

ditions imposed upon them when accepting office, viz., that no length of service, and no injury to health was to afford any claim whatsoever to retiring pension. Dr. Lyons earnestly appealed to the public guardians of professional honour and interests to direct their early attention to this subject, with a view to procuring from Government a radical alteration in the conditions of service now imposed on the colonial medical officer on his entrance into the service at a time of life when no young man could be fairly held to be competent to bind himself by conditions injurious to his interests in after life. To Sir D. Corrigan, the able representative of the profession in Dublin, Dr. Lyons forcibly made appeal, and further stated that he felt satisfied from what he personally knew of the present colonial minister, Earl Kimberley, that it only needed to have the whole subject fully brought before him to enlist his sympathies on the part of the medical officers who had the honour to serve under him. Dr. Lyons drew attention to the position of the dispensary medical officers in Ireland, and to the practice of giving red tickets. He considered that a tax of a halfpenny stamp on each ticket or a shilling stamp on a hundred would check or remove this grievance; in fact, if the red tickets were abolished altogether, Dr. Lyons thought many plans might be devised for the care of the sick and poor. He dwelt strongly on the unsettled state of the practice of the judges regarding medical certificates. He recommended that all medical certificates should be brought within the rules of statutory declarations, and should in all instances, as they now are in the case of certificates in lunacy, be subject to a shilling stamp. On the approaching legislation for Ireland in regard to sanitary measures, Dr. Lyons trusted that our medical representatives, forewarned by what had happened in the case of the English measure of the past session, would take early and effectual steps to secure a due weight and authority to the faculty of medicine in the plan to be adopted for carrying out the scheme in Ireland. He deprecated the nomination of numerous and ill-paid inspectors from amongst the dispensary officers, and he urged the appointment of specially trained men, educated in all the requirements and details of State medicine to these important posts. With an adequate staff of well trained and well paid medical inspectors, possessed of weight and authority to enforce their recommendations on boards of guardians and other local bodies, he would anticipate large and important sanitary reforms, and substantial improvement in all that related to public health. With local officers ill paid and already overworked, nothing but an idle routine was to be hoped for. The remainder of the address was devoted to a general consideration of the questions of medical and University education at home and abroad, and the special claims of the Catholic University to full State recognition and endowment.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 5TH, 1872.

JOHN HILTON, Esq., F.R.S., President, in the Chair.

Myxomatous Tumours of the Arm.—Mr. CROFT brought forward in the living subject a case of nodular tumours of the left arm. The patient, a waiter, was 18 years of age, and presented a linear series of hard nodules, the largest of the size of a haricot bean, extending from below the elbow-joint to the axilla, with a hard line running between them. Mr. Croft had removed one from the fascia, which appeared to be of a myxomatous character. He had been unable to account for the presence of the disease.—Mr. HULKE referred to a somewhat similar case, in which, after existing for three or four months, the tumours had suppurated. He thought the case to be probably one of an acute inflammatory condition of the lymphatics.—Mr. COOPER FORSTER remarked that in farcy a similar condition was found.—Dr. CRISP said that farcy never existed in man without glanders following. Glanders was not present in Mr. Croft's patient.

Perinephritic Abscess.—Dr. DUFFIN showed the parts from a case of perinephritic abscess. The patient, a lad 14 years of age, had been seized with severe pain in the right loin, extending to the groin and buttock. Some fulness of the loin was found. The boy walked lame, treading on the toes of the right foot, with the body slightly bent forward, and the right knee tending to cross the opposite one. When seated, he seemed to rest almost exclusively on the tuberosity of the left ischium, so as to relax the right lumbar fold. The urine contained one-third of pus, but was acid. The history pointed to the removal of a calculus through the perinæum two years previously. After a few days, pointing occurred at the outer edge of the quadratus lumborum. An abscess containing urinous smelling pus was opened. The orifice

