constriction was slight but it was distinctly visible between the serous and the muscular coat. The layer of external longitudinal muscle presented changes similar to those described above as occurring in the invaginated portion of the gut. The other coats of the dilated intestine were normal.

Remarkably the child did not become intussuscepted; for it shows that the symptoms of obstruction may reappear and even progress to a fatal issue, although an intussusception in a young child has been completely reduced. The operation in this case was not a difficult one; no undue force was used; the intestine was not injured; there was no peritonitis, and the wound showed every disposition to heal kindly. The digestion of the food and the normal motions for two days after the operation showed that the intestine was capable of carrying out its physiological functions. In no instance this latency of intestinal obstruction again set in, after an interval of nearly forty-eight hours. The complete absence of any cause for the second series of obstructive symptoms leads one to refer the case to that indefinite class known as paralytic ileus. It is rare in children. My opinion for an abdominal section, and it occurs quite apart from any inflammation of the peritoneum. It is well treated by laxatives; and I regret that, as I was away for my Easter holiday when the symptoms arose, I had no opportunity of trying their effect in this case. The individual of the intestine was clean, and the site of the irritation upon the vexed question of the etiology of intussusception. The child’s intestine was clearly liable to paralysis, hence the original attack of intussusception. The invagination being cured, a fresh paralysis occurred, which invaded the bowel until it reached the boundary of the irritation caused by the reduced intussusception. Here tonic contraction of the inflamed bowel occurred and symptoms of acute intestinal obstruction were again produced.

**REPORTS OF SOCIETIES.**

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**

**JONATHAN HUTCHINSON, F.R.S., President, in the Chair.**

**Tuesday, November 26th, 1895.**

**THE POSSIBILITIES AS TO THE LATENCY OF PARASITIC GERMS OR SPECIFICS, SUCH AS IN ANIMAL TUBERCULOSIS, IN HYDROPHOBIA, ERYsipelas, Syphilis, Leprosy, Ringworm, Tuberculosis, Etc.**

**The President, in introducing a discussion on this subject, said that the brilliant results of experimental pathology had greatly widened our views as to the part played by micro-organisms in the etiology of disease. Generally speaking, the introduction of microbes into the host preceded by a short interval the development of specific symptoms, but in a number of instances this interval was greatly increased. The term latency applied only to periods which existed on the part of the micro-organism was going on, and did not include incubation, still less the period of prodromal symptoms. He then illustrated what was meant by latency by the example of a field in which the seeds of poppies had remained absolutely latent for eight years and had then grown. What evidence was there that micro-organisms could retain their vitality in a state of such absolute quiescence, and if so, what were the limits of such latency and what were the conditions governing and determining this phenomenon? The subject of latency had an important bearing on the subject of infection. What appeared to be a fresh infection from without, might in reality be due to latent micro-organisms becoming active. If the micro-organisms of tuberculosis and of erysipelas could be shown to remain latent for long periods, and to be transmitted from parent to offspring, much light would be thrown on the subject of infection generally, and especially on vaccination. Thus what was generally explained as being due to a dirty lancet or to accidental infection of the vaccination wound might in reality be explained by the theory of latency. Occasionally in hydrophobia the interval between inoculation and the development of symptoms was as long as eighteen months; the period of incubation was probably always the same, but the germs remained latent before incubation began. In considering the difficult problems of latency in syphilis, it was necessary to distinguish between true and apparent latency. There were probably many children born with specific taint and individuals primarily infected who never showed any further symptoms; this was apparent latency, for in them the micro-organism had the ability to remain latent for a period of many years. If the primary infection the secondary symptoms were delayed for two or three years this would explain true latency, but it was doubtful if such cases occurred. In leprosy many years might intervene between the onset of the disease and the appearance of the symptoms, the disease not being latent but were still locally infective. This was just the reverse of cancer, where the disease at first local subsequently became generalised. But lupus apparently might after an interval of thirty or forty years recur close to the original lesion; it appeared to be more probably due to latent germs than to re-infection. With regard to erysipelas the incubation period of the streptococcus was short, only a few hours, and there was no evidence that this period was increased in first attacks, but it was possible that the micro-organism when re-introduced might increase its existence by repeated attacks, and that the incipient infection might awake its activity. In elephantiasis the recurrent attacks might be similarly explained. In ringworm and alopecia areata some cases of recurrence of the disease suggested the existence of latency in pathogenic fungi.

**THE BACTERIOLOGY OF LATENCY.**

Dr. Washbourn said that two points in the life-history of bacteria were of interest in connection with latency. The mode of growth of certain bacilli was analogous to the varying incubation period in specific diseases: under favourable conditions growth occurred at once and rapidly reached its maximum, but with the reverse conditions the growth was deferred. The next point was in reference to the resistant forms assumed by bacteria under unfavourable conditions. Spores were well-known examples, but even sporeless bacteria were capable of producing resistant forms. As an example he quoted the pneumococcus. Probably bacteria, when latent in the body existed in this phase of their development. He believed some of the clubbed shapes assumed by the diphtheria bacillus represented resistant forms. The pathogenic bacteria protected themselves against the bacterial influences of the body by means of their toxins. Saprophytic bacteria were devoid of this means of defence, and were destroyed when they came in contact with the body. The experiments of Wysokowitch were quoted. Saprophytic bacteria injected into the veins of animals at once disappeared from the blood and accumulated in the organs, and in twenty-four hours were completely destroyed. The resistant spores of the hay bacillus, however, remained alive in the organs as long as seventy-eight days after inoculation. The difference between "toxic" and "septic" diseases was described. In toxic diseases the chief aim of the body was to protect itself against the action of the toxins, while in septic diseases the object was to destroy or hinder the growth of the bacteria. Both factors were present in all cases of immunity, whether natural or acquired, but either might be the principal mode of defence in either type of disease. The tissues of the fowl were poison proof to the tetanus toxin, and hence the bacilli were destroyed like simple saprophytes. In animals immunised to diphtheria and tetanus the antitoxic substances developed in the fluids of the body annulled the effects of the toxins, but had no influence over the growth of the bacteria. It was for this reason diphtheria and tetanus were latent in the throats of healthy individuals without producing harm. The body was poison proof, but the bactericidal properties were not sufficient to destroy the bacteria. Sometimes, especially in animals immunised to septic diseases, the bactericidal properties of the body increased so much in corresponding as to increase in the antitoxic properties. He quoted the example of hog cholera. Pathogenic bacteria, when introduced into the tissues of immune animals, were sometimes rapidly
destroyed, the pneumaticoeces in forty-eight to sixty hours in the experiments of Embroc. But as a rule destruction was more tardy. A number of instances were given. Trapeznikoff found living anthrax spores in the tissues of a frog 100 days after inoculation, and Welch found living typhoid bacilli in the gall bladder of a rabbit four months after it had been inoculated. Relapsing fever spirochaulas were shot up in the liver in cells of the spleen during the apyrexial stage. The reason why latent bacteria were often missed by microscopical examination might be because they were converted into forms which are not easily recognised. The transformation of cholera vibrios into oval-shaped bodies in Pfeiffer's experiments was quoted as an example. The return of activity of latent bacteria was discussed, and the investigation of Trapeznikoff and of Baumgarten mentioned; also the effect of tuberculin and mallein in awakening into activity latent tubercle and glands. The author mentioned his own experience with latent forms of rabbit septicemia, which were brought into activity by inoculation with other bacteria. The bacteriological evidence of latency of germs in the body was then discussed and a number of examples given. Diphtheritic bacilli, Bacillus anthracis, at a later stage, and streptococci are often found on the mucous membranes of healthy individuals without producing any ill effects. Babes had reported a case of acute glands, probably contracted six years previously; Schtizer one in which the S. aureus had subsistently remained in a bone for thirty-five years. Some of the cases were possibly due to a reinfection, but this interpretation was excluded in cases where living typhoid bacilli had been found in osteomyelitic foci long after recovery from an attack of typhoid fever. Several instances were quoted, of which the most notable were those of Sultan and Burchke. In the one case six years and in the other seven years after an attack of typhoid fever living bacilli were found in bone abscesses.

