

I have now operated on 8 cases, all of which were very bad subjects for operation, since they were very feeble, some having tuberculous disease in other parts as well. Of these, I died from hæmorrhage from a polypus in the rectum while the spinal condition was progressing in a most satisfactory manner; 1 (W. S.) relapsed, and was only slightly benefited by operation; 1 has up to the present shown no improvement; while 5 are at this moment apparently permanently relieved of their paraplegic symptoms. Not one of these cases could have derived anything but harm from prolonged rest in bed, and the indiscriminate adoption of such treatment is obviously most iniquitous and unscientific.

## REPORTS OF SOCIETIES.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.  
MONDAY, MAY 11TH, 1891.

DAVID NEWMAN, M.D., President, in the Chair.

*Cholecystotomy.*—Dr. E. DUNCAN, for himself and Mr. PARRY, gave an account of a case in which jaundice of six weeks' standing, with complete absence of bile from the stools and a distended gall bladder, had given occasion for the performance of this operation. Cancer of the pancreas was found, and there was a secondary nodule obstructing the common bile duct. Mr. Parry referred to the difficulty which existed in some cases in determining the cause of obstruction, even when the distended bladder had been opened. The nodule, in this case at the orifice of the common bile duct, might easily have been mistaken for a stone.—Dr. HECTOR CAMERON expressed the opinion that the long-continued presence of gall stones was apt, when the cancer age was reached, to set up cancerous growth.—Dr. HUGH THOMSON could not understand the object of the operation in the absence of distinct symptoms of gall stones.—The PRESIDENT was of opinion that where cancer and gall stones were found together the gall-stone formation was secondary to the catarrhal state produced by the obstruction.—Dr. FINLAYSON considered it open to question whether it was wise to open a gall bladder unless there was a fair chance of getting gall stones or unless there were symptoms in the neighbourhood of the gall bladder suggesting the possibility of its rupturing.—Dr. DUNCAN, in reply, pointed out that, while there was no clear evidence of gall stones, there was no tumour beyond that of the gall bladder itself to suggest malignant disease. Rupture of the gall bladder was itself a danger sufficient in such case to justify an exploratory operation.

*Specimens.*—Dr. JOSEPH COATS showed a specimen of Horse-shoe Kidney, and called attention to the fact that the ureters came off forwards and downwards, not inwards, as commonly represented. Dr. Coats also showed a specimen of Fracture and Dislocation of the Cervical Spine, in which it seemed to him that an immediate attempt at reduction, as by suspension, might have been beneficial. In reply to Mr. MAYLARD, he admitted that here, as probably in most cases, the most serious injury to the cord was inflicted at the time of the injury, but he still thought some relief might have been obtained by stretching.—Dr. HECTOR CAMERON showed: (1) A Multilocular Colloid Ovarian Cystoma, one compartment of which was lined by epidermis, and contained hair and teeth set in a mass of bone; (2) A Dermoid of One Ovary, the size of a turkey's egg, from a case in which the other ovary was the seat of a multilocular colloid cystoma. Mr. H. RUTHERFURD directed attention to the analogy of the colloid ovarian tumour and the dermoid. The colloid often contained well-formed mucous glands. It seemed unjustifiable to assume that the dermoid was specially, and in all cases, of congenital formation. On the inclusive theory, all tumours might be of congenital origin.

*Card Specimens.*—Dr. COATS showed: (1) Aneurysm of a Renal Artery; (2) An Autoclave Steriliser, for sterilising by steam under pressure; (3) Some Cultures.—Mr. H. RUTHERFURD showed specimens, with microscopic sections of (1) Squamous-celled Epithelioma of the Leg; (2) Epitheliomata of the Dorsal Surface of the Fingers of the type of rodent ulcer.—Mr. MAYLARD showed an Epithelioma of the Hand, with microscopic sections.

## GENERAL COUNCIL

OF

MEDICAL EDUCATION AND REGISTRATION.

SPRING SESSION, 1891.

Friday, May 29th.

Sir RICHARD QUAIN, President, in the Chair.

ON the reading of the minutes, Mr. B. CARTER objected to the record that the report of the Education Committee was ordered to be received and entered on the minutes.—The PRESIDENT pointed out that receiving a report was a mere formality, and did not involve its adoption.

*Dental Business.*—A report from the Dental Committee on the case of Henry Louis Goodman was received and entered on the minutes. Mr. Goodman was in attendance to answer the charge:

That he had issued and published, and caused to be issued and published, advertisements and other public announcements falsely describing himself in them as Surgeon Dentist to the Queen's Household, and Surgeon Dentist to the Household of Her Majesty the Queen and His Royal Highness the Prince of Wales, the effect of such advertisements and public announcements being to convey to the public the false idea that he held an appointment in the Queen's and Prince of Wales's households, and that, after being repeatedly warned against continuing to issue and publish the said false and misleading descriptions, he had persisted in issuing and publishing the same, and had not withdrawn them. Mr. FARRER (Solicitor to the Council) pointed out that the report was conclusive as to the facts of the case; the duty of the Council was, therefore, limited to considering what was to be done under the circumstances. He read *inter alia* a statement from the defendant explaining why he had used these titles. He, however, said he had abstained from repeating the offence since his attention had been called to it by the Council, and he claimed to have honestly complied with the wishes of the Council in the matter. He read part of the summing up of the Recorder of London, in a compensation for disturbance case in which he was concerned, who stated that "he was not to blame," that "he was probably right" in using this title. At the same time, he was prepared to give an undertaking never to use it again. In response to the President, he said he unequivocally withdrew any claim to the title. In response to Sir Dyce Duckworth, he declined to say when he had begun to practise dentistry. He was 38 years of age. He did not believe that he had gained anything by the use of the title. The Council then proceeded to deliberate in private on the case, strangers being ordered to withdraw. On the readmission of strangers, including the defendant, the PRESIDENT informed him that the Council had come to the conclusion under the circumstances, and in view of his promise, to treat him with leniency, and not to remove his name from the *Dental Register*.

*Case of John Keys.*—This adjourned case came on for further consideration, and Mr. Corrigan on this occasion produced the original letter, an allusion to which was embodied in his previous statement.—Counsel for defendant obtained permission to address the Council in reference to Mr. Corrigan's further evidence and animadverted on Mr. Corrigan's statements and past conduct.—The Council then proceeded to deliberate *in camera*, strangers being ordered to withdraw. After a prolonged deliberation the defendant was recalled, and the PRESIDENT stated that it was his painful duty to have to inform him that the Council had arrived at the conclusion that he, John Keys, had committed the offence charged against him, and that that, in the opinion of the Council, constituted "infamous conduct in a professional respect," and that his name had been ordered to be erased from the *Register*.

*Destination of Penalties under the Medical Acts.*—Dr. GLOVER brought forward a motion:

That the Council represent to H.M. Government: That the appropriation which is claimed in London under the Metropolitan Police Acts, for fines imposed within the metropolitan area, differs, in regard of fines under the Medical Acts, from the appropriation in force in other parts of the United Kingdom, and is practically such as to prevent within the metropolitan area prosecutions, which for the protection of the public ought from time to time to be undertaken in respect of offences committed against the Medical Acts; and that, in the opinion of the Council, it is urgently to be desired, either that the metropolitan appropriation of fines under the Medical Acts should be assimilated to the appropriation of such fines in other parts of the United Kingdom, or else that, for the metropolitan area, the Government, as appropriating the fines, should