At the present time the child is 17 months old; it is however hydrocephalic, the circumference of the head being 21 inches. There is no paralysis of arms or legs. The child is unable to stand, and does not appear to be very intelligent. The cicatrix is quite sound, and there is no indication of any return of the affection.

The tumour when removed was the size of an orange. It contained clear serous fluid, and a portion of the cerebellum about the size of a walnut projected into the cavity. The cerebellar substance was softened and degenerated to some extent, but there was no evidence of new growth.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Sir GEORGE MURRAY HUMPHRY, President, in the Chair.

Tuesday, May 2nd, 1893.

PAPILLOMATOUS TUMOUR OF BOTH OVARIES.

DR. PYE-SMITH reported the following case: The patient, aged 35, had been tapped at different intervals for ascites, but kept in health. Ovarian growth or colloid disease of the peritoneum was diagnosed. An exploratory puncture was made, and on examining a small piece of tissue withdrawn, the disease was found to be villous or papillomatous, that is, an ovarian growth which had become disseminated; but no operation was had recourse to. The patient afterwards came weekly to be tapped. After one of the tappings she died, with a high temperature. After death two large tumours were found in connection with the ovaries, each consisting of an immense mass of villous processes; the other organs were quite healthy (except the peritoneum), although the disease had lasted for nine years.

Mr. SYDNEY JONES observed that after opening the abdomen in such cases, the peritoneal growths frequently gave no further trouble.

Mr. HOPKINS had examined the fluid withdrawn; it contained no trace of colloid or pseudo-mucinous substance, but was a concentrated ascitic fluid with a small quantity of normal mucin.

Mr. A. DORAN referred to a case he had reported some years ago, in which a papillomatous mass growing in the Fallopian tube was removed, there being ascites, previously treated by tapping; the patient remained quite well after the operation. He cited another case in which he had removed two large papillary masses, the patient also subsequently remaining well. If the main growth was removed, the peritoneal growths underwent atrophy. The fluid in papilliferous ovarian cysts was always clear; if it contained mucin, it indicated the coexistence of a true adenomatous formation in connection with the cyst. Coblentz had stated that the papilliferous form of ovarian cyst arose always from vestiges of the Wolffian body, and its proper seat was the tissue of the hilum. The explanation of such cysts near the surface was that relics of the Wolffian tubuli extended close up to the exterior of the ovary. His own investigations had led him to adopt the same views.

Dr. CULLINGWORTH also cited cases of subsidence of the peritoneal growths after the removal of such disease of the ovary, as that shown by Dr. Pye-Smith; and so did Mr. MORTON (Bristol).

TUBERCULOSIS OF FALLOPIAN TUBES, UTERUS, AND VAGINA IN A CHILD.

Mr. C. A. MORTON reported this case. The disease was secondary to tuberculosis of the lung, and this was the rule.

Mr. DORAN observed that tuberculosis of these parts in children appeared frequently to follow on vulvo-vaginitis (not of gonorrhœal origin), the inflammation often extending to the uterus and Fallopian tubes. The gonococcus destroyed the epithelium of the tubes, and so in like manner prepared the part for tuberculous infection.

Mr. MORTON, in reply to Dr. GRIFFITHS, stated that the tuberculous nature of the disease of the uterus and vagina in his case was only surmised from that of the tubes.

SPECIMENS ILLUSTRATING THE ANATOMY OF HAMMER TOE.

Mr. WARRINGTON HAWARD showed these specimens. The hereditary history in one of the cases was very marked. Before the amputations, which were performed owing to the extreme deformity, the extensor tendon was noted as being prominent and rigidly contracted; the flexor tendons were relaxed, the lateral ligaments shortened. He thought that the contraction of the extensor tendons was most likely the cause of the condition.

The PRESIDENT thought the deformity was due to a want of balance between the muscles.

Mr. SHATTOCK had described shortening of the lateral ligaments in such cases, not as the cause of the condition, but as preventing its reduction, and he had compared the position with that of the digits in clawhand or clawfoot, and directed attention to the importance of examining the state of the interossei of the toe affected.

FIBROCYSTIC TUMOUR OF THE UTERUS.

Dr. CULLINGWORTH showed a specimen of a large growth presenting a cystic condition in an extreme degree. The tumour was hardly more than a coarse meshwork filled with clear serum.

SPECIMENS ILLUSTRATING REPAIR OF TENDONS.

