region of the right hip, but these were not so severe as to prevent him from running about on the following day. About a week after this his mother noticed that he was limping, but as he did not complain of pain, little attention was paid to this. The limp has, however, become steadily more pronounced, and though he continues to run about and play as usual, he frequently has pain at night in the region of the right hip. He takes his food well and has not lost weight.

On examination, the boy is seen to be well developed and stoutly built. As he stands, there appears to be some shortening of the right lower limb; the pelvis is, however, tilted upwards on the right side, and there is a slight lateral curvature of the spine with its convexity to the left. On walking, there is a very pronounced limp suggestive of a congenital dislocation of the right hip. The boy runs with a limp, but without apparent pain or difficulty. When asked to jump to the floor off a high chair he does so without hesitation, distributing his weight equally on both feet. With the patient lying on his back it is seen that the right lower limb is held in a position of adduction and shows slight muscular atrophy.

Flexion and extension of the right hip are both full and free.

Rotation at the hip is very slightly restricted; abduction is not possible, the pelvis rocking at once when this movement is attempted.

The great trochanter on the right side is much more prominent than that on the left. The measurements of the two limbs are identical as regards length, but the right thigh is \( \frac{1}{2} \) an inch less in circumference than the left.

The radiogram of the right hip (Fig. 1) shows the typical flattening of the upper femoral epiphysis, the irregularity of the epiphyseal line, and the rarefaction in the upper and outer part of the neck of the femur as described by Perthes in his cases. The bones of the left hip show no such changes.

The von Pirquet tuberculin test gave a negative result.

The boy is being kept under observation, and is having regular massage of the thigh and gluteal muscles, but at the same time is allowed to go to school and to run about as usual.

REPORTS OF SOCIETIES.

Edinburgh Medico-Chirurgical Society.

A CLINICAL meeting was held in the Royal Infirmary on 19th November 1913, Dr. Melville Dunlop, Vice-President, in the chair.

Dr. Dawson Turner showed a case of nevus and a case of cheloid under treatment by radium.

Dr. Norman Walker showed a case of nevus and a case of dermatitis autophyta.

Dr. Comrie showed a child, aged seven years, suffering from spastic
Fig. 1.—Note Flattening of Epiphysis of Head of Femur and Rarefaction of Upper and Outer Part of Diaphysis.
paraplegia. There was no defect of intelligence, and the condition was probably due to a lesion at the upper end of each Rolandic area.

Dr. Fleming showed two cases of beriberi.

Dr. Edwin Branwell showed two brothers, aged 17 and 11 years, who suffered from progressive difficulty in walking. There was intention tremor, and articulation was defective. The cases were intermediate between Friedreich's ataxia and family spastic paraplegia.

Dr. Lovell Gulland showed four cases of aneurysm.

Mr. John Fraser showed a case of undevloped fibula in a child aged 6 months. The deficiency had been made good by inserting a piece of the fibula of the opposite leg into the gap.

Mr. Beesly showed a patient after intersecapulo-thoracic amputation for recurrent tuberculous disease.

Mr. Wallace showed a boy, aged 12, after plating for a diastasis of the lower end of the femur, and a man, aged 46, after resection of the middle portion of the stomach for carcinoma of its anterior wall.

Mr. Wilkie showed a case of osteochondritis deformans juvenilis in a boy, aged 8. The hip-joint was affected, but its movements were free with the exception of abduction. X-rays showed flattening of the epiphysis and rarefaction in the outer and upper part of the neck of the femur. The condition was probably due to an accidental interference with the blood-supply, and would in all likelihood be recovered from (see p. 55).

Mr. Dowden showed two cases of fracture of the leg, with shortening, which had been treated by hanging the legs over the end of the bed. Marked oedema had resulted, but the results in both cases were good.

Mr. George Chiene showed a case where subacute obstruction had been caused by strangulation of an epiploic appendix in a subsidiary peritoneal pouch.

Mr. Struthers showed a male patient, aged 21, showing deformities due to ostitis fibrosa. The condition had begun when the patient was seven years old, and he had sustained several fractures.