**Latency of Tuberculosis.**

Dr. J. Kingston Fowler said that he had been asked to state as concisely as possible the pathological and clinical evidence for the belief that it was possible for the specific poison of tuberculous to remain latent in animal tissues. The general argument was for the following reason: Of the cases of tuberculosis, having been arrested, might after a period of quiescence again become active, and that reinfection took place from within. (2) That tuberculosis might be produced by the inoculation of an animal with material taken post mortem from an animal suffering from tuberculosis, that the disease might pass directly from the parent to the offspring, and that in the tissues of the child it might reproduce the disease. The facts stated were chiefly drawn from cases of pulmonary tuberculosis. Reference was made to the frequent discovery of obsolete tuberculous lesions at the apices of the lungs, and to his published work on Arrested Pulmonary Tuberculosis. If recurrence of the disease coincided with changes in the old lesions and recent miliary granulations were first formed around them and spread thence through the lung, it was obvious that the cause of the recurrence of some symptoms pointing to the prevalence of an old lesion, for example, hemoptysis. A case fulfilling these conditions was described. A gentleman, aged 53, had, when a boy of 13, an illness said to have been consumption. With the exception of an attack of pleurisy he had subsequently enjoyed good health. He was of good muscular development, of healthy appearance, and generally regarded as a strong and virile person. In February of the year 1689 he had an attack of hemoptysis. A few days later some fine crackling râles were audible at the left apex. Death occurred in twenty-eight days from acute tuberculosis of the lungs. On post-mortem examination a sharply-defined, yellow, caseous mass of about one pound weighed, occupying the lower lobe. Its capsule had broken down at one spot, and had established a communication between the caseous mass and a bronchus; elsewhere it was intact, firm, and fibrous. Half the mass had disappeared, leaving a small ragged cavity. Recent miliary tubercle was present throughout the upper and lower lobes, and also in the right lower lobe. A precisely similar caseous mass was found at the right apex. It was intact and firmly encapsulated. The inference from the history was that the disease had been dormant in the caseous mass for forty years. A case of acute tuberculous pericarditis was described in which the pericardium alone showed recent tubercle, but at the apices of the lungs old obsolete tubercle was found post mortem, also a calcarea bronchial gland. Tubercle bacilli were found in the pericardial lesion. The period of latency was believed to have been four years, but the case was cited to prove that obsolete lesions are capable of setting up acute tuberculosis. Attention was called to the extreme rarity of acute tuberculous pericarditis apart from general acute tuberculosis, and to the great improbability of primary infection of the pericardium from without. Dr. Sidney Martin's report to the Royal Commission on Tuberculosis was referred to, and a case was described in which inoculation of a guinea-pig with caseo-calcareous material, probably about 200 days old, had been followed by acute tuberculosis; also to some experiments by the same observer, in which inoculation with matter from old pulmonary lesions, found in the bodies of two patients dying from cancer, had not been followed by the production of tuberculosis in the guinea-pigs. The importance attached to the dose in experimental inoculation and in infection of the human subject. The researches of Landouzy and Martin were referred to as proving that general tuberculosis may be produced by the inoculation of material from a focus, the tubercle bacilli in the body being thought to be the source of the lesion. Tubercle bacilli were present in the body of the child. Strands had repeated these experiments, but without success. The theory of Baumgarten was referred to. He believed that direct transmission of the virus from parent to offspring was followed by latency of the tubercle bacilli for several years, and that the virus, when multiplied in the body of the child, would be capable of producing new lesions. In all the cases there were well-marked signs of constitutional syphilis, including an eruption on the nates and snuffles. In all, the diagnosis was typical syphilis, and the patients were shown as such at the Vienna Dermatological Society. In all, the internal lesions were found post mortem to be tuberculous, and not syphilitic. Tubercle bacilli were present. The reasons were stated for the belief that in these cases the infection was through the placenta and not from without. The opinion was expressed that the case of the mother infecting her child was convincing, but no support was given to Baumgarten's view that this is a common mode of infection, and certainly not the most common. The evidence in favour of the possibility of a prolonged period of latency in the child after infection from the mother was considered to be at present defective, but the opinion was expressed that in the future this would be shown to be of far more frequent occurrence than was at present believed. Reference was made to the further development of the virus, namely that it might lie latent for several successive generations, and that a child might have been infected by a tuberculous grandmother, the mother having been free from the disease. Mention was made of the pellagra disease in silkworkers and the insane, as well as of appendicitis and salivary glands, which were considered to give support to this view. The opinion was expressed that it need not be seriously con-
sidered until it had been first proved that the direct trans-
mmission of the disease from mother to offspring was an event
of common occurrence, and that in such a case it was possible
for the virus to lie latent for a long period in the body of the
child. The disease, however, which was thus lying in the
middle of the perineum and in front of the anus, was a
prominent mass of mucous membrane measuring about 1½
inch from before back, and 3½ from side to side. This was very
red and vascular, and protruded when the child cried. A
long right attachment was a slit about half an inch long
which admitted a probe into a long narrow cavity passing vertically
upwards for about 2 inches, in which the probe could not be
moved laterally. This was evidently the mucous membrane
of the bladder, as the urine drained from this surface when
the child was asleep and was driven in jets when it was
cried from the orifices of the ureters, which could then be seen.
Behind this protruding mucous membrane lay the anus,
which easily admitted the little finger, but no abnormality
could be detected in the rectum. The child presented no
other abnormality except that at the upper part of the lobe
of each ear there was a small fibrous prominence. Nothing
abnormal could be discovered on auscultation of the heart,
but the limbs became much cyanosed when the child cried.

CHARCOT'S DISEASE OF JOINTS.

The President showed a woman, aged 38, with symptoms
of tabes dorsalis. Twenty months ago the right foot became
severely swollen, without pain. The mobility of the tarsal
joint was interfered with, and the joint contained fluid. Six
months ago the whole leg became enormously swollen after unmounted exercise, again without pain. At
present the left knee was greatly enlarged, and its ligaments
were lax. It was probably an early stage of Charcot's disease, and
of the class described by Charcot as benign.

One of the toes was said to be sense of pain; he
asked if the President had seen any cases that more closely
resembled rheumatoid arthritis, being accompanied by much
pain.

The President could call to mind one or two cases in which
there was some pain, but none with much pain.

MYOSITIS OSSIFICANS.

Mr. S. Paget showed a child, aged 8, without first
phalanges in its great toes, the ungual phalanges articulating
with the deep surface of the metatarsal bones. The thumbs
were normal. The pectoral muscles were ossified at their
insertions, the latissimi dorsi and the sterno-mastoids were
also partly ossified. A lymphatic vessel in the axilla was
ossified for 3 inches. There was an ossified node on one rib,
and one of the cartilage of the lung was ossified, perhaps, by falls. There was no history of infection, or disease of any
rheumatic or gouty affection in the family.

TWO CASES OF DEFICIENCY OF TibIA.

Mr. Clutton showed a boy, aged 15, who had no tibia, the
fibula being the only bone in each leg. The foot had only three
toes articulated at right angles with the fibula. There was
usual development of the condyles of the femur which
were usually pointed in the absence of the tibia. The patella
did not exist. Both hands were biphalanges. The fingers
were absent from each hand, and the metacarpal bones on each
side of the clavicle were fused together. The boy was able to
separate the digits to an abnormal degree. Mr. Clutton also
passed round a photograph of similar deformity in another
boy, who also had deficiency of fingers. The other patient
he showed was a girl, aged 8, whose feet were at right angles
with the fibula. The patella was small. One foot had four
and the other five toes. She could get about with great
facility, either by a sort of amble or by short jumps.

