PHYSICIANS' FEES.

SIR,—Having read a letter in the BRITISH MEDICAL JOURNAL of December 22nd, 1877, headed "Physicians' Fees", I beg to offer a few remarks on the subject. I think all will agree with F.R.C.P. that some reform is necessary, and that the question is one of interest both to the members of the profession and to their patients. What appears to me to be required is a thorough and proper understanding between the consultant, the general practitioner, and the public. The public cannot be expected to understand in detail medical ethics; and I fear (judging from the numerous letters in the professional journals) that many of our body are not so well informed in matters of etiquette as they ought to be. We must first ourselves understand before we can hope to teach others. During a period of many years' practice in a suburban district, I have been brought into contact with a large number of persons of different classes, and have generally found my patients anxious "to do what is right", but not always clear in their notions; let, then, the medical man help his patients in these matters. Another point: many practitioners resent the proposal for a consultation, thus driving their patients to seek other advice on the sly; surely this is neither wise on the doctor's part nor fair to the general body of consultants. If the general practitioner understand his case, a consultation can only strengthen his hand; and, if he be in any doubt, he should, in common justice to his patient, seek counsel. Next, as to the consultant; why should he not ask his patient if she or he be under treatment, and, if the reply be in the affirmative, decline to see her or him except in consultation? When the consultant is called to a distance, it must nearly always be in consultation, and, in these cases, the family attendant should take care that the physician receives his proper fee. In cases where the physician visits his patient "by himself" and allows his visits to "run on", I am inclined to think it is frequently his own fault if he lose his fees, as many of these cases would fall more legitimately to the general practitioner, who has the advantage of being able to sue his dishonest patients.—I am, sir, your obedient servant, GENERAL PRACTITIONER.

London, S.E., December 24th, 1877.

SIR,—Your correspondent F.R.C.P. seems sadly aggrieved at the low remuneration he receives for what is called a "consultation". But does it never strike him that the trouble of undressing and of using the stethoscope, thermometer, and test-tube is less needed there than on other occasions? The general practitioner accompanying the patient (if an enlightened and intelligent man) has almost invariably done all this work beforehand, and put the physician in possession of every symptom of the case, thus rendering the task of the latter so far easier, that he has little left to do, except to confirm or corroborate all that he has been told; and, moreover, is spared the trouble of asking the patient more questions than are absolutely needed.

Why, therefore, a *double* fee should be demanded in such cases, and why such an abuse as that of "consulting fees" was ever instituted, I am utterly at a loss to conceive. Doubtless it is the main cause of widening the gap between physician and general practitioner, and of rendering the latter shy of consulting the former, especially with patients from the country.

The complaints of being mulcted of a shilling out of a guinea, or of receiving ten for twelve guineas, must sink into mere insignificance, if F.R.C.P. considered that his hard working brother the general practitioner has to pay visits at five shillings, three and sixpence, and, to the poorer classes, as low as half-a-crown, and suffers losses by bad debts, which may be reckoned, not by units only, but by tens and often by hundreds.

Trusting these remarks may find a place in your valuable columns, I beg to remain, sir, your obedient servant,

A GENERAL PRACTITIONER.

SIR,—Permit me to offer a few remarks in reply to the grievances complained of by F.R.C.P. This I venture to do, after more than a quarter of a century's experience, the greater part of which was occupied in an extensive London practice.

It is one of the distinguishing features in the etiquette of a consultant that he receives his fee at the time. This is his only means of securing payment, since it is admitted that the public are both "thoughtless and selfish"; besides, it is but fair to the general practitioner that it should be so. My invariable custom has been to secure the fee and hand it over after the consultation. This plan prevents confusion, and gives satisfaction to both consultant and patient. Where there is no consultation, the fee should be regarded as a professional matter of business. The system of which F.R.C.P. speaks, to allow his visits "to run on", is, to my mind, very objectionable and unfair to the general practitioner; and so is the anomalous practice of taking alternate fees. Discard this system, which is too prevalent, and more intimacy would arise between consultant and non-consultant. This, I think, should be encouraged, since it is productive of good to the patient and is not detrimental to both classes of medical men. The knowledge of these facts may not come before the ordinary practitioner so much as those who conduct a special practice, and who see a large number of patients who have gone the rounds of our leading consultants. Allow me to say a word as to fees. No fee should be under a guinea, except in special cases, and with the family medical attendant, two guineas and upwards.

I am, etc., ROBERT CUFFE, Surgeon.

The Villa, Woodhall Spa, January, 1878.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 8TH, 1878.

CHARLES WEST, M.D., President, in the Chair.

ON THE MICROSCOPIC ANATOMY OF CHRONIC INFLAMMATION OF THE SURFACE OF THE TONGUE.

BY HENRY T. BUTLIN, F.R.C.S.

THE object of the author was to give an account of the minute anatomy, hitherto undescribed, of the smooth glossy tongue, called by Dr. Fairlie Clarke "chronic superficial glossitis". The paper was based on the examination of the tongue in three cases in the practice of Sir James Paget, Mr. Thomas Smith, and Mr. Langton. The characters of the disease were described as consisting of thinning of the epidermis, an destruction of the papillæ and other appendages; and of thickening an increased vascularity of the corium and submucous tissue, and infiltration with small cells. A comparison was drawn between the characters of this disease and psoriasis or ichthyosis of the tongue. There was apparently no essential difference in the microscopical characters of the two diseases. (The paper was illustrated by drawings.)

Mr. GASKOIN had lately seen a case of lupus affecting the left side of the nose, accompanied with a smooth patch on the same side of the tongue, which appeared to increase in extent *pari passu* with the destruction of the ala nasi.—Dr. THIN thought that the drawings well represented the earlier stages of epithelioma of the tongue. The smooth tongue met with in dysentery much resembled this condition microscopically.—Sir JOSEPH FAYRER referred to the smooth glazed tongue met with in the chronic or hill diarrhœa of India, and indicative of an advanced stage of the disease. The normal condition was sometimes regained; but it was always of serious import.—The PRESIDENT asked whether the smooth tongue described by Mr. Butlin was to be regarded as a local disease. In the dyspepsia and intestinal diseases of children, the tongue sometimes presented smooth patches. This condition was seldom seen after the age of twelve or fourteen; and it appeared to be connected with the second dentition.—Mr. BUTLIN had never seen a case in which lupus and the smooth tongue occurred together. He had seen a case of smooth tongue in a case of chronic diarrhœa in a woman; but it appeared as if the horny layers had disappeared. The smooth tongue in children was probably of the same character as that met with in diarrhœa and dysentery. He thought that the condition described in his paper was local; the patients had the affection a long time without presenting constitutional symptoms.

