

Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.—4. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscles? Reporter, E. G. Loring, M.D., of New York.

SECTION VII. *Otology*.—1. Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.—2. What is the Best Mode of Uniform Measurement of Hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.—3. In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. *Sanitary Science*.—1. Disposal and Utilisation of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago.—2. Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.—3. The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U.S. Marine Hospital Service.—4. The Present Condition of Evidence concerning "Disease-Germs". Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. *Mental Diseases*.—1. The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.—2. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.—3. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis.—4. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of the Government Hospital for the Insane, Washington.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the 1st of August, in order that places may be assigned them on the programme.

In order to facilitate debate, there will be published on or about June 1st, the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The Public Dinner of the Congress will be given on Thursday, September 7th, at 6.30 P.M.

The registration book will be open daily from Thursday, August 31st, from 12 to 3 P.M., in the Hall of the College of Physicians, north-east corner of Thirteenth and Locust Streets. Credentials must in every case be presented. The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, north-east corner of Locust and Thirteenth Streets, Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

The foregoing programme is published by the authority of the Committee of Arrangements of the Centennial Medical Commission.

S. D. GROSS, M.D., *President*.

WM. B. ATKINSON, M.D., 1400, Pine Street, *Recording Secretary*.

WM. GOODELL, M.D., 20th & Hamilton Streets } *American Corresponding Secretaries*.

DANIEL G. BRINTON, M.D., 115, S. 7th Street } *sponding Secretaries*.

R. J. DUNGLISON, M.D., 814, N. 16th Street } *Foreign Corresponding Secretaries*.

R. M. BERTOLET, M.D., 113, S. Broad Street } *ing Secretaries*.

ASSOCIATION INTELLIGENCE.

MIDLAND BRANCH.

THE spring meeting of the above Branch will be held at the Infirmary, Derby, on Saturday evening, May 20th, at 7 P.M.

Gentlemen who propose to read papers will be good enough to communicate with F. W. WRIGHT, *Honorary Secretary*.

Derby, April 25th, 1876.

NOTICE.

THOSE Members who have not yet returned the circular, with their opinion relating to the admission of females to membership, are requested to do so before Wednesday, the 31st instant, as the matter must then be closed, and the returns made up.

FRANCIS FOWKE,

General Secretary.

36, Great Queen Street, London, May 5th, 1876.

SOUTHERN BRANCH: DORSET DISTRICT.

THE next meeting will be held at Portland on Wednesday, May 24th.

Frederick James Parsons, Esq., President, offers a cold collation to members at his house at 12 noon; after which, visits will be paid to places of interest in the island.

The business meeting will be held at the Royal Hotel, Portland, at 5 P.M.

Dinner at 6.30 P.M. Charge, 5s. each, exclusive of wine.

Gentlemen intending to be present are requested to communicate with either

WM. VAWDREY LUSH, M.D., Weymouth; or } *Hon.*
C. H. WATTS PARKINSON, Wimborne, } *Secs.*

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the session will be held at the College Green Hotel, Bristol, on Thursday evening, May 25th, at half-past Seven o'clock: W. M. CLARKE, Esq., President, in the Chair.

The evening will be devoted to the discussion of the subject of Antiseptic Surgery, which will be opened by Mr. Prichard.

E. C. BOARD, *Honorary Secretary*.

7, Caledonia Place, Clifton, May 1st, 1876.

STAFFORDSHIRE BRANCH.

THE next ordinary meeting of the above Branch will be held in the Board Room of the Mines' Drainage Office, 22, Darlington Street, Wolverhampton, on Thursday, May 25th, 1876. The Chair will be taken by Dr. DAY, the President, at 3 P.M.

VINCENT JACKSON, Wolverhampton. } *Honorary Secretaries.*

RALPH GOODALL, Silverdale. }

Wolverhampton, May 16th, 1876.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

THE next meeting of the above District will be held on Friday, May 26th, at 3 o'clock in the afternoon, at the Castle Hotel, Hastings: JOHN T. PENHALL, Esq., M.D., in the Chair.

Dinner at 5 o'clock.

Notice of intended communications is requested by the Secretary on or before Wednesday, the 17th instant, in order that they may be inserted in the circular convening the meeting.