Mr. TUBBY showed these specimens. The histology corresponded with that studied in most other forms of repair. Plasma cells were present on the third day, and these became, some vasofactive, others fibroblastic. Young fibrous tissue formed about the thirteenth day. In the obliteration of the new vessels later on leucocytes first filled these, and plasma cells subsequently replaced the leucocytes. The fixed tendon cells played no important part; nor did the leucocytes. The red blood discs had disappeared by the seventh day, apparently from phagocytosis.

MEDIASTINAL GROWTH OPENING THE ŒSOPHAGUS AND AORTA.

Dr. HALE WHITE showed this specimen. Sudden death occurred with a rush of blood from the mouth. It was a rare event for the aorta to be perforated. The growth—a round-celled sarcoma—pressed upon the aorta so as to give rise to a murmur mistakable for an aortic systolic. Mr. Shattock had stated that there were two such specimens in the museum of St. Thomas's Hospital.

PSOROSPERMS IN AN ADENOMA OF A CAT'S LIP.

Mr. J. JACKSON CLARKE showed microscopic sections and drawings of a tumour as big as a filbert, removed by Mr. R. M. Smythe from the lower lip of a cat. It had been noticed for two or three years. The tumour was chiefly occupied by small cysts, which were completely filled with gregarinidæ. In the central part of some of the cysts were encapsuled conjugating parasites and collections of sporophores and sporocysts (pseudo-navicellæ). The case afforded complete confirmation of the author's interpretation of certain bodies which constituted the chief part of the contents of the small cysts found in scirrhous cancers of the breast. Under one microscope was placed a collection of reticulated psorosperms, and among them was one with a typical "flame-nucleus," as described by Max Wolters[1]. Treated with the Ehrlich-Biondi stain, they looked like degenerated material. In cancers of the breast Mr. Clarke had demonstrated them again and again, and they had only called forth expressions of contempt. Another form met with in this case was the free gregarina filled with the corpuscles, once called "gregarina corpuscles." This form was abundant in cancers of the breast. In fresh scrapings they were mistaken by pathologists for epithelial cells in a state of fatty degeneration, though they were easily proved not to be such. Stained with the Ehrlich-Biondi stain they looked like masses of dark-brown angular corpuscles. Another striking appearance met with was the presence around the older cysts of peculiar granular corpuscles, which two years ago the author would have termed plasma cells, but after having observed them in psorospermosis of the kidney and ureter, in the rabbits' liver, and in over twenty scirrhous cancers of the breast in continuity with extensions of bioplasm from the cysts into the connective tissues, he now considered them to be sporozoa, which led the way to fresh epithelial extensions.

[1] *Archiv für mickroscop. Anat.*, 1891.

Many other forms of parasites met with in cancer were also described in this case. It was still advisable, in speaking of the parasites of cancer and sarcoma, to use the term "psorosperm" as Delépine had used it in his article "Psorospermosis vel Gregarinosis."[2] There was, as yet, no absolute distinction between the gregarinidæ and the coccidiæ.

Dr. RUFFER denied that the preparations showed the appearances described by Mr. Clarke; he did not regard the structures as pseudo-navicellæ; the tissue did not contain psorosperms.

Dr. BOYCE thought that some of the bodies in question were like the ova of a nematode, though against this the "ovum" was spiked at one end.

CARD SPECIMENS.

Dr. SQUIRE: Endocarditis with Pulmonary Tuberculosis.—Mr. S. G. SHATTOCK: Adeno-fibroma of Mamma in Rat.—Mr. E. C. STABB: Aneurysmal Dilatation of a Varicose Vein.—Mr. C. A. Morton: Sarcoma of Peritoneum; Columnar-celled Carcinoma of Small Intestine; Sarcoma of Breast.—Dr. C. F. Beadles: Fat Necrosis of Peritoneum.

CLINICAL SOCIETY OF LONDON.

Sir DYCE DUCKWORTH, M.D., LL.D., F.R.C.P., President, in the Chair.

Friday, April 28th, 1893.

PERIODS OF INCUBATION AND CONTAGIOUSNESS OF CERTAIN INFECTIOUS DISEASES.

