the dislocation of the femur on to the dorsum ilii, the part played by Professor Bigelow's Y-ligament being here taken by the coraco-humeral ligament and the supraspinatus, with which it is intimately blended. The subspinous position is, in my opinion, always a secondary one, and not that originally occupied by the head of the bone. The vertical position of the arm, though differing from that described by Erichsen, entirely agrees with the account given of it in Callaway's Jacksonian Essay, 1846. The slight pain experienced, except during abduction, is evidently due to the absence of pressure on or stretching of the large axillary nerve-trunk, which would take place in the subcoracoid or subglenoid positions. The rarity of the accident is shown by the fact that Sir Astley Cooper only saw two cases.

BATH GENERAL OR MINERAL WATER HOSPITAL.

A CASE OF IRREGULAR SUPPRESSED GOUT.

(Reported by Mr. JAMES MERCES, Resident Medical Officer.)

W. C., AGED 37, a farm-labourer, was admitted on September 15th, 1884, for articular gout. At the age of 22, he had some acute febrile affection, probably acute rheumatism. Six years before admission, he had the first indication of gout. He complained of irregular pains, with acute exacerbations of swelling and inflammation in his knee, ankle, and toe-joints. There were large irregular deposits of urate of soda at the terminal joints of all the phalanges. The movements of the joints were impaired, and gave rise to a fine crepitant feeling on passive movement. The condition of the feet was very characteristic of gout; there was no actual enlargement, but the feet on the inner side were in a straight line from ankle to great toe, with no depression anywhere. The ankles and knees gave rise to the same fine crepitant feeling. Deposits of urate of soda were formed in the helices of the ears, in the bursæ over the patellæ, the elbow, and the outer side of the ankles; softer deposits, presenting microscopically fine acicular crystals of urate of soda, were found in the palpebral conjunctivæ. The conjunctivæ were somewhat chemosed. The apex-beat was in the sixth intercostal space, two inches below, and in the nipple-line. There was a loud blowing systolic murmur heard, also, at the angle of the scapula. The second aortic sound was accentuated. The pulse at the wrist was 108, small, regular, and somewhat tense. Large quantities of urine, of specific gravity 1010, pale acid, containing a quarter albumen, and a few granular casts, were passed. Sight had been failing for a year. There was double optic neuritis, with small hæmorrhages close to the disc.

September 16th. He was ordered the baths at a temperature of 98° Fahr., with the wet douche thrice weekly. He was placed on a diet of meat, vegetables, and milk; no stimulants were given, but he drank a small tumbler of mineral water twice daily.

On September 30th, he was ordered the hot bath (103° Fahr.), and the douche to the joints.

On October 17th, he complained of severe pain in the head and symptoms of a "cold." The temperature was 99° Fahr.; the skin moist; the pulse 100.

On the following day, he complained of severe pain in the epigastrium, extending to the right iliac fossa, with constant vomiting of bilious matter. The tongue was dry, and covered with dark yellowish-brown fur. Dysphagia was the most troublesome symptom. As there was constipation, he was ordered a pill containing three grains of euonymin.

October 20th. The vomiting had ceased. He was slightly jaundiced. The tongue continued furred, though the bowels had acted freely. Dysphagia was exceedingly troublesome. The urine was of specific gravity 1035, and contained abundant lithates. Far above the normal amount of urea was excreted in the twenty-four hours. He was ordered a mixture containing colchicum.

On the following day, he began to improve, and left the hospital on October 25th.

REMARKS BY MR. MERCES.—The points of interest in this case are: 1, the undoubted existence of rheumatism, as indicated by the old mitral regurgitant murmur; 2, the hypertrophied heart and contracted granular kidney commonly met with in long standing gout; 3, the sudden appearance of "suppressed gout," while the joints were quite well; 4, the value of colchicum even in cases of suppressed gout, with suitable treatment for special symptoms as they arise.

PRESENTATION.—Dr. Atkinson, late assistant medical officer to the Kensington Infirmary and Workhouse, has been presented, on the occasion of his retirement from the post, with a handsome clock and bronzes, accompanied by an illuminated address, expressing the good wishes of his friends for success in his new sphere of labour.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 10TH, 1885.

GEORGE JOHNSON, M.D., F.R.S., President, in the Chair.

The Treatment of Acute Peritonitis by Abdominal Section. By FREDERICK TREVES, F.R.C.S.—The extreme fatality of acute diffused peritonitis—especially of that form due to perforation—and the acknowledged futility of the modes of treatment that are at present employed, give some support to the proposal that acute peritoneal inflammations should be treated by the same methods that are successfully applied to other acute inflammations, namely, by free incision and drainage. This common and general surgical procedure has been already applied for the relief of inflammations of certain of the serous membranes. It was at first adopted in connection with the smaller serous cavities, as those of the joints. It has been gradually and with increasing freedom applied in the treatment of inflammatory conditions involving the pleura. It has finally become a recognised means of treatment in certain forms of localised and chronic peritonitis, especially when purulent collections have formed. Mr. Treves urged the adoption of this principle in treatment in connection with acute and diffused forms of peritonitis. A female, aged 21, was admitted into the London Hospital on January 21st, suffering from chronic pelvic peritonitis following severe gonorrhœa. On February 25th, three months after the commencement of the chronic peritonitis, she suddenly developed the symptoms of acute diffused peritoneal inflammation. The sequel showed that a large chronic purulent collection, containing very offensive matter, had formed near the left pelvic brim. The walls of the abscess were formed partly by the pelvic peritoneum and partly by many coils of small intestine that had become matted together. The acute symptoms were due to the bursting of this abscess, and the extravasation of its contents into the general peritoneal cavity. On February 26th, the abdomen was opened under antiseptic precautions, the patient being at the time apparently in a very critical condition. The general surface of the peritoneum showed the ordinary appearances of acute peritonitis. The intestines, where in contact, were lightly glued together. A quantity of semi-opaque fluid, mixed with flakes of lymph and pus, escaped. The whole peritoneal cavity was washed out with many quarts of water, and a drain introduced. The patient made a good recovery, and was allowed in the garden on the fortieth day. Mr. Treves alluded to several cases in which operations involving laparotomy have been performed with success during the progress of acute peritonitis, the cases having been in most instances the subjects of error in diagnosis. Allusion was also made to the recent experiments of Dr. Parkes, of Chicago, as to the treatment of penetrating gun-shot wounds of the abdomen, with perforation. Mr. Treves ventured to suggest the use of abdominal section in the treatment of certain cases of acute general peritonitis, such as that following injury, gun-shot wound, the bursting of an abscess, and specified forms of perforation.—Mr. HOWARD MARSH read the notes of a case which had many points in common with that of Mr. Treves. The patient was a medical student, of the age of 19, who was attacked with symptoms of sudden and acute peritonitis, and admitted under the care of Dr. Andrew and Mr. Howard Marsh into St. Bartholomew's Hospital. There was no hernia, and nothing abnormal could be felt by the rectum; a little to the left of the umbilicus the skin was slightly raised and flushed, and there was deep fluctuation, with dulness on percussion. A diagnosis of circumscribed peritonitis was arrived at, and operation determined upon; the state of the patient was very critical, the vomiting violent. An incision about two inches in length was made along the linea semilunaris, and about two pints of fœtid pus evacuated. The intestine was found to be much distended, but no cause of obstruction was discovered. The abdomen was thoroughly washed out with a solution of carbolic acid, of the strength of one part in 60, a drainage-tube introduced, and the upper and lower ends of the wound closed by deep sutures; carbolic dressings were applied as dressings for the wound. For two hours the patient was cold and collapsed, and he vomited much, probably from the ether; then he began to revive, and the vomited matter had no feculent odour, but was merely the contents of his stomach. Morphia was given, and he was fed by the bowel for several days; the sickness ceased entirely in twelve hours, and it became possible to take food by the mouth. The temperature was slightly raised, but did not reach 101; the discharge from the incision was profuse, and at first very offensive, but after a week it lost its odour, and recovery was steady, with one trifling intermission, when the discharge increased. The peritoneum, in the later stages, was washed out with a solution of

