

inch and a-half in length, an inch in breadth, and three-quarters of an inch in depth. Very little hæmorrhage followed the removal of the growth, nor was the tumour itself very vascular. The wound was closed after placing a small drainage tube in one corner, and healed directly, leaving a fine linear scar which is very little noticeable. On August 6th R.E.V. = M.B.E. at 5 M.; L.E.V. = M.B.E. at 6 M. The appearance was natural. The interest of this case centres round the fact that a comparatively large tumour was removed from the orbit without injury to the eye. Such cases are not unknown, but they are at least sufficiently uncommon to be worth putting on record. Microscopical examination showed that the tumour was a sarcoma. A section showed a closely packed, round-celled, connective tissue growth. The shape of the tumour, its firm capsule, and remnants of trabeculæ seen in the section, point to its being a sarcoma commencing in a lymphatic gland.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

HENRY TRENTHAM BUTLIN, D.C.L., F.R.C.S., President,
in the Chair.

Tuesday, December 15th, 1896.

CARCINOMA OF THE TESTIS.

DR. A. A. KANTHACK and Mr. T. STRANGWAYS PIGG exhibited a series of lantern slides illustrating the histology of this specimen. One point of interest was the young age (24 years) of the patient. There was nothing of note in the clinical history. During life enlargement of the cervical and other lymphatic glands was observable. Death took place within six months. After death there was found a large tumour of the right testis, which involved the cord and extended to the lumbar glands. There were secondary formations in the liver and lungs, as well as in the cervical lymphatic glands. The most noteworthy growths, however, were intravascular. One such had extended into the inferior vena cava from the lymphatic glands, and was minutely cystic; another was fixed to the free border of the tricuspid valve, and lay partly within the inferior cava as a branched dendriform process, which also contained minute cysts filled with mucus. Histological examination proved the testicular tumour to be a columnar-celled carcinoma with mucoid material filling the lumina. In certain places the spaces were filled with flatter epithelial cells, and in others the cells were disposed in "nests," due, the authors thought, to mucoid degeneration and compression of the cell remnants; the nests were not horny in character. The secondary growths in the lumbar lymphatic glands, and in the cava exhibited similar characters. The authors had re-examined the well-known case described by Sir James Paget, in which a chondrifying tumour of the testis was followed by growths within the inferior cava and in the lungs, and had formed the conclusion that this was really a chondro-carcinoma and not a chondro-sarcoma, although the reinvestigation was not yet completed.

The PRESIDENT could hardly believe that Sir James Paget's case would turn out to be carcinomatous. He knew of no carcinoma of the testicle which contained cartilage, whereas the combination of cartilage and sarcomatous tissue was by no means rare. In regard to the age of the patient, Birch-Hirschfeld had recorded an instance of testicular carcinoma in a young man aged 25, which ran its course in five or six months.

COLLOID CARCINOMA OF THE BREAST.

DR. HERBERT SNOW showed microscopic sections of a small "colloid" tumour from the breast of a lady, aged 37. These revealed a myxomatous change in the stroma without any proper degeneration of the epithelial cells, though it was sometimes assumed that the latter change was alone responsible for the production of "colloidal" carcinomata.

GUMMATOUS ENLARGEMENT OF THE PITUITARY BODY.

MR. CECIL BEADLES recorded a condition of the above nature. Out of a large number of necropsies he had come across two examples of granulomata of this body; one of these he thought to be tuberculous by reason of the giant cells

present. In the case now recorded, there were no tuberculous lesions in any part of the body, although cases of tuberculosis of the hypophysis had been described in which there were no other lesions in the brain or organs. The patient was a woman, aged 41, affected with acute melancholia; necrosis of the nasal bones and paralysis of the right third nerve, with scarring over the tibia, indicated a syphilitic infection. At the necropsy, besides certain areas of softening in the brain, there was found a gummatous formation in the dura mater in the middle line below the tentorium. The necrotic caseous change was limited to the anterior lobe of the hypophysis, and although a certain number of giant cells were present, the author did not think that they disproved the syphilitic nature of the lesion.

MR. A. A. BOWLBY agreed with the exhibitor of the specimen that the lesion was gummatous and not tuberculous.

RUPTURE OF THE INTERVENTRICULAR SEPTUM.

DR. A. F. VOELCKER recounted the case of a man who was run over by a waggon, and in whom the above injury was found. After the accident he was able to walk, and lived for a week with a loud systolic thrill and increased area of cardiac dulness. At the necropsy no external injury of the heart was present, but there was a horizontal rupture of the interventricular septum reaching almost completely across and quite through it.

CARD SPECIMENS.

DR. SEQUEIRA: Pericarditis in a child, aged 15 months.—
MR. CECIL BEADLES: (1) Malformed Liver; (2) Primary Carcinoma of Liver.

CLINICAL SOCIETY OF LONDON.

THOMAS BUZZARD, M.D., F.R.C.P., President, in the
Chair.

Friday, December 11th, 1896.

INCREASED VASCULAR TENSION IN THE KIDNEY A CAUSE OF RENAL PAIN, HÆMATURIA AND ALBUMINURIA.

DR. DAVID NEWMAN (Glasgow), in a paper on this subject, pointed out that the causes of increased vascular tension in the kidney were (1) mechanical and (2) some morbid process. The first four cases illustrated direct mechanical interference, while the remaining three showed how relief of tension due to morbid conditions might benefit the patient. Torsion of the renal vessels and of the ureter might give rise (1) to dull aching pain in the renal region associated with occasional paroxysms of colic similar to that produced by renal calculus; (2) hæmaturia, with or without blood casts in the urine; (3) albuminuria, with or without tube casts in the urine. Case 1. Movable enlarged kidney with hyperæmia from torsion of renal vessels and ureter caused by strain. The symptoms were severe paroxysmal pain, hæmaturia, gastric disturbances, etc., simulating those of renal colic. There was no albuminuria independent of the presence of blood. In January, 1896, he operated by a lumbar incision, and found the kidney movable and rotated so that the upper extremity pointed forwards. He incised the fibrous capsule along the outer border of the kidney and stripped off the cortex for a third of an inch around the incision. He then removed the superabundant fat, and the remaining adipose capsule was sutured to the parietes so as to fix the kidney as high up as possible. The patient made a good recovery, and there had been no return of the symptoms. In Case 2 there was severe paroxysmal pain and hæmaturia without gastric disturbances, with occasional blood casts in the urine, with tube casts, and sometimes albumen independent of blood. At the operation the left kidney was found to be movable, displaced upwards and forwards, and rotated on its short axis, so that its lower margin pointed forwards, and the rotation of the kidney had caused the ureter and blood vessels to be coiled round one another, thus impeding the circulation. The author adopted the same procedure as in the preceding case. The patient afterwards had slight pain in the cicatrix, but no return of the renal pain or hæmaturia. His urine was free from albumen and tube casts. Case 3. There were severe paroxysmal attacks of renal pain, with sickness and vomiting. No history of hæmaturia, and the urine was normal between the attacks of colic. At the operation the cortex of the right kidney was found to be

deeply injected, and the organ enlarged and moderately movable, but no torsion of ureter or vessels could be made out. The operation was the same as in the previous cases, and the patient had been quite well since the operation. Case 4. This patient, aged 49, was thrown from his horse, and when he got up after a fortnight in bed, he discovered a movable tumour in the hypochondriac region. At first he complained of pain in the right renal region with gastric symptoms, worse after exercise or constipation. Palpation revealed a freely movable oval swelling immediately under the lower edge of the liver, about 2 inches from the umbilicus, with occasional suppression of urine, but never any abnormal constituents. Dr. Newman performed nephrorrhaphy with a good result. In corroboration of Mr. Reginald Harrison's view that inflammatory hyperæmia might lead to considerable pain in the kidney accompanied by albuminuria and relieved by incision, he quoted the following cases: Case 5 had pain in the loins, most marked on the right side. The urine contained albumen, but no casts. There was a history of small oxalate calculi and occasional hæmaturia. On operating, the kidney was enlarged, tense, and of a dark chocolate colour. No calculi were found. Afterwards the albuminuria entirely disappeared. Two other cases were quoted in which strangulation of the bowel appeared to have produced reflex spasm of the renal vessels or of the walls of the ureter, and he was disposed to regard marked hyperæmia of the kidneys as a frequent occurrence in cases of acute intestinal obstruction, whilst it ought to be looked for in all acute abdominal affections. The non-elimination of urine might be due to spastic stenosis of the ureter or to spasm of the smaller renal arteries secondary to lesions of the bowel or omentum. Examples of reflex inhibition of the functions of the kidney were numerous. The anuria might be the result of a general fall in the blood pressure consequent on shock, or of a decrease in the secretion, as in cases of lead colic, or as a precedent of eclampsia. In these conditions, however, the spasm of the renal arteries was probably not marked, as the attacks were not usually followed by hæmaturia or albuminuria.

Mr. BRUCE CLARKE asked how the author would distinguish between cases calling for surgical measures and those which would be benefited by medical means. Other surgeons had cut down upon kidneys expecting to discover calculi, and had found none, so that the exact indications of renal stone were problematical. Many of these instances he thought were cases of movable kidney, in which the urine was wont to differ immensely, with occasional presence of casts.

