REPORTS OF SOCIETIES.

Sheffield Medico-Chirurgical Society.

October 27, 1887.

Mr. PRIESTLEY (Sheffield).—*Demonstration of Specimen of Aneurism of the Arch of the Aorta, in a Drunkard, which had burst into the Trachea.*

November 10, 1887.

GARRARD, —.—*Rupture of Trachea; General Emphysema; Death.*

A GIRL, aged eight, fell on a sharp-edged slate hanging round her neck, bruising the front of the neck. Swelling from emphysema commenced at once, and when brought to the hospital, about an hour after the accident, it had extended to every part of the body, even to the fingers and toes. She died a few minutes after admission. No post-mortem was allowed, but a distinct depression could be felt just below the cricoid cartilage. Mr. Garrard much regretted that so much delay occurred in bringing the child to the hospital, and thought that, had an early incision been made over the trachea to the injured part, life would have been saved.

South East Hants Medical Society.

November 2, 1887.

J. WARD COUSINS (Portsmouth).—*Disease of the Cervical Vertebræ.*

EXHIBITION of a boy aged eleven years. The disease appeared to have been completely arrested, under treatment by rest and sand bags, although a good deal of thickening still remained at the back of the neck.

Harveian Society of London.

November 3, 1887.

J. HUTCHINSON, Jun. (London).—*The Teeth in Inherited Syphilis.*

THE fallacy of looking for characteristic signs in the temporary teeth was dwelt upon, their liability to premature necrosis and falling out being illustrated by specimens. The teeth which in after life showed syphilitic deformity in the greatest degree were those which calcified first, namely, the permanent incisors and first molars. The upper central incisors were the real test teeth of inherited syphilis, though many children who inherited disease presented perfectly normal teeth.

Dr. HUGHLINGS JACKSON remarked upon the importance of a wide and exact knowledge of the particulars and decisive signs of inherited syphilis.

Brighton and Sussex Medico-Chirurgical Society.

November 3, 1887.

MACKEY, —.—*Unusual Organs from a Child.*

THE child was five years and a half old. Amongst the organs exhibited was the larynx, the ary-epiglottic folds of which were sloughing, with the presence of shreds of membrane. The clinical history of the last illness suggested diphtheria commencing in the bronchi and extending upwards. (This mode of origin and extension of diphtheria is somewhat unusual.)

https://doi.org/10.1017/S1755145500160518 Published online by Cambridge University Press

Leeds and West Riding Medico-Chirurgical Society.

November 4, 1887.

Dr. MYRTLE (Harrogate).—*The Difficulties in Diagnosis of Early Condition of Malignant Disease.*

A PATIENT was shown who twelve months ago complained of a peculiar sensation at the lower end of the sternum on swallowing, and of shooting pains about the anterior chest wall, having special difficulty with certain acid fluids. For a time relief was obtained by the administration of cucaine, which on one occasion caused symptoms of intoxication, but the dysphagia came on again, accompanied by hæmorrhage. He was seen at various times by eminent consultants (including a throat specialist), and the diagnosis included spasm, neuralgia, localized simple inflammation, and aneurism of the aorta. It was only at a later date that a growth occluding the œsophagus, and a mass occupying the cardiac end of the stomach, were demonstrated. After complete obstruction of the gullet the patient lived for twenty-six days while fed by the rectum only.

Dr. CLIFFORD ALLBUTT thought the general cachexia was an important point in the diagnosis of malignant disease from neuroses or inflammation.

Dr. BRAITHWAITE thought cancer was always accompanied by quickness of the pulse.

Mr. LAWFORD KNAGGS asked whether a certain amount of relief could not have been obtained by gastrostomy.

Dr. JACOB remarked on the use of the bougie in diagnosis, and the utility of intubation where the stricture was not too low.

Dr. EDISON said his experience of surgical treatment of malignant stricture of the œsophagus was very unsatisfactory.

Mr. MCGILL said his first gastrostomy was his only successful case, the patient living for six months. He intended in future to open the œsophagus in suitable cases.

November 18, 1887.

A. H. JACOB (Leeds).—*Case of Syphilitic Laryngitis.*

EXHIBITION of a man who had had a chancre ten years previously. The epiglottis was partly destroyed, and there was much thickening of the vocal cords.