LIGATION OF FEMORAL ARTERY AND VEN FOR SECONDARY
HEMORRHAGE.

Mr. C. S. Wallace showed a man, aged 29, who had fallen
a distance of 20 feet on to railings, and had driven an iron
spindlet into each side of his thigh. There was nothing
in the wound, having broken off, it remained compressing the femoral
artery and vein, though the femur was not broken.
The removal of the mass left a huge cavity, with the artery and
vein running in front of it. The wound became septic, and
five days subsequently the artery gave way. It was ligatured above and below, and 3 inches of it were removed. The vein also gave way, and was ligatured in two places, and the vessel between was removed. The man had made a perfect recovery, and pulsation in both the anterior and posterior tibials could now be felt.

Mr. MAKINS said that a large part of the man's trousers was driven into the wound with the iron spike; the wound was therefore septic, and the case was something more than ligature of the artery and vein alone, and it was very encouraging.

Mr. THOMAS SMITH said that not many years ago a thigh with such a severe wound would always have been amputated; that was the rule. It was astounding what might sometimes be done in the removal of vessels. He had lately taken away the superficial femoral artery and vein, and the profunda vessels (artery and vein), in the removal of a tumour, and two months afterwards the circulation in the foot had been re-established, and the man had returned to his work.

**Modified Incision for Removal of the Vermiform Appendix.**

Mr. BATTLE showed a patient, aged 18, on whom he had operated for recurrent appendicitis. He had modified the usual incision in order to prevent the subsequent formation of a hernia, which was so frequent a sequel of this operation. He made the incision ½ inch to the inside of the linea semilunaris, and divided the aponoeurosis of the external oblique with the sheath of the rectus. The rectus muscle was then drawn to the inner side, and the posterior layer of the sheath and transversalis fascia exposed, the inner incision not corresponding to the external. The peritoneum was then divided. He was able to get at the appendix very well through this incision, and the result appeared to him to justify the slightly longer time it took. The layers were sutured from behind forwards, and as the rectus was allowed to return to its place, it thus interposed between the internal and external wounds in the abdomen. The procedure seemed, he thought, to hold out better hope of avoiding subsequent hernia.

Mr. CLUTTON said it mattered very little where the incision was made provided (1) it was not in the line of fibrous aponoeuroses, but went through the muscular layers, and (2) that the line of union was made by stitching together the two sides of each layer incised, namely, peritoneum, fibre, muscle, and the adjoining tissues. He had now for two years past seen no hernia follow these operations, though he had watched for it carefully in many cases. An American operator advised that the muscular structures should be divided in their length, so as to be as little damaged as possible.

Mr. BARKER always made the incision through the muscles, and never of recent years had seen a subsequent hernia. It was also important that the cut should be as small as possible, as well as through muscle, and that the surgeon should get to the appendix by the most direct route, wherever that might be.

Mr. BATTLE, in reply, said that this incision did absolutely prevent hernia. He had seen in several cases the formation of hernia after the usual operation, though the patients were perhaps unaware of it.

**Ligation of both External Iliac Arteries by the Transectional Method.**

Mr. MAKINS showed a man, aged 34, who came to him three years ago with a large ilio-femoral aneurism. As he could not be sure of being able to ligature the external iliac artery, he made his incision through the semilunar line, not exclusively through fibrous tissue, and managed to ligature the external iliac vein, and never to adjudge it. The patient was up and about by the forty-seventh day. Within four months of the case, the patient complaining of pain in the groin on the opposite side, where there was a pulsating swelling not so large as the previous one. He took it to be due to gummatous arteritis, and repeated the operation. This time he recovered much more rapidly than on the first occasion. This time he recovered much more rapidly than on the first occasion. In his opinion being established more promptly. He attributed to the ligation of the other external iliac artery having diluted the vessels to some extent. He mentioned that at the first operation he had tied the epigastric artery because it led directly into the sac. The patient had worn a belt ever since and had no hernia, though he was a carpenter and worked hard.

Mr. THOMAS SMITH asked the author which operation, if he were quite free to choose, he would adopt for ligation of the external iliac vessel.

Mr. MAKINS, in reply, said the operation through the peritoneum was the easier; but if quite certain he could get at the artery without wounding the peritoneum he would prefer the other method. He was not sure of being able thus to ligate the artery in the first instance. Later, as the patient had previously done very well, he repeated his first procedure.

**Precocious Puberty.**

Dr. HARRY CAMPBELL showed a lad, aged 14, who had been under observation for upwards of ten years. When he was only 15 months old his mother noticed that hair was beginning to grow upon the pubes, and that the external genitals were abnormally large. At 2 years of age they were fully developed, and had not materially altered during the last ten years. He had from the 4th to the 7th year manifested great sexual excitement, and had frequent discharges of seminal fluid, but Dr. Campbell had never been able to satisfy himself of the presence of spermatozoa. Since then the sexual excitement had been less, probably in consequence of large doses of bromide. The patient was a remarkable case in many respects, in fact, he had the thigh and trunk muscles of a man of 25 or 30. He had been in the habit of being shaved for some years past. His education was defective, because no school would ever take him in.

**Harelip, Cleft Palate, Etc.**

Mr. MORGAN showed a child, aged 3½ years, with marked harelip and cleft palate, together with defective development of the left side of the face, and abnormal formation of the left external ear, on which was an auricular appendage. In addition, he presented a curious band of skin on the left side, in which no muscle could be felt. On the opposite side the trapezius was hypertrophied, and there was a large mass of bone, probably representing a rotated cervical vertebra. The author had endeavoured to unite the palate, but had been obliged to desist by the hemorrhage. The patient was not a bleeder. The soft palate had united well; and Mr. Morgan was about to try to unite the cleft in the lip.

**Medical Society of London.**

Monday, November 25th, 1895. Sir J. Crichton Brown, M.D., F.R.S., President, in the Chair.

The Operative Treatment of Cleft Palate.

Mr. EDMUND OWEN briefly reported the cases of five children on whom he had operated for cleft palate in the spring and summer of this year. The operations had been performed in the St. Helena Home, St. John's Wood, which had the great advantage of being surrounded by a garden into which the children were got almost directly after the operation. His opinion was that cases of this sort did much better in private than in hospital. After operation, probably because they enjoyed the great advantage of being in all cases that were physically fit for it, and he emphasised the importance of having curious teeth, adenoids, and enlarged tonsils cleared out before operation was undertaken. In one of the cases reported a cleft of the soft and of the back of the hard palate was successfully operated on in an infant of 8 months. In another child of 2 years, with a complete cleft which extended through the left intermaxillary bone, operation also proved entirely successful. In another of the cases reported a cleft of the soft and of the back of the hard palate was successfully operated on in an infant of 8 months. In another child of 2 years, with a complete cleft which extended through the left intermaxillary bone, operation also proved entirely successful.
after the prolonged operation under chloroform. All his operations had been done under chloroform, which had been administered by Mr. Davis, partly by a mask and partly by a Junker apparatus. The children were laid on their backs, with the head extended and hanging down over the end of the table. He was strongly of opinion that operations for cleft palate should be performed by preference in the spring and summer, as the light was good, there were no fogs or cold east winds, and no catarrhs or cough, and, moreover, the children could be kept out in the fresh air from the moment that they had recovered from the shock of the operation. He passed until a water-colour drawing of the pharynx of the girl with the 2-inch cleft (made by Mr. A. W. Sanders, of St. Mary's Hospital), which showed an enlarged Luschka's tonsil and a crop of post-nasal adenoids. These growths he had cleared away before attempting to close the palate.

Mr. John H. Morgan said his experience of operating on very young subjects had not been altogether satisfactory, and he did not think the operation could advantageously be undertaken before the expiration of the twenty-fourth month. He added that a child could not have contracted any marked imperfection of speech before 2 years of age, and, moreover, with careful training such defective speech might be prevented for much longer. He agreed that operations in private practice were more successful than those done in hospitals.

