pain for some months. On January 15th the child had much pain in the groin. Both parents thought the "lump" was larger than it had ever been before, and on this occasion it did not "go back." During the twenty-four hours previous to admission, however, the patient refused all food, and vomited incessantly throughout the night. The bowels were opened naturally on January 15th, and the vomiting stopped at 8 o'clock on the 16th.

On Admission.—The child lay in bed with the right leg rawn up, and had an anxious expression. There was a smooth oval swelling fn the right groin about the size of a plover's egg. It was fairly tense, and allowed of some lateral displacement. There was no impulse on coughing, and the umour could not be reduced. It was tender on palpation, but the skin over it was normal, and there was no abnormal condition of the external genitals.

Operation.—Chloroform was administered at 2 P.M. on the day of admission, and attempts were again made at reduction. Taxis failing, Mr. Power cut down on to the swelling, and found it was an inguinal hernia. The contents proved to be small intestine only, and the sac was nipped at the ring. The constriction was a fairly tight one, but the bowel beyond was only slightly congested. The constriction was relieved by gently insinuating the point of an aneurysm needle along the inguinal canal between the gut and the external abdominal ring. When this was done, and the anterior wall of the canal was gently lifted up, it was easy to return the gut into the abdominal cavity without any division of the constriction. The sac was ligatured as high up as possible; the free ends of the ligature were then threaded on curved needles and passed through the muscular structures of the abdominal wall, one on either side of the ring, and tied. Three deep sutures were also used, completely closing the ring, and finally the skin incision was sewn up with continuous catgut. The wound did well, and by the tenth day there was firm union.

REMARKS BY MR. POWER.—The interest of this case lies in the complete history from the first protrusion of a piece of small intestine which became irreducible, then congested, and finally caused the ordinary symptoms of a strangulated hernia. The differences between the tissues of a child and an adult are also well defined: first, by the comparatively slight amount of congestion of the bowel which had followed upon its constriction; and secondly by the fact that the greater extensibility of the tissues allowed the inguinal canal to be dilated until the bowel could be returned without any division at the point of constriction.

NORTH-EASTERN HOSPITAL FOR CHILDREN, HACKNEY.

COIN IN THE ŒSOPHAGUS REMOVED BY THE AID OF THE FLUORESCENT SCREEN.

(Under the care of Mr. A. B. ROXBURGH, Surgeon to the Hospital.)

[For the following report we are indebted to Mr. C. G. BURTON, M.R.C.S., L.R.C.P., Resident Medical Officer.]

History.—A girl, aged 5 years, was admitted on January 2nd with the following history: On Boxing Day, December 26th, 1898, she had swallowed a halfpenny, which stuck in her throat. She was taken immediately to a doctor, but he was unable to move it. She was very sick at the time and during the rest of the day. On admission the child was quite comfortable; there was no dyspnœa. She took milk in very small sips, swallowed with difficulty, and complained of slight pain. She had had no solid food since the accident. She was immediately examined in the Roentgen apparatus room, and by means of the fluorescent screen a coin the size of a penny could be seen lying in the upper part of the œsophagus. The radiograph was then taken on Paget's xxx plate; exposure four minutes, tube 3 inches from neck. By the use of the screen the upper edge of the coin was seen to be lying more anteriorly than the lower border.

Operation.—Mr. A. B. Roxburgh was then sent for, and the child taken to the Roentgen room. The *x*-ray tube was arranged under a bed board which projected from the end of the table. The child was anæsthetised, and the head fully extended over the edge of the table. The room was then darkened, and the screen held over the neck. Coin easily visible. Mr. Roxburgh then passed a metal coin-catcher, which was plainly seen to pass behind the coin and the hook plainly seen below; this was raised gently, and the hook caught the lower edge of the coin, which was easily drawn up into the pharynx and picked up. The operation lasted only a few seconds. The child was able to swallow solid food a few hours after the operation, and on January 6th was discharged quite well.

REMARKS.—The interest of the case was the ease with which the operation was performed by working with the fluorescent screen. It was seen exactly where the metal coin-catcher was being passed, and when the hook was under the edge of the coin, and that it was quite safe in pulling rather sharply at that precise moment.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

T. BRYANT, M.Ch., F.R.C.S., President, in the Chair.

Tuesday, March 28th, 1899.

MULTIPLE CALCULI REMOVED FROM NARROW-NECKED SACCULI CONNECTED WITH MALE BLADDER.

MR. REGINALD HARRISON gave the following particulars of these cases: Case I.—J. R., aged 56, came under observation in August, 1892, with symptoms of vesical calculus. A small stone was detected on sounding and crushed, but as this was not sufficient to account for the symptoms present a median perineal cystotomy was proceeded with, and thirty-four stones, weighing over 11 drachms, were withdrawn from a sac to the left of the prostate. The interval between the bottom of the sac and the rectum was very small. A drainage tube was fixed in the sac. The patient left the surgical home twenty-four days later. A perineal fistula persisted. In 1894 a suprapubic cystotomy was performed, and the bladder and sac were drained by that route. As this did not appear to have any appreciable effect upon the sinus the suprapubic wound was allowed to close. He died in 1896 with the fistula still open. Case II.—A man, aged 50, first seen in July, 1897. In 1897 several small friable calculi were removed from the bladder by the lithotrite and wash bottle. About this time it was first observed that the bladder had a large sac in it, which could be independently catheterised. In April, 1898, the patient suffered suddenly and acutely from cystitis, and on May 4th suprapubic cystotomy was performed. The lateral lobes of the prostate were found much enlarged, and to the right and a little below the corresponding ureter was the opening into a sac, just admitting the index finger. The sac was full of foul, purulent urine, and contained several stones. The latter were removed, and the pouch was washed out and a drainage tube fixed into it as well as into the bladder. In three weeks he was out of bed and doing well. Towards the end of June, 1898, he had several rigors and high temperatures in spite of careful irrigation of the bladder, so the wound was reopened, and the pouch washed out and again examined, with the view of draining the latter through the perineum. This had to be abandoned by reason of the relation of the sa to large vessels which could be distinctly felt by the finge and the original mode of drainage was reverted to. The enlarged prostatic lobes were also removed. His present condition (1899) is reported as being much improved. The author remarked that the difficulty in dealing with these two cases arose not in the removal of the stones, but in providing for the drainage and subsequent obliteration of the sacs in which the calculi were contained. He proceeded to discuss the advisability of draining some of these sacs after their exploration by suprapubic cystotomy from the perineum, and in support of this proposition referred to two other cases which seemed to favour this. The nature of the calculi removed was also referred to, and it was suggested that they were probably indigenous to the part in which they were found.

MR. BRUCE CLARKE said he had had several similar cases which he hoped to put shortly into paper form. He thought it very difficult to distinguish the nature of the sac either by naked-eye or microscopic examination, partly on account of ulceration that had matted the parts together. The

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absence of mucous membrane usually found facilitated healing, and was hence a good thing. As to treatment, having made the diagnosis differentiating from prostatic enlargement, he advocated suprapubic cystotomy, and then applying the principles of drainage. But this was not always easy. He referred to a case in which a saccule ruptured into the peritoneum, and to another case in which he invaginated the sac into the bladder, leaving the forceps on for some days by which this was performed; this led to obliteration of the sac. In some cases drainage by the perineum would doubtless be preferable.

