circular rim of bone, a large part of the os frontis and ossa parietalia being destroyed. The inner table is as much affected as the outer, and the bone does not present the appearance of there having been any ulcerative process, but rather a cancerous erosion ; the tissue being simply eaten away.

Case of an old woman aged 82, who died in 1840. Two years before, she had a small tumor removed from her head. Ulceration of the bone followed, and rapidly progressed until exfoliation took place, and the brain was seen pulsating. The disease extended to within, and she died eventually of cerebral abscess.

Presented by Dr. Dowler, of Richmond.

2. Note-Book, p. 50.

- 1080<sup>69</sup>. Calvaria presenting the greater part of its outer surface in a carious condition, and at same time large pieces of necrotic bone are loose, and which if removed would leave considerable vacuities in the skull. One of these pieces is formed of the ossa frontis and parietalia, and has the coronal suture running through it.

- 1080<sup>70</sup>. Base of female skull, with the whole of occipital bone attached ; the superior edges of which are smooth, and indicate that much of the skull has been lost by disease.

- 1080<sup>75</sup>. Skull of a young woman, showing caries of nearly the whole of its upper surface, as well as the malar bones. Small perforations have occurred in a few places. There is also necrosis of left ramus of lower jaw.

- 1080<sup>80</sup>. Exfoliation of part of parietal bone from injury.

Case of John C., aged 27, under Mr. Hilton in 1855. Three months before admission he fell and struck his head ; a few weeks afterwards suppuration occurred, and bone became exposed ; it subsequently became black, and a month after admission it was removed.



1081. Calvaria exceedingly carious from scrofulous disease. There is a deposit of soft exudation on the interior, and absorption of bone has taken place both internally and externally, producing a worm-eaten appearance.
- 1081<sup>35</sup>. Portion of the calvaria from the vertex, on the inner surface of which cancerous tubercles are seen to have formed, and to have replaced the bone.
- 1081<sup>40</sup>. Calvaria presenting a large excavation at vertex, in right parietal bone, and behind this a similar one, though smaller; they are closed merely by pericranium. Also on the inner surface numerous small erosions which have not reached the exterior. All these parts were occupied by a soft reddish material, which was found by microscopic examination to consist of a fibrous matrix, containing nucleated cells, the whole bearing a resemblance to epithelial cancer.

Case of Christopher B., aged 58, under Dr. Hughes. He was emaciated, and had a very aged appearance; he had a carbuncle, and gradually died from exhaustion, without presenting any marked symptoms of disease. All the organs, excepting the head, were found to be tolerably healthy, no cancer being found elsewhere. See prep. of dura mater, 1601<sup>10</sup>; and drawing of skull, 2<sup>89</sup>.

Record of Insp., No. 195. 1854.

- 1081<sup>45</sup>. Calvaria eroded in various parts by carcinomatous disease. Thus a large surface of the frontal bone is seen to be destroyed internally by it. On the external surface at this part the disease is seen to be protruding as a large flat tumor. There are also distinct points of disease in the parietal bone, where, being less advanced, the new growth simply takes the place of the bone, and forms raised tumors, both within and without the skull, but which if removed would leave as many openings in the bone.

Case of Mary K., aged 32, under Mr. Birkett. In March, 1853, she perceived a tumor in the left breast; in October this was removed by excision. In January, 1854, she was again readmitted to the hospital, with a return of the disease in the cicatrix; this also was excised. In December, 1854, she was again admitted, with the whole of side of chest affected, as well as having tumors in the head, and she shortly died.

The sternum ribs and lungs found affected with cancer; also liver, &c. The humerus had distinct nodules in medulla. See prep. 1106<sup>5</sup>. The dura mater was also covered with patches of the disease. See drawing 2<sup>90</sup>, and prep. 1601<sup>5</sup>.

Record of Insp., No. 16. 1855.

- 1081<sup>50</sup>. Calvaria showing a large carcinomatous tumor, situated at the anterior and superior angle of the left parietal bone. The space of bone affected has a diameter of two inches; upon this is seated externally a portion of a spherical tumor, and which penetrates the bone by numerous openings. On the corresponding side internally, there is a similar growth, which is connected with the dura mater; on the arachnoid surface of the latter the tumor is also seen projecting, and this caused a considerable depression on the brain. The disease probably commenced in the membranes.

Case of Charles D., aged 21, under Dr. Rees for disease of the chest, which proved to be carcinoma of the left lung. There was no other disease in the body.

Record of Insp., No. 23. 1858.

- 1081<sup>70</sup>. Calvaria affected throughout with carcinomatous tubercles. These occupy the whole thickness of the bone, and project equally within and without, so that if the morbid material were removed, as many corresponding holes would be left.

Case of Sarah B., aged 39, under Mr. Morgan in 1835. For eighteen months she had suffered from cancer of the breast, and now involving the skin of the whole of the right side, by a number of distinct scirrhus tubercles. The lungs and liver also contained cancer. None at the base of the skull.

6. Miscell. Insp. Book, p. 121.

- 1081<sup>74</sup>. Calvaria, dried, presenting a number of small excavations on its interior, produced by cancerous growths. In a few places they have just penetrated the external table.

Case of Samuel H., aged 48, under Dr. Addison in 1843, who died of cancer of peritoneum, and probably of lungs.

19. Miscell. Insp. Book, p. 118.



- 1081<sup>78</sup>. Dried portion of parietal bone, having near its vertex a round excavation externally, produced by cancerous disease.

Case of Jane B., aged 68, under Dr. Bright in 1840. She had had cancer of the breast for four years. There was cancer of the ribs; and occupying the excavation in the skull was a soft cancerous tubercle. Prep. of uterus, showing closed mouth, 2259<sup>85</sup>.

17. *Miscell. Insp. Book*, p. 154.

- 1081<sup>85</sup>. Frontal portion of skull, dried, in which a large part of the os frontis is destroyed, said to be by cancer. The history is as follows:

A negro woman, aged 20, resident in Jamaica, received a blow on the forehead in the year 1804. A tumor shortly arose on the spot, and continued to increase until 1805, when she underwent treatment by mercury, and the swelling became reduced to half the size. In 1807 she came under the care of Mr. A. Garsia, who found a tumor on the os frontis the size of an orange; this he considered to be a blood tumor, growing from the diplöe, in consequence of a fracture occurring at the time of the injury. An incision was made into it, coagula came out, and much hæmorrhage ensued. In a few months' time it was as large as ever, all further operative measures were declined, the surface began to slough, and there were repeated hæmorrhages. (It is not stated at what time death took place, and the nature of the tumor is not very evident from the above description.)

2. *Note-Book*, p. 36.

- 1081<sup>92</sup>. Calvaria, dried, showing a large part of frontal bone, destroyed by cancerous disease. There are also isolated spots on other parts, where the bone is being similarly destroyed.

Case of Mary L., aged 71, under Mr. Key in 1843 for cancer of the knee. See prep. 1347<sup>50</sup>; and of patella, see prep. 1210<sup>97</sup>, <sup>98</sup>.

19. *Miscell. Insp. Book*, p. 144.

- 1081<sup>95</sup>. Portion of calvaria, showing a large carcinomatous deposit, destroying the whole thickness of the bone.

A private case of Mr. Hilton's. A male, aged 70; he had been ill four years, and shortly before his death he fractured the humerus and forearm, but these were not examined. The skull showed numerous deposits of cancer.

1082. Anterior half of the base of the skull, exhibiting extensive

fracture, implicating not only the base, but also both superior maxillary bones.

- 1082<sup>50</sup>. Middle and posterior part of the base of a skull, exhibiting an extensive and comminuted fracture, implicating the sphenoid, the right temporal, and the occipital bones. The foramen magnum, with a broad rim of bone, is carried inwards towards the interior of the skull.

From John T., aged 45, a patient of Mr. Key in 1829, who had fallen from the deck into the hold of a vessel, a distance of 14 feet. It was not known what part of the body had been struck. He survived only a few hours.

1. *Miscell. Insp. Book*, p. 52.

1083. Portion of the parietal bone removed successfully by the trephine, from a man who attempted suicide with a pistol loaded to the muzzle. The ball was divided by the resistance it received from the thick bone: one half passed under the scalp, and lodged in the integuments; the other in the diploë, depressing and fracturing the inner table. The bone is seen to be much hypertrophied. The man recovered without a bad symptom.

Presented by Mr. George Dickinson of Ealing, in 1826.

1. *Note-Book*, p. 25.

- 1083<sup>20</sup>. Portion of bone removed, to assist in raising other portions, in case of fractured skull.

John B., aged 13, admitted under Mr. Morgan in 1835. He had received a blow from a brick-bat, on the upper and anterior part of left side of head; a fracture was detected, with depressed bone. By means of Hey's saw a portion of bone was removed, and the depressed fragments taken away. The boy made a good recovery.

For full particulars see *Guy's Hospital Reports*,

Series I., vol. i., p. 412.

- 1083<sup>23</sup>. Portion of temporal bone showing a fracture through the tympanum; the facial nerve untouched, although its canal is broken through, and the membrana tympani is entire.

Case of John C., aged 33, under Mr. Birkett. He fell from a cart, and was taken up insensible. No fracture could be detected, and there



was no discharge from the ear. He died two days afterwards from arachnitis, and injury to the brain. The base of skull was found fractured.

Record of Insp. No. 51. 1856.

- 1083<sup>25</sup>. Portion of bone removed successfully in case of compound fracture of skull.

Edward S., aged 9, admitted under Mr. Morgan in 1835. He had fallen a height of 20 feet, into the hold of a vessel. On the right temple a fracture was detected. A piece of bone was removed by Hey's saw, and other loose portions taken away. The boy made a good recovery.

For full particulars see Guy's Hospital Reports,

Series I., vol. i., p. 411.

- 1083<sup>29</sup>. Portion of bone removed by the trephine, in order to release the blood effused from rupture of meningeal artery.

- 1083<sup>30</sup>. Calvaria of same case, fifteen years afterwards, showing the opening made by the trephine closed in by membrane.

Case of John P., aged 46, who was admitted under Mr. Cock in 1841. He had fallen from a height, and was stunned by the blow; he shortly regained his consciousness, but in a few hours coma came on, as if blood effused within the cranium. Mr. Cock trephined, and removed a large clot of blood, with immediate relief to the symptoms. Although the case progressed slowly at first, the man made a good recovery, and resumed his work. He continued at his employment for several years, and at last died in 1856.

For full particulars of case see Guy's Hospital Reports,

Series I., vol. vii., and Series III., vol. iii.

- 1083<sup>37</sup>. Calvaria extensively fractured at its posterior part.

From a man aged 78, caused by a blow from a cab shaft.

From Dissecting-Room. 1843.

- 1083<sup>42</sup>. Calvaria presenting a comminuted fracture in right temporal region. One piece has been removed, and other portions are depressed.

Case of Samuel A., aged 11, under Mr. Morgan in 1843. While standing at the water side, by Waterloo bridge, he received a blow on the head by a stone thrown from above. The dura mater sloughed, the brain protruded, and the boy died of arachnitis a fortnight after the accident.

19. Miscell. Insp. Book, p. 201.

- 1083<sup>48</sup>. Calvaria showing fracture of the frontal, parietal, and temporal bones of left side.

Case of James B., aged 12, under Mr. B. Cooper in 1843. He fell from a cart, and his head was compressed between the wheel and curbstone. Some pieces of bone were removed. He died in a few hours.

19. Miscell. Insp. Book, p. 214.

- 1083<sup>55</sup>. Calvaria showing the effects of violence from a concentrated force, producing fracture.

(Factitious; made for Mr. Key's Lectures.)

- 1083<sup>58</sup>. Calvaria showing comminuted fracture, with indentation on left side, and a similar condition, although to a less extent, on the right. There is also a long fracture proceeding from the former upwards through the frontal bone.

Case of William L., aged 47, a policeman on the Croydon railway, under Mr. Cooper in 1842. He had been knocked down by a train.

18. Miscell. Insp. Book, p. 244.

- 1083<sup>60</sup>. A round portion of bone removed by trephine, together with some smaller fragments, taken from the skull in a case of compound fracture.

A young man aged 30, admitted under Mr. Poland in 1857. While standing superintending a crane, a piece of iron fell on his skull, knocking him down senseless. About two hours afterwards consciousness partly returned. Mr. Poland found a compound fracture, and being unable to remove the pieces of bone, he trephined the skull, and sawed off another portion, when he raised several fragments that were pressing on the dura mater. He was placed under chloroform during the operation, immediately after which he appeared relieved. He was put on extremely low diet, and he perfectly recovered in a fortnight, never having had a bad symptom.

- 1083<sup>62</sup>. Portion of skull near left temple, showing a fracture and an opening produced by the trephine. From a young subject.

From Mr. Howship's collection.

- 1083<sup>65</sup>. Portion of parietal bone removed from skull, showing to how much greater extent the inner table is fractured than the outer.

George P., a strong young man, was admitted under Mr. Poland on August 15th, 1853. He fell, with several others, a height of 170 feet,



from the centre transept of the Crystal Palace, during its erection. There was compound fracture of the skull, and some portions of bone were removed. He made a recovery, and left in October. He visited the hospital in 1857, and stated that he had never been quite well since the accident, and he seemed to have some slight hesitation in his speech. He was engaged as a watchman. He wore a silver plate in his head, and was much affected by the vicissitudes of weather, feeling very unwell during the prevalence of a thunder-storm.

- 1083<sup>70</sup>. Portion of parietal bone, exhibiting a circumscribed fracture, with a depression of the two tables. It is about one and a half inch square, indentated and comminuted.

Case of John E., aged 46, under Mr. Key in 1834. He fell from a loft, producing compound fracture of the skull, together with fracture of rib and injury to the lung. He had no cerebral symptoms, but died from pleurisy a fortnight afterwards

5. Misc. Insp. Book, p. 79.

- 1083<sup>75</sup>. Portion of frontal bone, showing several fractures affecting the internal and external tables separately. There is one fissure on outer table, two and a half inches in length, and of which there is no trace within; there is also another within, one and a half inch long, half of which is only seen on the external table.

Case of George C., aged 12, under Mr. Hilton. He fell over the bannisters on to the floor beneath, and was picked up insensible. No fracture could be detected. He died five days afterwards of arachnitis, when the right side of the frontal bone was found fractured or starred, and the fissures seen in the preparation proceeded in all directions from it.

Record of Insp., No. 159. 1857.

- 1083<sup>80</sup>. Spontaneous separation of portion of cranium after a blow.  
1083<sup>81</sup>. Piece of cranium, which separated about three months after a direct blow, received from falling upon the curb.

Case of Philip B., aged 24, who met with the accident in 1850, and two years afterwards the injury appeared quite repaired.

- 1083<sup>85</sup>. Os frontis, with a portion in process of detachment, in consequence of injury producing fracture of the internal table.

1084. Portion of skull, exhibiting marks of old extensive injuries,

apparently produced by a sabre; one running obliquely along the top of the head, is five inches in length, and implicates the frontal and left parietal bones. There is also another vertical one of great length, affecting the lower part of the left parietal bone, and ending in the suture between the temporal and sphenoid. There is also an indentation on the posterior and lower angle of the same bone. Found on the field of Marengo.

Presented by Mr. B. Cooper.

1084<sup>15</sup>. Portion of os frontis, showing the remains of an old incised wound which has fractured the bone.

1084<sup>20</sup>. A portion of parietal bone, in which are two openings covered in by membrane; and in the latter, repair has taken place by some ossific deposit. One of the openings has a roundish shape, as if produced by the trephine.

1084<sup>25</sup>. Portion of skull, showing an indentation and loss of substance, more on external table than internal, where it appears merely as a fissure. It appears to have undergone considerable repair.

From Mr. Bryant's collection.

1084<sup>30</sup>. Skull, showing remains of a severe wound on the middle of the right parietal bone. There is loss of substance externally, and it penetrates to within, where it is seen as a fissure half an inch long, and from each end there proceeds a fracture quite across the bone, both upwards and downwards.

1084<sup>34</sup>. Skull, presenting a perforation made by a bullet, in middle of left parietal bone. The internal table is separated to a greater extent than the outer. From the field of Leipzig.

Presented by Mr. Poland.

1084<sup>35</sup>. Skull, showing the remains of a sabre cut on left temporal region. A large portion of the squamous bone has been broken off, leaving an opening in the skull two and a half inches in length. From the field of Leipzig.

Presented by Mr. Poland.



- 1084<sup>38</sup>. A skull of a young person, showing a repaired fracture. The commencement of the temporal ridge, on the right side near the orbit, has been indented for the space of a square inch by a comminuted fracture; the pieces are now firmly united. Proceeding from this spot there are several fissures, one of which runs upwards as far as the coronal suture. This is quite repaired, and appears only as a slight linear depression. There is no trace of it on the internal table.
- 1084<sup>45</sup>. Skull, showing the effects of an old extensive fracture of the os frontis, on the right side, extending along its whole length, from orbit to coronal suture. There is a considerable loss of substance, by which a large gap is left on the surface. It does not appear to penetrate to the inner table. Considerable repair has taken place, as well as osteitis producing elevation of bone around.
- 1084<sup>60</sup>. Skull, showing a vertical fissure, produced by a sharp instrument on left parietal bone, undergoing some repair. There is also a patch of caries at the vertex, on the left parietal bone.
- 1084<sup>65</sup>. Lateral section of a cranium, showing a perforation of left parietal bone near the sagittal suture. There is much loss of substance of the outer table; the edge of the opening is smooth, and there appears to have been some repair.
- 1084<sup>70</sup>. Cranium, exhibiting two very remarkable and symmetrical openings at its back part, one being in each inferior and inner angle of the parietal bones. The openings are round, one third of an inch in diameter, and appear as if some repair had taken place.
- 1084<sup>75</sup>. Skull, showing the remains of an extensive old fracture on the left side of the head, taking a horizontal direction across the os frontis. It appears to be quite repaired.
1085. Portion of the parietal bone, in which the external table is indented without fracture.

1085<sup>75</sup>. Circular fracture of frontal bone.

Case of Michael S., aged 37, was admitted under Mr. Birkett, in May, 1852, having fallen from a height to the ground. There was a scalp wound over the right temporal ridge, and the bone was exposed. He recovered the concussion, and was progressing favourably, when symptoms of arachnitis came on, and he died nine days after the injury. The post-mortem examination showed a fracture proceeding from the point indicated, down to the sella tursica. The bone at one part was slightly depressed. The dura mater beneath was uninjured, as likewise the brain; but there was a small effusion of blood, and whole surface of hemispheres covered with purulent effusion from arachnitis.

1085<sup>80</sup>. Several portions of skull, exhibiting various injuries undergoing repair. They have probably been picked up on a battle-field, as they show the effects of bullet and sabre wounds.

A. Portion of skull, showing the effects of a fracture.

The bone has been broken to the extent of a square inch over the coronal suture at the left side. The greater part of the opening is closed by a portion of the bone which has been displaced, and become adherent to its edge; the suture is seen running through this piece.

B. Portion of bone, showing an indentation of nearly a square inch over the left frontal protuberance. The bone projects on the interior, and has apparently been comminuted, although the portions have now become firmly united.

C. Portion of bone, showing a long cut, penetrating through the bone, nearly two inches long. The opening is partly closed by a new growth of bone from the edge, and which projects over it.

D. Portion of bone, exhibiting on left side of coronal suture a slight elevation with a fissure at its side, evidently the effects of an oblique cut. There is also a round hole in the frontal bone, evidently produced by a shot; the edges externally are



sharp, but within there is a considerable loss of internal table around it.

E. Portion of bone, presenting a semicircular ridge, and the bone beneath depressed, produced evidently by a violent blow. On the interior it presents a more prominent edge, but perfect union has taken place.

1085<sup>85</sup>. Fracture through the temporal bone.

1085<sup>90</sup>. Fracture through base of skull and temporal bone, showing facial nerve exposed, but uninjured.

1086. Calvaria, showing a most extensive fracture of the left parietal bone, also the frontal separated at the coronal suture.

Case of Matthew L., under Mr. Key in 1826. His head was crushed by a cart-wheel. Preparation of lacerated dura mater 1607; and injured portion of brain 1570.

1086<sup>65</sup>. Portions of parietal and occipital bones, showing depressions of skull.

Case of William A., aged 42, under Mr. Birkett. He was knocked down by an engine on the railway. He died a month afterwards of pyæmia, produced by other injuries received at the time of the accident.

Record of Insp. No. 169. 1854.

1086<sup>70</sup>. Calvaria, showing an opening produced by a trephine. The edges are rounded, showing that some time had elapsed since the operation, but there is no attempt at repair by bone. The opening is closed by membrane formed by pericranium.

From Mr. B. Cooper.

1086<sup>75</sup>. Calvaria, showing an opening in the right temple, produced by a pistol-shot wound. It is rather more than an inch long, and formed by the junction of two round openings; the lower made by the bullet, and the upper by the trephine.

Case of Thomas C., aged 35, under Mr. Birkett. During a fit of insanity he shot himself, by placing the pistol close to his head. The bullet was found in the wound severed in two by the edge of the bone.

The trephine was applied to remove it, together with some portions of the bone. He died six days afterwards, and the dura mater beneath was found lacerated, and the brain sloughing.

Record of Insp. No. 242. 1854.

- 1086<sup>80</sup>. Calvaria showing considerable fracture, and complete separation of the frontal bone at the coronal suture.

Case of Catherine W., aged 25, under Mr. Hilton. She fell from a window at the top of a house upon the pavement below, and died three days afterwards.

Record of Insp., 77. 1855.

- 1086<sup>85</sup>. Calvaria showing reparation of fracture. On the left side there is loss of substance, and proceeding from this around the os frontis and right side of head, is a fracture completely united. Upon the interior the bone is rough, showing the inflammatory action which had been produced. Eleven weeks after the injury.

Case of Alexander R., aged 14, under Mr. Birkett. While at work at Messrs. Maudslay's, he accidentally received a blow on the head by a hammer. A wound existed on left temple, and some comminuted bone was removed. The boy slowly progressed, and the wound healed. He, however, again fell into a low state, and died eleven weeks after the accident. An encysted abscess was found in the brain, but the external parts injured had quite healed. A long fracture, proceeding from the left temporal region around the front and right side of head, as far as lambdoidal suture, had quite united, and so firm was it that no displacement took place when the calvaria was removed in the usual way by the chisel and mallet. A fissure proceeding downwards through the middle fossa was also quite closed.

Prep. of cerebral abscess, 1565<sup>86</sup>. Drawing 2<sup>101</sup>.

Record of Insp., 163. 1856.

## BONES OF FACE.

1087. Tumor of the upper jaw. A cystiform expansion of the bone.

Removed by Mr. Key.

- 1087<sup>12</sup>. Head of a foetus, with considerable deficiency of the superior maxillary and palate bones.



1087<sup>24</sup>. Skull showing ulceration and exfoliation of both superior maxillary and palate bones, with loss of vomer. Incipient ulceration of the os frontis, and partial bony deposit from periosteal inflammation near the left angle of the lower jaw. There is considerable want of symmetry in the form of the skull.

1087<sup>36</sup>. Skull with the left os nasi, and considerable part of the superior maxillary bones destroyed by ulceration.

1087<sup>48</sup>. Skull showing the effects of lupus. The upper incisors and their cavities are lost. The nasal aperture is enlarged.

Case of Mary D., aged 40, under Mr. Cooper in 1826. She was in the hospital seven years, and at the time of her death, nearly the whole face was destroyed, including the eyes, one having been lost for a considerable time; bones of nose eaten away, and integument of forehead. It was not thought that she had ever had syphilis. See wax model (cutaneous diseases), No. 218.

4. Misc. Insp. Book, p. 1.

1087<sup>60</sup>. The base of a skull, showing considerable destruction of the palate from disease, there being a large oval opening communicating with the nasal cavities. The edges of the opening are rounded and smooth, and the teeth appear unaffected.

1087<sup>74</sup>. Skull with the under half of the ethmoid bone, the ossa nasi, palate, and vomer, with great portion of the superior maxilla destroyed by ulceration. All the teeth are lost.

1087<sup>86</sup>. Two ossa nasi necrosed.

Presented by Mr. Towne.

1088. Skull showing ossa nasi fractured and repaired. The left bone has been broken near its lower end; the right, which is longer, and encroaches on the other, has been divided near its middle, and the displacement laterally of its inferior portion is considerable.

1089. Skull showing a fracture across the middle of the ossa nasi, reunited with some displacement.

1089<sup>50</sup>. Six specimens exhibiting fractures of the ossa nasi.

- A. Nasal bones fractured transversely; firmly united, but bent downwards.
- B. One nasal bone transversely broken and united, the other has a portion removed from it.
- C. Transverse fracture of both bones united.
- D. Transverse and comminuted fracture of both bones, firmly united, and the right to the superior maxilla.
- E. Transverse and longitudinal fracture only partially united.
- F. Transverse fracture of both bones united, and also partially to maxillæ. The skull is remarkably round. The atlas is firmly ankylosed to os occipitis. It is edentulous, and evidently old.

Brought from Paris.

1090<sup>30</sup>. Lower jaw. The right side much smaller than the left, and the angle more obtuse.

From Brooke's collection.

1090<sup>60</sup>. Lower jaw with exostosis along its lower margin anteriorly.

1090<sup>80</sup>. Lower jaw of a child, with the condyloid process, and a considerable portion of the ascending plate impaired by ulceration.

1091. Sequestrum consisting of two-thirds of the alveolar processes of the lower jaw. Necrosis induced by the use of mercury for ovarian dropsy.

Presented by Mr. Key.

1091<sup>5</sup>. Sequestrum consisting of symphysis and horizontal rami of lower jaw, together with the first two molar teeth, separated in consequence of cancrum oris.

Case of Louisa N., a child under Mr. Birkett in October 1851 for cancrum oris. After the sloughs came away, a large portion of the lower jaw followed, the separation taking place posterior to the dental foramina. The wound healed, and in September, 1852, the face presented comparatively little deformity. Seen again in April, 1856, when an



osseous growth was found to have taken the place of the original portion of the lower jaw. Power of mastication good, and sense of feeling nearly perfect.

See drawing 230<sup>50</sup> & <sup>51</sup>.

1091<sup>6</sup>. A large portion of lower jaw, with the teeth exfoliated after cancrum oris.

1091<sup>7</sup>. Portion of lower jaw, consisting of condyle, angle and part of horizontal ramus of lower jaw, separated by necrosis after fever. On its inside the dental foramen and canal are seen.

A lad, aged 14, under Mr. Birkett in September, 1854, suffering from necrosis of left side of upper jaw in consequence of fever. The part was removed, together with the molar teeth. He recovered with comparatively trifling deformity, and the skin remained sensitive, although a large part of the trunk of the nerve must have been destroyed.

1091<sup>10</sup>. Tumor removed from the lower jaw by Mr. Morgan. A similar tumor had been removed from the same patient about four years previously. A private case.

The tumor appears to be enchondromatous, and possibly had no connection with the bone.

1091<sup>11</sup>. A considerable portion of the lower jaw removed by Mr. Morgan. A great part of the mucous membrane was affected, and produced a tumor in which ulceration had commenced, and the bone become involved. About two months after the operation the disease returned. It was said to have commenced in the gum. This specimen proves to consist of epithelial cancer.

1091<sup>15</sup>. Wet section of right half of lower jaw, the subject of fibro-cartilaginous disease. The teeth are seen in the midst of the new growth.

Case of a woman aged 29, in the hospital in 1846. The disease had been coming nine years. It was removed by Mr. Key.

1091<sup>16</sup>. Dried section of same, showing the expanded bony shell of the jaw, the new structure having been removed.

1091<sup>20</sup>. Fibrous tumor growing from the alveolus of the lower jaw.

Removed by Mr. Morgan from a young woman who left the hospital apparently well. A fang is implanted in it.

1091<sup>25</sup>. Fibrous tumor removed from the lower jaw by Mr. Cock in 1858.

Samuel G., aged 9. Two years before, he had received a blow on the chin, and six months afterwards a small tumor appeared. It was emerging from the bone, and imbedded in it; size of walnut, and nerve passed through it, necessitating its removal in two parts.

1091<sup>28</sup>. A tumor removed from near the angle of the jaw; it was said to have returned, and was called malignant. It appears, however, to be enchondromatous.

1091<sup>30</sup>. Right half of the lower jaw, with which is connected a large cyst filled with a coagulum and a soft fibrous growth. It was thought to be malignant, and to be dependent on an aneurism, as a small tumor in the gum was first observed, which bled profusely on being opened. The nature of the specimen is not at all clear.

Presented by Mr. Dendy in 1827.

1. Note-Book, p. 41.

1091<sup>35</sup>. A large tumor from the lower jaw, apparently fibro-cartilaginous. Removed after death.

Presented by Mr. Bradley, Kent Road.

1091<sup>40</sup>. Left half of lower jaw, with a large malignant tumor succeeding to the removal of cancer of the lip; the soft parts in the mouth are involved in the disease, and the bone is extensively affected.

Case of William B., aged 40, under Mr. Cooper in 1829 for a large tumor at angle of lower jaw, succeeding removal of cancer of lip. It reached the os hyoides, which was involved in it. The patient died of exhaustion; no disease was found in the body.

1. Misc. Insp. Book, p. 55.

1091<sup>50</sup>. Greater part of the lower jaw removed on account of fibrocystic disease, producing great enlargement of the bone.



The section has a spongy appearance, and contains numerous cysts.

Boy aged 13; under Mr. Key in 1841. He stated that the disease began as a lump two years before, on the anterior part of lower jaw, and this gradually increased backwards; he never had much pain in it. The jaw was removed by Mr. Key, by sawing through it just below the angles on each side. Recovered.

1091<sup>70</sup>. Lower jaw, having a doubtful fracture on the left side at the angle.

1091<sup>80</sup>. Model of the breech of a gun which had been lodged in the face of a man for twenty-one years.

He was in the service of Mr. Rickard of Faversham, Kent; while shooting birds, the gun burst, and he received in consequence severe injuries in the face. The eye was knocked out, and the roof of the orbit destroyed, through which the brain protruded; the latter sloughed, and after a long illness the man recovered. At the latter end of the year 1856 he was suddenly seized with symptoms of choking, as from a foreign body in the throat; and on putting his fingers in his mouth to remove it, he drew forth the breech of a gun, much oxidized, and covered with purulent matter. It is supposed that the piece of iron broke through the floor of the orbit, and had been lodging in the antrum ever since.

Presented by C. L. Allwork, Esq., Maidstone.

#### CLAVICLE.

1093. Clavicle rough and enlarged, from effects of periostitis.

1093<sup>25</sup>. Clavicle affected with periosteal inflammation and necrosis.

1093<sup>26</sup>. A similar specimen.

1093<sup>50</sup>. Clavicle considerably hypertrophied from general inflammation of the bone. There is necrosis of the clavicular extremity. Said to arise from syphilis.

1094. A portion of clavicle rather more than four inches long, separated from its middle by necrosis. The patient recovered.

- 1094<sup>8</sup>. Clavicle of a child the subject of inflammation and caries, probably arising from scrofula.
- 1094<sup>16</sup>. Slight caries of sternal extremity of clavicle, supposed to arise from scrofula.
- 1094<sup>24</sup>. Clavicle affected with inflammatory enlargement of the sternal end. It also exhibits an united fracture.
- 1094<sup>32</sup>. Clavicle which has been fractured and well united.
- 1094<sup>36</sup>. The right clavicle fractured and well united.
- 1094<sup>38</sup>. Fractured clavicle united.
- 1094<sup>40</sup>. A very oblique fracture of the clavicle, badly united.
- 1094<sup>48</sup>. Fractured clavicle united.
- 1094<sup>50</sup>. Fractured clavicle united.
- 1094<sup>52</sup>. The right clavicle broken and united.
- 1094<sup>54</sup>. Clavicle fractured and united.
- 1094<sup>56</sup>. Clavicle fractured and badly united.
- 1094<sup>64</sup>. Clavicle fractured and very badly united.
- 1094<sup>72</sup>. Fracture of the clavicle near the sternal extremity, badly united and much shortened.
- 1094<sup>80</sup>. Fracture of the clavicle near the sternal extremity, badly united and much shortened.
- 1094<sup>86</sup>. Clavicle fractured in two places; first, near the middle, and, secondly, about an inch nearer the acromion with angular union.
- 1094<sup>94</sup>. Two inches of the sternal end of the clavicle, which has been fractured obliquely and united with considerable thickening.



- 1094<sup>95</sup>. Clavicle exhibiting reparation after fracture of twenty-five days' duration. The ends are seen to be riding over each other, and there is a large superficial callus around them.

Case of William C., aged 32, under Mr. Birkett in 1853 for compound fracture of leg and fracture of clavicle. He died of pyæmia.

New Vol. iv., p. 271.

### SCAPULA.

1095. Scapula exhibiting preternatural thinness, almost producing an opening in the dorsum.
1096. Another similar specimen.
- 1096<sup>10</sup>. Right scapula of remarkable thinness.
- 1096<sup>20</sup>. Right scapula of remarkable thinness.
- 1096<sup>30</sup>. Scapula of remarkable thinness, and very narrow towards its inferior angle.
- 1096<sup>40</sup>. Another similar specimen.
- 1096<sup>50</sup>. Scapula with the impression of the subscapularis muscle strongly marked. It is broad at its inferior angle, on the external side of which is a process much larger than usual. The inferior angle is very much prolonged.
- 1096<sup>60</sup>. A similar specimen, probably the fellow-bone from same subject.
- 1096<sup>70</sup>. Rather small scapula, remarkably broad towards its inferior angle, with two considerable processes projecting, one from its base and the other from its internal margin; the fossa supra-spinata broad, and the notch almost obliterated.
- 1096<sup>80</sup>. Right scapula, showing a thickening of bone and exostosis, probably from effects of inflammation.
- 1096<sup>90</sup>. Scapula showing bony thickening and exostosis along the spine and base, probably from effects of inflammation. The coracoid process is also affected.

1097. Scapula showing caries of the glenoid cavity and neck.

1097<sup>35</sup>. Scapula presenting a round opening in the infra-spinous fossa, as if produced by a gun-shot. The opening is larger on the outer side, from the chipping away of the external edges, which would appear as if the shot had passed through the body to the back. This appearance may, however, have been produced by disease, or even the hole itself may have originated altogether from necrosis.

1097<sup>50</sup>. Scapula presenting several openings and inequalities, as if it had been extensively fractured and repaired.

1097<sup>70</sup>. Scapula showing a repaired fracture extending from the commencement of the spine to the middle of the inferior costa. The under portion overlaps the superior. The displacement is much greater inferiorly than superiorly.

1097<sup>85</sup>. Scapula fractured near the cervix; the glenoid cavity, coracoid process with notch, having been completely separated. The rest of the bone was also crushed.

Case of a man, aged 44, who was thrown out of a cart, and fell upon his right shoulder. A transverse fracture of the scapula was detected by Mr. Cock. The man survived eight days.

1097<sup>90</sup>. Dried preparation of the shoulder-joint, showing the acromion detached, and said to be fractured. It appears, however, to correspond to the separate portion of bone seen in cases of chronic rheumatic arthritis, although there is not much change of other parts.

Presented by Mr. J. Dashwood.

1098. Fractured acromion with partial ligamentous union. The original description has been retained, but it is probably similar to the preceding specimen.

1098<sup>5</sup>. Myeloid tumor of the scapula, developed within the acromion process. It consists of a bony shell, containing within it a soft material of purely myeloid elements.

Case of Ellen C., aged 27, under Mr. Cock. She had felt pain in the shoulder for a year and nine months, but had only observed a



swelling for six months. There was a large tumor the size of a child's head, growing from the left shoulder, round and very hard. In Jan., 1855, it was removed by Mr. Cock, by sawing through the acromion process in which it had been formed. The patient soon recovered, and is at present quite well.

Drawing 5<sup>6</sup>. For full particulars of case, see G. H. Rep., Series III., vol. ii.

- 1098<sup>10</sup>. Scapula almost destroyed by cancer, being very thin in some parts, and quite eaten through in others. Also a portion of cranium and dura mater containing a mass of cancer, and a rib in similar condition.

A girl aged 22, under Mr. Birkett. For about seven months had pain in left shoulder, and for a few weeks had observed swelling in the part. When first seen, a large growth could be observed springing from the scapula. She died in great agony; and on examination, a large carcinomatous tumor was found entirely surrounding the scapula, and apparently springing from the periosteum on all sides. The bone was found almost destroyed. Cancer was also found in the dura mater and cranium, in the ribs, and also in the pancreas. Prep. 1989<sup>10</sup>.

Record of Insp., No. 194. 1855.

- 1098<sup>15</sup>. A very similar specimen to the preceding, the scapula being almost destroyed by carcinomatous tumors (now removed), which sprung from every surface of the bone.

Case of Catherine A., aged 17, under Mr. Cock. She felt pain in her left shoulder for about a year, and had observed a swelling for six months. She did not survive long, and after death a very large tumor was removed, containing the scapula imbedded in the midst of it, and almost destroyed. The lungs also contained cancer.

Record of Insp., No. 18. 1857.

- 1098<sup>20</sup>. Portion of an immense enchondromatous tumor, removed after death from the right shoulder.

Case of James G., aged 57, a carpenter. About seven years before his death in 1838, he struck his shoulder; this was followed by much pain, and in a few months he observed a swelling in the part. This increased, but he continued at work for four years. The tumor had then attained great size, reaching as low as the ninth rib, and as far back as the spine. The patient came to London, and Mr. Liston wished to remove it, but he refused. During the next three years the tumor went on increasing until it reached the median line in front as well as behind, and rested upon the ileum. He was obliged to sit on a chair,

and support the tumor on a table. At last it began to slough, and he took to his bed, dying worn out. The tumor appeared to rise from the scapula, and consisted of cartilage with some bony matter.

Presented by Mr. R. Nunn, Colchester.

2. Note-Book, p. 48.

1098<sup>21</sup>. Amorphous portion of bone macerated from a part of the preceding tumor.

1098<sup>50</sup>. Scapula and ribs affected with mollities ossium. The former is very thin, light, and is bent upon itself; the latter are of similar consistence, and are bent in various directions.

Taken from a female subject in the Dissecting-Room, about eighty years of age, which came from the workhouse. March, 1857.

#### OS HUMERI.

1099. Humerus in which the pits for the reception of the olecranon and coronoid process of the ulna meet, producing a foramen. The lower extremity of the bone is affected with periosteal inflammation, and therefore the opening may be the result of disease.

1100. Humerus of which the head is deformed by considerable absorption of some parts, and slight bony deposit on others, probably the result of dislocation; or the head may have been broken off, but the history is not known.

1100<sup>7</sup>. Humerus having a large exostosis growing beneath the head from its outer side. All around the neck also there is considerable bony deposit.

1100<sup>10</sup>. Humerus showing a new growth of bone or lamellar exostosis on the middle of the shaft.

1100<sup>15</sup>. A left humerus, showing a processus supracondyloideus. This consists of a hooked process of about three-quarters of an inch long, growing two inches above the internal condyle. It is hooked downwards, and has, by means



of a ligament at its extremity, formed at one time a foramen. This corresponds to the foramen on the inner condyle of many of the carnivora and other species of animals, to allow the passage of the brachial artery and median nerve.

1100<sup>22</sup>. The upper part of the shaft of a humerus, showing the head very much malformed ; below this there are several bony projections. It may probably have been the seat of fracture.

1100<sup>27</sup>. Humerus presenting a large projection or exostosis at the upper part of the shaft ; probably the result of injury.

1100<sup>30</sup>. Dry preparation of shoulder-joint, showing the effects of chronic rheumatic arthritis. The head of the humerus is surrounded by a thin layer of bone, as if a band of osseous tissue had been placed around its lower part. There are also a few small new deposits of bone on the edge of the glenoid cavity, and a few on the ligaments around. Also similar deposits at the extremity of the acromion, the coracoid process, and clavicle ; the latter having a smooth articular surface.

1100<sup>45</sup>. Dry preparation of the shoulder-joint, with considerable enlargement of the head of the humerus, from bony deposit around its lower border. There are also small osseous deposits upon acromion, coracoid process, and at the end of the clavicle. Chronic rheumatic arthritis.

1100<sup>60</sup>. Scapula and humerus ; the glenoid cavity of the former is flattened, and reduced in surface, while the head of the latter is flattened and extended ; probably the result of chronic arthritis.

1100<sup>80</sup>. Scapula and upper part of os humeri ; the glenoid cavity of the former, and the greater part of the head of the latter, destroyed by disease of the joint. The inferior angle of the scapula is misshapen, and there is a congenital perforation of the part adjoining filled up by membrane.



- 1101<sup>50</sup>. Lower end of the humerus, which has been the subject of inflammation, the shaft being covered with new osseous deposit.

Case of Thomas F., aged 29. For history see preps. 1075<sup>20</sup> & 21.

1102. Longitudinal section of the humerus, showing the bone much thickened from the effects of periostitis.

- 1102<sup>50</sup>. Os humeri presenting extensive superficial necrosis of a large part of its surface.

Case of John A., aged 21, under Mr. Key in 1828. He was an intemperate young man, had had syphilis several times, and had taken much mercury. He was in an extremely cachectic state, and was covered with rupia; afterwards phagedænic sores came on the arms and legs. The whole of the soft parts of the right arm sloughed away, leaving the bone bare.

Drawing of arm affected with rupia, No. 146; gangrene of leg, No. 181; arm and fatty liver, No. 330.

1. Misc. Insp. Book, p. 61.

1103. Humerus presenting a beautiful example of necrosis of the shaft inclosed in a capsule of new bone. The sequestrum appears ready to be detached, and the bony case is spongy, and presents several cloacæ which communicated at one time with fistulous openings in the soft parts. The smooth and clean end of the sequestrum renders it more probable that the part was sawn through after death, than that the disease resulted from an inflammation following an amputation for diseased elbow-joint, which has been suggested.

- 1103<sup>25</sup>. Head of humerus extirpated by Mr. Key for necrosis of the bone, supposed to be scrofulous.

- 1103<sup>50</sup>. Upper half of the humerus affected with necrosis. The head of the bone, as well as several inches of the shaft below, contains a large cavity from which dead bone has been removed; the cavity opening externally both in front and behind. There is also loss of cartilage.

Case of Frederick B., aged 14, under Mr. Key in 1837. There were numerous orifices leading from surface to the diseased bone, from which some large pieces were removed about a month before death.

12. Misc. Insp. Book, p. 117.



1103<sup>75</sup>. Humerus showing the result of necrosis. The whole shaft appears to have died, leaving only a small portion of sequestrum seen at its upper part, the present shaft consisting altogether of new bone. This is a hollow capsule having several openings in it, through which the necrosed portions have made their exit. It is much distorted, being bent forwards and outwards at its upper part, where a portion of sequestrum still remains in process of escaping. The new bone is firmly attached to the articular ends of the old shaft.

1104. Sequestrum six inches long, from the humerus of a child, a patient of Mr. Key's.

1104<sup>25</sup>. A necrotic portion of the shaft of the humerus.

1104<sup>26</sup>. Necrotic portion of the shaft of the humerus, removed some time after amputation, on account of sloughing of the stump.

Case of William A., aged 19, under Mr. Birkett in 1853. See drawings 5<sup>20</sup> & 5<sup>22</sup>.

1104<sup>50</sup>. Sequestrum between four and five inches in length, removed from the humerus.

William B., aged 13, under Mr. Morgan in 1829.

1104<sup>60</sup>. Necrosis of the humerus, showing the upper third of the shaft separated from the epiphysis above.

From a strumous boy, aged 16, a private patient of Mr. Cock's in 1858. A year before, he received a blow on the arm; inflammation and suppuration followed; and afterwards a gradual shortening of the limb. At last, the bone protruded through the deltoid muscle; this was gradually pushed forwards and upwards, and after six months was removed by Mr. Cock. New bone had been thrown out, the joint was perfectly healthy, and the arm was one and a half inch shorter than its fellow.

1105. Numerous bones of a child affected with rickets. They are soft and vascular, and some appear to have been broken or bent.

Presented by Sir A. Cooper.

- 1105<sup>50</sup>. A section of the upper half of the humerus, showing a bony tumor growing from the side of the shaft, just beneath the head. It involves the shaft to the extent of four inches; and reaches to the centre of the medullary canal. The growth projects as a large tuberosity, and consists for the most part of dense compact bone; but at its lower part, the structure is fibrous.

Patient was a young man, a sailor, and the arm was amputated at the articulation by Mr. Key.

- 1105<sup>51</sup>. Dry section of same.

- 1106<sup>5</sup>. Section of humerus and clavicle, showing, the commencement of carcinomatous disease as distinct nodules in the head and shaft of the former, and considerable destruction of the latter from the same cause.

Case of Mary R., aged 32, who died after removal of cancer of the breast. For history, see prep. 1081<sup>45</sup>.

Record of Insp., No. 16. 1855.

1107. Section of upper part of the humerus, showing a large bony tumor, and equally surrounding the shaft; the latter, however, being quite lost in the new osseous tissue, so that no trace of it is now apparent. Its structure is very firm and compact, and the surface uniform, except in a few places where small holes are seen with smooth interiors. Around the bony mass was a fleshy growth (now removed), causing the tumor to be double the size at present seen. This was a firm fibrous structure occupied by numerous rounded foramina. It was styled by Sir A. Cooper, medullary exostosis.

Case of James F., aged 23, in the hospital in November, 1824, under Mr. Key. He died of hæmorrhage soon after the limb was removed. The inferior costa of scapula and coracoid process were found partly destroyed, and the kidneys and lungs are said to have been diseased, but whether from carcinomatous disease is doubtful.

Mr. Key's Record of Insp.

- 1107<sup>10</sup>. Dried section of same.



1107<sup>20</sup>. Section of humerus containing cancerous deposits near the head and lower part of shaft, at each of which places the bone is fractured.

1107<sup>22</sup>. Humerus having in the middle of its shaft a carcinomatous tumor growing from the periosteum, and also involving the whole thickness of the bone, whereby it has become fractured. There are some bony spiculæ running through it.

Amputated from a young woman, aged 19.

1107<sup>23</sup>. Dried section of a portion of the preceding.

1107<sup>25</sup>. Elbow-joint showing the effects of inflammation, resulting apparently from a carcinomatous tubercle formed in the bone above the internal condyle.

From a woman aged 50, who died of cancer of the breast and axilla.

From Mr. Bryant's collection. MSS. p. 27.

1107<sup>30</sup>. Lower half of the right humerus fractured above the condyles, the cylinder of the bone having been previously absorbed by the development of a carcinomatous tumor within.

Case of Ruth B., aged 37, under Mr. Morgan in 1837 for cancer of the breast, and she died, fifteen months after its first appearance, of the same disease in the liver and lungs.

11. Misc. Insp. Book, p. 75.

1107<sup>35</sup>. Sections of the head of the humerus, showing fracture through the surgical neck united. It is rather nearer the head than usual. Removed two years after the accident.

Case of Samuel S., aged 70, who in 1836 fell upon the curb-stone. The arm was found quite useless. The roundness of the shoulder was lost, and a crepitus could be felt. The arm was fixed to his side, and after some weeks he regained in great measure the power of it. He survived two years. See drawing, 5<sup>70</sup>.

Presented by Mr. Blenkarne.

Guy's Hosp. Rep., Series I., vol. iv. p. 282.

- 1107<sup>37</sup>. Fracture of os humeri below the tubercles, with attempt at union. The patient was an old paralytic man, who lived many months after the accident.

From Mr. Bryant's collection.

- 1107<sup>40</sup>. Humerus showing a united fracture just below the neck.
- 1107<sup>50</sup>. Humerus showing a united fracture in the middle of the shaft. It is oblique, and the bone is much enlarged.
- 1107<sup>60</sup>. Humerus showing a united oblique fracture of the shaft. The bone at the seat of injury is much enlarged, as well as above and below, as if a periosteal inflammation had resulted from the injury.
- 1107<sup>80</sup>. Oblique fracture at the lower part of shaft of humerus united. There also appears to have been a longitudinal fracture through the internal condyle into the joint. This has well united.
1108. Humerus fractured at lower part of shaft, very badly united.
1109. Humerus fractured about the middle of shaft, and badly united.
1110. Humerus showing oblique fracture of shaft, tolerably well united.
- 1110<sup>50</sup>. Section of a humerus fractured at lower part of shaft, and very fairly united.
- 1110<sup>65</sup>. Humerus fractured at lower part of shaft.
- 1110<sup>75</sup>. Humerus which has been broken at its middle, and the parts subsequently kept in a position at right angles to one another. No union has taken place, but the ends of the bone have expanded, as if there had been an attempt to form a joint. The enlargement is due to a deposition of new bone around the lower end, and to a similar deposit upon the under surface of the upper, with which it is in contact. The extreme ends of the broken portions, how-



ever, are rough, and presenting in no place any smooth surface which would indicate that motion had existed. The medullary canal is seen to be still open.

From Mr. Howship's collection.

- 1110<sup>80</sup>. Fractured humerus exhibiting a false joint. The broken ends of the bone are held together by a tough ligamentous tissue, there being no appearance of capsule or synovial membrane.

Case of Thomas S., aged 56, who died of cirrhosis of the liver in June, 1855. He had received a fracture of the right humerus eight years before, and no union taking place, Mr. Cock sawed off the ends of the bones, and inserted pegs in order to keep them in contact. It was, however, without effect; no reparation occurred; and the patient did his best with the false joint which resulted.

Record of Insp., No. 120. 1855.

1111. Longitudinal section of humerus fractured in two places, the parts held together by ligamentous union.

Case of Peter P., a lunatic. See drawing, 5<sup>85</sup>.

Prep. of umbilical hernia from same case, 2506.

Old Museum-Book, No. 117.

- 1111<sup>50</sup>. Humerus fractured at its upper part and badly united; also much enlarged.

- 1111<sup>58</sup>. Humerus fractured obliquely and badly united, the ends riding over one another.

- 1111<sup>66</sup>. Humerus fractured in middle, badly united and much enlarged.

- 1111<sup>75</sup>. Humerus obliquely fractured and united at an angle. The upper piece appears to have also been split longitudinally.

- 1111<sup>84</sup>. Fractured humerus united, but it is not quite straight.

- 1111<sup>90</sup>. Humerus fractured at its lower part, but badly united, the ends considerably overlapping.

1112. Lower part of humerus, with fracture partly above and partly through the condyles; removed by operation.

1112<sup>50</sup>. Elbow-joint with recent ununited fracture through the humerus, separating the condyles only, and in one piece.

1112<sup>75</sup>. Compound fracture of lower end of humerus. The parts removed by excision.

Case of Ralph L., aged 50, admitted under Mr. Cock in February 1852. He had fallen from a height on to some brickwork, fracturing his thigh, and crushing his right elbow. The bones of the latter were much comminuted, and Mr. Cock enlarged the wound, removed eighteen fragments of bone, and cut off the sharp end of the humerus, as well as a portion of the ulna; about three inches of bones were thus removed. The patient made a tedious recovery. At the present time he follows his employment, and has good use of the arm.

1112<sup>80</sup>. Comminuted fracture of humerus just below the head. The latter part has been separated, and the shaft for several inches beneath has been split into several longitudinal fragments. These are all in process of firm union.

Case of William S., aged 72, under Mr. Birkett. Six months before his death he fractured his left arm.

Record of Insp., No. 40. 1856.

1112<sup>85</sup>. Lower end of humerus, showing fracture of the external condyle; a large portion of this has been lost, but the remnant is firmly united; the whole articular surface is carious.

Case of William F., aged 46, under Mr. Birkett in 1855. On March 5 his right elbow was crushed by a wheel passing over it; an attempt was made to save the limb, but considerable suppuration ensued; and on the following month some portions of bone, consisting of the external condyle, came away. As great constitutional disturbance subsequently came on, the arm was amputated on May 1st, two months after the accident.

1113. Elbow-joint with an old and partially-united fracture through the outer condyle. This is questionable, as there has evidently been chronic inflammation of the joint.

W. Wright, a patient of Mr. Key.

1113<sup>50</sup>. Fracture through the anatomical neck of the humerus, with some comminution.

Case of Sarah K., an elderly female under Mr. Callaway, senior, in 1831. She survived the accident a week.

10. Green Insp. Book, p. 138.



1114. Dislocation of the shoulder, and fracture of the humerus through its neck. The head of the bone is lodged against the superior part of the inferior costa of the scapula internally, the fractured surface being towards the scapula, while the rounded head is opposed to the ribs. The upper end of the shaft of the humerus is against the glenoid cavity, and attached to it by ligament.

Bequeathed to Sir A. Cooper, by will.

- 1114<sup>30</sup>. Parts of the shoulder, showing dislocation and fracture of the humerus. A new joint is forming below the neck of the scapula; the humerus has been comminuted just below the neck; but the union is complete, though recent.

Case of Mr. P., aged 63, who in the year 1839 fell down stairs, striking his shoulder, producing a fracture and dislocation at the same time. The head of the humerus could be felt beneath the end of the clavicle and the fractured end of bone on the under edge of glenoid cavity. The patient died three months afterwards, and the parts were removed. The humerus was found to have been broken into six pieces, but united. The glenoid cavity was empty and covered with cartilage, having the head of the bone beneath it.

Presented by Mr. Hingeston to Mr. Key.

For fuller particulars of case, see Guy's Hosp. Rep., Series 1, vol. v. p. 92.

## RADIUS AND ULNA.

- 1114<sup>45</sup>. Bones of the forearm, with the humerus of both sides; the radius has been fractured.

- 1114<sup>60</sup>. Exostosis over the upper end of radius, the result of periostitis, from a female. The new growth arises altogether from the periosteum, and can be seen altogether separated from the shaft of the bone.

Drawing 5<sup>91</sup>. From Mr. Bryant's collection.

- 1114<sup>80</sup>. Lower end of radius and ulna considerably enlarged, from a growth of new bone, the result of osteitis. There is also some necrosis.

Case of John A., aged 65, a lighterman, under Mr. Key in 1841. Four years before, he fell and struck his hand. The wrist swelled, and

at the end of nine months it suppurated, and some dead bone was removed. Arm amputated, and man recovered.

18. Misc. Insp. Book, p. 51.

1115. Radius much enlarged at middle of shaft by deposition of new bone, the result of inflammation ; also slight caries.
1116. Radius showing a slight deposition of new bone in various parts of surface, the result of periostitis.
1117. Upper half of radius enlarged from a general ostitis. The surface is carious, and on one side necrotic.
- 1117<sup>10</sup>. Section of upper half of radius, showing a soft carcinomatous tumor growing from periosteum. The bone is becoming eroded.
- 1117<sup>20</sup>. Myeloid tumor of lower end of radius. It is two and a half inches in diameter, and is surrounded by a fibrous capsule continuous with the periosteum ; the bone itself being quite destroyed, but the wrist-joint entire. (Formerly called spina ventosa.)

The subject of the disease was A. F. K., aged 36, a medical man, residing in Norfolk. He had been in difficult circumstances, and came to the hospital in 1840 to be under the care of Mr. Key. He had a round softish tumor just above the wrist, and which he said had been growing six months ; the arm was amputated. The disease was considered to be malignant, and was styled "fungoid spina ventosa." The patient, who was naturally irritable, suffered great depression and anxiety, and died at the end of three weeks, of pyæmia. Drawing 5<sup>95</sup>.

17. Misc. Insp. Book, p. 266.

- 1117<sup>21</sup>. Dried section of same tumor.
- 1117<sup>30</sup>. Osteosarcoma of bones of forearm. A large growth composed of fibrous tissue, cartilage, and bone, is seen springing from the radius and ulna ; a part of the shaft of both these bones is destroyed, and the tumor itself is hollowed by softening in its centre, so that it is difficult to trace the exact original source of the disease.

M. G., aged 27, admitted under Mr. Birkett in Sept., 1855. Four years before this time she observed a swelling in the lower third of



left forearm; this was hard, and surface smooth, and it appeared as if both radius and ulna were involved. She refused to have the arm amputated, but returned to have the operation performed in May, 1856, and soon afterwards left the hospital convalescent. She was subsequently seized with hæmoptysis, and entered St. Bartholemew's Hospital, where she died in November of the same year. The post-mortem examination revealed no disease but in the lungs, and these contained a number of white, hard, bony tumors, which, when more minutely examined, were found to consist of a fibrous structure, surrounded by a bony cyst, whose composition was true osseous tissue.

See drawings of tumor with its sections, and lungs, No. 76, 77, 78, 79.  
Also wax model (pathological), 22<sup>5</sup>. Prep. of lungs, 1750<sup>60</sup>.

For further particulars of case, see G. H. Rep., Series III., vol. iii. p. 336.

1117<sup>40</sup>. Section of lower extremities of ulna and radius, showing the styloid process of the former, united merely by ligamentous structure, apparently the result of fracture, as there is no appearance of disease about the joint.

1117<sup>60</sup>. Lower extremity of the humerus and the upper extremities of the ulna and radius, with considerable caries of the two former bones, but more especially of the articular surface of the ulna; being no doubt the sequel of an inflammation of the joint. Removed after death.

1118. Elbow-joint with fractured olecranon. The latter portion of bone is completely separated, and the broken end of the shaft is rounded and smooth, showing that the injury was old.

1118<sup>30</sup>. Radius and ulna, with united fracture of the former at the lower third.

1118<sup>50</sup>. Radius and ulna; the latter fractured at the lower part of the middle third, and united with the formation of a small exostosis extending towards the radius. This projection meets the ulna at a spot where there is a slight roughness produced by periosteal inflammation.

From the Dissecting-Room.

1118<sup>75</sup>. Radius and ulna fractured in the middle third, and well united.

- 1118<sup>80</sup>. Radius and ulna fractured and united.
- 1118<sup>81</sup>. Radius fractured about the middle and united, with considerable thickening of the part.
- 1118<sup>83</sup>. Radius fractured at its upper part, and united at an angle.
- 1118<sup>85</sup>. Radius fractured at middle of shaft and united, with some enlargement of the bone.
- 1118<sup>87</sup>. Radius fractured at middle of shaft and united, with much thickening of bone, a spicula of which projects outwards, forming an exostosis.
1119. Ulna fractured about the middle; the broken extremities united, and attached by bone to the radius.
- 1119<sup>20</sup>. Radius and ulna fractured a little below the middle, but only united by ligament, leaving a false joint. The ends of the bones overlap, and they are much enlarged; they are surrounded by a dense ligamentous capsule, in which there appears to have been a cavity, although the interior is not smooth. It existed for many years, and was removed after death from a patient of Mr. Morgan.

See casts 83 and 84.

- 1119<sup>25</sup>. Fracture of coronoid process of ulna, and a small portion of the internal condyle is chipped off at its posterior part. There are appearances of chronic inflammation about the joint, but this is probably the result of injury.

- 1119<sup>28</sup>. Compound fracture of olecranon.

Case of a man, aged 55, admitted under Mr. Birkett on September 13, 1855, who had fallen on his elbow from a height; suppuration and sloughing ensued, and the arm was amputated in November. Recovery.

- 1119<sup>30</sup>. Fractured radius and ulna just above the wrist. The radius has united well, but the end of the shaft of the ulna has become incorporated with it, so that both bones appear equally connected with the articulating extremity below. The lower end of the ulna is almost detached, being united only by a slender portion of bone to the shaft; the



styloid process curves round, and forms an articulating surface with the outer side of the cuneiform bone.

1119<sup>32</sup>. Comminuted fractured radius, from fall on hand.

Case of Mr. Birkett.

1119<sup>35</sup>. Fracture of radius and ulna. Ligamentous union with false joint.

1119<sup>36</sup>. Old fracture of olecranon. There appears to have been a very perfect ligamentous union.

From Dissecting-Room. November 1854.

### BONES OF THE HAND.

1119<sup>40</sup>. A malformed hand. The index and middle fingers are deficient, and a rather weak thumb is opposed to the ring and little fingers, which are considerably developed and congenitally united. A wet preparation.

See preps. 1119<sup>41</sup> and 1284<sup>80, 81</sup>.

From Dissecting-Room.

1119<sup>41</sup>. A similar specimen: the opposite limb from the same subject dissected and dried. The second and third metacarpal bones are seen with some digital tendons; the second bone is short and crooked. The feet were similarly affected.

1119<sup>60</sup>. The integuments of a hand having only the thumb and little finger; the other fingers, in consequence of injury, having been removed ten or fifteen years before death by B. Travers, Esq., senr.

See prep. 1119<sup>61</sup>, and cast 101.

Case of D. E., aged 42, who died under Dr. Addison's care, of phthisis, in 1836.

9. Misc. Insp. Book, p. 4.

1119<sup>61</sup>. Internal parts of the same, showing the alteration in the different tissues, which rendered the mutilated member still very efficient.

Dissected by Mr. Blackburn.

- 1119<sup>65</sup>. Portion of thumb, with the long flexor and extensor, and short extensor tendons, together with the nerves, torn off by machinery.

Case of Thomas F., aged 17, under Mr. B. Cooper, April, 1853. The wound healed well.

See drawing 30<sup>2</sup>.

- 1119<sup>80</sup>. Stump of finger, amputated by Mr. B. Cooper.

1120. Hand of a child, possessing a supernumerary finger.

- 1120<sup>10</sup>. Little finger, removed for deformity and disease, by Mr. Poland, August, 1855.

- 1120<sup>50</sup>. Small supernumerary finger, removed from the outer side of the little finger of a child; the bone is extremely small and imperfectly formed.

Presented by Mr. Stocker.

1121. Dried section of an osseo-cartilaginous tumor, removed from a finger.

1122. Enchondromatous tumor, from the first phalangeal bone of the little finger. There are numerous bony deposits within it.

- 1122<sup>50</sup>. A finger, from the phalanx of which an osteo-cartilaginous tumor as large as an egg has grown.

- 1123<sup>50</sup>. Hand and wrist, showing caries of the bones of the carpus.

- 1123<sup>75</sup>. Carpal bones ankylosed into one mass, and firmly united by bone to the radius.

1124. Bones of the carpus carious, and with the exception of the unciform bone, ankylosed to each other, and to two of the metacarpal bones.

- 1124<sup>8</sup>. Bones of the carpus ankylosed to one another, also to two metacarpal bones, and partly to the radius.

- 1124<sup>16</sup>. Bones of the carpus and metacarpus firmly united by ankylosis, and to the inferior extremities of the radius



and ulna. There is also considerable ulceration and displacement.

- 1124<sup>24</sup>. Radius, with carpal and metacarpal bones of the fore and middle fingers, united by ankylosis; probably from a female.
- 1124<sup>28</sup>. Necrosis of a middle digital phalanx, the joints and theca free, the tendon granulating.
- 1124<sup>29</sup>. Section of a stiff finger; soft ankylosis, and the remains of old necrosis.
- 1124<sup>30</sup>. Middle joint of a finger destroyed by ulceration; necrosis and sloughing of tendon have left a large vascular sinus.

Mr. Hilton.

- 1124<sup>32</sup>. A finger, of which the second phalangeal bone is affected with caries, probably scrofulous, producing a large external ulceration. Injected.
- 1124<sup>35</sup>. Two necrotic phalangeal bones, which exfoliated "after weeks of suffering."

From Mr. Bryant's collection.

- 1124<sup>38</sup>. Finger, showing the second phalangeal bone carious, arising probably from scrofula; this has led to a fungating ulcer on the surface.
- 1124<sup>41</sup>. Thumb, removed on account of caries of the last phalangeal bone; there is a large fungating ulcer around it.
- 1124<sup>44</sup>. Section of a thumb involved in a large tumor, which has grown around its extremity. The last phalanx is almost destroyed by the disease, which springs also in part from the phalanx below. It appears to be carcinoma. Amputated by Mr. Key.

See drawing No. 6.

- 1124<sup>45</sup>. Section of the thumb of a man affected with carcinomatous disease. The phalangeal extremity was removed some

time before, but the disease returned, and amputation was performed by Mr. Key.

See prep. 1545<sup>50</sup>.

1124<sup>46</sup>. Fibrous tumor removed from the index finger.

Case of Thomas H., aged 52, under the care of Mr. Callaway, junr, in 1854. Fourteen years before he injured his hand; a swelling appeared, which slowly increased, and of late rapidly. When removed it was the size of an orange.

See drawing 29<sup>20, 21</sup>.

1124<sup>50</sup>. Finger, presenting a large enchondromatous tumor growing from the metacarpal bone; removed by Mr. Key.

See drawing No. 30, and cast No. 111.

1124<sup>55</sup>. Enchondroma, with a bony shell; removed from the finger by Mr. Cock in 1854.

## PELVIS.

1124<sup>65</sup>. A female pelvis of very small dimensions, being contracted in all its measurements.

Case of Mrs. E. A., aged 32, who was under Dr. Ashwell's care in 1835, and who died while under the operation of extraction of a foetus.

See drawing of uterus 490, and cast 34<sup>6</sup>.

For particulars of case, see Guy's Hosp. Rep. Series I., vol. i. p. 328.

1124<sup>80</sup>. A portion of the os innominatum, in which there is a remarkable deficiency of bony matter, both in the cancelli and shell; probably the result of caries.

1124<sup>90</sup>. Pelvis distorted by mollities ossium, and presenting the usual peculiarities produced by this disease; the acetabula have been thrust upwards, the spine downwards, and the pubes forward; the opening of the pelvis is thus much narrowed and of a heart shape, the pubes being rostrated.

From a female in Dissecting-Room, in 1837. She was below the ordinary stature; she had been very active until four years before, when her strength began to fail her; she afterwards complained of great pain in the lower, and subsequently in the upper extremities. During the last two years she had been confined to her bed, and was almost helpless



The urine during this time was said to be very thick and offensive. All the bones were more or less affected, some being so soft that they could be cut with a knife, and resembling bones which had been placed in acid. The spine had a lateral curvature, the ribs were bent, and the long bones were easily broken. Fractures of the femur and leg were also found.

See preps. of femur 1134 <sup>74, 75</sup>; and tibia and fibula 1212<sup>82</sup>, and drawing No. 8. For further particulars of history, see 2. Note-Book p. 33; and analysis of bones, Guy's Hosp. Rep., Series I., vol iv. p. 191.

1125. Male pelvis, showing ankylosis (synostosis) of the left sacro-iliac synchondrosis.
- 1125<sup>50</sup>. Articulated male pelvis with the ossa femorum, showing ankylosis of the sacrum to os innominatum on the right side; an obliquity of the pelvis is thus produced. At the point of union between the sacrum and os innominatum there is much loss of substance of both bones, and thus the former is more approximated to the right side than natural; the right half of the pelvis is also smaller than the left, and its walls are more straight. If the crests of the ilia be placed on a level, it will be seen that the tuberosity of the right ischium is above its fellow; consequently the os femoris on that side is higher than the other. The right os femoris is also slightly curved at its upper part, and bears the marks of recent periostitis, and below commencing necrosis.
1126. Sacrum and right os innominatum, having the sacro-iliac symphysis ankylosed.
1127. Male pelvis, having both sacro-iliac symphyses united. There are appearances indicating the existence of a slight general inflammation, affecting the edge of the bones, as the ischia and other parts are covered with small excrescences.
1128. Small male pelvis, having both sacro-iliac symphyses united; also numerous small bony excrescences or exostoses are seen along the outer labia of the ilia, the brims of the acetabula, the symphysis pubis, and the rami of the pubes



and ischia. This, and the three following specimens probably show the effects of chronic rheumatic arthritis.

- 1128<sup>25</sup>. Male pelvis, showing ankylosis of both sacro-iliac articulations, as well as of the symphysis pubis; also the last lumbar vertebra to the sacrum. It appears as if all the borders of the bones had suffered from ostitis, as there is an exudation of new osseous matter projecting from the rim of pubes and ischium, as well as adjoining borders of ilium; these might be called exostoses.
- 1128<sup>50</sup>. Portion of os innominatum of left side, with considerable exostosis about the foramen thyroideum; the irregularity of the bone might suggest a fracture.
1129. Large male pelvis having the left sacro-iliac synchondrosis united, and the right partially so. It presents also some bony excrescences or exostoses on its surface.
- 1129<sup>20</sup>. A deformed female pelvis, from an aged person, evidently resulting from a softening of the bones; the alteration of form is such as is generally met with in this disease. The acetabula are thrust upwards, and the pubes and ischia bent inwards; the promontory of sacrum, with lower lumbar vertebræ, is pushed downwards, and the sacrum is bent in its middle. The brim of the pelvis is much contracted, and is disposed to a heart shape. All the bones are thin, but especially the ilia which are diaphanous.
- 1129<sup>60</sup>. A dried preparation of a remarkably contracted pelvis, arising from mollities ossium. The bodies of the pubic bones are bent inwards, and the rami towards each other. The sacrum and lumbar vertebræ are forced downwards towards the front part of the pelvis, and this seems due to the yieldings of the ossa ilia on each side; these being bent at a right angle in their middle portions, the inclination being more towards the right side.

Presented by Mr Bransby Cooper.

1130. Ossa pubis ankylosed.



1131. Bones of hip-joint affected with chronic rheumatic arthritis (*malum coxae senile*) in early stage. The acetabulum is widened by the deposition of new bone upon its edge, and the head of the femur is similarly affected.

From Dissecting-Room.

- 1131<sup>33</sup>. Bones of hip-joint, showing results of chronic rheumatic arthritis. The head of the femur is enlarged in surface by the deposition of new bone to its margin, and at the same time is diminished in thickness; the neck is also much shortened, and the head is thus thrown close upon the trochanters. There is also a deposition of bone around the acetabulum, which makes its surface larger and less deep, and thus corresponds in size and shape to the head of the femur. There is also an excrescence of bone on the crest of the ilium. The articular cartilages are partially removed from the ends of the bone, and the projecting parts are eburnated.

- 1131<sup>50</sup>. Os innominatum and part of os femoris, showing chronic rheumatic arthritis in a more marked degree than in the previous cases. The head of the femur has been changed into a large irregular flattened mass of bone, which, from the absorption of the neck, is placed close upon the trochanter; it appears almost like a growth from this process. The acetabulum has a corresponding surface, being very much flattened, and more than twice its natural diameter. The bone deposited around is in large masses, some having only slight ligamentous union with the acetabulum. The articular surfaces are not uniform, but the projecting parts which come in contact are smooth and polished. There is also a slight disposition to bony excrescences on other parts of the os innominatum.

From a male aged 50; from the Dissecting-Room.

- 1131<sup>66</sup>. Os innominatum of the right side, and upper part of os femoris, with the acetabulum and head of femur greatly enlarged with ossific deposit, arising from chronic rheumatic arthritis. There is a deposition of new bone to a



slight extent around the acetabulum and the head of the femur. The articular cartilage is removed, and the surface of the bones is indurated and polished.

1132. Left os innominatum, of which the cavity of the acetabulum is increased, and the brim elevated by chronic rheumatic disease of the hip-joint. The head of the femur, enlarged by the disease, accompanies it. The articular cartilage appears to have been removed from both bones, and in its stead the surfaces are polished and indurated.

1132<sup>33</sup>. Left os innominatum of considerably advanced age, probably from the church-yard. The depth of the acetabulum is very remarkable, owing to a deposition of bone around its edge. An aperture remains at the original notch of the cavity.

Presented by Mr. Goddard.

1132<sup>50</sup>. Bones of pelvis and lower extremity affected with spongy hypertrophy. All the bones are much enlarged and heavy, but the structure appears less compact than in health. In the section of the tibia the external dense portion is wanting, being instead slightly porous; the sponginess increases towards the middle, where the structure is cancellous, the hollow medullary cavity being almost obliterated. The ossa innominata are well developed and of large size; the sacrum is bent at a right angle in its middle; the ossa femorum enlarged and curved forwards; the tibiæ are flattened from side to side, and the fibula is ankylosed to the lower part of the tibia.

1132<sup>52</sup>. The bony portion of a large enchondromatous tumor which grew from the os innominatum. A large coral-like mass of bone is seen projecting from the ilium within the pelvis; also another mass is seen growing upwards from the crest.

Case of John C., aged 26, under Mr. Morgan in 1845. He had a large tumor occupying the pelvis on right side, reaching to the median line in front, and to the liver above, and pushing the colon before it. It was found to grow from the iliac bones, and weighed, on removal,



twenty-two pounds; it was of three years' growth. It consisted almost entirely of cartilage, and contained cysts in which were several pints of a ropy tenacious fluid. The parts near the ilium contained bone.

1. New Insp. Book, p. 68.

1132<sup>53</sup>. A wet slice of the growth, showing the cartilaginous tubera with masses of bone in one part.

1132<sup>54</sup>. Ossa innominata presenting numerous excavations and hollows, apparently produced by cancer. The appearance is that of the osseous tissue eaten away by the development of cancer in its cancellous structure; a morbid process known as cancerous erosion or osteolysis.

See similar disease in cranium, No's. 1081<sup>40</sup>, 1081<sup>74</sup>, &c.

Presented by Mr. Hilton.

1132<sup>58</sup>. Os innominatum and upper part of femur excavated by carcinomatous disease. The head is broken off from the shaft.

See drawing 10<sup>60</sup>.

1132<sup>66</sup>. A large spongy exostosis on the dorsum ilii; probably the bony portion of a carcinomatous or enchondromatous tumor.

1133. Right os innominatum fractured in various places; the ilium fissured in various directions, also the body of pubes and rami of pubes and ischia.

1134. Bones of pelvis fractured by the fall of a wall. The body and rami of pubes and ischia are broken, as well as the ilium. The sacrum is also fractured diagonally through its middle.

1134<sup>8</sup>. Severe fracture of pelvis. The body and rami of both pubes and ischia are broken; and the sacro-iliac synchondroses are separated.

1134<sup>16</sup>. Sacrum and right os innominatum of a male. There appears to have been a fracture just within the synchondroses.

droses. The body and ramus of pubes have also been fractured, but again united; the broken ends overlap, but are firm.

1134<sup>32</sup>. Right os innominatum, with united fracture of body of os pubis.

1134<sup>48</sup>. Pelvis showing a great irregularity in the left pubic bone, as if a fracture had taken place through its body and ramus. There is also a great deposition of new bone about the symphysis, and also about the sacro-iliac synchondroses.

1134<sup>68</sup>. Os innominatum, which has probably been the subject of fracture at the junction of the rami of ischia and pubes. There is much enlargement of bone at this part, and bony spiculæ are seen running from this spot across the thyroid foramen.

#### OS FEMORIS.

1134<sup>74</sup>. Two portions of the shaft of the femur greatly attenuated. The outer shell is thin, and the medullary canal proportionably enlarged.

From a female who suffered from mollities ossium. For history, see prep. 1124<sup>90</sup>. Drawing of bone, No. 8.

2. Note-Book, p. 33.

1134<sup>75</sup>. Another section of same bone, showing the excessive amount of yellowish-brown jelly-like medulla.

1134<sup>86</sup>. Os femoris somewhat distorted, and its lower part considerably enlarged; supposed to have been from rickets.

1134<sup>90</sup>. Os femoris, distorted from the effects of rickets, from a female aged sixty-four.

See preps. 1000<sup>25</sup> and 1214<sup>20</sup>.



1135<sup>40</sup>. The right os femoris, showing considerable distortion from rickets. The bone is much bent backwards on itself, or curved forward and outward.

See fibula, prep. 1213<sup>72</sup>.

1135<sup>45</sup>. Femur of an old person, flattened and bent outward.

1135<sup>48</sup>. Femur flattened and curved outward.

1135<sup>50</sup>. Two ossa femorum, both from the left side, and a section of a third, showing considerable distortion from rickets. There is a remarkable flattening of one bone, through which a section has been made.

1135<sup>75</sup>. Left half of the pelvis, with the femur, tibia, and fibula, showing the gibbous state of the bones of the thigh and leg, the effects of rachitis.

Cast, No. 113. From Langstaff's Museum.

1135<sup>85</sup>. Bones of leg, showing the femur much curved forward, and the tibia and fibula also much bent, the result of rickets.

1136. Section of the head and neck of the os femoris, showing absorption of the cancelli without depression of the neck.

1137. Section of the head and neck of the os femoris in an old subject, showing absorption of the cancelli without depression of the neck.

1138. Section of the head and neck of an old thigh-bone, without depression of the neck.

1139. Section of the head and neck of an old thigh-bone, showing the direction of the bony fibres in the cancellated structure giving support to the bone.

1139<sup>50</sup>. The right os femoris of an adult, said to be a Caffre; it is of moderate size and good form, but its density is extremely great.

Presented by Mr. J. Malleum.

1140. Neck of a thigh-bone of unusual length; the shaft of the bone remarkably spongy, and differing but little from the cancellated structure, which is more than usually close.
1141. Section of the head and neck of the os femoris in advanced age. The bone softened; the neck depressed and shortened.
1142. Section of the head of the thigh-bone sunk from age, and with the neck of the bone very much absorbed.
1143. Upper part of an old thigh-bone, of which the neck is shortened, and the head very remarkably depressed.
1144. Head of a thigh-bone altered by chronic rheumatic arthritis.
1145. Upper portion of a thigh-bone, of which the head is enlarged and deformed, apparently from chronic rheumatic arthritis.
1146. Head of femur much enlarged, and neck shortened by chronic rheumatic arthritis.
- 1146<sup>32</sup>. Section of the upper part of the thigh-bone, of which the head and neck are much enlarged, and deformed by rheumatic arthritis. The articular cartilage diseased. The patient was supposed to have fractured the cervix femoris.

Presented by Mr. T. Hardy, jun.

- 1146<sup>66</sup>. A section, the counterpart of the preceding.
1147. Section of the head of a thigh-bone enlarged by chronic rheumatic arthritis. The cartilage is absorbed, and the neck of the bone depressed and nearly absorbed.
1148. Section of the head of a thigh-bone affected with chronic rheumatic arthritis. Articular cartilage destroyed, and the surface of bone polished. The new osseous deposit is seen to be formed as a distinct mass upon the old bone.



1149. Section of the head of a thigh-bone, enlarged by ossific deposit round its junction with the neck, from chronic rheumatic arthritis. The cartilage absorbed, and the surface polished. This also shows how the new bone is deposited on the old.
1150. Two sections of the head of the thigh-bone enlarged by chronic rheumatic arthritis. Articular surface eburnated.
1151. Head of femur very much enlarged by chronic rheumatic arthritis. The cartilage is destroyed, and articular surface eburnated.
- 1151<sup>50</sup>. Upper part of left thigh-bone, having a large exostosis with a narrow attachment growing from between the trochanters. This is of an irregular square form, and has a reticular or almost hollow interior. It has the appearance of being perforated as by a vessel.
- 1151<sup>75</sup>. Lamellar exostosis in the middle of the femur anteriorly and internally. The bone is large and thick.
- Presented by Dr. Stuart of the Medical College, Philadelphia. 1839.
- 1151<sup>76</sup>. Lamellar exostosis on the middle of the femur anteriorly and externally.
- 1151<sup>78</sup>. A similar exostosis, anteriorly and internally.
- 1151<sup>79</sup>. Another specimen on the lower portion of the upper third of the thigh anteriorly.
1152. Exostosis on the femur at the origin of the short head of the biceps muscle.
- 1152<sup>5</sup>. Exostosis growing from the femur in the situation of the trochanter minor. It ascended beneath Poupart's ligament, and could be felt through the skin and abdominal muscles. There was a ligamentous union about the centre of the exostosis, and a bursa at the apex.

From a lad about eighteen years of age in Dissecting-Room. Mr. Birkett.

- 1152<sup>15</sup>. A section of the inferior half of the femur, having a narrow lengthened exostosis at the insertion of the adductor magnus. It has a remarkable correspondence to the supracondyloid process sometimes met with in the humerus.

See prep. 1100<sup>15</sup>.

- 1152<sup>16</sup>. Lower half of the os femoris, with an exostosis at the origin of the short head of the biceps.

- 1152<sup>32</sup>. Small exostosis from near the insertion of the adductor magnus of the thigh. It has cartilage on its exterior.

Removed from a young lady, 20 years of age, under Mr. B. Cooper.

- 1152<sup>48</sup>. An exostosis having a cartilaginous surface of varying thickness, from near the insertion of the adductor magnus muscle in a lady 17 years of age. The disease did not return.

Removed by Mr. Parrot of Clapham.

- 1152<sup>64</sup>. Os femoris, with a remarkable protuberance a little above the inner condyle. The shell of the bone at this part is of exceeding tenuity, scarcely exceeding that of paper.

- 1152<sup>68</sup>. A somewhat similar specimen, but the bone is more dense.

- 1152<sup>72</sup>. Left os femoris, showing the middle third thickened by inflammation. There is some appearance of fracture.

- 1152<sup>76</sup>. Right os femoris, the upper portion greatly thickened by inflammation.

- 1152<sup>80</sup>. Left os femoris, of which the shaft is greatly and uniformly thickened by periosteal inflammation. Its density is very considerable.

- 1152<sup>85</sup>. Longitudinal section of lower half of femur, showing the effects of osteitis. The shaft becomes gradually thicker and more dense, as far as the place where it has been sawn



through. Here the medullary cavity is entirely obliterated (Sclerosis.)

Case of Charles J., aged 37, under Mr. Cock in 1856. The inflammation of the bone resulted from an injury. After several months the joint became affected, and it was necessary to amputate. A small sequestrum came from upper part.

1153. Longitudinal section of the os femoris, showing the shell of the bone much thickened, and of very dense structure from periosteal inflammation.

1153<sup>25</sup>. Longitudinal section of femur much enlarged from new growth of bone from periosteal inflammation. The outline of the shaft is well seen in many places.

1153<sup>26</sup>. Dried section of same.

1155<sup>10</sup>. Piece of the external condyle of the right femur removed by the trephine for abscess in the bone.

Case of Frank H., aged 18, under Mr. Birkett in March 1854. He was a delicate lad, and six months before began to feel pain around the knee, and for six weeks there had been swelling. He suffered intense pain and great constitutional distress, and had no rest. The bone was trephined, and two drams of pus evacuated, with instant relief. The boy's health rapidly improved, and he left the hospital quite well.

1156. Upper part of thigh-bone, showing the head and neck almost destroyed by disease of the hip-joint. The head has quite disappeared, and the neck merely remains as a short pointed process projecting from the trochanter.

See cast 143.

1157<sup>50</sup>. Section of lower half of femur, showing the result of necrosis. Portions of sequestrum are seen within the shaft, and there is much new bone without. Several sinuses lead down to it, and the joint is involved.

See drawing No. 18. Amputated by Mr. Key.

1157<sup>70</sup>. Necrosis about trochanter major.

1157<sup>71</sup>. Counterpart of the preceding, dried.

1157<sup>80</sup>. Partial necrosis of the end of the femur. Loose portions of the shaft are seen reaching to the epiphysis. Fistulous openings on each side.

1158. Several portions of bone exhibiting the effects of inflammation, sequestra, &c. A portion of necrosed femur, and ends of radius and ulna much thickened by periostitis.

1158<sup>8</sup>. Amputated end of a thigh-bone, showing a coating of new osseous tissue on the surface.

Case of James H., aged 33, whose leg was amputated by Mr. Morgan in 1842, for osteosarcoma of the tibia of three years' growth. He died two weeks after the operation, of similar disease in the lungs.

19. Misc. Insp. Book, p. 86.

1158<sup>12</sup>. Amputated end of thigh-bone, showing commencing necrosis and deposit of new bone above it.

1158<sup>16</sup>. Amputated end of thigh-bone, showing necrosis and a considerable deposit of new bone, three weeks after removal of the limb in an adult.

From Mr. Howship's collection.

1158<sup>24</sup>. Amputated end of femur, showing commencing necrosis and considerable deposit of new bone around it.

Case of Joseph O., aged 36, whose limb was removed for diseased knee-joint by Mr. B. Cooper in 1842. He died of pyæmia eight weeks afterwards. The stump was partially healed, but the bone projected for half an inch. See drawing 7<sup>56</sup> & 57.

19. Misc. Insp. Book, p. 92.

1158<sup>25</sup>. A dried section of preceding.

1158<sup>32</sup>. A portion of femur after amputation. The lower end is seen to be dead, and undergoing the process of removal.

1158<sup>35</sup>. End of amputated femur, showing necrosis, a new layer of bone on the surface, and an abscess within the medulla.

Case of John B., aged 55, under Mr. Key in 1842. He died six weeks after the operation.

19. Misc. Insp. Book, p. 69.



1158<sup>36</sup>. Corresponding section of same.

1158<sup>40</sup>. End of amputated thigh-bone, showing the rounded end, and the closed medullary cavity two years after operation.

Case of Mary Ann F., aged 35, who died in the hospital in 1840.  
See stump showing bulbous nerves, No. 1620<sup>25</sup>.

17. Misc. Insp. Book, p. 94.

1158<sup>41</sup>. Corresponding section, dried.

1158<sup>50</sup>. An old thigh-stump, showing the rounded end of the bone, and upon the exterior an exostosis.

From Mr. Howship's collection.

1158<sup>64</sup>. Section of thigh-bone after amputation, showing a shell of new bone extending upwards upon the shaft for three inches.

Case of John J., aged 12, whose leg was amputated six weeks before for diseased knee-joint, by Mr. Key in 1831.

2. Misc. Insp. Book, p. 89.

1158<sup>70</sup>. Amputated end of thigh-bone removed several months after operation. The end of the shaft through its entire thickness, and to the extent of three-quarters of an inch, is becoming necrosed, and to a greater extent on the inner surface. New bone is seen on the periosteum to the extent of three inches, and this terminates abruptly immediately above the necrosed portion, at the line where the whole thickness of bone is decaying. The necrosed portion, if it had naturally come away, would have resembled the following specimens, consisting of a shell of the interior of the shaft, with a small portion composed of its entire thickness.

Mr. Hilton.

1159. Sequestrum five inches long, detached from the femur after amputation.

1159<sup>50</sup>. Large sequestrum from the thigh of a man, which separated about six months after amputation. The leg was removed by Mr. B. Cooper in 1838, for epithelial cancer. See prep. 1638<sup>50</sup>.

1160. Sequestrum six inches long, from an amputated femur.

1160<sup>16</sup>. Sequestrum from femur three inches long, after amputation.

1160<sup>17</sup>. Sequestrum four inches long, removed some months after amputation. The extreme end consists of the whole thickness of the bone, but the remainder is a necrosed portion which has separated from the new bone around, and this only on one side.

Case of Henry W., aged 44, under Mr. Hilton in October, 1856, for compound dislocation of astragalus. Suppuration followed, and secondary amputation. The stump sloughed, and the bone became exposed. Eventually cured.

1160<sup>18</sup>. A somewhat similar portion of bone removed from a stump.

Case of Thomas W., aged 48, under Mr. Birkett in 1857. The leg was amputated on account of inveterate ulcers, which had followed erysipelas. The stump sloughed, and the bone exposed, which was removed with forceps about ten weeks afterwards. Recovered.

1160<sup>24</sup>. Necrosis of shaft of femur detached from the ends, which are surrounded by large spongy masses of new bone. The patella is attached to one end of this. The relation of the parts is not quite evident.

Case of John N., aged 14, under Mr. Morgan in 1843. He had always had shortening of one leg, and this he struck. Inflammation of bone and abscesses followed, and death took place fourteen months afterwards.

19. Misc. Insp. Book, p. 202.

1160<sup>30</sup>. The lower end of the femur, showing necrosis of the shaft and condyles. The upper end of tibia was also implicated.

Case of Ann P., aged 32, under Mr. Birkett in 1856. Sixteen years before, she struck her right leg, and was in hospital under Mr. Morgan, when some portions of dead bone were removed from the thigh just above the knee. She recovered, but two years afterwards another portion of bone came away. She after this continued at her employment as a washerwoman, and always had weakness and pain in the limb. The last three weeks the joint became involved, with much constitutional disturbance, and the thigh was amputated. Recovered.



- 1160<sup>32</sup>. Fractured femur, showing the ends of bone undergoing necrosis. Around the upper part there is a deposition of some new bone.

From a lad under Mr. B. Cooper, in whom no repair took place after fracture, but suppuration and sinuses. See drawing No. 14.

- 1160<sup>35</sup>. A large portion of the femur of a child, which separated spontaneously from the upper part from necrosis. A considerable quantity of new bone is formed, and several portions of the old shaft are seen detached within.

Case of Elizabeth S., aged 12, under Mr. Birkett in 1855. She fell down stairs and struck her left hip. Abscess followed, with sinuses; dead bone came away, and two months afterwards the shaft gave way leaving the head of bone healthy, with the trochanters. As no union took place, the thigh was amputated at the seat of fracture, and the child recovered.

- 1160<sup>36</sup>. End of stump of femur removed by the saw, on account of necrosis; the amputated end of the shaft is seen surrounded by new bone, and the medullary-osseous plug in the centre.

Case of Ann P., aged 20, whose leg was amputated by Mr. Birkett in 1856, for recurrent fibroid tumor.

See prep. 1376<sup>30</sup> and drawing 37<sup>12</sup>.

- 1160<sup>48</sup>. Lower part of os femoris, with tibia and patella, showing necrosis of the bones; the epiphyses are also included in the disease. The tibia presents almost entirely a new bone, consisting of a shell from which the upper part of the old shaft has been removed; in the lower part there is a loose sequestrum. It appears as if the whole extremity would at length have become repaired, and the knee-joint ankylosed; the epiphyses themselves appear even renewed.