was subsequently enlarged, and the finger passed into a funnel-shaped cavity. Through a dimple at the top of this a probe was passed almost vertically downwards towards the base of the bladder. The boy left the hospital much relieved, but was readmitted two-and-a-half years subsequently with the symptoms of uræmia. The specimen showed the right kidney completely disintegrated. The track of the pus from the pelvis of the kidney to the head of the psoas and the edge of the quadratus lumborum could be readily traced. It was rendered probable that the probe during life had passed between the psoas and the dilated ureter, instead of in the ureter, as had been surmised. Dr. Duffin laid especial stress on the value of the position of the limb in the diagnosis. It resembled that assumed in psoas abscess, but differed, inasmuch as the pelvis was more hitched up to relax the lumbar fold; hence the patient seemed to rest on the one ischium only. Dr. Duffin further remarked that this operation had been performed twenty times, eighteen of which were more or less successful. As regards causation, he found that of twenty-six cases, fourteen only had renal or other urinary complications, and that in twelve the abscess depended on other causes.—Mr. HULKE referred to a case under his care in the Middlesex Hospital, in which the abscess had burst into the peritoneum.—Dr. RASCH related the particulars of three cases, all of which illustrated, he thought, the occurrence of perinephritic abscess from catarrh of the bladder.

Multiple Dermoid Cysts.—Mr. HULKE showed a specimen of multiple dermoid cysts from a patient who died of cancer of the uterus and bladder. There was a mass of one primary and several secondary cysts in connection with the uterine appendages; and on the liver, in connection with the peritoneal covering, a number of others containing mortary material. Mr. Hulke, in answer to Dr. Heywood Smith, replied that he had many times found dermoid cysts in connection with other organs than the ovary—under the muscular tissue of the orbit, in the mediastinum, and elsewhere.

Salivary Calculus.—Mr. HULKE exhibited a calculus, weighing 76 grains, which he had removed from the neck of a woman aged 26, at the Middlesex Hospital, by an incision outside the neck. The nucleus was found to consist of a fragment of wood.—Mr. NUNN had met with two instances bearing on Mr. Hulke's case. One was that of a girl from under whose tongue he had removed a seed of hay, covered with phosphate and carbonate of lime. The other case was that of a man who put a piece of serrated glass under his tongue; some time afterwards an abscess formed, and a piece of glass passed out from below the chin.—Mr. HULKE referred to a case in which he had removed a long blade of grass.

Stricture and Diverticulum of the Rectum.—Mr. HULKE exhibited a specimen of syphilitic stricture of the rectum. The peculiarity of the case rested in the congenital abnormality of the part. A large diverticulum, three inches long, lined with mucous membrane, and which had interfered with the diagnosis during life, was connected with the rectum.

Polypus of Uterus.—Dr. CAYLEY exhibited, for Mr. LAWSON TAIT, a polypous cyst of the uterus, of the size of a very large walnut. It hung from the interior wall of the cervix; it caused great hemorrhage, and was removed by the *écraseur*. It was found to consist of a thick walled cyst, filled with perfectly clear serous fluid. Its outer surface presented the usual appearance of a fibro-myxomatous polypus; and a microscopic examination confirmed this view.

Loose Cartilage.—Mr. A. T. NORTON exhibited a loose cartilage of the size of a florin, which he had successfully removed from the knee-joint.

Chronic Herpes.—Mr. JOHN CROFT exhibited a specimen of chronic herpes, of three-and-a-half years' standing, removed from a girl eight years of age. Some of the vesicles contained blood. It had no connection with the veins beneath. He had pricked one of the vesicles containing blood, and it collapsed. A *nævus* had been removed close to the affected part.—Dr. TILBURY FOX considered the case to be one of hypertrophy of the papillary structure of the skin. It was only syphilitic herpes which assumed the chronic form.—Dr. CAYLEY thought the case probably one of dilated blood-vessels.—Mr. COOPER FORSTER put the case down as one of *nævus*.—Mr. WAREN TAY remarked that a characteristic herpetic vesicle does not collapse when pricked.

