

Dr. DE HAVILLAND HALL advised continuance with the cautery, as that treatment certainly gave relief.

The PRESIDENT thought that such cases might well be left alone if the condition gave rise to no distress.

Mr. CRESSWELL BAKER had seen good results from the local application of absolute alcohol.

Dr. SPICER preferred to destroy the crypts by means of a cutting operation.

Dr. BENNETT advocated forcible syringing with carbolic acid.

Dr. DUNDAS GRANT pointed out the distinction between pharyngomyositis and pharyngitis with accretions. He had used the galvanocautery with success, and also a lotion of iodine and carbonate of soda.

LUPUS TREATED WITH THYROID EXTRACT.

Mr. R. LAKE showed a boy with lupus of the soft palate and posterior pillars of the fauces, of fourteen months' duration. He had been taking $\frac{7}{8}$ grains of thyroid extract daily since July 14th, and was very much improved. A second case, a girl of 16, had been affected for three years, and was treated at the same time as the previous case. She was much improved, and was now taking $1\frac{1}{2}$ grains daily. The cases would be shown again at a later stage of the treatment.

Dr. DUNDAS GRANT expressed some doubt as to the nature of the disease in the girl's case.

Dr. JESSOP related a case in which marked improvement had followed the use of 300 tablets, in a case of thirty years' duration.

TONSILLAR NEW GROWTH.

Dr. SCANES SPICER showed a man aged 70, who had a vascular tumour the size of a large walnut, spreading from the lower part of the right tonsil on to the base of the tongue. Tonsillar growths had been removed two years previously from both sides. Microscopically the tumour was made up of closely-packed round cells.

Dr. BRONNER referred to the great benefit sometimes afforded by arsenic in large doses.

After some remarks from Dr. TILLEY, Dr. HILL said he would not use the guillotine in such a case, but would prefer to enucleate.

Dr. PEGLER regarded the case as one of lympho-sarcoma, and not of ordinary hypertrophy.

The PRESIDENT observed that after the age of 40 such cases were generally either lympho-sarcoma or lymphadenoma.

Dr. DUNDAS GRANT thought that it would be best to snip round the mucous membrane, and clear the whole growth out behind it with the finger.

Mr. DE SANTI suggested removal by external incision, and mentioned two cases thus dealt with.

Dr. SPICER replied.

LARYNGEAL STENOSIS SUPERVENING ON TYPHOID FEVER.

Dr. SCANES SPICER showed a patient, aged 20, in whom acute stenosis of the larynx had supervened after typhoid fever. The patient could phonate, but a probe could not be got through the stricture after cocaineisation. The case was shown preliminary to division of the cricoid under a general anæsthetic by Whistler's dilator and the use of O'Dwyer's tubes.

The PRESIDENT agreed that it would be best to try and divide the stricture, and to use tubes, but he was not sanguine as to the result in such a case.

LIVERPOOL MEDICAL INSTITUTION.

CHAUNCY PUZEY, M.R.C.S., President, in the Chair.

Thursday, October 18th, 1894.

CYST OF THYROID.

Mr. THELWALL THOMAS showed a woman, aged 30, from whom he had removed a cystic swelling in the isthmus and lateral lobe of the thyroid by a median excision. The cyst contained a brownish fluid, in which large flakes of cholesterin floated about.

Mr. PAUL said that the plan of removing thyroid tumours in their early stage should be generally adopted, as they shelled out so readily.

URETHRAL CALCULI.

Mr. THELWALL THOMAS read notes of the case of a man, aged 46, who had suffered from gonorrhœa and stricture twenty years previously. Ten years later internal urethrotomy was performed, but the stricture had returned, accompanied by great difficulty in micturition. Syme's staff sounded calculi behind the stricture. On incising the perineum a dilated membranous urethra was opened, which contained twenty-five calculi, varying in size from a mere speck to a pigeon's egg, and weighing in all 2 ozs. 50 grs. The stricture was divided and the bladder drained, but the patient succumbed to uncontrollable vomiting and diarrhœa on the fourteenth day. *Post-mortem* examination showed both kidneys suppurative, and an abscess surrounded the right one.

Mr. RAWDON suggested that in these advanced cases of chronic dysuria a safety valve might be afforded by ensuring a preliminary suprapubic free drainage of the bladder for a few days, or even weeks, before adopting the operative measures for permanent cure.

CEREBRAL ABSCESS.

