REPORTS OF THE MEDICAL SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—21*st December* 1898.—Sir JOHN BATTY TUKE in the chair.—PATIENTS EXHIBITED.—Professor CHIENE showed—(1) Coxa vara, probably traumatic in origin, in a lad æt. 16; (2) double partial dislocation of both hip-joints, with ununited fracture of both clavicles.—Dr. AFFLECK showed—(1) Two cases of Friedreich's ataxia, the patients being brother and sister; (2) Addison's disease, which had improved under the suprarenal treatment.—Mr. CAIRD showed—(1) A patient after removal of rectal carcinoma, with complete rectal control; (2) a patient after removal of appendix vermiformis and of renal calculus.—Dr. MELVILLE DUNLOP showed—(1) Double athetosis; (2) pseudo-hypertrophic paralysis, with some choreic-like movements.—Dr. JAMES showed—(1) A case of scleroderma in Raynaud's disease and thyroid atrophy; (2) a case of angio-neurotic œdema of the tongue.—Dr. GRAHAM BROWN (for Dr. G. A. GIBSON) showed—(1) A case of bulbar paralysis; (2) a case of pseudo-bulbar paralysis, in which the lesion was not in the bulb but in the cerebral cortex.—Dr. JOHN THOMPSON showed hemiatrophy of the tongue without apparent cause.—Dr. GEORGE ELDER showed—(1) Congenital hemiatrophy of the whole face, with malformation of the ear; (2) a case of senile chorea.—Dr. ALLAN JAMIESON showed—(1) A papulo-squamous eruption, apparently syphilitic, affecting the palms; (2) a case of psorospermosis follicularis vegetans (Darier's disease); (3) the results of treatment in a case of tylosis; (4) elephantiasis affecting both legs.—Mr. HODSDON showed pleniform neuroma of the upper arm.

SPECIMENS.—Mr. WALLACE showed—(1) A renal calculus; (2) kidneys from same case with calculi *in situ*; (3) fibro-adenoma removed from prostate; (4) portions of prostate removed from three cases by suprapubic cystotomy; (5) four kidneys (three tubercular, one carcinomatous) removed by operation; (6) dermoid cyst from floor of mouth; (7) biliary calculi removed by cholecystotomy; (8) microscopic specimens of tumours of prostate.—Dr. LOGAN TURNER showed a skull with unusual development of frontal sinuses.—Dr. DOWDEN showed—(1) A specimen of plexiform neuroma; (2) microscopic section of the same; (3) specimen of hydatids.—Mr. CATHCART showed—(1) Abdominal aneurysm arising from the posterior wall of the aorta; (2) multiple abscesses in the brain.—Mr. CAIRD showed preparations and drawings from an unsuccessful case of enterectomy and suture for carcinoma.—Dr. WM. ELDER showed—(1) The heart and intestine from a case of dysentery, with ulcerative endocarditis; (2) a brain showing hæmorrhage into the occipital lobe; (3) the brain from a case of word-blindness.—Dr. ALLAN JAMIESON showed a drawing of a case of urticaria pigmentosa.

EXHIBITS.—Mr. CATHCART. — Improvements on microtome. — Mr. CAIRD.—Needle case for sterilising needles and sutures.

18*th January* 1899.—Dr. P. A. YOUNG in the chair.—Mr. GREIG showed a man in whom there was symmetrical congenital perforation of both parietal bones, which had not before been described during life.—Mr. CAIRD and Mr. GUY showed a case of syphilitic destruction of the nose, palate, and upper lip.—Dr. HARVEY LITTLEJOHN showed—(1) Two specimens of hypertrophied heart from cases of sudden death,

weighing respectively 28 oz. and 48 oz.; (2) a heart showing rupture of the internal surface of the left ventricle; (3) a specimen of effusion of blood on the surface of the brain in which the colour had been preserved.