Mr. Clutton said the question as to the age at which patients could be operated upon had less to do with the fact of the cleft involving both the hard and soft palate than with the height of the palate and the thickness of the tissues. In an arched palate the flaps could be brought into position without undue tension, but it was quite otherwise in cases in which the palate was horizontal. He himself had operated on several children under 12 months, and he made a point of doing it under 2 years. The voice improved even when the operation was delayed until 25 or 26 years of age; but that, of course, would depend greatly on the antero-posterior diameter of the palate, which might be too short to catch the vibrations. He did not approve of silver wire sutures, he himself using fishgut and horseshair. He had never had any trouble with the soft palate, and did not consider that any precautions were necessary in this direction. He insisted on the necessity of making special incisions for the purpose of ensuring an absence of tension. He was very careful to remove the stitches, often giving an anaesthetic for the purpose.

Mr. D'Arcy Power said he had operated by the flap method during the preceding week, and there was disquieting tension on the stitches.

Mr. Davies-Jullian said he preferred 14 months of age for the operation. His flap method rendered it almost absolutely sure that reunion of the hard palate would take place. He had been less successful in procuring union of the soft, as well as of the hard, palate at the same time. In two recent cases he had succeeded in obtaining complete union of the hard with partial but incomplete union of the soft palate. A third case had proved a failure. He insisted on the fact that he did not exclusively employ the flap method, but in young children he thought it was much more certain. In conclusion, he insisted on the desirability of early operation in these cases, not only to avoid defects of speech, but also to prevent the deformity of the face which otherwise resulted.

Mr. W. Abuthnot Lane insisted on the importance of having plenty of room to work in, to obtain which he himself would not hesitate to divide the united lip if necessary.

Mr. Walsham advised leaving the pairing of the edges until the end of the operation, and free lateral incision in order to prevent tension.

Mr. Kellock observed that it was well to leave the children in hospital at least a week in order for them to become accustomed to their surroundings, and he insisted on the necessity of a close search for other abnormalities prior to operation. He disadvised rectal feeding.

The Distribution of Motor and Sensory Symptoms after Injury to the Brachial Plexus.

Dr. Behvör described two cases of injury to the roots of the brachial plexus. In the first case a man, aged 25, was caught by the right hand in the strap of a gas engine, and thrown off his feet on to his back, two years ago, and was paralysed directly after in all the muscles of his right arm excepting the small muscles of the hand and the flexors of the fingers. Six months later he had lost some power in the latisimus dorsi, serratus 'magnus and pectoralis major—and lost sensation along the outer surface of the arm and forearm, extending from the shoulder to the hand, and involving the thumb, including the thenar eminence and the posterior surface of the index and its metacarpal bone. In the other case a man, aged 40, was last June pitched off a hay cart on to his right shoulder and side of head, and experienced violent pain and lost power in the right upper limb in all the muscles except the small hand muscles, and the flexors and extensors of wrist, with anesthesia along the outer surface of the limb, but less extensive than the former case, and not involving the index finger. The lesion was considered to be in the cervical roots of the brachial plexus. The muscles affected when compared with the lists of other authors of the cervical roots, were such that could be caused by a lesion of the fifth, sixth, and seventh cervical in the first case, and of the fifth and sixth cervical in the second case, and these roots were considered to have been damaged. The prognosis was considered to be much better for lesions of the roots than the cord, so that treatment could be performed with in the former, with a hope of recovery even two years after the injury. The distribution of the muscles supplied by a root of the brachial plexus was considered to be of an anatomical and not a physiological nature.
patient was a primipara, aged 35 years, and the fibroid had not been observed till labour set in. The tumour occupied the pelvis, jamming the lower segment of the uterus against and above the symphysis pubis. An attempt to elevate the obstruction was quickly found to be useless, and Forro’s operation was performed the same afternoon. The child was delivered alive, but the uterus was found to be rapidly distended with a clot of the ordinary extraperitoneal dress and a drainage tube inserted. The patient made a good recovery. Inquiry showed that there had not previously been any suspicion of pelvic mischief; hence it was probable that the changes brought about by pregnancy had been the cause of the tumour as to bring about the grave evil which rendered the above operation necessary.

The President observed that less was heard latterly about Forro’s operation because of the success of Cesarean section, especially in the hands of some well-known operators. He performed what he believed to be the first successful Forro’s operation in this country; nevertheless, he would now choose to do the Cesarean section if the nature of the case allowed it. Although fibroids took on increased growth during pregnancy, it was possible for one to attain a considerable size without being discovered. Thus it had more than once occurred to him to find one for the first time when he put his hand on the abdomen after labour to feel whether the uterus was contracted.

Dr. Cacecxton (Twickenham) said he remembered a case in which he turned a child, and then found a fibroid the size of a fist which had not been observed before. It apparently disappeared during involution, for in a subsequent pregnancy it could not be found.

Mr. MACNAUGHTON JONES, Heywood Smith, and Leth Napier also spoke.

**UNUSUAL COMPLICATIONS IN TWO CASES OF REMOVAL OF THE OVARIAN AND FALLOPIAN TUBES.**

Mr. Skene Kerl, in his paper. The first case was one of a patient, aged 32, suffering from chronic disease of the appendages, which had greatly reacted on the general health. At the operation, when the right ovary had been freed of adhesions and removed, it was found that there was a distinctly localised, irregular swelling, as large as a hen’s egg, behind the head of the colon. His hope was that it was inflammatory; his fear that it was sarcomatous. Six months later there was no swelling to be felt on examination, but there was a little tenderness. This also had disappeared two months later. The patient was seen again, and found in good health. She had no previous history of any disease of the ovary, and the only swelling noticed was due to an abscess in the ovary, in the lower part of the abdomen, which was incised and drained. The patient made a good recovery.

The second case was of a patient, aged 92, who had been operated upon for chronic appendicitis. The appendix was removed and the patient was well. Six months later the patient was returned to hospital, complaining of pain in the right side of the abdomen. On examination, a tumour was found in the region of the right ovary, and the patient was operated upon. The tumour proved to be a growth of the ovary, and the patient made a good recovery.

**GLYCOUSIA COMPLICATING AN OVARIAN TUMOUR AND QUADRUPLICITY.**

This paper, by Dr. J. Halliday Croom, was read, in his absence, by the Secretary. The patient was 53 years of age, and had noticed an abdominal tumour for five months. Being excessively corpulent the early growth was probably masked. When she presented herself at the Royal Infirmary, Edinburgh, her appearance was extraordinary. Her height was 5 feet 4½ inches; her weight, without clothes, a little over 17 stone; and the girth of the abdomen 60 inches. Her complexion was pale, lips cyanosed, with a distinct growth of hair on the upper lip and chin. The urine was not increased in quantity; its specific gravity was 1047, and it contained blood, a little albumen, and much sugar. Urea normal or diminished. All other signs and symptoms of diabetes were absent. It was regarded as a case of glycosuria, probably due to the sugar in the urine being increased by the growth of the tumour and morphine. Laparotomy was performed as the growth was increasing and the dyspnoea urgent. There was found a colloid tumour implicating each ovary; the two together weighed 5½ pounds. The sugar remained practically unaltered after the operation for eleven days. At the end of this time a course of morphine was resumed, which had an immediate effect in reducing the quantity. After ten days the morphine was stopped, and the quantity rapidly restricted. For a fortnight the observation was found; then there was a rapid diminution. Ten days later she was sent home, the urine containing a mere trace of sugar. Two months later a specimen was examined and found to be quite free.

The etiology of the glycosuria was then discussed.

Dr. MacNaughton Jones considered pressure on the portal vein a likely cause of the glycosuria. He thought the hepatic a more likely explanation than the pancreatic, though both might coexist.