Mr. BRYANT remarked that these cases were difficult of diagnosis, but he differed from the previous speaker in thinking that the bladder should always be attacked superficially, as drainage was more effective by the perineum. He referred to 3 cases where sacculi had been suspected and their presence afterwards verified; these were all attacked through the perineum. He removed in one case a very large number of calculi, and the patient got perfectly well, the cyst having been efficiently drained. This and two other similar cases had been previously unsuccessfully lithotrised. In another case, having crushed a stone, he was unable to wash out the *débris*, and this he attributed to the presence of a sacculus. As to the site of the formation of these stones, all calculi from a sacculus had characteristic features, which were unlike those of the vesical and renal calculi; but he thought they probably came from the bladder and fell into the sac, where they were covered by the particular concretion.

Mr. HARRISON replied.

THE TREATMENT OF PULMONARY TUBERCULOSIS BY ANTI-TUBERCULOUS SERUM.

Dr. C. THEODORE WILLIAMS and Dr. HERBERT HORROCKS, who read this paper, after reviewing the various investigations into the serumtherapy of tuberculosis made in France, Germany, Hungary, Italy, and the United States by Richet, Héricourt, Bouchard, Daremberg, Bernheim, Babes, Maragliano, Paquin, Trudeau, and others, gave an account of their own experiments carried out on 9 patients at the Brompton Hospital. The antituberculous serum was procured at the Jenner Institute of Preventive Medicine by inoculating a horse—an animal generally considered to be immune to tubercle—with increasing doses of tuberculin until no reaction followed, the maximum dose being 500 c.cm., which was given on two occasions. Twenty-one days after the last inoculation 1 litre of blood was drawn from the left jugular vein, the clot removed, and the serum mixed with a weak solution of carbolic acid (for preservative purposes), and transferred to sterilised bottles. Afterwards this was injected hypodermically with all antiseptic precautions into the selected patients. The cases first chosen were either those (1) of acute lung tuberculosis, or (2) of chronic lung tuberculosis where acute disease had supervened. Five patients were submitted to the treatment, the doses commencing with 1 c.cm. and gradually being increased to 10 c.cm., the object being to bring the system under the influence of the serum as soon as feasible. The treatment was carried on for periods of from fifteen days to three months, and the number of injections administered was from fifteen to twenty-five. The immediate result was rise of temperature and of pulse, slight urticarial or erythematous rashes, and enlargement of the axillary glands. The effect on the lungs was increase in the amount of expectoration, diminution in the lung tissue contained therein, except in one case, where it increased, diminution of septic organisms in two cases, and their disappearance in two cases; in one case these were altogether absent. With the exception of one case there was no reduction in the number of tubercle bacilli. The general condition of the patients deteriorated, and one died from a fresh eruption of tubercle and its attendant pleurisy some time after the termination of the injections. Two of the patients gained a few pounds in weight, but the physical signs at the close of the treatment showed that tuberculisation and excavation had gone on unchecked by the serum injections. The urticarial rashes were apparently due to the amount of carbolic acid added to preserve the serum, as, on the quantity being reduced, these rashes no longer appeared. The authors then determined to try (1) serum taken at longer intervals after the horse's inoculation with tuberculin; (2) to employ smaller doses, beginning with 1 c.cm. and never exceeding 5 c.cm.; and (3) to use it in cases of incipient and limited tuberculosis, as well as in cases of limited excavation. The serum was now taken seventy-two days after inoculation, and tried in two cases of limited unilateral tuberculosis, and also in two of excavation limited to one lung, and the results proved a marked contrast to those of the previous experiments. The treatment was carried out for longer periods, owing to its being better borne than in the first group, and from thirty-two to fifty injections were given in doses varying from 1 c.cm. to 5 c.cm. The injections in no case gave rise to any local swelling or irritation or rash, either of urticarial or erythematous type, but in all the patients the axillary glands became enlarged during the treatment. The temperature sometimes rose after the injections in one case; in the other three cases the records were invariably normal or subnormal. Pulse-rate and respiration-rate were not materially affected. All four patients gained weight, the two excavation cases most, one $12\frac{1}{2}$ lbs. and one a stone; the tuberculisation cases $5\frac{1}{2}$ and 6 lbs. respectively. All increased in strength and vigour, and were able to return to their work, except one patient, in whose case a lighter occupation was substituted for a comparatively trying one. Cough and expectoration diminished in all, and in one case altogether ceased. Physical signs showed limitation of the area of disease in the lungs in the consolidation cases, and in the two excavation cases quiescence of the cavity in one and complete contraction in the other. With regard to the sputum contents, in three cases the tubercle bacilli greatly diminished in number, and at times disappeared altogether, but at the close of the treatment there were still some to be detected. In one case they did not diminish at all, though the patient improved generally. The other organisms—diplococci, staphylococci, and streptococci—disappeared in the two cavity cases, and in the consolidation cases they were noted throughout, though in diminished numbers. In one excavation case two injections of streptococcic serum were made with no special effect on the pyrexia or general condition, but it was found that the septic organisms disappeared from the sputum. The authors concluded that in order to produce an antituberculous serum capable of controlling the evolution of tuberculosis in the human body, a considerable interval must elapse between the inoculation and the date of the withdrawal of the serum, for when taken a few weeks after inoculation its effects closely resembled those of Koch's first tuberculin. These experiments encouraged a further trial of the milder form of antituberculous serum in early cases of lung tuberculosis, or where the lesion was limited, but where the disease was so overwhelming, as in acute pulmonary tuberculosis, or the lung surface was largely invaded by fresh tubercle, no probable advantage was likely to be derived from its use

Dr. R. L. BOWLES said that in regard to the milder preparation being more efficacious than the stronger he had had a similar experience with the weaker tuberculin of Koch as compared with the stronger.

Dr. THEODORE WILLIAMS, in reply, said that although the consensus of opinion was adverse to the utility of Koch's tuberculin, yet it seemed to do good in some cases. It seemed first to light up the latent tuberculous process, and then to cause a breaking down of the lung tissue, and in every case he had treated with Koch's tuberculin he had found broken-down lung tissue. After the appearance of the cavity the condition of some patients certainly improved somewhat, but the mass of cases were worse for the treatment.

THE ROYAL INSTITUTION.—Among the courses of lectures to be given after Easter at the Royal Institution are three lectures on Zebras and Zebra Hybrids, by Professor J. Cossar Ewart; two lectures on Electric Eddy-Currents (The Tyndall Lectures), by Professor Silvanus P. Thompson; three lectures on the Atmosphere, by Professor Dewar; and two lectures on Water Weeds, by Professor L. C. Miall. The Friday evening meetings will be resumed on April 14th, when a discourse will be delivered by Professor A. W. Rücker on Earth Currents and Electric Traction. Succeeding lectures will probably be given by Dr. F. W. Mott, Professor C. A. Carus Wilson, Dr. W. J. Russell, Professor T. Preston, the Bishop of Bristol, Sir William Martin Conway, and Mr. H. G. Wells.

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CLINICAL SOCIETY OF LONDON.