iodine, one in 1,000; and after about two months recovery was complete. The cause of the peritonitis was not clear; Dr. Andrew agreed with Mr. Marsh in thinking it might be due to the bursting of an abscess in the mesentery, arising from tubercular glands; that it extended very widely was plain, from the large area from which pus could be withdrawn by a catheter on the first incision. The condition of the patient when operated upon was very critical, and it did not seem probable to those who saw him that, if immediate relief had not been found, he could have lived many hours. His condition forbad any further proceeding for ascertaining the cause of the suppuration; to evacuate the pus was all that could be attempted. The relief was rapid; in six hours the pulse was fairly good, though the other symptoms were so severe that only his youth enabled him to pull through. The operation was certainly to be approved for localised peritonitis, but in general peritonitis any large success was doubtful, for then the abscess-cavity was very extensive, any thorough washing-out of the pus must lead to danger of rupture of the intestine, and, even after temporary recovery, adhesions were likely to have formed which would be a cause of future danger. In this case there was impaired peristaltic action, which might possibly be from adhesions.—Mr. BRYANT thanked both Mr. Treves and Mr. Marsh for their contributions to the knowledge of the subject, which was, taken in all its bearings, a large and important one. The operation recommended was, after all, only the application of well-known surgical principles to abdominal suppuration. Operations for the relief of perityphlitic abscesses were sometimes regarded as extraperitoneal; but that was a mistake, as Mr. Treves had lately clearly demonstrated in his excellent lectures at the College of Surgeons. For himself, he had long felt that such abdominal operations ought to be carried out; their results, it must be allowed, would depend very largely upon what was the cause of the peritonitis: it might be due to a wound, a perforating ulcer, or a burst abscess. In cases of perforating ulcer of the cæcum, he was decidedly of opinion that operation might do good. Mr. T. Smith had put on record a very valuable instance of its success in such a case in *St. Bartholomew's Hospital Reports*, vol. ix, 1873.—Mr. KNOWSLEY THORNTON wished also to express his thanks to the authors of the papers. At the present day, it would be difficult to find any surgeon bold enough to blame such surgical operations as those of Mr. Treves and Mr. Howard Marsh. He had himself been sorry that the phrase used as describing the disease was not acute suppurative peritonitis, for that, in his experience, was a much easier state to deal with than simple acute peritonitis. This latter state occurred sometimes apparently idiopathically where there were tumours in the abdomen; there might be no escape from the tumour, and yet such a state might come on, apparently from chill. In such conditions, where there was an ovarian tumour, and simple acute peritonitis supervened, he had twice opened the abdomen, and found, on both occasions, the peritoneum intensely congested, but quite dry. The first case died soon after the operation, with suppression of urine and collapse; and subsequent reflection led him to the conclusion that it would have been better to have waited longer before operating. In the second case, there was a large ovarian tumour, the peritonitis was very acute, and the state extremely hazardous. He was induced to operate, by the impression that there was abdominal hæmorrhage. It turned out that he was wrong; no hæmorrhage was found, but the same condition of acute dry peritonitis. The woman, however, recovered, after passing through a state of extreme peril. This experience had convinced him that that was not a suitable stage for operation. Mr. Treves had, unfortunately, not stated whether, in his case, the peritonitis was dry or not. If it had been possible to incise the peritoneum, to relieve the congestion, it would have been a good thing; but that was out of the question, and the alternative was, to wait till a subacute stage, or a stage of effusion, was reached. In perforation or gunshot-wounds, he should prefer to operate at once, to try to close the opening in the bowel, to clear out the matters that had escaped into the abdomen, and to drain the cavity. Drainage was important, as it was nearly impossible to be sure that all obnoxious contents were cleaned out during the operation. In gunshot-wounds, it was hardly likely that the results would be quite satisfactory, for the edges were not such as could easily be brought together, and only after somewhat perilous resection in the track of the ball could good union be expected. As to the method to be used in operation, he generally advocated Listerism, and all antiseptic precautions; still, he held strongly that, if it were impossible to be sure of making wounds antiseptic, it was better to leave antiseptics entirely alone. In these abdominal cases, it was often so impossible to be sure of attaining a completely antiseptic condition, that he preferred, as a rule, to leave Listerism entirely alone, and to wash freely with boiled water at the temperature of the body, and then to dress the external wound antiseptically, until it could be seen whether the subjacent parts were antiseptic.—Dr. DOUGLAS POWELL was extremely glad that his surgical brethren were beginning to treat peritonitis as they had treated pleurisy, and to recognise two classes of cases—namely, (*a*) the suppurative, which required early surgical treatment; and (*b*) the serous or idiopathic, which were less fitted for operation. Mr. Treves's paper would tend to place effusions into the peritoneum on the same footing as effusions into the pleura, and to lead it to be recognised that, in effusions of pus, surgical treatment only could be efficient. He demurred to Mr. Thornton's preference for boiled water, and should expect, in such cases, suppuration in the residue of the abdominal contents. He should himself incline to the use of a weak mercurial solution, such as Mr. Pearce Gould had successfully used in a case under his care.—Mr. BARWELL gave some details of a case of suppurating perityphlitis, in which he had made an opening in the flank, and a counter-opening in the loin, by which he had evacuated twenty-four ounces of fœtid pus from within the peritoneum. The wound was for long syringed out with a weak carbolic solution, and at last closed completely. The patient died eighteen months after the operation, of phthisis; but he thought himself justified in saying that life was prolonged by the operation. He felt himself in substantial accordance with Mr. Treves as to the benefit to be obtained from such operations, but expressed his conviction that in these cases the surgeon was almost always called in too late.—Dr. GOODHART took surgery in general somewhat severely to task for its aggressive habits in attacking the physician's territory. Mr. Treves, however, he had found cautious and kind. He would have been glad to have heard rather more of non-suppurative peritonitis, and those frequent cases in which there was too little effused fluid for the surgeon to deal with. Such cases often died very suddenly, like dogs injected with sepsin. He had seen one such case benefited by surgical treatment. A colleague of his was going to perform, in a case of peritonitis, what he believed he was right in calling Littré's operation; and he was performing it by two stages. In the first stage, an incision was made, and the intestine stitched to the walls of the cavity. A very little turbid fluid was let out; and no more was done, for it was found that that had sufficed to alleviate the symptoms completely. In ascites, he thought there was room for more surgical treatment. It often happened that such cases died after having been very frequently tapped—perhaps ten or twenty times. In such cases, incision and drainage might have succeeded better. One case had been reported as "cirrhosis cured by tapping." Of course it was not the cirrhosis, but only the ascites, that had been cured; and that had been effected by the union of the visceral and parietal layers of the peritoneum, after the evacuation of fluid and the establishment of a collateral circulation.—Mr. MEREDITH expressed his substantial agreement with all that Mr. Thornton had said, especially as to disuse of antiseptics in abdominal operations; for a solution of carbolic acid of the strength of 1 in 40 had been found insufficient to arrest putrefaction, and no stronger could be used in these cases.—Dr. DOUGLAS POWELL remarked that he had advised the use of weak solutions of perchloride of mercury, and commented also on the advisability of using a hypodermic syringe before operation in order to determine the nature of the effusion.—The PRESIDENT asked if it would be thought desirable to call in surgeons in cases of perforation of the stomach by simple ulcer, where the symptoms of acute collapse were generally present, and the cause plain. Certainly, if the case were left to the physicians, there was very small chance of recovery. In his experience, he had only met with one such case; the symptoms of perforation of the stomach had seemed distinct, but the recovery led to some doubt being thrown on the diagnosis. The stomach, at the time of perforation, had fortunately been very empty.—Mr. BARWELL expressed an opinion in favour of operation in such a case.—Mr. TREVES, in reply, noticed some objections to the operation which Mr. Marsh had brought forward, namely, the large size of the abscess, the difficulty of removing the pus, and the danger from resulting adhesions. He could not admit that the first two were insuperable objections, as, indeed, Mr. Marsh's own favourable case had shown, and danger from adhesions was too distant and uncertain to have any practical influence in determining what should be done in these cases, in which there was generally a pressing question of life and death. Mr. Thornton had said that, in cases of dry peritonitis, it was unfortunately impossible to relieve the intense congestion by incision; but he ventured to think that the opening of the cavity would in itself tend to relieve the congestion. Mr. Thornton had advised waiting in such cases, but most of such cases were dying, and could not wait. He related a recent case of gunshot-wound of the abdomen, in which the bowel was perforated in four or five places. The abdomen was washed out; no resection was thought necessary; the