Mr. MURRAY showed three children who had been operated upon for cerebral abscess. (1) Due to traumatism, and situated in the upper part of the right Rolandic area. Three and a-half years had elapsed since the operation, and the child was in good health, and showed no signs of mental impairment. (2) Operated on eleven months ago, where there had been a large abscess of the left tempero-sphenoidal lobe following middle ear disease. Here, too, the recovery had been complete. (3) Operated on four months ago for an abscess of the right lateral lobe of the cerebellum, and an extradural abscess over the sigmoid sinus, also due to middle ear disease. The result was entirely satisfactory.

Mr. RUSHTON PARKER pointed out how unnecessary it was, at least in children, to replant the trephined disc of bone. This had not been done

in any of Mr. Murray's cases, yet the openings were firmly closed by bony growth.

Mr. HUGH E. JONES, who had been present at the operation on the third of Mr. Murray's cases, referred to the advantage in the method adopted for reaching the cerebellum, namely, to snip away the bone from the mastoid opening, rather than make a separate trephine hole over the cerebellum, which so often resulted in very troublesome bleeding.

REMOVAL OF VERMIFORM APPENDIX.

Mr. MITCHELL BANKS showed a vermiform appendix which he had removed on the previous day. A man, aged 28, had had more or less abdominal pain for five years. Mr. Paul saw the case with Mr. Banks, and neither of them could discover anything by palpation, but the pain had become localised to the region of the cæcum. At the urgent request of the patient an abdominal section was made, and although the parts looked healthy from the outside, the appendix on section was found to be twisted, and to contain hard faecal concretion.

ADMINISTRATION OF ARSENIC.

Dr. CARTER read a paper entitled "Facts, Legal and Medico-Legal, in the Administration of Arsenic." He referred to an important trial which took place in Liverpool some five years ago. The medical experts for the defence had positively stated that the administration of arsenic in medicinal doses would diminish the secretion of urine, and also that arsenic given medicinally could readily be detected in the urine if it were boiled for a minute or two with a little pure hydrochloric acid and a slip of copper foil introduced into it. Dr. Carter was much struck at the time by these statements, which were so contrary to his own experience and to the statements made by the leading authorities. Since the trial he had made many very careful experiments on these two points, and he now stated positively that in his experience the medicinal administration of arsenic almost invariably increased the secretion of urine, provided that there was no organic disease of the kidneys, and he also affirmed that the rough test with copper foil would fail to detect arsenic in the urine when it was given as a medicine.

Drs. WHITFORD and LOWMAN had also had the urine of patients who were taking arsenic carefully examined, and the copper foil test had failed to discover the presence of the metal.

Mr. PAUL and Dr. DAVIDSON took part in the discussion.

Card specimens were exhibited by Mr. PAUL.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

F. PAGE, M.D., President, in the Chair.

Thursday, October 11th, 1894.

CASES.

Dr. GEORGE MURRAY and Mr. W. G. RICHARDSON showed a man after successful removal of a Sarcoma from the Brain. In February, 1894, he had an attack of Jacksonian epilepsy of the left arm; later there was nausea, vomiting, headache, and double optic neuritis, complete loss of power in the left arm, and considerable loss in the left leg. Operation-July 1st; tumour easily separated from the brain substance and removed with part of the dura mater; power began to return within three days. The man could now walk five miles, and had fair power in the arm; headache, etc., had disappeared, and the neuritis was subsiding.—Dr. MURPHY showed: (1) A man seventeen weeks after Gastro-enterostomy for large Sarcoma at cardiac end of Stomach. Vomiting, previously severe, had ceased, and strength and flesh were rapidly being restored. (2) Man after Suture of Bladder produced by crush by a cab; constant drainage by a catheter was employed. (3) Man after Removal of Ruptured Appendix; patient arrived from sea with intense general peritonitis; median incision showed appendix lying loose, and a concretion; removal of appendix by an iliac incision. (4) Woman after operation for a Hydatid in the region of the Liver.—Dr. HUME: A man after intestinal anastomosis for Malignant Stricture of Colon. There had been absolute constipation and greatly distended abdomen. The growth lay at the splenic flexure, firmly fixed, and accompanied by enlarged glands. A loop of the sigmoid flexure was attached to the ascending colon by Senn's plates and circle of Lembert sutures. The bowels moved naturally two days later, and had done so regularly ever since. The man had recovered weight and strength to a surprising degree.—Dr. BRADLEY showed an infant with large depressed Fracture of the Skull in the frontal region produced during birth. A previous child had been affected in a similar way, but on the opposite side of the frontal region.—Dr. LIMONT showed (1) Boy with Band Morphœa extending from near the coracoid process to tips of thumb and index finger. A patch was present in the axilla, and the two vaccination marks formed two other patches. (2) Woman with Contracting Morphœa following course of one of the intercostals, and accompanied by great pigmentation. In each breast were two early patches, still violet, but beginning to turn white in the centre. (3) By photograph a girl with symmetrical patches of Morphœa behind each knee in which there was considerable loss of sensation. (4) Girl with localised Mycosis Fungoides of one leg.—The PRESIDENT showed a case of aggravated Club-foot in a young child, in which an excellent result had been obtained by Phelps's method of operating.