THOMAS TROLLOPE, M.D., *Honorary Secretary*.

35, Marina, St. Leonards-on-Sea, May 9th, 1876.

EAST YORK AND NORTH LINCOLN BRANCH.

THE annual meeting of the above Branch will be held at the Hull Infirmary, on May 31st, 1876, at 1 P.M.: T. B. KEETLEY, Esq., President, in the Chair.

Gentlemen who propose reading papers, cases, or to exhibit pathological specimens, are requested to communicate with the Secretary on or before the 22nd instant.

ROBT. H. B. NICHOLSON, *Honorary Secretary*.

Hull, May 8th, 1876.

YORKSHIRE BRANCH.

THE annual meeting of this Branch will be held at the Infirmary, Bradford, on Wednesday, June 14th, at 2.30 P.M.

The members will dine together at the Victoria Hotel, at 5 P.M. Tickets, 6s. 6d. each.

Gentlemen intending to bring forward any communication, or to join the dinner, are requested at once to communicate with the Secretary.

W. PROCTER, M.D., *Local Secretary*.

York, May 16th, 1876.

SOUTH MIDLAND AND CAMBRIDGESHIRE AND HUNTINGDONSHIRE BRANCHES.

A COMBINED annual meeting of these Branches will be held in the Board Room of "Harpur Charity Trustees", on Tuesday, June 20th next, at 3 P.M.: H. W. SHARPIN, Esq., President, in the Chair.

Gentlemen intending to read papers, or to be present at the dinner, are requested to communicate with Dr. Bryan of Northampton, Honorary Secretary, on or before June 10th.

J. M. BRYAN, M.D.

WM. MOXON.

J. B. BRADBURY, M.D.

} *Honorary Secretaries.*

Northampton, May 15th, 1876.

MIDLAND BRANCH.

THE general annual meeting of this Branch will take place on June 22nd, at the General Hospital, Nottingham; President, A. H. DOLMAN, Esq., M.R.C.S., etc.; President-elect, JOSEPH WHITE, F.R.C.S. Edin.

Gentlemen intending to read papers are requested to communicate with L. W. MARSHALL, M.D., *Hon. Local Secretary.*

General Hospital, Nottingham, April 18th, 1876.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Multiple Cysticerci Cellulosæ.—Sugar in Blood.—Artificial Diabetes.—Torsion and Ligature.—Death of M. Ricard.

A VERY curious case of cysticercus cellulosæ in a man was lately to be seen in M. Broca's ward in the Hôpital des Cliniques. The patient, who is a coachman by profession, had his body literally covered with a considerable number of the above parasites, which were to be seen principally in the great pectoral muscles, the muscles of the arm, in the cellular tissue; and it is probable they existed also in the brain, as the patient was affected with cerebral symptoms. About four years ago, the patient had passed several joints of a worm from his bowels, and even during his stay in the hospital he had passed a few, which, unfortunately, were not examined. M. Broca was, however, of opinion that the joints were parts of the *tænia solium*, it being the only worm with which the cysticercus cellulosæ is connected. The patient, being otherwise in good health, never sought medical advice until one day, whilst on horseback, he felt giddy and became insensible, in which state he remained for some time. He has had several attacks since, but not so severe in their character. About seven months before his admission to hospital, the patient observed, for the first time, a small lump on the chest, and, shortly afterwards, he noticed several others. These little tumours were situated deep in the muscles, and were of an oval shape, smooth, and painless. In order to confirm his diagnosis, M. Broca removed one of these little tumours, and, on examining its contents, found a cysticercus. The only treatment adopted in the case consisted simply in passing a small cataract-knife through each tumour, and combating symptoms as they presented themselves. The effect of this operation was the rapid atrophy of the tumours, and relief of the cerebral symptoms soon followed; there still remained, however, slight deafness, and the sight of the left eye was affected. Examination with the ophthalmoscope had not discovered the presence of cysticerci in the vitreous humour. M. Broca had pierced upwards of three hundred of these tumours—that is, those situated superficially; and it was obvious that nothing could be done for those situated deeply in the tissues and the brain. The patient had no tumour under the tongue; and, in a clinical lecture on the subject, M. Broca observed that, in the order of frequency, cysticerci in the human subject are found in the muscles and then in the brain. As for the origin of these parasites in man, it is generally attributed to the use of raw or underdone meat, particularly that of pork; but M. Broca believes they may be imbibed from other sources as well, such as uncooked vegetables, and even drinking water.