wounded edges were adjusted, and the operation was followed by complete recovery. The objection to the use of the solution of perchloride of mercury which Dr. Douglas Powell had advocated, was that it formed an albuminate, and its antiseptic properties were thereby much diminished. As to the operation in the case of perforating ulcers of the stomach, such as the President had described, he could not bring forward any experience, but he knew that many surgeons were anxious for an opportunity to operate upon them.—Mr. HOWARD MARSH explained that he quite agreed with Mr. Treves in wishing to perform these abdominal operations, but that he had thought it right to dwell on the difficulties of thorough drainage, and that his reference to subsequent abdominal adhesions had arisen from his recollection of a case in which he had seen death result from such adhesions.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 9TH, 1885.

W. M. ORD, M.D., President, in the Chair.

President's Address.—The PRESIDENT, in taking the chair for the first time, congratulated the Society on its greatly increased prosperity. He felt the honour and responsibility of the position to which the Society had elected him, and would devote his best efforts to maintain the Society in its present prosperous condition, and do all that in him lay to discharge the duties of a position filled with so much ability and geniality by his predecessor, Mr. Durham. The Society, he said, contained many general practitioners of medicine, and they could contribute much valuable matter to its meetings and discussions. From personal experience—for during twelve years he had been a general practitioner—he knew that there were many problems to which the general practitioner could contribute more largely and more usefully than the consultant or specialist. He was brought more closely into contact with his patients, knew their life-history by personal observation, and was, therefore, better able to estimate the personal reaction of each patient.