Dr. KINGSTON FOWLER recalled a case of a lady with frequent attacks of pain in the right kidney and hæmaturia. The kidney was larger than usual and lower down in the abdomen, and was diagnosed to be movable. Mr. Gould operated, and found the organ enlarged and in an advanced stage of cystic degeneration.

Mr. BARKER suggested that if there were no tangible stone the uriferous tubules might yet be packed with crystals of uric acid, which possibly manipulation might dislodge, and thus the operation benefit the patient. He had seen a patient whilst passing a stone down the left ureter, and afterwards operated on him for severe renal colic, but could find no stone in the kidney. The patient subsequently passed very large quantities of uric acid, and recovered. Possibly these small crystals caused the pain, and were dislodged by the manipulation. Had such been Dr. Newman's experience in any cases?

Mr. MAKINS said that mechanical congestion might produce pain in the kidney, and other symptoms resembling those of stone, which it was difficult to differentiate. He had also seen cases benefited by operation, though no stone was found. He remembered the case of a youth operated upon twice from the front, but without benefit; and, therefore, thought that possibly the lumbar operation was the more advantageous.

The PRESIDENT congratulated his surgical brethren on the fact that even when they made an error of diagnosis and operated, they still appeared to relieve their patients.

Dr. NEWMAN, in reply, admitted there was much difficulty in deciding what cases were likely to be benefited by surgical measures; certainly, Roentgen rays were of very little use for the discovery of renal calculi, the tissues around being so thick. He had seen large quantities of uric acid passed

directly after an ineffectual search for calculus, as in Mr. Barker's case.

REMOVAL OF CEREBELLAR TUMOUR: NO RETURN OF SYMPTOMS FOR TWO AND A HALF YEARS.

Mr. PARKIN (Hull) read notes of a case of a child aged 4, who came under his care in May, 1894, for gradually increasing difficulty in both walking and talking, of several months' duration. At that time the child was listless and dull, and complained of constant headache. The gait was markedly ataxic, with a tendency to falling backwards, and the patient could not raise herself in bed without assistance. The left leg was rigid, both knee-jerks were exaggerated. Temperature was subnormal; pulse irregular, not slowed. There was no ocular paralysis, but there was intense optic neuritis with hæmorrhages, not, however, accompanied with much loss of vision. The child was kept under observation for a month, during which time she had three very severe general convulsions, accompanied with marked cyanosis, the duration of each being about three-quarters of an hour. As the condition of the child was rapidly becoming worse, the cerebellum was explored. A large scalp flap, with the apex well down on the neck, was raised upwards, and after removal of the bone, a flap of dura mater with its apex in the opposite direction was turned downwards after ligation of the occipital sinus. A portion of each lateral lobe and the posterior part of the middle lobe were removed, these parts being obviously of a different colour from the rest of the cerebellum. Subsequent examination indicated that the tumour was of a gliomatous nature. The wound healed rapidly, and in the course of the next three months the child regained its power of talking distinctly and quickly, and at the end of that time could walk quite well; the optic neuritis subsided, and up to the present time there had been no return of any of the symptoms. Since the operation the child had had whooping-cough and measles, but no one would now imagine that there had been at any time anything very serious the matter with her.

Mr. BARKER asked if there was any history of syphilis in the case?

The PRESIDENT commented on the great self-denial exhibited by the author in waiting two years and a-half before bringing his case before the Society. Surgical cases, like wine, improved by keeping. Had there been syphilis there would almost certainly in two years and a-half have been a recurrence of that disease somewhere. He thought the growth was probably a diffused glioma, and that the middle lobe of the cerebellum was not specially involved in the disease, but was subject to pressure, evidenced by the spasticity of the limbs and staggering gait. Did the operation arrest further growth of the tumour, as had before been noticed in similar cases? Lastly the case was interesting as pointing to the benefit which resulted from operation in a case in which the tumour was not encapsuled.

Dr. JAMES TAYLOR observed that this was one of the few cases of cerebellar tumour in which success had followed operation; he had never himself seen success in the cases which he had witnessed. Clearly, all cerebellar tumours were not inaccessible to operation.

Mr. PARKIN, in reply, said the middle lobe seemed to be distinctly affected, and he removed part of its posterior surface, though how much he could not say. If any portion of that tumour was left, it had remained quiescent. The speech before the operation was such as would be produced if the impulses were made, but could not easily pass down to the muscles of speech. As to the suggestion of syphilis, iodide of potassium in large doses had been given for a month before the operation, but without any resultant benefit.

EXCISION OF THE CÆCUM FOR COLLOID CARCINOMA.

Dr. ROLLESTON and Mr. A. MARMADUKE SHEILD brought forward this case. The patient had noticed a lump in the right side of her abdomen since the birth of her last child in February, 1896. The tumour was as large as an orange, hard and irregular in outline, and freely movable between the umbilicus and the right iliac fossa. There were no symptoms suggesting that it implicated the alimentary canal, and the diagnosis was a floating kidney. There was dull pain in the tumour, and, as the patient was anxious to have something done, laparotomy was performed by Mr. Sheild on August 22nd.

The growth was at once seen to be in the cæcum, which was accordingly excised, together with $4\frac{1}{2}$ in. of the ileum and the adjacent part of the mesentery which contained enlarged glands. The ileum and colon were united by end-to-end suture, no apparatus being used. The wound was not closed entirely, as some fecal extravasation was feared; this did, in fact, occur to a slight degree on the twelfth day, but complete recovery resulted. The patient, aged 29, was much below the average age of 30 cases of carcinoma of the cæcum, which was 47.7 years, and of 100 unselected cases of carcinoma of the rest of the large intestine, 49.3 years. The latency of intestinal symptoms in cases of carcinoma of the cæcum rendered diagnosis difficult. In 22 cases of excision of cæcum for carcinoma, 7 died from the effects of the operation, 4 from recurrence, while 11 were reported as recoveries. The prognosis, therefore, was encouraging.

Mr. BURGHARD had excised the cæcum for such a tumour in 1893. Thinking the end-to-end method of joining the ileum and colon objectionable, as there might be weakness and leakage at the spot where the colon would be puckered in to reduce its size, he made a false ileo-cæcal valve by drawing the ileum through a slit in the cæcum, and sewed up the cut end of the larger bowel. He fed the patient *per rectum* for a week, and he did perfectly well.

Mr. WALSHAM, in a recent similar case, had united the ileum and cæcum by lateral approximation, using Senn's plates. The patient had since done very well. In a second case, finding the glands too large to allow of removal, he had united the ileum to the colon with a Murphy's button to relieve obstruction. The patient recovered from the operation, but died four months afterwards from extension of the disease.

Mr. PARKIN had, about three years ago, operated upon a patient whose condition he had thought to be hopeless. He had found the disease involving the glands to such an extent that its removal was impossible. The patient was 62 years old. To his (the speaker's) surprise the tumour subsequently diminished, and in nine months had disappeared. The man was now quite well. The symptoms had lasted for six months before the operation, and pointed clearly to a malignant growth.

Mr. SHEILD said that in such cases, before opening the abdomen the surgeon could not tell what he might encounter. He himself was not prepared in this case for such a desperate condition of things as the bursting of the bowel revealed. He would not recommend end-to-end union in similar cases, but had to do the best he could under the unexpected circumstances. He thought the best union was by lateral approximation by Senn's plates. The slight fecal extravasation was probably caused by his removal of a large portion of the mesentery, and consequent interference with the circulation. With reference to the case mentioned by Mr. Parkin, most surgeons had witnessed instances of tumours apparently cancerous but too extensive to be removed, which had disappeared after laparotomy. Mr. Greig Smith had written about such cases. He recalled one in which it was difficult to say if the growth was cancerous or chronic inflammatory tissue. At the operation nothing was removed; subsequently a chicken bone worked its way out, and the patient recovered.

MEDICAL SOCIETY OF LONDON.

REGINALD HARRISON, F.R.C.S., President, in the Chair.

Monday, December 14th, 1896.

THE TREATMENT OF APPENDICITIS.

Mr. MAYO ROBSON read a paper on this subject, which is published at p. 1761.

Mr. BARKER thought the practice of flushing merited reconsideration, and he urged that there were cases in which the routine removal of the appendix would materially increase the risk to the patient. He added that when the appendix was perforated close to the cæcum, so that invagination was impossible, the aperture might be simply tied up, bringing the part to the abdominal wall, and fixing it there with a few stitches.

Mr. MACREADY said surgeons were willing enough to operate early in these cases, but they had to wait until they were handed over by the physicians.

Mr. WATERHOUSE referred to the "fulminating" variety of appendicitis, in which perforation was so rapidly followed by generalised peritonitis that the patient died before pus had time to form. He agreed with Mr. Barker's remarks in respect of the practice of flushing the peritoneum, and the invariable removal of the appendix. He pointed out that flushing might carry infection to parts of the peritoneal cavity previously free from infection, and as the antiseptic solutions employed were necessarily feeble the momentary contact was insufficient to destroy the micro-organisms.

Mr. SWINFORD EDWARDS insisted on the importance of a counter-opening in the loin for more efficient drainage.

