

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 26TH, 1878.

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

ON THE CONDITION OF THE SKIN IN *TINEA TONSURANS*.
BY GEORGE THIN, M.D.

THE paper gave an account of the appearances seen in sections through the entire thickness of the skin of a horse affected with ringworm. The author alluded to the evidence on which the identity of the disease in that animal and in man had been established, and to cases in which the trichophyton tonsurans had been transmitted from the former to the latter. The skin was examined in both the earlier and the advanced stages. The spores of the trichophyton tonsurans were found amongst the most superficial scales of the horny layer of the epidermis. They were found in the cutis only on the shaft of the hair and between the shaft and the internal root-sheath. The spores in no instance were found in the root-sheaths, the hair-root, or hair-papilla, nor in the connective tissue surrounding the hair-follicle; that is to say, the spores were never found in actual contact with living tissue, the space between the internal root-sheath and the hair-shaft being analogous to the most superficial stratum of the horny layer. The affected hair first bent, and then broke at a point usually midway between the rete mucosum and the hair-root. This the author attributed to the disintegrated hair yielding to the pressure produced by the normal growth of the hair-shaft upwards. The changes found in the tissues of the cutis and rete mucosum were sometimes extensive, and were similar to those found in inflammation from whatever cause it arose. The spaces between the bundles of connective tissue were more or less infiltrated with colourless blood-corpuscles (pus-cells); the walls and immediate neighbourhood of the blood-vessels being thickly studded with them. Retrogressive changes were found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis had completely broken down, leaving the cutis denuded. In the latter case, the surface was found covered with pus-cells. Small localised abscesses were found in the external root-sheath and in the rete mucosum. The cell-infiltration descended along the veins to the deepest parts of the cutis. The author, finding these well-marked inflammatory effects in tissues which contained no vegetable organism, suggested that they were due to the irritation which is produced by the absorption of soluble matter set free during the growth of the fungus. The parasite found its pabulum amongst effete epidermic structures, and could only assimilate by decomposing them. This theory seemed to be the only reasonable one, because the effects produced were far in excess of those which might be expected to follow the pressure attending the distortion of the hair. The incapacity on the part of the fungus to exist in living animal tissues explained the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied were simple irritants, whilst the parasitocides in common use were also irritant. Inflammation, when sufficiently acute, cured ringworm, as was shown by the fact adduced by the author, in which a simple wound through a ringworm-spot cured the whole patch. It was thus that the beneficial effect in chronic cases of a continued slight congestion was explained. The author further pointed out the probable injurious effect on the general health of the continued absorption of the irritating matters produced by the growing fungus.

Dr. F. TAYLOR said that a few months ago a child with cerebral tumour came under his care, who also had a ringworm on the left side of the neck. For two months before the child's death, no treatment was applied to the ringworm. After death, he removed a portion of the skin, and subjected it to examination; which, however, was not yet completed. So far as he had gone, he agreed with Dr. Thin as to the position of the spores. The shaft was crowded with them, but the inner and outer root-sheaths were free. As regarded secondary changes, he had seen little of them; but possibly the case would be different in a healthy child and in one the subject of diseases.—Mr. GASKOIN said that Dr. Thin's remarks tended to encourage one to attempt epilation as far as possible. All the remedies which had acquired a reputation for the cure of ringworm acted by producing irritation; he could recognise no specific action in any of them. He showed drawings of a case of foreign ringworm, in which there was a white ridge with a red border on each side.—Dr. COUPLAND asked how the spores produced an irritant fluid in growing. Was there any analogous process in the growth of other fungi?—Dr. THIN said that the yeast-plant, bacteria, etc., decomposed matter in growing, and left a residue. In regard to the preparation of the specimens, if a piece of skin were hardened in alcohol and cut, and then put in potash solution, and examined with the

microscope for a time, there would be found to be a stage at which the spores stood out well-marked, and could be distinguished from the granules in the sebaceous glands, which they much resembled.

THE RESULTS OF ONE HUNDRED CASES OF PARACENTESIS OF THE TYMPANIC MEMBRANE. BY W. LAIDLAW PURVES, M.D.

