Alford, Esq.; W. Liddon, M.B.,; John Meredith, M.D.; J. Prankerd, Esq.; F. J. C. Parsons, Esq.; and W. L. Winterbotham, M.B.

*Petition re Habitual Drunkards.*—The petition, as recommended in the report of Council for adoption, was read by the secretary. It followed the form which had been issued by the Birmingham and Midland Counties Branch. It was resolved that the form now submitted be approved and adopted; that Mr. Randolph be requested to take charge of it and obtain the signature of members, and in due course, at his own discretion, have it presented to Parliament.

*Cases and Papers.*—The following were read.

*A Case of Supposed Poisoning by Hemlock.* By THOMAS CLARK, L.R.C.P.Ed., Dunster.—The poison was supposed to have been eaten by a cow, and two children were affected with the symptoms of narcotic poisoning after taking the cow's milk.

*A Medico-legal Case.* By J. MEREDITH, M.D.—The question was as to the cause of death in an infant aged 11 weeks, who, being under the effects of vaccination which had been performed eight days previously, was taken into the open air on a particularly cold day in December, and died suddenly while being held at the mother's breast. At the coroner's inquest, a verdict was returned that death had been caused by the intensity of the cold; but, after hearing details of the case as related by Dr. Meredith, the more general opinion of the meeting was, that the probable cause of death was suffocation.

*A Case of Psoas Abscess.* By J. MEREDITH, M.D.—The interesting details of this case were given with great minuteness. The leading points were: 1. Acute inflammatory symptoms; 2. A hard swelling in the right groin; 3. Matter pointing in the lumbar region; 4. Expectoration of matter from right lung and subsidence of the lumbar swelling; 5. The abscess extending below Poupart's ligament, and opened antiseptically at the outer margin of Scarpa's triangle; 6. Complete recovery.

Discussion followed the reading of all the above cases, and votes of thanks were passed to their authors.

*Vital Conservancy in Disease.*—The President, Dr. Cordwent, read a paper on Vital Conservancy in Disease. A vote of thanks to him for it was passed by acclamation.

*Dinner.*—An excellent dinner was served at a quarter past 5 o'clock, after which the usual toasts were given and responded to.

# REPORTS OF SOCIETIES.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 28TH, 1875.

SIR WILLIAM JENNER, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

*Hypertrophy of the Lower Parts of the Face.*—Mr. BARWELL exhibited the patient, whose case he had narrated at the meeting of the Society on March 12th last. (The case was reported in the BRITISH MEDICAL JOURNAL of March 20th, p. 394.) On March 13th, Mr. Barwell placed a ligature around both facial arteries just below the wind on to the surface of the lower jaw; not only simply ligaturing the vessel, but dividing it and tying it above and below the point of division. The operation was followed by a severe attack of erysipelas, from which, however, the patient made a good recovery. The proceeding was attended for a time by a diminution in the hypertrophy; during the last month, however, which the man had passed in the country, the swelling had again increased, and his state was now much the same as before the operation. It was noted that there was much greater pulsation on the right side than on the left, the collateral circulation being more freely established, but this did not appear to have had any influence on the growth. The patient refused any further operative interference at present.

In reply to Mr. Hulke, Mr. BARWELL stated that both facial arteries were ligatured simultaneously.—The PRESIDENT considered that a slight diminution in the size of the lips had taken place; but, as there was distinct pulsation on the right side, it was clear that the hypertrophied tissues still received a considerable supply of blood.—Mr. BARWELL stated that the lips had increased slightly since the patient quitted the hospital. Within a week after the operation, slight pulsation was felt on the right side. The facial artery was certainly tied, and there was no second facial artery; but it was impossible to deal operatively with the collateral circulation. If any further treatment were to be adopted, he thought a small portion of mucous membrane might be excised; but the patient would not now consent to any such procedure.

*Double Fistula in Ano: one treated by the Knife, the other by Elastic Ligature.*—Mr. MAUNDER read notes of this case. The patient, a female, aged 24, had suffered from fistula *in ano* for some time; one fistula on the right side having made its appearance two years ago; another on the left side twelve months previously to her coming under observation. These two fistulæ were equidistant from the anus, and extended to about the same depth where they communicated with the bowel. The one on the right side was divided by the knife, and the elastic ligature was applied to the one on the left. The knife-wound was dressed with a strip of oiled lint, and no application was made to the other. For two or three days after the operation, the patient complained of severe pain, and this was especially referred to the left side. On the sixth day, the ends of the ligature were found lying in a deep groove, which they appeared to have cut in the tissues; and, on the ninth day, the ligature came away. On the twelfth day, the wound made by the knife was almost on a level with the surrounding parts, while that which was the result of the ligature was a deep groove, having very prominent callous edges like the margins of a chronic ulcer of the leg. On the twenty-second day, the knife-wound was completely cicatrised, but that made by the ligature was only partially healed, and still grooved. Five weeks after the operation, it was found that the groove left by the ligature was converted into a sinus, the edges having united; it was, therefore, again united, and complete union took place in about a fortnight, *five weeks* after the wound made by the knife had closed. Mr. Maunder remarked that, as a rule, it would be wrong to endeavour to establish a principle of practice from the experience of a single case, but the test of the efficiency of a method of treatment was absolutely trustworthy when two different operations were performed simultaneously upon the same patient, who was the subject of a similar complaint in corresponding localities. Under these circumstances, the history of the above case would induce him to declare in favour of the knife as a means of causing less pain and quicker restoration to health. The elastic ligature might be reserved for those who would on no terms submit to a cutting operation, as well as for those of hæmorrhagic diathesis.