Mr. MAYO ROBSON, in reply, pointed out that he always wiped the abscess cavity clean before resorting to irrigation. An incision 3 or 4 inches in length was all that was required, and he insisted on the value of McBurney's point as indicating not only the position of the appendix but also the proper spot for the incision. He discountenanced needless interference with adhesions, but added that if the cavity had been carefully cleansed accidental breaking down of adhesions was not usually followed by harmful results. In conclusion he observed that sponging the peritoneum was a somewhat tedious process, whereas flushing only took a few minutes.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

CLINICAL EVENING.

E. NETTLESHIP, F.R.C.S., President, in the Chair.

Thursday, Decem' er 10th, 1896.

SUPERFICIAL CHOROIDO-RETINITIS OF PECULIAR FORM AND DOUBTFUL CAUSATION.

This case was shown by MESSRS. HOLTHOUSE and BATTEN. A young woman was first seen in October, 1896, with a history of slight dimness of sight of five weeks' duration. There were very numerous white rounded patches in the fundus, very closely scattered over the whole central region, including the yellow spot, some of them very minute, others about the size of the diameter of a retinal vessel. In many places several spots had coalesced forming larger areas. There was no pigmentation around them. Vision was $\frac{5}{6}$ in each eye. There was no appearance or history of syphilis, congenital or acquired. She presented symptoms of marked Graves's disease. She was one of twenty-four children, twenty of whom had died in infancy of some cerebral disease. There had been no consanguinity of parents, but the case suggested some nervous affection like retinitis pigmentosa. The condition had undergone no change to the present time.

Dr. JAMES TAYLOR said, on the question of inheritance, that the girl was the offspring of a very prolific marriage; it was remarkable that in Friedreich's disease, and he believed also in Leber's disease, that there was a common history of prolific marriages.

SUDDEN FAILURE OF VISION IN BOTH EYES WITH TOTAL OBSCURATION OF FUNDI IN A YOUNG HEALTHY MAN.

This case was shown by Dr. BATTEN. A man, aged 26, was engaged in mowing hay in July, when he was seized with sudden giddiness and failure of vision. The pupils were equal and active to light. In the right eye no view of the fundus could be obtained; there was a grey reflex only. In the left there was also much haze of vitreous, but some white patches could be seen in the fundus but not definitely located. At the present time in the right there was a large white patch in the macular region, and others in the periphery, probably choroidal; in the left some white patches could also be seen. There was no history or appearance of syphilis; he was a robust healthy man; he had had no bleeding in other organs. The cause was probably a hæmorrhage brought on by stooping.

The PRESIDENT thought it probably belonged to the group of large spontaneous hæmorrhages occurring in young adults, one feature of which was their liability to recur.

Mr. GUNN thought the changes in the yellow spot were suggestive of deep retinitis of renal origin.

ESSENTIAL SHRINKING OF THE CONJUNCTIVA, WITH BACTERIOLOGICAL EXAMINATION.

This case was shown by Mr. A. QUARRY SILCOCK. A girl,

aged 8, was admitted to Moorfields Hospital on November 13th, 1895, with conjunctivitis and infiltration of the cornea. The conjunctiva was extremely hyperæmic and generally œdematous; moist flattened papillary growths projected from the tarsi of both upper and lower lids; the right cornea was clear, the left infiltrated. There were sores and scabs about the anterior nares, and it was supposed that these had been the source of contagion for the eye. The left cornea perforated, and the eye was excised. On March 24th, 1896, the patient was readmitted. There was much thickening and shrinking of the conjunctiva; the lashes were inverted; there was some ulceration of the cornea. Early in May there was some obstruction to the air passages, and the patient coughed up a large hard mass of membranous exudation. By June 6th the left socket had become obliterated; the right cornea was opaque. The aim of treatment had been to disinfect the conjunctival sac, but it had not succeeded. At the present time the left socket was completely shrunken, and there was only a narrow opening between the lids; the right cornea was opaque, the conjunctiva contracted, and the V = p. l. The case had been examined bacteriologically by Mr. Plimmer.

Mr. PLIMMER said that the bacteriology of pemphigus was scattered but uniform; the same organism has been repeatedly found. The one gap in the chain was owing to the impossibility of making the organism grow on any animal's skin. The organism was a micrococcus which grew in pairs; it grew in serum or glycerine agar at incubator temperature. He had injected some of the fluid from one of the blisters on the skin in this case into the peritoneum of a mouse, which died of acute septicæmia; a guinea-pig died forty-eight hours after it was injected into the pleural cavity. A small drop was inserted into a rabbit's eye; after two days there was intense inflammation and discharge, the eye was more rapidly destroyed than with other septic organisms. The suppuration was not produced by a strepto- or staphylococcus, nor by any skin organism. It was identical with that which had been already found by other observers.

Mr. MALCOLM MORRIS said that there was the greatest controversy now going on as to the nature of the diseases producing bullæ. The cases in which the eye was involved differed from true pemphigus, so that it was not at all easy to be sure of the nature of this affection. He did not think it was a true pemphigus.

Mr. DEVEREUX MARSHALL also spoke.

RETINAL DETACHMENT OF OBSCURE ORIGIN.

This case was shown by Mr. SILCOCK. The patient was a boy, aged 10. When first seen early this year there was a localised detachment of the retina just outside the yellow spot, which steadily enlarged till August. Under an anæsthetic he punctured the swelling through the sclerotic at its summit, with the help of the ophthalmoscope; a choroidal reflex was seen through the rent so produced, and much fluid escaped. The rent closed, the fluid was reformed, and some separate areas of choroidal exudation were now seen. The eye was said to have been always defective. There was no history of injury.

Mr. LAWFORD had had a case recently in which there was a large detachment of the retina of obscure origin; he had punctured it and let out serous fluid, but without result as regards the detachment.

The PRESIDENT suggested retinitis proliferans as the probable nature of the affection.

Mr. SILCOCK said that retinitis proliferans had been suggested by Mr. Holmes Spicer, who had first seen the case.

Mr. HOLMES SPICER said the case presented many of the characters of retinitis proliferans, but the main central part of the attachment was very prominent and rounded; he thought the detachment might be caused by a cysticercus.

CASES AND SPECIMENS.

A specimen of Melanotic Sarcoma of the Orbit was shown by Mr. R. WILLIAMS. The patient was a woman aged 40; she had chronic irido-cyclitis, for which the eye was excised. Four or five years later the artificial eye which the patient wore began to squint inwards. It was found that there was a melanotic sarcoma growing from the optic foramen. It had probably originated from the choroid in the first place.—Mr.

LONG showed Epithelioma of the Cornea and Conjunctiva in a man. Mr. MARSHALL had examined a small piece of the growth (a white raised mass at the inner side of the cornea), but had found it inconclusive. The PRESIDENT thought it scarcely typical of epithelioma; it looked more like sodden epithelium.—Dr. BRONNER showed a drawing of a case of Coloboma Lentis upwards and outwards in a man aged 35. There was no history of a blow; he thought it was probably due to some intrauterine lesion. Mr. CRITCHETT had lately had under his care a woman aged 38 who had double congenital coloboma of the iris, dislocation of both lenses and coloboma of the right lens.—Mr. TREACHER COLLINS and Mr. STOKER showed a case of Corneal Ulcer treated with Oxygen. The ulcer got well under the treatment. Mr. Stoker described the method, which consisted in passing equal parts of oxygen and purified air into a mask, which was fitted over the eye, so that the eye remained exposed to the mixed gases. The mask was worn day and night.—Mr. LAWFORD showed a case of Embolism of the Central Retinal Artery. The patient was a man aged 37. The left eye failed suddenly.—Mr. DOYNE showed a case of Pigmented Growth of the Conjunctiva. A portion of the growth was removed. This was followed by increased pigmentation, which had since diminished.—Mr. BRICKERTON showed a Combined Nasal Style and Probe.—Messrs. CRITCHETT, ERNEST CLARKE, PRIESTLEY SMITH, and WILLIAMS and DOYNE also spoke.

EDINBURGH OBSTETRICAL SOCIETY.

Wednesday, December 9th, 1896.

Professors A. R. SIMPSON, M.D., in the Chair.

SPECIMENS.

Dr. R. C. BUIST, Dundee, showed a specimen of Retroflexion of the Head and Spina Bifida in a Fœtus. The cranium and spine were split in the mesial plane, exposing the spinal cord which was attached to the left half. The head was markedly retracted and hydrocephalic. There was an anterior spina bifida in the cervical region from the third cervical to the first dorsal vertebra.—The CHAIRMAN showed: (a) Secundines from a case of Triplets. There was a common placental mass and chorion as if they had developed from a single ovum; and two amniotic sacs, one containing a living fœtus and the other macerated twins. (b) Ovarian Fibroma which did not contain any cysts, a very large Cystic Tumour of the ovary, a Double Tumour of the Ovaries, and a Parovarian Tumour. (c) A Monstrosity, with no scalp or cranial bones; the dura mater was adherent to the membranes; it lived 24 hours. The mother, a primipara of 23, was a mill-worker, and had been the spectator of an accident in which a companion had had part of her scalp torn off by machinery. This was volunteered by the mother as the explanation of the stillborn child. She did not know it was a monstrosity.—Dr. SCOTT MACGREGOR, Glasgow, showed a Uterine Tumour and Ovaries removed by operation.—Dr. J. W. BALLANTYNE exhibited Photographs of a specimen of Congenital Prolapse of the Uterus. Only eight true cases of this were known.—Dr. HAULTAIN showed a Solid Tumour of the Ovary, weight $1\frac{1}{2}$ lb., which had been diagnosed as a subperitoneal fibroid. There was ascites and the fluid was hæmorrhagic, which usually meant a malignant association. There was a cyst at one part. Microscopically there was infiltration of leucocytes as if in a state of inflammation.—Dr. HAIG FERGUSON showed a small Tumour removed from one side of the pelvis, and a Parovarian and Enlarged Ovary from the other side. He also showed Professor von Pattenkofer's Net and other Linen Cloth for Underclothing.