JOHN LANGTON, F.R.C.S., President, in the Chair.

Friday, March 24th, 1899.

ANEURYSM OF ABDOMINAL AORTA SUCCESSFULLY TREATED BY INTRODUCTION OF SILVER WIRE INTO THE SAC.

THE PRESIDENT related this case. The patient was a woman who had had an abdominal swelling since the birth of a child three months before. She had lost two stone in weight in twelve months. On admission there was a pulsating tumour in the epigastrium 3½ inches in diameter, which was movable laterally, but not vertically, and there was a loud systolic murmur over it. In April, 1898, as the swelling was increasing and the pain very severe, an exploratory laparotomy was performed, and the tumour was found to be an aneurysm of the upper part of the abdominal aorta. A trocar was introduced into the sac, and not much blood issued from the cannula when the trocar was withdrawn. As there was some difficulty in introducing salmon gut into the sac, silver wire was used, and 5 feet were introduced without difficulty. The puncture was secured with a silk ligature. There was some vomiting and a good deal of restlessness after the operation. A month later the tumour was carefully examined, and it was found that consolidation was occurring. As a result of the manipulation, however, there was return of the vomiting, severe rigor, and collapse. These symptoms yielded to treatment, and the after-progress was uneventful. She had been seen from time to time, and there was at the present time a hard mass in the middle line much smaller than before the operation, and the thrill and *bruit* had disappeared. Her health was excellent. There were only a few successful cases on record.

Dr. J. G. GLOVER proposed a vote of thanks to the President for this almost unique case.

Dr. KINGSTON FOWLER asked for information respecting the result of the operation in other cases of the kind.

The PRESIDENT, in reply, said that the first case was by Mr. Stevenson, and was published in the *Lancet* of 1895. The patient, a soldier, died twenty-seven hours after the operation. The second case (by Loreta) and the third case recovered. The fourth case was under Mr. Henry Morris, who could only pass one foot of wire. The patient died some days afterwards. The fifth case, treated by Lange, also died. In a similar case treated by Sir James Paget, who used compression by the abdominal tourniquet, the parts superficial to the aneurysm were pulpified, and the patient died of septicæmia on the sixth day.

OPERATIONS FOR PYLORIC OBSTRUCTION.

Mr. RUTHERFORD MORISON (Newcastle-on-Tyne) brought forward a series of cases illustrating the result of operations for pyloric obstruction. The patients were shown, and sections from the growths removed were exhibited by the lantern. (1) A case of recovery after pyloroplasty for stricture of the pylorus. The patient was a woman who was operated on in October, 1894, the case being published in the *Lancet* in April, 1895. At the time of operation she was fed entirely by the rectum. She was now in perfect health, and could eat anything. He made an incision an inch and a quarter from the pylorus, passed a guide through it, made an incision through all the coats into the pylorus, and then sutured the incision so that the line of union was transverse to the incision. Mr. Morison had performed this operation nineteen times, and all had recovered. Relapses did not occur. (2) A woman, aged 40, who had had severe pain after food for six months, and vomiting and emaciation for two months. There was a tumour the size of an orange which could be felt near the umbilicus, and which proved to be a scirrhous mass. Pylorectomy was performed in October, 1897. She could now eat anything, was in good health, weighed a stone and a half more than before the operation, and there was no evidence of recurrence. (3) A man, aged 48, who had had severe pain after food and emaciation for some time. There was a growth of encephaloid cancer reaching nearly up to the pylorus, which was excised with the growth. He was now in good health, and had gained 19 lbs. in the six months after the operation. (4) A woman, aged 41, who had had pain and vomiting for a year. There was great dilatation of the stomach, due to an adenocarcinomatous growth, the size of a walnut, in the pylorus. She had gained two stone since the operation in September, 1898. (5) A man, aged 38, who had rapidly emaciated, and suffered from pain and vomiting for ten weeks. There was an extensive colloid carcinoma involving the pyloric half of the stomach, which was removed, and the cardiac end joined to the duodenum by a modification of Billroth's method. A chain of glands was affected, and had to be removed. The patient was now in excellent health, and there was no sign of recurrence. (6) A man, aged 41, on whom he had performed pylorectomy for a small scirrhous mass six weeks ago. The man was now quite well, and had gained more than a stone in weight. The operation was in Mr. Morison's opinion safer than gastro-enterostomy, and should be performed whenever the tumour was movable, size of the tumour not being an important consideration.

The PRESIDENT thanked Mr. Morison heartily for exhibiting these cases, and bringing his highly successful results to the notice of the Society.

Mr. CHARTERS SYMONDS congratulated Mr. Morison on his remarkable results. He had, in one instance, tried the method of pyloroplasty described by the author, with success; and having to operate on the patient subsequently for another trouble, he found that no adhesions had occurred. In one case of pylorectomy he had found difficulty in joining the stomach and duodenum, and had finally to employ a Murphy's button. The result was good, the patient being able to return to his work. He thought more highly of gastro-enterostomy than Mr. Morison did, having performed the operation twenty times, and having seen nothing but good follow it. Where the growth could not be removed in consequence of its size, or from any other cause, gastro-enterostomy was evidently the operation to be performed.

Mr. W. G. SPENCER also congratulated Mr. Morison on his splendid results. The involvement of the lymphatic glands had certainly been slight, considering the size of the tumours. He considered the end-to-end approximation of stomach and duodenum was better than the method employed in Germany of closing the cut ends of both organs, and making a lateral opening between the two. He thought the operation of splitting the duodenum was a great advance on former methods of performing the operation, whilst the doubling over of the triangular flap of stomach to strengthen the line of union was very good. He would certainly adopt it. He had performed pyloroplasty successfully, but preferred to pass his sutures only through the peritoneal and muscular coats, using a Lembert suture of fine silk, and an ordinary round sewing needle. He questioned the advisability of transfixing all the layers of the gastric wall, as Mr. Morison had advised for his first suture. Also, why did Mr. Morison use catgut rather than fine silk, seeing that catgut was so quickly absorbed? Why, also, did he prefer a curved needle, which was apt to tear the tissues? As to gastro-enterostomy, he thought it of great service where excision was impracticable. He had had one case which after one year was in good health.

Mr. MORISON, in reply, quite agreed that gastro-enterostomy was a good operation where nothing else could be done. But it was a dangerous operation in cases of large dilatation of the stomach. He had employed the tongue-shaped flap of stomach for strengthening the line of union in one case only. The first suture was temporary only; the catgut was digested by the stomach and thus removed. Much time was saved by passing this suture through all the coats at once. The round needle which he used had no sharp edge at all; the only sharp part about it was its point. It was made for him by Messrs. Down Brothers.

LYMPHANGIOMA TUBEROSUM MULTIPLEX.

Dr. RADCLIFFE CROCKER described a case, and showed drawings. The patient was a female, who had first noticed the lesions at the age of 18. There was a large number of small smooth papular elevations on the skin over the upper part of the chest. They were most abundant under the clavicles, and without any definite arrangement, although there was a tendency for them to follow lines from the shoulders to the sternum. They were confined to the upper part of the chest with the exception of a few outlying papules on the neck and in the axillæ. Some of them were yellowish or brownish, but

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some of them were the same colour as the surrounding skin. There was milium between the spots and on some of them. Microscopically they had a cystic structure with some glandular elements. The patient was in robust health, and there was no inconvenience from the spots beyond their preventing her from wearing low dresses. The condition was a rare one, only 10 cases having been recorded.

