operated for Extroversion of the Bladder. He had used lateral skin flaps so arranged that their raw surfaces were next the mucous membrane of the bladder. He greatly preferred this method to the more usual plan, as it was much more simple and there was no fear of phosphatic deposit, which was a frequent cause of annoyance when the reversed skin flap was employed, owing to the growth of hair in this flap.—Mr. RUSHTON PARKER remarked that he had operated successfully in three cases of boys by a method devised by Mr. Greig Smith, the patients after operation sitting in a hip bath of warm boracic lotion. In each case there was union by first intention. In a fourth the flaps sloughed.—Mr. ARTHUR WILSON suggested that for those in the wealthier classes a skilful surgical mechanism was as useful as the surgeon. He thought that the operation described by Mr. Murray was a good one, although in the only case in which he had performed it the result was not entirely satisfactory.—Dr. IMLACH asked whether it was better to operate directly after birth in cases of extroversion of the bladder or whether the child should wait until two years old.

Mr. ARTHUR WILSON showed a specimen from a case of Secondary Sarcoma of the Lungs; the primary growth was in the internal condyle of the femur.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases and Specimens.—Fibroid Tumour of the Uterus.—Villous Gronth of the Bladder.

AN ordinary meeting of this society was held on Jan. 14th, Dr. A. BRONNER, President, being in the chair.

Microscopical specimens were shown by Dr. MAJOR and Dr. CHAPMAN.

Mr. HORROCKS showed a man from whose foot he had Removed the Astragalus twelve months ago. The patient was now able to flex and extend the ankle, and the arch of the foot was good. He was first seen when sixteen years of age, the ankle having been swollen for two years. A transverse dorsal incision was employed, and, in addition to the astragalus, the cartilages over the scaphoid, tibia, and fibula were removed. The wound was packed with sublimate gauze, which was removed on the second day. A month later the patient was sent out of hospital with plaster on the leg. The tendons divided by the transverse incision were not sutured, the ends becoming adherent to the scar.

Dr. CHAPMAN showed a specimen of Tuberculous Kidney taken from a severe case of Lupus. The patient was a woman aged twenty-two years who had suffered from extensive lupus of the face, arms, and body. Scraping under an anæsthetic had several times been done. Slight hæmaturia was present during the last year of life. Post mortem the left kidney was full of cheesy material and there were scattered tubercles in the lungs.—The case was discussed by Dr. HINE, Dr. HONEYBURNE, Mr. HORROCKS, Mr. CAMPBELL, Mr. APPLEYARD, Mr. WILMOT, and Dr. H. BRONNER.—Dr. CHAPMAN replied.

Dr. SHIACH showed for Dr. RABAGLIATI a Fibroid Tumour of the Uterus which had been recently removed by Abdominal Hysterectomy. The patient died on the third day.

Dr. SHIACH showed for Mr. ROBERTS a large Pyosalpinx which had recently been removed, the patient making a good recovery.

Mr. CAMPBELL showed the Lungs from a case of Acute Tuberculosis.

Mr. APPLEYARD read notes on a case in which he had removed a Fibroid Tumour of the Uterus, the patient making an excellent recovery. The tumour weighed 14 lb. 11 oz.—Mr. APPLEYARD also read notes on a case of Villous Growth of the Bladder. The patient was a young man aged nineteen years who had occasional attacks of hæmaturia during three years. Six months ago he had frequency of micturition, albuminuria, incontinence of urine at night, and occasional dribbling during the day. The bladder was sounded under an anæsthetic, and afterwards a small papillary growth was found in the urine. On Dec. 5th, 1895, supra-pubic cystotomy was performed, and a small pedunculated growth was found, ligatured, and removed. The wound was drained and the patient made an excellent recovery.—Mr. HORROCKS, Dr. KITCHIN, and Dr. HONEYBURNE discussed the case.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

Exhibition of Cases and Specimens.

A MEETING of this society was held in the Royal Infirmary, Newcastle, on Jan. 9th, Dr. J. DRUMMOND, President, being in the chair.

Dr. J. DRUMMOND showed a patient with Supernumerary Nipple. In addition to the ordinary breast there was a well-marked nipple in the seventh costal interspace on either side.

Dr. LIMONT showed a case of Keloid in a young man who squeezed an acne spot on his chest five years ago. A red spot developed and after remaining much the same for three years it began to enlarge, until now there is on the breast a large, hard, raised pink patch free from vessels and constantly itching.—Dr. LIMONT also showed a boy with a Keloid Growth in the Scar left after Excision of Tuberculous Glands.

Mr. PAGE showed a man forty-three years of age who has recovered from an extensive Fracture of the Pelvis, with Rupture of the Bladder, caused by a weight of two tons falling upon him. The patient passed urine normally on the twenty-ninth day and made a good recovery.—Mr. PAGE also showed a man with a large Indentation in his Skull the result of a Compound Depressed Fracture caused by a fall of metal twenty years ago. There was an entire absence of disagreeable symptoms.