HERNIA OF THE UMBILICAL CORD.

Dr. R. C. BUIST, Dundee, read a paper on subject. The child was seen the day after birth at full term, was 51 c.m. long and well-formed. At the umbilicus the abdominal wall was defective over an almost circular area of 6 c.m. diameter; this space was occupied by a hemispherical swelling covered by the expanded membranes of the cord; a little below the summit the cord was continued in an ordinary state. On the left side, in the membranous covering, were two large vessels with fluid blood. At its junction with the membrane the skin was raised in a

small fillet with reddened margin. The membranous covering appeared adherent to the subjacent structures. The parts were foul. They were dusted with boric acid and bandaged. Next day a pad of cork was applied. On the seventh day consent was given for operation. An incision all round the swelling, about half an inch from the skin margin, was made. This was dissected down to the peritoneum, which could not be separated. The omentum was adherent on the left margin of the sac. The descending colon protruded into the opening. The sac wall was turned back, the umbilical vein ligatured and divided, an adhesion of the sac to the liver was sponged separate, and the sac wall completely removed. By a series of deep and superficial silkworm gut sutures the abdominal wall was closed. The child was chilly and cyanotic after the operation; it was given ʒj castor oil which produced a natural motion after a few hours. Later it was quiet, but ejected some frothy mucus from time to time. Evening temperature 98.2°. At 4 A.M. next day it took the breast but did not suck readily, and vomited soon after. At 8 A.M. it died suddenly during bilious vomiting. On *post-mortem* examination the abdominal wall, omentum, and liver were found united by soft adhesions. The liver was of normal form, as were also the ducts and vessels. At the lower margin there was a projecting mass 6 c.m. long anteriorly and 8 c.m. posteriorly, circumference 13 c.m. of liver substance continuous with the quadrate lobule. The gall bladder was sunk in it, and the left round ligament disappeared into it. On the anterior surface the mass was marked by a furrow from the tip of the gall bladder to the round ligament. The part below the furrow was that adherent to the covering of the cord. The broad ligament was continued down to the part where this attachment began. It had been suggested that such cases were of two kinds: one, the persistence of the foetal condition at the time when the gut was normally in the stalk of the umbilical cord; the other due to arrest of development of the abdominal wall, and the marked though localised overgrowth of the quadrate lobe of the liver might, in this case, have been a restraining influence. Treatment depended on the size of the defect in the abdominal wall, and the condition of the hernial contents. Expectant treatment might allow the child to live, but did not cure the hernia. But when the defect was excessive probably nothing else could be done. When the hernia was on a narrow base, and the contents could be pressed into the abdomen Breus's percutaneous ligature would be available. If the membranes of the cord could be easily detached from the peritoneum, this with its contents might be returned unopened, and the skin closed over it. Where matting had taken place the peritoneum must be opened at the earliest possible moment.

A CASE OF TRIPLETS.

This paper was read by the CHAIRMAN (for Dr. ADAMSON, Moniaive). The patient was aged 34. No important family history. Menstruation began at 12 or 13, regular till 17, when she caught a chill during a period and was laid up for some weeks. Anæmia and amenorrhœa were present for some years. Married at 26. Five pregnancies. The fourth in April, 1895, a dead foetus at the sixth month. Menstruated regularly till February, 1896, missed March, but not April. Some discharge in the middle and end of May. At this latter time she felt weak and tired, had pains in the right side, and a "lump" at the right side of the abdomen. This swelling was that of a six months pregnant uterus, well out of the pelvis, but the size was not that of the history, nor was the position usual. On August 28th, the membranes ruptured. There had been no pains. A very small leg was presenting through an undilated os. At 10 P.M. the first foetus was born. It was a male, 7½ inches long, shrivelled and brown. Next a bag of membranes and the breech of a second child presented. This was born three hours later; it was a male, 15 inches long and fairly well nourished. The heart acted for some minutes; there were one or two convulsive movements but no attempt at breathing despite artificial respiration; with the liquor amnii and clots following this foetus a third made its appearance. It was shrivelled and brown like the first but larger, and was 9½ inches from vertex to heel. The mother had an excellent recovery. There was a common placental mass, and a common chorion. The living foetus had lain in a separate amniotic sac attached to the largest part of the placental mass, which had the cord

attached to the margin. The other two had lain in a common amniotic sac, and the atrophied cord of the long-macerated foetus was attached to the membranes at some distance from the placental border.

DRS. FOWLER, JUNIPER, GREEN, W. CRAIG, and others made remarks.

SOME PECULIAR RELATIONS OF ABDOMINAL TUMOURS.

Dr. J. HALLIDAY CROOM read a paper on this subject. He first narrated a case in which, on percussion, the area of dulness from the presence of an ovarian tumour was entirely above the level of the umbilicus. It was only on opening the abdomen that the real nature of the tumour was determined. The pedicle was 10 inches long, but had become adherent so high up in the abdomen it was impossible to say. In the second case an ovarian tumour was found lying in the pouch of Douglas without any pedicle, and without adhesion to surrounding parts. It was removed without the use of a single ligature. There was no degenerative change in it, and it must have either become detached from its pedicle just before operation or the pedicle must have been very fine and unconsciously separated during the operation. In the third case ovarian tumour with a twisted pedicle had been diagnosed, and on opening the abdomen it was found that the pedicle was not only twisted but had actually been spontaneously divided close to the tumour. In the fourth case, the most remarkable of all, a tumour which had been diagnosed as a large simple parovarian was found to have no attachment to any abdominal or pelvic organ, and derived its nourishment from only one small adhesion to the anterior abdominal wall. Its exact nature could not be determined. Dr. Croom referred to three cases of cystic tumours which between the date of diagnosis and that of operation had entirely disappeared. Two of these he considered to be parovarian, while the third he regarded as either a hydrosalpinx or a hydrops tubæ profluens. Once, too, he had removed from the pouch of Douglas a tumour which proved to be an old blood clot contained within the altered covering of the Fallopian tube. This remarkable anomaly was quite free and easily removed. With regard to subperitoneal fibroids, Dr. Croom divided these in this connection into three groups: (1) Those with slight attachments to the uterus; (2) those actually detached, and (3) those detached from the uterus but adherent to other structures. Of the first group he related two cases in which the pedicle of the tumour consisted of only a double layer of peritoneum, and on applying the ligature it cut through the pedicle and the tumour was free. There was no hæmorrhage, and the denuded surface of the uterus was left quite smooth. The pedicle contained no fibrous tissue whatever. Both patients did well. Dr. Croom had not met with a case, but he referred to the literature of a few; and as to those which had formed adhesions with surrounding structures after separation from the uterus, Dr. Croom again mentioned several recorded cases. He pointed out that it was the exception for fibroids to form adhesions, but he had met with one case in which a subperitoneal fibroid with a long pedicle had prolapsed into the pouch of Douglas and formed adhesions with the rectum, so that its removal was a matter of extreme difficulty. Lastly, he mentioned two cases that he had met with in which a swelling felt, *per vaginam*, in the pouch of Douglas proved on operation in one to be the lower end of a sarcomatous liver, in the other the lower end of a floating kidney.

The paper was discussed by the CHAIRMAN, DRs. BERRY HART, HAULTAIN, and others; and Dr. CROOM replied.

DEFLECTION AND ROTATION OF THE PREGNANT UTERUS.

Dr. R. MILNE MURRAY read this paper. He began by referring to the fact that in pregnancy from 70 to 80 per cent. of uteri incline to the right, and 20 to 30 per cent. to the left of the middle line. None of the various theories advanced to account for this were satisfactory. It had been further generally held that the pregnant uterus rotated on its internal axis, and that this rotation corresponded with that of deviation. Rotation had been denied by some recent authorities, and a paper in which this was done by J. C. Webster was referred to. The evidence on which this opinion was based had been derived from the examination of frozen sections. Dr. Murray regarded the clinical evidence as sufficient to prove the existence of a certain amount of rotation, and further

advanced the opinion that the rotation was the cause of the deviation. He gave the results of the observation of twenty-six cases of occipito-posterior positions of the vertex, in which eighteen showed invariable left deviation, while six more of them showed deviation to the left when the bladder was distended. He had come to regard left deviation of the uterus as normally associated with occipito-posterior cases, though he expressed no opinion as to why they should be so rotated.

The CHAIRMAN referred to his experiences in regard to the frequent occurrence of deviation of the unimpregnated uterus.

Dr. J. W. BALLANTYNE, speaking of frozen sections, found the uterus almost always in the middle line.

Dr. D. BERRY HART denied the state of internal tension referred to by Dr. Murray as a factor in the production of rotation and deviation of the uterus. He held that the uterus was a silent factor, that it lay round its contents pretty much like a wet towel quite lax.