DR. BROADBENT presented the report of the Committee appointed to investigate this subject, and thought it was quite worthy of the Society. It had been long in making its appearance, but would, he believed, settle the question of the incubation periods of the several diseases with which it had to deal. The time occupied had enabled Dr. Dawson Williams to incorporate reports of the medical department of the Local Government Board. The incubation periods had naturally formed the first part of the inquiry, the duration of contagiousness was the second part. With the former question settled, the latter was easily settled also. He thought the best thanks of the Society and of the profession at large were specially due to Dr. Dawson Williams, the indefatigable secretary to the Committee, for his immense labour in bringing the investigation to this satisfactory conclusion.

The PRESIDENT was very gratified to accept the volume at Dr. Broadbent's hands. The Society would find in it a mass of material which would prove a regular mine for digging in, and the report would have a very wide circulation in this country and others also. It was the kind of work which that Society should do. The Council of the Society was cognisant of all the hard work of Dr. Dawson Williams, and fully appreciated his efforts, which were such as none but an enthusiastic secretary could perform. Although the production of the volume had entailed expense, the funds of the Society could not have been better expended than in its production.

PSOAS ABSCESSES FATAL THROUGH RENAL COMPLICATIONS.

Dr. F. L. BENHAM read notes of this case. A boy aged 8 was suffering from an abscess in the left buttock, arising from disease of the lower dorsal and lumbar vertebræ. It was opened, and was followed by other abscesses on both sides, which remained open as sinuses for a long time. A Sayre's jacket was applied, and renewed at intervals, and eventually —in five years' time—the spine had completely healed, and the sinuses all closed up. Meanwhile, albuminuria had developed; he passed mucus and pus in the urine, and gravel and occasionally small calculi were passed *per urethram*. Attacks of renal colic followed, one of which was attended by almost complete suppression of urine, and ended fatally in two or three days. Necropsy showed that besides an albuminoid condition of the liver and spleen, the left ureter was twisted, obstructed, and tightly bound down by a mass of cicatricial tissue by the side of the spinal column. The corresponding kidney was in an extreme state of hydronephrosis (sacculated kidney), and contained blood-stained urine, mucus, and several calculi. The right kidney was enlarged, dilated, and transformed into a kind of abscess with peculiar contents. The ureter did not appear to be closed. The calculi were composed of uric acid, urates, and phosphates of lime.

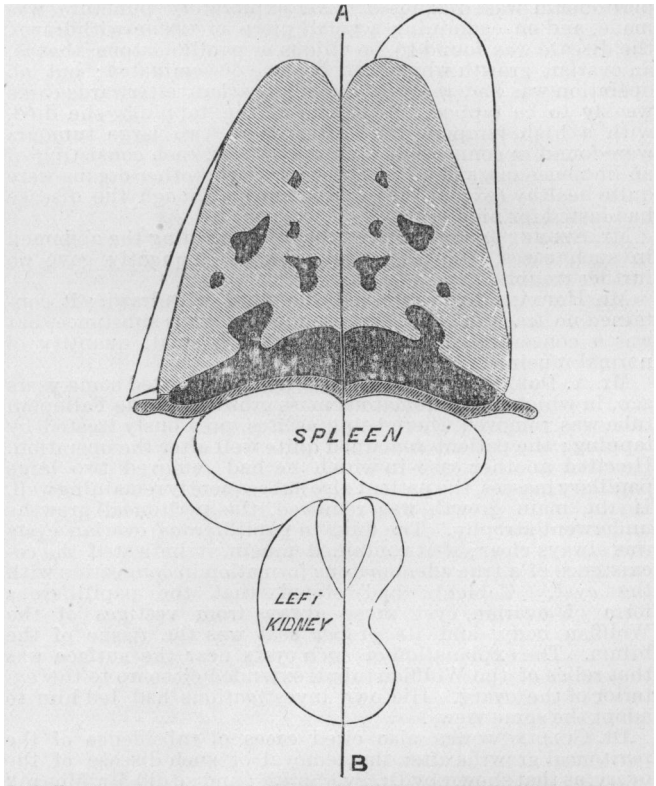
Mr. R. C. LUCAS said the calculous disease was probably secondary to scrofulous pyelitis, and the kink in the ureter was probably due to its proximity to the cicatrix of the spinal abscess.

Dr. BROADBENT considered that the calculous trouble was secondary to the constriction of the ureter. He had seen two similar cases in which the constriction was the result of pelvic cellulitis.

Dr. BENHAM had also thought the disease of the kidney was due to the constriction of the ureter.

PERFORATING GASTRIC ULCER TREATED BY ABDOMINAL SECTION.