COMMUNICATIONS.—Dr. BRUCE read a paper on "The Localisation and Symptoms of Disease of the Cerebellum, considered in relation to its Anatomical Connections." The symptoms of cerebellar disease can be grouped into two classes—(1) *General*—Headache, optic neuritis, and vomiting; (2) *Special*—Reeling gait, rolling of eyeballs, etc. The symptoms vary according to the seat of the lesion in the cerebellum, inco-ordination being only met with when the middle lobe is affected. A lesion absolutely limited to one hemisphere of the cerebellum produced, as a rule, no definite symptoms. The reason for this is seen when one traces up the direct cerebellar tract and the tract of Gowers. These tracts probably act as conductors of muscular sense impressions, and all end in the middle lobe. In this relation the connections of the nucleus of Deiters are important. This nucleus is filled with large cells, like those of the anterior horn, of grey matter. It is connected with the fibres of the auditory nerve supplying the semicircular canals, and a tract passes to the roof nucleus. A bundle of fibres passes from it to the nucleus of the sixth, and another to the nucleus of the third nerve. Another bundle passes downwards into the antero-lateral column of the cord. Thus it is connected with the centres of the ocular muscles, and with the anterior cornua of the cord. The cortex of the middle lobe is connected with the roof nuclei by means of fibres which are easily seen in the fœtus. The integrity of this chain seems to be essential to the maintenance of equilibrium. Fibres pass up through the superior cerebellar peduncle, and end in the motor cortex. If these are destroyed, loss of equilibrium results. If the inferior peduncle is destroyed there is falling to the side of section. A lesion exactly in the middle line gives rise to symmetrical loss of function, and so symptoms are latent. When the nucleus of Deiters is destroyed, we have nystagmus, inco-ordination of ocular muscles, and vertigo resulting.—Dr. SHENNAN read a paper on a case of aphasia which Mr. MILES himself had had under treatment. The case was one of temporo-sphenoidal abscess, resulting from middle ear disease, and was opened in the usual way. The aphasia did not exist before, but came on after the operation. There was paraphasia, but no word-deafness or visual aphasia. There was considerable amount of amnesia, especially for nouns. The symptoms pointed to a lesion between Broca's convolution and the motor fibres. The patient eventually got worse, and died with symptoms of compression. At the post mortem, secondary abcesses were found in various parts of the brain, but none in the situation indicated by the symptoms.

EDINBURGH OBSTETRICAL SOCIETY.—*Wednesday, 11th January* 1899.—Dr. HALLIDAY CROOM, President, in the chair. The PRESIDENT, Professor SIMPSON, Dr. MILNE MURRAY, Dr. J. W. BALLANTYNE, and Dr. FORDYCE showed specimens.

COMMUNICATION.—Dr. PONDER read a paper on "Instrumental Assistance in Parturition." He held that instruments should be used in practically every case, but held that the object of these should be to dilate the passages and not to pull on the child. He endeavoured to

show that the forceps was an unscientific instrument, and that their chief action—that of traction—was harmful. The proximal part of the blades might be useful for dilatation, but the distal were harmful in compressing and pulling on the child's head. Dr. Ponder showed an instrument he had devised but had never used, whose action was to dilate the passages in front of the advancing head. The paper was adversely criticised by nearly all the fellows present.

ROYAL MEDICAL SOCIETY.—*6th January* 1899.—Dr. SIMPSON in the chair.—Mr. A. G. MILLER described a simple method of reducing dislocation of the shoulder. The surgeon abducts the upper arm to the level of the shoulder, the fore-arm being horizontal and at right angles to the humerus, and then performs internal rotation of the level of the humerus by dropping the hand. The action of the muscles and the locking of the head of the humerus with the lip of the glenoid are thus overcome practically without any force.—A dissertation on chloroform sickness by Dr. T. A. Ross was read by Dr. GOODALL, in which the causes, prevention, and treatment were fully discussed.

13th January 1899.—Dr. M'NAIR SCOTT in the chair.—Dr. MACLAGAN showed two children (brother and sister) suffering from Friedreich's ataxia. The absence of sensory phenomena, although the disease is due to a gliosis or sclerosis of the posterior and lateral columns, gave rise to some discussion.—Dr. STRUTHERS read a dissertation by Dr. COLMAN on Pott's disease, in which he fully discussed the pathology, symptoms, and treatment.—Mr. MACKIE described a case of missed abortion, and showed specimen.

20th January 1899.—Dr. COOPER in the chair.—Dr. FORDYCE showed typical cases of locomotor ataxia and progressive muscular atrophy, also a somewhat obscure case of facial paralysis.—Dr. WATERSTON brought forward for diagnosis a man with most of the left shoulder and arm or forearm muscles paralysed, the result of a fall from a dog-cart on the shoulder. Patient's neck was severely strained. The exact localisation of the lesion was discussed. Dr. Waterston regarded it as probably located in the fifth or sixth cervical nerves close to the column. —Mr. PAULIN gave a demonstration on Dr. Ford Robertson's platinum method of cortical staining. The method promises to be one of importance in neurology.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—*9th January* 1899.—Dr. FLEMING in the chair.—Dr. FINLAYSON showed specimens from a case of primary sarcoma of the stomach in a young child. Though the number of white blood corpuscles was increased, and the spleen large enough to be felt, a leukæic cause was doubted.—Mr. MAYLARD showed—(*a*) Specimen of a cyst from the bowel wall, distended with a pale yellow, granular, viscid fluid, which, when examined under the microscope, was seen to be composed almost entirely of granular fatty particles with here and there crystals of cholesterin. The cyst completely blocked the canal. (*b*) Specimen of an adventitious diverticulum of the sigmoid flexure, from a case of intestinal obstruction, caused by a band which had passed from the apex of this diverticulum to the jejunum. The jejunum was free from any permanent pouching at the point of attachment to the band.—Dr NAPIER showed the parts from a case of disseminated sarcoma, appearing primarily in the ovaries.