Several other Fellows spoke, and Dr. MURRAY replied, maintaining the position he had taken up.

PROLIFICACY AND TWIN-BEARING.

Dr. J. W. BALLANTYNE read a Note on the Histories of some Pluriparous Women, and their Bearing on the Causation of Twins. He gave the record of nine family histories in which twins had occurred, and applied the facts to the illustration of one of the theories of the cause of twin births. He drew attention to the association of twin-bearing and prolificacy. He mentioned that he was not dealing with the so-called uniovular or monochorionic or homologous twins. He was referring to cases where there was evidence that the twins were of the binovular or dichorionic kind. The clinical fact might be stated more fully thus: The daughters of a woman who has borne twins were usually highly prolific, and conversely the mothers of twins are usually the daughters of specially prolific women. This fact goes to support the theory of pluriparity in uniparous animals which has been recently insisted on by Dionys Hellin, who shows that the ovaries of the twin-bearer resemble those of the fœtus in the great number of Graafian follicles which they contain. He thinks that plural pregnancies result from the simultaneous rupture of several ovisacs, which again is the result of the existence of a relatively or absolutely larger number of ova in the ovary. Prolificacy and plural pregnancy, therefore, are merely different forms of one and the same manifestation. Hellin supported his theory by drawings of the ovaries of fœtuses of a pluriparous woman, of a calf, and of cow that had given birth to twins. Dr. Ballantyne's facts went to support Hellin's theory, and also to corroborate certain statements made to the Society some years ago by Matthews Duncan.

PATHOLOGICAL SOCIETY OF MANCHESTER.

THOMAS HARRIS, M.D., President, in the Chair.

Wednesday, December 9th, 1896.

ACUTE MYELITIS.

Dr. TREVELYAN (Leeds) first referred to the diseases which should be included under this heading and to the relationships of disseminated sclerosis and amyotrophic lateral sclerosis. The paper was based on two cases of disseminated myelitis, one of transverse myelitis, one of infantile paralysis, and one of traumatic meningo-myelitis. Sections from three dogs' cords with acute spontaneous myelitis were also shown; in one dog the disease had only lasted five days, and in the other two the sequel of distemper, chorea, and paralysis had been observed. In one of the last-named cases there was abundant and widespread perivascular infiltration, and in the other equally widespread minute hæmorrhages. One of these cords had been satisfactorily hardened in formol (Müller) at 35° C. in two days. The morbid changes in acute myelitis were briefly discussed, especially those in and about the vessels. In respect to etiology, the limitation of the disease in some cases to certain definite vascular areas, the vascular and perivascular changes showing the route by which the irritant arrived, the experimental myelitis, especially of French observers, and finally the known clinical connection between acute myelitis and the infective processes supported the infective theory of the origin of this disease.

VESICAL CALCULUS WITH A GLASS ROD AS ITS NUCLEUS.

Mr. SOUTHAM showed an oxalate of lime calculus, weighing 5½ ounces, measuring 3½ inches in its long diameter, successfully removed by suprapubic lithotomy from the bladder of a man, aged 28 years. Its nucleus consisted of a piece of glass-rod, which, according to the history given by the patient, had been accidentally swallowed eight years previously. For six years no ill consequences resulted, except that he was subject to slight attacks of lumbar pain. He afterwards began to suffer from irritation of the bladder, and subsequently developed all the usual symptoms of vesical calculus.

SOME SEPTIC CONDITIONS OF THE PLEURA AND PERICARDIUM.

Dr. NATHAN RAW showed six pathological specimens illustrating septic pleurisy and pericarditis: (1) In the first, the subject of a tuberculous diathesis developed an acute attack of pleuropneumonia, which rapidly extended to the pericardium. (2) In the second, the patient had suffered from rheumatism probably of a gonorrhœal nature, developed an acute fibrinous pericarditis, and died in two weeks. (3) Acute lobar pneumonia with pericarditis. (4) Case of lymphosarcoma of the mediastinum extending to the lung substance and thence to the pericardium, setting up an acute pericarditis. (5) In this case the patient had a miscarriage six days before admission to hospital, when she had puerperal septicæmia. She developed septic pleurisy and septic pericarditis, the sac being filled with stinking pus. (6) In this case septic pericarditis supervened on an attack of acute septic osteomyelitis in a boy aged 6. Dr. Raw said that for centuries physicians had considered cold as the potent factor in inducing pleurisy, and as Osler says, this may be true in some cases; but modern views of serous inflammations scarcely recognise cold as anything more than a predisposing agent which permits the action of various micro-organisms. He was of the opinion that all cases of sero-fibrinous pleurisy came under the category of microbial affections, and that primary or idiopathic pericarditis could not occur.

SKIAGRAPHING THE ARTERIES.

Dr. RAW communicated to the Society a method he had adopted to skiagraph the arteries. He said that, when trying to examine a fracture which was enveloped in a thin layer of plaster-of-paris, he found it quite opaque to x rays. The idea then occurred to him that the vessels (arteries) might be reproduced in the skiagraph by injecting them with a somewhat similar substance. Accordingly, when the next opportunity occurred he injected *post mortem* a solution of calcium sulphate and carmine into the femoral artery and then took skiagraphs of different parts of the body. He illustrated his remarks by exhibiting several pictures showing the arteries perfectly, even to the most minute anastomoses. In fact, so opaque was the substance that the arteries actually showed through the bones. Dr. Raw also showed a large bromide print of a child, 24 × 18 in., showing all the arteries of the body injected.

HUNTERIAN SOCIETY.—At a meeting on December 9th, Dr. HERMAN, President, in the chair, the evening was devoted to the study of clinical cases. Dr. MACDONALD brought forward the case of a man, aged 38, who had had Acute Rheumatism in 1888 and pains generally about the body in 1893. He had now fibrous nodules on the buttock, but no heart symptoms. The diagnosis lay between rheumatic nodules, gummata, and tuberculous growths. There was absolutely no history of syphilis or tubercle. The largest nodule was over the right great trochanter, and was 1 inch in diameter. Dr. F. J. SMITH thought from the symmetrical position of the masses that they might be bursæ. Mr. OPENSHAW thought that they were fibromata, and the masses corresponded in feel with rheumatic nodules. Mr. A. H. TUBBY concurred with Mr. Openshaw. Dr. E. W. GOODALL alluded to a case of Scarlatina succeeded by erythematous patches. In the position of these patches fibrous nodules developed, and after that the patient had an attack of rheumatic fever. The patient did not make a satisfactory recovery, and finally left the fever hospital much wasted and anæmic. Dr. MACDONALD replied.—Dr. J. H. SEQUEIRA brought forward a case of Perforation of the Hard Palate in a girl aged 8 years. There

was no direct evidence of syphilis except that the appearance of the face was somewhat suspicious. The perforation was about sufficient to admit the tips of two fingers, and it had developed in fourteen days. The improvement under mercurials and the simultaneous thickening of the tibiae left no doubt as to the affection being of syphilitic origin.—Mr. TUBBY deprecated any surgical interference with a view of closing the perforation. Dr. HINGSTON FOX quoted Mr. HUTCHINSON'S opinion as to the value of iodide of potassium in preference to mercury in specific tertiary ulcerations. Dr. SEQUEIRA suitably replied.—Dr. H. J. SEQUEIRA brought forward a case of Three-eighths of an Inch Shortening of the Ring Finger of the Left Hand due to separation of the Epiphysis of the Metacarpal Bone in a girl aged 9. Mr. OPENSHAW doubted if all the shortening were due to delayed growth at the epiphysal line, but thought part of it arose from the displacement forward of the head into the palm of the hand.—Dr. HARRIS exhibited a case of Myxœdema with the usual signs, which had been subjected to thyroid treatment with very satisfactory results. Dr. F. J. SMITH mentioned a case in which the symptoms of myxœdema and exophthalmic goitre were combined. The patient was not benefited by thyroid treatment. Dr. HARRIS, in replying, said that the patient had been regular, although she had lost a stone in weight.—Dr. HEAD brought forward (for Dr. F. J. SMITH) a patient, a man aged 22 years, who was suddenly seized with giddiness in the street. On being brought to the hospital there were vomiting, right optic neuritis, vertigo, with falling to the right, and right-sided paresis; also marked inco-ordination of the right arm and hand and distinct nystagmus to the left. Right knee-jerk was greater than the left, but there was no ankle clonus. He left the hospital quite well with the exception of the optic neuritis. Since then, that is, two months, he had had three attacks similar to the first. He was readmitted to the London Hospital on December 3rd with the right optic neuritis, passing into optic atrophy, and some paræsthesia on the right side of the scalp. Dr. HEAD thought that the symptoms were due to a tumour in the right half of the cerebellum. The PRESIDENT remarked that the case was a very interesting one, and that the following points were awaiting solution, namely, the situation and nature of the growth and the possibility of its removal. Dr. F. J. SMITH agreed with Dr. HEAD'S diagnosis. Mr. OPENSHAW alluded to a case of hæmorrhage in the cerebellum, in which coma came on rapidly and death followed in nine hours. Dr. HEAD, in reply, said that he had seen a case in which the whole of one lobe of the cerebellum had been removed, and the patient always fell to the right, as this patient did.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At a meeting on November 19th, Dr. J. P. BATE chose for his presidential address the Sanitary Supervision of Trade Premises. He rapidly reviewed the slavery of the working classes and the horrors of child labour in factories in the early part of the present century, and the successive Factory Acts of Sir Robert Peel and Sir J. C. Hobhouse and those of Lords Althorpe, Ashley, and Morpeth, which gradually extended legal protection to apprentices, children, young persons and women, and took some cognisance of sanitation. He next traced the progress of factory legislation and the growth of the inspectorate, from the last mentioned Act of 1844 to those of 1875-8, by which sixteen previous Acts were repealed and consolidated, and their subsequent amendments in 1883-89 and 95, during which period the definitions of factories and workshops were changed and extended and bakehouses brought under the Act in 1863, as well as the various relations existing between the Factory Department and the local authorities, which were still far from satisfactory. The last Act of 1895 he described as one of the most hasty, crude and confused on the statute book, and he gave several examples of the anomalies with which it teemed, important terms being left undefined, duties being imposed on the factory inspectors relating to facts known only to the sanitary authorities or on the latter while they could be enforced by the former only. The lists of outworkers, again, prepared by the employers, were open to inspection by the officers of the local authorities, but since many of the workers resided in districts other than those in which they

