

## REPORTS OF THE MEDICAL SOCIETIES.

EDINBURGH OBSTETRICAL SOCIETY.—*May 8, 1901.*—Dr. HAULTAIN, Vice-President, in the chair. SPECIMENS.—Dr. J. W. BALLANTYNE showed two deformed pessaries.—Dr. HAIG FERGUSON showed two cystic papillomata of the ovary.—Dr. HAULTAIN showed—(a) Gravid uterus, with fibromyoma, removed by abdominal hysterectomy; (b) thin-walled dermoid ovarian tumour, which had ruptured on three occasions previous to removal. COMMUNICATIONS.—Professor CAMPBELL KYNOCH read a note on “Primary Carcinoma of the Female Urethra.” He first of all classified the various forms of urethral tumours, and specified the varieties of malignant growths which are found. He referred to the literature of the subject, and pointed out that carcinoma of the urethra as a primary condition was extremely rare. The treatment was not satisfactory, as recurrence was very frequent. He then narrated a case which had recently come under his observation and management.—Dr. J. B. BUIST read a paper on “The Art of Vaccination.” He first of all discussed the best methods of operating, and condemned punctures, lacerations, and abrasions. He preferred a series of small incisions, and advocated the production of *four* marks of definite area—each two lines square. He strongly disapproved of what he called the “usual Edinburgh method”—the production of one or two marks. Dr. Buist showed various instruments which had been devised for vaccination. The majority of these he condemned as barbarous or as unsatisfactory. He then discussed the composition and action of vaccine materials, and pointed out that the admixture of glycerin attenuates the protective power of vaccine, and that it is only temporarily protective. Hence, periodic general revaccination had become necessary.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—*May 1, 1901.*—Mr. A. G. MILLER, President, in the chair.—Dr. NORMAN WALKER showed—(1) A case of lupus; (2) a case of rodent ulcer, both of which had been much improved by X-ray treatment; (3) a case of Bazin's disease.—Mr. SHAW M'LAREN showed Schlagintweit's cystoscope.—Dr. J. V. PATERSON gave a lantern and microscopic demonstration of slides, illustrating eye diseases.—Dr. W. RUSSELL read a paper on “Arterial Hypertonus and Arterio-sclerosis: their Relations and Significance.” The term arterio-sclerosis is somewhat loosely applied by various writers, and under it we find included such conditions as atheroma, generalised arteritis, and compensatory hypertrophy of the tunica intima after dilatation. This latter condition is probably brought about by the elasticity of the vessel wall being reduced by various causes; as a consequence the vessel dilates, and the stream is retarded; the intima then thickens to restore the lumen to the normal, and so the rapidity of the flow is restored. Atheroma is a primary disease of the tunica intima. Dr. Russell is of opinion that arterio-sclerosis is a generalised affection of arteries, consisting in—(1) thickening of the tunica media, (2) thickening of the tunica intima without atheromatous degeneration, and (3) occasional thickening of the tunica adventitia. The thickening of the intima is not, according to Dr. Russell, compensatory to dilatation of the vessel. It frequently goes on to complete occlusion of the lumen, and does not stop short of compensation. Arterio-sclerosis is recognised clinically by examining the radial artery. The thickening is uniform, unlike atheroma, which

is patchy. The pulse may be of high tension, but it may be of low tension, and this should be carefully noted. The artery may be relaxed or in a state of spasm. Hypertonus is a prolonged increased contraction of the vessel wall. It usually causes increase of tension, if the ventricle be healthy. It occurs in both normal and sclerosed arteries, and at all ages. In the healthy it raises the blood pressure, but in old persons it does not, and often precedes heart failure. It is due to auto-intoxication, from errors in diet, and in all diseases where there is absorption of deleterious substances. It leads to hypertrophy of the muscle in the tunica media, sclerosis following later. Hypertonus is got rid of by the administration of nitrites. The changes in the calibre of the vessel before and after the administration were measured, and in several cases of arterio-sclerosis a marked difference was observed. Arterio-sclerosis may affect the arteries outside the kidney, without there being corresponding changes in the kidney vessels.

