of breath and voice sounds. There was no cardiac displacement. There was no evidence of intrathoracic obstruction. The abdomen was enlarged, and a nodulated mass could be felt extending from the right costal margin to 4½ in. below the umbilicus. An exploring needle was put into the dull area at the right base, and on being withdrawn was found to contain a small plug of puriform material, microscopic examination of which showed round cells. The diagnosis was sarcoma of the right lung, with secondary deposit in the liver. The patient died a week after admission. On *post-mortem* examination the lower two-thirds of the right lung were completely infiltrated with growth, but obviously a secondary extension. A large mass about the size of a hen's egg was found in the posterior mediastinum, which seemed to have originated in a lymphatic gland, and was apparently the primary growth. The liver, which weighed 193 oz., was densely infiltrated with secondary growth. There were also deposits in the pancreas and along the vertebral column.

GLOUCESTERSHIRE BRANCH.

A GENERAL meeting was held at the General Hospital, Cheltenham, on February 20th, the PRESIDENT being in the chair, and 29 members present.

Microscopical Demonstrations.—Dr. COLLINS showed the following microscopical specimens: (1) Cammidge's reaction in pancreatic disease; (2) *Spirochaeta pallida* from a hard chancre; (3) malarial parasite; (4) meningococcus of cerebro-spinal fever. Dr. H. BRAMWELL showed two pathological specimens—primary carcinoma of kidney and chronic ulcer of stomach; these were discussed by the PRESIDENT, Mr. CARDEW, and Dr. COLLINS.

Purulent Nasal Discharges.—Dr. GLEGG read a paper on the sources, symptoms, and diagnosis in purulent discharges from the nose. The various sources of purulent intranasal discharges were referred to along with the etiology of the conditions. Empyemata of the nasal accessory cavities were specially considered, and three clinical varieties of them described—the acute, the chronic evident, and the chronic latent empyema. An account was given of the signs and symptoms, and special reference made to the occurrence of retrobulbar optic neuritis in certain cases of empyema of the posterior ethmoidal cells. A case of this nature occurring in the author's hospital practice was mentioned (*Lancet*, September 30th, 1905), where restoration of vision followed operation on the posterior part of the ethmoid labyrinth. The paper concluded with a description of the method of differential diagnosis. The paper was discussed by the PRESIDENT, Mr. E. DYKES BOWER, Dr. H. BRAMWELL, and Mr. J. A. BOWER.

Tetanus.—Mr. ARTHUR CARDEW read the notes of two very interesting cases of tetanus, which were discussed by the PRESIDENT, Dr CONDER, and Mr. WALLER.

REPORTS OF SOCIETIES.

ROYAL SOCIETY OF MEDICINE.

MEDICAL SECTION.

Acute Suffocative Catarrh.

AT a meeting on February 25th, Dr. S. J. GEE, President, in the chair, Dr. SAMUEL WEST read a paper on the acute suffocative catarrh of Laënnec, a rare disease which was still but little recognized. It was an acute catarrh of sudden onset, with suffocative dyspnoea, lasting twenty-four to forty-eight hours; if not fatal, then running the course of an acute bronchitis. A case was cited in a young man aged 23. In twenty-four hours, from a condition of perfect health, he passed into a state of urgent dyspnoea, with considerable cyanosis, and looked as if likely to die. In twenty-four hours more the urgent dyspnoea passed off. A little expectoration was then brought up, and found to contain a few pneumococci, but a large number of diphtheroid bacilli of uncertain nature. The case ran a slow and tedious course towards recovery. The following conditions were either liable to be confused with true suffocative catarrh or presented relations with it: Acute suffocative pulmonary oedema; capillary bronchitis; secondary bronchopneumonia; primary bronchopneumonia; certain cases, in the early congestive state, of acute pneumonia; acute suffocative pulmonary oedema, with antecedent morbus cordis, or in the course of hyperpyrexia, or of malignant or septic fevers. Laënnec's acute suffocative catarrh was a peculiar and characteristic affection, and might, as the case recited suggested, be due to a widespread bacterial infection. The PRESIDENT mentioned a fatal case that had occurred in his experience which he had taken to be a case of acute bronchitis. Dr. F. J. WETHERED referred to cases resembling acute suffocative catarrh following operation, also to cases with similar symptoms associated with the inhalation of sewer gas. After Dr. W. EWART had made some remarks, Dr. WEST replied.

Acute Ulcerative Colitis.