The History of the Use of Ipecacuanha in Dysentery.—Dr. MACPHERSON read a paper pointing out the curious fluctuations in the popularity of ipecacuanha as a remedy for dysentery. The drug was introduced into European practice during the last decade of the seventeenth century, as a remedy for the bloody flux; in this malady, according to contemporary authors, it acted like a charm. Helvetius considered it as specific in dysentery as cinchona in malarial fever, or mercury in syphilis. After reigning supreme for half a century, it fell into some disgrace both in England and in France; but it was habitually used in small doses until the end of the last century. Akenside used very small doses, one grain every six hours; but other physicians recommended either one large dose, or several smaller ones (five grains), repeated every hour until vomiting was produced. Subsequently, very large doses, even frequently repeated, were highly fashionable in the tropics; but the drug was almost beaten out of the field by mercury as a remedy for dysentery, though never entirely abandoned. In 1846, Dr. Parkes said that ipecacuanha was of quite secondary importance; still he recommended scruple-doses. Sir Ranald Martin used doses of ten grains at least. Since 1858, the use of ipecacuanha had been the main feature in the treatment of dysentery; and though something must be put down to improved hygiene and the abandonment of bleeding, still, the diminution of the mortality among the troops pointed to the probability that the drug was really of use in saving life. The French also now used the drug in large doses in the tropics, and in America Bartholow and others had found it useful. From a consideration of the general experience, he was inclined to say that the dose should not exceed thirty grains, nor fall below five. He referred to the temporary popularity of mercury during the first half of the present century, and mentioned that even scruple-doses of calomel were at one time commonly given, and were supposed to have a specific action on the mucous membrane in dysentery. Ipecacuanha had now entirely replaced it.—The PRESIDENT thanked Dr. Macpherson for his learned and valuable retrospect.—Sir JOSEPH FAYRER had listened to Dr. Macpherson's paper with great interest. He particularly wished to recall that it was to Mr. Docker, a regimental surgeon, that we owed the introduction of this remedy into the practice of the British Army. Mr. Docker had first commenced to use it in large doses in the Mauritius, and had reduced the practice to system. The mortality from dysentery had greatly declined in India in recent years, and was now, according to the last report, only .57 per mille of average strength. This small mortality was to be attributed in great part to the use of ipecacuanha. If a case of acute dysentery could be treated at an early period, about three doses of twenty grains generally brought the disease promptly to a termination. He thought that the highest honour was due to Mr. Docker, not that he discovered the remedy, but because he showed the world how to use it.—Mr. STOCKER, from his experience during the Russo-Turkish campaign, could say that ipecacuanha acted most satisfactorily in acute dysentery. It was the custom there to give ten grains of ipecacuanha with one grain of opium about three times a day. The drug was extensively used by the Turkish doctors, who prescribed as a rule Dover's powder.—Dr. CULLIMORE believed that, in dysentery associated with hepatic disease, ipecacuanha in large doses was not well borne, or not as well borne as in simple dysentery. The mortality from dysentery varied very much in different countries.—Dr. THOROWGOOD had found small doses (three grains) of powdered ipecacuanha very useful in severe chronic diarrhœa, when the patient was kept at rest.—Sir JOSEPH FAYRER supplemented his previous remarks by quoting from the last report of the Sanitary Commission the mortality from dysentery in India in 1882. The British army, with an average strength of 57,269, showed 1,629 men admitted into hospital for dysentery, with 33 deaths; this was at the rate of .57 per mille of the average strength. The Native army, with an average strength of 114,894, showed 5,223 men admitted for dysentery, with 70 deaths, a mortality of .61 per mille of strength. The jail-population, with an average number of 94,063, showed 8,866 persons admitted into hospital for dysentery, and 9,363 for diarrhœa (it was often impossible to separate the two diseases); 798 died of dysentery, and 683 of diarrhœa, giving the rate of mortality for the two diseases together as 15.21 per mille of population. All these cases were treated with ipecacuanha. The large relative mortality among the jail-population was to be traced to the influence of class-peculiarities and debility, due to the manner of life before admission; while in jail they were well treated and well fed. It was necessary to insist that ipecacuanha was only to be recommended in acute dysentery or in acute exacerbations of chronic dysentery.—Dr. MAIR said that it was most important to have ipecacuanha of good quality, as it was a drug which easily deteriorated. In Madras, the custom was, when a case of dysentery could be treated early, to give a dose of about twenty drops of tincture of opium, followed in about an hour by a dose of thirty grains of ipecacuanha.—Dr. MACPHERSON briefly replied.

Endocardial Mycosis.—Dr. COUPLAND read a paper on a case of malignant endocarditis.—Dr. T. H. GREEN thought that, in the absence of other symptoms to account for it, an intermittent pyrexia in the course of cardiac disease commonly indicated infective endocarditis. He raised the question whether ulcerative endocarditis was invariably fatal.—Dr. KINGSTON FOWLER thought this a most important question; he suggested that the irregular rises of temperature might be due to the occurrence of the infarctions.—Dr. COUPLAND, in reply, said that the disease sometimes ran a chronic, and sometimes a very acute course, and that it was not improbable that some patients might recover.

ACADEMY OF MEDICINE IN IRELAND: PATHOLOGICAL SECTION.

FRIDAY, FEBRUARY 13TH, 1885.

A. W. FOOT, M.D., President, in the Chair.

Self-Mutilation of a Lioness.—Mr. ABRAHAM read a paper on a case of self-mutilation in a lioness, twelve years old, in the Dublin Zoological Gardens. The animal was discovered one morning to have eaten off six inches of her tail. After a short time she took off another large piece, and, finally, in another meal demolished the remainder. After another interval she began to eat the dorsum of one of her paws. It was thought advisable to destroy her—various means, change of diet, aperients, local applications, etc., having failed in stopping the perverted appetite. She had till then been quite healthy, in good condition, and nothing amiss with the fur or excretions, but for one year previously she had not been in season, although formerly her catamenial periods were regular, and she had given birth to four litters of cubs. At the *post mortem* examination all the internal organs were found healthy, with the exception of some ovarian degeneration. A number of similar cases were cited, and the distinction pointed out between those in which an animal suddenly begins to bite off and swallow large portions of its person and the more common cases, as in monkeys, etc., in which a gradual nibbling away of the tail takes place, often in consequence of some external irritation, or the itching of a healing wound.—The PRESIDENT suggested that the affection was analogous to the tendency in human beings to bite their nails, which sometimes occasioned the destruction of the ultimate phalanges of the fingers. The nail-biting began generally before