The views of Claude Bernard respecting the source of sugar in healthy blood, which, it will be remembered, he places in the liver, have certainly received a severe blow by the well-known observations of Dr. Pavy; but, notwithstanding these crucial researches, the French physiologist still regards the liver as the main source of sugar in the blood, whether in the physiological or pathological condition. M. Claude Bernard lately read a very interesting paper at the Academy of Sciences on the above subject, in which he endeavoured to prove that in man

and animals sugar is a *constant* element of the blood in its physiological condition, and that this saccharine principle is incessantly undergoing destructive change and regeneration in the sanguineous fluid, which changes are effected under the influence of the nervous system, and to which he has given the name of "glycérine physiologique".

In 1873, in a course of lectures at the College of France, M. Claude Bernard proved, by experiment, the possibility of producing a particular form of diabetes, to which he has given the name of "glucosurie alimentaire". The experiment consisted of tying the portal vein of a dog, and of submitting the animal to a diet of saccharine and amylaceous substances. Dr. Colrat of Lyons deduced from the above experiment that such a result is often produced by certain affections of the liver, causing partial or total obstruction of the circulation in the vena porta, as, for instance, in cirrhosis of the liver, pylephlebitis, etc. Dr. Léon Couturier followed in the same wake; and in his inaugural thesis he gives three cases of cirrhosis of the liver, in which he observed that each time the patients partook exclusively of saccharine or amylaceous substances at their meals, alimentary or rather artificial diabetes was the result. The term diabetes may here be considered a misnomer, as there was no increase of urine, but the condition was characterised simply by the presence of sugar in excess in this fluid, and the French term "glucosurie" is, in my opinion, very appropriate. Thus it may be seen that in this form of glucosuria, which, however, is of a temporary or intermittent character, the proportion of sugar in the urine bears a constant and close relation to the quantity of amylaceous or saccharine substances ingested. It will be seen also that the intensity of the glucosuria depends upon the degree of obstruction in the portal circulation. Dr. Lépine, an *agrégé* of the Faculty of Paris, lately made some researches in the same direction with somewhat similar results, which will be found in the proceedings of the Société de Biologie. In experiments in three cases of cirrhosis, Dr. Lépine obtained the following results. After having previously ascertained the absence of glucose in the urine of the three patients, Dr. Lépine submitted them to a glucosic diet, allowing them at the same time a certain quantity of bread, which was continued for three days. Glucosuria showed itself on the second and third days, which, however, soon passed off, but in one of the patients it lasted six days after the cessation of the above diet. These three patients died a short time afterwards, and at the necropsy it was found that all three presented typical lesions of cirrhosis of the liver, and one of them had tubercles in the summit of both lungs. Dr. Lépine submitted two other patients with cancer of the liver to the same diet, but they did not become glucosuric. It is well known, observes the author of the paper, that in this affection, even when it exists to a great extent, a considerable portion of the liver may yet remain healthy. He tried the same experiment with a phthisical patient whose liver was somewhat enlarged, probably owing to fatty degeneration, and obtained the same negative results. From these experiments, Dr. Lépine concludes that the administration of a large quantity of glucose or sugar may be useful in certain cases where the diagnosis is difficult, especially when the physician hesitates between cirrhosis and chronic peritonitis. The appearance of glucosuria would constitute more than a presumption of disease of the liver.

At a clinical lecture at the Lariboisière Hospital, M. Tillaux pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hæmorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries, but he has also applied it to the larger arteries, and after having practised this method for the last five years, he has come to the following conclusions. 1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudinally, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practised until the portion seized becomes detached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practised by Amussat and the English surgeons, as the operation limits itself either to the part seized, or one or two *centimètres* above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favours union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hæmorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hæmorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hæmorrhage, and yet he has practised it in about a hundred cases of capital operations.

