

mulatto appearance. He was very much emaciated, nervous and restless. His nervous system had just received a severe shock by the loss of his wife, who died two days previously. He complained of some pain in the stomach and in the region of the kidneys. He was inclined to lie in a semi-comatose condition a part of the time; at times his mind was clear, and he could converse intelligently.

Nearly all the medicine given to him was rejected, though some stimulants were retained, and external warmth was applied, which had the effect of restoring the circulation sufficiently to get him warm. We visited him daily until December 1, when he died. On December 2 we made an autopsy. The heart was first examined and presented nothing abnormal. The stomach was almost normal in appearance, showing possibly a slight evidence of recent congestion; the liver and kidneys were normal in appearance; the supra-renal capsules on the exterior were normal, with the exception that both were considerably enlarged, the left one being about one-fourth the larger. On examination of their interiors there were found evidences of chronic inflammation which had passed successively through the stages of fatty and cheesy degeneration. Some portions of each pelvis were mere fibrous sacs containing a puriform liquid and some gritty particles, the calcareous results of cheesy degeneration. The internal cell masses of a large portion were almost obliterated and the medullary substance considerably broken down, apparently from the results of inflammation.

Question.—What is the cause of the inflammation of these ductless glands, and how do they bring about such grave symptoms when diseased?

MENTAL WEAKNESS RESULTING FROM THE PRESENCE OF AN ENCHONDROMA OF THE SEPTUM NASI.

Read by title before the Section of Laryngology and Otology, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY W. PEYRE PORCHER, M.D.,
OF CHARLESTON, S. C.

The following case exhibits a remarkable sequence of cause and effect, even to a condition bordering on mental aberration, from the presence of a cartilaginous spur projecting from the septum nasi, and pressing against the contiguous turbinate. That the recovery was a direct result of the treatment instituted, is beyond a doubt for the following reasons:

1. The patient's illness had existed for over a year, and was at the time of his first visit to me distinctly worse than at any previous time.

2. He had just returned from a large watering-place, where he had been for six weeks, and during that time he had not only received no benefit,

but his symptoms had increased to such an extent that his return home became imperative.

3. His improvement after the removal of the growth was immediate and permanent, and he is at present enjoying robust health.

H. F. P. White, aged about 32, avocation planter. His history was, that for two years previous he had been subject to *frequent attacks of coryza*, accompanied with vertigo, headache, great torpidity of bowels, and general malaise. During this period he had two attacks of pleurisy, and as a result of it his nervous symptoms became especially prominent. He had constant and prolonged insomnia, hysterical pains, noises and jumping movements in his left side. The latter annoyed him to such an extent that he tore open his under clothes over that region in the effort to get at or remove the cause of the unpleasant sensations.

His attendants thought he was suffering from melancholia, and he was advised to visit one of the springs, in hopes that he might derive benefit from the change; and he therefore spent six weeks at a large watering place, as above stated, but returned home extremely nervous, and without having received the slightest benefit. He was able to sleep but very little at night, continually brooded over his condition,—thinking that he was doomed to consumption on the one hand, or to insanity on the other; both being hereditary taints in his family; and on this latter account some of his near relatives thought he had softening of the brain.

It was in this condition that I first saw him, scarcely able to control his nervousness, and with but little hope of ever regaining his former mental or physical condition, as he had been unable to attend to his business for over a year.

It was at once apparent that his mind must be set at rest, and this I did by assuring him that his nervous symptoms could be controlled, and ordered him a hepatic stimulant and laxative, as follows: R. Pil. hydrarg., grs. v; podophillin, gr. ¼. M. S. at once. Also, R. Fl. ext. stillingi sil., ʒv; tr. nucis vom., tr. belladonna, tr. physostigmatis, aa ʒj. M. S. in water before meals.

While making this general examination, I noticed that he had a frequent tendency to "sniffing," and this led me to make a rhinoscopic examination. A cartilaginous projection was discovered jutting off from the septum and in contact with the left inferior turbinated bone. It was papillomatous in character, and very indurated. It caused him to bend his nostrils forcibly over to that side to get breath, and to clear them of accumulated secretion. He was entirely unaware of the presence of this growth. A small portion of the apex was cut away, sufficient not only to relieve the pressure but to leave a vacant space between it and the turbinate.