- 1160<sup>50</sup>. Myeloid disease of the lower end of the femur (formerly called spina ventosa). It consists at present merely of the sac composing the tumor, the contents having been removed; a small quantity, however, of the soft material, still adherent to the walls, was sufficient to give the peculiar



microscopic characters of this disease. The shaft of the femur ends by a jagged termination within the sac, and from its sides the periosteum leaves the bone, and spreads out on all sides, to form the inclosure; and below, on the lower part of the sac, are the cartilages of the condyles, quite healthy. On one side is a thin layer of new bone. The tumor measured five inches in diameter.

Presented by Mr. Key.

- 1160<sup>54</sup>. A carcinomatous tumor affecting the trochanter minor of os femoris.

See carcinoma of vertebræ from same case, No. 1028<sup>50</sup>.

- 1160<sup>56</sup>. Lateral half of the bones of the knee-joint partially hollowed from carcinomatous disease.

Case of Isabella H., aged 45, under Mr. Key in 1841. Four years before, she struck her knee; and for three years had suffered with a swelling. A large tumor surrounded the knee, and involved the joint; the limb was amputated.

18. Misc. Insp. Book, p. 49.

- 1160<sup>60</sup>. Lower half of femur, showing condyles absorbed by carcinomatous disease. At the back part of shaft is a mass of new bone.

- 1160<sup>64</sup>. Section of lower half of os femoris affected with mollities ossium. The earthy matter is almost wholly removed, and the bone is expanded, as if by some soft material growing from within. A dry preparation.

From a patient of Mr. Bryant's. When first seen, this man had the bones of his legs bent and broken; clavicles, &c., also bent. The bones could be cut with a knife.

1. Note-Book, p. 48<sup>a</sup>.

- 1160<sup>65</sup>. A counterpart of the preceding. Wet.

- 1160<sup>70</sup>. Section of lower part of femur, having a large spongy osseous tumor growing from its outer surface; the shaft of the bone is entire. It is probably the osseous part of a cartilaginous or osteosarcomatous tumor.



1160<sup>86</sup>. A large enchondromatous tumor affecting the upper part of the thigh-bone; it reaches as high as the neck, and involves the trochanters as well as a large part of the shaft. It not only grows around the bone, but has quite destroyed its form, so that only a few portions of the shaft are seen in the midst of it. It is made up almost wholly of nodules of cartilage, with an intervening fibrous tissue. There are also numerous small cysts throughout it, and thus it constitutes the form of disease known as cysto-enchondroma.

Removed after death, from a patient of Mr. Key.

1160<sup>91</sup>. Upper part of a thigh-bone having a large coral-like mass, as large as a child's head, growing from its surface. It proceeds principally from the front of the shaft, and reaches as high as the head of the bone. The tumor is amorphous and spongy, and appears to be the osseous portion of an osteosarcomatous growth. At the lower part of the shaft there is a little new bone.

Case of William B., aged 43, who was under Mr. B. Cooper in 1841.

18. Misc. Insp. Book, p. 139.

1160<sup>92</sup>. Bones of the knee-joint, from the same case, showing a number of exostoses growing from them, especially on inner side. On the inner condyle there are numerous exostoses projecting upwards, and which, together, form a large mass of new bone at this part. On the inner side of the head of the tibia there is in like manner a large osseous growth or exostosis, and the head of the fibula is also enlarged.

1161. Cancerous tubercle in the medullary structure of the upper part of the femur, from a patient who died of cancer of the breast. (Cast 283.) She had complained of pains in the thigh.

From a patient of Mr. Key.

1162<sup>12</sup>. Upper half of the os femoris, from a female who had carci-



nomatous disease of the mamma. The interior of the shaft of the bone is occupied by several rounded cancerous tubercles. About two inches below the neck, the whole circumference of the bone has been completely removed; separations of the upper and lower portions of the bone have been thus produced. The surface of the neck of the os femoris, for two inches beneath the neck, has its periosteal investment much thickened, and universally affected with malignant disease. The bone itself at this part is similarly diseased, though in a slighter degree.

Presented by Dr. Hodgkin.

1162<sup>24</sup>. A middle portion of the os femoris, from the same patient as the preceding specimen. The internal surface of the shaft of the bone is similarly affected; for the space of two inches a circle of the bone is entirely involved in the disease; the greater part of it is destroyed, and an almost complete separation is the consequence.

1162<sup>30</sup>. Myeloid disease of the lower part of the femur. The ends of the shaft and condyles are seen to be destroyed, and their place occupied by a growth somewhat resembling the spleen in structure—there being a number of fibrous processes passing in all directions through it, like the trabeculæ of this organ, and in the midst there is a red pulp. The latter is composed of myeloid matter contained in a matrix of fibrous tissue, which proceeds in great measure from a layer of periosteum passing off from the end of the bone. It is inclosed in a membranous sac which proceeds from the shaft at the point where it terminates in the tumor, and the cartilages of the joint are observed to be sound on the opposite side.

Case of James D., aged 25, a seaman admitted under Mr. Cock's care in November, 1854. He had struck his knee two years before, and the swelling had ensued in consequence. The tumor occupied the position of the condyles of the left thigh, and measured twenty-two inches in circumference; the section of the tumor after removal, was five inches in diameter. The man quite recovered.

See drawing 9<sup>56</sup>.



- 1162<sup>31</sup>. Myeloid disease of the lower part of the femur. A tumor composed of soft myeloid matter inclosed in a membranous sac, occupies the place of the condyles. The sac is formed from the periosteum which passes off from the jagged end of the shaft, and has the cartilages of the joint perfect on its under surface. There is no fibrous reticulum, as in 1162<sup>30</sup>.

Case of Mary Ann M., aged 33, was under Mr. Cock in 1856. A year before, when four months advanced in pregnancy, she fell and struck her right knee. It swelled, and she was unable ever after to walk upon it; she had subsequently miscarried. The limb was removed, and the tumor increased five inches in diameter. Drawing 9<sup>57</sup>.

- 1162<sup>32</sup>. Myeloid disease affecting the lower part of the femur. It exactly resembles No. 1162<sup>30</sup>, the description of which will serve for this, the only peculiarity being that the epiphysis in the present case is entirely unaffected by the disease. These specimens might be styled fibro-myeloid, in distinction to the simple myeloid of the preceding case.

Case of Joseph S., aged 15, was under Mr. Hilton's care in 1857. He was suffering from a tumor which affected the condyles of the left femur; this prevented him walking, but the joint was unaffected. He had observed the swelling for five months, but had had no pain. A few days after the amputation, pyæmia came on, with suppuration in the stump and pelvis, and the lad gradually sank. On post-mortem examination, no disease was found in the bones or other part of the body, except a fatty liver and the pelvic abscesses. Drawing 9<sup>58</sup>.

- 1162<sup>36</sup>. Part of the head and neck of the os femoris, fractured in consequence of the development of defined carcinomatous tubercles in the cancelli. There is extravasated blood mixed with it.

Presented by Mr. J. Babington.

- 1162<sup>40</sup>. Section of lower extremity of femur, the interior of which is affected by carcinomatous disease. The growth has destroyed one condyle, and is making its way externally; the disease extends some distance up the shaft. Injected.

Amputated by Mr. B. Cooper.



- 1162<sup>45</sup>. The lower end of the femur, with the parts of the knee-joint affected with carcinomatous disease. The bone is almost entirely destroyed, the outline of the condyles being only preserved by portions of the cartilage which remain. The disease appears to have commenced in the medulla and grown outwards, until the whole bone was involved in the tumor and destroyed. Also some carcinoma in head of tibia.

Case of Ann H., aged 30, under Mr. Birkett in 1855. For sixteen months she had felt pain and weakness of left thigh, which was soon followed by swelling. On admission, the lower half of the thigh was much swollen, and the woman was very ill and cachectic. While moving in bed, the bone broke. The limb was amputated, but she subsequently died, and carcinoma was found in the bones of the cranium.

Record of Insp., No. 154. 1855.

- 1162<sup>46</sup>. Section of os femoris of the preceding case, removed after death in order to show its healthy condition, and that the disease did not return in a part so contiguous to its original seat.

- 1162<sup>48</sup>. Section of lower half of os femoris affected with carcinoma. A large tumor occupies the shaft above the condyles, which has entirely destroyed the bone, which is broken through at this part. Injected.

- 1162<sup>60</sup>. Section of lower part of femur. The interior of the bone above the epiphysis is occupied by a soft carcinomatous growth, and projecting from the outside is a large tumor of the same character. Injected.

Amputated by Mr. Key.

- 1162<sup>65</sup>. Section of the lower half of the os femoris, and bones of knee-joint affected with osteosarcoma. A large tumor is growing from around the shaft at the condyles, and is composed principally of bony tissue. The shaft is seen passing through the mass, but at one part is closely incorporated with it, forming a dense osseous structure. The tumor contains much less soft material than most osteo-



sarcomas, and is probably less malignant or entirely innocent, and takes a place between simple osseous tumor and osteosarcoma. See similar specimen 1105<sup>50</sup>.

Case of John T., aged 41, whose thigh was amputated by Mr. Poland in 1854. It has been growing for five months, and was attributed to a blow.

1162<sup>66</sup>. Corresponding section dried.

1162<sup>77</sup>. Section of lower part of femur affected with a large osteosarcomatous tumor. The growth is seen to proceed from the surface of the bone, the shaft running through its midst intact. It consists of a mass of radiating fibre proceeding from the surface, intermixed with which are nodules of cartilage, and ossification is taking place amongst them. One part of the tumor has softened. The bony radii are nearest to the shaft of the femur, whilst the surface of the tumor consists of little more than cartilage.

Case of Sarah S., aged 14½ years, under Mr. Callaway in 1841. She was too ill for removal of the limb, and died shortly after admission. The lungs contained numerous tubercles about the size of peas and chestnuts—firm, roundish, nodular, semicartilaginous—some translucent, and some earthy. The latter were dried, and at present show nothing more than masses of bone about half an inch in diameter, although the description of the fresh specimen would make it appear that cartilage was present. Prep. 1750<sup>40</sup>. Drawing of limb during life, No. 9<sup>25</sup>. See similar specimen, No. 1117<sup>30</sup>.

18. Misc. Insp. Book, p. 85.

1162<sup>78</sup>. Corresponding section with the soft parts removed, showing the bony spiculæ growing from the shaft which pervaded the tumor.

Prep. of patella 1210<sup>90</sup>, affected with inflammation in consequence of neighbouring disease.

1162<sup>82</sup>. Macerated section of inferior half of femur affected with osteosarcoma, showing the solid earthy deposit in the form of radiated ossification which formed a part of the tumor. See two next specimens.

1162<sup>84</sup>. Portion of a large osteosarcomatous tumor which grew from the lower part of the thigh-bone. It is composed of fibre-tissue and cartilage, with some spiculæ of bone. The latter are in small quantity, and thus the growth is softer than some forms of osteosarcoma, and approaches nearer to carcinoma. Injected.

1162<sup>96</sup>. Another section of the same tumor presenting a tuberoso exterior, and thus resembling carcinomatous disease. There are large cavities within.

Case of John W., whose thigh was amputated by Mr. Morgan. He subsequently died, and the surface of lung was found covered with hard nodules, prep. 1782<sup>20</sup>; and also portion of diaphragm; prep. 2470<sup>63</sup>.

1163. Section of thigh affected with osteosarcoma. A large oval tumor composed of fibre, bone, and probably some cartilage, is seen growing around the lower end of the femur. It proceeds from the surface of the bone, so that the shaft is seen running through it intact.

Case of Anne G., aged 17, whose leg was amputated by Mr. Key in 1827. She ascribed the disease to a blow received several months before. She died a year afterwards, and the lungs and thoracic lymphatic glands were occupied by new growths. The lungs contained some hard nodules, surrounded by bone, prep. 1749<sup>32</sup>, and a large tumor encased in bone which encroaches on the heart, prep. 1400.

Misc. Insp. Book, p. 133.

1164. Corresponding section from preceding case.

1165. Small section of the preceding, showing the effect of the disease in separating the lamellæ of the shaft of the bone, and the more complete carcinomatous growth between the outer layer and the periosteum.

1165<sup>50</sup>. Section of the bones of the knee-joint affected with osteoid disease or osteoid cancer. A number of bony deposits are seen in the cancellous structure of lower end of femur; also in upper part of tibia, as well as in patella and parts around; so that it is sufficiently evident that in course of time the whole of these bones would have become



incorporated in one dense bony mass or tumor. This early condition of the disease well illustrates how the bony deposit occurs after the manner of cancer.

Case of Benjamin H., aged 56, was under Mr. Key in 1841. He was a farmer, and enjoyed good health until a few months before, when he struck his leg; pain followed, and subsequently swelling of the knee. The thigh was amputated, and the man died six weeks afterwards. The lungs contained beneath the pleura a number of oval patches or scales, the largest being the size of a shilling. They were thin and bony, and were said to contain but little membranous or soft structure. In the lungs themselves there were small angular masses of bone. Prep. 1750<sup>45, 46</sup>. A large gland near the femoral artery had become converted into a hard, bony tumor. Prep. 1559<sup>12</sup>.

18. Misc. Insp. Book, p. 190.

1165<sup>51</sup>. Dried section of preceding.

1166. Section of the lower part of the femur, showing a large carcinomatous tumor which had begun in the medulla and entirely destroyed the shaft of the bone. A portion of the condyle is seen below.

Amputated by Mr. B. Cooper.

1167. A femur, of which the upper half is much enlarged by an irregular growth of bone. The osseous tissue is spongy, and appears to be the more solid part of an osteosarcoma growing from the shaft. The upper part of looser texture was probably mixed with cartilage, and the lower radiating portions of bone with fibrous tissue.

From Mr. Brooke's collection.

1167<sup>50</sup>. Os femoris, with several large exostoses upon it. There is a large coral-like mass of bone growing from the outer surface just above the condyle, and on the posterior part is a remarkable process of bone growing upwards, and dividing into two branches. The neck of the bone is also enlarged by a deposit of new bone between the trochanters, and this is almost obliterated. From the same patient

were the specimens, No. 1521, of the bones of the leg, also covered with exostoses.

Presented by Mr. W. Jackson. 1826.

1. Note-Book, p. 87.

1168. Section of the femur, showing a large tumor growing from the surface of the lower part of the shaft, and surrounding it. It is composed of fibrous tissue, bone, and cartilage. The centre of the shaft is seen to be hollow in one spot, as if the disease had penetrated it from behind.

The case is reported by Mr. Travers, and is that of Thomas H., aged 16, who was under Mr. Lucas in 1804. The whole thigh was swollen, and measured nineteen inches in circumference. Five months before, it had been laid open, and had since rapidly grown, and had profusely discharged. The limb was amputated, and the lad left the hospital with a good stump and improved health, but returned with the same disease in the chest, of which he died. This is shown in prep. 2434<sup>21</sup>, which is a large growth consisting of a soft structure and bone, involving the sternum, mediastinal glands, and lungs.

1169. Upper part of the thigh-bone, having a large carcinomatous growth below the trochanters, which has caused fracture at this part. The tumor has softened in the middle.

From a woman, 54 years of age, who had had cancer of the breast for seven years. For eight months she had felt her legs weak, and two months before death the thigh-bones suddenly broke.

Presented by Mr. Edward C. May.

1. Note-Book, p. 210<sup>n</sup>.

1172. Section of the upper part of the thigh-bone fractured through the neck and trochanters.

Presented by Sir A. Cooper.

1173. A dry section corresponding to the preceding.

1174. Upper part of the thigh-bone, with a fracture through the neck, principally within the capsular ligament, from an old man between 60 and 70 years of age. He had fallen down two steps, and died fourteen days after the accident with gastric irritation and delirium.

Presented by Mr. Fogerty.



1176. Recent fracture of the neck of the thigh-bone within the capsule. This is a very good example of the ordinary form of accident.

Drawing 10<sup>58</sup>.

1177. Recent fracture of cervix femoris within the capsule.

- 1177<sup>50</sup>. Upper part of the os femoris, with fracture through the cervix within the capsule. It appears to have taken place but a short time before death.

Presented by Dr. Hodgkin.

1178. Recent fracture of cervix femoris within the capsule.

1180. Old intracapsular fracture of the neck of the thigh-bone. There is no attempt at repair, although there is some deposition of new bone upon the fractured end; the neck is absorbed, and the articular cartilage, both of head and acetabulum, is partially destroyed.

1181. Old intracapsular fracture of cervix femoris; the neck has been absorbed and the head atrophied. The cartilage is also partially destroyed.

1182. Old intracapsular fracture of cervix femoris followed by complete absorption of neck. There is a little deposition of new bone about the fractured end of the shaft, and a protuberance below the lesser trochanter.

1183. Fracture of the head of the thigh-bone, partly within and partly without the capsular ligament. There is dense fibrous tissue uniting the fractured ends, and the head of the bone sunk nearly to the level of the trochanter major. The accident occurred probably several years before death.

Drawing 10<sup>52</sup>.

Presented by Mr. T. Hardy.

1184. Fracture of the neck of the thigh-bone in a child nine years of age, involving also the trochanters. There is abundance of new bone around the latter portions and shaft, but the reparation is deficient towards the head of the bone within the capsule.

- 1184<sup>50</sup>. Fracture through cervix femoris within the capsule: the separation is not seen on the external surface.

Case of James P., aged 72, under Mr. B. Cooper in 1843. He died eight weeks after the accident from injuries received, and decay of internal organs.

19. Misc. Insp. Book, p. 199.

1185. Section of fractured cervix femoris within the capsule, showing very close ligamentous union.

- 1185<sup>5</sup>. Intracapsular fracture of cervix femoris, showing partial reparation. The union is by fibrous tissue, intermixed with cartilage and a small quantity of new bone; nearly the whole of the neck is absorbed, and contrasts strongly with a section of the healthy femur from the other thigh.

Case of Mary F. H., aged 60. She had been an inmate of the Hospital Lunatic House for several years, and five years before her death, she fell and fractured the neck of thigh-bone within the capsule. All the symptoms were well marked: she was confined to her bed some months, but there was a difficulty in keeping on the splints. She afterwards sat up in a chair, and this was her position until three weeks before her death. She died of pneumonic phthisis. The limb was quite moveable in the socket.

Drawing 9<sup>91</sup>.

Record of Insp., No. 8. 1857.

- 1185<sup>10</sup>. Dried section of preceding specimen, with the other half of the healthy bone.

- 1185<sup>15</sup>. Fractured cervix femoris within the capsule, of the usual kind.

Case of Sarah M., aged 71, under Mr. Cock's care. She fell on her hip, and died a fortnight afterwards.

Record of Insp., No. 3. 1857.

1186. Preparation, showing ligamentous union of an intracapsular fractured cervix femoris.

1187. Section of the head and neck of a thigh-bone, preserved to show osseous union after fracture, but this is very doubt-



ful. It appears rather to represent the wasting of the neck and other degenerative changes which take place in old age.

See drawing 10<sup>55</sup>.

- 1187<sup>50</sup>. Fracture through the neck of the femur within the capsule. From the bony deposit on the trochanter it appears as if there had been some previous senile changes in the part.

Case of Eliza J., aged 68, who died sixteen days after the injury, in June, 1837.

See Mr. Bryant's catalogue, p. 107.

- 1187<sup>51</sup>. Fracture of the cervix femoris outside the capsule, and close above the trochanters. There appears to be some slight bony union.

Case of Mary M., aged 84, who died two months after the injury, in 1836.

See Mr. Bryant's catalogue, p. 105.

- 1187<sup>52</sup>. Fracture of the neck of the femur external to the capsule; the great trochanter has been fractured, and the neck driven into it; the lesser trochanter is also broken off.

Case of Elizabeth K., aged 67, who died in 1835, a month after the accident.

See drawing 10<sup>53</sup>.

See Mr. Bryant's catalogue, p. 106.

- 1187<sup>54</sup>. Fracture of the neck of the femur outside the capsule, with both the trochanters broken off. All these portions have united firmly, though irregularly, so that the head is at right angles to the shaft; the trochanters encompass the neck, the lesser one forming a large irregular mass of bone which supports it below. The preparation shows that the disease had probably been the seat of chronic rheumatic arthritis, there being a rim of new osseous matter around the acetabulum, and also on the head of the femur. The disease is more advanced in the joint of the opposite limb. (See prep. 1319<sup>10</sup>). This condition may, however, have arisen subsequent to the accident.

Case of John S., aged 87, who died sixteen months after having fallen down in a state of intoxication, in the year 1835. He was quite confined to his bed.

See drawing 10<sup>51</sup>.

See Mr. Bryant's catalogue, p. 107.

1187<sup>55</sup>. Neck of the thigh-bone fractured without the capsule, and driven into the trochanters, which are broken through. There is much deposition of new bone, and union of trochanters. There are also new osseous deposits on acetabulum, as well as tuberosity of ischium, and crest of ilium.

Case of Mrs. L., aged 60, who had a fall on the part, but was able to walk about six weeks after the accident. She died about nine months later.

See Mr. Bryant's catalogue, p. 100.

1187<sup>58</sup>. Fracture through the neck and trochanters of femur; the latter are isolated. It appears a recent injury.

See Mr. Bryant's catalogue, p. 98.

1187<sup>64</sup>. Fracture through neck and trochanters of thigh-bone. A large mass of bone unites the broken ends together, and encircles the neck; the trochanter major curves upwards above it, and in the same manner the trochanter minor below. The neck has in a manner slid down over the shaft, which partly penetrates its cancelli.

From a man about seventy years of age.

Presented by Mr. Cock, and Mr. Duke.

1187<sup>70</sup>. Fracture at the base of the cervix femoris, and the neck sunk into the shaft; there is slight displacement, but good union.

1187<sup>76</sup>. Fracture at the base of the cervix femoris; the neck sunk into the shaft, with old union.

1188. Fracture of the femur, in which the neck is sunk between the two trochanters, of which the greater is broken. The patient died in the Hospital from injury to the head, received at the same time.

See drawing 10<sup>59</sup>.



- 1188<sup>50</sup>. Head of the thigh-bone fractured through the neck and trochanters, with considerable comminution.

Case of Samuel J., aged 27, under Mr. Key in 1827. He survived the accident only five days.

See drawing 10<sup>56</sup>.

3. Green Insp. Book, p. 128.

- 1188<sup>55</sup>. Fracture through the neck of thigh-bone external to the capsule, and just implicating the trochanters. There is also a slight fissure passing downwards; a more severe blow would have produced the ordinary impacted fracture.

Case of Mary G., aged 70, under Mr. Cock. She lived twenty days after the accident.

Record of Insp., No. 206. 1855.

- 1188<sup>60</sup>. Head of femur, showing a firmly-united fracture of the neck and trochanters of the impacted variety. The head is at right angles to the shaft, and the trochanter forms an irregular mass of bone at its upper part. A section shows the head driven inwards into the cancelli of the shaft for more than an inch.

Case of Ann C., aged 66, an inmate of the Kent County Lunatic Asylum, fell and injured her hip seventeen months before her death. The limb was put upon a straight splint, and the patient kept her bed for six weeks; she then gradually gained strength in it, and she was able to walk about, although the leg was shorter than the other.

Presented by Mr. W. Hills. 1857.

1189. Section, showing the neck of the femur driven into the cancellated structures between the trochanters and united. The union is by a ligamentous material, but the adjacent parts of the shaft are encrusted with a little new bone.

See drawing 10<sup>54</sup>.

- 1189<sup>10</sup>. Corresponding section, dry.

- 1189<sup>50</sup>. An impacted fracture of the neck of the thigh-bone firmly united. The head has been driven in, and the trochanters separated, but they have all become firmly united.



1189<sup>60</sup>. Impacted fracture of thigh-bone united. The head has been driven quite into the cancelli of the shaft; the trochanter, which has also been fractured, is firmly united, and forms a large buttress by its junction with the trochanter minor.

1191. Os femoris, fractured through the neck and trochanters; the head of the bone is lodged in the acetabulum. There is no appearance of union.

1191<sup>50</sup>. Fracture of the neck of the femur external to the capsule, with isolation of trochanters. New bone has been thrown out, and the repair was proceeding.

Case of Samuel P., aged 66, under Mr. B. Cooper, in 1838. He lived nine weeks after the injury, and was able to walk with tolerable firmness before his death.

14. Misc. Insp. Book, p. 96.

1191<sup>65</sup>. Section of a fractured femur. It appears doubtful whether the neck has been broken, but the shaft is seen to be undergoing repair after fracture.

1192. Neck of thigh-bone, fractured obliquely between the trochanters, and rather on their lower surface towards the shaft. Firm union has taken place, but the head is united to the shaft almost in a straight line.

1193. Head of femur, showing oblique fracture through the trochanters. Firm union has taken place, though with some displacement.

1194. Comminuted fracture of the upper part of the thigh-bone; the neck has been broken through at its root, and forced downwards between the trochanters, which are separated into several pieces. There is no direct union between the portions, but there is a quantity of osseous deposit external to them, and holding them together.

Case of Dennis D., aged 44, under Mr. Cock. A load of earth fell upon him, producing the fracture of the left thigh. He died of pyæmia at the end of seven weeks.

Record of Insp., No. 233. 1854.



1195. Fracture and separation of trochanter major.

Case of Elizabeth C., aged 15, under Mr. Key, March, 1822. She fell and struck her right trochanter on the curb-stone; she rose and walked home. On the sixth day, having become exceedingly ill, she was admitted into the hospital. She died on the ninth day, of pericarditis (pyæmia?) The epiphysis was found detached, but the tendons still adherent to it.

See drawing 10<sup>67</sup>.

See Mr. C. A. Key's Record of Insp.

1196. Os femoris, fractured between the trochanters, and obliquely through the upper part of the shaft; union is complete.

1197. Oblique fracture through the upper part of the femur and trochanters; united.

1197<sup>8</sup>. Oblique fracture through upper half of femur at junction with trochanters. A large excrescence of new bone surrounds the latter, and end of shaft. The osseous tissue has become very dense (sclerosis).

From Mr. Howship's collection.

1197<sup>16</sup>. Os femoris obliquely fractured a little above the middle. It is very badly united, as the ends ride over each other for several inches; the lower part is in front, and reaches nearly as high as the trochanters and is directed outwards, while the upper portion is placed behind; the latter has probably been comminuted, and is undergoing necrosis in places.

1197<sup>18</sup>. A specimen very much like the preceding, only the upper part rides in front of the lower, which reaches as high as the trochanter major. The shortening is several inches, and union has taken place between the contiguous surfaces of the shaft.

1197<sup>19</sup>. Portion of shaft of femur, split into several longitudinal portions.

1197<sup>20</sup>. Oblique fracture of the shaft of the femur a little below the trochanters. The lower portion is carried upwards in front of the superior portion and above it, while the latter



passes horizontally behind it. The broken end is thus higher than the head, and in order to unite it to the part below, a very remarkable mass of bone proceeds downwards from the fractured end to the cervix; there is also good union at the place where the bones meet. The lower part of shaft is rotated inwards.

See drawing 13<sup>50</sup>.

From Mr. Howship's collection.

1197<sup>28</sup>. Fracture of femur about its middle; the ends ride and cross at an angle. A large quantity of new bone has formed around them, although firm union has not taken place.

1197<sup>32</sup>. Portion of middle part of shaft of femur, showing a badly-comminuted fracture; these have become united by a quantity of new bone formed around them, some of which appears in a state of necrosis.

Presented by Mr. Key.

1197<sup>36</sup>. Upper part of the femur, showing a compound fracture of a previously-broken bone. There appears to have been an oblique fracture at the upper part of the shaft below the trochanters, and a firm union has taken place. Upon this there is a recent compound fracture of the neck and trochanters, by which the head is separated, and the trochanters isolated.

1197<sup>40</sup>. Fracture of the shaft of the femur. The ends overlap, but repair is going on by some deposition of bone between them.

Case of William P., aged 55, who was under Mr. Key in 1840 for several severe injuries. He survived thirty-one days. See fractured rib 1051<sup>50</sup>.

17. Misc. Insp. Book, p. 303.

1197<sup>44</sup>. Femur fractured almost transversely in the middle of shaft. Repair is proceeding, and there is deposit of new bone above and below. It separated without force on removal.

Case of Thomas P., aged 48, under Mr. Key in 1844, and who died two months after the accident.

19. Misc. Insp. Book, p. 296.



1197<sup>48</sup>. Os femoris obliquely fractured a little above the middle. It is nearly united, although the overlapping is extreme, and it is three inches shorter than its fellow-bone. The head and trochanters are somewhat diseased, and there is extensive ulceration on the articular surface of the condyles. The medullary structure of the inner condyle is also diseased.

1197<sup>50</sup>. Upper part of a femur which has probably been fractured. It is covered with large exostoses growing outward from the trochanters. The most remarkable is one curving upwards from the trochanter minor, and which, with the osteophytes above, tend to form a cup-shaped mass of bone. In the midst is the head of the femur, the neck of the bone being absorbed. There is also a little deposit of new bone upon the acetabulum.

1197<sup>64</sup>. Os femoris obliquely fractured at its upper part. The ends overlap to the extent of six inches. New bone is thrown out between them ; union is proceeding.

1197<sup>65</sup>. Os femoris fractured at the lower third. Overlapping has taken place to the length of three inches, but firm union has occurred. Strong cancellous bone unites the sides of the shaft together, the original dense shell of the two ends being still present.

Case of James D., aged 37, under Mr. Hilton for diseased finger. He died of pyæmia. See prep. of liver, 1898<sup>55</sup>. The thigh had been fractured nineteen years before.

Record of Insp., 120. 1856.

1197<sup>66</sup>. Dried section of same.

1197<sup>80</sup>. A section of a small portion of the shaft of the os femoris, showing the result of a lateral union between six and seven months after fracture. The process is completed, and junction firm. About one and a half inch of length is lost by overlapping, and a thickness of about one-third of an inch of cancellated bone, with a solid exterior, inter-



venes between the two portions of the shaft, whose ends are closed in and rounded. The centre of the solid callus is also in process of excavation, while its outline is dense and thick. The limb was amputated by Mr. Key in 1835 for disease of the knee-joint.

Case of J. W., aged 30. Drawing, 1570.

- 1197<sup>82</sup>. Partial fracture of a femur in a child. The bone should rather be called bent.

From Mr. Howship's collection.

- 1197<sup>88</sup>. Os femoris fractured transversely at its middle, and united at an angle. There has also been considerable disease of the bones of the knee, and destruction of the joint. The condyles are partly dislocated, but ankylosed to the tibia. The patella is also firmly united to the outer condyle, and growing downwards from it are two long bony processes or exostoses.

1198. Non-union of a fractured femur from a loose piece of bone between the extremities.

1199. Oblique fracture through the middle of os femoris. Firm union has taken place, but the lower end has been necrosed, and is now seen as a sequestrum, the union having taken place to the new bone, or capsule, which has formed around it. The sequestrum is loose, and is ready for removal.

- 1199<sup>50</sup>. Portion of femur showing the result of compound fracture and process of union. The ends overlap for the space of three inches, and meet at an angle. The exterior of each end is necrosed, and in process of separation, while union is taking place between the healthy portions above.

Case of William Y., aged 63, under Mr. Key in 1837. He died eleven weeks after the accident.

12. Misc. Insp. Book, p. 99.

1200. Lower extremity of os femoris, amputated by Mr. Key for compound fracture occasioned by a fall from a scaffold. The upper portion was protruded, and stuck in the ground.



1201. Fracture of the femur piercing the rectus externus.
1202. Os femoris of a young subject much wasted and distorted. There appears to have been a separation of the lower epiphysis, followed by reunion. The condyles ulcerated. There is no history of this case, but there seems no doubt that the specimen truly represents a transverse fracture of the right femur a little above the condyles, which has been long repaired.
1203. Os femoris showing a fracture and union, though by an overlapping to the extent of three inches. A mass of cancellous bone unites the dense sides of the shaft, and this has a hollow space in the middle. This specimen has been placed in acid, and a portion of the earthy matter removed.
- Drawing, 15<sup>00</sup>.
1204. Corresponding section of same, which has been deprived in great measure of its animal matter.
1205. Os femoris fractured at the upper part of the shaft, and well united. The head and neck of the bone are much distorted by chronic rheumatic arthritis.
- 1205<sup>50</sup>. Fracture of the femur above its middle, with much displacement, but good union.
1206. Os femoris fractured through the middle, and firmly united. The ends overlap to the extent of three inches, but the line of union is good. As in the three other specimens of this kind, the medullary canal is closed, and the ends rounded as in amputation.
- 1206<sup>50</sup>. Two sections of the femur, showing oblique fracture just above the middle of the shaft. Firm union has taken place, but the ends overlap for more than four inches, though at a slight angle.
1207. Section of os femoris fractured through the middle; firmly



united, but the bones shortened to the extent of from two to three inches, and at a slight angle.

1208. Os femoris fractured a little below the middle, firmly united in a straight line, but the ends overlap to the extent of from two to three inches.

1208<sup>50</sup>. Left femur sawn longitudinally, in which there has been a fracture just above the middle of the shaft. Firm union has taken place, but the bone is bent and shortened. It is difficult to follow the line of fracture, but it is apparently seen running obliquely through the cancellous structure which unites the bones, and probably overlapping has taken place to the extent of from two to three inches. The shell of the bone is much thicker on the concave than the convex surface.

From the Dissecting-Room.

1209. Os femoris fractured just above the middle third. Firm union has taken place, but the bones overlap to the extent of two inches, and at a slight angle. The new bone uniting them is not solid throughout. There has also been an oblique fracture just above the condyles, but firmly united.

1209<sup>32</sup>. Os femoris showing fracture in upper part of shaft. Firm union has taken place in a straight line, but the bones overlap to the extent of four inches. The head of the bone is also much enlarged by chronic rheumatic arthritis.

1209<sup>36</sup>. Os femoris fractured below its middle. Firm union has taken place in a straight line, but the bones overlap to the extent of three inches.

1209<sup>64</sup>. Os femoris fractured at commencement of middle third, firmly united, but the bones overlap from two to three inches, and form an angle.

1209<sup>72</sup>. Os femoris showing comminuted fracture at its upper third ; the bone has been split longitudinally into several portions.



These have, however, become firmly united to one another. There is slight shortening to the extent of  $1\frac{1}{2}$  inches.

Case of James B., aged 53, under Mr. B. Cooper in 1839. He had been in the hospital for four months, and was able to walk on crutches, when he suddenly died of an aneurism of the aorta.

17. Misc. Insp. Book, p. 14.

1209<sup>74</sup>. Oblique fracture in upper part of femur just below trochanters, firmly united.

1209<sup>75</sup>. Oblique fracture at upper part of shaft below trochanters, firmly united.

1209<sup>76</sup>. Oblique fracture at upper part of shaft below trochanters, firmly united at an angle.

1209<sup>77</sup>. Os femoris showing a severe fracture at the upper third. It is much altered in shape, and is much enlarged by deposit of new bone. It has apparently been comminuted, and the portions united. Between the upper end of shaft and the lower, there appears to have been an isolated portion.

1209<sup>78</sup>. Os femoris showing oblique fracture in the middle. It is firmly united, and in a tolerably straight line.

1209<sup>79</sup>. Os femoris showing a very severe comminuted fracture of the lower part of the shaft. There is a long oblique fracture reaching nearly down to the condyles, and the portion of shaft which is below this, is also broken off above the condyles, so that the latter appear as if they were thrust upwards between the broken portions of bone, one of which has been completely detached above. They have all again become firmly united.

1209<sup>80</sup>. Os femoris fractured at its lower third, but well united in a straight line, although overlapping for about two inches.

1209<sup>81</sup>. Os femoris fractured at junction of middle and lower third. Firm union has taken place, though at a slight angle, and there is overlapping of the bones.



- 1209<sup>82</sup>. Os femoris showing a very oblique fracture of seven inches long, and extending from the upper third to the lower third, quite through the middle portion of the shaft. Some shortening has taken place, but union is firm, and in a good line.
- 1209<sup>83</sup>. Portion of femur showing oblique fracture through the middle, and united.
- 1209<sup>84</sup>. Os femoris showing transverse fracture just below the middle. There is firm union, but overlapping to the extent of three inches. These ends are rounded as in other specimens.
- 1209<sup>85</sup>. Os femoris showing oblique fracture at lower part of shaft. Firm union has taken place.
- 1209<sup>86</sup>. Os femoris showing fracture at middle of the shaft. There is firm union in a straight line, but overlapping for two inches.
1210. Os femoris fractured about the middle, and united with much overlapping. Abundance of ossified callus, and one long process extending upwards forming an exostosis.
- 1210<sup>10</sup>. Os femoris which has been the subject of compound fracture. The ends have overlapped for nearly four inches, but firm union has taken place. There is much deposition of new bone all around.

Case of William C., aged 33, who died of phthisis in 1840. He was supposed to have fractured his thigh nine years before; and since, several portions of bone had come away.

17. Miscell. Insp. Book, p. 156.

- 1210<sup>20</sup>. Os femoris showing a fracture at its lower part; firm union has taken place. The original shaft has evidently been necrosed, for there is a hollow space in which it has been contained, while the bone at the seat of fracture is new tissue, and has been formed around it.

Presented by Mr. John Paine of Burton, Norfolk.



1210<sup>40</sup>. Os femoris which has been the subject of fracture obliquely below the middle, and vertically between the condyles ; much overlapping has attended the union. The shaft appears to have undergone the commencement of necrosis.

Presented by Mr. Price of Greenwich, where the bone was found.

1210<sup>60</sup>. Left os femoris with a vertical fracture through the condyles. Firm union has taken place, with slight retraction of the internal condyle, which has been broken off. The new bone, both before and behind, is abundant to the very margin of the articular cartilage, beyond which there is a mere fissure. Drawing 15<sup>86</sup>.

1210<sup>65</sup>. Disunited epiphysis of lower end of femur.

1210<sup>66</sup>. Dried section of same.

#### PATELLA.

1210<sup>70</sup>. Patellæ of a young woman. One is somewhat deformed and wasted, the hip-joint of the same limb having been long partially contracted.

1210<sup>80</sup>. Section of a knee-joint of a young subject, in which ligamentous ankylosis has taken place. The patella is affected with necrosis, accompanied with tuberculous deposit ; there is an external opening.

Amputated by Mr. Key in 1831.

1210<sup>90</sup>. Patella having numerous bony excrescences on its circumference, the result of periostitis.

From the case of Sarah S. See prep. 1162<sup>77</sup>.

1210<sup>95</sup>. This specimen was originally styled fungoid disease of the patella, but is in all probability myeloid. It consists of an expansion of the bone, whereby it measures three

inches in length and two in breadth; the internal soft contents have been removed, and thus a mere shell is left. The latter is no doubt composed of new bone, for the cords of the ligamentum patellæ are seen passing down on its inner surface; the new growth having absorbed all the original bone, and pressed through the interstices of the tendon of the extensors, and upon these fresh osseous tissue has been developed. The microscope shows that the soft matter still left within is composed of myeloid cells.

Case of Mary G., aged 24, a servant, admitted under Mr. B. Cooper in 1842. She had struck her knee two and a half years before; pain followed, but no swelling until twelve months afterwards. The tumor was felt as a simple enlargement of the patella, for it could be readily moved, and the joint was unaffected. The leg was amputated, and she left well.

18. Misc. Insp. Book, p. 265.

- 1210<sup>97</sup>. Section of a patella affected by carcinoma; it consists of a soft tumor resembling somewhat the form of the bone, but the original structures are mostly destroyed.

Case of Mary L., aged 71, under Mr. Key in 1843, for cancer of the knee; see prep. 1347<sup>60</sup>. The calvaria was also affected; see prep. 1081<sup>92</sup>.

19. Misc. Insp. Book, p. 144.

- 1210<sup>98</sup>. Dried section of same.

1211. Patella fractured longitudinally, and firmly united by bone; its shape is somewhat altered.

- 1211<sup>32</sup>. Patella with oblique fracture at the upper part; the two small fragments which have been detached are united by very firm ligamentous structure.

- 1211<sup>64</sup>. Patella showing a vertical fracture united by bone.

- 1211<sup>65</sup>. Patella showing a fracture longitudinally divided, and united by bone.

Presented by Mr. Duke.



1211<sup>75</sup>. Patella broken transversely, and reunited by bone. There is no history of this specimen; but it appears very clearly to have been fractured, repaired by osseous union, and been used for some time subsequently. On the anterior surface is a broad sulcus indicating the seat of fracture and original separation of the upper and lower portions; it presents two small oval fissures, where ossification is defective. The posterior surface shows still better the evidence of disunion; there are three transverse portions of articular cartilage, the middle one of which is flattened by contact with the condyles. The section shows a perfect union by cancellous osseous structure, although the cortical parts are slightly interrupted.

Drawing 15<sup>83, 84, 85, 86</sup>.

For further details of this specimen, see Guy's Hosp. Rep., Series I., vol. vi. p. 392.

From Mr. Bryant's collection.

1211<sup>80, 81</sup>. Section of two patellæ (dried) showing transverse fractures united by ligament. In the right this is an inch long; in the left there is a wide sulcus, and the two ends are moveable.

Case of James M., aged 58, who was killed by fracture of the pelvis. He had broken his patellæ some time before.

18. Misc. Insp. Book, p. 257.

1211<sup>82, 83</sup>. Corresponding sections wet.

1211<sup>90</sup>. Section of a patella showing fracture and ligamentous union. The displacement is great, but the separation of the broken portions is slight.

Presented by Mr. Hilton, from the Dissecting-Room.

1211<sup>91</sup>. Corresponding section dried.

1212. Bones of the knee-joint, with transverse fracture of the patella. The upper and lower portions are several inches apart; the former is resting on the shaft of the femur above the condyles, while the lower is on the tubercle of the tibia.

- 1212<sup>20</sup>. Three dried preparations of patellæ fractured transversely ; one of them is broken into four distinct portions.

From Mr. Bryant's collection.

- 1212<sup>32</sup>. Transverse fracture of the patella united by a ligament of about an inch in length.

- 1212<sup>64</sup>. Transverse fracture of the patella united by ligament of from two to three inches in length.

### TIBIA AND FIBULA.

- 1212<sup>82</sup>. Sections of the lower half of the tibia and fibula, from an old woman who had general atrophy of the osseous system, or mollities ossium.

For history, see prep. 1124<sup>90</sup>. 2. Note-Book, p. 33.

1213. Tibia of a young subject rather crooked and much wasted.

- 1213<sup>32</sup>. A similar specimen.

- 1213<sup>50</sup>. Tibia enlarged in size, irregular and nodular in form, and curved forwards. A section has been made, showing the hollowness of the bone and the thinness of its walls.

- 1213<sup>64</sup>. Two sections of a fibula very remarkably curved and flattened. It has evidently belonged to a leg deformed by rickets, and has been bent inwards, as is usual in this disease ; the enlargement and flattening is greatest at the curve—at that spot where the pressure of the body which it supported was greatest.

- 1213<sup>72</sup>. Fibula resembling the preceding, curved and flattened like a rib, as result of rickets.

See femur of the same limb, prep. 1135<sup>40</sup>.

1214. Tibia much distorted, considerably thickened and enlarged—the effects of rickets.



- 1214<sup>20</sup>. Tibia and fibula enlarged and distorted from rickets; they are flattened from before to behind, and curve inwards, and the two conditions thus represented accompany each other in the same portion of the bone, being in the tibia in the middle of the shaft, and in the fibula somewhat below.

See vertebral column, 1000<sup>25</sup>; and femur, 1134<sup>90</sup>.

1215. Small exostoses on the upper and inner part of the tibia.

- 1215<sup>50</sup>. Lamellar exostosis of the front of tibia, probably been connected with an ulcer. It is rather an enlargement of the lower part of the tibia, from a deposition of bone arising from periostitis.

From Mr. Howship's collection.

1216. Tibia of which the head is somewhat enlarged by a number of bony excrescences, evidently the result of inflammation.

- 1216<sup>50</sup>. Section of a tibia denuded by inflammation and suppuration; there is a slight deposition of new bone on parts of the shaft, while other parts are becoming necrosed, so that in all probability the whole tibia would have died.

Drawing No. 17.

From a lad, a patient of Mr. Key.

- 1216<sup>75</sup>. Two sections of tibia affected with caries and necrosis; the shaft in various places is seen to be decaying, and in other parts new bone is forming on the surface of periosteum.

Case of William A., aged 15, under Mr. Key in 1846. Two months before, he struck the leg, and suppuration followed, involving the ankle-joint; amputation, and recovery.

New Vol. I., p. 198.

1217. Portion of tibia exhibiting periosteal inflammation with sloughing, from hospital gangrene following syphilis; injected.

Prep. of sloughing tendon, from same case, No. 1376.



- 1217<sup>50</sup>. Portion of tibia showing necrosis of the surface, and parts of the shaft very much indurated by inflammation.

Case of John W., aged 89, under Mr. Morgan in 1844 for injury to the leg, resulting in inflammation of the bone.

From same case, preps. of hydrocele, 2367<sup>44</sup>; and heart, 1384<sup>46</sup>.

20. Misc. Insp. Book, p. 2.

1218. Portion of tibia and fibula much enlarged by inflammation, particularly at one spot constituting a node. The increase in size appears to be entirely due to periostitis, as all the new bone is external to the wall of the shaft, which is seen taking a straight course through the middle.

1219. Tibia having a great enlargement or node at its upper part.

- 1220 & 1221. Tibia and fibula exhibiting the effects of periosteal inflammation; the upper half and front part of tibia show the new bone on the surface, and the fibula especially, along its outer side.

1222. Portion of a chronic ulcer on the leg, injected; showing granulations, new but diseased cuticle, thickened and indurated subjacent cellular membrane, and periosteal inflammation. See preps. 1622 and 1653.

From a patient of Mr. Key.

1223. Lower portion of tibia showing granulations from periosteum, —the effect of an ulcer.

- 1223<sup>20</sup>. Section of tibia showing caries of the bone beneath a chronic ulcer (probably the form of ulcer styled malignant). The front part of the wall of the bone is eaten away to the extent of two inches, and its place occupied by small portions of necrotic bone inclosed in lymph or an epithelial growth. The shaft posteriorly shows the effects of periostitis, being covered with bony granulations, and the whole thickness of the wall of the tibia at this part is enlarged and indurated. The limb was amputated by Mr. B. Cooper, and the man died soon afterwards from exhaustion.



1223<sup>50</sup>. Upper part of the tibia in fragments, showing progressive absorption of bone, in consequence of an aneurism; from a young woman whose limb was amputated.

1224. The lower end of tibia in a state of caries.

1224<sup>50</sup>. Sections of the bones of the leg thickened without, and partially hollowed within, the result of periosteal inflammation.

See prep. 1366<sup>25</sup> (tendon), and drawing 37<sup>14</sup>.

1225. Tibia and fibula very much enlarged by periosteal inflammation and addition of bone to the surface. The tibia is principally affected on its outer side; the fibula is altogether altered in shape and size. At their lower part they are firmly ankylosed by a mass of new bone which blends them together, and, at the same time, the astragalus and os calcis; so that the joints between these respective bones are altogether destroyed.

1225<sup>32</sup>. Tibia and fibula very much enlarged and distorted in shape by periosteal inflammation; there is a slight bony union between their lower ends, and there is a patch of caries on the lower part.

From an old sailor who died in the hospital, and had taken large quantities of mercury.

1225<sup>45</sup>. Tibia and fibula very much enlarged and distorted by periosteal inflammation; the bones are united at their lower part.

1225<sup>64</sup>. Tibia and fibula very much enlarged and altered in shape by the deposit of new bone on the surface, by periostitis. The channels of the blood-vessels are seen marked in the new bone.

1225<sup>80</sup>. Tibia very much enlarged at its upper part, in consequence of periosteal inflammation.

1225<sup>90</sup>. Tibia very much enlarged; there is not much deposition of new bone on the surface, as in the preceding specimens, but the whole bone is enlarged, as if the osseous structure had been hypertrophied throughout.

1226. Fibula very much enlarged and angular in shape, in consequence of periosteal inflammation.

From Brooke's collection.

1227. Fibula with considerable irregular bony deposits, from periosteal inflammation near its lower extremity.

1227<sup>50</sup>. Fibula affected with necrosis, from a young subject. The dead bone is inclosed in a case of new bone formed around it, and in the latter are several openings leading to the sequestrum.

1227<sup>55</sup>. Tibia exhibiting periosteal inflammation and necrosis of the shaft.

1227<sup>60</sup>. Tibia and fibula greatly enlarged by periostitis. A section shows that the deposit of new bone is almost entirely due to an addition to the surface; and this is in so large amount posteriorly, that the flexor tendons are quite inclosed in a bony case. The tibia and fibula are united below.

1228. Lower part of tibia and fibula enlarged at lower part by periosteal inflammation, and united.

1229. Tibia and fibula very much enlarged at lower part by periosteal inflammation, and bones united.

1230. Tibia and fibula very much enlarged at lower part by periosteal inflammation, and bones united.

1231. Tibia and fibula ankylosed. The bones bear little if any marks of inflammation, except where the union has taken place.



1231<sup>50</sup>. Tibia and fibula united at their lower extremity by periosteal inflammation. There is considerable distortion of both bones.

1232<sup>10</sup>. A portion of bone six inches long, thrown off from the surface of the tibia, in consequence of hospital gangrene.

Case of Thomas G., aged 19, under Mr. Cock in October, 1855. The disease commenced by a slight abrasion of the leg in consequence of a kick, followed by suppuration, sloughing, and destruction of the surface of the tibia.

1232<sup>30</sup>. Section of tibia showing periostitis, and especially an oval mass of new bone on the anterior surface, which corresponded to an ulcer on the leg.

Case of Thomas F., aged 40, under Mr. Birkett. He had struck his leg twelve years before, producing an ulcer which had never healed. This was styled malignant; and all attempts to cure it having failed, the limb was amputated. The man subsequently died of cirrhosis of the liver.

Record of Insp., No. 141. 1855.

1232<sup>31</sup>. A wet section of same.

1233<sup>10</sup>. Shavings of bone from a tibia enlarged by inflammation.

Case of Thomas K., aged 19, admitted under Mr. Hilton, May 20, 1857. Three years before, a waggon had passed over his leg, producing inflammation of the bone. An ulcer existed, with great enlargement of the tibia, so that Mr. Hilton, by means of a chisel, pared off the exuberant osseous growth. The part afterwards slowly healed, and the lad left well.

1233<sup>20</sup>. Portion of necrosed bone removed from surface of tibia. One side is of a black colour, and the under is still seen covered with purulent matters.

Case of Edwin C., aged 11, under Mr. Hilton in 1857. The leg became spontaneously inflamed, suppuration followed, the bone became exposed, and decayed, and four months afterwards, the sequestrum came away; granulations subsequently sprung up on the bone, the wound healed, and the lad recovered.

Drawing, 16<sup>5</sup>.

1233<sup>40</sup>. Section of tibia, of which the wall of shaft is very much enlarged at its posterior part. This appears the result of an inflammation of the whole tissue of the bone or ostitis.

1233<sup>50</sup>. Section of tibia, showing the shaft at one part very much enlarged by an ostitis. This had probably been called a node.

1234<sup>32</sup>. Section of tibia very much enlarged by inflammation. There is much periosteal deposit on the surface, but the whole bone is involved in the enlargement, as well as the medullary canal, which is quite occupied by new bone.

1234<sup>64</sup>. Tibia very much enlarged by inflammation, apparently mostly periosteal.

1235. Tibia greatly enlarged by inflammation of whole tissue. It is nearly solid throughout, but the walls especially are much thickened and increased in density.

1236. Fibula enlarged by periosteal inflammation.

1236<sup>50</sup>. Fibula affected with enlargement about its middle, from periostitis.

Presented by Dr. Stuart of Philadelphia. 1839.

1237. Section of the lower extremities of the tibia and fibula ankylosed by periosteal inflammation.

1238. Section of tibia and fibula united by periosteal inflammation.

1238<sup>50</sup>. Tibia and fibula both extensively affected with periosteal inflammation. In the former there is also considerable exfoliation. The disease, which commenced in the tibia, was occasioned by a blow.

Amputated by Mr. B. Cooper.

1239. Head of tibia, with a considerable sequestrum in the medullary structure. Amputated.



1239<sup>82</sup>. The lower extremities of the tibia and fibula, with the astragalus, from a young subject. There is a small delicate sequestrum in the medullary structure of the tibia immediately above the epiphysis, and a considerable opening in the shaft of the bone, and another opening communicating with the joint through the epiphysis, the greater part of which has been destroyed by ulceration. The corresponding surface of the astragalus is also extensively and deeply ulcerated.

1239<sup>64</sup>. Tibia greatly enlarged by periostitis; the upper part contains sequestra, and is perforated in four or five places by ulceration.

1240. Tibia enlarged by inflammation, and a new shaft in process of formation. Portions of the old dead bone are seen within.

1242. Necrosis of tibia. A large capsule of new thick spongy bone is seen to have formed to replace the old, nearly the whole of which is contained as a sequestrum within. The new bone is firmly united to the epiphysis below, but the latter is removed above.

1242<sup>50</sup>. About five inches of the middle and upper part of the tibia separated as a sequestrum, from a lad about 17 years old. The disease originated in a blow, and the process of exfoliation occupied about fifteen months. The patient afterwards regained the free use of his limb without shortening.

Presented by Mr. W. Shortland of Ilchester.

1242<sup>55</sup>. A large necrotic portion of bone from above the middle of the tibia.

1243. Necrosis of tibia, in which the whole length of the shaft has been involved. The dead bone is separated, and is completely inclosed in a capsule of new bone formed around it, and which is of a soft spongy texture. In the

latter are numerous large openings communicating with the sequestrum within. The new bone is firmly united to the epiphyses.

1244. Necrosis of tibia, involving the whole length of shaft. Around it a new capsule of bone has been formed, which is firmly united to the epiphysis below, but separate from that above. Attempts have been made to remove the sequestrum, for a portion of it is seen to have been sawn through and removed.

- 1244<sup>50</sup>. Section of necrosed tibia. The portions of dead shaft are seen within the capsule of new bone formed around it.

Drawing, 17<sup>38</sup>.

- 1244<sup>55</sup>. Necrosis of tibia. Portions of the dead shaft are seen within, and surrounding it new bone formed by the periosteum. Also a section of foot, showing repair after removal of os calcis.

Case of a child, 3 years old, admitted under Mr. Birkett in 1854, for injury to the os calcis; this became necrosed, and was removed. Prep. 1284<sup>49</sup>, and drawing 24<sup>82</sup>. The disease afterwards extended to the ankle-joint, and afterwards to the tibia. This necessitated removal of the limb. The inflammation of the tibia had probably existed from two to three months. Recovery.

For details of case, see drawing 17<sup>51</sup>.

1245. Necrosis of lower part of tibia. The sequestra are seen through numerous cloacæ in the new-formed capsule around them.

- 1245<sup>32</sup>. Portion of new bone removed by the trephine from a tibia affected with necrosis, in order to extricate a sequestrum, which, however, could not be effected at that time.

By Mr. Morgan. 1830.

- 1245<sup>40</sup>. Section of tibia showing effects of periostitis. A layer of new bone is seen covering the shaft in patches; isolated portions of the old bone are becoming necrosed. The



disease has extended to the epiphyses, and involved the joints, the internal condyle being carious.

Case of Caleb L., aged 15, under Mr. Birkett in 1855. Three months before amputation he was quite well. At that time he felt a pain about the left knee, and afterwards suffered with general inflammation of the leg.

For further details, see drawing 17<sup>40</sup>.

- 1245<sup>45</sup>. Head of the tibia in a state of necrosis. There is seen a large hole produced by decay of the bone within.

Case of John W., aged 56, under Mr. Birkett in 1856. Fifteen months before his death, he began to feel pain about the head of the right tibia; inflammation and suppuration followed, and five months afterwards some necrosed bone was removed. Ten weeks afterwards, on readmission to the hospital, fistulous openings still existed leading to the diseased bone, and in a short time acute inflammation of the knee-joint was set up, followed by suppuration, and the man quickly died. There was a direct communication between the cavity in the head of the tibia, and the joint beneath the semilunar cartilage.

- 1245<sup>48</sup>. Necrosis of the head of the tibia. A section shows an almost detached necrotic portion of bone in the centre.

Case of L. B., aged 27, under Mr. Birkett in 1856. A twelvemonth before amputation he was seized with pain in left knee; abscess formed over tibia, and carious bone could be felt. From time to time small portions of dead bone were removed, but no permanent benefit ensuing, the limb was removed. Slight ulceration of the cartilage had commenced. Recovered.

- 1245<sup>50</sup>. Section of the knee-joint of a child, showing ligamentous ankylosis, and a large cavity at the head of the tibia, part being within the epiphysis, and part without. It is lined by a smooth membrane, and probably shows the process of cure after removal of a necrotic portion of bone.

Amputated by Mr. Hilton.

- 1245<sup>55</sup>. Bones of the knee-joint showing the effects of inflammation and necrosis. The disease appears to have originated in an injury, as a section shows the existence of an oblique fracture just above the condyles; the ends ride over each

other for the space of three or four inches, and are firmly united together, and around them is a large bony callus. The condyles are of very irregular shape, covered with osseous excrescences and carious, the articular surfaces being wholly destroyed. The head of the tibia, in a similar way, has large necrotic portions still attached to it, and all around are numerous bony excrescences. The patella is hollowed out, and its surface roughened. The fibula is also enlarged by osteitis.

- 1245<sup>60</sup>. Bones of knee-joint, showing the effects of inflammation and necrosis. The whole articular surface of the condyles is carious, and the surrounding parts covered with bony excrescences. The head of the tibia is necrotic, and has entirely lost its articular surfaces. Its external parts are covered with osteophytes, as is also the patella.

Case of John L., aged 34, under Mr. Hilton in 1857. For six years he had had enlargement of the knee-joint, unattended with pain. Admitted with enlarged joint, placed at a right angle, the tibia and fibula dislocated partially backwards, and many sinuses were present, communicating with necrosed bones. Amputation was performed, but the man died of pyæmia.

1246. Exfoliation of the tibia, and thickening of the periosteum, consequent on external ulceration. A node appears to have preceded it.
1247. Sloughing ulcer of the leg, and necrosis of the tibia. The surface of the latter is seen to be black and dead.
1248. Sections of the tibia and fibula softened and crooked. From a child affected with rickets.
- 1248<sup>s</sup>. Section of the head of the tibia, showing the results of inflammation and necrosis. The surface of the bone is covered with osseous excrescences, and within is seen a hollow from which a dead portion of bone has been removed. This disease followed amputation, and necessitated another operation above the knee.



- 1248<sup>12</sup>. The ends of the tibia and fibula after amputation. They are seen to be well closed by bone, quite rounded, and united together by strong ligamentous tissue.

Prep. of ends of nerves from same case, 1620<sup>38</sup>.

- 1248<sup>16</sup>. Section of the head of tibia affected with scrofula, producing exfoliation of bone, disease of the joint, and a sinuous opening below the knee. It probably commenced between the epiphysis and the shaft of the bone.

Amputated by Mr. Morgan from a boy aged 9 years.

Drawing, No. 19.

- 1248<sup>32</sup>. A section, the counterpart of preceding, showing some portions that have undergone necrosis.

- 1248<sup>40</sup>. Necrosis, probably strumous, in the head of the tibia. The articular cartilages were destroyed. The disease was supposed to have commenced in the former.

Case of Miss H., aged 24, who had long suffered and declined under the affection. She recovered after amputation. 1831.

From Mr. Bryant's collection.

- 1248<sup>48</sup>. An injected section of the head of the tibia, affected with inflammation, caries, and necrosis; also sinuses and sloughing. It appears as if a large part of the cancellous structure was quite dead, and was just ready for removal.

- 1248<sup>64</sup>. A macerated specimen, the counterpart of the preceding.

- 1248<sup>66</sup>. Head of the tibia, excavated by the loss of a sequestrum, arising from necrosis of the cancellous structure of the bone.

From Mr. Howship's collection.

- 1248<sup>70</sup>. Strumous necrosis in the head of the tibia, with inflammation of the knee-joint. A second amputation.

From Mr. Bryant's collection.

- 1248<sup>80</sup>. Carcinomatous ulcer of leg involving the bone. Its interior wall is destroyed for several inches, the cancellous struc-

ture is full of deposit, and the posterior wall of the tibia is also broken through. Amputated by Mr. Key. The disease returned in the internal organs; see cancer of heart, prep. 1399; kidneys, 2055; tumor in the skin, 1658; and the corresponding section of the leg, showing the disease of the integument, prep. 1641.

- 1248<sup>88</sup>. Section of tibia, showing epithelial cancer growing from the periosteum, from a space of more than two inches in diameter. The bone itself seems slightly affected, and the cancellous structure within infiltrated.

See wax model (pathological), No. 19; and drawing, No. 21.

1249. Carcinoma of the leg which has led to the destruction of the tibia and fibula.

1250. Tibia and fibula, showing the shafts of both bones nearly destroyed by carcinomatous disease. The soft parts have been removed and the bones left dry.

- 1250<sup>50</sup>. Tibia and fibula ankylosed at the lower portion.

1251. Tibia and fibula ankylosed and presenting several large exostoses. The upper part of both bones is covered with large osseous growths; below they are firmly united, and projecting from the point of union is a large exostosis.

See prep. 1167<sup>50</sup>. of exostoses of femur.

- 1251<sup>25</sup>. Section of the upper part of the tibia of a young person affected with osteosarcoma. It grows outwards from the shaft in a radiating form, the epiphysis being unaffected; the medulla is ossified, but otherwise the bone is healthy. The growth is made up of a fibrous structure ossifying, intermixed with nodules of cartilage. In one part softening has taken place.

Drawing No. 20.

- 1251<sup>50</sup>. Corresponding section, the muscles and integuments not removed. Amputated by Mr. Key.



- 1251<sup>55</sup>. Carcinoma of the fibula, showing nearly the whole of the bone destroyed; only small portions of earthy matter being in its site. The tumor is soft, and, as it grew originally from the whole length of the bone, is of an oval shape, and corresponds to the form of the leg; it has also a radiated structure.

Case of Elizabeth C., aged 7, under Mr. Birkett in 1853. Four months before the limb was amputated, the child had received a blow on the leg, and the latter rapidly swelled. A good recovery followed, but in nine months' time some tumors appeared on the head, accompanied by cerebral symptoms, and in three months more she died. Cancerous tumors were found in the calvaria.

For further history see drawing 20<sup>19</sup>.

- 1251<sup>75</sup>. Section of a tibia involved in an osteosarcomatous growth. The tumor grows from a great length of its surface, the shaft of the bone being unaffected. The part nearest the tibia is bony, but the circumference is soft and fleshy. On the posterior surface it is seen to be protruding through the skin, which is ulcerating.

Presented by Sir A. Cooper.

- 1251<sup>80</sup>. Osteosarcoma of upper part of tibia. A large growth is seen proceeding from the surface of the shaft, including the epiphysis, the latter not yet being united. It consists, like other tumors of this description, of dense fibres radiating from the surface of the bone, which pass directly outwards, and are in part ossified; amongst them are numerous nodules of well-formed cartilage. At the lower part where it commences to grow gradually outwards, the periosteum is seen to cover it, so that the tumor is manifestly between the wall of the shaft and the periosteum. The tibia itself, with the cancellous structure within, has become much indurated.

Case of James W., aged 19, under Mr. Cock in April 1857. He had suffered from pain in the leg for a year, and a visible swelling for four months. He died of pyæmia six weeks after amputation. There were no adventitious growths found in the body.



- 1251<sup>85</sup>. Section of the head of the tibia, showing a carcinomatous growth invading its tissue. The disease projects as a tumor on the inner side; it also penetrates the whole thickness of the bone, and involves the wall on the outer side. The consistence of the growth is very firm, resembling cartilage; it is composed of nucleated cells with fibre-tissue, constituting, in fact, scirrhus cancer.

Case of Ann L., aged 32, under Mr. Birkett in May, 1857. She had begun to suffer intense pain in head of tibia a twelvemonth before, and for nine months had observed a swelling. The tumor was evidently a part of the tibia itself, and was very hard and white on the surface. Amputation and recovery.

See drawing 20<sup>60, 61</sup>.

1252. Tibia of a young person, presenting a large spongy bony growth from its upper half; the shaft appears to be perfect in its centre. It is the bony portion left after maceration of an osteosarcomatous growth.
- 1252<sup>25</sup>. Bony portion of an osteosarcomatous tumor of the tibia.
- 1252<sup>87</sup>. A large osteosarcomatous tumor growing from the lower end of the tibia. The shaft of the bone is seen running through it, and has, with the cancellous structure, become extremely dense. The growth consists of fibres radiating from the surface, which in part are ossifying, and amongst them are distributed numerous nodules of cartilage.
1254. Parts of two tibiae affected with large spongy bony tumors, the bases of osteosarcomatous growths.

Presented by Mr. Patchet of Plaistow.

1255. Head of the tibia expanded into a large bony case. It is nearly round, and is perforated with numerous holes; the articular surfaces are still seen present at its upper part. This is a very old specimen, and has no history connected with it, but it very much resembles in its general form the myeloid tumors, and thus no doubt belongs to this class. It has probably commenced by a growth from the centre of the bone, destroying its tissue, leaving a sac of periosteum around, which has afterwards become ossified.



1255<sup>25</sup>. The dried half of the following myeloid tumor.

1255<sup>26</sup>. Section of myeloid tumor of the head of the tibia, injected.

It consists of a round mass, four inches in diameter, inclosed in a fibrous sac continuous with the periosteum, and containing numerous cysts within it; a fibrous network runs throughout it, in the meshes of which the marrow-like matter is contained. The cartilages of the joint are perfect above; and below, the shaft of the tibia ends abruptly in the tumor. The head of fibula and patella are quite unaffected. There is no history, but it is evidently from a young person.

1255<sup>30</sup>. Large myeloid tumor of the head of the tibia. This had originally been put up as "fungoid disease of the knee-joint, commencing in the head of the tibia." It is, however, a very good example of myeloid disease; it is quite round, of soft consistence, having no fibrous matrix within it, and measures six inches in diameter. The jagged end of the shaft of the bone terminates in the interior, the periosteum continues around it, to form its dense membranous walls; and above, the cartilages of the tibia and condyles of femur are quite healthy. Amputated by Mr. New.

1255<sup>50</sup>. Large osteosarcomatous tumor, growing from the upper part of the tibia. The shaft of the bone is seen to be perfect. The growth proceeds outwards from it, and evidently contains a large quantity of cartilage; it is softening at one part.

Removed from a lad, aged 16, by Mr. Robert Wells of Benenden, Kent.

2. Note-Book, p. 30.

1257. Lower end of tibia and fibula, with part of foot, showing some large tumors growing from the former bones. There are two large ones in front and another behind; they appear to be of a fibrous character. There is a little bone growing on the outer surface of one. Amputated by Mr. Key. The patient died.

1257<sup>50</sup>. Portion of periosteum from tibia affected with melanosis.

From a woman 46 years of age, who had numerous melanotic tumors covering the leg, see model (skin) 292. After death various organs were found pervaded with them; see heart prep. 1400<sup>30</sup>; melanosis of colon 1873<sup>75</sup>; inguinal glands 1559<sup>35</sup>; and drawing 52<sup>25</sup>.

1258. Section of the upper part of the tibia, containing a cavity the size of a small egg, which was filled with hydatids. There appears a little necrosis of bone around, and a fistulous opening leading from without to within the cavity.

1259. Tibia and fibula, from a leg amputated by Mr. Key for compound fracture; one of the broken extremities of the tibia was sawn off to favour the reduction, but a fragment of bone, piercing and irritating the tibialis posticus muscle, prevented the limb from being retained in its proper position.

Drawing 23.

1259<sup>50</sup>. Compound fracture of tibia and fibula, showing the upper broken ends of the bone.

From a man aged 62, under Mr. Key in 1840, who had his leg broken from a cart wheel passing over it.

2. Note-Book, p. 47.

1260<sup>6</sup>. Fragment of tibia longitudinally fractured.

1260<sup>12</sup>. Upper half of the left tibia perforated by a bullet (?) from side to side, behind the tubercle. It is manifest that the penetrating body passed from within to without, as externally the shell of the bone is broken up or forced outwards. A fissure is also seen running downwards, and traces of new osseous tissue are seen about it. The bone is injured by maceration, &c.

1260<sup>15</sup>. Amputated ends of tibia and fibula, showing the soft plug of lymph within them, preceding the osseous callus; fifteen days after operation.

Record of Insp., No. 81. 1857.



1260<sup>18</sup>. Portion of tibia, showing a double oblique fracture. From a private patient of Mr. Key.

1260<sup>20</sup>. Upper portions of tibia and fibula just below the heads of the bones, showing the result of an old fracture and false joint. The ends of the bones are rounded and smooth.

From the Dissecting-Room.

1260<sup>25</sup>. Two portions of the tibia, which has been fractured near its upper part, in which a slight and very imperfect attempt at union appears to have taken place, although considerable time seems to have elapsed.

From the Dissecting-Room.

1260<sup>30</sup>. Section of tibia, showing fracture, want of union, and excision of the ends of the bones. The small detached portions show the original terminations of the fractured bone; these are rounded on their surfaces, but present no attempt at union; they are placed upon the ends of the bones from which they were removed. A section is made through the latter, which also have made no attempt to unite, but are simply placed side by side.

Case of Henry R., aged 23, under Mr. Birkett in 1855; who had a piece of iron fall on his leg, producing compound fracture. Four months afterwards, no union having taken place, the ends of the broken bones were sawn off; and still no union taking place, the leg was amputated three months afterwards. Recovery.

1260<sup>40</sup>. Compound fracture of tibia and fibula, showing partial reparation. There is an oblique comminuted fracture through the lower part of the shaft, and the detached pieces of bone, although misplaced, are becoming united, and there is much new bone thrown out around from the periosteum. There is also a long vertical fissure which passes down into the ankle-joint, and also another similar one which separates the inner malleolus; the whole is surrounded by much new bone. The fibula is broken at its lower third; the ends overlap, but are united; the malleolus is also chipped.

Robert G., aged 38, under Mr. Birkett. He fell from a height, producing compound fracture of his leg. He refused to have it amputated; suppuration followed to a great extent, and the man sinking, the limb was removed, as a last resource, three months afterwards. He, however, rapidly sunk, having great visceral disease.

Record of Insp., No. 125. 1855.

- 1260<sup>45</sup>. Section of the tibia, showing great induration and hypertrophy of the bone, the result of a compound fracture. On the external surface ridges are seen, indicating the overlapping of the ends of the bones; within, all trace of the original line of fracture is destroyed, the broken ends being fused together, and a dense mass of ivory-like bone produced. The fibula has been fractured nearly three inches above, and near where amputation has been performed.

Case of William S., aged 36, a brewer's servant, who met with a compound fracture of the leg in April, 1852. Suffering from delirium tremens, it was impossible to keep his leg in a right position. A tolerably good union, however, took place, but the leg never healed. Ever since an ulcer existed, which resisted all attempts at cure, and occasionally some dead portions of bone were removed. The leg was therefore amputated in January, 1858.

- 1260<sup>50</sup>. The upper part of the tibia, showing an oblique fracture badly united.
- 1260<sup>75</sup>. Section of a tibia recently fractured; union in part effected.
- 1260<sup>76</sup>. A small section of the preceding, dried.
1261. Section of tibia obliquely fractured below the middle; the ends slightly overlap, but are well united.
1262. Tibia obliquely fractured in its lower third; slightly overlapping, but well united.
1263. Tibia cut in two, showing an oblique fracture just below the middle, and well united.
1265. Oblique fracture of the tibia in its lower third, united.
- 1265<sup>32</sup>. A tibia, fractured near its middle, and badly united at an angle.



- 1265<sup>64</sup>. Section of the lower part of a tibia, showing a fracture badly united, and accompanied by a partial thickening of the shell.
1266. Oblique fracture of the tibia in its lower third, badly united.
- 1266<sup>25</sup>. Oblique fracture of tibia just below the head; the upper portion overlaps, but there is firm union.
- 1266<sup>26</sup>. Transverse fracture of tibia in its middle, and well united.
- 1266<sup>27</sup>. Oblique fracture in middle of tibia, and firmly united.
- 1266<sup>28</sup>. Oblique fracture in middle of tibia, the ends overlapping, and firmly united at an angle.
- 1266<sup>29</sup>. Transverse fracture of middle of tibia, the ends overlapping for more than an inch, but firmly united.
- 1266<sup>30</sup>. Oblique fracture at lower third of tibia, firmly united, the upper part projecting.
- 1266<sup>31</sup>. Oblique fracture in lower third of tibia; firm union and enlargement of the bone at this part.
- 1266<sup>32</sup>. Oblique fracture at lower third of tibia, slightly overlapping and firmly united.
- 1266<sup>37</sup>. Fracture of tibia and fibula, the latter above the former; the ends slightly overlapping, but firmly united at their fractured ends, and also to one another. Sections have been made.
- 1266<sup>50</sup>. Section of the lower end of the tibia, showing an impacted fracture. By reason of a rotatory displacement a long point of the wall of the upper portion is driven into the cancelli below, but only a short piece above. At the base of inner malleolus there is a simple fissure, which extends about two inches up the shaft. There is only slight reparation, after twenty-eight days.



Case of Jane C., aged 52, under Mr. Morgan in 1842. While lifting down a bird cage from a wall, she fell from a chair on her foot, producing the fracture. There was not more than half an inch of shortening of the limb.

Preparation of cœcum, from same case 1879<sup>45</sup>.

18. Misc. Insp. Book, p. 247.

1266<sup>75</sup>. Lower end of tibia having a vertical fissure passing downwards on its outer side into the joint. This appears like a fracture. The articular surface is carious and covered with new bone, and the corresponding surface of the astragalus is in a like condition.

1267. Tibia united after a compound fracture. The bone has been broken in two distinct places several inches intervening. This middle portion has also been fractured longitudinally, and one piece been removed, so that the tibia is only of half its natural thickness at this part.

Presented by Mr. M'Intyre, Newcastle.

1268. Tibia and fibula, showing result of a comminuted fracture of the former bone. There has been much loss of substance, so that the ends of the bones are pointed and slightly overlap; there is only slight union between them. The whole support of the leg appears to have been received by the fibula; this is very much enlarged, being almost the size of the tibia, and is curved in consequence of the shortening of the fractured bone. There is also a production of bone in the interosseous space.

Drawing 17<sup>75</sup>.

Presented by Dr. Sims to Sir A. Cooper.

1268<sup>82</sup>. Section of tibia which has been much comminuted. The detached portions of bone, as well as the two fractured ends, are held together by fibrous tissue.

Sir A. Cooper.

1268<sup>46</sup>. Carcinomatous growth at lower end of fibula. It has grown from the interior of the malleolus, is of a soft vascular character, and has sprouted through the skin.



1268<sup>50</sup>. Myeloid disease of the head of the fibula. This has been developed wholly within the head of the bone, and has not involved the surrounding parts. It is round, measures four and a half inches in diameter, and consists of a fibrous capsule continuous with the periosteum; numerous fibrous bands run through it, forming meshes in which the red myeloid matter is contained.

Case of Daniel K., aged 30, under Mr. Cock in 1856. His health had always been good until seven months before, when he perceived a lump growing on the outside of the left knee. It gradually increased, and during the last three weeks had caused much pain from pressure on peroneal nerve. His health was good; the limb was amputated, and he recovered.

Drawing 21<sup>10</sup>.

1268<sup>51</sup>. Osteoid cancer of head of fibula. The tumor consists of a soft bony growth, being composed of a mixture of earthy and softer material. The shaft of the fibula is quite destroyed, and its place taken by the adventitious structure. The microscopic elements are amorphous bony matter, nucleated cells like those of cancer, and well-marked polynucleated myeloid cells.

Case of George W., aged 18, admitted under Mr. Birkett in March, 1857, with a large swelling on the outer side of the left leg, presenting a very malignant appearance. It had been growing for six months (see drawing 21<sup>15</sup>). Amputation not being permitted, the lad left the hospital, and again returned under Mr. Cock's care in May, when the tumor had much enlarged and had begun to soften. The limb was removed, and on section presented the appearance seen in the preparation (and drawing 21<sup>16</sup>). At the end of August he began to feel a numbness in his limbs, and in a few days he became quite paraplegic, and thus he died in October. The post-mortem examination revealed disease in the spine, and in the lungs. The dorsal vertebræ were infiltrated with a soft bony matter of exactly the same constitution as that in the tumor removed from the leg, and throughout the lungs were numerous nodules consisting of the same structure.

See drawing 21<sup>17</sup>; and prep. 1760<sup>62</sup>.

1268<sup>60</sup>. Carcinoma of the fibula. The tumor, having grown from the whole length of the bone, is of the length of the leg, and of an oval shape. It consists of soft medullary matter having a few spiculæ of bone in its centre, the remains of the fibula. The epiphyses are unaffected.



Case of Selina B., aged 8, whose leg was amputated by Mr. Hilton in January, 1857. The growth had been noticed for two years, and at last rapidly increased. She left with the stump healed about a month afterwards.

Drawing 20<sup>70</sup>.

- 1268<sup>64</sup>. Fibula fractured near its upper part; a good union seems to have been prevented by motion between the fractured ends, but there is abundant bony callus around them.

Drawing 24<sup>60</sup>.

From the Dissecting-Room.

- 1268<sup>82</sup>. Two sections of the inferior half of the fibula which has been broken transversely in two places, and subsequently well united.

Presented by Mr. Gardiner.

- 1268<sup>90</sup>. A fibula, showing a fracture which has united within two inches of its inferior extremity.

1269. Section of fibula broken in the middle, firmly united, but the ends slightly overlapping.

- 1269<sup>32</sup>. Fibula broken in the middle; firmly united, but at an angle.

- 1269<sup>64</sup>. Fibula fractured obliquely near its lower extremity, and very badly united by the sides; the ends riding for more than an inch.

From Brooke's collection.

- 1269<sup>72</sup>. Fibula obliquely fractured, and the ends, which are united laterally, overlapping for two inches.

- 1169<sup>80</sup>. Fibula obliquely fractured in the middle and firmly united, but ends slightly overlapping.

1270. Fibula fractured in its lower third, and only partially united. The broken ends are much enlarged, and their surfaces correspond as if there had been motion for some time between them, and an attempt at a false joint, but subsequent union.



- 1270<sup>50</sup>. Upper portion of fibula, which appears to have its head broken off and comminuted by direct violence. The fragments have again firmly united, but with some enlargement and irregularity of surface.
1271. Fibula which has been comminuted, but again firmly united. The shaft has been broken through obliquely, and the upper portion also split longitudinally.
1272. Portion of fibula fractured through the middle; the ends are displaced so that they barely touch, but union has taken place. There is also a small fragment intervening between the extremities of the larger portions, and united to both.
1273. Tibia and fibula fractured obliquely through their middle, with good union.
1274. Tibia and fibula fractured obliquely below their middle. They are both bent inwards at an angle, and enlarged at this spot.
1275. Portion of tibia and fibula which have been fractured; firmly united, and also to each other.
1276. Tibia and fibula, of which the former presents a well-united transverse fracture. Some distance below this spot, the two bones are united together, and somewhat enlarged, as if there had been another fracture or injury at this part.
1277. Tibia and fibula obliquely fractured at their lower part, and firmly united, with some overlapping. The fibula is fractured an inch below the tibia, and the two bones are united together.
- 1277<sup>40</sup>. Section of tibia and fibula which had suffered compound fracture, but now firmly united. The former bone is broken about three inches above the ankle, and the latter two inches higher up. The two bones are also joined near the seat of injury.

1277<sup>50</sup>. Tibia and fibula which have received a compound fracture towards their lower portion, the tibia obliquely about three inches above the ankle; firm union has taken place, but at a slight angle, and there is some projection of the edges of the bone. The fibula is also fractured two inches above, and united at an angle.

1278. Section of tibia and fibula, showing fracture at their lower third. There is firm union between both ends, and between each other; but the ends overlap to the extent of an inch.

1278<sup>50</sup>. Oblique fracture of tibia and fibula just below the middle. The former has well united, though not quite in a straight line; the latter, however, has very badly united. The lower portion is firmly joined to the tibia at the seat of fracture, but the upper portion has formed only a slight attachment to the lower by its side, and projects downwards as a sharp pointed process.

Case of Robert C., aged 41, under Mr. B. Cooper in 1840. Three years before, he suffered compound fracture of the leg, and this being shorter than the other, and having an incurable ulcer, he wished its removal. It was amputated, and the man recovered.

1279. The counterpart of 1278.

1279<sup>35</sup>. Tibia and fibula fractured in the middle; united, but bent inwards nearly at a right angle.

From Howship's collection.

1279<sup>50</sup>. Tibia and fibula fractured; firmly united, but ends overriding to the extent of two inches.

Presented by Mr. Shoobridge.

1279<sup>75</sup>. Oblique fracture of tibia and fibula, the former at the lower part with shortening, the latter above, just below the head. It would appear as if superincumbent weight, obliquely applied, had first broken the tibia and then the fibula.

Drawing, 15<sup>86</sup>.

From Howship's collection.



1279<sup>80</sup>. Oblique fracture of tibia and fibula, the former well united with some shortening; the latter broken at its upper part, and united, with much enlargement of the bone at this spot. A similar form of fracture to preceding specimen.

1279<sup>86</sup>. Lower half of tibia and fibula obliquely fractured just above the joint, and firmly united. It shows the parallelism of the line of obliquity, produced by a pressure exerted downwards and outwards.

Drawing, 15<sup>86</sup>.

From Howship's collection.

1280. Tibia and fibula fractured, and imperfectly united. There appears to have been some tendency to the formation of a false joint.

1281. Tibia and fibula said to have been fractured at birth, and not united several years afterwards, when removed. The broken ends, which are at the lower part of the leg, form right angles with one another, so that the side of the foot must have rested on the ground. There is some slight deposition of bone around them, but the union is principally ligamentous, and no doubt some motion had been allowed between them.

1281<sup>25</sup>. Four specimens, showing some of the more usual forms of fracture of the leg. All recent—

A. Tibia fractured above the ankle, and outer malleolus broken through.

B. Comminuted fracture of tibia, with numerous longitudinal fissures.

C. Fracture through both bones a little above the ankle.

D. Oblique fracture of tibia in lower third, and the fibula broken through in two places, a little above and a little below the fracture in tibia.

1281<sup>50</sup>. Six specimens of compound fracture of the leg in process of union. From France, and supposed to be military injuries.

- 1281<sup>75</sup>. Fractured tibia repaired, with ankylosis of fibula and ankle-joint, probably the result of a gun-shot. All these parts are firmly united in one mass of bone, so that it is difficult to state accurately the original injury; but it appears as if there had been a longitudinal fracture of the tibia into the joint, and the latter had necessarily been destroyed by the subsequent inflammatory processes. A deep fissure in which are two holes, indicates the line of injury.
1282. Section of fractured tibia and fibula, subsequently united, from which the earthy matter has been removed.
1283. Compound fracture of tibia and fibula into ankle-joint, with foot attached, and ligaments dissected.

#### BONES OF THE FOOT.

1284. Leg of a fœtus somewhat distorted.
- 1284<sup>32</sup>. Lower part of the tibia and fibula, with the os calcis and tarsus, showing extensive ulceration of the protuberance of the os calcis.
- 1284<sup>48</sup>. An injected section of the ankle-joint removed by Mr. Key. The os calcis is undergoing necrosis, and its articulation with the astragalus is destroyed. A sinus is seen opening towards the malleolus, and the integuments above the heel are ulcerated.
- 1284<sup>49</sup>. The ossified centre of os calcis of a child, removed on account of necrosis.
- Case of William H., aged 2 years, under Mr. Birkett in 1853 for disease of the os calcis, resulting from a blow received three months previously. The whole leg subsequently became diseased, and was amputated; see prep. 1244<sup>65</sup>, and drawing, 17<sup>61</sup>. The section of foot showed the repair which had taken place in the course of two years, see drawing, 24<sup>82</sup>, and above-named preparation.
- 1284<sup>50</sup>. Ankylosis of astragalus and os calcis; bones much worm-eaten, probably the result of caries.



1284<sup>54</sup>. The whole of the tarsal and metatarsal bones united by ankylosis.

1284<sup>60</sup>. Section of foot, showing repair of the bones after removal of the scaphoid, and base of metatarsal. The latter portions are seen loose at the bottom of the jar.

Case of Frederick C., aged 18, under Mr. Hilton in 1857. Five years previously his foot was trodden on; inflammation and suppuration followed, and a year before admission, a piece of the internal cuneiform was removed. Mr. Hilton then excised the above-named bones, and recovery was tardily progressing, but the patient not being able to walk on it, it was removed, at his request, four months afterwards. Recovered.

1284<sup>62</sup>. Section of foot, showing recovery after removal of the greater part of the scaphoid. A portion is seen still left, united by bone to the astragalus and internal cuneiform.

Case of William J., aged 20, under Mr. Birkett in 1854. The foot had been bad for three months, and had numerous fistulous openings leading to diseased bone. The greater part of scaphoid, which was necrosed, was removed. Hospital gangrene followed, and partial recovery, when the ankle-joint became affected, and amputation was had recourse to. This was performed at the joint, the malleoli being sawn off. Recovery.

Drawing, 24<sup>81</sup>.

1284<sup>64</sup>. Tarsal and metatarsal bones, united with some enlargement.

1284<sup>70</sup>. Tarsal and metatarsal bones united.

1284<sup>75</sup>. Compound dislocation of the ankle-joint, with fracture of astragalus. The latter bone is seen to be split almost vertically downwards, the plane of fracture passing through the superior articular surface in a diagonal direction, so that the outer malleolus is left with its ligaments untouched, but the inner articular surface is fractured, and the ligaments torn. The line of fracture is directly covered by the end of the tibia. Peronei muscles not torn.

Case of George T., aged 44, under Mr. Hilton in 1855. He was a carman, and fell from the shafts of the cart on which he was riding on to his foot, producing the injury. The foot was bent at right angles

with the leg; the tibia and astragalus projected through a wound on the inner side; the latter being broken through the middle, had a part attached to the tibia, and the other to the scaphoid and foot. By using some force, the fractured ends were placed in position, but the man died three days afterwards of delirium tremens. Drawing, 24<sup>84</sup>.

Record of Insp. 110. 1855.

- 1284<sup>80</sup>. A malformed foot, in which the three middle toe are absent, and the two which remain are considerably separated at their bases, but are recurved downwards towards each other, the fifth being disproportionately large. A wet specimen.

See malformed hands, 1119<sup>40, 41</sup>.

From the Dissecting-Room.

- 1284<sup>81</sup>. A similar specimen; the opposite limb, from the same subject, dissected and dried. The second metatarsus and its digits are wanting; the third joins the fifth, to support the little toe. Some trace of the fourth metatarsus probably separates the bases of the two last-named.

1285. Foot of an infant having six toes.

- 1285<sup>50</sup>. Metatarsal bone of great toe, showing enlargement of its head, and deposit of bone around, probably either from simple inflammation or chronic rheumatic arthritis.

- 1285<sup>75</sup>. Metatarsal bone which has been the subject of periostitis, being much enlarged by the deposition of osseous matter all over it.

- 1285<sup>80</sup>. Portions of enchondromatous tumors removed from the toes.

Mr. Hilton.

1286. A double toe.

Removed by Sir A. Cooper.

- 1286<sup>50</sup>. First phalanx of little toe malformed.

- 1286<sup>60</sup>. A double little toe.

Drawing, 522<sup>22</sup>.



1287. Exostosis from the extremity of the little toe.
- 1287<sup>32</sup>. First and second phalangeal bones of a toe ankylosed.
- 1287<sup>64</sup>. First and second phalangeal bones of a toe ankylosed.
1288. Several bones of the foot affected by periosteal inflammation, with ankylosis and ulceration.
- 1288<sup>32</sup>. Great toe amputated, with its metatarsal bone, by Mr. B. Cooper. The first phalangeal bone is necrosed. There is a large sinuous opening in the soft parts which is shown in the preparation.
- 1288<sup>40</sup>. Portion of metatarsal bone of great toe removed for necrosis.
- Case of Hannah D., aged 8, under Mr. Birkett in 1857. Sore on foot for some weeks, incision made, and distal extremity of shaft of bone, which was loose and detached from epiphysis, was removed. Recovered.
1289. One of the bones of the tarsus exhibiting incipient disease in the cancelli, with apparent serofulous deposit.
- 1289<sup>16</sup>. Metatarsal bone fractured and united.
- 1289<sup>17</sup>. Exostosis removed from the great toe. The centre is bone, and the circumference cartilage.

Case of Isaac E., aged 33, under Mr. Hilton in 1857. It had been growing for nine months beneath the nail of the left great toe.

Drawing, 24<sup>85</sup>.

## DISEASES AND INJURIES OF THE JOINTS.

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### VERTEBRAL JOINTS.

1289<sup>32</sup>. The first three cervical vertebræ, showing a rupture of the transverse ligament of the processus dentatus from ulceration.

1289<sup>40</sup>. Dried section of three vertebræ, showing destruction of the intervertebral cartilage and slight caries. There is also superficial ankylosis of the anterior surface of the bones.

1289<sup>42</sup>. Dried section of the two last dorsal, and two first lumbar vertebræ, showing destruction of the intervertebral cartilage between two of them, and considerable caries of the adjoining vertebræ. There is slight bony union between the articular processes.

1289<sup>43</sup>. Section of two lumbar vertebræ, showing ulceration of intervertebral cartilage, and decay of the adjoining bones.

Case of Frederick B., aged 24, under Mr. B. Cooper in 1842, for lumbar abscess, which had been coming for two years. He died from exhaustion, the cord being unaffected.