The sudden death of M. Ricard, Senator and Minister of the Interior,

result had been then favourable to the formation of the Association, no one could have justly complained. As it is, however, a few gentlemen, having no title to a position of authority, after meeting in private, have now, without the consent and against the wishes of the majority of their brethren, assumed a public position in the name of the profession, to represent which they have no real claim whatever. Before I and those who think with me apply for membership of the Association, we must be shown how it is capable of doing more as a separate body than could be achieved through the Odontological Society (the objects of which are the same), and with the co-operation of those able men whose labours and self-sacrifice have resulted in placing dentistry in its present respectable position as a recognised branch of the medical profession. We must be shown upon what grounds eminent and honourable practitioners possessing only the diploma in dental surgery—who are refused admission into the new Society—can be justly excluded from any dental association; we must be shown that their exclusion will not tend to lower the value of the dental diploma in the estimation of those entering the profession, and incline a still larger number than at present to commence practice without obtaining any qualification; and, lastly, we must be shown what is to compensate for the disunion in the profession, and for the ill-feeling to which the foundation of the new Association has already given rise. There is one leader in the profession who has done more towards its advancement than any living man, and whose personal qualities and high position render his opinion upon the present subject of far greater weight than that of any one individual who could be named; and when I add that I allude to Mr. John Tomes, I may venture to affirm that no one, either within or without the dental branch of the profession, will deny this assertion. Mr. Tomes, in declining the proffered membership of the Association—having expressed his agreement with all that has been urged against it—says he does so “under the firm conviction that an exclusive association, constituted as this one appears to be, will be powerless for good, but capable of doing great mischief”. With this deliberate opinion, those who are intimately acquainted with the politics of the dental branch of the profession, can easily produce ample reasons for agreement.

I remain, your obedient servant,

HENRY SEWILL, M.R.C.S., L.D.S.

6, Wimpole Street, May 13th, 1876.

SIR,—A letter published in your last issue from Mr. James Smith Turner, states that, in his opinion, the claims of the new Association of Surgeons practising Dental Surgery to the consideration of the medical profession “have been greatly exaggerated”.

Surely, sir, those who conduct the medical journals are at least as good judges of this matter as your correspondent, who, in the same letter, confesses to ignorance of the names, numbers, and status of the members of this Association.

I am, sir, obediently yours,

NATHANIEL STEVENSON, M.R.C.S.

51, Wimpole Street, Cavendish Square, May 16th, 1876.

MILITARY AND NAVAL MEDICAL SERVICES.

THE NEW WARRANT.

SIR,—Allow me to make a few remarks relative to the New Warrant, and the review in your JOURNAL of May 13th. The main defect in Mr. Hardy's scheme not only lies in the short service system, which you justly condemn, but in the entire loss of military prestige, which must eventually result from the position into which Mr. Hardy plunges the department. The “two-hundred-and-fifty-pounders”, as the future new members of the department are called, must fail to hold any social position in the army, or even in the department. These gentlemen will never be regarded as part and parcel of either, and eventually the department will figure in the *Army List*, as it did only two years ago, as a “department not belonging to the army”.

It is quite impossible for the military profession to identify itself with men belonging to the medical profession, unless the latter hold some firm and intelligible status in the army, and the young “two-hundred-and-fifty-pounders” will always feel themselves in a false position, as “hirelings” and not “regulars”.

Again, the fact of a gentleman having served ten years in the army and leaving it, even with £1,000 in his hand, will militate against him in civil life. His professional rivals and the public will point out, that if A. B. have left the service at the end of ten years, it is because A. B. was unfit for the service, and therefore unfit for civil trust. If he had been—his rivals will say—a man worth his salt, he would have been “selected to remain”; so that even the very best of them, if they claim retirement and the £1,000 bonus, will have to contend against a suspicion of incompetency. As for the senior surgeon-majors, with nominal rank of lieutenant-colonel, Mr. Hardy's Warrant actually lowers their position. These officers have always had “choice of quarters”, according to their standing as lieutenant-colonels, and some of them have enjoyed this right for more than ten years. Mr. Cardwell, it is true, tried to deprive them of this privilege, but failed, and it is to be hoped that Mr. Hardy's side-thrust of the same kind may be foiled also.