Dr. L. Napiers suggested that there were two classes of causes of glycosuria—the mechanical and the nervous. Disturbance in these factors caused variations in metabolism. Morphine and its allies answered well in diabetes, but in glycosuria the group of the bromides was much more efficacious.
WIRING OF THE PATELLA IN A MYXEDEMATOUS PATIENT.

Dr. Gowans showed a patient suffering from myxedema whose patella had been wired for recent fracture. The patient had been exhibited at this Society many years ago as a rare though well marked case occurring in a man. He had undergone a Medical Inquiry in the meantime, but had made no improvement, though the evidences of myxedema were still distinct. In walking along the street he fell violently on his knee, and sustained a simple fracture of the patella. There was great swelling from effusion of blood and fluid in the knee-joint, and the fragments were separated 8 inches. Six days after his accident the patella was wired through a vertical incision, and no drainage was employed. The result could be seen to be quite perfect. Dr. Gowans expressed an opinion that operative treatment should be the rule in fractured patella.

REMOVAL OF A HEMORRHAGIC OVARIAN CYST.

Dr. Gowans showed a woman, aged 58, who came to him with a painful tumour connected with the uterus and fixed in the left fornix. On removing it and finding bloody contents he at first thought of extraterine pregnancy, but a careful examination showed that the thickened tube was not involved in the swelling, which was an ovarian cyst filled with blood.

ECTOPIC GESTATION.

Dr. Gowans showed a married woman, aged 27, and the mother of three children, the last born three years before her illness. Menstruation ceased in March, 1895. Early in May, after severe cramping pains, she had vaginal hemorrhage, which she considered to be normal menstruation. From that time there was more or less hemorrhagic discharge. On May 25th she had a bad attack, fainted, and became collapsed. On May 28th Dr. Gowans saw her, and found a tumour in the middle line in front of the lower abdomen. On vaginal examination a large fluctuating painful mass was found in Douglas's pouch. The os was soft and open. The patient was so ill that no operation could be undertaken then. She afterwards rallied somewhat, but, though in desperate plight, was submitted to operation in the first week of June. The abdomen was quickly opened and emptied of blood and clot, in which floated a three months' fetus. The sac was drawn out and cut off, and the cavity left plugged with gauze and drained by a tube. The tube was removed in forty-eight, and the gauze in seventy-two, hours. The patient, though very ill for a few days, is now in perfect health. In connection with this case, Dr. Gowans exhibited another specimen of extrauterine fetus with its sac which he had removed by operation, and commented upon the very great importance of diagnosis in this class of case.

CASES OF EXTENSIVE OPERATIONS ON THE GENITAS.

Mr. Page showed the following cases: (1) A man who had been brought before the Society a month before with Epithelioma of the Penis, Scrotum, and Inguinal Glands, and now produced him after operation. The inguinal glands on both sides, the penis, scrotum, and testicles had all been removed, and the wound was almost healed. The man's existence had, at least for the time, been made tolerable. (2) A girl of 6, convalescent, and a Solid Ovarian Tumour weighing 7 lb., which had been removed from her abdomen. Microscopically the tumour was fibro-sarcoma. So far as could be ascertained by Mr. Page this was the youngest child who had recovered after removal of a sarcomatous ovary.

RADICAL CURE OF INGUINAL HERNIA.

Dr. Hume showed an interesting collection of cases, not selected because of their success, but to bear out his statements. He had written to twenty-six patients operated on in his ward, and asked them (1) if there were any recurrence, (2) if the testicles felt normal, and (3) if they would come to-night. Of the twenty-six patients nineteen replied; of these, eight were cases operated on by Halsted's method. There were four recurrences; two were done by Macmaken's method, one recurred. Nine were done by the ordinary operation (removal of sac and canal, ligation of the blood-vessels), but two were by the testis. Dr. Hume then described the different methods, detailing his objections to each, and pointed out his conclusions—namely, that failures arose chiefly from the

stump of the sac being left to occupy the internal ring, and that the most important item was to close satisfactorily the internal ring.

PEBBLE'S OPERATION FOR SEVERE CLUB FOOT.

Mr. Black showed a boy, 6 years of age, with photographs of his foot before operation. The patient now walked well without deformity, and the photographs, taken before operation, showed a high degree of talipes equinus varus.

CLINICAL SOCIETY OF MANCHESTER.

A. Wahlrich, M.D., President, in the Chair.

Tuesday, November 19th, 1895.

PRESIDENT'S ADDRESS.

The President delivered a short opening address, pointing out the advantages to be derived from the Society, the steady increase in the number of its members, and from the published annual reports, enumerating the cases of interest which had been brought before the Society in past years.

HYSTERECTOMY FOR UTERINE FIBROID.

Dr. Lloyd Roberts showed a specimen of a fibroid tumour of the uterus, weighing 3½ pounds, removed by abdominal hysterectomy from a woman aged 22. Menstruation had been normal. The tumour was composed of two almost spherical masses, the larger of which represented the body of the uterus and was fixed in the cavity of the pelvis, the smaller an outgrowth extending into the right broad ligament, reaching as high as the umbilicus, somewhat movable and in consistency it felt like a tense cyst. For three weeks before operation the patient had been suffering from retention of urine which required catheterisation. Abdominal hysterectomy was performed on August 7th, 1895. The right broad ligament was tied at its base—that is, below the smaller swelling which had distended the mesosalpinx. The cervix uteri was small, forming the pedicle. The raw surfaces of the pedicle were covered in by peritoneal sutures being used. The uterine stump was returned into the pelvis and a drainage tube inserted. The patient was discharged from St. Mary's Hospital on September 21st, 1895. Dr. Roberts drew attention to the following points: (1) The apparently cystic nature of the upper swelling; (2) the normal menstrual history; and (3) the youthful age of the patient.

CARCINOMA OVARIS.

Dr. Hutton exhibited a large sequestrum removed from a girl, aged 4, who had suffered from cancer of the ovaris. The sequestrum included practically the whole of the dental process of the left superior maxilla, with part of the dental facial processes. The disease arose during convalescence from an attack of measles complicated with pneumonia. The child was also shown.

MISCELLANEOUS.

Dr. Hill Griffith showed and briefly commented upon the following: (1) A middle-aged woman with Sympathetic Disease, following five weeks after rupture of the sciatic at the ischiar region, with subconjunctival dislocation of the lens. Enucleation had been urged, but declined. (2) Large recent Rupture of Eyeball, in which enucleation was to be done. (3) Two cases of advanced and rapidly progressive Exophthalmic Goitre in young men.

PATHOLOGICAL SOCIETY OF MANCHESTER.

H. R. Hutton, M.A., M.B., President, in the Chair.

Wednesday, November 13th, 1895.

CONGENITAL HEART DISEASE.

The President showed the heart from a case of congenital heart disease in a child 6 months old. The malformations consisted of: (1) Patency of the foramen ovale and ductus arteriosus; (2) incomplete formation of the septum between the ventricles; (3) dilatation of the aorta, from which vessel it was probable the pulmonary arteries arose; (4) thinning and small vegetations about the tricuspid orifice (facial endocarditis).

GIOLIA OF THE PONS.

The President also showed the brain and microscopic
sections from a case of glioma of the right side of the pons (pressing on the medulla) occurring in a girl, aged 14. The symptoms had been observed for only eleven weeks, and consisted of right internal strabismus, optic neuritis (latterly), loss of power of co-ordination, and slight varying rigidity of the limbs.

ORBITAL TUMOUR.

Mr. Edward Roberts and Dr. J. Gray Clegg showed a tumour removed from the orbit of a girl, aged 15. The tumour, of the size of a nutmeg, was situated under the angle of the orbit, was enclosed in a firm capsule, and was easily removed. Its structure was that of a spindle-celled sarcoma, with large lymph spaces running through it.

MISCELLANEOUS.