MATERNAL IMPRESSIONS. BY WILLIAM SEDGWICK, M.R.C.S.

MR. SEDGWICK said that great care had been taken to avoid, as far as possible, any unnecessary reference to cases which possessed no practical significance, or which, from their doubtful character, would tend to increase scepticism. In reproductive development, women, as a rule, transmitted with more facility than men. The normal influence of the mother on the intellectual development of her offspring had been well and familiarly expressed in the term "mother-wit"; and, in abnormal development, it had been long known that women often served, and to a far greater extent than men, as conductors of an inheritance which they did not share. In like manner, it was now popularly believed that it was the emotional impressions of the mother, and not those of the father, which were imparted to the fœtus in the form of "mother's marks". But this assumed limitation of emotional impressions to one sex did not always prevail; for originally either parent

was thought to be capable of imaginatively affecting the offspring at the period of conception, and traces of this form of the belief had been lately found among some of the tribes in Central Africa. There was an essential difference between cases in which some modification of fœtal structure had been slowly effected through the influence of the perceptive faculties, and those cases in which emotional impressions had been believed to act on the fœtus by causing a supposed sudden arrest in its development. The occasional transmission to offspring of acquired defects of structure could not be logically objected to, since all abnormal modifications of the system must have been acquired before they could have been transmitted. It was no doubt difficult to distinguish between the alleged influence of maternal impressions and that of heredity. The establishment, through hereditary influence, of acquired instincts in the lower animals, as well as the occurrence of hereditary talent in our own race, was apparently due to some modification of structure: and when, in like manner, maternal impressions had been said to react specially, if not exclusively, on the nervous system of the offspring, the effect might, with equal probability, be referred to some modification of structure produced through the medium of the blood. The exaggerated importance which had been assigned to nerve-communication, as the only probable way by which the supposed influence of maternal impressions could be conveyed to the fœtus, had no doubt had a tendency, in former years, to retard and obscure the inquiry; and the opinion was expressed that the limitation of the influence of a maternal impression to a corresponding organ or tissue in the fœtus, as a consequence of some slight and inappreciable alteration in the blood of the mother being imparted to the local nutrition of her offspring, might physiologically be regarded as more probable than limitation effected by nerve-influence. There was no reliable evidence that a congenital defect had ever been the direct and immediate result of arrested development; whilst the popular belief that a maternal impression could be conveyed to the fœtus, and affect it like an electric shock, should be simply dismissed as a popular fallacy. The influence of the impression, at an early period of pregnancy, could only be conveyed to the part through the medium of the blood, or nutrient fluid. Mr. Sedgwick directed attention to the comparative physiology of reproduction in the lower animals; and showed that, when the tendency to an artificially developed excess of structure had, through hereditary influence, been pushed too far, it was apt to be followed by deficiency and arrest, as in the case of some top-knotted varieties of birds. Abnormal increase of structure, without any subsequent arrest, occurred in cases of supernumerary fingers and toes, which had been sometimes referred to the influence of maternal impressions; and there was local increase of the vascular tissue in nævi, and of the hair, if not always of the skin, in those pseudo-mimetic moles which had been said to resemble the rats, mice, and other animals with hairy skins, which had frightened women during pregnancy. It might be expected that a maternal impression, sufficient to produce a physical peculiarity or defect in the fœtus through the medium of the blood, would reappear, at least in a modified form, in some of the succeeding offspring; but there was very little evidence of any kind in favour of such an occurrence Referring to the episode of Jacob's rods, he said that they were apparently employed, not to originate, but simply to aid in the increased production of specially marked offspring. There had been many illustrations of the effect produced by variously coloured objects, on the breeding of sheep and other animals, since patriarchal times. Dr. Alexander Harvey and other observers had collected and published evidence on the subject. The evidence in favour of the influence of maternal impressions did not appear at present either sufficiently relevant or trustworthy.

Mr. DONALD NAPIER showed casts from the mouth of a lady aged 25 or 26, in whom the milk-teeth were still present, none having been shed except two upper incisors. Other members of the family had the same peculiarity. He would not attempt to determine how far in the present case the condition was due to hereditary influence or to a dread of its occurrence on the part of the mother.—Mr. SAVORY said that diseases might be transmitted from the mother to the fœtus; but it was more difficult to conceive how an impression on the mind of the mother could produce a corresponding physical defect in the fœtus.—Dr. THIN would like to have the alleged cases of maternal impression put to a test. General impressions in such matters were of very little scientific value.—Dr. MATTHEWS DUNCAN said that the subject of maternal impressions was now and then brought before medical societies; but no progress would be made in it until coincidences could be distinguished from consequences.

Favus.—Mr. GASKOIN showed a case of favus in a boy, the child of Polish parents. The disease appeared to be of rare occurrence in London.

PATHOLOGICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 4TH, 1878.

CHARLES MURCHISON, M.D., LL.D., F.R.S., President, in the Chair.