Is there any sensible or just reason why the officers of the Commissariat Department should have the rank of lieutenant-colonel, and medical officers be junior of the rank? Nearly all the older medical officers ranking as lieutenant-colonel

are senior in that rank to all the assistant commissaries, and have had choice of quarters before them, until the birth of this precious infant of Mr. Hardy's brain. The Commissariat Department is a most valuable branch of the service, but I cannot see upon what ground it holds a higher status in the army than its sister branch, the Army Medical Department.

If you will look again at clause 21 of the New Warrant, you will perceive that the sixty-five years refers, not to officers at Whitehall, but to those on the retired list, who hold special half-pay appointments. Mr. Hardy distinctly stated that there could not be any exceptions made in the superannuation rules.

I feel confident of the ability of Sir W. Muir to direct his department, if he be let to do so, but no one can guide a coach if there are five or six others pulling at the reins. What is really required to make our branch of the service popular, is not £250, or a £1,000, or short service, but a fit and proper status in the service. This involves the necessity of a closer amalgamation with the military; the recognition of medical officers' military rank as a reality in every respect: the control and ordering, under the general's or other proper authorities, of our own hospitals, and all appertaining thereunto. In spite of Mr. Hardy, and all the narrow-minded prejudices of men higher in station than Mr. Hardy, it must come to this. A profession like the medical must advance as civilisation advances; and until the Medical Department is so identified with the service that the rank of its officers becomes as real as the rank of any other officers, so long will the organisation of the department be a thorn in the side of the statesman.

May 13th, 1876.

I am, sir, yours,

T. C. R.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

EXAMINATIONS IN PREVENTIVE MEDICINE AND PUBLIC HEALTH.—The Board of Studies for Preventive Medicine and Public Health gives notice that it is proposed to hold an examination on the above subjects in the ensuing Michaelmas Term. The examination is open to all persons who have taken the degree of Bachelor of Medicine in the University of Oxford. Candidates are requested to send in their names to the Regius Professor of Medicine on or before October 1st.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN STATE MEDICINE.—The next examination for Certificates in Sanitary Science will be held in Part I on Tuesday and Wednesday, June 13th and 14th; and in Part II, on Thursday and Friday, June 15th and 16th. Candidates must send their names and fees to Professor Liveing, Cambridge, on or before Tuesday, May 30th. Any one whose name is on the *Medical Register* of the United Kingdom, and is twenty-four years of age, may be a candidate.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, May 16th, 1876.

Army and Navy Surgeons.—In answer to Dr. Brady, Mr. HARDY said it was not in contemplation to employ foreign medical men with foreign diplomas in the Military or Naval Services of the country. No candidates were admitted who were not either British subjects by birth or naturalisation, or whose diplomas were not registered under the Medical Acts.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were elected Fellows of this College at a meeting held on May 15th, 1876.

Anthony, John, M.D., Birmingham
Bateman, Frederic, M.D., Norwich
Barry, John O'Brien Milner, M.D., Tunbridge Wells
Brodie, George Bernard, M.D., 56, Curzon Street
Brunton, Thomas Lauder, M.D., 23, Somerset Street
Cavafy, John, M.D., 2, Upper Berkeley Street
Hollis, William Ainslie, M.D., Brighton
Paine, William Henry, M.D., Stroud
Woodman, William Bathurst, M.D., 6, Christopher Street
Yeo, Isaac Burney, M.D., 44, Hertford Street

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 16th.

Berridge, W. A., Upholland, Lancashire
Brumell, Arthur, Morpeth, Northumberland
Chadwick, W. S., Wakefield
Clubbe, C. P. B., Hull
Coley, F. C., Blackheath
Cook, J. B., Nottingham Place, N.W.
Denton, A. H., Sheffield
Emmerson, J. B., Newcastle-on-Tyne
Harshy, W. R., Tredegar, Monmouth
Henwood, J. D., L.S.A., Millbrook, Cornwall