Dr. Williamson showed (for Dr. Dreschfield) preparations from a case of Acromegaly, and also exhibited a patient suffering from the disease.—Dr. Kelynack showed specimens from a case of Intestinal Obstruction, due to Distension of a Cancerous Gall Bladder.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

A. H. Carter, M.D., F.R.C.P., President, in the Chair.

Thursday, November 14th, 1895.

ENLARGEMENT OF THE LIVER.

Dr. Foxwell read a paper on this subject. He said the chief causes of enlarged liver were alcohol, cardiac debility (for example, after influenza), valvular disease, bronchitis and emphysema, phthisis, syphilis, gout, diabetes, gall stones, specific fevers, abdominal catarrh, leucocytosis. The methods of detecting this morbid change, and the efficiency of these, were referred to. The frequency of the condition and the variety of its morbid anatomy were mentioned. The condition of the spleen, with especial reference to those cases where it was notably increased in size, was described. Finally, therapeutic suggestions were made.

The paper was discussed by the President and Drs. Dickins and Douglas.

Dr. Foxwell replied.

BLOOD CYST IN THE ABDOMEN, PROBABLY OF TRAUMATIC ORIGIN.

Mr. Barling read a paper on this subject. He related three cases: 1. Blood cyst in a right kidney, operation being eighteen months after an injury (this contained 0.5 ounes). 2. Blood cyst (mesenteric) noticed some months after an injury (it contained neither urea nor proteolytic ferment). 3. Blood cyst containing a proteolytic and starch-convertling ferment, and probably connected with the pancreas. The use of the term "pancreatic cyst," and their locality and origin was briefly discussed; the fate of these blood cysts if left untreated was pointed out; the treatment to be adopted—incision and stitching the opened cyst to the abdominal incision—was described; and the disadvantages of aspiration, of injection, and of enucleation were referred to.

Dr. Malet read a note of one similar case.

The papers were discussed by Mr. Marsh (who related a case), Mr. Leedham Green, and Dr. Short.

Mr. Barling replied.

COMPLETE ABDOMINAL EXTRAPATION OF THE UTERUS AND APPENDAGES.

Mr. John W. Taylor showed a large myoma of the uterus, which he had removed three months previously by the operation of complete abdominal extirpation of the uterus and its appendages. This operation afforded a thorough and successful method of dealing with a case in which the older surgical methods were inapplicable. The pelvis was blocked by the tumour; and when this was the case, simple removal of the appendages was often unsatisfactory, and the clamp operation was inadmissible. The patient, who had suffered from severe attacks of hemorrhage before the operation was done, had made a good recovery, and was shown.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

Mr. Wheeler read a communication upon colotomy, in which he reviewed the numerous conditions requiring the operation of colotomy. He strongly recommended it prior to excision of the rectum for cancerous disease in cases where the subject of the contemplated operation was suffering from much rectal irritation, diarrhoea, pain, and consequent nervous exhaustion, in order that the requisite operation might get under the constitutional powers. He referred to the selection of the operation being sometimes optional with the operator, and considered anterior colotomy preferable and safer, although not excluding the lumbar operation, which had its own place in surgery. Reference was made to the frequency of the peritoneum surrounding the entire gut, and, in consequence, one of the advantages claimed for the lumbar operation could not always be upheld. He recommended the partial peritoneum to be sutured to the wound, and a needle armed with a suture passed through the mesentery, and then carried through the parietal peritoneum on each side; the gut having previously been drawn through the wound, he sutured back the mesentery at the distal side of the gut to the parietal peritoneum sufficiently to prevent prolapsia; which plan was much preferable to trying the intestine in quantity outside the abdomen and ultimately cutting it off, a procedure sometimes inadmissible. When there was a short mesentery, in addition to the above he passed a sterilised bougie through the mesentery below the suture, and allowed it to rest across the wound external to the abdomen; this helped in the formation of a more perfect spur, so essential for the after-comfort of the patient. He deprecated the division of the gut and suturing the lower end and then dropping it into the abdomen, enumerating the disadvantages and dangers. He recorded cases only of which he had authentic notes and histories; amongst the number there was one transverse colotomy for obstruction at the splenic flexure of the colon ascertained by an exploratory incision, believed at the time to be malignant, the patient now being alive and well, nearly three years after the operation. He also described a left inguinal colotomy for cancerous prostatic disease causing obstruction; the patient died thirteen months after the operation. The other colotomies related were for congenital deformity, malignant tumour, cancer of the rectum, and acute obstruction.

LUMBAR COLOTOMY.

Mr. Henry Gray Croly read a paper on left lumbar colotomy, and stated that he had, during the past twelve years, performed that operation eighteen times. With one exception, the operations were performed for cancer of the rectum, and the cases were unsuited for excision; no death occurred from the operation. Two of the patients (notwithstanding careful antiseptic precautions) were attacked with erysipelatous inflammation and septic or erysipelatous pneumonia, but recovered. In each case great relief was afforded to the sufferers. The patients lived from a few months to over two years; one man worked for nearly two years after the operation as a Corporation labourer. All the patients got fat and expressed themselves gratefully for the relief afforded to their sufferings. Mr. Croly said he did not intend to compare the lumbar operation with the now more fashionable inguinal operation, but thought it his duty to place on record brief notes of the cases. He described his method of operation and after-treatment, and claimed for lumbar colotomy its extraperitoneal advantage, the patient being left in the loin less disgusting to the patient than the inguinal.

The President expressed surprise that lumbar colotomy should be advocated at the present time. Mr. Bryant’s name had been brought forward as supporting it. He did not agree with Mr. Bryant’s remarks regarding lumbar colotomy. Mr. Wheeler entered the peritoneum to the skin. He found that a much better anus was formed if this
was not done, but the bowel was allowed to join the muscular and fibrous coat as well. He thought that in some cases the gut might be cut across, and so any chance of fecal matter passing into the distal part prevented.

Sir William Stokes said the more experience he had of lumbar colotomy, the more highly did he think of it. Still, he did not think ill of the anterior operation. Through Mr. Croly's courtesy he had seen some of his operations, and the photographs well represented the excellent results obtained.

Mr. Krause observed on personal observation of the invariable relief from pain and the prolongation of life which followed lumbar colotomy. —Mr. Kendall Frank said that, with regard to the advantage of dependent drainage in lumbar colotomy, mentioned by Sir William Stokes, he did not see why a patient operated on by the inguinal method should not be turned on his side. One of the great reasons why inguinal colotomy had met with so much favour was the greater ease with which the sigmoid flexure could be found compared with the finding of the descending colon in the lumbar operation; also, it was not always easy to know what piece of intestine presented in lumbar colotomy. The extended use of excision of the rectum, especially by the trans-sacral method, was gradually turning colotomy out of the field, so that colotomy, he believed, would soon become a very exceptional procedure.

Mr. Macintyre said that in his opinion the anterior operation was preferable and safer, but that in some cases the lumbar operation should be done. He thought cutting the gut and returning it into the abdomen was bad surgery, as the superior end might have been sutured through the inferior, and symptoms of strangulation might follow. Favorable results were seen from cases where the bowel had been returned through the wound by the vaginal route, or the anterior opening had ulcerated through. He had found that suturing the mesentery at the distal end kept the prolapse in abeyance. He did not think a cathereter under the bowel formed an a spur as suturing the peritoneum.

Mr. Crozy said he believed the mortality was greater in inguinal than in lumbar colotomy. He thought that the lumbar colotomy should not be shirked because it was a more difficult operation.