ROBSON, — (Leeds).—*Acute Glossitis.*

EXHIBITION of a young woman, the subject of this complaint. Four years previously, the tongue, which was the subject of macroglossia, became acutely inflamed, and he removed a wedge-shaped piece. Three weeks ago she had another attack, with no apparent cause. The piece formerly removed showed an overgrowth of adenoid tissue, but no trace of lymphangiectasis.

West London Medico-Chirurgical Society.

November 4, 1887.

PERCY DUNN (London).—*Epithelial Growth of Tongue.*—Card case.

HERRINGHAM, — (London).—*Case of Syphilitic Laryngitis.*—Card case.

SPICER, — (London).—*Obstruction of the Nose: its Bearing on Throat and Ear Disease, and its Treatment.*—Paper read.

THIS paper contains nothing new, and the discussion which followed has not been reported.

https://doi.org/10.1017/S1755145500160518 Published online by Cambridge University Press

Medical Society of London.

November 7, 1887.

A. MARMADUKE SHIELD (London).—*Acute Glossitis accompanied by Trismus.*

CHILD, aged six years, with swelling of the tongue and spasmodic contraction of the jaws suddenly supervening upon recovery from quinsy. At the end of a week the tongue was enormously swollen and protruded from the mouth, the teeth being buried in it. Swallowing was impossible, and breathing was seriously impeded. Under chloroform, the tongue was freely incised, with profuse bleeding. It at once diminished in size, and the spasm of the jaws gradually relaxed, but paralysis of the tongue persisted for several days. The attack was attributed to direct extension of inflammation from the pharynx.

Dr. SIDNEY PHILLIPS, who had known several cases from bad drains, asked whether the child had been exposed to any other cause of septic poisoning than wounds.

Dr. ANGEL MONEY called attention to the very singular liability to spasm of the particular portion of the fifth nerve.

Mr. SHIELD, in reply, concurred in Dr. Phillips' suggestion, which was very probable.

British Medical Association: Birmingham and Midland Counties Branch.

November 10, 1887.

BENNETT, MAY (Birmingham)—*Cleft Palate.*

A YOUNG girl was shown who had been most successfully operated on. The exhibitor thought such cases were most likely to give perfect results which were not too young.

Northumberland and Durham Medical Society.

November 10, 1887.

LIMONT, — (Newcastle-on-Tyne).—*Adenoid Vegetations in Pharynx.*

EXHIBITION of a girl, the subject of this disease.

British Medical Association: Yorkshire Branch.

November 16, 1887.

ADOLPH BRONNER.—*Post-nasal Growths, and their Relation to Disease of the Middle Ear.*

PAPER read, but not reported.

Sunderland and North Durham Medical Society.

November 17, 1887,

MORGAN, — (Sunderland).—*Salivary Fistula.*

EXHIBITION of a patient who had been successfully operated on.

GRAY, —.—*Gastrostomy.*

EXHIBITION of a man who had been operated on two months previously for carcinoma (?) of the œsophagus. Since the operation the patient had increased twelve pounds in weight.

Medical Society of the Hospitals.

November 22, 1887.

Thyroid Leucocythæmia. HAYEM.

THE author related the case of a woman sixty-two years old, until lately in excellent health. After the birth of her last child, now fourteen years old, she

https://doi.org/10.1017/S1755145500160518 Published online by Cambridge University Press

noticed a swelling of the right globe of the thyroid gland, but this swelling remained stationary until last October. From this time it has augmented considerably, has displaced the œsophagus and trachea, and given rise to trouble in deglutition and suffocative paroxysms. The carotid artery passes in front of the tumour, which is of hard consistency, and presents no bruit. The cachectic aspect of the patient suggested to the author an examination of the blood; he found a considerable augmentation of the white blood corpuscles (70,000 per cubic millimeter), nothing in the liver or spleen, and no trace of glandular enlargement. The author asked if this very rapid development of goître might not be the cause of the leucocytosis (which, considering the hæmatopoietic functions of the thyroid body, would not be extraordinary). And he asked further for suggestions as to treatment of the condition which menaced the life of the patient.

M. BUCQUOY suggested injections of iodine, commencing on the periphery of the goître, repeated frequently on isolated spots. If it were not a malignant tumour (and one might suspect sarcoma) this would probably cure the condition.

