MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LXIX.—MEETING II.

Wednesday, 20th November 1889.—Prof. A. R. Simpson, President, in the Chair.

I. Election of New Members.

The following gentlemen were elected Ordinary Members of the Society:—A. Home Douglas, M.B., C.M., Ed., 6 Grosvenor Street; Alexander J. Keiller, L.R.C.P. & S. Ed., F.P. & S.G., 21 Queen Street; G. Keppie Paterson, M.B., C.M., Ed., 17 Forth Street; William Stewart, M.D., 105 Ferry Road, Leith.

II. Exhibition of Patient.

Dr John Thomson showed a little girl, aged four, with a rounded patch of favus about an inch in diameter on the outer surface of the left upper arm. There had been no favus on the scalp or elsewhere. The other members of the family, including the cat, were free from the disease. The disease began about three weeks ago, and now presented the usual appearance of favus on the body.

III. Exhibition of Specimens.

1. Dr Kennedy showed four small calcareous plates, which had been passed by a boy, 11 years old, early in October. The boy had been in good health till the day the concretions were passed, and since then there had been no bad symptoms. On that day he went to school rather out of sorts, and suffered so much from colic that about 11 a.m. he was sent home. On the way home the bowels were moved involuntarily, and in the cleaning process which followed these plates were found embedded in faeces. They were all about the same size, $\frac{1}{2}$ inch broad and $\frac{3}{4}$ inch long. Three of them were about $\frac{1}{8}$ inch in thickness, quite flat and almost smooth on one side, the other surface consisting of rounded elevations of all sizes, from that of a lentil downwards, with furrows between. On the fractured edge the stratified appearance common to concretions was seen, and converging lines passed from the furrows marking off indistinct wedge shaped areas. The fourth plate was much thinner than the others, and the elevations on the one surface were almost microscopic, and stood boldly out from a general flat surface. Under the lens the general surface was rough, and sparkled at various points. The opposite surface, as in the other three concretions, was flat and smooth. It was much darker than the others, evidently containing a much smaller proportion of
lime salts. The only chemical examination as yet made was the solution of a small piece in acetic acid, this taking place slowly with effervescence, the acid becoming brown and containing a few undissolved fragments. A few drops of the solution were then diluted with water, and when neutralized by liq. potassae what appeared to be phosphates were precipitated. The plates had evidently formed on some foreign body, and the thin plate probably indicated that the body had lain in one position for a long time, one surface not being so much exposed to the action of fluids as the others. The boy had swallowed a short stick of indiarubber sixteen months previously, on the four sides of which these plates might have formed, only they were a little too large without the assumption that the indiaruber had swollen. Water had very little effect on indiarubber, but it was difficult to estimate the possible effect of the prolonged action of intestinal secretions. To account for the lime salts it was pointed out that Edinburgh water was somewhat hard, but that in addition the family had spent two successive summers at a place where the water supplied was so hard, that for washing, etc., they had to resort to well water.

2. Dr Troup exhibited an intestinal concretion passed by a patient 30 years ago when oatmeal was more used as food than now. It was of an irregular oval shape, faceted, soft and velvety to the feel, and measured 1½ inch in its longest diameter, and 5 inches in its greatest circumference. Its section showed the concentric arrangement of its constituent parts. It was formed by the felting together of the fibro-vascular tissue of the pericarp of the oat and mineral matters. A micro-photograph of a scraping of it was shown, in which the truncated and pointed fibres and spiral vessels of its vegetable constituents were well seen. Dr Troup also said that in meal mills, in the sieves which sifted the meal as it left the millstones, such concretions, not so firm nor concentrically arranged, were frequently formed by the rotatory motion of the sieves, and that the peristalsis of the intestines brought about a similar result in the human body.

3. Dr James Ritchie exhibited a long pale hair which was tied in a loop round the cervix-penis, and the free end wound twice round it, causing balanitis, much swelling of the glans, and deep ulceration of the cervix. As the hair was pale it escaped observation for a considerable time, during which there was little improvement from treatment beyond what was produced by the removal of decomposing discharge. After removal of the ligature recovery was rapid.