Serous Cyst of the Anterior Fontanelle.—Mr. CRIPPS LAWRENCE exhibited a congenital serous cyst, which had presented at the anterior fontanelle of an infant. The child died at the age of eight months, of bronchitis. The cyst was deeply connected with the longitudinal sinus.

Mr. LAWRENCE also brought forward a case of constriction and dislocation of the left humerus by the funis. The funis was thick round the neck.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 4TH, 1872.

THOMAS BRYANT, Esq., President, in the Chair.

MR. R. DAVY brought forward some new Retentive Drainage-Wires. After a fine puncture, a piece of wire, having Holt's India-rubber rings attached, was introduced, which answered admirably.—The PRESIDENT asked if the wire caused much irritation.—Mr. DAVY said that the size of the body introduced was material.—The PRESIDENT thought it was an important matter. He had used a roll of gutta percha tissue with much success.

Dr. MAC KNIGHT (United States) exhibited a new Artificial Limb. The material was raw ox-hide, and was very light. The specimen exhibited had been worn for six months. No shoulder-strap was required; a linen cap was put on the limb and drawn down into a bucket, which was a model of the stump, with a little allowance for the circulation of air. The limb could be made for very young children, and was in use by children even three years old. The price of a full-sized limb was about £20.—Mr. DAVY thought that good artificial legs should be washable and noiseless.—Dr. MAC KNIGHT said that one advantage of the leg was that perspiration rather hardened than softened the limb, and that it was perfectly impermeable to water. It was applicable even where there was no stump.

The Relation of Cataract, Stricture of the Urethra, and Enlarged Prostate. By JABEZ HOGG, Esq. Stricture of the urethra had not hitherto been noticed as a predisposing cause of cataract. It might arise from a change in the specific gravity of the fluids and the retention of the urinary salts in disease of the bladder, etc., which was sufficient to cause opacity of the dioptric media, and disorganisation of the vitreous body. The author's daily experience, confirmed by work in the *post mortem* room, showed something more than accidental connection between lenticular opacities and stricture. It was no uncommon circumstance for a patient to complain of failing sight, for which glasses afforded no relief; and the general health being good, with the exception of the inconvenience occasioned by the remains of an old stricture, it was hard to make him believe that this had anything to do with the loss of vision. Nevertheless, it frequently had; and Mr. Hogg, having satisfied himself of this fact, and being particularly anxious to ascertain whether the same circumstances had attracted attention in an institution where many seafaring men were constantly under treatment for stricture and other diseases of the urinary organs, gathered certain facts which seemed to point out a correlation of cataract, stricture of the urethra, and enlarged prostate. The author then related several cases lately under treatment, and stated that the patients were not advanced in life; one, in particular, was only in his 35th year, nevertheless the incipient lenticular affection was certainly coincident with the stricture. The general results of fifty-six *post mortem* examinations were then given, in seventeen of which opacities were detected; three were doubtful, but not free from suspicion, as in each instance the patient complained of defective sight; and five were also set down to amblyopia or amaurosis. With regard to the relative frequency of stricture and prostate enlargements, fifty-three patients suffered from the former, and thirty-five from the latter, disease. The two diseases, frequently, but not always, occurred together; but in three cases only did the existence of stricture admit of doubt. The bladder was diseased in nineteen of the patients, and in two fatty degeneration of the muscular walls was observed. Mr. Hogg stated that well-marked indications of premature old age were noted, and might have exerted some influence as predisposing cataract, but that too much weight should not be placed upon such circumstance, which, in his judgment, did not invalidate his conclusion. Therefore, quite apart from this, he was satisfied that stricture of the urethra, as well as certain morbid states of the prostate gland and bladder, is a frequent predisposing cause of change in the dioptric media of the eye. In conclusion, he stated that, with regard to the supposed cure of organic stricture, it was perfectly clear to him that, since the elastic fibres and the mucous membrane were much thickened and often converted into a dense cicatrix, and the inorganic muscular fibres partly or wholly destroyed, it was quite hopeless to expect to restore the canal to a healthy normal condition, or remove a chronic contracted state of the urethra by the ordinary means employed.—The PRESIDENT said that the paper was suggestive, and that the relation of kidney-disease with eye-disease was important and well known. Obstructions in the urinary passages gave rise to diseases of the kidneys, and he would ask, were those organs diseased in Mr. Hogg's cases? Was cataract more common in females than in males? If so, how were such cases accounted for? Diabetes had not been mentioned, but there were two cases of carbuncle, which was often coincident with diabetes.—Mr. ROYES BELL thought that disease of the prostate was a senile change. He would like to know the num-

