

REPORTS OF THE MEDICAL SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—*2nd February 1898.*—Dr. JOSEPH BELL, Vice-President, in the chair.—Dr. ALLAN JAMIESON showed—(1) A case of favus cured by sulphur and *pix liquida*; (2) a case of syphilis with peculiar pigmentary developments. Dr. NORMAN WALKER showed—(1) A case of lichen planus; (2) a case of syphilis. Dr. GIBSON showed a specimen of tricuspid and mitral stenosis. Dr. H. LITTLEJOHN showed—(1) Specimen from a case of dislocation of the third and fourth cervical vertebrae; (2) specimen from a case of cut throat in which the dura mater of the spinal canal had been injured; (3) the stomach and œsophagus from a case of carbolic acid poisoning. Dr. W. RUSSELL showed—(1) The heart from a case of acute endocarditis; (2) perforated gastric ulcer. Mr. COTTERILL showed—(1) A large oxalate of lime calculus, which gave rise to very few symptoms; (2) a specimen of Meckel's diverticulum, which caused intestinal obstruction.

Dr. DAWSON TURNER then read a paper on "The Localisation of Foreign Bodies by means of the Röntgen Rays." He described the method used by Dr. Mackenzie Davidson. This consists in taking two photographs on one plate—the first being taken, the tube is moved horizontally a certain distance, and the second taken. A line is drawn from the first position of the tube to the first shadow, and a second from the second position to the second shadow. The point where these cross gives the position of the foreign body. Dr. Turner adopts a similar method, but uses three measurements—(a) The distance of the tube from the plate; (b) lateral displacement of the tube; (c) distance between the images on the plate. The unknown distance (x) of the body from the plate is obtained by the following formula:— $x = \frac{a \times c}{b + c}$. Dr. Turner also showed an adjustable focus tube, in which the one pole could be made to approach or move away from the other by means of an electro-magnet.

EDINBURGH OBSTETRICAL SOCIETY.—*Wednesday, 9th February.*—The President, Dr. HALLIDAY CROOM, in the chair.

SPECIMENS were shown by the PRESIDENT, Professor SIMPSON, Dr. BALLANTYNE, Dr. CHURCH, and Dr. ANGUS MACDONALD for Dr. BREWIS.

COMMUNICATIONS.—The PRESIDENT read a paper on "Senile Uterine Catarrh." At the outset he remarked that the subject was an important one, and that a due appreciation of it would save many women from the risks of vaginal hysterectomy. He recorded three cases, one to illustrate each of the three types of the disease which were met with. In his experience these were—(1) Those in which the discharge was muco-purulent and offensive; (2) those in which the discharge was frequently blood-stained; and (3) those in which hæmorrhage was the most marked, if not the only local symptom. In all cases there was also marked emaciation, and even cachexia, with progressive invalidism. With regard to treatment, he found the best results from rest, hot douching, the application of escharotics to the cavity of the uterus, and

occasionally from curettage, while arsenic and strophanthus should be administered internally.

Dr. FORDYCE read a communication on "Intra-uterine Typhoid Fever." He saw a woman, aborting at the fifth month, *in articulo mortis* from typhoid fever. He hastened delivery by turning, but the woman died eighteen hours after. The foetus had obviously been alive up to the time of labour. On careful dissection, no lesions indicating typhoid were found; but from the spleen, intestines, kidney, and placenta pure cultures of Eberth's bacillus were got. The blood serum and a small quantity of serum from the peritoneal cavity gave Widal's agglutinative test very characteristically. The bacilli were not found in the tissues on microscopical examination. All the bacteriological experiments were carried out most carefully, to avoid all possibility of error. He concluded his paper with a discussion on the passage of bacteria through the placenta from the maternal to the foetal blood.

ROYAL MEDICAL SOCIETY.—14th January 1898.—Dr. T. A. ROSS in the chair.—Dr. G. L. CHIENE gave a dissertation on the "Surgery of the Lung." The circumstances under which surgical interference could now be resorted to were for abscess, for bronchiectasis where there was only a single cavity, and for localised gangrene. When the surface of the parietal pleura had been reached, the surgeon had to decide whether it was adherent to the visceral layer or not. If no adhesions existed, they had to be created before the operation could be proceeded with. Various methods had been adopted, such as a continuous circular deep suture, but they admitted the entrance of air. To obviate this difficulty, Dr. Chiene recommended keeping the two layers adherent by suction, and the production of the adhesions by the injection of an irritant.

Dr. COOPER made a communication on the value of Walcher's position in midwifery. The increase in the diameters at the brim caused by the adoption of this position had relieved the impaction in two cases in which he had adopted it.

Dr. T. A. ROSS showed a specimen of mitral and tricuspid stenosis, and described the case from which it was obtained.