Mr. HEATH thought there were cases of fistula seated high up, where, to obviate hæmorrhage, it would be more prudent to use the elastic ligature or similar means. The knife, however, was preferable in the vast majority of cases. He would never employ the elastic ligature for the removal of tumours, the experience of the first case in which the treatment was carried out in this country (that of Sir H. Thompson) being by no means encouraging.—Mr. HUTCHINSON understood Mr. Maunder to admit that there were exceptional cases where the ligature might be employed, but none where it could compete with the knife. He had seen but little of its use, but could confirm Mr. Maunder's statement as to the slowness of healing that followed its use.—Mr. HULKE had not used the ligature himself, but had seen it employed in three cases; and the extreme painfulness and slow progress made in each case had convinced him of the inferiority of the method.—Mr. THOMAS SMITH said that he had tried the elastic ligature on two occasions, the result being, that he would never resort to it again, unless prevented for very good reasons from using the knife.

*Arterio-venous Aneurism in the Thigh caused by a Pistol-shot.*—Mr. HULKE read notes of this case. The patient, a coach-builder, aged 44, was admitted into the Middlesex Hospital, complaining of great pain and weakness in the right lower extremity. The whole limb was swollen, its cutaneous veins were dilated, the leg was eczematous, and there was a small, very painful, superficial ulcer on the shin. He stated that, three years before, when in Missouri, a smooth-bore pistol exploded as he was putting it into his right trousers' pocket; he fell; and, from the sharp pain he felt in the knee, he thought that the ball had lodged in it. However, in a few moments, he was able to get up and stand. On stripping off his trousers, he found an entrance-wound below the right hip, but none of exit; and, an hour after the accident, he discovered the bullet under the skin, at the inner side of the thigh, whence a doctor cut it out. Its spherical shape was unaltered. The loss of blood from both wounds did not exceed a wineglassful; and more, he said, came from the cut made for the extraction of the bullet, than from the entrance-wound. In a couple of days, both wounds had closed. He went out the next morning after the accident; and, except on the first day, he did not strictly keep his bed, but, for about one month, he hobbled out with a stick or crutch, and then resumed his work. Two nights after the accident, when the wound had already closed, he was kept awake by pain in the thigh, and he then became aware of an unusual throbbing in it. This, his doctor said, was of no moment; he was to lie still till it stopped, which, however, had not yet happened. The limb grew weak and painful; and, at the end of a year, it often gave way under him in walking, making him stumble. His statement was borne out by the presence of a small scar (that of the entrance-wound) five inches vertically below the crista ilii, and four and a half inches from the anterior superior iliac spine, level with the upper border of the great trochanter, and of a rather smaller linear scar, where

the ball was cut out, on the inner side of the thigh, seven and a half inches below the spine of the pubes. A line joining these two scars cut the axis of the thigh obliquely, and it crossed the course of the large femoral vessels at a point where the femoral vein usually passed from the inner side to behind the superficial femoral artery. From this spot upwards, the femoral artery and vein were greatly dilated; the vein was much more swollen than the artery, and it was most so under cover of the sartorius muscle, where the course of the bullet crossed it. At this spot, there was a very considerable sinuous bulging of the skin, which closely simulated an aneurismal pouch. The vein, in its whole extent, pulsated synchronously with the femoral artery, and, throughout its entire course, a loud rough murmur was audible. It was a continuous, rough, blowing sound, with a rhythmical swell, synchronous with the pulse in the artery. A strong purring vibration was felt along the course of the vein. The dilatation murmur and the palpable vibration were observable from the ham upwards to above the groin, as far as the external iliac vessels were accessible. Below the level of the lower sac, their intensity quickly diminished. All the cutaneous veins were unnaturally conspicuous. The pulse at the ankle was weaker than on the other side. Pressure on the femoral artery in the groin was immediately followed by a diminution of both vein and artery, and by the instantaneous cessation of the pulsation, murmur, and thrill. These symptoms left no room to doubt that a communication existed between the superficial femoral artery and its attendant vein, and their greatest intensity at a spot nearly opposite the lower of the two scars, indicated this to be the situation of the inoculation. For several weeks, careful pressure was made by using a Carte's compressor at the groin, alternately with a Skey's tourniquet put on a few inches below. For several days, also, direct compression upon the spot of inoculation was combined. These measures altogether failed to produce any permanent effect; and, notwithstanding every care in applying it, the pressure induced a slight attack of eczema in the groin, which overran the scrotum and penis, and provoked a slight lymphadenitis. The patient had now become weary of this treatment; but as his general health was deteriorated, he was sent into the country. He was not seen again for three months, when his leg was found to be more swollen, but there was no appreciable difference observable in the state of the femoral vessels. He remained in hospital six weeks, and again direct pressure, alone, and combined with pressure on the cardiac side of the inoculation, was tried, with perfectly negative results. He was then supplied with an elastic stocking reaching from foot to groin, and the uniform and efficient pressure of this was followed by the best results, enabling him to follow his occupation with but little inconvenience. There was no alteration in the condition of the aneurismal varix, but the circulation in the leg and the nutrition of the tissues had become manifestly better. Sphygmographic tracings, which were exhibited, showed the vibratile jarring character of the pulsation in the varix.