Of the different methods employed, the knife, the trephine, acids, oils, and ointments, pancreatine, and the galvano-cautery, the galvano-cautery, combined with pressure and ointments, was preferred for maintaining, or attempting to maintain, a permanent opening, but the maintenance of such was exceptional. The frequent repetition of the paracentesis caused a permanent thinning at the spot perforated, which acted to a certain extent in the same way as a perforation. Of eighty-three individuals operated on, forty-six were benefited, temporarily or permanently. In cases of tinnitus, one-fourth benefited. In acoustic affection, no improvement occurred. Of thirty-nine cases of catacous drums, twenty-three were improved; five out of seven relaxed drums improved. Of twenty-one paracenteses for the removal of substances from the cavity, fifteen were benefited.

Mr. DALBY said that the operation of opening the tympanic membrane was first seriously proposed in 1868 by the late Mr. James Hinton, who performed it frequently, and published the results of his practice in the *Guy's Hospital Reports* in 1869. In 1870 and 1871, Mr. Dalby saw him perform the operation many times; sometimes he did it twice or three times in a day. In 1872, he (Mr. Dalby) read a paper on the subject before the Royal Medical and Chirurgical Society, pointing out to what cases the operation should be limited. He believed that certain diseased conditions of the lining membrane of the tympanic cavity, as where it was destroyed or thickened by calcareous deposit, explained some cases of deafness. If it were so, a different explanation must be assigned to the lining membrane from that generally accepted; it must be regarded as a protective membrane and a support to the ossicles of the ear. In his experience, the operation had not been very successful except where fluid was removed from the tympanum.—Mr. C. BROOKE said that Sir A. Cooper used to perforate the membrana tympani with the sharp end of a three-sided silver probe. This operation had been performed on him (Mr. Brooke) in 1817 or 1818, with complete relief. The opening had closed long ago; he could not say when.—Dr. BRANDEIS had for some time paid attention to the subject of paracentesis of the membrana tympani. He himself had been the subject of progressive deafness; and in 1871 he had paracentesis done by Dr. Weber-Liel of Berlin. The opening could not be preserved. He had also seen Voltolini's plan of operating; and thought that the galvanic cautery was the most successful method. Dr. Purves had made no distinction between perforation of the membrane (myringotomy) and excision of a portion (myringectomy). As regarded the means of keeping the cavity open, various bougies, small cannulae, laminaria-tents, etc., had been used; but foreign bodies were not well tolerated. Two years ago, Voltolini proposed a method which was attended with satisfactory results. It consisted in perforating the membrana tympani at the posterior quadrant, and introducing a short cannula with a flange at one end.—Mr. CUMBERBATCH said that the possible injury to the remaining hearing power of the patient must be borne in mind in proposing the operation. The proceeding had not been successful in his hands.—Mr. LENNOX BROWNE said that, in cases of suppuration in the tympanum causing perforation of the membrane, it was very difficult to close the opening. He agreed with Mr. Dalby, that perforation should be limited to cases where it was desired to evacuate something from the tympanic cavity.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 21ST, 1878.

GRAILY HEWITT, M.D., President, in the Chair.

Tubercular Kidney.—Dr. DE G. GRIFFITH exhibited the kidneys from a girl aged 19, who was supposed to have uterine disease, and who suffered from much irritability in the bladder and labia. She had pains in the suprapubic region. She died; and one kidney was found apparently normal, the other was the seat of tubercular pyelitis. A rupture was found at the junction of the kidney and the ureter. There was tubercle in other organs.—The PRESIDENT, Dr. FITZPATRICK, Dr. MORRIS, and Dr. C. J. HARE spoke.—Dr. MURRAY proposed that the specimen be referred to a Committee, who would report upon it to the Society.—Dr. Murray, Dr. Morris, and Dr. Griffith were then formed into a Committee.

Intestinal Obstruction.—Mr. CRIPPS LAWRENCE showed an India-rubber cup and tube for use in cases of intestinal obstruction; the cup forming a convenient receptacle for the tube, so that the instrument was

readily portable. The India-rubber was sufficiently transparent to show the fall of the water in it. If the cup were raised high enough above the patient, force sufficient to endanger the bowel might be raised.—The PRESIDENT said it was an ingenious and portable instrument.