Mr. WARRINGTON HAWARD communicated this case for himself and Dr. W. LEE DICKINSON. A woman, aged 26, who had previously suffered from painful dyspepsia, was brought into St. George's Hospital in a state of collapse due to the perforation of a gastric ulcer. Abdominal section was performed fourteen hours after the occurrence of acute symptoms. An ulcer which would admit the finger was found



A, B, the line of section made longitudinally through the left viscera from behind.

Cut surface of left lung. | Cut edges of diaphragm which was adherent to the spleen and margins of the lung. | Pus situated between the lung and the diaphragm and infiltrating the lung.

opening into the cavity of the peritoneum. Owing to the great infiltration and thickening of the gastric wall the ulcer did not admit of excision. The stomach was therefore sutured to the abdominal wall and the margins of the ulcer to the edges of the incision, a drainage tube inserted into the stomach, the peritoneum washed out, and the rest of the wound closed. A gastric fistula was thus formed, and all further danger of extravasation from the stomach into the peritoneum was prevented. Subsequently symptoms of consolidation of the bases of the lungs appeared, which cleared up on the right side but extended on the left. Purulent expectoration and fever continuing, the left pleura was ex-

[2] *Trans. Path. Soc.*, 1890.

plored without success, and the patient died at the end of six weeks. *Post mortem* the stomach was found firmly adherent to the abdominal wall, and the condition of the abdomen satisfactory. The cause of death was abscess in the base of the left lung with a small diaphragmatic empyema. Allusion was made to a recent paper by Drs. Penrose and Lee Dickinson on subphrenic abscess in connection with perforating gastric ulcer, and some suggestions were made with regard to the surgical treatment of such cases.

Dr. PENROSE said that in seven out of ten cases in the paper by Dr. L. Dickinson and himself the abscess was in the lower lobe of the left lung. He would raise the question as to how the inflammatory material passed through the diaphragm. In this case it must have been there early. The temperature had never been quite down to normal. The empyema had formed before the patient had expectorated the pus; it was in the direct track from the abdomen. Originally there was, he believed, a small empyema which perforated the lung. The level of the diaphragm was above the tenth interspace, which was probably the reason why the pus was not struck when the opening was made in the tenth interspace.

Mr. PARKER mentioned the cases of two successive housemaids who had perforation. In each case it occurred in the morning, and each patient died on the afternoon of the day on which she was seized. In these cases it seemed to him that even if the operation had been done at once it would have been impossible to clear away all the extravasated material by washing out. That material was everywhere in the peritoneal cavity.

The PRESIDENT took a less gloomy view of these cases than did the previous speaker. Immense volumes of water might flood the abdominal cavity, and wash it out thoroughly.

Mr. HAWARD said that if the extravasated material remained in the abdomen for a few hours it was absorbed, and carried up above the diaphragm, where it would cause a secondary abscess. If the abdominal cavity were thoroughly washed out, and the ulcer in the stomach, which had a necrosing edge, were excised and sewn up, recovery might ensue; but only if the operation were done at once.

BLOODLESS METHOD OF REMOVING THE TONGUE.

Mr. CHRISTOPHER HEATH described this method, which he had been led to adopt on account of occasional difficulty in securing the lingual artery. The preliminary portion of the operation was that of Whitehead. Mr. Heath divided the isolated half of the tongue transversely with a bistoury and the finger, and then grouped the lingual vessels with the small amount of remaining tissue by means of a large pair of angular Wells's forceps, the blades of which were 2 inches long. Cutting away the tongue close to the forceps, a hemp ligature was then passed behind it, tied as tightly as possible, and cut short.

Mr. GOLDING-BIRD said that the method of securing the artery before tying it was not new, but the type of forceps was new. He believed the secondary hæmorrhage after the operation was due to the way in which the forceps were put on. If applied transversely a large part of the muscular substance of the tongue was held between them. This was unable to yield when the ligature was applied, and the artery was liable to be insufficiently compressed. The forceps should, therefore, be loosened just as the ligature was being tightened.

Mr. HEATH, in reply, thought that if the forceps were relaxed as the ligature was being tied the vessels might not be secured.

CASE OF PARTIAL EXCISION OF LARYNX FOR CHONDRO-MYXOMA.