cular regions. The lower and middle lobes of the right lung were almost solid, showing a general infiltration, together with some nodules. The size of the spleen was enormous, reaching as far as the middle line of the body, and weighing sixty-three ounces. It was soft and friable, showing no signs of Malpighian corpuscles. On microscopical examination of the nodules in the skin, of the glands, and of the lungs, similar appearances were found in all, viz., densely collected round cells, with a little intercellular substance. The spleen was more difficult to examine, owing to its softness; but it appeared to show signs of proliferation of the pulp. The case, amid many other points of interest, was remarkable as being the first case of lymphadenoma with infiltration of the skin.—Dr. F. TAYLOR asked as to the presence of leucocythæmia.—Dr. GREENFIELD replied that the blood, when examined after death, showed no increase of the white corpuscles.

Acute Tuberculosis.—Dr. TURNER exhibited a spleen which was removed from a boy, aged 11, who had died in St. Thomas's Hospital. After an attack, as was thought, of enteric fever, the child steadily emaciated; the spleen was found to be enlarged. Four days before his death, delirium suddenly supervened, with coma, rigidity of the limbs, and strabismus. There was no family history of phthisis. At the *post mortem* examination, general tuberculosis was found; the spleen was much enlarged, covered with lymph, and the surface uneven with nodules.—Dr. BARLOW and Dr. GREEN remarked that the account of the spleen appeared similar to what is usually observed in cases of general tuberculosis.—Dr. GREENFIELD and Dr. TURNER replied that the peculiarity of the nodules in the spleen consisted in their large size, their uniform character, and apparently uniform date.

Tenia Mediocanellata.—This specimen, which was brought forward by Dr. TURNER, showed absence of separation between many of the segments, and also great irregularity in the sexual apertures: at some spots these were much crowded together; at others, they were absent for as much as ten inches.

Sclerosis of Spinal Cord.—Dr. GOWERS showed microscopical sections and drawings of this. Some were taken from a man who had locomotor ataxia; here uniform sclerosis of the posterior columns was found: others from the cord of a young man, who died after a second series of epileptiform attacks; here some slight fibroid change was universal, but in the dorsal and cervical regions the posterior median columns were densely sclerosed.

Cerebral Aneurism.—Dr. GOWERS brought forward this case, which occurred in a woman, aged 21. For one month she had had left hemiplegia. At the time when this came on, the patient stated she felt "something burst in her head". There was a loud mitral regurgitant murmur, and albuminuria. The paralysis was peculiar with regard to the left upper lip; there was no voluntary power over the left angle of the lip, though, under the influence of the emotions, it could be retracted as readily as the other. After a while, epileptiform convulsions suddenly came on, affecting both sides of the body, followed by death. After death, abundant vegetations were found upon the mitral valve; the spleen contained an old infarct; and two cerebral hæmorrhages were found, one old, the other recent. The former was situated in the transverse frontal fissure, and was evidently the cause of the old hemiplegia. With relation to the paralysis of the face, it was noteworthy that this hæmorrhage passed through the middle of the region which Dr. Ferrier, from his experiments on monkeys, had found to preside over the movements of the face. The other hæmorrhage was found outside the optic thalamus, but also to have ruptured into the interior, communicating with the lateral, third, and fourth ventricles. Connected with this hæmorrhage, was found an aneurism on the second branch of the Sylvian artery. This situation was rare for spontaneous hæmorrhage; the aneurism was probably due to imperfect occlusion of the artery by embolism. In support of this view were the age of the patient (21), the fact that the other arteries were healthy, the presence of cardiac vegetations, and an old infarct in the spleen; this artery also was the one most commonly plugged. Dr. Gowers thought two causes were at work to explain how the hæmorrhage, situated near the surface, had ruptured into the interior of the brain: one, that there was much surrounding induration, and thus less resistance to the passage of the blood into the interior; the other, that the rupture took place slowly, and thus a gradual disintegration of the brain-substance prepared the way for the passage of the blood.—Dr. GREENFIELD supported the view that slow hæmorrhage was the rule in these cases.—The PRESIDENT alluded to the case of a boy, where aneurism of the ulnar artery was found to be due to embolism from vegetations on the mitral valve.

Congenital Heart Disease.—Two specimens of this were shown by Dr. BARLOW.