MEDICAL SOCIETY OF LONDON.

EDMUND OWEN, F.R.C.S., President, in the Chair.

Monday, March 27th, 1899.

DEATH FROM FUNCTIONAL NERVOUS DISEASE.

DR. ROBERT MAGUIRE read a paper upon deaths from functional nervous disease, which he maintained were due to exhaustion of grey nerve matter. In death from senile decay, the condition in which there was the most equal deterioration of the somatic powers, there was nevertheless usually a predominance of failure of one particular system, generally that of the heart, since this organ had no chance of rest. But the system at fault was the highest nervous system. He described four cases bearing upon this point which occurred under his own observation. Dr. Maguire believed that this served to explain the sense of impending death, which, of no importance in the young and those suffering from very acute disease, was of a serious omen in the old and those who had more prolonged illnesses. Similarly, patients in an Eastern nation would die if they made up their minds to die, while those of Western nations, even though neurotic, had more reserve vitality, and their morbid fears were of less moment. Dr. Maguire said that hints on the physiology of the subject might be obtained from a paper by Dr. Waller, on the Sense of Effort, published in *Brain*.

Dr. SANSOM agreed with the author's general proposition, and pointed out incidentally that while, as shown at the Sudden Death Laboratory at Vienna, fatty degeneration of the heart was present in only 3 out of 860 sudden deaths, it was a very popular explanation of sudden death in this country.

Dr. TUKE pointed out certain points of resemblance between the cases related by the author and the early stages of general paralysis of the insane. There was the same tendency to lapse into and remain in a state of unconsciousness.

Dr. RICHARDS did not believe that in cases such as those described by the author, which were of some duration, death could be due to exhaustion of the grey matter without some microscopical evidence thereof being discoverable at the necropsy.

Dr. MAGUIRE, in reply, observed that general paralysis was not a general disease at all but merely a collection of symptoms. As in one of his cases recovery had taken place after three months' unconsciousness, it must be supposed that no organic change had taken place in the cortex.

CERTAIN POINTS IN THE PATHOLOGY OF THE PERICARDIUM.

Mr. HAROLD L. BARNARD read a paper on this subject. The researches of Leonard Hill and the speaker had shown that the heart could not carry on the circulation of man in the erect position. The return of blood from the legs and abdomen to the heart was affected by the contraction of skeletal muscles. The muscles of the limbs forcibly emptied their veins into the right heart at each contraction during walking or running. The contractions of the muscular sphere which enclosed the abdominal viscera were a part of the respiratory movements. During rest and sleep the enlargement of the thorax during inspiration was enough to suck the blood from the abdomen into the right heart. During vigorous efforts, in addition to this suction action, the abdominal walls contracting simultaneously at each inspiration forced the blood from the capacious abdominal veins into the heart. When the muscles of the limbs and the abdomen contracted together as much as a pint or two of blood might be suddenly forced into the right heart. This sudden plethora would hopelessly stretch and dilate the thin wall of the right heart were it not supported by the tough fibrous pericardium as the leather case supported the football or the outer cover supported the inner tube of a Dunlop tyre. Experiments were shown to demonstrate this point, and it was stated that the pericardium limited by about one half the capacity of a heart in diastole. The pulmonary circulation was largely due to the respiratory movements. The contraction of the abdominal muscles and the enlargement of the thorax during inspiration transferred blood from the abdominal veins to the lungs. The following expiration tended to pass it from the lungs through the left heart into the arteries. The hepatic circulation was produced by the squeezing of the portal vein during inspiration. Points of pathological interest were to be found in all parts of this venous circulation. When the muscles of the legs failed to perform their vascular functions varicose veins and œdema of the feet followed, as was exemplified in cases of Pott's fracture and flat foot. Many neurasthenic troubles were traced to a lax and feebly acting abdominal wall in a person with naturally low blood pressure. The blood leaked into a capacious portal system, and was not rapidly returned to the heart. The ill-filled heart was unable to maintain a constant blood supply to the brain. Abdominal massage followed by exercises and belts were recommended for such cases. When the pericardium softened in pericarditis, coughing or even moderate exercise would not only fill the heart with blood, but stretch the pericardium supporting it. It seemed probable that a pericardium so dilated did not recontract to its former dimensions. The right heart being unsupported would always become dilated and its valves incompetent with even moderate efforts. Speaking of pericarditis with effusion, Mr. Barnard believed that he had demonstrated by experiments on animals that one type of the terrible dyspnœa met with in that disorder was preservative, for the violent muscular spasms were directed to forcing blood through the compressed heart. He thought this form of dyspnœa was the imperative call for releasing the effusion, of course by the open method.

In reply to Mr. WALLIS, Mr. BARNARD pointed out that when the deep veins were not assisted by muscular action to carry forward their contents the venous circulation fell to the superficial veins, which consequently tended to become varicose.

BRITISH GYNÆCOLOGICAL SOCIETY.

H. MACNAUGHTON JONES, M.D., President, in the Chair.

Thursday, March 23rd, 1899.

SPECIMENS.

THE following specimens were shown:—Mr. C. RYALL: Three specimens of Uterine Myoma removed by Abdominal Hysterectomy.—Dr. WINSON RAMSAY (Bournemouth): (1) Two Uteri removed by Vaginal Hysterectomy; (2) Uterus removed by Panhysterectomy; (3) Specimen of Tubal Abortion; (4) Modified Broad Ligament Needle.—Dr. JAMES OLIVER: Photograph of Fibroid of Ovary with extensive localised extravasation of blood under the capsule of the tumour.—In the discussion on these specimens the PRESIDENT and Drs. F. A. PURCELL, HEYWOOD SMITH, HERBERT SNOW, R. HODGSON, ARTHUR GILES, RYALL, and RAMSAY took part.

ADENOMA OF ENDOMETRIUM.

Dr. JAMES OLIVER read a paper on a case of adenoma universale of the endometrium in which panhysterectomy by the abdominal route had been performed. A photograph of the interior of the uterus was exhibited which showed myriads of more or less pedunculated growths varying in size from that of a pea to a walnut springing from the mucous membrane of the cervix as well as the body of the uterus. The patient, who was aged 34, was a virgin, and the symptoms which were referable to the disease had existed ten or twelve years. Dr. Oliver did not consider that the disease should be termed as it had hitherto been "adenoma malignum." He drew attention to the fact that the lining membrane of the cornua uteri in horned ruminants showed upheavals which resembled closely the more or less polypoid growths which characterised adenoma universale in the human female, and he suggested that this disease might be due to a reversion of type.

The PRESIDENT gathered from Dr. Oliver that his view was that the adenoma in this case was not malignant; and also that the curetting had made matters worse. If this were the case it was an argument in favour of early hysterectomy rather than of repeated curetting. He had himself had a case

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of adenoma which he curetted; this was followed by a malignant condition of the uterus, which in the end killed the patient. Yet he thought most surgeons in dealing with such a case would proceed to curette the uterus rather than at once to perform hysterectomy.