Dr. SIDNEY PHILLIPS described the illness of a house painter, aged 39, who was seized with sudden acute pain in the abdomen, taken to be lead colic. A diagnosis of colitis had been based on the diarrhoea, melaena, leucocytosis, and hiccough. The necropsy showed the whole length of the colon to be acutely inflamed, with almost general denudation of epithelium, and with small early ulcerations; other organs were healthy. The case ran an unusually rapidly fatal course, and early cardiac failure and anuria were notable features of the attack. Dr. W. P. HERRINGHAM believed that ulcerative colitis had a definite cause, probably bacillary. Dr. HOWARD TOOTH referred to cases of dysentery he had examined in South Africa, the lesions in which were similar to those of ulcerative colitis. Dr. H. HAWKINS agreed that the cases of ulcerative colitis were hardly, if at all, to be distinguished from bacillary tropical dysentery. In two of his cases the blood had caused agglutination of Shiga's bacillus. He alluded to another case like that described in the paper associated with liver abscess, and giving only the colon bacillus on bacteriological examination. He thought that in such cases the sooner the colon was opened surgically the better. Dr. NORMAN DALTON considered the differences in type of cases of ulcerative colitis and cases of dysentery to be due to differences in virulence of the same organism. He had had, however, a case of papilloma of the intestine the blood from which agglutinated Shiga's bacillus. Dr. F. PARKES WEBER asked as to the coexistence of other diseases in cases of ulcerative colitis which might act as predisposing causes, particularly disease of the kidneys. Dr. A. ELLIOTT and Dr. S. WEST also argued for the identity of ulcerative colitis and acute dysentery. The paper was further discussed by the PRESIDENT and Mr. CHARTERS SYMONDS, the latter of whom raised the question whether cases of ulcerative colitis recovered, as those of dysentery certainly did. Dr. SIDNEY PHILLIPS, in reply, said he had had many cases of ulcerative colitis examined bacteriologically for Shiga's bacillus with a negative result. He had frequently seen recovery occur in undoubted cases of ulcerative colitis.

DERMATOLOGICAL SECTION.

At a meeting on February 20th, Dr. H. RADCLIFFE CROCKER, President, in the chair, the following were among the cases shown:—Dr. H. G. ADAMSON: A case of multiple telangiectases of the cheek in a young girl. Many members considered it an example of *Adenoma sebaceum*. Dr. WILFRED FOX: A case of *Lichen planopilaris*, following upon an eruption of ordinary lichen planus; it had been treated with injections of atoxyl and had benefited rapidly with this treatment; there had appeared some spiny papules like lichen spinulosus. This sequence had been noted before. Mr. T. J. P. HARTIGAN: Several cases of *Lupus erythematosus* which had been greatly benefited by treatment with zinc and copper ions after the method recently advocated by Dr. Lewis Jones. Dr. GRAHAM LITTLE: (1) A case of *Leuconychia* in a young man, all the nails of both hands being affected. The nails of the feet were normal. (2) A case of *Lichen annularis* in an infant, in whom two typical ringed lesions on the buttocks constituted the whole eruption. (3) A case of *Lymphangioma circumscriptum*, noted at birth, in a little girl now ten months old. Sir MALCOLM MORRIS: A case of *Elephantiasis graecorum*, complicated by the administration of iodides in large doses. Some of the eruption was undoubtedly due to iodism. Dr. J. H. SEQUEIRA: A case of ulcerating granuloma of the West Indies (*Granuloma inguinale tropicum*) in a man who had the typical ulcers on the groin, and a very unusual fungating ulcer at the angle of the mouth. Dr. PARKES WEBER: A case of telangiectatic hypertrophy of the foot, which he considered as possibly of spinal origin. Dr. WINKELRIED WILLIAMS: A case of rodent ulcer with no raised border such as is usually considered to be distinctive of the disease.

MEDICAL SOCIETY OF LONDON.

J. Kingston Fowler, M.D., F.R.C.P., President, in the Chair.

Monday, March 2nd, 1908.

Malignant Disease of the Caecum.