*Clinical Meeting, May 15, 1901.*—Mr. A. G. MILLER, President, in the chair.—Dr. BRUCE showed—(1) A case of paralysis of the brachial plexus; (2) a case of disseminated sclerosis.—Dr. BYROM BRAMWELL showed—(1) A case of a peculiar form of muscular atrophy; (2) a case of syringomyelia.—Dr. E. CARMICHAEL showed a patient with a hypertrophic condition of the integument, probably due to distended lymphatics.—Mr. CAIRD showed—(1) A patient from whom he had removed the pylorus twenty-one days before; (2) a patient after jejunostomy.—Mr. ALEXIS THOMSON showed a patient after enterectomy, for multiple tuberculous stricture of the small intestine.—Dr. FRANCIS BOYD showed a patient with stenosis of the pulmonary valve.—Mr. STILES showed a boy, after operation for idiopathic cerebral hæmorrhage.—Mr. COTTERILL showed—(1) A patient with a rodent ulcer of the face, under treatment by the X-rays; (2) a case of joint affection in a hæmophilic patient.—Dr. SCOT SKIRVING showed—(1) A brain, showing track of a Mauser bullet; (2) brain from a case simulating rupture of the middle meningeal artery; (3) specimens illustrating the effect of bullet impact; (4) stomach eight days after operation for perforation; (5) large perineal tumour (5 lb.), with photographs.—Dr. BRUCE showed microscopic specimens and photographs of—(1) Progressive muscular atrophy; (2) amyotrophic lateral sclerosis; (3) glioma of pons.—Mr. CAIRD showed—(1) Tumour of pylorus; (2) vesical calculi; (3) vesical papillomata.—Mr. ALEXIS THOMSON showed—(1) Two feet of small intestine, showing four tuberculous strictures; (2) form of syringe for iodoform injections, etc.—Dr. LOGAN TURNER showed—(1) Two casts showing congenital malformation of the auricle; (2) larynx from a case of primary laryngeal diphtheria.—Mr. STILES showed—(1) Intestines from a case of so-called idiopathic distension of the colon; (2) sarcoma of the testicle from a child æt. 8 months.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—*May 13, 1901.*—Mr. HENRY E. CLARK, President, in the chair.—Mr. A. E. MAYLARD showed a man, æt. 22, on whom he had performed colo-colostomy, for a stricture near the sigmoid flexure. He considered the stricture as resulting from a tuberculous ulceration, followed by cicatrization. The anastomosis was made by attaching the sigmoid below the stricture to the dilated descending colon. No mechanical aids were employed. Mr.

Maylard read notes of a case of multiple tuberculous stricture of small intestine, for which he had done a jejuno-colostomy. The patient was a girl, *æt.* 18, and although much relieved by the operation, she was going downhill from starvation.—Dr. JAMES LAWRIE (Greenock) showed a man on whom he had operated for ruptured traumatic aneurysm of the femoral artery, at the apex of Scarpa's triangle. He had excised the aneurysm, after temporary ligatures had been applied to the artery above and below the lesion. The patient, a man, *æt.* 44, had a history of rheumatic fever and syphilis.—Dr. HENRY RUTHERFORD showed, for Dr. NEWMAN—(1) Resonator for detecting calculi in the lower end of the ureter; (2) Harris's urine segregator; and (3) Schlagintweit's cystoscope.—Prof. MUIR, Drs. E. J. PRIMROSE and LAWRIE, showed specimens.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—*May* 3, 1901.—Dr. MIDDLETON showed a typical case of gout in a man, *æt.* 65. The first attack occurred twenty-five years ago. There was an interval of five years between that and the next one. The intervals have gradually become shorter, and now the attacks occur once a year or oftener. Up till the first attack the patient had taken no alcohol except beer, and that in moderation.—Dr. LESLIE BUCHANAN read "Notes on Iridiræmia, with Remarks on Histological Examination of Cases." Iridiræmia (absence of iris) was either (1) congenital, (2) the result of injury, or (3) the result of prolonged pressure. Congenital iridiræmia was usually bilateral and moderately hereditary. The traumatic form was, as a rule, the result of severe injury. The origin of iridiræmia from pressure was difficult of discovery. The iris was rarely completely absent. Instances of the various kinds of iridiræmia were then given.—Dr. MIDDLETON and Dr. NEWMAN gave an account of some cases of ruptured gastric ulcer.—Dr. ERNEST THOMSON read notes of a case of unilateral acute retrobulbar optic neuritis, probably due to chill, and followed by recovery. The patient, a young lady, *æt.* 21, complained of having become almost blind in the left eye, in the course of three or four days. The fundus changes were not marked. The veins were over-full, but there were no hæmorrhages. The treatment was by mercury and potassium chloride and blisters to the temple.

*May* 10, 1901.—Dr. NEWMAN showed, along with Dr. FULLARTON—(1) A case in which a large epithelioma of the larynx was removed by thyrotomy. The epithelioma grew from the right vocal cord, and there was a suspicion of disease in the left vocal cord. All the soft parts down to the cartilages were removed. (2) A case of cystic disease of the thyroid, where spontaneous cure followed the formation of an abscess. The tumour was tapped, and this was followed by increase of swelling and pain, probably due to hæmorrhage. About six months later the swelling increased enormously. An incision was made, and pus evacuated, after which recovery followed.—Dr. J. G. CONNAL showed—(a) A man with multiple exostoses of both external auditory canals. Complaint was made of loss of hearing. Cerumen was found in both ears. After removal of the cerumen the patient heard much better. Nothing was done to the exostoses. (b) Two cases of extensive cicatrization of the pharynx, one from sloughing of the tonsils after scarlet fever; the other from secondary syphilis.—Dr. EDINGTON showed microscopic sections of a tumour mass in a cat. The tumour was found to be an alveolar carcinoma.