IV. Original Communications.

1. Dr Leslie read his paper on the cure of facial neuralgia, odontalgia, and allied neuroses, which appeared at p. 614 of this Journal.
Dr Brakenridge remarked that the idea of relieving neuralgia of the fifth, as well as frontal headache, by means of stimulation of the nostrils was by no means new. Every one was familiar with the use of a scent bottle in headache. After a suggestion made to him by Dr P. McBride he had frequently, during the last few years, used a very strong snuff containing a little pepper with distinct effect for the relief of facial neuralgia. By this means the pain had been, in many cases, promptly relieved. In none, however, had he met with such permanent cures as those reported by Dr Leslie as resulting from the employment of salt. The following case bore upon Dr Leslie’s suggestion, that salt applied to the nostril might possibly prove to be a means of arresting epileptic seizures. An old lady suffered from severe and painful attacks of shaking of the left arm and leg, which were believed to be due to a carcinomatous tumour situated at the upper part of the fissure of Rolando. These fits of Jacksonian epilepsy could be entirely controlled by the prompt use, when they threatened, of a very strong scent bottle. A very remarkable point in connexion with the cure which had proved so effectual in Dr Leslie’s hand, was that in health the nostrils were naturally laved with tears, which were simply a strong solution of salt. Was it not possible that some interference with the passage of tears through the lachrymal ducts into the nostrils, and the absence from the nerve endings there of their natural stimulant, might have something to do with the production in the centre for the fifth nerve of that altered condition which was manifested by pain? The special value of salt in relieving neuralgia might thus be explained.

Dr Watson Campbell said he had been much interested in the report of the cases read by Dr Leslie, as well as in the treatment and the success which followed. He had been reminded of the treatment by a friend many years ago, of all cases of facial neuralgia, which was somewhat like that adopted by Dr Leslie; this was the use of vinegar instead of salt. He used to fill a teaspoon and bring it close under the nostril of the affected side, and, compressing the other, tell the patient to draw it up by a sudden nasal inspiration. He had seen a good number of severe cases relieved, if not cured, instantaneously in this way, and yet he could give no reason why he had not followed the same treatment in the cases that had occurred in his own practice. Referring to the effect of insufflation in bronchial asthma, he said an allied case of rather serious interest occurred in his own family. About three years ago his son, then thirteen years old, suffered much from spasmodic cough. His ailment began like an ordinary cold, but soon assumed marked peculiarities. The cough was never followed by expectoration. It never disturbed the patient during night, but the instant he woke in the morning a very violent fit of coughing came on, and did not cease till the boy was quite exhausted. It was soon noticed that it recurred at regular intervals; these were very
short from the outset, and stood for a long time at an hour. After a while—he could not remember how long—the intervals diminished to thirty minutes. In treating the case attention was given to the bowels. Quinine, arsenic, and iron were given; sinapisms were applied to the spine; douches, hot and cold, were used, but none of these afforded the slightest relief. The inhalation of ether arrested the cough at once, but did not prevent its return, nor extend the interval. The consequence was that, owing to the frequency of administration, and the quantity used, the state of affairs became alarming, as the patient was hardly ever free from its effects. Fortunately it occurred to him to try the effect of swabbing the throat with a solution of nitrate of silver, and this being found quite successful the ether was put aside. Again, however, it was found that this treatment only stopped the cough, but did not prevent its recurrence, and feeling uneasy about the quantity used, he thought he would try a solution of alum. This answered quite as well as the other, and was not likely to prove injurious. The patient, however, required a constant attendant with the swab ever ready for application—an inconvenience which can easily be conceived. Drs G. W. Balfour and M'Brude saw him and heard him cough, and both agreed with Dr Campbell that it was reflex. They approved of the treatment that was being followed, but further suggested a visit to the Channel Islands or a long voyage. There was, however, an objection to island or voyage which it was difficult to overcome, and, luckily, something equally good was soon stumbled on. A friend who heard him cough on one occasion suggested snuff, in the hope that "ae diel wad ding oot anither"—that sneezing would stop coughing. This was at once tried, and the result was simply marvellous. The tiniest pinch was sufficient to arrest the spasm at the beginning, and the patient, being provided with a small box of snuff, was able to attend to himself. In a comparatively short time it was observed that the intervals lengthened, and, within three weeks from the first pinch, the cough entirely left him. Dr Campbell said that there was one very remarkable thing about the remedy in this case: if the patient ventured to indulge in a pinch, when not required, he was punished by violent sneezing, whilst it seemed powerless to cause this when taken to check the cough. He mentioned this case rather particularly, because he thought it interesting in itself, and as also tending to show that other substances besides salt were of service in such cases as Dr Leslie had reported. As for the modus operandi—he would not attempt to explain it, but these remedies seemed to him to have a divertive action.