19. Misc. Insp. Book, p. 52.

1289<sup>48</sup>. Lumbar vertebræ, showing a thickening and ossification of the intervertebral substance, which, projecting into the spinal canal, was supposed to have caused paraplegia.

Case of Samuel D., aged 48, admitted under Mr. Key in 1836, for stricture and perineal fistula, from which he had suffered for several years. While under treatment, he was seized with pyrexia and rigors, and shortly the power in the lower limbs failed, until he became paraplegic.



After death the bladder was found inflamed, the kidneys were suppurating, and one hip-joint contained pus. The intervertebral substances were partly ossified, and, projecting into the spinal canal, were thought to exert pressure on the cord, and had produced the paraplegia.

8. Misc. Insp. Book, p. 53.

- 1289<sup>80</sup>. Dorsal and lumbar portion of the spinal column, showing ossified intervertebral substance between eleventh and twelfth vertebræ, which was thought to press on the cord in a case of paraplegia.

Case of George W., aged 44, admitted under Dr. Back in 1836, for paraplegia. The symptoms had been gradually progressing for a twelvemonth, and he shortly died. There was a deep bed sore on the back, the bladder was covered with lymph, and kidneys suppurating. The spinal medulla was thought to be quite sound.

9. Misc. Insp. Book, p. 130.

For further particulars of this and the above case, with comments, see Guy's Hospital Reports, Series I., vol. iii, p. 17. Considerable doubt has been expressed as to the explanation given by Mr. Key to account for the paraplegia in these cases, since the condition of vertebræ here exhibited is far from uncommon, and, at the same time, softening of the spinal cord can be attributed to so many other causes.

1290. Section of the spine, showing extensive caries of the vertebræ, with angular curvature. The last four dorsal are greatly diseased, the two middle are nearly destroyed, and the portions which are left of the upper and lower have fallen together, producing an angular curvature. The other dorsal vertebræ are also affected on their anterior surface.

Case of James G., aged 17, in the hospital in 1817, for angular curvature of the spine and paralysis. There was cretaceous matter in the bronchial glands. Prep. 1547.

Old Museum-Book, No. 73.

1291. Ulceration of the intervertebral substance between the last cervical and first dorsal vertebræ, with caries of the adjoining bones. There is an abscess burrowing in the soft parts anterior to the bodies of several of these bones.

1292. Section of three cervical vertebræ, showing their partial destruction by caries. The counterpart of preparation 1021.
- 1292<sup>5</sup>. Dorsal and lumbar vertebræ united by ligament. The last bodies of the dorsal, and parts of the two adjoining bones, have been affected with ulceration; and the dried walls of sinuous abscesses are seen extending far upwards and downwards.
- 1292<sup>10</sup>. Preparation which is said to be the sac of a psoas abscess converted into bone. The disease had existed nearly two years.

From Langstaff's collection.

- 1292<sup>20</sup>. Section of a large carcinomatous tumor growing from the ligamentous structure on the anterior and posterior surfaces of the sacrum and os coccygis. It occupies nearly the whole of the pelvis: it is soft, and appears to spring mainly from the surface of the bone.

Case of Wm. P., aged 18, under Mr. Key in 1830. He was admitted for this large growth in his pelvis, and shortly partial paraplegia came on. Carcinoma was found in the lungs.

Drawing 27, and cast 51.

9. Green Insp. Book, p. 119.

- 1292<sup>21</sup>. Counterpart section to the preceding specimen.
- 1292<sup>60</sup>. Some of the cervical vertebræ showing dislocation of the fifth without fracture, except a very small fragment at the extremity of one of the transverse processes. The accident had not caused any displacement or other appearance of injury discoverable during life.

Case of Thomas D., aged 75, who was run over in 1829; paralysis ensued, and he survived the accident six days. The spinal cord was completely softened below the point of dislocation.

1. Note-Book, p. 150.

- 1292<sup>65</sup>. Dislocation of the fifth cervical vertebra; a fragment of bone is adhering to the posterior ligament of the bodies.



1292<sup>70</sup>. Dislocation of the fourth cervical vertebra forwards.

Presented by Sir A. Cooper.

### CLAVICULAR JOINTS.

1292<sup>90</sup>. Dislocation of the sternal extremity of the clavicle, upwards and outwards.

Case of George R., aged 40, in the hospital, 1828. He fell from a height by which he dislocated his clavicle; it could be reduced, but was with difficulty retained in its position. He also fractured his ribs, and died nine days afterwards of pneumonia. See from same case, prep. of gall-bladder 1958; and gall-stones 1967.

5. Green Insp. Book, p. 138.

1293. Scapula and clavicles of a man imagined to have carried milk; the clavicle is articulated, by a distinct joint, with the upper part of the coronoid process on either side. The coronoid and trapezoid ligaments were as usual, but shorter.

### COSTAL CARTILAGES.

1294<sup>25</sup>. Dried preparation of an aneurismal sac, protruding the left rib-cartilages.

Case of John H., aged 55, who was under Dr. Addison in 1834. He had suffered from symptoms of the disease for three years. Prep. of aneurism 1450<sup>25</sup>; and pneumogastric nerve compressed by it, 1613<sup>50</sup>.

5. Misc. Insp. Book, p. 116.

1294<sup>50</sup>. Cartilage of a rib having a supplementary process.

1294<sup>60</sup>. The cartilages of the eleventh ribs ossifying.

From Charles M'L., aged 40, who died in the hospital in 1837.

11. Misc. Insp. Book, p. 144.

1294<sup>68</sup>. Lower rib-cartilages ossified and disunited.

1294<sup>69</sup>. Similar parts, dried.

Mr. Hilton.

## SHOULDER JOINT.

1295<sup>25</sup>. Chronic rheumatic arthritis of shoulder-joint. The articular surfaces are surrounded by a quantity of new bone, and are thus much altered in shape. The glenoid cavity has osseous deposit on its edges, and its surface is thus widened, and at the same time flattened. The end of the humerus is also expanded by the deposition of new osseous matter around it. The more prominent parts of both articular surfaces, which came in contact, are eburnated and polished.

1295<sup>50</sup>. Preparation put up as one of dislocation of the head of the humerus. Some displacement has evidently occurred, but at the same time, there is so much disease about the parts, that it is questionable whether the changes seen be not due altogether to chronic rheumatic inflammation. The acromion is enlarged, and its under surface is hollowed out into a smooth articular surface, which corresponds to a newly-formed facet of the head of the humerus. The latter has thus two articular surfaces; the one being for the glenoid cavity, and the other for the acromion; the latter is raised, polished, and eburnated. There are also numerous bony excrescences surrounding the joint, and one large distinct portion has formed in the ligament, at the extremity of the coracoid process.

1297<sup>25</sup>. Scapula and humerus, showing great disease of the shoulder-joint, supposed to have arisen from a dislocation forwards of the latter bone. The original glenoid cavity is destroyed, as well as the neck of the scapula, and in its place is a mass of spongy new bone which presents two facets—an upper one, which appears to be the remains of the original articular surface; and a lower one situated on the inferior border of the scapula, against which the head of the humerus rested. The latter is much enlarged by a



deposition of new bone all over it, producing a nodular uneven mass; its inner side is flattened, where it appears to have rested against a corresponding surface on the scapula. There is also some enlargement by inflammation of the acromion and coracoid process. A clavicle placed with these specimens is fractured longitudinally, and well united.

1297<sup>30</sup>. Scapula and humerus, showing great disease of the parts forming the joint, and thought to arise from dislocation. The head of the humerus, as well as neck and tuberosities, is quite destroyed, and the bone thereby very much shortened. In the place of the head is a large irregular mass of bone, having a facet which corresponds to a similar one on the scapula. The glenoid cavity and neck are quite destroyed, and on the edge of the scapula is merely a roundish flat irregular mass of bone, having an articular surface on the half of it; this is smooth and indurated.

1297<sup>50</sup>. Dislocation of shoulder-joint. The head of the humerus has been thrown on to the anterior part of the glenoid cavity and neck of scapula, where a new articulating surface has been formed. A raised eburnated surface on the head of the humerus corresponds to it. There is a production of new bone in the tendons of the joint.

1297<sup>70</sup>. Specimen, thought to exhibit dislocation of the shoulder-joint. There is considerable change in the parts, as a result of injury or of disease. The head of the humerus had been thrown out of the cavity, and a new socket is in process of formation. There is a large development of bone at the end of the acromion process, whereby a new articular surface is formed beneath it, corresponding to the head of the humerus, and on the outer side there are masses of new bone formed in the tendons, especially of the infra-spinatus. Part of the greater tuberosity of the humerus has been broken off, and around it is seen a production of new bone. The tendon of the biceps is split in two.



From a man who had a load of gravel fall upon him while in a stooping position. He at the same time injured his chest, which caused his death thirteen weeks afterwards.

See particulars of case by Mr. Hilton, in Guy's H. R. Series II., vol. v. page 93.

1298<sup>50</sup>. Dislocation of shoulder-joint. The head of the humerus is seen to have left the glenoid cavity, and is resting on the outer surface. Considerable change has taken place, and a quantity of new bone has been formed in the tendons around.

1298<sup>55</sup>. Old dislocation of shoulder-joint. The head of the humerus has formed a new articulating surface on the anterior border of the scapula. Existed for five years.

Case of William H., aged 29, patient of Mr. Hilton.

Record of Insp., No. 210. 1854.

1298<sup>60</sup>. Specimen sent to the museum as one of fracture of the acromion process, in consequence of there being a large detached portion of bone at its extremity. It appears, however, to have been a new production, and the result of chronic rheumatic arthritis, as in some preceding specimens. By meeting with the acromion process, it forms by its under surface an articulating surface for the upper part of the head of the humerus. There is also some new deposit of bone around the latter.

### ELBOW JOINT.

1298<sup>75</sup>. Condyle of humerus, showing a peduncular ossicle in the fossa of the olecranon.

1298<sup>77</sup>. A similar specimen.

1298<sup>89</sup>. Elbow-joint, showing wasting of cartilages on corresponding surfaces of radius and humerus.

From Dissecting-Room. Mr. Hilton.



1299. Elbow-joint, amputated for scrofulous disease. One of the condyles of the humerus is partially necrosed and exposed, and the soft parts around are ulcerated.

1300. Diseased elbow-joint, exhibiting commencing ligamentous ankylosis; an injected preparation.

Sir A. Cooper.

1301. Inflammation of elbow-joint and the neighbouring bones. A quantity of new vascular membrane is seen within; the cartilage is partly absorbed with caries of the articular extremities of the bones, and the latter are seen above covered with new osseous deposit.

1301<sup>50</sup>. Elbow-joint extensively diseased. The whole synovial membrane is covered with lymph, and converted into a pulpy tissue; the articular cartilage is exfoliating in large pieces, and parts of the ends of the bones are carious, and olecranon detached.

1301<sup>75</sup>. Upper ends of radius and ulna, showing a quantity of adventitious membrane covering them. Some portions of necrosed bone are seen at the bottom of the articulating surface.

1301<sup>76</sup>. A specimen from the same subject of the lower end of the humerus, showing the same kind of membrane upon the articulating surface, with much surrounding thickening; there are also portions of necrosed bone.

1302. Section of humerus and elbow in which ankylosis followed disease of the joint. The ulna and humerus meet at a right angle; no trace of division can be seen between them, so perfect a fusion of the bones having occurred, or rather this is due to a production of new bone, which has taken the place of the original ones. The whole of the shaft of the humerus has undergone necrosis, a part of which is now seen as a loose sequestrum in the midst of the new bone. The latter consists of osseous structure of the



densest character, and the walls are thrice as thick as ordinary. The head of the bone appears to have been unaffected, nor does the head of the radius appear involved.

Case of Samuel J., aged 40, under Mr. Morgan in 1828. He was admitted for necrosis of the humerus, of which several portions had already been removed. Although the elbow was fixed, rotation of the fore-arm was perfect.

6. Green Insp. Book, p. 79.

1302<sup>11</sup>. The corresponding section of above, dried. In this, the fistulous openings are seen, which communicated with the sequestrum within.

1302<sup>10</sup>. Parts removed in excision of the elbow-joint. The cartilage is seen to have been destroyed in several places. Recovery.

From a child, a patient of Mr. Hilton's. 1853.

1302<sup>15</sup>. Parts removed in excision of the elbow-joint. On the condyles, large portions of the cartilage have been absorbed, and on the radius and ulna scarcely any is left, thus leaving the bone bare and carious beneath. The inflammation had extended some distance along the bones, for at the point of section of the ulna some new osseous tissue is seen on the surface, the result of periostitis.

From a lad, a patient of Mr. Hilton's. Recovery.

1302<sup>20</sup>. Portions of humerus, radius, and ulna, from which the articular ends had been excised for disease of the joint. The surfaces are slightly carious, and the extremities enlarged by a deposition of new bone around them.

Case of Margaret J., aged 29, under Mr. Birkett in May, 1855, for disease of the right elbow-joint, of a year's duration. On the 28th an incision was made, the olecranon removed, together with articular surface of humerus. The girl returned to the country, when suppuration continuing and her health failing, the arm was amputated by Mr. Rump of Wells, Norfolk. There were open sinuses leading to the ends of humerus, ulna, and head of radius; the extremities of the two former bones were tolerably healthy, but that of the radius was carious, and firmly united to the ulna. Vascular granulations about the ends of the bones. Recovery.



1303. Elbow-joint, exhibiting ulceration of the cartilage, and partial membranous ankylosis. The bone appears sound.

Amputated by Mr. Morgan.

- 1303<sup>25</sup>. Bones of elbow-joint, exhibiting chronic rheumatic arthritis. The edges of the bones are fringed with new osseous excrescences, by which they are enlarged and much altered in shape. The inner articular surface of the humerus is diminished in size, while the external one is enlarged and flattened. The head of the radius, in like manner, is broader and larger, from a deposition of new bone upon it. The cartilages have been destroyed in many places, and the articular surfaces eburnated.

- 1303<sup>30</sup>. A similar specimen, in which the ends of the bones are enlarged by a deposit of osseous matter on their edges resulting from chronic rheumatic arthritis. The articular surface of the outer condyle is seen to be eburnated and polished.

- 1303<sup>50</sup>. Ends of radius and ulna which have been involved in disease of the elbow-joint; a quantity of flocculent membrane is surrounding them, the cartilages are destroyed, and at the end of the ulna is a large cavity formed by the removal of necrosed bone.

*The following six specimens show perfect bony ankylosis or synostosis of the elbow-joint.*

1304. Bones of arm, showing perfect osseous union between ulna and humerus, which meet at a right angle.
- 1304<sup>15</sup>. Firm bony ankylosis of the elbow-joint, the bones meeting at a very obtuse angle. The disease has probably been secondary to a fracture; for a deep fissure at the upper part of the ulna, looks as if its head had been broken by an oblique fracture.
- 1304<sup>25</sup>. Firm bony union between ulna and radius at a right angle. It appears to have originated from a fracture of the

humerus, for both condyles have a deep fissure passing down them into the joint, as if they had been broken entirely through. The articular surface for the head of the radius is seen at the junction of the bones.

1304<sup>30</sup>. Elbow-joint ankylosed at an obtuse angle. Both the bones of the fore-arm are firmly fixed to the humerus. From the great angularity of the bones, and their fissured condition, it is probable that the inflammatory process originated in injury.

1304<sup>35</sup>. Elbow-joint ankylosed almost in a straight line.

1304<sup>50</sup>. Ankylosis of elbow at a little above a right angle. Both the radius and ulna form a solid bony union with the humerus, and they are both thrown very much forward. It is possible that the disease, in this case, may have resulted from injury, as the neck of the humerus has been fractured, though now well united.

1305. Bones of elbow-joint, showing result of chronic rheumatic arthritis. Their ends are much enlarged by a deposition of new bone on the edges; this is seen particularly in the coronoid process of ulna and head of radius. Several distinct portions of new bone are developed within the ligaments.

1306. Old and partial dislocation of the ulna inwards.

Presented by Mr. C. Fagge of Hythe.

1306<sup>32</sup>. An old and partial dislocation of the elbow-joint; the radius thrown outward, and its head so much altered by absorption that rotation must have been nearly or quite impossible.

1306<sup>40</sup>. Dislocation of the head of the radius forwards and upwards. It is much altered in form, having two vertical grooves upon it, and the cup-like depression on the top has dis-



appeared, while that part in contact with the humerus still retains its cartilage.

From a man, 50 years of age, to whom the accident occurred about seven years previous to his death. The luxation could not be reduced, and thus the bone remained permanently displaced. The joint could be flexed to a great extent, and supination and pronation were limited.

See details of case by Mr. Hilton, Guy's H. Rep., Series II., vol. v. page 96.

- 1306<sup>56</sup>. Fore-arm of an adult defective below the elbow, the radius ankylosed, and supporting a carpus with digital phalanges; a rudimentary ulna is ankylosed to the humerus.

From a female, aged 76.

Presented by Mr. Cock.

- 1306<sup>59</sup>. Radius and ulna ankylosed above, the former displaced backwards: casts of specimens in St. Thomas' museum, taken from a man of middle age.

- 1306<sup>64</sup>. Bones of the upper and fore-arm semiflexed, but without ankylosis. An old dislocation of the radius upwards and backwards, by which the articular end of the bone is thrown quite off the humerus, and just below is a smooth hollow space which is fitted to the outer condyle.

- 1306<sup>90</sup>. Bones of fore-arm ankylosed above in a semiprone position.

1307. Dislocation of the elbow-joint, and much change in the articular ends of the bones in consequence. Both ulna and radius are thrown backwards, and the articular surfaces of the condyles are altered to their new position. The inner condyle is rounded, and elevated by a portion of bone in front for the ulna; and a hollow space on the external condyle, protected by a raised process of bone behind, contains the head of the radius.

## WRIST, CARPAL, AND PHALANGEAL JOINTS.

1309. Section of hand, showing inflammation of the carpal-joints, also of the wrist, with ulceration of the inter-articular cartilage of the ulna.

1309<sup>40</sup>. Preparation, showing the bones of the carpus; the carpal extremities of the metacarpal bones, and the carpal ends of the ulna and radius, are entirely denuded of cartilage. The disease commenced as a whitlow on one of the fingers, occasioned by a punctured wound. Extensive inflammation and suppuration surrounding the joint. Injected.

Removed by Mr. B. Cooper.

1309<sup>50</sup>. Two sections of the carpus, with ulceration of the articulations, and an external opening at the back of the hand.

1310. Section of hand, showing extensive disease of the bones of the carpus; the cartilage between many of the bones has been destroyed, and the bones are ankylosed. There also appears a ligamentous union of the wrist-joint.

1311. Finger, amputated for disease of one of the joints, with necrosis.

1311<sup>10</sup>. Section of finger, showing pulpy degeneration of one of the joints. The synovial membrane is nearly half an inch thick, by the effusion of an adventitious lymph which has become organized into nucleated fibres.

Edward C., aged 20, under Mr. Bryant, who removed his finger in 1857. Eleven months before, the patient cut his finger over the joint; the wound healed, but the joint inflamed, and became much enlarged.

1312<sup>50</sup>. Dislocation of the middle bone of the thumb forwards upon the first bone.

1313. Dislocation of the finger between the metacarpal bone and the first phalanx.

Mr. J. Stocker.

1313<sup>10</sup>. Dislocation between the first and second phalangeal bones of a finger.



## PELVIC JOINTS.

1314. A section of the ossa pubis, showing the state of reparation of a fractured portion. There appears also to have been some violent separation of the articulation.
- 1314<sup>16</sup>. Symphysis pubis of a woman, which forms an inflamed cavity.
- 1314<sup>25</sup>. Pelvis of a male, showing ankylosis of the pubes.
- 1314<sup>30</sup>. Pelvis of a male, showing ankylosis of the pubes, and considerable growth of new bone around it.
- 1314<sup>50</sup>. The bones of the pubes, and a small portion of the bladder from a female. The sychondrosis is ossified and carious, and there are several tracks of ulceration, one of which opens into the bladder.

Presented by Mr. Gazelee.

## HIP JOINT.

1315. Head of a thigh-bone, from which a portion of the articular cartilage has been absorbed, and it appears as if some reparative action was going on around it.

Case of Sarah H., an old woman under Dr. Cholmeley in 1827, for a paralytic attack which came on suddenly three months before her death. Previous to this she was able to walk about. The disease was not suspected during life, but only found accidentally after death.

4. Green Insp. Book, p. 100

- 1315<sup>50</sup>. Head and neck of the os femoris, in which the ligamentum teres at its insertion is almost destroyed; short flocculi of tendinous matter remaining attached to the bone. The cartilage on the internal part of the head, and around its edge to the extent of two-thirds of its circumference, is destroyed, the bone being denuded. The cartilage between the epiphysis of the head of the shaft is nearly removed.

1316. Absorption of articular cartilage near the ligamentum teres, and loose osseous bodies in the condensed cellular structure, near the trochanter.

Case of Mary S., under Mr. B. Cooper in 1826. She had been in the hospital about a year.

1. Green Insp. Book, p. 20.

- 1316<sup>25</sup>. Part of an adult acetabulum, with an adventitious bipeduncular cartilage.

- 1316<sup>50</sup>. Portion of the head of a femur, together with some albuminous grains, or melon-seed bodies, found loose in the joint. There is a loss of cartilage near the ligamentum teres, and some adventitious membrane.

Case of Isabella D., aged 26, a patient of Mr. Key in 1838.

13. Misc. Insp. Book, p. 26.

1317. Upper part of femur and os innominatum, showing great destruction of the bones from hip-joint disease. The head of the femur is quite gone, there remaining an irregular mass of bone formed by the neck, and which lay in the acetabulum. The surface of the latter is also carious, and at its bottom is a perforation by which the joint communicated with the pelvis. There appears to have been some attempt at ankylosis.

From a patient of Mr. Key's before the year 1829.

- 1317<sup>7</sup>. Hip-joint of a young person, in which necrosis of the bones has taken place, in consequence of inflammation of the joint. The head of the femur is almost destroyed, and the acetabulum is carious throughout.

From a boy 12 years of age, who lay for some time with his thigh flexed on the abdomen.

From Mr. Bryant's collection.

- 1317<sup>11</sup>. Disease of the hip-joint in a young subject. The cartilage and articular surfaces are quite gone, and the bones, both of femur and acetabulum, are carious.



1317<sup>15</sup>. Bones of the hip-joint from a little girl. The joint is quite destroyed, part of the head gone, the acetabulum carious, and a hole passing through it into the pelvis.

1317<sup>20</sup>. Inflammation and suppuration of hip-joint. A quantity of flocculent membrane is seen within, and destruction of the cartilage in some parts. The ligamentum teres is also destroyed.

Presented by Mr. Cock.

1317<sup>25</sup> Wasting of the head of the femur from old disease and dislocation. Only a trace of the epiphysis is seen on the head of the bone, and the trochanter major is reduced to a small protuberance.

Case of Anthony B., aged 8, under Mr. Hilton for disease of hip-joint, from which he had suffered two and a half years, with open sinuses around joint. The acetabulum was black and carious. He died of general tuberculosis.

Prep. of atrophied kidney, No. 2026<sup>30</sup>.

Record of Insp. 24. 1855.

1317<sup>40</sup>. Left os innominatum, and upper third of os femoris, showing great destruction of the bones from hip-joint disease. The head of the bone has entirely disappeared, and there only remains a small necrosed portion of the neck attached to the trochanters. The acetabulum has also suffered in like manner, and is perforated at its bottom by a hole which passes into the pelvis. The surrounding parts of the innominatum show the numerous abscesses which existed about the joint.

Case of Joseph R., aged 10, under Mr. Key in 1834. He had suffered for two years with disease of the joint, and attendant abscess. Preparation of artery, from which hæmorrhage took place, 1504<sup>80</sup>; and lardaceous liver, 1896<sup>20</sup>.

6. Miscell. Insp. book, p. 28.

1317<sup>60</sup>. Destruction of hip-joint by disease. The head of the bone is carious and wasted, and at the neck a dead portion is seen. The walls of the acetabulum are necrotic, and the latter communicates with the pelvis within.

1317<sup>70</sup>. Bones of hip-joint in state of necrosis. About half of the femur is destroyed. The surface of acetabulum is necrotic, and the tuberosity of the ischium contains also a large mass of necrotic bone.

1317<sup>75</sup>. Bones of hip-joint in state of necrosis. The head is nearly destroyed, and the acetabulum contains a large mass of necrotic bone. The surrounding parts have a quantity of new bone around them.

1317<sup>80</sup>. Hip-joint in a state of suppuration, with much deposition of lymph and thickening of articulation. The trochanter major contains a large sequestrum, and immediately below, at the upper part of the shaft, is a large aperture formed by the loss of bone. The disease of the joint has probably been secondary to the diseased bone below.

1317<sup>90</sup>. Suppuration of hip-joint, with necrosis of bone. The whole articular cavity is filled with lymph, and the surface of head of bone where seen, as well as the acetabulum, is undergoing necrosis. A large purulent cyst is seen at the back of the joint.

1318. Extensive disease of the hip-joint. The head of the femur is partially destroyed, and a large part of the acetabulum contains necrotic bone.

1318<sup>8</sup>. Extensive disease of the hip-joint. The head of the bone is quite destroyed, there being merely a small process of bone representing the neck growing out from the trochanters. The acetabulum corresponds in shape and size to this, being much contracted by the deposition of lymph (styled strumous matter) within. It appears as if the diseased action had ceased, and a ligamentous process of union was commencing.

1318<sup>16</sup>. Head of femur belonging to a diseased joint, showing the



articular surfaces destroyed, and the bone carious. The neck and upper part of shaft is enlarged by periostitis.

Case of James W., aged 38, who died under Dr. Back's care in 1838, for phthisis. There were large abscesses about the hip, and sinuses leading to the acetabulum.

14. Misc. Insp. Book, p. 31.

1318<sup>18</sup>. Disease of the hip-joint, showing great destruction of the head of the bone, but apparent repair proceeding.

1318<sup>20</sup>. Upper part of the thigh-bone in case of hip disease, showing total destruction of its head and neck, the necrosis penetrating even to the trochanters, and excavating them.

Case of Matilda J., aged 22, under Mr. Key in 1841.

18. Misc. Insp. Book, p. 74.

1318<sup>21</sup>. Part of ilium of same case, showing caries of the bone.

1318<sup>24</sup>. Head of a femur macerated, from a case of soft ankylosis of the right hip-joint. It is reduced in size, and flattened.

Case of William S., aged 47, who died under Dr. Bright with phthisis in 1840. The head of the right femur was partially destroyed, but had become ankylosed to ilium by soft ankylosis, so that there was only slight motion.

17. Misc. Insp. Book, p. 79.

1318<sup>28</sup>. Two sections of ankylosed hip-joint; the union is by perfect bone, the cancellous structure being continuous, as well as the dense walls on the external parts.

1318<sup>32</sup>. Ankylosis of hip-joint. There is perfect osseous union between the bones, although all trace of their original separation is not quite lost.

Case of John D., aged 19, under Mr. Morgan in 1828. For several years he had suffered from hip disease, with open sinuses; the cellular tissue around the joint was very dense, and like cartilage. He died of diseased liver and kidneys.

Preparations of chronic cystitis, from same case, No. 2092<sup>16</sup>.

6. Green Insp. Book, p. 135.

1318<sup>33</sup>. Counterpart of the preceding specimen.

1318<sup>35</sup>. Section of hip-joint of a child, in which there has been destruction of the synovial membrane and cartilage. A part also of the epiphysis of the bone has been destroyed, and the head and acetabulum have been pretty accurately fitted. There is fibrous tissue between them, and ligamentous union has commenced.

1318<sup>40</sup>. Two sections of ankylosis of the hip-joint. The union, however, is not yet perfect; there is a continuous osseous structure in some parts, but in others the original line of the femur is still seen, or rather of the remains of the neck, which penetrates the correspondingly altered acetabulum, the head of the bone being quite destroyed. There are also hollow spaces, from which dead bone has proceeded. On the exterior, also, there is much development of new osseous tissue, showing the reparative process was still going on.

Case of James S., aged 46, under Mr. Morgan in 1839, for stricture and cystitis; there were numerous scars around the joint.

16. Misc. Insp. Book, p. 159.

1318<sup>45</sup>. Ankylosis of hip-joint. There is perfect bony union, but a hollow place is seen within, which has contained a sequestrum.

1318<sup>48</sup>. Complete ankylosis of the hip-joint. There is a perfect bony union, and the interior cancellous structure is continuous, as are also the external dense walls.

Case of James K., aged 42, who died of phthisis in 1842. He had been a horse-keeper at the Horns Tavern, Kennington, for several years, and had a stiff joint for thirty years.

From Mr. Bryant's collection

1318<sup>49</sup>. Counterpart to preceding.

1318<sup>51</sup>. Complete ankylosis of hip-joint. There are large bony excrescences or exostoses surrounding it.

1318<sup>53</sup>. Complete bony ankylosis of hip-joint.



1318<sup>55</sup>. Ankylosis of hip-joint. The union is not yet complete, and the edge of the acetabulum is still seen covering the head of the femur.

1318<sup>60</sup>. Complete bony ankylosis of the hip-joint.

Mr. Cock.

1318<sup>65</sup>. Ankylosis of the hip. The union is merely by ligamentous structure, and the cartilage is still seen remaining. It has been caused simply by disuse, there being no disease of the parts.

Case of James L., aged 27, admitted under Mr. Hilton in July, 1854, for synovitis of the right knee. Subsequently suppuration took place, and the leg was amputated in April, 1855. He slowly recovered, but again took to his bed in January, 1856, for suppuration about the left hip and pelvis; this communicated with the rectum, and at the same time the hip of the amputated limb became quite stiff. At the latter end of April he died.

Preparation of knee-joint 1335<sup>10</sup>, and drawing 33<sup>13</sup>; rectum with fistulous opening 1882<sup>5</sup>.

Record of Insp. No. 95. 1856.

1318<sup>70</sup>. Hip-joint, showing partial ankylosis. The articular surfaces are quite destroyed, and there is some slight bony deposit in a few places between them, but elsewhere the connecting tissue is merely ligamentous; some small portions of necrotic bone are still seen.

Case of James D., aged 18, under Mr. Hilton's care, and who at the time of his death had suffered from disease of the hip for more than four years, with open sinuses. In April, 1853, when he left hospital after fifteen months' illness, the joint was quite stiff, and he subsequently walked on crutches. He was again admitted in December, 1855, with impaired health, and he died in March.

Preparation of lardaceous liver and spleen; see 1896<sup>25</sup> and 2005.

Record of Insp., No. 71. 1856.

1318<sup>71</sup>. Dried section of same, showing the general inflammation and expansion of the bone around the joint, seen especially in the section of the os innominatum.

1319. Head of the thigh-bone affected with chronic rheumatic arthritis. There is a quantity of osseous deposit all around it, as well as on the neck; the articular cartilage is destroyed, and the bone is highly polished.

1319<sup>10</sup>. Bones of the hip-joint, showing chronic rheumatic arthritis. There is a quantity of new bone all around the head of the femur, as well as on the neck and trochanters; and the articular surface is polished. The acetabulum is also deepened by deposit around its edges, and here also the cartilage is destroyed, and the surface eburnated.

Case of John S., aged 87, who fell down in December, 1834, and died in February, 1836. It was thought that he had fractured the neck of the thigh-bone, and the appearances found after death were thought not to preclude the possibility of this having taken place.

From Mr. Bryant's collection.

1319<sup>20</sup>. Head of femur enlarged, and altered in shape by chronic rheumatic arthritis.

1319<sup>24</sup>. Head of femur affected with similar disease, in which the new bone formed around projects in a great degree, forming indeed an exostosis.

1319<sup>26</sup>. Femur and os innominatum, showing chronic rheumatic arthritis of the hip-joint. The head of the former has a large rim of new bone around it, as well as a projection near the ligamentum teres. The acetabulum is also increased in depth and thickness by new bone, and at its bottom is a perforation.

1319<sup>28</sup>. Femur, whose head is much altered in shape by chronic rheumatic arthritis; a quantity of new bone is developed all over it, but especially at its lower part, and on neck.

1319<sup>30</sup>. Femur, in which the head of the bone is very much altered by chronic rheumatic arthritis; the neck has entirely disappeared, and with it the adjoining or under part of the head; the articular surface is thus flattened and expanded, and lies on the trochanter major and below its summit. The surface is highly polished.



1319<sup>32</sup>. Femur, with the head very much altered by chronic rheumatic arthritis. The whole surface is expanded by a deposition of new bone, and the prominent parts are eburnated.

1319<sup>36</sup>. Sections of head of femur with acetabulum, showing the change produced by chronic rheumatic arthritis. The former is much reduced in thickness, though somewhat increased in breadth by a deposition of new bone on its edges. The acetabulum probably belongs to the same case; it is much deepened by deposition of new bone on its margin.

1319<sup>40</sup>. Section of head of femur, with a thin deposition of new bone all around it, as a result of rheumatic arthritis.

1319<sup>50</sup>. The right os innominatum, showing a deep triangular cavity (once the acetabulum) which presents doubtful traces of former ulceration. Above this, on the superior and posterior cotyloid margin, there is a wide plain articular surface, which has been formed by the displaced head of the femur. Whether this has occurred from disease alone, or disease subsequent to dislocation, is doubtful.

Presented by Mr. Gardiner.

1320. Dry preparation, showing dislocation of the head of the femur on the dorsum ilii. The dislocation has evidently been of long standing, for the acetabulum is almost closed, and a new articular surface is seen above it. The latter, however, is smooth and very slightly cup-shaped, no deposit of bone being yet formed around it. The head of the bone is reduced in size, and the articular surface flattened; the neck also is much shortened.

1321<sup>50</sup>. The principal part of the capsular ligament much thickened and condensed, from a hip-joint in which the femur had been dislocated on the pubes.

From Mr. Howship's collection.

- 1321<sup>55</sup>. Head of femur which had been dislocated twenty-two times; the ligamentum teres is totally destroyed.

Case of Emily G. See prep. 1369<sup>55</sup>.

- 1322<sup>32</sup>. Dislocation of head of femur on to brim of pelvis, just on inner side of anterior and inferior spinous process of ilium. The old acetabulum is very much reduced in size, from the deposition of osseous matter, and above it is placed the new acetabulum, formed partly by the body of the pubes and partly by the inner side of the inferior spinous process of ilium. The former resembles the natural cavity, though not of equal dimensions. On the outer and inferior side—that is, above the old acetabulum—is a smooth articular surface, upon which the posterior and upper part of the trochanter major rested, and moved in the newly-acquired motions of the joint. The shape of the head of the femur is altered, so as to be adapted to the new acetabulum; but its posterior and upper part only have been in contact with the latter, and on the upper part of trochanter major is the above-named articular surface.

Case of John F., aged 28 when he died. Sixteen years before, his thigh was dislocated by a severe blow. In a few days he could walk, though only on the toes, and the foot was everted; after a few years, he could walk as many miles as he had done before the accident.

Drawing, 30<sup>20</sup>.

Presented by Mr. Oldnow of Nottingham, to Sir A. Cooper.

See Guy's Hosp. Reports, Vol. I. page 97.

- 1324<sup>25</sup>. Femur, the upper part of which had been long dislocated into the ischiatic notch. The head is altered in shape, being narrowed, and having a deposition of bone around its margin.

Presented by Mr. Silk.



## KNEE JOINT.

1325. Condyles of the os femoris, exhibiting recent and acute inflammation of the synovial membrane and cartilage.

From Mr. F., a patient of Mr. C. A. Key. He was labouring under stone in the bladder, and ten days before his death he was seized with acute inflammation of the knee-joint. The knee-joint was found full of purulent fluid; there was no external opening.

- 1325<sup>50</sup>. Condyles of femur with a circumscribed depression from loss of cartilage.

From the Dissecting-Room. Mr. Hilton.

1326. Condyles of the os femoris, exhibiting recent and acute inflammation of the synovial membrane and cartilage.

- 1326<sup>50</sup>. Knee-joint removed from a boy who had received an injury with a bill-hook. The patella is seen cut through obliquely, and the outer condyle is wounded. There is some loss of cartilage.

Case of John B., aged 9, who wounded his knee in the above-mentioned manner. Inflammation and suppuration followed, and he died of pyæmia.

Presented by Mr. Bottomley of Croydon. 1833.

1327. Knee-joint exhibiting extensive destruction of the articular cartilage on the condyles of the os femoris, on the head of the tibia, and on the patella; the other textures little affected. The bone around is also inflamed.

From a patient of Mr. Key.

- 1327<sup>50</sup>. Knee-joint showing articular surfaces covered with gouty deposit. A thick layer of mortar-like matter is seen covering the cartilages, and this, analysed by Dr. Rees, was found to be urate of soda. Masses of concretion of

a similar kind are seen also in the synovial membrane and the surrounding cellular tissue; the largest of these deposits was half an inch thick, and nearly two inches long.

Prep. of kidney from same case, affected with Bright's disease; see 2038<sup>64</sup>.

1328. Knee-joint, of which the outer semi-lunar cartilage, and the cartilage from the outer condyle of the os femoris, and also that from the corresponding surface of the tibia, are absorbed; the knee was strongly turned in, in consequence. This preparation was found in the dissecting-room; there was no appearance of recent disease of the joint. The surface of the bone is hard, but not eburnated.

- 1329<sup>10</sup>. Patella and condyles of the femur, showing inflammation of synovial membrane, and commencing absorption of cartilage.

Case of Thomas L., aged 32, under Mr. Morgan in 1841. He had suffered with his knee slightly for two years, and severely for a month; the leg was amputated, and the man died subsequently of phthisis.

17. Misc. Insp. Book, p. 348.

- 1329<sup>11</sup>. Tumid, injected, softened, and ulcerated semilunar cartilage, from the preceding case.

- 1329<sup>20</sup>. Synovial false membrane.

From John S., aged 44, under Mr. B. Cooper in 1840 for inflammation and suppuration of knee, produced by a fall three months previously. The limb was amputated, and he recovered.

17. Misc. Insp. Book, p. 214.

- 1329<sup>40</sup>. Section of knee-joint of a child, injected, showing a vascular false membrane covering the articular surfaces.

- 1329<sup>41</sup>. A semilunar cartilage from same joint, showing the membrane finely injected under a state of inflammation.

Limb amputated by Mr. Key.



- 1329<sup>50</sup>. Articular adhesion and atrophy of articular cartilage, the result of inflammation.

Case of Ishmael W., aged 30, who had his leg amputated in 1840.

17. Misc. Insp. Book, p. 305.

- 1329<sup>55</sup>. Diseased knee-joint, with fistulous openings passing into it. The cartilages appear to be in great measure destroyed, and ankylosis is taking place.

From Charles W., aged  $3\frac{1}{2}$  years, whose limb was amputated by Mr. Hilton in April, 1855. The child's knee was said to have been enlarged and contracted since he was a few months old. Recovered.

- 1329<sup>57</sup>. Knee-joint which has undergone the operation of resection. The condyles have been cut off, as well as the articular surfaces of tibia and patella. No union has taken place, and the extremities of the bones have somewhat slipped off one another. At the back of the jar the ulcerated articular surfaces are seen.

Case of William B., aged 34, admitted under Mr. Birkett in January, 1855, for disease of the right knee-joint, from which he had suffered for three years. On May 29, the joint was excised; hospital gangrene subsequently attacked the limb, and it was necessary to amputate it on July 6. Sloughing again occurred, but eventually the man recovered.

Drawing, 31<sup>81</sup>.

- 1329<sup>60</sup>. Knee-joint amputated by Mr. Key. The synovial membrane is thickened, villous, and highly vascular, and has effected a remarkable absorption, without ulceration of the articular cartilage on the patella and condyles of the femur. The patient was received into accident ward, having received a wound from an axe, by which the internal ligament was divided, and the semilunar cartilage injured. An abscess extended from the joint high up the thigh. Amputation was resorted to five weeks after the accident.

Drawing, 32.

This preparation, and some others, illustrated Mr. Key's views of the absorption of cartilage, by means of a newly-formed vascular membrane.—See *Med. Chir. Trans.*, Vol. XVIII.

- 1329<sup>65</sup>. Diseased knee-joint, showing a fistulous opening through the patella.

Case of Peter F., aged 4 years, under Mr. Cock in March, 1853.

Drawing, 31<sup>80</sup>.

- 1329<sup>70</sup>. Diseased knee-joint, showing almost entire destruction of cartilage on the condyles, except over some small spaces. The medullary canal of the femur is enlarged, and the cancellous structure absorbed. The patella shows the thickened and flocculent synovial membrane.

Case of John C., aged 49, under Mr. Hilton in July, 1854. He had suffered from diseased knee-joint for three years. Amputation and recovery.

For further history see drawing, 31<sup>20</sup>.

- 1329<sup>75</sup>. Dried preparation of diseased knee-joint on left side, with partial dislocation. The disease has been almost entirely confined to the epiphysis. The femur is rotated inwards, so that the outer condyle is entirely thrown off its corresponding articular surface, and rests by a long process of bone which takes its place on the spine of the tibia. The patella is thus attached to the outer condyle.

From the Dissecting-Room.

- 1329<sup>88</sup>. Condyles of femur showing partial absorption of cartilage, and, in places of latter, raised patches of false membrane.

- 1329<sup>89</sup>. Head of tibia from same case, showing loss of cartilage and lymph in the joint.

- 1329<sup>90</sup>. Semilunar cartilages from same case.

- 1329<sup>91</sup>. Patella from same case.

1332. Knee-joint showing the destruction of the outer semilunar cartilage with suppurative inflammation of the synovial membrane, absorption of the articular cartilage on the same side, disorganization of the semilunar cartilage, and adhesion of the synovial membrane, without suppuration on the inner side.

From a patient of Mr. Key.



1332<sup>5</sup>. Ulceration of the cartilage of the patella, from same case.

1332<sup>50</sup>. Surface of the knee-joint showing effects of acute inflammation, with absorption of cartilage in some places, and its separation in large flakes in others.

1333. Knee-joint amputated by Mr. Key. There is extensive inflammation of the synovial membrane, destruction of the semilunar cartilage, and absorption of the articular cartilage; some projecting portions of the articular ends are eburnated.

1333<sup>50</sup>. Inflamed knee-joint showing destruction of cartilage.

From William J., aged 11, whose leg was amputated in 1836. The disease had existed for sixteen months.

From Mr. Bryant's collection.

1334<sup>25</sup>. Condyles of femur showing destruction of cartilage; and in one, of which a section has been made, some necrotic bone exists.

Drawing, 33<sup>32</sup>.

1334<sup>38</sup>. Knee-joint of a young person ankylosed at an acute angle. The union appears to be merely ligamentous.

Case of William Y., aged 16, under Mr. B. Cooper in 1840. The disease had existed six years; limb amputated. Recovery.

17. Misc. Insp. Book, p. 234.

1334<sup>50</sup>. Section of knee-joint showing ligamentous ankylosis; remains of abscess are seen around the ligamentum patellæ.

The limb was amputated by Mr. B. Cooper, and had been affected for several years.

1334<sup>75</sup>. Section of a knee-joint amputated by Mr. B. Cooper, from a young patient. There is complete ligamentous ankylosis between the articular surfaces of the tibia and os femoris. There is a small abscess partially separating the epiphysis of the tibia from the shaft of that bone, and which communicated by a sinus with an abscess situated exterior to the tuberosity.

1334<sup>81</sup>. Cartilage of the knee-joint undergoing gradual destruction.

1334<sup>84</sup>. Head of tibia in case of diseased knee-joint, showing necrosis of the bone.

Case of Thomas H., aged 32, who had his leg amputated in 1840 for disease which had existed two years.

17. Misc. Insp. Book, p. 136.

1334<sup>85</sup>. Condyles of femur from same case, showing flocculent new membrane covering the articular surface.

1334<sup>86</sup>. Patella similarly affected.

1334<sup>87</sup>. Portion of synovial membrane, also from same case, showing large granulations arising from the surface, produced by inflammatory lymph.

1335. Longitudinal section of the knee-joint, showing ligamentous union between the tibia and femur, with adhesion of the latter to the patella; ankylosis commencing. The leg was amputated by Mr. Key, at the patient's request.

1335<sup>5</sup>. Counterpart to preceding.

1335<sup>10</sup>. Section of diseased knee-joint, showing commencing ligamentous ankylosis at a right angle. A few remnants of articular cartilage are still seen.

Case of James L., aged 27, who had his leg amputated for disease of the joint, produced by an injury ten months before.

For further history, see prep. 1318<sup>65</sup>.

1335<sup>20</sup>. Knee-joint in which ankylosis has occurred, and the uniting tissue subsequently softened. The bare ends of the femur and tibia are seen to be well fitted, but there is no union between them.

Case of Elizabeth W., aged 53, who had her thigh amputated on January 24, 1856. Twenty-seven years before, she fell on her knee



and was in Guy's for synovitis of the joint; she subsequently went to Margate, where suppuration occurred, followed by a stiff but useful limb. For the twenty-two years following, the limb had been a useful member; but two years before the above date, she accidentally struck it, when it became inflamed and afterwards suppurated. The examination of the limb seemed to show, as in the preparation, that osseous ankylosis had once occurred, and the uniting medium had again degenerated from the second inflammation.

- 1335<sup>30</sup>. Disease of the knee-joint with almost total destruction of cartilage, and partial dislocation of the bones.

Case of John G., aged 26, whose leg was amputated in February, 1856.

- 1335<sup>35</sup>. Knee-joint, showing total destruction of cartilage; and extensive necrosis of adjoining bones, produced by long-standing disease. The head of the tibia is thus hollowed out, and the ends of the condyles are very irregular, the projecting portions of which are eburnated. The patella is attached by ligamentous tissue to the outer condyle.

Case of George R., aged 27, under Mr. Birkett in 1855. His left knee had been bad for thirteen years, and quite stiff for five years. Acute inflammation and suppuration was suddenly set up, necessitating the amputation of the limb. Recovery.

- 1335<sup>40</sup>. Acute inflammation of knee-joint, showing the loosening of the semilunar cartilages.

Case of Thomas G., aged 30, under Mr. Hilton. Three months before amputation the knee became inflamed, and subsequently suppurated. When removed, it showed the synovial membrane soft, vascular, and flocculent; the cartilages ulcerated, and the semilunar cartilages attached only by their posterior ends. Hæmorrhage took place, and afterwards death. See prep. of artery, 1506<sup>65</sup>.

Record of Insp. No. 79. 1856.

1336. Disease of the knee-joint, with a growth of cartilage at the posterior part of the head of the tibia. The disease originated in the bone, which is seen to be necrosed. The cartilages are destroyed and loosened, and around the head of the bone, especially at its posterior part, there are

large nodules of cartilage equal to an egg in size; these grow principally from the periosteum, but at the same time there are distinct deposits within the cancellous structure of the bone.

Case of Josiah G., aged 35, under Mr. Cock. The disease originated in the head of the bone in consequence of a blow, necrosis took place, and some portions of bone were removed; but the joint subsequently became affected, and the limb was amputated. The man died of pyæmia.

Record of Insp. No. 167. 1857.

1337. Section of a diseased knee-joint, in which a dislocation forwards of the femur has taken place, and ligamentous ankylosis. A patient of Mr. B. Cooper.

1337<sup>25</sup>. Section of the knee-joint, showing firm but partial bony union of the patella to the extremity of the os femoris, and ligamentous union of the latter to the head of the tibia.

Amputated by Mr. Morgan, from a patient who had suffered several years from chronic inflammation of the joint.

1337<sup>26</sup>. A dried section, counterpart to the preceding.

1337<sup>30</sup>. Knee ankylosed at a right angle; the union is by bone.

1337<sup>45</sup>. Ankylosed knee-joint; there is a bony union between femur, tibia, and patella; and also between tibia and fibula.

1337<sup>50</sup>. Section of knee-joint, showing bony ankylosis (synostosis).

From a private patient of Mr. B. Cooper.

1337<sup>75</sup>. Section of a knee-joint from a young person, in which ligamentous ankylosis has taken place at an angle.

Removed by amputation from a patient of Mr. Morgan's.

1338. Section of a knee-joint from a young person, showing ligamentous ankylosis; also abscesses around, and deposit in the cancellous structure of the bone, which at the time of the amputation was styled tuberculous.



- 1338<sup>25</sup>. Patella,  
 1338<sup>26</sup>. Head of tibia,  
 1338<sup>27</sup>. Condyles, } showing recent soft ankylosis torn through  
 and injected.

1338<sup>50</sup>. Section of diseased knee-joint, showing partial ankylosis.  
 There are abscesses and fistulous openings around.

1339. Section of knee-joint, showing ligamentous ankylosis of the  
 bones at an acute angle. The union of the tibia to the  
 head of the fibula appears to be partly osseous. The shell  
 of the bones is much rarified.

Removed by amputation from William H., a private patient of Mr.  
 B. Cooper.

1339<sup>50</sup>. Knee-joint, showing firm bony ankylosis, and also disloca-  
 tion. The external condyle is thrown upon the inner  
 articular surface of the tibia, and the patella is firmly  
 united to the external condyle. The external lateral  
 ligament is seen to be still present, but the internal is de-  
 stroyed.

From a woman, 30 years of age, who died of phthisis.

From Mr. Bryant's collection.

1340. Head of tibia, showing serpiginous ulceration of the articular  
 cartilages, as well as caries of the bone beneath.

1340<sup>50</sup>. Two patellæ, the cartilage tumid and softened; when recent  
 it had a ragged appearance.

Dissecting-Room. Mr. Hilton.

1340<sup>60</sup>. Patella, the cartilage of which is irregularly tumid, softened,  
 and ragged.

Dissecting-Room. Mr. Hilton.

1341. Acute inflammation of the synovial membrane, with in-  
 cipient ulceration of the articular cartilage of the patella  
 injected.

- 1341<sup>50</sup>. Patella, with ulceration of cartilage, and deposition of coagulable lymph on the articulating surface.

From a patient of Mr. Key.

1343. Ulceration of the cartilage of the patella; injected preparation.

- 1343<sup>50</sup>. Lower extremity of a thigh-bone, the cartilage removed from the articular surface which is surrounded by an elevated bony rim in the situation of the attachment of the capsular ligament. This has probably been the result of chronic rheumatic arthritis.

- 1344<sup>10</sup>. Bones of the knee-joint, showing destruction of their articular ends. The condyles of the femur are deeply excavated by necrosis, and the head of the tibia likewise in its central part; the edges being hard and polished.

- 1344<sup>20</sup>. A cartilage from the knee-joint; two-lobed, partially ossified, with peduncular bodies on the surface.

Successfully removed by Mr. Key from a young woman.

- 1344<sup>30</sup>. Loose cartilage from the knee-joint. Operation fatal.

Drawing 33<sup>14</sup>.

- 1344<sup>40</sup>. A portion of loose cartilage from the knee-joint.

- 1344<sup>60</sup>. Loose cartilage, removed from the knee-joint of Mr. H. R., a private patient of Mr. Key. It had existed a year and a half, and no inconvenience followed the operation.

- 1344<sup>80</sup>. Knee-joint which appeared to have been long partially dislocated inwards from the effects of disease. Small pyri-form granulations are attached to some parts.

1345. Knee-joint dislocated from disease.



- 1345<sup>50</sup>. Dislocation of knee-joint from disease; the outer condyle is thrown on the inner articular surface of the tibia. The outer surface of the latter, which is thus exposed, contains a sequestrum of necrosed bone; the patella is attached to the outer condyle.

Case of John G., aged 18, a patient of Mr. B. Cooper, in 1830. The swelling in the knee commenced when he was about six years of age. It prevented him working in the spring of 1827, and became dislocated in June 1829.

See cast 151.

1346. Partial dislocation of the knee from disease; the outer condyle is thrown upon the middle of the tibia, and to this the patella is attached.
1347. A small tumor, called carcinomatous, attached to the synovial membrane of the semilunar cartilages.

From a knee amputated by Sir Everard Home.

Presented by Mr. W. King.

- 1347<sup>50</sup>. Sections of the condyle of a femur involved in carcinomatous disease; synovial membranes adherent.

Case of Mary S., aged 70, under Mr. Key. See also patella 1210<sup>97,98</sup> and calvaria 1081<sup>92</sup>.

19. Misc. Insp. Book, p. 144.

- 1347<sup>60</sup>. Section of knee-joint involved in carcinomatous disease; the integument presents a large fungous ulcer.

Case of Mrs. B., a private patient of Mr. Callaway, sen.

## ANKLE JOINT.

1349. Lower extremity of tibia and fibula, showing a fissure in the articular cartilage of the former, probably the result of fracture, with little or no displacement.
1352. Ankle-joint disorganized from inflammation. The cartilage of the astragalus has quite gone, and there is much adven-

titious flocculent membrane between the bones. There is an external fistulous opening which communicates with the joints.

From the same case as prep. 1289.

1352<sup>12</sup>. Three principal surfaces of tarsal cartilages in a state of inflammation. Injected.

1322<sup>18</sup>. Inflammatory product between the tibia and astragalus.

1352<sup>25</sup>. Section of the ankle-joint, showing ulceration and absorption of the articular cartilage between the astragalus and os calcis, communicating with a large external ulceration.

Amputated by Mr. Key, from a private patient.

1352<sup>55</sup>. Dissection of right foot affected with talipes.

Case of Edwin E., aged 19, under Mr. Hilton in 1854. The leg was amputated, and he died of pyæmia.

See drawing 34<sup>50</sup>; prep. of stomach showing ulceration, 1802<sup>25</sup>.

Record of Insp. No. 110. 1854.

1352<sup>60</sup>. Bones of the foot united by their ligaments.

From a Chinese lady. Dissected by Mr. John Dalrymple.

See wax-model (pathological) 84.

1352<sup>75</sup>. Skeleton of the foot and ankle, in which there is deformity chiefly by inversion of the dorsum, the outer part of which is thus made the point of support. The relation and form of the bones are consequently much altered; the upper articular surface of astragalus looks forwards, and the tibia rests upon its inner side, and also forms an articulating surface with the os calcis. The tuberosity of the os calcis projects outwards and upwards as does the whole sole of foot. The other bones of the tarsus are also cramped and altered in shape.

1353. Ankylosis of ankle-joint after fracture. The ends of tibia, astragalus, and os calcis, are firmly united, as well as the broken malleolus.



- 1353<sup>10</sup>. Section of foot in which the astragalus has been removed for disease. The end of the tibia is seen resting on the os calcis, the cartilage of each being gone; there is no union between them, but it appears as if a new joint was in process of formation. The other bones of the tarsus are partially united together by fibrous tissue.

Case of George B., aged 42, admitted under Mr. Cock in May 1853, for disease of the bones of the tarsus, of long standing, with occasional discharge of necrosed bone; sinuses open; joint stiff. In December, some portions of astragalus were removed, and in September of following year Mr. Cock excised whole of astragalus and end of tibia. After this, the foot never quite healed, but small portions of bone occasionally came away, and in April, 1855; the leg was amputated. Made a slow recovery.

1354. Ankle-joint, seven weeks after compound dislocation, with fracture of inner malleolus and astragalus. The latter has its outer side split off into two pieces; these, however, together with the malleolus are all in process of union, and new bone is thrown out around them.

From a patient of Mr. Key.

1355. Dislocation of the tibia forwards, with fracture of both malleoli, which are badly united; much ossified callus deposited about the joint.

1356. Dislocated ankle-joint; both malleoli fractured.

1357. Lower portion of the tibia, removed in a case of compound dislocation of the ankle-joint.

- 1357<sup>50</sup>. Large portion of astragalus, removed to facilitate reparation of compound fracture, by Mr. B. Cooper.

The patient was a man, aged 48, who fell off the shaft of his cart in 1839, by which the foot was thrown inwards, and the astragalus dislocated outwards; the latter was also broken through the neck. Mr. Cooper cut out the bone and reduced the dislocation, but the man died ten days afterwards of tetanus.

2. Note-Book, p. 34.

1360. Scaphoid bone, from which a large portion of the articular cartilage has been removed by absorption.

1360<sup>25</sup>. Section of the foot, showing obliteration of the cartilage in all the tarsal joints, and the union of the bones by ligamentous tissue.

1360<sup>26</sup>. Dry parts of preceding case.

1360<sup>50</sup>. Second joint of the great toe affected with inflammation, and communicating with an extensive external opening. Both the metatarsal and phalangeal bones are diseased.

From a patient of Mr. B. Cooper.

1360<sup>55</sup>. Toe dislocated by the pressure of a shoe.

Amputated by Sir A. Cooper, at the request of the patient.

1360<sup>80</sup>. Section of a great toe affected with carcinomatous disease, which springs from the head of the right metatarsal bone internally and superficially. It is a fungating tumor, with an ulcerated surface, and fibres radiating from the fascia at its base.

From a patient of Mr. Morgan.



## MUSCLES, TENDONS, APONEUROSES, BURSÆ MUCOSÆ, &c.

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1361. Osseo-cartilaginous tumor, removed from the neck of a young woman by Mr. Key. It consists of a bony shell, which is very dense and sends processes inwards, and between these there is a tough fibro-cartilaginous tissue. It differs from ordinary forms of bony growths, and it is not stated whence the tumor sprung, and thus its true nature is doubtful.

See drawing 37<sup>10</sup>.

- 1361<sup>30</sup>. A portion of dried muscle containing the "trichina spiralis." This preparation was described in the catalogue printed in 1829, and is probably older than this date; it is styled "portion of sterno-hyoid muscle speckled with numerous minute bony points." These have been examined by the microscope, and found to consist of as perfect bony cases and included worms as fresh specimens.
- 1361<sup>40</sup>. The larger muscles of the larynx affected with "trichina spiralis."
- 1361<sup>45</sup>. Fibro-plastic tumor from the neck, removed by Mr. Cock from Elizabeth M., aged 29, in 1856. It had been growing below the angle of the jaw for 11 years, and it was thought to have originated in a lymphatic gland. The cut surface, when fresh, was tough and translucent; it consisted of a close tissue of nucleated cells with a few blood-vessels.

1361<sup>46</sup>. Fibro-cartilaginous tumor removed from the neck of Caroline C., aged 26, by Mr. Callaway in 1856. It had been growing beneath the lower jaw for six years; it was very hard, of an opaque white color, resembling the section of a turnip. It consisted of a network of delicate fibres and nucleated cells, spreading into fibrous processes.

See drawing, with microscopic appearances, 197<sup>78</sup>.

1361<sup>47</sup>. Fibro-cartilaginous tumor removed from the neck of John B., aged 23, by Mr. Hilton in 1856. It had been growing for twelve years beneath the lower jaw, and a portion had been removed four years previously. It was larger than the preceding, being about the size of an orange, and consisted, like it, of a mixture of fibre-tissue and cartilage.

1361<sup>48</sup>. Fibro-cartilaginous tumor removed by Mr. Birkett from the neck of Mary Ann S., aged 41, in 1856. It had existed for fourteen years. Although the microscopic elements very much resembled those of the preceding specimens, it was more soft and succulent; it might with equal propriety be called gelatinous sarcoma.

Drawing 197<sup>79</sup>.

1361<sup>50</sup>. A portion of muscle in state of suppuration.

Case of Jeremiah P., aged 16, who died in the hospital in 1834 of general suppurative inflammation of pyæmia.

1361<sup>55</sup>. Two preparations of shoulder-joints, dried, showing the long-head of the biceps deficient.

1361<sup>57</sup>. Preparation of arm, showing the biceps muscle with three heads.

1361<sup>60</sup>. Tendons of one of the muscles of the back, partly ossified.

1362<sup>16</sup>. Portion of the rectus abdominis muscle, containing the trichina spiralis.



- 1362<sup>20</sup>. Fibrous tumor from the abdominal walls of a man, preserved to show its resemblance to a mammary tumor or adenocele of the female breast.

Record of Insp., No. 215. 1854.

- 1362<sup>30</sup>. *Cysticercus cellulosæ*, removed from the pectoral muscle of Anne V., aged 23, by Mr. Birkett in 1854. It had been noticed six months.

- 1362<sup>32</sup>. Cyst, of about the size of an orange, removed from beneath the latissimus dorsi, from a middle aged man by Mr. Morgan. It contained a sanguinolent fluid, and some membranous flakes of coagulable lymph. There are variously shaped peduncular bodies growing from its internal surface. It is probably a sebaceous cyst.

- 1362<sup>35</sup>. Melanotic tumor removed from the back by Mr. Birkett.

The patient, Harriet C., aged 34, stated that about six or seven years before its removal, she observed a mole on her back which occasionally bled, and that about fourteen months before the present tumor was removed, it fungated and was excised. In the cicatrix the melanotic tumor sprung up. This was removed, but she died a few days afterwards of hæmorrhage and exhaustion. No disease was found internally.

Record of Insp., No. 163. 1854.

- 1362<sup>40</sup>. Carcinomatous tumor removed from the loin of John L., aged 60, by Mr. Callaway in 1856. Recovery. It had been growing for four months. It was preserved as a good specimen of primary and independent cancerous tumor of the scirrhus variety.

- 1362<sup>48</sup>. Portion of a recurrent fibroid tumor, removed from the shoulder by Mr. Bossey of Woolwich. Similar tumors had been removed before, but returned. About the year 1835.

Drawing 37<sup>2</sup>.

1362<sup>64</sup>. Two steatomatous tumors removed by Mr. Bossey from the inferior costa of the scapula of a convict at Woolwich.

1362<sup>65</sup>. Two steatomatous tumors from the same case as preceding. They were removed from the scapula, whence the others had sprung. The tumors also returned a third time. They have been examined, and found to consist simply of fat.

1362<sup>70</sup>. Recurrent fibroid tumor removed from the shoulder. The tumor is more than a pound in weight, and consists of fusiform nucleated fibres, and has all the characteristics of this form of growth.

It was removed by Mr. Williams of Dolgelly, from a man, aged 54, who had perceived a lump over the deltoid muscle for five or six years. The wound healed, but soon afterwards another tumor sprung up which ulcerated and bled profusely; the man died in consequence from exhaustion.

1363. Carcinomatous tumors removed from the shoulder; they have grown through the skin, but appear to have sprung from the parts beneath. About the year 1805.

Old Museum Book, No. 163.

1363<sup>20</sup>. A tumor growing from aponeurosis of arm, removed by Mr. Morgan; it is apparently of a recurrent fibroid, or fibro-cellular character. It was translucent when fresh, and said to contain cysts. A similar tumor near it was also removed.

*The following three specimens from same case appear more of a cancerous nature:—*

1363<sup>30</sup>. Part of the upper arm removed by amputation, from the patient who furnished the preceding specimen. After that had been removed, several others appeared in succession, and their rapid increase in size was attended with much pain and inflammation. This tumor was also semi-transparent and of a gelatinous appearance. A considerable part of the tumor had received fine injection.



1363<sup>40</sup>. The elbow, with the remaining portion of the tumor, which also furnished the first-named specimen. Smaller tumors are seen growing around, from the aponeurosis of the biceps. The infiltration of some of the surrounding structure is seen in this specimen, which gives it more of a carcinomatous character.

1363<sup>50</sup>. Another specimen from the same arm, showing two of the recent tumors, which, before immersion in spirits, were semitransparent, and the cicatrix occasioned by the previous operation.

1363<sup>60</sup>. Arm and hand of a child amputated by Mr. B. Cooper for a large carcinomatous tumor over the biceps muscle.

1363<sup>70</sup>. Forearm and part of hand, showing a large vascular growth apparently carcinomatous; this is altogether distinct from the bone. Below is a growth springing apparently from the periosteum, and which contains osseous matter; also similar bony growth from the metacarpal bone of hand.

Amputated by Mr. Bottomley of Croydon.

1363<sup>80</sup>. Part of the arm with the elbow-joint, amputated by Mr. B. Cooper, showing a large carcinomatous tumor which appears to have commenced from the aponeurosis. A similar tumor had previously been removed from the same spot. The cicatrix left by the operation is visible in the preparation.

See wax model (pathological), No. 22; and drawing, No. 28.

1363<sup>85</sup>. Fibrous tumor from forearm, removed by Mr. Cock in 1857.

Case of Jane C., aged 11. It was of nine months' growth, and was very deeply seated in bend of elbow.

1363<sup>90</sup>. Enchondromatous tumor from the wrist containing some ossific deposit, and in process of softening.

Case of John H., aged 78, under Mr. Cock in 1857. He had had the growth on the wrist for thirty years, and which he attributed to the pressure of his tools in gardening. It had lately ulcerated.

1364. Tendons in their thecæ; to the synovial membrane of which are attached numerous pyriform pedunculated granulations.

1364<sup>12</sup>. A quantity of melon-seed bodies let out from an inflamed bursa, near the middle of the upper-arm.

Case of Emma F., aged 40, under Mr. Morgan in 1842. She was admitted with a swelling, the size of a hen's egg, on the arm, corresponding to the insertion of the deltoid; attributed to a blow. It was opened, and these bodies escaped.

1364<sup>25</sup>. Chronic bursa from the back of the hand, injected. It contained bodies like hemp seeds.

1364<sup>50</sup>. Small loose bodies from a ganglion on the wrist.

1365. Deep seated paronychia of the middle finger, with extensive inflammation and suppuration running along the palm of the hand, destroying the tendons going to the fore and middle fingers, and burrowing under the flexor tendons at the wrist.

Old Museum-Book, No. 123.

1365<sup>50</sup>. Two fingers with their metacarpal bones, showing a large carcinomatous tumor, which appears to have taken its origin from the tendons in the palm of the hand.

Removed by Mr. Morgan.

1366. Tendon of the flexor profundus adherent to the theca, causing contraction or flexion of the finger.

1366<sup>25</sup>. Old chronic ulcer on the leg on the anterior and outer part, showing a conversion of the tendon of the peroneus longus, and probably brevis into cellular tissue subjacent to the ulcer. The surface of the fibula very irregular, having been the subject of periosteal inflammation.

See section of bone 1224<sup>50</sup>; and drawing 37<sup>14</sup>.



1366<sup>50</sup>. Finger amputated by Mr. Morgan for an enchondromatous tumor. It is placed here because it appeared to grow from the extensor tendons.

1366<sup>70</sup>. Carcinomatous tumor (?) the size of an orange, growing from the theca of one of the tendons of the fingers.

1366<sup>75</sup>. Section of finger, showing destruction of flexor tendon by a thecal abscess, only a trace of tendinous fibre being seen passing through the granulations.

Case of George K., aged 26, under Mr. Hilton in 1856. Six months before he injured his middle finger by a rope, abscess followed, and it was amputated.

See drawing 37<sup>28</sup>.

1367. Last joint of the middle finger with its tendon from the flexor profundus attached to it. It was torn by a thrashing machine, and the accident was followed by tetanus. The patient recovered.

1368. Upper portion of os femoris, exhibiting a large growth of bone or exostosis from the trochanter minor. It was placed in this section, in consequence of its being considered an ossification of the insertion of the psoas and iliacus muscles.

1369. A portion of muscle, apparently from the thigh, converted into fat.

1369<sup>16</sup>. Tumor removed from the gluteal region of a girl by Mr. Key. It is firm and dense, and of a fibro-plastic character.

1369<sup>18</sup>. *Cysticercus cellulosæ* from gluteal muscle.

Case of Henry C., aged 38, under Mr. Hilton in 1856. He was a shoemaker, and had observed a tumor for seven months. Suppuration had occurred around it, so that when the abscess was opened the cyst escaped.

1369<sup>20</sup>. Bursa removed from over the tuberosity of the ischium, by Mr. Cock in 1854.

- 1369<sup>25</sup>. Small cystic growth removed from the thigh of John H., aged 52, by Mr. Birkett in 1853. The cysts were full of colloid matter, it was attached to the fascia lata, and had grown rapidly during the last three months, although it had been observed about the size of a pea for several years.

See drawing 197<sup>51</sup>.

- 1369<sup>48</sup>. Carcinomatous tumor growing from the muscle and tendon of the biceps femoris. When recent it was said to show a cyst formation, and pedunculated bodies growing within.

- 1369<sup>50</sup>. Melanotic tumor.

Mr. Gossett.

- 1369<sup>55</sup>. Recurrent or malignant fibroid tumor, removed from the gluteal region.

Emily G., aged 49, admitted under Mr. Cock's care in February, 1849. She was the subject of numerous firm movable tubercles developed immediately beneath the skin; one in the gluteal region had grown rapidly during the last six months. A section of this was firm and succulent, and consisted of spindle-shaped nucleated cells. In June, Mr. Cock removed a second tumor from the same place. It again returned, and she died in June, 1852, when similar growths were observed in the lungs.

See prep. 1750<sup>20</sup>, and drawing 262<sup>85</sup>; drawing of original tumor 198<sup>86</sup>.; prep. of dislocated femur 1321<sup>55</sup>.

- 1369<sup>64</sup>. Carcinomatous tumor removed from the thigh by Mr. Lucas about the year 1807. It appears to be composed of cysts with pedunculated bodies growing from them.

Old Museum-Book, No. 161.

- 1374<sup>40</sup>. A stump, after amputation, immediately below the knee affected with carcinomatous disease, for which amputation above the knee was performed by Mr. B. Cooper.

- 1374<sup>80</sup>. Bursa from the knee, crossed by numerous fibrous bands.

- 1374<sup>90</sup>. Bursa, removed from the knee of a man, aged 35, by Mr. Callaway, jun., in 1855. It was produced by kneeling on



his right knee while at work, and had been growing for seven years. It fluctuated, and when opened was found to consist of a thin cyst filled with dark blood of the colour and consistence of coffee grounds. It might, therefore, have been called a hæmatocele. Removal and recovery.

1375. Bursa formed over the patella; the internal surface presenting numerous pedunculated bodies, and filaments attached to it.

1375<sup>15</sup>. Bursa above and below patella.

1375<sup>20</sup>. Bursa anterior to patella.

1375<sup>25</sup>. Bursa from patella, the internal surface presenting numerous pedunculated bodies, and filaments attached to it.

1375<sup>50</sup>. Two bursæ removed from the knee by Mr. Key. Their internal surfaces are shaggy and covered with irregular granulations; and their walls are very thick and dense.

Case of Mary F., aged 37, in the hospital in 1828. She had been long used to kneeling, and the bursæ had been growing for seven years, they formed large tumors which were often the seat of chronic inflammation. She quite recovered.

2 Note-Book, p. 47.

1375<sup>55</sup>. Bursa from over right patella.

Removed by Mr. Birkett in 1854, from a woman, aged 32, in whom it had existed for two or three years. Recovery.

1375<sup>60</sup>. Bursa from patella having very thick walls.

Case of Mary E., aged 36, under Mr. Hilton in 1855. The tumor was on the left knee, and had been growing for fifteen years. Recovery.

See drawing 37<sup>18</sup>.

1375<sup>35</sup>. Bursa from patella with very thick walls.

Case of Emma B., aged 26, under Mr. Hilton in 1855. She had a bursa on each knee, the one, the right, for two years, and the left for one year. The former was removed. Recovery.

1375<sup>70</sup>. Bursa from patella containing melon-seed bodies.

Removed by Mr. Birkett from Matilda R., aged 19, in 1856. It formed a tumor on the right knee the size of an orange.

1375<sup>75</sup>. Bursa from the head of the gastrocnemius externus.

1375<sup>88</sup>. Necrosis of the tuberosity of the os calcis, with partial sloughing of the tendo achillis.

1376. Tendon sloughing from hospital gangrene attacking a venereal sore of the leg.

Tibia of same case. Preparation 1217.

1376<sup>5</sup>. Reparation of tendo achillis twelve days after division.

Patient of Mr. Birkett, who fell and fractured his leg. 1854.

See drawing 37<sup>62</sup>.

1376<sup>10</sup>. Tendo achillis showing reparation ten days after division. Lymph mixed with blood is seen uniting the ends.

1376<sup>30</sup>. Recurrent fibroid tumor removed from over the head of the tibia.

Case of Ann P., aged 20, admitted under Mr. Birkett in September, 1855, for this tumor, which had been growing six months. It was globular, soft, and composed of fusiform cells. In December another growth which had sprung up in the cicatrix was removed; again this occurred, and, therefore, in January, 1856, the leg was amputated. Sloughing followed, and necrosis of the bone (prep. 1160<sup>30</sup>), but eventual recovery.

Drawing of tumor, 37<sup>12</sup>.

1376<sup>40</sup>. A fibro-cartilaginous tumor removed from a little below the knee by Mr. Key, from a middle aged man. The posterior part, where attached, is composed of bone.

1376<sup>45</sup>. Recurrent fibroid tumors, removed at different times.

From Eliza C., aged 43. She first came under Mr. Birkett's notice in January, 1853, for a tumor on the anterior tibial region of six



years' growth. It was removed in March, and was found to be composed of elongated nucleated fibres. A new growth occurred in the cicatrix, and this was removed in November; the wound sloughed, and the bone became necrosed. Again the wound healed, but the disease reappeared, and was excised in April, 1854. On its subsequent occurrence the limb was amputated in July; the stump healed quickly, but before the expiration of a month an induration was felt, and a fresh tumor was perceived to be rapidly growing. This obtained a very large size, and then sloughed; and she slowly sank, dying in March, 1855. There was no disease found in any part of the body. The large tumor seen in this preparation is a section of that removed after death. The two small tumors at the back of the jar are those removed in March, 1853, and the three in front those removed on subsequent occasions. The next preparation exhibits the leg with the tumors attached.

See drawings 198<sup>57</sup>, 58, 59, 60, 61.

Record of Insp., No. 56. 1855.

1376<sup>46</sup>. The amputated leg of the preceding case.

1376<sup>50</sup>. Recurrent fibroid tumor from the thigh. This, when fresh, was semitransparent and succulent, though at the same time tough. It might be styled gelatinous sarcoma.

Removed by Mr. Cock from Ann M., aged 39, in June, 1856. It had been growing for five or six years from the inside of the thigh. After excision it again returned very rapidly, and this was removed in December. Again a growth sprung up, and increased with extreme rapidity, but, the patient falling pregnant, it was left untouched. After her confinement in August, 1857, she again came into the hospital, but in a very reduced condition. The tumor now reached from the hip to the knee, and measured forty-two inches in circumference; the skin had broken, and the tumor was sloughing, with much discharge. The leg was amputated while the patient was under chloroform, but she died in a few hours, from exhaustion. The tumor was composed of same structure as the others, and is seen in the next preparation.

1376<sup>51</sup>. The tumor referred to in the preceding case.

1376<sup>55</sup>. Fibroid tumor, probably recurrent, removed by amputation from Joseph M., aged 50. When the leg was removed by Mr. Bryant, it was of twenty-one months' growth. It was situated in the calf of the right leg, and the tendons passed under it. It was quite circumscribed, and mea-

sured on section five inches by four and a half inches. It somewhat resembled cancer in appearance, but was composed simply of nucleated fibres. The patient died of pyæmia.

Drawing, 198<sup>70</sup>.

Record of Insp., 185. 1857.

1376<sup>80</sup>. Hand and forearm of a female affected with dry gangrene.

Case of Sarah W., aged 55, under Dr. Addison in 1834. The disease came on gradually, and the arm separated spontaneously, and the patient recovered.

Wax models (pathological), 25 and 26. Drawing 37<sup>6</sup>.

7. Misc. Insp. Book, p. 94.

1377. Mortified foot, of which the natural separation took place.

Case of Elizabeth W., aged 83, under Sir A. Cooper in 1806.

Old Museum-Book, No. 91.

1377<sup>25</sup>. The foot of a patient of Mr. B. Cooper; a case of senile gangrene from ossification of the arteries. The soft parts having nearly separated at the ankle joint, the foot was removed merely to relieve the patient from the inconvenience of supporting it; the gangrene, at the same time, was slowly ascending up the leg, and after a time death took place.

1377<sup>30</sup>. Both feet of a man which became gangrenous from frost-bite.

Case of Edward R., aged 33, admitted under Mr. Hilton in February 6, 1855. Was a coachman, and four weeks before, having to sit on his box several hours in very cold weather, he felt great pain in his feet; at the same time, he was wearing a pair of tight boots. The pain and numbness increased until they became discoloured, when he sought advice. When admitted, the feet were black and covered with vesications, and scarcely any feeling remained in them. Separation went slowly on; and when all the soft parts were dead, the tendons and ligaments were divided, and the feet were removed at the ankle-joint. The stumps granulated, and he left the hospital, but was readmitted with necrosis of the bones in August. The dead portions were removed, but the stumps were not quite healed until the beginning of the following year.



1377<sup>50</sup>. Ganglion with a portion of the tendon of the peroneus tertius muscle removed by Mr. Birkett in 1855.

1377<sup>52</sup>. Tendons of peronei muscles covered with granulations.

Case of William W., aged 23, under Mr. Hilton in 1856. He had a granulating ulcer on the outer side of the ankle, and diseased bone of the tarsus. In an operation on this part, these portions of tendons were removed.

1377<sup>54</sup>. A fibrous tumor removed from the sole of the foot.

1377<sup>75</sup>. Portion of a great toe, showing the effects of bunion.

Drawing, 37<sup>20, 24</sup>; and cast, 194.

1377<sup>80</sup>. Section of great toe, showing a bursa over the second joint.

Case of George P., aged 28, under Mr. Hilton in 1856. He was a tanner, and, in consequence of wearing tight boots, his second toe had grown over the great toe. So much pain had been produced that he was unable to follow his employment, and the toes were consequently removed.

See drawing 37<sup>32</sup>.

1378. Little toe amputated by Mr. Key for a fibrous tumor, situated at its under part.

From a female, aged 40.

THE END.

PATHOLOGICAL CATALOGUE  
OF THE  
MUSEUM OF GUY'S HOSPITAL.

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DISEASES OF THE HEART AND CIRCULATORY  
SYSTEM.

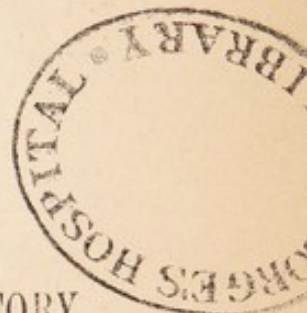
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REVISED, WITH NUMEROUS ADDITIONS, FROM THE ORIGINAL CATALOGUE OF  
DR. HODGKIN, F.R.S., &C.,

By SAMUEL WILKS, M.D., LONDIN.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO GUY'S HOSPITAL;  
DEMONSTRATOR OF MORBID ANATOMY; AND CURATOR OF THE MUSEUM.

LONDON:  
WILLIAM MACKENZIE, 22 PATERNOSTER ROW.  
MDCCCLX.





PHYSIOLOGICAL CATALOGUE

MUSEUM OF GUY'S HOSPITAL

ARRANGED BY THE DOCTORS AND FELLOWS

OF THE HOSPITAL

---

LONDON:

PRINTED BY WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

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1478<sup>25</sup>, 1478<sup>30</sup>, 1478<sup>50</sup>, 1479, 1480<sup>10</sup>, 1480<sup>20</sup>, 1480<sup>55</sup>, 1480<sup>60</sup>,  
1480<sup>80</sup>, 1481, 1483, 1485<sup>50</sup>, 1485<sup>55</sup>, 1486, 1486<sup>20</sup>, 1486<sup>90</sup>,  
1487<sup>50</sup>.

“ *Arch*, 1480<sup>37</sup>, 1480<sup>40</sup>, 1480<sup>75</sup>, 1484, 1485, 1486<sup>40</sup>, 1486<sup>60</sup>, 1486<sup>80</sup>,  
1486<sup>90</sup>, 1487, 1488<sup>40</sup>, 1488<sup>50</sup>, 1488<sup>60</sup>, 1488<sup>75</sup>, 1489.

“ *Descending*, 1453, 1454, 1482, 1488<sup>70</sup>, 1489<sup>25</sup>, 1489<sup>30</sup>, 1489<sup>40</sup>,  
1489<sup>50</sup>, 1490<sup>21</sup>, 1490<sup>23</sup>, 1490<sup>42</sup>, 1491, 1493, 1494.

ABDOMINAL, 1453, 1490<sup>21</sup>, 1490<sup>56</sup>, 1493<sup>10</sup>, 1494<sup>25</sup>, 1494<sup>34</sup>, 1494<sup>50</sup>.

False aneurism, 1454<sup>50</sup>, 1480<sup>10</sup>, 1490.

Coagula from aneurism, &c., 1496, 1497, 1498, 1499, 1499<sup>32</sup>, 1499<sup>64</sup>, and others.



- Aneurism of aorta rupturing into pericardium, 1478, 1478<sup>20</sup>, 1478<sup>60</sup>, 1479, 1480<sup>10</sup>, 1480<sup>60</sup>, 1483, 1488<sup>60</sup>.
- “ pressing on and rupturing into œsophagus, 1482, 1488<sup>70</sup>, 1493.
- “ “ trachea and bronchi, 1480<sup>40</sup>, 1483, 1485, 1486<sup>80</sup>, 1487, 1488<sup>40</sup>, 1488<sup>70</sup>, 1489<sup>25</sup>.
- “ rupturing into chest and lung, 1454, 1480<sup>75</sup>, 1487<sup>60</sup>, 1489<sup>40</sup>, 1489<sup>60</sup>, 1490, 1490<sup>28</sup>, 1494.
- “ perforating chest, 1481, 1485<sup>60</sup>, 1485<sup>55</sup>, 1486, 1486<sup>90</sup>, 1488<sup>40</sup>, 1489, 1491.
- “ compressing pulmonary artery, 1450<sup>25</sup>, 1478<sup>25</sup>, 1478<sup>30</sup>, 1480<sup>55</sup>.
- “ compressing laryngeal nerves, 1480<sup>37</sup>, 1488<sup>70</sup>.
- “ absorbing vertebræ, 1489<sup>30</sup>, &c.

## ARTERIES.

- Coronary, diseased, 1389<sup>10</sup>, 1499<sup>82</sup>, 1499<sup>90</sup>, 1500, 1500<sup>16</sup>, 1500<sup>35</sup>, 1500<sup>64</sup>.
- Cerebral, diseased, 1501<sup>38</sup>.
- “ aneurism of, 1501<sup>45</sup>, 1501<sup>60</sup>, 1501<sup>60</sup>, 1501<sup>63</sup>, 1501<sup>70</sup>, 1501<sup>75</sup>, 1501<sup>76</sup>, 1501<sup>78</sup>, 1501<sup>80</sup>.
- Occipital; traumatic aneurism, 1501<sup>82</sup>.
- Carotid, obstructed, 1501<sup>10</sup>, 1501<sup>20</sup>, and others.
- “ aneurism, 1501<sup>15</sup>.
- Innominate, obstructed, 1501<sup>10</sup>, &c.
- “ aneurism, 1486, 1486<sup>20</sup>, 1488<sup>59</sup>, 1486<sup>80</sup>, 1500<sup>75</sup>, <sup>76</sup>, 1500<sup>80</sup>, 1506<sup>90</sup>, 1501, 1501<sup>7</sup>.
- Subclavian; aneurism, 1486<sup>20</sup>, 1486<sup>80</sup>, 1488<sup>75</sup>, 1501<sup>90</sup>.
- “ ligatured, 1501<sup>92</sup>, 1501<sup>93</sup>.
- Axillary; aneurism, 1501<sup>92</sup>, 1501<sup>93</sup>, 1501<sup>95</sup>, 1502<sup>20</sup>.
- Brachial, varicose, 1502.
- Ulnar, wounded, 1503.
- Radial, diseased, 1503<sup>50</sup>, 1503<sup>51</sup>, 1504.
- Intercostal, diseased, 1504<sup>10</sup>. Wounded, 1504<sup>12</sup>.
- Splenic, diseased, 1504<sup>20</sup>. Ulcerated, 1504<sup>35</sup>.
- Renal; aneurism, 1504<sup>40</sup>.
- Mesenteric; aneurism, 1504<sup>45</sup>.
- Iliac; coagulum, 1504<sup>50</sup>.
- External iliac; false aneurism, 1504<sup>55</sup>.
- “ ligature, 1504<sup>70</sup>, 1519, 1519<sup>8</sup>, 1519<sup>12</sup>, 1519<sup>40</sup>.
- Internal iliac; ligature, 1504<sup>60</sup>.
- Femoral, ulcerated, 1504<sup>80</sup>, 1507, 1508.
- Femoral, ossified, 1505, 1506, 1506<sup>60</sup>, 1516<sup>20</sup>.
- “ wounded, 1509, 1510, 1515<sup>82</sup>.
- “ aneurism, 1519, 1519<sup>8</sup>, 1519<sup>12</sup>, 1519<sup>16</sup>, 1519<sup>24</sup>.
- “ ligatured, 1504<sup>75</sup>, 1506<sup>25</sup>, 1506<sup>60</sup>, 1506<sup>65</sup>, 1511, 1512, 1514, 1514<sup>50</sup>, 1515, 1515<sup>60</sup>, 1519<sup>32</sup>.
- Profunda; aneurism, 1519<sup>40</sup>.
- Popliteal; aneurism, 1519<sup>32</sup>, 1519<sup>43</sup>, 1519<sup>45</sup>, 1519<sup>64</sup>.
- Tibial; aneurism, 1519<sup>70</sup>.
- “ diseased, 1516, 1518<sup>50</sup>, 1519<sup>80</sup>.
- “ wounded, 1516<sup>50</sup>, 1517.

## VEINS.

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- Pulmonary ; coagulum, 1520<sup>23</sup>, 1520<sup>32</sup>.  
Longitudinal sinus ; coagulum, 1520<sup>73</sup>.  
    "    obliteration, 1520<sup>82</sup>.  
Lateral sinus ; suppuration, 1521.  
Superior vena cava ; coagulum, 1521<sup>15</sup>, 1521<sup>22</sup>.  
Subclavian and jugular ; coagulum, 1521<sup>30</sup>, 1521<sup>45</sup>.  
Azygos vein, enlarged, 1521<sup>32</sup>.  
Internal jugular, wounded, 1521<sup>50</sup>, 1521<sup>55</sup>.  
Inferior vena cava ; coagulum, 1521<sup>60</sup>, 1521<sup>75</sup>, 1521<sup>80</sup>, 1527<sup>75</sup>.  
    "    obliterated, 1521<sup>65</sup>, 1521<sup>72</sup>, 1521<sup>90</sup>.  
    "    carcinoma, 1522<sup>7</sup>, 1522<sup>15</sup>, 1522<sup>23</sup>.  
Iliac ; coagulum and supposed phlebitis, 1522<sup>40</sup>, 1523<sup>20</sup>, 1523<sup>25</sup>, 1523<sup>50</sup>, 1523<sup>80</sup>, 1525<sup>60</sup>,  
    1527<sup>30</sup>, 1527<sup>55</sup>.  
Femoral ; coagulum, 1522<sup>75</sup>, 1525, 1527.  
    "    obliterated, 1524.  
Abdominal veins, enlarged, 1523.  
Inguinal vein, ulcerated, 1527<sup>40</sup>.  
Saphena vein, ossified, 1538<sup>75</sup>.  
    "    varicose, 1526, 1527<sup>12</sup>, 1527<sup>25</sup>, 1527<sup>30</sup>, 1527<sup>35</sup>.  
Spermatic vein—varicose or Varicocele, 1529, 1529<sup>50</sup>, 1530, 1531, 1532, 1533, 1534,  
    1535, 1536, 1537.  
Vena porta ; coagulum, 1528, 1528<sup>40</sup>.  
    "    cancer, 1528<sup>20</sup>.  
PHLEBOLITHES. 1528<sup>53</sup>.  
    Saphena, 1526<sup>50</sup>.  
    Spermatic, 1526<sup>50</sup>.  
    Vesical, 1528<sup>45</sup>.  
    Uterine, 1528<sup>52</sup>, 1528<sup>60</sup>.  
    Pelvic, 1528<sup>80</sup>, 1528<sup>90</sup>.



## LYMPHATIC VESSELS AND GLANDS.

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### VESSELS.

Thoracic duct, 1538<sup>50</sup>, 1538<sup>60</sup>, 1538<sup>75</sup>.

Lacteals ; tubercular, 1540<sup>50</sup>, 1553.

“ distended, 1554<sup>30</sup>, 1554<sup>36</sup>, 1555<sup>75</sup>.

### GLANDS.

Suppuration of, 1558<sup>90</sup>.

Hypertrophy, 1541<sup>12</sup>, 1541<sup>24</sup>, 1543<sup>32</sup>, <sup>64</sup>, 1555<sup>25</sup>, 1558, 1558<sup>30</sup>, 1558<sup>60</sup>.

Fibrous tumor of, 1539, 1543<sup>20</sup>.

Fibro-cartilaginous, 1539<sup>60</sup>, 1540, 1541<sup>60</sup>, <sup>61</sup>, <sup>72</sup>.

Tuberculous, 1540<sup>50</sup>, 1546, 1553, 1554<sup>54</sup>.

Cretaceous, 1544<sup>77</sup>, 1544<sup>78</sup>, 1547, 1547<sup>32</sup>, 1547<sup>44</sup>, 1547<sup>64</sup>, 1554<sup>60</sup>, 1554<sup>72</sup>, 1554<sup>75</sup>.

Ossified (osteoid cancer), 1559<sup>12</sup>.

Cancer, 1541<sup>36</sup>, 1541<sup>48</sup>, 1542, 1543, 1544, 1545<sup>60</sup>, 1548, 1549, 1550, 1551, 1554<sup>84</sup>,  
1556, 1558<sup>40</sup>, 1558<sup>60</sup>, 1559.

Melanosis, 1555, 1559<sup>35</sup>.

# HEART AND ARTERIES.

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## MALFORMATION.