He received no additional treatment, except general advice as to hygiene, etc. His subsequent history was, that his insomnia and general depression rapidly disappeared.

A relative occupying an adjoining room informed me that she first became aware of his improvement by an absence of the frequent sneezing and clearing of his throat on first awakening in the morning, to which he was addicted; and he has since informed me that he has never been so free from coryza as he has been since the removal of the growth, not having had one attack in twenty months.

Nor has there been any recurrence of the pleurisy. His health is now completely restored and he no longer fears consumption or insanity. Here we have a distinct sequence of cause and effect: recovery following the removal of the exciting cause.

THE SURGERY OF THE SPINE.

Read in the Section of Surgery and Anatomy, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA; SURGEON TO THE UNIVERSITY, PHILADELPHIA AND GERMAN HOSPITALS.

Dr. White divides the spinal troubles which may necessitate surgical interference into three classes: traumatisms, caries, and neoplasms. He reviews the history of the surgery of these conditions, gives the details of two cases in which he performed resection of the spine, and reaches the following conclusions:

1. The objections urged against operative interference in spinal traumatisms were partly theoretical (hæmorrhage, frequency of absolute destruction of the cord, pressure from inaccessible fragments of bone, etc.) and have been shown to be unsupported by clinical facts. They were largely due to a well-founded dread of *a*, the shock, in the cases operated on in preanæsthetic times, and *b*, consecutive inflammation, suppuration and pyemia in pre-antiseptic periods. The later results, which now constitute our only safe basis for generalization, are distinctly encouraging, and resection of portions of the vertebræ in fractures, possibly even in dislocations, should be recognized as an eminently proper operation and in suitable cases altogether warranted by the facts in our possession; and further, such cases are by no means rare or exceptional.

2. There can be still less doubt that the testimony of pathologists and practical surgeons indicates that the cause of the paralysis of Pott's disease is in many instances an extra medullary proliferation of connective tissue, assuming the density and proportions of a neoplasm, occupying the space between the dura and the interior surface of the laminae, not apt to be associated with intramedullary changes or with destructive de-

generation of the cord, and very frequently removable by operation.

3. Every case of focal spinal lesion, thought to depend on a tumor and not distinctly a malignant or generalized disease, should be regarded as amenable to operative interference, no matter how marked the symptoms of pressure may be or how long continued.

4. The method of extension, as recently revived, is well worthy of preliminary trial in the first two classes and in obscure cases thought to belong to the third class. It has not yet been tried in a sufficiently large number of cases to establish its exact limitation, but it is unquestionably a therapeutic measure of vast importance in spinal injury and disease.

It is customary and proper in deciding upon any serious surgical procedure involving risk to life, to consider well the prospects of the patient in the event of non-interference and to be largely influenced by them. Looked at in this light the operative surgery of the spine as regards traumatisms, caries and neoplasms may fairly be said to have a rapidly widening field and to deserve more serious and careful consideration by practical surgeons than it has received for many years.

THE HISTORY AND EXHIBITION OF A DOUBLE-HEADED MONSTER.

Read in the Section of Obstetrics and the Diseases of Women, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY E. F. WALKER, M.D.,

PROVIDENCE, R. I.

This specimen which I have the pleasure to show you, is a monster of the type known as Ischiopagus. Unfortunately the history of the labor is very meagre and incomplete, as the woman, who gave birth to it, was attended by a midwife, of not a very intelligent class and the details of the process are unsatisfactory. I have tried to see the patient herself, but have not been able to accomplish my desire. However, such details as were obtainable I submit, asking your indulgence for their incompleteness.

Mrs. C., 30 years of age, born in Ireland, married, and a primipara. Early in the afternoon of July 15, 1888, labor pains first began and at 7 P. M. the midwife arrived and took charge of the case. The pains at that time were strong, and an early completion of the labor was anticipated. She continued to have very great pain until one o'clock in the morning, when the midwife "broke the waters to hurry her up," and states that from this time until the end, her pains were the most severe she ever saw, in fact she says they came so close together that the woman had no rest; finally at five o'clock, or four hours after the discharge of the amniotic fluid, with one long and severe pain, the mass was born, being