Dr. HERBERT SNOW protested against the word "adenoma," which was used in many senses, and consequently led to confusion. His view of the case would be that the patient had an endometritis, which, on curetting, became a true malignant disease. He would like to ask whether the later stages were accompanied by any of the signs of malignant disease.

Dr. P. Z. HEBERT took objection to the suggestion of reversion in this case. In order to show any probability that such a condition was a reversion to type, it would be necessary to show not only that horned ruminants presented such characteristics, but also that the ancestors common to both man and the horned ruminants presented the same characteristics before the divergence of the common stock into two distinct species took place, and this would be a rather difficult task. Characters which might have developed after that period in one or other of these species could not be reverted to by the other. The comparison was also imperfect, inasmuch as in one case they had a pathological and in the other a physiological condition.

Dr. OLIVER, in reply, said that at the outset he did not attempt more than the removal of the polypi. Examination showed them to be adenomatous; but the patient remained well for two years after. She never had any pain. The watery discharge occurred only after the curetting, and was due to the operation, which removed the surface of the glandular tissue. A watery discharge by itself was no evidence of malignant disease.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

D. J. COFFEY, M.B., President, in the Chair.

Friday, February 3rd, 1899.

EFFECTS OF SODIUM CHLORIDE ON THE SECRETION OF URINE.

PROFESSOR W. H. THOMPSON read a communication dealing with the effects of minute quantities of sodium chloride on the secretion of urine. Solutions of sodium chloride (0.65 and 0.9 per cent. strength) were injected into the external saphenous vein of dogs in quantities varying from 30 c.cm. to 50 c.cm. Urine was collected from both ureters by means of cannulæ. The animals were given a hypodermic injection of morphine, and were anæsthetised with a mixture of chloroform and ether (1 to 2) during the operative procedures. Urine was collected for definite periods of time before and after the injection of salt solution. The results showed: (1) A marked increase in the amount of urine secreted, which reached its maximum in the second hour after the injection, but had not wholly subsided even at the end of four hours. This increase far exceeded the amount of fluid injected. After making allowance for this quantity, the average of ten experiments showed an augmentation of over 300 per cent. One experiment showed no increase, and one was not available in calculating this average. (2) Both the total nitrogen and the urea also suffered an increase, though the urine secreted was more dilute. This augmentation reached its maximum in the hour immediately following the injection. These effects were found not to be due to a dilution of the blood or hydræmic plethora caused by the injection, nor could they be ascribed to any supposed necessity for getting rid of the sodium chloride injected. In many cases the actual output of chlorides was diminished. No adequate cause had, so far, been found to account for the diuresis.

In reply to Dr. R. TRAVERS SMITH, Professor THOMPSON said that in the bladder urine he found a certain output of chlorides, and in the first hour, when the dog was on the table, he found that the output was much the same as in the bladder. After that there was a steady diminution, which seemed remarkable.

THE SENSORY DISTRIBUTION OF THE SEVENTH CRANIAL NERVE IN MAN.

The SECRETARY read (for Professor DIXON, of Cardiff) an abstract of a paper upon this subject, and exhibited a series of lantern slides illustrating the chief points in the communication. Professor Dixon's conclusions were: (1) That the facial nerve in man was in a condition comparable with what was found in lower vertebrates, resembling in its distribution what had been called a typical branchial nerve; (2) that the facial possessed two sensory branches—namely, the chorda tympani and the great superficial petrosal nerve; the chorda tympani was certainly a nerve of taste, and the proved function of the corresponding nerve in lower vertebrates seemed to justify the assumption that the great superficial petrosal also was a nerve of taste; (3) that the fibres to which the term "chorda tympani" had been applied by physiologists did not form the chief part of that nerve; they did not represent the prespiracular nerve of lower vertebrates, nor the corresponding nerve in man, which appeared early, and passed into the developing tongue. The author based these views upon embryological and comparative investigations.

The communication was discussed by the PRESIDENT, Professor SYMINGTON, and Dr. A. R. PARSONS.

THE ACROMION.

Professor SYMINGTON exhibited four specimens of separate acromion process, which he had dissected, and discussed the question whether such cases were to be regarded as non-union of the epiphysis or ununited fractures, favouring the former view. He also showed sections of the pelves of two adult male subjects, which differed considerably from one another both in the thickness of the pelvic floor and the height of the pelvic viscera and peritoneum.

Dr. EDWARD H. TAYLOR and Professor W. H. THOMPSON made remarks; and Professor SYMINGTON replied.

ANÆSTHETICS AND URINARY SECRETION.

In a preliminary communication on this subject, Professor W. H. THOMPSON stated that: (1) A mixture of ether and chloroform (2 to 1) did not cause an increased diuresis. This was the anæsthetic used in his sodium chloride research. Six experiments were performed on dogs. (2) A.C.E. mixture on the contrary did, in most cases, markedly increase the amount of urine. In one case suppression was caused. This dog proved to have albuminuria. (3) Ether also produced an increase of urine, as did chloroform likewise, but with this latter anæsthetic only one experiment had so far been carried out. (4) Little or no effect was produced by the various anæsthetics on the total output of nitrogen and of urea, even in cases where marked diuresis was caused. (5) The after-effect on the output of chlorides showed a marked diminution. What the immediate effect was had not so far been definitely decided. (6) In 8 experiments (with different anæsthetics) the urine was examined for carbohydrates with chloride of phenyl, hydrazin, and sodium acetate. All but one gave crystals. Some of these were undoubtedly glucosazone, others glycuronic acid, while in one case it was probable the crystals were those of galactosazone. In all cases the dogs were injected with a solution of morphine.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

VINCENT JACKSON, F.R.C.S.Edin., President, in the Chair.

Thursday, March 9th, 1899.

COLOBOMA AND MALFORMATION OF AURICLE.

MR. J. JAMESON EVANS showed a boy, aged 13, with double coloboma. The right retina was functionally active all over, but the left presented a quadrant corresponding to the coloboma which was not active. There was left-sided hemiatrophy of the face and the left eye was slightly small than the right. The right ear was absent, being only represented by a small nodule behind the ramus of the jaw in the position of the tragus, and another larger nodule at the base of the mastoid process, both containing fibro-cartilage. Immediately behind the anterior nodule there was a small opening representing the external auditory meatus, which extended inwards for about three-quarters of an inch, and secreted ceruminous matter. He could only hear on contact on that side.

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LARGE GALL STONE.

Dr. STEPHEN showed a gall stone the size of a small walnut which had recently been passed by a woman. There had been repeated attacks of hepatic colic accompanied by jaundice, these had been treated with opium. In the last attack there was no jaundice, and it was treated by chloral hydrate, 18 grains every two hours. The attack lasted from February 23rd to March 1st, when it suddenly ceased. Dr. Stephen believed that the stone had passed into the duodenum through the common bile duct, and that the chloral had produced great relaxation of this.

COMPOUND FRACTURE OF SKULL.