Parts after Thyrotomy.—Mr. P. THORNTON brought this case forward. Thyrotomy was first performed for the removal of growths in 1872. Tracheotomy was performed in January 1873. For the first year it

was found necessary to remove the growths every month, but during the last year not at all. The child's death was due to whooping-cough.

Tumour of Fibula.—Dr. COUPLAND exhibited this specimen for Mr. NUNN. It was met with in a child, aged 13. Amputation, through the knee-joint, was performed. The tumour appeared to be a periosteal sarcoma.

The PRESIDENT reminded members that this was the last meeting of the session, and that those who had not yet sent in their reports would facilitate the labours of the secretary by so doing.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 12TH, 1876.

SIR WILLIAM JENNER, Bart., K.C.B., M.D., D.C.L., F.R.S.,
President, in the Chair.

Subcutaneous Osteotomy of the Femur.—Mr. MAUNDER read a paper upon this subject, and exhibited patients to show how great and important results might be obtained with comparatively little risk. Two of the operations had been performed on the same patient, with an interval of twenty months. This patient, M. A. J., now aged 10, had had hip-joint disease, which had left the left thigh fixed by fibrous ankylosis at a right angle to the spine, the head of the femur being wasted and displaced upon the dorsum ilii. Notwithstanding section of contracted muscles and subcutaneous division of the neck of the bone, as suggested by Mr. William Adams, the deformity was in no way lessened; and Mr. Adams himself also failed a week subsequently in a similar case. This failure led the author to consider how to act. The outcome was the operation described, illustrated with gratifying results. After alluding to Messrs. Brodhurst, L. S. Little, and Gant, as pioneers in this department, he pointed out that, while a certain number of cases of deformity at the hip-joint were remediable by section of the neck of the femur, a large number were not suited to that operation, but could be readily relieved by division of the bone at a suitable point below its upper extremity. Three cases were given, of which that of the child M. A. J. above-mentioned was typical. The first operation on her having failed, a second was performed, but below the lesser trochanter. In this operation, the method suggested by Professor Volkmann of Halle was followed by Mr. Maunder, and chisels and a mallet were used. A double-edged knife was employed for the puncture of the soft parts; and great stress was laid upon the division of these in such a manner that the wound in the skin should not communicate directly with that in the bone. Great care had also to be exerted when one instrument was replaced by another, as the knife by a chisel and one chisel by another—the one instrument being used as a guide to the other. The wound might or might not be closed by a catgut-suture; and a compress and strapping were then employed. Bony union was to be encouraged by rest and a suitable splint. Mr. Maunder deemed it important also to support the soft parts about the wound, in order to prevent oozing into the track of this, by the application of a sand-bag after the patient was in bed. After both operations on M. A. J., primary union of the soft parts occurred. The child was shown standing erect, and with her lower extremities parallel. Another instance was that of a man aged 21, who had had hip-joint disease for seventeen years, and in whom a discharging sinus existed before the operation, and existed still. The same operation was performed, and the deformity was remedied. He could stand erect, with the lower extremities parallel. Possibly the most interesting case, as showing the importance of osteotomy, was that of Richard H., aged 30, a sailor by occupation. He broke his left thigh at sea; and there being no surgical aid, the fragments had united at an awkward angle, with complete eversion of the foot. The man stated that the leg was perfectly useless to him as a sailor by reason of this eversion, and he was most anxious to have something done to remedy this condition. Here the shafts of the bone was divided. The foot could then be turned to the required position, and was so maintained. The wound healed primarily; the man never had an ache or a pain or a disturbed night, and in six weeks bony union had occurred. In contemplating osteotomy at the upper extremity of the femur, the point of division must depend upon the condition of the parts. Mr. William Adams's operation—section of the neck of the thigh-bone—appeared to be applicable to cases of ankylosis and deformity in which the head of the bone remained in the acetabulum, both without material loss of substance and also in the absence of much surrounding thickening about its neck. On the other hand, if there were great thickening, requiring an extensive use of the saw so as to leave large surfaces of sawn bone in apposition, this extent of surfaces alone would prevent a restoration of the extremity to the desired position, and small benefit only would result from the operation. Also