Dr James had to express the pleasure which he had felt in listening to this interesting paper, and he had no doubt that, like others present, he would take the earliest opportunity which presented of testing the practical value of Dr Leslie's mode of treatment. What he had to say just now, however, was not in
the way of criticism. He wished merely to state some ideas which occurred to him when hearing the paper read. In the first place, salt seemed specially useful in cases of nerve disturbance and pain. In hay-asthma the injection of salt and water into the nostrils was often beneficial, in quinsy the rubbing of the affected part with salt might ameliorate the symptoms, and in toothache the old plan of rubbing salt or soda on the gum was well known. But how might the application of chloride of sodium to the nasal mucous membrane alter neuralgic pain? It was evident that facial neuralgias should be specially amenable to such treatment, for in them all, only one nerve, the fifth, was concerned, and so they might expect that the application of a remedy to the peripheral termination of one branch would readily affect the others. In this connexion, however, the statement made by Dr Leslie that bronchial asthma was similarly ameliorated by this treatment was interesting, because here they had another nerve, the vagus, involved. Another point was that the nasal mucous membrane was specially sensitive. Physiologists know that whilst the sensibility of the tongue at different parts might be tested by the galvanic current, it was impossible, or nearly so, to perform any similar test as regards the nose, owing to the intense pain which the electricity caused. The application, therefore, of any substance to the nasal mucous membrane might be supposed to act with specially great effect; but, on the other hand, from his own experience he could testify that the application of salt in the manner proposed by Dr Leslie was not painful. Should salt act better than other substances? From Dr Leslie's results it would certainly seem to do so. Other substances could, however, act beneficially, for, as was well known, the habitual sniffer seldom suffered from cold in the head.

Dr Smith said he was very much interested by what Dr Leslie had brought forward in his paper. He was at a loss, however, to understand how the peculiar curative action of the remedy was effected. Neuralgia properly so called was ascribed to various pathological changes either in the nerves or nerve sheaths, or in the nervous centres themselves. Other forms of pain often denominated neuralgia were due to organic changes in structures where sensory nerves were distributed. In odontalgia, for example, the pain arose from various pathological conditions which until they were removed would continue to act as its exciting cause. The pain here might originate in mere exposure or in gangrene, or even mere edema of the pulp, or other lesions, producing irritation of some kind. How, then, unless the insufflation of salt into the nostril acted by paralyzing exclusively sensation in some reflex manner, did it permanently cure the state of matters in Dr Leslie's cases? If it were merely the pain which was thus arrested, he supposed some alteration in the molecular elements of the nerve, or even, in certain of the cases, in distant nerves
must have been effected; or some selective influence have been transmitted to the nerve centres productive of lasting effects. He considered the paper an extremely interesting one, and would like to know if Dr Leslie held any particular views as to the rationale of the treatment.

Mr Cathcart thought that the subject raised by Dr Leslie might be considered to be part of a larger one, namely, that there is a nervous association between certain sensitive cutaneous and mucous areas and deeper parts below. The mucous membrane of the nostril being part of the respiratory tract, its nerves might be associated with those supplying the lung and also with the facial nerve, since some at least of the facial muscles were respiratory. This was analogous, at least, to Hilton’s theory that the same nerves which supplied joints, supplied also the muscles acting on those joints and the skin over these muscles or their insertions. This theory had recently received support from Charcot’s hypnotic experiments. He did not think that we need exclude real inflammations from those affected in this way, because in surgical practice it was common to find that counter-irritation greatly improved the condition of actual inflammations.