Mr. Charters J. Symonds, in the third Lettsomian Lecture for 1908, said that as cancer of the intestine was a painless infection it did not become manifest until the appearance of a tumour or the signs of obstruction. It was therefore important to remember that when those signs arose the disease had been in existence some time, often for many months. In cancer of the large intestine, excluding the rectum, operative measures were very satisfactory, even when large portions required to be removed. The lymphatic infection was slow to occur, and the extension to the peritoneum and other organs was long delayed. While advocating early and even extensive removal in suitable cases, he did not wish any one to think lightly of such operations, since a disaster might cut short a life with a year or more of satisfactory existence before it. They demanded a knowledge when to proceed with and when to abandon an operation, what limits to set to the undertaking, and a patience that would not fail when further but removable infiltration was found after all had apparently been removed, and that would examine and see that no weak point in the defence had been left unprotected. The first part of the large intestine was particularly suitable for resection, on account of the length of the mesentery, the ease with which it could be handled, and the satisfactory condition in which the parts could be left, for in joining the ileum to the transverse colon the functions were practically undisturbed. In the caecum the two chief signs of malignant disease were the presence of a tumour and early intestinal colic. Typically such a tumour appeared as a movable, hard, well-defined mass, so close to the abdominal wall that it might be grasped by the hand and even lifted forwards. From a position of rest it could be moved downwards, swinging inwards as it descended towards the median line and the margin of the rectus. Upwards towards the ribs it took a more vertical course, and did not pass into the loin. It again could be moved directly inwards towards the umbilicus. During this movement a gurgle might often be heard. While the range of movement varied with the natural mobility of the caecum in any individual, and while it might be limited by fixation of the growth, the appearances described did not occur in any other tumour about the caecum. The characteristic of the colic was that at first the pain was central and later in the caecal region. It was of brief duration, attended with gurgling and often by vomiting, unaccompanied by nausea. When the disease began in the ileo-caecal valve, colic would precede the appearance of a tumour. On the other hand, when the disease began above the valve, colic might be entirely absent. The mobility of the tumour and the presence of good health might sometimes lead to error in diagnosis. A suppurating growth might also resemble appendicitis. Resection was out of question in the presence of secondary deposits and with infiltration of the posterior wall, but moderate infiltration of the anterior wall did not always negative operation; nor did adhesion and infiltration of a coil of small intestine always negative extirpation. The presence of pallor, as a rule, indicated a condition that would not endure a long operation. It was due to disseminated growth—true cachexia—to small haemorrhages, as in gastric carcinoma, and to necrotic changes in the growth. When this last was the cause, removal might be carried out if the patient was vigorous. Murphy's button for making a junction between the end of the ileum and the side of the colon was preferable to direct suture. A button not more than $\frac{3}{16}$ in. in diameter should be used, and a row of Lembert sutures placed round the junction, and the parts surrounded, whenever possible, by great omentum. Anastomosis should be postponed when the contents of the bowel were septic. When palliative treatment by anastomosis was carried out there was no necessity to divide or otherwise occlude the ileum below the junction. Such action determined the accumulation of faeces in the colon between the growth and the junction.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Pregnancies in Bicornuate Uteri.

At a meeting on February 7th, Dr. E. H. Tweedy, the President, exhibited an ovum from the horn of a bicornuate uterus.

The patient, who had borne three or four children, had had persistent haemorrhage since January. He made a tentative diagnosis of tubal pregnancy. He operated the following day, and, to his surprise, found a small uterus, with the tumour growing out from the side of it. When he split the tumour in the direction of the tube, the ovum came out, and it then appeared that he was dealing with a two-horned uterus. In thinking the case over, he was convinced that the woman would have carried her child to full term. She had had two miscarriages and three children, and they had all, he believed, developed in that horn. The whole question of operation in a two-horned uterus was in an unsettled state. They were led to suppose that even if they diagnosed a pregnancy in a two-horned uterus, they should treat it as though it were a tubal pregnancy; but there was no doubt that there were many women who bore children in the presence of this abnormality. The size of the tumour might have led him to a correct diagnosis; it had grown enormously in the ten days between his examinations and the operation, yet it had not burst.

He had never seen a tubal pregnancy so large without rupture taking place, a fact which might have put him on the way to a correct diagnosis. Nothing had come from the uterus since; and, so far as he knew, all the other full term deliveries were normal and easy.

A Modification of Neville's Forceps.

Sir A. Macan showed a modification of Dr. Neville's forceps, on which he had a stop put so that, by making a slight movement of the axis traction handle, he could tell at once, without looking, that the pointer was in the right direction. Dr. Fitzgibbon said that being able to utilize one's ears was an advantage, though he did not see the necessity of watching the perineum at the time the axis-traction was in use. Dr. Holmes thought the addition of the small check was of great use in allowing the eyes to be taken off the forceps and the whole attention to be given to the perineum. Dr. Spencer Sheill said the forceps shown had the advantages of the Simpson forceps without its disadvantages.

Glasgow Medico-Chirurgical Society.—At a meeting held on January 31st, Dr. Walker Downie, President, in the chair, Dr. A. A. Gray reported a case of *Temporo-sphenoidal abscess* which had ruptured into the lateral ventricle. On opening the abscess very fetid pus mixed with cerebro-spinal fluid escaped. After operation great improvement took place. Consciousness and intelligence were quite restored, and the various paralyses, previously present, disappeared to a great extent. A few days afterwards, however, meningitis set in, and the patient died fourteen days after operation. *Post-mortem* examination revealed a long and tortuous sinus passing almost horizontally backwards from the abscess and opening into the lateral ventricle at the point where the posterior joins the middle cornu. The infection thus had reached the right lateral ventricle, and had then extended to the third ventricle, from there to the left lateral ventricle and downwards to the fourth ventricle, through the aqueduct of Sylvius. From the fourth ventricle pus had escaped into the arachnoid space, and caused a basal meningitis, and involved all the cranial nerves. The chief interest of the case lay in the comparatively long time the patient lived after the rupture of the abscess into the lateral ventricle. This was probably due to the operation being performed very soon after the rupture, and from the rupture being more a gradual leakage into the ventricle rather than a sudden burst. Dr. Freeland Fergus read a paper on the *Causes and treatment of lacrymation*. Hypersecretion of tears was caused by emotion, the presence of a foreign body, injury, as by chemical fumes, and also frequently accompanied inflammatory diseases of the conjunctiva. In the latter it was impossible to determine how far it was due to the action of the lacrymal gland, and how far it was merely the increased discharge from the inflamed membrane. Frequently the correction of refraction errors stopped a troublesome lacrymation. The most frequent cause was some obstruction to the elimination of tears by the usual passages. The obstruction was situated at the