Dr. J. W. BOND showed a man, aged 44 years, who when seen for the first time (January, 1889) was suffering from abductor paresis of his right vocal cord, for which no cause could be made out. When seen again (August, 1891) the inspiration was stertorous, and the voice very hoarse. Laryngoscopically a mass of growth, hard to the probe, could be seen covering the posterior part of the left cord, and springing from below the cords. Externally and posteriorly to the right arytænoid a large swelling was seen, with œdematous mucous membrane over it, pushing the right arytænoid forwards and inwards. At the end of August, 1891, the lower and posterior part of the right thyroid plate was felt to be harder and more prominent than on the left side. A piece of the growth internally was removed and found to be myxo-chondromatous in structure. In October, 1891, the patient was recommended to undergo an exploratory operation to end, if necessary, in excision of the larynx. This was declined. In February, 1892, dyspnœa was so urgent that tracheotomy had to be done. On September 30th, 1892, the growth and most of the larynx was removed. A vertical cut into the

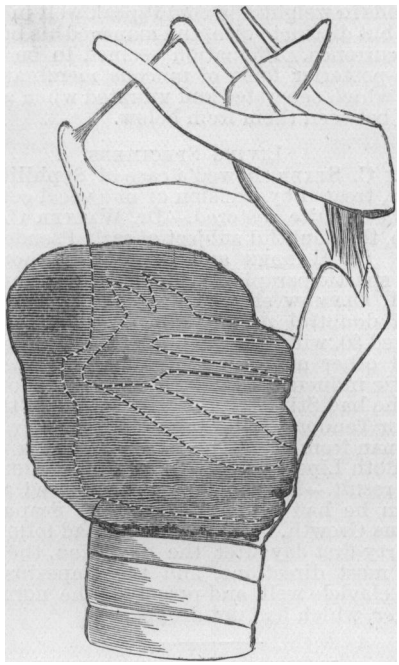


Fig. 1.—Diagram showing outline and position of tumour.

larynx was first made, and the growth was found to be perforating the crico-thyroid membrane in front. The thyroid plates were thinned from pressure, and the whole lumen of the larynx completely occluded by a large hard mass, springing primarily from the anterior surface of the posterior part of the cricoid. It was then decided

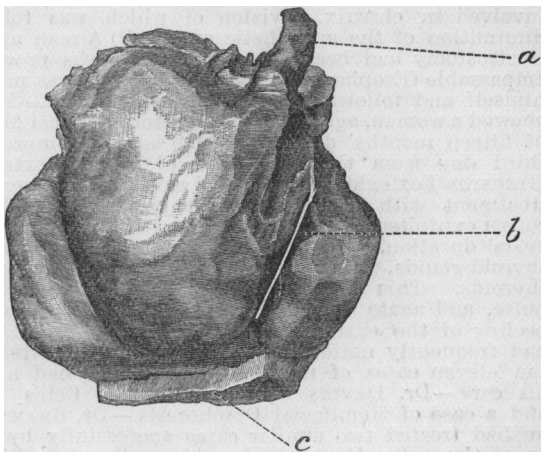


Fig. 2.—The tumour (natural size). (*a*) Arytænoid cartilage; (*b*) recurrent laryngeal nerve; (*c*) portion of cricoid cartilage.

entirely to remove the cricoid cartilage and growth, the two arytænoids, and the front of the lower part of the thyroid. The mucous membrane of the larynx and the true cords stretched across the tumour were also removed. Both recurrent laryngeal nerves were cut. The epiglottis and part of the

thyroid cartilage were left. The growth removed weighed 11½ drachms, and measured about 1¾ inch from above down, its oblique diameter from before back being 1¾ inch. The patient made a rapid recovery, the transverse wound and part of the vertical one healing by first intention. On October 8th (the ninth day) on removing the feeding tube he had no difficulty in eating a chop. After several attempts with gas-piping models an effective silver larynx was made by Meyer and Meltzer, and this had since been improved by the patient himself. The man was now in good health, and had regained many pounds in weight; he could speak well in a monotonous and husky but distinct voice, and managed his business. There was no recurrence. Phonation seemed to be performed by two antero-posterior folds of mucous membrane behind the epiglottis, which separated and vibrated when a current of air was forced between them from below.

LIVING SPECIMENS.