Bromide of Potassium Eruption.—Dr. CROCKER brought forward a patient presenting an eruption due to the administration of bromide of potassium. An infant, aged eight months, was sent to the Skin Department of University College Hospital on December 22nd for diagnosis. The father died of consumption some months before its birth; the mother was healthy; and the child was well up to the time of vaccination. It was vaccinated in August last, and about the twelfth day a rash appeared all over the body, which, according to the mother's description, consisted of small red spots of the size of a millet-seed, raised above the surface, with whitish watery heads. This died away in a few days, but fresh crops appeared from time to time for about three weeks. After this, the skin remained clear until the present eruption. The child was not, however, quite well; and, after vomiting on November 12th, had convulsions, which continued at intervals until the 19th, and for which one grain of bromide of potassium three times a-day was prescribed, beginning on the 12th, and continuing until the 24th, when the dose was increased to two grains three times a-day, which was taken up to December 13th. From November 19th to 24th, a quarter of a grain of iodide of potassium was given with each dose of bromide. The eruption appeared at the beginning of December on the site of the vaccination, and the medical man attending it described it as, at first sight, like a vaccine vesicle of about the tenth day. When brought to the hospital, the child presented the following appearances. On the site of the vaccination, there was an irregular patch, of the size of a crown-piece, covered with a thick, raised, sienna-coloured scab, irregularly sulcated and split up; on the border were two small pustules, but no surrounding inflammation. On the face there was a patch of the size of a shilling on each cheek; but they had been rubbed, and were discharging. On the buttock and loins were several patches, and some of them showed a central scab on an oval base of the size of a horse-bean. This base was raised about one-sixteenth of an inch above the surrounding skin, was pale red, and appeared to be made up of new tissue. At the end of December, a fresh crop appeared on the arms and face, and then it could be seen (as in a similar case exhibited last year to the Society by Dr. Lees, and published in the current volume of *Transactions*) to commence as a red papule, which soon became an acuminate pustule on a raised, soft, red base, and appeared to be due to an inflammation of the follicles. These pustules were aggregated into patches of variable size, from half-an-inch to two inches in diameter, increasing by the addition of pustules to the circumference; but, as Dr. Lees had observed, as long as the pus remained, the heads of the individual pustules could be discerned. Solitary papules and pustules were also to be seen on the arm and face, and in these the acneiform character of the eruption was apparent; but the abundant cell-formation gave a more pustular condition than is seen in ordinary acne. Subsequently thick crusts (as described above) were formed; but between these two stages was another, when the fleshy-looking tubercles alluded to before were present. There were, therefore, three stages in the eruption: 1. A pustule, or aggregation of pustules, on a soft, raised, and reddened base; 2. Pale-red fleshy-looking tubercles, either round or oval, in size varying from a pea to a bean; 3. Thick dark crusts, tuberculated and split up by deep sulci. The face, arms, loins, and buttocks, but especially the first two, were the parts chiefly affected in this case, which differed thus from that of Dr. Lees, in which the limbs and back were but slightly affected. The fact that the eruption first appeared on the site of the vaccination, and the small dose of the bromide, were points worthy of note.

Dr. BARLOW had seen cases exactly similar to the present, in which bromide of potassium alone had been given. It was an interesting point that the eruption commenced in an old vaccination-mark. He had observed the same in a case of his own, where the eruption first made its appearance on the site of an unhealed blister. This bromide eruption appeared when very small doses of bromide of potassium were given. He thought there was unquestionably a connection between the common acneiform eruption of bromism and the present form, inasmuch as all degrees of variety could be traced between them. Idiosyncrasy played an important part in the development of this extreme form.—The PRESIDENT asked whether the present form of eruption was considered equally common in the adult. He had not himself seen anything approaching to this in the adult. Quite lately, he had seen a young lady who had taken a drachm of bromide of potassium daily for eight years; but she did not suffer from any eruption. So rare were cases like the present, that he questioned whether they were not due to some other cause.—Dr. HARE said that he had never met with the

eruption. If it were a variety of the acne due to bromide, it might be expected to appear at puberty, and yet it did not.—Dr. FREDERICK TAYLOR said that it must not be supposed, from the remarks that had been made, that bromide eruptions were common in children. They certainly were rare.—Dr. CROCKER replied that he had never before seen an eruption like the present, either in the adult or in the child. Its form was, perhaps, due to the greater tendency to pus-formation in the child. With respect to bromide eruptions generally, he had ascertained that even the ordinary acne was exceptional among patients taking the drug at the Epileptic Hospital.

General Hyperostosis, with Osteo-Arthritis of Several Joints.—Mr. HOWSE exhibited a man suffering from these diseases. The patient, aged 37, had been a soldier, who sixteen years ago had received a kick in the left leg, which had invalided him for six weeks with abscesses. No bone had come away; but the tibia subsequently remained thickened. He then (fourteen years ago) had some venereal trouble—warts on the penis—but no history of true syphilis. In 1873, he had chronic synovitis of the left knee-joint, which subsequently remained stiff. He, however, had since followed his employment of a gas-stoker. Last Easter, the right arm was swollen; and the urine became dark-coloured, more especially in the evening. Being admitted to Guy's Hospital, an osteo-arthritic condition was found to prevail extensively in both knees and in the left elbow, less markedly in the right wrist. Both femora, the left tibia and right fibula, the right radius and ulna, both clavicles, and all the ribs were greatly thickened; the head was massive, and other bones were less affected. The urine was slightly albuminous, was usually clear, and its specific gravity varied between 1020 and 1025. The treatment consisted of iodide of potassium and cinchona. A purpuric eruption of the skin had for many months past frequently recurred. The treatment decreased the size of the joints, but apparently had no such effect on the bones. The iodide being discontinued, the joints increased in size; and were again lessened when the remedy was taken. The biniodide of mercury also appeared to exercise a beneficial effect. Mr. Howse remarked on the possible relationship of this case to those of osteitis deformans described by Sir James Paget. In these cases death had mostly come from some cancerous disease; this man's mother had died of cancer. Sir James Paget had seen this man; and, from the absence of curvature of the bones and from the fact of his improvement under the iodide of potassium, had considered this case to be essentially dissimilar from his cases of osteitis deformans, and had thought the bone-thickening was probably due to some constitutional disease, most likely syphilis. There was, however, no distinct history of syphilis; and Mr. Howse suggested that the case was similar to those described by Sir James Paget, and that the curvature might come on in time, as the patient became older.

