

## Association Intelligence.

### LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

### SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD  
DISTRICT MEETINGS.

A DISTRICT MEETING will be held at the Star Hotel, Maidstone, on Friday, October 28th, at 2.30 P.M. Dinner (at 5 P.M. punctually) will be prepared for those who may be able to remain.

Gentlemen intending to dine, are requested to give an intimation thereof to Mr. Dulvey, of Brompton, Chatham, or to Mr. Fry, of Maidstone, on or before Wednesday, October 26th.

Trains will leave Maidstone for London and all stations on the North Kent Line at 7.25 and 8.30.

JAMES DULVEY, *Honorary Secretary.*

Brompton, Chatham, October 1859.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 5TH, 1859.

EDWARD RIGBY, M.D., President, in the Chair.

#### COMMUNICATIONS.

*Induction of Premature Labour in a Case of Distorted Pelvis.* By J. H. TROUNCER, M.D. The patient had had eight children. The first three labours normal, children alive; in the fourth, turning and death of the child; in the fifth, the forceps was used, and the child born dead. The author attended her in her sixth labour; the result was as in the former case. In the seventh pregnancy premature labour was brought on at the eighth month, by means of an alternate injection of hot and cold water into the vagina, by the use of a powerful syringe: the result was successful. In the next pregnancy (the eighth) similar means were adopted; but this time a long flexible tube was passed into the cervix uteri, and water was thus injected. In four days labour set in; the shoulder presented; the child was turned; but the cord was twisted round the neck, and the child's life was in consequence sacrificed.

*Fetus in which the Anterior Abdominal Wall was Deficient.* By G. HEWITT, M.D. The elbow presented, and during the progress of the labour the protrusion of the intestines through the aperture in the parietes of the abdomen, covered only by peritoneum, was felt by the fingers, and produced an impression that the placenta was in contact with them.

*Ovarian Gestation.* By J. H. DAVIS, M.D. The patient, aged 25, never previously pregnant, began to suffer in March from severe abdominal pain, and above the right pubes was found a well-defined enlargement, very tender to the touch. On the 14th of May, Dr. Davis first saw her, and found a large tumour extending to the umbilicus, and occupying chiefly the left iliac region, fluctuating, and resembling an ovarian tumour. Mammary symptoms of pregnancy, somewhat undecided and of doubtful import, were present; cervix uteri high up, inclined forwards; os not having the cushion fullness of early pregnancy; body of uterus a little enlarged; length of cavity, three inches and a half. Behind the cervix was a soft tumour, evidently continuous with that felt above. The diagnosis on this examination was that the tumour was of extra uterine character, and that within the cysts were fetal contents. A cannula and trocar were introduced into the tumour behind the cervix, and a quantity of fluid was evacuated; but the patient refused to allow of further projected operative measures, and died on the 9th of July. The left ovary was found developed into a cyst, situated between the uterus and rectum; the interior was sloughy and putrescent; it contained a decayed fetus and remains of placenta, all of a dark colour.

858

*Polypus of the Uterus.* By J. H. DAVIS, M.D. It was of about the size of an orange. He had removed it by means of the ligature and bistoury. The mass protruded from the vagina, and gave rise to considerable losses of blood and discharges.

THE HYDATIDIFORM, OR VESICULAR MOLE; ITS NATURE AND MODE OF ORIGIN. BY GRAILY HEWITT, M.D., M.R.C.P.

In this paper it was attempted to reduce the series of facts already on record in reference to the nature and mode of origin of the hydatidiform, or vesicular mole, into something like a system, and to offer a solution of certain questions not yet satisfactorily or clearly answered.

The author described a case in which a hydatidiform mole was expelled from the uterus seven months after the birth of a first child, and during lactation. The patient did not suspect her pregnant condition, but for about six weeks the milk had increased in quantity, and fullness of the lower part of the abdomen, and constipation, had been noticed. The ovum, expelled entire, was apparently about two months old, and offered a most perfect specimen of commencing hydatidiform degeneration. On cutting vertically through the whole mass, the following appearances were met with: the amniotic cavity was empty; no embryo was discoverable: the chorion and amnion membranes were adherent; about half of the chorion villi (the whole of those corresponding with the decidua serotina) presented the hydatidiform change; the remainder were covered by the decidua reflexa, shrivelled and small. The chorion villi proceeded from the chorion membrane in their passage towards the decidua serotina becoming enlarged at intervals into rounded bladder-like bodies, from one-sixteenth to one-sixth of an inch in diameter. Microscopic examination showed these vesicular bodies to possess the structure of normal chorion villi; but the cells on the surface were wider apart, and the villi distended by a serous fluid. The appearances did not differ materially from those described by Cruveilhier, Mettenheimer, Gierse, Wedl, and others.

