MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LXVI.—MEETING I.

Wednesday, 3rd November 1886.—Prof. Grainger Stewart, President, in the Chair.

I. Election of Office-Bearers.

The following gentlemen were elected office-bearers for the ensuing year:— President, Prof. Grainger Stewart; Vice-Presidents, Dr John Duncan, Dr Peel Ritchie, Prof. Chiene; Councillors, Dr John Smith, Dr Littlejohn, Dr Troup, Dr Allan Gray, Dr James, Dr Leith Napier (Dunbar), Dr T. Duddingston Wilson, Dr G. A. Gibson; Treasurer, Mr A. G. Miller; Secretaries, Dr Cathcart, 44 Melville Street; Dr James Ritchie, 14 Charlotte Square; Editor of Transactions, Dr William Craig, 7 Bruntsfield Place.

II. Exhibition of Patients.

1. Dr Byrom Bramwell showed a case of hemiplegia due to an injury of the head at the time of birth.

Dr Craig asked if a depression existed now.

Dr Clouston said he had had a dozen such cases under his care, and had post-mortems in a number of them. These indicated that trephining would be quite useless. The opposite hemisphere was usually more or less undeveloped, and the cranium much thickened on that side.

Dr James asked if measurements had been taken of the boy's head. He thought it looked rather small, but it might not be so for his age.

Dr Bramwell stated in reply that there was now no apparent evidence of the former injury. The two sides of the head appeared to be symmetrical. He thought Dr James's suggestion a valuable one, and would have the head accurately measured.

2. Dr Cotterill showed, for Professor Annandale, a boy who had been successfully operated on for intussusception in the Sick Children's Hospital.

3. Dr Cotterill showed a man who had made a satisfactory recovery from severe traumatic tetanus. He had sustained a wound of the ball of his right thumb in getting over a wall covered with
broken bottles. Symptoms of tetanus having occurred, he was put on physostigmina by his own medical attendant, but without any benefit. He came into hospital on the sixteenth day after the injury, and was treated for some days with chloral and bromide. Eserine (gr. 1/100th) was given twice after consultation with Professor Fraser, and icebags were applied to the spine. As he did not improve, the cicatrix was freely excised. Since the operation there had been no recurrence of the fits.

III. Exhibition of Specimens and Photographs.

1. Dr Byrom Bramwell showed—(1) photographs of a child affected with OPHTHALMOPLEGIA EXTERNA ACUTA, which showed the condition at the height of the paralysis and after recovery; (2) also a photograph of the hand of the same patient, showing an enlargement of the first phalanx of the middle finger of the right hand, which apparently was the result of scrofulous disease of the bone; (3) a series of photographs illustrative of a TUMOUR of the PITUITARY BODY; (4) a large ANEURISM of the RIGHT POSTERIOR CEREBRAL ARTERY, and a series of photographs illustrative of the position of the aneurism and its relationship to the brain tissue.

2. Mr A. G. Miller showed—(a) a VESICAL CALCULUS removed by a new method devised by Professor Annandale, which consisted in gripping the stone with a lithotrite, projecting it above the pubis against the abdominal wall, and cutting down upon it. He found the operation exceedingly easy, and the result had been a success. (b) Parts from a case of INTUSSUSCEPTION successfully operated on. The intestine was unravelled with comparative facility, but there was bronchitis at the time of operation, from which the child ultimately died. There were no symptoms of peritonitis, and no trace of it was observed at the post-mortem. Mr Caird had made a cast showing the conditions after the operation. (c) Parts from a case of EXCISION of the KNEE for anchylosis. Along with the diseased parts was a piece of skin, which Mr Miller said he was now in the habit of removing to prevent the redundancy so often seen after that operation.

3. Dr Church showed, in connexion with his paper on a case of poisoning by corrosive sublimate, a sample of the FLUID taken, and pieces of COPPER FOIL treated with arsenic and mercury respectively in Reinsch's tests for these substances; also the difference microscopically of sublimed globules of mercury and sublimed rounded crystals of arsenious acid.