The PRESIDENT exhibited a piece of the squamous portion of the left temporal bone measuring 2 inches by 1¼ inch, which had been detached and driven into the brain by a kick from a horse. On examination a few hours after the injury, the patient was found to be conscious, and there was a transverse wound about an inch and a-half above the left ear of about three inches in extent. On examining this with the finger, a considerable aperture was detected in the cranial vault, and there was a leakage of brain matter. The piece of bone shown had, as it were, speared the cerebrum, and was lying free in its substance. This was removed under an anæsthetic. The patient had made an excellent recovery, but the power of speech was affected to the extent that in conversation a word every now and then was dropped, and no effort could recover it unless assisted.

WRENCH FOR CLUBFOOT.

Mr. WILLIAM THOMAS exhibited a wrench he had devised for the treatment of clubfoot. He drew attention to the value of wrenching, although he did not think in severe cases it was so efficient as tarsectomy, or even Phelps's operation. He claimed for his instrument that the power could be applied much more directly than with the ordinary wrench, and found that the absence of the india-rubber coating was an advantage as there seemed to be less bruising of the skin without it.

TRAUMATIC CLUBFOOT.

Mr. WILLIAM THOMAS showed a patient on whom he had successfully performed the operation of tarsectomy for severe talipes equino-varus, the result of injury to the external popliteal nerve. Full notes of the case were read.

LOCAL CONDITIONS AND MALIGNANT DISEASE.

Dr. E. N. NASON read an interim report of the Committee appointed to consider the question of the influence of local conditions in the production of malignant disease. (See p. 812.)

PAPERS.

Dr. T. STACEY WILSON read a paper on the Treatment of Enteric Fever, as illustrated by the analysis of nearly 100 consecutive cases with 5 deaths.—Mr. LEEDHAM-GREEN read a paper on the Treatment of Tuberculous Testis.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

JAMES MURPHY, M.D., President, in the Chair.

Thursday, March 9th, 1899.

PSEUDO-HYPERTROPHIC PARALYSIS.

DR. WM. ROBINSON showed a boy, aged 11 years, who for the past six years had complained of pain and swelling of the great toes, and nine months ago had great difficulty in walking up stairs. At present the pseudo-hypertrophy was limited to calf muscles and infraspinati; quadriceps, glutei, deltoids, and chest muscles being wasted.

EXCISION OF THE UPPER JAW.

Dr. MACDONALD brought forward a man, aged 44, eight months after total excision of the upper jaw for antral carcinoma. Two months previous to operation the patient had two teeth extracted, and when seen later a fungoid growth was presenting through the sockets. Although the orbital plate had been removed, there was no dropping of the eyeball and very slight deformity.

UNREDUCED FRACTURE AND DISLOCATION OF ELBOW.

Dr. JAMES DRUMMOND showed a man, aged 50, who had twenty years previously fallen down a ship's hold; some weeks later he was admitted into a hospital in Philadelphia, where several pieces of bone were sequestrated. Two years later he was able to resume work, and now presented a most remarkable deformity, but had a very useful elbow with fair range of movement.

VARICOSE ANEURYSM OF FEMORAL ARTERY.

Mr. PAGE brought forward a patient, aged 26, four months after extirpation of a varicose aneurysm of the femoral artery in Hunter's canal, a portion of both artery and vein being removed. The case had been reported at the December meeting of the Society.

GALL STONES.

Mr. PAGE showed a woman upon whom he had recently operated for gall stones. Several stones were removed from a contracted gall bladder, and one large stone impacted in the cystic duct could be removed only after extending the gall bladder incision along the cystic duct to the site of the stone. The gall bladder was completely sutured, and the abdominal wound closed without drainage.

REMOVAL OF MALIGNANT GROWTH IN NECK, TOGETHER WITH PNEUMOGASTRIC NERVE.

Mr. PAGE showed a man who two years previously had his tongue removed for epithelioma, and nineteen months later returned with recurrence in the neck glands. At the operation for their removal a portion of the pneumogastric nerve was also removed without bad effect.

SARCOMA OF MENINGES.

Mr. PAGE showed a man, aged 57, who three years ago received a severe blow on the top of the head, resulting apparently in fractured base. Nine months previously a soft point was discovered over the vertex into which he could put his finger. A swelling had gradually appeared under the scalp without signs of intracranial pressure. A fortnight previously an exploratory incision revealed a very vascular and soft growth apparently springing from the meninges, and presenting through a distinct orifice in the cranial vault.

MUSICAL HEART MURMURS.

Dr. DAVID DRUMMOND exhibited three patients with musical heart murmurs. In discussing their time in the cardiac cycle, he said that, contrary to general statement, his experience went to show that such murmurs were far more frequently regurgitant than direct. In reviewing their pathological import, they indicated good compensation, and as compensation failed, the musical character of these murmurs disappeared.

ANEURYSM OF AORTA COMMUNICATING WITH SUPERIOR VENA CAVA.

Dr. DAVID DRUMMOND showed a specimen of this kind. The patient had been shown at a previous meeting as suffering from the above condition, and the specimen exhibited proved the correctness of the diagnosis.

SPECIMENS.

The following specimens were also exhibited: Dr. J. V. W. RUTHERFORD: Uterine Fibroid with broad ligament cyst. Dr. COTTEW MOORE: Card specimen showing Congenital Pigmentation of Retina.

LIVERPOOL MEDICAL INSTITUTION.

PATHOLOGICAL AND MICROSCOPICAL SECTION.

F. T. PAUL, F.R.C.S., in the Chair.

Thursday, March 16th, 1899.

BRONCHIOLECTASIS.

DR. R. BUCHANAN read a paper on bronchiolectasis, based on a case occurring in a boy aged 5½, who died after several weeks' illness from an affection of the lungs, believed during life to be tuberculosis. *Post mortem* no tubercle was found in any organ. The lungs had a honey-combed appearance, being riddled with small holes averaging $\frac{1}{16}$ inch in diameter. Dr. Buchanan then described minutely the pathology of his specimen, and gave a summary of the cases that had been described by other observers. His case seemed to show that the cavities were not true dilatations of bronchioles, but

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rather vomicæ due to breaking down of broncho-pneumonic foci and their enlargement by ulceration. He also suggested that cases of this sort which were not fatal might form the connecting link between catarrhal pneumonia of childhood and the bronchiectasis of later life, or the non-tuberculous forms of fibroid lung. He suggested the term "ulcerative broncho-pneumonia" as preferable to "bronchiolectasis." The paper was well illustrated by microscopic specimens and lantern slides.

Dr. BARR argued that such cases were pyæmic, the cavities being originally embolic abscesses, and not primarily within the air tubes. He described a case which he considered similar to Dr. Buchanan's, and which was purely pyæmic, complicating a wound of the leg.

Dr. WARRINGTON also discussed the paper; and Dr. BUCHANAN replied.

MULTIPLE RODENT ULCER.

Mr. PAUL read a note on multiple rodent ulcer. He described three cases in which more than one tumour was present. In the first two cases the primary disease was situated on the nose and forehead respectively, and in each had existed for nearly twenty years before secondary infection occurred. In both the secondary growth was in the submaxillary region, in the nose case on both sides, in the forehead case on one side only. In the third case which he described there were three primary growths, one on the nose, one over the right external angular process, and one over the right mastoid. Microscopic examination, however, showed that the first only was a typical rodent, the second a beautifully distinct tubular adenoid carcinoma, while the third was a squamous-celled carcinoma. The note was illustrated by microscopic specimens and micro-photographic lantern transparencies.