SPECIMENS.

Specimens were shown by Dr. MURPHY and Mr. RUTHERFORD MORISON.

"RECTO-VESICAL TUBERCULOUS FISTULA": A CORRECTION.

Mr. E. HURRY FENWICK calls our attention to the fact that in the report of the discussion at the Pathological Society upon the above subject, published in the BRITISH MEDICAL JOURNAL of October 20th, page 868, certain statistics drawn from records by Dr. Soltau Fenwick at the Brompton Hospital were incorrectly recorded. Only 20 cases out of 1,000 consecutive cases of chronic phthisis which were examined *post mortem* are mentioned as having tuberculous deposits in the lower urinary or genital organs; 13 of these 20 are noticed as having tuberculous disease of the seminal vesicles, and Mr. Hurry Fenwick suggested that Mr. Paget's case fell into this category.

From his experience of 4 other cases, he was led to believe that tuberculous vesico-rectal fistulae commenced in suppuration of the deposits in the vesiculae seminales rather than by ulceration of the bladder implicating the bowel.

REVIEWS.

SPINAL CARIES: SPONDYLITIS OR INFLAMMATORY DISEASE OF THE SPINAL COLUMN. By NOBLE SMITH, F.R.C.S. Edin., L.R.C.P. Lond., Surgeon to the City Orthopædic Hospital; Surgeon to All Saints Children's Hospital; Orthopædic Surgeon to the British Home for Incurables. London: Smith, Elder and Co. 1894. (Demy 8vo, pp. 146; 88 illustrations. 5s.)

THE author of this instructive book, like many surgeons who have had much experience of spinal caries and paid much attention to the details of its treatment, is dissatisfied with the appliances generally employed for fixing the diseased spine, and holds that recumbency in bed alone is a very ineffectual method of affording rest to the affected bones. Acting on the principle that, whilst it is necessary to control the column as far as possible above and below the seat of inflammation, the chest should be left absolutely free from pressure, he has modified an instrument invented by Mr. Chance, and reports several instances of its successful application. This apparatus, which is called the "adaptable metal splint," seems to be less cumbersome and complicated than many other instruments used in this branch of orthopædic surgery, but demands, in order to ensure its success and to prevent it from doing harm rather than good, a thorough knowledge of its working, and great care and patience in adapting it to individual cases. Though an enthusiastic advocate of this splint, the author does not rely on it alone, but in his treatment recognises the facts that "general rest of the patient, carefulness in nursing, and assiduous attention to complications are necessary adjuncts" to its successful use. In his remarks on laminectomy, he points out that, though not free from danger and necessitating a removal of sound parts of the spinal columns this operation may in certain cases be imperatively demanded. Such cases, however, would, he thinks, be much reduced in number if spinal caries were treated by suitable splints instead of by recumbency alone or by the jackets.

DIE HEILUNG DER CHRONISCHEN LUNGENSCHWINDSUCHT DURCH ENTWICKELUNG VON KOHLENSÄURE IM MAGEN. (The Treatment of Chronic Pulmonary Phthisis by the Liberation of Carbonic Acid in the Stomach.) Von Dr. Med. HUGO WEBER (St. Johann-Saarbrücken). Wiesbaden: J. F. Bergmann. 1894. (Roy. 8vo, pp. 54. M. 1.)

THE author says that five years ago, when he first made known his method of treating pulmonary tuberculosis by carbonic acid, very little notice was taken of it, because at that time everyone had his attention fixed on Koch's tuberculin treatment. The cure of phthisis, however, whether acute or chronic, by simple dioxide of carbon, seems to be even more astonishing than would have been the wonderful results which were expected from tuberculin.