4. Mr Maxwell Ross showed, for Dr Kirk Duncanson, a drawing of an ANIMAL ORGANISM removed from the ear of a native woman in India by Surgeon J. More Reid, of Karachi. It appeared along with two others out of a piece of softened wax which had been
washed out of the meatus, was about a quarter of an inch in length, of the thickness of thick thread, and tapered at both extremities. The drawing of it was made under a low power of the microscope (¼-inch objective). All of them were very active in their movements in a basin of water, in which they remained for four days, and were only killed in manipulating them on to a slide. She accounted for their presence by stating that similar larvae appeared after she had slept near a heap of cow-dung on visiting her daughter at Bombay some months previous.

5. Mr Joseph Bell showed a large fibroma removed successfully from the right iliac region and pelvis of a man.

From notes by Mr John Garvie, house-surgeon.—Donald MacDonald, 48, from Lochaber, Knockholium, Stratherrick, Inverness-shire, shepherd, was admitted on 1st. September, suffering from large tumour in groin.

Family History.—Father alive and healthy. Mother died when he was 4 years old, he thinks, of consumption. Sister died in childbirth. Has four of family, all alive and well.

Habits.—Lives in high country, and is accustomed to be out night and day in all sorts of weather. Lives in a damp house, but when tumour appeared he lived in a good house. Is not a teetotaller; is not accustomed to drink; as shepherd he had to do for long intervals without food.

Previous Health.—Never remembers a day's illness.
History of Present Attack.—In April two and a half years ago a small lump appeared in the groin (?). It slowly grew, extending in line of groin both outwards and inwards. In about six months it passed into scrotum; for about four months he has noticed no difference in size. During last winter, when it was attaining its present size, it was extending not so much outwards and inwards as projecting from the natural line of the body. He has worked up till last Saturday, and then those working with him never knew that there was anything wrong with him. He worked as well as ever he did—only now the bulk of the tumour interfered with him stooping. There are no abnormal sensations in left leg; he can move it as well as the other.

Local Condition.—A large oval projecting mass is seen in right groin, passing into and distending the scrotum, turning penis to the left side. Above it leaves the line of Poupart’s ligament, lies on its abdominal side, and projects upwards into right lumbar region. It has a steep side towards the thigh, which it overhangs. On the abdominal side it falls more gradually, reaching to within 2½ inches from the umbilicus (on the left side there is 6 inches between the umbilicus and Poupart’s ligament). The tumour has a smooth surface, but can be seen to be made up of four or five large masses. On the summit there are various small reddened elevations. It measures 12 inches long, 8½ inches broad, and will project 4 inches above the general surface of the body.

Palpation.—It feels quite hard and firm; no pain on pressure. The tumour can be felt not to be made up of one large mass, but several. There is a margin towards the thigh, and on deep palpation, pushing hand well into abdomen, the tumour edge can be felt to turn. The upper and outer part is doubtful; an indistinct margin can be felt, evidently beneath some of the muscle layers; but a hardness seems to exist further out, and whether this be a psoas muscle or not (for on flexing and extending the thigh a change is felt) cannot be distinctly made out. The lower margin passes into the scrotum, and is much narrower. Only one-third of the scrotal mass is of the same consistence as the rest of the tumour; the remainder is much softer in consistence. The testicle, though distinct from this, feeling harder than normal, and cannot be altogether separated from it. Between these two, which are distinct from one another, though of the same tumour, several nodules of cartilaginous consistence can be felt. On percussing over the tumour the note is not flat all over, but along its whole abdominal margin a portion, about 2½ inches broad, gives a deeply intestinal note.

