

sicians and surgeons to the Infirmary were asked as to the advisability of the proposed concession. Whilst all the physicians, one of the obstetric physicians, Mr. Syme, and Dr. Annandale, were all in favour of the appointment, the other members of the staff objected. The other surgeons consider, it appears, that such an appointment would be an encroachment on their privileges, and therefore opposed the measure. That their opposition was ill-advised appears to me obvious. It is objectionable, I admit, as a rule, to have in a large general hospital specialists for the performance of particular operations, but the rule may be liable to exceptions, and what there was objectionable in the proposal made to the managers might have been removed. We have here the case of a disease of frequent occurrence, which may be removed by an operation, which in the hands of most (certainly our Scotch) operators, is frequently attended with fatal consequences, but which some few men appear to perform with results altogether unattainable by the majority of operators. May it not be a question whether the good of suffering humanity should not have been the first consideration of the managers; and whether the securing for a large number of poor women the services of by far the most successful ovariologist in Scotland was worth the disadvantage of establishing a dangerous precedent? As the good of the community was so obvious, the managers might easily have solved the difficulty by appointing Dr. Keith an extra surgeon to the hospital, with the understanding that he would thus have the opportunity of operating upon such ovarian cases as presented themselves.

Ovariectomy is one of those operations which will never be successfully performed by the general surgeon. The difficulties of the operation are quite a minor consideration. By far the most difficult and anxious of the duties of the student of ovarian disease, consists in making an exact diagnosis; ascertaining, not merely the ovarian nature of a tumour, but more especially its relations, adhesions, etc. Is it possible for a surgeon, who only rarely is called upon to examine women, to apply all at once to his ovarian cases the knowledge and tact of an obstetrician? Without such knowledge, however, innumerable cases will be operated upon which ought never to have been touched; and a safe operative procedure will in the hands of some people be brought into discredit. The operation is one of those which legitimately must fall into the hands of those who make a special study of the diseases of women.

THE AMOUNT OF CASTOR OIL manufactured in the United States is estimated at 300,000 gallons, one-half of which is manufactured by Baker and Brother, New York. This firm imports its castor-bean from the East Indies—about 75,000 bushels annually. The Agricultural Department urges its more extensive cultivation in the United States. The castor-bean plant is stated to be perennial in Los Angeles co., California, growing to the thickness of a man's thigh. In Randolph co., Illinois, and adjoining counties, it has been cultivated, yielding at least 20,000 to 30,000 bushels a season, the price at present varying from four to five dollars.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., March 1st, 7.15 P.M.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, JAN. 25TH, 1866.

THOMAS F. GRIMSDALE, L.R.C.P.E., Vice-President,
in the Chair.

Hæmaturia in Crew of a Ship carrying Turpentine. Mr. T. S. WALKER briefly brought under the notice of the Society an instance where the whole crew of a ship conveying turpentine suffered more or less from hæmaturia during the voyage of about a month's duration. In one instance, the hæmorrhage was so great as to cause death; the man being found dead in his berth, covered with blood. With this exception, all recovered shortly after their arrival at port. There was no medical man on board. The drinking-water appeared free from contamination.

On Vaccination as a Remedy for Cattle-Plague. By A. B. STEELE, Esq. The first and all-important question to be determined was the identity or non-identity of cattle-plague and small-pox; and on this point the evidence at present was conflicting, and further information wanted. It was remarkable that, many years ago, two distinct forms of bovine small-pox had been recognised; one the mild form, known as cow-pock; the other a malignant, fatal form, a devastating murrain, which might prove to have been identical with the cattle-plague of the present time. In favour of the identity, there were the opinion of Murchison, and the remarkable facts observed by Dr. Bellyse of Nantwich, that two cows out of fifty-two attacked with the plague, who alone escaped with lives, presented, on recovery, small-pox pits on their noses and scabs on many parts of their bodies. On the other hand, Mr. Gamgee denied and even ridiculed the idea of cattle-plague being small-pox. Mr. Ceely, whose opinions on this subject would to the author possess the greatest weight, had not, so far as he could learn, spoken decidedly on this important point. The case of Mr. Hancock, who had a cow-pock pustule produced on his hand from inoculation from a beast that died of cattle-plague, might be considered favourable, but not quite conclusive evidence of the identity. If the virus were that of malignant bovine small-pox, he might have expected a more serious and extensive affection; for, in former times, inoculation with virus from such cases gave rise to alarming and sometimes fatal results, as recorded by Macpherson. On the whole, however, there seemed sufficient probability of the analogy of the two diseases to justify the experiment of cattle-vaccination.