The skin showed numerous papules on the sites of the original purpuric spots. The speaker felt inclined to ascribe all these symptoms to poisoning by faulty ingesta, and that the enteritis was in this case an inflammation of the mucus follicles, as evidenced by the numerous minute hemorrhages present and noticed in the discussion. Mr. Galloway showed a patient suffering from Chronic Phthisis, who had for five years been the subject of a curious variety of Lichen Planus. The eruption, mainly on the extremities, was of the cicatricial variety, and in many respects resembled some of the later superficial epitheliomas. This patient had been treated for nearly ten months with guaiacum, in the form of the carbonate, and also as a solution of the pure product. The tuberculosis had passed into a quiescent condition, and the skin eruption was better than it had been during the past five years. Cases of tuberculosis of the Arteria Centrals Retinae associated with Albuminuria Retinitis, and a case of almost complete Optic Atrophy following a blow on the head were also demonstrated.

Laryngological Society of London.—At a meeting on November 13th, Dr. Simon, President, in the chair, the President showed a microscopic section of a true Myxoma, which had removed from the larynx.—Dr. J. T. Ball showed a clerk aged 36, who had suffered from weakness and Loss of Voice for four months. The left cord was fixed in the midline. Complete paralysis was present. He suggested that the case would soon become a Complete Paralysis which had preceded signs of Anemia some twelve months. Dr. Browne suggested a central origin. The President remarked that tubercles should be borne in mind, and the reflexes examined.—Mr. Bowley showed a large case of Stenosis of the Larynx following Typhoid Ulceration. The left vocal cord was fixed, notwithstanding repeated attempts to dilate the larynx, the patient could not do without the tube. Dr. N. C. Spicher, Dr. Dundas Grant, Mr. C. Symonds, and the President joined in the discussion. Mr. Butler, in reply, stated that he would lay before the Committee the risk to the voice from thyrotomy, and let him decide. Mr. Bowley also brought forward a case for diagnosis.—Dr. A. Browne showed a microscopical specimen of Haemorrhagic Myxoma of the Lingual Tonsil.—Dr. W. M. Hill showed a case in which there was a Regeneration of Tissue along the Inferior Turbinated crest after Turbinotomy.—Dr. K. Phillip showed pathological specimens of Typhoid Ulceration of the Larynx, Diffuse Papillomatous Hypertrophy of the Membranous Membrane of the Larynx.—Mr. E. W. Maxey showed an Antro-axial Fracture of the Larynx following a Rhinorrhea.—Dr. C. Symonds thought it was tubercle, and would use the curette and lactic acid. Dr. Browne and Dr. Tilley thought the only way to improve the voice was to remove a portion of the growth. The President did not look upon this as simple inflammatory thickening. Dr. Kidd, in reply, did not think the case tuberculous. He considered that these cases were localised overgrowth of tissue. Dr. Kidd also showed a case of Tonsillar Hypertrophy, with Stenosis with stenosis of both main bronchi. Dr. D. R. Lay showed a patient, aged 10, with Lupus of the Pharynx and Larynx. Examination showed much infiltration of the soft palate and pillars of the fauces, epiglottis greatly thickened, and nodular tips destroyed by ulceration. The aryepiglottic folds and ventricular bands were edematous and swollen. The treatment would be scarifying, the application of lactic acid, and the internal administration of arsenic. Dr. Lay also showed a case of Nasal Obstruction from septal deflection to the left side. The operator enlarged the right middle turbinate, made very good hypophyseal surgery, and saw the hypophyseal hypertrophies of the posterior extremities of the turbinate bones. Dr. Tilley, Dr. Grant, and Mr. Hill suggested the use of Jones's turbinotomy for the removal of the turbinate bones. —Dr. N. C. Spicher showed a case of Malignant Disease of the upper part of the Esophagus in

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.—At a meeting on November 14th, Dr. Charles King in the chair, Mr. G. M. White showed three cases of Fracture of the Skull, showing the Brains, showing the effect of fracture of the skull. The first was an Unannounced Fracture of the Humerus in a woman, aged 17, whose history no evidence of syphilis was ascertained. On account of failure to obtain union in the first instance, the ends of the bone were fastened together with ivory pegs. After a considerable period of immobilisation, union had not resulted, and the portions of ivory in the tissues had become absorbed. Then the ends of the bone were secured by short rods of nickel. As bony union still failed to occur, the ends of the fragments were exposed, and portions of fresh rabbit's bone were placed within the periosteum. Union still failed to be brought about, and finally the surgeons said that they had arrived at the end of the justifiable methods of treatment. The President, Mr. Cresswell, and Dr. Galloway discussed the case, and all concurred in the opinion that syphilis might possibly have something to do with the failure of union. Mr. White also showed two cases of Fractured Patella, the one treated by means of a back splint, and approximation of the fragments by knee-caps and bandaging; the other treated by means of wiring the fragments. The superiority of the latter method was readily appreciated, both in the character of the result obtained, and the risk of shortening of the period of convalescence. —Dr. E. C. Beale showed a young girl of about 12 years of age, who had suffered from attacks of Gastro-enteritis. The stools showed numerous flecks of hemorrhage, and at the same time the child had suffered from attacks of purpura. At present a man with a period of quiescence so far as the gastro-enteritis was concerned, but the purpura was still, to some extent, visible;
a girl aged 23. Mr. Butlin had recently seen a case in a girl aged 24.—Mr. Stans showed a boy with an Enlarged Peyer which almost blocked the lumen of the pharynx. Dr. Clifford Beale brought forward a case for diagnosis.—Dr. Dundas Grant showed a case of Disease of Wharton’s Duct and Submaxillary Gland.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At a meeting on November 21st, 1895, Mr. Vacher, President, in the chair. Dr. Newsholm opened a discussion on a National System of Registration of Sickness. He observed that the value of notification of infectious diseases consisted, not in the mere registration of cases, but in the provision of hospitals, disinfecting stations, etc. to compare the mortality from these diseases in a town before and after the adoption of the Act, or in those in which they were and were not notified without taking all other conditions into account, was most misleading, while such short periods of observation as four years might be made to include two epidemic years in one term and none in another. Such a knowledge of the causes of a disease was necessary for its prevention could be achieved only by notification of all cases, as there was nothing preventable to be seen in the statistics. Of these, tuberculosis was the most important, causing a greater mortality than several of the infectious diseases put together, and its extinction was as possible as that of leprosy. Acute rheumatism, pneumonia, and others appeared from their greater prevalence in Germany and Scandinavia, and may be or not to be more or less preventable. Industrial diseases, as lead and arsenic poisoning and anthrax, should be notified to the medical officer of health, not to the chief factory inspector as required by Section 29 of the last Factory Act, and the preliminary inquiries into disputes should be conducted in the factory implied in the words of the clause should devolve on the medical officer of health rather than on the surgeon to the works. Compulsory notification of preventable diseases, infectious and other, had for a number of years worked successfully in Germany. The Statistical Yearbook of Berlin was a mine of information, with which our Registrar-General’s reports could not be compared. But in England it was impossible to obtain any extension of the system unless immediate benefits could be assured, on account of the additional expenditure, while gratuitous notification would be resisted by medical men unless they could have in exchange the legal protection from irregular practitioners enjoyed by their brethren abroad. Returns might, however, be required with little cost or trouble from all Poor-law surgeons and prisons, workhouses, hospitals, etc., supported wholly or in part by imperial or local taxation or by voluntary contributions, and from friendly and benefit societies, together with the number and ages of the members or inmates. The paper was discussed by the President, Dr. Woodford Lowen, Dr. Yarrow, Dr. Field, Dr. Stokes, Dr. Legge, and Dr. Willoughby.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—At a meeting on November 21st, Dr. Porter, President, in the chair, Mr. Smill introduced a woman, aged 61, with a Malignant Tumour, probably epithelioma, involving the outer half of the left upper eyelid. It appeared to have commenced two years previously.—Dr. T. H. Morton read notes of a doubtful case of Cancer of the Bowel. There was a slimy bloody discharge, in which spheroidal cells were revealed by microscopical examination, and the patient had undergone a partial colostomy which had been successfully amputated by his Serrated Pliers.—Dr. Burgess showed a Tumour of the Left Optic Thalamus. There was paralysis of the right arm and right side of the knee but not of the right leg, and there was no hemianesthesia.—Dr. Chipman showed a large Ulcer of the Stomach, which caused inflammation over the under surface of the liver, extending to the transverse colon, two months before death from hemorrhage. An open artery of considerable calibre was conspicuous in the base of the ulcer.—Mr. Coyle demonstrated Micropapillated Carcinoma of the right foot, which gave the details of a case of Ovariotomy for the removal of a suppurating fibroid tumour of the ovary. Rapid recovery took place. The tumour appeared, from microscopic sections by Dr. Wilkinson, to be simply fibrous, with a ragged cavity at the top from which a pint and a-half of pus was removed at the operation.—Dr. Hunt read a paper on the Tuberculosis of the Urinary Tract. He made cases in which he had tried baths to strengthen the heart and reduce its velocity. He was persuaded that the use of a bath colder than the temperature of the body produced a stronger and slower pulse. The good effects of rest and certain cardiae remedies were referred to. Its conclusion, Dr. Hunt drew attention to the excellent results that had been obtained by the use of nitrates under conditions of high tension.—The President, Mr. Fye Smith, Mr. Arthur Jackson, Dr. Samson Matthews, Mr. Knight, Mr. Makeig Jones, and Mr. Richard Fawell took part in the discussions.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At a meeting on November 20th, Dr. Mutch (President) in the chair, Mr. Chicken read a paper entitled Enterotomy and Enterectomy. He advocated making abdominal incisions as far as possible through muscular substance, as the usual incision in the line of line left a weak scar, which conducted to ventral hernia. The first step in looking for the site of intestinal mischief should be to examine the cecum. If no local inflammatory mischief was found the state of distension or otherwise of the contents was seen to whether the obstruction was below or above that viscus. The best method of finding the colon when the operation of colotomy was being performed was discussed, and the necessity of leaving a good “spur” insisted on. Mr. Chicken described the method of uniting the stump which was considered more satisfactory than tedious suturing. By means of Crippa’s method it was possible to remove the whole rectum as high as the promontory of the sacrum. It was important to operate early in cases of cancer before the secondary symptoms gained a footing. The treatment applied was brought in the cases of two patients to rectal prolapse and occlusion respectively. The operation for the former was brought in the cases of two patients to rectal prolapse and occlusion respectively. The operation for the latter was successful in the case of a girl aged 13. Mr. Cuff thought that when pain was localised near the umbilicus or somewhat higher it indicated obstruction of the small intestine, while fixed pain elsewhere indicated obstruction of the large intestine. The amount of fluid which could be injected per annum would sometimes indicate the position of the obstruction. Messrs. Gray, Hunt, Hunter, and Anderson also discussed the subject.—Dr. Mitchell showed a portion of Large Intestine from the Splenic Flexure, affected by Carcinoma, which he had excised from a patient who had had complete obstruction for twelve days. As a preliminary to the radical operation, an opening had been made into the descending colon.