Relations of Diabetes to Gout.—Dr. W. SQUIRE related several cases illustrating this relation. He said they not unfrequently alternated; and diabetes was common in persons of the gouty diathesis. It was not produced by change of diet. He then narrated some illustrative cases. He said the glycosuria disappeared during times of pyrexia.—Dr. WILTSHIRE spoke of a gouty diabetic patient.—Dr. FOTHERGILL referred to diabetes coming on at the finish of old-standing gout.—Dr. FITZPATRICK said that females were liable to glycosuria.—Dr. SQUIRE replied.

Precipitate Labour followed by Syncope.—Dr. ASHBURTON THOMPSON related such a case in a multipara. He said that every stage of the labour was hurried, and that the shock was not merely due to the sudden emptying of the uterus. The patient remained in syncope for three hours; it was followed by vomiting and feeling of icy coldness in the joints. At the end of twenty-five hours, she passed a clot of much firmness, forming a cast of the uterus, the vaginal end of it being almost white.—The PRESIDENT said the condition of the clot, which was exhibited, was due to the os squeezing it and driving out the red blood-corpuscles.—Drs. WILTSHIRE and GRIFFITH spoke; after which Dr. THOMPSON replied.

The Diagnosis of Abdominal Tumours.—Dr. ARTHUR EDIS read a paper on this subject, and related a series of cases illustrative of the difficulty of correct diagnosis. The first was one of spurious pregnancy. The catamenia ceased; there was morning sickness, and abdominal enlargement. Then, distinct movements were felt. At the spurious parturition, a medical man stayed with the patient from 10 P.M. to 7 A.M. Ultimately, the labour-pains disappeared. A turpentine enema brought away a quantity of flatus and fæces, and the patient reconciled herself to a barren condition. The next case was one of uterine fibroid mistaken for pregnancy. In the third, extra-uterine pregnancy was diagnosed; but the case turned out to be one of omental cancer. In a fourth, malignant disease with ascites was taken for a multilocular ovarian tumour. In a fifth case, pregnancy was mistaken for an ovarian tumour; and in a sixth, the reverse of this. Dr. Edis said the diagnosis should rest mainly upon the objective data, and but little on the subjective data or the patient's statements.—Dr. C. J. HARE said mistakes more commonly arose from carelessness than from ignorance.—Dr. FITZPATRICK said that such mistakes were readily condoned by barren married women craving for children.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, FEBRUARY 23RD, 1878.

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

Ovarian Tumour.—Dr. W. J. SMYLY showed a large ovarian tumour removed by Dr. Athill, Master of the Rotunda Lying-in Hospital, on the previous day, from a patient aged 49, married thirty years, but childless. There was an abdominal swelling since Christmas 1876; but during the past few months the tumour grew apace, so that the girth three inches below the umbilicus increased from thirty-three inches last autumn to thirty-eight inches. The tumour was extremely adherent, and contained scarcely any fluid contents. The patient sank in a few hours after the operation.—The specimen was referred to a Committee to report as to its nature.

Intracapsular Fracture of Femur.—Dr. E. T. LITTLE presented three specimens illustrative of the modes of union in this injury. Case I was a woman aged 70. The accident happened long ago. The bone was light and atrophic. The cervix femoris was absorbed, so were the cartilages, and the true joint was obliterated. Slight osteophytic deposits had occurred. A new joint had formed. In Case II, that of a woman aged 54, who had met with the accident at least six years before, strong fibrous union had existed. A large gap anteriorly in the bone was filled with dense fibrous material. There were osteophytic growths also. Case III was especially interesting, for in it firm bony union had occurred. The fracture and the union were of great antiquity—the subject of the injury being a woman of advanced age. The bone was light, but cancellated tissue was thrown across the line of fracture. There were certain peculiarities in the case. Thus, the line of fracture was oblique, running down nearly to the trochanteric line, the lower fragment was laterally displaced backwards, and an osseous outgrowth passed up towards the head of the femur. There were traces of a fracture through the femoral condyles, to which second injury the abovementioned peculiarities may have been due.—The PRESIDENT suggested that the obliquity of the cervical fracture may have aided the

occurrence of bony union.—Dr. BENNETT attributed bony union to the impaction of the lower into the upper fragment.