hysteria manifested itself. Possibly, the lioness sought to relieve itself from irritation, and there might be an anæsthetic condition of the tail and foot which enabled it to do so without much pain.—Mr. COLLINS remembered seeing a lion or lioness similarly affected. In 1871, a horse was under his observation which, though quiet during the day, kicked furiously at night, and ultimately bit the skin off his chest. A light having been placed in the horse-box, and a man directed to watch, there was no disturbance, and he attributed the animal's action to terror. He knew of spaniels gnawing their tails when sore. Monkeys in confinement mutilated themselves, biting their tails.—Mr. WHEELER had a spaniel bitch which had had several litters of pups, and ate the last litter, then her own tail, and died of convulsions.—Dr. HENRY KENNEDY instanced a child suffering from hydrocephalus, who ate off the whole of the under lip.—The Rev. Dr. HAUGHTON said the President had made a good point in comparing the tendency described in the lioness to that of biting the nails in human beings. The nail-biting habit was, in his experience, confined to men. There was a great deal in Mr. Abraham's remarks as to the hysterical character of the affection. During the twenty-one years of his secretaryship to the Zoological Gardens, he found it necessary to drown animals that bit their tails. The tendency was connected with that in female animals of destroying their offspring. The feline carnivores ate their surplus cubs, but dogs had been known to bury them alive. The question that, when the breeding period was over, there was a liability to permanent derangement or loss of faculty, was a very serious one. He had seen cases of women who, having stopped breeding, either took to drink or became deranged. Self-mutilation was so foreign to animal instinct, that it must be due to interference with, or cessation of, some great physiological function.—Mr. KNOX DENHAM mentioned the case of a cat which devoured its four kittens, and afterwards suckled three young rats, which became domesticated, running about the house. The children played with them, but the lady of the house, becoming alarmed, had the rats destroyed.

Gangrene of the Leg.—Mr. WHEELER read notes of a case of gangrene of the leg and occlusion of the popliteal and tibial veins in a man, aged 46, of intemperate habits, who had twisted his leg whilst wrestling. When admitted to hospital, the leg was swollen, hot, much discoloured, and with large sanguineous bullæ. It was quite free from pain. The specimen exhibited showed well formed thrombi, occluding the interior and posterior tibial veins, there being the several examples of the "obliterating," the "valvular," and the "parietal" thrombus, the wall of the vein, in the first case, being much thinned. Allusion was made to some of the recent theories of coagulation of blood.

Endocardial Concretion.—Mr. BROOMFIELD exhibited and explained a specimen of endocardial concretion, which was taken from an old woman, aged 78. Being a dissecting-room specimen, he had no history of the case. The specimen was of a calcareous character, and interesting from its exaggeration, extending round four-fifths of the mitral orifice, and running three-quarters of an inch into the ventricular wall. At one point there was complete rigidity. The epithelioid lining was perfectly healthy, and the valves were comparatively healthy.

Croup of the Colon.—Mr. M. A. BOYD exhibited a colon removed from a man, aged 30, who died in the Mater Misericordiæ Hospital with all the symptoms of tropical dysentery of a month's duration, having had the usual fœtid stools, containing mucous blood and shreds of lymph and mucous membrane, with most distressing tenesmus, a dry brown tongue, dryness of the throat, and difficulty of swallowing, vomiting, and hiccough. The temperature throughout, except in the beginning, when the attack came on with shivering and hot skin, was either normal or subnormal. There was tenderness over the liver, no enlargement of spleen, and no peritonitis. The ascending colon could be felt through the abdominal wall, round, resisting, and tender. The necropsy revealed not ulceration of the rectum and colon, but general thickening of the mucous coat of the colon throughout, with exudation upon it of an adventitious lymphy membrane.

Aneurysm at the Base of the Brain.—Mr. LENTAIGNE exhibited an example of aneurysm at the base of the brain, which was taken from a woman who, whilst putting a postage-stamp, which she had just bought, on a letter, fell dead, as if struck by lightning. Up to the time of her death, she had been apparently in perfect health. On *post mortem* examination, he found that a large quantity of blood, effused at the base of the brain, had come from an aneurysm, about the size of a pea, formed in the middle cerebral artery, at its junction with the posterior. The artery was split open with a large rent. There was no disease elsewhere, save that the kidneys were small and contracted. Almost all the vessels of the brain were atheromatous, but the aorta was perfectly free from atheroma. A great deal of blood was wedged in below the medulla and spinal cord.

Pericarditis in a Horse.—Mr. ABRAHAM read a paper for Dr. NIXON on pericarditis in a horse, showing the specimen. The principal features were enormous hypertrophy, and an extraordinarily extensive fibrinous exudation covering the whole pericardial surface. The normal weight of the horse's heart was six or seven pounds, but this specimen weighed twenty-one pounds. The notes of the case were taken by Mr. J. Kenny, under whose care the horse had been for pleuro-pneumonia, which had yielded to treatment. A week after, the animal was brought back, with high pulse and friction-sounds over the heart, subsequently becoming dull. At the *post mortem* examination, four gallons of yellow fluid were obtained from the pericardium. The hypertrophy of the heart was of long standing, and caused chiefly by the heavy work which the animal had to perform. The pericarditis appeared to be secondary to the pleuropneumonia. The immediate cause of death was the enormous pericardial effusion.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

FRIDAY, FEBRUARY 27TH, 1885.

LAWSON TAIT, F.R.C.S., in the Chair.

Labio-glosso-laryngeal Paralysis.—Dr. SAUNDBY showed a patient who presented all the characteristic peculiarities of this condition. There was, in addition, wasting of the deltoids, the latissimi, and the interosseous muscles of both sides.

Progressive Muscular Atrophy.—Dr. SAUNDBY showed a patient who exhibited muscular atrophy resulting from an attack of acute anterior polio-myelitis in childhood, and, in addition, wasting of the interossei muscles of both hands, which had come on gradually in the course of the last year. Dr. Saundby believed that this was an example of progressive muscular atrophy supervening upon an old case of anterior polio-myelitis, and he quoted a similar case recorded by Raymond.