1379. Heart of an infant with aorta arising from both ventricles, the septum being deficient at its upper part; the pulmonary artery is quite closed at its origin, but communicates with the aorta by the ductus arteriosus.\*

1379<sup>25</sup>. Ectopia cordis; from a fœtus. The heart is seen lying outside the chest; the ventricle appears single (this is the opinion of Dr. Chevers) and from it proceeds a single vessel, the aorta, which gives branches to the lungs. The auricular foramen ovale still remains widely open.

1379<sup>50</sup>. Malformed heart, from a lad aged 16. The pulmonary artery is seen to be very small, and just behind it the aorta is given off from the right ventricle; the right ventricle and auricle are consequently of very great size, while the left are small and the walls thin. The septum of the ventricles is deficient at its upper part, but the foramen ovale is closed. The valves of the aorta appear rather rigid.

The lad had suffered since birth with palpitation and dyspnœa on exertion. On admission to the hospital he had anasarca of legs, and some lividity of the face, and subsequently he had some hæmoptysis; the pulse was regular, slow, and feeble. Tubercles and disorganization of the lungs were found.

See the case more fully described by Mr. Dade in the *Med. Gazette*, vol. ii. p. 159.

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\* For a history of several of these cases of disease of the pulmonary artery, we are indebted to the description given by Dr. Chevers in the *Med. Gazette*.



1379<sup>75</sup>. Heart, from a young lady, aged 12, who had symptoms of cardiac affection since infancy. The organ is large, the ventricles communicate by an opening in the septum ventriculorum; the pulmonary artery is small, and its valves have united into a conical membrane which almost closes it, and this is covered with vegetations; the ductus arteriosus is closed, but the foramen ovale is open. All the valves are covered with vegetations. The left side of heart is smaller than the right.

Case of Miss K. See Med. Gazette, vol. xxxvi. p. 1376.

Presented by Mr. Iliff.

1380. Heart with an aperture at the upper part of the septum ventriculorum. The blood had no doubt freely communicated and passed from the right to the left side; the sigmoid valves are diseased, especially those of the pulmonary artery, but there does not seem to be any contraction of the vessel.

It was taken from the body of a young woman, aged 20, of loose habits, but who had enjoyed good health until two years before admission. Her principal symptoms were lividity of countenance, orthopnoea, and great physical weakness. She died in the hospital in the year 1821.

1380<sup>40</sup>. Heart of an infant 9 months old, from dissecting-room, March, 1856. The ascending aorta suddenly terminates in a blind pouch; the ductus arteriosus is large and connects the arch and descending aorta with the pulmonary artery. The right ventricle and auricle large, the left small. Foramen ovale widely open. The vessels of the neck are given off from one trunk.

1380<sup>50</sup>. Heart of a foetus or very young infant. The septum ventriculorum is deficient at its upper part, the aorta consequently arises from both cavities. The pulmonary artery is quite closed towards the heart, but the open ductus arteriosus supplies its branches to the lungs; the foramen ovale is incompletely closed by a thin and cribriform membrane; the right auricle larger than left.

From Brookes's Collection.



1381. Heart of adult, with aperture in septum ventriculorum. This is a very old preparation, having no history to show whether the perforation arose from disease in foetal or adult life. Above the opening there are some vegetations and the pulmonary valves are slightly thickened. There are also patches of lymph on the surface, indicative of an old pericarditis. The right ventricle is hypertrophied.

1382. Heart of a child, presenting an opening in the ventricular septum. The pulmonary valves are perfect, but two of the aortic are united into one, having a thin partition between them.

1382<sup>16</sup>. Heart of a child, having an opening in the septum ventriculorum; near the tricuspid valve this opening is seen also to pass into the right auricle forming a communication between these three cavities. The ductus arteriosus is open, but admits only a small probe; the foramen ovale is closed. The pulmonary valves and artery healthy. The aorta becomes narrow immediately after the giving off of the subclavian.

From a child between 3 and 4 years old, who was always liable to lividity from cold, and died of hooping cough.

Presented by Dr. Lloyd.

1382<sup>20</sup>. Heart of a child, having a communication between the aorta and pulmonary artery. The heart is seen to be of usual size, having the right ventricle somewhat hypertrophied; the pulmonary artery is larger than usual, and the aorta is somewhat contracted at the arch; above the valves an opening is seen between the two main trunks, and capable of admitting an ordinary goosequill. There is no other disease about the organ, and the foramen ovale is only slightly open by means of a valve. The blood evidently passed from the aorta into the pulmonary artery.

A female child was brought to Dr. Whitley at the Surrey Dispensary, in July, 1859, when the mother stated that at birth she appeared healthy, with the exception of some difficulty of breathing; but, when six weeks old, she began to loose flesh and the dyspnœa increased. Dr. W. discovered a loud and rough systolic bruit audible



at the base of the heart, and over the greater part of the chest. It was not thin, but had much dyspnœa, and subsequently considerable anasarca supervened; it died when five months old.

Presented by Dr. Whitley.

1382<sup>32</sup>. Heart of a youth having an opening between the ventricles.

The pulmonary artery is very small, scarcely admitting a pencil, but the aorta is of usual size and appears to come off from both ventricles equally; the walls of the right being thicker than the left. The foramen ovale is closed, as is also the ductus arteriosus, but from the vessels being cut off, it is uncertain whether any communication might not have existed lower down. The aorta below the arch becomes much smaller. The aortic, mitral, and tricuspid valves are covered with minute vegetations.

Presented by C. E. May, Esq., Tottenham.

1382<sup>35</sup>. Heart of a young man, in which the pulmonary arteries arise from the aorta. The latter is seen to be dilated in its ascending portion and arch, and at its root are three large, thick sigmoid valves; immediately above the right one are two openings separated by a thin septum; they are round and capable of admitting the point of the index finger; these are the orifices of the pulmonary arteries. The coronary arteries are seen to be large and coming off above the other valves as usual. The pulmonary veins are also natural. Below the arch the aorta contracts. There is a large opening in the septum by which the ventricles communicate, and the aorta is placed over both, but more over the right. The walls of right ventricle are much hypertrophied, being as thick as those of left; the latter cavity being simply dilated; the right auricle is much enlarged. The foramen ovale is closed by a valvular membrane, beneath which the handle of the scalpel can be passed. The whole heart is much enlarged, weighing thirty-one ounces.

From Wm. Cranham, aged 27, who died under Dr. Babington, May, 1848. He had suffered from symptoms of cyanosis for four months only before admission, and this was thought to arise from an injury which he had received about that time, and by which his clavicle was broken.

New vol. ii. p. 212, and new vol. iii. p. 166.



1382<sup>40</sup>. Heart showing a small aperture between the ventricles sufficiently large to admit an ordinary pencil. A tendinous cord also passes from the orifice to one of the columnæ carneæ. The edges of the mitral valve with its tendinous cords are slightly thickened; but the heart presents no other disease.

Case of Edward Taylor, aged 28, who died suddenly soon after admission, March, 1850.

New vol. iii. p. 109.

1382<sup>48</sup>. A young adult heart, showing a large communication between the ventricles. The pulmonary artery has its valves united into a funnel-shaped membrane, upon which traces of the original partitions can be seen. The tricuspid valve is thickened. The walls of the right ventricle are thicker than those of the left, and the right auricle is larger than the left. The effects of a former general inflammation of the heart are not only thus seen within, but the pericardium has also been universally affected, as well as the muscular substance itself; this is seen by the quantity of fibrous tissue infiltrated into the walls, especially of the right ventricle. An opening exists between the auricles, but closed by a thickened valve.

Presented by Mr. Kingston of Walworth.

1382<sup>50</sup>. Valvular communication between right auricle and left ventricle by a perforate septum. The foramen ovale and ductus are both closed.

The patient, Mary A., aged 26, died in the hospital of phlegmonous erysipelas with peritonitis.

New vol. i. p. 293.

1382<sup>54</sup>. Heart of a fœtus in which the right ventricle appears to be wanting. There is a pulmonary artery impervious at its origin, but apparently has received blood; as the vessels however are cut short off, it is uncertain whence it received its supply. There are two auricles with a large opening between them, guarded by a large sigmoid valve, which appears to have allowed the blood to have passed



only from the right to the left. Leading from the right auricle is a small fissure corresponding to the tricuspid valve, and communicating with a very small pouch, which probably represents the right ventricle. The left ventricle is large, as well as the aorta arising from it. The ductus arteriosus is apparently closed.

From Brookes's collection.

1383. Heart of a fœtus having pulmonary artery obliterated at its origin, but the ductus arteriosus open. The right auricle is large; the right ventricle is immensely hypertrophied, and its cavity thus nearly obliterated. The ventricular septum is perfect, and aorta arises naturally from the left ventricle.

1383<sup>25</sup>. Heart of a boy where the pulmonary artery did not exist, but the lungs were supplied by the bronchial arteries. The place of the pulmonary artery is occupied by a thin impervious cord, and this was found in the recent specimen, to join a pervious canal, which appeared to be one of its branches; the ductus also, not now seen, joined with this to pass to the lungs. On looking at the left ventricle, remains of disease are seen; there is perfect closure of the outlet, the mitral orifice is small and covered with vegetations; there is also an opening in the septum through which the blood passed to the right side. The aorta is seen to come off from the right side, both ventricles being of equal thickness. The tricuspid orifice is small. The bronchial arteries are now detached, but they were found coming off from the aorta at their usual place, and very much enlarged, in order to supply the lungs instead of the pulmonary. They joined, however (as is seen), the branches of the pulmonary artery. The auricles are large; the foramen ovale is closed, but there is a small opening below it.

From a boy, aged 10, who died under Dr. Babington's care in October, 1844. He was occasionally the subject of cyanosis; his intellect was precocious, and an intense cardiac bruit existed between the shoulders. He died of pericarditis. The organs were all congested and lungs apoplectic.

Dissected by Dr. Gull.

Green Misc. Book, vol. xx. p. 36.



1383<sup>50</sup>. The pulmonary artery and arch of the aorta, with the canalis arteriosus still open so as to admit a bristle. It appears to have been taken from a young subject; there is no disease about the vessels.

1383<sup>55</sup>. Heart having an open ductus arteriosus. The pulmonary artery is rather larger than natural, and the aorta rather smaller. Immediately above the subclavian there is seen a tight, narrow band, on the smaller curvature of the interior of the aorta, and very much narrowing it; immediately beyond this is a circular opening, larger than a goose quill, and leading directly into the pulmonary artery; these vessels, indeed, from lying in close apposition, can scarcely be said to have any duct between them. The opening is surrounded with vegetations, and patches of atheroma exist on the aorta opposite the orifice. The pulmonary valves are healthy, but the aortic are very much diseased; they are covered with vegetations and perforated; above one of them a miniature inverted valve is seen, and below it the endocardium is ulcerated. There are also a few vegetations on the mitral valve. The heart weighed eighteen ounces.

The patient was a woman, aged 28, who died under Dr. Babington's care in year 1847. She was a seven-months child, and had suffered from palpitation of the heart since the age of six years, and occasionally from cough and cedema of the ancles. At fourteen years of age she began to grow better, but at twenty her former complaints returned, and she continued better and worse until the year 1846, when she came into the hospital, and left in a short time relieved. She afterwards became worse and entered again with shortness of breath, cough, dropsy, &c. Both sounds of the heart were accompanied by a loud bruit, which was audible over whole chest and down the back. Mr. Wilkinson King diagnosed an open ductus arteriosus.

New vol. ii. p. 158.

1383<sup>65</sup>. Heart of a female having an open ductus arteriosus. The organ is small; the foramen ovale is open, but guarded by a thin valve allowing a passage of blood from the right to the left auricle. The pulmonary artery was not diseased, but the arterial duct sufficiently open to admit a large-sized probe to be passed from the aorta to the



pulmonary artery; and on the pulmonary side, guarded by a nipple-like process, which prevented the blood passing back into the aorta. All other parts of the heart healthy.

Case of Eliza K., aged 32, who died of phthisis in 1837. She was the mother of eight children. She was never robust, but not ill until the commencement of the pulmonary symptoms a few months before her death. During the last two weeks of her life, her face was livid, but she was not supposed to be the subject of cyanosis. The lungs were found much disorganized, and the heart as above described.

Inspected by Dr. Chevers and Mr. Molloy.

12th Misc. Insp. Book, p. 78.

1383<sup>72</sup>. Ductus arteriosus, widely open, and filled with a granular amorphous deposit.

1383<sup>80</sup>. Heart showing an open ductus arteriosus and considerable disease of the sigmoid valves. The pulmonary are much thickened and covered with vegetations, while the walls of the artery itself are thickened and also covered with similar deposit. There are only two aortic valves, and these are covered with vegetations. The aorta and pulmonary artery are closely united where they communicate by the open duct; above this the aorta is contracted to less than half an inch in diameter, and immediately above this again, an aneurismal pouch is seen about the size of a walnut.

Case of Stephen S., aged 21, who died under Dr. Addison in 1841, of pneumonia. There was then some lividity of skin, but nothing to suggest any cardiac disease.

18th Misc. Insp. Book, p. 111.

1383<sup>90</sup>. Eustachian valve, large, and having some long filaments attached to it.

1384<sup>80</sup>. Heart of a girl showing an open foramen ovale. It was supposed that this produced the symptoms from which the patient suffered.

Case of Sarah S., aged 10, subject to palpitation and lividity whenever she was over-exercised. Before death she had much lividity and dropsy. The right ventricle was hypertrophied, and there was chronic disease of the lungs.

From Mr. Bryant's collection.



1384<sup>46</sup>. Foramen ovale open and dried, from a man aged 89, who died in the hospital from injury to the leg. To show the little importance of a slight communication of this kind (a small valvular opening through which the handle of the scalpel can be passed is constantly found in healthy hearts).

Preps. of bone, 1217<sup>50</sup>; and hydrocele, 2367<sup>44</sup>.

John W. 20th Misc. Insp. Book, p. 2.

1384<sup>50</sup>. Adult heart showing open foramen ovale. The aorta is very small as well as the left ventricle, while the pulmonary artery is large, and the right ventricle much hypertrophied. The ductus arteriosus is impervious, but there is a free communication between the auricles by a very large opening.—No history.

1384<sup>64</sup>. Adult female heart showing the foramen ovale open. The pulmonary artery is very large, and right ventricle hypertrophic, while the aorta and left ventricle are comparatively small. The foramen ovale is a large circular aperture of three inches in circumference, a few reticular bands being the only remains of the valve; the circumference of the opening is thick. The tricuspid opening is large, and the muscular bands of right ventricle strong. Ductus arteriosus impervious.

Mrs. D., aged 25, died April, 1836. Shortly before that time, when first seen, she was suffering from great dyspnoea, cough and expectoration, dropsy, feeble and intermittent pulse; she was also in the ninth month of pregnancy, and the urine was coagulable. She survived her pregnancy only a few days, when the heart was found as above described, and the kidneys were slightly granular. It was stated that as a child she was delicate; and there was some slight evidence to show that her face occasionally became blue.

Presented by W. T. Iliff, sen., Esq.

2. Note-Book, p. 29.

1384<sup>83</sup>. Part of a heart showing foramen ovale fully open and equal in size to a five-shilling piece; it has one or two bands stretched across it. The right auricle is of immense size; the right ventricle is hypertrophied, and much thicker than the left. The pulmonary artery is four inches in



circumference. The left ventricle is small, as well as the aorta which is only two inches in circumference.

Case of Daniel P., aged 35, who died under Dr. Addison in 1841, having been ill two years with symptoms of cardiac disease. The impulse of the heart was great; there was a loud bruit with the first sound, and a fainter one with the second.

18. Misc. Insp. Book, p. 166.

1385 Adult heart having foramen ovale partly open. It is extremely doubtful whether this was productive of any disturbance in the circulation.

Case of Hannah L., aged 29, who died in the hospital in 1805. She was subject to a winter cough, and entered the house with a cough and dyspnœa; considerable lividity, especially on face and hands; also, anasarca.

Patient of the first Dr. Babington, and dissected by Sir A. Cooper.

Old Museum Book, No. 51.

1385<sup>25</sup>. Two specimens of sacciform depression of the fossa ovalis. The upper one has an oblique opening, the lower is less deep, but wider.

Case of John S., aged 65. 12. Misc. Insp. Book, p. 76.

Case of John H., aged 66. 17. Misc. Insp. Book, p. 322.

1385<sup>30</sup>. Heart showing foramen ovale partly open. Injected.

1385<sup>40</sup>. Heart of a foetus in which the sides are transposed; the aorta arising from the right ventricle, and the pulmonary artery from the left. The ductus arteriosus is open, as well as the foramen ovale. The ventricular septum complete.

1385<sup>50</sup>. Heart of a child in which the vessels were transposed; the aorta coming off from the right ventricle and the pulmonary artery from the left. The right ventricle is large and thick, and filled with a clot, which appears to have obstructed the mouth of the aorta. The latter vessel is of natural size and gives off the usual branches. The ductus arteriosus is closed, and below this point the aorta becomes very small. The left ventricle is smaller than the right,

and gives off the pulmonary artery, which is very large, as well as its branches. There is a small opening between the ventricles. The right auricle is dilated and hypertrophied; and the fossa ovalis is large and cribriform. The left auricle is of moderate size, and appears to have received only two pulmonary veins. (Probably the other veins entered the cava or right auricle.)

The child was aged 2 years and 9 months, and was a patient of Mr. Sanders, of Gravesend. It had blueness of lips and nails, and some general lividity. Tall and thin; never walked. Died rather suddenly.

Described by Mr. T. Wilkinson King, in the Monthly Journal of Med. Science, 1844. Vol. iv. p. 32.

2. Misc. Insp. Book, p. 1. Drawing 41<sup>12</sup>.

1386. Heart showing a depression capable of holding the tip of the finger, situated at the upper part of the interventricular septum, and at the spot where a perforation is sometimes found. There is, however, no communication between the two sides.

Daniel B., aged 40, died under Dr. Wilks's care, with psoas abscess.

Record of Insp., 83. 1858.





## CHANGES IN HEART AND CAVITIES.

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1387. Heart containing a vascular polypus in the left auricle. A section has been made showing the surface smooth and firm, and containing a few vessels. It is about the size of a pigeon's egg, and attached to the flap of foramen ovale, which is slightly open. Injected.

Case of Elizabeth G, aged 55, who died in the hospital of hepatic dropsy. When recent, the polypus was described as being of the size of a pullet's egg, and attached to the surface by a space the size of a shilling; it was yellow, semitransparent, and had some white specks scattered through it; it was harder than an ordinary blood concretion. On fine injection being thrown into the coronary arteries, minute vessels were seen beautifully ramifying through it. It was covered by the membrane continuous with the lining membrane of the auricle. Though its substance was not disposed in layers, some appearance of this arrangement existed, from darkish points of a brownish colour being equidistant from the surface. See *next Prep.*

- 1387<sup>10</sup>. Sections of the polypus from the preceding: dried and immersed in spirit of turpentine to show its vascularity.

3. Green Insp. Book, p. 156.

- 1388<sup>30</sup>. Heart of a female who died suddenly. The right ventricle is dilated and thin; and the auricle very much so, the muscular fibres being widely separated, leaving only a thin membrane between them.

Case of Mary S., aged 27, who was admitted under Dr. Cholmeley in 1830, for general debility, when she soon afterwards died quite suddenly.

10. Green Insp. Book, p. 44.

- 1389<sup>10</sup>. Heart showing hypertrophy of left ventricle and disease of the coronary vessels. The pericardium is also universally adherent. The man died from apoplexy. (The case was probably one of Bright's disease.)

- 1389<sup>25</sup>. Heart showing simple hypertrophy of the left ventricle. In the same bottle are seen two granular kidneys of Bright's

disease, showing rigid and thickened renal arteries. The preparation is preserved to show the connection between these three morbid conditions; especially the hypertrophy of the heart accompanying Bright's disease.

Case of Mary J., aged 44, who being admitted for renal disease, was attacked with acute glossitis, of which she died. See prep. of tongue, 1670<sup>60</sup>; and drawing, 224<sup>41</sup>.

Record of Insp., No. 246. 1854.

1389<sup>30</sup>. Hypertrophy of the left ventricle, in case of Bright's disease.

George G., aged 43, under Dr. Barlow. Insp. 122. 1856.

1390. Heart showing hypertrophy and general enlargement of the cavities of the heart, as occurs in valvular disease, especially of the aortic orifice.

1390<sup>60</sup>. Heart showing hypertrophy of the right ventricle, from a lad who had suffered many years from bronchitis.

Case of Charles Y., aged 17, under Dr. Babington in 1844.

19. Misc. Insp. Book, p. 294.

1391<sup>89</sup>. Heart, showing very great hypertrophy and dilatation of the right side, in consequence of long continued bronchitis and emphysema of the lungs.

Case of Samuel M., aged 23, who died under Dr. Gull's care, with bronchitis, orthopnœa, palpitation, systolic bruit, &c.

Record of Insp., No. 45. 1854.

1392. Hypertrophy of the right ventricle, from a case of chronic bronchitis.

1392<sup>20</sup>. Heart, very much enlarged and loaded with fat. The aorta is very much diseased, but the valves are comparatively healthy.

1393<sup>45</sup>. Heart showing fibroid degeneration of the left ventricle, especially seen in the columnæ carneæ, which are streaked with fibrous tissue. Neither the aorta nor the valves are quite healthy; and the pericardium, now stripped off, was almost universally adherent.



Case of William C., aged 47, under Dr. Addison. He had had rheumatism about fourteen years before, and died of heart affection, associated with renal disease.

Record of Insp., No. 94. 1854.

- 1393<sup>89</sup>. Heart showing dilatation of both ventricles, with degeneration of the muscular substance. The pericardium is opaque, as if it had once been the subject of inflammation.

Case of Elizabeth T., aged 41, under Dr. Cholmeley in 1835. She was the mother of twelve children, and had had good health until she took cold, shortly before admission to the hospital, when she was seized with cough, dyspnœa, hæmoptysis, and dropsy, and from these she died. The heart is described as thrice the natural size from enlargement of the ventricles, but the valves healthy. The muscle is said to be in a state of white mottling. The liver was myristicated, and the lungs apoplectic.

7. Misc. Insp. Book, p. 68.

- 1395<sup>12</sup>. Heart showing ante-mortem coagula in the left auricle. The appendix is seen to contain one large clot, of which the interior has softened, leaving a cyst about half full of fibrin. Another is seen detached and hanging loose; in this the central parts have liquified and been removed, leaving a complete oval sac. This coagulation of the blood (which occurred some days before death), was evidently due to its retardation by the contracted mitral orifice; of disease of which no doubt the patient died, although there is no history connected with the specimen.

- 1395<sup>20</sup>. Heart of a child, showing an aneurismal cyst on the surface which burst into the pericardium. About the middle of the left ventricle is a thin membrane about the size of a shilling piece, which now has a rent in it. This does not bulge outwards, but on examining from within, a hollow space is seen to exist in the walls of the ventricle, hollowing out the columnæ carneæ, and bulging somewhat internally. It is covered internally by muscular fibre, but externally merely by the thin membrane as here seen. It is lined by a perfectly smooth membrane continuous with the endocardium, and the opening from the ventricle into the cyst is capable of admitting a small quill. There is no appearance of any inflammatory process in any part of the organ.



From a female child, aged 12, who was said to have enjoyed good health until she suddenly fell dead while playing.

Presented by Mr. Comley of Whitechapel.

- 1395<sup>30</sup>. Cured aneurism of the heart. At the apex of the heart there is seen a bony cyst about the size of a pigeon's egg. This communicates with the left ventricle by a small opening, but, when recent, the cyst was full of hard fibrin; in fact, the aneurism had become solidified, in part ossified, and thus had undergone a cure. It was adherent to the pericardial sac. Within the ventricle, the endocardium was thickened at its lower part, but there was no evidence of a more general endocarditis having existed. There were no symptoms of the disease, and no history denoting the time of its occurrence. For further particulars, see Report and Trans. of Path. Society.

Case of John J., aged 52, who died of phthisis, under Dr. Wilks's care, in the hospital, in October, 1856. Drawing 39<sup>72</sup>.

Record of Insp., 188. 1856.

- 1395<sup>50</sup>. A rounded coagulum, smooth externally, and grumous internally, from the apex of the left ventricle. There were several similar concretions in the same heart.

See prep. of brain, 1564<sup>75</sup>, and 1585<sup>25</sup>; and of gallstones, 1985<sup>25</sup>.

Case of William S., aged 48, under Dr. Bright in 1840.

9. Green Insp. Book, p. 63.

- 1395<sup>75</sup>. Anterior and lower part of a heart, with a cyst near the apex of one of the ventricles, which appears to have been the result of an adherent coagulum formed a considerable time before death; it contained a lilac-coloured grumous fluid. The patient had long been in a sinking state.

Case of Patrick W., an old man, under Dr. Cholmeley in 1831.

10. Green Insp. Book, p. 139.

- 1395<sup>85</sup>. A large ante-mortem clot, softening in the interior, and contained in the right ventricle of the heart. There are also some smaller ones around.

Case of Thomas D., aged 28, under Dr. Back in 1839.

16. Misc. Insp. Book, p. 141.



- 1395<sup>90</sup>. Heart of a boy, containing a large ante-mortem coagulum in the left ventricle: the upper portion is more recent, but the lower has softened, whereby the interior has escaped and a cyst formed.

James E., aged 10, admitted under Dr. Barlow for scarlatinal dropsy.

New vol. ii. p. 371.

- 1396<sup>5</sup>. Heart of a woman, containing a vascular polypus in the left auricle. This when recent was the size of an egg, and grew from the septum of the auricles at the anterior border of the fossa ovalis, by a stout peduncle. When cut, it had a translucent, soft appearance, but was firm, and consisted of fibro-plastic structure. It was organized and vessels were clearly seen traversing it.

Case of Ellen W., aged 53, under Dr. Addison in 1847. Eight months before her death, she fell in a fit and was taken up hemiplegic. With the paralysis and general debility she came to the hospital. Her action of the heart was quick and irregular, and there was great dyspnœa.

New vol. ii. p. 14.

- 1396<sup>12</sup>. Left auricle of heart containing an ante-mortem coagulum; also diseased mitral valve.

- 1396<sup>25</sup>. Rupture of the heart at its apex; the walls at this point having become degenerated and thinned. It might almost be styled, a small aneurismal dilatation, within which a mass of coagulum appears to have formed. The rupture is small and about half an inch above the apex, where the muscular fibre has almost gone.

Case of Elizabeth B., aged 60, under Dr. Bright for dropsy in 1853. She died suddenly in attempting to get out of bed. The pericardium was found full of blood from rupture of left ventricle.

12. Green Insp. Book, p. 31.

- 1396<sup>45</sup>. Heart showing the effects of general pericarditis from the bursting of some small abscesses in the parietes. In the section there will be seen several purulent deposits; one large one extending from external surface to the interior. The branches of the coronary artery leading to this part were filled with softening fibrin. There was some pus



also in one of the columnæ carneæ. The other organs also contained purulent deposits. See kidney, 2033<sup>20</sup>; and drawing of heart, No. 38<sup>10</sup>.

Case of Henry B., aged 16, under Mr. Hilton in 1855, for abscess in the leg, which soon resulted in a general pyæmia, of which he died.

Record of Insp., No. 60. 1855.

- 1396<sup>50</sup>. An enlarged heart, showing the parietes of left ventricle remarkably thin and dilated at the apex, so that the term aneurismal might be given to the lower part of the cavity. It is lined by coagula, which have no doubt tended to strengthen the walls.

From a private patient of Dr. Babington who died in 1828. He was 74 years of age, and had long suffered from symptoms of angina pectoris. He died suddenly from syncope. The heart was found enlarged; the walls thin; and muscular fibre pale, flabby, and remarkably soft and lacerable. Drawing 39<sup>43</sup>.

7. Green Insp. Book, p. 5.

- 1396<sup>55</sup>. Heart containing a hydatid cyst between the auricle and ventricle on the right side. This, when recent, was almost as large as the auricle itself, and had formed a close connection with the pericardium, which was universally adherent. When opened, it was found to contain two ounces of pus, and numerous cysts of various sizes. The heart had also vegetations on the valves, and the cavities were encroached on by the cyst.

Case of Sarah H., aged 16, who died under Dr. Barlow's care in 1854. She had been affected with rheumatism a year before admission, and was suffering with dyspnœa, and a loud systolic murmur was audible.

Record of Insp., No. 97. 1854.

- 1396<sup>60</sup>. General enlargement of the heart, without valvular disease. The right auricle and ventricle are seen to be dilated and hypertrophied, as well as the left cavities; all in a proportional degree. The muscular fibre is fatty and the coronary arteries diseased; weight twenty-four ounces. The left ventricle contained a large ante-mortem coagulum.

Case of James G., aged 45, under Dr. Wilks in 1847. He was suffering from dropsy and other symptoms of heart disease, from which



he died. The lungs were apoplectic, and the liver in a nutmeg condition.

Record of Insp., No. 12. 1857.

1396<sup>65</sup>. General enlargement of the heart, with fibroid deposit, or degeneration of the muscular wall. The left ventricle is inordinately dilated, the walls being thin, and the cavity of a rounded form. The preparation shows that a general inflammation of the whole heart had at one time existed; the surface was covered with thick layers of indurated lymph, and the endocardium was opaque and thickened throughout. A myocarditis had also existed, as seen by the muscular substance having a streaked appearance from the presence of a fibrous tissue pervading it, and this to the extent of half its amount.

Case of Lucy W., aged 34, under Dr. Barlow. She had had an attack of rheumatic fever when 12 years of age, and had been in delicate health since. She died of cardiac dropsy.

Record of Insp., No. 26. 1857.

1396<sup>70</sup>. Heart showing a large fibroid deposit in the septum of the ventricles. It occupies its upper half, and is about the size of a billiard ball; it is not very accurately defined, but passes into the muscular structure around. It is seen to project more towards the right than the left side; it thus encroached on the right ventricle so, that the finger could with difficulty be passed through the pulmonary orifice. The other parts of the organ natural.

Case of A. B., aged 23, who suddenly fell dead in the streets of Derby. There was no disease found in the body, except that of the heart as here seen, and which was not ruptured in any part. His previous history was unknown. For more full particulars of this specimen, see Trans. of Path. Society, vol. viii.

Presented by Mr. Dolman of the Derby Infirmary. 1857.

1396<sup>75</sup>. Heart showing a most remarkable dilatation of the left ventricle, whereby it forms a large aneurismal sac, three times the size of the natural cavity. The muscular walls can only be clearly discerned at the upper part, and there they are thin; but below this the sac has more the appearance of a bladder than a ventricle of the heart.



The interior is rough, and probably has been covered with fibrin, although now removed. There is no history of this interesting specimen.

From Brookes's collection.

- 1396<sup>89</sup>. Heart showing a few small cancerous nodules deposited in the muscular substance. The specimen does not show much, but was preserved on account of the rarity of cancer affecting this organ except by contiguous growth.

Case of John K., aged 61, who died under Dr. Addison's care, with cancer of stomach, liver, lungs, and other parts.

Record of Insp., 229. 1857.

1397. Heart showing an albumino-fibroid deposit in the walls of the left ventricle and other parts. The preparation is a very old one, and came from a patient of the first Mr. Forster, and who was in the hospital for a so-called scrofulous disease of the sternum. He died suddenly, and the deposit in the heart was thought to be of a scrofulous character. It is probably the result of a rheumatic carditis, or was connected with syphilis in other parts of the body.

- 1397<sup>10</sup>. Heart showing two very remarkable membranous cysts upon the heart, and which, bursting, caused the patient's death. These are of different sizes; the larger the size of a hen's egg, and the smaller half that size. Their base of attachment covers a circular space of about one and a half inch in diameter on the right side of right ventricle, and immediately over the situation of the tricuspid valve. The serous covering of the heart passes up on the sacs, and is lost upon them. The muscular fibre beneath them is healthy. The walls of the cysts are composed of a tough and finely reticulated membrane, which has on the interior a number of loose interlacing fibres, to many of which are attached earthy bodies, in appearance like grape seeds.

Case of A. T., aged 32, a male patient, in the Colney Hatch Lunatic Asylum. After making a murderous attack upon one of the attendants, he suddenly fell down in state of syncope, and died in an hour and a



half. The pericardium was found distended by a blood-stained serum and some fibrinous blood coagulum; the sac seen in the preparation had burst by a fissure half an inch long. See further particulars in Trans. of Path. Society, vol. vi.

Presented by Mr. Tyerman to Dr. Babington.

- 1398<sup>60</sup>. The right side of heart, containing carcinomatous tubercles in its walls. A malignant induration surrounds the inferior cava, greatly contracting it.

Case of Jemima H., aged 51, under Mr. Morgan, for cancer of breast, in 1840. She died six months after the removal, with a return of the disease in the internal organs.

17. Misc. Insp. Book, p. 143.

1399. Heart, having on its surface and in the pericardium numerous nodules, described as carcinomatous; some of them are also seen penetrating into the muscular substances. The pericardium is adherent. Injected.

The patient had his leg amputated by Mr. Key, 1248<sup>89</sup>; 1641; but the disease returned in the internal organs. See kidneys, 2055; skin, 1658.

- 1399<sup>60</sup>. Heart, having a remarkable osteo-chondromatous tumor growing on its surface. The organ is an adult and healthy one. On its anterior and right side, a large tumor is seen about the size of the closed fist, about four and a half inches long and three inches broad. It has no communication with any of the cavities within, nor with the coronary blood-vessels. It is composed of a membranous cyst, having within it numerous spicula running through it; these are attached to the wall and to one another by fibrous tissue. The bone consists of true osseous structure. There is no history of this case, and therefore its nature and origin is conjectural. It is, probably, either the skeleton of some adventitious secondary growth, similar to that affecting other parts of the body, or is a congenital tumor, the remains of an included ovum which had become attached to the heart. Drawing 38<sup>20</sup>, taken October, 1856.

From Mr. Brookes's collection.



1399<sup>63</sup>. Heart, involved in a large cancerous growth at its base and penetrating its interior. It had proceeded from the lungs, and thus, nearly all the large vessels of the heart were affected. The superior cava is seen to be involved, and remains only as a fissure in the midst of the disease; the inferior cava surrounded, but free. The right branch of the pulmonary artery almost obliterated. A cancerous fungoid growth, the size of a walnut, is seen protruding from the posterior wall of the right auricle into its cavity. On the left side, the cancer appears to have entered the heart by the pulmonary veins, and half fills the auricle by a tumor the size of an egg.

From a man, aged 33, a patient of Dr. Wilks, at the Surrey Dispensary, in March, 1855. When first seen, he was found sitting up in bed, with his face of a purple colour, enormously swollen; his eyes starting from his head; his respiration most difficult, so that he appeared every moment in danger of suffocation. His arms hung helplessly at his sides, and were immensely increased in size from anasarca, and the superficial veins very large; no œdema of the lower parts of the body. All these symptoms were sufficiently explicable on the supposition of the disease seen in the specimen.

1400. Heart, encroached upon by an osteo-sarcomatous tumor growing from the lungs and the neighbouring lymphatic glands. The tumor consists of fibrous tissue, incased in bone.

Case of Ann G., aged 17, whose leg was amputated by Mr. Key in 1827. She died a year afterwards with a return of the disease in the lungs and lymphatic glands. See lungs prep. 1749<sup>82</sup>, and the section of thigh-bone, 1163.

Misc. Insp. Book, p. 133.

1400<sup>14</sup>. Heart affected with melanosis. The surface is covered with numerous black patches and small tumors; the section of the cavities shows the muscular walls to be similarly affected.

From Brookes's collection.

1400<sup>15</sup>. Heart, containing a few melanotic tumors on the surface.

George C., aged 32, under Mr. France. He had suffered for two and a half years from melanotic cancer of the eye, and at last died with the same disease in various other organs.

Record of Insp., 119. 1859.



1400<sup>20</sup>. Apex of a heart, showing a small melanotic tubercle.

From a woman who had numerous melanotic tubercles covering the leg. See model (skin) 292. After death various organs were found pervaded with them; colon, 1873<sup>75</sup>; inguinal glands, 1559<sup>35</sup>; peritoneum, 1257<sup>60</sup>; and drawing, 52<sup>25</sup>.

1400<sup>25</sup>. Melanotic tumor, in walls of right auricle of heart.

From James H., aged 60, who died under Mr. Birkett's care, with melanotic tubercles covering the whole body. Drawing, 188<sup>20</sup> & 27 and 463<sup>5</sup>; models, 293<sup>5</sup> & 6; prep. omentum, 2464<sup>5</sup>; and spermatic cord, 2367<sup>80</sup>.

Record of Insp., No. 56. 1854; and Guy's Hospital Report, Series 3, vol. iii. p. 331.

1400<sup>28</sup>. Heart, displaying three or four small lacerations of the muscular fibre of the left ventricle, involving merely the surface, and presenting the appearance as if the organ when removed had been forcibly stretched. Had not the pericardium been found full of blood, this had been the more probable explanation of the appearance.

Found in the Dissecting-room.

1400<sup>30</sup>. Mass of coagulum found in pericardium of heart of the preceding case.

1400<sup>50</sup>. Heart, penetrated by two pistol bullets. From a young Italian who committed suicide at the Bridge House Hotel, and seen by Mr. Callaway, jun. A hole has been produced by one bullet at the lower part of the right ventricle, and this penetrating the septum, is seen opening in the left ventricle. The shot then appears to have passed through the mitral valve, and making its exit posteriorly between the left auricle and ventricle, traversed both lobes of left lung, and lodged in the rib. The other bullet seems to have entered the apex of the left ventricle, and passing through the muscular substance, emerged at a corresponding point behind.

1400<sup>56</sup>. Heart, showing a rupture of the left ventricle. The rent is situated at about the middle of the cavity, is about half



an inch in length, and vertical in direction. The ventricle is dilated, and the walls very thin, especially at the seat of the rupture. The heart has a slight excess of fat on the exterior, and the muscle has undergone a fatty degeneration. The pericardium was found full of blood.

From a lady, aged 50, who died suddenly whilst rising from her sofa. She had previously been in apparent good health.

1. Note Book, p. 113. Sept., 1829.

Presented by Mr. Beaumont of Gravesend.

1400<sup>60</sup>. Heart undergoing fatty degeneration, and which caused sudden death. The heart is enlarged; ventricle, dilated; walls, thin; and muscular tissue, soft and fatty. No rupture of any part.

Case of John F., aged 65, who was in accident ward under Mr. Cock, with a fracture of the humerus. Whilst attempting to rise in his bed he fell back dead. The blood-vessels were also very much diseased; a portion of the aorta, with the iliacs, is placed in the bottle; and at one part the blood is seen to have penetrated into the walls of the artery, producing the commencement of a dissecting aneurism.

Record of Insp., No. 70. 1857.

1400<sup>70</sup>. Heart showing a rupture on its anterior surface, close to the septum, at about the middle of the ventricle. The rent is about an inch in length, almost vertical, and in the direction of the external fibres. The left ventricle is slightly dilated; the walls are thin and very fatty. The pericardium was filled with blood.

Case of Mrs. K., aged 55, a woman of rather delicate health, and who died suddenly whilst sitting in her chair. Prep. of gall-bladder from same case, 1957<sup>50</sup>.

Presented by Mr. J. Smith of Kennington.

1. Note-Book, p. 155.

1400<sup>80</sup>. Heart showing a rupture of the left ventricle. This is transverse, or nearly parallel with the base of the heart; it is three-quarters of an inch in length, and situated one inch and a half above the apex; it has thus occurred on the front and side of the ventricle. The coronary arteries are excessively diseased, especially the anterior; the main trunk converted into a long tube, and some of the branches



leading to the rupture, filled with softening coagulum, which had formed on and within the diseased coats of the vessel. The muscular tissue is more degenerated at this part than any other. The heart is of usual size, but having an excess of fat on the exterior. This has encroached on the muscular walls, which are seen streaked with fat; and the muscle, universally, was soft and very lacerable.

Case of W. B., aged 61, an inmate of the Kent County Lunatic Asylum for twenty-four years. He was a muscular man and enjoyed good health. On the night of his death, he took his supper and went to bed as usual; on the following morning he was found by the attendant lying on his right side, with his hand under his head in his ordinary sleeping posture, but quite dead. On p. m. examination, the pericardium was found full of blood, and there was a coagulum in the rent of left ventricle.

Presented by Dr. Wm. Hills. March, 1857.

1400<sup>84</sup>. Heart, with a large lacerated opening in the left ventricle, near its apex. The walls appear of natural thickness. The rent proceeds upwards from the apex towards the left side and back part of the heart, through the whole thickness of the posterior wall, reaching to nearly its centre, and is two and a half inches in length. A large gap is thus produced, and the cavity within is exposed; the edges of the opening are smooth. The structure of the muscle appears healthy to the naked eye, and the microscope discovers no fatty degeneration of the fibrillæ.

Taken from the body of one of Whitbread's draymen, who met with the accident in an attempt to move a butt of porter.

From Brookes's collection.

## VALVES.

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### TRICUSPID.

1401. Thickening and contraction of the tendinous cords and curtains of tricuspid valve. The mitral valve is also affected in the same manner. Both auricles much dilated. The pericardium also appears to have been adherent, and thus it seems as if the whole textures of the heart had been involved in inflammation.

1401<sup>5</sup>. Tricuspid valve having a cord six inches long, an excessive congenital development, or (as was thought by Mr. W. King) a result of stretching by the force of the current towards the apex. It is attached by one end to the valve, and by the other to a muscular band below.

Case of John B., aged 40, under Dr. Addison in 1840, for hepatic ascites.

19. Misc. Insp. Book, p. 333.

1401<sup>12</sup>. Heart showing great contraction of the tricuspid, mitral and aortic valves. The curtains of tricuspid have united, so as to form one membrane having an oval aperture through which the finger can just pass. The mitral is also similarly contracted to a buttonhole; and the aortic have united together, so as to form a conical membranous valve, only just large enough to admit the point of the little finger. The pulmonary artery is cut away, but it was unaffected. Both auricles are much dilated and hypertrophied. The ventricles were said to be small.

Case of Sarah W., aged 45, under Dr. Bright in 1837. She died of cardiac dropsy.

10. Misc. Insp. Book, p. 149.



1401<sup>20</sup>. Heart showing the effects of inflammation, involving all its structures. The tricuspid valve is thickened, so that the aperture is very much narrowed, measuring only two and three-quarter inches in circumference. The mitral orifice is so narrow, that the point only of the little finger can be inserted into it; and it measures only one and a half inches in circumference. The edges of the curtains also are extremely thick. The aortic valves are thickened and adherent, narrowing the orifice to a circumference of one and a half inch. Pulmonary artery, healthy. The right ventricle is larger than natural; the left, normal; but left auricle much hypertrophied, being as large as the ventricle. The pericardium universally adherent, encroaching on the muscular fibre, and in some parts incorporated with it.

Case of Elizabeth N., aged 24, under Dr. Habershon. She had rheumatism fifteen years before her death, and on several other occasions. The cardiac symptoms existed only nine months. She had dropsy, hæmoptysis, and there existed a bruit all over the cardiac region.

Record of Insp., 138. 1856.

1401<sup>24</sup>. Heart showing disease of tricuspid, mitral, and other valves. The tricuspid and aortic are seen to be covered with vegetations; the mitral is much contracted, scarcely admitting the point of the finger, and this also covered with vegetations. The left auricle is removed, but it seems to have been much hypertrophied; the right ventricle likewise.

Elizabeth M., aged 22, under Dr. Addison in 1829. She had been ill eighteen months with chest symptoms, much aggravated by uterine hæmorrhage after delivery. She had dropsy, especially of the left arm, which was also very painful. The heart was found diseased as here seen; the lungs were apoplectic (Preps. 1725<sup>48, 60</sup>); and the subclavian vein was obstructed by a softening coagulum. Prep. 1521<sup>30</sup>.

9. Green Insp. Book, p. 8.

1401<sup>85</sup>. Heart showing contraction of the auriculo-ventricular orifices. Both tricuspid and mitral valves are very much thickened, and the cords agglutinated by a former inflammation. Both auricles appear to have been enlarged.

## MITRAL VALVE.

- 1401<sup>05</sup>. Heart showing vegetations on the tricuspid and mitral valves. Also, a kidney containing fibrinous deposit. Preserved as an example of fibrinous concretion occurring in various parts of the circulating system.

Michael R., aged 57, under Dr. Habershon, with symptoms of general visceral disease. The vena cava and renal veins were found full of coagulum softening in the middle. The kidneys contained large masses of deposit, which it was at first thought might be cancerous.

Record of Insp., 210. 1856.

- 1403<sup>18</sup>. Thickened mitral valve; the edges covered with vegetations, which continue upwards into the auricle.

- 1403<sup>19</sup>. Mitral valve and cords, much thickened, and covered with large masses of vegetations. These are best seen on the auricular side, where they are prolonged into the auricle.

- 1403<sup>20</sup>. Heart showing disease of the mitral and aortic valves. These are thickened and covered with vegetations. The heart is also enlarged on both sides.

Elizabeth A., aged 18, under Dr. Cholmeley in 1835.

6. Misc. Insp. Book, p. 141.

- 1403<sup>26</sup>. Mitral valve, showing a separation of the tendinous cords from inflammatory softening. The aortic also show considerable disease, two valves having united into one.

- 1403<sup>28</sup>. Mitral valve, showing a laceration of cords from softening. The whole valve covered with vegetations, which extend into the auricle.

- 1403<sup>29</sup>. Cords of mitral valve ruptured from recent inflammation. The aortic valves are also exceedingly diseased from cretaceous deposit; masses of earthy matter situated in their coats forming large concretions.

John A., aged 53, who died of dropsy in 1850.



- 1403<sup>30</sup>. The base of a dilated and thickened left ventricle, showing vegetations on the mitral valve and in the interior of the auricle.

Sarah N., aged 38, under Dr. Addison in 1836. She had had rheumatism twelve years before her death, and, a year before, a hemiplegic attack.

8. Misc. Insp. Book, p. 161.

- 1403<sup>32</sup>. Copious, soft, adherent fibrinous masses on the adjacent surfaces of the mitral and aortic valves.

From Mr. N., aged 40, who had suffered from palpitation for many years. He died with a suppuration in the middle of the cerebrum. 1828.

From Mr. Bryant's collection.

- 1403<sup>33</sup>. Heart, exhibiting a large nodule of fibrinous vegetation on the auricular side of the mitral valve.

- 1403<sup>42</sup>. Heart showing mitral and aortic valves affected by endocarditis, and covered with vegetations. The anterior curtain of mitral presents three aneurismal pouches directed backwards. These are filled with fibrinous deposit; one as large as a bean has burst into the auricle.

Thomas W., aged 42, under Dr. Back in 1839.

15. Misc. Insp. Book, p. 122.

- 1403<sup>56</sup>. Dilated or aneurismal condition of the mitral valve. When recent, this bulged out into the ventricle, forming a globular projection, seen as soon as the heart was opened.

Catherine R., aged 38, under Dr. Rees. She stated that she had inflammation of the chest several years before, and had since suffered with bronchitis and palpitation. She was admitted with dropsy and albuminous urine; after death, the kidneys were found affected; the lungs were emphysematous, and the right side of heart hypertrophied. It did not appear that the mitral valve was inefficient.

Record of Insp., 46. 1858.

- 1403<sup>84</sup>. Mitral valve, considerably thickened by an irregular, bony deposit, forming a complete osseous ring around it. The edges of the tricuspid, also, are a little thickened.

Case of Thomas Johnson, aged 65, who died under Mr. Morgan, for disease of the prostate. See prep., 2407<sup>30</sup>, and kidney, 2042<sup>40</sup>.

7. Green Insp. Book, p. 12.

1403<sup>90</sup>. Mitral valve dried, showing ossific deposit in large quantity.

1404. Mitral valve, much thickened by cretaceous deposit. The tricuspid and aortic valves are also thickened, and the surface is covered with old adhesions.

Elizabeth W., aged 34, under Dr. Bright in 1827.

3. Green Insp. Book, p. 5.

1404<sup>50</sup>. Ossification of one of the columnæ carneæ of mitral valve. Dried.

1405. Heart, preserved to show the great enlargement which takes place in the left auricle in cases of narrowing of the mitral orifice.

From Phoebe M., aged 20, under Dr. Wilks.

Record of Insp., 154. 1858.

1405<sup>25</sup>. Contraction, thickening, and ossification of mitral valve. Two of the semilunar valves adherent. The left auricle, now cut away, has been much hypertrophied, and also the right ventricle.

Mary Ann W., aged 33, a patient of Dr. Cholmeley in 1835.

8. Misc. Insp. Book, p. 43.

1405<sup>30</sup>. Ossification of the mitral valve.

1405<sup>75</sup>. Heart showing considerable thickening and contraction of the mitral valve, whereby the orifice is much narrowed. The left auricle is hypertrophied, as well as the right ventricle.

1405<sup>80</sup>. Mitral valve, covered with minute vegetations, from a case of chorea.

Margaret M., aged 15. She had had rheumatism a year before. She was admitted for gonorrhœa, and soon afterwards violent chorea symptoms came on, of which she died in six days. 1853.

New vol. iv. p. 223.

1405<sup>85</sup>. Mitral valve, covered with minute vegetations, from a case of chorea.



Elizabeth C., aged 18, a patient of Dr. Addison's. She was said never to have had rheumatism. She had choreal symptoms three weeks before death.

Record of Insp. 64. 1855.

- 1408<sup>40</sup>. Heart greatly enlarged, principally from the thickening and dilatation of the left ventricle; the mitral valve nearly closed by a large, irregular, bony mass deposited in one of its curtains. The pericardium, which is universally adherent, is in the form of three distinct layers.

From Thomas B., aged 28, under the care of Dr. Addison in 1828, and who had had rheumatism fourteen years before.

5. Green Insp. Book, p. 164.

1409. Section of heart, showing its valves. The mitral, thickened and ossified.

- 1410<sup>50</sup>. Heart showing ossification of the mitral valve due to a deposition of large masses of cretaceous matter, which has much curtailed the orifice of the valve. Ante-mortem clots are seen in the left ventricle, but more especially in the right, where a number exist in the muscular trabeculæ. The left ventricle is dilated; the left auricle very much enlarged; and the right ventricle also hypertrophied.

From a young soldier in the grenadier guards.

Presented by J. H. Pickford, Esq., Surgeon.

1. Note-Book, p. 127.

1411. Thickened mitral valve, almost obliterating the opening. This affords a good example of enlargement of the left auricle in mitral contraction.

- 1411<sup>25</sup>. Portion of heart, showing contraction of the mitral valve, with dilatation of the left auricle; there is a valvular opening between the auricles. There are four vessels given off from the aorta, due apparently to the absence of the arteria innominata.

From Mr. Bryant's collection.

- 1411<sup>50</sup>. Heart showing thickening and contraction of the mitral valve. The effects of an old endocarditis are seen also

in the membrane around, in the thickening of the cords, and the fibrous change in the columnæ carneæ. The aortic valves are also thickened. The left ventricle much dilated, but the auricle is hypertrophied. The right side is also enlarged.

Margaret Ann J., aged 32, under Dr. Addison in 1835. She had had rheumatism thirteen years before, but she had been ill with heart affection only eight months.

7. Misc. Insp. Book, p. 110.

- 1411<sup>76</sup>. Portion of left ventricle, showing great contraction and thickening of the mitral valve, also, having a large deposit of bone within it. The effects of a former inflammation are seen in the whole lining membrane of the ventricle, being opaque and considerably thickened. The ventricle is not large, but the auricle, now removed, was very large.

Peter C., aged 60, under Dr. Addison in 1841.

18. Misc. Insp. Book, p. 199.

- 1412<sup>55</sup>. Heart having a very small mitral orifice. The contraction did not appear due to any inflammatory action, and it was believed to be an example of the affection described by Dr. Barlow, where from the smallness of the chest and diminished flow of blood through the lungs to the heart, the orifices of the latter became necessarily narrowed. The right side of the heart is enlarged.

James W., aged 16, a patient of Dr. Wilks. Admitted with dyspnœa and dropsy. He was an ill-formed youth, with a pigeon breast.

Record of Insp., 176. 1858.

## PULMONARY VALVES.

- 1413<sup>17</sup>. Part of the base of the heart of a child, in which there are but two pulmonary valves. This appears to have been due to the union of two of the ordinary ones, as they are much thickened and of irregular shape.

- 1413<sup>20</sup>. The three pulmonary sigmoid valves with a fourth supplementary one, very small, and situated between two of the



others. It is not, however, a perfect valve, as it is formed, on the side of one of the larger valves.

1413<sup>25</sup>. A fourth supplementary pulmonary valve, very small, but perfect.

1413<sup>26</sup>. A small supplementary sigmoid valve in pulmonary artery.

1413<sup>30</sup>. A small supplementary pulmonary valve.

Lydia D., aged 65. 19. Misc. Insp. Book, p. 304.

1413<sup>35</sup>. Four pulmonary sigmoid valves, equal in size.

Presented by Dr. Lloyd.

1413<sup>36</sup>. Four pulmonary sigmoid valves, equal in size.

Case of Mary C., a patient of Dr. Gull's, for disease of the spinal cord.  
See prep. 1562<sup>60</sup>.

Record of Insp., No. 232. 1855.

1413<sup>40</sup>. Portion of the base of the heart showing the commencement of the pulmonary artery, having four valves.

1413<sup>53</sup>. Portion of heart, showing large fibrinous masses attached to the pulmonary valves, and almost closing the vessel.

Case of Amelia S., aged 38, came under the care of Dr. Lloyd at the City Dispensary, on February 3, 1845. She was engaged in packing, and often had to go up and down stairs; she was always active, but intemperate. In the preceding October, she was run over, but not known to have received any serious injury, as she returned to work and continued so until Christmas, carrying heavy sacks up and down stairs. On Christmas day she quarrelled with her husband, and was struck several times on her side, and she complained from that time of pain there. On February 3, when Dr. Lloyd saw her, she had been ill five weeks, and then had symptoms of pneumonia, pain in limbs, and abscess on the arm. In four days she died, when the lungs were found inflamed, and other organs healthy, but the heart as here seen. The left side with its valves, quite healthy; but the pulmonary artery so obstructed, that only a probe could be passed through it. This was found to be due to the concretions on the pulmonary valves, portions only of which now remain; they were attached to two of the valves, and were in size each equal to a walnut; they were softening in their centres.



1413<sup>55</sup>. The pulmonary artery deprived of its valves by active inflammatory softening, and containing a fibrinous coagulum of considerable duration ; the surface being infiltrated with earthy matter. Only very slight traces of the pulmonary sigmoids are seen, and above them the artery is eroded and coated with fibrin.

Ellen C., aged 19, a patient of Dr. Bright in 1841. Four months before admission she got wet, and soon afterwards had general dropsy, with albuminous urine, and rapidly died.

18. Misc. Insp. Book, p. 193.

1413<sup>65</sup>. Heart showing destruction of the pulmonary sigmoids, and the artery filled with a fibrinous coagulum. It will be seen that scarcely a trace of the attachment of the valves remains ; and the whole of the trunk of the artery is eroded and roughened, and in fact, nearly all the serous membrane destroyed. To this surface, the ante-mortem clot was closely adherent, and filled the vessel, as well as its branches, and projected into the ventricle. It was not softened, but separated into layers. The aortic valves are covered with vegetations, hanging down from their meeting surfaces. Other valves and pericardium, healthy. The whole heart is much enlarged, owing to the great preponderance of the right side, this forming the chief bulk of the organ ; auricle, very large ; and walls of ventricle exceedingly hypertrophied.

Case of Martha G., aged 11, a patient of Dr. Rees in 1856. Her mother stated that she was said to suffer from diseased heart in infancy ; a double bruit was heard at the base of the organ.

Record of Insp., 241. 1856.

1413<sup>70</sup>. Heart showing pulmonary and aortic valves covered with large masses of vegetations. From the former they extend to the surface of the ventricle, and through a small aperture in the septum to the aortic valves. When recently opened, large ante-mortem clots filled the pulmonary artery and the cavity of right ventricle. These were removed, leaving the firmer attached masses, as now seen, and which nearly closed the orifice when the valves met. The right ventricle, hypertrophied. The aortic valves are covered with smaller vegetations, and merely



to their central parts. In the septum ventriculorum, corresponding to the membranous portion, is a round opening capable of admitting an ordinary-sized quill, and passing through into right above attachment of tricuspid. Beneath the opening is a band or ridge, to which are attached some hard vegetations. The tricuspid valve is covered with vegetations.

Elizabeth M., aged 36, under Dr. Gull, 1857. Ill only a few weeks; never had rheumatism. A bruit existed, very loud and traceable upwards towards the left side, from which the diagnosis was made of disease in the pulmonary artery. Drawing, 41<sup>56</sup>.

Record of Insp., 78. 1857.

1413<sup>75</sup>. Heart showing the pulmonary valves united into a conical membrane. This will barely admit a crow quill, and has its edges fringed with vegetations. It is readily seen how it has been formed by the fusion of three valves; for two ridges can be seen marking the line of union, and one of these is adherent to the walls of the pulmonary artery. The aortic valves are only two in number; and one is evidently formed by the union of two ordinary valves. Foramen ovale, widely open; ductus arteriosus, closed. The whole heart is small, but right ventricle equal in thickness to the left.

Mary L., aged 18, a patient of Dr. Wilks in 1858. She was a person of small size and delicate frame, but had no illness until the pulmonary symptoms of which she died. A loud bruit existed over the valves and heart in direction of pulmonary artery.

Record of Insp., 137. 1858.

## AORTIC VALVES.

1413 Heart having four aortic valves regularly and equally placed.

From Dinah W., aged 18, who died of cholera in September, 1854.

Record of Insp., No. 183. 1854.

1413<sup>85</sup> Two semilunar valves to the aorta. The appearance is owing to the two anterior crescents having become united

and detached from the aorta, which affords traces of their natural attachments. The two united curtains form one good and large valve with a thickened edge. The posterior is large, as is also the aorta.

Case of Charles M<sup>r</sup>L., aged 30, under Dr. Bright in 1836. He had also disease of the kidneys. See prep. 2079<sup>64</sup>, and drawing, 364.

9. Misc. Insp. Book, p. 98.

1413<sup>80</sup>. Thickening of aortic valves, with atheromatous deposit immediately above them. One valve is entirely retroverted, and another partly so.

William K., aged 41, under Dr. Back in 1838. He had diseased kidneys. See drawing, 357<sup>25</sup>.

15. Misc. Insp. Book, p. 33.

1414<sup>21</sup>. Ossific deposit in the semilunar valves.

1414<sup>32</sup>. Heart, with the semilunar valves of the aorta a little thickened and their edges contracted; two of them had a small flap externally, a little below their edges. The mitral valve with its tendons a little thickened. Some coagula implicated in the muscoli pectinati; the pericardium recently inflamed.

Samuel M., aged 17. He had been accustomed to great muscular exertion, and for eight months had had dyspnoea and cough; there was a loud cardiac bruit. There was pulmonary apoplexy. See preps. 1725<sup>24</sup> and 1725<sup>36</sup>.

9. Green Insp. Book, p. 77.

1414<sup>40</sup>. Vegetations on aortic valves, exhibiting their position on the crescentic margins.

Emma B., aged 23, under Dr. Gull. She died about two weeks after an attack of acute rheumatism, and was never known to have had the disease before. There was a small quantity of lymph in the pericardium.

Record of Insp., 224. 1857.

1415<sup>50</sup>. Heart showing an aneurismal condition of the aortic valves one of them especially, is bulged out into a form almost globular. The endocardium is thickened in the neighbourhood of the valves.

From the heart of a boy. See larynx, from same case, showing enlarged tonsils, 1675<sup>50</sup>.



1415<sup>60</sup>. Heart showing an aneurismal condition of the aortic valves, one of them bulging out into the ventricle.

Mary W., aged 23, who died of typhoid fever under Dr. Addison. She had had rheumatism five years before.

Record of Insp., 184. 1859.

1415<sup>16</sup>. Aortic valves thickened, and showing the surfaces of contact well marked.

Thomas J., aged 50, under Dr. Bright in 1840.

17. Misc. Insp. Book, p. 50.

1415<sup>80</sup>. Aortic valves somewhat thickened, and showing granulations along the crescentic margins.

Edward B., aged 20, under Dr. Bright in 1838.

12. Misc. Insp. Book, p. 164.

1416. Large excrescences hanging from edges of aortic valves, or rather from the remains of the valves, the edges having been eaten away by ulceration.

1416<sup>50</sup>. Aortic valves, presenting large vegetations attached to the middle, or corpus Arantii of each. The two coronaries are given off from within one sinus.

1417<sup>6</sup>. Vegetations on the aortic valves. This preparation was preserved in connection with a softened spleen, which appeared to be due to a plugging of the splenic artery by a fibrinous concretion.

Case of John E., aged 46, admitted under Mr. Hilton for disease of the thyroid body. See prep. 1711<sup>65</sup>. Three years before, this organ had begun to swell, and subsequently to inflame and ulcerate, leading to sloughing and hæmorrhage. Prep. of spleen, 2004<sup>30</sup>, and drawing, 350<sup>61 & 62</sup>.

Record of Insp., No. 214. 1854.

1417<sup>10</sup>. Heart showing contraction of the aortic valves, and a false band stretching across beneath them. One valve is much enlarged, and the other two contracted from disease; one very small.

William L., aged 13, under Dr. Barlow. He had had rheumatism seven years before, and died with dropsy.

Record of Insp., No. 53. 1854.



1417<sup>16</sup>. Heart showing disease of the aortic valves, with acute aneurism of the muscular walls adjoining. The aortic valves are seen covered with vegetations, and ulceration of the endocardium has extended to base of valve, and so to muscular substance of heart, where a hollow space has been formed, now filled with fibrin, capable of holding a large nut. It will be seen, that it is the anterior and left sigmoid valve which is almost destroyed and covered by concretion; behind this is the cavity formed in the wall of the ventricle. The cavity has no lining, but is filled with softened fibrin. Its extension to the surface had set up a pericarditis, of which the patient died.

Emma G., aged 23, under Dr. Rees, for acute rheumatism of a few weeks' standing.

Record of Insp., No. 191. 1854.

1417<sup>20</sup>. Heart showing the point of union of two aortic valves torn from its attachment, giving rise, as was supposed, to their inefficiency and consequent disturbance to the circulation.

James K., aged 57, under Dr. Addison. He was a brewer's servant; had worked and drunk much, and had suffered from rheumatic pains. He was ill eight months with cardiac symptoms; and his kidneys were also diseased.

Record of Insp., 238. 1857.

1417<sup>25</sup>. Diseased aortic valves, with acute aneurismal pouch beneath them. Two valves have united into one at a very early period of life, and this, with the remaining valve, are connected into mere fragments of tissue from disease. Beneath this, and above the anterior curtain of the mitral, is a pouch large enough to admit the point of the finger, situated in the walls of the ventricle, and just ready to break externally beneath aorta and left ventricle. Heart enlarged in all proportions.

James R., aged 26, under Dr. Barlow. He had been ill a year, and never had rheumatism.

Record of Insp., 177. 1858.

1417<sup>30</sup>. Acute aneurism of the heart just below the valves; a small opening is seen leading into a space situated posteriorly



behind the aorta and left auricle. This space is about the size of a small egg, and is lined with fibrinous layers. The aortic valves are thickened and adherent, and the mitral orifice also narrowed. The heart generally is enlarged.

William U., aged 40, died under Dr. Addison in 1849, of cardiac dropsy.

New vol. ii. p. 418.

- 1417<sup>50</sup>. Heart showing two aortic valves, and these much diseased. They are covered with vegetations, and one of them is softened and perforated.

Charles M., aged 36, under Dr. Addison in 1838.

16. Misc. Insp. Book, p. 108.

1418. Considerable disease of aortic valves ; one of these is perforated by a large hole.

- 1418<sup>20</sup>. Aortic valves much diseased. Two are partially united, and they all have large vegetations attached to their surface ; beneath them is an adventitious band, to which also is fixed a large vegetation. The union of the valves and the formation of the band, are evidently due to some old inflammation. The pulmonary artery is also seen to have some granulations upon it.

- 1418<sup>24</sup>. Aortic valves very much diseased, as well as sinuses of Valsalva and vessel immediately above them ; the latter being covered with atheroma and recent fibrinous matter. Two of the valves are thickened, corrugated, and very inefficient, while the third valve is filled with a coagulum. The appendix of the right auricle also contains an antemortem clot.

William M., aged 32, a patient of Dr. Bright in 1838, for cardiac dropsy. There was no history of rheumatism, but he was said never to have been well after an injury received eight months before his death.

14. Misc. Insp. Book, p. 57.

- 1418<sup>43</sup>. Portion of heart, showing complete detachment of two of the aortic valves from the sides of the vessel. They have



formed thus one large valve of a pointed form, which nearly fills the aortic orifice. It is, however, much changed by ulceration and perforation. The remaining valve is small.

- 1418<sup>64</sup>. The origin of the aorta with its valves. The two anterior curtains form one, having become separated from their common point of attachment to the tube. The third, or posterior one, has a considerable ragged perforation, which is the result of inflammatory softening, and has been attended by thickening.

Case of James A., aged 24, under Dr. Back in 1827.

11. Misc. Insp. Book, p. 1.

- 1418<sup>72</sup>. Aortic valves, two of which are much diseased; one is almost destroyed, and to its remains a large vegetation is attached, having a hole through it; the other is perforated by a large opening. There appears to have been a deep-seated inflammatory ulceration at this point of union between the valves, whereby one valve is almost destroyed and the other partially so, and extending backwards through the root of the aorta and substance of the heart, and pointing into the right auricle, in which was a purple ecchymosed spot. Pericardium healthy.

James L., aged 27, a patient of Dr. Hughes at the Surrey Dispensary in 1839. He had been engaged as a sailor, had worked hard, and on one occasion had "wrenched his inside," which prevented his continuing his labour for above an hour. During his last illness he had rheumatic swellings of joints.

16. Misc. Insp. Book, p. 111.

- 1418<sup>80</sup>. An exceedingly hypertrophied heart, with disease of the aortic valves. One of them is perforated by a hole admitting the point of the finger. The other is ulcerated and has vegetations attached.

- 1419<sup>50</sup>. Heart with the semilunar valves considerably thickened and corrugated at their edges, with elongation of their attachments, producing a tendency to retroversion. There is a partial bony deposit in the aorta above. The ventricle is considerably dilated.



John Reeves, aged 25, a patient of Dr. Back's in Naaman's ward; had been ill about thirteen weeks: he cut his throat in the hospital, and died, January, 1831.

1421. Aortic valves, much thickened with bony deposits; they are united in the form of a cupola over the mouth of the aorta; the opening is extremely contracted. The heart was greatly enlarged.

From William S., aged 55, a patient in the hospital in 1824.

4. Green Insp. Book, p. 159.

- 1421<sup>35</sup>. Earthy concretion in aortic valves, entirely destroying their shape and almost closing the orifice.

- 1421<sup>38</sup>. Aortic valves, almost completely ossified, forming rigid masses, almost closing the orifice of the vessel.

- 1421<sup>40</sup>. Aortic valves, filled with cretaceous deposit, and almost closing the opening.

- 1421<sup>60</sup>. Heart showing great disease of the aortic valves, whereby the orifice is much narrowed. They are all converted into bony matter and are united together—so that only the smallest chink remains between them—and quite immovable. The whole organ enlarged.

John K., aged 68, under Dr. Barlow. He stated that he had been ailing only for six months, his symptoms being dyspnœa and considerable lividity of face and hands. A loud bruit was heard over the valves, and the frequency of the pulse was only forty per minute, very small, and sometimes scarcely perceptible. Subsequently had dropsy.

Record of Insp., 109. 1859.

1422. Aortic valves retroverted, with an appearance of laceration at the attachment of one of them.

It was in this and specimen 1427<sup>60</sup>, with some others, that Mr. Aston Key first observed the retroversion of the valves. See his views, together with remarks by Dr. Hodgkin in *Med. Gazette*, vol. iii. p. 436. (March, 1829.)

- 1423<sup>60</sup>. The base of the left ventricle with the root of the aorta, showing the aortic valves partially thickened and adhe-



rent to each other by recent effusion; one valve is deeply fissured at its free edges, and torn from its attachment. All valves also covered by recent vegetations.

- 1424<sup>25</sup>. Aortic valves. The two anterior are united by a massive bony ridge. All are expanded, but especially the posterior, which, with a considerable dilatation of the sinus of Valsalva, forms a large circumscribed pouch.

1425. Retroversion of the aortic valves, with slight appearance of laceration at the point of attachment. The aorta much dilated and loaded with bony matter.

Mrs. T., a Dispensary patient of Dr. Hodgkin in 1827; she had dropsy and died suddenly.

2. Green Insp. Book, p. 20.

- 1427<sup>30</sup>. Heart very much enlarged, with thickening and slight retroversion of the aortic valves. The aorta itself much diseased and dilated.

From a patient, aged 40, under the care of Mr. Fagge of Hythe in 1827. He had been ill three years.

1. Note-Book, p. 35.

- 1427<sup>60</sup>. Portion of a heart greatly enlarged by dilatation and hypertrophy of the left ventricle. One of the aortic valves is elongated to upwards of an inch, and hangs down into the ventricle, resembling somewhat the finger of a glove cut very obliquely. It is partially separated from its attachment, as well as from the next valve, which is also slightly thickened.

Case of Dr. C., aged 28, who died in the year 1828. He had indulged in rowing and athletic exercises, and had also been a very fleet runner until two years before his death, when he had occasional fits of dyspnoea and palpitation. Drawing, 40.

6. Green Insp. Book, p. 98.

- 1427<sup>70</sup>. Root of aorta, showing one of its valves in a state of retroversion, and hanging down into the ventricle.

Presented by Mr. Salter.



## PERICARDIUM.

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1428. Heart covered with spots of ecchymosis from a patient affected with ascites. (Probably the liver was in a state of cirrhosis, or there was a general tendency to purpura.)

1429<sup>16</sup>. Heart showing adherent pericardium. This has been partly removed, the connection being merely by cellular tissue. The heart appears somewhat enlarged; mitral valve thickened.

From John W., aged 30, who died under Dr. Back's care, from delirium tremens. Prep. of pleuritic adhesions, 1762<sup>32</sup>.

6. Green Insp. Book, p. 4.

1429<sup>32</sup>. Heart showing a universally adherent pericardium by a firm adventitious cellular membrane which has become manifestly vascular. The whole heart is enlarged; the state of valves not shown.

Joseph J., aged 26, under Dr. Cholmeley in 1830, who died apparently from cardiac disease.

10. Green Insp. Book, p. 74.

1429<sup>80</sup>. Heart of a child, with partial old adhesions of the pericardium, near the apex. The bond of union is an organized cellular membrane which formed a few cysts about the size of currants. There was a small, simple serous cyst near this part, on the outer side of the pericardium projecting into the pleura. The child was labouring under more recent pericarditis at the time of her death. The valves were also diseased.

Caroline G., aged 9 years, under Dr. Cholmeley in 1830.

9. Green Insp. Book, p. 159.

1430. Heart affected with recent pericarditis. Coloured size appears to have injected, or rather to have stained the effused lymph, which seems to have been of a plastic character.

From Mr. Davy's Collection.

1434. Portion of pericardium, with recently formed layers of false membrane; organization not commenced.

1436. Heart of a child, affected with chronic pericarditis. The membrane appears to have been considerably thickened by previous attacks, and there is also recent effusion covering the heart.

1438. Enlarged heart covered with inorganizable coagulable lymph. Eighteen ounces of effusion, resembling pus, were found in the pericardium.

Case of John L., aged 5, under Dr. Cholmeley in 1804. He had been ailing about three years, and his last illness was about three months' duration.

Old Museum Book, No. 4.

- 1438<sup>50</sup>. Heart showing acute pericarditis, the serous membrane being covered with layers of adherent lymph.

Sarah B., aged 22, under Dr. Cholmeley in 1834. The disease was connected with pneumonia, and two-thirds of a pint of pus were found in the pericardium, besides lymph.

5. Misc. Insp. Book, p. 107.

1439. Heart enlarged and covered with a thick and extensive layer of coagulable effusion. The loose pericardium is much thickened by a similar exudation.

A man under Dr. Curry, and who had had rheumatism.

1441. Acute pericarditis. The lymph has a shaggy or villous appearance, which is no doubt due to a considerable fluid effusion having been present.

- 1445<sup>50</sup>. Tubercular pericarditis. The tubercles are not now well shown, but are best seen on the reflected pericardium; this is also covered with lymph.



George S., aged 10, under Dr. Addison, for general tuberculosis. The lungs were full of tubercles, as also the pleura, which was inflamed. The pericardium was rather firmly adherent by chronic inflammation; when separated, recent lymph was seen, and beneath, small hard bodies resembling the tubercles in other parts of the body. See liver, 1915<sup>30</sup>; kidney, 2035<sup>92</sup>; spleen, 1445<sup>50</sup>.

Record of Insp., 2. 1858.

1446. Pericarditis: the pericardium covered with a thick, false membrane. Some of this appears to be old, and forms numerous firm bridges passing between the heart and the sac.

William H., aged 14, a patient of Dr. Bright. Four years before his death he had rheumatic fever, which was followed by dropsy. The kidneys were mottled, and the liver was lardaceous. See prep., 1912.

3. Green Insp. Book, p. 22; and Dr. Bright's Med. Reports. Part I.

1447. Heart showing the pericardium very generally adherent, and having detached long bodies apparently formed in the adventitious structure constituting the adhesions, and in the cellular structure about the base of the heart.

George F., aged 35, a patient of Mr. B. Cooper in 1827, for gangrene of the leg.

2. Green Insp. Book, p. 121.

1448. Heart with a large layer of osseous deposit beneath the close pericardium, forming a complete but irregular ring around the base of the ventricles, the apex continuing free

Ellen R., affected with ascites, and been tapped fifteen times; about the year 1829.

- 1448<sup>50</sup>. Ossified pericardium dried. The base of the heart was completely surrounded by this cylindrical band of bone, two inches in width. The ossification is not complete, as the cretaceous matter is wanting in parts.

James K., aged 44, a patient of Dr. Barlow's at the Surrey Dispensary in 1836. He had had acute rheumatism when 18 years of age.

10. Misc. Insp. Book, p. 82.



- 1448<sup>75</sup>. A large bony plate which had encircled the heart, and resulting from ossific changes in old pericardial adhesions.

Presented by Dr. Leishmer.

1449. Carcinomatous tubercles between the pericardium and pleura, taken from a man who died of cancer of the spine.

Case of John F., aged 30, under Dr. Cholmeley in 1821. He was admitted for pains and weakness in the legs, and soon became paraplegic; and died with a bed-sore. Cancerous growths were found in the cranium and various parts of the body.

Cancer of vertebræ, 1028; sternum, 1042; lungs, 1782; axillary glands, 1544; bronchial glands, 1548; liver, 1927; spleen, 2012.

C. A. Key's Records of Inspection.

- 1449<sup>23</sup>. Portion of pericardium, considerably thickened by its connection with some thick fibrous tissue which occupied the anterior mediastinum. This was thought to be cancerous, but it appears to be fibrous.

Case of Jessie B., aged 23, a patient of Mr. Bottomley of Croydon.

19. Misc. Insp. Book, p. 72.

- 1449<sup>26</sup>. Pericardium having a number of lobulated growths on the external surface. They have been styled fat, but they appear to be tumors of fibro-plastic or recurrent fibroid character.

Mary M., aged 36, under Dr. Addison for severe dyspnœa, which had existed for seven weeks, accompanied by pain in the left side, in 1837. She also had pleurisy and similar growth in the chest. The heart was small, as if compressed by the growths, and some pericarditis had occurred.

12. Misc. Insp. Book, p. 8.

- 1449<sup>32</sup>. Portion of pericardium, scattered over with a few small firm nodules. They were thought when recent to be carcinomatous, though they probably are tuberculous, or the remnants of some inflammatory lymph.

James S., aged 71, who died under Mr. B. Cooper, with cancer of the penis; prep. 2427<sup>60</sup>. The pleura also had some tubercles; prep. 1777<sup>20</sup>. The other organs healthy.

6. Misc. Insp. Book, p. 82.



1449<sup>64</sup>. Heart and left lung, having between them two large sacs formed by hydatids. The lower one is very large, has involved the surface of the heart, but does not seem to have penetrated it. Strong adhesions have united the lung to the heart, and the pericardium appears universally adherent. The smaller sac is situated above in the lung tissue. The included hydatid cysts are seen in the next specimen.

Presented by Mr. E. C. May of Tottenham.

1449<sup>65</sup>. Hydatid cysts from preceding case.

## PULMONARY ARTERY.

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### 1450. Laminated fibrous coagulum from the pulmonary artery.

Mary Ann K., aged 28, in hospital under Dr. Back, with renal dropsy. For some days previous to death she had difficulty of breathing; this became at last suddenly worse, and she expired. The heart was found to be healthy, but the pulmonary artery was filled with a firm clot, reaching beyond the bifurcation. The vena porta contained a coagulum; prep. 1528. Ovary from same case, 2227.

1. Green Insp. Book, p. 118.

### 1450<sup>25</sup>. Heart, with a large aneurism of the ascending aorta, a sacculus of which protrudes into the pulmonary artery; and one sigmoid valve is stretched over the tumor adhering to it, and nearly obliterated.

Case of John H., aged 55, who was under Dr. Addison in 1834. He had suffered from symptoms of the disease for three years. Prep. of dried aneurismal sac, 1294<sup>25</sup>; and pneumogastric nerve compressed by it, 1613<sup>50</sup>.

5. Misc. Insp. Book, p. 116.

### 1450<sup>40</sup>. Pulmonary artery with its branches, containing ante-mortem coagula; also, a portion of heart showing a contracted mitral valve. The preparation illustrates the coagulation in pulmonary artery, which takes place in connection with apoplexy of the lungs consequent upon disease of the heart.

Mary Ann L., aged 28, under Dr. Hughes. She had rheumatism some years before, and entered the hospital with heart disease and dropsy. The mitral orifice was much narrowed; the left ventricle small, but left auricle large, as well as the right side of the heart; the lungs contained apoplectic masses.

Record of Insp., 87. 1856.

### 1450<sup>45</sup>. Pulmonary artery enormously dilated. Both main branches, as well as all their divisions, increased in size. They



are twice as large as the aorta, and four fingers side by side can be easily passed into each division. The trunk measures only four inches in circumference, but immediately above, it dilates. The valves are thick and irregular, and between two of them a small pouch or fourth valve is seen. The right ventricle about twice the size of the left ventricle, which is rather under the usual size; aortic valves healthy, and aorta small.

Mary B., aged 44, under Dr. Addison, March, 1857. She had had various affections denoting a delicate state of health, but for only ten months had had any symptoms of pulmonary disease. A bruit was heard on the left side of the chest, and which was considered to have its origin in the pulmonary artery. On post-mortem examination, the principal disease was seen to be as here exhibited. On opening the pericardium, the right ventricle entirely covered the left, and the pulmonary artery quite obscured the aorta. Drawing, 41<sup>64</sup>.

G. H. Rep., Series III., vol. iii. p. 252; and

Record of Insp., 54. 1857.

1450<sup>60</sup>. Central portion of lung, in which is exposed a chronic coagulation filling up the pulmonary artery.

1450<sup>67</sup>. Ordinary post-mortem coagula from pulmonary artery, which have formed in the smallest branches of the vessel.

1450<sup>60</sup>. Pulmonary artery and branches filled with coagulum.

Ann E., aged 77, who had her arm amputated by Mr. Morgan in 1840, and a fortnight before her death. She died rather suddenly, and clots were found in the pulmonary artery. (Caused by some material carried from stump?) Drawing, 41<sup>71</sup>, <sup>76</sup>.

17. Misc. Insp. Book, p. 238.

1450<sup>62</sup>. Branch of the pulmonary artery which had ruptured in a case of fatal hæmoptysis. A cavity is seen in a portion of lung taken from the middle of the left one; this is the size of a walnut, and lined by a thick membrane. On the wall of the cavity is seen a branch of the pulmonary artery opening into it. The vessel appears bulging at this part as if in an aneurismal condition, and another similar aneurismal dilatation is seen above it about the size of a pea; the former is ruptured, admitting an ordinary-sized probe.

Case of Charles P., aged 42, who was seized in the street with spitting of blood, and died soon after his admission into the hospital. This cavity was found in the lung filled with blood, and entering a bronchial tube which communicated with it. Parts of the other lung were consolidated by chronic pneumonia.

19. Misc. Insp. Book, p. 33.

1450<sup>63</sup>. Pulmonary artery, atheromatous.

Benjamin D., aged 19, a patient under Dr. Addison, for chronic bronchitis, in 1841.

18. Misc. Insp. Book, p. 1.

1450<sup>67</sup>. Carcinomatous tubercles in the pulmonary artery.

Mary B., aged 50, admitted under Dr. Bright's care, October, 1840. She had been ill six months, and on death the lung was found full of cancer, and penetrating the pulmonary artery. Prep. of lung, 1749<sup>82</sup>. Drawing of os uteri, 395<sup>75</sup>.

17. Misc. Insp. Book, p. 263.

1450<sup>68</sup>. Branches of pulmonary artery filled with cancer.



## A O R T A .

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1450<sup>70</sup>. Portion of aorta, showing a slight contraction near the former entrance of the ductus arteriosus.

John B., aged 33, who died of disease of the heart under Dr. Back in 1834.

6. Misc. Insp. Book, p. 78.

1450<sup>75</sup>. The arch and thoracic portion of the heart, with a constriction between them, which is no doubt congenital. Before it was opened, the vessel would scarcely admit the little finger, and on the outside of it there were some indurated glands. The constriction is situated about an inch beyond the left subclavian artery. The intercostal arteries are large.

James H., aged 38, in hospital in 1834. He died of jaundice from gallstones; and the heart was found somewhat enlarged and the valves thickened.

5. Misc. Insp. Book, p. 19.

1450<sup>80</sup>. End of the arch of the aorta constricted. The arch is small, though the vessels arising from it are natural, and immediately beyond the subclavian it contracts to a small aperture, barely admitting a probe. After this it dilates. The ductus arteriosus is short, and admits a bristle; the mammary, intercostal, and epigastric large.

Martha W., aged 17, under Dr. Babington in 1845. She died of apoplexy.

1. Misc. Insp. Book, p. 79.

1450<sup>85</sup>. Dried preparation of the heart, with the aorta descending in front of the trachea and œsophagus; the latter are therefore anterior to it, and the impervious canalis arteriosus passes from the root of the left subclavian before the lower end of the trachea and commencement of the left bronchus to reach the pulmonary artery.

The patient was aged 65 years, and died of cancer of rectum, liver, &c.

See account by Mr. Ewen in Guy's H. Rep.,

Series I., vol. v. p. 233.

1450<sup>87</sup>. The aorta contracted at the lower end of the arch. The three vessels given off from the arch are dilated and thinned; and immediately beyond the left subclavian, and where the obliterated ductus arteriosus is given off, the aorta is contracted so, that it will only admit a probe. It then again distends, and immediately a large vessel is given off, which is no doubt the superior intercostal which has supplied the aorta with blood from the subclavian. Beneath this is another, which is probably the second intercostal.

John B., aged 25, a labourer, died in 1842. He had suffered from chest symptoms for some years; but he died of spine disease, and the heart was found as described.

Presented by Mr. Muriel of Wickham, Suffolk.

Guy's H. Rep., Series I., vol. vii. p. 453.

1450<sup>90</sup>. Aorta contracted at the lower part of the arch. The vessels came off as usual, and then the trunk became narrowed until just below the subclavian it ceased by a constriction which would admit a probe. It appeared as if a ligature had been passed around it at the site of the ductus arteriosus. Below this the aorta is small, but the intercostal are large which supplied it with blood. The aortic valves are two in number; a pouch exists at the inter-ventricular septum, and the mitral valve is malformed. The heart is much enlarged, but its normal shape maintained.

Case of J. D., aged 22, under Dr. Rees. He was admitted for cardiac disease and dropsy, but the nature of the heart affection was not very obvious. He was a well-developed, strong-looking young man, but had found his employment in the docks too laborious for him, and was obliged for the same reason to retire from the militia; but he continued at his work until six weeks before his death.

Record of Insp., 161. 1858.



1451. Arch of the aorta considerably dilated. The inner membrane appears to have given way at the inner side of the arch, and coagulum is formed at this part.—No history.

1452. The ascending aorta, much dilated and otherwise diseased, exhibiting a rent more than three inches long, and which caused instant death.

The patient, a man, had been in hot climates and indulged largely in spirituous liquors. Some years before, he had had some chest complaint accompanied by great dyspnoea. On evening of his death he complained of sudden pain in the chest, and instantly expired. On raising the sternum a quantity of blood was found effused in the mediastinum, and proceeding from the rent in the aorta. Pericardium and heart healthy. 1826.

1. Green Insp. Book, p. 161.

1452<sup>30</sup>. Heart presenting most extensive lacerations in the ascending aorta, and a separation of the external from the inner coats of the vessel. Three fissures will be observed; one transverse, situated above the valves, and one and three-quarter inches in length; above this, another, two and a half inches in length; and meeting these, a longitudinal one, which reaches as high as the left carotid artery. A separation between the internal and outer coats has also taken place through the whole length of the ascending aorta, and thus a considerable space is formed between them; this had constituted a sac which had held blood until a rent in it occurred, and which is seen traversing the external coat.

The patient was an elderly woman, aged 62, in tolerably good health until four days before her death, when she fell down, as it was said, in a fit. She subsequently complained of oppression at the chest, and at last died suddenly. The post-mortem examination discovered a rent in external coat of aorta, which had caused instant death by filling the pericardium with blood; from which it would appear that the laceration of the internal coats had been going on for some days, together with a separation of the external, and thus, a dissecting aneurism was formed, until the latter burst into the pericardium. For further details, see Trans. of Path. Society, vol xi.

Presented by Mr. E. H. Galton, jun., of Brixton.



1452<sup>60</sup>. Base of heart with ascending aorta, having an aneurismal dilatation forming a pouch nearly as large as an egg, about an inch from the heart, and having the interior quite scabrous with atheromatous and earthy deposit; the coats in parts are almost destroyed throughout their thickness.

1452<sup>60</sup>. Portion of abdominal aorta, presenting two transverse lacerations caused by injury, and which led to death by hæmorrhage.

J. B., aged 55, was knocked down in the street, and a heavily laden omnibus was driven against him, the wheel striking his back. He died in five minutes. The spine was found fractured through the body of the fourth lumbar vertebra; and opposite to this in the posterior part of the aorta, there was a laceration about an inch in length, and half an inch lower down, another rent in internal and middle coats. A large effusion of blood around the seat of injury.

Mr. Roper of Shoreditch. 1857.

1453. Aorta, presenting a rounded aneurism at the commencement of the descending aorta, near the bifurcation of the trachea, and with a portion of lung attached to its external surface. There is also another aneurism at the passage through the diaphragm.

James S., under Dr. Curry in 1805, for severe pain in the chest, dyspnœa, cough, and occasional hæmoptysis. He died suddenly; on post-mortem examination a large quantity of blood was found in the right side, proceeding from a burst aneurism.

Old Museum Book, No. 15.

1453<sup>10</sup>. Aorta considerably thickened by inflammation, the vessel presenting the appearance of a former aortitis. The pulmonary artery is also seen to have a raised patch of indurated tissue just above the valves.

1453<sup>20</sup>. Aortitis and enlargement of the heart. The former appeared to be the primary disease, the coats being very much thickened through the whole of their structure, as if from inflammation. Beneath the serous membrane a yellow atheromatous deposit is seen, and external to this a tough



tissue, as hard as fibro-cartilage, and a quarter of an inch thick. This thickening is greatest in the ascending aorta, is less in the arch, and the descending is healthy.

John C., aged 42, under Dr. Gull. He died of inefficiency of the aortic valves, due probably to the disease of the vessel.

Insp. 234. 1856.

1454. Aorta considerably diseased, being dilated and covered with atheromatous and cretaceous deposit; just below the arch there is an aneurismal pouch projecting into the lung, and on cutting through the latter, this is seen to be about the size of an orange.

William R., aged 40, was under Mr. Key for stricture in 1827. After a few days' complaint of pain in the chest, he spat up a large quantity of blood and expired. On post-mortem examination, the left side of chest was found full of blood, which had proceeded from this burst cavity in the lung. The urethra containing a caruncle is seen at 2411.

3. Green Insp. Book, p. 17.

- 1454<sup>50</sup>. Portion of thoracic aorta showing a transverse fissure, and a small false aneurism behind it. Just below the remains of the ductus arteriosus, there is a fissure extending two-thirds of an inch round the vessel and through the inner and middle coats; a small band runs across the fissure, and to this a small vegetation was attached when recent. The edges of the opening are smooth and rounded. The external coat of the vessel has not been torn, and thus blood has been prevented from extravasating. In this, however, a small aneurism has formed about the size of a nut, and lined by a smooth membrane. The vessel is elsewhere healthy.

John L., aged 34, was admitted under Mr. Key in 1838 for fractured spine. Whilst in a stooping position a heavy weight fell on his back, causing a fracture of the 12th dorsal vertebra and complete paraplegia. He died of pyelitis, bed sore, &c., seven weeks after the accident. As the rupture in the aorta was recent, there can be little doubt that it occurred at the time of the accident, although far removed from the seat of the blow. See spine, 1034<sup>81</sup>.