Carcinoma of Liver.—Dr. J. W. MOORE showed a specimen of Farre's tubercle of the liver from the body of a woman aged from 45 to 50, a cook by occupation. She enjoyed good health until November 4th, 1877, when a shivering fit ushered in a protracted intermittent, or pseudo-intermittent, fever. In it the temperature at first ranged from 105 deg. to 97 deg. in a few hours. The patient had never been out of Ireland. There was no hepatic enlargement, nor was the spleen considerably or permanently enlarged. After an unsatisfactory convalescence, she noticed a fulness in the right hypochondrium, and physical examination revealed the presence of a large hepatic tumour, which was decided to be of a cancerous nature. There was never any jaundice, but towards the close of her life an extensive ascites formed. The right pleura also became so distended with fluid as to cause almost complete collapse of the right lung. This was the immediate cause of death. The liver was enormously enlarged, and studded with masses of encephaloid carcinoma, many of which presented the "cancer-navel". The peritoneum was chiefly healthy, so were the stomach, intestines, uterus, and ovaries. The mesentery and meso-colon abounded with infected glands, and the pancreas formed with the retroperitoneal glands a vast mass of disease which pushed the liver and stomach forward. The kidneys were healthy, though congested. The spleen was slightly enlarged. The gall-bladder was involved in a mass of the new growth.

Tuberculosis in a Lioness.—The Rev. Dr. HAUGHTON showed the lungs of an African lioness, which died after two months' illness in the Zoological Gardens, Phoenix Park, of what was apparently pulmonary tuberculosis. Dr. Haughton said that the animals usually died of a peculiar and limited lobular pneumonia, either primary or symptomatic of "Milzbrand", and accompanied by an extensive suppurative nephritis.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, MARCH 1ST, 1878.

ROBERT McDONNELL, M.D., F.R.S., President, in the Chair.

Rupture of the Tendon of the Gluteus Maximus.—The PRESIDENT, having temporarily vacated the chair, which was occupied by Dr. COLLES, read a paper on the above subject. The case from which his notes were taken was, he said, almost unique; rupture of this tendon being amongst the rarest accidents in surgery. M. T., aged 63, farmer, six feet two inches in height, and powerfully built, when admitted into Steevens's Hospital December 26th, 1877, gave the following history. In October last, when trying to lift a heavily laden cart, while in a crouching position, he felt as if he had been struck a severe blow with a stone in the gluteal region; hearing, at the same time, a loud snap. He fell, and was carried home, suffering much pain in the part, which was considerably ecchymosed. When he was admitted into hospital in December, the gluteus maximus was soft and flabby, and there was considerable flattening of the whole gluteal region on the affected side; the other side being firm and full. A welt was also noticed running from the great trochanter towards the linea aspera. The limb was paralysed, especially the extensor muscles, and the toe drooped, the man having to walk with the help of two sticks. The rupture had taken place at the junction of the tendon with the muscle; this, the President said, was the most usual position in which rupture of tendons took place, though there was no absolute rule. He then recounted numerous cases of rupture of other tendons which had come under his notice, viz., rupture of the tendo Achillis, of the tendons of the thumb, of the plantaris, of the long head of the biceps, and of the tendon above the patella, which latter, he said, was much more common than that of the ligamentum patellæ. In one case of this kind, which came under his notice twelve weeks after the accident, the lower end of the tendon could be felt above the patella, behind which the finger could be pushed into the knee-joint. By the advice of a bone-setter, this man had been treated for twelve weeks by exercising the limb, passive motion being adopted when active became too painful. To explain the cause of the paralysis in the subject of the communication was not easy. The sciatic nerve did not seem to have been injured, for the tactile sensations and reflex movements remained perfect, and all the muscles were not equally paralysed. The most probable explanation seemed to be that it was an effort of nature to insure rest for the limb. A similar paralysis was often produced by a blow on a muscle.—Dr. CROLY thought the nerve might have been stretched or partially ruptured by the violent muscular action.—Dr. BARTON had met with a case which might throw some light on the subject. A man stepping out on a window-sill, while raising his body on the bent leg, fell. When taken