Dr. EVAN C. STABB showed a case of Syphilitic Stenosis of the Larynx, treated by excision of one vocal cord. The voice had since been quite restored.—Dr. WALTER CARR showed a girl, aged 5, the doubtful subject of early Pseudo-hypertrophic Paralysis. Dr. HADDEN and Dr. BEEVOR thought the case was one of spastic paraplegia, probably of intrauterine origin. —Dr. A. H. CLEMOW showed a woman suffering from Skin Disease of doubtful nature.—Dr. BEEVOR showed a Polish woman, aged 30, with Contraction of the Hands of functional origin, and other neurotic symptoms, who was amenable to the hypnotic influence.—Dr. F. R. WALTERS showed a butcher, aged 34, who had Stiffness and Thickening of the Hands and their Flexor Tendons, following influenza.—Mr. A. E. BARKER showed a man from whom he had removed a Large Epithelioma of Both Lips by a new plastic operation, with a very successful result.—Mr. GOLDING-BIRD showed a girl, aged 14, from whom he had removed the entire Scapula for a Large Sarcomatous Growth. Primary union had followed, and now, on the thirty-first day after the operation, the arm could be moved in most directions, and the trapezius muscle supported the clavicle well, and preserved the normal outline of the shoulder, which had not dropped.

HUNTERIAN SOCIETY.

F. GORDON BROWN, M.R.C.S., President, in the Chair.

Wednesday, April 12th, 1893.

CASES.

MR. OPENSHAW showed (1) a case of Resection of the Median Nerve at the Bend of the Elbow, three months after its division by injury, where, owing to arrest in the reappearance of sensation, he had again exposed the nerve, and found it involved in cicatrix, division of which was followed by diminution of the anæsthetic area. (2) A man upon whom Gastrostomy had been performed ten weeks previously for Impassable Œsophageal Stricture, and who was now feeding himself and following his usual employment.—Mr. WOODS showed a woman, aged 32, suffering from Typical Myxœdema of fifteen months' duration, which began to improve on the third day from the exhibition of thyroid extract.—Dr. HINGSTON FOX exhibited a case of recent Myxœdema cured by treatment with crude sheep's thyroid gland.—Dr. F. J. SMITH exhibited a woman, aged 59, with Myxœdema of three years' duration. She had been much improved by cooked thyroid glands. During treatment she accidentally took ten thyroids. This meal was followed by nausea, a very rapid pulse, and acute dermatitis of the hands, with subsequent peeling of the entire skin of the hands. Dr. A. T. DAVIES had frequently noticed desquamation during treatment of the eleven cases of myxœdema which he had had under his care.—Dr. DAVIES showed a case of Bell's Paralysis, and a case of Hemifacial Diaphoresis.—Dr. BRAMWELL said he had treated two similar cases successfully by hypnotic suggestion.—Dr. HINGSTON FOX showed a girl with Lymphadenoma of the Cervical, Axillary, and Inguinal Glands of six months' duration.

HYPNOTISM AS A THERAPEUTIC AGENT.

Mr. WOODS exhibited a man, aged 47, who for two years had been an inmate of Hoxton House Asylum for Chronic Mania and Alcoholism. He had been hypnotised, and suggestion had been applied, with, up to the present time, a perfect effect. Mr. Woods also showed a woman, aged 29, a confirmed alcoholic, but who had been cured by hypnotic suggestion. These two patients were hypnotised by Mr. Woods later in the evening. Another patient was exhibited who had suffered for four years from intractable facial neuralgia, which drugs had failed to relieve. Hypnotic suggestion had completely cured her.

Dr. TUCKEY said the second case had been under his care, and had twice relapsed after hypnotism had apparently cured her.

Dr. BRAMWELL mentioned cases of his own, a drunkard for seventeen years, a drunkard for ten years, a drunkard, drug drinker, and ataxic patient, and a neuralgic patient, all cured by suggestion under hypnotism.

Dr. GLOVER LYON was unconvinced by anything he had seen. He thought hypnotism ought to be severely let alone.

Dr. HINGSTON FOX had no personal experience. He thought that the condition of mental ataxy produced was deleterious to the patient, but, at the same time, where a definite disease was cured he would not carp at the treatment.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

PATHOLOGICAL AND CLINICAL SECTION.

Friday, March 24th, 1893.

R. SAUNDBY, M.D., F.R.C.P., in the Chair.

MYXŒDEMA.

