

with increase in the age of the patient. The proportion of good results obtained by different surgeons was quoted. The nature of the beneficial results, apart from a true cure, and the risks and complications resulting from Lorenz's method were described. The bloodless method was most suitable in early life, under five years, and in unilateral cases. He considered the difference in prognosis in unilateral and bilateral cases, the limits of age at which the various methods were applicable, and gave his own results, obtained by the different methods. All cases should be submitted to radiography before pronouncing upon the nature of the result. Mr. Noble Smith showed skiagraphs of four cases he had recently operated on by Lorenz's method with excellent results. Mr. R. C. Dun thought the weight of the plaster a disadvantage in the bloodless method, and had utilized aluminium strips to make the plaster case lighter. Mr. Robert Jones considered no one method should be depended upon. He had occasionally obtained good results in very young children by simple manipulation. The neck of the femur might be broken by Lorenz's method. Mr. Openshaw insisted on the importance of dividing the capsule to secure reduction. Mr. A. H. Tubby thought there was less risk and more certainty in the open operation. Dr. Darier (Paris) read a paper on Some New Dental Signs of Hereditary Syphilis. He regarded "Hutchinson's teeth" as the most striking, but as frequently wanting. A similar arrest of development he had noted in the first permanent molar teeth. These special alterations were to be distinguished from the dental changes due to scrofula, rachitis, or mercury. Dr. George Carpenter did not regard the "Hutchinsonian teeth" as conclusive evidence of hereditary syphilis. Drs. Ashby and Goadby also discussed the paper. Dr. George Carpenter read a paper on Splenomegaly in Infants and Young Children, based on 348 cases from various causes during the first twelve years of life. Dr. Edmund Cautley made a few criticisms, to which Dr. Carpenter replied. Dr. T. D. Lister read a paper on the Utilization of Infants' Milk Dépôts. Several economical and practical objections were raised by Dr. Cautley to the establishment of such dépôts, although he recognized the advantages on theoretical grounds.

*Friday, July 31st.*

Dr. Nathan Raw opened a Discussion on Tuberculosis in Children—its Relation to Bovine Tuberculosis. He regarded tuberculosis in man as due to two kinds of infection—one due to infection *via* the lungs, the other due to food infection. As a result of numerous necropsies he maintained that the lungs were attacked by two distinct types of tuberculosis. He thought tuberculosis in children was commonly due to food infection, which gave rise to "tabes mesenterica," or "consumption of the bowels," and quoted various statistics bearing on the point. In his opinion tabes mesenterica was a bovine tuberculosis due to milk. Tuberculosis in cows was extremely prevalent, and the mortality from tabes mesenterica in the country was not diminishing in accordance with the general decline in the mortality from tuberculosis. He maintained that in most cases—for example, in tuberculous meningitis—the mode of infection was through the mesenteric glands and extension by the lymph stream. Such a mode of spread he had frequently noted in extension to the mediastinal glands and lungs. The growth on culture media, in 2 cases out of 37, from the glands and joints was identical with that of the bovine tubercle bacillus. He held that bovine tuberculosis was more virulent to children than human tuberculosis. The enlargement of lymph glands might be also due to the bovine bacillus. Finally, he maintained that human and bovine tuberculosis were distinct diseases, and that the human body, especially in early life, was susceptible to both kinds of infection. Possibly the two varieties were antagonistic. The President, Mr. Arbuthnot Lane, pointed out that in many instances local injury or disease predisposed to infection. He thought that glandular enlargement in children should not be so readily accepted as tuberculous. Dr. Douglas Reid contributed some facts and statistics connected with India, showing that tuberculous disease in children was very rare among the civil population. Dr. John Mackenzie had difficulty in accepting the theory of bovine infection, and pointed out the innumerable sources of human infection, especially among the poor. He accepted experimental results with great caution. Many cases of tuberculous meningitis followed middle ear disease. Dr. Theodore Fisher quoted evidence in favour of infection taking place through the bronchial glands. Drs. C. G. Higginson, W. Langford Symes,

Edmund Cautley, George Carpenter, and Mr. W. McAdam Eccles, also took part in the discussion and Dr. Raw replied. Dr. George Carpenter read a paper on A Case of Syphilitic Nephritis in an Infant aged 5 Months. The signs of inherited syphilis were very definite. The urine contained hyaline and granular casts and blood corpuscles. The condition was typical of acute catarrhal nephritis. Microscopical examination of the kidney after death showed the same condition, with distinct changes in the blood vessels. There were no interstitial changes. He held that syphilis played a much more important part in the nephritic affections of children than was usually supposed. Mr. R. C. Dun read a paper on Adenoid Vegetations in Infancy.