up, he felt great pain in the right gluteal region, which was flattened, and the muscle seemed to have lost its tone; there was a swelling of the size of his fist over the seat of injury. The patient could not get the gluteus maximus to act. He could flex and extend the limb, but could not rotate outwards without great pain. Dr. Barton thought that in this case some of the muscular fibres of the gluteus maximus, rather than its tendon, were ruptured; and suggested that the rotators outwards might probably also be injured. The man recovered so far as to be sent to the convalescent home.—Dr. MAPOTHER said that the President had rightly laid stress upon the unusual position in which the man was at the time; but for this the accident would not have occurred. He supposed that union of the tendon in these cases was not to be looked for.—Dr. BIGGER mentioned a case which occurred in the practice of Mr. Carmichael, where the gluteal muscles had been cut through in order to tie a wounded gluteal artery. In this case, the toe drooped for a long time, though no injury had been done to the sciatic nerve.—Dr. H. KENNEDY mentioned three cases of supposed rupture of the plantaris tendon.—Dr. BENSON related his personal experience of this accident. The sensation, he said, was as if he had been struck with a stone in the calf of the leg. From the rapidity with which he recovered—being confined to his house for only a few days—he was inclined to think that only some of the fibres of the muscle had been ruptured.—Mr. RICHARDSON confirmed the President's account of the patient's condition; after which the PRESIDENT replied.

Saws for Amputation and Excision, and for the same purposes as the Trephine and Hey's Saws.—Dr. BIGGER showed some saws for which he claimed originality.—Mr. RICHARDSON remarked that his amputation-saw was very similar to that pictured by Ambrose Paré in his book, except that Dr. Bigger's had a rotating handle, which could be fixed at any angle to the frame. His modification of Hey's saw certainly deserved credit for ingenuity, although the experiments performed by him to illustrate its action to the Society were hardly satisfactory, it being quite impossible, from its construction, to avoid wounding the subjacent tissues.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, MARCH 6TH, 1878.

FREDERICK A. HEATH, M.R.C.S., President, in the Chair.

Progressive Muscular Atrophy.—Mr. CULLINGWORTH exhibited a woman aged 41, the subject of progressive muscular atrophy. There was complete wasting of the lower half of the trapezius on each side. The rhomboids had disappeared, with the exception of a few fibres attached to the middle of the spinal border of the scapula, and the latissimus dorsi on each side was completely atrophied. The clavicular portion and upper half of the middle portion of the trapezius, the levator anguli scapulae, and the serratus magnus, were intact. The gluteus maximus was atrophied; the lower erector muscles of the spine and the flexors and extensors of the thigh upon the pelvis were weakened from partial degeneration. The hands and arms, including the deltoids, were unaffected, and the muscles of the calf were so prominent as to raise a suspicion of pseudo-hypertrophy. A portion of muscle withdrawn from the calf by the muscle-trocar had been microscopically examined, and found normal. The posterior borders of the patient's scapulae projected backwards from the posterior chest-wall, leaving a deep sulcus between the scapulae of the two sides, which was still further deepened when the arms were extended horizontally forwards. The internal borders of the scapulae preserved their parallelism with the median line. The partial atrophy of the glutei caused great difficulty in rising from the sitting posture and in ascending stairs; the weakness of the flexors of the thigh rendered it impossible for the patient to lift her heel from the bed when lying with the legs fully extended; while the weakness of the extensors of the spine and thigh caused lordosis.

Fibroid Phthisis.—Dr. DRESCHFELD showed a left lung, in which the upper lobe was in a state of fibroid phthisis, the lower lobe in a state of chronic lobular pneumonia; and in which the main bronchus was almost totally obliterated by a papillomatous growth springing from the bronchial mucous membrane. During life, the left half of the thorax showed marked retraction; there were dulness on percussion, loss of fremitus and loss of breath-sounds, and marked ægophony in the left infraclavicular and intrascapular regions. Further complications of the case were pericarditis and thrombosis of left femoral and subclavian veins.

