

FATTY PLACENTA.

Dr. Bahan presented a *fœtus* of seven months with envelopes, which showed fatty degeneration of placenta. The patient, a young woman, had miscarried once before at the seventh month.

EXTENSIVE GANGRENE OF LUNG.

Dr. Janeway exhibited a specimen of gangrene of the lung, complicated with large calcareous plates in the *pleura*, removed from a man aged forty years, who was admitted, May 20, in the Charity Hospital, having been sick only six months previously with some cough and soreness of the chest. These were all the symptoms complained of until three weeks before admission, when he began to suffer so much from shortness of breath that he could not lie down at night; then there was an increase in the coughing and a very fetid odor of the breath. A few days before admission his feet began to swell. When examined in the hospital he was found to be very anæmic, his pulse was one hundred and twenty, respiration thirty-six per minute, and lobored. With the exception of the upper part of the right lung, there was considerable resonance over the whole chest. On the left side, there was increased resonance overlapping the heart. At the right apex there was dullness on percussion, with high pitch, and a diminished amount of expansive movement. On auscultation, in the left chest there was prolonged expiration, with sonorous rales at apex and fine rales at the base; and on the right side at the apex sonorous and mucous rales in front. Behind the scapula, was cavernous respiration, whispered and spoken pectoriloquy, together with mucous rales. All these latter could be heard under the axilla of that side. His urine was examined, and contained neither albumen nor casts.

The patient sank rapidly, and died of asthenia four days after admission.

At the autopsy the left lung was found partly emphysematous, and the bronchial tubes for the most part occupied with mucus. The right lung was firmly adherent to its chest-wall, and in the costal *pleura* of that side over most of its surface were developed very large calcareous plates averaging the size of the hand. The lung was greatly pigmented and emphysematous. A large gangrenous cavity communicating with a good sized bronchus was found in the substance of the postero-superior portion of the lung, involving the *pleura* in the neighborhood. Dr. Janeway stated that the specimen presented the largest calcareous plates that he had ever seen in the *pleura*. The amount of pigment matter deposited was also very considerable, but he had met with a case where the masses were solid and as large as the fist.

WAXY TUMOR OF LIVER.

The second specimen presented by Dr. Janeway was of still more interest, it being probably but the third one on record. It was a tumor of the liver taken from a patient thirty-eight years of age, a laborer, who was admitted into Bellevue Hospital on the first of May. He stated that he had been sick for six months with cough, soreness of the chest on the left side, and frequent attacks of dyspnea. A few days before admission he became worse, and from that time until his death he was delirious at night. Three days before death his legs became œdematous, and his urine was found albuminous,

without casts. He died of asthenia on the day he was entered.

At the autopsy there was nothing noticed about the brain or its membranes. The heart weighed twenty-four ounces. The aortic valves were thickened and puckered. The organ contained two thrombi, one situated about the centre of the left ventricle and attached partly to its anterior wall and partly to the septum, whitish in appearance, about an inch in diameter, and containing some fluid in its centre; the other was just to the left of the apex.

The lungs shewed numerous recent lobular pneumonias and a few pulmonary apoplexies. The liver was adherent to the diaphragm above and the intestines below. The left lobe was as large as the right usually is, and measured eight inches by eight in diameter. The upper surface of the right lobe was lobulated, and its under surface fissured. On the upper surface, just over the base of the gall of bladder, was a waxy tumor, two inches long and one thick. Only two other cases of waxy tumor of liver were on record.

FRACTURE OF CERVICAL VERTEBRÆ.

Dr. Hamilton exhibited a specimen of fracture of the cervical vertebrae, removed from a man, a patient of Bellevue Hospital, who fell on the third of May through the hatchway of a canal boat striking upon the back of the head and neck. He was picked up in an insensible condition and carried to the hospital. He was found to be paralyzed in both the upper and lower extremities, and was beside insensible. This latter condition was soon recovered from, but the paralysis continued. It was suspected that one of the cervical vertebrae had been fractured, although there was no displacement nor crepitus to be discovered. The symptoms pursued the usual course; the last two days of the life of the patient delirium came on, and coma and death followed in their usual course, the ninth day after the injury. The autopsy was made by Dr. Janeway. Not having his attention directed to the possibility of there being a fracture, that gentlemen examined only the spinal marrow. Opposite the third and fourth cervical was in a state of red softening. There was no evidence of any mechanical pressure at that point, as no displacement of the injured bones had occurred. Dr. Hamilton, on close examination of the specimen, discovered a rupture of the intervertebral substance between the second and third cervical, and a slight rupture of the same substance between the third and fourth cervical.

The point of interest to Dr. Hamilton was the occurrence of the softening alluded to as the result of simple concussion of the spine at that point. He had seen a case very similar to this as regards locality of the injury, in which by displacement of the fragments, the cord had been nearly cut across; but at the time of death the parts were intact. In the specimen presented that evening no displacement could, however, be effected.

Dr. Sands did not think it was warrantable to assume that the lesion of the cord was due to what was generally understood as concussion, inasmuch as the necessary examination of the nerve tissue had not been made to settle it. It was now generally believed that all so-called concussions that resulted