A CORRECTION.

In the summary of the proceedings in the Section of Children's Diseases of the annual meeting of the British Medical Association held last week at Swansea, which appeared in the BRITISH MEDICAL JOURNAL of August 1st, p. 269, it was stated that Dr. David B. Lees urged that in the treatment of chorea large doses of sodium salicylate—"grs. x to xl"—should be given. The range of dosage should be grs. x to xx.

SECTION OF LARYNGOLOGY AND OTOTOLOGY.

*Thursday, July 30th.*

A DISCUSSION on the Technique of Operations on the Temporal Bone in Suppurative Middle Ear Disease was introduced by Dr. McBride of Edinburgh and Dr. Arthur Hartmann of Berlin. Dr. Hartmann also showed a number of temporal bones to illustrate various points in the surgical anatomy of the region. The discussion was continued by Dr. Dundas Grant, who expressed the opinion that the operations for acute suppuration were far too seldom performed, and so cases were allowed to become chronic and eventually, perhaps, required the complete radical operation. He did not always open the antrum in acute cases—especially post-influenza ones. In the radical operation he found Körner's flap frequently satisfactory. Dr. R. C. Elsworth showed sections of temporal bones displaying the "accessory antrum." He also demonstrated a vein which skirted this cavity, and through which thrombosis often spread to the sigmoid sinus in cases where the sinus groove was not eroded. Professor Gluck discussed the treatment of sigmoid sinus thrombosis, and described two cases in which he had performed extensive operations. Dr. Jobson Horne thought the vein described by Dr. Elsworth was a tributary to the petro-squamosal sinus described by Mr. Arthur Cheate. Dr. Herbert Tilley said he had abandoned the use of gold leaf in the skin-grafting operation; he used pellets of sterilized wool to pack the grafts into position, and used one large graft for the main cavity, with smaller ones to fill in. The sole advantage of grafting was that it shortened the after-treatment. Excellent results could be obtained without packing the mastoid wound, but the cases required more individual attention. Dr. Bronner thought prolonged packing only retarded the healing. He would like to know the final result in cases treated by skin-grafting; how were they after a year or two? Dr. Logan Turner raised the question of acuteness and chronicity. After what duration might a case be treated as an acute case, and when did it fall into the chronic category and require to be treated as such? Dr. R. H. Woods thought that the chief use of grafting was to prevent stenosis of the meatus. Dr. Delsaux (Brussels) related the experience of himself and a colleague in dispensing with plugging. They plugged for one day only, and then filled the cavity with boracic acid powder, renewed as necessary. After a fortnight there was a granulating surface with islands of epidermis which gradually spread. Dr. Bronner read a paper on the Local Use of Formalin in the Treatment of Nasal Polypi before and after Operation, on the same by the usual methods. The President thought formalin probably acted much in the same way as the galvano-cautery, which produced a sort of localized boiling of the parts, and was a most efficient antiseptic. Dr. A. Haydon read a paper on Illustrations of the Effects produced by the Singing Voice in a Suitable Medium.

*Friday, July 31st.*

A discussion on the Upper Respiratory Tract as a Source of Systemic Infection was introduced by Dr. de Havilland Hall, Dr. Jobson Horne, and Dr. F. J. Poynton. Dr. Goodale (Boston, Mass.) dealt particularly with the histological alterations in the lymphoid tissue of the upper respiratory tract which predisposed it to permit of the entrance and development of micro-organisms, and illustrated his remarks by sketches. Dr. Herbert Tilley discussed the effect upon the