Intrathoracic Tumour.—Dr. DRESCHFELD showed a sarcomatous tumour, situated in the posterior mediastinum, surrounding the descending thoracic aorta and pushing the left lung upwards. During life, the symptoms were dulness on percussion, loss of breath-sounds, and loss of fremitus, together with marked ægophony in the left infraclavicular

region. The lung itself was healthy. The tumour seemed to have sprung from the adventitia of the descending aorta; a second tumour, quite separate and distinct from the first, was found to surround a branch of the left pulmonary artery.

Impetigo Figurata.—Dr. YEATS showed a case of impetigo figurata on the cheek, of long-standing. The interest of the case lay in its simulating lupus, for which it might very readily be mistaken. The principal clinical features of the case which resembled lupus were the white cicatricial looking patches here and there apparent on the diseased surface, the thickened and elevated edges, and absence of pustules. The history of the case, however, including pustulation and incrustation, was conclusive in regard to its impetiginous nature, and throughout there were no lupus tubercles. The case was healing quickly under treatment adapted for chronic impetigo.

Urethral Brush.—Mr. WHITEHEAD exhibited an urethral brush, and detailed the method of using it in the treatment of chronic discharges.

Malignant Disease (?) of Liver in a Boy.—Dr. HUMPHREYS showed a boy aged 14, suffering apparently from malignant disease of liver. Inspection showed a marked bulging of the epigastrium and right hypochondrium, and to a less degree of the left hypochondrium, with enlargement of superficial veins. On palpation, a somewhat elastic mass could be felt with a slightly uneven surface. Leftwards, the mass reached nearly to the splenic region, but the mass could not be felt. On percussion, the dullness of the mass was continuous with that of the liver. The boy had been obliged to give up work about two months previously on account of increasing weakness and pain of a colicky nature. A little before Christmas, it was noticed that the upper part of his abdomen was bulged. He had been losing flesh very rapidly. He had no jaundice or vomiting. His bowels were somewhat confined. His father had died of phthisis; and his mother was said to be dying also of that disease. After enemata had been given, two exploratory punctures had been made by the aspirator-trochar, but nothing had been drawn out except blood. Antisyphilitic treatment was tried without effect. The diagnosis of malignant tumour was then arrived at by exclusion.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THURSDAY, JANUARY 10TH, 1878.

G. B. MORGAN, L.R.C.S.I., President, in the Chair.

Prevalent Diseases of the District.—Mr. H. E. ARMSTRONG presented a report of the cases admitted to the Newcastle-on-Tyne Fever Hospital during the month of December, showing the occurrence of three cases of typhus.

Traumatic Cerebral Hemorrhage.—Dr. J. W. BRAMWELL showed the brain of a man aged 40, who had been admitted to the Tyne-mouth Union Hospital in a semicomatose condition. The right pupil was large; the left small. He could not articulate plainly, and could not understand what was said to him. There was no limb paralysis. Urine and faeces were passed involuntarily. Ten days after admission, he was seized with severe convulsions, in which the right side was chiefly affected. The eyes were turned towards the right. He died the following day. A *post mortem* examination showed a fracture of the skull extending from the left zygoma upwards and backwards to the junction of the parietal bones. A large partly organised clot covered the anterior two-thirds of the left hemisphere. After death, it was ascertained that the patient had fallen downstairs seven weeks before admission.

Adenoid Tumour removed from the Groin.—Dr. HEATH showed this specimen, which weighed three pounds. A large short artery arising directly from the femoral artery entered the deeper surface of the tumour. This having been ligatured, the tumour was easily removed.

Extreme Example of a Conical Stump.—Dr. HEATH showed this specimen; also the patient, a boy, from whom it had been removed.

A Mass of Calculous Fragments.—Dr. HEATH showed this specimen. He had removed it by lithotomy from a patient aged 80. Lithotomy was preferred to crushing, because of the extremely irritable and inflamed condition of the bladder. The patient had previously undergone several "crushings" in London.