The next point to determine was, how the operation should be performed. Should preference be given to human variolous matter, to human vaccine, or to animal vaccine? On this question, the author had no experience of his own to relate. Contrary to what we should expect, Dr. Bellyse, after using both human lymph and animal lymph very extensively, had stated that he greatly preferred the former, as,

in his hands, it had been more successful in producing the vaccine disease in the cattle. Human lymph, when passed through the cow, loses some of its original activity, which is, however, regained by again passing it through the human system a few times; and this may explain the apparently less vigorous action of animal lymph. One remarkable feature in the records of the present extensive vaccination of cattle was the apparent facility with which the vaccine disease was transmitted from man to the cow, as compared with the extreme difficulty which attended the experiments of Ceely and others thirty years ago, who considered that, in successfully vaccinating the cow from the infant, they had accomplished a most difficult feat. The author had not heard the result of using small-pox matter. He had sent some tubes charged with variolous lymph to Dr. Littlejohn of Edinburgh, who promised to communicate the results. He had himself inoculated six cows with variolous matter, and two with human vaccine—all in the same shippin; but it was at present too soon to judge of the effects.*

As to the situation and mode of operating, much latitude was admissible. Any part of the animal where the hide was thin and delicate, as the vulva or the udder, would be suitable. He would scarcely be satisfied with the ear, being too far from the centre of the circulation. A spear-pointed grooved lancet, armed with liquid lymph, might be used; or, as recommended by Ceely, a coarse modification of Weir's scarificator, with ivory points. The thought the punctures should be numerous—the more the better; because, considering that it had been clearly shown that nothing less than four full sized vesicles were sufficient to confer protection on an infant, we might expect that a much greater amount of local effect would be necessary to ensure the requisite constitutional change in the warm organism of the cow. In pursuing observations, it must always be borne in mind that vaccination conferred no protection until the process was complete—that is, until the tenth or fourteenth day, or perhaps even later, when the vaccine disease had matured and declined. Inattention to this point might bring the measure into undeserved discredit. He thought that, on the whole subject of cattle-vaccination, we had at present everything to learn; and some months at least must elapse before we were in a position to draw any conclusive inferences from what was going on around us in reference to this question.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEBRUARY 2ND, 1866.

GEORGE POLLOCK, Esq., President, in the Chair.

Hypodermic Injections in Neuralgia of the Spine.
MR. CHARLES HUNTER showed to the Society a boy with severe periodic neuralgia affecting the spine, in whom the neuralgic attacks could be cut short, each time they appeared, by the atropine injection. William K., aged 7 years, had a severe fit of convulsion after whooping cough, four years ago. He was insensible for many days after the fit, and had been paralysed in the right side since that time. He now walked lame with the right foot; the right hand remained clenched. He had been subject to neuralgia of a peculiar form for the last four years, for which galvanism and many other kinds of treatment had been tried, without any beneficial result. The neuralgia came on almost in a moment, in paroxysms

of severe pain, and always attacked the region of the spine. The neuralgic attack when once it began, lasted from three to seven days, and consisted of paroxysms of two degrees of severity; the milder were very numerous, and to relieve them he ran to anyone near to have his back patted; the major paroxysms occurred ten or twelve times a day, and to mitigate these he rapped his back about, opposite to the eighth dorsal vertebra, pretty freely with a ninopin. The paroxysms were "duller" under this treatment; there was no tenderness of the spine to be felt; the pupils were always dilated before the attack came on. On November 29, Mr. Hunter injected one sixteenth of a grain of atropine over the spine; an attack having begun some hours before; on the 30th it arrested all further paroxysms, and the progress of that attack. On December 16, another attack commenced, and six severe paroxysms having occurred before the atropine puncture was used, Mr. Hunter injected one fortieth of a grain; there was complete arrest of spasms for twelve hours, when a slight return began, and the injection was repeated. No further spasms occurred from that time until January 12, 1866, when a single injection again arrested the attack. Altogether, up to February 3, five attacks had been arrested as soon as the atropine was injected, as effectually as quinine will arrest an attack of ague. Once only were two injections required to keep the pain off for a fortnight. The boy usually slept after the injection, and never had the symptoms of "atropine intoxication" to any extent.