Operation.—On 10th September a long incision was made over the tumour above the reddish nodules. Inflammatory adhesions were found binding down skin to the tumour. The tendon of the external oblique muscle covered the tumour. This was divided, and the tumour capsule exposed. The upper part of the tumour was
now examined to see how far the tumour extended, and if it was possible to remove it. A distinct rounded encapsuled margin was felt. The abdominal side of the tumour was now examined, and found not so encapsuled, and thick adhesions passed from the tumour to the tendinous structure. Another sweeping incision was made, joining the extremities of the former, and enclosing an elliptical area of skin in which were the reddish nodules. The skin was dissected down to the lower border of the tumour. The upper border was again attacked, and thick inflammatory adhesions cut through. Part of the conjoined tendon cut. Now entered the sheath of the rectus muscle; as now only transversalis fascia between the peritoneum and tumour, was thought best now to attack the scrotal part. An incision was made from the long incision over the scrotum. The whole half of the scrotum, tumour, with testicle was rapidly and easily removed from the scrotum. Thus hoped easier to reach the lower surface by raising the whole tumour. It now seemed as if the tumour followed the cord and passed into the abdominal cavity. Again went to the upper extremity. On dissecting, a further rounded, well-encapsuled tumour deeper and higher than the former was found at the upper extremity. It was about 4 inches broad. On raising and dissecting this, found peritonem attached and adherent. It was dissected off as far as possible, then it was necessary to cut it, and enter peritoneal cavity. The intestines and omentum were now apparent, and kept back with a sponge while the tumour was further attacked. There now remained the huge mass attached to the deeper parts by pedicle. It was thought easier to finish by cutting through this, and thus be able to deal with deeper. The tumour being non-vascular in character, this was done. With the finger in the peritoneal cavity the tumour was felt to extend into the abdominal cavity and pass along the pelvic brim. The deeper part was gradually freed from its attachments. Several large veins were seen; one especially large seemed not to be femoral, though just passing into it. After further dissection, the tumour was narrowed to a neck or pedicle about 2 inches broad; this connected the tumour with the deep parts. This was swept across, and the intra-pelvic part left alone. Carefully washed peritoneum and bowel exposed; stitched the edges of the peritoneum carefully together; then well washed the parts with corrosive; drainage—stitched—dressed.

Microscopical Examination.—The tumour was found to be a fibroma, and any difference of density was explained by the relative difference in fibrous and cellular elements.

Progress.—For four days his temperature remained above normal. He complained of feverishness and flatulence. His bladder had to be relieved by a catheter once. On the fifth day his temperature fell, and since has never been above normal. The dressings were renewed daily, so that there might be no danger of urine finding
its way to the wound. The skin did not completely cover on the gap left. In a few days healthy granulations covered the area. Healing satisfactory.

IV. Original Communications.

1. Mr F. M. Caird read his paper on the shoulder-joint in relation to certain dislocations and fractures, which will appear in a future number of this journal.

Mr Joseph Bell, in the course of a few remarks, said that Mr Caird's paper was a very interesting one, and was the outcome of a very large amount of really good work on the subject. To himself it was a source of much pleasure to find that Mr Caird had not only read with care a paper on the nomenclature of scapulo-humeral dislocations written by himself twenty years ago, but that he also agreed with many of the conclusions of that paper. One of the chief points of interest Mr Caird had emphasized was the question of the dent in the head of the humerus. He did not think surgeons had been sufficiently alive to this as stopping short of fracture. He had held and taught that the impact on the edge of the glenoid was the cause of fracture of the anatomical neck.

Professor Chiene said that, though Mr Bell and Mr Eves had forestalled Mr Caird in regard to the causation of fracture by impact against the edge of the glenoid, he had shown that undoubtedly dislocation of the shoulder-joint might occur directly forwards. The old view that it was always first downwards and then forwards he was now convinced was incorrect as regards subcoracoid dislocations. It was also evident that in old-standing subcoracoid dislocations surgeons were not justified in interfering to the same extent as in intra-coracoid dislocations.

Mr Caird said that, in looking over German literature, he had not hitherto found attention drawn to this point. He had to thank the University authorities, particularly Professor Chiene and Sir William Turner, for assistance and access to museum specimens; and also the Curator of the Museum of the Royal College of Surgeons.

2. Dr Church read his paper on a case of poisoning by corrosive sublimate, which will appear in a future No. of this Journal.

Dr Bramwell said Dr Church has so fully considered all parts of the case that he has left little or nothing to be said. The most important point seemed to be the remarkable fact that, although the child only survived twenty-two hours, no trace of the poison could be detected by careful chemical analysis. In the previous cases of poisoning by corrosive sublimate in which no poison had been found in the tissues after death, the patient generally survived for some days, and it was reasonable to suppose that the poison might have been excreted from the body; but, in this case, it was much more difficult to accept the excretion theory.
Dr Craig observed that the quantities of irritant poisons which could be taken with or without producing fatal results could never be accurately determined, because no one could tell the amounts ejected by vomiting or got rid of through the bowels. The probability was that, in this case, the greater part was eliminated either upwards or downwards. They could not very well get rid of the difficulty on the theory that the perchloride of mercury was changed into another salt, because it could only be changed into another salt of mercury, and the tests were applied to find mercury.