Fractured Spine, of Thirteen Years' Duration.—Mr. S. W. BROADBENT showed this specimen. The spinal canal was completely obliterated at the seat of fracture. The injury, which was caused by a fall of coal on the back, was followed by complete paraplegia and paralysis of the bladder and rectum; marked priapism continued for a month. After the acute symptoms passed off, the patient enjoyed fair health until a year before his death; he then suffered from intense pain in the

abdomen. For several months before death, he took a scruple of morphia daily. The cause of the pain was not ascertained, as a partial examination only was permitted.

Empyema in a Child.—Dr. WICKS showed a case of empyema in a child treated by free incision and drainage.

Papers.—1. Dr. E. C. ANDERSON read the notes of a case of Leucocythæmia accompanied by marked Oligopyrenæmia.

2. Dr. BYROM BRAMWELL continued his paper on Intracranial Tumours, reporting two additional cases.

REVIEWS AND NOTICES.

CLINICAL RECORDS OF INJURIES AND DISEASES OF THE GENITO-URINARY ORGANS. By CHRISTOPHER FLEMING, A.M., M.D., M.R.I.A., late President and Fellow of the Royal College of Surgeons, Ireland; late Surgeon to the Richmond Hospital; Visiting Surgeon to Stevens's Hospital, Dublin; etc. Edited by WILLIAM THOMSON, A.B., M.D., Fellow and Examiner, Royal College of Surgeons, Ireland; Surgeon to the Richmond Hospital. Pp. 380. Dublin: Fannin and Co.

THIS book, which does not claim to be considered a systematic treatise, is made up chiefly of an account of, and remarks on, ninety-five cases of injury and disease of the genito-urinary organs in both sexes which have come under the author's care in hospital and private practice.

The first chapter is devoted to the pathology of the urine in its relations to surgery. The author then goes on to discuss obstructions of the urethra from injury, calculi, and other foreign bodies, and prostatic affections, each subject being illustrated by cases. Hæmaturia is next noticed. In the remaining chapters, stricture of the urethra, some diseases of the testis, scrotum, and round ligament, stone in the bladder and kidney, and the treatment of phimosis, successively receive attention; the whole concluding with remarks on morbid conditions of the urine in children.

Among the cases of obstruction of the urethra from various causes, is related one in which partial retention of urine resulted from pressure on the urethra by a three-ounce glass bottle, which had been introduced by the patient into his rectum for the purpose of relieving himself from piles, which, he imagined, had narrowed the gut and so caused constipation. This bottle was removed with great difficulty, on account of its extreme fragility. The operation was attended by much bleeding, but the patient made a good recovery.

In the chapter on stricture, Dr. FLEMING remarks that he has seldom seen an instance of contracted orifice, either acquired or congenital, in which there was not also a stricture in the region of the bulb. In such cases, it has sometimes happened to us to have searched in vain for the supposed deeper stricture after free division of the meatus.

In Chapter VIII, the author refers to an affection of the scrotum and penis which he has noticed in wine-bottlers, caused by placing the bottle between the thighs in order to drive home the cork. Irritation is thus set up, followed by an abscess, which bursts, leaving an unhealthy lupoid-looking ulcer, which is sometimes very obstinate. Passing on to the subject of stone, the author alludes to the unfrequency of lithotomy and lithotripsy in Ireland, and is of opinion that the average number of operations for stone in the whole of the Irish hospitals has not exceeded twelve *per annum* during the last hundred years. Four cases of lithotripsy—one of the patients being a boy three years of age—and eleven cases of lithotomy are reported, as well as a case of a woman from whom a calculus was removed by dilatation and partial section of the urethra. In the same chapter is related a case of fibro-calcareous tumour of the uterus, which ultimately involved the bladder, thus leading to a diagnosis of stone and consequent attempt at removal. In speaking of the treatment of phimosis by circumcision, Dr. Fleming describes an instrument which he uses for fixing the mucous membrane, so as to ensure cutting it and the skin on the same level. The drawing given of this instrument reminds us of nothing so much as of one of the Royal Humane Society's grapples.

The chromo-lithographs and other illustrations with which the book abounds are for the most part very good, though we fear the figures in Plate I will scarcely fulfil the author's intention of conveying a good idea of the appearance of the different urinary deposits as seen in the test-glass.