ber of cases in which albuminuria was present.—Mr. DAVY had not noticed the coincidence of opacity of the lens with urethral disease. He concurred in the President's remarks. The lens was delicate, and soon showed changes in the organisation.—Mr. HOGG said, that in several cases the kidneys were not examined. The presence of sugar had not the same weight now as used to be thought, as it was normal in certain tissues. Albuminuria might also exist without eye-affections. Cataract was more common in females than in males, but was then due to kidney-disease.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOVEMBER 7TH, 1872.

C. HANDFIELD JONES, M.B., F.R.S., President, in the Chair.

MR. W. B. OWEN narrated a case of epileptic hemiplegia, occurring in a female under 17 years of age.

Mr. H. POWER read a paper on Wounds of the Eye. The author referred to the necessity of making an accurate diagnosis in every case. The symptoms and treatment of the following were considered *seriatim*. 1. Foreign bodies irritating the palpebræ and conjunctiva, or becoming imbedded in the cornea. 2. Punctured wounds caused by a cutting instrument, involving the middle or margin of the cornea, or the sclerotic, or lens. 3. Severe blows which do not rupture the globe. 4. Rupture of the sclerotic. 5. Burns caused by fire, inducing symblepharon; or by lime, chiefly affecting the cornea. In the treatment, Mr Power advocated the general principles of surgery, insisting on the value of rest. In rupture of the sclerotic, where vision is entirely abolished, he preferred extirpation of the globe to abscission.—The PRESIDENT inquired how strychnia acted in amaurosis, and how sympathetic ophthalmia was set up.—Mr. POWER valued strychnia as a nervine tonic; he explained how sympathetic ophthalmia arose. The question between extirpation and abscission depended upon the state of the deep-seated structures; extensive deep injury necessitating the former, minor anterior injuries the latter operation.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, OCTOBER 2ND, 1872.

T. GALT, Esq., in the Chair.

Reflexion of the Iris.—Dr. SAMELSON showed the case, of which an account was published in this JOURNAL on September 28th.

Irideremia and Aphakia.—Dr. SAMELSON showed the case which he had presented, in August, to the Ophthalmological Congress. An account of it was published in the JOURNAL of November 2nd.

Abdominal Cyst.—Dr. LLOYD ROBERTS showed an inflated cyst, which had contained eighteen pounds of fluid, which he had removed by abdominal section. He supposed it to be ovarian. It had no attachment to the uterus or its appendages. It was covered with peritoneum, which was intimately attached to it. The woman made a good recovery.

Mammary Tumour in a Child.—Dr. LLOYD ROBERTS showed a child six weeks old who had a congenital tumour of the size of an infant's head attached to the right mamma, probably of a malignant character. He proposed to excise the tumour.

Treatment of Cancer of Uterus.—Dr. LLOYD ROBERTS exhibited and spoke very favourably of the use of the scoop, recommended by Dr. Simon of Heidelberg, for the removal of excrescences from the os and cervix uteri in cases of cancer of the uterus.