OXFORD MEDICAL SOCIETY.—At a meeting on November 8th, 1895, Professor Thomson in the chair, Dr. Wilson showed a case of Progressive Muscular Atrophy in a woman, aged 30, which came on after an acute tonsillitis, and was at first thought to be of the nature of diphtheritic paralysis. The pathology of the disease was discussed.—Dr. Bowes exhibited a female patient suffering from anaemia, whose condition had markedly improved after treatment with bone marrow extract, iron and arsenic having previously failed.—Mr. H. P. Symonds showed (1) a man, aged 50, suffering from Obstruction of both Ureters. A condition of hydrophobia existed on both sides, and had been treated by incision and drainage. The various causes of double hydrophobia were discussed and suggestions made as to treatment. (2) A case of Epithelioma of the Penis; (3) a severe case of Rickets.—Dr. Stark read the notes of a case of Double Pneumonia. Dr. Hunt, an old man, aged 20, who had made a very complete recovery as the result of incision and drainage on both sides.—Dr. Neil read notes of a case of Alcoholic Neuritis with Prominent Mental Symptoms. The patient, a middle-aged widow, developed drinking habits from the medical prescription of alcohol for neuralgia. After some years insidious symptoms began to appear, which were suddenly developed in an acute form by the shock of a severe fall. There was anemia of the feet and hands, tenderness of certain muscles, muscular weakness, and slight muscular atrophy. There was inco-ordination of the muscles of the upper and lower limbs and of speech. There were hallucinations of all the senses, and delusional beliefs connected with the hallucinations. The memory was a wreck, and there was a good deal of emotional agitation. The supply of alcohol was cut
REVIEWs.

The Guide to South Africa for the Use of Tourists, Sportsmen, Invalids, and Settlers. Edited annually by A. Samler Brown and G. Gordon Brown. London: Sampson Low, Marston and Co. 1895. (Cr. 8vo, pp. 396. 6s. 6d.)

"Guide to South Africa" seems an exclusive and ambitious title, but a cursory glance of this annual volume convinces the reader that almost anything which any visitor or emigrant is likely to want to know is to be found within its modest compass. It is furnished with some excellent maps of various parts of the colony. The subject of climate is fully dealt with, and it is stated on the authority of Dr. Symes Thompson that many persons occupying high positions of trust could not on account of health have fulfilled the duties they had the climate been a trying one.

Bulawayo, the newest of the colonised districts affected by the English, is graphically described. It is said to be 3,800 feet above sea level. As showing the speed with which civilisation advances in the northern district, which is the centre of an enormous agricultural area, we learn that while numerous claims have been lodged at various points, telegraphic communication is established with Charles, Salisbury, and other distant towns, a hospital is about to be built as a memorial to Major Wilson and those who fell with him at the Shangani River on December 4th, 1888. There is even an athletic and tennis ground at Bulawayo. The sanitary needs of the new district are not forgotten, and reservoirs and filter beds to hold about 45,000,000 gallons are being constructed a mile from the town. There will be a fall of over 100 feet, and it is proposed to use the water as a means of generating electric power.

On the all-important subject of health the Guide is discursive, and quotes various doctors on the advantages of a voyage to the Cape. The climates of all the different sections of South Africa are dealt with in detail, and a warning is given that in Johannesburg is not, as has been supposed, a desirable resort for sufferers from pulmonary complaints, although it is generally healthy.

The Brewing of Non-Excisable Beers. By J. Pocock.

Bangor: Nixon and Jarvis. 1885. (Cr. 8vo, pp. 68. 2s. 6d.)

One consequence of the spread of temperance principles has been a great demand for beverages which substances for beer, and, while ginger beer had the reputation of being innocent of alcohol, it has within recent years been promoted from the position of being the drink of schoolboys and girls to that of an article of much more general consumption. Ginger beer has also been taken as the starting point from which the manufacture of a number of similar beverages has developed, their chief difference from ginger beer consisting in the use of hops or some other flavouring material in place of ginger. The fact that these beverages were made by a process of fermentation does not appear to have interfered with their popularity with abstainers, and it was not until the trade in them had acquired considerable proportions that the discovery was made that these supposed non-alcoholic beverages contained 3 or 4 per cent. of spirit, and sometimes nearly as much alcohol as ordinary Burton beer.

As beverages of that character would come within the scope of the excise law, it became necessary to fix a limit to the amount of alcohol admissible in a beverage without being chargeable with beer duty. In the manufacture of such beverages it was therefore necessary to bear this in mind and to avoid the production of too large an amount of spirit. Mr. Pocock's little book is intended to serve as a guide in this respect. It gives an easily intelligible exposition of the principles upon which the manufacture of beverages by fermentation depends, with the exceptions of the nature and action of yeast and other fermentations, and of the preservatives which may be employed to counteract the liability of weak alcoholic liquors to acidify or otherwise deteriorate when kept. The book bears throughout evidence that the author...