MEETINGS OF SOCIETIES.

Edinburgh Medico-Chirurgical Society.

The second ordinary meeting of the session was held on 1st December, Dr. Byrom Bramwell, President, in the chair.

Dr. Edwin Bramwell exhibited a series of intra-cranial tumours, and Dr. G. A. Gibson gave a microscopic demonstration of ganglion cells and nerve fibres in the auriculo-ventricular bundle.

The President showed a man, aged 32, with gastric and intestinal crises, in whom the operation for appendicitis had been performed.

Mr. Scot Skirving showed a patient suffering from certain defects of memory after operation for middle meningeal haemorrhage. The patient had been unconscious for three weeks.

Dr. Boyd showed a case illustrating the great benefit that follows a salt-free diet in certain forms of oedema. The patient suffered from nephritis following syphilis.

Professor Alexis Thomson showed a boy, aged 11, in whom, on account of a periosteal sarcoma of the right humerus, the middle third of the shaft was resected and a portion of the fibula inserted in its place. The cut musculo-spiral had been inserted into the musculo-cutaneous nerve, and X-rays were being employed to try to prevent recurrence.

Dr. James Ritchie gave a demonstration of complement deviation, with special reference to the Wassermann reaction.

Dr. Dawson Turner gave a lantern demonstration and read a paper on the "Use and Effects of Radium."

Dr. Dingwall Fordyce read a paper on the "Differential Diagnosis and Treatment of a Common Form of Dyspepsia and of Early Tuberculous Infection in Children." Among other points, he thought that the capacity of digesting fats was relatively greater in tuberculosis, and that the amount of ethereal sulphates in the urine was greater in dyspepsia.

Dr. Fowler remarked that the point regarding fat digestion was a new one, but suggested that more details were necessary before assessing its value.

Dr. J. W. Simpson said there was no doubt about the difficulty of differential diagnosis between the two conditions, and he was frequently driven to make a diagnosis simply by noting the results of treatment. A special difficulty was the fact that tubercle and duodenal catarrh might co-exist.

Dr. Chalmers Watson said it was often difficult to assume that
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dyspeptic cases were not tubercular. In both conditions the capacity for fat digestion was diminished.

Dr. Boyd said he had a difficulty in seeing how there should be a difference in the sulphates between cases of dyspepsia alone and dyspepsia plus tubercle.

A clinical meeting was held in the Royal Infirmary on 15th December, Dr. Byrom Bramwell in the chair.

Dr. M’Kendrick showed a case of post-partum paralysis, affecting mainly the peroneal nerve.

Dr. Dingwall Fordyce showed four infants treated with staphylococic vaccine for multiple boils or abscesses. In all of some fifteen cases cure had resulted in three or four days. For infants under one year the dose was 100 million cocci, and in only one case had it been necessary to repeat the dose.

Dr. Edwin Bramwell showed a case of traumatic hysteria and a case of myasthenia gravis.

Dr. Russell showed a case of pulmonary osteo-arthritis. There was no lung disease. Skiagrams indicated that there was a subperiosteal deposit of bone in the affected parts.

The President showed a case of tabes with Charcot’s joint lesions, and another case of tabes with very great distortion of the spine. There was forward displacement of the lumbar spine, apparently due to a condition like Charcot’s joint in the vertebrae. The President also showed a case of functional spasmodic contractures, resembling Thomsen’s disease.

Dr. Norman Walker showed a large number of cases of lupus erythematosus under treatment by the application of CO₂ snow, and two cases of rodent ulcer, which had improved under the same treatment. He also showed a case of granulosis rubra nasi.

Dr. Boyd showed a case illustrating the therapeutic value of “hunger days” in the treatment of diabetes mellitus. The patient, when admitted, was suffering from severe form of diabetes mellitus with pronounced acid intoxication. Under treatment improvement took place, but the sugar excretion in the urine remained fairly constant. After a single “hunger day” sugar disappeared from the urine for twenty-four hours, returning only in small quantities.

Professor Caird showed a patient after open operation for reduction of a forward dislocation on the elbow, and a patient after operation for appendicitis, peritonitis, and obstruction. In spite of intestinal drainage, the patient did not do well until a quantity of peptonised milk was poured into the intestine. Professor Caird had never before succeeded in saving a case of such severity, and he was now inclined to think that starvation had been a factor in bringing about the unfavourable results.
Mr. Cotterill showed a case of inoperable sarcoma of the neck, a case of dislocation of the astragalus, and a case of dislocation of the upper cervical vertebra. In the latter the only symptoms had been pain and some impairment of movement.

Mr. Cotterill and Mr. Scot Skirving showed cases illustrating the use of sterilised oil in the peritoneal cavity as a preventative against the formation of adhesions.