SPECIMENS.

Mr. W. T. ALLEN showed an exceedingly marked specimen of Fatty Degeneration of the Kidney.—Mr. C. G. LEE showed: (1) An Eye, the subject of Calcareous (or Osseous) Degeneration of the Choroid; it was removed from a gentleman aged 44 on account of trouble in the other eye, and had been quite blind for forty years following a wound with a penknife; Mr. Lee thought that this and another case he had published some years ago supported the view that sympathetic ophthalmitis might arise from ciliary irritation alone without the aid of micro-organisms; he thought the case argued strongly against evisceration with implantation of glass globe; (2) an Eye, removed from a child, exhibiting Suppurative Choroiditis.—Mr. DOUGLAS CRAWFORD showed (1) a Cyst removed from the Anterior Vaginal Wall of a woman aged 27; (2) an Extrauterine Gestation, which had ruptured into the broad ligament. It was nineteen years since the woman was last confined, since which until this there had been no pregnancy. Besides the presence of the tumour there were few symptoms. At the operation a large mass of clot was evacuated. The fœtus, which was 3 to 4 months, was much macerated. No placenta or cord could be found.—Dr. ALEXANDER showed a Hydrocephalic Brain.—Dr. G. G. STOPFORD TAYLOR showed a Squamous-celled Melanotic Carcinoma originating in a mole. The pigment was chiefly contained within the epithelial cells.—Mr. HAWKINS-AMBLER showed (1) the Appendages from a case of Pyosalpinx; (2) a microscopic specimen of a Simple Papilloma removed from the Labium Minus of a child aged 6.—Dr. J. WIGLESWORTH showed (1) a specimen of Stenosis of the Ileum caused by the healing of a tuberculous ulcer; it was obtained from the body of a woman aged 44; the constriction would only admit the tip of the little finger, and was situated a foot and a half above the ileo-cæcal valve; below the stricture were several other tuberculous ulcers; the lungs were also affected; (2) a Kidney with two perfectly distinct Ureters.—Dr. W. B. BENNETT showed an excellent specimen of "Madura Foot," well exhibiting the intercommunicating cysts and sinuses filled with dark granular material.—Dr. WARRINGTON showed some microscopic specimens and drawings of a case of Caries of the Spinal Column, in which the cord above the lesion showed some marked and interesting ascending degenerations.—The specimens were discussed by Drs. and Messrs. PAUL, GEORGE HAMILTON, ROBERT HAMILTON, BICKERTON, BENNETT, LEE, and WIGLESWORTH.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—At a meeting held at Sheffield on March 17th, Dr. DONALD, President, in the chair, Dr. KEELING showed the following specimens: (1) Large Cystic Myoma of the Uterus removed by abdominal section; (2) Dermoid Cysts of both Ovaries; (3) Tubo-ovarian Cyst, an Ovarian Hydrocele.—Dr. FAVELL related a case of Cancer of the Cervix associated with three months pregnancy. The uterus and its contents were successfully removed by vaginal hysterectomy.—The PRESIDENT reported a case in which he had performed Vaginal Hysterectomy for *post-partum* hæmorrhage. The patient, a primipara, was observed during pregnancy to have an extremely thin and flabby uterine wall. Labour came on spontaneously, accompanied, however, by extreme inertia. Delivery was effected by forceps. Profuse and intractable *post-partum* hæmorrhage ensued, continuing in spite of all the usual methods of treatment, including gauze plugging of the uterine cavity. The patient when seen by the President was apparently moribund. It was decided to perform vaginal hysterectomy as a forlorn hope. The operation was easily carried out with clamps and did not occupy more than ten minutes. The patient temporarily improved, but died an hour later. The President was of opinion that if the operation had been done a few minutes earlier the patient's life would have been saved.—Dr. WALLS, resuming the discussion (adjourned from the last meeting) on the Treatment of Severe Cases of Accidental Hæmorrhage, advised that in these cases the membranes should not be ruptured until the os uteri was fully dilated or dilatable. He was in favour of plugging the vagina, especially if used in conjunction with de Ribes's bag. After delivery by forceps or version the great danger to the patient was from the almost inevitable *post-partum* hæmorrhage. If the usual methods of treatment, such as ergotin, kneading with compression, and gauze packing failed, he advised that vaginal extirpation of the uterus should be carried out. The operation could be rapidly performed with clamps, and he believed that in this way a certain number of cases could be saved.—Dr. GLYNN WHITTLE, in an experience of 10,000 labours, had met with 16 cases of severe accidental hæmorrhage. All the infants died, with one exception, but 15 of the mothers recovered. He had never used hydrostatic dilators, but preferred to plug the cervix and vagina firmly. He followed this by manual dilatation of the cervix and rapid delivery by forceps or version. The *post-partum* hæmorrhage, often severe, was in his experience always checked by the use of a hot uterine douche. He was not in favour of Porro's operation or vaginal extirpation in such cases, believing that if a woman could survive these procedures, she would certainly be saved by a vigorous application of the above principles of treatment.—Dr. MARTIN considered that the very severe cases of accidental hæmorrhage, as described in the paper, must be of great rarity, as in his long experience he had not met with any. He believed, however, that in such cases vaginal hysterectomy was justifiable and necessary if all other measures failed to check the *post-partum* bleeding.—Dr. LEA suggested that in cases of severe internal bleeding into the cavity of the uterus, with the os undilated, and considerable uterine inertia, *accouchement forcé* would be indicated by means of deep incisions into the cervix, and rapid extraction of the child.—Remarks were also made by Dr. BRIGGS, Dr. KEELING, and the PRESIDENT; and Dr. WALLS replied.

MIDLAND MEDICAL SOCIETY.—At a meeting on February 8th, Dr. W. G. LOWE, President, in the chair, Mr. JORDAN LLOYD showed the Pelvic Genitalia removed *post mortem* from a woman, aged 36, who had died of acute general pulmonary tubercle. She had never menstruated, but had always had fair health, although somewhat delicate in childhood. The cervix uteri was normal in structure and 1¼ inch long. The body of the uterus was small, about 1½ inch long. Its cavity was obliterated and contained old cretaceous tuberculous deposit. Each Fallopian tube was blocked by a cretaceous nodule the size of a pea within an inch of the fundus uteri. Up to the points of blockage the tubes were of normal thickness, but beyond this they were atrophied to about 2 mm. in diameter. The fimbriæ of the right tube were open, and those of the left closed by old peritoneal adhesions. The ovaries were normal in size and structure, and contained Graafian ves-