What is the nature and cause of the change in the chorion villi, which results in the production of these hydatidiform bodies? Mettenheimer and Paget declare them to be cysts, while Gierse considers that the change consists in hypertrophy of the natural structures of the chorion villi, with secondary cedema. The "cyst" view the author considered positively disproved by observation of the specimen, and the drawings of the same produced, and by comparison of the altered villi with normal villi, at about the same period of development. In the normal villi and in the altered ones there are precisely the same structures; it is not, then, necessary to have recourse to a cyst theory to account for the appearances. The cells on the surface of the villi are seen alike in the two cases. The vesicular enlargements evidently do not originate in them, and Gierse's opinion as to the essential anatomical character of the change is far nearer the truth. In the hydatidiform mole we have, not a new formation, but simply an alteration and degeneration of previously existing structures.

What are the circumstances which determine this pathological alteration? Universally, the transformation has been supposed to be the starting-point; that the disease of the chorion was the cause; the death of the embryo the effect. Dr. Hewitt contended that the death of the embryo occurs first, the chorionic transformation subsequently. Death of the embryo involves arrest of chorionic development, but not necessarily cessation of vitality in the chorion villi. These may continue to grow, and this growth will form the hydatidiform mole. The middle or end of the third month is probably the limit within which the change can originate. Of the embryo, in most cases of hydatidiform change, no trace is detected; when found, it is always very small. The author considered that in the case of the patient above described, and in cases like it, it was very probable that the death of the embryo was due to long-sustained but slow contraction of the uterus, produced by the irritation of lactation. Dr. Barnes had found that in a number of cases of abortion of non-special character, into the particulars of which he had inquired, abortion occurred in 17 per cent. of cases of conception, during lactation, and in only 10 per cent. of other cases.

As to the possibility of a portion of retained placenta taking on the hydatidiform change, the following opinion was offered: The placenta of a mature fetus cannot be so changed; but appearances, giving rise to an erroneous conclusion on this point, might arise: first, in cases of double conception, one of the ova perishing at an early period, and the degenerated chorion villi remaining in the uterus after the normal birth; and, se-

same time we must not suicidally reduce the subscription, or lower the character or usefulness of the JOURNAL. Increase the number of members (I make no doubt they will increase); and there is no better way of doing so than by increasing the number of original lectures and communications. By such means we shall be able to supply the members of the profession with the greatest amount of good material for improving themselves in their daily practice, besides the other advantages belonging to membership.

Brother associates, let me remind you that this JOURNAL is the organ of a mighty power, which was at one time lisping its tiny notes in the provinces. Conceived in the modest town of Worcester, by our distinguished President of the Council, Sir Charles Hastings, nourished by his paternal care and solicitude, it has now passed honourably through its teens, and it will soon, I hope, speak in thunder tones as the mighty engine of the rights and privileges of the profession. Let us have nothing to do with other journals. While we respect and think much more highly of them than they seem to think of us, let us retain our own identity. Believe me, the JOURNAL is the backbone of the Association, as expressed by Dr. Munroe.

Let me conclude with what I fully believe to be prophetic words, from the pen of Dr. Munroe. "By the assistance of the profession becoming members of the Association, I cannot but believe that the BRITISH MEDICAL JOURNAL must take the first place in our medical periodical literature." I am confident that it is in our power to fulfil this prophecy if every member will only exert himself in writing for the JOURNAL, particularly those enjoying hospital practice, as physicians or surgeons, or house-physicians or house-surgeons, and in procuring as members some of the 13,000 still to be included, and getting those in arrears to pay up.

I am, etc., THOMAS SKINNER.

Liverpool, October 15th, 1859.

## Medical News.

### BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

\* In these lists, an asterisk is prefixed to the names of Members of the Association.

#### BIRTHS.

Of daughters, the wives of—

FRANCIS, C. R., M.D., Bengal Army, at Bognor, on Oct. 1st.  
\*TYRRELL, Walter, Esq., St. Helen's Place, E.C., on Oct. 17.

#### MARRIAGES.

BARNETT, John M., M.D., Bombay Army, to Mary E. C., daughter of the late John JOHNSTON, Esq., of Ashley Lodge, County Down, at Paddington, on October 14th.  
DAIN, Fredk. C., Esq., Surgeon, King's Cliffe, Northamptonshire, to Caroline Fanny, younger daughter of the late R. PREEDY, Esq., of Hampton, Evesham, on October 13th.  
HARTMANN, Ernest, Esq., to Amy Anne, only child of \*W. H. FRY, Esq., Surgeon, of Brighton, at Hounslow, on Oct. 17.  
KENDALL, Henry, M.D., 7th Hussars, to Annie Jane, second daughter of Colonel BRIND, C.B., Bengal Horse Artillery, at Umballa, on August 9th.  
PARKE, Henry B., Esq., Norfolk Square, to Eliza M., eldest daughter of \*G. R. HILLIARD, L.R.C.P., of Chelmsford, on October 15th.  
\*SEPHTON, R., Esq., Culcheth, Lancashire, to Caroline, third daughter of \*J. Burrows, Esq., of Liverpool, on Oct. 13th.  
SWINSON, Henry, Esq., second son of \*G. N. Swinson, Esq., of Leamington, to Sarah, youngest daughter of the late C. GREATREX, Esq., of Walsall, on October 13th.