To conclude: though we are by no means sure that such a book as this was greatly needed, though some of the modes of treatment pursued may not be quite in accord with those most generally followed at

the present day, and though there is not much in the work that will help towards advancing our knowledge of the subjects included in it; still it is undoubtedly valuable as a record of the matured opinions and clinical practice of an eminent surgeon of very great experience, and may be read with advantage by those who take an interest in the study of disorders of the genito-urinary system.

REPORT ON THE PREVALENCE OF PHTHISIS IN VICTORIA. 1877.

THIS is a report of a Committee appointed by the Medical Society of Victoria to inquire into the vexed question of the prevalence of consumption in that Colony and its alleged increase, and it is framed with the view of testing some of the conclusions deduced by Mr. William Thomson in his various analyses of the Statistics of Phthisis in Victoria, one of which was reviewed in this JOURNAL last year (*vide* BRITISH MEDICAL JOURNAL, June 23rd, 1877).

After all that has been said of late years for and against the climates of Victoria and Melbourne by private individuals, we look with interest on any systematic inquiry into the subject, especially if carried out, as this appears to be, by a body of medical men capable of thoroughly sifting the facts; and while we submit their conclusions and Mr. Thomson's reply, with which he has kindly favoured us, to wholesome criticism, we shall hail with delight any sound deductions on a subject affecting the welfare of not only the Victorians, but of the numerous British emigrants of various classes who visit Australia in search of health or profit. The following are the conclusions of the Committee:

1. The mortality from phthisis in Victoria is little more than half of that in England.
2. The rate of mortality from phthisis in Victoria has been perceptibly less of late years.
3. That rate is especially low among persons under 15 and 20 years of age, and has been very greatly reduced between 1861 and 1871.
4. The reduction of the mortality of young persons is to be explained by a comparative immunity among those born in the colony.
5. The apparent increase of mortality among young adults is due to the influx of phthisical persons from abroad.
6. The uniformity in the rate of mortality over the whole colony for a good many years is owing to certain insanitary conditions, operating especially in Melbourne, since for the rest of the colony the rate was reduced by about one-third between 1861 and 1871.

With regard to the first conclusion, we are inclined to agree with the explanation of the report: That the low rate of mortality from phthisis in Victoria is due to, not one but many causes, *e.g.* (1) the good and abundant food enjoyed by all classes, even by the lowest; (2) to the absence of injurious trades and to the less crowded state of the population; (3) to the smaller amount of inflammatory diseases of the lung, which lead to the development of consumption.

The second, third, fourth, and fifth conclusions relate to the question of the increase or decrease of phthisis in the colony; and, while we admit that the evidence adduced by the Committee fully warrants their arriving at nearly all these conclusions, we cannot help expressing a wish that they had treated with greater caution and less appearance of partisanship the remarkable exception of the increase of phthisis mortality between the ages of 20 and 25 for the year 1871 compared with that of 1861.

Here the report only gives us hypothesis, and no facts to support its fifth conclusion; and it would have been far better if the Committee had ascertained the number of cases of phthisis arriving in the colony during that period, instead of confining themselves to the probability of the increase being "due to the influx of phthisical persons from abroad". It is true they quote from the Victorian Year-book of 1876, that of 49 patients dying of phthisis in two years after their arrival in Australia, 42 were between 15 and 35, but what we want is a distinct statistical explanation for the numbers of 1871 and not for those of 1876; and we do not wonder at Mr. Thomson, in his reply, meeting the fifth conclusion by a statement that out of 407 deaths from phthisis only 94 occurred among those who had resided in the colony under ten years.

The contrast between the mortality from phthisis at Melbourne and in the rest of the Victorian colony is very great; being, in 1871, 22.29 per 10,000 inhabitants in the former, and 7.24 per 10,000 in the latter; that is to say, the Victorian rate is about one-third of the Melbourne one, which is nevertheless below the London one (26.6).

We think this report, with its valuable tables, is very acceptable, as clearly vindicating the sanitary character of the Victorian colony, in showing that its mortality, at all times low, has been gradually diminishing of late years. It at the same time admits that the Melbourne rate has not diminished at the same rate, and that this is due to certain unsatisfactory conditions, which ought to be ascertained.