Mr. HEATH was not surprised to hear that pressure had not been beneficial. He related particulars of the case of a lady who, after striking her leg, had subsequently an apparent arterio-venous aneurism, formed by a communication occurring between the anterior tibial artery and an accompanying vein. In that case, pressure was tried without effect; and authors generally seemed to have had the same experience. An elastic stocking was then ordered. The patient had some trouble during a subsequent pregnancy, but was now well.—The PRESIDENT inquired if the colour of the limb were altered.—Mr. HULKE replied that the skin was a little bluish when the bandage was off. One interesting circumstance connected with these cases was, that not merely the vein but the artery also dilated. Roux published several cases of arterio-venous aneurism following venesection, in some of which the symptoms of aneurism did not appear for several years; in one case, six years. In all these cases, the artery was enlarged up to the trunk; and the radial and ulnar arteries were also largely dilated. He thought the phenomenon was due to the fact that the arterial met the venous current, and consequently could not advance so readily as in the normal condition.—Dr. POWELL thought the arterial enlargement due to the fact that the vessel had been wounded and inflamed, and then had gradually given way.—Mr. HULKE remarked, however, that the whole length of the artery was enlarged, not only the part injured.—Mr. PICK said that these cases usually occurred from accident, sometimes from ulceration. He alluded to the case of a girl, aged 13, in whom the veins of one leg were enormously dilated. Soon after birth, the veins of one limb were seen to be much larger than those of the other; and, at 13 years of age, one leg was nearly twice as large as the other. The veins were then so dilated, that they were thought to be about to burst. The worst were treated by being obliterated by needles passed beneath them. Afterwards, an elastic stocking was fitted, with which she went to the country.

*A Doubtful Case of Cutaneous Disease.*—Dr. DICKINSON made some observations upon the case exhibited by Dr. R. J. Lee at the Society on November 27th, 1874 (*vide* BRITISH MEDICAL JOURNAL of December 19th, 1874, page 792). Dr. Tilbury Fox, Dr. Duckworth, and himself had been appointed as a committee to inquire into the case. The disease was a skin-eruption, which, commencing at the heel, in three weeks travelled "like a comet" up the limb, and once or twice encircled the trunk; as the head of the line, which was dotted and red, advanced, the tail of the line gradually faded. Chloroform had been given to the child, and a small portion of skin excised: this was still to be examined microscopically. The operation had stopped the progress of the disease.—Dr. SOUTHEY asked if the disease were the result of fraud, or was it due to a parasite?—Dr. DICKINSON said the affection was undoubtedly due to disease, and not to art. The committee were inclined to think it parasitic. The line had advanced at its end regularly; the committee had cut out that end of the streak, and believed they had excised the head of a parasite, which had still to be minutely examined.

*Acute Pemphigus.*—Dr. SOUTHEY gave particulars of a case of this disease. The patient, aged 19, a well nourished young woman, was admitted into St. Bartholomew's Hospital with the history that she was a general servant, but that latterly she had led a somewhat irregular life. She had always enjoyed good health. On October 28th, she first presented herself at the hospital with a sore on the side of the hand, which had commenced as a blister. She stated that the sore was at first about the size of a threepenny-piece. On November 15th, she first felt very poorly; she was feverish and could not eat; had a sore throat, and an eruption all over her face and body. The rash came out with much irritation and tingling. It appeared first as small round raised spots, which varied in size from a pea to that of a cob-nut. On November 19th, when first seen by Dr. Southey, her body was covered by blebs or bullæ of various sizes, some of them surrounded by a halo of redness. On the face were several large ones, especially at the inner angles of both eyes, at the corners of the mouth, and on the chin. Others were seen on the dorsal and palmar surfaces of both hands and between the fingers. The arms and legs were especially affected at the flexures of the joints. On the back, chest, and abdomen, the blebs were large and oval, and in some parts confluent, measuring quite an inch across. Some looked quite transparent, others presented more opaque contents, while those which were pressed upon, or had been rubbed, contained a yellowish fluid. The fluid collected from a few in a test-tube was alkaline, and albuminous enough to coagulate entirely by heat. The mucous membrane of the mouth was sore and aphthous; the tongue was protruded with difficulty, and was covered with a yellowish white fur. Her throat was sore, so that she swallowed with difficulty; and there was a superficial aphthous sore situated about the middle of the hard palate, and extending to the velum palati. The heart and lungs were normal; the abdomen was empty and retracted, not painful on pressure. Pulse 117, soft, feeble, regular; respirations 24, regular; temperature 101.7 deg. Her skin was moist and perspiring. She was ordered effervescing saline draughts, with small doses of opium; milk and beef-tea, with stimulants. A solution of nitrate of silver (ten grains to the ounce) was injected into some of the larger bullæ, and the parts everywhere were swathed in cotton-wool, soaked in carbolised oil. Fresh bullæ came out every day; and the back, buttocks, and thighs presented superficial sores, which were excessively painful, and bled when the dressings were changed. On November 29th, she was placed in a warm bath at a temperature of 100 deg. Fahr., in which she remained five hours, the greater part of the time being spent in sleep. She took more food that day than on previous days; and, to the surprise of her nurses, after having been lifted into the bath in an almost inanimate condition, she managed to get out of it with only slight assistance. The following day she was kept in the bath twelve hours, and the next day ten hours. On the fourth day she was kept in the water six and a half hours. In consequence, however, of the water being allowed to get too cold while she slept, she became confused, slightly delirious, exhausted, and shivering when put to bed. Reaction, however, set in, and the following day she was found to be very prostrate, with a pulse of 120, very feeble, and temperature 100.2 deg. Fahr. She was breathing quickly, and complained that her throat was worse, and she was not so well. A sample of urine was obtained; it was high coloured; specific gravity 1045; it contained no albumen, but turned quite black and effervesced violently upon the addition of nitric acid. On December 4th, the carbolic acid dressing was discontinued, and Carron oil substituted. From this date the improvement became very manifest. Although restless, feverish, and difficult to manage, she gained strength day by day, and no fresh bullæ made their appearance. In a few weeks she was able to leave the hospital for Walton.