14. Misc. Insp. Book, p. 51.



- 1455<sup>25</sup>. Aorta atheromatous, associated with renal dropsy and hypertrophy of heart.

Thomas R., aged 10, under Dr. Addison in 1834, for kidney disease, resulting from scarlatina four years before.

19. Misc. Insp. Book, p. 289.

- 1455<sup>50</sup>. Heart showing considerable thickening of the aorta just above the origin of the sigmoid valves. This is due to a fibroid and atheromatous deposit, and is probably inflammatory, as some remains of a pericarditis are seen externally, and the mitral valve is somewhat thickened. The aortic valves are healthy; left ventricle dilated.

Eliza S., aged 25, under Dr. Bright in 1838 for dropsy, having been ill seven weeks.

14. Misc. Insp. Book, p. 91.

1456. The ascending aorta dilated, and the surface atheromatous. The valves also are affected; two have been dragged downwards, and one of them is slightly lacerated.

Elizabeth R., aged 56, under Dr. Cholmeley in 1824 for cardiac dropsy.

Old Museum Book, No. 275.

- 1456<sup>10</sup>. Aorta most extensively diseased from old age, being covered in all parts with atheroma and earthy deposits; the latter forming large scales of bone projecting into the interior, and causing the whole surface to be irregular and scabrous. In the ascending aorta is a large adherent clot of fibrin, but the descending aorta and the iliacs are most diseased. The coats of the vessel are in many places ruptured, and fibrinous coagula have formed between them. At the bifurcation the vessel appears almost closed by a coagulum, as only a small passage is left through the middle of the latter; and fibrinous layers elsewhere on the interior appear to have prevented a rupture of the walls. In the ascending aorta, where the disease is less, atheromatous and bony patches may be seen, which have softened, leaving spots like ulcers on the interior. The thickness of the walls everywhere is very irregular. The heart is small, and other organs tolerably healthy.



Benjamin L., aged 78, under Mr. B. Cooper in 1847 for a blow on the back, and died a few weeks afterwards of old age.

New vol. i. p. 277.

- 1457<sup>50</sup>. Portion of heart showing atheroma of the aorta; there is one large raised patch just above the valves, and there are others which are softened. The valves are somewhat thickened, as is also the mitral, and the ventricle is hypertrophied.

Jane B., aged 44, under Dr. Bright in 1838 for cardiac dropsy.

15. Misc. Insp. Book, p. 75.

1458. Arch of aorta and thoracic portion of descending aorta loaded with atheromatous and cretaceous deposit; the lining membrane in places destroyed, leaving spots like ulcers.

- 1458<sup>5</sup>. Aorta in most extensive state of disease, so that not one spot of healthy surface can be distinguished. The whole internal coat is destroyed, and its place occupied by atheromatous and cretaceous deposit, which is left bare within the vessel. The vessels coming off from the arch are likewise affected; the ascending portion is also dilated; and at one spot the coats are ulcerated through, and the lung is seen adhering to the external surface. There is also coagulated fibrin adherent to the vessel. Heart generally enlarged.

J. B., aged 77. When first seen, about one and a half years before his death, he complained of uneasy sensation in the chest, and pain down both arms and left shoulder-blade. There was a diastolic bruit.

Dr. Stocker, May, 1854.

1462. Portion of aorta with irregular spots of friable and earthy deposit beneath the lining membrane, which has separated from some of them.

John D., aged 72, who died of general carcinomatous disease. See stomach, 1812; and supra-renal capsule, 2022.

Red Insp. Book, p. 166.

1463. Portion of the abdominal aorta loaded with atheromatous deposit; the lining membrane in some parts destroyed. The cœliac artery nearly obliterated.



Case of John B., who died under Dr. Bright of apoplexy in 1827.  
Prep. of pancreas, 1990.

4. Green Insp. Book, p. 60.

1464. Atheromatous and earthy deposit between the coats of the descending aorta, near the origin of the cœliac artery, with partial detachment of the internal membrane.
1465. Thoracic and part of the abdominal aorta, with large and thick spots of white deposit, which in some places is of an earthy character. They are largest, and the ossification most advanced, a little above the origin of the cœliac artery. There is some small partial destruction of the internal membrane. The patient had gangrene of the extremities.

Old Museum Book, No. 110.

1466. First portion of the abdominal aorta, with the cœliac and emulgent arteries. There are large spots of atheromatous and bony matter in the former, and considerable destruction of the internal membrane: both of the latter are ossified.
1467. Ascending aorta, with small bony patches just above the aortic valves.
- 1467<sup>50</sup>. Part of the left ventricle of heart and commencement of the aorta, with small patches of bony matter just above the valves and parallel to their edges. The coats of the artery in other respects are tolerably healthy. The mitral valve a little thickened.

James H., aged 50, under Dr. Bright in 1830. He died of erysipelas, but had had rheumatism.

10. Green Insp. Book, p. 4.

1469. Arch of the aorta, with large and extensive patches of bony matter. The patient died of gangrene of the legs, there being disease in other arteries. Preserved in spirits of turpentine.



- 1469<sup>32</sup>. The ascending aorta and arch, with numerous patches of bony matter.
- 1469<sup>40</sup>. Arch and ascending aorta covered with ossific plates, dried.
1470. Lower part of the aorta and iliac arteries, extensively ossified.
- 1470<sup>20</sup>. The abdominal aorta dried, to show wide, thick patches of earthy degeneration, most considerable inferiorly.
- 1470<sup>30</sup>. Aorta, in which the whole circumference of the vessel is ossified.
- 1471<sup>40</sup>. A portion of descending aorta, with fibrinous masses adherent, taken from a middle-aged man, a patient of Dr. Hughes, who could find nothing in his symptoms but depression. In a few days, gangrene of the lower extremities came on, quickly followed by death. The aorta and left iliac arteries were obstructed by coagula of various dates, mostly recent. The lining membrane was greatly diseased, as seen in the specimen.
1472. Lower part of aorta and iliacs, in which ossification has taken place. The external coat is removed, to show the deposition of earthy matter in the coats beneath.
1473. Aorta much diseased from atheromatous and cretaceous deposits in the coats; it is also almost obliterated in two places, one above, and the other just below the diaphragm. This is due to some fibrinous masses closely adherent to the walls, and evidently of long standing, as they contain some earthy matter. The centre, however, of the clot is channelled to admit a passage of blood through it.

Samuel L., aged 49, under Dr. Bright in 1827 for hæmoptysis and œdema of the legs, which subsequently had a tendency to gangrene.

2. Green Insp. Book, p. 105.



1474. Aorta very much diseased by atheromatous and bony deposit; just above the iliacs it is quite obliterated by a fibrinous coagulum which continues into the vessels below.

1475. Aorta, closed by fibrin just above the iliacs. This is evidently old; the fibrin has separated into layers, which are adherent to the coats of the vessel, and it seems doubtful whether there is any channel left through it.

The specimen was taken from a female subject examined by Dr. Goodisson in a Parisian dissecting-room. The body appeared externally healthy, and the arteries of the lower limbs had been adequately supplied by anastomoses with those given off above the obstruction. For details, see Dublin Hospital Reports, vol. ii. p. 194.

Presented by Mr. Compton.

The following three specimens exhibiting the aorta from dogs in which a ligature was applied, are placed in connection with the preceding specimens in illustration of the fact, that the aorta may be sometimes obstructed with impunity, both when occurring spontaneously, or by artificial means. It was this which induced Sir A. Cooper to hazard the operation in the human subject:—

1476. Aorta of a dog tied. Sir A. Cooper.

1477. Aorta of a dog on which a ligature had been applied two or three days. Coats divided. Sir A. Cooper.

1477<sup>50</sup>. Spine of a dog with the aorta, on which a ligature had been applied. Several large anastomoses of the lumbar arteries are seen, by which the circulation was maintained. This was the first successful experiment. Sir A. Cooper.

1478. Aneurism of the aorta, bursting into the pericardium, and forming a large pouch just above the valves.

1478<sup>10</sup>. Large aneurismal dilatation of the aorta just above the valves. This is situated at the back part, and the vessel is covered with bony scales. The whole heart is enlarged,



but the left ventricle excessively so, and more dilated than proportionally hypertrophied, There is some thickening about the valves.

Thomas R., aged 48, under Dr. Gull. He was a coalporter, and was admitted with symptoms of inefficient aortic valves.

Record of Insp., 28. 1855.

- 1478<sup>20</sup>. Aneurism just above the valves, bursting into the pericardium. Another one is also seen at its side. The valves are thickened and slightly adherent; there is also bony matter in the adherent pericardium.

Thomas M., aged 37, a coalwhipper. Died, December, 1857, while in coitu; the aneurism having ruptured.

Mr. Comley of Whitechapel.

- 1478<sup>25</sup>. Aneurism of the aorta protruding into the right ventricle and pulmonary artery, causing obliteration of one of the semilunar valves. The sac arises from the right side of the aorta, immediately above the valves, by a circular opening one and a half inches wide; and by projecting into the right side of the heart, has much altered their form. The tricuspid opening is pressed on, as well as the pulmonary, and the pericardium is adherent.

Samuel D., aged 50, died in 1837. The aneurism had slightly involved the third and fourth rib-cartilages on left side.

12. Misc. Insp. Book, p. 101.

- 1478<sup>30</sup>. Heart and large vessels showing aneurismal dilatation of the ascending aorta and arch. A second aneurismal pouch, about the size of a small egg, is connected with the dilated part by a narrow neck, and this presses on the right side of the heart.

- 1478<sup>50</sup>. Small aneurism of ascending aorta which burst into the pericardium. It is about the size of an egg, is quite circumscribed, and is connected with the aorta by a small opening; it is lined by fibrin. There is also another smaller one at the commencement of formation.

1479. Aneurism of ascending aorta bursting into the pericardium. It is globular, about the size of an egg, and situated just



above the valves; its orifice is less than its diameter, and the aorta itself is otherwise healthy. The rupture is very small, and the coronary artery runs along the lower border of the tumor.

Mr. Bossy, Woolwich.

- 1480<sup>10</sup>. Arch of aorta, containing a small aneurism which burst into the pericardium. There is also another seen on the exterior, which, when recent, was described as a bronchial abscess. It appears to be a bronchial gland hollowed out, and communicating with the aorta by a small opening.

John K., aged 40, under Dr. Babington in 1844. He had been ailing two years.

19. Misc. Insp. Book, p. 381.

- 1480<sup>20</sup>. Arch of aorta, having a small depression at the commencement of innominate artery, which is supposed to show the commencement of an aneurism.

Nathaniel C., aged 66, had the femoral artery tied for popliteal aneurism by Mr. Key in 1835, and died of gangrene. See prep., 1519<sup>32</sup>. The arteries generally showed senile change.

See, 2. Note-book, p. 5; and, 7. Misc. Insp. Book, p. 3.

- 1480<sup>37</sup>. A large aneurism situated at lower part of the arch of the aorta where it meets the spine. The posterior wall is wanting which corresponded to the eroded vertebræ. The left pneumogastric nerve is seen stretched over the aneurism, and the recurrent laryngeal is passing behind it in its course upwards; the nerve is quite imbedded in the walls of the sac, and is again seen issuing from its upper part to proceed to the larynx: the left crico-thyroid muscle which it then enters, was found when the preparation was recent, to be pale and wasted. The trachea is somewhat compressed by the aneurism, and the œsophagus was adherent to it.

George R., aged 35, under Dr. Addison in 1850. He died from the effects of apoplexy which occurred months before, and of a pneumonia set up adjacent to the aneurism.

New vol. iii. p. 123.



1480<sup>40</sup>. An aneurismal sac, the size of an egg, occupying the summit of the ascending aorta; the right half is filled with laminated coagulum, and presses severely on the left bronchus, which is perforated by ulceration.

1480<sup>55</sup>. Aneurism of aorta ruptured into right ventricle. Just above the right hand valve is an aneurism formed by the dilatation of one of the sinuses of Valsalva. This projects forward into the right ventricle, between two of the pulmonary valves, where it has burst by an opening which would admit a crowquill. The other sinuses of Valsalva are also dilated. The heart is generally enlarged.

Thomas D., aged 35, under Dr. Addison. Two years before admission he had an attack of apoplexy, and had been in hospital for the hemiplegia consequent upon it. About two months before his last admission, he was suddenly seized with dyspnœa, which was soon followed by anasarca, for which, together with the paralysis, he entered the hospital. There was then heard a loud systolic, and a louder diastolic bruit of so remarkable a character, that Dr. Addison was led to believe that the ductus arteriosus was open. After death, however, the cause of the preternatural opening was found to be, as seen in this heart, and the diastolic bruit due to the passage of blood from aorta to right ventricle. Drawng, 41<sup>35</sup>.

Record of Insp. 121. 1855.

1480<sup>60</sup>. Arch of the aorta, with a large aneurism about the size of a goose's egg, filled with coagula, and adherent to the lung. It had opened into the pericardium by a very small rent seen at its lower part. It slightly involves the innominate artery.

From a woman, aged 50, who died in 1828. For several months she had observed a pulsating tumor near the sterno-clavicular articulation, and died at last suddenly. The pericardium was found full of blood. The tumor lay in contact with the sternum, but had not affected the bone.

5. Green Insp. Book, p. 81.

1480<sup>75</sup>. Large aneurism of the lower end of the arch; this has entered the left lung, which is seen as a dense layer of pulmonary tissue covering the sac; within the latter, the layers of fibrin are remarkably well shown. At the posterior part, where the cellular coat has been removed,



the sac is seen to be long. By the pressure of the aneurism, the left subclavian has been quite closed. The pulmonary artery is also much compressed, as also are the bronchi.

A man, aged 65, who died in Lambeth Workhouse. He was a sawyer, and for sometime had had dyspnœa, hæmoptysis, and stridulous respiration; the left radial pulsation was not to be felt.

From Mr. Bryant's Collection, No. 26, p. 13.

1480<sup>80</sup>. Large aneurism of the ascending aorta, and involving nearly the whole of the upper and posterior wall of the vessel, from the valves to the innominate artery. It is lined with fibrinous layers. Posteriorly the superior vena cava and pulmonary are dissected only to show their position with respect to the sac. The summit of the left lung is seen to have been adherent.

1481. A dried preparation showing an aneurism of the ascending aorta, which perforated the chest by absorbing the sternum on the right side with the right costal cartilage, and thus projected on the surface as large as a goose's egg.

1482. A large aneurism of the arch of the aorta opening into the œsophagus, which is adherent to its side. It is principally formed at the lower end of the arch, and thus its posterior wall is wanting where it came in contact with the spine. The top of the arch also forms a part of the sac, and the vessels of the neck are involved; the latter appear partially closed. The ascending aorta is also dilated.

Richard E., aged 40, in the hospital in 1804 for dyspnœa, pain in chest, &c., and scarcely any pulsation could be observed in carotids or vessels of wrist. He died at last suddenly, after vomiting a large quantity of blood.

Old Museum Book, No. 43.

1483. Aneurism of the ascending aorta which burst into the pericardium during the operation for ligature of the femoral artery for popliteal aneurism. It is small, and situated just above the valves, and is seen projecting externally between the aorta and auricle where it burst. A horse-hair is placed in the ruptured opening.



1484. Large aneurism of ascending aorta and arch.
1485. Large aneurism of the ascending aorta and arch pressing on the trachea, and which produced symptoms of diseased larynx. Mr. Key was requested to perform tracheotomy, but refused to do so, suspecting aneurism.
- 1485<sup>50</sup>. A very large aneurism of the ascending aorta, perforating the sternum, and producing an external tumor on which the integuments appeared to have been involved.

From Brookes' Collection.

- 1485<sup>55</sup>. Aneurism of ascending aorta, perforating the sternum, and projecting as a large tumor externally from its middle.

From a female, who attributed the disease to her exertions whilst attending a sick neighbour, having frequently to move her in bed. This was about two years before her death, and she had perceived a pulsating tumor about one and a half years. Ten days before her death she was seized with dyspnœa, and died of pneumonia.

Mr. Hilton and Mr. Sinclair of Halstead. 1856.

1486. Dried preparation of aneurism of the ascending aorta and arteria innominata; the tumor of considerable size, and appearing externally to the right of the sternum, between the ribs, which are partially absorbed.

- 1486<sup>20</sup>. Aneurism of the ascending aorta as large as the heart, the superior cava obliterated, and the arteria innominata involved. A second aneurism, as large as a small apple, involving the left subclavian.

James P., aged 56, under Dr. Cholmeley in 1836. He was ill seven months, when he first perceived a pulsating tumour at upper part of sternum. He had also dyspnœa and dysphagia, and died at last suddenly of syncope.

5. Misc. Insp. Book, p. 38.

- 1486<sup>40</sup>. Heart with the thoracic aorta and some of the adjacent parts showing a large aneurism of the arch; it formed a double tumour at the upper part of the chest. The heart is enlarged, and the pericardium is almost universally adherent.

From M. C., a patient of Mr. May's. 1829.



1486<sup>60</sup>. Base of the heart with the great vessels attached, showing a large aneurism of the arch involving its branches. It is formed by dilatation, but varies in thickness, and presents one or two incipient sacculi, and contains some thin old coagula.

Presented by Messrs. Dewsbury and May. 1836.

1486<sup>80</sup>. Aneurism of the arch of the aorta, involving its three great branches, and producing ulceration of the trachea. The arteria innominata is very much dilated, and near its origin are two aneurisms—one to the right, close to the vessel, and small; and the other on the left, partly arising from the arch of the aorta, as large as a hen's egg; this has caused an opening into the trachea about the size of a goosequill. The left carotid is entirely closed at the orifice, a puckered depression alone marking the situation where it formerly existed. At the root of the left subclavian is a third aneurism, the size of a walnut, which had so pressed on the vessel as to completely close it.

James R., aged 40, a patient of Dr. Hughes in 1836. About six months before, a pulsation was observed in the neck; the tumor subsequently subsided, but then dyspnœa and hæmoptysis came on, and so he died.

1486<sup>90</sup>. Arch of the aorta dilated and diseased. At its anterior part is an aneurism which has partly made its way through the ribs in front of chest. At posterior part of aorta is another aneurism, which has absorbed the vertebræ with which it was in contact, and thus part of the sac is wanting. It is almost full of coagulum. Below, on the lower curvature of the aorta, is another small aneurism, the size of a chestnut.

John R., aged 34, under Mr. Key in 1838. He was ailing only a month before his death with dyspnœa, and then noticed a pulsating tumor in his chest. He died of disease of the lungs, which was called phthisical.

15. Misc. Insp. Book, p. 57.

1487. Dry preparation of aneurism of arch of the aorta, and which involves all the arteries given off from it. It



pressed on the trachea, and an opening was consequently made in the larynx, with a view to relieve the symptoms of suffocation. The result is not stated.

S. Wray, Esq. 1859.

1487<sup>15</sup>. Aneurism of the ascending aorta, encroaching on the right lung, into which it appears to have burst.

1488<sup>40</sup>. A dried preparation showing an aneurism of the arch of the aorta; all the adjacent parts are dissected out, dried, and coloured. The aneurism has partly absorbed the upper piece of the sternum, and the sternal end of the first rib and clavicle. The trachea is pressed on, as well as the right subclavian artery and carotid.

James J., aged 39, who died in Lambeth Workhouse in 1837. He had been ill two years with cough and dyspnœa; subsequently a pulsating tumor appeared in front and upper part of chest.

From Mr. Bryant's Collection, No. 153, p. 109.

1488<sup>50</sup>. Aneurismal dilatation of the arch of the aorta and arteria innominata. The former is very much diseased, covered with atheromatous and bony scales. Besides this, a distinct sac arises from the right wall of the arteria innominata, and from the adjoining part of the arch, about the size of an orange, constituting the swelling felt externally during life. The opening of the left carotid is quite closed.

Elizabeth G., aged 61, under Mr. Key in 1830. About six months before, a pulsating tumor appeared in the neck, as large as an egg, accompanied by dyspnœa and pain down the arm. Mr. Key determined to put a ligature on the carotid, and subsequently on the subclavian. He tied the former artery without much pain to the patient or loss of blood, but she died suddenly a few hours afterwards. The post-mortem examination showed the heart and aorta diseased, as here seen. See drawing, 42. This patient also had a polypus uteri; see prep., 2261<sup>10</sup>; and drawing, 387.

2. Misc. Insp. Book, p. 5.

1488<sup>60</sup>. Aneurismal dilatation of aorta, which caused death by rupture of its coats and effusion of blood into the pericardium. The aneurism consists of a dilatation of the whole



of the aorta between the valves and arteria innominata, and from this an opening proceeds directly inwards into the pericardium.

Robert M., aged 41. He fell dead while attending the out-patients' room.

Record of Insp., 206. 1854.

- 1488<sup>70</sup>. Aneurism of the end of the arch of the aorta, about the size of a small orange; it is lined by fibrin, and has pressed on the subclavian artery, whose cavity is thus quite obliterated. On the posterior part of the sac the recurrent laryngeal nerve may be seen obliterated. The bronchus also is pressed upon, as well as the œsophagus.

Thomas H., aged 26, under Dr. Babington in 1853. He was a sailor, and for nine months had experienced pain in the left shoulder and slight dysphagia, which led Dr. Addison, whose patient he first was, to suspect aneurism. He subsequently came to the hospital in a dying state, with stridulous breathing and symptoms of laryngitis, and with no pulse at the left wrist.

New vol. iv., p. 165.

- 1488<sup>75</sup>. Aneurism of the arch of the aorta, and vessels springing from it. There is a large tumor in front of trachea, the size of the closed fist, and involving the arteria innominata. On the left side distinct aneurisms seem to have formed at the commencement of the left carotid and subclavian.

1489. Aneurism of the arch of the aorta, causing absorption of sternum and rib.

The patient, a man aged 35, had also empyema; see prep. of pleuritic false membrane, 1770.

2. Green Insp. Book, 152.

Presented by Dr. Whiting.

- 1489<sup>25</sup>. Aneurism of the descending aorta, of small size, but completely obstructing the left bronchus, into which hæmorrhage has taken place. The latter now filled with a fibrinous clot.

Robert C., aged 38, a patient of Dr. Back in 1839, for cough and crowing respiration; he subsequently died of hæmoptysis.

19. Misc. Insp. Book, p. 24.



1489<sup>39</sup>. Portion of spine, from the second to the seventh vertebra, together with a portion of aortic aneurism, showing how extensively the former has been destroyed by the latter; the bodies being nearly entirely destroyed, and the canal laid open.

From Mr. L., aged 38, a patient of Mr. Hilton at Blackheath. He had been suffering for five years, and which he attributed in the first place to a strain; an aneurism was discovered, at last, making its way through the back, and afterwards involved the spine, and during the last seven months he was bedridden with paralysis. On post-mortem examination an aneurism of the descending thoracic aorta was found, covering the dorsal vertebræ. On removing it the latter were found extensively destroyed, as seen in the specimen, and the finger could be passed quite into the spinal canal upon the cord, the latter being quite softened.

See note for further particulars.

1489<sup>40</sup>. An aneurism of the descending thoracic aorta of very large size, and which occupied nearly the whole of the left side of the chest by excavating the lung. The pulmonary tissue is seen as a dense layer covering it, especially in front. The large fibrinous mass which it contained is placed at the bottom of the jar.

John W., aged 50, under Dr. Barlow. He was seized with hæmoptysis soon after his admission, and quickly died; he had suffered long with dyspnœa, and his legs were dropsical. The left lung was found firmly adherent by a very thick and tough tissue, and on separating the lung, the sac of the aneurism was opened; the latter had already reached the outer wall of the chest, where the ribs were becoming absorbed as well as the vertebræ behind. It is probable that the pleuritic adhesions were old, and thus the reason why the aneurism had been kept so long within bonds, and had reached the circumference of the chest. The symptoms were consequently peculiar, being those of pulmonary obstruction, as shown by the dropsy, &c.

Record of Insp., 126, 1858.

1489<sup>50</sup>. Aneurism of aorta, situated just behind the arch, and bursting into the upper lobe of the lung. It is about the size of a duck's egg, and the interior is lined by the inner coats of the vessel.

Ann D., aged 54, a patient of Dr. Bright in 1827. It was said that she had suffered from hæmoptysis six or seven years before. After



admission she was seized with spitting of blood, and quickly died. The post-mortem examination showed the left side of the chest full of blood.

4. Green Insp. Book, p. 146.

1490. A false aneurism, situated at the back part of the commencement of the descending aorta, and formed in the posterior mediastinum. The aorta itself appears healthy, and has undergone no dilatation; but immediately opposite the sac are seen two small openings, about the size of a probe, leading into the sac, and distant rather less than an inch from each other. The aneurism is about the size of a duck's egg, and has already lost one side of the wall from contact with the spine, and the blood is seen coagulated along the course of the œsophagus below.

The preparation came from a woman who was a patient under Dr. Laird in 1821, for dyspnoea and dysphagia, and in a few days she died suddenly. On post-mortem examination the right side of the chest was full of blood, which had escaped from the ruptured aneurism. The inspection was made by Mr. Aston Key, who gave the following explanation of the case:—"The absence of morbid appearances in other parts of the vessel led me to look for some extraneous cause which might produce the ulcerative process in the artery. The state of the bronchial glands supplied this; they were in a state of partial ossification, and presented hard points which might have easily produced ulceration in the coats of the vessel. This seems to be the most rational explanation of the formation of the spurious aneurism." Although this may be the true explanation, yet it is not quite clear that the two small openings may not be bloodvessels, nor that they themselves are not aneurismal, nor have been ulcerated by disease in the œsophagus; and, indeed, it is not certain but the disease may have commenced altogether within the aorta by an ulcerative process.

Mr. Key's Insp. Book, Case 7.

- 1490<sup>21</sup>. Aneurism of the descending thoracic and abdominal aorta, the diaphragm dividing it into two parts; the greater being above and the lesser below. They lay on the left side of the spine, absorbing the bodies of the dorsal and lumbar vertebræ respectively. Dried prep.

Charlotte J., aged 28, under Mr. Bryant in Lambeth Workhouse in 1827 for rheumatism, the aneurism never being diagnosed; when one day she died suddenly, and after death the upper aneurism was found to have ruptured into the chest.

Mr. Bryant's Cat., No. 154, p. 109.



1490<sup>28</sup>. A very large aneurism of descending thoracic aorta. It appears to have forced its way through into the left lung, as a dense layer of pulmonary tissue is seen covering it.

1490<sup>42</sup>. A large aneurism of lower part of thoracic aorta; it is formed at the back part of the vessel, and thus its posterior wall is deficient where it was in contact with the spine.

1490<sup>56</sup>. Descending aorta with a large aneurismal tumor, implicating the origins of the diaphragmatic, celiac, and renal arteries; it occasioned a pulsating tumor at the scrobiculus cordis, and caused the death of the patient by bursting into the abdomen. The opening was a large one, about two inches in extent. The patient survived the rupture about nine hours. It is formed on the front of the vessel, and the spine is consequently not affected.

Stewart D., aged 47, under Dr. Back in 1829.

1. Misc. Insp. Book, p. 74.

1491. Dried preparation of a large aneurism of the descending aorta. It has absorbed the bodies of the vertebræ, and extends into the left side of the chest, where it has destroyed the posterior parts of the ribs from their heads to the angles, and forms a large tumor at the back part of the chest near the spine, over the extent of five ribs.

1493. Aneurism of aorta bursting into the œsophagus. It is about the size of a small egg, and is situated between the two tubes. The opening into each is small.

1493<sup>10</sup>. Aneurism of aorta at the origin of celiac axis, and about the size of a goose's egg. The vessels of the celiac axis are seen coming off from its upper part, and on its anterior surface is seen a rent about a third of an inch long. On it was formed the semilunar ganglion and its nervous branches.

Charles B., aged 34. He struck his back three years before, and had not been well since; he died suddenly.

Record of Insp., 225. 1854.



1494. Dried preparation of a very large aneurism of the descending thoracic aorta, which has not only caused absorption of the spine, but has extended into the left side of the chest, absorbing the ribs; and projecting posteriorly, forms a large tumor behind.

1494<sup>25</sup>. Aneurism of the aorta, implicating the cœliac and slightly those of the emulgent arteries. It has formed three considerable tumors, filled with old and firm coagula. This patient had also a popliteal aneurism, and for which an operation was not performed, on account of the discovery of the abdominal tumor. The former, however, is said to have been the immediate cause of his death.

Presented by Mr. C. A. Key.

1 Note Book, p. 209.

1494<sup>34</sup>. A portion of abdominal aorta diseased, and containing a depression, which is probably the commencement of an aneurism.

1494<sup>50</sup>. Aneurism at the root of the cœliac axis, the size of a small apple, and containing some laminated adherent coagulum.

1496. Portion of aneurismal coagulum, showing the several layers of fibrin.

1497. Portion of aneurismal coagulum, showing the several layers of fibrin.

1498. Portion of aneurismal coagulum, showing the several layers of fibrin.

1499. Portion of aneurismal coagulum, showing the several layers of fibrin.

1499<sup>32</sup>. Thin section of a coagulum, from a popliteal aneurism, showing the various fibrinous layers. See prep. 1519<sup>64</sup>.

1499<sup>64</sup>. Section of a clot, showing the laminae of fibrin from an aneurism of the axillary artery, and for which the subclavian artery had been tied twelve years before. For particulars see prep., 1501<sup>93</sup>.



## ARTERIES.

- 1499<sup>82</sup>. Disease of the coronary arteries, and their mouths partially obstructed.

William J., aged 54. While at work he put his hand to his side, complained of great pain, and died almost instantly. The heart was said to present nothing remarkable in size, or in respect to its cavities or valves; but the aorta was diseased, and the coronaries almost closed, as here seen. The muscular tissue is described as pale and soft, and no doubt is fatty.

- 1499<sup>90</sup>. Portion of aorta, showing the coronary arteries nearly closed. The arch of the aorta contains an aneurism, and whole vessel is much diseased.

1500. Coronary arteries ossified; from a subject dissected at St. Thomas' Hospital by Dr. T. Cox in 1824. Preserved in turpentine.

- 1500<sup>16</sup>. Coronary arteries ossified.

From Brookes' Collection.

- 1500<sup>35</sup>. Coronary arteries ossified in case of fatty heart, from a man who died with angina pectoris. The heart is seen to be everywhere loaded with adipose tissue, and the muscular tissue is soft, pale, and fatty; the left ventricle somewhat dilated. There is only one coronary vessel, and this could be felt before the heart was opened as an osseous tube passing along it.

W. H., aged 61, a patient at the Surrey Dispensary in February, 1854. He had been a very strong man, and habits temperate. About eight months before his death he began to suffer pain in the precordial region upon any unusual exertion. In a short time the pain became more severe, in paroxysms extending down the left arm. Sounds of heart muffled; no bruit. During the last six weeks the attacks became more violent: in these he was in great agony, and thought he should die. In one attack he died, having previously made an attempt to cut his throat. The whole body was very fat, both externally and internally, and the heart as here seen.



- 1500<sup>64</sup>. Portion of the base of the heart, and commencement of the aorta, showing extensive ossification of the coronary vessels.

Mr. Fagge.

- 1500<sup>75</sup>. Small aneurism at the end of the arteria innominata, communicating with the trachea. See next prep.

- 1500<sup>76</sup>. Part of the same in the neck.

William L., aged 34, under Dr. Barlow in 1842. He had been subject to cough, wheezing, and dyspnœa for three months.

19. Misc. Insp. Book, p. 67.

- 1500<sup>80</sup>. Aneurism of the arteria innominata, which appears to communicate, by a small opening, with the trachea. The ascending aorta and the arch dilated into pouches.

- 1500<sup>90</sup>. Aneurism of the arteria innominata. The subject was a washerwoman, aged 49, under Mr. Key in 1845. After frequent examinations during life, the disease was supposed to be confined to the subclavian artery, and an operation attempted, but abandoned in consequence of the innominata and arch of the aorta being found involved in the disease. The woman survived the operation several weeks.

1501. Aneurism of the arteria innominata pressing on the trachea; it produced bronchitis and suffocation.

- 1501<sup>7</sup>. Incipient aneurism at the root of the arteria innominata.

Robert C., aged 38, under Dr. Barlow in 1844. He had rheumatism, and died of morbus cordis. The pericardium was adherent, and the valves were diseased.

20. Misc. Insp. Book, p. 5.

- 1501<sup>10</sup>. Heart and aorta, showing complete obliteration of the orifices of the arteria innominata and left carotid arteries. The internal surface of aorta is seen to be irregularly thickened, and in parts sacculated, and the portion of the above-named vessels indicated merely by indented cicatrices.



This obliteration is caused by a fibrous structure incorporated with the lining membrane and inner layers of the middle coat, and extending upwards but a short distance, beyond which the vessels have their normal size and structure. The opening of left subclavian natural.

Mrs. P., aged 41, under the care of Mr. Stedman and Dr. Gull in 1854. She was living near the Bankside, Southwark, and in consequence of a high tide overflowing the lower part of her house, made great exertions to save her furniture, and was exposed to wet and cold for some hours. This was followed by an affection of the chest and difficulty of breathing. About a year afterwards she called in medical aid, owing to distracting pains in the head, and on the following day she suddenly lost the use of her left side. No pulse could be felt at the right wrist, and none in carotid; she subsequently recovered so as to be able to walk about, when six months afterwards she was again seized with a fit and died. Besides the heart being found as here seen, the brain was softened on both sides. For further particulars see Guy's Hos. Rep., Series iii., vol. i. p. 12.

- 1501<sup>15</sup>. Aneurism of the carotid artery. The man was operated on and died of hæmorrhage from the upper part of the artery.

Presented by Mr. Wood of Birmingham.

- 1501<sup>20</sup>. Portions of the carotid arteries, of which the left is nearly obliterated by bony deposit, and the right somewhat enlarged.

- 1501<sup>33</sup>. The circle of Willis, the vessels being very large, and generally atheromatous.

- 1501<sup>45</sup>. Aneurism of the anterior cerebral artery, which appeared to have been the source of profuse fatal extravasation.

James F., aged 30, admitted in 1833. He was taken ill in the streets and walked into the hospital, but appeared stupified, and his pupils were contracted. He soon had a fit and became insensible, with stertorous breathing; he continued thus for some hours, until death. The post-mortem examination showed the surface of the brain covered with a clot, especially the base; the third, fourth, and lateral ventricles were also filled with the same, and the anterior lobe was filled with blood. This had proceeded from an aneurism about the size of a pea, and in this was a minute rupture.

4. Misc. Insp. Book, p. 89.



- 1501<sup>60</sup>. Aneurism of the anterior cerebral artery, which ruptured and caused death.

Case of Mrs. V., aged 35; had some years been troubled with headache and other cerebral symptoms. The day before the fatal attack she was as well as usual; but on following day seized with vomiting, and soon afterwards with convulsions; she then fell into a state of coma and died after eight hours. The brain, both on surface and in ventricles, was inundated with blood, arising from a rent in this aneurism, situated on the left anterior cerebral artery, but extended to right side over optic nerves. The rupture had caused also a laceration of the floor of the third ventricle. This lady was under the care of Dr. Gull and Mr. Burton of Blackheath.

See Guy's Hos. Rep., Series iii., vol. v., p. 303.

- 1501<sup>60</sup>. Small portions of the base of the brain on the right side, showing a small aneurism of the arteria media cerebri. The patient died suddenly from its rupture.

Henry N., aged 45, was admitted in 1831, under Mr. Key, for syphilitic and mercurial cachexia. He had had several attacks of paralysis, and his mouth was drawn a little towards one side. He died suddenly. Blood was found effused over the left hemisphere, and the ventricles were distended with the same. The left corpus striatum was filled with blood, which had burst into the fissure of Sylvius. Below this was found the aneurism of the middle cerebral artery. It contained some old coagulum.

2. Misc. Insp. Book, p. 42.

- 1501<sup>65</sup>. Aneurism the size of a pea on the posterior communicating artery, containing solid fibrinous coagulum. This had compressed and flattened the third nerve. Hæmorrhage from rupture caused death.

Sarah S., aged 20, a servant, was admitted into the Eye Infirmary under Mr. France in 1846, for ptosis on the right side, together with dilated pupil and abduction of the eye, denoting a paralysis of the third nerve. She stated that she had suffered from giddiness and headache for three weeks; and five days before admission, with faintness and vomiting. After being in the hospital three weeks she was found in bed in a state of insensibility, and the breathing stertorous; she died in a few hours, when the whole base of brain was found covered with blood, arising from the rupture of an aneurism situate over and compressing the third nerve.

See Guy's Hosp. Rep., Series ii., vol. iv., p. 46.



- 1501<sup>70</sup>. Aneurism in the substance of the pons Varolii, which burst, producing effusion of blood.

Mrs. W., aged 43, complained, about a fortnight before her death, of headache, when one day she suddenly fell backwards exclaiming of pain in the head. She never spoke afterwards, being perfectly paralysed, pupils contracted, &c., and died in a few hours. On cutting through the pons Varolii a coagulum was found weighing two drams, and in the middle of this was a small aneurism of about the size and shape of a grain of wheat, and from a slit in this the blood had escaped. Patient of Dr. Gull's, see Guy's Hosp. Rep., Series iii., vol. v., p. 297.

Drawing 42<sup>22</sup>.

- 1501<sup>75</sup>. The circle of Willis, showing a little aneurism of the left middle cerebral artery, and having a minute brain clot adjoining.

Mary C., aged 56, under Dr. Bright in 1834. In March she had an epileptic fit, accompanied by paralysis of the right side; from this she gradually recovered, and in July she was able to walk, though imperfectly. In August she had another attack, by which her intellect and articulation were affected. She again improved slightly, and went on until October when another fit occurred, and she died. In the left corpus striatum was found an apoplectic cyst, and around this the brain was of a brown colour; near this was a recent coagulum, which had burst into the lateral ventricle and fissure of Sylvius; here was found a small aneurism. The right corpus striatum was also somewhat softened.

6. Misc. Insp. Book, p. 30.

- 1501<sup>76</sup>. Circle of Willis, with branches containing clots, and the basilar having a small aneurism the size of a pea.

George D., aged 35, under Dr. Addison. He had been a soldier, and suffered from rheumatism. For a year he had suffered from obscure head symptoms; and two weeks before admission, had fallen down hemiplegic, and never completely recovered. He subsequently had fits, and died. There were found numerous points of extravasated blood in the right hemisphere, accompanied by softening, which gave it a worm-eaten appearance; the lower part of middle lobe was quite diffuent. The arteries were all much diseased, and their interior contained adherent fibrin.

Record of Insp., 169. 1855.

- 1501<sup>78</sup>. Aneurism of the middle cerebral artery, the size of a small nut, and showing a rupture whence blood had escaped.

Letitia B., aged 17, under Dr. Rees. About two months before death had an attack of rheumatism; a month afterwards, while con-



valescent, she suddenly complained of her head, and fell down paralyzed on the right side. She was brought to the hospital comatose, with hemiplegia of right side. She lay in a semi-conscious state for ten days, when she suddenly gave a scream, and died. The left side of brain and ventricles and base were occupied by a large, recent coagulum; and, on examining the latter, an aneurism was found on principal division of middle cerebral artery. Drawings, 42<sup>20</sup> & 21.

Record of Insp., 17. 1858.

- 1501<sup>80</sup>. Aneurism of the basilar artery, the size of a nut, and effused blood around it.

Hugh B., aged 34, under Dr. Gull. He had suffered from headache for two years, also had had syphilis, and often received blows on the head. A fortnight before admission he had a convulsion, and remained insensible for three days; he partially recovered, and was admitted in a semi-conscious state, with pain at back of head and neck, particularly when bent forward; he remained much in the same state, being scarcely able to move for a fortnight, when he sunk into a perfectly comatose state, and died. The aneurism was found on anterior surface of basilar artery, compressing pons Varolii, and slightly softening it; and around it in the subarachnoid space, there was recently effused blood. The brain otherwise healthy, as well as bloodvessels. Drawing, 42<sup>24</sup>.

Record of Insp., 1501<sup>80</sup>.

- 1501<sup>82</sup>. A false or traumatic aneurism connected with the occipital artery.

Samuel A., aged 30, received a blow on his head (1840), and died of arachnitis. A cyst, the size of a small bean, was found on the scalp communicating with the occipital artery.

17. Misc. Insp. Book, p. 153.

- 1501<sup>90</sup>. The right subclavian artery, the root of which is very nearly obliterated by cauliflower-shaped earthy concretions. The obstruction is completed by a small coagulum; this, however, is recent, for a passage must have existed through the vessel.

James C., aged 73, admitted under Mr. Morgan in 1831, having been knocked down by a carriage, which fractured some of his ribs. Intestinal pouch from same case. Prep., 1854<sup>80</sup>.

2. Misc. Insp. Book, p. 51.

- 1501<sup>92</sup>. Dried and injected preparation of the axilla, from a patient whose subclavian artery was tied for axillary aneurism



by Mr. B. Cooper. The operation was followed by the formation of a large abscess, and death.

William W., aged 38, was admitted November, 1827. For three months he had suffered from pain in left clavicle and arm, and afterwards discovered a swelling in axilla. This was about the size of an egg. The subclavian artery was tied above the clavicle at the usual spot.

- 1501<sup>93</sup>. Dry preparation of the right side of the thorax, from a man whose subclavian artery had been tied for aneurism twelve years before his death by Mr. Key. The vessel is seen to be natural to the point where the ligature was applied, at the outer edge of the scalenus; it is then seen to be obliterated, and so for about two and a half inches into the axilla, where it terminates in the remains of the aneurismal sac; this being a tumor about the size of a small hen's egg, and adherent to the second rib. The anastomosing vessels, which have taken the place of the main trunk, are of large size, the supra-scapular and posterior scapular anastomose with the infra-scapular from the axillary; the internal mammary, with the thoracic, and a number of shorter vessels in the axilla passing from the subclavian to the vessel below; these are tortuous and run among the nerves. The main supply of blood must have been through the infra-scapular, which opens just at the end of the sac.

George V., aged 36, in July, 1823, while making exertion felt something snap, and afterwards perceived a tumor below the clavicle. The subclavian artery was tied by Mr. Key in August, and the patient quite recovered. He died twelve years afterwards in 1835, when the arm was injected and dissected by Mr. Cock. Coagulum from aneurism. Prep., 1499<sup>64</sup>.

See G. H. Rep., Series I., vol. i.; and Med. Chir. Trans., vol xiii.

- 1501<sup>95</sup>. Large aneurism of the axillary artery; it is opened on one side, and shows the layers of coagulated fibrin within. It is covered by the nerves of the brachial plexus, which have been dissected out.

John H., aged 66, under Mr. Morgan in 1841. He had aneurism of the aorta, and disease of the vessels generally. See portion of heart, 1385<sup>25</sup>; and aorta, 1504<sup>10</sup>.

17. Misc. Insp. Book, p. 322.



1502. Varicose aneurism. This is an old preparation, of which there is no history, but is supposed to be the brachial artery covered by its veins; one of which has been wounded in the operation of venesection, and thus producing the aneurismal sac seen between the vessels, and which is about the size of a nut.

1502<sup>20</sup>. Aneurism of the axillary artery, about the size of a walnut; it consists of a well formed cyst, lined by a smooth serous membrane, and the opening into it occupies three parts of the circumference of the vessel, and resembles a simple rent. The heart, which is contained in the same jar, has the aortic valves much diseased, being lacerated, retroverted, and covered with vegetations.

Rosina J., aged 14, under Dr. Gull. She had been ailing with short breath and headache for two months, when she suddenly became paralysed; her health had previously been good, and she was said never to have had rheumatism. When admitted, she had partial hemiplegia of the left side, a to-and-fro bruit over the aortic valves, and an aneurism in the axillary artery. She soon afterwards had another apoplectic seizure, and died. On post-mortem examination, a coagulum of blood was found covering the brain, and proceeding from the right hemisphere, which also contained a recent clot, and old yellow softening. The heart is seen in the preparation.

Record of Insp., 127. 1857.

1503. Wound of the ulnar artery from compound dislocation of the ulna.

From a woman in Martha Ward, under Mr. Cooper in 1804.

1503<sup>50</sup>. Portion of radial artery, dried; one connected with earthy matter, and the other thickened.

From two men, aged 62 and 63 years respectively.

19. Misc. Insp. Book, p. 322 and 329.

1503<sup>51</sup>. A wet preparation, from the former of the above-mentioned cases.

1504. Ossified artery, probably the radial.

1504<sup>10</sup>. Intercostal arteries, having their mouths obstructed by atheroma.

From same case as furnished. Prep. 1501<sup>95</sup>.



1504<sup>12</sup>. Intercostal artery punctured in the operation of paracentesis thoracis.

Robert B., aged 33, was first admitted with phthisical symptoms, and subsequently returned to the hospital with empyema. For this he was tapped three times, but the fluid again collecting, the operation was once more performed, and he died a few hours afterwards. Besides disease of the lungs and tubercles elsewhere, a pint or two of blood was found in the chest, and which had proceeded from the intercostal artery wounded in the last operation; the trocar having passed immediately below the sixth rib and through the vessel.

Record of Insp., 178. 1855.

1504<sup>20</sup>. Splenic artery ossified.

1504<sup>35</sup>. Portion of stomach, with walls of a large abscess behind it; this has penetrated a branch of the splenic artery. There is no history given of this case, stating its nature; but there is no appearance of ulcer of the stomach, and thus, probably, the abscess was in the first instance peritoneal.

1504<sup>40</sup>. Aneurism of one of the branches of the renal artery in the hilus of the kidney. The sac is seen to be lying beneath the membrane of the pelvis, and is about the size of a nut, and filled with coagulum. It is formed from all the coats of the vessel, is filled with fibrin, and ruptured within the organ. This specimen has undergone a careful examination by Dr. Hodgkin.

It came from a patient of Mr. Gossett in 1829, and who dying of hæmaturia, the cause was found to be a rupture of an aneurism of the kidney, as here seen.

9. Green Insp. Book, p. 169.

1504<sup>45</sup>. Aneurism of the superior mesenteric artery. This is about the size of a pigeon's egg, and is situated on the vessel, about two inches from its origin. The walls are thin, and lined interiorly by a delicate fibrinous layer; a rent half an inch long is seen on the anterior surface.

Andrew C., aged 21, under Dr. Gull. He had had rheumatic fever, and was admitted for heart disease; he died suddenly. The valves were found to be considerably diseased and covered with vegetations;



a large quantity of blood was found behind the peritoneum and within the mesentery, having arisen from the aneurism of the mesenteric artery, which had burst.

Record of Insp., 174. 1859.

1504<sup>50</sup>. Ante-mortem coagulum filling the iliac arteries and veins.

From Ann W., aged 42, who died under Dr. Bright in 1842, of ovarian disease. See drawing, 371<sup>50</sup>.

18. Misc. Insp. Book, p. 295.

1504<sup>55</sup>. False aneurism of external iliac artery bursting into cœcum, causing death by hæmorrhage. A small sac is seen between the appendix cœci and the bloodvessel, the opening into the latter being small.

Jonathan W., aged 34, under Dr. Barlow in 1852. For some days before admission he was feverish, and was taken in merely with symptoms of pyrexia; his motions were then found to contain blood. This continued for three days, when a violent hæmorrhage occurred, causing his speedy death. The man was otherwise in good condition, and it was evident that some large vessel had given way. The post-mortem inspection showed the cœcal appendix adherent to the external iliac artery; a circumscribed space constituting a false aneurism had formed between them; and from the healthy appearance of the bloodvessel, it is most probable that the disease began in the appendix, and that the ulceration of the artery had occurred from without. Drawing, 43<sup>55</sup>

1504<sup>60</sup>. Termination of the aorta with the iliac vessels attached: a ligature has been applied to one of the internals, which is plugged with coagulum, both above and below the ligature. The operation was performed by R. C. Thomas, Esq., of Barbadoes, and the specimen given to Sir A. Cooper.

1504<sup>70</sup>. Portion of the external iliac artery, which had been tied.

Henry S., aged 51, under Mr. B. Cooper in 1845, for diffused aneurism of the thigh; the external iliac was tied, but repeated hæmorrhage occurred, and the patient only survived one month. The wound was found not to have healed, but a large sloughing space existed leading to the artery; this was quite separated, the ends lying some distance apart; the upper end was of dark colour, but filled with a plug; the lower was open and devoid of clot. The aneurism existed three inches below the groin, and a rupture had occurred in the sac, whereby



the blood had become diffused in the tissues of the thigh, as low as the knee. The viscera generally were not healthy. See prep. of aneurism, 1519<sup>34</sup>.

New vol. i. p. 27.

- 1504<sup>75</sup>. Femoral artery, showing the internal coat cut through from the application of a ligature.

Thomas B., aged 16, admitted under Mr. Hilton in March, 1856, for compound fracture of the thigh, with injury to the bloodvessel; a ligature was placed on the vessel, but the limb amputated half an hour afterwards.

- 1504<sup>80</sup>. Femoral artery, which was surrounded by diseased glands and abscess; it appears to have ulcerated and set up a false aneurism.

Joseph R., aged 10, under Mr. Key in 1834, for diseased hip-joint and attendant abscess; during the last few days of his life there was considerable hæmorrhage, Prep. of joint, 1317<sup>40</sup>; and lardaceous liver, 1896<sup>20</sup>.

6. Misc. Insp. Book, p. 28.

1505. Ossified femoral artery, removed by Mr. Travers from a male subject who for years had had ulcerated legs. 1804.

1506. Femoral artery, much diseased; coats thickened and corrugated; interior plugged up with coagula. The patient died with mortified extremities. 1804.

- 1506<sup>25</sup>. Femoral artery filled with coagulum, and from its appearance seems as if it had had a ligature around it.

- 1506<sup>50</sup>. Femoral artery, containing a fibrinous coagulum, which is hollowed in its middle, and no doubt has allowed a current of blood to pass through it, unless it is, as formerly described, due to a layer of adherent lymph to its interior arising from inflammation. The coats of the vessel are thickened.

From a man in Lambeth Workhouse. who died of gangrene of the leg.

Mr. Bryant's Catalogue, No. 47, p. 24.



- 1506<sup>60</sup>. Preparation showing the femoral artery twelve days after a ligature had been applied to it.

Edward H., aged 25, residing near Farnham, admitted under Mr. Callaway, jun., December 1, 1854. He stated that at the end of the month of October, he experienced a throbbing and aching down the right leg. He then discovered a swelling on the inner side of the thigh, near the inner condyle, and which *beat* on handling it. He continued thus for a month, when he was ordered to poultice it, and subsequently it was opened; nothing, however, was evacuated. On following day, however, there was much hæmorrhage, and this continued for three weeks; when a tourniquet was placed on the femoral artery, and the man was sent to London. The whole of the lower part of thigh was then much enlarged from the effusion of blood in the structures; and Mr. C. immediately tied the femoral artery. The leg, however, became rapidly gangrenous, and on December 12 the thigh was amputated; a large diffused aneurism was then found at lower part of thigh. On December 24 the man died. No p. m. inspection.

- 1506<sup>65</sup>. Femoral artery from a thigh stump on which a ligature had been applied nine days before for amputation; it is quite closed, and a thin coagulum is seen passing a long way up the vessel.

Thomas G., aged 30, under Mr. Hilton, for disease of the knee-joint, for which the thigh was amputated; but soon the stump began to slough, accompanied with much hæmorrhage, and the patient died nine days after the operation. Prep. of knee, 1335<sup>40</sup>.

Record of Insp., 79. 1856.

1507. Ulceration into the femoral artery from phagedænic bubo; the vessel is seen at the back of the preparation.

Ann J., was admitted under Mr. Cooper, March 18, 1807, for a large sore in the groin; there was much hæmorrhage from it, and this continued until she died on April 18. On examination, it was found that the femoral artery had ulcerated just below the giving off of the profunda.

Old Museum Book, No. 107.

1508. Ulcerated artery from a sloughing bubo. An old preparation.

1509. Femoral artery ruptured in compound fracture. An old preparation, and no history.



1510. Gunshot wound of the femoral artery. This is seen at the lower part of the preparation, and more than half of the circumference of the vessel appears to have been wounded, but now filled with coagulum.

James D., admitted into the hospital in 1824. While preparing as a patrol to go on duty, with his pistol loaded between his legs, something caught the trigger, and the contents of the pistol lodged in the fore part of the left thigh; he bled profusely at first, but the slugs were extracted and the limb bandaged up. He was admitted with a wound on the fore part of the thigh, about the size of the palm of the hand, and which had laid bare the sartorius, but the artery was thought to have escaped. He died ten days afterwards with gangrene of the part surrounding the wound, and secondary hæmorrhage.

Mr. Key's Record of Inspections.

1511. Femoral artery and vein from a stump.

1512. Artery of a stump.

1514. Femoral artery on which a ligature had been applied thirty-four days. The upper part is seen to be occupied by a loose clot; but the lower with fibrin, which is becoming amalgamated with the coats of the vessel.

- 1514<sup>50</sup>. Femoral artery after application of ligature.

1515. Femoral artery and vein: the former tied twenty-four days.

- 1515<sup>50</sup>. Femoral artery tied by Mr. Key, on account of compound fracture and injury to the bloodvessels.

W. B., aged 60, in 1830. He survived only eight days after the application of the ligature.

2. Misc. Insp. Book, p. 30.

- 1515<sup>82</sup>. Popliteal artery divided by accident; a bar of red-hot iron, weighing twenty-five hundredweight, having fallen upon the man's leg and crushed it.

David D., aged 32, was a workman at an iron foundry, and in July, 1848, this accident had happened to him and which necessitated amputation of the limb by Mr. B. Cooper.

20. Misc. Insp. Book, p. 202.



1516. Posterior tibial artery obliterated; peroneal artery enlarged.  
The patient had malignant disease of the leg.

1516<sup>20</sup>. Diseased femoral artery from a stump; the internal coat  
being corrugated.

Josiah G., aged 35, had his thigh amputated by Mr. Cock for disease  
of the knee-joint. See prep., 1336. He subsequently died of pyemia.

Record of Insp., 167. 1857.

1516<sup>50</sup>. Wounded left anterior tibial artery, with a portion of the  
tibia, from a man who had suffered compound fracture  
and severe hæmorrhage.

William H., aged 35, admitted for a very severe compound fracture  
of the leg in 1835, under Mr. B. Cooper. He refused amputation.  
Sloughing of the leg followed, with some hæmorrhage, and he died on  
the eleventh day. The anterior tibial artery was found imbedded in a  
clot, close against the lower portion of the broken tibia; and on removing  
this, the vessel was found with an opening in it. The posterior tibial  
also contained a coagulum.

6. Misc. Insp. Book, p. 134.

1517. Lacerated interosseal and punctured anterior tibial artery  
from compound fracture.

Amputated by Mr. C. A. Key.

1518<sup>50</sup>. Femoral, tibial, and peroneal arteries, extremely ossified.

1519. Femoral aneurism with the external iliac artery tied; the  
coagulum was loosened by rheumatic (?) inflammation,  
which produced ulceration of the elbow-joint. Secondary  
hæmorrhage occurred in the seventh week; a small aneu-  
rism was found at the bifurcation of the common iliac.

From a patient of J. Morgan, Esq.

1519<sup>8</sup>. The left half of the pelvis and thigh, from a patient whose  
external artery was tied for aneurism by Mr. Morgan.  
The man survived three weeks after the operation. There  
is considerable ossification of the arteries.

1519<sup>12</sup>. Dried and injected preparation of the right half of the  
pelvis and thigh, from a man whose external iliac artery



was tied for aneurism by Sir A. Cooper, more than eighteen years before. The external iliac is seen to be pervious for about an inch from its commencement; below this the remains of it are seen as a mere cord, until just above Poupart's ligament, where it is again pervious. Just above the profunda branch, the remains of the aneurism are seen. The collateral circulation appears to have been established by the junction of the ileo-lumbar, obturator, gluteal, and ischiatic from the internal iliac, with the circumflex and epigastric of external iliac. These will be seen to be enormously dilated, and quite adequate to supply the femoral trunk.

Case of William C., aged 39; discovered a tumor in groin in year 1808, which being found by Sir A. Cooper to be aneurism, a ligature was placed on the external iliac artery. Complete recovery ensued, and the man lived for eighteen years and a half afterwards.

For further particulars of the case as dissected by Mr. Cock, see Guy's H. Rep., Series I., vol. i.; and Med. Chir. Trans., vol. iv.

- 1519<sup>16</sup>. Aneurismal dilatation of the femoral artery, one inch and a half below the origin of the profunda; it contained no coagulum, and the lining membrane does not appear broken, though unhealthy.

Taken from a woman, aged 28, in dissecting-room.

- 1519<sup>24</sup>. Half of the femoral aneurism described under prep. 1504<sup>70</sup>.

- 1519<sup>32</sup>. Femoral artery on which a ligature has been applied for a large popliteal aneurism; the latter contains laminated coagula, and the vessel above is filled with fibrinous clot.

Nathaniel C., aged 67, whose femoral artery was tied by Mr. Key in year 1835. He died eleven days afterwards of gangrene. See arch of aorta, 1480<sup>20</sup>.

2. Note-book, p. 5; and 7. Misc. Insp. Book, p. 3.

- 1519<sup>40</sup>. Aneurism of the profunda femoris artery, and for which a ligature was placed on the external iliac artery. The sac is situated between the tendons of psoas and iliacus, and passed back to the bone; it had its origin from the very commencement of the profunda.



J. W., aged 26, admitted under Mr. Cock on November 18, 1857. For four weeks he had suffered from great pain in the right thigh, and, on examination, a pulsating tumor was felt in the upper part; the man was also suffering from regurgitant disease of the aorta. On the 22nd, the external iliac was tied; the recovery went on well, and the man was soon able to sit up; but he died rather suddenly on January 25, 1858. The heart was found to be most extensively diseased; the line of incision had nearly healed, and the abdomen within presented no abnormal appearance resulting from the operation. The os femoris was partly absorbed by the pressure of the aneurism. Prep., 1135<sup>90</sup>.

Record of Insp., 14. 1858.

1519<sup>43</sup>. A popliteal aneurism attached to its vessel. It is divided to show the laminæ of fibrin within, and the opening by which it communicates with the artery.

1519<sup>45</sup>. Injected and dried preparation of a popliteal aneurism, the size of a goose's egg, and coming off from the anterior surface of the vessel which is seen passing over it.

Thomas W., aged 60, was admitted under Mr. Cock for popliteal aneurism. He had been in another hospital and had had pressure applied; but his health failing, he was advised to leave. He was now found to have heart disease, and therefore nothing more was done than to elevate the limb on a pillow; the pulsation, however, soon ceased, but the man died suddenly of aneurism of the aorta, bursting into the chest.

Record of Insp., 111. 1855.

1519<sup>64</sup>. A knee, amputated by C. A. Key, Esq., for a large aneurism of the popliteal artery. The sac is nearly filled with firm, dense, and laminated coagula. See prep., 1499<sup>32</sup>.

1519<sup>70</sup>. Cured aneurism of the anterior tibial artery. The coagulum removed is seen below.

John J., aged 44, under Mr. Key in 1845, for disease of the ankle-joint, and for which the leg was amputated. He subsequently died of pyemia, when an aneurism about the size of a small egg, and quite filled with solid coagulum, was found on the fore part of the leg, between the tibia and fibula.

20. Misc. Insp. Book, p. 178.

1519<sup>80</sup>. Popliteal, anterior, and posterior tibial arteries ossified. Taken from a leg of an old man, amputated by Mr. B. Cooper.





## VEINS.

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1520<sup>28</sup>. Clot from pulmonary vein and branches.

1520<sup>32</sup>. Fibrinous coagulum from pulmonary vein and left auricle, of which it retains the impression.

Elizabeth K., aged 32, under Dr. Cholmeley for renal dropsy in 1829. The history does not state that the heart was diseased.

1. Misc. Insp. Book, p. 75.

1520<sup>73</sup>. Longitudinal sinus and its chief veins plugged with coagula. These are evidently ante-mortem, as they are adherent to the vessel, and have become pale and laminated.

1520<sup>82</sup>. Portion of dura mater, showing obliteration of the longitudinal sinus; this appears to be due to a general thickening from chronic inflammation of the whole membrane, and within, the convolutions are seen to be adherent.

From Mr. S., aged 55. He had long been subject to epileptic fits, besides being partially paralytic and his mind affected. The gall-bladder was full of gallstones.

Mr. Bryant's Cat., No. 2, p. 2.

1521. Suppuration of right lateral sinus. The patient had suffered great pain in the ear, from which there had been a copious discharge.

1521<sup>15</sup>. Heart and some of the neighbouring vessels attached, but principally the left branches of the superior vena cava, which are plugged with coagula, some of which are become soft, grumous, and light-coloured internally; the surrounding cellular membrane much thickened and indurated. The heart is large, the pericardium universally adherent, and the mitral valve thickened.

From a patient of Dr. Addison, who laboured under rheumatism two years before her death.



1521<sup>22</sup>. The superior vena cava filled with a firm fibrinous coagulum, which being detached, except by one end, resembles a pedunculated polypus.

1521<sup>30</sup>. The left subclavian, axillary, and jugular veins filled with firm pale coagula; their coats being also thickened.

From same case as prep. 1401<sup>24</sup>.

1521<sup>32</sup>. Azygos vein enlarged, from a case where the vena cava was obstructed.

1521<sup>45</sup>. Left internal jugular vein plugged with coagulum, from a man who committed suicide by cutting his throat. The left internal jugular vein was divided, and the man died from hæmorrhage six days after the injury. Larynx, see 1711<sup>7</sup>.

Case of William T., aged 30. 2. Misc. Insp. Book, p. 9.

1521<sup>60</sup>. Internal jugular vein, showing a valvular opening produced by injury, and which caused speedy death by hæmorrhage.

Jane J., aged 9, admitted under Mr. Birkett with a wound on the right side of the neck, about an inch in length; she was pulseless, and died five minutes after admission. About an hour previous she stumbled down stairs with a chamber utensil in her hand, and a piece of the broken china penetrated her neck. It was found that the vein had been opened by a clean cut, just as if caused by a stab.

Record of Insp., 213. 1856.

• 1521<sup>65</sup>. Jugular vein, exhibiting a wound occupying about half its circumference, and situated about half an inch above the subclavian; the neighbouring branches showing the effects of phlebitis.

James F., aged 30, under Mr. Birkett. He received a stab with a knife on the left side of the neck, piercing the sterno-cleido muscle near its origin, by which the jugular vein was wounded; much hæmorrhage followed, and continued for some days, when symptoms of phlebitis set in, and he died of pneumonia twenty days after the accident. The vein was found wounded as here seen, its coats infiltrated with lymph, and interior filled with fibrin; lungs filled with abscesses.

• Record of Insp., 106. 1859.



1521<sup>60</sup>. Vena cava completely filled with coagulum, which has evidently taken place before death ; it being adherent, pale in colour, and laminated. From a middle-aged man.

1521<sup>65</sup>. Complete obstruction of the inferior vena cava from inflammatory contraction, in connection with disease of the right lobe of the liver ; glass rods are placed in the vein above and below, but do not pass through the constriction. The disease in the liver is probably the remains of a chronic abscess, all that is now seen being a bony shell containing a soft and cretaceous dark-coloured material. Considerable inflammation has occurred around this, and thus caused contraction of the vessel ; adhesions also existed to duodenum, diaphragm, &c.

Mary S., aged 68, under Dr. Gull. Three years before she had jaundice, and subsequently she observed the veins swell on the surface of the body ; this was noticeable on admission, together with dropsy connected with disease of the kidney. The inspection showed the obstruction to vena cava, as here seen, and the vena azygos, as large as the cava itself. The origin of the hepatic veins which opened into the trunk, were dilated into pouches. Kidney granular.

Record of Misc., 193. 1854.

1521<sup>72</sup>. Vena cava inferior almost closed, so as scarcely to admit a probe.

Hugh M., aged 36, under Dr. Addison. Nine months before his death he received a blow on his back ; he subsequently observed his urine to be bloody and then purulent, accompanied by rigors, &c. He was very ill on admission with these symptoms, and soon an abscess appeared in the right loin, which was opened, and continued ever afterwards to discharge by a fistula. Afterwards it was observed that the veins on the abdomen were beginning to swell, and before death these attained a great size. The post-mortem examination showed that the fistulous opening communicated with an abscess behind the right kidney, that this organ was quite destroyed, and in its place a mass of dense fibrous tissue, which continued behind the peritoneum, and surrounded the aorta and vena cava. The right renal vein was quite obliterated, and the vena cava opposite to it was contracted, as seen in the preparation.

Record of Insp., No. 7. 1856.

1521<sup>75</sup>. An old preparation preserved to show the inferior cava filled with a plastic product of inflammation in the tubular form.



It would now rather be described as a vessel filled with a fibrinous coagulum, whose centre has softened so as to allow the current of blood again to pass through.

- 1521<sup>80</sup>. Vena cava and iliac vein filled with coagulum. The aorta accompanying it is seen also to have an adherent fibrinous patch just at the bifurcation; this is part of a larger mass which surrounded the vessel.

From John T., aged 67, under Dr. Hughes for cancer of the stomach. See prep. 1815.

Record of Insp., 170. 1855.

- 1521<sup>90</sup>. Termination of the inferior vena cava and aorta, the former pressed upon by large absorbent glands, which were thought to have interfered with the circulation.

Jane K., aged 42, under Dr. Bright in 1830; she had been in the hospital a long time with an increasing tumor of the abdomen, and subsequently had anasarca of the leg. After death a large cyst was found connected with the uterus—see prep. 2259<sup>40</sup>—and the kidney diseased Prep. 2035<sup>42</sup>, and drawing 362.

10. Green Insp. Book, p. 6.

- 1522<sup>7</sup>. A peduncular growth in the vena cava, said to be carcinomatous.

Betsey T., aged 18, under Dr. Barlow in 1845. See prep. of distended lacteals from same case, 1554<sup>30</sup>.

20. Misc. Insp. Book, p. 93.

- 1522<sup>15</sup>. Vena cava inferior immensely distended by a large cancerous mass, which has grown into it from without. The tumor has softened, and now presents a shaggy flocculent appearance.

Elizabeth C., aged 52, under Dr. Hughes in 1844, for cancer of the stomach and abdomen.

19. Misc. Insp. Book, p. 295.

- 1522<sup>25</sup>. Vena cava, having a large cancerous mass growing into its interior. The vessel elsewhere is much compressed.

From John D., aged 36, under Dr. Bright in 1855 for cancer of the kidney and abdominal glands.

8. Misc. Insp. Book, p. 42.



- 1522<sup>40</sup>. Common iliac veins filled with ante-mortem coagula. From a patient who had a swollen state of the lower extremities being similar to phlegmasia dolens.

From Mr. Bryant's Collection.

- 1522<sup>75</sup>. Femoral vein and some of its branches distended and obliterated by firm coagula, the neighbouring absorbent glands much enlarged.

1523. Enlarged abdominal veins, from a case where the vena cava was obstructed.

Case of — Calcrow, in whom Sir A. Cooper removed a carcinomatous testis. Prep. 2357. Obstructed femoral, 1527.

- 1523<sup>20</sup>. Clot in iliac vein. The patient died of puerperal peritonitis. She was attended by Mr. Hicks from the Charity.

- 1523<sup>25</sup>. Iliac vein containing a clot, which is adherent and has softened in the centre.

Elizabeth H., aged 38, under Mr. B. Cooper in 1837 for phlegmasia dolens.

11. Misc. Insp. Book, p. 103.

- 1523<sup>50</sup>. Lower part of right common iliac, together with internal and external iliac veins obstructed by a firm fibrous coagulum. A very close union appears to have taken place between it and the vessel, except at one spot near the bifurcation, where a softening has occurred in the middle of the clot.

From a female who died of phthisis, and whose leg had been swollen ever since the birth of her last child, which took place several years before her death.

Case of O. J. V. Mr. Key's Record of Insp.

- 1523<sup>80</sup>. Iliac and femoral veins closed by fibrinous coagula; these are adherent to the walls, are pale and laminated.

Caroline A., aged 38, under Dr. Oldham in 1853 for phlegmasia dolens and excessive anæmia. She died suddenly. The whole of the veins were found obstructed, and the left ovary, which was inflamed, was adherent to the left iliac.

New vol. iv., p. 47.

1524. Obliterated femoral vein. The patient had œdema of the limb.



1525. Femoral vein obstructed by adherent coagula, from a patient affected with phlegmasia dolens.

1525<sup>50</sup>. The common and internal iliac veins, showing the walls thickened and fibrin adherent in patches, causing adhesions between the sides, and thought to be the result of an old phlebitis.

1526. Obliterated varicose vein, apparently the saphena major.

1526<sup>50</sup>. Phlebolithes from the saphena and spermatic veins.

1527. Veins slightly varicose and obliterated by coagula, apparently branches of the femoral. From same case as furnished prep. 1523.

1527<sup>12</sup>. Varicose veins from the inner side of the leg; they were very large, and subject to gouty irritation.

From Mr. Howship's Collection.

1527<sup>35</sup>. Varicose veins containing old cords of coagulum, very partially adherent, and only imperfectly closing the tubes, which also contained a little fluid blood. From the leg of a female.

1527<sup>30</sup>. Portion of integument from the leg, showing varicose veins.

1527<sup>35</sup>. Varicose veins of leg.

From Jane W., aged 55, whose thigh was amputated by Mr. Cock for disease of the knee-joint. 1857.

1527<sup>40</sup>. Inguinal ulcer; hæmorrhage from vein.

Mr. Hilton.

1527<sup>50</sup>. Iliac vein partially obliterated by thickening; old coagulum and adhesions.

1527<sup>55</sup>. Clot in the common and external iliac vein.

Elizabeth P., aged 23, died under Dr. Babington in 1853, with aneurism of abdominal aorta, situated just below the cœliac axis, and which burst into the abdomen. The vena cava was pressed upon, and the veins below filled with coagulum.

New vol. iv., p. 81.

1527<sup>75</sup>. Part of vena cava filled with coagulum.

From a patient who died of cancer of the liver. See prep. 1963<sup>60</sup>, and vena porta filled with same, 1528<sup>20</sup>.

Presented by Dr. Stroud.

1528. Vena porta obliterated by firm and adherent coagula.

From same case as prep. 1450.

1528<sup>20</sup>. Portion of liver containing cancer, and the vena porta filled with carcinomatous growths and coagula.

From same case as 1527<sup>75</sup>.

1528<sup>40</sup>. The vena porta completely filled up with coagula which are adherent to the side of the vessel.

1528<sup>45</sup>. Phlebolithes in vesical veins.

Robert F., aged 65, under Mr. B. Cooper in 1841 for diseased bladder and kidney. There were also concretions in the prostate.

18. Misc. Insp. Book, p. 19.

1528<sup>52</sup>. Phlebolithes in the hypogastric veins of uterus.

1528<sup>53</sup>. Phlebolithes in an impervious vein.

1528<sup>60</sup>. Portion of Fallopian tube, with the broad ligament; one of the veins contains a small stone.

1528<sup>80</sup>. Phlebolithes from pelvic veins.

1528<sup>90</sup>. Two large phlebolithes from a pelvic vein.

Edwin U., aged 38, died of phthisis under Dr. Barlow, 1844.

19. Misc. Insp. Book, p. 308.

1529. Injected specimen of varicocele.

1529<sup>50</sup>. Injected varicocele.

1530. Varicocele removed by Mr. Key in 1826 at the patient's request, in consequence of great pain that attended it; injected by Sir A. Cooper.



1531. Vasa pampiniformia, slightly varicose, and filled with yellow wax. The epididymis and vas deferens filled with mercury.

Sir A. Cooper.

1532. Dried preparation of varicocele; the veins filled with yellow wax; the epididymis and vas deferens filled with mercury.

Sir A. Cooper.

1533. Dried preparation of varicocele; the veins filled with yellow wax.

Sir A. Cooper.

1534. Dried preparation of varicocele.

Sir A. Cooper.

1535. Varicocele injected with wax.

Sir A. Cooper.

1536. Dry preparation of varicocele; the veins filled with yellow wax, and the spermatic artery with red.

Sir A. Cooper.

1537. Varicocele; the veins injected with quicksilver.

Sir A. Cooper.

1538<sup>25</sup>. Saphena vein ossified.

From a leg affected with chronic ulcer.

## LYMPHATIC GLANDS AND VESSELS.

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- 1538<sup>50</sup>. Thoracic duct, somewhat dilated and tortuous. It was distended with sanguinolent lymph.

Thomas W., aged 50, under Dr. Addison in 1830. He was admitted with great enlargement of the glands in axilla and groin. He was very anæmic, and died rather suddenly. All the lymphatic glands were very much enlarged, some almost as large as pigeons' eggs, and when cut, exhibited a translucent structure, and were considered to be merely hypertrophied. The spleen was large and full of white deposit. See glands from neighbourhood of pancreas, 1555<sup>25</sup>; lumbar, 1558<sup>60</sup>; and drawing, No. 46.

9. Green Insp. Book, p. 44.

- 1538<sup>60</sup>. The thoracic duct obstructed at its entrance into the sub-clavian vein by cancerous disease. Also, a similar disease is seen at its lower part surrounding the pancreas.

John G., aged 47, under Dr. Wilks. For four years his health had been failing, and when admitted he was in a most extreme state of emaciation; there was no visceral disease to be detected, and he was supposed to be labouring under some affection of the mesenteric glands. The post-mortem examination showed a scirrhus cancer in the abdomen and liver, and a mass on the left side of the neck, surrounding the sub-clavian vein and completely obstructing the thoracic duct; the latter in its course was distended with chyle.

Record of Insp., 97. 1858.

- 1538<sup>75</sup>. Dilated receptaculum chyli.

George M., aged 39, under Dr. Bright in 1836, for disease of the kidneys.

9. Misc. Insp. Book, p. 113.

1539. Fibrous tumor removed from the lower jaw by Mr. Key; supposed to have commenced in the lymphatic glands.

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*Note.*—It will be observed that several tumors are placed in this section which correspond with similar ones in other departments, but the reason of this has been that the former were supposed to have originated in the lymphatic glands.



- 1539<sup>50</sup>. A large cartilaginous tumor removed from the side of the neck.

Henry J., aged 60, under Sir A. Cooper in 1806. The tumor extended from the lobe of the right ear (which was involved in it) as far forward as maxillary artery, where it crosses the jaw, and inferiorly nearly as low as the clavicle. It was perfectly movable, gave no pain, and had been growing thirty-six years; it had increased during the last two years as much as during the whole remaining period. Recovered.

Old Museum Book, No. 71.

1540. A large fibro-cartilaginous tumor, removed by Sir A. Cooper from beneath the lower jaw. See the casts, No. 208 and 209, representing the patient before and after the operation.

- 1540<sup>50</sup>. Tubercular disease of mesenteric glands and lacteals.

From William S., aged 20, who died in the hospital with phthisis. The intestines were extensively ulcerated—see 1857<sup>15</sup>; and affected also with tubercular disease. See drawing, 49<sup>5</sup>.

Record of Insp., 197. 1855.

- 1541<sup>12</sup>. Greatly enlarged lymphatic glands from the neck. They were described when fresh, as very firm, pale and non-vascular.

E. R., aged 10, a boy under Dr. Bright in 1828. He was in good health until a twelvemonth before, when his health began to fail, and when admitted he was extremely anæmic with great enlargement of the lymphatic glands. After death the cervical glands were found as here seen; the mediastinal, bronchial, and lumbar were similarly affected. The spleen four times its natural size, from the deposition of a white opaque matter affecting it. See prep., 2009<sup>50</sup>.

6. Green Insp. Book, p. 156.

- 1541<sup>24</sup>. Enlarged lymphatic glands, some of which appear to contain tubercular matter.

Samuel W., aged 16, under Mr. Key for two years, for discharging sinuses in the neck, connected with disease of the glands. After death not only these, but those in chest and abdomen, similarly enlarged. Some had white deposit in them like tubercle. Spleen enlarged, and contained a few tubercles. Prep. of pleura, 1756<sup>50</sup>.

7. Misc. Insp. Book, p. 74.



1541<sup>36</sup>. "Absorbent glands accompanying both carotid arteries, greatly enlarged; and an abscess or malignant excavation between the œsophagus and trachea, a little above the arch of the aorta."—No history. The case is more probably one of primary cancer of the œsophagus, and a secondary affection of the glands.

1541<sup>48</sup>. A large mass of carcinomatous, cervical, mediastinal, and bronchial glands, involving trachea and bronchi, and proceeding into the substance of the lungs. The branches of the right bronchus are almost obliterated; the brachiocephalic vein is filled with coagulum.

1541<sup>60</sup>. Section of a large tumor removed from the side of the face and neck; it appears to be fibro-cartilage, being composed of transparent nodules, some of which have been fluid, leaving cysts. The interior of the mass has softened, and the exterior is tuberoso.

Mary J., aged 48, under Mr. Morgan in 1828. The tumor had been observed fifteen years; it was hard and movable, and remained small until last two years, when it rapidly increased. It extended from the ear along the jaw to the back part of the neck; the integuments not discoloured. The tumor was removed, but the patient died eight days afterwards. Other preparations of tumor, 1541<sup>61</sup>, 1541<sup>72</sup>. Cast, 210; and drawings, 51 and 52.

6. Green Insp. Book, p. 105.

1541<sup>61</sup>. Section counterpart of preceding.

1541<sup>72</sup>. Portion of skin from case where preceding tumors were removed, showing a reappearance of the disease in the wound. (?)

1542. A large tumor formed by carcinoma of lymphatic glands on the left side of the neck, and pressing on the trachea.

John H., aged 50, in hospital in 1826. Disease had been growing for two years; it had softened, producing an open sore, as seen in next preparation.

Red Insp. Book, p. 196.

1543. Portion of skin of preceding case containing the softened cancerous growth.



- 1543<sup>30</sup>. Fibrous tumor of the left side of the neck, which softened and sloughed so as to lead to death by hæmorrhage from the jugular vein and lingual artery. It had for some time pressed on the trachea, so that it was necessary to perform tracheotomy. It consists of simple fibrous tissue, resembling nucleated connective tissue.

Charlotte W., aged 37, under Mr. Birkett. For some months the tumor had been growing beneath the angle of the jaw; it soon began to protrude inwards in pharynx, and pressed on larynx. It was impossible to remove it, and therefore, tracheotomy only was performed to relieve suffocation; subsequently sloughing and hæmorrhage came on.

Record of Insp., 18. 1858.

- 1543<sup>32</sup>. Greatly enlarged absorbent glands from the neck or groin. Texture pale, uniform, and slightly translucent.

Thomas B., aged 50, under Dr. Bright in 1830. For two years he had suffered from enlargement of glands in neck and spine. After death, the same condition of glands was found in chest and abdomen. See prep., 1543<sup>64</sup> and 1558<sup>30</sup>.

10. Green Insp. Book, p. 25.

- 1543<sup>64</sup>. Greatly enlarged absorbent glands, which appear to have been taken from the axilla. From same case as preceding.

1544. Axillary glands of left side, affected with carcinomatous disease. In some there is a slight deposition of black pigment.

John F., aged 30, under Dr. Cholmeley in 1821. He was admitted with pains and weakness in the legs, and soon became paraplegic, and died with a bed sore. Cancerous growths were found in the cranium and various other parts of the body.

Cancer of vertebræ, 1028; sternum, 1042; pericardium, 1449; lungs 1782; liver, 1927; spleen, 2012; bronchial glands, 1548.

Mr. Key's Record of Inspections.

- 1545<sup>50</sup>. Axillary gland affected with carcinomatous disease. Thumb affected with same disease. Prep., 1124<sup>46</sup>.

1546. "Scrofulous enlargement of a bronchial gland, appearing to communicate with the larynx."—No history.



1547. Cretaceous deposit in the bronchial glands.

James G., aged 17, in the hospital in 1817, for angular curvature of the spine and paralysis. See prep., 1290.

Old Museum, No. 73.

1547<sup>32</sup>. Dried specimen of bronchial gland filled with cretaceous matter.

1547<sup>44</sup>. Bifurcation of trachea, presenting a small ulcerated aperture through which the bony concretion of a gland is making its way.

James L., aged 35, under Dr. Back in 1837 for phthisis.

12. Misc. Insp. Book, p. 73.

1547<sup>64</sup>. A bronchial gland, greatly enlarged from tuberculous disease, and infiltrated with a cretaceous matter. It consisted of two parts of magnesia, and one part of lime.

Henry R., aged 35, under Mr. Morgan for stricture.

3. Misc. Insp. Book, p. 92.

1548. Bronchial glands enlarged from carcinoma, accompanied by an approach to melanosis, which is more particularly visible in the membranous cysts. From same case as prep. 1544.

1549. Absorbent gland behind the sternum, affected with carcinomatous disease.

1550. Carcinomatous tumor, apparently an absorbent gland, near the point of the ensiform cartilage.

1551. Absorbent glands in the less omentum, enlarged by carcinomatous disease. They contain no pigment. See also, 1555; skin, 1661; liver, 1937; kidney, 2062.

1553. Lacteals distended and obliterated by tuberculous matter; the corresponding mesenteric glands also enlarged.

Thomas R., who died in 1826 of phthisis and tubercular disease of intestine.

Red Insp. Book, p. 225.



1554<sup>30</sup>. Lacteals in a varicose condition, and filled with inspissated contents. From same case as prep. 1522<sup>7</sup>.

1554<sup>36</sup>. A lacteal cyst filled with mercury; it is larger than is here apparent, and is produced by obstruction of the ducts. Dilated lacteals are also seen in other parts of the mesentery.

1554<sup>54</sup>. Section of mesenteric gland containing tuberculous matter. Injected.

Robert H., aged 31, who died of phthisis and ulceration of intestine. See prep., 1845<sup>25</sup>.

18. Misc. Insp. Book, p. 177.

1554<sup>60</sup>. Portion of small intestine with mesenteric glands, which have been enlarged by tuberculous deposit, and are become loaded with earthy matter.

1554<sup>72</sup>. Portion of a jejunum with a mesenteric gland loaded with earthy matter.

1554<sup>75</sup>. Very old earthy deposit in mesenteric glands, particularly dense externally.

1554<sup>77</sup>. Cretaceous matter in mesenteric glands.

1554<sup>78</sup>. Cretification of tuberculous glands in mesentery.

Patient, aged 45, in Lambeth Workhouse, who died of phthisis.

Mr. Bryant's Catalogue, p. 110.

1554<sup>84</sup>. Portion of small intestine and mesentery, with glands immensely enlarged by carcinomatous disease. Some of the lacteals obstructed and distended.

Dr. Basset.

1555. Melanotic tumors in omentum. From same case as prep. 1551.

1555<sup>29</sup>. Greatly enlarged absorbent glands from the neighbourhood of the pancreas. From same case as prep. 1538<sup>50</sup>.



- 1555<sup>75</sup>. Portion of a large cyst from the liver, which contained hydatids; preserved to show the absorbent vessels running on its surface, and which are greatly enlarged and tortuous. They communicate by lateral openings with the interior of the cyst. Injected with mercury.

Ann W., under Dr. Bright in 1828, for hydatids in abdomen. See uterus, prep. 2259<sup>60</sup>. When recent, the lymphatic vessels on the cysts were described as large as the iliac artery, filled with a puriform fluid, and some two or three inches in length.

6. Green Insp. Book, p. 70.

1556. Absorbent glands in the neighbourhood of the pancreas affected with carcinomatous disease. From same case as prep. 1542.

1558. Lumbar glands greatly enlarged, of white colour, and firm.

Joseph S., aged 9, under Mr. Morgan in 1826, for a large ulcer on the scrotum, caused by a puncture to evacuate serum. He had for some time been getting dropsical, and his abdomen very large. After death all the lymphatic glands were found very much enlarged, and the spleen pervaded with a white deposit. See prep., 2009.

1. Green Insp. Book, p. 107.

- 1558<sup>30</sup>. Greatly enlarged absorbent glands in the neighbourhood of the pancreas, and closely surrounding the aorta. From same case as prep. 1543<sup>32</sup>.

- 1558<sup>40</sup>. Enlarged lumbar glands affected by carcinomatous disease, and involving the great vessels.

From Ann B., aged 44, who was affected with carcinomatous disease of the uterus and various other organs. See uterus, 2266<sup>18</sup>; lungs, 1743<sup>70</sup>; and liver, 1920<sup>60</sup>.

10. Green Insp. Book, p. 93.

- 1558<sup>50</sup>. Termination of the aorta and commencement of the iliac arteries, with the lumbar glands greatly enlarged; they were whitish, and had a softish, nearly uniform texture. The cervical, lumbar, and inguinal glands were prodigiously enlarged. From same case as 1538<sup>50</sup>.

- 1558<sup>60</sup>. Glands greatly enlarged by carcinomatous disease from the neighbourhood of the aorta, which is considerably com-



pressed. The disease originated from a violent blow on the loins with an iron poker, inflicted many months before; and was attended with violent pain, severe nephritic symptoms, great emaciation, and latterly an abdominal tumor.

Mr. Ebenezer Pye Smith.

- 1558<sup>90</sup>. Abscess by the side of the external iliac and femoral arteries, supposed to have originated from a suppurating gland in the groin. One of the branches of the femoral vein obstructed by coagulum.

William W., under Mr. Key in 1830. On admission he had severe febrile disturbance and a swelling in the groin, which when opened, great hæmorrhage ensued; and the patient gradually sank.

9. Green Insp. Book, p. 70.

1559. A carcinomatous mass dependent apparently on lymphatic glands about the femoral vein, which they have compressed and obliterated.

- 1559<sup>12</sup>. A small osteoid tumor formed in gland, close to the femoral artery.

Benjamin H., aged 56, under Mr. Key in 1841. His thigh was amputated for an osteoid cancer affecting the bones of the knee. See prep., 1165<sup>50</sup> & <sup>51</sup>. He soon after died, when bony deposits were found in the lungs—prep., 1559<sup>12</sup>—and this gland become converted into osseous matter.

18. Misc. Insp. Book, p. 190.

- 1559<sup>35</sup>. Melanotic cancerous growths affecting inguinal glands.

From a woman, aged 46, who had melanotic tumors covering the legs. See model (skin) 292. After death various organs were found pervaded with them. See heart, 1400<sup>20</sup>; colon, 1873<sup>75</sup>; periosteum, 1257<sup>50</sup>; and drawing, 52<sup>75</sup>.

- 1559<sup>83</sup>. Serous cyst found in front of superior vena cava.

PATHOLOGICAL CATALOGUE  
OF THE  
MUSEUM OF GUY'S HOSPITAL.

---

DISEASES OF THE NERVOUS SYSTEM, INTEGUMENT,  
AND ORGANS OF THE SENSES.

---

ALSO A LIST OF THE TUMORS AND NEW GROWTHS CONTAINED  
THROUGHOUT THE PATHOLOGICAL COLLECTION.

By SAMUEL WILKS, M.D., LONDIN.,  
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO GUY'S HOSPITAL;  
LECTURER ON PATHOLOGY; AND CURATOR OF THE MUSEUM.

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MDCCCLXI.



MUSEUM OF THE HUMAN BODY

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Granulation on nerve, 1619<sup>20</sup>.

Union of nerve, 1619<sup>10</sup>.

Enlargement from injury, 1615<sup>10</sup>.

Bulbous ends after amputation, 1617, 1618, 1619, 1620<sup>10</sup>, 1620<sup>20</sup>, 1620<sup>25</sup>, 1620<sup>30</sup>, 1620<sup>31</sup>,  
1620<sup>35</sup>, 1620<sup>38</sup>, 1620<sup>40</sup>.

Neuroma, 1614.

Cancer, 1620<sup>15</sup>, 1620<sup>45</sup>.