DR. SAUNDBY showed a patient, aged 57, whom he had treated for myxœdema by the administration of thyroid gland. She was treated at first by feeding with half a lamb's thyroid daily, but the supply was irregular, she having only sixteen half glands between November 30th and December 31st. There being no manifest improvement a trial was made of Brady and Martin's thyroid extract, given hypodermically, but the injections caused great complaints of pain, and for this reason were discontinued. Better arrangements having been made for a supply of thyroid glands, the patient was again ordered to take one lobe daily. The lobe was chopped up and made into a sandwich, with the addition of a little pepper and salt or anchovy sauce. She was discharged on February 11th to continue the treatment at home. Present condition: facial expression natural; her daughter said that her mother had not looked so well for some years; skin of body and limbs soft and moist; no œdema. Ordered to continue taking only two half glands weekly. The patient had lost all the characters of myxœdema, and might have been shown as an example of Graves's disease.

SPECIMENS.

Dr. PURSLOW showed two specimens of Sloughing Fibroid Polypi of Uterus. The first was removed from a woman, aged 47, who, when admitted to the Queen's Hospital, appeared to be dying of cancer. There was a mass filling up the vagina which on careful examination appeared to be a sloughing fibroid polypus. This was removed, and the patient rallied for a few days, but the septicæmia had advanced too far, and she died on the eighth day after removal of the growth. The second specimen was removed from a woman, aged 38, who had been confined a month previously. The polypus, which was the size of an orange, had impeded labour. The pedicle, which was 2 inches in diameter, was divided with the *écraseur*, the tumour removed, and the patient made a good recovery.—Mr. JOHN W. TAYLOR showed a Mesenteric Cyst successfully removed by enucleation from a patient who was two months pregnant.—Mr. CHRISTOPHER MARTIN showed a Cyst removed from the transverse mesocolon of a married woman, aged 25. The patient made an excellent recovery. It was apparently one of the chylous varieties of mesenteric cysts.—Mr. CHARLES MARTIN showed a Mesenteric Cyst removed from a married woman, aged 32, by Mr. Lawson Tait on February 22nd, 1893. The tumour had been noticed for four years, at each confinement, when it enlarged and became tense. After the confinement the tumour gradually got smaller. The patient recovered.—Dr. KAUFFMANN showed a Diverticulum from the

Pouch of Douglas, lying somewhat nearer to the rectum than to the uterus, and extending in a downward direction between the rectum and the vagina, removed from a woman who died in consequence of an ectopic gestation. There were no signs of inflammatory action, and the deformity was evidently congenital.—Mr. MORRISON showed a specimen of Necrosis of the entire Shaft and Upper Epiphysis of Femur taken *post mortem* from a patient, aged 2.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.

R. C. CHICKEN, F.R.C.S., President, in the Chair.

Wednesday, April 19th, 1893.

CASES.

THE PRESIDENT showed a boy, aged 1½ year, upon whom he had operated for the Radical Cure of Hernia. He referred to eight cases similarly treated by him.—Dr. W. B. RANSOM showed a man, aged 21, who had Left Congenital Hemiparesis. Syphilis was mentioned as a possible cause, and this was supported by the presence of disseminated choroiditis in both eyes.

CEREBRAL DISEASE.

Dr. RANSOM read a paper on some obscure causes of cerebral diseases, illustrated by microscopic sections, drawings, and photograph. The most various lesions were diagnosed in the different cases, and were also verified *post mortem* in some. In one case the symptoms pointed to abscess of the temporo-sphenoidal lobe; after trephining and the evacuation of pus, the patient recovered. Another patient was trephined for a subdural cyst, and recovered, but was still subject to occasional fits. A boy, aged 10, in whom a cerebral tumour was suspected, presented right hemiplegia; but the upper facial muscles were involved as well as the lower ones; there was also double internal strabismus, and loss of taste on the right half of the tongue. *Post mortem* the pons was found much enlarged by the presence of an infiltrating glioma; the right seventh nerve was thickened, and the chorda tympani showed parenchymatous degeneration.

MIDLAND MEDICAL SOCIETY.

HENRY EALES, M.R.C.S., President, in the Chair.

Wednesday, March 22nd, 1893.

MYXŒDEMA.

MR. C. J. B. JOHNSON showed a case of myxœdema treated by raw thyroid in which distinct improvement was discernible on the third day. The woman was now (seven weeks from the commencement of treatment) able to do her household work, and walk a couple of miles without distress; she said she felt a new woman, and ate better than she had done for years. Nitro-glycerine promptly relieved the headaches which came on when the thyroid was freely given.

SPECIMENS.

