

*Stated Meeting, May 18th, 1888.*

DR. TRENHOLME IN THE CHAIR.

*New Members.*—Drs. J. H. Bell, R. C. Kirkpatrick, J. A. Springle and J. E. Orr were elected members of the Society.

*Malignant Tumor of the Spine.*—DR. LAFLEUR exhibited specimens and sections from a case of alveolar sarcoma of the vertebræ. At the autopsy performed by Dr. Bell, a tumor was found involving the posterior part of the bodies and the laminae of the 9th and 10th dorsal vertebræ and the inter-vertebral cartilage. There was in this situation unusual mobility of the vertebral column and slight prominence of the spinous processes. The new growth could also be felt anteriorly at the base of the pleural sac as a convex bony ring half an inch in thickness, which was found to be the expanded and ossified edge of the 9th inter-vertebral disk. There was no involvement of the prevertebral structures, but the spinal muscles on both sides of the affected vertebræ were infiltrated. A longitudinal section of the vertebræ showed that the cord was affected only from pressure by the new growth, which completely surrounded it. Below the point of pressure the cord was softened. The ninth inter-vertebral disk was destroyed, all that remained being a thin calcareous plate between the vertebræ and the ossified edge of the cartilage before mentioned. On the under surface of the left lobe of the liver there was a secondary nodule as large as a small hazel-nut, and of a pinkish-white color. This was the only metastatic growth in the body. Microscopically the growth was found to be an alveolar sarcoma, consisting of somewhat large oval cells, with large nuclei in an alveolated fibrous stroma. The cells did not lie free in the alveolus, but were held together by a network of fine fibres derived from the alveolar wall. In the secondary nodule from the liver the alveolar structure was more obscure. Patient suffered from chronic cystitis and bed-sores, and the immediate cause of death was a double basic pneumonia.

Dr. BELL gave the following history of the case;—The patient was a man, age 60 years, who had long been a hard drinker, but who had never had venereal disease of any kind. He began to complain of "lumbago" in November, 1887, which grew worse until, in the early part of March, his legs grew so weak that he could not get about.

Complete paraplegia soon followed, incontinence of urine, loss of sensation around the abdomen. A painful prominence was noticed over the fourth and fifth dorsal vertebræ, and he experienced great pain in this region when being moved. He sank rapidly, and died from a hypostatic pneumonia.

Dr. STEWART said that he saw the patient, and found loss of motor power and partial loss of sensation, which were strong indication of pressure. The systemic disturbance was too great to be accounted for except by the presence of malignant disease.

*Some Clinical Observations on Syphilis.*—Dr. RODDICK read a paper on the above subject.

*Discussion.*—Dr. BELL said that Dr. Roddick's interesting series of cases suggested several cases in his experience in which the disease had been contracted in an unusual way. One case was that of a young lady who had a doubtful-looking sore on her lip which was followed by secondary symptoms. The cause of the primary sore was traced to her having been kissed by a man who at the time was under treatment for secondary syphilis. Later the patient showed many symptoms of secondary syphilis. In his experience, cases treated with potassium iodide are not relieved so rapidly and certainly as when treated by mercury, except in the tertiary stage of the disease. He had met cases supposed to be receiving treatment without mercury which were really undergoing mercurial treatment.

Dr. MACDONNELL said that the peculiar liability of glass blowers to take syphilis is mentioned by very old writers on this subject. It is strange there is not more extragenital syphilis contracted than there is. The habit of using public combs and brushes in hotels and in barber shops is very dangerous, yet he had never heard of a case where the disease was contracted in this way. With regard to treatment, he believes in the use of mercury from the very first. Cases where treatment is delayed are apt to be more violent. Dr. MACDONNELL asked Dr. RODDICK in what cases of chancre he would recommend the use of mercury at once.

Dr. SHEPHERD had seen secondary symptoms follow in the case of a girl bitten by another girl on the lower lip. A small indolent but well-defined sore marked the spot where the wound was made. Dr. Shepherd also referred to the case of a medical man, who would not be likely to overlook a specific sore on himself, that came to him with marked