## INTEGUMENTS.

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- Webbed fingers, 1620<sup>55</sup>, 1620<sup>60</sup>.  
 Inflammation, of, 1623.  
 Desquamation of cuticle, 1641<sup>20</sup>, 1641<sup>32</sup>.  
 Ulceration, 1622, 1622<sup>50</sup>, 1623<sup>50</sup>, 1624, 1625, 1625<sup>10</sup>, 1625<sup>20</sup>.  
 Mortification, 1625<sup>50</sup>, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1633<sup>50</sup>.  
 Cicatrix, 1620<sup>47</sup>, 1620<sup>48</sup>.  
     " from stump, 1620<sup>48</sup>, 1620<sup>35</sup>.  
 Hypertrophy and elephantiasis, 1620<sup>50</sup>, 1620<sup>65</sup>, 1620<sup>69</sup>, 70, 80, 1620<sup>90</sup>, 1621, 1621<sup>40</sup>, 1652<sup>7</sup>.  
 Ichthyosis, 1621<sup>50</sup>.  
 Horny growths, 1652<sup>8</sup>, 1652<sup>9</sup>.  
 Small-pox, 1634, 1635.  
 Rupia, 1635<sup>25</sup>.  
 Ephelis, 1641<sup>16</sup>.  
 Melasma supra renale, 1641<sup>40</sup>.  
 Injury, 1641<sup>64</sup>.  
 Nævus, 1649<sup>60</sup>, 1649<sup>68</sup>, 1649<sup>76</sup>, 1649<sup>80</sup>, 1649<sup>84</sup>, 1649<sup>92</sup>, 1656<sup>20</sup>, 1656<sup>25</sup>.  
 Mole, 1650, 1650<sup>50</sup>.  
 Plica polonica, 1652.  
 Elongated nail, 1652<sup>4</sup>, 1652<sup>7</sup>, 1652<sup>10</sup>.  
 Fibrous tumor, 1635<sup>40</sup>, 1655<sup>75</sup>, 1660<sup>80</sup>, 1655<sup>70</sup>, 1657<sup>40</sup>.  
 Fibro-cellular, 1655<sup>10</sup>, 1656<sup>10</sup>.  
 Fibro-plastic, 1652<sup>73</sup>, 1652<sup>75</sup>, 1655<sup>80</sup>.  
 Keloid, 1655<sup>50</sup>.  
 Tumor, containing hair, 1651, 1668<sup>20</sup>, 1668<sup>25</sup>.  
 Sanguineous multilocular cyst, 1649<sup>55</sup>, 1649<sup>58</sup>, 1649<sup>65</sup>, 1654<sup>72</sup>.  
 Cephalhæmatoma, 1635<sup>45</sup>.  
 Sebaceous tumor and follicular disease, 1635<sup>50</sup>, 1641<sup>80</sup>, 1642, 1643, 1643<sup>50</sup>, 1643<sup>55</sup>, 1644, 1645, 1645<sup>50</sup>, 1646, 1647, 1648, 1648<sup>50</sup>, 1649, 1649<sup>50</sup>, 1652<sup>32</sup>, 1654<sup>12.24</sup>, 1654<sup>36</sup>, 1654<sup>40</sup>, 1654<sup>45</sup>, 1654<sup>50</sup>, 1654<sup>55</sup>, 1654<sup>65</sup>, 1654<sup>66</sup>.  
 Earthy matter, from same, 1653<sup>50</sup>, 1654<sup>48</sup>, 1654<sup>60</sup>, 1655, 1655<sup>15</sup>.  
 Steatoma, 1652<sup>40</sup>, 1652<sup>45</sup>, 1652<sup>50</sup>, 1652<sup>55</sup>, 1652<sup>60</sup>, 1652<sup>71</sup>, 1652<sup>75</sup>, 1652<sup>80</sup>, 1652<sup>87</sup>.  
 Cartilage, 1652<sup>87</sup>, 1654<sup>84</sup>.  
 Cancer, 1636<sup>30</sup>, 1636<sup>35</sup>, 1641, 1641<sup>48</sup>, 1658, 1660<sup>60</sup>.  
 Epithelioma, 1636, 1636<sup>20</sup>, 1636<sup>50</sup>, 1636<sup>60</sup>, 1637, 1637<sup>55</sup>, 1638, 1638<sup>50</sup>, 1660<sup>60</sup>.  
 Melanosis, 1661, 1661<sup>50</sup>, 1661<sup>55</sup>.  
 Cellular membrane, emphysematous, 1652<sup>20</sup>.  
     " dropsical, 1652<sup>12</sup>.  
     " suppurating, 1652<sup>20</sup>, 1652<sup>25</sup>.  
     " indurated, 1653.  
 Excessive fat, 1652<sup>24</sup>.

## ORGANS OF THE SENSES.

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### NOSE.

- Polypi, 1622, 1633, 1664, 1665, 1665<sup>50</sup>, 1665<sup>55</sup>.  
Antrum and sinuses ; cancer, 1666, 1666<sup>64</sup>, 1666<sup>70</sup>, 1666<sup>80</sup>.  
“ enchondroma, 1666<sup>32</sup>.  
“ exostosis, 1666<sup>48</sup>.

### EYE.

- Lid, cyst with hair, 1668<sup>20</sup>, 1668<sup>25</sup>, 1651.  
“ cancer, 1668<sup>30</sup>, 1668<sup>32</sup>.  
Orbit, recurrent fibroid, 1668<sup>35</sup>.  
“ cysticercus, 1668<sup>40</sup>.  
Eye, cancer and melanosis, 1667, 1668<sup>64</sup>, 1669, 1669<sup>12</sup>, 1669<sup>24</sup>, 1669<sup>32</sup>, 1669<sup>40</sup>, 1669<sup>40</sup>,  
1669<sup>50</sup>, 1669<sup>55</sup>, 1669<sup>60</sup>.  
Injury, 1669<sup>64</sup>.

### EAR.

- Polypus, 1669<sup>70</sup>, 1669<sup>71</sup>, 1669<sup>72</sup>, 1669<sup>74</sup>, 1669<sup>75</sup>, 1669<sup>82</sup>.  
Appendages to auricle, 1669<sup>73</sup>, 1669<sup>80</sup>, 1669<sup>81</sup>.  
Disease of internal ear, 1669<sup>83</sup>, 1669<sup>86</sup>, 1669<sup>87</sup>, 1669<sup>88</sup>, 1669<sup>89</sup>, 1669<sup>90</sup>.  
“ with caries, 1669<sup>91</sup>, 1669<sup>92</sup>.  
Ossicles discharged, 1669<sup>84</sup>.

### TONGUE.

- Hypertrophy, 1670, 1670<sup>50</sup>, 1670<sup>60</sup>, 1671.  
Gangrene, 1672.  
Ulceration, 1672<sup>50</sup>.  
Cancer, 1674, 1674<sup>12</sup>, 1674<sup>15</sup>, 1674<sup>24</sup>.  
Injury by tobacco-pipe, 1674<sup>36</sup>.  
Tonsils enlarged, 1675<sup>50</sup>, 1676<sup>40</sup>, 1676<sup>50</sup>.  
“ ulcerated, 1675, 1676.  
“ sloughing, 1677.  
Diphtheria (?), 1677<sup>25</sup>.  
Calculus, from tonsil, 1677<sup>50</sup>.



# TUMORS, NEW GROWTHS,

AND

## ADVENTITIOUS DEPOSITS CONTAINED IN THE MUSEUM.

It having been found impossible to place together the Tumors in one division, we have selected the different specimens from their respective sections, and have here framed a list of the most remarkable examples.

### FIBROUS TUMORS.

- On exterior of body, 1362<sup>20</sup>, 1363<sup>85</sup>, 1377<sup>54</sup>, 1378, 1361<sup>43</sup>, 1539, 1543<sup>20</sup>, 1635<sup>40</sup>, 1655<sup>75</sup>, 1660<sup>80</sup>, 1655<sup>70</sup>, 1657<sup>40</sup>.  
Skin (as elephantiasis), 1620<sup>65</sup>, 1620<sup>69, 70, 80</sup>, 1620<sup>90</sup>, 1621, 1621<sup>40</sup>, 16527.  
Keloid, 1655<sup>60</sup>.  
Appendages to auricle, 1666<sup>73</sup>, 1669<sup>80</sup>, 1669<sup>81</sup>.  
Congenital, 2546<sup>60</sup>.  
Condylomata, 2289<sup>80</sup>.  
Bone; lower jaw, 1091<sup>20</sup>, 1091<sup>25</sup>. Hand, 1124<sup>46</sup>.  
Parotid region, 1784<sup>25</sup>, 1784<sup>30</sup>.  
Palate, 1784<sup>49</sup>.  
Epulis, 1784<sup>62</sup>, 1784<sup>53</sup>.  
Dura mater, 1602<sup>32</sup>, 1602<sup>64</sup>, 1603<sup>60</sup>.  
Neuroma, 1614.  
Bulbous ends of nerves, 1617, 1618, 1619, 1620<sup>10</sup>, 1620<sup>20</sup>, 1620<sup>25</sup>, 1620<sup>30</sup>, 1620<sup>31</sup>, 1620<sup>35</sup>.  
Heart, 1396<sup>70</sup>, 1397.  
Testis, 2352, 2352<sup>10</sup>, 2352<sup>20</sup>, 2353.  
Uterus, 2267, 2268<sup>25</sup>, 2268<sup>75</sup>, 2268<sup>80</sup>, 2270, 2271, 2271<sup>90</sup>, 2275, 2275<sup>40</sup>, 2275<sup>80</sup>, 2276, 2276<sup>60</sup>, 2278<sup>30</sup>, 2278<sup>60</sup>, 2278<sup>70</sup>, 2278<sup>80</sup>, 2280.  
Ovary, 2246<sup>60</sup>.  
Vagina, 2281<sup>85</sup>.

### FIBRO-PLASTIC; FIRM.

- On exterior of body, 1376<sup>55</sup>, 1376<sup>60</sup>, 1652<sup>73</sup>, 1652<sup>75</sup>, 1655<sup>80</sup>, 1656<sup>10</sup>.  
Spinal cord, 1562<sup>85</sup>, 1562<sup>86</sup>.  
Ovary, 2246<sup>60</sup>, 2246<sup>65</sup>, 2225.  
Testis, 2340.  
*Those known to recur*, 1362<sup>70</sup>, 1362<sup>80</sup>, 1362<sup>90</sup>, 1363<sup>20</sup>, 30, 40, 60, 1369<sup>55</sup>, 1376<sup>45</sup>, 46, 1376<sup>50, 51</sup>, 1376<sup>65</sup>, 1668<sup>35</sup>; mamma, 2299<sup>80</sup>, 81, 2300<sup>1, 2, 3</sup>.

### FIBRO-PLASTIC; SOFT.

- On exterior of body, 1361<sup>45</sup>, 1369<sup>16</sup>, 1369<sup>25</sup>, 1361<sup>48</sup>, 1657<sup>40</sup>.  
Brain, 1564<sup>35</sup>, 1576<sup>70</sup>.

Heart, 1449<sup>26</sup>.  
Lung, 1749<sup>45</sup>.  
*Those known to recur*, 1376<sup>50</sup>, <sup>51</sup>, 1376<sup>30</sup>, 1362<sup>48.64.65</sup>.  
Uterus, 2262; lung, 1750<sup>20</sup>.

FIBRO-CELLULAR, 1655<sup>10</sup>, 1656<sup>10</sup>, 1620<sup>50</sup>.

*Polypus.*

Heart, 1387, 1396<sup>5</sup>.  
Nose, 1622, 1633, 1664, 1665, 1665<sup>50</sup>, 1665<sup>55</sup>.  
Ear, 1669<sup>70</sup>, 1669<sup>71</sup>, 1669<sup>72</sup>, 1669<sup>73</sup>, 1669<sup>74</sup>, 1669<sup>75</sup>, 1669<sup>82</sup>.  
Pharynx, 1784<sup>50</sup>, 1784<sup>55</sup>.  
Stomach, 1796<sup>25</sup>, 1796<sup>30</sup>.  
Intestine, 1819<sup>91</sup>, 1873<sup>50</sup>, 1873, 1887, 1887<sup>50</sup>.  
Rectum, 1883<sup>80</sup>, 1887<sup>65</sup>, 1887<sup>70</sup>.  
Bladder, 2104<sup>28</sup>, 2104<sup>30</sup>, 2104<sup>32</sup>.  
Uterus, 2246<sup>32</sup>, 2261<sup>20</sup>, 2261, 2260<sup>75</sup>, 2261<sup>30</sup>, 2261<sup>40</sup>, 2261<sup>45</sup>, 2261<sup>60</sup>,  
2266<sup>78</sup>, 2266<sup>80</sup>, 2266<sup>82</sup>, 2266<sup>85</sup>, 2266<sup>90</sup>, 2273<sup>32</sup>, 2275<sup>91</sup>, 2275<sup>95</sup>,  
2275<sup>96</sup>, 2275<sup>97</sup>, 2275<sup>99</sup>, 2280<sup>40</sup>, 2280<sup>50</sup>, 2280<sup>75</sup>, (vesicular) 2260<sup>12</sup>,  
2261<sup>10</sup>.

FIBRINOUS DEPOSITS (recent),

Spleen, 2000, 2001.  
Kidney, 2033<sup>10</sup>, 2035<sup>75</sup>.

FIBRINOUS DEPOSITS (syphilitic).

Bone.  
Brain.  
Liver, 1913<sup>10</sup>, 1913<sup>20</sup>, 1913<sup>25</sup>, 1913<sup>30</sup>.  
Spleen, 2004<sup>50</sup>.  
Lung, 1749<sup>60</sup>.  
Heart, 1396<sup>70</sup>, 1397 (?).  
Testes, 2351<sup>55</sup>, 2351<sup>57</sup>.

HYPERTROPHY OF ORGANS.

Tongue, 1670, 1670<sup>60</sup>, 1670<sup>60</sup>, 1671.  
Tonsils, 1675<sup>50</sup>, 1676<sup>40</sup>, 1676<sup>50</sup>.  
Thyroid, 1711<sup>14</sup>, 1711<sup>35</sup>, 1711<sup>28</sup>, 1711<sup>39</sup>, 1711<sup>77</sup>.  
Spleen, 1994, 1994<sup>30</sup>, 1996, 1996<sup>25</sup>.  
Kidney, 2026<sup>10</sup>.  
Bladder, 2091<sup>60</sup>.

*Constituting tumors.*

Mamma, see adenocoele.  
Prostate, 2389, 2389<sup>35</sup>, 2389<sup>80</sup>, 2389<sup>75</sup>, 2390, 2391, 2391<sup>50</sup>.  
Lymphatic glands, 1541<sup>12</sup>, 1541<sup>24</sup>, 1543<sup>32</sup>, <sup>64</sup>, 1555<sup>25</sup>, 1558, 1558<sup>30</sup>,  
1558<sup>50</sup>.

CYSTS.

Exterior of body, 1362<sup>32</sup>.  
*Sebaceous*, 1642, 1643<sup>50</sup>, 1643<sup>55</sup>, 1644, 1648, 1648<sup>50</sup>, 1649<sup>50</sup>, 1654<sup>12</sup>, 1654<sup>45</sup>, 1654<sup>56</sup>,  
1654<sup>50</sup>, 1654<sup>55</sup>, 1654<sup>65</sup>, 1654<sup>66</sup>.  
*Mucous*, lip, 1678; tongue (ranula); vaginal, 2281<sup>80</sup>, 2281<sup>82</sup>.  
Bursa, 1374<sup>80</sup>, 1374<sup>90</sup>, 1375, 1375<sup>20</sup>, 1375<sup>25</sup>, 1375<sup>50</sup>, 1375<sup>55</sup>, 1375<sup>60</sup>, 1375<sup>65</sup>, 1375<sup>70</sup>,  
1375<sup>15</sup>, 1364<sup>50</sup>, 1369<sup>20</sup>, 1375<sup>75</sup>.  
Tendon, 1377<sup>50</sup>, 1377<sup>55</sup>, 1377<sup>80</sup>, 1377<sup>90</sup>.



Bone, 1087, 1091<sup>16</sup>, 1255; from necrosis, 1245<sup>80</sup>, 1245<sup>45</sup>, 1248<sup>66</sup>; mollities, 1160<sup>65</sup>.  
 Brain, blood, 1575; inflammatory, 1566<sup>20</sup>, 1566<sup>25</sup>, 1566<sup>30</sup>; abscess, 1565<sup>32</sup>, 1565<sup>40</sup>, 1565<sup>64</sup>, 1565<sup>86</sup>, 1565<sup>90</sup>.  
 Encephalocele, 1563, 1563<sup>20</sup>, 1563<sup>30</sup>, 1563<sup>50</sup>, 1563<sup>55</sup>, 1563<sup>60</sup>.  
 Spina bifida, 1002<sup>5</sup>, 1003.  
 Dura mater, 1591<sup>60</sup>.  
 Choroid plexus, 1586<sup>10</sup>, 1588, 1588<sup>5</sup>.  
 Thyroid, 1711<sup>49</sup>, 1711<sup>56</sup>, 1711<sup>50</sup>, 1711<sup>63</sup>, 1711<sup>67</sup>.  
 Heart, 1397<sup>10</sup>, 1395<sup>20</sup>.  
 Vessels (aneurism).  
 Lung, emphysema, 1723, 1724; abscess, 1783<sup>32</sup>, 1783<sup>64</sup>.  
 Peritoneum, 2439<sup>60</sup>, 2441, 2441<sup>5</sup>, 2441<sup>25</sup>, 2441<sup>30</sup>, 2441<sup>35</sup>, 2442, 2456<sup>42</sup>, 2456<sup>45</sup>; also hernia.  
 Œsophagus, 1784, 1784<sup>72</sup> (mucous).  
 Stomach, 1796<sup>55</sup>.  
 Intestine, 1817<sup>50</sup>.  
 Liver, dilated duct, 1951<sup>85</sup>; new formation, 1909<sup>40</sup>, 1909<sup>45</sup>, 1951<sup>56</sup>.  
 Spleen, 2010<sup>50</sup>, 2010<sup>60</sup>.  
 Pancreas, dilated duct, 1991<sup>80</sup>, 1991 (?).  
 Kidney, dilated pelvis, &c., 2064, 2065, 2065<sup>64</sup>, 2065<sup>50</sup>, 2066<sup>60</sup>, 2067<sup>50</sup>, 2069; new formations, 2046<sup>40</sup>, 2044, 2045, 2046<sup>32</sup>, 2046<sup>64</sup>, 2046<sup>70</sup>, 2047, 2047<sup>25</sup>, 2047<sup>60</sup>, 2047<sup>75</sup>, 2048<sup>48</sup>, 2049.  
 Bladder, pouch, 2087<sup>25</sup>, 2087<sup>35</sup>, 2087<sup>50</sup>, 2087<sup>75</sup>, 2089.  
 Testis, pedunculated, 2385<sup>50</sup>; hydrocele (see).  
 Mamma, dilated ducts, 2290<sup>50</sup>, 2290<sup>70</sup>, 2290<sup>80</sup>, 2290<sup>85</sup>.  
 Ovary, distended follicles, 2227, 2228, 2224<sup>20</sup>, 2228<sup>10</sup>, 2228<sup>20</sup>, 2228<sup>30</sup>, 2231<sup>48</sup>, 2228<sup>50</sup>, 2254<sup>80</sup>, 2228<sup>40</sup>, 45, 80 (?), 2231<sup>20</sup> (?); new formations, 2238, 2239, 2239<sup>28</sup>, 2239<sup>42</sup>, 2239<sup>60</sup>, 2239<sup>66</sup>, 2239<sup>70</sup>, 2240, 2241, 2241<sup>10</sup>, 2241<sup>20</sup>, 2241<sup>70</sup>, 2243<sup>25</sup>, 2245<sup>32</sup>, 2245<sup>64</sup>, 2241<sup>90</sup>.  
 Broad ligament, pedunculated, 2251, 2255<sup>32</sup>, 2255<sup>64</sup>, 2256, 2257.  
 Fallopian tubes, distended, 2252, 2254<sup>10</sup>, 2254, 2254<sup>30</sup>, 2254<sup>65</sup>, 2266<sup>10</sup>.  
 Ovarian cyst, containing hair, teeth, &c., 2232, 2233, 2234, 2235, 2236, 2237, 2225<sup>80</sup>, 2233<sup>50</sup>, 2233<sup>60</sup>, 2237<sup>40</sup>, 2237<sup>15</sup>, 2237<sup>20</sup>, 2237<sup>25</sup>.  
 Cysts with hair near eye, 1651, 1668<sup>20</sup>, 1668<sup>25</sup>.  
 Chorion, 2529, 2529<sup>24</sup>, 2529<sup>36</sup>, 2529<sup>43</sup>, 2529<sup>60</sup>, 2529<sup>72</sup>, 2529<sup>84</sup>, 2529<sup>90</sup>.  
 Extra uterine foetation (see).

*Cyst formation in tumors.*

Cancer, 2301<sup>16</sup>, 2309<sup>5</sup>, 2310<sup>10</sup>, 2310<sup>20</sup>, 2361<sup>90</sup>, &c.  
 In sarcoma of testis, 2352, 2352<sup>10</sup>, 2352<sup>20</sup>, 2352<sup>60</sup>, 2353.  
 "                   mammæ, see adenocoele.  
 Enchondroma, 1541<sup>60</sup>, 61, 1132<sup>52</sup>, 53, 1160<sup>86</sup>.  
 Myeloid, 1255<sup>26</sup>.  
 Sarcoma of jaw, 1091<sup>60</sup>.

**HYDATIDS; *Cysticercus*.**

Muscle, 1362<sup>30</sup>, 1369<sup>18</sup>.  
 Eye, 1668<sup>40</sup>.  
 Brain, 1590<sup>14</sup>, 1590<sup>75</sup>.

*Echinococcus.*

Brain, 1577, 1577<sup>32</sup>.  
 Bone, 1029<sup>30</sup>, 1258.  
 Muscle, 1369<sup>30</sup>.



Heart, 1396<sup>55</sup>, 1449<sup>64</sup>.  
 Lung, 1753, 1754, 1755, 1755<sup>25</sup>, 1755<sup>60</sup>, 1753<sup>53</sup>, 1783<sup>32</sup>, 1783<sup>64</sup>, 1449<sup>64</sup>.  
 Liver, 1909<sup>55</sup> (?), 1945<sup>20</sup>, 1941, 1941<sup>50</sup>, 1942, 1942<sup>50</sup>, 1943, 1945, 1945<sup>40</sup>, 1946,  
 1946<sup>10</sup>, 1946<sup>20</sup>.  
 Kidney, 2022<sup>84</sup>, 2047<sup>15</sup>, 2047<sup>18</sup>.  
 Bladder, 2104<sup>40</sup> (?), 2104<sup>44</sup>, 2104<sup>52</sup>, 2104<sup>56</sup>.  
 Peritoneum, 2472<sup>50</sup>, 2473, 2473<sup>50</sup>, 2474<sup>20</sup> (?), 2474, 1559<sup>88</sup> (?).  
 Breast, 2291; thyroid, 1711<sup>60</sup>.

#### CANCER.

Bone, 1251<sup>85</sup>, 1081<sup>45</sup>, 1081<sup>50</sup>, 1098<sup>10</sup>, 1098<sup>15</sup>, 1106<sup>5</sup>, 1107<sup>20</sup>, 1107<sup>22</sup>, 1162<sup>12</sup>, 1162<sup>24</sup>,  
 1162<sup>45</sup>, 1162<sup>48</sup>, 1166, 1210<sup>97</sup>, 1251<sup>55</sup>, 1268<sup>60</sup>, 1268<sup>50</sup>, 1251<sup>85</sup>, 1028, 1028<sup>60</sup>,  
 1029<sup>20</sup>, 1029<sup>25</sup>, 1042, 1050, 1050<sup>40</sup>, 1091<sup>30</sup>, 1091<sup>40</sup>.  
 Exterior of body, 1362<sup>40</sup>, 1363, 1363<sup>60</sup>, 1363<sup>70</sup>, 1363<sup>80</sup>, 1365<sup>50</sup>, 1369<sup>48</sup>, 1369<sup>64</sup>,  
 1374<sup>40</sup>, 1366<sup>55</sup>, 1637<sup>55</sup>, 1636<sup>30</sup>, 1636<sup>60</sup>, 1636<sup>85</sup>, 1658, 1660<sup>60</sup>, 1668<sup>30</sup>, 1668<sup>32</sup>.  
 Brain, 1576, 1576<sup>56</sup>, 1576<sup>60</sup>, 1576<sup>64</sup>, 1576<sup>72</sup>, <sup>73</sup>, 1583<sup>64</sup>, 1585<sup>60</sup>.  
 Dura mater, 1576, 1576<sup>72</sup>, <sup>73</sup>, 1601, 1601<sup>5</sup>, 1601<sup>10</sup>, 1602, 1603, 1603<sup>12</sup>, 1604,  
 1604<sup>50</sup>.  
 Pia mater, 1585<sup>50</sup>, 1585<sup>75</sup>.  
 Nerves, 1620<sup>15</sup>, 1620<sup>45</sup>.  
 Spinal cord, 1562<sup>90</sup>.  
 Heart, 1396<sup>80</sup>, 1398<sup>50</sup>, 1399, 1399<sup>55</sup>.  
 Pericardium, 1449.  
 Vena cava, 1528<sup>20</sup>.  
 Larynx and trachea, 1716<sup>20</sup>, 1716<sup>25</sup>, 1691, 1691<sup>50</sup>, 1704<sup>50</sup> (some epithelial?).  
 Thyroid, 1711<sup>70</sup>, 1711<sup>73</sup>, 1711<sup>77</sup>, 1711<sup>90</sup>, 1711<sup>95</sup>.  
 Lungs, 1747<sup>50</sup>, 1748, 1749<sup>40</sup>, 1749<sup>64</sup>, 1749<sup>82</sup>, 1750<sup>64</sup>, 1751<sup>32</sup>, 1751<sup>35</sup>, 1751<sup>70</sup>,  
 1752<sup>50</sup>, 1751<sup>75</sup>.  
 Pleura, 1779, 1780, 1780<sup>32</sup>, 1780<sup>64</sup>, 1781, 1782, 1782<sup>20</sup>, 1782<sup>40</sup>.  
 Antrum and nose, 1666, 1666<sup>64</sup>, 1666<sup>70</sup>, 1666<sup>80</sup>.  
 Pharynx, 1784<sup>51</sup>, 1785, 1785<sup>35</sup>, 1785<sup>40</sup>, 1785<sup>50</sup>, 1785<sup>62</sup>, 1785<sup>70</sup>, 1785<sup>75</sup>, 1785<sup>76</sup>  
 (some epithelial).  
 Esophagus, 1789<sup>60</sup>, 1790, 1791, 1792, 1792<sup>20</sup>, 1792<sup>25</sup>, 1792<sup>60</sup>, 1793, 1793<sup>16</sup>,  
 1793<sup>20</sup>, 1793<sup>25</sup>, 1793<sup>32</sup>, 1793<sup>33</sup>, 1793<sup>34</sup>, 1793<sup>35</sup>, 1541<sup>36</sup>.  
 Stomach, 1807, 1808, 1809, 1810, 1810<sup>50</sup>, 1811, 1811<sup>25</sup>, 1812, 1812<sup>10</sup>, 1812<sup>55</sup>,  
 1812<sup>80</sup>, 1813, 1813<sup>21</sup>, 1813<sup>5</sup>, 1813<sup>35</sup>, 1814, 1815.  
 Intestines, 1854<sup>30</sup>, 1854<sup>60</sup>, 1854<sup>62</sup>, 1881<sup>95</sup>, 1854, 1854<sup>30</sup>, 1854<sup>67</sup>, 1854<sup>34</sup>, 1854<sup>38</sup>,  
 1854<sup>64</sup>, 1854<sup>65</sup>, 1854<sup>66</sup>, 1881<sup>96</sup>, 1881<sup>97</sup>.  
 Liver, 1915<sup>50</sup>, 1915<sup>52</sup>, 1916, 1916<sup>80</sup>, 1918, 1920<sup>40</sup>, 1922, 1922<sup>35</sup>, 1922<sup>48</sup>, 1922<sup>60</sup>,  
 1922<sup>61</sup>, 1922<sup>90</sup>, 1927, 1934, 1936.  
 Gall-bladder, 1963<sup>50</sup>, 1964.  
 Spleen, 2011, 2011<sup>50</sup>, 2012, 2012<sup>25</sup>, 2012<sup>50</sup>.  
 Pancreas, 1988, 1988<sup>75</sup>, 1988<sup>76</sup>, 1989<sup>75</sup>, 1989<sup>10</sup>.  
 Lymphatic glands, 1541<sup>48</sup>, 1542, 1544, 1551, 1554<sup>84</sup>, 1556, 1558<sup>40</sup>, 1558<sup>60</sup>,  
 1559.  
 Peritoneum, 2469<sup>42</sup>, 2469<sup>46</sup>, 2469<sup>70</sup>, 2470, 2468, 2467, 2470<sup>7</sup>, 2470<sup>21</sup>, 2470<sup>25</sup>,  
 2470<sup>34</sup>, 2470<sup>49</sup>.  
 Supra-renal capsules, 2022, 2022<sup>6</sup>, 2022<sup>10</sup>, 2021<sup>83</sup>, 2021<sup>90</sup>.  
 Kidney, 2054, 2056<sup>50</sup>, 2056<sup>55</sup>, 2056<sup>65</sup>, 2056<sup>84</sup>, 2056<sup>60</sup>, 2057<sup>20</sup>, 2057<sup>60</sup>, 2057,  
 2057<sup>80</sup>, 2058.  
 Bladder, 2103, 2103<sup>50</sup>, 2104, 2104<sup>6</sup>, 2104<sup>8</sup>, 2104<sup>9</sup>, 2104<sup>10</sup>, 2104<sup>11</sup>, 2104<sup>17</sup>, 2104<sup>14</sup>,  
 2104<sup>25</sup>, 2396<sup>50</sup>.



Testes, 2351<sup>80</sup>, 2356, 2357, 2359, 2360, 2361, 2361<sup>25</sup>, 2361<sup>50</sup>, 2361<sup>75</sup>, 2361<sup>80</sup>.  
 Prostate: and vesic. seminales, 2393<sup>50</sup>.  
 Ovary, 2246<sup>40</sup>, 2246<sup>48</sup>.  
 Uterus, 2263<sup>50</sup>, 2264, 2264<sup>32</sup>, 2264<sup>40</sup>, 2265<sup>20</sup>, 2265<sup>40</sup>, 2266<sup>5</sup>, 2266<sup>12</sup>, 2266<sup>24</sup>.  
 Mamma, 2301, 2301<sup>10</sup>, 2301<sup>15</sup>, 2302<sup>64</sup>, 2306<sup>55</sup>, 2307, 2309, 2309<sup>25</sup>, 2312, 2313, male, 2434<sup>25</sup>, 2433, 2434, 2434<sup>21</sup>.  
 External genitals (female), 2289<sup>32</sup>, 2289<sup>64</sup>, 2289<sup>70</sup>, 2290.

#### MELANOSIS.

Bone, 1257<sup>50</sup>.  
 Integument, 1362<sup>90</sup>, 1362<sup>35</sup>, 1369<sup>50</sup>, 1661, 1661<sup>50</sup>, 1661<sup>55</sup>.  
 Lymphatic glands, 1559<sup>35</sup>.  
 Heart, 1400<sup>14</sup>, 1400<sup>15</sup>, 1400<sup>20</sup>, 1400<sup>25</sup>.  
 Eye, 1667, 1668<sup>64</sup>, 1669, 1669<sup>12</sup>, 1669<sup>24</sup>, 1669<sup>32</sup>, 1669<sup>40</sup>, 1669<sup>45</sup>, 1669<sup>50</sup>, 1669<sup>55</sup>, 1669<sup>90</sup>.  
 Lung, 1752<sup>50</sup>.  
 Omentum, 1555, 2464<sup>5</sup>.  
 Intestine, 1873<sup>75</sup>.  
 Liver, 1931<sup>20</sup>, 1937, 1937<sup>40</sup>, 1937<sup>45</sup>, 1937<sup>60</sup>, 1937<sup>80</sup>, 1937<sup>85</sup>, 1937<sup>90</sup>.  
 Spleen, 2012<sup>50</sup>.  
 Kidney, 2062, 2062<sup>50</sup>.  
 Bladder, 2104<sup>20</sup>.  
 Spermatic cord, 2367<sup>80</sup>; ovary, 2249<sup>64</sup>.

SPURIOUS MELANOSIS OF LUNG, 1726<sup>70</sup>, 1726<sup>85</sup>, 1726<sup>87</sup>, 1726<sup>90</sup>.

#### VILLOUS GROWTHS.

Dura mater, 1603<sup>35</sup>.  
 Stomach, 1813<sup>70</sup>.  
 Intestine, 1863<sup>80</sup>, 1854<sup>65</sup>.  
 Bladder, 2104<sup>5</sup>, 2104<sup>7</sup>.  
 Orifice of female bladder, 2092<sup>60</sup>, 2092<sup>61</sup>.

#### EPITHELIOMA.

Skin, 1679, 1680, 1680<sup>50</sup>, 1681, 1682, 1682<sup>40</sup>, 1682<sup>60</sup>, 1682<sup>20</sup>, 1682<sup>80</sup>, 1636, 1636<sup>20</sup>, 1636<sup>50</sup>, 1637, 1638, 1638<sup>50</sup>, 1660<sup>90</sup>, 1641.  
 Chimney sweeper's, 2386, 2386<sup>50</sup>, 2387, 2387<sup>35</sup>, 2387<sup>70</sup>.  
 Labium, see Warts.  
 Penis, 2422, 2423, 2424, 2424<sup>10</sup>, 2425, 2425<sup>50</sup>, 2426, 2427<sup>40</sup>, 2427<sup>20</sup>, 2427<sup>50</sup>, 2427<sup>70</sup>, 2428, 2428<sup>5</sup>, 2428<sup>10</sup>.  
 Larynx, 1691, 1691<sup>50</sup>, 1704<sup>50</sup>.  
 Bronchi, 1081<sup>40</sup>, 1132<sup>54</sup>, 1223<sup>20</sup>, 1248<sup>88</sup>, 1285<sup>60</sup>, 1641.  
 Tongue, 1674, 1674<sup>12</sup>, 1674<sup>15</sup>, 1674<sup>24</sup>.  
 Supra-renal capsules, 2022<sup>13</sup>.  
 Pancreas, 1988<sup>76</sup>; oesophagus, see Cancer.

#### WARTY GROWTHS.

Larynx, 1690<sup>95</sup>, 1702, 1703, 1704.  
 Oesophagus, 1784<sup>75</sup>, 1784<sup>77</sup>.  
 Palate, 1784<sup>46</sup>, 1784<sup>47</sup>, 1784<sup>48</sup>.  
 Nates, 1652<sup>32</sup>, 1890.  
 Female genitals, 2285, 2286, 2287, 2288, 2289, 2288<sup>25</sup>, 2289<sup>16</sup>.  
 Penis, probably some under epithelioma.

HORNY GROWTHS, 1652<sup>8</sup>, 1652<sup>9</sup>, 1652<sup>10</sup>, 1678<sup>5</sup>.

STEATOMA, 1652<sup>40</sup>, 1652<sup>45</sup>, 1652<sup>60</sup>, 1652<sup>65</sup>, 1652<sup>60</sup>, 1652<sup>71</sup>, 1652<sup>75</sup>, 1652<sup>80</sup>, 1652<sup>87</sup>, 2291<sup>10</sup>.

CHOLESTEATOMA.

Sebaceous tumors (see).

Brain, 1577<sup>10</sup>.

ENCHONDROMA.

Bone, 1666<sup>32</sup>, 1091<sup>10</sup>, 1091<sup>15</sup>, 1091<sup>28</sup>, 1098<sup>20</sup>, 1132<sup>53</sup>, 1160<sup>86</sup>, 1336.

Exterior of body, 1652<sup>87</sup>, 1654<sup>48</sup>.

Phalanges, 1363<sup>90</sup>, 1122, 1122<sup>50</sup>, 1124<sup>60</sup>, 1124<sup>65</sup>, 1285<sup>80</sup>, 1285<sup>85</sup>, 1366<sup>60</sup>.

Neck (fibro-cartilaginous), 1361<sup>46</sup>, 1361<sup>47</sup>, 1091<sup>35</sup>, 1539<sup>60</sup>, 1540,  
1541<sup>60</sup>, 61, 72, 1784<sup>35</sup>, 1654<sup>84</sup>.

Liver, 1939 (?), 1940 (?).

Lung, 1747<sup>68</sup>, 1769<sup>64</sup>.

Testis, 2362.

OSSEOUS TUMORS (exostosis), 1073, 1074, 1074<sup>15</sup>, 1074<sup>20</sup>, 1074<sup>30</sup>, 1074<sup>35</sup>, 1151<sup>50</sup>, 1151<sup>76</sup>,  
1200<sup>20</sup>, 1152<sup>5</sup>, 1152<sup>32</sup>, 1152<sup>48</sup>, 1160<sup>24</sup>, 1167<sup>50</sup>, 1666<sup>48</sup>.

Congenital, 2546<sup>40</sup>.

OSTEO-ENCHONDROMA, 1361, 1376<sup>35</sup>, 1376<sup>40</sup>, 1399<sup>50</sup>.

OSTEOID CANCER.

Bone, 1107, 1165<sup>60</sup>.

Lung, 1750<sup>45</sup>, 46.

Lymphatic gland, 1559<sup>12</sup>.

OSTEOSARCOMA.

Bone, 1105<sup>50</sup>, 1117<sup>30</sup>, 1162<sup>65</sup>, 1163, 1162<sup>77</sup>, 1168, 1251<sup>25</sup>, 1251<sup>50</sup>, 1251<sup>80</sup>,  
1168<sup>10</sup>, 1252<sup>50</sup>, 1252<sup>60</sup>, 1255<sup>50</sup>.

Heart, 1400.

Lung, 1400, 1749<sup>32</sup>, 1750<sup>40</sup>, 1750<sup>60</sup>.

Lymphatic glands, 1400.

MYELOID.

Bone, 1098<sup>5</sup>, 1117<sup>20</sup>, 1160<sup>50</sup>, 1162<sup>30</sup>, 1162<sup>31</sup>, 1162<sup>32</sup>, 1210<sup>55</sup>, 1255, 1255<sup>26</sup>, 1255<sup>30</sup>,  
1268<sup>50</sup>.

NÆVI, 1649<sup>60</sup>, 1649<sup>68</sup>, 1649<sup>76</sup>, 1649<sup>80</sup>, 1649<sup>84</sup>, 1649<sup>92</sup>, 1656<sup>20</sup>, 1656<sup>25</sup>.

BLOOD CYSTS.

Neck, 1649<sup>55</sup>, 1649<sup>58</sup>, 1649<sup>65</sup>, 1654<sup>72</sup>.

Cephalhæmatoma, 1635<sup>45</sup>.

Cavernous tissue; liver, 1909<sup>10</sup>, 1909<sup>20</sup>, 1909<sup>25</sup>, 1909<sup>26</sup>; intestine, 1819<sup>90</sup>,  
kidney, 2059<sup>64</sup> (?).

COLLOID.

Stomach, 1813<sup>14</sup>, 1813<sup>21</sup>, 1813<sup>28</sup>, 1813<sup>29</sup>, 1830<sup>30</sup>, 1813<sup>33</sup> (?).

Intestine, 1843<sup>64</sup>, 1854<sup>67</sup>, 1886<sup>80</sup>, 2289<sup>20</sup>.

Liver, 1937<sup>95</sup>.

Pancreas, 1990<sup>95</sup>.

Breast.

LARDACEOUS DEPOSIT.

Liver, 1896, 1896<sup>20</sup>, 1896<sup>25</sup>, 1896<sup>30</sup>.

Spleen, 2005, 2005<sup>25</sup>, 2005<sup>50</sup>.

Kidney, 2036<sup>45</sup>.

Supra-renal capsule, 2021<sup>15</sup>.



## TUBERCLE.

Bone and intervertebral cartilage, 1021<sup>30</sup>, 1027<sup>40</sup>, 1103<sup>25</sup>, &c.  
 Brain, 1564<sup>12</sup>, 1575<sup>40</sup>, 1575<sup>60</sup>, 1583<sup>16</sup>, 1583<sup>20</sup>, 1583<sup>25</sup>, 1583<sup>32</sup>, 1583<sup>48</sup>, 1583<sup>70</sup>.  
 Dura mater, 1592<sup>48</sup> (?).  
 Pia mater, 1584<sup>20</sup>.  
 Pericardium, 1445<sup>50</sup>, 1449<sup>32</sup>.  
 Lymphatic glands, 1540<sup>50</sup>, 1553, 1554<sup>60</sup>.  
 Lacteals, 1540<sup>50</sup>, 1553.  
 Larynx, 1697<sup>18</sup>, 1697<sup>25</sup>, 1698, &c.  
 Lung (see).  
 Pleura, 1769, 1778, &c.  
 Peritoneum, 2456<sup>80</sup>, 2457, 2457<sup>50</sup>, 2458.  
 Intestine, 1844<sup>25</sup>, 1844<sup>50</sup>, 1844<sup>75</sup>, 1845<sup>25</sup>, 1844<sup>55</sup>, 1862, &c.  
 Liver, 1915, 1915<sup>25</sup>, 1915<sup>33</sup>.  
 Spleen, 2006<sup>34</sup>, 2007, 2007<sup>50</sup>, 2008, 2008<sup>50</sup>, 2008<sup>55</sup>, 2009, 2009<sup>50</sup> (?).  
 Supra-renal capsules, see Addison's disease.  
 Kidney, 2029, 2030, 2035<sup>56</sup>, 2035<sup>60</sup>, 2035<sup>92</sup>, 2035<sup>95</sup>, 2065<sup>16</sup>, 2065<sup>32</sup>.  
 Bladder, 2102<sup>5</sup>, 2102<sup>10</sup>.  
 Testis, 2343, 2345, 2346, 2347, 2348, 2349, 2349<sup>60</sup>, 2350, 2350<sup>10</sup>, 2351<sup>70</sup>.  
 Vesiculæ seminales, 2367<sup>60</sup>, 2367<sup>68</sup>.  
 Prostate, 2393<sup>75</sup>.  
 Uterus, 2251<sup>40</sup>, 2261<sup>75</sup>, 2261<sup>76</sup>, 2261<sup>77</sup>.  
 Fallopian tube, 2251<sup>40</sup>.  
 Placenta, 2258<sup>50</sup> (?).

## EARTHY CONCRETIONS AND OSSIFICATIONS.

Skin, 1654<sup>60</sup>.  
 Tonsils, 1677<sup>50</sup>.  
 Salivary calculi, 1784<sup>40</sup>, 1784<sup>45</sup>, 1784<sup>41</sup>, 1894<sup>75</sup>, 1894<sup>50</sup>, 1894<sup>51</sup>.  
 Intestinal do., 1893, 1893<sup>25</sup>, 1893<sup>30</sup>.  
 Pancreatic do., 1991<sup>80</sup>, 1992, 1992<sup>50</sup>.  
 Renal do., }  
 Biliary do., } see.  
 Urinary do., }  
 Cerebral and spinal membranes ossified, 1595, 1598, 1598<sup>60</sup>, 1594<sup>14</sup>,  
 1562<sup>70</sup>.  
 Choroid plexus, 1588<sup>32</sup>.  
 Pineal gland, 1612<sup>38</sup>.  
 Lung (see).  
 Pleura, 1774, 1777<sup>18</sup>, 1777<sup>19</sup>, 1777<sup>20</sup>, 1777<sup>21</sup>.  
 Pericardium, 1448, 1448<sup>50</sup>, 1448<sup>75</sup>.  
 Vein, see Phlebolithe.  
 Lymphatic gland (see).  
 Fibrous tumors of uterus, 2280<sup>6</sup>, 2280<sup>7</sup>, 2280<sup>8</sup>, 2280<sup>9</sup>, 2280<sup>12</sup>, 2280<sup>20</sup>,  
 2280<sup>25</sup>, 2280<sup>30</sup>, 2280<sup>35</sup>.  
 Placenta, 2528<sup>50</sup>.

# DISEASES OF THE NERVOUS SYSTEM.

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## SPINAL CORD.

1560. A section of the spine in the lower dorsal region, showing a softening of the medulla, and a suppuration around it. The spinal canal is seen to contain a quantity of soft cheesy matter, and this extends downwards around the cauda equina. The bodies of the adjacent vertebræ appear to be slightly carious. The origin of the affection was supposed to be scrofulous disease of the vertebræ.

Dr. Marcet and Sir A. Cooper.

Old Museum Book, No. 128.

- 1560<sup>32</sup>. Spinal marrow with its membranes, the former disorganized by softening from near the cervical portion to near its lower extremity. Near the middle is a solid opaque mass, which was called scrofulous, but which appeared to Dr. Hodgkin to be the remains of an old apoplectic clot. There are two or three smaller masses, probably of a similar character. The softened substance of the medulla was remarkably translucent. The theca vertebralis was thickened opposite the tubercle, and adherent to the cord for nearly its whole length.

Case of Mary B., aged 39, under Dr. Cholmeley in 1831. She had been ill five years, and was at last quite paraplegic, having at last also gangrene and sloughing of the extremities.

2. Misc. Insp. Book, p. 60.



- 1560<sup>44</sup>. Portion of medulla contused and ecchymosed from a fracture of the spine.

Case of Geo. M., aged 31, under Mr. Key in 1835. He fell on his head and fractured and dislocated the lower cervical vertebræ, causing total paralysis of the body, and death in thirty-six hours.

7. Misc. Insp. Book, p. 148.

1561. Portion of the medulla spinalis with its membranes injured by fracture of the vertebræ.

- 1561<sup>30</sup>. Spinal marrow, of which the lower part of the cervical and the upper part of the dorsal portions have been crushed by an injury to the vertebræ.

From a patient of Mr. B. Cooper.

- 1561<sup>40</sup>. Portion of the medulla spinalis, crushed by the dislocation forward of the sixth cervical vertebra. The patient survived about forty-eight hours.

James C., aged 40, under Mr. Morgan in 1830, fell from a height, and on admission legs paralysed; on following day, arms, and subsequently chest.

1. Misc. Insp. Book, p. 112.

- 1561<sup>50</sup>. Portion of spine and medulla, showing a dislocation between fourth and fifth cervical vertebræ, and an effusion of blood outside the theca vertebralis.

Robert L., aged 40, fell backwards with a plank upon him, and was brought to the Hospital, July 7, 1858, with partial paralysis of the arms and legs; but in a few hours this became complete, and he died two days after the accident. The spine was found injured as here seen, but on careful examination of the cord itself no change could be discovered in it, nor were the membranes torn. It was considered that the hæmorrhage outside the cord had been slow, and caused death by pressure.

Record of Insp., 142. 1858.

- 1561<sup>60</sup>. Part of the cervical portion of the medulla spinalis, crushed internally from fracture of the vertebræ, the body of one of which was split longitudinally.

Matthew W., aged 45, under Mr. B. Cooper in 1830. He fell from a height, and complete paralysis of the body ensued below the injury. He lived two days, and the fourth cervical vertebra was found fractured.

10. Green Insp. Book, p. 34.

- 1561<sup>80</sup>. Portion of medulla spinalis with its membranes, from a patient whose spine had been fractured about the middle of the dorsal region. The medulla appears to have been completely divided, but the nerves appear uninjured. The patient survived the accident for a considerable time.

Presented by Mr. C. A. Key.

1562. Lower portion of spinal marrow and cauda equina.

From a person who died from injury to the vertebræ.

- 1562<sup>18</sup>. Medulla spinalis, showing chronic inflammation and thickening of the membranes. The dura mater is almost universally adherent to the corresponding arachnoid surface, and the arachnoid itself is in most parts adherent to the cord. The medulla was said to be softened in the cervical region, and healthy elsewhere; but there can be little doubt that it is more or less affected in all parts.

Alexander J., aged 46., a patient of Dr. Stroud in 1829. He had been ill two years when first seen, with symptoms of paraplegia, and had also seizures of an epileptic character, with much cerebral disturbance. The paralysis subsequently increased, affecting the arms; and at last the patient took to his bed perfectly helpless, and he died about three years after the first illness. For a detail of symptoms see Report. See prep. of brain, 1562<sup>20</sup>.

9. Green Insp. Book, p. 162.

- 1562<sup>20</sup>. Medulla oblongata, pons varolii, and part of the cerebellum with the membranes considerably thickened, and closely adherent from chronic inflammation.

From same case as preceding, 1562<sup>18</sup>.

- 1562<sup>30</sup>. Spinal cord with its membranes affected by chronic inflammation, and the latter by ossification. The whole of the dorsal and lumbar portion which were removed from the



body were found thus affected; the dura mater, arachnoid, and pia mater were throughout much thickened, but it was only in the posterior part of the upper dorsal region that the ossification had occurred. When portions of this were submitted to the microscope true bony structure was discovered by the presence of lacunæ, canaliculi, &c. The body of the medulla itself was wasted throughout the whole dorsal region, and granular exudation was abundantly found on many parts of the surface.

Noah F., aged 46, a patient of Dr. Gull in June, 1855. For some years he had had rheumatic pains in back and limbs, but only about a year before his death did he have any symptoms denoting paralysis. He then, after having increasing weakness in his legs, became quite paraplegic; his most remarkable symptoms being due to the extreme excito-motor condition under which he laboured, so that he almost started out of bed when his limbs were touched. Drawing 54<sup>51</sup>.

See particulars in Guy's Hosp. Rep., Series 3, vol. ii., p. 159.

1562<sup>35</sup>. Medulla spinalis, showing softening from chronic inflammation. When recent the whole cord appeared large and swollen, especially in the cervical region. When incised the structure had undergone a remarkable change, a part having a translucent appearance, and a part opaque, like boiled starch. The microscope showed a degeneration of the whole structure.

Abraham C., aged 23, under Dr. Barlow in June, 1851, for paralysis of the arm with loss of sensation. This had been gradually coming on for several months, and he attributed it to several falls and blows which he had received. He slightly improved; but shortly the other arm became affected, and in the course of some months the legs also, until complete paralysis of the whole body ensued, and in this way he lingered on until April, 1853, when he died; the disease having been slowly progressing for four years.

See particulars in Guy's Hosp. Rep., Series 3, vol. ii., p. 181.

1562<sup>36</sup>. Lower part of the spinal marrow with its membranes. The dura-matral sheath, which is very much thickened, was strongly adherent to the anterior part of the canal. Near the middle of the back, where the thickening was most considerable, it had also adhered to the medulla.



Esther C., aged 28, had received a blow from a carriage five months before her death, followed by paralysis of motion and sensation, but from these she had partially recovered; when she had a relapse, followed by retention of urine, incontinence of fæces, and sphacelus on the sacrum. The condition of the cord could not be told, as she had been dead some days.

11. Green Insp. Book, p. 163.

- 1562<sup>40</sup>. Meningitis of the cord from injury. Only a portion was examined, and this when recent was found to have an abundance of lymph effused beneath the visceral arachnoid. The cord itself appeared healthy.

Frederick L., aged 22, a railway porter, was squeezed between the buffers of two railway carriages on 20th September, 1855. He felt much pain in the back, and was unable to work for some weeks. About a week before his admission under Dr. Addison in February, 1856, he was obliged again to relinquish work from pain in the back, chest, limbs, and various other parts of the body. He slightly improved, so that he was able to leave his bed; but soon again the symptoms returned with partial paralysis of legs, retention of urine, delirium, &c., and he died exactly six months after the accident. The head was not examined. The lungs and kidneys contained tubercles.

Record of Insp., 64. 1856.

Guy's Hosp. Rep., Series 3, vol. ii., p. 156.

- 1562<sup>45</sup>. Inferior portion of the medulla spinalis with a very thin plate of earthy matter on the arachnoid membrane.

Prep. of Hydrocele from same case, 2372<sup>70</sup>.

- 1562<sup>50</sup>. Bony or cartilaginous patches on posterior part of the cord and attached to arachnoid.

William W., aged 40, who died with the symptoms of tetanus in 1843.

19. Misc. Insp. Book, p. 165.

- 1562<sup>54</sup>. The inferior portion of the medulla spinalis with its external membrane reflected showing much thickening of the arachnoid and pia mater, with cartilaginous patches scattered over the close serous membrane, some of which have ossific centres.



James C., aged 43, under Dr. Cholmeley in 1835 for paraplegia and cerebral disturbance. Several points of softening were found in the brain. In the spinal cord there were several adhesions of the arachnoid, and this membrane was covered with plates of bone, as seen in the preparation. The medulla itself was said to be firm and healthy.

8. Misc. Insp. Book, p. 25.

1562<sup>60</sup>. A portion of medulla softened by disease, having some fibro-osseous plates on the arachnoid.

Mary or Bridget C., aged 30, under Dr. Gull. Six months before her death, and in the fifth month of her pregnancy she began to complain of pain in the back, with some feebleness and numbness in hands and feet. She continued getting weaker until her confinement, about seven weeks before her death, and since this time had not left her bed; all the symptoms of severe spine disease becoming apparent, paralysis of lower extremities, great feebleness of the upper, difficulty of breathing, expectoration, paralysis of bladder, &c. She died at last of bronchitis. On examining the spinal cord, the bony plates were first seen, and these, when placed beneath the microscope, exhibited a fibrous matrix, with true osseous structure in it, shown by lacunæ, canaliculi, &c.; they were confined, as usual, to the posterior and lower part of the cord. The substance of the medulla at the origin of the fifth and sixth cervical nerves was much softened, and to a less degree above and below.

Prep. of Heart, 1413<sup>36</sup>. Insp. 232. 1855.

1562<sup>63</sup>. Dorsal portion of the medulla, with thickening of the arachnoid and pia mater.

William B., aged 30, under Dr. Back in 1835. He has been suffering from paralytic symptoms for more than a year, but was naturally almost idiotic; he was in a state of melancholy, had slough on his back, no power over the lower extremities, bladder, or rectum, but he used his arms well. The post-mortem examination showed nothing remarkable in the brain. The spinal arachnoid was throughout found thickened and opaque, but in unequal degrees. There is no mention made of the cord itself.

8. Misc. Insp. Book, p. 1.

1562<sup>65</sup>. Portion of medulla, with the theca vertebralis covered with a purulent and scrofulous matter. Preserved to show how the cord may escape when the membranes externally are in contact with severe disease.

Wm. K., aged 16, under Mr. Cock, for scrofulous disease of the joints. After death the spine was found most extensively diseased;



there being caries of the bones, with a large surrounding abscess, and the canal quite laid open. The theca covered with a thick matter, but cord within healthy.

Record of Insp., 244. 1858.

- 1562<sup>70</sup>. Spinal cord covered with large bony plates; they are all situated on the posterior surface, and are firmly attached to the visceral arachnoid above, so that they are raised with this membrane when air is blown beneath it. They are spherical in shape, and thus are closely adapted to the convexity of the cord.

Sarah Y., aged 57, admitted into the hospital in a dying state, having been many years the subject of general paralysis. The body was much wasted, more especially the upper extremities, the muscles of which were exceedingly atrophied. The brain was much shrunk, and its place occupied by serous fluid. The spinal cord was found as here seen, covered to nearly half its extent, from cauda equina to upper dorsal region, with bony plates; the cord itself, when submitted to examination, did not show any manifest disease.

Record of Insp., 100. 1859.

- 1562<sup>71</sup>. Cervical portion of medulla spinalis, connected with diseased bone. The exterior of the theca formed a part of an abscess, which involved the seventh cervical and first dorsal nerves on the right side; the interior was inflamed, as well as the close arachnoid, which was thickened.

Wm. S., aged 50, under Dr. Bright in 1835. He had suffered nine months with pains and weakness in the arms, with difficulty of swallowing. After death there was found necrosis of last cervical and first dorsal vertebræ, and an abscess in front of the spine, which communicated with the œsophagus. This also had penetrated the canal and involved the cord. See prep. of spine, 1018<sup>35</sup>.

8. Misc. Insp. Book, p. 73.

- 1562<sup>81</sup>. Portion of the theca vertebralis from near the loins, a patch on its exterior formed part of the walls of an extensive abscess.

Arthur E., aged 31, under Mr. B. Cooper in 1835 for disease of the spine, which had existed for two or three years. There were numerous fistulous openings, and he was able to walk until a few days before death, when he took to his bed, but had no decided paralysis. Very



old disease of the lumbar vertebræ was found, with bone denuded and intervertebral substance destroyed. Liver very large and pale. (Lardaceous?)

7. Misc. Insp. Book, p. 134.

1562<sup>85</sup>. Spinal cord having a fibro-nucleated tumor attached to it, and which caused death by its pressure. When recent, the medulla was quite flattened by it, and its structure destroyed by the compression. The tumor is about the size of a large hazel nut, and is seen to be attached to the inner surface of the anterior layer of dura mater. Its structure was firm, and was composed of a fibrous tissue with nuclei, and slightly vascular.

Sarah A., aged 43, a patient of Dr. Hughes. About nine months before her death, she began to feel pains in the shoulders, chest, &c.; in the course of some weeks she had spasmodic contractions of the legs, and they subsequently became drawn up to the abdomen. Sensation unimpaired. She subsequently had paralysis of the bladder, and bed sores, and she died from exhaustion. The body was healthy, excepting pyelitis and cystitis, due to the paralysis. Drawing 55<sup>45</sup>.

Record of Insp., 180. 1855.

1562<sup>86</sup>. Spinal cord, showing a large fibro-plastic tumor attached to it. When recent this was very vascular; it had apparently grown from pia mater under arachnoid, on posterior surface of cord, and opposite the seventh and eighth dorsal vertebræ. The medulla beneath was much compressed and softened. The tumor consisted of a fibrous tissue, holding oval nuclei.

Wm. P., aged 41, under Dr. Addison in 1838. For about five years he had been becoming weak, and more lately had pain in the back, and a feeling of coldness and numbness in the legs. The legs subsequently became subject to spasmodic jumpings, and afterwards were completely paralysed; at same time, also, the bladder and rectum. He died of pneumonia. Drawing 55<sup>50</sup>.

13. Misc. Insp. Book, p. 133.

1562<sup>89</sup>. Portion of spinal marrow, showing a mass of soft carcinomatous tubercles on the theca vertebralis in the dorsal region.

James A., aged 37, under Mr. Key in 1835. He had had a malignant testis removed eighteen months before, and which had been



growing five years. The disease returned, and soon followed by similar growths in abdomen, and during the last few days of his life he became paraplegic. After death cancer was found in lungs, liver, &c., and a large mass, which grew over the spine, had absorbed the bones and entered the canal, affecting the cord as here seen. Prep. of Spine, 1027<sup>70</sup>.

7. Misc. Insp. Book, p. 100.

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## B R A I N.

1563. Head of a child with encephalocele. An opening exists near the vertex, through which a part of the cerebrum is seen protruding. The nose is also malformed.

1563<sup>20</sup>. Hydrencephalocele; consisting of a portion of the os frontis and nose of an infant, with a pouch about the size of a duck's egg, which was filled with serum and communicated with the interior of the cranium, and probably with the lateral ventricles, for the anterior lobes were prolonged through the ethmoid bone, and when the brain was cut into it was very evident that the cornua of the ventricles accompanied the prolongation. The lining membrane of the ventricles was universally thick, and separated as distinct layers. No olfactory nerves discoverable. The sac was composed of the integuments, containing fluid, and crossed by bands of lymph; a probe could be easily passed into the ventricles, but the membranes were traceable with difficulty.

Removed after death from a child aged three and a half weeks, by Dr. Hodgkin. At the time of birth a tumor was observed between the eyes, occupying the situation of the bridge. It was punctured by Mr. Callaway, and two ounces of serum evacuated. It soon refilled and became inflamed. The tumor was pyriform, and translucent as a hydrocele. At the upper part the os nasi could be felt, and the point of the nose below.

11. Green Insp. Book, p. 63.

1563<sup>30</sup>. Encephalocele. This is about the size of an egg, and appeared to have been formed at the back of the head. It is composed of the membranes of the brain, and seems to have contained fluid.



1563<sup>60</sup>. The integumental sac of a large encephalocele, removed from the cranium of a child, seen at Prep. 1055<sup>25</sup>. A seton has been passed through the tumor, the marks of which are visible. The cranium exhibits a large opening on the side of the skull, produced by a deficiency of the parietal bone, and the tumour protruding from it was almost as large as the skull itself. It contained a portion of brain, with part of the ventricles and the choroid plexus. The child was nearly two years of age.

Prep. of skull, 1055<sup>25</sup>. Cast 56.

1563<sup>55</sup>. A large encephalocele, protruding from the back part of a child's head. It is almost as large as the head itself, is covered by ordinary integuments, and within are delicate membranes, corresponding with those of the brain. In the interior is a vascular membrane, which resembles the plexus choroides. It communicates with the skull by a small round opening in the occipital bone, and situated just behind the foramen magnum.

1563<sup>60</sup>. A large sac of a hydrencephalocele, removed from the back part of the head during life. It is formed of integument, and a delicate membrane within.

1563<sup>90</sup>. A malformed brain. The posterior lobes of the cerebrum are deficient, and thus the central parts of the brain and the cerebellum are quite uncovered.

Mr. Hilton.

1564. Hernia cerebri from injury. From a patient of Mr. Morgan's, who received a fracture of the skull, producing symptoms of compression, which were immediately relieved by the trephine. The child did well for about a month, when symptoms of compression returned. An abscess was found in the brain connected with the injury.

1564<sup>12</sup>. Pons Varolii, containing a large strumous tubercle.

Selina D., aged one year and three quarters, was observed about three months before her death to have some difficulty in walking, and



it was soon apparent that the right side of the body was paralyzed; afterwards the face became affected and the eye sloughed. After death no other disease was found in the brain, excepting that in the pons. The body was not examined.

Mr. J. Bassett. 2. Notebook, p. 69.

1564<sup>35</sup>. Tumour attached to the pons Varolii of a child. This was so interwoven with the structure of the brain substance itself that its limits could scarcely be defined, but as a whole it could not have been less than a pigeon's egg. When recent, it appeared externally more like the pons itself grown to double its natural size; it was, however, lobulated and flattened against the skull, with a deep groove running down the middle, in which was situated the basilar artery. Each lateral half consisted of three or four lobes, which grew directly outwards, and which in consistence and colour were scarcely distinguishable from the ordinary cerebral structure; nor was there much difference apparent when a vertical section was made through the growth. After being placed in spirit, however, in order to harden the brain substance, a distinction was visible, and then the adventitious matter was more defined, but from pushing its way into the cerebral structure, was still mixed up with it above. The growth was soft and elastic. The microscope showed its composition to be a delicate fibrous structure, which fibres proceeded from large oval nuclei.

A little girl, aged 10, a patient at the Surrey Dispensary. Eight months before her death she began to complain of headache, accompanied by vomiting, &c. She subsequently had strabismus and twitchings of the muscles of the face. Her prominent symptom after this was most violent pain in the head, which came on in paroxysms. The head only was examined after death. For further particulars see account by Dr. Wilks, Trans. of Path. Society, vol. vii., p. 26.

Drawing 72<sup>45</sup>.

1564<sup>50</sup>. Convolutions of the cerebrum, the external layer of which is peeling off; an appearance which is produced by pressure between the finger and thumb. It exemplifies a condition which was considered by Mr. T. Wilkinson King to be morbid according to the facility with which the layers of the cineritious substance are separable.



- 1564<sup>60</sup>. Atrophy of the septum lucidum, illustrating a not unfrequent condition in hydrocephalus and wasting of the brain.

Caroline S., aged 37, under Dr. Hughes for disease of the spine.

Record of Insp., 8. 1858.

- 1564<sup>75</sup>. Slice from the upper part of the cerebrum, showing remarkable separation of the external layer of the cortical parts.

William S., aged 48, under Dr. Bright in 1830. See heart from same case, 1395<sup>50</sup>; pia mater, 1585<sup>25</sup>; and biliary calculi, 1985<sup>25</sup>.

9. Green Insp. Book, p. 63.

- 1565<sup>32</sup>. Portion of brain containing a large circumscribed abscess; the parietes forming a well-defined cyst.

- 1565<sup>40</sup>. Encysted abscess of the brain; when recent it was about one-tenth of an inch thick, vascular, and contained two ounces of mucoid green fetid pus, situated in the posterior lobe of left hemisphere. The brain tissue around was soft. There was no disease elsewhere in the brain or in the bones of the skull.

From a gentleman, aged 34, a private patient of Dr. Gull. In December, 1853, he had an attack of pleuro-pneumonia; from this he recovered, although never completely; a cough and hæmoptysis continuing until March, 1856, when he had vertigo and loss of power on the right side. He recovered and remained tolerably well until November, when he was seized with convulsive movements in the arms; these continued at intervals until the seizures resembled epilepsy; subsequently the right side became quite paralysed, and falling into a state of coma he died in December. The post-mortem examination showed the abscess in the brain as here seen, and at the base of the right lung a large cavity with the bronchial tubes opening into it. Dr. Gull considered that the cerebral abscess was secondary to that in the lung. See prep. and drawing, 259<sup>10</sup>.

Guy's Hosp. Rep., Series 3, vol. iii., p. 303.

- 1565<sup>64</sup>. Cyst of cerebral abscess.

This is one of the three cases described by Dr. Bright in his Medical Reports.



1565<sup>80</sup>. A portion of cerebrum to which the dura mater adheres at one point, and beneath which a defined chronic abscess is seen. Inflammatory deposit external to the dura mater separated it from the bone. The abscess no doubt originated in disease of the cranium.

1565<sup>85</sup>. Abscess in the brain with a portion of dura mater adherent, resulting from disease of the bone.

Thomas F., aged 14, died under Dr. Barlow, June, 1853. Five years before he had received a blow on the forehead with a brick. Exfoliation of the bone followed, but he had no cerebral symptoms until seven months before death, when he was seized with delirium, strabismus, paralysis, &c.; he temporarily recovered, but subsequently died from extension of abscess into the brain. It was found after death that the os frontis was carious, the dura mater softened, and that beneath this an abscess existed which had burst into the ventricles.

For further particulars see drawing 61<sup>77</sup>.

1565<sup>86</sup>. The cyst wall of a cerebral abscess arising in connection with fracture of the skull eleven weeks before death. A portion of the scalp showing the cicatrix is also preserved.

Alexander R., aged 14, while at work received a blow from a sledgehammer, causing compound fracture of the skull. He lay a day or two insensible, and then gradually recovered his consciousness. On the sixth day there was spasmodic twitching of the right side of the face, and loss of the use of the right arm; the power of this partly returned, and, at the end of three weeks, the wound on the left temple had healed. In the fifth week he became listless and vomited his food; after this he took his meals, but seldom spoke, lying in a half-conscious, drowsy state, and he died eleven weeks after the accident. The post-mortem examination showed that the cranium had been fractured all round the head, but had become quite united. At the point of injury the dura mater was adherent, and cerebral substance, which no doubt had been bruised, appeared quite healthy; but at a considerable depth below was this encysted abscess; the cyst wall was so strong that on taking hold of it it came out entire, while the cerebral substance fell from it. It was composed of a fibro-cellular structure. The brain substance around it tolerably healthy.

Prep. of skull, 1086<sup>85</sup>.

Record of Insp. 163. 1856.

Drawing 2<sup>101</sup>.



1565<sup>80</sup>. The walls of an encysted abscess removed from the left hemisphere of the brain; it is about the size of an orange, and attached by a slender peduncle to a portion of the dura mater from the base of the skull. It was the result of disease of the frontal bone.

Miss W., aged 17, under Mr. B. Cooper in 1829, complained about six months before her death of pain in the forehead, followed soon afterwards by a profuse discharge of matter from the nostrils. At the same time she had much fever, followed by drowsiness, and sometimes almost stupor. When aroused she spoke with difficulty, complained of pain in her head, and had other severe cerebral symptoms. Towards the close of the case the limbs became somewhat rigid, and her sphincters paralysed, also the integument of forehead inflamed and oedematous. After death, on removing the calvaria, purulent matter was found between the bone and the dura mater over the frontal sinuses, and which opened into the cavity of the cranium, so that a probe could be passed into the latter from the nose. The original seat of disease appeared to be the left frontal sinus. The brain corresponding to this part was of a greenish colour, and the left hemisphere was observed to be much larger than the corresponding one, and which on being opened was found to contain a large cyst as seen in the bottle; this was filled with two and a half ounces of a brownish viscid pus. The parietes of the abscess were formed as here seen of tough lymph, and the cyst occupied all the anterior lobe of the left side, and below reached to the base of the brain, where it was in contact with the dura mater. Drawing 84.

1. Note book, p. 133.

1566<sup>16</sup>. Portions of pia mater with the external layer of the cineritious cortex partially adherent to them.

James S., aged 50, died of Bright's disease in 1830. When a boy he had received a severe blow on the head, which led to necrosis of the bone, portions of which exfoliated and continued to do so until twelve years before his death. He had suffered in consequence epileptic fits, irritability of temper, and some impairment of the intellectual faculties. The internal table of the cranium was found roughened corresponding to the injured part, and the dura mater strongly adherent, and the arachnoid again to the corresponding surface of brain, so that the latter was torn on removing the membranes. The plexus choroides contained earthy matter. Prep. 1588<sup>82</sup>.

10. Green Insp. Book, p. 83.



1566<sup>20</sup>. Portion of brain showing a large inflammatory cyst within it, and near this a smaller one. When recent the former was the size of a pigeon's egg, and contained an ounce of limpid straw-coloured fluid. It was circumscribed by a tough deposit of lymph, and around it the brain substance was soft, and of a pink colour. The adventitious material showed by the microscope a fibro-nucleated tissue.

William S., aged 40, under Dr. Barlow. For nine months he had suffered from headache, and subsequently cerebral symptoms appeared, with loss of memory, difficulty of speaking, &c., and afterwards he had fits. For the last few weeks he was unconscious and paralysed. The inspection showed that an inflammatory process had involved not only the brain but the enveloping membranes and the cranium. Thus the skull was thick, and the whole internal surface scabrous and covered with bony granulations, and corresponding surface of dura mater roughened. The arachnoid surfaces were slightly adherent by viscid exudation. The right hemisphere fluctuated with the fluid within the cyst, which occupied about the anterior third of the right hemisphere. It encroached by its pressure on the opposite hemisphere and below on the first, second, third and fourth nerves, together with the crus cerebri. It did not involve the corpus striatum, but it did the cineritious substance of hemisphere.

Prep. of skull, 1072<sup>55</sup>.

Drawing 57<sup>51</sup>.

Record of Insp., 71. 1855.

1566<sup>25</sup>. A portion of the anterior lobe of the brain containing a cyst formed in the medullary matter, and contained between the cineritious substance. It was when recent one inch and a half long, and about half an inch broad, lined by a delicate vascular membrane, and contained a clear limpid fluid.

Joseph M., aged 55, admitted under Mr. Hilton on account of his having fallen in the street and struck his head. It was found after death that he had a large sanguineous effusion into the corpus striatum and thalamus opticus, and that he had Bright's disease. The cyst in the preparation was evidently old.

Record of Insp., 239. 1855.

1566<sup>30</sup>. Cerebellum containing an inflammatory cyst; the whole of the right lobe is occupied by it, being as large as a bantam's egg. The interior is lined by a delicate vascular



membrane, and separated into two or three chambers by partitions of similar structure. It contained a clear yellow fluid.

Edward C., aged 21, under Dr. Hughes. Seven months before his death he began to have symptoms denoting cerebral disturbance, and shortly became quite deaf and blind. His hearing partly returned, but his sight never. The pupils were widely dilated; and he also had pain in the head. Subsequently to this he lay in bed for several months quite blind, his mental faculties clear; and though not strong enough to walk, could move all his limbs. There were no other marked symptoms to denote exactly the locality and character of his disease in the brain. It was afterwards learned that he had received a severe blow on the head about a year before the occurrence of the symptoms, and which rendered him for the time insensible. The post-mortem examination showed the interior of the calvaria to be covered with bony granulations, and the whole interior very irregular from the deep depressions and elevations. The base of the skull was in like manner affected. The dura mater slightly adherent. The surface of brain flattened from distension of the ventricles; the cerebellum contained a large cyst, as seen in the preparation; the optic nerves and adjacent parts flattened and softened by the pressure of the cyst. (It will be seen that this case very closely resembles that described at prep. 1566<sup>20</sup> in the part of the skull, membranes, and brain being all involved in the inflammatory process.) Prep. of skull, 1072<sup>56</sup>.

Record of Insp., 152. 1858.

1567. Apoplectic clot in the substance of the cerebrum; recent.

1567<sup>50</sup>. Portion of brain, showing a small apoplectic clot in the right thalamus opticus; it is decolorized and laminated, and thus evidently of some age.

Jane W., aged 53, under Dr. Cholmeley in 1833, for hemiplegia of left side; the arm being more affected than the leg. The kidneys were granular, and the left ventricle was hypertrophied.

12. Green Insp. Book, p. 24.

1568. Apoplectic clot in the left lateral ventricle, with laceration of the substance of the brain; recent. The blood had no doubt proceeded from the corpus striatum or thalamus opticus.

1569. Brain extensively lacerated from apoplectic effusion.

1570. Apoplectic effusion in the substance of the brain, communicating externally by laceration.

1572<sup>32</sup>. Portion of brain with a coagulum of blood, forming a remarkable circumscribed tumor, imbedded near the surface.

A man, aged 45, a waterman, intemperate. After a few days of indisposition he was found insensible in a fit, and shaking violently. In a few hours he partially recovered his consciousness, when he again had a fit, and then a succession of them, until death twelve hours after his first seizure. There was no paralysis, and the convulsions resembled those of children.

1572<sup>64</sup>. The upper part of the brain of a child, exhibiting very considerable ecchymosis in the form of thickly placed minute points. They occur principally near the surface of the organ; the longitudinal sinus, and the veins leading to it, were filled with coagula. The child, about four years of age, had cerebral symptoms for some time before his death, and had a great disposition to strike his head against surrounding objects.

Dr. Bright and Mr. Mountford.

1574. Old apoplectic clots. The coagulum has lost its colour, and is surrounded by a yellow cyst. The plexus choroides appears somewhat thickened. From nurse Brunt, of Accident Ward.

Sir A. Cooper.

1575. Apoplectic cell, lined by a thin smooth membrane, of three years' standing.

1575<sup>20</sup>. Cyst of an old apoplectic clot from the cerebrum. It is deeply tinged of an ochre-yellow colour.

1575<sup>25</sup>. Two portions of brain, showing cicatrices in the white substance; in the recent specimen the appearance was very distinct. The patient died of recent apoplexy.

Dr. Gull.



1575<sup>40</sup>. A scrofulous tubercle in the right anterior lobe of the brain of a child.

Presented by Mr. E. Pye Smith.

1575<sup>45</sup>. A large strumous tubercle in the pons Varolii.

Henry H., aged 42, under Dr. Addison, for phthisis, symptoms of which had existed about a year. Six weeks before his death his right leg became painful and weak, and subsequently his left arm and speech slightly affected. He was a painter by trade, and it became a question how far his symptoms were due to lead poisoning. After death there was found this tubercle, about the size of a nut, in the pons, towards the right side. The pia mater also contained miliary tubercles.

Record of Insp., 182. 1854.

1575<sup>80</sup>. Scrofulous tubercles in the cerebellum and medulla oblongata. The former contains two or three, and a large one is situated in the olivary body.

Eliza M., aged 17, in hospital in 1830. She had been ailing about a year with very obscure symptoms, and was thought to have had fever. A few weeks before admission she had severe headache, was feverish, and had some convulsive movements, which were considered to be hysterical. After death the lungs and other parts were found to be tuberculous.

3. Misc. Insp. Book, p. 102.

1575<sup>80</sup>. Portion of brain, with an irregular mass of bone, about the size of a hazel nut, imbedded near the surface. The membranes appeared to have been thickened and adherent. It is situated at the top, and near the middle of the head. It is not stated that it grew from the dura mater, but was no doubt connected with this membrane.

James L., aged 50, under Mr. Morgan in 1832, for a cancerous tumor in the neck. He died a few days after its removal, when this bony growth was found in the brain. It is not said that it produced any symptoms.

11. Green Insp. Book, p. 121.

1576. Large carcinomatous tumor in the substance of the brain; also a similar one on the dura mater.

1576<sup>56</sup>. Upper half of one cerebral hemisphere, containing a large ovoid carcinomatous tumor. Drawing 87<sup>35</sup>.

Dr. Babington.



1576<sup>60</sup>. Cerebellum containing a large carcinomatous tumor. It is about the size of a bantam's egg, is situated between the lobes, and involves both of them as far as their centres. When recent it was circumscribed, and so embedded in the cerebral substance as not to be perceived externally, excepting by a projection of the vermiform process and flattening of the medulla oblongata. The surrounding parts were compressed, but not softened by it. The tumor presented the ordinary appearance of cancer, was soft, highly vascular, and emitted a creamy juice on pressure.

James J., aged 35, under Dr. Addison. He was subject to fits up to the age of ten years, when he remained well until two years before his death, when he had a fall and struck his head. After this he suffered from headache and vertigo. The more marked cerebral symptoms commenced about three months before admission, when he became subject to severe pain in the back of the head, accompanied by giddiness and sickness. He then took to his bed and lay in a drowsy state; had pain in head and constant retching; also pains in the arms, with weakness, was complained of. Subsequently the right arm became paralysed, flexed across the chest, and fingers of the left hand contracted. Besides the tumor in the brain, the lungs were found full of cancer, and the liver contained some also.

Record of Insp., 171. 1856.

1576<sup>64</sup>. Portion of a cancerous tumor, from the substance of the brain.

John S., aged 30, under Mr. Cooper in 1828, for cancer of the testis. He at the same time was suffering from hemiplegia, and a cough with hæmoptysis. After death the lungs were found full of cancer, and the cerebrum contained a growth on the right side. See prep. of testis, 2361<sup>25</sup>.

1. Misc. Insp. Book, p. 15.

1576<sup>70</sup>. Fibro-plastic tumor in the brain. It is about the size of a hen's egg, and is now removed from its position. It was situated in the right hemisphere, and in the middle and posterior lobes, and reached nearly to the base. There was no projection externally denoting its presence until the brain was incised, the tumor being completely imbedded in the cerebral matter, the cineritious structure being merely discoloured externally, and internally the thalamus was only just reached. The tumor was firmer



than the cerebral substance, and easily turned out. It was soft and of a pink colour, slightly vascular; it, however, contained no juice, was dry, and by the microscope was seen to be composed of nucleated fibre. On minute examination it appeared not so much a tumor which had grown from a centre as a concretion of inflammatory product which had been effused into the cerebral structure.

James N., aged 50, under Dr. Hughes. According to his son's account he had received no injury of any consequence, but that two years before his death he had had a fall and struck his head. He was well until a few weeks before his death, when he had a fit, and upon recovering from it he was found to be in an imbecile condition, and in this state he remained until he was admitted into the hospital. He was then scarcely conscious, spoke with difficulty, his left side paralysed, and arm drawn across the body, fingers flexed and rigid. He subsequently became quite comatose. Body perfectly healthy, with the exception of the tumor in the brain, and the membranes and skull also quite healthy. Drawing 71<sup>15</sup>.

Record of Insp., 242. 1857.

1576<sup>72</sup>. Portion of carcinomatous tumor attached to dura mater; also the corresponding portion of cranium involved in the same disease, the tumor, as usual, involving the corresponding surfaces of membrane and skull. The tumor contains bony matter. See next preparation.

1576<sup>73</sup>. Portion of last-named tumor dried, exhibiting a large amount of earthy matter.

Drawing 87<sup>75, 76</sup>.

1577. Acephalocyst hydatids in the substance of the brain.

1577<sup>10</sup>. Portion of a cholesteatomatous tumor from the brain. It was originally the size of a pigeon's egg, and weighed 10 drams. It was situated at the base of the brain, on the right side and on the surface, but compressed the pons Varolii and cerebellum, and had insinuated itself between the middle and anterior lobe in the fissure of Sylvius. It consists of delicate polyhedral or oval cells, and cholesterine crystals, the whole having a pearly glistening lustre.

T. H., aged 26, a shoemaker, was admitted into Guy's Hospital,



under Dr. Babington, where he appeared fatuous; he spoke thickly with tremor, and had general loss of power, so that he moved with difficulty, and he complained of pain at the back of the head. He soon became quite maniacal and unmanageable, and was sent to Colney Hatch Asylum. He was there described as suffering from general paralysis, the articulation was much impaired, the facial nerve partially paralysed, so that he was scarcely intelligible when attempting to speak. He was also labouring under various delusions about himself. He continued in the asylum fifteen months; he was able to move about by laying hold of objects, but subsequently took to his bed and died tranquilly. Never had any fits.

1577<sup>32</sup>. Portion of brain containing a hydatid.

Presented by Mr. Cock.

1578. Laceration of the brain from fracture.

Matthew L., under Mr. Key in 1826. His head was crushed by a cart wheel. Prep. of calvaria, 1086, and dura mater, 1607.

Red Insp. Book, p. 201.

1578<sup>b</sup>. Laceration of septum lucidum from injury. The rent is longitudinal, and about three quarters of an inch in length. The edges are soft and ecchymosed, such as would arise from injury.

Thomas R., aged 37, under Mr. Hilton. He was struck by the buffer of an engine on the right temple. He was brought in in a state of concussion; after some hours he recovered, but fell into a high state of fever, with delirium, &c. At the end of a week he was so much better as to be able to get out of bed without assistance. His mind, however, was scarcely clear, and the right side of his face was partially paralysed. He afterwards became much worse, and lay in bed in a half conscious state with still many febrile symptoms, but taking his food as usual. He then had pulmonary symptoms supervene, and he died three weeks after the accident. On a post-mortem examination a fracture was found extending across the base of the skull, through the orbital plates, from one temple to another; but no displacement had occurred. There was no injury or inflammation of the surface of the brain. The ventricles contained an excess of fluid, and the septum lucidum was broken down. The lungs inflamed and sloughing. Drawing 72<sup>55</sup>.

Record of Insp., 177. 1855.

1579. Portion of brain softened from injury, the disease having proceeded inward from the surface.



William G., aged 49, under Mr. Hilton. While ascending a scaffolding a brick fell on his head, fracturing his skull. When brought to the hospital he appeared slightly paralysed on the left side; subsequently some bone was removed from the cranium, and he appeared relieved. A hernia cerebri appeared, and he died a fortnight afterwards; the paralysis still remaining. The post-mortem examination showed a considerable fracture of the skull, the dura mater beneath sloughing, and the brain red and soft. This condition continued downwards to the thalamus opticus.

Record of Insp., 244. 1854.

1580. Laceration of brain, and effusion of blood beneath the dura mater from concussion.

1581. Fractured skull with abscess in the brain. Trephined by Mr. Lucas. No history.

1582. Abscess in the cerebellum, arising from disease in the tympanum. No history.

Dr. Buxton.

1583<sup>16</sup>. Scrofulous tubercles from the cerebellum of a child, in left lobe, near the corpus rhomboideum. There was also a tubercle on the surface, and in medulla oblongata, and various other parts of cineritious structure of brain.

Girl, aged 11, under Dr. Bright in 1829. Five months before, having been dull for some time, she had a fit, and afterwards sunk into a helpless state, both legs being partially paralysed, but especially the left. The power of upper extremities impaired, pain in head, and other cerebral symptoms; the hands afterwards became contracted, with convulsive twitchings; subsequently coma came on.

1583<sup>20</sup>. A large strumous tubercle, the size of a billiard ball, from the cerebellum. It is more than an inch in diameter, and is situated in the right lobe; is firm, of cheesy consistence, of yellow colour, and cuts with a smooth surface. It was quite imbedded in the substance, except at the under part, where it was firmly united to the dura mater, which lined the cerebellar fossa. Everywhere else it was surrounded by cineritious substance. The pons and medulla were slightly flattened by the enlargement of the cerebellar lobe. The ventricles contained fluid, and the central parts were soft. There was no tubercle in the membranes.



Mary Ann F., aged 30, under Dr. Addison. A married woman with family. Ten months before she began to complain of pain in her head, with loss of memory and fits. Subsequently she fell into a state of semi-consciousness, and at same time had the ordinary symptoms of phthisis. After death the lungs were found extensively diseased, also the intestines, and tubercular disease of the lymphatic glands.

Record of Insp., p. 99. 1856.

- 1583<sup>25</sup>. Strumous tubercle in the cerebellum. This is situated in the inferior surface of the left lobe, but penetrates the substance. It is composed of two round masses, each the size of a marble; no disease elsewhere in the brain.

Sarah B., aged 19, under Dr. Hughes. She was admitted for phthisis, which advanced rapidly; when, the day before her death, she had an attack of general convulsions and fell into an unconscious state. The lungs were found disorganized, and tubercles elsewhere.

Record of Insp., 123. 1855.

- 1583<sup>32</sup>. Cerebellum with tubercular disease in the right hemisphere.

Dr. Stroud.

- 1583<sup>43</sup>. Cerebellum containing a large tubercle, which is probably tuberculous.

- 1583<sup>64</sup>. Vascular tumor growing in the left crus cerebelli, and which is probably carcinomatous.

- 1583<sup>70</sup>. Strumous tubercle in the corpus olivare of the medulla oblongata.

Case of A., a male infant, aged 11 months, under the care of Dr. Gull. For nine months this child had suffered with symptoms of laryngismus stridulus, but not in severe paroxysms. He was weaned when ten months old, and immediately fell ill; after ten days he had convulsions and was insensible. During this time the respiration would be much disturbed or quite arrested for many seconds. There was also opisthotonos, and occasional extension of the legs. The child died in coma about twelve days after the onset of the severe symptoms, and a month after weaning. On post-mortem examination there was found ventricular effusion with softening, plastic exudation at the base, a firm concrete mass of yellow tubercle on the left side of the pons Varolii, with a mass also in the right corpus olivare, as well as tubercle in convolutions of cerebellum. The lungs, bronchial glands, and some other parts also contained tubercle.



- 1583<sup>80</sup>. A portion of brain which had been long buried. It was dug up in Sutton Street, the site of the present anatomical theatre, and formerly a burying-ground.
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## MEMBRANES.

- 1584<sup>12</sup>. Arachnoid, together with the pia mater, exhibiting the thickening and opacity which takes place in old age.

An old man, aged 80, in whom was found a hypertrophied calvaria, and numerous old apoplectic cysts.

Presented by E. Pye-Smyth, Esq.

2. Note Book, p. 47.

- 1584<sup>20</sup>. Arachnoid and pia mater, showing tubercles in the latter.

Daniel B., aged 9, under Dr. Rees. He had long been subject to empyema which at last burst outwards in the loin, and while undergoing recovery, and a few days before his death, all the symptoms of hydrocephalic disease came on. After death the ordinary inflammatory conditions were found, together with these tubercles, in the pia mater.

Record of Insp. 70. 1858.

- 1584<sup>50</sup>. Portion of brain with membranes firmly adherent. The part affected is the anterior surface of right hemisphere; around it are several granulations which were styled fungoid, but which appear to be only inflammatory products. The brain beneath rather soft.

Elizabeth S., aged 50, a night nurse in Charity ward. For two years she had been subject to pains in the head, and to fits of epilepsy. In one of these, which occurred a few days before death, she fell into the fire; from this time she had repeated fits of tremor and loss of speech, but continued sensible. The post-mortem examination showed the surface of right hemisphere to be firmly adherent to the dura mater. The other organs were healthy, with the exception of there being two firm tubercles in the liver (syphilitic?).

See Drawing, 85. Prep. of loose bodies found in abdomen, 2456<sup>44</sup>.

7. Green Insp. Book, p. 99.

1585<sup>25</sup>. Considerable portion of the pia mater, with most of its principal arteries ossified.

From same case as prep. 1564<sup>75</sup>.

1585<sup>50</sup>. Portion of brain, with a tumor about the size and figure of a marble imbedded in its surface, and apparently growing from the pia mater.

James B., aged 42, under Dr. Bright in 1829. He was considerably emaciated, and had been affected with a chronic cough apparently phthisical; cerebral symptoms came on after admission. There were glands enlarged in the neck and axilla, tubercles in the brain (cancerous), and a carious condition of the temporal bone. There were also firm pleuritic adhesions, vomicae at both apices, and numerous masses of cancer in the false membrane, bronchial and cervical glands, and in the lungs themselves. Similar tubercles were also found in the liver, and on the peritoneal surface of the stomach. See prep. of lungs, 1751<sup>64</sup>.

8. Green Insp. Book, p. 174.

1585<sup>75</sup>. Cancerous tumor removed from the summit of the right hemisphere of the brain, in which it was imbedded. When recent it was rather larger than a nutmeg, and had a cyst projecting from it; the latter was composed of a thick coat, and contained a limpid fluid. Within is seen a nodulous tumor projecting.

Mrs. C., a patient of Dr. Hodgkin. Three years before her death her breast was excised for cancer, and the wound rapidly healed. Subsequently tumors appeared on the head, and another on the neck, and with these she gradually sunk. After death, besides the tumor outside the skull, another was found between the dura mater and the bone; also a separate growth (as seen in preparation) imbedded in the brain, but apparently growing from the pia mater. The lungs and liver were healthy, both kidneys much enlarged by cancer, forming large tumors with the lumbar glands. Prep. of dura mater, 1604<sup>50</sup>; kidney, 2056<sup>60</sup> and <sup>84</sup>; uterus, 2275<sup>40</sup>; and breast, originally removed, 2302<sup>20</sup>, with drawing, 407.

10. Green Insp. Book, p. 106.

1586. The upper part of the brain with its membranes, showing effusion of blood between the dura mater and brain, at the junction of the hemispheres anteriorly.

From a man-servant to Mr. Peacock, who was tried at Kingston on suspicion of having murdered him, but his death was attributed to apoplexy.



1586<sup>10</sup>. Small tumor and cyst in the plexus choroides.

From preceding case.

1586<sup>32</sup>. Slice from the upper surface of the brain, showing several irregular patches of an ochre-yellow colour; they were accompanied by superficial softening of the cortical part, and adhesions between the opposed surfaces of the arachnoid. They are probably the result of superficial extravasation due to the convulsions from which the patient suffered.

Ann B., aged 30, admitted under Dr. Bright on May 19, 1830. On the 2nd May she cut her thumb, and two days afterwards had symptoms which were described as tetanic. On admission she had frequent spasmodic twitchings, and on following day a fit accompanied by convulsions and frothing at the mouth; subsequently had others of a like character. The wound on the hand was only partly healed. She died on the 25th, and on post-mortem examination the dura mater was found closely adherent to the anterior lobes of the cerebrum, and the brain beneath apparently ulcerated, and of a brownish-yellow tinge. A short time before her illness she sustained a severe injury by a fall in which she struck her head on some iron spikes, and lay in a state of coma for two days. (The symptoms were probably epileptiform, and due to the disease of the brain, and not tetanic from the cut.—S.W.)

1. Misc. Insp. Book, p. 138.

1588. Cysts in the plexus choroides, erroneously called hydatids.

Dr. Laird,

1588<sup>5</sup>. Cysts in plexus choroides.

From an old man who had long been insane, and had an atrophied brain.

Dr. Wilks.