21st January 1898.—Dr. A. H. BALLANTYNE in the chair.—Dr. ALEXANDER JAMES delivered a lecture on "The Causation of Disease." He considered cell life. Metabolic activity was much greater during early life and diminished as age advanced. Malignant tumours were the result of adult tissues taking on the metabolic activity of the embryo; Cohnheim's theory was, that it was the result of embryonic rudiments which remained in the tissues. Probably, however, any tissue was capable of becoming a tumour, the causation of tumour growth being impaired nutritive power.

Mr. D. WARDROPE gave a communication on a case of atresia ani simplex.

Mr. A. M'INTOSH described the case of a lad, *æt.* 17, who had suffered from fracture of both bones of the lower third of the leg, which was followed by gangrene. Amputation was successfully performed.

28th January 1898.—Dr. G. L. CHIENE in the chair.—Dr. HOPE FOWLER showed a child, *æt.* 8, with double untreated subluxation of the

heads of both radii. The arms were in the prone position. There was no power of supination.

Mr. R. F. M'NAIR SCOTT gave a communication on "Some Notes of the Surgical Out-Patients at the Sick Children's Hospital." He discussed some of the diseases due to parasites, and those which were due to hypertrophies. In all cases of dry caries, psoas abscesses should be examined for carefully, as they might be present without the usual symptoms.

Mr. HENRY WADE gave a communication on a case of retroperitoneal sarcoma, causing complete obliteration of the inferior vena cava, in a man *æt.* 61, who had been troubled with dyspeptic symptoms and a gradually enlarging abdomen, with dilated superficial veins, which carried on the compensatory circulation. Examination revealed a resistant mass in the right lumbar region. The post-mortem specimens and sections of the tumour—a large spindle-celled sarcoma—were shown by Mr. Wade.

4th February.—Dr. E. E. PORRITT in the chair.—Mr. HENRY WADE showed an old print of a double monster—a case of thoracopagus parasiticus.

Dr. ARMOUR gave a communication on a case which presented considerable difficulty in diagnosis, but was probably a tumour of the pancreas. Salol was administered as a diagnostic, and no carbolic acid was eliminated in the urine. He also read a case of movable kidney.

Dr. A. H. BALLANTYNE gave a communication on the case of a woman, *æt.* 30, who suffered from dizziness and sickness, followed by unconsciousness. When consciousness returned she was noticed to be suffering from aphasia and hemiplegia. On the second day abortion occurred. Power of motion and speech are gradually returning.

Dr. GOLDIE gave a communication on vaginal hysterectomy. He described the various conditions in which this operation is performed, and gave a demonstration of the instruments used in, and the various specimens obtained by, this operation.

11th February.—Dr. T. A. ROSS in the chair.—Dr. STRUTHERS showed a man with locomotor ataxy, following specific infection, and tabetic club-foot. The condition had come on rapidly after a slight injury. The swelling implicated the tarsal bones, with the exception of the astragalus and os calcis. It was painless to touch. The Argyll Robertson pupil was present.

Mr. F. S. L. ROSE gave a communication on "Infantile Diarrhoea," and described a number of cases. In those fed on artificial foods this condition occurred with much greater severity. The composition of the fæces depended on the bacteria swallowed. Hand-feeding with cow's milk was a very frequent cause of this condition, especially in summer, the decomposition products or ptomaines producing intestinal catarrh. The great prophylactic was feeding with breast milk from a healthy mother.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—*7th February* 1898.—Dr. DONALD FRASER (Paisley) in the chair.—Dr. R. M. BUCHANAN showed specimens of anthomyia canicularis and acarus folliculorum. The occurrence of anthomyiæ larvæ in the human subject is rare, and is frequently overlooked. According to Küchenmeister, there are 200 species in Europe. The eggs are deposited in decompos-

ing matter; the mature form frequently appears in flowers, and is recognised by its maggot form, dorsal spines, and stalked breathing tubes. The patient from whom the specimens were obtained was a man of intemperate habits. While under the influence of liquor he ate all manner of garbage. No symptoms could be ascribed to the presence of the larvæ. They have been known to pass into the bowel when at stool. The ordinary town closet was frequently used by this man, but his mode of living might have had something to do with their presence. The specimens of acari were obtained from a child, who was brought to the dispensary on account of an eruption in the chest, neck, and temporal region. Dr. Buchanan finds it difficult to accept the statement that the parasite is of no pathological significance whatever. Its effects are seen in the lower animals in definite lesions. In the dog it produces mange, and hides are frequently valueless on account of deep pits produced by aggregations of this parasite.

Mr. MAYLARD showed a specimen of adherent coils of intestine from a case of strangulated hernia. The hernia was cut down upon and reduced. The obstruction was relieved, the bowels moving freely after the operation. Some days after, broncho-pneumonia developed, and the patient died. It was found that the strangulated portion formed part of a mass where three separate coils of intestine were glued together, but not sufficient to give rise to symptoms of obstruction.