Mr. HULKE remarked that the nervous prostration in this case had

been supposed to be due to the carbolic acid; perhaps the colour of the urine was traceable to the same cause. In surgical cases, where carbolic acid was much used, the urine was often quite purple.—Dr. SOUTHEY remarked that, in such cases, the smell of carbolic acid remained in the urine. Indican, which was passed in large quantity in cases of great prostration, appeared to be abundantly present in the urine in this case.—Dr. GREENHOW said that the dark colouring of the urine, when due to carbolic acid, appeared spontaneously; whereas only by the addition of the strong acids was the dark colour of indican brought out. In almost every case of recovery from the collapse stage of cholera which he had seen, indican was present.—Mr. HUTCHINSON asked if Dr. Southey could state more carefully the quantity of serum in any of the bullæ; and was there any considerable amount of inflammatory material at the base of the bullæ? He had never seen iodide of potassium hydroa developed to a stage that could be mistaken for acute pemphigus. The bullæ of hydroa looked as if they would rival in size the bullæ of pemphigus, but they never did do so. Again, in iodide hydroa, the bullæ had great inflammatory infiltration at their base, and were depressed at the centre. Then, too, the iodide in Dr. Southey's case was given only one day. Mr. Hutchinson mentioned a case of acute pemphigus. The patient was a man, aged 26, and Mr. Hutchinson had seen him at the beginning of his illness. He then had a curious group of vesicles over each eyebrow, with a good deal of erythema around. Bullæ then appeared upon the trunk, increased in size, and became as large as half-eggs. There was ulceration over the buttocks; and, in other particulars, the case resembled Dr. Southey's, He (Mr. H.) at first refused to acknowledge it was pemphigus; but, seeing that the patient emaciated rapidly, became very prostrate, and seemed about to die, arsenic was then given. No other bullæ appeared, and the patient at once rapidly improved, although no other alteration in the treatment was made. When the man was nearly well, the remedy being discontinued, a few fresh bullæ appeared. Arsenic was again given; the bullæ healed, and the patient became quite well. In another man, a very serious case of pemphigus, arsenic did not succeed, and the man died. This was the only case in which Mr. Hutchinson had found the remedy fail to cure the disease, and he regretted that in that instance he had not pushed it further. Within twenty-four hours after arsenic was given, the fresh eruption of bullæ usually ceased. The astonishing point in Dr. Southey's case was, that the patient recovered without specific treatment, for such he considered arsenic to be in pemphigus. He had never seen a case cured without definite specific treatment.—The PRESIDENT mentioned a case of chronic pemphigus, which resisted all treatment in the Children's Hospital. The child then went to the country, fortunately had measles, and rapidly recovered from pemphigus.—Dr. SOUTHEY said that some of the bullæ contained one drachm of liquid, and were as large in diameter as a shilling. They had no red rim around, nor induration, nor did deep ulceration ensue, except at the buttocks and other parts subjected to pressure, and in the face, where the girl picked out the bullæ. The body, after the attack, was left covered with pigmented stains; but scars remained only where pressure had produced them. No iodide of potassium was given after the first day in the hospital. He believed, if she had not been kept in the bath, she would have died. Morphia-injections gave no relief; but, when she was placed in the water, and pressure taken off her, then she rested in comfort. The bath was discontinued with the healing of the worst sores at the back of the body, because of the difficulty experienced in maintaining the water at a constant temperature.

## GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.

MAY 11TH, 1875.

JOSEPH COATS, M.D., Vice-President, in the Chair.