punctum, in the canaliculus, or in the sac and nasal duct. Rarely the punctum and canaliculus were absent, in which case little could be done, and the gland might have to be removed. Gradual dilatation by Nettleship's dilator was sometimes possible in cases of marked stenosis of the punctum and canaliculus; probes could afterwards be passed. The treatment of displacement of the punctum varied with its cause. Pathological changes in the sac or in the nasal duct formed the most important group, and were generally caused by a septic or inflammatory state of the mucous membrane of the sac. There was then a great danger of corneal infection if the epithelium became abraded. In the acute stage sedatives should be applied, later small-calibred probes could be passed down to the nasal duct. The cavity should then be thoroughly irrigated with normal saline solution. Bowman's or the smallest sizes of Snellen's silver probes were safest. Pressure on the sac to empty its contents into the nasal passages was dangerous, as septic matter might be extruded into the tissues, and there was always the danger of corneal suppuration. In those cases where systematic probing was not sufficient, or where periodic acute attacks came on, the sac should be excised. This operation generally gave excellent results, and lacrymation was no longer troublesome. If, however, it still was troublesome the lacrymal gland could be excised. The following points were emphasized: The canaliculi should never be slit up. Probing should be little resorted to. No drug that could be used was bactericidal, so that if drainage and washing were not sufficient the sac should be destroyed by caustic or extirpation. The primary condition was a septic mucous membrane and not a stricture, hence large probes should never be used.