Mr. Struthers also showed a boy 7 months after craniotomy for Jacksonian epilepsy. Although nothing to account for the numerous fits had been found, there had been no recurrence since the operation.

Mr. Cathecart showed a man after operation for tuberculous glands of the neck, where the internal jugular vein had been torn close to the skull and closed by plugging, and also a man cured after six operations for recurrent fibroid tumours of the face and neck. The patient had afterwards developed carcinoma of the splenic flexure of the colon.

Edinburgh Obstetrical Society.

A meeting was held on 10th December 1913, Sir Halliday Croom, President, in the chair.

Dr. A. H. F. Barbour read a paper on “The Place of Gynecology in the Medical Curriculum and in General Practice.” The recent rearrangements in clinical teaching in the Edinburgh Royal Infirmary included the recognition of clinical gynecology as a department by itself. This was the last step in the recent development of gynecological teaching. The first step was the recognition of gynecology as a distinct subject in the systematic course of lectures, which occurred in 1906. The next step was taken in May 1907 by the introduction of an examination in clinical gynecology in the final examination.
The reason for the old association of gynecology with obstetrics was twofold—scientific and practical. An inquiry into the factors in gynecological diseases brings out the fact that not less than one-half of these can be referred to processes which concern the obstetrician. An analysis of 2000 cases in the Gynecological ward of the Infirmary brought out the fact that 50 per cent. were referred directly or indirectly to conception or childbirth, in 9 per cent. to the onset of the menstrual function at puberty, in 7 per cent. to the patient's entering married life, whilst 20 per cent. began to suffer towards the menopause.

Looking at the question from the point of view of practice, experience shows that patients of the poor and middle classes, who form the larger proportion of the clientele of the general practitioner, expect to be treated in the first instance by the physician who attended them at their confinement. The examination of the patient is, in the first instance, made by him; the diagnosis of her condition depends on him; and the routine treatment of chronic cases—what is called minor gynecology—should be relegated to him. Dividing the morbid conditions according to the various systems, it may be said that about one-sixth part of the work of the general practitioner, as far as his female patients are concerned, consists of gynecology. The difficulties which beset the clinical investigation of gynecological cases have, in the past, sent the graduate into practice inadequately prepared to deal as efficiently with diseases of the reproductive system as with those of other systems in the female. To this insufficient equipment is largely due the tendency to quackery in the treatment of diseases of women. Diseases of women, owing to the difficulties attendant on a thorough examination and on forming a clear idea as to what the pelvic lesion is, not to mention the necessity of telling the patient with some assurance that there is absolutely nothing the matter with her pelvic organs, when this is the case, lend themselves to quackery in a way which is not the case with affections of the heart or lungs. In dealing with the latter conditions the ignorant practitioner can become less ignorant. He can, by a repeated examination of the heart or lungs, teach himself. But unless the graduate has learned, as a student, in the hospital or dispensary under skilled guidance how to make a bimanual examination, the little gynecology he has picked up as a student becomes less and less, and he finally shelters himself behind "a pretence to skill or knowledge not possessed." To avert this, gynecology should not be relegated to a post-graduate course, but should form an integral part of the student's training. For this reason there has been provided ampler scope for the clinical teaching of the subject in the Edinburgh Infirmary, and a clinical examination has been introduced into the final. The time at present allotted to gynecology is inadequate, but it is hoped that, in view of the importance of the subject, the present arrangements may be improved.

Dr. James Young showed a fibroid tumour of the uterus with haemorrhagic spaces due to pent-up menstrual blood in portions of endometrium scattered through its substance, i.e. it was an adenomyoma.

Dr. Haig Ferguson showed an anencephalic fetus illustrating the process of so-called intra-uterine amputation.

Dr. Johnstone showed a foetus compressus in the membranes of its twin. At first it looked like a succenturiate part of the placenta.
Scottish Otological and Laryngological Society.

The Society met in the Royal Infirmary, Edinburgh, on Saturday, 22nd November, Dr. J. D. Lithgow in the chair.