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icles. Many of the mesentery glands were full of ancient tubercle, which had evidently been laid down many years before. The vagina was normal. The absence of menstruation was clearly due to the obliteration of the uterine cavity and the plugging of the Fallopian tubes as above described. There was no other tubercle in the abdominal or pelvic cavities. Mr. Jordan Lloyd also showed a Left Kidney removed successfully by lumbar nephrectomy from a woman, aged 20, who had suffered since childhood from periodical attacks of lumbar pain with diminished urine and the appearance of a tumour in the lumbar region—the symptoms disappearing with polyuria and the disappearance of the tumour. It was intended to transplant the ureter to a new attachment to the renal pelvis, but at the time of the operation there were practical difficulties in the way of carrying out this procedure satisfactorily. The kidney was therefore removed. The stalk of the kidney was first clamped by Doyen's forceps, and the vessels and ureters tied separately. The forceps were then removed. The patient made an easy recovery.—Mr. CHRISTOPHER MARTIN showed an Improved Form of Steriliser. It consisted of two chambers, the lower chamber being used for boiling instruments in soda solution whilst the upper chamber was for steaming dressings, towels, gauze swabs, etc. The lower chamber was large enough to hold an ordinary pair of midwifery forceps. The steam was conducted from the lower to the upper chamber by a pipe which delivered it near the top of the latter. Near the floor of the upper chamber three small holes were made to permit the escape of steam. By this arrangement the current of steam in the upper chamber took place from above downwards. He had also had a strong brown canvas case made, into which the upper chamber could be packed. It then formed a convenient and perfectly aseptic method of carrying instruments, dressings, swabs, etc., from the surgeon's house to the patient's. Mr. Martin also showed an acetylene lamp for surgical operations. It was essentially an acetylene bicycle lamp to which a convenient handle had been applied, and to which he had had fitted a reflector which could give either a horizontal or a vertical beam of light. The whole was packed into a neat leather case. It gave a brilliant light, was inexpensive (compared with electrical lamps), and was very portable. Its only drawback was the somewhat objectionable smell which all acetylene lamps give off. Both the steriliser and the acetylene lamp had been made for him by Mr. Ash, Edmund Street, Birmingham.—Mr. J. FURNEAUX JORDAN read a paper on The Advantages and Disadvantages of Vaginal Cœliotomy.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the Society on March 15th, Mr. T. DAVIES PRYCE, President, in the chair, Mr. TRESSIDER showed a patient from whom he had removed the Lower 6 inches of the Rectum by a modification of Kraske's method, dividing the sacrum transversely at the level of the third piece, and removing the lower portion of it and the coccyx.—Mr. A. R. ANDERSON showed a patient after operation for a Perforated Gastric Ulcer. The operation was done about six hours after perforation, and recovery was uneventful. The ulcer was situated on the posterior wall, near the lesser curvature and close to the œsophageal opening. It was of a size admitting the index finger tip. The peritoneum was soiled with some milky fluid which must have reached the general cavity through the foramen of Winslow, as the ulcer had perforated into the lesser sac of the peritoneum, and was reached after tearing through the small omentum, and sutured.—A discussion on Gastric Ulcer, with special reference to the Diagnosis of Perforation, was opened by Mr. R. C. CHICKEN, Mr. A. R. ANDERSON, and Dr. NOBLE. Mr. CHICKEN said that regarding the ulcer itself and the diagnosis of it, the three cardinal symptoms were: (1) Pain, (2) vomiting, and (3) tenderness, although one of these might be absent. In his opinion, vomiting of blood was nearly always present. In respect of the diagnosis of perforation the chief points were: (1) Previous history, with a history of vomiting blood, and especially if of the "coffee-ground" variety, (2) sudden onset, and (3) general abdominal pain. Mr. A. R. ANDERSON spoke chiefly in relation to treatment, and described 2 cases. In the first, an operation was done for perforation, and all went well for a time; but subsequently a subphrenic abscess developed, which ultimately proved fatal. There had been great soiling of the peritoneum in this case with solid material, and the probable cause of the abscess was the lodgment of a portion of this on the upper surface of the liver. The abscess was situated posteriorly at the position of the reflection of the peritoneum on to the diaphragm. Mr. Anderson insisted on the great importance of cleansing this situation as a routine practice in such cases, and remarked that it was often neglected. He considered that it was due to its having been insufficiently done in this case that the result was as described. A second case was related in which a small, round, deep, conical ulcer was excised before closing the perforation. The result was completely successful, and in such cases Mr. Anderson advocated excision rather than simply closing the perforation. Referring to the operative treatment of non-perforated ulcers, he remarked on the encouraging results which had been reported by writers, chiefly Continental. He considered that in some cases it was the right treatment to adopt. Dr. NOBLE confined his remarks to the diagnosis of perforation, and considered that the following were the signs of chief importance: (1) sudden pain, (2) immobility of abdominal walls, (3) rapid distension, (4) resonance replacing liver dulness, (5) friction sounds to be heard with the stethoscope and indicative of commencing peritonitis, (6) previous history of vomiting, bearing in mind that in 50 per cent. there was no history of hæmatemesis obtainable, (7) the pulse, and to this condition he attached very great importance. The PRESIDENT related a case in which there was no reasonable doubt but that a perforation had occurred in a gastric ulcer. Operation was proposed, but the patient declined and recovered. Similar cases were related by Dr. HUNTER and Dr. GIDDINGS. The discussion was continued by Messrs. TRESSIDER, BLURTON, MUTCH, and BOLTON.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—At a meeting on March 22nd, Dr. H. RADCLIFFE CROCKER in the chair, Dr. T. D. SAVILL showed a case for diagnosis, a female with an eruption which he believed to be Lichen Ruber Planus. A well-marked bulla was noticed at one spot. She had been taking arsenic.—Dr. J. H. STOWERS showed a case of Sclerodermia in a young woman. There were symmetrical morphœa patches on both shoulders, on both arms, and on the front of both thighs. In the discussion it was authoritatively stated that up to the present no structural nerve changes had been observed in these cases, either in the central or any other part of the cord or in the peripheral nerves.—Dr. A. EDDOWES showed a case of generalised Lichen Ruber Planus in a boy, aged 6 years.—Dr. ABRAHAM showed (1) two cases of Dermatitis Herpetiformis in men; one patient was about 70 years old; (2) two members of one family, a boy and a girl, with Erythema of the Extremities. In the girl both legs and both feet were affected; (?) Bazin's legs. In the boy the nose was the only part affected.—Dr. TRAVERS SMITH showed a case of (?) Lupus Erythematosus in a girl, aged 23. One cheek, both ears, and fingers were affected. The cases were discussed by the PRESIDENT, Dr. STOWERS, Dr. EDDOWES, Dr. GALLOWAY, Dr. PHILLIPS CONN, Dr. TRAVERS SMITH, Dr. RUFENACHT WALTERS, Dr. SAVILL, and by others.

REVIEWS.

VACCINATION: ITS NATURAL HISTORY AND PATHOLOGY. By S. MONCKTON COPEMAN, M.A., M.D.Cantab., M.R.C.P.Lond. London: Macmillan and Co. 1899. (Demy 8vo, pp. 268. 6s.)

THIS reprint of the Milroy Lectures of 1898 is a valuable addition to the literature of vaccination. Its publication contemporaneously with the commencement of the systematic use of Government calf lymph is specially opportune, and every public vaccinator ought to possess himself of a copy in order that he may become acquainted in some detail with the investigations which led up to the introduction of the new system. The essence of Dr. COPEMAN's researches is most appropriately indicated in a plate which forms the frontispiece of the volume, and which consists of two figures: "Fig. 1—Photograph of agar plate prepared with vaccine

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