Mitral Stenosis and Pericarditis.—Dr. SAUNDBY exhibited a heart which showed extreme stenosis of the mitral valve, and, in addition, recent pericarditis. Microscopic examination of the myocardium proved the existence of acute interstitial myocarditis. Dr. Saundby pointed out that the real cause of the fatal result was the lesion of the muscular wall, the valve-deformity being quite compatible with healthy activity, provided the heart-wall remained sound.

Enlarged Spleen.—Dr. SAUNDBY showed a spleen which weighed sixty-two ounces, the enlargement being due to pigmentary hypertrophy. The case, which will be published, presented many peculiar features. The most notable anatomical change, in addition to the enlarged spleen, was atrophy of the suprarenal bodies.

Tumour of Omentum.—Mr. LAWSON TAIT showed a specimen of a tumour of the omentum removed from a man. Its nature was uncertain, but it was probably hydatid. The abdomen was full of fluid, in which small cystic bodies like sago-grains were floating.

Specimens.—Dr. COULSON BULL showed two specimens of aneurysm of the aorta, and a malignant tumour of the cæcum.

Tubal Gestation.—Dr. W. G. LOWE exhibited a specimen of tubal gestation of seven weeks' growth. The sac involved the fimbriated extremity of the left Fallopian tube, and was adherent to the left ovary. The subject was a well made woman, aged 31, wife of a labouring man. She had had one child at 16, and no miscarriage or pregnancy for fifteen years after. She was first seen on December 27th, 1884, when she complained of pain in the lower abdomen and back. This appeared to be connected with the catamenia, which till then had been regular, and were expected within the next week. She recovered from the pain, but was seized with another attack, somewhat similar to the former, on January 11th, 1885; the catamenia not then having come on. On January 16th, the catamenia, as she thought, came on, lasting ten days, the ordinary period. During the next ten days, there was considerable tenderness over the region of the left ovary. No tumour could be felt. The uterine discharge ceased on January 24th. On January 28th, Dr. Lowe made a vaginal examination, and found the uterus somewhat enlarged and thickened; there was some fulness and tenderness in the direction of the left ovary. The patient improved during the next few days. There was less soreness over the left ovary till February 2nd, when she was again seized with violent pain in the bowels, most intense in the region of the epigastrium, with symptoms of collapse. She rallied from these symptoms; but, on February 5th, was seized with a similar attack, from which she died before medical aid could be obtained. At the necropsy, the abdominal cavity was found full of blood, about three

pints. A tumour of the size of a small orange, with evidence of rupture on the upper surface, was adherent to the upper part of the rectum; it was connected with the left Fallopian tube. The uterus was enlarged and thickened; there was no decidua. On opening the tumour, a seven weeks' fœtus was seen, with the membranes intact, floating in liquor amnii.—Mr. LAWSON TAIT said that the case, so well narrated by Dr. Lowe, was one of great interest, and he trusted that Dr. Lowe would publish it. The fact that the author of the paper had himself said that, had he known the state of matters more accurately, he would have been able to do more for the patient, removed him at once from a position in which adverse criticism might have been extended to him. The case was one, however, which conveyed a very serious lesson, and one very much needed at present, in the direction of allowing any patient with serious abdominal symptoms to die without an effort being made to relieve her by operative proceedings. The question of diagnosis in such cases was of relatively small importance. It might be made seven or eight times out of ten with accuracy, but it was most unwise to wait for the completion of a diagnosis before treatment was attempted, for two reasons. In the first place, if waited for, it would be, in all probability, made only with perfection at the *post mortem* examination. In the second place, the step which led to the treatment of such cases enabled a complete diagnosis at the same time to be made. Mr. Tait had now operated upon nine such cases, eight times successfully. Such cases as that narrated by Dr. Lowe were far from rare. Dr. Lowe's case was also of interest, because it substantiated the views of the pathology of extra-uterine pregnancy which Mr. Tait advanced for the first time ten years ago. In cases where the rupture at the tenth or fifteenth week did not prove fatal, and where the pregnancy went on to the full time, it was often extremely difficult to say precisely where the pregnancy arose. But in not a single instance where an operation or a *post mortem* examination had been made in cases of extra-uterine pregnancy at the time of rupture had the pregnancy ever proved to be anything but tubal in origin. If cases of ovarian pregnancy, or tubo-ovarian pregnancy, or abdominal pregnancy, ever occurred, they would be discovered just as certainly in the early fatal cases as those which came under observation at or after the completion of pregnancy. But no such thing had ever been published, not a single instance had ever been seen, where the pregnancy did not begin in the tube, and where its progress was altered by the rupture of that organ.

MIDLAND MEDICAL SOCIETY.

WEDNESDAY, FEBRUARY 18TH, 1885.

T. H. BARTLEET, F.R.C.S., President, in the Chair.

The Social Aspect of Imbecility and Insanity.—Mr. ROSS JORDAN read a paper with the above title. He pointed out the great importance of the subject, and the desirability of the medical profession being prepared to advise their patients in such cases. After speaking of the early symptoms of insanity and their importance, it was urged that, if home-treatment did not speedily cure or improve the patient, he should in all cases be sent to an asylum. He pointed out that epileptics often had long intervals of sanity when under control, but that the attacks were much more frequent and dangerous when at home. Moral insanity, and some special forms of mania, in his opinion, were not sufficiently recognised by law; it should be made legal to detain and treat many of these cases. The difficulty and danger of diagnosing and certifying private patients in the present state of the law was enforced, and the right of appeal to experts appointed by the Commissioners of Lunacy was suggested.

Strangulated Congenital Hernia.—Mr. JORDAN LLOYD showed the parts removed from a strangulated congenital hernia, with the testis retained in the inguinal canal. The patient had been ruptured since childhood. Two days before admission the rupture came down, with symptoms of strangulation; the operation was performed on the third day, the sac and atrophied testis being excised. He left the hospital on the twenty-third day, without an impulse, and is wearing no truss. Mr. Lloyd showed eight other hernial sacs recently removed by himself.

Lympho-sarcoma.—Mr. LLOYD also showed a specimen of infiltrating lympho-sarcoma, removed from the posterior triangle of the neck. The growth seemed to begin in the deep cervical fascia, and, at the time of the operation, had infiltrated the platysma and sterno-mastoid, the clavicular part of which was removed. The patient left the hospital on the twenty-sixth day, with the wound soundly healed.