*Diseased Ankle successfully treated by Carbolic Acid Injections, etc.*—Dr. STRETHILL WRIGHT presented a patient, to show the result of treatment in a case of long-standing disease of the ankle. The young woman had received an injury six years ago from a kick about three inches above the joint; this resulted in swelling and lameness, so that in three years she entered the Royal Infirmary, and was under treatment there for six months, but with little benefit. In June 1873, she had again to enter the infirmary, and remained for five months; amputation was then advised, but she declined. She entered the Barony Hospital in September 1874, with the ankle much swollen and very painful, especially at nights; five sinuses existed, and these communicated with one another and with bare bone, but the joint was not opened. At first, the treatment consisted in laying the sinuses open and dressing antiseptically; but no improvement occurred till the middle of December, when a new procedure was adopted. The swollen and inflamed tissues were then injected with a solution of carbolic acid (1 to 40) by means of a syringe having a sharp point, about the thickness of a knitting-needle; the tissues were pierced and the injections made in various directions, but the joint itself was not pierced. A poultice of carbolised linseed-meal, covered with carbolised gauze, was applied, and the dressings were made under the carbolic spray. The process was repeated, at first daily, and afterwards at intervals of several days, and was continued for four months, and the limb was kept at rest in a splint for two months. This dressing was suspended six weeks ago, owing to an erysipelatous inflammation, and simple water-dressing was used, as the sore was now quite superficial. The pain subsided soon after the injecting treatment was begun. When she was shown to the Society, there was only a small superficial sore, the foot was quite movable, and the joint appeared natural. Dr. S. Wright referred to another case of diseased joint (the wrist), somewhat similar, but of shorter duration, and without sinuses, which had recovered under the same treatment pursued at the same time. He raised the question as to what this beneficial action could be due, especially in the second case, as the mischief could not have been due to any injurious influences from without. He was inclined to think also that the injections had been repeated oftener than was necessary.

*Two Cases of Sympathetic Ophthalmia.*—Dr. THOMAS REID showed two patients illustrating two very different forms of this disease. The first, a young man aged 20 years, was admitted to the Eye Infirmary on February 15th, 1875, with a wound in the left cornea, passing from the junction of the cornea with the sclerotic, at its lower and inner part, upwards and inwards for about two lines; the wound was occupied by prolapsed iris; this was snipped off, and atropine solution applied. Slight inflammatory symptoms persisted for about three weeks, and gradually passed off, leaving, however, a certain irritability. The patient being anxious to return to his work, he went home, but returned in a fortnight with sclerotic injection of both eyes, the lower margin of the right cornea hazy, the pupil normal in size, but with complete posterior synechia: this did not yield to atropine solutions of full strength, but the left pupil dilated readily. Calomel and opium were ordered, and atropine; but, as the symptoms were not passing off, he was admitted again into hospital in a week, and iodide of potassium was given in addition. Symptoms of well marked serous iritis now were present, both corneæ being studded with minute brownish dots. The inflammation gradually subsided, and the right pupil began now to yield. When he was shown to the Society, both pupils were fully dilated; the opacity and dotting of the cornea had cleared off as well as the inflammatory symptoms; the eyes, however, remained very sensitive to any irritation. The vision had not been perceptibly affected in either eye throughout the whole course of the disease. The medicines had now been stopped and tonics substituted. The second case, a boy aged 14, was admitted to the Eye Infirmary on December 9th, 1874, with a severe injury, from a fragment of iron, of the right cornea, extending from its centre vertically upwards for about two lines into the sclerotic, the eyeball being partially collapsed. He was at once put to bed, and extract of belladonna and a bandage applied; the inflammation, which was not great at first, gradually declined, and he was allowed to go home in three or four weeks, with instructions to avoid using his eyes, and to carry on the treatment. In a fortnight, he returned with symptoms of superficial inflammation (hyperæmia) of both eyes; the vision of the left eye being good, there being no ciliary pain on pressure on the injured eye, the pupil of the left being good and acting readily to light. It was then hoped that the symptoms were superficial, and might pass off; but it was explained to the parents that enucleation might be necessary. The boy was put to bed, and iodide of potassium was given in small doses. The eyes remained in much the same condition, one day better and another worse, the pupil on the left side acting freely; but, as the patient began to complain of occasional dimness of vision, enucleation was at once performed on February 17th, 1875. The operation was easily done, but was followed by considerable hæmorrhage and violent deep-seated pain in the cavity of the orbit. Next day, the pain had abated and the hæmorrhage ceased. The pupil, which was formerly rather dilated, became contracted, in spite of solution of atropine (four grains to one ounce), and at the ciliary attachment of the iris a deep livid ring appeared. Small doses of calomel and opium were given; but, on the third day after the operation, the vision declined, so that he was barely able to distinguish fingers. The iodide was increased, but the disease advanced; the pupil became more contracted, the iris became œdematous, and was traversed by a considerable number of highly congested blood-vessels; this gave the iris a pinkish appearance, and it bulged forwards without iridoncosis. Vision was now extinct. The stump of the enucleated eye remained irritable. The eyeball, after being in chromic acid for a month, was laid open by a horizontal section from before backwards; the retina, as is