Dr M’Kenzie Johnston said that his difficulty in comprehending Dr Leslie’s paper was due to the almost universal success which had followed his treatment. He could have better understood it had there been more failures. Neuralgia was a symptom, not a disease, and was due to various and many causes. Yet the same simple treatment seemed to cure them all. How did Dr Leslie explain his treatment? Was it the result simply of counter-irritation of the nerves in the interior of the nose? Hack and MacKenzie of Baltimore had shown that there was a sensitive spot on the inferior turbinated body which gave rise to various neuroses, and they recommended counter-irritation of this body for neuralgias due to swelling or inflammation of it. M’Bride in a paper published in 1884 went further, for he recommended cauterizing even the interior of the healthy nose in cases of troublesome neuralgia. He (Dr Johnston) had seen other applications to the nose produce an explosion of nerve force, and so relieve nervous cough. He had used snuff on himself during a paroxysm of irritative cough, and boracic acid, coffee, quinine, etc., insufflations had been used in whooping-cough. He thought Dr Leslie had done good by drawing attention to this subject, as it showed the importance of examining the interior of the nose.

Prof. Greenfield considered that Dr Leslie’s communication was of great value, as indicating that pain might be removed by very simple means without removing the cause, and instanced cases of severe persistent localized pain which had been cured whilst the apparent cause continued. The paper might well call the attention of medical men to the revision of the current views as to the physiology and pathology of pain.
Dr D. W. Aitken suggested that the effect of the remedy might be explained by the physiological fact that, if, while along one branch of an afferent nerve an irritation is carried to a centre, another afferent branch of the same centre is stimulated, the former central state is neutralized. As an illustration a case of Prof. Chiene's was mentioned. The patient suffered from pain and spasms in connexion with the upper part of the 5th as well as of the facial. Prof. Chiene pressed firmly upon the infra-orbital as it emerges from the foramen with instant relief of the symptoms.

The President said the Society was greatly indebted to Dr Leslie for his interesting paper. Dr Leslie had recorded an important series of cases, honestly relating his failures as well as his successes, and explaining how he had been led to adopt the treatment for neuralgia he had now submitted to his professional brethren. The measure he had proposed was simplicity itself, and was so safe in its nature that many members of the Society would no doubt put it to the test in their own practice.

Dr Leslie thanked the members for their kind reception of his paper, and for the able discussion which had followed it. The study of his cases had led him to the conclusion that neuralgia is a disease in itself, and not a necessary accompaniment of certain pathological conditions, such as gangrenous tooth-pulp, referred to by Dr Smith, which might precede it. He was glad that Professor Greenfield supported this view. In reply to Dr James, he did not think that the term counter-irritation applied to the action of chloride of sodium was quite legitimate, although doubtless there was counteraction, nor was he aware that mere alkalinity could explain the reflex inhibition of pathological nerve impulse. The afferent nerves concerned were almost certainly branches of the fifth, and not of the olfactory. He had designedly restricted the scope of the present paper to practical results, and had avoided theoretical considerations, but had been greatly interested in many points of nerve physiology, especially those concerning the essential nature of neuralgia, the nervous element of spasmodic asthma, etc. He submitted that his method of treatment formed a new basis for their study.

2. Mr Francis M. Caird read a paper on the TREATMENT OF GANGRENOUS BOWEL IN STRANGULATED HERNIA, which will appear in a future number of this Journal.

Prof. Chiene believed that the suggestion of Mr Caird was a valuable one. He had imitated Nature's methods. Prof. Chiene congratulated him on the clearness with which he had demonstrated the method, and it appeared to him well worthy of more extended trial. The fatal result in the second case was, in his opinion, altogether unconnected with the procedure by which the dead portion of the gut was invaginated within the lumen of the bowels. The only difficulty in the operation seemed to him
to be this, that it would not always be an easy matter to fix the points where the stitches were to be introduced, nor would it be an easy matter to say how much of the bowel was to survive, how much to die.

Mr Cathcart thought that since the vitality of the whole of the strangulated bowel was generally impaired by the strangulation, it would only occasionally happen that the ulcerated patch on the included bowel could be treated as a small punctured wound would be in a piece of healthy intestine. In other words, that stitches could not be relied upon when passed through bowel which, if not already inflamed, would probably become so when the circulation was restored. Further, with regard to the transverse ulceration at the seat of constriction, he was not prepared to admit that no constriction would be likely to follow its being stitched together, because none followed the healing of a piece of sloughed bowel in intussusception. In the latter case the included bowel was gangrenous and sloughed away, but in Mr Caird's case the included part was only impaired in its vitality, and might survive as an internal spur. While agreeing with the most of what Professor Chiene had said, he thought that the presence of an ante-mortem stricture, not demonstrable post-mortem, might sometimes be also explained by muscular spasm as well as by paralysis.