Osteitis Deformans.—Mr. HOWSE also showed a specimen of this disease from an old lady, whom he had seen in consultation with Dr. R. Harris of Hackney. The patient, aged 65, had always enjoyed good health until two years ago, when constant pain in the right leg occurred, and the tibia became slightly bent. In September 1875, when seen by Dr. Harris, she had intense pain at the inner side of the head of the tibia, with aching in the shaft of the bone. There was no swelling of the bone anywhere, but the shaft was bent. She could walk without much difficulty. That autumn a small rounded swelling appeared on the inner side of the head of the tibia, firm, but fluctuating, much resembling an enlarged bursa. The pain now diminished, as the swelling increased. A small trocar being introduced, drew off a small quantity of thick serous fluid, at first clear, afterwards blood-stained. Bleeding to the extent of about an ounce occurred during the night from the puncture. The swelling at first became less tense, but in a few days was as large as ever, and larger, and fine blood-vessels ramified over its reddened surface. Mr. Howse, being called to see the case, detected faint pulsation in it. The patient being anæsthetised, the tumour on being opened was found to be a soft mass occupying the centre of the upper epiphysis of the tibia. The limb was consequently amputated through the lower third of the thigh under the carbolic spray. The wound healed primarily. The patient quite recovered, and was able to get up and move about. Five months subsequently, serious lung-symptoms supervened, of which the patient died in a few weeks. An inspection of the body could not be obtained; but the patient doubtless had recurrence of the tumour in the lung. No curvature or thickening of any other bones could be detected. Sir J. Paget had examined this specimen, and thought it belonged to the osteitis deformans group. The tumour in the head of the bone was a large spindle-celled sarcoma. Under the microscope, the Haversian system of the bone resembled sections of cancellous tissue. The walls of the cancelli were thick, and abundantly sprinkled with bone-corpuscles. The cancellous spaces contained a few fat-vesicles, rather more connective tissue elements than usual, and germinal cells unlike ordinary marrow-cells, but resembling similar elements usually seen in cases of scleriasis of the skin. Amongst these were many groups of yellowish pigment masses, probably derived from extravasation of blood. This condition was possibly allied to the tendency to purpura manifested by Mr. Howse's other patient exhibited earlier in the evening. Mr. Howse remarked that the so-called cancer which had co-existed in so many of Sir J. Paget's cases was probably a form of malignant sarcoma, and ought to be essentially associated with the change which the bone itself had undergone. Bone itself being a form of hardened connective tissue, the thickened softened condition visible in these bones might, as Dr. Goodhart had supposed, be regarded as a form of bone-tumour. On the other hand, under favouring circumstances, an ordinary inflammatory cell might possibly grow up into a regular spindle cell, and form the basis of spindle-celled sarcoma. A man was recently under Mr. Howse's care who had symmetrical tumours on the backs of the forearms. These were both excised. The centre of one, the larger, growth showed definite spindle-celled elements; at the margin, these were less distinct, and formed such an infiltrating mass that it was impossible to remove the whole growth. Nevertheless, under the influence of biniodide of mercury, the whole wound healed, and all trace of the tumour disappeared; and had not recurred. There was no history of syphilis in that patient. This observation might help to connect the views of those who, like Dr. Goodhart, considered the whole bone-thickening due to a species of bone-tumour, and of those who, like Sir J. Paget, thought the bone diseased was a degenerative osteitis, and that the co-existence of the tumour in so many instances was more or less accidental. Mr. Howse was inclined to regard the bone-thickening as due to an "osteitis deformans"; and thought the tumour form of the disease was related to the osteitis as definitely as a persistent chronic eczema of the nipple is related to a carcinoma developing within the mammary gland.

Sarcomatous Tumours in Various Bones associated with Hyperostosis.—Dr. GOODHART brought forward two cases. The first was that of a woman aged 60, under Dr. Wilks's care. There was no family history of cancer, and, till six months before her admission into Guy's Hospital, she had enjoyed good health. She then began to waste, and for three months she had had pains in her back and hips. She was admitted for paraplegia, and died soon afterwards with suppurating kidneys. The *post mortem* examination revealed a large sarcomatous tumour growing from the blade of each ilium; a similar growth about the lower part of the spine, which had encroached upon the spinal canal and caused paraplegia; osteo-arthritic changes about many of the vertebræ; and a skull, the thickness of which reached four-fifths of an inch, the bone being heavy but porous, and at two parts affected with circular patches of new growth. The long bones were not affected. In the second case, the skull was rather thick also; its diploë gone; the bone heavy and yellow looking. The right ilium was dense and heavy; some of the bones showed osteo-arthritic changes; and, in addition, a periosteal sarcoma affected the ilium, spine, ribs, femur, clavicle, mediastinal glands, and both suprarenal capsules. The man, aged 55, was under Dr. Moxon's care at Guy's Hospital. There was no family history of cancer; and he had enjoyed good health—he had had gonorrhœa—till six or seven months before his admission, when he was attacked with pains in various parts. No tumours were felt till a late stage of his illness; and he died ultimately of exhaustion. Dr. Goodhart remarked that the interest of these cases lay in their bearing upon the disease which had lately been described by Sir James Paget as osteitis deformans. They did not, it was true, show a very marked osteitis anywhere, except in the cranium in one; but, nevertheless, they were probably related to such cases, and the very fact that they were prominently tumorous and not hyperostatic added to their worth. Sir James Paget, and with him Mr. Butlin, considered the disease to be one of chronic inflammation, arriving at this conclusion both from its clinical history and minute anatomy. Sir James Paget, while noticing the fact that several of the recorded cases had ultimately developed cancer, did not think that, at present, the evidence was sufficient to warrant anything further than that it might or might not be a coincidence. Now, however, with Sir James Paget's cases, Dr. Cayley's, and the two now brought forward, six out of eight cases had developed some malignant tumour; and this was a proportion so remarkable as to destroy the probability of mere coincidence, and sufficient to link the two conditions closely together. Assuming that they were connected, was Sir James Paget's hypothesis of a chronic inflammation still tenable? It must be admitted that it was. It might be that, as a result of the chronic irritative overgrowth, the feature of malignancy was gradually evolved. Thus, the two might be directly connected; and this was a view quite in accord with the opinion of many at the present time, that malignant growths were local and not constitutional. (Sir