Professor Alexis Thomson showed—(a) A case of osteo-myelitis fibrosa causing tumour-like bossing of the skull and multiple fractures and curvature of the femora. (b) A case of pistol-shot wound of the abdomen after closure of five perforations of the small intestine. (c) A case in which, after resection of the stomach and transverse colon for gastric carcinoma, and re-establishment of the intestinal tract by ileo-sigmoidostomy, it was found necessary at a later period, owing to painful attacks of distension of the ascending and hepatic flexure of the colon, to resect these also.

Mr. Catheart showed—(a) An achondroplasia man, aged 23, after excision of carcinoma of the descending colon. (b) A patient after severe compound fracture of the carpus, illustrating the unaided action of the interossei and lumbricales on the fingers. (c) A case of tuberculous hydrops articuli of the knee—under treatment.

Mr. David Wallace showed—(a) A man, æt. 22, who fractured his spine in the lower dorsal region. There was haemorrhage into the cauda equina, with paralysis of the lower limbs, followed by practically complete recovery. (b) A lad, æt. 18, who was admitted to hospital with symptoms of obstruction, visible peristalsis, and distension of the abdomen. Laparotomy disclosed adhesion of ileum to a tuberculous retroperitoneal gland. Adhesions were separated and vaseline rubbed over the parts denuded of peritoneum. Patient had no symptoms four months later. (c) A woman, æt. 34, admitted with large calculus pyonephrosis, which was opened and two stones removed from the ureter. A urinary fistula persisted. Nephrectomy was performed, and followed by complete recovery: operation was complicated by a scoliosis on the same side.

Mr. H. J. Stiles showed—(a) A patient, aged 68 years, four weeks after a transvesical operation for the removal of a retrovesical tumour of the prostate weighing 1 lb. 6 ozs. (b) A patient after enterostomy and subsequent enterectomies for carcinoma of the splenic flexure. (c) A patient, aged 40 years, nine weeks after excision of the knee for tuberculous disease.

Mr. Dowden showed two cases of ventral hernia cured by operation. The method employed was overlapping of the anterior sheaths of the recti.

Mr. Struthers showed a case of fracture of the glenoid fossa of the scapula.
Forfarshire Medical Association.

An ordinary meeting of the Society was held in Dundee on the evening of Thursday, 2nd December, Professor Kynoch in the chair.

Dr. Miller (the secretary) showed, in the absence of Mr. Price, a man, aged 65, who had been operated upon for an aneurysm of the femoral artery. The aneurysm, which was about the size of a duck's egg, was in the right common femoral artery, and extended about one inch above Poupart's ligament, as was seen in a photograph exhibited. Pulsation was markedly diminished in the popliteal, the anterior and posterior tibial arteries as compared with that in the left leg. There was marked thickening of the most superficial arteries, no organic lesion in the heart. The operation performed on 17th June was ligature of the right external iliac artery by intra-peritoneal route. He made a good recovery, in spite of some œdema in both feet, and occasional recurrence of pain in the right leg.

Mr. Greig showed a boy, aged 11, an imbecile, who was admitted to Baldovan Institution in 1907 with signs indicative of chronic idiopathic dilatation of the colon. The patient exhibited a marked degree of abdominal distension, especially in the upper segment. The abdomen measured 23 ins. at the umbilicus and 25½ ins. at the most prominent part above. From the ensiform cartilage to the umbilicus the length was 6¾ ins., and 4¼ ins. from the umbilicus to the pubis. The liver was displaced upwards, the heart normal in position. The symptoms were those of chronic constipation, very obstinate to treat, did not yield to medicines, and relieved only by large enemata. Operative treatment was not indicated owing to his mental state. He next showed a girl, aged 19, who had suffered from otorrhœa since 11. In 1904 her mastoid cells were cleared out on the left side, and 3 years later a "radical mastoid operation" was performed by Dr. Guild. Shortly afterwards this was followed by left-sided facial paralysis. In December 1908 Mr. Greig did a complete peripheral anastomosis between the facial and hypoglossal nerves. The whole of the peripheral end of the affected facial nerve was sutured into the hypoglossal. For 6 months there were no signs of improvement in spite of regular treatment with galvanic current, but ultimately signs of return of muscular power manifested themselves, and steady persistence in the electric treatment had now resulted in a complete recovery of the formerly functionless nerve.

Mr. Greig also showed a man, aged 39, who for 21 years had suffered from pain in the stomach and vomiting, with great dilatation of the stomach resulting from pyloric stenosis. On 24th May last a posterior gastro-jejunostomy was performed. Great dilatation of the stomach was found, with a hard constriction at the pylorus, non-malignant. In spite of a troublesome attack of diarrhœa following the operation, he made
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a good recovery, was relieved of his stomach symptoms, and gained weight rapidly. In August, however, pain in the stomach, with vomiting and signs of dilatation, returned, with subsequent loss of flesh, until on 21st October he weighed only 7 st. 6 lbs. in his clothes. On 3rd November the abdomen was again opened, when it was found that his gastro-enterostomy was working well. The pylorus was soft, normal in appearance, no stricture, no adhesions. His condition was evidently due to the inability of the stomach to perform its functions properly, having two exits to serve. It was decided to leave the artificial opening and close up the pylorus. The stomach was therefore divided near the proximal end of the pylorus and both divided ends closed by sutures. Since then the man had improved greatly, and Mr. Greig considered that his ultimate and permanent recovery seemed assured.

