College of Surgeons of Edinburgh, who through his own exertions is credited with having secured for clinical surgery its rightful place in the medical curriculum. To him, then, no small honour is due, and the writer most humbly dedicates these few simple pages as a modest tribute to his illustrious memory.

REPORTS OF SOCIETIES.

Edinburgh Medico-Chirurgical Society.

A meeting was held on 6th May 1914, Dr. John Playfair, President, in the chair.

Dr. Norman Walker showed a case of mycosis fungoides. The disease had commenced as a scaly eruption, and then the characteristic tumours had developed. Great improvement had followed treatment by X-rays.

Dr. Melville Dunlop read a paper on "Empyema in Children," which will appear in the Journal.

The President remarked that the sense of resistance on percussion was a much safer guide to the presence of an effusion than the signs on auscultation. He preferred drainage by incision to simple aspiration.

Professor Caird said that when there was difficulty in getting pus with the exploring needle, the method suggested by Dr. Truby King of first injecting a little distilled water might be employed with great advantage.

Dr. John Thomson said that he had never heard friction in pneumococcal pericarditis. He thought that the condition of a child's nutrition was an important factor in determining the onset of empyema. It was not a common disease in the better-off classes. He thought that some cases could be satisfactorily treated by aspiration.

Dr. Goodall said that he had more than once met with cases of empyema in adults where there was loud tubular breathing over the seat of the effusion.

Dr. James Ritchie said that empyema in children was not at all common in private practice. He advocated the use of an exploring syringe with a lateral opening in the needle.

Mr. D. P. D. Wilkie read a paper, illustrated by lantern slides, on the "Etiology and Pathology of Duodenal Ulcer," which will appear in the Journal.

Professor Caird said that he was glad to learn that a duodenal ulcer might exist without any signs of its existence from an inspection of the outside of the bowel, since he had treated cases as duodenal ulcer from symptoms alone and had got confirmation of the diagnosis from the results of treatment. He thought that Mr. Wilkie's explanation of the incidence of gastric and duodenal ulcer in males and females was extremely feasible.

Professor Russell expressed his interest in the connection which had been demonstrated between gastric and duodenal ulcer and conditions of the lower bowel. He had treated cases diagnosed as gastric and duodenal ulcer even with haematemesis by lavage of the bowel, and with no modification of the ordinary hospital light diet, with great benefit and no ill effect. He thought that spasm was an important factor in determining local anaemia and subsequent erosion and ulceration. Hyperchlorhydria was a precursor of many cases of
ulcer. Duodenal ulcer should not be diagnosed, even in the presence of the pyloric syndrome, unless blood, obvious or occult, could be demonstrated in the stools.

Professor Thomson thought some caution was necessary in accepting the relationship of the supporting bands to ulcer of the stomach and duodenum, and he would also be chary about accepting the suggested importance of conditions of the lower bowel. It was more than likely that ulcer occurred although there were no special affections of the lower intestine. The sex incidence of duodenal ulcer was in direct opposition to the incidence of stasis, and he had seen numerous cases of duodenal ulcer where there was no stasis at all. He was glad to hear a definite statement about the association of duodenal ulcer with burns. He questioned the great similarity between the stomach and the first part of the duodenum. There was certainly a great difference as regarded the incidence of cancer.

Dr. Chalmers Watson thought that the lesions found in the lower bowel might be of importance in determining the cause of death as well as the incidence of ulcer. Radiography was an important diagnostic method. The signs were accumulation of the bismuth at the site of the ulcer, irregular and reverse peristalsis, and retention of bismuth for many hours.

Mr. Dowden referred to the importance of spasm. He had seen cases of hair ball caught in firm spasm at the pylorus while the rest of the stomach was flaccid.

Mr. Struthers asked for information regarding the ages of Mr. Wilkie's cases. Did they correspond to those of the cases commonly seen clinically?

Forfarshire Medical Association.
A meeting of the Association was held on 6th May at Arbroath, Dr. Aymer, Bervie, President, in the chair.

Dr. Gilruth, Arbroath, showed the following cases:—(1) Huntington's chorea. (2) Progressive muscular atrophy (Aran-Duchenne type). (3) Lymphangiomatous tongue. (4) Patient after excision of shoulder joint. He had now worked as a labourer for more than a year. (5) Excision of fibula for suppurative condition. (6) Excision of knee-joint. (7) Psoas abscess. The abscess had been nine times aspirated and irrigated above Poupart's ligament. Eleven years had since elapsed and he was now in excellent health. (8) Tuberculous polyserositis in a woman. And (9) a specimen of prostatic adenoma with five calculi.

Dr. Yule, Arbroath, showed a case of encephalocele in a child of 2 years. There was deficiency of bone from the occipital protuberance to the foramen magnum. He had operated, and the only defect the child seemed to have was some inability to balance well. He also described and exhibited radiograms of a case of mediastinal tumour, probably syphilitic, in a man of 44.

Dr. Yule read "Notes of a Case of Peritonitis," which he regarded as being due to the rupture of a single tuberculous ulcer of the ileum.

Dr. W. J. Dewar, Arbroath, demonstrated a case of purpura in a girl who had had Henoch's purpura three years ago.

Dr. Laing, Arbroath, showed a large calculus of the bladder, with a radiogram.

Mr. Greig, Dundee, read a paper entitled "Recurrent Luxations of the Patella," which will appear in the Journal.