Chancere on the Lip.—Mr. CULLINGWORTH showed a case of indurated chancre of the upper lip in an unmarried woman, aged 28, in the sixth month of pregnancy. Secondary symptoms, in the form of roseola on the legs, had appeared during the past week.

Temperature in Rheumatism.—Dr. HADDON read a paper on acute rheumatism in private practice, with special reference to the state of the temperature, as diagnostic of cardiac complication. He narrated five unselected cases, occurring in subjects under eighteen years of age, treated on the alkaline system. The urine was quickly rendered alkaline, and kept so during the continuance of the fever. On an average, the five cases had a normal temperature on the tenth day. In three of the five cases the heart was affected to a greater or less extent; and by diagrams of the morning and evening temperature and pulse, Dr. Haddon pointed out that in these three cases there was observed an evening fall, or a want of the evening rise, during the progress of the fever. The evening fall, or the absence of the evening rise, he had observed to be coincident with incipient cardiac affection, and therefore he concluded it might be diagnostic of this complication.

Excision of Elbow-Joint.—Mr. WHITEHEAD showed a case and drew attention to a few matters in connection with the operation. With the general opinion, that in patients deeply affected with constitutional disease a successful issue must not be expected after excision, judging from his own experience he could only partially concur. He also remarked on the absence in surgical works of explicit reference to the greatest length of humerus that had been excised, leaving a joint of ultimate usefulness. In the case which he exhibited, two-and-a-half inches of the shaft had been sawn off after the condyles had been removed. He drew attention to the subsequent lengthening of the upper arm after the operation; he had observed this in the case shown to be gradual and progressive. Mr. Whitehead's patient was received into St. Mary's Hospital suffering from tertiary syphilis, three years after an injury to her elbow. Her nasal bones were destroyed; the soft palate was ulcerated away, and the right elbow completely disorganised. Nine months after the operation, the woman was able to follow her occupation as a charwoman, with the full use of her elbow, being able to elevate her hand to the back of her head, straighten her arm, and, what is unusual, she had real, and not merely apparent, pronation and supination.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS
IN IRELAND.

GENERAL ANNUAL MEETING, WEDNESDAY, OCTOBER 16, 1872.

HENRY KENNEDY, M.D., in the Chair.

Report of Council for Session 1871-72. Dr. EAMES, honorary secretary, read the annual report, to the following effect. "The Council of the Medical Society of the College of Physicians, in presenting their Annual Report, feel justified in congratulating the members on the continued and advancing prosperity of the society. For the first time, the number of names on the list has reached a hundred—of these, eight are new additions to our ranks; only one member has ceased to subscribe, whilst death has removed but one. The loss of Dr. Thomas Beatty is one which this society, in common with all his friends, must deeply deplore. During his years of office, as President of the College, he most ably conducted the meetings of the Society, and rarely failed to occupy the chair—often at considerable personal inconvenience. In later times, his vast experience and deep research were not wanting at our debates, where his general affability endeared him to all.

"Early last session the Council, convinced of the importance of having the debates reported, took the necessary steps to have this done, and have to thank the College for defraying the expenses thus incurred. This year they think the same arrangement should, if possible, be made. With a view to the more accurate reporting of the debates, and, in order that they may be published, after careful revision, in the *Dublin Medical Journal* of the next ensuing month after the meeting, the Council have recommended that the meetings of the society should, for the future, be held on the second, instead of on the third, Wednesday in the month. The Council further suggest that they should be empowered to withhold from publication in the authorised report of the Proceedings of the Society, any matter which they may consider objectionable.