Dr. Lithgow made a short communication on the use of vaseline, plain sterile and medicated, in connection with the packing of the wound in the radical mastoid operation, claiming for this method that the first dressing is thereby rendered painless. He also submitted a short paper on the mechanism of one form of respiratory stoppage under general anaesthesia, chloride of ethyl being the anaesthetic used in the cases investigated, though he was of opinion that his observations held good when other general anaesthetics were employed. He found that in certain cases the laryngeal surface of the epiglottis was firmly fixed by a sucker-like action to the posterior laryngeal wall. The action could only be overcome by inserting the finger between the epiglottis and the pharyngeal wall. In another paper (in conjunction with Mr. Peel Ritchie) Dr. Lithgow described a method of inducing fibrosis of the tissues of the inferior turbinates in cases of vasomotor and hypertrophic rhinitis by the injection into the soft parts of the turbinates of a 60 per cent. solution of carbolic acid in glycerine. Dr. Lithgow also showed a patient operated on for double frontal sinusitis, and (with Mr. Peel Ritchie) two patients operated on for malignant disease affecting the buccal pharynx and laryngo-pharynx.

Dr. W. T. Gardiner showed a patient with chronic subglottic infiltration which was thought to be syphilitic.

Dr. W. G. Porter showed a patient on whom he had operated for a right temporo-sphenoidal abscess due to chronic middle ear suppuration. Dr. Porter reported a case of a foreign body (a halfpenny) in the cesophagus of a child for eight years (Edin. Med. Journ., Dec. 1913, p. 518). He also described the case of a patient on whom he had successfully operated for what appeared to be post-operative osteomyelitis of the frontal bone. A Killian’s operation was performed on the right frontal sinus. Five months later a similar operation was performed on the left side. A few days after this operation the left upper eyelid became swollen and tender to pressure. Pain was also complained of at night. As these symptoms increased in severity the wound was reopened. A week later the oedema had increased till it extended up to the hair margin and across the middle line. The temperature, however, did not rise above 99·2°F, and there was little discharge from the wound. It was considered, however, that osteomyelitis had set in, and that a wide removal of bone offered the only hope of recovery. This was accordingly carried out. The bone was found to have a glazed appearance, and to be very soft and vascular. The dura appeared healthy. An autogenous vaccine was administered and the patient gradually recovered, a result which, in view of the very high mortality in such cases, was no doubt due to the early recognition of the complication and to the wide removal of bone.

Dr. J. K. Milne Dickie showed a patient suffering from hoarseness dating from birth. There was an irregular thickening of the left vocal cord, the nature of which it was difficult to determine. He also reported an interesting case of laryngeal stridor. The patient, a woman of 43, suffered from asthma and bronchitis. Laryngeal stridor developed, and on examination it was found that the right cord could be abducted only slightly and the left one not at all. The laryngeal obstruction became severe and tracheotomy
had to be hurriedly performed. A few days later the cords could move quite freely. In the discussion which followed it was suggested that an acute enlargement of the bronchial glands had developed in association with the bronchitis, and that this had caused irritation of the recurrent nerves and adductor spasm.

Drs. J. S. Fraser and Gideon Walker contributed a preliminary paper on a \textit{clinical investigation of otosclerosis}. The investigation inquires into the following points:—(1) The tone at which Rinnè's test becomes positive; (2) the presence or absence of sensibility for tickling in the external meatus; (3) the presence or absence of vestibular symptoms; (4) the rapidity of the reaction to cold syringing; (5) Gelle's test; (6) the upper tone limit with the monochord; (7) the family history; (8) the general medical examination of the patient for rheumatism, gout, disorders of menstruation, and so on.

Dr. J. S. Fraser gave an \textit{epidiascopic demonstration of the pathological anatomy of some cases of ear disease}. The histories of the cases were given where these were obtainable. The specimens thus shown comprised otosclerosis, suppuration of the middle and internal ears, adhesive processes in the middle ear, tubercular disease of the middle and internal ears, tumour of the auditory nerve. Dr. Fraser also showed two patients on whom he had operated for middle ear suppuration with labyrinth symptoms. In both the labyrinth phenomena were somewhat anomalous. In one the caloric reactions and the pointing test gave varying results at different periods. No fistula symptom was obtained, and on performing the simple Schwartze operation no fistula was found. The tympanic cavity was not interfered with and the hearing returned to normal and the labyrinth phenomena and nystagmus disappeared. In the other case no fistula symptom was obtained, but on the performance of the radical mastoid operation a fistula of the horizontal canal was found. The labyrinth was not opened, and the patient made a good recovery.