Cancer of the Cæcum.—Mr. BENNETT MAY showed a specimen, taken from a man aged 54, of cancer of the cæcum of the ordinary cylindroma form, which, by compression of the duodenum at its second bend, had caused death by protracted starvation. The intestinal symptoms being slight, and no tumour being perceptible for some time, the case was difficult of diagnosis in its earlier stages, and was further complicated by the formation of a large abdominal abscess due to ulceration.

Congenital Aniridia.—Mr. EALES showed a man in whom the iris was completely absent in each eye. Both lenses were opaque after the zonular type, but with many striæ in the clearer outer zone, and in each eye the lens was abnormally placed, being nearer the upper than the lower corneo-scleral junction. The removal of the lens in one eye showed the vitreous body to be quite fluid.

Coloboma.—Mr. EALES also exhibited a girl, aged 12 years, suffering from coloboma of the iris and choroid in the left eye. The eye was hypermetropic, and the difference in refraction between the margin of the coloboma of the choroid and its deepest part was eight dioptrics.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY 26TH, 1885.

W. A. GARRARD, M.R.C.S.Eng., President, in the Chair.

Enlarged Heads.—Mr. B. WALKER introduced two interesting cases. The first was a man, aged 28, a hawker, with abnormal development of the left side of the frontal bone. The right side of the head measured 10¾ inches, and the left 12¼, the enlargement being apparently confined to the frontal bone, and causing a decided projection in that region. The condition was congenital. He had been led to suppose by a phrenologist that he possessed talents in no ordinary degree, but that, for want of education, they had not been brought forward. His memory was stated to be remarkably good, especially as regarded objects, persons and places, figures and forms, which he never forgot. The second was a girl, aged 12, and was probably hydrocephalic. As an infant, she suffered a good deal in her head, and was considered to have "water on the brain." The head measured nearly 24¼ inches in circumference. Her intelligence was not impaired; she was very useful at home, but was not so far advanced in learning as others of her age.

Aneurysm of Aorta.—Mr. LOCKWOOD showed a specimen of aneurysm of the transverse portion of the aorta, which had burst into the base of the left lung. The specimen was from a man, aged about 50, who was admitted into the public hospital in an unconscious condition, with blood also flowing from the mouth. He only lived five minutes after admission.

Genu Valgum: Wedge of Bone Removed.—Mr. PYE-SMITH showed a wedge of bone which he had removed from the lower end of the femur of a man with severe genu valgum. The specimen was from the right limb, a similar one from the left having been shown at a previous meeting. The limb first operated on was well; the other was healing.

Fracture of Cervical Vertebra.—Mr. PYE-SMITH also showed part of the spinal column of a man, aged about 40, exhibiting a fracture of the sixth cervical vertebra. The injury had been received in a fall from a dray whilst the man was intoxicated. There was paraplegia and loss of sensation below the umbilicus, except in the distribution of the ilio-inguinal and ilio-hypogastric nerves. There was good thoracic respiration, and no rise of temperature. A bed-sore began to form within twenty hours of the injury, and the patient died on the fifth day. At the necropsy, the cord was softened and congested opposite the fracture, and there was also a softened and ecchymosed portion, with considerable effusion of blood around it, in the lower dorsal region. This latter lesion seemed to have produced the paraplegia, and the later inflammation higher up the fatal termination.

Aural Polypus.—Mr. SIMEON SNELL exhibited a large aural polypus; it was of the fibrous variety, and grew from the wall of the meatus. It was only of interest on account of its unusual size.

Changed Aspects of Unchanged Truths: the Use and Abuse of Rest.—Mr. ARTHUR JACKSON read this paper, and endeavoured to show that the great truths of physiological and mechanical rest, as laid down by John Hilton in his never-to-be-forgotten and unrivalled *Lectures on Rest and Pain*, were being lost sight of in the theories of the present day. He urged their application in the treatment of fractures, excisions, osteotomies, and in the treatment of wounds; and the more or less complete reform of our present mode of treatment.

DR. HORNIBROOK, medical officer of Kinsale Workhouse, having retired on superannuation, an election to the vacancy took place last week. There were three candidates, Messrs. J. C. Nunan, J. F. Magner, and Vickery, the last being successful by four votes.

EPIDEMIOLOGICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 11TH, 1885.

NORMAN CHEVERS, M.D., C.I.E., President, in the Chair.

The Prevalence of Epidemic Roseola in Calcutta.—SURGEON-MAJOR K. MCLEOD read a paper on this subject. He stated that an epidemic of measles had visited Calcutta during 1880 and the early part of 1881. This was succeeded by an outbreak of cases of an eruptive fever, which appeared sporadically throughout the town among all classes of the population, affecting principally children and young adults. It lasted throughout the hot weather and rains of 1881, and cases continued to occur during the cold weather of 1881-82. The phenomena and course of these cases differed in many respects from those of the earlier epidemic. The symptoms of the disease were :—a distinct pre-eruptive stage, lasting generally from twenty-four to thirty-six hours, ushered in by chilliness, malaise, and anorexia, and charactised by the sudden onset of fever. Muscular pains were sometimes present; vomiting was rare, and running nose, watery eyes, and sneezing, were not common nor severe. The eruption was papular, in spots and patches of circular shape, sometimes becoming diffuse or confluent, bright red, rosy, or crimson in colour, appearing generally, but not always, successively on the face, body, and extremities, lasting for two or three days, and not succeeded by desquamation. The fever was in most cases severe, reaching from 100° to 105°; its onset was sudden, its decline gradual, as the eruption faded. The total duration of illness was about a week. The most commonly observed complications were bronchial catarrh and tonsillitis; the fauces and palate were always congested, and the tonsils sometimes much swollen, especially towards the close of the outbreak; they were sometimes seen to be covered with an aphthous pellicle, and slight ulceration was also observed. The lymphatic glands of the neck were enlarged in many cases. Diarrhœa was rare. The urine was not albuminous, and no indications of dropsy were seen. Sequelæ were absent; and the mortality was trifling. The disease was not very infectious, but cases occurred in succession in the same family, and instances of communication by personal intercourse were related. It was also observed that a previous attack of measles was not protective; and an instance was recorded, in which an attack of measles occurred shortly after recovery from this disease. As regarded the nature of the disease, Dr. McLeod considered that its phenomena and course resembled those of rubella or rötheln more closely than of any other exanthem. There could be no question of identity with scarlatina, because, in addition to well marked clinical differences, it was a well established and very striking fact, that scarlatina did not exist in India as an epidemic. The only question was, whether these were not cases of some other kind of fever, such as mild, malarious, remittent, complicated by a roseolar rash. This was shown to be improbable by the similarity of the symptoms, as observed by different practitioners, and the number and grouping of the cases. On the whole, the evidence pointed strongly to the view that this was an epidemic of rötheln; and, if this were so, it became an interesting question whether similar outbreaks occurred from time to time in other tropical countries and places.—In the discussion which followed, the President, Surgeons-General de Renzy and W. J. Moore, Surgeons-Major Duka and Cayley, Sir William Smart, Drs. Thorne and Squire, and Messrs. Shirley Murphy and Paget took part.