were employed the control intended by the Act could not be efficiently exercised. The remedy for this defect was, he said, obvious and easy. The Home Office should establish a "clearing house," classifying the workers according to their places of abode and furnishing each local authority with a list of outworkers resident in their district wherever they might be employed. The recent appointment of such an accomplished medical officer of health as Dr. Whitelegge to the post of Chief Inspector encouraged the hope that ere long the whole subject of factory legislation and the relations between the Home Office and the local authorities, to whose medical officer of health and inspectors all sanitary matters ought to be referred, might be placed on a more satisfactory and consistent basis.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—At a meeting of the Section of Pathology, on Friday, December 4th, 1896, Professor MYLES in the chair, Sir C. NIXON exhibited (1) the Stomach and Intestines of a patient who had been his care at the Mater Misericordiæ Hospital, suffering from extreme gastric dilatation, and who had died after the onset of convulsive symptoms resembling tetany; (2) the Heart and Thrombosed Femoral Vein of a man who had well marked symptoms of tricuspid disease.—Mr. CHANCE showed Three Thyroid Tumours which he had recently removed by operation. The first was parenchymatous in structure. It was taken from a man, aged 23, the subject of Graves's disease. The goitre caused much respiratory difficulty. The second was a colloid goitre removed from a girl, aged 23, who also suffered from Graves's disease. The third was a cystic goitre. Dr. McWEENEY described the structure of the first-named specimen. It resembled salivary gland or pancreas rather than thyroid, and to the naked eye no colloid vesicles were visible. The microscopic appearances were very noteworthy, as large areas exhibited no trace of colloid change, but looked more like ordinary secreting gland-tissue. The mode of origination of the colloid droplets, and the way in which they became surrounded by rings of epithelial cells, could be well made out. Sections were shown.—Professor NIXON exhibited a Thyroid Tumour and Cyst which he removed from a sporting dog. It was on the left side of the neck. The animal succumbed after the operation. It had no exophthalmos, but manifested a remarkable condition of pulse, the beats of which occurred in groups of four double pulsations. There was no murmur in or over the tumour.—Dr. McWEENEY showed slides illustrating the following conditions: (a) Parenchymatous Goitre; (b) An additional case of Kidney Tumour derived from a suprarenal "rest;" (c) Malignant Tumour of the uterus where the microscopic diagnosis between sarcoma and carcinoma was doubtful; (d) Polymorphous-cell Sarcoma of one cornu of a uterus bicornis. The other cornu was pregnant, and hysterectomy was successfully performed by Dr. Barry at the National Lying-in Hospital.

ULSTER MEDICAL SOCIETY.—At a meeting on December 3rd, Professor SYMINGTON, President, in the chair, Dr. HENRY O'NEILL read notes of two cases of Lithopaxy, and showed the calculi removed. He expressed himself strongly in favour of Bigelow's methods. Professor SINCLAIR, Surgeon FAGAN, Dr. WALTON BROWNE, and Dr. THOMPSON (Omagh) made remarks.—Dr. SINCLAIR KIRK showed a case of Pressure Paraplegia cured by operation. The case, notes of which have already appeared in the BRITISH MEDICAL JOURNAL of November 14th, 1896, p. 1442, was a most successful one, and excited much interest. The excellent result obtained was the more gratifying, as prolonged rest and the usual medical treatment had been previously tried without effect.—Dr. CALWELL showed a case of Erythema Marginatum.—Dr. MITCHELL showed a case of Tuberculous Disease of the Knee after eighteen months' treatment with Thomas's splint. He also read notes of Tracheotomy successfully performed in a case of Diphtheria where antitoxin had been previously administered. This case gave rise to a long discussion on the antitoxin treatment of diphtheria, in which the following members took part: Professor SINCLAIR, Surgeon FAGAN, Dr. WALTON BROWNE, Professor BYERS, Dr. LINDSAY, Dr. MORROW, Dr. FIELDEN, Dr. JAMISON, and Dr. McCAW. The general testimony was favourable to the treatment.

FOLKESTONE MEDICAL SOCIETY.—At a meeting held on December 2nd Dr. BOWLES read a paper on Further Experiences on the Schott Treatment at Bad Nauheim, and showed that many others who, like himself, made visits of investigation in a sceptical frame of mind, had returned impressed with the belief so well expressed by Dr. Alexander Morison, "that the system of treatment in question is capable of influencing the state of the patient and the position and condition of the heart." Not only had this been clearly shown by Sir Thomas Grainger Stewart, by Dr. Bezly Thorne, and others at the Carlisle meeting, but also by himself and other members of the profession, who had published their experiences in different ways. From such premisses it was easy to imagine what an important therapeutic measure in the treatment of heart disease this might become when properly applied. On the other hand Dr. Bowles related cases in which the treatment appeared to be distinctly injurious, and he urged the necessity of great care in the selection of suitable cases, and for more accuracy in physical diagnosis. He then reviewed the various claims in this direction of Drs. Schott, Bezly Thorne, Kingscote, Alex. Morison, and others, and showed how impossible it was to know whether this or that patient's heart was smaller or not from the treatment, unless there was a common basis of agreement in the principles of the physical diagnosis. Admitting, as Dr. Bowles did, the general claims of Dr. Schott and Bad Nauheim, he was not at present prepared to admit the specific influence of the chemical constituents of the waters. The effects of the baths were so immediate and so marked that he felt temperature could alone account for the instant effect on the skin, nerves, and vessels, and so give rise to increase of pulse tension, lowered pulse rate, and their consequences. Notwithstanding the undoubted evidence of many cases of so-called cure and wonderful benefits derived from the Nauheim treatment, more time and more experience were necessary before the "Schott method" could be understood and accepted in its fulness by the general body of the profession.

LIVERPOOL MEDICAL INSTITUTION.—At a meeting of the Pathological and Microscopical Section, on December 10th, Mr. RUSHTON PARKER in the chair, Dr. A. W. CAMPBELL read a preliminary communication upon the Bacteriology of Colitis. Specimens and cultures of a bacillus isolated from cases was occurring in Rainhill Asylum were shown. The organism is a small short rod, morphologically allied to the bacillus coli communis and others of that genus. It grew freely on agar-agar, gelatine, and potato; it did not liquefy gelatine; its growth was not checked by potassium iodide; it coagulated milk, and was motile. So far cultivations from the fæces of three cases suffering from this disease had been made, and some initial experiments performed in Professor Boyce's laboratory seemed to point to a causal relation between the bacillus isolated and the disease in question. In Case I the cultivations were made when the disease was at its worst, the patient being severely purged, prostrate, and pyrexia. A rabbit inoculated subcutaneously with 3 c.cm. of a broth culture died in 19 hours, after showing signs of commencing diarrhoea. At the necropsy the intestinal canal was in a condition of acute catarrh, the fæces liquid, the mesenteric glands enlarged. The blood teemed with the organism. Case II: Cultivations were obtained from an acute case, and inoculation into another rabbit produced severe diarrhoea, along with general prostration lasting for four days. The animal was killed at the end of a week when it was showing signs of recovery, and on *post-mortem* examination, though there was no catarrh of the intestinal canal, still the Peyer's patches, the solitary glands in the large gut, and the mesenteric glands were swollen and the organism present in the blood. Case III: Cultures were obtained from the fæces of a patient recovering from the disease, and it was interesting to find that a rabbit inoculated with some of the growth presented no sign of disease other than œdema round the seat of inoculation. Dr. CAMPBELL mentioned that the next step in the investigation would be to endeavour to produce the disease in swine, because he had observed in pigs which had died of "swine fever," in addition to the specific lesion, a condition in the large intestine which bore much resemblance from an anatomical point of view to the change in the large intestine of the human being in colitis. Professor BOYCE said