James Paget would probably not admit any such interpretation of the facts.) Dr. Goodhart, however, suggested another explanation of osteitis deformans; that it was a generalised form of tumour of the bones, and not a chronic inflammation. He took this ground for several reasons. First, the formation of the tumour in these cases had not by any means always been in the diseased bones; in one case, it was in the dura mater; in another, in the mediastinum and lungs, etc.: a point altogether against the evolutional hypothesis of chronic inflammation turning into cancer, and in favour of a tendency on the part of many tissues to overgrow. These two cases also suggested in their subordination of the so-called chronic inflammation to the growth of tumours that the two processes were one and the same, and that what in one case was a chronic process of growth lasting for years might in another be so active as to lead to a spontaneous outburst of growth in many parts with great rapidity, and under such circumstances but very little hyperostosis could of necessity arise. Not only so; other pathological conditions showed very precise analogies to this. Mr. Butlin's case of multiple sarcoma, read at a late meeting of the Society, was in point; the subcutaneous tissue exploded into sarcoma all over that boy's body; or, to take another case, fibrous tumours were found growing all over the skin, or on many of the nerves; and more exact still, perhaps, was the disease called lymphadenoma. The lymphatic tissues and glands slowly hypertrophied in the course of years, very like a chronic inflammation; at other times, they all began to grow suddenly, rapidly, and malignantly; at other times, the slow process turned into the rapid one; so that there did seem to be in several tissues a tendency to go wrong as a whole; and, since in the one case there had never been any objection to regard the process as one of tumour, neither need there be any difficulty with regard to the other. This view, if it were correct, had an interest apart from the particular disease to which it was here applied; and it was quite possible that many growths, which were now said to be secondary and due to infection from some primary focus, were, in reality, spontaneous outbursts in other parts of the body in no way connected with any so-called primary source.

The PRESIDENT said that these cases were of great interest, as bearing on the pathology of the disease described by Sir J. Paget.—Mr. MYERS protested against the assumption frequently made, that, because a man had been a soldier, therefore he must have had syphilis. On the contrary, he believed that amongst men in the army syphilis was less known than amongst men of the same class in civil life. Certainly the worst forms of constitutional syphilis were less frequently seen in military than in civil hospitals.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

WEDNESDAY, DECEMBER 5TH, 1877.

H. D. LITTLEJOHN, M.D., Vice-President, in the Chair.

Excision of the Knee.—Professor SPENCE showed a specimen bearing on excision of the knee-joint. The patient had his knee-joint excised, with an apparently successful result. After he had been out of hospital for some time, he returned with an abscess in the upper part of the popliteal space, from the presence of diseased bone. This was gouged out twice, but, as the boy was losing flesh, he was obliged ultimately to amputate. The specimen showed in front the firm cicatrix and on section the firm bony union of the divided parts, as well as the recurrence of the disease at another point. He also showed the parts removed, in excision of the knee-joint, in the case of a young woman, who, while she had considerable pain, did not suffer from much constitutional disturbance. She was doing well.

Disease of the Femur.—Mr. SPENCE showed a specimen of disease of the trochanter, lower part of the neck of the femur, and digital fossa. The patient came in with a large abscess of the thigh, which had opened about four inches below the great trochanter. This was freely incised and the parts were carefully examined. No evidence of disease could be found, and the joint was freely movable. The patient, however, suffered from pain when the extension-apparatus was removed; and further examination showed existence of disease as above stated, the cartilage of the joint being sound. Mr. Spence excised the joint, and the case was now doing well.

Amputation of Foot for Tumour.—Mr. SPENCE showed preparation of amputation of the foot for tumour, involving the metatarsal bones of the second and third toes. The patient came in a week ago, and stated that a small tumour had existed there for some time, and had been operated on or incised; but that of late it had grown rapidly. The rapidity of its growth, its dark colour, and the emaciation of the patient, pointed to its being malignant; but the existence of the small tumour for some time previously was against this. As little of the foot could be saved, he amputated by Key's method, disarticulating partially, and then sawing through at the internal cuneiform bone. On examination, there was seen to be softening and opening out of the metatarsal bones. On microscopical examination, Dr. D. J. Hamilton found a hyaline appearance, with stellate cells. A specimen from the interior of the tumour showed broken-down texture, fat, and blood. It, therefore, seemed not so malignant; but it was rare to meet with so much congestion and extravasation in a simple tumour. The pain was due to pressure on nerves, as a cutaneous nerve could be seen running across the growth.

Congenital Malformation of the Leg.—Dr. CRAIG showed a preparation of the right lower extremity of a child, which had died twelve hours after birth. It had several malformations. The fibula did not articulate with the tibia at the knee-joint, and there was talipes varus. The tibia appeared to end two inches below the knee, with a puckered appearance as of a cicatrix. There was thus no bony connection between the knee and ankle-joint. He hoped soon to have the limb dissected, so as to ascertain its exact structure. The limb had been preserved in a solution of chloral, ten grains to the ounce, with the result of being natural in appearance and free from putrefaction.

Addison's Keloid.—Dr. GRAINGER STEWART then showed an interesting example of Addison's keloid, in a female child of about ten years old. It was most marked over the dorsum of the feet, and was also seen in the arms and hands.

Malposition of the Testes.—Mr. ANNANDALE showed a photograph of a rare congenital malposition of the testicle in the perinæum, which had been for the first time successfully treated by operation. One or two cases were on record where the attempt had been made to replace the displaced organ, but always without success. He believed his own success to be due to the use of antiseptics, by Lister's method. He made an incision over the displaced testicle and drew it out. The part of the gubernaculum testis, usually attached to the bottom of the scrotum, was in this instance fixed to the ischial tuberosity. He incised the scrotum and placed the testicle there, retaining it by means of a catgut stitch. At the same time, he stitched up the opening in the perinæum also with catgut. The result was satisfactory, and the testicle was now in all respects like the one on the opposite side.

Supernumerary Auricle.—Mr. ANNANDALE showed a supernumerary auricle from the side of the neck. The patient had a small pediculated tumour about two inches below the lobe of the ear. At first, it looked like a small fibrous tumour; but, on examining it and making a section, cartilage was found.