Dr. OLIVER showed a patient whose entire Uterus had been removed on account of Excessive Hæmorrhage. On section the enlarged fundus was found to be the seat of a growth which microscopically is an adeno-sarcoma.—Dr. OLIVER also showed a Kidney from a case of Hydronephrosis occurring in a man whose illness began with a strain, followed by pain and vomiting. Twelve months later a large swelling appeared in his right abdomen and blood in his urine. The cyst being tapped, the fluid removed contained only broken-down blood cells, without any urea or any of the reactions of pancreatic fluid. The cyst rapidly refilled, and on opening the abdomen the tumour was found to be a cystic kidney and was excised. The fluid now contained urea. There was no calculus.—Dr. OLIVER also showed a case of Hysterical Hemiplegia, the patient being a girl who fell down a month ago in consequence of an attack of vertigo. After the fall she developed paralysis of the right leg, arm, and face with anæsthesia of the face. Anæsthesia, however, is rare in functional paralysis.

Mr. MARTIN showed a specimen of Spina Bifida as large as a child's head removed from the Cervical Region of a child five weeks old. It was incised, when fifty-two ounces of fluid escaped; the pedicle occupying the interval opposite the fourth and fifth laminæ was ligatured. Five weeks after the operation signs of hydrocephalus appeared, and from this cause the child died six months later.

Dr. MURRAY showed a Spina Bifida from a Child six weeks old who died from bronchitis. The central canal of the cord, dilated to the size of a goose quill, entered into the sac.—Dr. MURRAY also showed a specimen from a case which died after the injection of Morton's fluid. It was an example of Meningomyelocele.

Dr. HUME showed a Large Cyst extracted from the Thyroid Gland. It had caused pressure symptoms and great discomfort. The operation was almost bloodless, for as soon as the blue venous-looking wall of the cyst was exposed the operation was completed by the finger. A good recovery followed.—Dr. HUME also showed a large Multinodular Fibroid Uterus removed by total abdominal hysterectomy in October, 1895. The abdominal wound suppurated and had to be dressed daily. Five weeks after the operation a dose of castor oil was given and was followed by signs of intestinal obstruction. The suppurating abdominal wound was first excised by an elliptical incision and the abdomen was then reopened. The obstruction was due to the passage of coils of intestine under a band formed by the adhesion of a loop of bowel to the abdominal parietes. Recovery after the second operation was uninterrupted.—Dr. HUME also showed another Fibroid Tumour removed successfully by total abdominal hysterectomy.

Dr. MURPHY showed a Calculus removed from the Left Ureter, prolapsed through the urethra, in a woman aged twenty years. A mass resembling a polypus, but consisting of the whole trigone of the bladder, protruded from the

vulva. The probable explanation was that the bladder had been protruded by violent expulsive efforts set up by urine collecting behind the stone.

Dr. GEORGE MURRAY showed a fresh specimen of Actinomycosis in the jaw of a cow, and Microscopic Preparations of the Ray Fungus. There was no suppuration and the disease was limited to the jaw.

MIDLAND MEDICAL SOCIETY.

Exhibition of Cases and Specimens.—Enlarged Axillary Glands.—A Solid Fibroid Tumour of the Ovary.—Nocturnal Enuresis.

THE fourth ordinary meeting of this society was held on Jan. 15th, Dr. UNDERHILL, the President, being in the chair

Mr. LUKE FREER showed two cases of Relapsed Congenital Talipes Equino-varus successfully treated by Tenotomy, Wrenching, and true Orthopædic Measures. Each patient had been operated upon several times in infancy by tenotomy. There were extensive adhesions, requiring considerable force in each instance. One case was under treatment five months with two wrenchings, and the other seven months with three wrenchings. Considerable leg and hip rotation in each was overcome by daily manipulations simultaneous with those of the feet. In most cases he wrenched with his hands, but in severe cases like these he used Thomas's wrench. He simply used a Scarpa's shoe without elaborate mechanism; the cost of treatment in each case, as an out-patient, was under a sovereign, the time occupied in obtaining a useful limb was not longer than that necessary to make a "tarsectomy stump," and the only argument that could be used against this treatment was the personal and persistent manipulative labour involved, without which success was impossible.

Dr. KAUFFMANN showed a female patient aged thirty-one years who exhibited the early symptoms of Tabes Dorsalis and in whom there was a condition of Gastro-intestinal Catarrh and Constipation. In the belief that the absorption of deleterious substances from the digestive canal might be the cause of the symptoms of nerve-degeneration, the intestinal condition alone was treated, and the girdle sensation and lightning pains vanished, the Argyll-Robertson phenomenon and the absence of knee-jerks persisting. Dr. Kauffmann regarded the case with some hopefulness as to the disease not advancing if the gastro-intestinal tract could be kept in good order.

Mr. HASLAM read notes of a patient aged seventy years who was admitted under his care in July with a Lump in her Right Breast of eighteen months' duration, associated with Enlarged Axillary Glands and having all the characters of a Hard Carcinoma. This was treated by the injection of erysipelas serum, fourteen injections being given in a period of seven weeks in quantities varying from 1 c.c. to 10 c.c. No constitutional disturbance was produced and only comparatively slight local swelling and redness, just enough to mask the previously well-defined outline of the growth. At the time of her leaving the hospital, at the end of September, the tumour was distinctly smaller, and by Dec. 6th it had entirely disappeared.