CAMBRIDGE MEDICAL SOCIETY.

FRIDAY, FEBRUARY 6TH, 1885.

J. CARTER, F.R.C.S., President, in the Chair.

Election of President.—Dr. BRADBURY was unanimously elected President for the ensuing year. The chair was then taken by Dr. Bradbury, and the following communications were made.

Supposed Cerebellar Embolism.—Dr. BOSWELL (Saffron Walden) related this case. Early in May, 1884, he was called in to see a patient, aged 50, suffering from rheumatism, which shortly afterwards assumed an acute form. The salicylic treatment was adopted, and the disease checked, though not before an impurity of the heart's first sound had become noticeable over both the mitral and aortic areas. On June 7th, she was able to sit up, and felt very well. Next day, while quietly resting in bed, she suddenly pressed her hands over her head, and, with a cry of terror, fell over. She was conscious, but unable to articulate; the face was greatly flushed and somewhat swollen, the conjunctivæ congested, the eyelids drooped, the pupils were much contracted and turned upwards. Nystagmus was observable when the eyes descended. There were, moreover, very remarkable writhing movements, the patient lying close to the bed, and not raising herself from it. There was no indication of any form of paralysis, either motor or sensory. The reflexes were exaggerated. Next day she was suffering from an overwhelming sense of vertigo, objects appearing to be whirling round her, not laterally, but from behind forwards on a vertical plane. The left pupil remained contracted for three weeks. She complained much of extreme photophobia, and consequently an ophthalmoscopic examination was not possible. Tinnitus aurium was also a marked feature. There was no evidence of inflammatory mischief. The temperature was normal. The blood-vessels were healthy. In this condition of extreme prostration, with total inability to raise her head from the pillow, she remained for several months. Latterly she had improved somewhat, and had been able to sit up a short while each day, to occupy her time a little with reading and needlework, and to walk round her bed once or twice daily. But she was still unable to occupy any but a horizontal position, except for a very short time, and the vertigo and other sensations were very easily produced, particularly by any change of character in the visual impressions. The probable pathology of the case was discussed, and the view adopted of an embolus being impacted in one of the cerebellar arteries, or in a branch of the posterior cerebral artery on the left side.

Fracture of Pelvis with Wound of Artery.—Mr. W. R. POLLOCK showed this specimen. The patient was 56 years old, and very stout; he was admitted into the hospital on April 9th, at 10.30 P.M. He had been knocked over by the buffer of a passing engine, but not run over; the blow was on the buttock. He was suffering great pain, and was quite unable to walk, but his pulse was good and there was no sign of shock. He was put to bed, without further examination; he died about 5.30 A.M. the following morning. The *post mortem* examination revealed a fracture of the pelvis and a spicule of bone penetrating the left internal iliac artery, causing internal hæmorrhage; there was also fracture of the two or three upper ribs on the left side. Mr. Pollock referred to three cases, recorded by Mr. Clement Lucas, of fractured pelvis with wound of either the iliac vein or artery; one patient living for six hours with a wound of the external iliac artery.

Sarcoma of Kidney.—Mr. ROGERS (Fulbourn) showed a specimen, and said that it was removed from a lunatic in the asylum. Hæmaturia was first noticed in April, 1883, lasting for ten days, and accompanied by pain. The patient recovered, but in December continuous hæmaturia persisted, until death occurred, in November 1884. A growth was found in the kidney, occupying a large portion of its pelvis, and extending into the medulla and cortex; on section it showed several hæmorrhages and cystic degeneration. Microscopically it proved to be a sarcoma, with some indication of an alveolar arrangement. There were some calculi in the lower part of the pelvis of the kidney, the association of which with malignant disease was noticed. There were no deposits in the other organs.

Congenital Epulis.—Dr. HUMPHRY showed a patient upon whom he had operated a short while ago. Photographs were also exhibited of the patient before the operation was performed.

HARROGATE MEDICAL SOCIETY.

THURSDAY, FEBRUARY 19TH, 1885.

A. S. MYRTLE, M.D., President, in the Chair.

Pollution of Water by Birds' Droppings.—Dr. JOHNSON mentioned some cases of diphtheria, alternating with scarlatina, occurring in a farm-house. The infective cause was, in his opinion, rain-water which was collected from the roof, fouled by pigeons' dung, and after wards used for drinking purposes.

The Mineral Waters of Harrogate.—The Bath and Wells Committee brought forward some resolutions concerning the conservation of the mineral waters.

Friar's Balsam.—Dr. DEVILLE read an interesting paper on friar's balsam; he referred to its antiseptic, astringent, and stimulating properties when used externally as a dressing for wounds, and, when used internally, for various affections of the mucous membrane. He spoke in favour of its being used in the place of water-dressing, poultices, etc., as he was of the opinion that it caused union by first intention, and prevented phlegmonous erysipelas, inflammations of synovial sheaths, veins, and lymphatics.—Considerable discussion followed, in which most of the members joined. Dr. Deville replied.

MEDICAL MAGISTRATES.—The name of Dr. A. W. Macfarlane, of Kilmarnock, has been added to the commission of the peace for Ayrshire.—Mr. Cecil G. Westropp, of Derrylin, Belturbet, has been appointed a magistrate for the County Fermanagh.