Stricture of the Œsophagus.—Dr. P. A. YOUNG read notes of two cases of stricture of the œsophagus, with pathological report by Dr. D. J. Hamilton. One of the cases was a malignant stricture, in which Dr. Young and a surgeon had failed to pass a bougie, though, at the *post mortem* examination, the stricture admitted the forefinger. The other case was one of simple organic stricture. Both had died with symptoms of acute chest-affection at the end.—Dr. LITTLEJOHN asked if any cause could be assigned for the ulcers. In pathological museums, such were due generally to swallowing some impure alkaline solution.—Dr. SANDERS said that pneumonia was not uncommon. The cause given was the opening into the left bronchus. The pneumonia, however, was in the right lung. In some cases, it seemed to be due to an extension of the inflammation; but in others, the theory of some influence through the vagus was fairly borne out. The cause of such strictures needed investigation. Usually, a caustic solution was accidentally swallowed, and then the stricture was at the upper end. Sometimes, however, it resulted from an overdose of medicine. He remembered a case where stricture followed the swallowing of the whole of a medicine containing an excess of acid, prescribed by a distinguished physician. Stricture at the cardiac orifice would probably not occur, unless the mucous membrane above were affected. Mechanical irritation might lead to chronic inflammation of the submucous coat, and consequent stricture. When the stricture did occur, then the dilatation, hypertrophy, and ulceration ensuing were easily understood.—Mr. SPENCE asked if Dr. Young had tried a medium-sized bougie before attempting a fine one. It was exceedingly rare to meet with simple œsophageal stricture at the cardiac end of the stomach: it was generally due to swallowing acids. In the University Museum, there was a preparation of an œsophagus, where the patient had swallowed sulphuric acid. The mucous membrane above the cardiac orifice was corrugated, and near it it was charred.—Mr. ANNANDALE said that, while Dr. Young and Mr. Chiene had extreme difficulty in passing a small bougie during life, a finger passed in at the *post mortem* examination. This was probably due to spasm; and the question was, whether they could not get the instruments more easily passed in such cases by giving chloroform.—Mr. SPENCE said that chloroform had been given in hysterical cases.—Dr. SINCLAIR had listened with interest, especially to the second case,

as last October he had one similar to it. The patient was a married woman, who stated that she had gone to the Infirmary, where a large œsophagus bougie had been passed, causing her great pain. The diagnosis arrived at was evidently hysterical stricture, as tincture of assafœtida had been prescribed. The patient, however, became emaciated, and died six weeks afterwards from double pneumonia. On *post mortem* examination, a small ulcer was found above the cardiac end of the stomach, but no evidence of malignancy. The difficulty in swallowing was, therefore, entirely due to reflex spasm.—Dr. A. G. MILLER said that, some years ago, he examined several cases of urethral stricture, and found the mucous membrane healthy, but puckered, with the stricture in the submucous tissue. He believed that in many cases the mucous membrane was healthy, but rugous. This was important, as it explained how, by Holt's method, a stricture could be split without bleeding.—Mr. BELL remembered that the late Mr. Edwards had shown to the Society a case where there was a tight stricture above the cardiac orifice and a hernia of the mucous coat through the muscular walls.—Dr. CADELL had removed a piece of bacon from the œsophagus of a woman, who had constriction caused by her swallowing potash when a child.—Dr. GRAINGER STEWART had noticed two results when he was pathologist to the Infirmary. There might be pneumonia near the stricture from extension, or suppuration around it, so that the patient died of pyæmia, with metastatic abscesses on the lungs and elsewhere.—Dr. YOUNG thanked the members. Dr. Sanders had pointed out that the pneumonia was in the opposite lung from the perforation. The perforation, however, was very near the bifurcation of the trachea; and, therefore, matters could pass into the right bronchus. He had used a small stomach-tube first. He would have employed chloroform had he suspected ulceration.

Treatment of Ununited Fracture.—Dr. FINLAY read a paper on the treatment of certain cases of ununited fracture, based on a case in which, much of the tibia having been lost by traumatic necrosis, he had cut out a piece of the fibula; and thus allowed the ends of the tibia to come near and the limb to unite, though shortened.—Mr. SPENCE remarked the case was interesting as to the cause of non-union, viz., loss of part of the tibia, the fibula remaining entire. Still there might be cases of compound comminuted fracture of the tibia, with union, after necrosis. This depended on the nature of the injury. In gunshot and railway and tramway accidents, there was such damage to the periosteum that union was impossible. In one case, where rest for eighteen months had proved ineffectual, he got union by Miller's method. In another case, in 1854, he bent the arm, projected the fragments through an incision, and clipped off the ends. The principle was to fracture and not to dissect, and in this case he had perfect union.—Mr. ANNANDALE said that, in a case of his own, he had wired both radius and ulna, so as to prevent immobility and allow pronation and supination. He would suggest that the leg should still be kept in starch.—Dr. FINLAY thanked the members for their criticisms.

Injury of Head, with Anomalous Symptoms.—Mr. BELL read a report of a case of head-injury, presenting anomalous symptoms. The patient had been injured in a brawl. He was first unconscious, then slowly recovered a measure of intelligence; then, from the fourteenth to the twenty-first day after the injury, he passed into a most alarming state of torpidity, in which he passed urine and fæces in bed, and appeared to be dying. He had partial paralysis of the face, external squint, and certain curious peculiarities in his voice and gesture. The pulse and temperature were low all through; and he eventually recovered.—Dr. CLOUSTON had seen three cases of general paralysis following such injuries.—Mr. SPENCE said there might be slight effusion at the base of the brain.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

DECEMBER 13TH, 1877.

SAMPSON GAMGEE, F.R.S.Edin., President, in the Chair.