M. HAYEM said that he had thought of iodine injection, but bearing in mind that each injection caused an imflammatory swelling, he was afraid, in the patient's condition, of inducing asphyxia.

M. MOUTARDE-MARTIN suggested electrolysis in case the tumours were cystic.

M. HAYEM remarked that there was no fluctuation or souffle, but the tumour was of myomatous consistence.

M. RENDU remarked that in Alexander's thesis, leucocytosis was met with in the course of carcinoma. Might not the tumour be of this kind?

M. HAYEM replied that leucocytosis is not met with in all cancers, and, moreover, when it does exist, the number of white globules has never been more than 30,000, whereas in simple leucocytosis one may find as many as 200,000 white corpuscles in a cubic millimeter. The absence of pain also in this case contra-indicated a diagnosis of malignancy.

M. BUCQUOY remarked that this last sign was of no absolute value. He had recently seen, with MM. Tillaux and Terrillon, an extremely rapid sarcoma of the thyroid, which was entirely painless.

M. CHAUFFARD said that if M. Hayem believed in leucocythæmic nuclei in the thyroid body he might try selections of Fowler's solution in small doses.

M. HAYEM replied that this is what he proposed doing, since Fowler's solution was the only medicament which had any chance of success in leucocythæmia.

Joal.

British Medical Association: South Eastern Branch—East Kent District.

November 24, 1887.

WACHER, —.—*Unusual Complication of Typhoid.*

THIS consisted of an abscess which formed in the thyroid gland, and subsequently gave rise to fatal arterial hæmorrhage. The origin of such an abscess and the method of treating the fatal bleeding is stated to have been freely discussed, but is not reported.

Hunter Mackenzie.

Clinical Society of London.

November 25, 1887.

R. CLEMENT LUCAS (London).—*The Congenital Absence of an Upper Lateral Incisor Tooth as a Forerunner of Hare Lip and Cleft Palate.*

THE object of this paper was to show the danger of a deformity partially developed, and likely to pass unobserved. The author wished to point out that the

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congenital absence of an upper lateral incisor tooth might foretell the probability of cleft palate in a succeeding generation. In support of this opinion three cases were narrated.

Mr. F. J. BENNET remarked that the teeth most commonly absent from the jaw were the lateral incisors. No importance was attached at the dental hospitals to the frequent absence of the lateral incisors.

Wiener Doctoren Collegium.

Meeting, December 19, 1887.

SCHNITZLER.—*Perichondritis Laryngea: Cure by Pot. Iod.*

THE patient, aged thirty, was hoarse for one year; had a cough and difficulty in swallowing. The laryngoscope showed swelling of the whole mucous membrane. Inunction of mercury was without effect. The condition was cured by iodide of potash. **Michael.**

Berlin Medical Society.

Meeting, January 4, 1888.

SENATOR.—*On Acute Infectious Phlegmon of the Pharynx.*

THE author referred to two cases in which swelling and suppuration of the pharynx with œdema of the glottis suddenly developed with high fever. Both patients died in a short time of septicæmia. The author had also seen such cases formerly. Their diagnosis is very easy; their prognosis is fatal. **Michael.**

REVIEWS.

WOAKES, EDWARD.—Nasal Polypus, with Neuralgia, Hay Fever, and Asthma, in relation to Ethmoiditis. *London: H. K. Lewis,* 1887, pp. 140.

WHEN Alice undertook her remarkable journey into "Wonderland," she scarcely saw more extraordinary things than Dr. Woakes's experiences in his flights into the realms of Rhinology! One is fairly staggered at the illimitable extent of our author's imagination. The largest superstructure, the grandest theory, is erected upon a base which, alas for our author's philosophy, is of the slenderest nature. "Hyperbole is heaped on hyperbole," and Dr. Woakes has in this brochure a nasal polypus even surpassing his former effort on post-nasal catarrh. To Dr. Woakes, "necrosing ethmoiditis" is the "hub" of the universe, at least of its rhinological section, and apparently the source of all the ills that flesh is heir to, at any rate of such as by any stretch of imagination can be referred to a wicked and evil disposed nasal organ.

Seriously, the theoretical meanderings and conclusions of our author are founded on two propositions:—

1. That all nasal polypus is necrosis of the ethmoid bone.

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