

of the aorta atheromatous. The uterus contained in its cavity, and in the substance of its walls, several small fibrous tumors, while one of the fibrinated extremities of the fallopian tubes was expanded into a sac of the capacity of a hen's egg.

#### A RING-SHAPED POLYPUS.

A second specimen consisted of a small uterine polypus removed from a maiden lady 30 years of age. It had a peculiar ring shape at its extremity.

#### GRANULAR KIDNEYS.

A third specimen consisted of a fine pair of granular kidneys, removed from a convict who died of traumatic peritonitis, the result of a gun shot wound received while attempting to escape. For a few days previous to death the patient presented a bronzed hue of skin, and Dr. Finnell thought that he might find some explanation for it in the condition of the supra-renal capsules, but failed in even finding them.

#### CEREBRAL SOFTENING.

A fourth specimen was a portion of a brain taken from a man 40 years of age, who, while lodging at a station house, was seized with convulsions, and shortly after died. The lower surface of the cerebellum, and the posterior and lower surfaces of the cerebrum, were the seats of marked softening. The membranes in the neighborhood were strongly adherent.

#### DISORGANIZED KIDNEYS, URINARY AND BILIARY CALCULI.

A fifth specimen was a pair of thoroughly disorganized kidneys taken from the body of a miser, who died suddenly at the age of 70. He had lived entirely by himself, and subsisted on very little food. At the autopsy the kidneys were found almost worm-eaten, the pelves being loaded with fat. Each calyx of the organ contained a small calculus. His gall-bladder was occupied by a large sized, oblong shaped biliary calculus. At the time of death the man was wearing three under-shirts, two muslin shirts, two vests, three coats, two pairs of pants, and three pairs of drawers.

#### DIPHTHERIA.

The last two specimens, making the sixth and seventh, he presented on behalf of Dr. John Beach. Both were examples of diphtheria. One was removed from the body of a male immigrant 3½ years old, who was seized with throat symptoms while the ship was coming up the bay. He died on the fourth day after landing. At the autopsy it was evident that the whole force of the disease had spent itself upon the larynx and trachea.

The other case was taken from a female 4½ years of age. The deposit was likewise thick and extensive, but was also confined to the throat and its vicinity.

#### LONG CONFINEMENT OF NEEDLE IN PALM OF HAND.

Dr. Mason exhibited the prepared hand of a dissecting room subject. Upon the metacarpal bone of the index finger, and parallel with its long axis, was discovered a pin or needle with its point exactly opposite the metacarpophalangeal articulation. There were no evidences of the hand having been crippled during life, while the appearances seemed to indicate that the foreign body had rested in that locality for a considerable time.

Dr. Sayre remarked that the probable reason why the foreign body did no harm in that particular locality was that it was parallel with the tendons. He then related the following case in point: A noted pugilist called on him to have an operation performed for the relief of an inability to approximate the metacarpal bones of the thumb and index finger of the right hand. On examination a foreign substance was detected in that locality, which was supposed to be an exostotic growth. He cut down upon the part for the purpose of removing it, and came upon a portion of the bottom of a tumbler, triangular in shape, an inch and a half in length in one direction, three quarters of an inch in another, and about half an inch in thickness. The patient was, of course, unaware of its presence at the time, but succeeded after a while in recollecting that fourteen years before, while in a drunken brawl, he had smashed a tumbler upon a counter, that it had broken, and the portion had insinuated itself into his palm.

#### A FUNIS TIED IN A KNOT AND CHILD BORN ALIVE.

Dr. Nolan presented a portion of a funis, which was twenty-four inches long, tied in quite a firm knot. The mother was not preternaturally large, and the child was born alive.

Dr. Jacobi thought, from the appearances presented, that the cord had become tied late in gestation.

Dr. Rogers was of the opinion, inasmuch as some evidences of adhesion were present, that a little time at least had elapsed before delivery.—*Medical Record.*

### Selections.

#### FURTHER UPON THE USE OF CARBOLIC ACID IN CORNEAL AFFECTIONS.

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In a former article upon this subject, I gave in a general way some of the indications for the use of the carbolic acid in the treatment of corneal affections, and particularly in hypopion keratitis. After more extended experience in its use, I have nothing to take back in regard to its peculiar adaptability to the pathological condition of the cornea in this particular form of keratitis, but am disposed to commend its use more than ever. It is certainly a great desideratum in the treatment of hypopion keratitis. But I wish to speak at this time more particularly of its use in the treatment of that stubborn form of inflammation of the cornea, that so often accompanies or follows small-pox.

Every general practitioner, as well as the eye doctor, knows how difficult it is to get an eye well, that is attacked with keratitis after the patient has recovered from small-pox, or during its progress. The mild or severe character of the former, does not determine the mild or severe nature of the keratitis. We may have an extremely ugly keratitis following a very mild attack of small-pox, as I have lately seen in two or three cases. The cornea in such cases either begins by ulceration, or else it takes on the ulcerative process very soon after the keratitis begins. We explain the condi-