Dr. Mackie Whyte showed a man, aged 45, with certain symptoms indicative of syringomyelia. He was first seen in June 1908, when he complained of pain in the right shoulder, with increasing weakness in the right arm, slight spastic symptoms were present in the lower limbs, and sensations of numbness and itching in the genitals. He had also considerable mental depression, probably the result of over-alcoholic indulgence. He improved slightly under treatment. Three or 4 months ago he twisted his right shoulder while at work. An X-ray examination revealed the presence of a separation of the great tuberosity of the humerus. This was followed by increasing weakness in the arm with muscular wasting, which was now well seen in an atrophy of the deltoid, biceps, supinator longus, and scapular muscles, with greatly exaggerated reflexes and fibrillary twitchings. He exhibited also well-marked signs of spastic paralysis in the legs, with bladder irritability and frequency of micturition. The symptoms might be those of amyotrophic lateral sclerosis, but a further examination indicated a slight degree of dissociated anæsthesia, with hyperæsthesia to electric stimulation. The fracture of the humerus from so slight an accident as a twist indicated a trophic bone lesion, and those conditions, together with the bladder symptoms, almost justified one in considering the case to be one of syringomyelia, though it might be better at present to put the case into the group of unclassified spinal degenerations.

Dr. R. C. Buist exhibited a series of gynaecological specimens:—

1st. Uterus showing localised hypertrophy of endometrium, removed for hæmorrhage.

2nd. Double pyosalpinx showing on right side adherent omentum. Appendix vermiformis removed with the tumour.

3rd. Left pyosalpinx, which developed acutely after uterine curettage for hæmorrhage.

4th. Two cases of myoma of uterus, one showing marked unilateral development; the other, the appendix, with large concretion removed at the same time.
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5th. Placenta from twin pregnancy, showing extraordinary degree of twisting of the two cords; one had become strangulated, causing inter-uterine death of the fetus.

Professor MacEwan read a paper on the "Antiferment Treatment of Acute Abscesses." He first described the recent experiments of Müller and Jochmann of Breslau upon the proteolytic ferment action of leucocytes, and their methods for distinguishing between coccal and tubercular pus. He mentioned that an endeavour had been made to give a practical application of those observations by introducing an antiferment into areas of acute suppuration to limit and arrest the melting-down process of the tissues produced by the proteolytic ferment in the pus, proof having been given of the presence of an antiferment in the blood which was antagonistic to the ferment in the pus. He described various methods adopted to procure a satisfactory ferment from human and animal serum, which had led to the discovery that the pancreatic ferment trypsin was identical with that of leucocytic antiferment. This could be used to enrich the antiferment in the serum of animals, so as to make it equal to that of normal human serum. Such a serum is prepared by Merek of Darmstadt, and has been used by German surgeons. Professor MacEwan described the technique of the method. The treatment consisted in making an incision into the abscess, and, after emptying it of pus, flushing it with the serum, and plugging the cavity with gauze soaked in the antiferment for 24 hours, and the applying an aseptic dressing. A more satisfactory method was by aspiration of the pus, and injecting into the cavity 2 to 4 c.c. of the antiferment serum, and the application of a simple dressing. The injection to be repeated if necessary. He detailed 8 cases of acute mammary, axillary, and neck abscesses, in which this method was tried with most satisfactory results. All the cases with one exception recovered sooner than they would have done under ordinary treatment, and in only one was incision made. The unsatisfactory case was an abscess of the breast, the first case tried, in which probably an insufficient amount of the serum was used. The conclusions arrived at from the present observation were that the principle of the method was a sound one, and that it opened up a new field in the physiological treatment of inflammation.

Dr. Archibald Leitch described some of the results of his recent experimental work in mouse cancer. He pointed out the wide zoological distribution of the disease, and argued that no theory of the causation of cancer could have a prima facie case unless it took into account that important fact. The usual description of a cancer from the histological appearances of a minute portion at a particular time was of little value. He held that no co-relation could be drawn between the histological appearance and the clinical course of a malignant tumour, and that the claim of some pathologists to forecast
a rapid or a slow growth on such evidence had no real basis. The change in type, as, for example, epithelioma becoming malignant adenoma in the case of a mouse tumour, could be paralleled in the case of human growths; and the production of sarcoma during the transplantation of adeno-carcinoma was illustrated from human tumours. The methods of protective inoculation against mouse cancer were gone into, and the present position stated.

Dr. Leitch reported a very interesting experiment in transplantation. A mouse with spontaneous cancer had its tumours removed about 30 hours after death. These were kept at freezing-point for 18 days, and thereafter transplantation was performed successfully, though the histological appearance of the material indicated advanced degeneration. The paper was illustrated with microscopic and macroscopic specimens dealing with the points discussed.