

the abscess into the right ventricle. In reply to Mr. Callender, he said that there was a general paralysis of the tongue, which, however, passed off. There was no aphasia.—Mr. BARWELL spoke of a man who died five days after an accident, and in which the pus occupied almost the whole left hemisphere.—Mr. DE MORGAN said the point of interest was the recovery from the abscess and the succeeding death.—Dr. GREEN thought it likely that embolism of the arteries round the abscess was the cause of death.

Dr. GREENHOW related a case of Diphtherial Paralysis in a woman, aged 21. The local disease had been most severe on the left side of the throat, and the paralytic symptoms, which successively affected the muscles of the fauces, tongue, lips, cheek, eyes, and limbs, were most strongly marked on the left side of the body. The patient was first treated with the tincture of perchloride of iron and with strychnia in the proportion of one-sixth of a grain daily, and was then galvanised from the knees to the feet and from the elbows to the hands on alternate days. She made a rapid and perfect recovery. Dr. Greenhow remarked, with reference to this case, that he had usually observed, when there was any marked difference in the intensity of the disease on the two sides of the throat, a corresponding difference in the severity of the paralytic symptoms on the two sides of the body. He had also noticed that the paralysis usually appeared to spread from the seat of the local disease to the fauces, tongue, lips, and other neighbouring parts, and thence to the eyes, trunk, and upper and lower extremities.—Dr. WEBER had notes of 39 cases. The paralysis of sight never followed, but preceded the affection of the limbs. When both upper and lower extremities were affected, his cases showed that one was affected as soon as the other. Paralysis followed exercise, which was productive of bad results, and in one case of death. He had never observed the correspondence between the side of the throat and the paralysis. The percentage of cases of paralysis since 1862 had diminished.—Mr. NUNN thought that the afferent power was affected by the poison which was spent on the periphery of the nerves.—Dr. BÄUMLER thought strychnia of great use, if used in sufficiently large doses.—Dr. GREENHOW, in answer to Dr. Powell, said that the cases in which the pulse is lowered are very fatal.

#### MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 1ST, 1869.

PETER MARSHALL, Esq., President, in the Chair.

MR. JABEZ HOGG brought before the Society a young woman upon whom he had operated for Ectropion. The operation was a modification of Dieffenbach's. He made a semilunar incision through the skin and dense structures below the everted lid, and deepened the cut till it reached the conjunctival sac. He then seized a fold of the uninjured conjunctiva with toothed forceps, and passed two stitches through it at short intervals. On drawing this down, the lid became immediately inverted. The ends of the silk were drawn upwards and secured to the superior orbital ridge with plaister. A firm pad and bandage were applied to keep the parts adjusted. The wound made by the knife was left to granulate. Adhesions quickly formed between the conjunctiva and the lips of the wound, and in ten days she left the hospital greatly improved, and with the epiphora (from which she also suffered) quite cured.

Dr. JEPHSON read notes of a case of Cancerous Deposit in the Posterior Mediastinum, with effusion into the left Pleural Cavity.

Dr. SEMPLE read a paper on the Prognosis of Heart-Disease. The author adverted, in the first place, to the general impression long entertained by the public and profession as to the necessary fatal character of heart-disease—an impression which was rather increased than diminished by the invention of the stethoscope and the advances made in pathology. Dr. Semple questioned the propriety of informing the patient of the existence of heart-disease in all cases where some abnormal bruit is detected, not only because this disturbed the mind of the patient, but because both acute and chronic diseases of the heart are far less fatal than is generally supposed. In 1850, he presented a paper on this subject to the Medical Society, and he showed from cases that had come under his own observation that serious disease of the valves was compatible with longevity, and even with a moderate enjoyment of life. These views had been confirmed by all subsequent experience, and were now generally adopted. In reference to life assurance, the author considered that these opinions ought to, and now do, have weight. He recorded a very recent case of a young lady suffering from valvular disease following repeated attacks of acute rheumatism; although the heart is permanently altered, the patient is now enjoying good health, has lately married, has had a child, and has taken a voyage to the Antipodes.

## CORRESPONDENCE.

### GLASGOW AND ABERDEEN UNIVERSITIES' ELECTION.

SIR, —Will you oblige me by giving a place in the JOURNAL to the subjoined letter which I have addressed to Dr. Andrew Clark.

I have been much pressed by some of my medical friends to enter much more fully than I have done into the various questions which at present interest the medical profession. And nothing would be easier than by their assistance, and by means of the information on the subject with which they have furnished me, to make a show of acquaintance with and interest in, and formed opinions on such questions as the consolidation and amendment of the Sanitary Laws, a new and more stringent Medical Act, the management of the Great Hospitals, including the remuneration of the medical officers, medical relief of the poor, obligations thrown on medical men with reference to registration of deaths and public vaccination, government encouragement of and provision for the study and teaching of the branches of science which concern the medical profession—with all which questions, except the last, my acquaintance beyond that which I have acquired within the last few weeks is necessarily of the most general description.

Of these questions, I can say that I recognise their importance, and the duty of a representative of the universities to make himself master of them and of the views of the profession in regard to them. And I may also say that I think that in this country the law and the Government (and I do not confine this opinion to medical matters) do a great deal too little in the way of the supervision, management, and carrying on of public bodies, institutions, and undertakings, and of protecting the public against becoming the prey of unscrupulous men, whether quacks, promoters of companies, or impostors of other kinds. But having said this, I must add that I think it honest and fairer, both to the profession and to myself, not to bid for their support by making a display of knowledge and interest in enunciating opinions, necessarily crude, on the particular questions to which I have referred, or on others.

A constituency is, in matters which specially affect it, entitled to look on its representative as its counsel—its advocate—even its delegate. And if my recognition in the fullest way of the medical part of the constituency as entitled to look on the member for the universities as filling the character of their representative does not satisfy them, I am quite sure that nothing that I could honestly say on particular questions would.

I am, etc.,

ARCHIBALD SMITH.

[The following letter, addressed by Mr. Smith to Dr. Andrew Clark, is submitted to the members of the medical profession who are members of the General Councils of the above Universities.]

3, Stone Buildings, Lincoln's Inn, 1st November, 1869.

"Dear Dr. Andrew Clark,—I regret to find that some misapprehension exists among the members of the medical profession who are members of the General Councils of the Universities of Glasgow and Aberdeen, as to my view of the duty of a representative in Parliament of the Universities to the medical profession, and I have been urged by several of my friends in that profession, to whose opinion I defer, to endeavour to remove the misapprehension.

"I regard a representative of the Universities as a representative not more of the Universities, considered as educational bodies, than of the great professions whose members constitute so great a part of the constituency, and, therefore, as being in a special sense a representative of the members of the medical profession. I consider that it is his duty to make himself master of questions which affect or interest them, and to be prepared to state and advocate their views in Parliament.

"This wide view which I take of the duties of the University representative might seem to make it unnecessary for me to express my opinion on particular questions, which are, in fact, covered by it; but I have been urged to express on two questions in particular, viz., firstly, the representation of the profession generally in the Medical Council, and secondly, the obligation thrown on medical men to perform professional services for the public without remuneration.

"On the first question, it seems to me there cannot be two opinions; and that the profession is entitled to such a representation as it seeks in the Medical Council. The particular mode of representation should, I think, be decided according to the views of the profession.

"The second question refers to a hardship of which it seems to me the members of the profession affected by it have a right to complain, and I should be glad to assist them in any endeavour to be relieved from it.—I am, dear Dr. Clark, yours faithfully,

ARCHIBALD SMITH.

"Andrew Clark, Esq., M.D., Cavendish Square."