usual in such cases, was found completely separated from the choroid, with the exception of one point to the outside of the macula and near the entrance of the ciliary nerves and vessels; the separated retina was pressed forward, lying in folds against the zonule of Zinn and the partially dissolved lens, which remained *in situ*. Two cord-like prolongations were sent backwards, one to the entrance of the optic nerve, and the other to the point of adhesion to the choroid already noticed. The choroid on each side of this point of adhesion was considerably hypertrophied; the sclerotic at this point likewise projected inwards, with a corresponding depression on the outer surface. In the depression on the surface, a number of hypertrophied blood-vessels were observed. The radial fibres of the ciliary body were detached from the sclerotic towards the equator of the lens, as is usual in inflammation of the ciliary body. The anterior chamber was occupied by hypertrophied iris. The adhesion of the retina to the choroid, and the condition of the sclerotic, seemed to indicate that an injury might have been inflicted in this region by the fragment of iron; and, as it might have penetrated the ball, although there was no distinct cicatrix, a search was made in the stump six weeks after operation. It was found that the ocular conjunctiva had not cicatrised, and a fungous granulation occupied the centre; this was removed and a probe passed in various directions, but no foreign body was found. The wound now healed up. [On a more careful examination of the enucleated eye subsequently, a thin fragment of iron, half an inch in length and about three-sixteenths in breadth, was found imbedded deeply in the lower hemisphere close behind the lens, one of its extremities pressing on the inferior part of the ciliary processes. From this point backwards the retina adhered to the choroid, giving the section the appearance already referred to. This adhesion of the retina to the choroid did not extend to the upper hemisphere of the eyeball. The position of the foreign body within the eyeball accounts for the adhesion of the retina and the hypertrophy of the choroid, either by the extension of the inflammation backwards from the ciliary processes, or by direct injury to the parts at the time the accident happened, by the fall of the foreign body through the upper aspect of the ball to its lower.] Dr. Reid remarked that, in the first case, although the sympathetic affection involved the iris, yet, the vision being good, and the disease being much less dangerous than other forms of sympathetic inflammation, it was resolved to give the patient a chance of recovery without operation; but, although up to the present the disease had been amenable to treatment, and all trace of inflammation had nearly gone, the case still required to be watched lest a recurrence should take place. In the second case, the vision being but slightly impaired, and there being no evidence of iritis, the usual beneficial results from enucleation were anticipated; but a very manifest aggravation of the symptoms occurred after the operation. The facts seemed to point to some diseased condition of the ciliary vessels, and probably also of the nerves, at their entrance in the stump, as the parts within the injured eye itself seemed quiescent. He thought that sympathetic disease might thus be due to disease of the ciliary blood-vessels and to irritation of these nerves, in other parts of their course than their terminal distribution in the ciliary body itself. The lesson to be drawn from this unfortunate case was that, in all cases of injury to the eye, causing, from their nature, complete destruction of vision, enucleation at once should be insisted on.

*Diabetic Cataract.*—Dr. THOMAS REID also showed a patient with diabetic cataract, double and fully formed. The man was 22 years old; dimness of vision had appeared only about the beginning of April, and in three days became as bad as on admission. His health seemed to have been impaired for a year, and he had had diabetic symptoms for about that time. He had been put under treatment by regulated diet, and Walker's diabetic biscuits and rusks had been used with some advantage. Dr. Reid said that this form of cataract was frequently found in the milder forms of diabetes in young persons, as well as in the more severe. In the former cases an operation was justifiable, if the general health were moderately good; and he hoped to be able to operate in this case.

*Paralysis of Accommodation of Eye in Diphtheria.*—Dr. BARR and Dr. HECTOR C. CAMERON presented a boy who had been under their care. He was 11 years old, and had been seized with diphtheria on February 13th. He recovered satisfactorily; but in six weeks it was found that his vision was affected for near objects, but not for distant ones, and, on examination, this was clearly due to a paralysis of the accommodation. There were no other paralytic symptoms, except a slight degree of paralysis of the muscles of deglutition, with regurgitation of fluids swallowed, etc. His mother stated that, during an attack of whooping-cough, he had had an internal strabismus.—Dr. RENFREW referred to the case of a clergyman now under his care, whose family had been nearly all affected with bronchitis and measles, complicated, in some at least, with perfectly distinct diphtheritic exudations and typhoid symptoms. He himself was laid down on May 3rd with sore-throat and hoarseness, and on the 4th he felt his sight weak, and by the 7th his sight was such that he could not see near objects; on the 8th, he consulted Dr. Reid, who made out paralysis of the accommodation, and recommended the use of convex glasses for a time. He was able to preach on the 9th without spectacles, and is now very much better. There were no other paralytic symptoms.—Dr. REID said that the case of the clergyman was one of much interest, owing to the early date at which this affection of the vision had appeared, and to the rapidity with which changes occurred in the power of accommodation. With regard to the boy, he inquired if he were hypermetropic, as he had found this diphtheritic affection chiefly occurring in those who were so; and the history of squint, during the illness from whooping-cough, pointed in the same direction. The clergyman referred to was not hypermetropic.

*Old Ununited Fracture of Skull.*—Dr. FOULIS showed a part of a skull in which an old ununited fracture existed; this passed from above the left external auditory meatus, transversely backwards across the squamous suture, to about an inch from the lambdoidal suture. It was united over nearly all its extent, leaving a mere groove to mark its seat; but, near the commencement, there was an oval gap left by the erosion of the margins, which were quite sharp; the gap was filled by fibrous tissue. Between the skull and dura mater, at and near the fracture, there lay a pale fawn-coloured tough laminated layer, seemingly an old clot. This had eroded the bone over it slightly.

*Instrument to facilitate cutting Sections of Tissues hardened by Freezing.*—Mr. W. J. FLEMING exhibited an instrument which he had devised, consisting of a Stirling's section-cutter surrounded by a chamber through which a current of weak spirit was caused to flow, the spirit having been previously reduced to a very low temperature by passing through a worm immersed in a freezing mixture. The advantages he alleged it to possess were its portability, and the facility with which it could be manipulated, while the frozen tissue thus remained in its position, and numerous sections could be made without its being touched in any way by the hands. He thought freezing was so valuable a method of hardening, that it only required an easily worked arrangement to bring it into more general use.