Dr. A. Philp Mitchell contributed a paper on the \textit{etiological relationship of the faucial tonsils to tuberculous cervical adenitis} affecting children. Of 64 consecutive cases of children suffering from tuberculous disease of the upper cervical glands 24 showed histological evidence of tuberculosis of the tonsils. Inoculation of guinea-pigs from these cases yielded positive results in 19, and of these the bovine bacillus was present in 12 and the human in 3. Of hypertrophied tonsils from 90 children who showed no clinical evidence of tubercular gland disease, those of 6 gave histological evidence of tuberculosis, and 9 yielded positive results on inoculation.

Dr. Logan Turner showed a patient, a girl aged 7, recovered from \textit{post-operative meningitis}. The child suffered from chronic middle ear suppuration. On the performance of the radical mastoid operation a polypus was removed from the region of the round window. The next day symptoms of meningitis appeared. On lumbar puncture, the cerebro-spinal fluid was found to be cloudy, faintly acid, containing albumin, and reduced Fehling's solution incompletely. There was no growth on culture. A double vestibulotomy was performed and the internal auditory meatus opened into, and translabyrinthine drainage established. Lumbar puncture was performed on five occasions and urotropin in 10-gr. doses injected into the canal.

Dr. Logan Turner also showed a rare case of \textit{hyperplasia of the mucous membrane} of the uvula, soft palate, pharynx and larynx; and a case of \textit{multiple telangiectasis} of the skin of the face and the mucous membrane.
of the nose and mouth. He also showed two cases of sarcoma of the tonsil operated on a year ago without recurrence, and a patient on whom Mr. Wallace had operated three years ago for malignant disease of the upper end of the oesophagus and in whom no recurrence has taken place.

Dr. Turner also gave notes of a case of a child on whom enucleation of the tonsils and removal of adenoids had been performed two years previously, since which time symptoms of paralysis of the palate had been observed.

Dr. Walker Downie showed two specimens of calculus of the tonsil and described the cases from which they were removed.

A noteworthy feature of the meeting was the museum, to which a number of members contributed specimens, photographs, skiagrams, models, paintings, instruments.

It was arranged to hold the next meeting in May in the Western Infirmary, Glasgow. The following office-bearers were elected:—President, J. Walker Downie, Glasgow; Vice-President, W. G. Porter, Edinburgh; Secretary and Treasurer, W. S. Syne, Glasgow.

RECENT ADVANCES IN MEDICAL SCIENCE.

MEDICINE.

UNDER THE CHARGE OF

W. T. RITCHIE, M.D., EDWIN MATTHEW, M.D., AND

J. D. COMRIE, M.D.

BENZOL IN THE TREATMENT OF LEUKÆMIA.

This subject is discussed in a paper by Krokiiewicz (Wien. klin. Woch., 1913, xxxvi. 1799), who reviews the literature and reports two new cases. Following Seling's researches upon the action of benzol on the blood and bone-marrow of rabbits, v. Korányi in 1912 administered this drug to two cases of leukæmia, both of whom derived benefit from the treatment. Kiralyfi then reported six cases from v. Korányi's clinic, and he showed that, although the number of leucocytes in the peripheral blood might be reduced considerably, and although the spleen might become smaller, the improvement was only transient. Wachtel recorded two cases of myelogenous leukæmia that were treated with benzol. In the first case, a woman aged 38, the number of leucocytes fell from 14,000 to 8000, the number of red corpuscles and the haemoglobin became increased, and the patient's improvement was maintained for four weeks after benzol administration was discontinued. In Wachtel's second case the drug was stopped after three days because of the onset of albuminuria. In Todesco's case improvement was likewise obtained. In Stern's case the leucocytes, after two months' treatment with benzol, had fallen from 264,000 to 13,300, while the erythrocytes had risen from three and a half to five and a half millions. The myelocytes fell from 44 per cent. to 2 to 3