

## REPORTS OF THE MEDICAL SOCIETIES.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—*December 5, 1900.*—Mr. A. G. MILLER, President, in the chair.—Dr. BYROM BRAMWELL showed a case of tabes in which the toe reflex (Babinski's sign) is extension instead of flexion, the explanation of this being that the patient had had an attack of hemiplegia which had caused considerable wasting of the flexor muscles.—Dr. M'KENZIE JOHNSTON showed, for Mr. ALEXIS THOMSON, a patient, æt. 24, after complete excision of the larynx for epithelioma (with specimen and microscopic slide of tumour).—Mr. STILES showed—(1) A boy after removal of large simple lymphoma of the neck (with specimen), (2) a girl six months after amputation at the hip and removal of the greater part of the innominate bone for tuberculous disease. A skiagram of the pelvis by Dr. RAINY was shown.—Dr. ELDER showed—(1) Brains showing four different seats of cerebral hæmorrhage, namely, into the internal capsule; into the external capsule and through the temporo-sphenoidal lobe to the surface; into the tip of the temporo-sphenoidal lobe; into the cortex of the occipital lobe; (2) tumour of the dorsal vertebræ pressing on the spinal cord, from a case of paraplegia.—Dr. BRAMWELL showed—(1) A large tumour of the motor centres and centrum ovale; there was no paralysis, but reaction to the faradic current was quite abolished; (2) a skull-cap from a patient who died three months after the operation for trephining in a case of cerebral tumour.—Dr. D. C. WATSON showed a thermal bath cabinet for home use.—Professor CHIENE read a paper on "Experiences in South Africa." It appears in this number of the Journal.

SPECIAL CLINICAL MEETING, *December 19, 1900.*—Mr. A. G. MILLER, President, in the chair.—Dr. M'KENZIE JOHNSTON showed a patient with a large neoplasm situated in the left tonsil.—Dr. BYROM BRAMWELL showed—(1) A case of aneurysm of the thoracic aorta, successfully treated by iodide of potassium; (2) three cases of tabes, in which great improvement has resulted from the treatment by co-ordinated exercises (Fränkel's method).—Mr. ALEXIS THOMSON showed a patient showing the result of resection of the middle two-thirds of the tibia for central abscess.—Mr. SHAW M'LAREN showed—(1) A case of psoas-abscess after treatment by iodoform emulsion injection; (2) a patient with tuberculous wrist treated by iodoform emulsion injection plus congestive treatment; (3) patient after complete removal of the tongue and glands on both sides of the neck for cancer two years ago.—Dr. NORMAN WALKER showed—(1) A case of morphœa; (2) a case of favus.—Mr. STILES showed—(1) A patient after operation for ruptured gastric ulcer, five hours after rupture; (2) complete avulsion of the scalp, showing result of skin grafting; (3) infant 3 months old, after removal of large occipital meningocele 16 in. in circumference (with specimen); (4) infant 4 months old, after operation for acute intussusception; (5) a boy with paralysis of the right gluteus maximus, the result of acute anterior poliomyelitis.—Professor ANNANDALE and Dr. BRUCE showed a case of paralysis after removal of twelfth dorsal lamina.—Dr. ALLAN JAMIESON showed microscopic specimens from the case of cervical skin tumours shown at the November meeting.—Mr. ALEXIS THOMSON showed the deformed shaft of a tibia showing two

circumscribed (Brodie's) abscesses in its interior, the result of an antecedent osteomyelitis.—Mr. SHAW M'LAREN showed—(1) A recent Pott's fracture; (2) radiograph of fractured internal condyle of humerus, lodged between humerus and ulna; (3) radiograph of fracture of astragalus, with sub-astragaloid dislocation of foot forwards.—Mr. STILES showed—(1) Portion of hat-pin ( $3\frac{1}{2}$  in. long) removed from the male bladder by suprapubic cystotomy; (2) brain showing abscesses secondary to an injury to the head; (3) congenital fatty tumour from the axilla of an infant.—Dr. HARVEY LITTLEJOHN showed—(1) Brain from a case of apoplexy, partial recovery; suicide by cut-throat six weeks afterwards; (2) cut-throat from above case; (3) complete rupture of small intestine from a simple fall; (4) double uterus; (5) specimen of acute inflammation of the stomach.