Obstructive Jaundice and Cancer of Liver.—Dr. BALTHAZAR FOSTER showed a liver, taken from a patient who had died in the General Hospital. The man had been for years a heavy drinker, and five months before death had, while in Jersey, indulged freely in brandy and rum. This excess was followed by jaundice and an attack of hepatic colic. When the patient was first seen, the liver was enlarged, with well-defined edge, slightly granular to the touch, but free from all tenderness, as it remained throughout. The gall-bladder could be distinctly felt, distended with bile. The case was regarded as enlargement following obstructive jaundice; but this opinion was modified in favour of malignant mischief, on account of the rapid increase in the size of the liver after he had been some time under observation. The man died three months after admission. The liver weighed thirteen pounds, was smooth on the surface, dark olive-green in colour, with spots of creamy colour, due to cancerous growth. The cancer appeared to have begun in the neighbourhood of the common duct, which was enveloped by a cancerous mass. The orifice of the duct was, however, obliterated by fibrous tissue, and a gall-stone was found obstructing the cystic duct. These conditions explained the sequence of phenomena observed during life, viz., hepatic colic and jaundice, enlarged gall-bladder, not subsequently increasing in size; enlarged liver, smooth and not tender; and later on, as cancer invaded the liver-tissue, rapid enlargement of the viscus. There was no cancer in any other organ. Sections of the liver were shown under the microscope by Dr. Saundby for Dr. Foster.

Myxoma of the Uterus.—Mr. LAWSON TAIT showed a large œdematous myxoma uteri, which he had removed successfully by abdominal section, and which, immediately after removal, weighed a few ounces over twenty pounds. It was the fourth case in which he had operated; two of these had recovered.

Peyer's Patch.—Dr. SAUNDBY showed a specimen of a Peyer's patch, in the stage of early swelling, taken from the body of a child who died of hyperpyrexia within twenty-four hours after the first symptoms of illness appeared. He also exhibited a specimen of acute enteritis from a fatal case of diarrhœa.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 29TH, 1877.

G. S. TAYLOR, Esq., President, in the Chair.

Removal of Upper Jaw, without External Incision.—Mr. ARTHUR JACKSON introduced a young woman, from whom he had removed the superior maxilla for myeloid disease. No external incision had been made. He had practised the same method in another case.

Extraction of Cataract by a Shallow Lower Flap.—Mr. SNELL made some brief observations on extraction by this method. The puncture and counter-puncture were made in the sclero-corneal junction, just below the centre of the pupil. The edge of knife was turned directly forwards, and the section completed by cutting outwards; the summit thus lying midway between the pupil and lower border of cornea. Three patients were introduced who had been operated on by this method; two of them in both eyes. Anterior synechia was not thought to be so frequent after the operation as some supposed.

Urinary Test-Case.—Dr. DE BARTOLOMÉ exhibited Dr. Batten's pocket urinary test-case.

Piece of Glass in Bronchus.—Mr. LAVER related the case of a boy who had swallowed a piece of glass. He was under Mr. Jackson's care in the Infirmary. Tracheotomy was performed, but it was found impossible to detect the foreign body. He died about a month subsequently, and, at the *post mortem* examination, the piece of glass was found in the right bronchus.

Dr. DYSON exhibited the morbid specimens from a case of Cirrhosis of Liver, with impacted Gall-stone.

Dr. DREW briefly related a case of Pulmonary Embolism, caused by injury.

Pyæmia.—Mr. JACKSON read a paper on two cases of pyæmia. In one case, there was disease of the metatarsal bones; in the other, of the sacro-iliac joint from recent injury. The cases were interesting in the conspicuous absence of symptoms which are generally considered essential to diagnosis, rather than in the presence of anything unusual. In one case rigors were absent, in the other present; in one case perspirations frequently occurred, in the other entirely absent; in one case also there was no wasting, in the other it was conspicuous. The temperature was normal between the rigors in one, while in the other case it was never under 100 deg. Fahr. In one case there was communication with the external air, in the other no such communication. In the history of both cases, constitutional dyscrasiæ prominently figured. Mr. Jackson pointed out the important part which dyscrasiæ played in the etiology of the disease. He insisted also on the frequency of injury to bone as a cause of the disease; and objected to the term pyæmia, as likely to prolong our confused knowledge, if not misdirect future investigation.—An animated discussion ensued, in which several members joined, and, on the motion of Mr. Snell, the debate was adjourned.

DECEMBER 13TH, 1877.

G. S. TAYLOR, Esq., President, in the Chair.

A Case of Scalping.—Dr. KEELING related the notes of the case, and afterwards introduced the patient, a young woman. Her hair had been caught in some revolving machinery, by which she was lifted from the ground and the whole scalp torn off. A number of large pieces of bone

exfoliated, and it did not finally heal until four years after the accident. Photographs of the case were also exhibited.

Removal of Portion of Silver Catheter from Bladder.—The patient was a man aged 75, with prostatic enlargement, and had been accustomed to catheterise himself. Mr. Jackson removed the portion of catheter by the operation for lateral lithotomy. The case, however, terminated fatally, and the piece of catheter extracted was exhibited, measuring about five inches in length.—Remarks were made on the case by Mr. PYE-SMITH, Dr. DE BARTOLOMÉ, Mr. DYSON, and Dr. KEELING.

Deformed Forearm and Hand.—Mr. SNELL exhibited the dissected specimen, from a male subject in the dissecting-room at the Medical School. There were a rudimentary thumb and index finger. The radius passed obliquely across the forearm, did not directly articulate with the carpus, but was separated from it about an inch and connected by a loose capsule. The ulna terminated some little distance above the radius in a hooked extremity.

Calculus Removed from Urethra.—Mr. W. M. JONES exhibited the specimen, and stated that he had removed it from a child by means of a loop of steel piano wire.

Intracapsular Fracture of Neck of Femur.—Mr. RECKLESS showed the specimen, which was from the body of a woman aged 73. Fracture had occurred two months before death. There was no attempt at union.

Imperforate Anus.—The rectum terminated in a *cul-de-sac*. Dr. HARGREAVES exhibited the specimen, and stated that the child lived fourteen days.

Rupture of Uterus in the Third Month of Pregnancy.—Mr. EDWARD SKINNER related the case. The patient was a young woman aged 23. The *post mortem* examination disclosed a rupture of body of uterus at its upper and posterior part; the placenta was protruding, and the fœtus was in abdomen. There was no history of a fall or blow, and the rupture was thought to be the result of softening. It was the second pregnancy.—Dr. KEELING remarked on the rarity of rupture at this period of gestation, and on the bearing of this to the softness of the uterine walls.