Dr. WORKMAN showed and described the following specimens:—

(a) A sarcoma from the neighbourhood of the pancreas, with secondary disease of the liver, in a child *æt.* 4, with jaundice of eleven weeks' duration, and pain in the epigastric region. Distinct alcoholic history, the mother giving sips of spirit to the child for three months, with suspicion of its administration for some time previously. The liver was greatly enlarged, and smooth in outline. No ascites; no œdema. At the post-mortem the tumour was found to have originated in the neighbourhood of the pancreas, and to have secondarily involved the liver, mostly along the borders, which had a remarkably frilled appearance. Dr. Workman inclined to the view that the tumour had originated in a lymphatic gland, as it resembled a mediastinal gland tumour, and was an alveolar sarcoma. (b) Masses of a straw-like character from the stomach and intestine of a girl, *æt.* 19. There was nothing in the history suggesting its existence. Evidence of diffuse general peritonitis, due to a perforation of the ileum, was found. The stomach was much distended with gas, and contained a quantity of straw-like material, $11\frac{1}{2}$ oz. in weight, and rolled into the shape of the stomach cavity. This had probably been formed by the patient swallowing small quantities of the material from time to time.

Dr. T. K. MONRO showed the temperature chart from the following case:—Acute rheumatic polyarthritis, pneumonia, hyperpyrexia. Treatment by cool baths, and afterwards by continuous warm bath. Recovery; slight bilateral ulnar neuritis.

Dr. JOSHUA FERGUSON showed a specimen of cerebellar hæmorrhage from a case of sudden death. The head was alone examined. There was distinct evidence of aneurysmal dilatation of the posterior-inferior cerebellar artery.

FORFARSHIRE MEDICAL ASSOCIATION.—This society met on 4th February in the University College, Dundee, Dr. ALEXANDER CAMPBELL, President, in the chair. Dr. DON showed a lad with a peculiar eruption over the thigh and leg, following the distribution of the cutaneous branches of the sciatic and the musculo-cutaneous. There were crops of papules, with marked pigmentation and itchiness.

Dr. MACKIE WHYTE showed two hearts, the one with clots in superior vena cava and left subclavian vein, the other with a large left auricle.

Dr. GUILD read a paper on nasal obstruction, showing that nasal obstruction affected the upper part of the respiratory system, and that hypertrophy of adenoid tissue would recur after removal, if an anterior cause of obstruction were not removed. The symptoms produced depend on the amount of obstruction, and on constitutional peculiarities. He described the symptoms produced by different causes of nasal obstruction, as well as indications for treatment, which depend on the symptoms and occupation of the individual. Removal of the cause is indicated in all cases where there is any deafness from implication of the Eustachian tubes, chronic bronchial or asthmatic symptoms.

He advocated cocaine and the electric cautery as most efficient in treatment. The object of treatment is to obtain painlessly the maximum amount of relief with a minimum amount of destruction of tissue.

Dr. MACVICAR read a case of visual aphasia and amnesia verbalis in a young man, whose head struck the edge of a dresser on the right parietal eminence. After recovery from this, he was unable to read, but gradually improved, and was able to read aloud and write to dictation short words before he could recognise letters. He understood written speech subsequent to being able to read aloud. He could read simple sentences in fourteen days, and numerals in nineteen days, after the injury. The lesion was supposed to be of the nature of a hæmorrhage, due to contre-coup over the left angular gyrus, and possibly affecting the supramarginal and posterior part of the third temporo-sphenoidal convolutions.

Dr. KYNOCH read notes on a case of labour complicated by ovarian tumour, subsequently removed by operation. Reference was made to the treatment of this complication during pregnancy and labour. Ovariectomy was performed a few months after the last confinement, the tumour proving to be a dermoid cyst.

Dr. MACKIE WHYTE showed a case of congenital diplegia, and gave notes of the case. It was that of a man æt. 48, and 4 ft. 5 in. in height. The trunk is short, measuring 21 in. from the top of the sternum to symphysis pubis; $34\frac{1}{2}$ in. round the chest. The ribs on both sides are close to the iliac crest. The patient is unable to feed himself. The movements of the arm are chiefly adduction of arms across the body, at the shoulder-joint. The arms are small, are both rotated inwards, and the hands are in a state of pronation—the backs look downwards in erect posture, the thumbs lie across the palms. The lower extremities are poorly developed; the feet are in position of talipes equino-varus. The joints are all freely movable. There is a scoliosis of the spine, most marked in lower dorsal vertebræ. The patient is quite intelligent. Dr. Whyte stated that Dr. Sarah Macnutt had shown a meningeal hæmorrhage at birth to be the cause of this disease.