Dr James asked if it was usual in cases of irritant poisoning proving rapidly fatal to have such a rise of temperature (106.6° F.) as that noticed by Dr Church in his case? This might be an important question in reference to diagnosis, as one would expect a fall at the commencement or during the collapse following a dose of such a substance.

Dr Church said that in the recorded cases there was no mention of an observation of the temperature.

Dr Bramwell suggested that the temperature was probably taken when the stage of collapse was over.

THE GLASGOW OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

The first meeting of the session 1886-7 was held in the Faculty Hall, St Vincent Street, on Wednesday, the 20th October, at 8 p.m.

Dr John Marshall, Coatbridge, exhibited an infant, now 5 months old, from whose occiput he had removed a meningocele when it was only a few days old. The tumour (which was the subject of a communication last session) was also shown. Many of the Fellows examined the cicatrix with much interest.

The Treasurer's Statement was then received, showing a clear balance of £3, 13s., after defraying all preliminary and other charges.

The Secretary submitted his Report, which showed the Society to be in a very flourishing condition, and to number 74 members. Notwithstanding the number of communications that had been made during the session, there remained several papers which could not be overtaken during the first session. An epitome of the work done was read; and he trusted the Society would always be able to show as good a record, as, when it should cease to work it would cease to have a valid reason for its existence, but not till then.

Subsequently, office-bearers having been elected, the President, on retiring from the chair, expressed the pleasure he had had in presiding over their meetings. He said there was abundance of
material in Glasgow to occupy the attention of the Society, and he trusted the members would not wait until they had elaborated papers, but would bring forward specimens and cases at once as they occurred in practice. The Society would be pleased to learn the "how" and the "when," and would endeavour to solve the "why" itself.

Dr Sloan, on assuming the presidential chair, moved a vote of thanks to Dr Reid in graceful terms; and then exhibited a Hewitt's cradle pessary, which had been incarcerated for some months in the vagina of an aged woman. She had had the instrument introduced six months prior to Dr Sloan's examination, to remedy a supposed anteflexion. Examination revealed the fact that it had become displaced anteriorly, causing pressure on the cervix, and eventually hypertrophy of that organ, and the imbedding of the posterior limb in its tissues. In order to extract it the anterior, or presenting, limb had to be filed through. One of the principal symptoms of which the patient complained was pain at the umbilicus. Dr Sloan laid emphasis on the necessity which lay upon every practitioner to explain to his patient that whenever a pessary caused pain or discomfort it ought to be removed at once. He added that the woman referred to was now the subject of procidentia; but that she felt so much better, comparatively, since the offending instrument had been removed, that she elected to be without any support.

Dr W. L. Reid stated that he had used Hewitt's pessary frequently for anteflexion, and never found harm to result; but on the contrary, in at least half the number of cases, much benefit.

Dr Wallace alluded to a case which had come under his care of an incarcerated Blackbees.

Dr Park remarked that the facts set forth seemed to indicate that it was not the pessary which had been to blame, but rather the omission of due care to prepare the parts for the introduction of an artificial support of any kind, and to see that the parts were not irritated by the support after introduction.

Dr Murdoch Cameron homologated this.

Dr Sloan supplemented his previous observations.