Cancer of the Pharynx. MR. HUNTER exhibited a specimen from a healthy looking woman, aged only 33, who lived about seven months from the appearance of the first symptom. For four months the symptoms were those of a cold in the throat and windpipe, clear expectoration, slight huskiness of voice, very slight dysphagia. Gradually the latter became the prominent symptom, and she ultimately died with all the symptoms of stricture of the oesophagus. The disease did not, however, involve that tube, but greatly contracted the lower part of the pharynx with a villous growth, which on the right side had ulcerated, and had produced an abscess, which, burrowing among the condensed tissues of the neck, burst over the trachea just before she died. For the last few months of her life this patient lived chiefly on beef-tea and milk enemata.

Specimens. MR. H. B. BANNISTER exhibited two Tapeworms from the Peritoneum of a Rabbit; no worms being found after a careful examination in the intestines.

MR. VASEY showed a Lower Jaw-Bone in which the wisdom teeth were situated in the sigmoid notch of the rami.

DR. MARTIN showed two good sized Pieces of Glass, which had travelled from a wound to some distance under the scalp.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 13TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

CASE OF PHOSPHATIC CALCULUS IN THE MALE BLADDER, WITH A NUCLEUS OF BONE (PROBABLY A SEQUESTRUM DETACHED FROM THE INNOMINATE BONE).

BY HENRY THOMPSON, F.R.C.S.

A MAN, aged 40, was sent to the care of Mr. THOMPSON, at University College Hospital, by Dr. R. Uvedale West, of Alford, Lincolnshire, in June 1865, for an urinary affection of two years' standing. On examination, a stricture near the orifice of the urethra,

* The two cows inoculated with the vaccine lymph have taken satisfactorily; the other six were abortive or failures.

and a stone in the bladder were found. On June 27th, the stricture was divided by the bistoury, and the first crushing was performed on that day. All going on well, the stone was again crushed on the 30th. On this occasion the *débris* withdrawn in the jaws of the lithotrite was remarked at the time to be unusual in character, but was not then minutely examined. Four days after this, retention was caused by a fragment impacted in the urethra; this was withdrawn by means of the forceps, and it was at once seen to be a fragment of bone. Other small pieces followed, and the patient went out, cured, on the 15th July. He remains perfectly well at the present time.

It was not until after the appearance of the bone, that a minute history of the case was taken. The following circumstances were then elicited: the patient had had severe pain in the right hip seventeen years ago, and was lame for more than a year. Then an abscess broke externally, the cicatrix of which, among many others, is seen about the joint. Another attack took place three or four years after, from which several abscesses and much pain and lameness resulted. Two years ago another attack laid him up for several weeks, but no external abscess resulted. When recovering from this, he became the subject of some pain and frequency in micturition; and finally the ordinary symptoms of stone appeared, and continued up to the time of his admission.

The author made reference to some analogous but not precisely similar cases, no example of the latter having been at present discovered.

The conclusion which he arrived at, after full investigation was, that the origin of the calculous formation in this case was the existence of disease in a part of the os innominatum, resulting in necrosis of a small portion; and that this portion ultimately exfoliated and detached itself, to be extruded, not externally by the surface of the body; not by means of abscess which should follow the usual course along the tracks of muscles or vessels, but by one which communicated directly with the bladder, so that the sequestrum made its way into that cavity, and formed the nucleus of the phosphatic stone for which the patient was subsequently successfully operated on by lithotripsy.