"There have been held during the past session eight regular and four special meetings, at which the following valuable and interesting papers were read and discussed: Dr. Grimshaw, on the Prevalence and Distribution of Fever in Dublin; Dr. Eames, on the Use of Phosphorus in Diseases of the Skin; Dr. Hawtrey Benson, on Elephantiasis Græcorum; Dr. Stokes, on the Treatment of Small-pox; Dr. Walter G. Smith, on the Use of the Direct Current in Neuralgia; Dr. Hayden, on a new Stethometer; Dr. Malachi Burke, on the present Epidemic of Small-pox; Dr. Foot, on the Treatment of Small-pox; Dr. Lyons, on Some Statistics of Small-pox; Dr. Cameron, on the Inutility of Ordinary Gaseous Disinfection; Dr. Finny, on a case of Atropia Poisoning Successfully Treated by Morphia; Mr. Tufnell, on a Case of Measles, with prolonged Incubation Stage; and Mr. Tichborne, on Disinfection in connection with Small-pox." The Report concluded with a return of the attendance of members of Council.

Election of Officers for Session 1872-73.—The election of officers for the Session 1872-73 subsequently took place, with the following result. *Council:* Lombe Atthill, M.D.; Thomas Fitzpatrick, M.D.; Samuel Gordon, M.B.; T. W. Grimshaw, M.D.; Thos. Hayden, F.K.Q.C.P.I.; George Johnston, M.D.; Henry Kennedy, M.B.; Robert Law, M.D.; James Little, M.D.; Alfred H. Mc Clintock, M.D.; Robert D. Lyons, M.D.; J. T. Hawrey Benson, M.B. *Honorary Secretary:* Henry Eames, M.D.

BRITISH MEDICAL ASSOCIATION:
SUBSCRIPTIONS FOR 1872.

SUBSCRIPTIONS to the Association for 1872 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 37, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, NOVEMBER 16TH, 1872.

THE ADMINISTRATION OF ETHER AS AN
ANÆSTHETIC IN GREAT BRITAIN.

ETHER was administered for the first time for producing anæsthesia in this country on December 19th, 1846. The operation was for the extraction of a tooth in a lady. The anæsthetic was given and the tooth extracted by Mr. Robinson, dentist, of Gower Street, at the house of Dr. Boott. The ether answered perfectly, the lady suffering no pain from the extraction. Two days afterwards, the anæsthetic was given at University College Hospital, by Mr. Squire of Oxford Street, in two cases of operation performed by Mr. Liston—one a case of amputation of the thigh; the other evulsion of the great toe-nails of both feet. During the next few weeks, the news of the wonderful powers of ether in destroying sensibility led others to countenance and try its use. From imperfections in the means employed to produce anæsthesia, ether failed at first to gain much confidence from surgeons. The patients were not rendered thoroughly insensible; and their struggles and cries, in their half-narcotised condition, were made the most of by its opponents. Mr. Robinson, however, who had studied and understood its administration more thoroughly than others in this country, was fairly successful. Its value became known on the Continent very speedily, and it was soon successfully employed in Paris and elsewhere. About a month after its first employment in this country, Sir James Simpson of Edinburgh administered the vapour in a case of labour, and ascertained that it was capable of removing the sufferings of the patient without interfering with the process of parturition. It thus became evident to all that the vapour of ether was capable of producing and keeping up complete anæsthesia during all operations. It soon became largely employed at University College, the Middlesex, St. George's, and other hospitals, and ultimately very generally over this country and the Continent. In America, it is curious to observe that, since its introduction in 1846 by Dr. Morton, it was apparently falling into disuse, when the news of its growing popularity in Europe revived its adoption. During its short life of popularity in this country, the late Dr. Snow entered enthusiastically and successfully into the subject of its administration; and full details may be found in his work on *Anæsthetics*, edited by Dr. Richardson after Dr. Snow's death. There appears to be little doubt that ether would very soon have obtained the general confidence of the profession, and would have been as generally employed as chloroform now is, had it not been that, in the following year, the latter anæsthetic was brought forward as superior to ether. Chloric ether, or dilute chloroform, had indeed been employed at the Middlesex and St. Bartholomew's Hospitals for some time, and total insensibility had been pro-