*Obstruction of the Intestine.*—Dr. JOSEPH COATS showed a specimen of obstruction of the intestine. He pointed out that a diverticulum which proceeded from the ileum, three or four feet above the valve, had become adherent by its apex to the mesentery of the ascending colon. Beneath the bridge thus formed, several loops of small intestine had passed in rather a complicated way, and one small portion which passed twice under the bridge showed the dark red colour and thickened appearance of complete strangulation. He remarked that the diverticulum was three or four inches in length, and had a somewhat blunt extremity, but that from this extremity there proceeded a fibrous band an inch or more in length, which formed the medium of attachment of the diverticulum. The preparation was removed from a boy about 9 years old, who had died with the usual symptoms of internal obstruction of the intestine.

*Fruit-stone passed per Urethram.*—Dr. HECTOR C. CAMERON showed a damson-stone passed from the bladder by a male patient, 43 years of age. His first symptoms were frequency of micturition, and a little pain in the perinæum; these began about twelve months ago. About November last, he had, for two or three days, violent pains just below the umbilicus, with vomiting and one or two rigors. On the cessation of this attack, he began to pass gas *per urethram*, and his urine became very turbid, but not distinctly feculent in odour. In a week, he was able again to follow his business, and continued to do so till about two months and a half ago, gaining flesh and feeling well, but all along passing gas *per urethram*, and often a little blood at the conclusion of micturition; he now began to pass fluid fæces also *per urethram*, somewhat resembling meconium in appearance. At this point of the case, Dr. Cameron had seen the patient with Dr. Suttie, who had supplied the foregoing particulars. On sounding the bladder, nothing was elicited; but, on giving a sudden sharp stroke above the pubes, succussion-sound was very distinctly made out in the bladder, the percussion-note being at the same time tympanic. The rectum was natural in all respects, and, although filled with rather hard fæces, thin fæces were coming from the urethra. It was evident that the connection of the urinary organs was not with the rectum. A fortnight after this examination, he passed *per urethram* the fruit-stone shown to the Society; it had a slight crystalline deposit on its surface. With the view of allowing the opening in the bowel to heal up, the patient had been fed entirely by enemata, and fæces had since ceased to come from the urethra; and, for several days together, flatus had also been sometimes absent.

*Specimens and Instruments.*—Dr. FOULIS presented a dissection of the cerebral arteries in a case of atheroma with cerebral hæmorrhage.—Mr. W. J. FLEMING presented a cheap hot and gas stage which he had devised for the benefit of students, the principle being the same as Stricker's, but the cost about five shillings.

# PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

VACCINATION.—Mr. Edward Crickmay, vaccinator of the Dennington District of the Hoyne Union, has been awarded by the Local Government Board a further sum of £7 19s. for efficient vaccination.—Dr. John W. Watkins, Medical Officer of the No. 4 District of the Warrington Union, has been awarded the sum of £31 17s. for efficient public vaccination. This is the third time he has received an award.

THE FACTORY ACTS.—The following certifying surgeons have been appointed:—Edward Garraway, M.R.C.S.Eng., for Faversham, *vice* T. C. Spyers, M.D., deceased; Benjamin Barkus, M.D., for Gateshead, *vice* A. Rolf, M.R.C.S.Eng., deceased; Joshua Wm. Morison, L.R.C.P.Ed., for Pembroke, *vice* D. A. Reid, M.D., resigned.

## THE LONDON SICK POOR.

AT the annual meeting of the Metropolitan Asylums Board, Mr. J. A. Shaw Stewart, for the Stockwell Asylums Committee, reported that there was no reason to fear any extraordinary pressure, in consequence of fever, upon the accommodation of the asylum. Attention had been called to cases among the upper and middle classes, and alarm had been felt; but, with regard to the poor, in the fortnight not a single case of either typhus or enteric fever had been admitted. During the fortnight, 71 cases had been admitted to the fever asylum; there had been 5 deaths and 39 discharges, leaving 71 cases, against 85 a fortnight ago. Of the 71, 69 were scarlet fever cases, and 1 was an enteric fever case. In the small-pox side, 5 cases of the disease had been admitted from the whole of the unions of London; 6 had been discharged, leaving 7 at present to represent all the cases in London under the Poor-law authorities. Mr. Barringer stated that at Homerton 54 cases of fever had been admitted during the fortnight; there had been 5 deaths and 4 discharges, leaving 133 under treatment, against 127 a fortnight since. With regard to the imbeciles, Mr. Wyatt reported that there were 1,804 at Leavesden, and 4 deaths only had occurred. Mr. Ward, for the Caterham Committee, reported that there had been 10 admissions and 8 deaths during the fortnight, leaving 1,820 patients. Mr. Galsworthy, in reference to the visit of the managers to the asylum, stated that it was found to be in an excellent condition in every respect; and that great credit was due to Dr. Cortis and the Comimttee, to whom a vote of thanks was passed. Mr. E. H. Currie stated that, at the new Clapton Asylum for imbecile children and others, there were now 262 patients. All the reports were adopted, and, after further business, the Board adjourned.