Mr. JORDAN LLOYD showed a specimen of Sarcoma of the Head of the Tibia removed from a man, aged 40, by amputation through the thigh. The wound healed by first intention. Mr. Lloyd also showed a Sarcoma of the Femur springing from the Popliteal Surface of the Left Femur of a man, aged 67, simulating in its physical signs a popliteal aneurysm. Operation was contraindicated by the condition of the patient, who died of exhaustion four months after the beginning of symptoms.—Dr. KAUFFMANN showed a specimen of Retention Cyst of the Liver removed from the body of a man, aged 58, who died of cirrhosis of liver.—Mr. J. W. TAYLOR showed a specimen of Hæmatosalpinx from Atresia of Genital Canal.

Paper.

Mr. J. W. TAYLOR read notes of 250 cases of Abdominal Section.

MEMORIAL TO THE LATE PROFESSOR HOFMANN.—The subscriptions towards the erection of a Hofmannhaus in Berlin as a memorial to the late Professor A. W. Hofmann, the distinguished chemist, now amount to 120,734 marks (£6,036). Professor Hofmann's widow has presented her husband's scientific library, numbering some 2,000 volumes, to the institution.

REVIEWS.

A TREATISE ON HUMAN ANATOMY BY VARIOUS AUTHORS. Edited by HENRY MORRIS, M.A., M.B.London, Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital. London: J. and A. Churchill. 1893. (Royal 8vo, 791 woodcuts, many in colours, pp. 1310, 40s.)

THIS work is intended to be a complete and systematic description of every part and organ of the human body in so far as it is studied in the dissecting room. Histology and development—except the mode and data of development of the bones, and in a few other instances—are not included. This is on the whole a wise proceeding considering the scope of the work. At most medical schools at the present day separate courses of embryology are given, and the subject is now well furnished with textbooks. Moreover, for its adequate treatment more space is required than could be afforded in the present volume without unduly increasing its bulk, already considerable. Histology again is better taught in connection with physiology, with which science it is daily becoming more closely allied. The different sections have been written by various authors who are known to have devoted special attentin to the subjects allotted to them. The volume is in this way divided into the following sections, which in each case have the name of the author appended.

Section 1. Osteology. By J. Bland Sutton.
" 2. Articulations. By Henry Morris.
" 3. Muscles. By J. N. C. Davies-Colley.
" 4. Arteries, veins and lymphatics. By W. J. Walsham.
" 5. Nervous system. By H. St. John Brooks.
" 6. Organs of special sense. By R. Marcus Gunn and Arthur Hensman.
" 7. The thorax, including the organ of voice, respiration and circulation. By Arthur Hensman.
" 8. Organs of digestion. By Arthur Hensman and Frederick Treves.
" 9. Urinary and reproductive organs. By William Anderson.
" 10. Surgical and topographical anatomy. By W. H. A. Jacobson.

This is a method of procedure which has obvious advantages, but at the same time if great care is not taken many equally obvious disadvantages may accrue. Thus such important points as the attachments of ligaments and of muscles, the nerve supply of muscles, etc., might easily be described with slight variation in different parts of the work. This we have found not to be the case, a remarkable uniformity existing in the style of the various descriptions of the same organ by different authors, thus bearing testimony to the thoroughness with which the work has been edited, and to the completeness of the collaboration.

In the illustrations of the bones, the regions of muscles are indicated by red lines, the insertions by blue lines, and the attachments of ligaments by dotted black lines, a method of marking which is very advantageous, since it allows the superposition of relations of various structures without confusion.

A feature of the work which will be appreciated by students is the mode of describing the illustrations. The plan adopted consists in printing the descriptions in different types at the end of pointers. Thus it will be found that fasciæ and ligaments are in one kind of type, arteries, veins, and lymphatics in another, bones in a third, and nerve structures in a fourth. Several of the illustrations are repeated in different parts of the book; this is an arrangement that will spare the reader the trouble of referring from one section to another when cross reference is made in the letterpress. Many of the illustrations are in several colours, and most have been made expressly for this work, either from special dissections, or from the preparations in the museum of the Royal College of Surgeons.

The evolution of the peritoneum and the explanation of its arrangement in the human body are clearly and well stated. Starting from an ideal primitive alimentary canal suspended by a simple mesentery, the successive phylogenetic increases in the complexity of its arrangement are traced through salamandra and cholœpus up to man, and excellent diagrams are given to illustrate the rotation of the alimentary canal, the relation of the peritoneum to the duodenum, and the formation of the great omentum. The drawings illustrating the urinary organs and the pelvic fascia