ABERDEEN MEDICO-CHIRURGICAL SOCIETY.—At a meeting held on February 6th, Dr. GEORGE WILLIAMSON, President, in the chair, Dr. J. WALLACE MILNE described two cases of *Resection of the bowel* for the relief of acute obstruction supervening in a chronic condition of partial obstruction. The first case was that of a girl, aged 10 years, who was admitted to the Aberdeen Royal Infirmary with an intussusception of six days' standing. As the obstruction was not complete and her symptoms were not urgent, Dr. Milne resolved to watch the case. On the seventh day after admission symptoms of acute obstruction manifested themselves. Laparotomy was performed, and an intussusception of the triple or telescopic variety was discovered. The ileum was seen disappearing into the caecum, carrying with it the appendix. As there were no adhesions the susceptum was easily expressed from the ascending colon, and a tight gangrenous intussusception of the ileum was discovered. This was resected. On the forty-fourth day after the operation the patient developed an empyema on the left side. This was treated by resection of a rib and drainage. The subsequent history of the case was good. The second case was that of a man, aged 48 years, with symptoms of acute obstruction due to a malignant stricture of the descending colon. The condition of the patient was too bad to permit of resection, and a short circuit of the transverse colon to the sigmoid flexure was therefore made by means of Murphy's button. The condition of the patient rapidly improved, and on the thirty-sixth day the tumour, with 6 in. of the descending colon, was resected. This patient made an uninterrupted recovery. He had gained nearly 3 st. in weight, and had been able to return to work. With the exception of a slight faecal fistula his general health was excellent. Professor FINLAY gave particulars of a case of *Chronic pleuritic effusion* which, after two ordinary tappings, yielding respectively 66 and 47 oz of serofibrinous fluid, was treated after Sir James Barr's plan on four subsequent occasions, a solution of adrenalin chloride varying in quantity from 1 to 5 drachms (strength 1 in 1,000) being injected. The quantities of fluid removed on these four occasions were 47, 75, 70, and 70 oz. respectively. There was a distinct lengthening of the periods between the tappings after the use of the adrenalin, but the pleura had filled up again, and there was thus no permanent improvement. Mr. GRAY agreed with Professor Finlay about the adrenalin treatment. Success was doubtful in cases in which it was most needed. He considered that the injection of air into the pleural sac tended to reduce adhesions and to favour expansion of the lung. He was in favour of repeating tappings in such chronic cases, rather than resection of the ribs with the risk of empyema. Dr. ROSE quoted long-standing cases of empyema in which cure resulted only after resection of ribs. Professor FINLAY, in reply, described briefly two other cases which required frequent tapping. He was of opinion that in this case resection of the ribs might be tried. He would recommend a tolerably free opening which might subsequently be extended. Dr. T. C. MACKENZIE read a paper on the *Recognition and treatment of incipient mental disease in general and hospital practice.* He commented on the importance of treating mental cases in their early and incipient stages. These cases were not provided for under the Lunacy Law, and were, as a rule, unprovided with hospital treatment. He gave an analysis of the earliest signs and symptoms in cases of insanity recently admitted to the Aberdeen Royal Asylum. Of these, headache, sleeplessness, loss of appetite, general feeling of unwellness, constipation, previous mental attack, and influenza were the most important. In the early recognition of cases of insanity a concurrence of these signs, with a history of hereditary predisposition to insanity, was of great importance. Dealing with the recent correspondence in the *Scotsman* concerning wards for incipient mental diseases in the Edinburgh Infirmary, Dr. Mackenzie said that personally he thought such wards very desirable. They had been worked with success in Glasgow and on the Continent, and he thought that wards of this character, under the charge of a specialist, should be provided in every teaching hospital. He described several cases which illustrated the necessity for hospital wards where acute and transitory cases of mental disorder could be treated without the patient requiring to be certified as insane, instancing such cases as delirium tremens, epileptic confusion and excitement, and some cases of puerperal fever.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At a meeting held on February 5th, Dr. L. W. MARSHALL, President, in the chair, Mr. R. G. HOGARTH showed a boy, aged 7, with *Multiple exostoses* affecting the ribs, phalanges, radius and ulna at the wrist, tibia and femur. A complete removal had been made of all present four years ago, but, in view of their painlessness and rapid recurrence, no further operation was now contemplated. Dr. F. H. JACOB showed a well-marked case of *Urticaria pigmentosa* in a breast-fed child, aged 8 months. The rash dated from birth, and previously to vaccination. Mr. W. MORLEY WILLIS and Dr. J. H. THOMPSON showed a girl, aged 15, in whose breast a painless, globular, vascular *Tumour probably of sarcomatous nature* had appeared a few weeks before. She had menstruated four times. A slight enlargement of an axillary gland could be made out, and a somewhat cystic feel was given by the tumour in places. The cases were discussed by the PRESIDENT, Messrs. W. M. WILLIS, R. G. HOGARTH, J. A. O. BRIGGS, J. H. THOMPSON, J. WATSON, and others. Dr. C. H. CATTLE read a paper, entitled, *Some difficulties in the diagnosis of mediastinal tumours.* Practically these resolved themselves into the question as to aneurysm or tumour, the latter in the vast majority of cases being of a malignant nature. Referring to the case of a man of 58, who had been in hospital three months under observation, it was remarked that many of the symptoms and signs usually associated with aneurysm might at times be due to tumour. Eventually, as the *post-mortem* specimen showed, the growth surrounded the heart and thoracic aorta, so as to exert pressure upon the left recurrent laryngeal nerve, the left bronchus, and the sympathetic nerves. There was also a systolic basal murmur, an accentuated second sound, and increased pulsation to the left of the sternum, all due to the growth enveloping the aorta, and causing shrinkage and compression of the left lung. Whilst in hospital this patient gained steadily in weight. Another sign met with was compression of the left subclavian vein, and enlarged superficial veins about the thorax and shoulder. This was distinctly in favour of tumour. A new growth surrounded, compressed, and invaded the veins, while an aneurysmal sac more frequently displace them. On the other hand alterations of the arterial circulation—for example, in the radial pulse—were in favour of a diagnosis of aneurysm. A second case was related which occurred in a man of 34, whose symptoms began with breathlessness and expectoration of blood-stained phlegm. The evening temperature

varied between 102° and 104°, and often remitted as much as 3° in the morning. Friction sounds were heard near the left nipple and in the lower axillary region. When admitted he was pale and wasted, short of breath, and unable to get about. He was hoarse, and the left vocal cord was paralysed. There was dullness at the left apex in front and at the base behind. The breath sounds were weak over the left lung in general but of tubular quality at the apex. Pain was practically absent, but there were attacks of spasmodic cough. The puzzling features of the case were the rapid wasting, marked adynamia, and the hectic temperature without much expectoration. After an illness lasting about four months, the patient died suddenly of a profuse haemorrhage. The clinical symptoms were thought to have pointed to rapidly-growing sarcoma of the lung. At the *post mortem* examination the right lung was found greatly distended, the left collapsed. A small aneurysm had compressed the left bronchus, close to the bifurcation of the trachea, into which it had ruptured; the left pleural cavity contained three-quarters of a pint of fluid, and the visceral pleura was thickly coated with recent fibrin.