CASE OF LITHOTOMY; MULBERRY CALCULUS WEIGHING EIGHT OUNCES AND A QUARTER: DEATH.

BY JOSEPH ALLEN, M.R.C.S., NORWICH.

The author was summoned to the Rev. T. C., a thin spare man, of nervous temperament, aged 56, on Nov. 16th, 1864, and found him suffering great pain and irritability of the bladder. He was a married man, of temperate habits. He had been married seventeen years and a half, and had three children growing up. A few days previously he had caught cold whilst performing the funeral service at the cemetery, and had suffered considerable pain in the body since, accompanied with frequent and painful micturition. He had tried several remedies without avail. Opiates and other anodynes, etc., were prescribed, but with only temporary relief. His history was as follows.

He was born in Surrey, and from his boyhood was fond of exercise, running, jumping, etc., but frequently suffered great pain afterwards, and often passed blood in his urine; this he concealed, lest he should be debarred from such pursuits. As a young man, hunting had the same effect, but his love for the sport was too great to allow him to give it up. He resided at Calais for eleven years, and enjoyed good health all the time. He afterwards spent seven years in London. He was ill for about three weeks shortly before leaving London with inflammation of the bladder, according to his account. He had re-

sided in Norwich about five years. His health generally had been good, dyspepsia being his chief ailment, which a little carbonate of soda mostly removed. He confessed, however, to great irritability of his bladder for some years past, having been compelled whilst in London to micturate every two hours, and latterly he had been unable to retain the urine more than one hour, so that he was compelled to time his visits in the parish accordingly.

On Dec. 5th, 1864, he was sounded by Mr. ALLEN in the presence of Dr. Eade, having previously refused to permit it through false delicacy. The sound, immediately on entering the bladder, came into contact with a large and hard stone. The urine contained lithic acid in considerable quantity, also pus-globules.

It was determined to perform lithotomy, which was accordingly done on the 8th of December. The ordinary lateral incision was made, and the stone readily seized with the forceps. On attempting to extract it, however, it was found to be one of no ordinary size. Larger forceps were then introduced, and a firmer grasp obtained, but without avail. In order, therefore, to avoid laceration of the parts as much as possible, the fibres of fascia on each side were carefully cut with a blunt-pointed bistoury by Mr. Cadge, traction being made on the stone at the same time. The perineum was enormously distended during the extraction of the stone. After a short time a mulberry calculus, weighing eight ounces and a quarter, was removed. There was scarcely any hæmorrhage, and very little laceration of the parts. The patient was remarkably well after the operation, and for a time progressed most favourably, the wound presenting a healthy appearance, and gradually closing. He was able to retain his urine in the bladder for three hours, a thing he had never done before for years. After a time, however, his spirits began to flag, and he became fidgety and impatient; and although well supplied with nourishment and stimulants from the first, he gradually became weaker, and at last sank from exhaustion on Jan. 20th, 1865, six weeks after the operation.

THE SEWAGE OF LARGE TOWNS. In the House of Commons, Sir G. Grey has stated that the Government do not intend to propose any additional legislation with regard to the sewage of large towns. In the course of last Session, an Act was passed to give municipal authorities power to acquire land, and a Commission was also appointed to inquire into the state of rivers in the United Kingdom. Until some experience shall have been obtained of the operation of that Act, and until a report shall have been received from the Commission named, the Government do not think it expedient to propose any further legislation on the subject.

NEW CITY LUNATIC ASYLUM. On the 19th instant, the Lord Mayor paid a visit to the new Lunatic Asylum for the City of London, which has been erected at Stone, near Dartford, and is now ready for the reception of patients. The asylum has been erected at a cost of £65,000, from designs by Mr. Bunning, and is intended to accommodate 250 patients. It is fitted up with baths and lavatories, laundries and workshops, and surrounded by spacious grounds tastefully laid out. Bagatelle boards, and other games and means of recreation, are provided for the inmates—in short, all the appliances for comfort and convenience which have been adopted of late years in the best regulated establishments for the treatment of persons afflicted with insanity in all its varied forms. The plans and designs have been approved by the Home Secretary and the Commissioners of Lunacy.