Dr Scott Lang asked whether Mr Caird would not lay more stress on the question of the condition of the patient, and the urgency of the symptoms. He had recently operated on a case where the bowel was found gangrenous, but as the patient's condition was not critical he decided not to pull down any more gut, but to leave it undisturbed. True, a faecal fistula formed, but it was subsequently cured, and the woman is now well.

Prof. Greenfield said that the operation suggested by Mr Caird followed the natural process occasionally seen in intussusception, in which the intussuscepted portion of the bowel sloughed away. In a case from which specimens were shown, a long piece of the small intestines had thus been discharged, and on the death of the patient several months later, it was found almost impossible to determine the exact site of the separation, as there was no stricture, and but little alteration of the mesentery. Two risks were, however, to be faced: one, that of the production of temporary obstruction, as in intussusception, the other the possible formation of a stricture. As to the first, the bowel in that region being probably temporarily paralyzed, it was possible that there was less risk than in intussusception. As to the second, it was certain that a stricture did not necessarily result. On these grounds the operation certainly appeared to merit trial, unless other methods were found which were free from the present risks.

Mr Caird thanked the society for their reception, and in reply to the kindly criticism he had received, wished to lay stress upon the point, that he by no means insisted on the method he advocated
as being of universal application, but that the amount of the gangrenous area, the condition of the adjacent gut, and the state of the patient, must all be taken into consideration in every case. Thus in the first case which proved successful, although the bowel had already given way, he had not only sutured, but returned it, and attempted a radical cure by closing the ring. In the second case, which ultimately died, he left the bowel, which had not yet given way, close to the ring in case it should get ruptured, and made no attempt to close the wound. He was not very apprehensive of the invaginated mesentery forming a spur in the cases where the whole circle of devitalized gut was included, since Made-lung had shown that the very interference in this way with the mesentery determined that it would now slough; but even if this did not occur, one could assure it by pinching the mesentery before inclusion, and so effectually determining that it should be cast off. He had also to indicate the ease with which intestinal suture could be performed if we used Dr Cotterill's needles. He begged to thank the various gentlemen who had given him facilities for examining the preparations in their possession or under their care.

**OBSTETRICAL SOCIETY OF EDINBURGH.**

**SESSION LI.—MEETING II.**

*Wednesday, 11th December 1889.—Dr Berry Hart, President, in the Chair.*

I. **Exhibition of Specimens.**

I. *Professor Simpson* exhibited—(1.) A fœtus with convolutions of the umbilical cord. The fœtus had reached the fourth month of intra-uterine life. The cord passed from the umbilicus to encircle the left arm of the fœtus, which was found lying behind the neck, it then passed round the right arm a little below the shoulder, again it encircled the left arm, and finally it passed round the neck of the fœtus from right to left before passing to its insertion in the placenta. The fœtus was partially macerated. (2.) An exomphalic fœtus which had been sent to him by Dr George M'M. Brown of Hanley, Staffordshire, who had furnished the following notes of the case:—Mrs S., aged 32 years, multipara, married in 1878, and was confined of her seventh child on 23rd November 1889. Menstruation began when she was only 13 years old, was of the 28 day type, had a duration of from four to five days, and was normal in quantity. The date of the last menstruation was 13th March 1889. Four and a half months after this date quickening was first felt, and the movements of the child were felt at intervals from that period during gestation until ten hours before the birth of the child. She had a yellowish-coloured discharge, which came on three months before she became pregnant, and which continued until the birth of the child. From the middle of
gestation she complained of a pain in the left iliac region, which gradually ascended as gestation advanced, until at labour it had reached the lower part of the left abdominal region. This pain was much exaggerated and very severe during labour, so that she could not allow the bed-clothes to rest on the part, and complained of the weight of the clothes making the pain worse. Otherwise her health was good during pregnancy. Since delivery she has been entirely free of the pain. Her previous confinements were all easy, none exceeding six hours in length, although all the children were very large. In the case of this confinement labour began at 3 A.M., but the pains were very slight. The membranes ruptured at 11 A.M. Very profuse flooding set in at one o'clock the same day, and at this time the pain in the left abdominal region was very intense. A midwife was in attendance, but Dr Brown was called in immediately after the flooding set in. A foot and a hand presented, but at the same time there was felt, on further exploration, something which resembled the placenta; but on further examination, and only when the child was partially born, it was found to be the abdominal viscera. The child was delivered by traction on the foot and leg, and although the traction was not excessive, the foot came off. With the exception of a little febrile disturbance, the mother did well. The fætus showed, in addition to the well-marked exomphallic condition, a double hare-lip and cleft, diaphragmatic hernia, and a stunted condition of the right arm, and irregularity in the development of the fingers and toes. Near the lower end of the vertebral column was a small projection, which seemed on palpation to contain the tip of the sacrum, and this projection was attached by bands (probably amniotic) to the margin of the deficiency in the anterior abdominal wall. The child was a male, but the penis was imperfectly developed, and there was no anus. The large intestine was abnormally long and had a wide lumen. (3.) Professor Simpson also exhibited (for Dr Robert Stewart) a dimidiate placenta.