## EXAMINATION OF LUNATICS.

DR. COUTTS (Banchory).—There is no rule as regards payment for certifying pauper lunatics in Scotland. Thus in New Deer, Aberdeenshire, the medical officer receives no fee for such certificates, whilst in Old Deer the parochial board pay their medical officer £2 for every lunatic sent to an asylum. Under these circumstances, we cannot state whether our correspondent is entitled to charge a fee for such certificates, unless we had before us a copy of the agreement he has entered into. If nothing have been stated respecting certifying gratuitously, in equity he would be entitled to a fee of £1; but whether the parochial board would pay, except upon compulsion, is a totally different matter, and it is for our correspondent to decide whether it is worth his while to enforce payment. In one respect our correspondent is entitled to consideration. We find by the last census that the population of the parish, of which he is joint medical officer, amounted to 5,927; and the total sum paid for medical relief, out of which medicines have to be found for the year 1873-74, reached the munificent sum of £45 13s.—verily a great deal of work for very little money.

DR. BILLING (Hailsham) asks the following questions. 1. Has any other medical man the right to enter my workhouse and examine my patients without my consent, or in consultation with me? 2. Have the magistrates the legal power to order the master of the workhouse to send for any other medical man?

*** In order to answer our correspondent's two questions, it is necessary to reply to the second one first. In the case of a presumed lunatic pauper, the magistrates, whether stipendiary or merely justices of the peace, have the legal power of selecting the medical gentleman, who shall (on intimation given to them through the relieving officer by the workhouse or district medical officer) visit and certify as to the mental condition of such pauper; and, firstly, such medical gentleman has a right to enter such workhouse and examine the patient without the consent of the medical officer—indeed, under such circumstances the medical officer is ignored altogether. But whilst there is no doubt that the magistrates have this power, it is generally arranged that as the medical officer has all the trouble of the case, that the duty should devolve on him of not only giving intimation, but of attending before the justices and getting the fee. We would advise the medical officer to address a temperate letter to the Board of Guardians stating his case; and as there will be no addition to the expense, it is not improbable that such an arrangement may be come to as will admit of the workhouse medical officer certifying in all cases that may come under his charge.

## BIRTHS AND DEATHS REGISTRATION ACT.

MEDICAL OFFICER.—Section 28 of the Births and Deaths Registration Act (1874), provides that "every registrar, when and as required by a sanitary authority as defined by the Public Health Act (1872), shall transmit by post or otherwise a return, certified under the hand of such registrar to be a true return, of such of the particulars registered by him concerning any death as may be specified in the requisition of the sanitary authority". The section also provides that the registrar "shall be entitled to a fee of twopence for every death entered in such return, which fee shall be paid by the authority requiring the return". The Act makes no provision for the furnishing of returns of births, or for payment for the same. Any returns of births, therefore, required by a medical officer of health must be obtained by mutual arrangement between the sanitary authority and the local registrar. Should such an arrangement be objected to either by the sanitary authority or the auditor, we can see no reason why a medical officer should not pay for the returns of the births himself, if he deem the returns to be useful to him, and he be willing so to do.

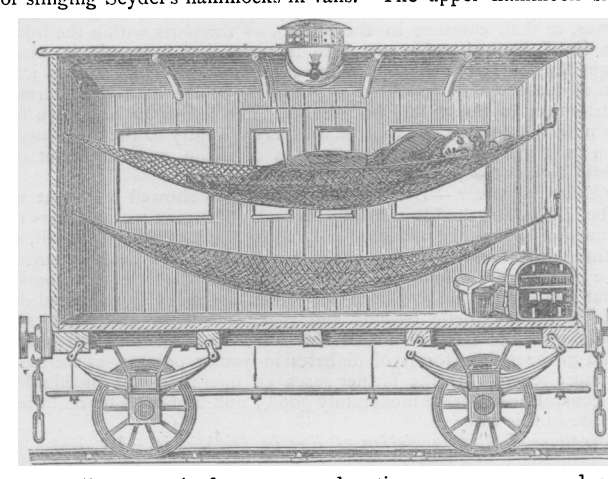
## PAROCHIAL CHARGES.

WE consider that the assistant overseer in the Tendring Union acted in strict accordance with his duty, in giving an order for attendance on a parturient woman, under the circumstances detailed in the paper sent us; and, consequently, he having discharged his duty properly, and representing the guardians, the union should have paid the fee to the medical officer. We should murmur, and they ought now so to do, that gentleman having been supported by the opinion of the county court judge. Should, by any mishap, the auditor in such case disallow such payment, the Local Government Board would remit the same. We would recommend Mr. Squire to again apply to the Board of Guardians for payment, and, should they refuse, as is most probable, to entertain the application, to submit the facts of the case for the consideration of the Local Government Board.

# REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

## TOURISTS' HAMMOCKS.

AT this time of the year, when tourists are on the move, it may not be out of place to illustrate the method introduced by Mr. Richard Davy for slinging Seydel's hammocks in vans. The upper hammock slung



in the railway-van is for young and active persons, as an educated agility is necessary for entering one of these hammocks suspended four feet from the ground. The elastic cord on each side of the upper hammock moderates lateral swing when the carriage is running fast. The lower hammock is for the aged and infirm. This mode of travelling continues to give great satisfaction to invalids; and we recommend any tourist to provide himself with one of these portable accessories.

IT is intended in future to publish the number of vacancies in the Army Medical Department to be competed for at each examination.