it was most interesting to note that in the first case a pure culture was obtained from the stools. Dr. WIGLESWORTH said the resemblance to swine fever was very marked, but he considered that they were different diseases inasmuch as swine fever was markedly infectious, while colitis was only slightly infectious.—Mr. NEWBOLT presented (1) Enlarged Bursa Patellæ from a woman of 34; (2) Cartilaginous Growth into the Knee Joint from a boy.—Dr. MACALISTER exhibited a Brain with a Tuberculous Growth lying beneath the right ascending parietal convolution. The patient had suffered from right hemiplegia and hemispasm and paralysis of the left third nerve. The last lesion was the result of meningitis.—Dr. POLLARD showed (for Dr. P. DAVIDSON) a Lympho-Sarcoma of the Posterior Mediastinal Glands from a boy of 7 years, who was admitted into hospital with the signs of a right-sided pleural effusion. After aspiration of 16 oz. of fluid the underlying lesion was manifest.—Mr. THELWALL THOMAS showed (1) Papilloma of the Nasal Septum; (2) Nævo-Lipoma from the skin over the crest of the Ilium; (3) Fibromata of the Hand, three cases—in two myeloid cells were present.—Dr. ABRAM showed the Spores and Endo-Corpuscular forms of the Hæmatozoon of Tertian Ague, from a case under Dr. A. Davidson's care in the Infirmary. Drs. CAMPBELL, PERMEWAN, WARRINGTON, BUCHANAN, and Professor BOYCE discussed the specimens.—Dr. WIGLESWORTH read a paper upon Porencephaly, illustrated by specimens and lantern slides. An account of two cases under the author's care was given. The pathology of the condition was discussed. The affection was not a pathological entity, but dependent upon different morbid processes; hence it would be more correct to talk of "porencephalies" than of "porencephaly." Drs. IMLACH, WARRINGTON, DAMER HARRISON, Professors BOYCE and SHERRINGTON discussed various points in the paper; and Dr. WIGLESWORTH replied.

BRISTOL MEDICO-CHIRURGICAL SOCIETY.—At a meeting of this Society, on December 9th, Dr. AUST-LAWRENCE in the chair, Dr. J. LACY FIRTH showed a specimen of Multiple Aneurysms. There was a well-marked aneurysm of each axillary artery, and also of the innominate and right carotid arteries. The signs of intrathoracic aneurysm were pulsation in the second right intercostal space, and impaired percussion resonance around that area. The man had suffered from chronic bronchitis. Surgical interference had been deemed inadvisable.—Dr. J. SWAIN showed a Renal Calculus, which he had removed from a patient, aged 27, who had suffered from symptoms of renal mischief for 10 years. The stone weighed 148 grains, and was almost entirely composed of pure oxalate of lime, deposited in the form of large octahedral crystals. The diagnosis was made clear by means of skiagraphy, a distinct shadow being seen in the position of the calculus. Dr. Swain mentioned that oxalate of lime was the least impervious of the calculi to the kathodal rays; he thought that this explained the successful diagnosis in the case. He noted that the skiagraph, with an exposure of twenty minutes, gave a much more distinct shadow than that with thirty-five minutes' exposure. Dr. FISHER made remarks.—Mr. A. W. PRICHARD read a paper on two cases of Compound Depressed Fracture of Frontal Bone, and showed the patients. In the first case a boy, aged 13, had the shaft of a cart run into the centre of his forehead; he was trephined on the left side and the bone elevated, but the symptoms not being relieved he was trephined on the right side a week later. A hernia cerebri occurred, and resisted many attempts made to cure it. A plastic operation one month after the second trephining was successful. The second case was that of a man the lower half of whose frontal bone was driven in by the kick of a horse. The squamous portion of the temporal bone was fractured and protruding, and there were symptoms of fractured base; the superior longitudinal sinus was wounded, and brain matter was exuding from two places. Trephining and sawing off a large point of the squamous portion gave enough room for elevation of all the depressed bone. The patient left the infirmary in a month; he was quite well seven weeks after the accident. Mr. EWENS spoke on the cases.—Dr. F. H. EDGEWORTH read a paper on a case of Poisoning by Unripe Decomposing Tomatoes. A boy who had eaten a large quantity during the day was found lying unconscious in the street, and brought to the infirmary. He

lay in a semiconscious condition for three days, frequently vomiting, and passing half-digested tomatoes. As he recovered from this state symptoms of meningitis—severe headache, retraction of head, and double optic neuritis—came on, lasting for three weeks, and then gradually subsiding; there were also signs of peripheral neuritis, most marked in the legs.—A long discussion ensued, in which Dr. WALDO, Dr. FISHER, Mr. PAUL BUSH, Dr. PARKER, Dr. SHINGLETON SMITH, Dr. CARR, Dr. SHAW, and Dr. SKERRITT took part.

GLASGOW SOUTHERN MEDICAL SOCIETY.—At a meeting on November 26th, Dr. J. STUART NAIRNE, President, in the chair, Dr. R. H. PARRY gave a demonstration in the Victoria Infirmary of Surgical Diseases of the Nervous System. (1) A woman was admitted after a fall on the back of the head. The symptoms indicating a Cortical Lesion, a disc of bone was removed over the left temporo-sphenoidal lobe, and a large blood clot containing some brain matter turned out. The patient, who was present, made a perfect recovery. (2) Reference was made to a case of Cyst on the Brain with aphasia and wrist drop in which rapid improvement followed trephining and draining of the cyst. Subsequently, however, the patient relapsed. (3) To contrast with these extra-cerebral lesions, photographs were shown from a case where the lesion was in the substance of the Right Frontal Lobe. In this case the symptoms were left-sided paralysis with general rigidity, the muscles of the shoulder being more affected than those of the hand. (4) Case of Spinal Caries with Extra-dural Abscess causing Paraplegia. Two years ago an operation was performed to relieve pressure on the cord. Some time later this was followed by resection of head of rib and of transverse process, drilling of lateral aspect of body of vertebra and evacuation of abscess in mediastinum. The parts healed perfectly. The patient, who was present, had improved considerably since the operation. (5) Reference was made to a case shown to the Society four years ago in which Laminectomy had been performed for Paraplegia due to caries, and in which recovery was complete two years after the operation. (6) A specimen was exhibited showing the condition of the parts after Laminectomy and Trephining for removal of a Mediastinal Abscess. Healing was perfect. The patient had regained full control over the limb, but died some months after the operation from meningitis. (7) Reference was made to the localisation of Lesions in the Spinal Canal, and to the definite sequence in which symptoms due to extradural lesions appeared. The subject was further illustrated by diagrams. (8) A patient was introduced who had been operated on for Spasmodic Wry-neck. Little improvement having followed division of the right spinal accessory nerve, it was evident that the deformity was maintained by the action of the posterior group of muscles on the opposite side of the head. These were freely massaged, rotatory movements of the head were practised, and galvanism was employed, with the result that the patient made a perfect recovery. (9) Reference was made to another case, treated by Division of the Right Spinal Accessory Nerve, and of the Posterior Roots of the Four Upper Left Spinal Nerves, in which for a time improvement was remarkable, but in which the spasms supervened in the right posterior group of muscles. (10) Case of Extensive Injury to Shoulder and Ribs of Right Side, with fracture to clavicle and upper three ribs, compression of subclavian artery, laceration of brachial plexus, emphysema, and collapse of lung. Slow recovery took place, and the patient had a fairly useful arm; but for many months he suffered such severe pain in the arm that amputation was advised by two other surgeons. It had since spontaneously disappeared. (11) Recovery of Sensation after Resection of Nerves. The patient, who was present, was admitted for tuberculous disease of the tarsus. Two transverse incisions were made across the dorsum of the foot, one over the neck of the astragalus, the other across the base of the metatarsal bones. All the intervening structures—skin, tendons, vessels, nerves, bones—down to the deep muscles of the sole, were removed; pockets and sinuses in sole of foot were scraped. The resulting wound was loosely packed with gauze, no sutures being used, and the foot placed in a splint. Subsequent treatment consisted of steeping the foot two hours daily in a weak antiseptic bath, till the bones were covered with granulations, when the parts were approximated and kept in contact by a posterior splint. The result was so