Mr. HEATON showed the Intestines from a case of Resection of the Bowel for Gangrene in a Strangulated Hernia. The patient was a woman aged thirty-three years, who had suffered for six days from an unrelieved strangulated femoral hernia. Resection of the damaged intestine was performed, and an intestinal anastomosis effected by means of a Murphy's button. The patient died from collapse some twenty-one hours after the operation. The resected portion of intestine was three inches long, and showed in its centre a large ragged hole, involving more than half the circumference of the gut, where it had been cut through by the sharp edge of Gimbernat's ligament. The coil of intestine in which the anastomosis had been performed was also shown with the button *in situ*. The resected ends were firmly united by plastic inflammatory matter, making it somewhat difficult to see where incision had been effected. The new coil was quite water-tight and bore the pressure of two feet of water without leakage.

Dr. PURSLOW showed a Solid Fibroid Tumour of the Ovary weighing two and a half pounds, which he had removed by abdominal section from a single woman aged twenty-six years. There was a considerable amount of free ascitic fluid, but no adhesions had formed. The wound healed by first intention, and the patient left the hospital on the twenty-fourth day after operation.

Dr. CARTER read a paper on Nocturnal Enuresis. He classified the cases of this complaint, when not due to deformity or to gross disease of the nervous system, as depending upon—(1) abdominal peripheral irritation; (2) abnormal irritability of the spinal micturition centre; and (3) abnormal cerebral impressions reacting on the micturition centre. Stress was laid upon the necessity of arriving at an accurate knowledge of the cause in each case to make treatment successful. Dr. Carter laid special emphasis upon the gouty dyscrasia and other conditions of faulty metabolism as producing enuresis. Among specific points of treatment he mentioned as successful the application of a narrow blister on each side of the spine.

EDINBURGH OBSTETRICAL SOCIETY.

Pan-hysterectomy.—Perforating Hydatid Mole.—Uterine Curettage.—Fatal Infantile Jaundice.—Exhibition of Specimens.

A MEETING of this society was held on Jan. 8th, Dr. BERRY HART, in the absence of the President, being in the chair.

Dr. CHRISTOPHER MARTIN (Birmingham) read a paper on Hysterectomy by the Intra-peritoneal Method ("Pan-hysterectomy"), in which the whole uterus, including the cervix, is removed by abdominal section. He referred to the surgeons who had performed it in Germany and America, and also to Jessett and Smyly, who were the first to perform it in this country. He had performed it eight times: six times for myoma, once for rupture of the pregnant uterus, and once in a case of occluded cervix with hæmatometra and pyosalpinx. All his cases had recovered. The patient is carefully prepared, and the skin and vagina are cleansed with antiseptic precautions. All instruments, silk ligatures, gauze sponges, and the water to be used are sterilised. An incision long enough to permit of the easy delivery of the tumour is made, and on its extraction sponges are pushed behind to protect the abdominal viscera. The relations of the tumour to the uterus, the ureters, and the bladder, the position of the ovarian and uterine arteries, &c., are ascertained and a double ligature is passed by a Galabin's pedicle needle through the broad ligament at a spot free from veins about the junction of the middle and upper thirds and midway between the uterus and pelvic wall. By pulling one of the two ligatures forcibly inwards and the other outwards a transverse slit is torn about one inch in length, or it can be made by inserting and expanding a pair of forceps inserted into the ligature opening. The ligatures are tied and the intervening tissue cut through. The ovaries and tubes are removed if possible. The middle third of the broad ligament is similarly treated and the bladder detached from the anterior surface of the uterus until the vagina is reached. This is now opened close to the anterior lip of the cervix. The posterior fornix is next opened. The uterus is now only attached by the lower third of the broad ligaments containing the uterine artery. The tying of these arteries is the most difficult part of the whole operation; usually there is not room for a double ligature, and the ureters must be carefully avoided. After securing the ligature the uterus and its growth are free to be lifted out of the pelvis. Bleeding points should be searched for and secured, the pelvis sponged clear of clot, and all the ligatures cut short except those of the uterine arteries, which are to be drawn into the vagina. Gauze is passed into the vagina and the bladder and other parts allowed to fall over it, but no attempt is made to draw the parts together by sutures. The abdominal wound is closed with silkworm gut sutures. The gauze in the vagina acts as a drain, and is removed on the fifth or sixth day. Dr. Martin does not use the Trendelenburg posture. The uterine ligatures usually separate during the third week and the patient leaves the hospital during the fourth week. There is little shock if the patient is kept warm and the intestines not exposed or handled during the operation. Pan-hysterectomy is a difficult and tedious operation; its dangers consist in chill and shock, slipping of the ligatures with hæmorrhage, damage to bladder or ureters, adhesion of the bowel to the raw surfaces, infection through the vagina, and weakening of the pelvic roof. The last is purely theoretical, and with care other objections are largely