Dr. HUGO WEBER gives his patients a few drops of hydrochloric acid in a glass of water, followed immediately by a teaspoonful of bicarbonate of soda. This he repeats three times a day, half an hour before meal times. Most astonishing in its simplicity and facility does this method for curing phthisis seem.

The author's eleven cases appear numerically insufficient to support his arguments. Moreover, if carbon dioxide be developed in the patient's stomach three times a day, as the author recommends, one may ask, How long does the blood contain any extra quantity of carbonic acid? Surely the excess of CO₂ will be so rapidly lost by the lungs that it can hardly be expected to have any permanent effect on the tuberculous tissue. Admitting that there is a certain one-sided antagonism between pulmonary tuberculosis and disease of the mitral valves of the heart, admitting mitral disease exercises some hindering action upon the development

of tubercle in the lungs, is it not more natural to account for this, as others have done, by the pulmonary hyperæmia, a mechanical result of the valvular disease, rather than to suppose it due to excess of carbonic acid in the lungs?

Dr. Hugo Weber fails to convince us that the improvement observed by him in his eleven consecutive cases of pulmonary tuberculosis was due to the carbon dioxide he administered, though it must be allowed that his treatment is more pleasant than treatment by some other gases, such as sulphuretted hydrogen, as to which there was at one time much talk. It must also be mentioned that with his carbonic acid treatment he combines the regular administration of an iron preparation.

Part of the book is devoted to the question of the feeding of consumptives, and the discussion of the proper treatment for their fever and other symptoms.

DIE CAUSALE BEHANDLUNG DER TUBERCULOSE. [The Etiological Treatment of Tuberculosis.] Von EDWIN KLEBS. Hamburg and Leipzig: Leopold Voss. 1894. (Royal 8vo, pp. 629, with plates. M. 30.)

THE work that Professor KLEBS has done in former years, although less widely known and recognised than that of many others who have attempted to elucidate the problems of tuberculosis, entitles the present work to claim the most careful attention from all students of the subject. The sudden rise and equally sudden subsidence of the fame of Koch's tuberculin at once raised and dashed the hopes of those who believed in the possibility of destroying tuberculous disease within the body of its host, and led to resumption of the old methods, which had for their aim the strengthening of the organism rather than the destruction of the parasite. For three years Professor Klebs has been at work steadily pursuing the line of action suggested partly by Koch's method and partly by our increased knowledge of the natural processes by which such disease tends to keep itself within bounds. That Koch's fluid was harmful, owing to the other constituents than pure tuberculin, was the standpoint from which Klebs worked, and he set himself to produce a fluid which should be purified of these matters.

The work is divided into two main sections, the one dealing with the experimental side of his work, and the other with its practical application to human beings. His views on the pathology of tubercle and the theories of immunisation are detailed at great length, and the points of his disagreement with Koch definitely laid down. He claims even greater powers of tubercle destruction for Koch's fluid than were ever suggested by Koch himself, and disagrees with the latter's view that the bacilli are not destroyed by the fluid. But at the same time he looks more to the results set up by the bacilli than to the micro-organisms themselves as the true cause of the disease. Following out the history and course of tuberculosis, he expresses the belief that the alimentary canal is more often the channel of entrance for tubercle than the respiratory passages. In a succeeding chapter the effect of Koch's tuberculin upon guinea-pigs is closely analysed, and details of experiments are given at great length, all of which go to prove that the virulence of tubercle injected subsequently is delayed but not prevented. As a result of further experiments with purified tuberculin or tuberculocidin, he concludes that resolution of tuberculous tissue takes place, and that the bacilli are destroyed. All his observations are recorded in detail, and illustrated with elaborate charts.

The same thoroughness in the preparation of the case that he presents is manifest in the second part of the work which deals with the treatment of tuberculosis in man by means of injection of bacterial products in the form of purified tuberculin. As a result he claims to prove that a complete reorganisation of tuberculous tissue may take place, and destruction of bacilli be brought about in the living human body without any harm being done to the tissues of the body. It will be noted that it is in the very earliest stages that the best results are obtained, but he safeguards against possible error in diagnosis by the preliminary injection in all doubtful cases of Koch's crude tuberculin. The well-known reaction is asserted as diagnostic of the presence of tubercle. With great care and minuteness Professor Klebs presents in suc-