satisfactory that it was impossible to discover any defect when the child walks. All the nerves on the dorsum of the foot (anterior crural, and musculo-cutaneous) were divided; yet in twenty-four hours after operation sensation on the distal side of the wound seemed quite normal. This could be accounted for only by anastomosis of nerves. (12) Reference was made to another case of extensive Injury in the Region of the Elbow, involving rupture of brachial artery, muscles in front of elbow, and musculo-spiral nerve. Incisions were made to relieve tension. In the sloughing which took place about 2 inches of the musculo-spiral nerve were destroyed. Some three months later, the patient was able to readily appreciate gentle pressure over the area supplied by the radial nerve. Here, too, anastomosis alone supplied an explanation. (13) Three cases of Empyema of the Frontal Sinus. The main features of the first case were necrosis of the posterior wall of the sinus, a large subdural abscess, and empyema of maxillary antrum of same side. Complete recovery. In the second case, perforation had taken place into the orbit, with formation of abscess there. The third case was seen early, and after the sinus was thoroughly cleared out the parts were closed. The case was watched with considerable interest as, on the advice of Dr. A. Brown Kelly, no drainage was employed, either to the surface or to the nose. The patient made an excellent recovery.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—At a meeting on December 3rd, Mr. RECKLESS, President, in the chair, Dr. ENGLISH (Doncaster) showed a case of Congenital (?) Anæsthesia of the Conjunctiva. The patient, a healthy miner, 27 years of age, had never experienced the usual sensitiveness of the conjunctiva. Touching any part of it did not produce the usual reflex. A small foreign body caused no inconvenience. He had been in the habit of removing pieces of coal from the conjunctiva with the tip of the finger without difficulty. He was not sensitive to physical pain or mental shock. Sight good, pupils reacted to light and during accommodation. Slight miners' nystagmus. Came of a neurotic stock.—Mr. SCUDAMORE showed a case of Periostitis of the left arm in a woman aged 43 with a rickety pelvis, who had been confined in July, 1896. Slight symptoms of septic mischief followed delivery by forceps of a stillborn child. At the end of a month she was able to go into the country. When seen on November 23rd a swelling in the position and having the outline of the deltoid muscle was complained of. The swelling was hard, the cutaneous veins over it were very prominent, but there was no fluctuation nor pitting on pressure. Below there was œdema over the external condyle and the back of the forearm.—Mr. ATKIN showed a case of removal of the Os Calcis.—Dr. ARTHUR HALL showed cases of Scrofuloderma and Syphiloderma and anomalous cases of Psoriasis.—Mr. HERBERT HALLAM related a case of Gangrene of the Lung in a boy $7\frac{1}{2}$ years of age, and showed the specimen. A month before death the patient had an acute febrile attack. When first seen on the 12th day of the illness he was pale and emaciated, with a temperature of 103° and with distinct signs of a cavity in the upper part of the left lung and consolidation at the lower part. The sputum was very offensive, dark brown in colour and became an opaque liquid on standing some hours. Microscopically no elastic fibres or portions of lung tissue were seen. The temperature kept up, ranging from 101° to 103.8° . Death on the 27th day of illness was immediately preceded by hæmoptysis. The specimen showed a large cavity replacing most of the upper lobe and extending into the lower lobe of the left lung. This cavity contained blood and a large piece of necrosed lung. Its wall was of a dark brown colour and very ragged. The rest of the lung was solid and airless and apparently in a condition of grey hepatisation.—Mr. GARRARD (Rotherham) read notes of a case of intestinal obstruction in a boy, aged 12, in which he had performed laparotomy and finding a stricture in the sigmoid colon, ended by performing median colotomy. After six months, the artificial anus was found to be affected with carcinoma and the original stricture was found *post mortem* to be carcinoma of the colon. Mr. Garrard also read notes of a case in which he had performed hysteropexy in a woman, aged 39, for severe proctidial with rectocele and cystocele and constant retention of urine from kinking of the urethra. After 14 months had elapsed the

condition of the patient was satisfactory and there had been no return of prolapse.—The PRESIDENT, Dr. SINCLAIR WHITE, Mr. PYE-SMITH, Mr. SNELL, Dr. DYSON and Dr. BURGESS took part in the discussion.

REVIEWS.

LOS OFIDIOS VENENOSOS DEL CAUCA [The Venomous Snakes of Cauca]. Par El Doctor EVARISTO GARCIA. Cali. 1896. (Cr. 8vo, pp. 118.)

CAUCA is a department of the Republic of Colombia, situated in the north-west of South America. Its extreme western boundary, on the coast of the Pacific, is about long. 79° W., the extreme east long. 67° W. Its greatest breadth is at the base, but it abruptly merges into a comparatively narrow strip of territory bordering the shores of the Pacific, terminating at the Gulf of Darien. Its area is 257,424 square miles, of which less than one-tenth is inhabited and cultivated. It has a population of 641,000. The south-eastern portion of Cauca is watered by the Amazon, which forms the boundary on the south-east; it is traversed by numerous affluents of the Amazon and Orinoco, and by other rivers which flow into the Pacific or the Gulf of Darien.

The geographical position and physical characters of this country—consisting of plains, valleys, forests, elevated plateaus, the mountain ranges of the Cordilleras, with volcanic and snowy peaks, numerous rivers, lagoons, and marshes—produce a great variety of climates, ranging from the Equatorial to the Alpine, and a congenial habitat in the warmer and lower district for the reptiles which are the subject of Dr. EVARISTO GARCIA'S monograph. He has described various forms of poisonous serpents which infest the department of Cauca; not, however, above an altitude of 4,500 feet. He treats of the characters and attributes of the serpents, which are also figured in coloured lithographs; the physiological action of their poisons, the various methods—empirical and rational—of dealing with their bites, and concludes with an account of certain reputed antidotes.

In the first two chapters the author treats of the various anatomical and physiological characters of those serpents. He bases his remarks upon the works of foreign naturalists and those of the Colombian scientist, Dr. Pasado Arango, as well as upon his own observations. He gives a classification of snakes in general, and especially of the venomous forms, following the now antiquated scheme of Duméril and Bibéron. He describes their habits, their prey, and the times and modes of seizing it, and refers to methods of protection from the danger of their bites. He appears to ascribe the so-called fascination of animals to paralysis due to terror rather than to hypnotism.

Dr. Garcia describes some 14 species of poisonous snakes, with venom of different degrees of intensity. Of these, 10 belong to the crotaline and 4 to the colubrine form (elapidae), but probably in two or three instances local varieties are treated as different species. His description does not include any of the innocuous forms. Most important amongst the crotalinæ described are the formidable bushmaster, *cabeza de verrugosa del choco*, *lachesis mutus*, described by him as *botrops acrochordus*; the *fer de lance*, *lachesis lanceolatus*; the *casabel*, *crotalus terrificus*; and the *pelo de gato*, *lachesis atrox*. Amongst the elapidae he describes the coral *cabeza de choco*, *elaps impartitus*, and the coral *de penzoña*, *elaps marcvii*.

Whilst noticing that they cause considerable injury and loss of life, the author does not afford any exact information as to the mortality, nor does he state what systematic measures, if any, are taken for their destruction. He alludes, however, to the limitation of their increase by the pig, the cat, certain birds of prey, a peculiar form of ant, and other snakes, and refers to the popular superstition respecting incantations or charms which are supposed to confer immunity from the noxious effects of the poison, and a facility of handling dangerous snakes with impunity. He further notices that the popular belief of the curative effect of snake poison on those infected with leprosy has led to fatal accidents.

Whilst expressing admiration for the care with which this

little book has been prepared, and the artistic skill with which the various poisonous snakes are figured, so that the work is one which will be practically useful to those who desire information respecting the reptiles that prevail in Cauca, yet the imperfect and confused classification, the uncertainty in the description of some of the individuals, and the absence in the figures of exact definition of scales and other distinctions which characterise the different species, preclude its recognition as a work of strictly scientific accuracy.

The general remarks in reference to symptomatology, treatment, and remedies used are much on the same lines as those recorded by other observers, and can hardly be said to add anything new to our present stock of knowledge. On the whole, however, this book is worthy of commendation as an interesting and acceptable addition to the literature of snake poisoning and the natural history of Colombia.

APPLIED BACTERIOLOGY: An Introductory Handbook for the Use of Students, Medical Officers of Health, Analysts, and Others. By T. H. PEARMAIN and C. G. MOOR, M.A. London: Baillière, Tindall, and Cox. 1896. (Demy 8vo, pp. 374, 33 Woodcuts, and 8 Coloured Plates 12s. 6d.)

This handbook appears to contain all the bacteriological information which a medical officer of health is likely to require. In an introductory chapter the leading facts in the history of the science are briefly stated, and Hueppe's scheme of classification described. The conditions of growth and the effect of natural antiseptic or germicidal agents are considered in some little detail. The next chapter is occupied with a description of apparatus, and of the preparation of the principal media. These descriptions have the advantage of being given in extremely minute detail, in many cases derived from the personal experience of the authors. The same merits are possessed by the next chapter, describing methods of culture and staining; and indeed it may be stated of all the manipulations referred to in the book that they are described in a concise and practical manner, which should be particularly convenient to students or persons not habitually engaged in bacteriological research. The principal methods by which the infection of the various diseases is conveyed, the facts determining the general practice of disinfection, and the leading hypotheses of immunity are clearly discussed in the next chapter; after which the chief infectious diseases are separately discussed, both as to the nature and life-history of their bacterial excitants, their occurrence and distribution, pathogenesis, and disinfection. The preparation of toxins and antitoxins in the case of those diseases where they have been worked out are described under their respective heads. Chapters are devoted respectively to micro-organisms other than bacteria, the metabolic products of organisms, the bacteriological examination of water, filters, milk, air, soil, etc., and to the principal miscellaneous bacteria not occurring under other heads. The appendix describes the construction of some typical steam disinfectors.

This work bears some internal evidence of having been written in some measure with an eye to the Public Health examinations, and, while adequate for their requirements, it is in no sense a cram book. The authors have selected and arranged their material with judgment, and have succeeded in presenting it in a scientific spirit. Thus the importance of the chemical examination of water is shown as clearly as the incapacity of such analysis to reveal bacterial contamination; and the remarks on sand filters account in advance for the liability to failure which has since been so strikingly shown in London. The value of a clinical diagnosis of cholera, apart from bacteriological results, is very properly pointed out. The difference between the values of the bacteriological examination of air and of water, due to the circumstance that organisms may have their native home in water, but are only accidental visitors in air, is clearly stated. On many subjects, as for instance in the account of the examination of disinfectants, the authors show a just appreciation of the limits within which inferences from experiments are justified; and those who have approached bacteriology after the study of physical sciences, will know how rare this sense is in the exposition of