North London Medical and Chirurgical Society.—At a meeting on February 13th, Dr. A. Morison, President, in the chair, Mr. J. D. Malcolm, in a paper on *Uterine haemorrhage* as a sign of disease, attributed various abnormal haemorrhages to: (1) Functional derangements—that is, to influences outside the uterus, for example, haemorrhages in infants, in older children associated with a precocious development of the sexual organs, haemorrhages occasionally associated with the development of ovarian tumours before, during, and after the child-bearing period, those associated with extra-uterine fetation and with inflammatory and non-inflammatory irritation in the ovaries and Fallopian tubes; (2) to changes in the uterine wall, the nature of which was very differently described by various writers, but all or nearly all of which were associated with an enlargement of the uterus, both in married women and in virgins; (3) retention of products of conception and the development of moles; (4) to neoplasms; (5) to general conditions. Prompt and thorough investigation of all cases of abnormal haemorrhage should be made, especially when the patient was beyond middle life. Apart from diseases fairly easily diagnosed, a slightly enlarged uterus with abnormal haemorrhages might be due to many conditions which could only be differentiated by curetting the uterus and examining the scrapings under the microscope, but no curetting should be undertaken if salpingitis existed. Constant care was necessary in order that no case of cancer of the uterus should be overlooked even for a time. The results of operative treatment were exceedingly good if the plan recommended by Wertheim was adopted in cases of cervical cancer. But to get the greatest benefit it was absolutely essential that operations should be performed early, and medical men should seize any reasonable opportunity of combating the popular fallacy that cancer of the womb was necessarily accompanied by pain and a foul discharge. Haemorrhage was often the first and for a long time the only symptom.

South-West London Medical Society.—The monthly meeting was held at Bolingbroke Hospital on February 12th, Dr. Dumville Roe, President, in the chair, when Dr. Lewis Jones read a paper on some practical applications of electricity and *x* rays. Dealing first with its uses for diagnostic purposes, he showed how the electrical reactions of the muscles could be utilized to demonstrate the exact situation of a lesion in the peripheral nerves or in the spinal cord, giving examples of correct results obtained in cases with multiple external injuries and with no external lesion. He mentioned that by electrical testing the fact that death had occurred could be definitely determined. If no one were buried till the electrical reactions had disappeared the fears of being buried alive could be allayed. Passing to its uses in treatment, he mentioned the use of the cautery and of electrolysis in naevus, moles, warts, superfluous hair, and other conditions. Used formerly for the destruction of tissue only, electrolysis was now also applied to the introduction of drugs into the skin. The electrically-charged molecules of any given salt in solution migrated into and through the skin in accordance with fixed laws, acids moving toward the positive pole, metals and alkaloids toward the negative; and the exact quantity of each could be determined by calculation from its electro-chemical equivalent and the strength of the current employed. Thus, some 3 mg. of zinc could be administered in ten minutes under a current of 12 milliampères. Dr. Lewis Jones recorded several very interesting cases of the successful use of various drugs in different morbid conditions, such as lupus, diphtherial infection of wounds, and warts. Quinine had thus been administered in neuralgia and salicylic acid in rheumatism. Excellent skiagraphs were then shown demonstrating the presence of unusual or morbid conditions, including cases of difficult diagnosis, such as paralysis dependent upon the pressure of cervical ribs, vertebral caries, fractured scaphoid, calcification of the lateral ligaments of the spinal column, aneurysms, and tuberculous disease of the lungs. The therapeutic uses of the *x* rays were briefly referred to, with special reference to ringworm. In the discussion which followed, the President, Dr. J. Gay, Dr. M. Robinson, and Dr. Sampson took part.