1588<sup>32</sup>. Portion of brain, with the lateral ventricles laid open, showing the plexus choroides, with a mass of bony matter the size of a horse bean in each.

From same case as prep. 1566<sup>6</sup>.

1589. Brain, of which the lateral ventricles are greatly dilated from hydrocephalus; the septum lucidum destroyed.

From a patient of Dr. Bright's (Holme), 45 years of age. No symptoms of hydrocephalus had been observed.

- 1589<sup>50</sup>. Central portion of brain, including the septum lucidum, which is greatly extended, softened, and attenuated, and partially destroyed—the result of hydrocephalus.

Jeremiah E., aged 45, under Dr. Addison in 1834. For about a year, owing to distress, he had been given to drinking, and had some weakness of mind. The ventricles contained two ounces of serum, and the septum was broken down.

5. Misc. Insp. Book, p. 142.

1590. Lateral ventricles, much dilated from hydrocephalus.

- 1590<sup>14</sup>. Two cysticerci found loose in lateral ventricles.

- 1590<sup>50</sup>. Portion of the brain, showing the fifth ventricle distended by hydropic effusion.

- 1590<sup>65</sup>. Portion of brain, showing a closure of fourth ventricle, and illustrating Mr. Hilton's views as to one cause of hydrocephalus.

A gentleman, aged 34, living at Camberwell. Had always been delicate, and never able to follow any regular employment owing to nervousness, depression, and headache. Often got greatly excited, followed by prostration and collapse. A few months before his death he had been subject to vomiting. On the day of his death he had been at the Crystal Palace, and, on returning home, felt giddy and staggered, and soon afterwards died. The post-mortem examination showed no disease except in the brain, and that consisted especially of a dilatation of the ventricles, which contained four ounces of fluid. The fourth ventricle was also dilated, and the cerebro-spinal opening between the under surface of the cerebellum and upper surface of the medulla was completely closed by dense membranous structure, which formed a kind of pouch projecting downwards.

- 1590<sup>75</sup>. Small portion of the pia mater, probably from the anterior part of the cerebrum, containing a cyst the size of a bean; this was occupied by a cysticercus.

From an adult brain in the dissecting-room.

- 1591<sup>60</sup>. Portion of dura mater from over left hemisphere, consisting of two very thick layers, and having between them some dense areolar tissue. It was supposed to be formed of a separation of the layers of the dura mater, but in all



probability it is a new formation, and has resulted from the organization of lymph, or of a clot of blood which has been at a previous time effused on the surface of the brain from injury. No cholesterine or hæmatine crystals can be discovered in it.

From a sailor who had suffered from epilepsy for thirteen years.

Dr. Allwork of Maidstone.

1592. Layer of lymph, or recent false membrane between the dura mater and cranium. The arachnoid surface appears to have been likewise inflamed.

1592<sup>14</sup>. Portion of dura mater, showing the result of a partial deposition of concrete pus between it and the bone.

George B., aged 42, under Mr. Morgan in 1829, for various injuries received from the kick of a horse. The ribs were fractured and skull laid bare. The patient left the hospital convalescent in three weeks, but became intoxicated, and returned shortly to die. The frontal bone was denuded and discoloured, and on corresponding side internally the dura mater was separated, and purulent matter was present. There was general arachnitis and pus in the venous sinuses. See cranium, 1076<sup>35</sup>; fractured ribs, 1050<sup>85</sup>; portion of liver injured by fractured ribs, 1947<sup>66</sup>; and drawing of same, 348. Lobular pneumonia, 1725<sup>72</sup>.

8. Green Insp. Book, p. 36.

1592<sup>20</sup>. Dura mater covered with hardened lymph, where it had been in contact with necrosed bone.

Thomas K., aged 31, under Mr. Cock. He had been the subject of syphilis for many years, and caries of the skull for twelve; he had also taken much mercury. He died of acute arachnitis, from extension of disease inwards. The dura mater was firmly adherent to the bone, and was covered with indurated lymph. The cranium was extensively diseased from caries and necrosis. See prep. 1075<sup>40</sup>, and drawing 2<sup>26</sup>.

Record of Insp., 141. 1854.

1592<sup>28</sup>. Upper portion of the dura mater, with an extensive layer of coagulable lymph upon the arachnoid covering it, in the form of a recent false membrane. It is confined to the right side.

James C., aged 31, admitted June 14, 1832; having been thrown out of a chaise on to his head; he survived five days. The base of the



skull was found to be fractured; the bone depressed on the left side, with a clot of blood over the dura mater. On the right side there was purulent lymph covering the arachnoid.

3. Misc. Insp. Book, p. 115.

1592<sup>42</sup>. Patches of amorphous deposit on the cranial surface of the dura mater, which were said to be scrofulous. There is no history of the preparation, but there can be little doubt that it was connected with disease of the bone.

1592<sup>45</sup>. A large patch of amorphous lymph on the cranial surface of the dura mater; had evidently been connected with disease of the bone.

1592<sup>48</sup>. Dura mater of frons, with thick scrofulous deposit upon it. This was connected with scrofulous caries of the frontal bone.

Ellen Y., aged 16, under Mr. Key in 1844. On admission there was a loose piece of bone on the forehead, which was surrounded by soft scrofulous matter. This exfoliated, leaving an opening, showing the dura mater covered with a similar matter. The disease had also extended to the orbit. There was an ulceration of odontoid process of vertebra. See prep. 1078<sup>66</sup>, <sup>67</sup>.

20. Misc. Insp. Book, p. 9.

1592<sup>50</sup>. Portion of dura mater, greatly thickened by the deposition upon it of a quantity of material which was considered to be scrofulous. It was removed from the right cerebellar fossa, and was firmly united with the right lobe of the cerebellum on one side, and the carious bone of the occiput on the other. The brain around was soft. There is no mention made of tubercles in any part of the body.

William G., aged 45, under Dr. Bright in 1837.

12. Misc. Insp. Book, p. 15.

1592<sup>56</sup>. Portion of brain, from a patient of Dr. Bright's affected with delirium tremens. The dura mater was firmly adherent over the middle of the cerebrum.

1592<sup>60</sup>. Portion of dura mater, showing a large aperture, the effect of a wound.



John S., aged 58, under Mr. Key in 1828. He had cut his throat several years before, and had been in the habit of taking his food through a pipe introduced into the œsophagus. After death his skull was found to have a fissure on the left side, supposed to be the result of a sabre wound; the opening was three inches long, edges smooth, and new bone around it; the corresponding dura mater also had a rent in it of the same dimensions as seen in preparation. Prep. of skull, 1076<sup>85</sup>; larynx and œsophagus, 1711<sup>11</sup>.

13. Misc. Insp. Book, p. 114.

- 1592<sup>84</sup>. Left temporal bone with the dura mater raised, showing a deposit of thick purulent matter between it and the bone. The sinuses were filled with pus and coagula. The mastoid cells and process appear to have been inflamed.

John B., aged 37, under Dr. Back in 1828. He had been affected with syphilis and taken much mercury; there was offensive discharge from the ear and nose after death, suppuration of the cerebral sinuses was found, and pus beneath the dura mater. He also had pleuropneumonia. See prep. of lungs, 1732<sup>64</sup>; of pleura, 1772<sup>64</sup>, <sup>80</sup>; piece of lint from pharynx, 1674<sup>84</sup>.

7. Green Insp. Book, p. 58.

1593. Dura mater, showing a deficiency of the falx at the anterior part; also the corresponding part of the brain, showing adhesion of the hemispheres.

Henry P., aged 27, under Mr. Hilton, for a compound fracture of the arm, and he died with symptoms of delirium tremens. On examining the brain it was found that the hemispheres were united at their anterior and middle parts; more than half of the hemispheres were thus joined by a bridge of membrane between them. A vertical section showed, however, that this union was quite superficial, the convolutions beneath being quite distinct. The falx was perfect behind, and then gradually became less until it quite disappeared on the front part of the dura mater.

Record of Insp., 106. 1856.

- 1593<sup>25</sup>. Portion of the dura mater with the longitudinal sinus laid open, showing numerous rounded bodies attached by slender peduncles. They appear to be enlarged pacchionian bodies.

- 1593<sup>50</sup>. Dura mater, having patches of effused blood on its inner surface, and which are covered by a polished membrane, as if effused beneath the arachnoid. From a comparison



with other specimens it seems quite possible that the blood may have originally been poured out on the arachnoid surface, and have afterwards become organized and covered with a polished membrane, and that the effusion was due to injury. The opinion of Dr. Hodgkin, however, who saw the specimen when recent, was "that the extravasated blood presented, for the most part, a smooth polished surface towards the arachnoid covering of pia mater, and was covered by a thin but firm transparent membrane; this membrane seemed in some parts to be double, having the effused blood beneath its layers. This delicate layer seemed strongly to favour the opinion of there being a portion of arachnoid reflected over the dura mater, and giving it its polished surface. Though very thin it was too firm and resisting to be regarded as a false membrane formed by the fibrin of the effused blood; the dura mater, when this was torn off, losing its polish and exhibiting its fibrous texture."

Thomas S., aged 50, was a mulatto, under Dr. Bright in 1828 for renal disease. He was generally in a state of stupor, so that scarcely could anything be obtained of his history. After death the dura mater exhibited, as seen in the specimen, patches of altered blood scattered all over its inner surface. There was more on the left side and the base; also on the surface of the brain itself there were small patches of an ochry colour. Drawing 79. Prep. of bronchial tubes, 1717<sup>64</sup>, and spleen, 1993<sup>20</sup>.

7. Green Insp. Book, p. 1.

1593<sup>60</sup>. Clot of blood on external surface of dura mater, arising from laceration of middle meningeal artery; affording an example of this form of effusion arising from injury, and causing compression.

John D., aged 49, under Mr. Cock. He was thrown out of a gig on to the pavement; he got up and walked for about half an hour, when he became confused and fell down. He was picked up and brought to the hospital in an insensible state. There was a scalp wound on the left side, profound coma and paralysis of the whole body, with occasional convulsive twitchings. He survived two and a half days. On removing the calvaria this large clot of blood was found between the skull and dura mater, separating the one from the other, and causing great compression of the brain. The skull was fractured on the left side, but the brain itself uninjured.

Record of Insp., 71. 1857.



1593<sup>75</sup>. Dura mater, with blood extravasated on the arachnoid lining it. The extravasation did not form a layer of uniform thickness, but presented numerous elevations resembling shot, which left their impressions on the surface of the brain.

From a gentleman, aged 55, who was actively engaged in business. Some time before his death he was troubled with diuresis, afterwards with gastric symptoms, and subsequently pain in the head and coma. He had diseased kidneys. Prep. of biliary calculi, 1970<sup>50</sup>.

11. Green Insp. Book, p. 97.

1594. Dura mater, with numerous spots of ossification.

From a man of middle age, in tolerable possession of his powers of mind and body. The skull appeared as if he had suffered from chronic hydrocephalus, being very large; at the same time the sutures are obliterated and bone thickened. See prep. 1065.

From St. Thomas' Dissecting-room.

See case of Joseph Spearing, published in Dr. Bright's Reports.

1594<sup>50</sup>. Portion of dura mater with numerous small irregular bony patches, from a young man who had received a blow on his head, and died with copious effusion beneath the arachnoid.

Presented by Mr. Stoneham of Ilfracombe.

1. Note-book, p. 55.

1594<sup>70</sup>. Portion of dura mater ossified.

1594<sup>74</sup>. Portion of dura mater ossified.

1594<sup>75</sup>. Portion of dura mater ossified. There is also a distinct round mass of bone in the falx.

1595. Irregular masses of bony deposit between the layers of the falx.

1596. Deposit of bone forming spicula in the falx.

1597<sup>50</sup>. Small portion of bone, found between the dura mater and the internal surface of the frontal protuberance. The

cranium was reduced in thickness at this place with several openings, apparently for the passage of some small veins which were supposed to be connected with the glandulæ pacchioni. There is also a portion of bone in the falx. The subject was about seventy years of age.

2. Note-book, p. 3.

1598. Ossific deposit between the layers of the falx.

From a patient of Dr. Bright's who died from hydrophobia.

1598<sup>50</sup>. Ossification in the falx major.

1598<sup>75</sup>. Crystals of bone on the dura mater.

Thomas C., aged 56, under Dr. Barlow, 1844.

20. Misc. Insp. Book, p. 24.

1599. Small spots of bony deposit on the dura mater.

1599<sup>20</sup>. Portion of dura mater, showing the falx covered with bony deposits. These were found by the microscope to consist (like the other specimens) of true bone.

From a woman in the Kent County Asylum, with melancholia, September, 1857.

Dr. W. C. Hills.

1600. Portion of dura mater, with patches of ossific matter.

Taken from an idiot, and presented to Dr. Ferguson by Professor Mayer when on a visit to Berne, January 31, 1817. See the back of the prep.

1601. Carcinomatous tumors on the dura mater, with the corresponding portion of the cranium.

1601<sup>5</sup>. Carcinoma of the dura mater. Numerous flat patches are seen on the outer surface of the membrane, corresponding to outer surface of the cranium.

Mary K., aged 32, under Mr. Birkett, for cancer of breast. In March, 1853, she first perceived a tumor in the mamma, and this was excised in October. In January, 1854, the disease returned, and was



again excised. In December, 1854, readmitted with the chest generally involved, and tumors on the head and other parts. The calvaria was extensively diseased, see prep. 1081<sup>45</sup>, and os humeri, 1106<sup>6</sup>; also drawing, 2<sup>90</sup>.

Record of Insp., 16. 1855.

- 1601<sup>10</sup>. A patch of carcinoma on the dura mater, corresponding to similar disease of the calvaria.

Christopher B., aged 58, under Dr. Hughes, died from carbuncle and exhaustion. No cancer was found in any part of the body excepting the head. The bone was occupied by a softish red material which had some resemblance to epithelioma. See prep., 1081<sup>40</sup>, and drawing, 2<sup>89</sup>.

Record of Insp., 195. 1854.

1602. A portion of dura mater, with a growth attached, apparently of a carcinomatous character.

The subject of it about five years before, had received a blow on the fore part of his head, which led to various cerebral symptoms, and for which, for the last two years of his life, he was under the care of Dr. Whiting. He was subject to epileptic fits which occurred in quick succession. After death, the head only was examined, when the dura mater was found thickened as here seen, and the corresponding parts of the inner table of the os frontis eaten away.

1. Green Insp. Book, p. 61.

- 1602<sup>32</sup>. Portion of dura mater, with a smooth globular tumor of about the size of a marble projecting from its inner surface. It appears to be situated between the arachnoid lining and the dura mater. It has caused by pressure some absorption of the bone. The tumor is probably fibrous.

- 1602<sup>64</sup>. A tumor the size of half an almond, with a broad base on the inner surface of the dura mater.

From a woman aged 68, who died of bronchitis. She had often expressed a wish that her head should be opened after death, as she had suffered severely for many years from various anomalous pains in it. She said she had a sense of coldness in one part not larger than a shilling; that part corresponded very nearly to the seat of the tumor.

Mr. L. Day, St. Neots, Huntingdon.

1603. Carcinomatous tumor on the inner surface of the dura

mater; it occasioned a considerable depression in the substance of the brain, but no remarkable symptoms.

- 1603<sup>12</sup>. Carcinomatous tumor as large as an egg, involving the falx at the vertex.

Case of J. C., aged 58, an artist. He had been ailing about a year with pains in the head and various parts of the body. His mind was enfeebled, and at last he became comatose. The tumor had also grown through the dura mater and caused some absorption of the cranium. The body was not examined, but it is most probable that disease existed in it also.

17. Misc. Insp. Book, p. 113.

- 1603<sup>35</sup>. A soft villous growth, the size of a small nut, springing from the dura mater above the anterior portion of the basilar process. It pressed upwards on the side and edge of the pons and left crus, flattening its rounded surface. It was not at first described as villous, but the microscope shows it to be clearly of this character; the long shaggy processes hanging from it very much resembling those of the chorion, only not branched.

James G., aged 66, under Dr. Babington in 1846.

- 1603<sup>60</sup>. Portion of the base of the skull, including the right temporal bone, showing a very hard tumor of a globular form adhering by a peduncle to the superior petrous ridge; it is almost as large as a pigeon's egg.

From a pauper female patient about 80 years of age, from St. Saviour's parish, and who had no symptoms of cerebral affection during life. The tumor was found quite accidentally.

Mr. Debenham, 1837. 2nd Note-book, p. 22.

1604. A large tumor attached to the inner surface of the dura mater at the anterior part of the skull, and was imbedded deeply in the right hemisphere, reaching nearly to the ventricle, and pressing on the corpus callosum. It was firm, circumscribed, and believed to be cancerous. It was lobulated on the surface with vessels running on it, and weighed nine ounces.

A. Z., aged 50, had been several years the subject of headache. About two years before death this became very severe, and accompanied



by irritability of temper and lethargy. At last he was almost imbecile, with general weakness of the whole body. He had no convulsion except just before death.

See particulars in Bright's Med. Reports.

- 1604<sup>50</sup>. Carcinomatous tumor, growing from the dura mater which it has separated from the bone; the latter is partially removed by absorption, giving place to a broad and flat tumor on the external surface of the cranium.

From same case as 1585<sup>75</sup>.

1605. Dura mater, showing coagulable lymph both on the cranial surface and also on inner arachnoid surface.

From a patient of Mr. Key's admitted with laceration of the scalp. He did well for two weeks, after which he became comatose, and had partial paralysis, and the wound assumed an unhealthy appearance. He was trephined, and matter was found beneath the bone; he died about the fifteenth day.

- 1605<sup>32</sup>. Portion of dura mater, with a coagulum of blood firmly adherent, and having a membranous appearance on the internal surface.

John B., aged 42, who died from injury of the head, which he survived a week.

3. Misc. Insp. Book, p. 141.

- 1605<sup>38</sup>. Dura mater from a case of fractured skull. A thin layer of altered blood of a yellow colour covers the arachnoid surface; it appears to have formed a distinct smooth membrane. The piece of dura mater at the back of the bottle shows suppuration of the lateral sinuses.

Wm. A., aged 42, under Mr. Birkett. His skull was fractured by the blow of an engine, and he survived the injury exactly a month. The cranium was found fractured, and the brain bruised, with effusion of blood in the arachnoid cavity; also pleuro-pneumonia.

Prep. of skull, 1086<sup>65</sup>. Record of Insp., 169. 1854.

- 1605<sup>64</sup>. Lateral half of dura mater removed from a skull which had been the subject of fracture. The extreme surface is seen covered with a large mass of fibrinous clot, arising from injury to the meningeal artery. Bristles are passed into

the lacerated vessels, and a false aneurismal cell is seen in the midst.

Geo. F., aged 30, under Mr. B. Cooper in 1834. He was thrown from his horse on to his head, and remained in an almost complete state of insensibility until his death, four days afterwards. The skull on the right side was found fractured, and the dura mater separated from the bone by a large clot of blood, and the meningeal artery torn through as seen in the preparation. The clot was softening, and in one part had already formed what is described as an aneurismal cell. The brain was but slightly injured.

6. Misc. Insp. Book, p. 11.

1606. Blood extensively effused between the dura mater and cranium.

From a patient of Mr. Morgan's who was labouring under symptoms of compression and concussion occasioned by a fall upon his head; he survived twelve hours. There was a fracture through the base with laceration of the middle artery of the dura mater.

1606<sup>50</sup>. A lateral portion of dura mater, with a large hemispherical clot of blood which had separated the membrane from the calvaria.

John B., aged 43, under Mr. B. Cooper in 1838 for fracture of the skull, which was fatal in nine days. The brain was uninjured.

12. Misc. Insp. Book, p. 148.

1607. Dura mater torn, from fracture of cranium.

See cranium, 1086; and brain, 1578.

1608. Blood effused between the dura mater and cranium, with fracture of the bone.

Old Museum Book, No. 82.

1608<sup>25</sup>. Large clot between dura mater and right parietal bone which was fractured. The bone was trephined, with partial relief; but subsequently, it appeared, blood was effused from the corpus striatum into the third and fourth ventricle of the brain.

1608<sup>26</sup>. The effused blood from preceding case moulded into the



form of the third ventricle, the iter a tertio ad quartam ventriculam, and the fourth ventricle.

See drawing 80<sup>20, 21</sup>.

1609. Part of the left hemisphere of the brain showing abscess, with adjacent portion of the dura mater lacerated and partially covered with coagulable lymph; and also a portion of the cranium in which exfoliation appears to have commenced. From injury.

Dr. Alderson.

- 1609<sup>60</sup>. Portion of the base of the skull with a piece of tobacco pipe beneath the dura mater, and surrounded by a dark fibrinous deposit.

John C., aged 58. About six months before his admission into the hospital, and whilst smoking in a public house, a fray occurred in which his tobacco-pipe became thrust into the inner angle of the eye. His eye became inflamed, but soon recovered, and he remained well for five months, when symptoms came on which seemed referable to some mischief within the cranium, and in about a month he died. On removing the brain, a piece of tobacco-pipe one inch and a half long was found under the dura mater, and just to the right of the sella tursica. No part of it remained within the orbit, although a probe could be passed through in the direction it had taken, but only as far as the conjunctiva; for the external opening in this membrane had quite healed, scarcely the trace of a cicatrix being discoverable. Around the piece of pipe was some black matter, which appears to be altered blood.

11. Green Insp. Book, p. 192.

1611. A large malignant (?) ulcer of scalp, connected with caries and perforation of the skull; involving also the dura mater.

Old Museum Book, No. 94.

- 1612<sup>25</sup>. Pineal body, with minute particles of earthy matter upon its peduncles.

- 1612<sup>38</sup>. Pineal body containing much earthy matter.

- 1612<sup>60</sup>. Pituitary body, with the posterior portion remarkably softened.

- 1612<sup>75</sup>. Pituitary body, with the posterior portion softened, and the appearance of a cyst in the anterior portion.
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## NERVES.

1613. Optic nerves, showing one much smaller than the other from atrophy.

- 1613<sup>25</sup>. One optic nerve remarkably atrophied.

Joseph O., aged 27, under Dr. Addison in 1842, for phthisis. He was deaf and dumb, and had lost the use of one eye from catarrhal inflammation when three years old.

18th Misc. Insp. Book, p. 241.

- 1613<sup>90</sup>. Portion of an aneurismal sac, involving the pneumogastric which is in process of attenuation.

John H., aged 55, under Dr. Addison in 1834. He had suffered from symptoms of aneurism for three years.

Prep. of aneurism, 1450<sup>23</sup> and 1294<sup>25</sup>.

5th Misc. Insp. Book, p. 116.

1614. A mass of nerves from the body, affected with neuroma. They consist of the sciatic, brachial, pneumogastric, &c., on which are numberless tumors or nodosities, scarcely any part of the nerve being free from the disease; for those nerves where no actual tumors exist, are yet thickened, indurated, and irregular in shape. The microscope shows the tumors to be composed of a simple fibrous tissue infiltrated between the fasciculi or nerve fibres, and thus causing their separation without injury to their structure. In those trunks where no very visible enlargement exists, an induration has taken place by which the fibres have become closely adherent, and with difficulty separable. It might be said that an inflammation of the whole nerves of the body had taken place, whereby a lymph had been thrown out which had united the nerves together, producing a mere induration at some parts, enlargement in others, and actual tumors in the remainder.



The specimens came from a woman aged 25, who died in Guy's Hospital, August, 1858, with disease of the left lung, which was styled phthisis. After death, all the nerves in the body were found affected in this remarkable manner, and it is thus probable that the disease of the lung depended on the affection of the pneumogastric nerve. The subject of the disease was a woman of dissolute habits, but whether the neuroma was due to syphilis is doubtful, although probable. See further particulars by Dr. Wilks in Trans. of Path. Soc., vol. x., p. 1.

1615. A splinter of teak wound removed from the ball of the thumb of a man labouring under tetanus, by Mr. C. A. Key.

1615<sup>10</sup>. Enlargement of the phalangeal nerves in case of tetanus, some weeks after the injury.

Mr. Hilton.

1616. Gunshot wound injuring the obturator nerve. The ball passed outwards through the rectum. See prep. 1892.

Mr. Gaitskell, Rotherhithe. Old Museum Book, No. 130.

1617. Enlarged extremities of nerves from a stump, after amputation above the knee.

1618. Nerves of a stump enlarged at their extremities; from the thigh.

1619. Enlarged termination of the nerves of a stump.

1619<sup>10</sup>. Section of a knee joint, showing a union of the peroneal nerve which had been accidentally divided with the tendon several months before, when an attempt was made to straighten the joint.

Mr. Hilton.

1619<sup>20</sup>. A granulation on a nerve. On minute examination, two nervous filaments will be seen running on one side of this specimen.

A patient of Mr. Hilton in 1854, who having a very painful ulcer where granulations were growing, the latter were excised, when on examination a nerve was found running through them. The wound immediately healed.

1620. Head of the fibula, with a portion of the peroneal nerve, which was lacerated in a case of compound dislocation of that bone.

Man under Mr. Key, who died three weeks after the accident.

- 1620<sup>10</sup>. Enlarged divided extremity of the median nerve, from a stump.

It was removed by Mr. Key to relieve excessive pain, and the operation was attended with immediate benefit.

- 1620<sup>15</sup>. Carcinoma of the nerves of the brachial flexus. These are not only surrounded by cancer, but the disease has entered the neurilemma, and travelled along the nerves themselves. Nodosities are thus formed in parts.

Susan G., aged 56, under Dr. Gull. She had a scirrhus tumor in the right axilla, chest, and mamma. There was great pain in the arm on admission, and subsequently almost complete paralysis both of sensation and motion. On post-mortem examination, a large mass of cancer was found in the thoracic walls projecting outwards, and also involving the lung within. The nerves were surrounded by it and involved in the disease as seen in the prep.

Drawing, 88<sup>51</sup>. Prep. of bladder, 2104<sup>10</sup>.

Record of Insp., 36. 1855.

- 1620<sup>20</sup>. Bulbous extremities of nerves about the upper portion of the humerus after amputation.

The patient, a female aged 26, had the stump removed at the shoulder-joint by Mr. B. Cooper. Several previous amputations had taken place in different hospitals. She was cured by the last operation.

- 1620<sup>25</sup>. Nerve bulbs of a femoral stump.

Mary Ann F., aged 25, who died in the hospital in 1840. Prep. of bone of stump, 1158<sup>40, 41</sup>.

17. Misc. Insp. Book, p. 94.

- 1620<sup>30</sup>. A stump showing the divided nerves of the leg considerably enlarged.

- 1620<sup>31</sup>. Bulbous extremities of nerves after amputation of leg, 1854.

- 1620<sup>35</sup>. Bulbous ends of nerves from an old leg stump.



Ishmael W., aged 30, who had had his leg amputated about two years before, and entered hospital with necrosis of the bones of the stump, and ulceration of the skin over it; and subsequently the knee-joint became affected.

See prep. of joint, 1329<sup>50</sup>, with drawing, 31<sup>50</sup>, and skin, 1625<sup>20</sup>.

17. Misc. Insp. Book, p. 305.

1620<sup>38</sup>. Nerves long after amputation low in the leg.

Prep. of bone from stump, 1248<sup>13</sup>, and skin, 1620<sup>43</sup>.

1620<sup>40</sup>. The ankle-joint, heel, and tarsus, from which the metatarsus and phalanges had been previously amputated. Dissected to show the nerves of the stump. Amputated by Mr. Morgan.

1620<sup>45</sup>. Trachea, pharynx, &c., with a cancerous growth involving the left cervical nerves and vessels.

John B., aged 49, admitted in 1831 under Mr. B. Cooper, with cancer of the neck and gangrene of the fingers on the right side. Three or four months before, a tumor began to appear near the angle of the lower jaw and proceeded downwards in the neck. This was followed by pain in the arm, and afterwards gangrene of the fingers.

2. Misc. Insp. Book, p. 45.

## INTEGUMENTS.

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1620<sup>47</sup>. Cicatrix from the inguinal region, showing a loose bridge of cuticle.

1620<sup>48</sup>. Cicatrix from a stump removed above the ankle.

See bone of stump, 1248<sup>12</sup>; and bulbous nerves, 1620<sup>38</sup>.

1620<sup>50</sup>. Portion of integument from the lower part of the back with a projecting nipple-shaped appendage about an inch in length.

1620<sup>55</sup>. The skin of a hand partially web-fingered with the deeper parts dissected and dried.

1620<sup>60</sup>. Two hands, the second and third fingers of which are united by the integuments almost to their extremities. There was a disposition to a similar union of the corresponding toes.

John S., aged 37, under Dr. Bright in 1828, of disease of the heart.  
7. Green Insp. Book, p. 153.

1620<sup>65</sup>. Portion of hypertrophic integument from the scrotum.

1620<sup>69</sup>. A portion of an immense tumor weighing fifty-six pounds removed by Mr. Key from the scrotum of Hoo Loo, a Chinaman, April 9, 1831.]

He was 32 years of age, and the tumor had been growing ten years; it commenced in the prepuce, but continued to grow until the whole genital organs were involved, and the tumor measured four feet in circumference. It reached below the knees, but the man's health was



good. He came purposely to England for the removal of the tumor. The operation took a considerable time in its performance, and the patient lost much blood. He fell into a state of syncope, and died almost immediately afterwards. It consisted of hypertrophied integuments and subcutaneous cellular tissue, constituting the form of disease known as Elephantiasis scroti.

Also slice from same tumor, Prep. 1620<sup>70</sup>; and a small portion containing hair, 1620<sup>80</sup>. Prep. of Liver, 1903<sup>84</sup>. Spermatic cord, 2367<sup>70</sup>. Ascarides, 2594<sup>75</sup>. Also anatomical prep. skull, 139<sup>10</sup>; Cuticle, 419<sup>35</sup>; Cast of head, No. 8, and drawing 195 and 196. For particulars of case see *Lancet* for 1830-1831, vol. ii., p. 86.

1620<sup>70</sup>. A portion of the last-described tumor. It appeared essentially to consist of hypertrophy of the true skin and the cellular membrane immediately beneath it.

1620<sup>80</sup>. Small portion of the same tumor as preceding, showing a morbid growth of hair.

1620<sup>85</sup>. Section of a tarsal stump injected. Amputated a second time by Mr. C. A. Key.

1620<sup>90</sup>. Foot of a negro affected with elephantiasis.

1621. Portion of skin from the leg; the cutis very thick and dense. Its surface is lengthened by numerous papillæ, and the easily separable cuticle is much fissured, thickened, and pliable; somewhat like the old external bark of a tree. The disease appears to have had some resemblance to elephantiasis.

Mr. Beaumont, Gravesend.

1621<sup>40</sup>. Section of leg affected with elephantiasis. The bones of the foot are seen to be much distorted, and the new growth composed of fibro-cellular tissue and fat. This springs almost entirely from the sole of the foot and plantar fascia, which sends processes through it.

Sarah B., aged 24, living in London, admitted under Mr. Hilton, with enormous enlargement of the right foot, which was converted into a brown club-like mass, from which the toes protruded in front. It did not reach as high as the calf, but spread laterally, the sides being flattened, the colour dark, and surface deeply fissured and corru-

gated. The patient was cachectic-looking, and was in ill health. She stated that the foot had grown to this enormous extent in six months, but she had had a small tumor on her right ankle since infancy. The leg was amputated, but the girl died a few days afterwards of pyemia. See wax models, 243<sup>5, 6</sup>; and drawing, 196<sup>20</sup>.

Record of Insp., 193. 1856.

1621<sup>60</sup>. Portion of skin affected with ichthyosis removed from the arm of a young woman.

Elizabeth R., aged 24, who died of fever under Dr. Cholmeley in 1828.

3. Misc. Insp. Book, p. 123.

1622. Portion of skin affected with chronic ulceration, from the leg, showing large prominent granulations, new but diseased cuticle, and thickened and indurated subjacent cellular tissue. See also another portion of ulcer attached to the bone, 1222, and indurated cellular tissue, 1653.

The limb was amputated by Mr. Key.

1622<sup>50</sup>. Portion of the skin of a leg, showing a chronic ulcer injected. The edges thickened, the granulations in the centre prominent and highly vascular, and covered with a thin partial layer of inorganizable lymph, resembling concrete pus. There is a small spot near the middle, in which the original cutis is remaining.

1623. Portion of scalp much thickened by puriform effusion, from erysipelas.

1623<sup>50</sup>. Cicatrix, after the removal of the mamma, suddenly ulcerating.

1624. Sections of injected granulations dried and immersed in spirits of turpentine.

1625. Ulcerated cutis, injected, dried, and immersed in spirits of turpentine.

1625<sup>10</sup>. Ulcer over the great toe.

Mr. Hilton.



1625<sup>20</sup>. A chronic ulcer covering the stump of a leg.

From same case as nerves, 1620<sup>35</sup>, and joint, 1329<sup>50</sup>.

1625<sup>50</sup>. Portion of skin contused, and commencing to mortify, owing to a severe injury. The appearances are much less distinct than when the specimen was fresh.

John G., aged 50, was severely crushed by the upsetting of a railway carriage in which he was seated; he died thirty hours after the accident.

Insp. 87. 1857.

1626. Finger, of which the skin is affected with phagedenic ulceration, which appears to have been caused by disease at the root of the nail.

1627. Portion of skin affected with gangrene, injected and showing the boundary between the dead and living parts.

1628. Sphacelated skin, beginning to separate.

1629. Portion of skin affected with gangrene; the neighbouring living parts injected; the line of separation very distinct.

1630. Portion of sphacelated skin, dried, and immersed in spirit of turpentine; the neighbouring living parts injected.

Sir A. Cooper.

1631. Portion of sphacelated skin, dried, and immersed in spirit of turpentine; the neighbouring living parts injected.

Sir A. Cooper.

1632. Sphacelated skin, dried, and immersed in spirit of turpentine; the neighbouring parts injected.

Sir A. Cooper.

1633. Portion of sphacelated cutis from the heel; injected, dried, and immersed in spirit of turpentine.

Sir A. Cooper.

1633<sup>50</sup>. Toes of a woman, the integuments mortified from the effects of cold.

From Langstaff's Museum.

1634. Portion of skin affected with small-pox; injected.

Sir A. Cooper.

1635. Portion of skin affected with small-pox, and ulcerated.

1635<sup>25</sup>. *Rupia prominens*, from a girl 20 years of age, in whom nearly the whole of the skin was affected.

From Langstaff's Museum.

1635<sup>40</sup>. Fibrous tumors of various sizes in the skin.

Langstaff's Museum.

1635<sup>45</sup>. Cephalhæmatoma, or vascular tumor of the scalp of new-born child.

Dr. Oldham.

1635<sup>48</sup>. Finger, with an obstinate ulcer over the site of the nail. Onychia injected.

Removed by Mr. Callaway.

1635<sup>50</sup>. "Finger, amputated by Mr. Key, presenting a considerable tumor along its sides; from which, as from expanded follicles, a crop of dark-reddish pyramidal columns are fungating." Follicular disease.

1636. Carcinoma of the skin of the back of the hand. The surface has a warty appearance, and it is no doubt epithelioma—injected.

See cast 112.

1636<sup>20</sup>. A large epithelial cancerous ulcer, covering the back of the hand, wrist, and fingers.

James M., aged 69. He was a healthy, temperate man, living at Dorking. The disease commenced on the back of the hand three years before, and gradually increased; and during the last year ulcerated.

Amputated by Mr. Cock. November, 1856.



- 1636<sup>30</sup>. Cancer of the hand; the disease is seen to be in the palm, and confined to the tissues of the tendons. It is isolated, and composed of several nodules; the microscope showed nucleated cells as in true cancer.

James M., aged 43, had his hand amputated by Mr. Birkett, in May, 1855. Ten years before, he discovered a lump on the palmar surface of left middle finger; it slowly grew for three years and was removed. It again returned; so that, at the expiration of another two years, the finger was amputated. No disease again appeared for another three years, when a swelling appeared on palmar aspect of metacarpal bone; this continued to increase, and at last ulcerated, forming the disease for which he was admitted. He also had had a small tumor on the scalp, which, on removal, was also found to be cancerous. He returned home, and died in August, 1856, with symptoms of cancer of the liver.

See Guy's Hosp. Rep., Series 3, vol. iii., p. 319.

- 1636<sup>60</sup>. Hand, showing large flattened growths over the joints of the first and second phalanges of the fingers—injected. Owing to the number of years this preparation has been in spirit, it is difficult to speak positively as to its character; but it appears to be epithelioma.

- 1636<sup>60</sup>. A portion of skin removed by Mr. Morgan, from over the trochanter; it is affected by cancer which is ulcerating, and the edges present a warty appearance.

- 1636<sup>85</sup>. A portion of integument from the arm, containing a cancerous tumor, which sprung up on the site of a mole.

Charles B., aged 44, admitted under Mr. Callaway, jun., in August, 1855, with a malignant tumor in the right axilla the size of a large orange, of fifteen months' growth. There also existed on the right fore-arm a mole, which had lately been enlarging and decreasing in colour. The tumor in the axilla was removed and found to be cancer. On the following December, the patient was readmitted for the enlargement of the mole on the fore-arm; a small tumor of the size of a nut having formed in it. This was excised, and found to be true cancer, as here seen. In February he was readmitted with a return of the growth in the axilla. This ulcerated and bled profusely, which led to his death in March. There was no post-mortem examination, but there was some evidence of the cancer having penetrated the chest.

See drawing 188<sup>6</sup>.

1637. An epithelial cancerous ulcer near the heel; injected.

Amputated by Mr. Key.

1637<sup>55</sup>. Carcinomatous ulcer over the joint of the great toe. Injected.

Mr. Hilton.

1638. Epithelioma of skin. Its warty character is well seen on the section.

1638<sup>50</sup>. Epithelioma of the skin of the leg. The whole has a cauliflower appearance, and the warty character appearing well on the section.

It came from a middle-aged man, whose leg was amputated by Mr. B. Cooper in 1838. The disease occupied the ham, and from the surrounding inflammation the knee-joint became involved, which necessitated amputation. Prep. of sequestrum of os femoris from same case, 1159<sup>50</sup>.

1641. Carcinomatous ulcer of the leg involving the bone. Its interior wall is destroyed for several inches; the cancellous structure is full of deposit, and the posterior wall of the tibia is also broken through. Amputated by Mr. Key. The disease returned in the internal organs. See cancer of heart, prep. 1399; kidney, 2055; tumor in the skin, 1658; and the corresponding section of the leg showing the disease in the bone, 1248<sup>80</sup>.

1641<sup>16</sup>. Portion of the integument from the arm, with dark spots occasioned by an increased quantity of pigmentum. The sequel to a spotted scaly eruption on a native of one of the Ladrone islands. See from same case prep. of sternum, 1038<sup>83</sup>; of phthisical lungs, 1737<sup>50</sup>, 1739<sup>32</sup>, 1743<sup>50</sup>; also scalp, 421<sup>50</sup>; and stomach, 709<sup>70</sup>.

9. Green Insp. Book, p. 85.

1641<sup>20</sup>. Portion of cuticle detached from the hand.

1641<sup>32</sup>. Two portions of thickened cuticle detached from the heel, probably the result of scarlatina.

1641<sup>40</sup>. Portion of skin affected with melasma supra-renale, or Addison's disease. The microscope showed the dark



colour to be due to pigment beneath the cuticle in the rete-mucosum.

Henry B., aged 12, who was admitted under Dr. Addison for the above-named disease. See the diseased organs, 2020<sup>68</sup>, and wax-model.

Insp. 143. 1859.

1641<sup>48</sup>. A large scab from a sore supposed to be cancerous.

Mr. E. C. May, Tottenham. 1834.

1641<sup>64</sup>. Portion of integument, forming the greater part of the left side of the face torn off with several branches of nerves and other subjacent parts, by the tread of a horse.

The woman, upwards of 40 years of age, a patient of Mr. B. Cooper in Chapel ward; some of the bones of the knee were also broken at the same time. She quite recovered.

Drawing, No. 89.

1641<sup>74</sup>. A grain of sand which was for some time encysted in the cutis. After a severe graze on the thumb, some gravel was washed out, and the part left to heal, but a little sinus remained for some weeks, and subsequently a small cheese-like mass was thrown off, in which was contained this grain of sand.

19. Misc. Insp. Book, p. 349.

1641<sup>80</sup>. A large follicle, containing cheesy matter and epithelium in layers.

1642. Encysted tumors, formed by the enlargement of sebaceous follicles.

1643. Encysted tumor, formed by the enlargement of a sebaceous follicle. From the chin, or some other part covered by the beard.

1643<sup>50</sup>. Sebaceous cyst from the abdomen, with a double aperture.

William B., aged 60, who died under Dr. Addison of hemiplegia in 1843.

19. Misc. Insp. Book, p. 173.

- 1643<sup>55</sup>. Sebaceous cyst from the back, filled with its contents; removed by Mr. Birkett from a man, aged 57, who had had it for several years. The tumor was remarkable for its plasticity, being capable of being moulded into almost any form, and thus showing its nature.

Drawing, 159<sup>80</sup>.

1644. Encysted sebaceous tumor, removed from the cheek by Sir A. Cooper.

John C., in Hospital in 1805.

Old Museum Book, p. 47.

1645. Encysted follicular tumor, from the breast, removed by Mr. Key.

- 1645<sup>50</sup>. An encysted tumor.

1646. Cyst of a follicular tumor.

1647. Two follicular encysted tumors of considerable size.

1648. Follicular encysted tumor.

- 1648<sup>50</sup>. Cyst of a large follicular tumor, the interior roughened by the slightly adherent concrete secretion.

Sir A. Cooper.

1649. Follicular encysted tumor.

- 1649<sup>50</sup>. Sebaceous cyst partially ossified, removed by Mr. Key.

- 1649<sup>55</sup>. A multilocular cyst, removed by Mr. Hilton from the right side of the neck of a young woman.

- 1649<sup>58</sup>. A sanguineous cyst, removed by Mr. Cock from the thigh of a woman.

Jane K., aged 39, stated that fifteen years before a tumor appeared on the back of the thigh. It grew slowly until February, 1856, when it was about the size of an orange and burst. Mr. Cock laid it open and inserted a sponge, when suppuration took place and the part healed,



The tumor, however, reappeared; and growing larger, the woman was readmitted in November, 1858, when Mr. Cock excised the whole growth, which was now the size of the fist.

1649<sup>60</sup>. Leg of a child, showing a venous nævus.

1649<sup>65</sup>. Sanguineous multilocular tumor removed from the neck of a child, a private patient of Mr. Cock in October, 1857. It was the size of a fist when removed; but owing to the blood or sanguineous serum escaping from the cyst, it became collapsed. The child lost much blood on its removal. It was of rapid growth, and no history of congenital nævus.

1649<sup>68</sup>. A large nævus maternus, from the integuments of the shoulder of a child.

1649<sup>76</sup>. A nævus maternus, from the integuments of the neck of a child.

1649<sup>80</sup>. Nævus maternus of a foot; it consists of a congeries of dilated veins which are filled with wax.

Sir A. Cooper.

1649<sup>84</sup>. A nævus maternus, from the left side of the nose of a child.

1649<sup>92</sup>. A nævus maternus, from the forehead of a child.

1650. Portion of chin, covered with a hairy nævus.

1650<sup>50</sup>. A mole on the integuments of forearm.

1651. Follicular tumor in the orbit, containing hair and sebaceous matter; the hair short, coarse, and nearly colourless.

1652. A lock of hair matted together from plica polonica.

1652<sup>4</sup>. An elongated toe nail, curved, thickened, and indurated.

1652<sup>7</sup>. Portion of thickened epidermis, with overgrown and distorted nails, associated probably with a quantity of morbid secretion.

1652<sup>8</sup>. An excrescence of a horny character, about four inches in length and extremely contorted; removed from the head of a female about 40 years old by Mr. Nunn of Royston. There were several large vessels about it, and considerable hæmorrhage attended the operation.

1652<sup>9</sup>. Horny excrescence, from the head of a woman 70 years of age. About twenty years before scabs appeared on the head and body, which, in the course of five years, had grown into four horns; three from the head and one from the side. They all fell off spontaneously. These were again produced and again fell off. In August, 1850, two fell off from the head, one was four inches long, the other, the shorter one, constitutes the present specimen. When recent they were soft, waxy, and had a cheesy odour.

Mr. Metcalfe Johnson of Lancaster.

1652<sup>10</sup>. Morbid growth of nails.

1652<sup>12</sup>. Portion of subcutaneous cellular membrane, from the chest of a female affected with anasarca.

Jane G., aged 36, under Dr. Back, for heart disease in 1829.

8, Green Insp. Book, p. 149.

1652<sup>20</sup>. Portion of cellular tissue affected with emphysema, from beneath the integuments of the abdomen.

See prep. of diseased lung, 1738<sup>32</sup>, and ileum, 1844<sup>75</sup>.

1652<sup>24</sup>. Portion of integument from the abdomen, with the subcutaneous layer of fat unusually thick.

From a woman who died of fever.

1652<sup>32</sup>. Pedunculated cutaneous tumor, removed from the nates. Within, it is seen to consist of fat and fibrous tissue; externally it is warty. (Sebaceous?).

1652<sup>40</sup>. Steatomatous tumor, removed from the thigh by Mr. Hilton, April, 1858. It is remarkable on account of its shape.



1652<sup>46</sup>. Fatty tumor, removed from the back by Mr. B. Cooper.  
It was situated over the trapezius muscle.

1652<sup>50</sup>. Large adipose or steatomatous tumor, in which gangrene  
had commenced. Removed by Sir Astley Cooper.

1652<sup>55</sup>. Steatomatous tumor, removed from the groin by Sir Astley  
Cooper.

1652<sup>60</sup>. An immense fatty tumor, weighing twenty-nine pounds,  
and of fifty years' growth.

Removed after death from the neck of a man aged 94. It was  
attached only by a slight peduncle, but the patient refused to have it  
removed. About fifty years before, it began as a pimple in the neck,  
and since gradually grown to the dimensions here seen. Of late it gave  
inconvenience and pain from its immense weight.

Presented by John H. Burgess, Esq., Glastonbury, December, 1859.

1652<sup>71</sup>. Two-thirds of a section of a large fatty tumor, removed by  
Mr. Key; injected.

Drawing, 160<sup>76</sup>.

1652<sup>73</sup>. Fibro-plastic tumor, removed from the back by Mr.  
Birkett.

Joseph M., aged 38. He had had a small tumor on the back since  
birth, and when two years old it was burned off. At the age of 19 it  
was again destroyed by caustics. Since this it has gradually been  
regrowing, so that the present tumor was removed in May, 1851. It  
was composed of fibro-plastic tissue, and was entirely confined to the  
integument. In October, 1853, the cicatrix was healthy.

Drawing, 199<sup>36</sup>.

1652<sup>75</sup>. "Fatty tumor, from the upper and back part of the thigh  
of a middle-aged woman, successfully extirpated by Mr.  
Morgan. Before the operation the tumor presented the  
ordinary character of steatoma, except that near its most  
prominent part an ulcerated aperture existed, and dis-  
charged a fetid sanious watery fluid. Some cause appears  
to have given rise to the death of an internal portion, the  
enveloping membrane of which is remarkably slight."

The interior appears to consist of a delicate fibrous structure.

Drawing, 160<sup>75</sup>.

1652<sup>80</sup>. Large steatomatous tumor, removed from the back of a man by Mr. Morgan. It is remarkably lobulated.

1652<sup>87</sup>. Adipose tumor with nodules of cartilage, removed from the popliteal space by Mr. Birkett.

1652<sup>90</sup>. Abscess in the subcutaneous cellular membrane, from the axilla; injected by Sir A. Cooper.

1652<sup>95</sup>. Portion of an abscess in the subcutaneous cellular membrane from the axilla; injected by Sir A. Cooper.

1653. Portion of cellular membrane, condensed and indurated, from chronic ulcer of the leg.

From same case as 1622.

1653<sup>50</sup>. A portion of skin removed from the leg, having on its under surface small rounded earthy masses.

1654<sup>12</sup>. A large old cyst, removed from the thigh of an aged man after death. It has thick, unequal, ossifying walls, the interior being broken and granular; it contained much thick fluid, and a mass of which the following preparation is the larger part.

From Greenwich Hospital, 1836.

1654<sup>24</sup>. A mass about the size and figure of a swan's egg, composed of coarse granules, loosely compacted, which are about the size of a pea, and have a peculiar minutely granular or flocculent surface.

From the cyst of last preparation.

1654<sup>36</sup>. A cyst, probably subcutaneous.

1654<sup>40</sup>. Encysted tumor, removed from the scalp by Mr. Hilton.



1654<sup>45</sup>. A large sebaceous tumor softening in the middle, removed from the head by Mr. Poland in January, 1860.

A. E., aged 58. Eleven years before a similar tumor was removed by Mr. B. Cooper from behind the ear, and seven years before another from the shoulder by Mr. Cock. The present one had been growing six years.

1654<sup>43</sup>. Tumor, containing cretaceous matter from the cheek.

Removed by Mr. Morgan.

1654<sup>50</sup>. Encysted tumor which contained a chocolate-coloured fluid, and supposed to have originated in a sebaceous tumor. Removed from the male breast by Mr. Birkett.

A gentleman, aged 69, had observed a lump near the right nipple for ten years, until it had now grown to the size of an orange. It was painful, of a purple colour, and regarded as malignant. When removed it was found to be a thick cyst containing three or four ounces of brown fluid and cholesterine.

Drawing, 176<sup>62</sup>.

See Guy's Hosp. Rep., series 3, vol. v., p. 258.

1654<sup>55</sup>. Sebaceous tumors, removed from various parts of the body by Mr. Birkett. They show the various stages of growth and terminations of this disease. Some of them are seen to be solid tumors, consisting of soft sebaceous matter; others are softened in their interior. One is a cyst, and contained fluid of a dark coffee colour. One contains cretaceous matter, and another, which had ulcerated and burst, had a papillary growth springing up from its base. This is pedunculated, and has somewhat the appearance of a fungating cancer.

Mary S., aged 48, had been troubled for several years with these tumors, some being on the head and others on the back; five of the former and three of the latter were removed.

Drawing, 176<sup>63, 64, 65</sup>.

Guy's Hosp. Rep., series 3, vol. v., p. 262.

1654<sup>60</sup>. Osseous tumor, the size of a small walnut and of a similar figure, but more markedly granular. Within it is white and somewhat cancellated.

Removed from the face of a lady by Mr. Paxton, Oxford. It was analysed by Mr. Brett, and found to consist of

Animal matter,.....	49·65
Fixed matter,.....	50·35
	<hr/>
	100·00

Animal matter, consisting of...	{ Gelatinous and condensed albumen or fibrin.
Fixed matter,.....	{ Phosphate of lime. Carbonate of lime; the latter resulting probably from decomposition of an organic salt during ignition.

1654<sup>65</sup>. Sebaceous cyst, removed by Mr. Birkett from over the os coccygis. It is about an inch in diameter, composed of a fibrous cyst, with a thick mass of sebaceous matter within.

A woman, aged 25, had noticed the lump for two years; it lay in the loose connective tissue near the rectum. It was removed, and wound quickly healed.

1654<sup>66</sup>. A large sebaceous cyst from the labium pudendi. The cyst is thick, composed of fibrous tissue, and the reticulated lining membrane of epithelium. The contents when removed consisted of fluid resembling gruel, and measured more than half a pint.

A woman, aged 39, had a large pendulous tumor from the left labium. It had been there twelve years, ulcerated, and often allowed the fluid to escape. It was removed by Mr. Birkett with a portion of the skin.

Drawing, 159<sup>85, 86</sup>.

1654<sup>72</sup>. "A large tumor from the side of the neck immediately below the jaw, from a child about six months old; it consists of a number of cells or cysts of various sizes, situated immediately beneath the layer of subcutaneous fat. The tumor had continued to increase from the time of the infant's birth. It was punctured a month or two before its death, and yielded a considerable quantity of serum which was at first clear, but afterwards became sanguinolent. At the time of the child's death a few cells contained pus variously discoloured, but the greater number



contained serum and semi-transparent coagulable lymph, similar to that which is produced by recent acute plastic inflammation of the serous membranes. The child had been a patient of Mr. Key." This preparation appears to be a multilocular sanguineous cyst connected with the blood-vessels, and resembles 1649<sup>65</sup>.

- 1654<sup>84</sup>. An injected section of a fibro-cartilaginous tumor, removed from below the lower jaw. It is nodular in form, and a large central excavation seems to have been produced by softening.

From a man, aged 76, in whom it had been twenty-seven years forming.

Presented by Mr. Price of Deptford.

1655. Encysted tumor, containing chalky matter in the subcutaneous cellular membrane.

- 1655<sup>10</sup>. Fibro-cellular tumor, congenital, removed by Mr. Bryant in January, 1857, from the left shoulder of a man aged 26. It had always been painless and of a white colour, when three days before its removal it suddenly swelled without any cause, and became of a bluish-red. It was then seen by the surgeon who excised it. It contained serum, which having escaped, it shrunk into the present small space.

- 1655<sup>15</sup>. Encysted subcutaneous tumor containing chalky matter.

- 1655<sup>50</sup>. Keloid tumor, removed from the back of a girl in Charity ward by Mr. Hilton, 1857.

- 1655<sup>70</sup>. Fibrous tumor, from the skin removed from below the knee in 1856. Preserved especially from its likeness to a similar tumor removed from the palate, 1784<sup>49</sup>.

- 1655<sup>75</sup>. A congenital tumor peduncular, and probably dermal. It was very movable, and grew half way between the umbilicus and pubis.

From a private patient of Mr. Callaway's, aged 60.



1655<sup>80</sup>. Fibro-plastic tumor, removed from the back of the leg of a man, by Mr. Hilton in June, 1852.

Drawing, 197<sup>82</sup>.

1656<sup>10</sup>. A fibro-cellular tumor, thought to be a nævus, growing from birth on the back of a child aged 4 months.

Mr. Birkett, July 4, 1855.

1656<sup>20</sup>. A large nævus, removed by Mr. Birkett from the abdomen of a man. It consists of lobules, and a texture very like that of the corpora cavernosa.

Henry B., aged 25, under Mr. Birkett in August, 1855. He was the subject of congenital nævus on right side of abdomen. During the last year papillary subcutaneous elevations had formed, and from them an oozing of blood had constantly been taking place, producing much anæmia. The whole mass when removed weighed two pounds. Cured.

Drawing, 160<sup>56</sup>.

1656<sup>25</sup>. Nævus, removed from the shoulder of a child by Mr. Birkett in 1855. Recovered.

1657<sup>40</sup>. Small oval tumor, the size of an almond, removed from the outer side of the knee. The capsule is thick, but the interior is composed of soft delicate fibre, a few nucleated fibres, nuclei, and fat granules; growing for five years.

Martha M., aged 26, under Mr. Cock, February, 1857

1658. Small carcinomatous tumor in the cellular membrane.

From same case as 1641.

1660<sup>60</sup>. Subcutaneous carcinomatous tumor from the knee. It is firmly and generally adherent to the skin, which is extensively but superficially ulcerated. Injected.

Removed by Mr. Cooper from a boy. Pathological wax model, 52.

1660<sup>80</sup>. Subcutaneous tumor, removed from the calf of the leg. It contains a ragged cavity in which a new growth is sprouting out in a papillary form. In other parts there are cysts which when recent were filled with a gelatinous matter.

Presented by J. C. Pearce, Esq.



1660<sup>96</sup>. Chimney-sweeper's cancer excavating the groin and penetrating the femoral artery.

1661. Melanoid tubercles in the subcutaneous cellular tissue.

Prep. omentum, 1551, 1555; liver, 1937; kidney, 2062.

Sir A. Cooper.

1661<sup>50</sup>. Two small cutaneous tumors, removed from the dorsum of the foot of a young lady by Mr. B. Cooper. She subsequently died of internal cancerous disease.

See wax model, 293.

1661<sup>55</sup>. Small melanotic tumor, removed from the back by Mr. Cock.

## ORGANS OF THE SENSES.

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### N O S E.

1662. Polypi of the nose; one attached to the os unguis, the other to the turbinated bone.

1663. Polypus from the nose.

1664. Polypus from the nose.

1665. Polypus from the nose.

1665<sup>40</sup>. Polypus nasi, removed by Mr. Key.

1665<sup>55</sup>. Polypus nasi, removed by Mr. Hilton.

William F., aged 17, in the Hospital in 1849. He had noticed an obstruction in the nose for six months, and this was found to be due to a polypus in the right nostril, reaching back to the pharynx. A ligature was placed around it, and becoming detached, in a few days it was accidentally swallowed, but was again ejected by an emetic.

New vol. iii. p. 14.

1666. Carcinomatous tumor, removed after death from the face. It appeared to begin in the antrum, but had entered the orbit, and through the crebriform plate to the brain. It had also destroyed some of the bones of the face.

Mary S., under Mr. Morgan in 1826.

1. Green Insp. Book, p. 14.



1666<sup>32</sup>. A section of a very large cartilaginous tumor which was removed from the face. It was supposed to have sprung from the antrum, and a part only was removed.

Lochland Shiel, aged 24, under Mr. Morgan in 1824. The growth had commenced nine years before in the right nostril, and increased until it occupied the whole right side of the face, involving the superior maxillary bone, vomer, and malar bone. The disease returned after removal, growing slowly until his death seven years afterwards, when it had reached a great size and disfiguring all the features of the face. Wax model before the first removal, 38<sup>10</sup>; and that of second growth at time of death, 38<sup>12</sup>. Also cast of same after death, 65; and drawing, 4<sup>50</sup>. Guy's Hospital Reports, Series 1, vol. i. p. 403; and vol. vii. p. 491.

1666<sup>48</sup>. A bony tumor spontaneously detached from the orbit. When recent it measured eleven inches in greater circumference, and nine inches in its less, and weighed nearly fifteen ounces. The external surface is nodulated, and the section shows several small cavities. Its density is that of ivory, and when examined by the microscope found to consist of true bone; the lacunæ being large, but canaliculi not so delicately formed as in true bone. The surface shows no point where any attachment had ever been.

Thomas M., aged 36, when the tumor came away. Twenty-three years before, a little pimple appeared under his left eye, close to his nose, and since this it gradually increased, until at the expiration of six years the eye became destroyed. It went on increasing for eleven years more, when it became somewhat loose, and at the same time suppuration occurred in the surrounding soft parts. Operations were recommended but never performed, when, at the end of six years, and twenty-three from the commencement of the growth, the whole tumor fell from the face. Wax model, 38<sup>5</sup>; drawing, 3<sup>50</sup>.

See particulars of case by Mr. Hilton.

Guy's Hosp. Rep., Series 1, vol. i. p. 495.

1666<sup>64</sup>. Carcinomatous tumor, removed from the antrum by Mr. Key. It includes a part of the vomer, and the palatine portion of each palate bone, with the body of the left upper jaw.

John H., aged 35, had tumor growing in superior maxilla for a year. Left well after operation.

1. Note-book, p. 214.



- 1666<sup>70</sup>. Carcinomatous tumors in the nasal cavities, but particularly in the sphenoidal cells; they have made their way to the fossa for lodging the left middle lobe of the brain.

M. G., aged 40, under Dr. Bright in 1827.

4. Green Insp. Book, p. 128.

- 1666<sup>80</sup>. Nasal cavities on the right side affected with cancerous disease, which had extended towards the anterior part of the middle lobe of the brain. There are also cancerous tumors on the eyelid near the inner canthus. The disease was supposed to have commenced in the antrum.

Elizabeth H., under Mr. B. Cooper in 1827.

4. Green Insp. Book, p. 127.

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## EYES.

1667. Melanosis of left eye; section of globe preserved in glycerine. It was removed by Mr. France, from Mr. H., aged 70, in March, 1859. The patient remained well in February, 1860.

- 1668<sup>20</sup>. A mass of hair, being the contents of a cyst removed from the upper eyelid of a private in the 19th Regiment by Mr. Longmore, at Portsmouth, March, 1853. The tumor was about the size of a small bullet, and besides the hair, contained a milky fluid. It is a sebaceous cyst containing hair.

- 1668<sup>25</sup>. Two cysts, removed from the eyebrow. The upper subcutaneous and the lower situated beneath the orbicularis palpebrarum. They are both everted, and delicate hairs are growing from them.

A man, aged 19, had had a tumor at the external and upper part of the right eyebrow as long as he could remember. It had latterly enlarged and become painful. It contained, when fresh, sebaceous matter and hair.



1668<sup>30</sup>. Morbid growth, apparently carcinomatous, involving nearly the whole of the tarsal cartilage of the left upper eyelid of a chimney-sweep. He never had any disease of the scrotum. Drawings, 200<sup>6, 10</sup>, representing the patient before and after the operation.

1668<sup>32</sup>. Tumor removed from left eyelid. It appears to approach in character to melanosis.

Man, aged 50 years, had partial paraplegia for four or five years. For twenty years he had a small tumor, the size of a pea, under the eyelid. Three weeks before removal it was struck, when it swelled up and rapidly reached the size of an egg, displacing the eye by projecting into the orbit. Erysipelas followed the operation, and terminated fatally. The body was unusually fat. See prep. of Appendices epiploicæ, 2456<sup>66</sup>. Also distended bladder, 2089<sup>25</sup>.

Mr. Hilton, 1. Note Book, p. 146.

1668<sup>35</sup>. Recurrent fibroid tumor, removed from the orbit by Mr. Cock, from a lad, Thomas V., in September, 1854. A small portion had previously been excised, but again returning, the whole contents of the orbit were removed. In the following year the boy was heard of as in a dying state from the recurrence of the growth, which was now evidently penetrating the skull.

1668<sup>40</sup>. *Cysticercus cellulosæ*, from the eye. Removed from the cellular tissue of the orbit by Mr. France in 1854. It had protruded the globe and impaired the vision. After the operation the eye retired, and perfect vision was restored.

1668<sup>64</sup>. Melanosis of the eye. The globe is still retained in its orbit. Removed after death. See preparation of liver, 1937<sup>80</sup>, and wax model, No. 37, which represents a large black mass, extending nearly to the angle of the mouth, and also a similar tumor near the angle of the lower jaw.

Presented by Mr. Gossett.

1669. Eye affected with melanosis, for which it was extirpated by Mr. Key.



The patient, John D., died two years afterwards with melanotic cancer of the liver, and tubercles of the same disease in the cutis.

Misc. Insp. Book, vol. i., p. 10.

1669<sup>12</sup>. Eye affected with cancer, removed by Mr. Morgan. It appears to be somewhat melanotic.

1669<sup>24</sup>. Eye affected with cancer, removed by Mr. Morgan. It appears also to contain black pigment.

1669<sup>32</sup>. An immense melanotic tumor, involving the eye.

From a private patient of Mr. Morgan who died from cancer of the eye, lung, liver, &c.

Prep. of melanotic cancer in lung, 1752<sup>50</sup>; of liver, 1916<sup>40</sup>.

1669<sup>40</sup>. Eye affected with carcinomatous disease, originating within the choroid. The opposite eye had been destroyed, probably by similar disease. The cerebellum was occupied by a large tumor of similar character.

Mr. France.

1669<sup>45</sup>. Melanotic cancer of the eye. The outline of the sclerotic is seen to be preserved, except at the lower part, where the insertion of the inferior rectus and optic nerve are seen to be involved. The latter is affected with melanotic material for a considerable distance from the globe. The whole mass of disease is black, divided by septa.

Elizabeth M., aged 45, under Mr. France in May, 1856. She had for many years before been under the care of Mr. Morgan, for disorganizing mischief in the left globe, but of what character was not very evident. At the present time the whole eye was protruded by a new growth, and which was therefore extirpated. She died out of the hospital seven months afterwards.

See Guy's Hosp. Rep., Series 3, vol. iii., p. 193.

1669<sup>50</sup>. Tumor of the globe of the eye, supposed to be cancerous. The section shows the greater part of the interior occupied by the new growth.

Emily C., aged 7, under Mr. France in 1857. For some months the left eye had been protruding, and being unaffected by treatment, was extirpated. The girl left well.

See Guy's Hosp. Rep., Series 3, vol. iii., p. 196.

1669<sup>55</sup>. Tumor of the globe of the eye, supposed to be cancerous.



The section shows the vitreous humor occupied by a white solid growth, in close apposition with the lens in front and extending to the optic nerve behind; on the outer side is a small cavity; the choroid appears healthy, as well as optic nerve. The disease appeared to have arisen in the hyaloid membrane and vitreous body.

Thomas B., aged 18, under Mr. France in July, 1857, for a long continued affection of the eye, and which was deemed advisable to be at last extirpated.

See Guy's Hosp. Rep., Series 3, vol. iii., p. 197.

1669<sup>60</sup>. Melanotic cancer of the eye. The whole globe is seen to be converted into one mass of carcinoma, with nodules of pigmentary matter in it. This is connected with a large cancerous mass below the orbit. It had also penetrated within the skull.

George C., aged 32, under Mr. France for the disease of the left eye, which had been growing for two and a half years. About a year before, some small nodules appeared on the body; these were of dark colour, and evidently melanotic. He subsequently had pulmonary affection. The post-mortem examination showed various parts of the body affected with melanosis. See Prep. cranium. Heart, 1400<sup>15</sup>. Bladder, 2104<sup>20</sup>.

Insp. 119. 1859.

1669<sup>64</sup>. Anterior part of the skull, with the orbits, showing the left eye perforated by the point of an umbrella, which entered the cranium and lacerated one of the crura cerebri.

Thomas C., aged 22, under Mr. Key in 1830. Whilst pursuing another man, the latter made a thrust at him with his umbrella, which pierced his left eye, rupturing the globe and passing into the brain. Immediately he was brought to the hospital, where no other brain symptoms existed than cerebral excitement, but he died in twelve hours. The opening in the globe was through the sclerotic; blood was found effused between the dura mater and the bone, and the orbital plate of the frontal was fractured; so also a part of the sphenoid. There was blood also beneath the arachnoid, diffused over the brain, and the laceration had occurred at the left side of the optic nerve, involving the crus cerebri. Drawing, 70.

9. Green. Insp. Book, p. 42.



## E A R .

1669<sup>70</sup>. Polypi, removed from the ears by Mr. Poland.

1669<sup>71</sup>. Polypus, removed from the ear by Mr. Birkett.

Drawing, 224<sup>35</sup>.

1669<sup>72</sup>. Polypus, removed from the ear by Mr. Birkett.

1669<sup>73</sup>. Fibrous growth, or appendix to the auricle, removed by Mr. Callaway, jun., from Timothy C., aged 11 months, November, 1854.

Drawing, 224<sup>37</sup>.

1669<sup>74</sup>. Polypus, from the right ear of a child seven years of age. She had had a discharge from the ear ever since infancy, and the polypus had been noticed two or three years. The hearing, which before defective, returned after the removal of the growth.

1669<sup>75</sup>. Polypi, removed from the ear by Mr. Hilton.

1669<sup>80</sup>. Fibrous growth, or appendage to the ear, removed by Mr. Hilton, February, 1860.

Mary Y., aged 29, stated that several years before she had had her ears pierced for ear-rings, but had discontinued them for five or six years. About two years ago a tumor began to grow from the edges of the aperture on either side of the left ear, and which, at time of admission, reached the size of a hazel nut. There were two in number, one attached to each side of the lobule. The latter was cut off with them, and on making a section they were found continuous by the hole made by the ear piercer. Composed of fibrous tissue. On the right ear there were two small nodules the size of a millet seed.

1669<sup>81</sup>. Supernumerary superficially developed auricles from the neck, removed by Mr. Birkett. When a month old they were seen as two projecting growths, about the middle of the neck on each side. In 1858, when the child was seven years' old, they were removed; they appeared like supernumerary ears, from their containing a small portion of fibro-cartilage, and were covered with a soft downy hair, like the auricle. See drawing, 196<sup>30</sup> and 196<sup>40</sup>, at the respective ages of 1 month and 7 years.

1669<sup>82</sup>. Polypus from the right ear, removed by Mr. Bryant from



a boy aged 11, December 29, 1859. It had been growing for a year.

- 1669<sup>84</sup>. Ossicles from the ear, discharged with some necrosed bone from the ear, as result of scarlatina.

Mr. Bryant.

- 1669<sup>85</sup>. Left temporal bone from a child who died with tuberculosis, and in whom the tympanum was acutely inflamed. When recent the cavity was filled with a puriform mucus, and the mastoid cells with a viscid fluid. Membranous bands also united the incus and stapes, and the mucous membrane of the tympanum and eustachian tube was red and thick. The other ear was somewhat similarly affected.

From a child,  $3\frac{1}{2}$  years old, who had been ill five weeks. Tubercle was found in the substance of the brain and its membranes, also lungs, &c. It was not observed during life that the hearing was affected.

Mr. James Hinton.

- 1669<sup>86</sup>. Section of the base of the skull, including the temporal bones, showing dissection of the ear and inflammation of the tympanum. When recent the eustachian tubes were thickened and closed with muco-purulent fluid. Both tympanic cavities were filled with a viscid red fluid, and the mucous membrane red and velvety; the membrana tympani vascular and thick. The right side had membranous bands uniting the ossicula. The disease probably commenced in the fauces, and passed along the eustachian tubes to the ear.

From a child, aged  $3\frac{1}{2}$  years, who had had cerebral symptoms for some days, and died in convulsions. He was often deaf when he had a cold, and a few days before death more deaf than usual.

Mr. James Hinton.

- 1669<sup>87</sup>. Section of the base of a skull, with dissection of the ear, showing inflammation of the tympanic cavities. When recent the mucous membrane of the right was vascular and thickened, and firm membranous bands crossed it. On the left side the membrane was thickened, and tympanum and mastoid cells filled with a purulent fluid and viscid mucus. Membranous bands crossed the cavity and united the ossicles.



A child, 2 years of age, died of bronchitis. It had not been observed that there was any impairment of hearing.

Mr. James Hinton.

- 1669<sup>88</sup>. Right temporal bone with ear, dissected to show membranous bands passing across the cavity of the tympanum. The left similarly affected.

From a child, aged 2, who died from hooping-cough. Hearing not affected.

Mr. James Hinton.

- 1669<sup>89</sup>. Temporal bone with ear, dissected to show inflammation of tympanum.

- 1669<sup>90</sup>. Temporal bone, with internal ear dissected to show bands of adhesion within the tympanum. The anterior wall of meatus is flattened, and the membrana tympani concave.

- 1669<sup>91</sup>. Left temporal bone, showing caries connected with disease of the internal ear; there is a large opening on the superior surface of the petrous bone, communicating with another in the lateral sulcus, and connected with caries of the mastoid cells. The disease appeared to extend from the posterior wall of the external meatus.

John R., aged 52, under Dr. Gull with headache, pyrexia, &c., resembling fever; this continued with occasional rigors, followed by pain and stiffness of neck. Discharge from left ear, and also deafness. He died twenty-five days after the accession of the symptoms. Extending from the diseased bone, as here seen, was phlebitis of the lateral sinus, reaching to the jugular vein, and producing pleuro-pneumonia. No affection of the brain beyond the discoloration of the membranes.

- 1669<sup>92</sup>. Temporal bone, showing caries communicating with the internal ear. The roof of the tympanum is destroyed, and when recent this cavity contained a cream-like fluid, as well as the vestibule and semicircular canals.

Sarah C., aged 23, had a discharge from the right ear since infancy, and more or less deaf. A fortnight before death she complained of pain in her head; this continued until it was clear that the brain was seriously involved, and she died with marked cerebral symptoms. After death it was discovered that the inferior part of the right middle lobe was filled with purulent fluid. This was connected with disease of dura mater and lateral sinus, situated over a carious petrous bone. There was also a polypoid growth in the auditory canal.

Guy's Hosp. Rep., Series 3, vol. iii., p. 279.



## TONGUE.

1670. Portion of elongated tongue, removed from a patient of Sir A. Cooper. The portion, when fresh, weighed 2 ounces  $2\frac{1}{2}$  drams (Troy), and measured  $3\frac{1}{2}$  inches in length, 3 inches in breadth, and  $1\frac{1}{2}$  inches in thickness.

Thomas L., aged 53, in hospital in 1807 for ptyalism, produced by mercury given for syphilis. The swelling of the tongue was indolent and little sensible, and been upwards of six months' duration. Cured.

Old Museum Book, No. 58.

- 1670<sup>50</sup>. Papillæ of tongue, much enlarged and elongated, and very distinctly separated. The state of the tongue was supposed to indicate a chronic ulceration of the bowels. The man suffered from intestinal obstruction, which was found after death to have depended on a hernia of the gut within the great omentum.

- 1670<sup>60</sup>. Great enlargement of the tongue, suddenly occurring in a case of Bright's disease.

Mary J., aged 44, under Dr. Hughes for renal disease, &c. Three days before her death the tongue became protruded between the teeth, red, and much enlarged. Punctures were made in it and blood evacuated, and also ice applied, but without relief.

Prep. of heart, 1389<sup>25</sup>. Drawing, 224<sup>41</sup>.

Record of Insp. 246. 1854.

1671. Tongue, showing enlargement of the papillæ. The same preparation shows chronic inflammation, with thickening of the mucous membrane of the fauces and larynx.

1672. Mortification of the tongue, gums, and cheek, from mercury, which appears to have been given for empyema. The kidneys were probably also diseased.

John H., aged 65, under Dr. Cholmeley in 1806.

Old Museum Book, No. 56.

- 1672<sup>50</sup>. Tongue, larynx, and pharynx, with ulceration at the root of the tongue, and epiglottis.

1674. Root of the tongue affected with carcinomatous ulceration.



1674<sup>12</sup>. Extensive ulceration and sloughing (probably carcinomatous) at the base of the tongue and left tonsil, communicating with an external opening, and with the os hyoides, which is diseased.

1674<sup>15</sup>. A large cancerous tumor of the tongue, whose centre had softened into a creamy fluid, which escaped when cut through. It is seen to press on the larynx, and the glottis is œdematous. It thus caused death by suffocation. The disease is true epithelioma.

Charles C., aged 42, under Mr. Birkett.

Record of Insp. 16. 1859.

1674<sup>24</sup>. Tongue almost destroyed by carcinomatous ulceration, which extends to the fauces and epiglottis. From a patient of Mr. Key.

5th Green Insp. Book, p. 156.

1674<sup>36</sup>. Tongue and larynx with a portion of the extremity of a tobacco pipe lodged in the root of the former. The pipe, which is two and a half inches long, has entered the right side of the tongue, where the wound is seen partly closed, and having run beneath it, is seen emerging on the left side at its base, and resting between the transverse processes of the third and fourth cervical vertebræ.

William H., aged 20, under Mr. B. Cooper in 1830. Whilst smoking his pipe, the elbow of another man struck the bowl and forced the end of it into his tongue. This snapped off, and the man immediately fainted. Three days afterwards, when he came to the hospital a wound was seen in the tongue, passing backwards from the right to the left side; it was hollow, and there was much pain beneath the left ear. No foreign body could be found in the tongue. Two days afterwards, the fifth of the accident, he brought up about a pint of blood; the same occurred for several days, so that on the eleventh day, he was utterly exhausted, and at last he died, a fortnight after the receipt of the accident. The carotid artery was injected with water, when the fluid flowed freely out of the mouth and nostrils, showing that a large branch had been opened near the left tonsil. Body otherwise healthy.

2. Misc. Insp. Book, p. 15.

1674<sup>48</sup>. A piece of lint covered with muco-purulent secretion, which has been folded up into a compact mass, and lodged



at the upper part of the pharynx behind the velum palati, where its presence was not known till after death.

From same case as Prep. 1592<sup>84</sup>.

1675. Tonsils ulcerated from scarlatina.

1675<sup>50</sup>. Larynx with the tonsils enlarged.

1676. Tonsil affected with ulceration.

1676<sup>40</sup>. Numerous enlarged tonsils removed by Mr. Hilton.

1676<sup>50</sup>. Growth from the mouth of a lad, forming a sac the size of a small orange behind the left tonsil, containing some coagulum.

1677. Preparation, showing extensive sloughing of the tonsils, velum, and fauces, from scarlatina.

1677<sup>25</sup>. Part of the fauces and larynx of a young woman who died of acute inflammation of these parts, occurring a few weeks after delivery. The mucous membrane both of the fauces and larynx was covered by a pretty firmly adherent layer of coagulable lymph; at the parts where it is raised no appearance of abrasion is seen.

Sarah R., aged 24, under Dr. Back in 1831. She had recovered slowly from her confinement when she was taken ill with pain in the throat, which, when examined, was found covered with a tenacious ash-coloured secretion, and in many places looking like a slough. This was found after death to have continued downwards into the larynx and trachea, and from these a distinct layer could be peeled off. This appears to have been a case of diphtheria.

Prep. of uterus, eight weeks after delivery, 2523<sup>75</sup>.

2. Misc. Insp. Book, p. 71.

1677<sup>50</sup>. Calculus, consisting of phosphate of lime spit up from the tonsils. Analyzed by Dr. Babington.

Presented by Mr. Hawkins.



PATHOLOGICAL CATALOGUE

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VOCAL AND RESPIRATORY ORGANS.

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REVISED BY

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LONDON:  
WILLIAM MACKENZIE, 22 PATERNOSTER ROW.  
MDCCCLVII.



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## PLEURA.

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INJURY, 1784.

GASTRIC SOLUTION, 1784<sup>20</sup>.





## VOCAL AND RESPIRATORY ORGANS.

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### LIPS AND PARTS ABOUT THE MOUTH.

- 1677<sup>75</sup>. Mouth extremely contracted and rigid, the consequence of ulceration following the use of mercury.

The patient was a young man, aged 22, whose health was broken down by syphilis and mercury. He was admitted into Guy's under Mr. Morgan's care, who three times operated on the mouth for the purpose of enlarging it, but with only transient benefit. The contraction increased, and the opening became a small round immoveable aperture. The patient became generally anasarcaous; the chest and abdomen were filled with clear serum; the kidneys were mottled and much degenerated; the liver small, firm, and irregular. See Drawing, No. 230.

1. Misc. Insp. Book, page 86.

- 1678<sup>5</sup>. Horny growth from the lower lip.

Removed by Mr. Cock, August 13, 1856, from William A., aged 53. He was a carpenter living at Clapham; the tumor had been growing for six years. The wound soon healed. See Drawing 230<sup>80</sup>.

1678. Cyst in the lip. Stated to be formed by the dilatation of a labial gland.

1679. Cancer of the lip. Removed during life. The growth occupies the whole breadth of the lip, but is more prominent on the right side; irregular processes are seen projecting from its surface.

1680. Cancerous warty tumor of the lip, removed by Mr. C. A. Key.

The patient, a middle-aged man, attributed the origin of the tumor to holding rough packing string between his lips when tying sacks; it was of four months' duration, and had begun to ulcerate.

- 1680<sup>50</sup>. Scirrhus tumor from the lip, removed after death by Mr. C. A. Key.



1681. Cancer of the lip, removed by Mr. C. A. Key.
1682. Portion of lip affected with cancer; the structure remarkably fibrous.
- 1682<sup>20</sup>. Portion of lip, presenting superficial cancerous ulceration, removed by Mr. J. Morgan.
- 1682<sup>40</sup>. Nearly the whole of the lower lip presenting cancerous ulceration.
- Removed by Mr. J. Morgan, 1829. See Drawings 233, 234, 235. The first shows the condition of the lip before the operation, and the two latter its condition afterwards.
- 1682<sup>60</sup>. Scirrhus affection of the lip. The disease is situated at the angle of the mouth, and the submucous glands appear to be diseased.
- 1682<sup>80</sup>. Nearly the whole of lower lip, and the angle of the mouth, removed for carcinomatous ulceration, by Mr. J. Morgan, 1830.

See Cast No. 245.

## LARYNX AND THYROID CARTILAGE.

- 1683<sup>88</sup>. Tracheal cartilages deformed and ossified.
- Presented by Mr. Hilton.
1684. Thyroid cartilage ossified. The posterior portion of the ala is necrosed, and a portion,  $1\frac{1}{2}$  inch in length, is detached. The pharynx is ulcerated.
- 1684<sup>25</sup>. Larynx and part of the trachea, showing necrosis of the right ala of the thyroid cartilage. The dead cartilage was surrounded by pus, and a small opening had formed into the larynx between the vocal cords, and also into the pharynx; paroxysms of very urgent dyspnoea came on every night, and tracheotomy was performed by Mr. Callaway. The vocal cords were swollen, and the sacculi laryngis are involved in the suppuration.

Case of John M., aged 42, admitted into Naaman, April, 1856. Four years previously he had had syphilis. Record of Inspection, 92, 1856.

1685. Diseased thyroid cartilage, with abscess and a sinus in the neighbouring soft parts; the abscess is situated at the side of the larynx. The inferior vocal cord on the same side appears ulcerated. The patient had tubercular phthisis.

C. A. Key's Inspection Book. Case of Thomas B.

1686. Ulceration of larynx and cricoid cartilage. There is an ulcer about one inch in diameter, extending from the situation of the right inferior vocal cord, which is destroyed, to the lower margin of the cricoid. The cricoid is ulcerated, and there is extension of the disease between the cricoid and thyroid cartilages, and by a sinus to the skin; there is also a circular ulcer on the inner aspect of the epiglottis on the left side.

Presented by Sir A. Cooper.

1687. Larynx with abscess and ulceration near the inferior and posterior part of the thyroid cartilage. The abscess apparently arose from the diseased cartilage.

Presented by Mr. J. G. Appleton.

1688. Diseased cricoid cartilage, causing death by closure of the rima glottidis, and thickening of the lining membrane of the larynx. On the pharyngeal aspect there is an opening passing to the cricoid cartilage, described as an ulcer. From a woman aged 35.

Presented by Mr. J. Hardy.

1689. Cricoid cartilage, with considerable cretaceous deposit, accompanied by exfoliation and ulceration. From a young man aged 29, who died from phthisis; he had almost total loss of voice.

Case of C. Bolton, patient of Dr. Babington.

1690. Epiglottis destroyed by ulceration.

- 1690<sup>32</sup>. Tongue and larynx. The epiglottis has been destroyed, and the pharynx, base of the tongue as far as the rima glottidis, is in a state of ulceration and sloughing, probably cancerous.



1690<sup>64</sup>. Ulceration of the larynx and base of the tongue. The disease, which was probably cancerous, has destroyed the epiglottis.

1690<sup>80</sup>. Larynx and pharynx. There is extensive ulceration on the inner aspect of the epiglottis, and considerable thickening of the mucous membrane generally.

Case of James B., aged about 55. There was extensive disorganization of the lungs.

17. Misc. Insp. Book, page 156.

1690<sup>90</sup>. Chronic thickening of the epiglottis and rima, with wart-like growths upon the mucous membrane, covering the cricoid cartilage in the pharynx.

Case of Maria O., aged 27. Mr. Bryant's Mus. Cat., No. 77, p. 34.

1691. Cancerous tumor from the epiglottis. This tumor was removed from the epiglottis by Sir A. Cooper with his finger during life.

From a woman, aged 50, admitted into Guy's, September, 1804. It produced very urgent dyspnoea, and could be elevated so as to be rendered distinctly visible. She was unable to swallow solid food, and complained much of hunger. The tumor is stated to have had a cancerous aspect, and to have been highly vascular.

The removal of the tumor afforded much relief; but it soon increased beyond its former magnitude. Relief was again obtained by a second removal of the tumor; but again enlarging, and bleeding severely, she died, three months after admission.

Old Mus. Book, No. 46.

1691<sup>50</sup>. Carcinoma of thyroid cartilage and epiglottis. A tumor about  $1\frac{1}{2}$  inch in diameter, and apparently carcinomatous, was situated between the hyoid bone and base of the thyroid; some tubercular masses are seen extending through the thyroid cartilage. The epiglottis is pushed backwards, and an irregular growth is seen on the inner surface. The rima was nearly obliterated.

Abraham R., aged 65, admitted Nov., 1845. He had been ill for six months, and a few hours before death had several epileptic fits. No cancerous disease of other structures was found.

1. New Insp. Book, page 66.

1692. Larynx and upper part of the trachea of an infant. The mucous membrane of the larynx and epiglottis are covered

by a firm layer of false membrane; the trachea presents similar effusion in a less degree. (Croup.)

- 1692<sup>25</sup>. Larynx and trachea of a child, presenting delicate false membrane (croup), covering and adhering to the whole of the mucous membrane. On removing this croupous layer the exposed surface was red, and highly inflamed. The bronchi presented a similar appearance, and one lobe of the right lung was consolidated. The child was rather more than two years of age, and only lived three days after the commencement of the disease.

Mr. Bryant's Mus. Cat., No. 75, p. 34.

- 1692<sup>50</sup>. Larynx lined with adherent false membrane.

Case of Maria L., aged 5, admitted under Dr. Addison's care into Petersham Ward, May, 1835. She had had cough for some time, but was admitted suffering from urgent dyspnœa; the countenance anxious, and a small quantity of viscid mucus was expectorated. She died on the following day. The larger air tubes were filled with thick mucus. The trachea presented the layer shown in the specimen. The lungs were distended. The peritoneum was studded with miliary tubercles, but there were none in the lungs.

- 1692<sup>75</sup>. Croupy membrane in the larynx of a child.

Presented by Mr. Hilton.

1693. Larynx and upper part of the trachea of an infant. The whole of the membrane is covered with a thick false membrane. This case proved fatal in 36 hours from the commencement of the attack.

Presented by Mr. T. Hardy.

- 1693<sup>50</sup>. Larynx presenting partial thin croupous membrane, attached to its mucous surface. A strumous gland has been left attached to the trachea.

Rosella D., aged 4. 19. Misc. Insp. Book, p. 18.

1694. Larynx and upper part of the trachea of a child, with the tongue and fauces. The larynx is lined by a nearly detached recent false membrane

- 1694<sup>50</sup>. Larynx and trachea of a boy, aged 15, presenting croupous membrane. The bronchi to the base of the lung were



filled with fibrinous casts, and this condition was associated with acute pneumonia of nearly the whole lung.

W. J., aged 15, admitted under Dr. Hughes' care, January 19, 1844, and died the following day.

See prep. 1718<sup>8</sup>. 19. Misc. Insp. Book, page 290.

- 1694<sup>51</sup>. Larynx of a girl affected with acute laryngitis. The whole of the mucous membrane of the larynx and trachea are covered with a delicate false membrane. The membrane beneath was intensely congested.

Matilda S., aged 17, admitted Feb. 15, 1854, under Dr. Barlow's care. She was a sempstress, and had been ill for six weeks from epileptic fits. Six days before admission urgent dyspnoea came on, with difficulty in deglutition, and the patient died on the 16th. The dura mater was found to be congested, and there was subarachnoid effusion. The kidneys were contracted and much degenerated. Prep. 2038.<sup>86</sup> There was no anasarca.

Record of Inspection 35. 1854.

- 1694<sup>55</sup>. Larynx of a boy affected with acute laryngitis. The mucous membrane of the larynx was covered with a delicate false membrane, velvety and intensely congested.

Francis R., aged 16, died from confluent small-pox on the ninth day of the eruption, with inflammation of the pharynx, larynx, bronchi, and with pleuro-pneumonia.

Record of Inspection 204, 1854. See Drawing 246<sup>26</sup>.

1695. Larynx of an adult with adherent fibrinous effusion.
1696. Larynx of an adult with croupous membrane on the mucous surface.
- 1696<sup>20</sup>. Larynx of an adult, showing great thickening of the whole mucous membrane of the larynx, epiglottis, and aryteno-epiglottidean folds. There is slight ulceration on the inner surface of the epiglottis.
- 1696<sup>40</sup>. Larynx presenting œdema of the epiglottis and adjoining membrane, with several ulcers on the inner surface of the epiglottis.
- 1696<sup>60</sup>. Larynx of an adult, showing a cicatrix on the mucous membrane.

From a patient of Dr. Bright's. See Drawing No. 244.



- 1696<sup>80</sup>. Tongue and larynx, in which the epiglottis and rima are thickened by submucous purulent infiltration.

See Drawing No. 237<sup>50</sup>.

1697. Cordæ vocales and mucous membrane on the upper part of the larynx much thickened, and its surface rough and uneven. There appears to be a small ulcer on the inferior vocal cord.

- 1697<sup>10</sup>. Ulceration of the larynx, supposed to be syphilitic. The epiglottis is nearly destroyed, and there is a deep ulcer between the tongue and its glossal surface. The right inferior vocal cord is destroyed by a deep ulcer, the left inferior cord partially so. The arytenoid joints are also destroyed, and there is considerable thickening of the aryteno-epiglottidean folds of membrane.

From Agnes G., aged 43.

Mr. Bryant's Col. : No. 76 Cat. p. 34.

- 1697<sup>18</sup>. Ulceration of the larynx. The whole of the laryngeal surface of the epiglottis is ulcerated, the vocal cords destroyed, and the inner wall of the succuli destroyed; the cartilages are exposed, and there was submucous suppuration. There are several small ulcers on the anterior surface of the trachea, and at the lower part of the trachea is an ulcer nearly one inch in length.

Elizabeth A., aged 36, admitted into Guy's, November, 1842. She had been suffering for one year with partial aphonia and constant pain referred to the larynx. There were occasional severe exacerbations and hæmoptysis. Several vomicae were found in the lungs, with low organized and calcareous deposit. The bronchial glands were enlarged. There was ulceration in the cæcum and colon, and a few ulcers in the ileum.

19. Misc. Inspec. Book, p. 115.

- 1697<sup>25</sup>. Ulceration of the larynx, presenting irregular ulceration of the whole of the mucous membrane of the epiglottis on its inner aspect. The inferior vocal cords, and the mucous membrane beneath them, are also destroyed. The ulceration is deepest at the crico-arytenoid articulation.