Dr Glaister read the first part of a paper on the state of the art and science of midwifery from the dawn to the middle of the 18th century. Quoting from Sir F. Ould and Smellie, he gave graphic illustrations of the ethical disorder and general ignorance in which the practice of the art was sunk during this period. Passing on he traced the inception of the science through the works of Portal, Pugh, Dionis, Deventer, La Motte, Amande, and Edward Moubray. He especially emphasized the fact that, as early as 1753, Moubray gave an account of the forceps in the Edinburgh Medical Essays. Then, after alluding to Manningham, he gave some interesting biographical details concerning Smellie, whose first volume was published in 1751, albeit it bears the date
of the subsequent year on its title page. The second volume was published in 1754, and the third in 1764, the year after his death. His library, consisting of about 400 volumes, had been bequeathed to, and was now in possession of, the Lanark Grammar School, where are also the original plates from which drawings were made. After referring to William Hunter and Chapman—who, he said, was the first to describe forceps, after having used them for about twenty years—he passed on to give some interesting information concerning the Chamberlens. It seems that they were a Huguenot family, and numbered two when they originally immigrated from France, viz., Dr Peter, the elder, and Dr Peter, the younger—this being a favourite method of designating brothers among the Huguenots. The former was granduncle to Paul Chamberlen, and the latter father of Hugh, the translator of Mauriceau. He did not claim the invention of the forceps, but that his family had extensively used them. Dr Glaister went on to explain how the forceps came into the possession of the family, and indicated that they were in general use all over Europe in 1742. He then read the description of the forceps given by Smellie, as well as his instructions for applying them; and rendered an account of his invention of the “lock,” thus superseding the “pin” fixing in previous use. Finally, he said, it was doubtful whether to Smellie or Pugh was owing the invention of the “double curve.”

The following is a list of the office-bearers for the year, viz.:—

Honorary President, Prof. Leishman; President, Dr Samuel Sloan; Vice-Presidents, Prof. Abram Wallace, Mr Stuart Nairne, F.F.P.S.G.; Treasurer, Dr Robert Pollok; Secretary, Dr G. A. Turner; Editorial Secretary, Dr Robert Park; Council, Drs Murdoch Cameron, Halket, Marshall (Coatbridge), W. L. Reid, Caldwell Smith (Motherwell).

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A QUARTERLY meeting of the Medico-Psychological Association was held in the hall of the Royal College of Physicians, Edinburgh, on Thursday, 11th November. Dr Byron Bramwell showed a collection of photographs of brains in section and whole, and explained his speedy method of making microscopical examinations of that organ; Dr Rorie (Dundee Royal Asylum) read a paper on the recorded treatment of the insane sixty years ago, as illustrated by the records of the Dundee Asylum; Dr Maclaren (Stirling District Asylum) read a psychological study of Louis XVI.; Dr Campbell Clark (Glasgow District Asylum) followed with details of an asylum service provident scheme; and Dr Urquhart (Perth Royal Asylum) read notes of two cases of syphilitic insanity. There was a very good attendance of members, and considerable discussion was evoked by the papers
read. In the evening the Association dined in the Edinburgh Hotel.

The next quarterly meeting in Scotland will be held in the hall of the Faculty of Physicians and Surgeons in Glasgow on the second Thursday of March.

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Part Fourth.

PERISCOPE.

MONTHLY REPORT ON THE PROGRESS OF THERAPEUTICS.

By William Craig, M.D., F.R.S.E., Lecturer on Materia Medica, Edinburgh School of Medicine, etc., etc.

A SUBSTITUTE FOR QUININE.—The Moniteur des Produits Chimiques is informed that Professor Fischer, of Munich, after an extended research on the nature and properties of quinine, has discovered that a substance may be extracted from coal-tar which exercises on the human organism an action identical with that of quinine. The substance appears in the shape of a white crystalline powder. Administered in cases of fever it has the effect of rapidly lowering the temperature, and its efficacy in this respect is stated to be so remarkable as to permit the use of ice to be dispensed with. In the stomach this wonderful powder assimilates with even greater facility than quinine.—The Chemist and Druggist, 2nd October 1886.

EULYLPTOL.—This is the name given by Dr Schmeltz to a mixture consisting of six parts of salicylic acid to one each of carbolic acid and oil of eucalyptus, which he considers preferable as an antiseptic to iodoform, corrosive sublimate, or carbolic acid. Dr Schmeltz considers that a chemical combination takes place between the ingredients, since carbolic acid cannot be detected in the mixture. It is described as having a strong aromatic odour and an acid burning taste, and as being nearly insoluble in water, but very soluble in absolute alcohol, ether, chloroform, and a mixture of equal parts of alcohol and glycerine. It is also soluble in ammonia and alkaline solution. According to Dr Schmeltz, it completely arrests the fermentation of all putrescible substances, a small quantity added to urine, under any condition, being sufficient to preserve it during a month.—Pharmaceutical Journal, 3rd October 1886.

LANOLIN.—In the British Medical Journal for 23rd October there is a very instructive paper on this substance, which is attracting so much attention in the present day in connexion with