Northumberland and Durham Medical Society.—A meeting on February 13th was devoted to the exhibition of pathological specimens and the reading of short papers on pathological subjects. Mr. Rutherford Morison showed: (1) *Ruptured jejunal ulcer* occurring nine months after anterior gastro-enterostomy and leading to the death of the patient from peritonitis. (2) *Malignant stricture (adeno-carcinoma) of small intestine*, with great dilatation and hypertrophy of the bowel above. (3) *Sac of a ventral hernia* which contained the appendix and a small abscess. (4) *Malignant prostate* obstructing the left ureter and with enlarged glands along the iliac vessels. (5) Three very *Large calculi* from a man whose prostate, weighing 9 oz., was removed two years before. He was well for a year and then had a return of frequency of micturation and other symptoms. The stones could be distinctly felt per rectum. (6) A *Uterine myoma* showing red degeneration; it lay in the pouch of Douglas and simulated a pelvic abscess. (7) An enormous *Lipoma* of forty years' duration removed from the forearm of a woman aged 60. It appeared to spring from the interosseous membrane. Mr. Ouston showed specimens from the same patient showing *Tuberculous disease of the mastoid, optic thalamus, apex of lung, and spleen.* Mr. W. G. Richardson showed: (1) A *Cystic tumour from the intra-abdominal portion of the umbilical cord* removed from a woman of 50 in the course of an operation for the radical cure of an umbilical hernia. Microscopically it showed typical umbilical cord structure, being filled with Whartonian jelly. (2) A *Renal calculus* removed from an abscess cavity in the right iliac fossa which had simulated appendicitis, there being no urinary symptoms. (3) An example of *Chorion-epithelioma.* Mr. H. J. Hutchens showed a beautiful series of microscopical preparations of *Pathogenic micro organisms.* Dr. Wm. Martin showed a series of skiagrams illustrating the value of *X-rays in cases of slight injury;* also some *Blood pressure tracings* showing the effect which followed the intravenous injection of certain drugs, principally eucaine and cocaine. Mr. G. Grey Turner showed the following specimens: (1) The *Pyloric end of the stomach and a portion of the duodenum removed from a man of 51* who had been ill for six months. He was very thin and anaemic, but made a good recovery, and was well four months after operation. (2) *Meckel's diverticulum, which had caused an intussusception* by becoming inverted into the bowel. The invagination was reduced and the diverticulum removed, the patient, aged 26, making a straightforward recovery. (3) *Four feet and six inches of the ileum,* showing seven tuberculous strictures, resected from a man, aged 30, whose caecum had been removed for tubercle four years previously. The patient made an uninterrupted recovery. (4) *Tuberculosis of the caecum and ascending colon* removed from a girl of 18 by a two-stage operation. A lateral anastomosis was first made, and four weeks later the affected bowel was resected. Uninterrupted recovery. (5) *Carcinoma of rectum* arising at the base of a simple polypus. The patient was a man of 34. Two years previously a large adenoma was removed from the rectum; after this he was well until two weeks before admission, when he had a recurrence of bleeding. The rectum was then removed, the patient recovering. (6) *Old hydatid*

removed from the left lobe of the liver. The patient was a man of 39, whose attention was directed to the lump after an attack of pain three weeks before operation. There were nodules all over the liver, which looked like cancer. The man made a good recovery. (7) An *Ovarian dermoid with twisted pedicle* removed from a woman of 29 who was three months pregnant. At the same time a subperitoneal myoma from the fundus and the appendix were removed. Pregnancy was uninterrupted. (8) An *Ovarian cyst and chronically-inflamed Fallopian tube*, the latter communicating with a sinus in a ventral hernia. Seven years previously an ovarian cyst was removed and the patient was very ill after the operation. This time she made an uninterrupted recovery. (9) An enormous *Kidney full of calculi and engrafted with carcinoma* removed from a man of 58. There was no history of renal calculus, but for eight months he had suffered from pain in the back and loss of flesh. The specimen weighed 2 lb. 15 oz. The patient recovered from operation. (10) A *Kidney with the whole ureter.* The latter contained several calculi and the kidney was dilated and full of pus. The structures were removed from a woman of 29, who made a good recovery. Drs. R. A. BOLAM and W. E. HUME gave a lantern demonstration on some forms of *Consolidation of the lung.* Mr. H. J. HUTCHENS read a short paper on the *Bacteriology of meningitis*, with special reference to the meningococcus, and Mr. RUTHERFORD MORISON one on *Bone sarcomata.*

PATHOLOGICAL SOCIETY OF MANCHESTER.—At a meeting on February 12th, Dr. J. J. COX (President) in the chair, Dr. W. E. FOTHERGILL, in a paper on the *Pathology of the commonest gynaecological conditions*, said the majority of minor gynaecological conditions were due neither to displacements nor to infection but to a number of causes which still demanded careful investigation. Amongst these were: (1) Variations from the normal life-history of the uterus occurring either at puberty or at the menopause; (2) abnormalities in the process of ovulation; (3) abnormalities in the evolution of the pelvic organs during pregnancy and in their involution after parturition; (4) tissue changes secondary to anaemia, cardiac failure, arterio-sclerosis, and many other diseases. Dr. A. DONALD gave an account of twelve cases of *Cancer of the body of the uterus.* In all the specimens the disease proved to be adeno-carcinoma, more or less advanced, and in many of the specimens the transition was well shown from hypertrophy of glandular structures to solid masses of epithelial cells. In every case the disease occurred after the climacteric, and the only constant symptom was haemorrhage. Professor J. LORRAIN SMITH showed specimens of so-called *Haemolymph glands*, with microscopic sections. The glands occurred in a case of exophthalmic goître. Microscopically they showed the structure of ordinary lymphatic glands, the lymphatics and the lymph sinuses being full of blood. The endothelial cells showed marked phagocytic properties towards the red corpuscles. Dr. W. MAIR showed two specimens, with microscopic sections of *Gas-containing cystic tumours*, one from the small intestine, the other from the omentum. Both tumours were removed during life by operation. They resembled in structure the air bladder of fishes, and were to be regarded as true neoplasms which secreted gases from the blood.