#### DEATHS.

LLOYD. On October 14th, at Brighton, Frances Charlotte, third daughter of E. A. Lloyd, Esq., Surgeon.  
NEWHOLT, William R., M.D., at Bath, aged 68, on Oct. 13.  
PARKER. On October 13th, at Dover, aged 7, Percy Yeates, second son of \*James Parker, Esq., Surgeon, Trowbridge.  
TOOGOOD. On July 19th, in Australia, Charles, fourth son of J. Toogood, M.D., Torquay.  
VAUX, James, M.D., in the wreck of the *Admella*, aged 27, on August 5th.

WALLIS, Edward S., M.D., at Calcutta, aged 32, on Aug. 31st.  
WARE. On October 12th, at Tilford, aged 67, Anne, wife of Martin Ware, Esq., Surgeon, of Russell Square and Tilford.  
WHYTE. On October 16th, at East Grinstead, Anna, wife of John Whyte, Esq.

#### PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At the Comitia Majora, held on Wednesday, Oct. 19th,

MACLOUGHLIN, David, M.D., Bruton Street, was admitted a member of the College under the temporary by-laws.

ROYAL COLLEGE OF SURGEONS. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on October 13th:—

ANDREW, Henry, Truro: diploma of membership dated May 15th, 1839

BENNETT, G., Sydney, New South Wales: March 7, 1828

HAWKINS, James, Newport, Monmouthshire: June 4, 1838

HAWTHORNE, Arthur Neville, Eccleshall: June 17, 1840

MARTIN, Henry Victor, Ealing: May 12, 1834

METCALFE, Edmund, Delamere Crescent, Westbourne Terrace: October 1st, 1841

VALLANCE, James Thomas, Stratford, Essex: June 3, 1842

WILDBORE, Daniel Peacock, Old Street: May 3rd, 1816

WILLIAMS, William, Oldbury, Worcestershire: Oct. 7, 1825

APOTHECARIES' HALL. LICENTIATES admitted on Thursday, October 13th, 1859:—

CREAGH, William, Ireland KING, Edward P., Chepstow

DRURY, John T. C., Doncaster SANSOM, Arthur E., Corsham

ELLIOTT, C. H., York, Swan SMITH, John, Coseley

River WICKHAM, William, Tetbury

The following gentlemen, on the same day, passed their first examination:—

CATT, Alfred, Brighton MATTHEWS, C. S., Carey Street

COLLINS, John B., Yapton, MIAL, Philip E., Bradford

Sussex NOWELL, A. H., Richmond

#### HEALTH OF LONDON—OCTOBER 15TH, 1859.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week .....	{ Boys .. 822 Girls .. 805 }	1627 .. 902
Average of corresponding weeks 1849-58..	1543 ..	1035

Among the causes of death were—diarrhoea, 29 cases; whooping-cough, 17; measles, 18; scarlatina, 87; small-pox, 37; diphtheria, 7. Of bricklayers, 1 died; bricklayers' wives, 3; bricklayers' children, 7; carpenters, 6; carpenters' wives, 3; carpenters' children, 21; painters, 5; painters' wives, 4; painters' children, 5; of plasterers, 1; plasterers' children, 8.

Barometer:

Highest (Sun.) 29.640; lowest (Sat.) 29.365; mean 29.492 in.

Thermometer:

In sun—highest (Fri.) 75°; lowest (Tues.) 60.3°.

In shade—highest (Fri.) 66°; lowest (Wed.) 45.7°.

Mean—55.3°; difference from mean of 43 yrs. +4.4°.

Range—during week, 20.3°; mean daily, 12.3°.

Mean humidity of air (saturation=100), 92.

Mean direction of wind, E.—Rain in inches, 0.88.

#### TO CORRESPONDENTS.

Communications have been received from:—MR. G. N. SWINSON; MR. W. MARTIN; DR. WHYTEHEAD; MR. T. W. NUNN; MR. W. COPNEY; DR. LIONEL BEALE; MR. T. HOLMES; DR. THOS. SANDWICH; DR. P. H. WILLIAMS; MR. HARRISON; DR. THUDICHUM; DR. STYRAP; MR. H. TERRY; DR. T. H. BAKER; DR. W. H. RANKING; MR. E. DANIELL; DR. SKINNER; MR. JOHN DIX; DR. C. H. JONES; MR. JAMES REID; DR. BIRCH; DR. INMAN; MR. T. POPE; MR. A. PRICHARD; MR. J. K. SPENDER; MR. DULVEY; DR. SLOPER; DR. DE MIERRE; MR. D. CRAWFORD; MR. T. M. STONE; and MR. HARCOURT.

#### BOOKS RECEIVED.

[\* An Asterisk is prefixed to the names of Members of the Association.]

1. Illustrations of How to Work with the Microscope. By \*Lionel Beale, M.B., F.R.S. London: Churchill. 1859.
2. Throat Ailments: more especially the Enlarged Tonsil and Elongated Uvula, in connection with Defects of Voice, etc. By \*James Yearsley. Seventh Edition. London: Churchill. 1859.