EDINBURGH OBSTETRICAL SOCIETY.—*December 12, 1900.*—Dr. MILNE MURRAY, President, in the chair.—SPECIMENS.—The PRESIDENT showed—(a) Dermoid ovarian tumour and ovary with recent corpus luteum, (b) myoma of rapid growth removed by hysterectomy.—Dr. BREWIS showed—(a) fibro-cystic tumour of the broad ligament, (b) uterus removed for cancer of the body, (c) ovarian abscess and pyosalpinx, (d) fibro-myoma removed by subperitoneal hysterectomy.—Dr. HAULTAIN showed—(a) Omphalopagus twin monster, (b) fibroid uterus removed by pan-hysterectomy, (c) cancerous uterus removed by vaginal route from a patient *æt.* 29, with curious obstetric history, (d) extra-uterine gestation removed by laparotomy.—Dr. SCOTT MACGREGOR showed a uterus removed by vaginal hysterectomy for early cancer of the cervix.—Dr. BARBOUR SIMPSON showed a pessary which had been retained for fifteen years in the vagina.—Professor SIMPSON showed a ruptured ovarian cystoma. COMMUNICATIONS.—Dr. MUNRO KERR (Glasgow), read a paper on "Spoon-shaped Indentations in the Skulls of the New-born, with illustrative cases, and a new method of treatment for the immediate relief of the deformity." He pointed out that French obstetricians had always given greatest attention to this subject, while in Britain little notice was taken of it. Dr. Kerr considered the causation of the accident, and pointed out that it was chiefly due to a fault on the part of the maternal bony passages. In Glasgow it was not uncommon, because of the frequency of flat rachitic pelves. He discussed the prognosis of the cases, and described the operative treatment usually adopted. In conclusion, Dr. Kerr described the treatment he had adopted with marked success in some cases. It was very simple and speedy, and consisted merely in the compression of the head, generally antero-posteriorly, which resulted in the springing out of the indentation on the foetal skull.—Dr. MICHAEL DEWAR read a clinical note of a case of eclampsia at the sixth month, with successful labour at full time. He first of all narrated the case, which was that of a primipara, who, at the sixth month, had within a week three series of convulsions. During the first and third there was no albumin in the urine, while in the urine obtained during the second attack of convulsions there was a trace. The patient had, however, all the other symptoms of eclampsia. She got well, and had a normal labour at full time. Dr. Dewar made remarks on the diagnosis, etiology, and treatment of eclampsia.

ROYAL MEDICAL SOCIETY.—*December 7.*—Dr. STUART in the chair.—Dr. L. C. PEEL RITCHIE delivered an address on “Heredity,” giving an account of the views of Darwin and of the later views of Weissman, and showing how the latter’s lead to the conclusion that acquired characteristics are not inherited, and that environment is the more important factor.—Dr. F. S. ROSE read a dissertation on some complications of gonorrhœa.—Dr. HENDERSON read a paper on “Quacks and Quackery.”

GLASGOW MEDICO - CHIRURGICAL SOCIETY.—*December 7, 1900.*—Dr. G. K. LOVE showed two cases of double congenital ptosis, occurring in father and daughter. A boy in the same family was free from ptosis, but a baby girl showed it markedly. In the case of the father, removal of a strip of skin from both eyelids was followed by a good result.—Dr. A. A. YOUNG showed a case of empyema of the gall-bladder in a child 6 years old. There was a swelling in the right epigastric and hypochondriac regions. The skin was reddened and thinned over a small area, and fluctuation was distinct. The swelling was incised, and a large quantity of pus evacuated. A probe, which was inserted into the wound, passed under the edge of the liver, which could be distinctly felt. An examination of the pus showed the presence of bile pigments, mucin, and pus corpuscles, but no micro-organisms. After the wound healed, no enlargement or tenderness of the gall-bladder could be felt. There was no history of gall stones.—Dr. GRANT ANDREW read a paper on “Tuberculous Disease of the Hip-joint, a Critical Examination of Seventy Cases: a Plea for the Founding of a Special Hospital for Hip-joint Disease.”—Dr. LINDSAY STEVEN showed a specimen of cerebellar tumour from a boy 9 years old, in which the chief symptom was daily vomiting of several months’ duration. The ventricles were dilated with fluid. The fourth ventricle was filled with a nodulated tumour growing from the left lobe of the cerebellum. The tumour—a glio-sarcoma—which was the size of a walnut, was also visible at the base of the brain.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—*December 10, 1900.*—The PRESIDENT, Mr. H. E. CLARK, in the chair.—Dr. JAMES CARSLAW showed two patients—(a) A case of peripheral neuritis as a complication of enteric fever; (b) a case of hemiplegia occurring in the course of enteric fever, but probably the result of mitral stenosis.—Professor MUIR gave a microscopical and lantern demonstration illustrating some of the bacteriological features of bubonic plague. In replying to questions, he could not speak authoritatively on the subject of mixed infection. The pneumococcus might be easily overlooked both from its resemblance to some of the forms of plague bacillus, and from the difficulty in making cultures of it in agar media.—Dr. G. T. BEATSON showed a series of skiagrams of tumours connected with bone, and drew attention to the lack of definite information given by the Röntgen rays in such cases.—Dr. A. W. RUSSELL showed a uterus, the seat of multiple myomata. There had been encysted hæmorrhage into the left ovary.—Dr. MUNRO KERR showed as a fresh specimen the lungs and kidneys from a case in which embolism of the pulmonary artery had occurred four days after labour.