HARVEIAN SOCIETY.—At a meeting held on February 13th, Mr. D'ARCY POWER (President) in the chair, Mr. MAYNARD SMITH read a paper on *The diagnosis and treatment of abdominal injuries.* The symptoms resulting from these injuries were described in detail, and their relative importance in diagnosis was pointed out. The difficulty in distinguishing the general shock following the injury from the collapse associated with the rupture of an important abdominal organ, such as the liver or bowel, was fully dealt with. The signs associated with free fluid or gas in the peritoneal cavity were carefully discussed. The symptoms suggestive of a grave abdominal injury, such as the general appearance of illness of the patient, the increase in pulse-rate, the presence of vomiting, and distension of the abdomen, were described, and the importance of noticing the advent of these at the earliest possible moment was insisted upon. The question of operative treatment was carefully considered. The paper was illustrated by the records of 124 consecutive cases of abdominal injury which had been under treatment at St. Mary's Hospital, and reasons for the views expressed and for the treatment advised in different abdominal injuries were in many cases supported by the results of these cases, which formed the basis for the paper. The paper was discussed by the PRESIDENT, Mr. CRISP ENGLISH, Mr. LAWRENCE JONES, Dr. AITKEN, Mr. CAMPBELL WILLIAMS, and Dr. SPILSBURY. Dr. CARMALT JONES read a paper on *The treatment of bronchial asthma by inoculation with a bacterial vaccine.* The methods employed in the treatment of disease by the opsonic method were briefly reviewed. The method of isolation of the organism, of its growth, the preparation of the vaccine, and the estimation of the quantity and the frequency of the dose by determination of the opsonic index of the patient after inoculation were fully described. In some cases of bronchial asthma a specific organism had been isolated from the sputum and a vaccine prepared from this was used for inoculation of the patients suffering from the disease. Twenty severe cases of bronchial asthma were treated by the special vaccine prepared. Definite improvement occurred in 16 of these cases and a marked improvement in 11. The cases chosen were severe cases which had resisted the usual methods of treatment, and the patients themselves were convinced of the marked freedom from attacks which they had experienced since undertaking the treatment by inoculation. Dr. Carmalt Jones showed several of the cases which he had been treating. The paper was discussed by the PRESIDENT and Dr. WILLCOX.

REVIEWS.

THE OPERATIONS OF SURGERY.

IT is difficult to believe, when the new edition of JACOBSON'S *Operations of Surgery*[1] is compared with the last, that only five years separate their publication. Although the arrangement is the same, and no new departments of operative surgery have been added, it has been necessary to introduce so much new matter in the present issue that it has grown to the extent of more than five hundred pages. This is a testimony both to the growth of the art and to the determination of the authors to keep their book abreast of the times. In this edition Mr. R. P. ROWLANDS has collaborated with Mr. JACOBSON so far as the general surgery of the abdomen is concerned, and Mr. G. Bellingham Smith has revised and largely rewritten the chapters dealing with operations on the ovary and uterus.

It is noticeable in the first volume that several pages have been added on the surgery of paralyses, chiefly founded on the work of Tubby and Jones. This is, in fact, the most important addition to the surgery of the limbs. There is a good deal of new matter also under the heading of the brain, and that part which deals with questions arising before operation on a cerebral growth is one of the best discussions on the subject in surgical literature.

In the chapter on nasal operations mention might have been made of operations for deflected septum, which have now reached a high degree of perfection. As would have been expected, the most material additions are to be found in Part IV, on abdominal operations. New sections on calculous anuria and the surgical treatment of Bright's disease are incorporated in the chapter on operations on the kidney and ureter, and to that on operations on the intestines the additions are numerous. Naturally, the whole subject of operative interference in gunshot and other injuries of the abdomen has had to be rewritten, and the experience derived from recent wars is carefully weighed, from the standpoint that this experience has shown that it is not possible to treat military wounds in the same radical way as is generally possible in civil life. Mr. Rowlands has carried out the revision of this part on abdominal operations extremely well; he has continued Mr. Jacobson's plan of introducing illustrative clinical cases into the text, which has always been a feature of the work, and one which has greatly added to its usefulness. Part VI, on operations of the vertebral column, includes an article on spinal anaesthesia, which gives but an imperfect description of the method, and does not ascribe

[1] *The Operations of Surgery.* By W. H. A. Jacobson and R. P. Rowlands. Fifth edition. 1907. London: J. and A. Churchill. (Royal 8vo, pp. 926 and 1139. Illustrations, 777. 42s. net.)