II. Dr Underhill exhibited—(1.) A piece of a large mucous polypus which had been expelled spontaneously during a monthly illness. The patient had been suffering for a long time from menorrhagia and profuse inter-menstrual leucorrhœa. The piece expelled looked as if it had been cut through with a knife or a wire, but this was not the case, and it was not at all clear to what cause the separation was due. (2.) An ovum which was thrown off at the sixteenth week, exactly at the time the fourth monthly period would have been on, had the patient not been pregnant.

III. Dr Brewis showed—(1.) A fibroid tumour which he removed from a lady a few days ago. The patient is 45 years of age, and has suffered for about a year from severe pain in the back, especially at the menstrual periods, from menorrhagia, metrorrhagia, and leucorrhœa. Latterly, in addition to these symptoms, she has
had retention of urine, for which she was compelled to call in her medical attendant, who discovered the tumour. The fibroid was an interstitial one, growing in the substance of the posterior lip of the cervix, filling up the pelvic brim and the upper part of the vagina. The surface of the swelling was continuous with the posterior vaginal wall. The fibroid was an interstitial one, growing in the substance of the posterior lip of the cervix, filling up the pelvic brim and the upper part of the vagina. The anterior lip of the cervix was drawn out, thinned, formed a semicircle on the anterior surface of the swelling, and was felt above the symphysis pubis. The uterine body was enlarged, the sound passing in a distance of 5 inches from the anterior lip of the cervix, and was of fibroid consistence. The tumour was removed by enucleation. A crucial incision was made over its anterior surface; after cutting through cervical tissue of the depth of half-an-inch, the capsule was reached, and the tumour removed bit by bit with scissors. The bed of the tumour was stuffed with cotton wool dipped in colloid styptic, and the vagina was plugged with salicylic wool. The tumour was entirely cervical. (2.) Two VAGINAL CYSTS removed from a patient whose chief symptoms were dysuria and discomfort in walking. (3.) Diseased UTERINE APPENDAGES. Both tubes are thickened. One ovary is large, essentially cystic, and shows a well-marked corpus luteum; the other ovary is small and cirrhotic. These ovaries suggest, as Dr Brewis has before pointed out, that cirrhosis is sometimes a later stage of hydrops follicularum. (4.) Diseased Uterine Appendages from a patient who had recurrent attacks of acute peritonitis, and a history of specific infection. Both tubes are greatly thickened, one of them is firmly agglutinated to its ovary by lymph of somewhat recent origin. All the above patients did well.

IV. Dr G. Owen C. Mackness read Notes on a Case of Heart Disease Complicating Pregnancy and Labour, which will appear in a future number of this Journal.