W. D., aged 31. For twelve months before death had the symptoms of phthisis; and for two weeks there had been aphonia, pain in the



region of the larynx, and some difficulty in deglutition. There was a large vomica at the apex of the right lung.

Mr. Bryant's Col., No. 69, p. 32.

- 1697<sup>50</sup>. Contracted trachea following a cicatrix. The epiglottis and mucous membrane of the larynx are thickened irregularly granular and "cicatrised." The trachea at the second ring much contracted, and the mucous membrane indurated.

Philip D., aged 37, admitted July, 1835, under Dr. Bright's care. His voice had been affected for nine years. Nine days before death, whilst at work, he had an epileptic fit. These fits increased in frequency and severity, and hemiplegia on the right side came on. On inspection there was a cicatrix on the forehead, and the calvarium at that part was indurated and unequally dense, and the dura mater adherent. There was purulent aractinitis on the left hemisphere of the brain. There was some emphysema of the lungs, the right inferior lobe in a state of pneumonic consolidation. The liver was coarse; the kidneys healthy. The ulceration of the larynx was probably syphilitic.

7. Misc. Inspec. Book, p. 52.

- 1697<sup>75</sup>. Larynx and trachea, showing a cicatrix on the epiglottis and about the centre of the trachea leading to contraction. "The mucous membrane of the lower surface of the epiglottis, as well as that of the trachea, was somewhat granular; and about an inch from the bronchi, the trachea externally was of a very dark color, whilst internally the sides were adherent, and two or three of the rings destroyed, so that the size of the trachea was much diminished."

W. C., aged 34, admitted August, 1839, under Dr. Back's care. It is stated, that six months before death he caught cold and had inflammation of the windpipe. Two months afterwards he had swellings upon the head, and abscess over the clavicle and scapula. Symptoms of fever came on about nine days before death.

16. Misc. Inspec. Book, p. 116.

1698. Larynx, of which the mucous membrane is ulcerated at the posterior angle of the vocal cords.

Hannah S., aged 25, admitted under Dr. Cholmeley's care with variola. She died from phthisis and pneumothorax.

4. Green Inspec. Book, p. 76.

1699. Larynx and trachea with thickening about the rima glottidis. There is ulceration on the internal surface of the epiglottis.

1700. Larynx with extensive ulceration near and below the base of the arytenoid cartilages.

1701. Pharynx and larynx, showing ulceration external to the thyroid and cricoid cartilages.

1701<sup>50</sup>. Abscess in the pharynx connected with diseased thyroid cartilage.

Removed from a woman who had for several years suffered from difficulty, and at last inability to swallow food. There was an opening externally, through which fluids passed when she attempted to swallow them.

2. Note Book, p. 44. Presented by Mr. Gibson.

1702. Larynx of a child, with minute cauliflower vegetation on the cordæ vocales, and a thin layer of coagulable lymph covering the mucous membrane generally, described as chronic croup. The child was about four years of age, and had lost its voice for five months.

1703. Larynx with a cauliflower-shaped vegetation on the edge of the left sacculus laryngis.

A dispensary patient in 1825 or 1826, who suffered from symptoms of laryngitis, and died exhausted. No other disease was found beside this growth and inflammation of the larynx.

Presented by Dr. Addison.

1704. Larynx with cauliflower-shaped vegetations, some of which are very minute, above the sacculus laryngis.

From a middle-aged woman who died suddenly.

Presented by Mr. Hawkins.

1704<sup>50</sup>. Cancerous disease of the larynx and pharynx. The cartilages at the upper part of the trachea are quite destroyed, and the mucous membrane of the whole of the lower part of the pharynx and upper part of the œsophagus is destroyed.

From a patient of Mr. Cocks'.

1705. Larynx with effusion beneath the mucous membrane at its upper part, producing œdema glottidis and epiglottidis.

1706<sup>50</sup>. Larynx with epiglottis and glottis greatly œdematous.

Fr. J., aged 29, admitted under Dr. Back's care with anasarca of



five months' standing. Six weeks before death, his anasarca having left him, pain in the throat, with difficulty of breathing, came on.

1. Misc. Inspec. Book, p. 77.

- 1706<sup>75</sup>. Œdema laryngis. From a man aged 70, affecting more especially the right side, and obliterating the ventricle on that side.

Fotheringillea Essay for 1836. Mr. Bryant's Cat., No. 78, p. 35.

1707. Larynx, but principally the glottis, affected with œdema.

1708. Larynx showing œdema glottidis from syphilis. Epiglottis partially destroyed by previous disease.

1709. Larynx showing œdema glottidis from syphilis.

The patient died in Lazarus ward. He was admitted with slight ulceration of the throat and fauces; was otherwise well; exposed himself to cold, was seized with dyspnoea, and died in three days.

1710. Larynx plugged by a piece of meat.

- 1710<sup>50</sup>. Pharynx, tongue, and larynx, with a large opening below and parallel to the os hyoides, the upper edge of the thyroid cartilage being divided. The epiglottis is situated above the incision. Articulation was not attended with pain, but was performed imperfectly and indistinctly. The man died on the fifty-third day after attempting suicide by cutting his throat, having murdered his wife a few minutes previously.

Case of Richard L., aged 60. See cast No. 18.

1. Misc. Inspec. Book, p. 68.

1711. Larynx showing a transverse incision through the thyroid cartilage, between the superior and inferior vocal cords. There is a second incision through the cricoid cartilage.

W. H., aged 33, admitted May, 1827.

1. Misc. Inspec. Book, p. 4.

- 1711<sup>7</sup>. Larynx of a man, showing an irregular incision through the thyroid body, and immediately below the cricoid cartilage. The left internal jugular was divided. The man died from hæmorrhage six days after the injury.

Case of W. T., aged 30.

2. Misc. Inspec. Book, p. 9. See Preparation of the jugular vein, 1521<sup>45</sup>.

- 1711<sup>9</sup>. The anterior part of the neck with the trachea, from a man who had cut his throat. The anterior portion of the trachea was divided, and the inferior thyroid artery, which was secured by a ligature. He gradually sank from the loss of blood, and died on the sixteenth day from the time of inflicting the wound.

Langstaff's Mus., No. 2352.

- 1711<sup>11</sup>. Larynx and œsophagus from a man who had attempted suicide by cutting his throat. He had for several years taken food by means of a pipe. The anterior opening passing into the trachea had a cuticular covering. At the position of the incision the trachea was much contracted above, but free below. The incision extended through into the œsophagus. The œsophagus was very much contracted above the opening, and in a rather less degree below.

John S., aged 28, admitted October, 1837. The parietal bone was partially removed from an old wound (preparation 1076<sup>85</sup>), and the opposed dura mater deficient (preparation 1592<sup>60</sup>). There were vomicae in apices of both lungs. See Drawing 244<sup>60</sup>.

13. Misc. Inspec. Book, p. 114.

## THYROID GLAND.

- 1711<sup>14</sup>. Enlarged thyroid gland pressing on the trachea.
- 1711<sup>21</sup>. Thyroid gland, containing cysts, stated to be incipient bronchocele.
- 1711<sup>28</sup>. Larynx and trachea with the thyroid gland, of which the left lobe is considerably enlarged, and contains several cysts. Incipient bronchocele.
- 1711<sup>35</sup>. Larynx with the thyroid gland, the left lobe of which is greatly enlarged. The carotid artery is involved in the thickened structure beneath the tumor.
- 1711<sup>39</sup>. Lateral lobe of the thyroid gland considerably enlarged. It was removed from the dissecting-room, and appeared



to be of long standing. There are cells with apparently fibro-cartilaginous tissue around them. Bronchocele.

1711<sup>42</sup>. Portion of an enlarged thyroid gland removed after death, containing cysts filled with coagula. The patient, it is stated, died from irritation of the stomach.

1711<sup>49</sup>. Cyst in the thyroid gland, *dried*.

1711<sup>56</sup>. Ossified cyst from the thyroid gland.

Presented by Mr. D. Compton.

1711<sup>63</sup>. Larynx with a large tumor attached to it. The tumor appears to have originated in the thyroid gland, and is principally formed by one large cyst, the internal surface of which appears to have been long in a state of inflammation. The carotid artery and jugular vein passing over it are much displaced.

Presented by Mr. Joseph Towne.

1711<sup>67</sup>. Larynx and thyroid gland. Above the right corner of the thyroid gland is a cyst placed beneath the sterno-mastoid muscle. It is capable of containing about three ounces of fluid. Its walls are thick and irregular. The carotid artery and pneumogastric were much pressed upon. The cyst is connected with the thyroid by firm tissue. Behind the pillars of the fauces there is an irregular excavation, apparently from ulceration or abscess near the tonsil.

1711<sup>70</sup>. Larynx with the thyroid gland enlarged from carcinomatous disease. Ulceration had taken place.

1711<sup>73</sup>. Larynx and thyroid, with the right lobe of the gland enlarged from cancerous disease.

The patient, Catherine F., was 42 years of age, and had been an out-patient for some time under Mr. Callaway's care with enlarged thyroid gland; she was subsequently admitted into the hospital, and died. Cancerous tubercles were found in the lungs, and the left supra venal capsule formed a large cancerous mass. See prep. 2021<sup>83</sup>.

19. Misc. Insp. Book, p. 84.

- 1711<sup>77</sup>. Thyroid gland containing several cysts, and likewise affected with cancerous disease; both lobes of the gland are diseased.

The patient, Sarah G., was about 40 years of age, and was admitted under Mr. Key's care with carcinoma medullare of the breast; she died from an attack of erysipelatous inflammation. See Drawing 413. She was a native of Berkshire, and from childhood had been the subject of enlargement of the thyroid. Sixteen months before death she had a child; the uterus was large, and presented a small firm tubercle in its walls. See prep. of uterus, 2231<sup>64</sup>.

11. Green Insp. Book, p. 21.

### TRACHEA.

- 1711<sup>84</sup>. Larynx and part of the trachea. The former and several of the rings of the latter ossified.

Presented by Mr. Jarret Dashwood.

- 1711<sup>85</sup>. Trachea, presenting numerous irregular bony growths of *true bone* on the mucous membrane; the cartilages themselves are not ossified, but these bony plates extend in many places between them. The internal surface of the larynx and upper part of the trachea are ulcerated.

Case of William W., aged 38, admitted June 4, 1856, under Dr. Hughes' care. He was a bricklayer from Lambeth, a man of intemperate habits; ten years previously had inflammation of the lungs, but had enjoyed good health till seven months before admission, when, after exposure to cold, he had cough, &c. On admission there were general bronchial rales, and the symptoms of phthisis gradually became developed.

Record of Inspection, No. 166. 1856.

- 1711<sup>86</sup>. Perforating ulcer of the trachea. The œsophagus presents an irregular opening, about an inch in diameter, with smooth rounded edges. There are four openings into the trachea, one half an inch in diameter, the others merely fissures; they are separated, the one from the other, by portions of the wall of the trachea; the edges are not raised, as if by heterologous deposit. There appears to have been some ulceration at the point of union of the vocal cords. The cartilages of the trachea are ossified.



——— W., aged 42, a carrier from Hampton. There was crowing respiration during life, but the report states "that he was never threatened with suffocation;" the expectoration was abundant. The patient gradually sank. Several portions of ossified trachea were expectorated the first six months before his death. See prep. 1711<sup>87</sup>. A second portion six weeks later. There was consolidation of the posterior and inferior lobe of the right lung.

See 2nd Note Book, p. 70. Drawing 246<sup>23</sup>. Prep. 1711<sup>87</sup>.

Guy's Reports, 1856, p. 216.

1711<sup>87</sup>. Portion of ossified tracheal ring, expectorated by the patient from whom the preceding specimen was taken.

1711<sup>91</sup>. Trachea with enlarged follicles, from a patient of Dr. Cholmeley's, who had been affected with bronchitis and jaundice.

1712. Larynx and trachea of an adult. The mucous membrane of the trachea is covered over with a thick false membrane.

1713. Adventitious membrane in the form of a cylinder, and bearing the impression of the mucous follicles. Expectorated during life.

Thomas S., aged 30, had frequently been the subject of catarrhal symptoms. In January, 1807, having stood for several hours in the water, was in the evening attacked with symptoms of catarrh; he continued at his work for three days, the dyspnoea then became urgent, his face livid, and on the eighth day he expectorated the cast shown in the specimen. His respiration was much relieved, and he was able to walk to the hospital; the following day's respiration again became very difficult, and the patient died. On inspection, a portion of lymph was found on the surface of the epiglottis, and in the bronchi to their smaller divisions, but the trachea was free. The liver was much diseased, and there was old disease of the lungs.

Old Mus. Book, No. 61.

1713<sup>25</sup>. Larynx with enlarged cervical glands, which had pressed upon the pneumogastric nerve and its branches, and had led to the symptoms of laryngitis; the bronchi also were compressed: laryngismus stridulus. The cervical glands were infiltrated with strumous deposit, and there were miliary tubercles in the lungs and peritoneum, &c.

From an infant aged fourteen months, patient of Dr. Gull's.

1713<sup>50</sup>. Larynx and trachea, the mucous membrane extensively ulcerated, not merely in spots, but in a circumscribed



patch at the posterior part, and in lines along the cartilaginous rings.

See Drawing 246.

- 1713<sup>70</sup>. Trachea and upper part of the lung of a man affected with phthisis. The trachea is extensively and deeply ulcerated, so also the bronchi; the lung presents several vomicae, and at the base a small one connected with one of the bronchi. The larynx and intestines were also ulcerated.

John J., aged 21, patient of Dr. Hughes'.

Record of Insp., No. 9, 1855.

- 1713<sup>75</sup>. Larynx and trachea, the lining of which is marked by numerous deep small ulcers; this ulceration extends as high as the inferior cords.

1714. Perforating ulcer between the trachea and œsophagus. The opening in the œsophagus appears to be larger than that in the trachea. The patient was admitted into Martha for supposed stricture of the œsophagus.

Presented by Mr. Rix.

- 1714<sup>10</sup>. Ulcerative communications between the trachea and œsophagus, probably following abscess. There are three irregular openings extending from the upper part of the œsophagus into the trachea. The mucous membrane is destroyed or undermined.

Case of Sarah B., aged 24, admitted into Lydia ward, December, 1854. She was a married woman, and had never had syphilis; six months before admission she felt some enlargement of the throat, with difficulty of swallowing, pain, and shortness of breath; shortly before admission she had swelling of the throat, which suddenly disappeared. On December 25th, dysphagia extreme, so that she refused to swallow, and was fed by injections alone till her death, forty-one days afterwards. There was no evidence of cancerous disease. On January 6th, Mr. Hilton performed tracheotomy. See Drawing No. 246<sup>24</sup>.

Record of Insp., 1855, No. 21.

1715. Larynx, trachea, and œsophagus, with a communication between the trachea and œsophagus. The opening is oval in form, and about two inches in length, and has smooth rounded edges. It appears to have been the result of ulceration.



1715<sup>50</sup>. Cancerous ulceration of trachea. There is a large cancerous mass on the right side of the trachea compressing the subclavian artery; portions of whalebone are placed beneath the nerves of the right brachial plexus, which were much pressed upon. The front of the bodies of the vertebræ at this part were carious, and a cavity communicated with the ulcerated opening into the trachea. The œsophagus was slightly encroached upon.

Patient aged about 50, under Dr. Addison's care. No tumor was perceptible in the neck, and there was intense pain down the arm, with symptoms of pressure upon the trachea; there was a peculiar sound on respiration, and difficulty in deglutition and dyspnœa.

1716. Trachea opened by operation; the incision vertical through the first four rings.

1716<sup>20</sup>. Growth situated between the trachea and the œsophagus. The growth is about one and a half inch long, and half an inch in breadth, and contained softened material, the result of inflammatory action. An opening was directed towards the trachea, immediately opposite to the opening made in the operation of tracheotomy, and the trachea was much narrowed at this part. The obstruction of the œsophagus is almost complete. The disease was said to be carcinomatous.

Jane B., aged 57, admitted into Guy's under Dr. Bird's care, July, 1851. Twelve months previously she had had an attack of sore throat and bronchitis; this was followed by dysphagia, pain and occasional dyspnœa. The symptoms increased in severity till three months before admission, when the dysphagia and emaciation became extreme. On the morning she was brought to Guy's, she appeared to be dying from suffocation; tracheotomy was performed by Mr. Poland, which was rendered exceedingly difficult, by the pressure of the growth interfering with the admission of air after the trachea had been opened. The patient was relieved by the operation, but died on the twelfth day from exhaustion and bronchitis.

Guy's Reports, 1851. Vol. vii., part II., p. 322.

1716<sup>25</sup>. Cancerous disease at the upper part of the right lung, extending into the trachea, and obstructing the superior cava by a growth nearly filling the vessel. There was cancerous infiltration of the bronchial and cervical glands.



The right pulmonary artery was compressed. The superior lobe of the lung was destroyed. The liver contained one or two cancerous masses.

Case of William L., aged 26, admitted in October, 1856, under Dr. Barlow. Two months before admission he had pleurisy, dyspnoea, cough, and occasional hæmoptysis.

Record of Insp., 206. 1856.

- 1716<sup>50</sup>. Sixpence which was coughed up after having passed into the trachea.

## BRONCHI.

1717. Bronchial tubes with a portion of the trachea, showing considerable dilatation.

From a boy aged 11, a dispensary patient of Dr. Hodgkin's, who had suffered from dyspnoea and palpitation at the heart for four years.

On inspection, there was recent effusion of lymph in the right pleura; and old adhesions, there were vomicæ in the lungs, and general dilatation of the bronchi. The substance of the lung was dense. There was general peritonitis and pericarditis. See preparation 1437.

2. Green Insp. Book, p. 140.

- 1717<sup>32</sup>. Bifurcation of the trachea of a boy, showing the left bronchus, which had been compressed by dilatation of the left auricle.

Fredk. W., aged 15, admitted under Dr. Bright's care into Cornelius, June, 1834. Five years previously he had had rheumatism, which was followed by palpitation and dyspnoea. There was general anasarca. On inspection, the pericardium was universally adherent; the heart, especially the left side, was dilated and hypertrophied; the mitral opaque and granular. The great distension of the left auricle had compressed the left bronchus. The pleura generally was obliterated, except at the left base, where was considerable serous effusion. Kidneys rather small, firm; "cortex too minute."

5. Misc. Insp. Book, p. 135.

- 1717<sup>35</sup>. Bronchus compressed by the left auricle.

From a child, aged two years and four months, who had suffered from dyspnoea from the first month. Only two pulmonary sigmoid valves were found, and the heart was considerably hypertrophied; the mitral valve was fleshy and red; the lining of the left auricle thickened.

12. Misc. Insp. Book, p. 88. Guy's Hospital Reports, vol. iii., p. 178.



1717<sup>38</sup>. Bronchus compressed by dilated left auricle.

Case of Lydia P., aged 21, admitted into Lydia ward, April, 1836, under Dr. Cholmeley. There was hypertrophy and dilatation of the heart; the mitral was very much thickened and contracted; the left ventricle compressed the left bronchus; the right lung contained several apoplectic masses.

9. Misc. Insp. Book, p. 73. Guy's Hospital Reports, vol. iii., p. 176.

1717<sup>39</sup>. Portion of lung with flattened bronchus.

Case of Robert M., aged 28, who died from contracted mitral, with adherent pericardium. The heart was much hypertrophied, and the dilated left auricle was said to have compressed the left bronchus.

6. Misc. Insp. Book, p. 137. Guy's Hospital Reports, vol. iii., p. 176.

1717<sup>64</sup>. Portion of lung with bronchial tubes dilated near their peripheral termination. The bronchi were red and inflamed, but this appearance has disappeared.

Thomas S., aged 50, admitted under Dr. Bright's care, with urgent dyspnoea, and bronchial affection with anasarca. The patient became semi-comatose. On inspection, there was found to have been effusion of blood between the dura mater and arachnoid. See prep. 1593<sup>50</sup>. Drawing 79. The spleen was exceedingly small. 1993<sup>20</sup>. The kidneys were small and much degenerated.

7. Green Insp. Book, p. 1.

1718. Bronchial tubes dilated, and much thickened. The surrounding lung had been compressed, and the pleura had been adherent, probably the result of pleuro-pneumonia.

1718<sup>8</sup>. Bronchi filled with fibro-plastic moulds.

From Fredk. J., aged 15½ years, admitted under Dr. Hughes' care, January, 1844, with acute broncho-pneumonia and laryngitis. He had been ill for 24 days before admission, and was brought to the hospital suffering from urgent dyspnoea; there was dulness on percussion, and tubular breathing. He died the following day. The left lung was consolidated; the right similarly affected, but in rather less degree. There was diphtheritic membrane external to the epiglottis. See prep. 1694<sup>50</sup>.

19. Misc. Insp. Book, p. 290.

1718<sup>10</sup>. Portion of lung in a state of grey hepatization, with commencing gangrene. The bronchial tubes were filled with fibro-plastic casts.



From a young man, aged 27, admitted April, 1851, under the care of Dr. Addison, with influenza. The right lung was consolidated, and a circumscribed portion was in the first stage of gangrene. This gangrenous portion was bounded by a red line, which may still be observed in the specimen. The bronchial tube leading to the gangrenous lung is filled with a fibrinous coagulum. This fibrin, examined microscopically, had coagulated by fibrillation, as in blood drawn in inflammation. Intervening between it and the lining of the tube was a puriform matter, consisting of pus cells and columnar ciliated epithelium; the bronchial tubes through the hepatized portion were equally filled by fibrinous coagula. See Drawing 251<sup>30</sup>. Micros. Exam. by Dr. Gall.

- 1718<sup>15</sup>. Two specimens of arborescent lymph coughed up from the bronchial tubes. The patient continued to cough up similar specimens for a considerable time.

Presented by J. Fincham, Esq.

- 1718<sup>16</sup>. Lung in a state of hepatization, showing the bronchi filled with fibro-plastic moulds. The pleura covered by recent lymph.

Case of John J., aged 47, admitted, under Dr. Addison, March, 1855, and died in a few hours. He had been ill for seven days, but walked to the hospital, and sat at tea with other patients. The right side was universally dull, and there was an absence of sound; the left lung was healthy, but oedematous; the right universally consolidated. Drawing 248<sup>49</sup>.

Record of Inspections, 1855. No. 42.

- 1718<sup>17</sup>. Sections of both lungs of a child. They were in a state of pneumonic consolidation, and the preparation shows the bronchi containing fibro-plastic moulds, extending from the smaller branches to an opening in the trachea. The child, aged 3½ years, had drank some boiling water, and tracheotomy was performed by Mr. Birkett, to prevent suffocation.

Record of Inspections, 1855. No. 74.

- 1718<sup>30</sup>. The inferior acute margin of a lung, in which are numerous greatly dilated bronchial tubes, which are also thickened.

- 1718<sup>38</sup>. Portion of lung occupied almost entirely by greatly dilated bronchial tubes. The lung is extremely emphysematous.



William T., aged 34, admitted under the care of Dr. Bright, August, 1841. He expired immediately after admission. The body was wasted, there were very extensive and firm pleural adhesions. The left apex was emphysematous, and a series of cavities were found in connection with the bronchi, arising from their extreme dilatation. At the base of the left lung were several defined portions of lung, which were softened and were fetid (gangrenous). In the right lung were similar portions with hepatization.

18. Misc. Inspec. Book, p. 137.

1718<sup>39</sup>. Dilated bronchial tubes, resembling vomicae, from the same specimen as the preceding.

1718<sup>45</sup>. Portion of the inferior portion of the lung, showing bronchi much dilated. Some of the tubes expand into sacculated cavities; the pleura is covered by false membrane.

1718<sup>52</sup>. Portion of lung consolidated, but containing very numerous dilated tubes; the mucous membrane weakened.

Catherine M., aged 18, admitted under Dr. Babington's care, Jan., 1842. The left lung was distended and emphysematous, with some general bronchitis and dilatation; the right lung was very small and fleshy; the tubes excessively, but unequally dilated, and filled with mucus. The substance of the lung wasted and indurated.

18. Misc. Inspec. Book, p. 232.

1718<sup>53</sup>. A similar specimen from the same case as 1718<sup>52</sup>.

1718<sup>60</sup>. Dilated bronchial tubes in the form of large saccular dilations, which were filled with inspissated puriform fluid.

Mary R., aged 27, admitted under Dr. Bright's care, January, 1836, and died during the same month. Bronchial affection commenced when she was three years of age, after an attack of measles; she had anasarca at the time of her death. The pleura presented old adhesions, and on the left side some recent lymph. Both lungs were emphysematous, and the bronchial tubes dilated. At the inferior and posterior angle on the left side there were a series of cavities filled with inspissated pus and cretaceous matter. These communicated with the bronchial tubes, which contained similar secretion; the bronchi were thickened and opaque; the lining of the cells, thin, opaque, and vascular. The right ventricular hypertrophied.

8. Misc. Inspec. Book, p. 87.

1718<sup>68</sup>. Portion of lung, showing dilated bronchial tubes, forming

large cavities. One of these is two to three inches in diameter.

Elizabeth G., aged 33, a Dispensary patient of Dr. Hughes', suffering apparently from emphysema and pneumothorax. She was much relieved; but the expectoration afterwards became very profuse, and was accompanied with hectic symptoms. She was admitted, under Dr. Bright's care, into Guy's. There was flattening of the right side, dulness, and gurgling, with metallic resonance; on the left side the respiration was puerile. There were on the right side old pleuritic adhesions; the upper lobe dense and membranous, and non-crepitant. At this part were some dilated bronchi. The posterior and inferior part of the right lung presented the appearance shown in the specimen. The left lung was fleshy, red, and watery.

19. Misc. Inspec. Book, p. 55.

1718<sup>70</sup>. Portion of lung presenting dilated bronchial tubes and rounded cavities, apparently formed by dilated bronchi. There is grey induration of the lung, with effusion on the surface of the pleura.

1718<sup>71</sup>. Bronchial tubes, with the termination of the trachea, showing small ulcers in the bronchi. The case was one of phthisis.

1718<sup>72</sup>. Termination of the trachea and the right bronchus, showing a remarkable constriction in the latter, apparently from a cicatrix.

Case of Charles H., aged 32, admitted under Mr. Birkett's care, September, 1856. He was an intemperate, dissipated man. Several times had had syphilis. Paroxysms of very urgent dyspnoea came on, and tracheotomy was performed in one of these attacks, a short time before his death. The vocal cords were unaffected.

Record of Inspec., p. 191. 1856.

## LUNGS

1718<sup>75</sup>. The base of an infant's lung, in which is a fissure described as the result of apoplexy.

From a private patient of Dr. Hodgkin's.



1718<sup>90</sup>. Small supernumerary lobe of the lung slightly affected with emphysema.

1719. Portion of lung affected with emphysema, dried.

1719<sup>25</sup>. Portion of emphysematous lung, showing a large bleb beneath the pleura.

1719<sup>50, 51, 52, 53, 54, 55</sup>. Six sections of emphysematous lung from the same patient, showing dilatation of the cells. In some larger cavities are shown; and in 1719<sup>52</sup>, dilatation with some thickening of one of the bronchi.

1719<sup>70</sup>. Portion of emphysematous lung, with dilatation and some thickening of one of the bronchi.

1720. Section of a portion of dried emphysematous lung.

1720<sup>25</sup>. Section of a portion of lung affected with emphysema, dried, and immersed in turpentine.

Presented by Dr. Clarke, Professor of Anatomy, Cambridge.

1720<sup>30</sup>. Portion of lung, showing general and intralobular emphysema, with general emphysema of the lung.

Case of Thomas P., admitted under Dr. Barlow's care, December 26, 1849, and died from renal disease.

New Vol. iii., p. 59.

1720<sup>50</sup>. Section of lung affected with emphysema, dried, and immersed in spirits of turpentine.

Case of Francis N., aged 48, who was admitted into Lazarus ward, under Dr. Cholmeley, February, 1831. He was affected with hydrothorax, and had had asthma almost from infancy. The lungs were fully distended. Much fluid mucus was found in the bronchi. The left lung was very emphysematous, especially towards the base. Between the lobules were dark lines of pigmentary matter, and the apex of the lung was very deeply dyed. The right lung was dark and emphysematous. The heart was hypertrophied, especially the right side; the valves sound. The pulmonary artery was very large; so also the bronchial arteries; the aorta small.

2. Misc. Inspec. Book, p. 44.

1720<sup>75</sup>. Two sections of lung considerably affected with emphysema.

The lung appears in some parts to be condensed, and of a dark color. The specimen has apparently been dried before being placed in turpentine, and this may have given rise to the condensation and discoloration mentioned above.

1721. Lung of an infant injected, presenting small cavities (said to be emphysematous) and minute tubercular deposit. The infant died from hydrocephalus.

Presented by Mr. P. A. S. Dodd.

1722. Portion of emphysematous lung, with several large vesicles on the surface.

1723. Partial emphysema of the lung. A large vesicle is shown on the surface distended with air.

1724. Portion of lung, with a large thin cyst immediately under the pleura, stated to be the cyst of an abscess or hydatid, but believed by Dr. Hodgkin to be the result of partial emphysema.

- 1724<sup>50</sup>. Compressed lung, covered with false membrane, dried. After death the lung could not be inflated beyond its present size. The specimen is preserved to show this non-expansion of the lung after removal of the compressing cause.

1725. Portion of lung affected with pulmonary apoplexy. The air cells are seen to be filled with blood, and in the centre of the clot is dark pigmental matter.

- 1725<sup>24</sup>. A portion of lung affected with pulmonic apoplexy. The effused blood is limited to particular lobules. One of the pulmonary vessels is full of fibrin.

The patient was 17 years of age, who had been accustomed to great muscular exertion. For eight months he had palpitation of the heart, with dyspnoea and cough. There was loud cardiac bruit. Oedema of the lower extremities, and hæmoptysis, came on before death. There was great hypertrophy of the heart, the mitral and aortic valves were thickened and contracted, the pericardium covered partially with



lymph. There was pulmonary apoplexy in both lungs. See prep. 1414<sup>32</sup> and 1725<sup>36</sup>.

9. Green Inspec. Book, p. 77.

1725<sup>36</sup>. Portion of lung affected with pulmonary apoplexy. From the same case as 1725<sup>24</sup>.

1725<sup>48</sup>. Portion of lung affected with pulmonary apoplexy, limited to particular lobules. Some of the adjoining pulmonary vessels are filled with coagula.

Elizabeth M., aged 22, was admitted into Guy's, December, 1829, under Dr. Addison's care. Eighteen months before death, she began to complain of symptoms indicative of disease of the heart. A few days before death she had hæmoptysis. On inspection, the mitral was found to be exceedingly contracted, and there were vegetations on the mitral, aortic, and tricuspid valves. See prep. 1725<sup>60</sup> of old apoplectic lung; 1401<sup>24</sup> of heart; 1521<sup>30</sup> of obstructed subclavian.

9. Green Insp. Book, p. 8.

1725<sup>60</sup>. Portion of lung of a light color, partially indurated, apparently the result of apoplexy, which had taken place some months before death. From the same case as the preceding specimen, 1725<sup>48</sup>.

1725<sup>72</sup>. Portion of lung, presenting one or two lobules which were of a light color, and indurated, apparently consequent on fractured rib opposed to this portion of lung.

The case of George B., aged 42, who was brought to the hospital, May, 1829, after having, while intoxicated, been kicked on the forehead and chest by a horse; he appeared to do well for three weeks, but left the hospital, and returned intoxicated; he became rapidly worse, and died with symptoms of inflammation of the membranes of the brain. There was caries of the frontal bone, suppuration external to the dura mater, and the cavernous sinus was plugged with softening coagulum. The consolidated lobule was the only portion of the lung diseased. There was a small congested portion of the liver, also opposed to a fractured rib. See preparations:—1050<sup>85</sup>, Fractured Ribs; 1076<sup>35</sup>, Skull; 1592<sup>14</sup>, Dura mater; 1947<sup>56</sup>, Liver. Drawing 348 of Liver.

8. Green Insp. Book, p. 36.

1725<sup>73</sup>. Portion of lung affected with lobular pneumonia, in a case of pyæmia. The position of the inflamed and suppurating lung tissue is best seen on the pleural surface.



Case of Henry J., aged 50, admitted, under Mr. Birkett's care, with calculus in the bladder. Rigors came twelve days before death. There were abscesses in both kidneys, inflammation of the bladder; the liver was healthy, but there was very extensive lobular pneumonia in the lungs.

Record of Insp., 26. 1856.

- 1725<sup>84</sup>. Portion of lung with a circumscribed condensed mass, about one inch in length, and half an inch in breadth and depth beneath the pleura pulmonalis, which has received a semi-cartilaginous thickening corresponding to it. It was believed to be the result of old pulmonary apoplexy.

Presented by Dr. Stroud.

1726. Portion of lung affected with acute pneumonia. The lung is pale grey, and consolidated, with imperfectly organizable lymph.

- 1726<sup>64</sup>. Portion of lung, the surface of which is remarkably puckered. The parts corresponding to the depressions were of a semi-cartilaginous density, and of a very dark color; the rest of the lung was generally emphysematous. There are old partial adhesions of the pleura. This condition was believed to be the sequel to pneumonia and subsequent atrophy, while the surrounding lung had become more and more emphysematous. The dark fluid which exuded from the excised surface produced an indelible stain.

John M., aged 50, admitted into Clinical ward, April, 1830. He had dyspnœa, and had had winter cough for several years. There were anasarca and coagulable urine. On inspection, there were serous effusion in both pleuræ, and the irregular puckering seen in the preparation; the heart, especially the right ventricle, was much hypertrophied; the kidneys were mottled and degenerated.

9. Green Insp. Book, p. 100.

- 1726<sup>70</sup>. A portion of lung, dense, indurated, and of an almost black color; the pleura is also considerably thickened.

From W. K., aged 39, a patient under Mr. Bryant's care in the Lambeth Infirmary. He had symptoms resembling phthisis. On inspection, the pleura was found to be universally adherent; the lungs were generally firm and unyielding, and of a very deep color.

2. Note Book, p. 19. Presented by Mr. Bryant, Kennington.



1726<sup>78</sup>. Two portions of lung, blackened and indurated in consequence of chronic and acute changes. A lymphatic gland is black and cretaceous. Some of the vessels are obstructed by blood.

1726<sup>86</sup>. Portion of lung affected with chronic induration, and remarkable for the black carbonaceous condition; much of the black deposit has been washed out.

1726<sup>87</sup>. Portion of lung, indurated and carbonaceous as the preceding specimen.

1727. Portion of lung affected with acute pneumonia. It consists of part of two lobes, in one of which the cells are completely filled with white aplastic deposit.

From a patient of Dr. Bright's.

1727<sup>16</sup>. Portion of lung in a state of hepatization. Some pigmental deposit is observed between the lobules.

1727<sup>32</sup>. Vertical section of the upper lobe of the lung affected with recent inflammation. The whole lung was of a yellowish-white color, with a few irregular red spots; a whitish muco-purulent secretion exuded from every part. The whole lung was infiltrated with aplastic deposit. Flakes of lymph are seen deposited on the pleural surface.

George S., aged 19, admitted into Job ward, January, 1832. He was a baker, and was brought to the hospital affected with symptoms of fever, with bed sores, &c., and continued in a weak prostrate condition till death. There were some healing ulcers at the lower part of the ileum.

11. Green Insp. Book, p. 126.

1727<sup>35</sup>. Lung presenting dilated bronchus, with recent pneumonic consolidation.

1727<sup>64</sup>. A section of a lung completely hepatized by an uniform, pale, recent, and non-plastic inflammation. It is spotted with pigmental deposit. There is also fibrinous pleuritis.

1728. Portions of lung. The larger portion is grey and consolidated; it was removed from the upper lobe of the lung,



which was much distended, mottled, and of a light color. The smaller portion is a section which has been washed, by which the spongy texture is restored.

Catherine C., aged about 23, a nurse, who was admitted, December, 1826, under Dr. Cholmeley's care, with symptoms considered to be those of fever. She had been ill for ten or twelve days, and had dyspnœa, with lividity of the countenance.

1. Green Insp. Book, p. 174.

1729. Large portion of lung affected with pneumonia. It is uniformly consolidated by aplastic deposit. The pleura is also covered with fibrinous deposit.

1729<sup>15</sup>. Portion of the upper lobe of a lung affected with inflammation of a non-plastic character. It was of a light reddish color; the pleura was covered with a thin layer of opaque lymph.

Case of Mr. B., aged 48, a butler. Ten days before his death, after exposure to cold, he had rigors, and the symptoms of pneumonia, febrile disturbance, dyspnœa, rust-colored expectoration, &c. On inspection, the right pleura was covered with lymph, and the right upper lobe so much distended as to occupy the greater part of that side of the chest. The stricture of the lung was very lacerable, its incised surface compact, and had a mottled whitish-red color; on slight pressure, a puriform fluid escaped from every part of the incised surface; the lower lobe was less affected. The left lung was healthy. See prep. 1729<sup>45</sup>; and of Old Disease of Gall Bladder, 1952<sup>25</sup>.

8. Green Insp. Book, p. 28.

1729<sup>45</sup>. Another specimen of consolidated lung, with pleurisy, from the same case as the preceding, No. 1729<sup>15</sup>.

1729<sup>30</sup>. Portion of lung, presenting some old adhesions and contractions, and a recent pale pneumonic infiltration.

From W. G., aged 44, admitted, July, 1836, under Dr. Bright's care. He had renal anasarca, and small granular kidneys were found after death; the left ventricle hypertrophied.

9. Misc. Insp. Book, p. 107.

1729<sup>60</sup>. Portion of lung, of a dark-grey color, partially hepatized. The lymph apparently of a more organizable character than the preceding specimens. There are old adhesions about the serous surface, some cellular and others dense.



- 1729<sup>75</sup>. Portion of the upper lobe of a lung, greatly distended by acute inflammation, the product of which is chiefly of the least plastic form.

Case of Robert W., aged 50, admitted under Dr. Bright's care, June, 1831. He was supposed to be laboring under fever. At the base of the right lung was recent effusion of lymph; the lung was affected with acute grey hepatization, exceedingly lacerable, and infiltrated with puriform secretion; the lower part of the lung of a lightish-red color, and consolidated. The left lung healthy.

10. Green Insp. Book, p. 135.

- 1729<sup>90</sup>. The right lung considerably reduced in size, and closely invested with a dense adventitious layer, by which it was firmly united to the parietes. The substance of the lung greatly condensed, and of a deep grey color. An extensive cavity extended almost from the summit to the base of the lung, and was almost divided into two at the interlobular fissure. There was a small passage of communication through the adhesive matter which united the lobes. The cavity was lined by a smooth false membrane, and the bronchi communicated with it by several of its larger branches, which were truncated. There were no tubercles in this or in the right lung. The chest was greatly distorted. This state of lung was probably the sequel to pneumonia, and had probably been of nearly twenty years' duration.

Case of E. H. Presented by Dr. Hodgkin.

1730. Lung affected with gangrene. A large portion of the lower lobe appears to have been in a state of gangrene, and to have been surrounded by consolidated lung.

From a patient of Dr. Bright's.

1731. Section of gangrenous lung from the same case as the preceding specimen, 1730.

- 1731<sup>50</sup>. Portion of lung, presenting an irregular cavity, the result of inflammation and gangrene. The pleura is entire, but is covered by a layer of fibrin.

- 1731<sup>55</sup>. Portion of the lower lobe of the right lung, presenting a



cavity about the size of a hen's egg, its walls irregular, but having a distinct lining of lymph-like secretion. External to the cavity was a dense layer of dark consolidated lung; in the cavity was a loose shreddy slough, and offensive serum; the slough consisted of lung tissue, fat, and molecules; the pleura over this part was slightly inflamed. The remaining portion of the lower tube on the right side was congested, fleshy, and granular, and had some dilated tubes passing into it. The upper lobes on both sides were emphysematous, and the bronchi contained tenacious mucus.

Charles B., aged 48, admitted into Job, under Dr. Addison's care, Nov. 30, and died Dec. 9th. He had been a town traveller, and for five years had had attacks of bronchitis. Three weeks before admission his dyspnœa became more urgent, with cough.

4. New Vol. Insp. Book, p. 244.

1732. Portion of the lower lobe of the lung, having on its diaphragmatic surface a sphacelated spot.

Joseph R., admitted under Dr. Cholmeley's care, November, 1826. He had been a man of irregular and intemperate habits. At the time of his admission, four of his children were in the hospital, affected with fever. He was seized with rigors, febrile heat, and pain; his countenance was dusky, and he had dyspnœa. For three days there was delirium; the tongue was dry and brown; he had cough, sickness, and diarrhœa, and the urine was nearly suppressed. On inspection, there were old adhesions at the apices of the lungs, with calcareous deposit, and some recent pleurisy. The substance of both lungs was of a dark-red color; portions of both were indurated, and towards the base the induration was general. In the condensed portion, at the base of the right lung, was a dull black patch, visible through the pleura; the lung tissue at this part very lacerable and highly offensive, but not presenting any detached slough.

1. Green Insp. Book, p. 140.

- 1732<sup>32</sup>. Portion of lung in which are several irregular cavities and semi-detached sloughs connected with them; the remaining part of the lobe appears distended and consolidated. The pleura is covered by false membrane.

- 1732<sup>64</sup>. Portion of the left lung affected with recent and acute pneumonia, and partial circumscribed gangrene.



John B., aged 37, admitted into Job, under Dr. Back's care, November, 1828. He had been affected with syphilis, and had taken much mercury; there was offensive discharge from the ear and nose; after death, suppuration of the cerebral sinuses and pus beneath the dura mater were found. There were in the lungs numerous gangrenous spots and recent pneumonia; both the pleura and pericardium were inflamed. See prep. 1592<sup>84</sup>, 1674<sup>84</sup>, 1772<sup>84</sup>, 1772<sup>80</sup>.

7. Green Insp. Book, p. 58.

- 1732<sup>70</sup>. Detached slough found in the pleural cavity; there was a sloughing cavity in the opposite lung.

Case of Emma B., September, 1852.

1733. Miliary tubercles in the lung, from a child of three months old; they were supposed to be congenital, both parents being phthisical. She was a spare child, and suffered from shortness of breath from its birth. She died from bronchitis.

Case of Mary A. D. Presented by Dr. Burne.

1734. Portion of lung, exhibiting numerous minute tubercles, with tuberculous infiltration. The affected sides of the chest afforded a dull sound on percussion. The patient had a livid countenance and a very remarkable disposition to sleep.

1735. Portion of lung, presenting numerous miliary tubercles.

- 1735<sup>25</sup>. Injected specimen of a portion of lung containing miliary tubercles.

See prep. 2006<sup>84</sup> of spleen. Presented by Sir A. Cooper.

- 1735<sup>50</sup>. Section of the lung of a lad 14 years of age, sprinkled with small miliary tubercles. The lung structure injected.

Henry S., aged 14, admitted under the care of Dr. Bright, June, 1831, with symptoms of fever and much brain disturbance. There were no tubercles found in the brain, but they were very numerous in the lungs, peritoneum, and spleen.

10. Green Insp. Book, p. 140.

- 1735<sup>75</sup>. Another specimen of lung from the same case as 1735<sup>50</sup>, presenting miliary tubercles.

1736. Portion of injected tuberculous lung.



1737. Portion of injected tuberculous lung, from the same specimen as the preceding.

1737<sup>25</sup>. The lobe of a lung, containing numerous isolated tubercles.

From George B., aged six years, admitted in July, 1856, under Dr. Rees' care. After an attack of measles had bronchitis; he gradually emaciated and died. On inspection, tubercles were found in the spleen, prep. 2008<sup>60</sup>; in the liver, 1915; and in the kidney; none in the brain.

Record of Inspection, 1856. No. 132.

1737<sup>50</sup>. Portion of lung containing numerous tubercles, many of which are small and miliary, with strumous deposit around the bronchial tubes. There is also commencing disorganization, the intervening lung substance is partially inflamed, and there are old pleuritic adhesions.

Joseph H., a Ladrone islander of middle age, who was admitted into Guy's, under Dr. Cholmeley's care, February, 1829, and died from phthisis. See prep. 421<sup>50</sup>, 769<sup>75</sup>, 1641<sup>16</sup>, 1739<sup>32</sup>, 1743<sup>50</sup>.

9. Green Inspec. Book, p. 85.

1738. Portion of lung, presenting vomicae with tubercular infiltration; there are old adhesions on the pleura.

1738<sup>32</sup>. Portion of lung containing tubercles, and numerous irregular vomicae. One of the cavities is situated near the surface of the lung, and has perforated the pleura; the pleura is covered with old cellular adhesions. The patient was emphysematous beneath the integuments of the chest and abdomen.

See prep. of skin, 1652<sup>20</sup>; of ileum, 1844<sup>75</sup>.

1738<sup>64</sup>. Section of a lung, presenting numerous irregular vomicae, the surrounding lung consolidated with strumous pneumonic deposit. Adhesions on the pleura.

Case of Elizabeth B., aged 40. 9. Misc. Insp. Book, p. 141.

1738<sup>65</sup>. Portion of lung of a child, showing a mass of low organized products (strumous) extending into the bronchus. The lower lobes of both lungs were in a state of inflammation; that of the right in a state of red hepatization; the left less advanced; a section through the latter, showed that some lobules were more advanced in disease than others.



The portion forming the preparation was from the upper and outer part of the lower lobe of the right lung; the mass of effused substance could easily be enucleated, leaving a cavity lined by smooth membrane; it extended by ulceration into a bronchus which passed on its inner side. There were some old pleuritic adhesions.

Case of William H., aged 5, admitted for a burn; he died on the 10th day.

Record of Inspection, 105. 1855.

1739. Portion of lung, with a phthisical vomica very near the surface. Taken by Mr. Travers from St. Thomas' dissecting room.

1739<sup>32</sup>. Portion of lung containing numerous irregular vomicae, and low organized deposit chiefly at the upper part; there are numerous miliary tubercles in the lung. The substance of the lung is indurated above by grey, and below by red hepatization.

Case of Joseph H., aged 45. See preps. 421<sup>50</sup>, 709<sup>75</sup>, 1641<sup>16</sup>, 1737<sup>50</sup>, 1743<sup>50</sup>. 9. Green Insp. Book, p. 85.

1739<sup>64</sup>. Portion of lung invested in old thickened pleura; it appears to have been in a state of chronic grey pneumonic consolidation, and numerous irregular vomicae have been formed. In some parts there appears to be infiltration of low organized deposit.

1740. Upper lobe of a lung, almost entirely excavated by a large phthisical cavity, and traversed by long ragged bridges, through some of which bristles have been passed from the bronchial tubes and pulmonary artery.

1741. Large vomica occupying nearly the whole upper lobe of the lung; it has a smooth lining, and is bounded externally by dense thickened pleura.

1742. Heart and upper lobe of the right lung, in which there is a vomica about the size of a walnut, having a smooth lining.

The patient, Sarah V., aged 35, was admitted under Dr. Bright's care, October, 1827, affected with anasarca and phthisis. The kidneys were white and mottled; the lungs contained miliary tubercles.

5. Green Inspec. Book, p. 46. See prep. of peritoneum, 2439<sup>20</sup>.



1742<sup>8</sup>. Two sections of the upper part of the lung, containing a large old tuberculous cavity, the internal surface of which has been tolerably smooth and membranous. Strumous deposit is observed in the lung. The pleura is covered with old adhesions.

1742<sup>16</sup>. Section of a lung with a large vomica at the upper part, bounded by condensed lung and some thickened pleural membrane. There is some strumous deposit in the lung; the lower part of the lung was compressed by considerable pleuritic effusion.

Ann N., aged 27. 11. Green Insp. Book, p. 147.

1742<sup>24</sup>. Portion of lung with several vomicae in it, and some granular strumous deposit; the vomicae are bounded by condensed grey lung and thickened pleura, and on their internal aspect present smooth lining.

Charles B., aged 45, admitted July, 1830, under Dr. Back's care. He had been the subject of cough and ascites for several months. The lung was found to be emphysematous and the bronchial tubes inflamed; the kidneys white and mottled; cysts were found in the spleen.

10. Green Insp. Book, p. 11. See Prep. 2010<sup>50</sup>.

1742<sup>32</sup>. Portion of lung containing a large irregular cavity at the upper part, which has a smooth internal surface, showing that it has been of some standing. Some small opaque white bodies of a lengthened figure, and terminating at one extremity in the cavity, were proved to be obliterated and truncated pulmonary veins. The remaining portion of the lung is of a deep grey color, indurated by old pulmonary infiltration, and sprinkled with white points stated to be tubercles.

William R., aged 40, a patient of Dr. Bright's, in Lazarus ward, in November, 1831. He was a shoemaker of very intemperate habits, who had had symptoms of disease of the chest for several years. On admission he had symptoms of phthisis. There was no disease of the ileum; but the mucous membrane of the colon was ulcerated.

11. Green Inspec. Book, p. 75. See Drawing 261.

1742<sup>40</sup>. Portion of lung containing a large irregular vomica, excavating nearly the whole of the upper part of the lower



lobe. It is traversed by numerous cord-like processes, consisting of vessels and bronchi more or less obliterated. Several large truncated bronchi open into the cavity, which has a smooth yellowish lining. There are several tubercles in the lower part of the lung, and the pleura is thickened and adherent.

1742<sup>44</sup>. Portion of lung, presenting a vomica surrounded with dense lung, which has been affected with chronic pneumonia. The bronchial tubes and pleura appear much thickened.

1742<sup>48</sup>. A portion of condensed lung, containing an old vomica, and showing the opening of a bronchial tube into it.

1742<sup>56</sup>. Portion of lung, in which a considerable cavity has been formed by rapid disorganization. The internal surface is ragged and uneven, and several branches of vessels are dissected out. They appear to be filled with coagula.

Case of Mary K., aged 28, admitted under Dr. Ashwell's care with *amcuorrhœa*. She had been out of health for some years; but after admission well-marked symptoms of phthisis came on. There were several ulcers in the ileum and colon.

12. Green Inspec. Book, p. 49.

1742<sup>64</sup>. A portion of the upper lobe of a lung, containing a vomica about three-fourths of an inch in diameter. It appears to have been of considerable standing, and has a tolerably smooth internal lining. The surrounding structures, but especially the interlobular cellular membrane, are thickened and indurated. There is some appearance of recent tuberculous deposit in the neighborhood, and depression and puckering on the surface of the pleura corresponding to it.

Presented by Dr. Hodgkin.

1742<sup>72</sup>. The lobe of a lung containing a circumscribed vomica; the surrounding lung crepitant, and described as healthy. The vessels are seen to have been divided, and this had led to hæmoptysis.



1742<sup>75</sup>. Portion of lung containing a vomica about two inches in diameter, and having a smooth lining. The lung tissue surrounding it is crepitant. The cavity was filled with blood, and in it is a truncated and perforated vessel, through which a bristle has been passed. The vessel is filled with coagulum.

Case of Dr. Addison's, February, 1850.

1742<sup>80</sup>. Central portion of the right lung, containing what appeared to be a large chronic vomica, into which opened large branches of the pulmonary artery and bronchial tubes. The cavity was filled with a mass of recent laminated coagulum. The patient died of hæmoptysis.

Michael N., aged 37, admitted under Dr. Bright's care. There were old adhesions on both sides; but some recent pleurisy on the right side. Both lungs were emphysematous. The inferior lobe of the right lung was consolidated and pale in color. The centre of this lobe contained the vomica shown in the specimen. Both lungs contained tubercles, and there was slight ulceration of the ileum.

6. Misc. Inspec.<sup>2</sup> Book, p. 146.

1742<sup>88</sup>. The inferior portion of a lung covered with recent false membrane, and infiltrated with some tuberculous inflammatory matter. It presents two vomicae, one of which contains a firm sanguineous clot, which is excavated and laminated, and was found to communicate by its cavity with an arterial tube.

John S., aged 47. He had been of intemperate habits, and his health failed for three years before death. The abdomen contained  $1\frac{1}{2}$  gallons of serum. The surface of the liver was opaque; the acini indistinct.

4. Misc. Inspec. Book, p. 59.

1743. Depression and puckering of the upper lobe of the lung, described as following the obliteration of a tuberculous cavity. Some "cretaceous" matter is observed in the lung at this part.

1743<sup>10</sup>. Portion of lung of a child, containing small deposits of tubercular matter, and vesicular cavities containing air (emphysema and dilated bronchi).



W. B., aged about one year. For some months he had labored under catarrh, with dyspnoea; his symptoms were those of chronic rather than acute disease. The infant gradually sank. "The right lung exhibited a rare form of emphysema, being neither the interlobular, nor the ordinary dilated air cells. It consisted of a sprinkling of bullæ or bladders of about the size of peas, mostly situated at or near the surface of the lung, where they were nearly transparent. Besides air, they contained a small quantity of tuberculous matter. These bullæ communicated with the air tube by rather dilated ramifications."

8. Green Inspec. Book, p. 9. Dr. Hodgkin.

The appearance of this specimen is partially changed by the action of the spirit.

1743<sup>20</sup>. Portion of lung of a young girl, containing vomicæ and tubercles; some of the vomicæ bounded by strumous infiltration.

She was a delicate child, aged 11, whose father died of phthisis; she had hooping-cough some months before death, and afterwards symptoms of strumous disease of the abdomen came on.

9. Green Inspec. Book, p. 81. Presented by Drs. Hodgkin and Stroud.

1743<sup>30</sup>. Portion of lung, presenting strumous infiltration, with numerous irregular vomicæ. Some of these resemble large bullæ immediately beneath the pleura.

Sarah G., aged 20, admitted August, 1828.

6. Green Inspec. Book, p. 121.

1743<sup>40</sup>. A portion of lung, apparently from a young subject, containing miliary tubercles and strumous deposit, with small cavities, consisting of dilated bronchi.

1743<sup>50</sup>. A portion of lung, containing tubercles, some minute. There is a strumous mass, about half an inch in diameter, and some deposit around the tubes; the surrounding lung is grey and indurated, and the pleura puckered.

See Preps. 421<sup>60</sup>, 709<sup>75</sup>, 1641<sup>16</sup>, 1737<sup>50</sup>, 1739<sup>32</sup>.

9. Green Inspec. Book, p. 85.

He was a Ladrone islander, aged 45, who died, under Dr. Cholmeley's care, with phthisis.

1743<sup>55</sup>. Portion of a lung, showing a very large phthisical cavity, having a smooth lining, bounded by dense iron-grey lung



tissue; and having a great number of irregular bands irregularly perforated, the remains of bronchial tubes.

Case of Mary D., admitted June, 1853. She had had symptoms of phthisis for two years. General slight anasarca came on soon after admission; the kidneys were found to be granular.

See Drawing of lung, 251<sup>20</sup>. New Vol. of Inspec., iv. p. 291.

- 1743<sup>60</sup>. Portion of lung, presenting several vomicae, having a smooth lining, and bounded by iron-grey condensed lung; the bronchial tubes are much dilated and thickened, and the intervening lung tissue appears to have been inflamed and compressed. At the lower part of the section are several round masses of low organized deposit, surrounded by white fibrous tissue. The pleura is covered with a thick layer of false membrane, and there was considerable pleuritic effusion.

Charlotte M., aged 30, under Dr. Bright's care, with symptoms of phthisis.

9. Green Inspec. Book, p. 67. See Drawing 260.

- 1743<sup>70</sup>. Portion of condensed grey lung, with several small vomicae and dilated bronchi. There are several indurated strumous masses becoming calcareous in the lung.

The patient died from cancer of the uterus. Ann B., aged 44. See Preps. of lumbar glands, 1558<sup>40</sup>; of liver, 1920<sup>60</sup>; of uterus, 2266<sup>18</sup>.

10. Green Inspec. Book, p. 93.

- 1743<sup>72</sup>. Portion of lung, presenting several vomicae in the upper lobe, having smooth lining. The rest of the lung presents iron-grey consolidation, with low organized deposit.

The patient, William S., aged 44, had had diabetes for more than two years; the sugar in the urine was scarcely discoverable a short time before death. The preparation shows firm pleuritic adhesion.

Record of Inspections, 1855. No. 38.

- 1743<sup>75</sup>. Portion of lung in a state of firm iron-grey consolidation, and containing several calcareous masses.

- 1743<sup>80</sup>. Portion of lung, containing a small calculous concretion enveloped in a cyst, and accompanied by partial pleuritic adhesion.



1744. Portion of lung, containing an earthy concretion.

1744<sup>50</sup>. Portion of lung, containing a small firm irregular calcareous concretion, scarcely enclosed in a cyst. The surrounding lung tissue healthy.

Frances F., aged 22, admitted with bronchitis and anasarca. On inspection, the lungs did not collapse; the bronchi were thickened, congested, and full of mucus. A cyst was found in the ovary.

Prep. 2228<sup>20</sup>. 7. Green Inspec. Book, p. 114.

1745. Earthy concretion from the lung.

1745<sup>20</sup>. Earthy concretion found in the cavity of a lung.

1746. Particles of earthy matter expectorated.

1747. Calculus expectorated.

1747<sup>50</sup>. Portion of lung, in which the structure uniting the lobules is increased in thickness, and is of a white color. Several cancerous tubercles are observed beneath the pleura.

From a patient, aged 18, who died with cancerous disease of the kidney, &c.

See Preps. 2057<sup>80</sup>, 2469<sup>56</sup>, and 2470<sup>84</sup>. 10. Green Insp. Book, p. 47.

1747<sup>60</sup>. Cartilage developed in the lung.

Presented by Mr. John Birkett.

1748. Large defined tubercles in the lung, which are probably of a carcinomatous character.

1749. Carcinomatous mass in the lung.

Presented by Mr. W. Holt, Tottenham.

1749<sup>32</sup>. Portion of lung, containing carcinomatous tubercles. At the circumference of some of the masses there is osseous deposit.

From Anne G., aged 17, admitted October, 1828, suffering from dyspnœa, palpitation, and hæmoptysis. In December, 1827, Mr. Key amputated the thigh for osteo-sarcoma. See Preps. 1163 and 1400.

1. Misc. Inspec. Book, p. 133. Presented by Mr. J. Hilton.



1749<sup>40</sup>. Carcinomatous mass in the lung, implicating the right auricle. The superior cava, right pulmonary artery, &c., are encroached upon.

1749<sup>64</sup>. Portion of lung, containing a large cancerous tubercle, in which softening has commenced.

1749<sup>82</sup>. Section of medullary cancer affecting the upper lobe of the lung. The specimen has been macerated in water, and the intervening tissue is distinctly shown.

Mary B., aged 50, admitted under Dr. Bright's care, October, 1840. For six months she had expectorated blood. The upper lobe of the right lung was one mass of medullary matter; the transverse section was of a white cheesy appearance, with bands of cellular tissue slightly mingled with grey matter; upon pressure, a creamy juice exuded; the middle and lower lobe contained smaller masses. A small growth was found in the pulmonary artery. Prep. 1450<sup>67</sup>. The right renal capsule contained a medullary mass about the size of a large marble. Prep. 395<sup>76</sup>. There was a small mass in the liver, and the auxiliary glands were infiltrated.

17. Misc. Inspec. Book, p. 263.

1750. Heart and lung of a child who died of empyema; one lung contained large encephaloid tumors, which showed themselves externally. The remains of the ductus arteriosus are very considerable.

1750<sup>16</sup>. Portion of lung containing cancerous tubercles, described as resembling colloid or gum cancer.

1750<sup>20</sup>. Portion of lung, presenting several isolated cancerous tubercles. At the lower part are three small cancerous tumors, the central one from the neighborhood of the hip joint, the two lateral ones were subcutaneous.

Emily G., aged 49, admitted under Mr. Cock's care, February, 1852. She was the subject of very numerous firm moveable tubercles, developed immediately beneath the skin; the first tubercle had been observed ten years previously. These tumors had not given her any trouble; but one of them, situated in the right gluteal region, had been growing rapidly for six months before admission, and the skin over it was red and elevated two inches above the surrounding parts, and was very painful. This tumor was removed by Mr. Cock in February, 1852, and left a healthy surface; a section of it exhibited a succulent, firm,



and faintly yellow mass streaked with blood, and without any milky juice; it contained a considerable quantity of bright yellow tenacious fluid. The elements of the growth were spindle-shaped nucleated cells. June 15, Mr. Cock removed a cancerous growth from the cicatrix; the growth was opaque, white, lobulated; it contained a milky juice, and was composed of elongated nucleated fibres. She died December, 1852. The body was greatly emaciated. There were several cancerous tubercles in the lungs, but none in the liver or lymphatic system; several tumors were removed from the gluteal region, composed of long fusiform cells; in the lung were globular nucleated elements, as observed in cancer.

- 1750<sup>32</sup>. Portion of lung containing large cancerous tubercles, some portions present the appearance of colloid or gum cancer.

Presented by Mr. G. Bottomley.

- 1750<sup>40</sup>. Bony masses found in the lungs, from a child who died from cancerous disease of the femur. The lungs contained numerous tubercles about the size of peas and chestnuts, firm, roundish, nodular, semicartilaginous, somewhat translucent, and some very earthy.

Sarah S., aged 14½. 18. Misc. Inspec. Book, p. 85. See Preps. femur 1162<sup>77</sup> and <sup>78</sup>; patella 1210<sup>90</sup>; and Drawing 9<sup>25</sup>.

- 1750<sup>45</sup>. Irregular ossific deposit, removed from the lung of a patient who died after amputation of the thigh for osteo-sarcoma of the knee-joint.

Henry H., admitted under Mr. Key's care, November, 1841.

18. Misc. Insp. Book, p. 190. See Preparations, knee-joint 1165<sup>50, 51</sup>; Drawing 33<sup>38</sup>; artery and vein 1559<sup>12</sup>; lung 1750<sup>46</sup>.

- 1750<sup>46</sup>. Portion of lung from the same case as 1750<sup>45</sup>, containing irregular osseous deposit.

- 1750<sup>64</sup>. Large cancerous tumor removed from the lung. Some of the glands near the œsophagus and bronchus are infiltrated.

- 1750<sup>80</sup>. Another cancerous mass from the same as the preceding.

1751. Heart and upper part of the right lung of a man of about 60 years of age; the lung at this part was firmly adherent and indurated by a firm white deposit, chiefly between the lobules, though the substance of the lung was more



or less pervaded by it; a thick layer of the same character forms the bond of union between the two surfaces of the pleura. The bronchial glands are implicated, considerably enlarged, and infiltrated. The cervical glands both above and below the clavicle were enlarged; they were of a pearly whiteness, and almost as hard as cartilage; there was considerable pressure on the trachea, arteria innominata and vein, and bronchus.

The case was admitted under Mr. Key's care, and at first considerably resembled aneurism. F. Williams, aged 60.

3. Green Inspec. Book, p. 41.

- 1751<sup>32</sup>. Portion of lung, with cancerous tubercles at the root of the lung, extending into the bronchus. The glands at the root of the lung are much enlarged. The patient is said to have died of phthisis.

Presented by Mr. W. Sandy.

- 1751<sup>35</sup>. Portion of lung, showing cancerous disease affecting the bronchial glands, and extending into the lung.

The left lung was about its normal size, and presented at its root a mass of medullary cancer. This surrounded and infiltrated the bronchial glands situated at that part; it extended forwards, so as to exert considerable pressure upon the left bronchus, and the left branch of the pulmonary artery. The descending aorta was not much encroached upon; but, on opening the left bronchus, it was observed to be expanded laterally, and the growth had so extended into it as merely to leave a fissure. At this part the cancer growth surrounded the bronchus on every side, forming a layer more than an inch in thickness. It extended into the lung with the bronchi and pulmonary artery, as far as their third or fourth divisions, almost obliterating the canals of each. On tracing the bronchi to the lower lobe of the lung, they were found to be filled with a thick yellow purulent mucus, were considerably dilated, and formed at the base irregular sacculi, with thin smooth walls; surrounding many of these dilated tubes at the base of the lung, the tissue had a yellow light fawn-colored appearance; in some parts the whole lobules were of this color, with whitish intervening vessels passing between them. Carefully examining this substance, it was found to be degenerating lung structure, containing pulmonary cells and a considerable quantity of fat. It would appear that the pressure upon the larger bronchus had led to the dilatation and atrophy of the tubes below, increased, probably, by the obliteration of some of the pulmonary vessels. The cells at the circumference of the lobule were



especially infiltrated with this deposit, the centre of the lobule being encroached upon by the dilated tube. The dilated tubes were filled with thick yellow mucus. The patient had hæmoptysis several times; and the passage of blood into the air cells, its subsequent absorption and degeneration, probably led to the appearance presented. The remaining part of the lung was compressed. The medullary growth was composed of nucleated cells and a considerable quantity of fibre tissue, and highly refracting particles. There were firm pleural adhesions on the left side.

From a patient of Dr. Addison's. 1853.

1751<sup>64</sup>. The greater part of the left lung, with numerous large excavations, which were believed to be the result of softening of cancerous deposit, rather than ordinary phthisical disease. The substance of the lung is indurated by a deposit of cancerous character; it was of a darkish color, and imparted a stain to the fingers. The pleura was generally adherent and thickened; and some small fungoid tubercles were found in the thick mass of adventitious substance occupying the angle formed by the diaphragm and ribs. There was a chain of enlarged glands in the course of the humero-thoracic artery.

James B., aged 42, a patient of Dr. Bright's in 1829. He was considerably emaciated, and had been affected with a chronic cough, apparently phthisical; cerebral symptoms came on after admission. There were glands enlarged in the neck and axilla, tubercles in the brain (cancerous), and a carious condition of the temporal bone. There were also firm pleuritic adhesions, vomicae at both apices, and numerous masses of cancer in the false membrane, bronchial and cervical glands, and in the lungs themselves. Similar tubercles were also found in the liver, and on the peritoneal surface of the stomach. See Prep. 1585<sup>60</sup>.

8. Green Inspec. Book, p. 174.

1752<sup>50</sup>. Portion of lung, containing cancerous tubercles, some of them having a dark color resembling melanosis.

From a private patient of Mr. Morgan's, who had cancerous disease of the eye of the same character.

See Preps. 1669<sup>32</sup> and 1916<sup>40</sup>.

1752<sup>55</sup>. Left lung, in which the whole of the upper lobe is atrophied, irregularly puckered, firm, and of a dark color. Its section had the appearance of old pneumonic atrophied lung; but it contained the elements of cancer. In the brain



were several tubercles connected with the dura mater, and in the cerebellum a larger mass, about the size of a pigeon's egg, composed of cancerous tissue.

Eliza B., aged 37, admitted, under Dr. Addison's care, with epilepsy. The left side was smaller than the right, and at the apex dull on percussion. No other part of the body presented evidence of cancerous disease.

See Drawing 248<sup>86</sup> and Model 38<sup>75</sup>.

1753. Portion of lung, containing numerous hydatids. Cysticercus.

From a patient of Dr. Cholmeley's.

1753<sup>50</sup>. Summit of the left lung included in thickened pleura, containing an irregular cavity communicating with the left subclavian artery. The cavity contained clot arranged in fibrous layers, and one or two hydatids which are in the same glass.

John B., aged 45, admitted under Dr. Cholmeley's care, and died from profuse hæmoptysis.

12. Green Inspec. Book, p. 100.

1754. Portion of lung containing hydatids, described as acephalocysts.

1755. Portion of hepatized lung, containing acephalocyst hydatids.

1755<sup>25</sup>. Portion of hydatid cyst removed from a cyst in the lung. Several of the portions of membrane are covered with minute white grains. The cyst in which they were lodged contained about half a pint of fluid, and occupied the inferior part of the lung; it communicated with the liver by a large aperture in the diaphragm, eight inches in circumference.

1755<sup>50</sup>. Portion of the lung, containing at its base the dense irregular cyst from which the remains of the hydatid shown in the preceding specimen were taken. The cavity is larger at its base, and the large opening through the diaphragm is shown. The upper part of the cavity is less dense, and is traversed by intersecting bands.

E. P. L., aged 43, admitted under Dr. Cholmeley's care, and died from ascites and hæmoptysis.

3. Misc. Inspec. Book, p. 84.



1755<sup>64</sup>. A portion of the upper lobe of the left lung, the pleura of which is coated with fibrin, and shows a small depression where the rib had pierced, and lobular pneumonia been produced.

Edward L., aged 40. A violent accident produced emphysema and perforation of the diaphragm. The patient survived nine months.

See Preps. 1762<sup>44</sup>, 1072<sup>50</sup>, and 2506<sup>90</sup>.

1755<sup>75</sup>. Portion of lung, extensively lacerated by a wooden peg,  $7\frac{1}{2}$  inches in length.

He was a sailor, aged 20, who fell from a mast sixty feet in height upon the deck of the vessel. A belaying pin was forced into his chest. It entered behind the clavicle, passed between the third and fourth ribs without breaking them, and then perforated the lower lobe of the left lung without injuring the diaphragm. It carried with it a portion of the man's jacket, which remained in the lung. The peg was extracted, and the man survived twenty-four hours.

2. Misc. Inspec. Book, p. 23.

1755<sup>87</sup>. Pistol ball. This ball was removed from the back of a man who had shot himself. The ball entered between the sixth and seventh ribs, and wounded the lung.

Case of John G., aged 51.

20. Misc. Inspec. Book, p. 166.

## PLEURA.

1756<sup>25</sup>. A layer of fibrin, formed by expressing the fluid of a coagulum, which formed in a round flat tin bleeding cup, into which had been received the clear fluid from the pleura. Some ounces were removed by paracentesis. They formed an uniform solid mass, almost imperceptibly tinged with blood.

1756<sup>50</sup>. The inferior lobe of a lung recently inflamed, coated with reticular fibrin, and compressed by pleuritic effusion.

Case of Samuel W., aged 16, who was admitted with strumous disease of the cervical glands. There were tubercles in both lungs, in the spleen and kidneys, and on the peritoneum. The liver was solid,

large, and pale. There was enlargement of the lymphatic glands in the neck, chest, and abdomen. See Prep. 1541<sup>24</sup> of glands.

7. Misc. Inspec. Book, p. 74.

1757. Portion of lung affected with pneumonia, and having a layer of lymph on the pleura pulmonalis. Part of this layer is turned over, showing the smooth surface of the pleura beneath.
1758. Portion of lung compressed by pleuritic effusion, and covered by a recent fibrinous layer. A portion of the false membrane is turned over.
1759. Portion of the diaphragm, with a recent false membrane on the pleura covering it.
1760. Portion of pleura covered by a thin layer of lymph.
1761. The greater part of one lung consolidated by inflammatory deposit, and covered by layers of fibrin.
- 1761<sup>50</sup>. The greater part of the right lung, the surface of which exhibits the effect of pleurisy in various stages. The pleura pulmonalis and costalis are greatly thickened, firm, and cartilaginous. These are not applied to each other; but in the space are numerous bands of cellular membrane, the meshes being filled with serum. At the base the quantity of effused lymph is greater and less organizable. It was peculiarly thick, and the central part of it was of a soft consistency, and of a lightish yellow color. The lung was compressed. On the left side also there was acute pleurisy. The patient was admitted in a state of extreme cachexia from syphilis and mercury.

Case of Cornelius Lynch, aged 27.

8. Green Inspec. Book, p. 110.

1762. Adhesions between the pleural surfaces; injected, showing their vascular condition.
- 1762<sup>16</sup>. Vascular pleuritic adhesions, attached to the inferior acute edge of the lung; dried.



1762<sup>32</sup>. Portion of the lung, with part of the parietes of the thorax, showing long filamentous adhesions between the pleura pulmonalis and costalis.

From John W., aged 30, who died, under Dr. Back's care, from delirium tremens. The pericardium was adherent—prep. 1429<sup>16</sup>—and the heart hypertrophied. The kidneys were mottled. The cœcum was inflamed.

6. Green Inspec. Book, p. 4.

1762<sup>44</sup>. A fractured fifth rib united, with a portion of omentum adherent, but very little change had been effected towards the reproduction of pericondrium and pleura.

A violent accident produced emphysema, and perforated the diaphragm. The patient survived the accident nine months.

See Preps. 1755<sup>64</sup>, 1072<sup>50</sup>, and 2506<sup>90</sup>. 13. Misc. Inspec. Book, p. 157.

1762<sup>64</sup>. Portion of lung, in which there is puckering, extending into the lung tissue as far as a calcareous deposit, probably the result of lobular pneumonia.

1763. Portion of lungs, pleura, and ribs; the surfaces of the pleura are very much thickened, and were generally adherent, except at the cavity shown in the specimen, which contained puriform fluid (spurious empyema). The effusion into the cavity appears to have been of the least organizable kind.

1764. Right lung covered with lymph, and compressed by pleuritic effusion; the lung appears to have been partially adherent. The recent coagulable lymph very feebly organizable.

1765. Lungs, of which the left has been compressed by a puriform pleuritic effusion, constituting empyema; the coagulable part of the effusion of the least organizable kind.

1765<sup>50</sup>. Lung universally invested with a false membrane, the product of recent inflammation; in some parts the membrane is close and dense, in others it forms shreds of a reticular character.

Antonis M., a Portuguese. The remains of a cyst were found at the posterior aspect of the liver. 1947<sup>70</sup>, 1947<sup>84</sup>. Tatooed skin from same man. 420<sup>50</sup>.

10. Green Inspec. Book, p. 160.



1766. Pleura covered by an irregular villous layer of lymph, the result of acute inflammation.

1766<sup>14</sup>. Portion of a lung, firmly but partially adherent to much thickened costal pleura; the adhesion is prevented from being general by the intervention of non-plastic matter.

1766<sup>21</sup>. Pleura covered by a layer of false membrane, and having a communication with a vomica and with the bronchial tube, occurring after empyema.

1766<sup>25</sup>. Tubercular lung in a case of pneumothorax; the pleura perforated.

See Bryant's Cat., No. 25, p. 12.

1766<sup>28</sup>. Plicated portion of diaphragm, the result of pleuritic adhesions. On the right side the diaphragm was drawn several inches into the chest, away from the liver; it then descended again to the liver so as to form a covering to that organ, only interrupted by a small fissure. There was empyema on the right side. The double fold of the diaphragm was perforated in an unsuccessful paracentesis, although its pleural covering formed part of the parietes of an empyema.

Case of John B., aged 25. See Prep. 1766<sup>70</sup>.

10. Misc. Inspec. Book, p. 131.

1766<sup>33</sup>. Pleura costalis perforated by a trochar; the intercostal nerve dissected out.

1766<sup>35</sup>. A portion of diaphragm partly converted into bone.

Langstaff's Museum, No. 1821.

1766<sup>42</sup>. Portion of lung from the base, with a remarkably thick semi-cartilaginous layer upon the pleura, both on the inferior and lateral surfaces. Some unorganizable matter was shut up at the part which corresponds with the angle formed by the diaphragm and ribs. The interlobular fissure seems to have escaped.

1766<sup>56</sup>. Considerable part of the right lung, with an extremely



thick adventitious layer between the surfaces of the pleura; it is partly semi-cartilaginous and partly fibrous. The deposit is of considerable thickness, but of different dates, in the interlobular fissures, and between the base of the lung and diaphragm. In the former there is a nearer approach to cellular membrane than elsewhere; the superior fissure was partially distended by recent lymph and serum; the lower lobes of the lung are much compressed.

Case of Thomas H., aged 45. 9. Green Insp. Book, p. 35.

- 1766<sup>70</sup>. A central portion of lung, presenting an interlobular pleuritic cyst which contained pus; a larger cavity of similar origin is bounded in part by the pericardium; a third empyemal cavity involved the surface of the lung. Some of the bronchial tubes are dilated.

Case of John B., aged 25. See Prep. 1766<sup>78</sup>.

10. Misc. Insp. Book, p. 131.

- 1766<sup>77</sup>. Part of an empyema with reticular false membrane.

Case of Frances M., aged 17. 19. Misc. Inspec. Book.

- 1766<sup>84</sup>. The greater part of the left lung and three ribs, apparently the seventh, eighth, and ninth. The pleura is universally covered by a dense false membrane, and there has been considerable effusion into its cavity, by which the lung has been much compressed. The cavity has been divided by an adventitious septum of considerable breadth, stretched between the ribs throughout its whole length and the lung. There are several vomicae in the lungs, and dilated bronchial tubes.

1767. Left lung covered by false membrane, and compressed by effusion; it is thickly studded with strumous miliary deposit. The false membrane is firm and dense.

Hannah S., aged 25, admitted under Dr. Cholmeley's care with variola. She died from phthisis and pneumo-thorax. See Prep. 1698.

4. Green Inspec. Book, p. 76.

- 1767<sup>50</sup>. Portion of the pleura costalis, on the right side much and uniformly thickened by a deposit on its attached surface; some shreds of lymph are observed on its smooth surface.



1768. Large and thick layer of cartilaginous false membrane between the pleural surfaces.

From a female, aged 61, who died of acute bronchitis.

Presented by Mr. T. Hardy.

1769. Portion of lung thickly studded with strumous miliary deposit and covered by pleura, very much thickened by semi-cartilaginous false membrane, between the layers of which is some friable matter.

Case of J. H., aged 40, under Dr. Bright's care with chronic phthisis; there was ulceration of the larynx and of the intestine.

3. Green Insp. Book, p. 85.

- 1769<sup>16</sup>. Portion of lung, with an irregular thick layer of false membrane of cartilaginous firmness; the parts in which the covering is deficient had been occupied by less organizable material. This portion formed part of the walls of an empyema on the left side.

T. T., aged 41, patient of Dr. Cholmeley's in Job ward, 1831; he had inflammation of the pleura a month before his death, and a short time previous to death expectorated eight to ten ounces of pus.

3. Misc. Insp. Book, p. 23.

- 1769<sup>32</sup>. A portion of lung covered by a dense thickened pleura, about four lines in thickness; an indurated portion penetrates the parenchyma of the lung, probably the sequel of pneumonia.

Presented by Mr. Dolman.

- 1769<sup>48</sup>. Portion of the lower lobe of the right lung, with the opposite portion of the diaphragm attached; the lung is dense and grey from old pneumonia; several calcareous concretions are imbedded in the substance of the lung. The pleura pulmonalis is firmly adherent to the pleura of the diaphragm, on a portion of which there is a large plate of ossific matter.

- 1769<sup>64</sup>. An irregular mammellated semi-cartilaginous body, found nearly or quite loose in the cavity of the left pleura, at the inferior part near the spine; there are a few thin fibres of cellular membrane about its surface.

From a subject in the dissecting-room.

Presented by Mr. T. W. King. 1. Note Book, p. 163.



- 1769<sup>80</sup>. A pulpy substance, the product of fibrinous inflammation found in the pleural cavity; it is peculiarly micaceous, possibly from decomposition.

From a private patient of Drs. Hodgkin and Lenniker.

1770. Fragment of thick, flocculent, unorganized false membrane from the pleura, with a small portion of lung attached.

The patient, aged about 35, was the subject of aneurism of the aorta, and had also empyema.

2. Green Insp. Book, p. 152. Presented by Dr. Whiting.

- 1770<sup>50</sup>. A portion of vascular false membrane, covered with blood from an inflamed pleural cavity; this kind of product was very abundant, and was mixed with blood and serum.

Presented by Mr. T. W. King.

1771. Portion of lung and pleura—the latter covered by a dense false membrane, rough and scabrous; the pericardium appears quite free; the lungs contain strumous deposit; the bronchial glands greatly enlarged.

There was a deficiency in the development of the third rib. See cast 54; prep. 1044. The peritoneum was affected with strumous disease, 2456. John Welsh, aged 15, patient of Dr. Cholmeley's, 1827.

4. Green Inspec. Book, p. 120.

1772. Lungs and pleura. Both lungs contained tubercles, and are covered by false membrane and compressed by pleuritic effusion, of which there were 14 pints, apparently of a serous character. The false membrane is scabrous, and appears to have been firm; there are some adhesions in the form of bridles, and on the right side a partial but closer adhesion of the two surfaces of the pleura.

Presented by Mr. G. Babington.

- 1772<sup>32</sup>. Two tubercles beneath the pleura pulmonalis, about half an inch in length, and of a yellow color; of strumous or cancerous character.

- 1772<sup>50</sup>. Portion of lung, with strumous tubera affecting the pleura.



The specimen was taken from a young man who died of tubercular arachnitis, with miliary tubercles of the lungs. The pleura has a puckered appearance, from the contraction of fibrous tissue.

Presented by Dr. Gull.

1772<sup>64</sup>. Gangrene of pleuritic adhesions. Portion of the anterior and lower part of the right lung partially affected with gangrene, which extended to the pleuritic adhesions, old as well as recent, on the surface of the lung. A portion of pericardium attached, shows the effect of recent inflammation of that membrane.

1772<sup>80</sup>. Gangrenous condition of pleuritic adhesions, from the same case as the preceding. Three ribs from the right side are seen to be covered with false membrane, old and recent; the false membrane and cellular tissue beneath are both gangrenous.

John B., aged 37, admitted into Job ward, 1828. He had been affected with syphilis and mercury; there was offensive discharge from the nose and ear, suppuration of cerebral sinuses, gangrene of the lung, &c.

See Preps. 1592<sup>84</sup>, 1674<sup>84</sup>, 1732<sup>64</sup>, 1772<sup>64</sup>.

7. Green Insp. Book, p. 58.

1773. Empyema from injury: there was a large collection of pus between the layers of the pleura, the false membrane of which is thick and partially ossific.

James R., admitted May, 1805. He had nine years previously been jammed between two vessels, and afterwards always suffered pain in the side.

Old Mus. Book, No. 41.

1774. Portion of the ossified sac, from the same case as the preceding specimen, dried and immersed in turpentine.

1774<sup>50</sup>. Portion of lung and of three ribs, with the pleura; there is a thick false membrane upon each specimen, with a dense deposit of bony matter; evident marks of contraction are seen upon the false membrane of the pleura costalis.

The patient had cancerous disease of the pharynx. See Prep. 1785<sup>76</sup>, and Drawing 283. Case of Ann M.



1775. Patch of ossific matter behind the pleura.

1776. Two ribs, probably the fifth and sixth of the left side, with a large and thick osseous plate and tumor connected with the pleura costalis.

James T., aged 56, admitted under Mr. Morgan's care in 1827, in consequence of difficulty in passing his urine. He had had pain in his side for some time, with palpitation of the heart and dyspnœa; two months before admission he caught cold, which was followed by dropsy; there was a systolic bruit with the heart. On inspection the abdomen was found much distended, the left pleura was universally adherent and ossified, and there were a few patches of bone matter in the pericardium, in the walls of right auricle—see Prep. 1393—and of aortic semilunar valves. There were thickening and osseous plates in the aorta and other arteries. Kidneys and liver healthy.

4. Green Insp. Book, p. 7.

1777. Large patch of ossific matter from pleura costalis.

Presented by Mr. De Jersey, Clifton.

1777<sup>10</sup>. Great contraction of some of the left ribs in consequence of an old pleurisy, which had led to very extensive ossification in the pleural membranes.

Joseph G., aged 40, died from softening of the brain. The vertebræ were convex towards the right side, the right lung hypertrophied, the left side of the chest contracted, the lung atrophied but crepitant.

13. Misc. Inspec. Book, p. 33.

1777<sup>15</sup>. Pleuritic bridle ossified.

Joseph G., aged 18, affected with large white kidneys.

20. Misc. Inspec. Book, p. 62.

1777<sup>16</sup>. Specimen of ossified pleura.

William C., aged 60, affected with empyema.

20. Misc. Inspec. Book, p. 56.

1777<sup>17</sup>. Specimen of ossified pleura.

W. C., aged 61, affected with renal dropsy, from small contracted kidneys.

1. New Vol. Insp. Book, p. 70.

1777<sup>18</sup>. Specimen of ossified pleura.

1777<sup>19</sup>. Specimen of ossified pleura.

1777<sup>20</sup>. Portions of four ribs and of pleura, dried to show a large ossific patch involving the serous membrane.

1777<sup>31</sup>. Portions of four ribs, with a layer of inflammatory deposit ossified.

Mary C., aged 54, a patient in Lambeth Workhouse; there was malignant disease of the œsophagus. See Prep. 1789<sup>40</sup>.

See Bryant's Cat., No. 124, p. 98.

1777<sup>34</sup>. Ribs with an empyemal cavity; the costal pleura ossified.

William W., aged 50. See Bryant's Cat., No. 146, p. 105.

1777<sup>40</sup>. Portion of lung and ribs with greatly thickened pleura, forming part of an empyemal cavity; there are several irregular spots of bony matter, which appear to have formed in the substance of the false membrane.

From a man aged 60, a hall porter, who was supposed to have phthisis. He went into the country and lived for some time; the right lung was healthy; the left pleura was adherent partially, and at its base contained a quart of pus and some loose calcareous masses; the specimen is part of this empyema.

1777<sup>60</sup>. Two considerable portions of adventitious bony matter of irregular figure, from the same cavity as the preceding specimen.

1. Note Book, p. 207. Presented by Mr. J. Rix, St. Neots.

1777<sup>80</sup>. Apex of a lung, the pleura of which is studded with cancerous tubercles, small and firm; there is also pigmental deposit in the lung and dilatation of the tubes.

From James S., aged 61, who died from cancer of the penis. See Prep. 2427<sup>60</sup>. The pericardium also was affected, 1449<sup>32</sup>.

6. Misc. Inspec. Book, p. 81.

1778. Portion of lung, with adventitious cellular membrane upon the pleura covering it; beneath this membrane and in the lung are numerous strumous tubercles; strumous tubercles were found in the arachnoid and in the peritoneum.

From a young lady aged 12 years. Presented by Dr. Addison.

1. Misc. Insp. Book, p. 150. See Prep. 2457<sup>60</sup>.

1778<sup>32</sup>. The base of one lung, showing the pleura covered by a false



membrane, and which has in it numerous small cancerous tubercles; there was also cancerous disease of the peritoneum.

See Prep. 2469<sup>42</sup>; see also 2239<sup>14</sup>, 2439<sup>10</sup>.

1779. Cancerous tubercles on the pleura, arranged along the intercostal vessels; there was also cancerous disease of the peritoneum, which had led to ascites.

Martha D., aged 40, a patient under Dr. Bright's care, 1826.

See Prep. 2470. Red Insp. Book, p. 153.

1780. Cancerous tubercles on the pleura costalis.

From Sarah G., aged 45, who died from cancer affecting the breast, liver, and uterus; under Mr. Cooper's care, 1827. See Prep. of breast, 2317; of liver, 1922; of uterus, 2278<sup>40</sup>; and casts of breast, 282, and of liver, 260.

3. Green Inspec. Book, p. 15.

- 1780<sup>32</sup>. Portion of pleura and pericardium, with numerous small well-defined scirrhous tubercles connected with the former.

From a lady beyond the middle period of life, who had long laboured from stricture of the oesophagus of a cancerous character. See Prep. 1793<sup>32</sup>.

Presented by Mr. Samuel Hallam.

- 1780<sup>64</sup>. Portion of pleura and pericardium, considerably thickened and indurated, probably from scirrhous infiltration; there was cancerous ulceration of the left breast, extensively affecting the neighbouring structures; there were cancerous tubercles in the liver, and scirrhous disease of the uterus.

Case of Tabitha W., aged 40. 3. Misc. Insp. Book, p. 139.

1781. Cancerous tubercles on the pleura, some of them contain pigmental deposit, giving the growth partially the appearance of melanosis.

1782. Portion of lung, presenting numerous cancerous tubercles beneath the pleura; the deposit is observed to extend into the lung tissue around the bronchi.

From John F., aged 30, admitted in December, 1821, suffering from paraplegia. He gradually sank. See Prep. of spine, 1028; cancer of sternum, 1042; of pericardium, 1449; of auxiliary glands, 1544; of bronchial glands, 1548; of liver, 1927; and of spleen, 2012.



1782<sup>20</sup>. Portion of lung, with several cancerous tubercles beneath the pleura; the pleura is much thickened, and its surface roughened by shreds of recent lymph. The tubercles vary in size and thickness, some of them are four lines in thickness; similar tubercles were imbedded in the substance of the lung, and also beneath the pleura covering the diaphragm.

From a patient of Mr. Morgan's, whose thigh was amputated for osteo-sarcoma. See Preps. 1162<sup>72, 84, 96</sup>, and 2470<sup>63</sup>.

1782<sup>40</sup>. Portion of pleura affected with cancerous disease; there were also large tumors of a similar kind in the lungs.

From a patient of Mr. W. Holt's.

1783<sup>32</sup>. Considerable portion of lung with a large well-defined cyst, which appears to be situated immediately beneath the pleura pulmonalis. It appears to have been of long standing; its internal surface is in parts irregular, with numerous minute earthy particles; it may have originated as a simple serous cyst, or contained hydatids; it was found filled with a thick cretaceous paste.

1783<sup>64</sup>. Portion of lung affected by thickening and adhesion of its tissue, and upon it is formed a cyst the size of an egg, of dense cellular substance, and which is probably the cell of a contracted hydatid or of a decreasing empyema.

1784. Partial but firm adhesion of the pleura pulmonalis and costalis, with much adventitious condensed cellular membrane; the result of a fracture of a rib.

1784<sup>20</sup>. Portion of lung, from which the pleura is dissolved by the gastric juice which had perforated the œsophagus, and allowed the contents of the stomach to enter the chest.

Case of Elizabeth B., aged 19, who died from fever. See Prep. of œsophagus, 1793<sup>80</sup>.

5. Misc. Insp. Book, p. 1.