Adjourned Discussion: Pyæmia.—The debate on Mr. Jackson's paper was resumed by Mr. SNELL, and continued by the PRESIDENT, Mr. JONES, Mr. B. WALKER, Dr. DYSON, and Mr. JAMES. Mr. JACKSON replied.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, DECEMBER 8TH, 1877.

EDWARD HAMILTON, M.D., President, in the Chair.

Dislocation of Spine.—Dr. T. E. LITTLE presented a case of dislocation of the spine, in a young man aged 18, who died eighty-five days after the receipt of the injury. He fell down the hold of a vessel on his back and shoulders. He was able to walk into the hospital with assistance. There was complete motor, and partial sensory, paralysis in the upper extremities; but, in the lower limbs, no lesion of either motion or sensation existed until two months had elapsed. Marked flushing of the face, etc. (vaso-motor paralysis), was observed. On the tenth day complete atrophy of the muscles of both forearms set in, so that Cruveilhier's paralysis and "la main en griffe" became well marked. The skin of the hands and fingers assumed a glazed appearance. Paralysis of the intercostal muscles led to dyspnœa in expiration, inability to expectorate, and finally apnœa and death. The urine had been acid until a week before he died. There was a dislocation of the fifth from the sixth cervical vertebra, the articular processes of the fifth being hitched in front of those of the vertebra below. The spinal canal was narrowed to half its normal lumen. A greyish spot existed in the anterior columns of the cord. There was intermuscular wasting.—Dr. BOOKEY alluded to Dr. McKendrick's observations on colloid degeneration in the spinal cord in cases of trauma.—Dr. W. G. SMITH regarded the case as specially interesting, because it showed that the glossy appearance of the fingers, noted by Sir James Paget in peripheral nerve-lesions, may occur also in central paralysis.—Dr. FINNEY asked whether the external or internal intercostals were the more paralysed.—Dr. LITTLE said both were extremely atrophied.

Saccular Aneurisms (Virchow).—Dr. NIXON showed the brain, lungs, and kidneys of a woman who had died of apoplexy, the result of an extensive meningeal hæmorrhage from a saccular (miliary) aneurism situated on the right middle cerebral artery. The left artery also was the seat of a similar aneurism. The kidneys were intensely congested and the lungs were engorged with blood; this functional hyperæmia being symptomatic of the lesion in the neighbourhood of the aneurism which had ruptured.

Lesions in Morbus Coxæ.—Dr. E. H. BENNETT exhibited the head and neck of a femur, removed by excision from a boy nine years of age, suffering from morbus coxæ in the stage of suppuration. He also exhibited the innominate bone and femur of the same patient, removed *post mortem* seven months after operation. The operation had been undertaken when abscess had been discharging for some time, and when the rapid progress of hectic fever indicated a speedy end to the case. The viscera were healthy at the time of operation. Marked relief followed the operation, the temperature and other febrile phenomena falling. This improvement was maintained for more than a month, when progressive disease of the pelvis was observed, with a gradual increase of suppuration, and finally the development of hepatic enlargement. The death occurred seven months after the operation. The femur was found healthy, the point of compact tissue which lay against the carious pelvis alone showing any disease. Extensive caries of the innominata, which had not at the time of operation extended outside the acetabulum, affected the dorsum ilii and all the surroundings of the acetabulum. An intrapelvic abscess also existed, springing from the perforated floor of the acetabulum.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 27th, 1877.

Campbell, William Frederick, Chippenham Road, St. Peter's Square
Lloyd, George Jordan, South Wreath, Birmingham
McCarthy, George, Kinmare, Ireland
MacIlhatton, Alexander, Treorky, South Wales

The following gentleman also on the same day passed his primary professional examination.

Dunlop, James Hay, Guy's Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 3rd, 1878.

Clarke, Thomas Furze, Richmond, Surrey
Dingley, Allen, Argyle Square, King's Cross
Ellison, Frederick William, Leytonstone
Richardson, Richard Tippetts, Kingston-on-Thames
Thomas, Richard Weddall, York

The following gentlemen also on the same day passed their primary professional examination.

Baber, Henry Aitkens, Guy's Hospital
Collins, George Duppa, King's College Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

BALROTHERY UNION—Medical Officer for the Lusk Dispensary District. Salary, £125 a year as Medical Officer, and £20:16:8 as Sanitary Officer, with the usual Registration and Vaccination Fees. Election on the 19th instant.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST—Assistant-Physician. Applications to be made on or before the 26th instant.

DURHAM COUNTY HOSPITAL—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to be made on or before the 26th instant.

IPSWICH BOROUGH LUNATIC ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, washing, and attendance.

KENT COUNTY LUNATIC ASYLUM—Assistant Medical Officer and Dispenser. Salary, £165 per annum, with furnished apartments, milk, vegetables, washing, and attendance. Applications to be made on or before February 6th.

NEWCASTLE-UPON-TYNE INFIRMARY—Senior House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before February 4th.

SALFORD and PENDLETON ROYAL HOSPITAL—House-Surgeon for the Pendleton Branch. Salary, £100 per annum, with board and lodging. Applications to be made on or before the 16th instant.

SUNDERLAND and BISHOPWEARMOUTH INFIRMARY—Senior House-Surgeon. Salary to commence at £80 per annum, with board and residence. Applications to be made on or before the 24th instant.

WARMINSTER UNION—Medical Officer for the Longbridge Deverill District. Salary, £80 per annum. Applications to be made on or before the 14th instant.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

ALLAN, James, M.B., appointed Senior House-Surgeon to the Northern Hospital, Liverpool, *vice* A. Craigmile, M.B., resigned.

*COOMBS, Rowland H., L.R.C.P., appointed Medical Officer in Ordinary to the Bedford General Infirmary, *vice* George Wharton, M.D., Physician to the Infirmary, deceased.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

DEATH.

LANG, John, M.D., of Southport, aged 49, an January 5th.