Dr Underhill was much interested in the case so well recorded by Dr Mackness. It was important that all the cases should be observed and recorded, so that eventually we might get a more thorough understanding of the relations between heart disease and pregnancy and labour. The most important lesion in Dr Mackness's case seemed to be the mitral stenosis. He agreed in the main with Dr Mackness in his management of such cases, but he was of opinion that even in cases of this particular lesion the uses of heart tonics, particularly strophanthus, were of the utmost importance, particularly during the course of pregnancy. His experience led most certainly to that conclusion. He thought there was a simpler explanation of the action of nitrite of amyl than that given in the paper. It appeared to him that the dilatation of the arterioles all over the body provided a large space for the reception of the surplus blood which was over-distending the pulmonary vessels.
Professor Simpson was heartily in accord with Dr Underhill as to the value of Dr Mackness's communication. It not only presented a careful record of a very interesting case, but also a useful summary of the various cardiac lesions and their effects on pregnancy and labour. He (Prof. Simpson) thought with Dr Underhill that there was no risk in the more or less continuous use of cardiac tonics, and especially of strophanthus, during the pregnancy. He had never seen anything but good result from their administration continued throughout the gestation. He was glad that in the case recorded by Dr Mackness the result had been so satisfactory, and hoped that Dr Mackness would have further opportunities of observing some of those cases which he had shown so much capacity to analyze and record, so that he might further be able to enrich their Transactions.

Dr Wood said the thanks of the Society were due to Dr Mackness for the able and highly interesting paper which he had brought before it. Dr Wood had a case of mitral stenosis in his own practice about three weeks ago. The patient, aged 28, primipara, had an attack of rheumatic fever twelve years ago, and had suffered from the heart lesion ever since. Cardiac compensation was evidently completely established, and only broke down on her becoming pregnant. She was treated continuously with digitalis for several months before the birth of her child, larger or smaller doses being given according as it was found necessary, and this continuous administration, he had no hesitation in saying, did her a great deal of good. On his visit to her after labour had begun, he found the first stage pretty well advanced, the breathing very much embarrassed, the pulse irregular and very rapid. During a pain, the embarrassed breathing became greatly exaggerated; the pulse, although the vessel could be felt, could not be counted, there being only an irregular quiver; the face became completely cyanosed from the venous engorgement of vessels. He had her at once placed under chloroform, but very soon changed to ether, and found that the pulse was sustained better. He terminated the labour, which was a breech, as rapidly as possible. In the second stage, the patient's condition was considerably worse than the first,—so much so, that he expected she would succumb from cardiac failure. During the labour, he gave her twice two min. of tinct. strophanth. hypodermically, and one of Natville's granules of digitalin. For several days after her confinement she suffered from oedema of the lungs and pleural cavities, owing, no doubt, to the backward blood-pressure.

Dr Fraser Wright said that Dr Mackness's suggestion as to the action of nitrite of amyl was one which had also occurred to himself at the time of recording his case in July last. The difficulty, however, in accepting this explanation lies in the fact that any dilatation of the pulmonary arterioles will be followed by increased pulmonary venous congestion and increased dyspnoea; yet in the case recorded
the dyspnoea was instantly relieved. On the whole, he was still inclined to think that the relief obtained by using this drug is due to dilatation of peripheral systemic arterioles. The fact that bronchitis is often relieved by it, offers no explanation, as here the fact that the peripheral bronchioles are also dilated has also manifestly much to do with the result.

Dr Berry Hart thought Dr Owen Mackness's paper a very valuable one, not only from the careful record of the case, but also from his résumé on the action of pregnancy on the diseased heart. He hoped Dr Mackness would still continue his observations on a subject he was so well qualified to deal with.

Dr Mackness thanked the Society for their kind reception of his paper. As to the use of cardiac tonics during pregnancy, he pointed out that they tended to produce hypertrophy of the heart, which would be followed by subsequent degeneration of the muscular fibres, and hence they increased the harm done to the heart by pregnancy. It was, therefore, advisable to use them only when absolutely necessary, and to discontinue their use as soon as possible. The failure of cardiac tonics was only observed in certain cases of mitral stenosis, and not in all.

V. Dr Mackness also read NOTES ON A CASE OF HYDROCEPHALUS WITH MENINGOCELE, which will appear in a future number of this Journal.

Professor Simpson said it was well to have as full a record of such cases as Dr Mackness had now brought before them as possible, for they were not of frequent occurrence, although from time to time preparations had been shown to the Society. It was interesting to note that in this, as in some other encephalic malformations, such as anencephaly, and as in spina bifida, there was a marked degree of hydramnios.

Dr Mackness thanked the Society for the reception of his paper, and said that in this case there was no reason during pregnancy to account for the occurrence of the deformity.

VI. Dr J. W. Ballantyne read a paper on INTRA-UTERINE RICKETS, which will appear in a future number of this Journal.

The President remarked on the value of the paper.