MEETINGS OF SOCIETIES.

Edinburgh Medico-Chirurgical Society.

The fourth meeting of the session was held on 19th January, Dr. James Ritchie, President, in the chair.

Dr. George Gibson showed a boy, aged 5, suffering from cerebral diplegia, whose gait exhibited in a remarkable degree the characteristic crossing of the limbs due to contractures of the adductors. Dr. Gibson also showed a case of acromegaly, with early bitemporal hemianopsia.

Dr. Norman Walker showed a case which he believed to be unique. This was a young woman who had scattered patches of dark points, somewhat resembling comedones, arranged in linear fashion over the anterior chest wall and down the left arm. There was no blocking of sebaceous glands, and the actual nature of the condition was under investigation. Dr. Walker also showed a boy, aged 11, who had three inflammatory patches on the chin, probably primary syphilitic lesions, and a case in which the diagnosis lay between varicella gangrenosa and tertiary syphilis.

Dr. Gulland read a paper on "Stone-Masons' Phthisis," which will appear in the Journal.

Dr. Wm. Russell said the paper was of special value as containing the first published statistics with regard to the incidence of the tubercle bacillus in stone-masons' phthisis.

Dr. A. Walker referred to phthisis among the granite workers at Aberdeen. There was a greater incidence of phthisis among the hewers than among the workers at other trades, a greater incidence of hemorrhage than in ordinary phthisis, and a later age incidence than in ordinary phthisis.

Dr. Edwin Matthew read a paper on the "Action and Uses of Vaso-Dilators in High Blood-Pressure."

Dr. Gibson said that in cases of very high pressure there was great arterio-sclerosis, and in such cases vaso-dilators might fail to cause a fall of pressure beyond 10 mm. of mercury. He referred to the vaso-dilator effects which could be obtained indirectly by the action of mercury and the iodides. Dr. Russell said he never gave a larger initial dose of erythrol tetranitrate than $\frac{1}{4}$ gr., and the personal factor had always to be carefully considered in the administration of the more potent vaso-dilators.

Dr. Dawson Turner gave an interesting lantern demonstration of results of electrolytic treatment and Röntgen ray diagnosis.
Meetings of Societies

Edinburgh Obstetrical Society.

The third meeting of the session was held on Wednesday, 9th January, Professor Stephenson, President, in the chair.

Dr. Brewis showed (a) fibroid complicated by pregnancy; (b) fibroid complicated by extra-uterine gestation. Supra-vaginal hysterectomy was performed in each case. Dr. Wm. Fordyce showed (a) fibro-cystic tumour of ovary, with twisted pedicle, removed from a woman aged 60. The tumour was densely adherent to all the surrounding parts. (b) A subperitoneal fibroid with twisted pedicle, growing from fundus uteri, removed by supra-vaginal hysterectomy from a nulliparous patient aged 32. The tumour was remarkable for the association with it of an enormous amount of free fluid in the peritoneal cavity; over 300 ozs. being drawn off at time of operation. This appeared to accumulate very rapidly, increase being noted even in the few days in hospital before operation. There were no appearances pointing to tubercular or malignant ascites. To the feel the tumour was unusually soft and velvety, and microscopically, so far as at present examined, it presented the appearance of being simply a very vascular fibroid. The patient had made an excellent recovery, and as yet no re-accumulation of fluid had occurred.

Dr. Wm. Fordyce then read a paper entitled "Clinical Notes on Seven Recent Cases of Extra-Uterine Gestation, with Remarks." Two of the cases occurred in nullipare, the others in parous women. In three the lesion was left-sided, in four right-sided. In one a small ovum was found loose in the left flank; in two no ovum was found, but traces of placental tissue and chorionic villi were found in the removed tube; in the others the gestation sac and ovum were removed in the affected tube. The menstrual symptoms showed great diversity, and in only one case was a membrane passed. Rupture had occurred both extra- and intra-peritoneally in three cases; in four it was intra-peritoneal only. In two cases it was noticed that the uterus was not appreciably enlarged. One case had been curetted, under the belief that the condition was that of retroflexed gravid uterus with dead ovum.

In his remarks Dr. Fordyce commented on the irregular symptoms and the varying character of the physical signs. He remarked how closely simulated the condition often is by an ordinary abortion, especially in cases when a membrane is passed. Another condition closely simulating ectopic gestation was that of impacted retroflexed gravid uterus. Cases of so-called sacculated uterus were probably in most instances really cases of extra-uterine gestation. The value of chloroform examination to clear up doubtful cases was referred to. In the condition of pain and collapse, while there was usually little difficulty in diagnosis, Dr. Fordyce had been impressed with the fact that
even in cases with very extensive haemorrhage no dulness could be made out on percussion, and no bulging felt in the fornices.

As regards the question of operation, Dr. Fordyce thought it best to operate as soon as possible, and in all cases by the abdominal route, except in cases of actual suppuration. The technique followed was to swab out as much fluid blood as possible, determine by palpation the tube affected, and clamp it at once at both ends, before proceeding to separate blood-clots, which should always be done with great caution in case of starting fresh haemorrhage. After securing and removing the affected tube the peritoneal cavity was washed out with saline fluid, a considerable quantity of which was left in in most cases, to aid absorption of the blood not removed. He did not favour the vaginal drain and never used it in any of his cases, but in several he inserted a large glass drainage tube, carrying a gauze drain, into the lower end of the wound. This was removed on the following day, and in all cases provided sufficient drainage. Direct intra-venous transfusion was done into the median basilic vein for collapse in several cases before and after operation. All the cases made good ultimate recoveries.

Dr. Brewis remarked that in Dr. Fordyce’s series of cases there was only one of tubal abortion, the others being tubal rupture. He advocated delay in operation if possible until after acute symptoms had settled and adhesions formed. Dr. Haultain referred to the diversity of symptoms and the difficulty of diagnosis, and instanced three cases of suspected ectopic gestation in which all the physical signs disappeared on complete evacuation of the bowels. Dr. Berry Hart said that most cases diagnosed as impacted fixed gravid uterus were in reality cases of extra-uterine gestation. Dr. Barbour also emphasised the difficulty of differentiating ectopic gestation from retroverted gravid uterus. Dr. Haig Ferguson was interested to hear that several of Dr. Fordyce’s cases showed no enlargement of the uterus. In his own experience he had found the same thing, and the normal size of the uterus had been verified in several of his cases by the use of the sound. He referred also to the diversity of the menstrual symptoms and to the resemblance of cases with febrile symptoms to cases of pyosalpinx. Whilst usually following the abdominal route, he considered the vaginal operation to be more suitable for some cases. Dr. B. P. Watson remarked that most haemorrhage occurred in cases rupturing early, and attributed the lessened haemorrhage in advanced cases to the changes of reaction in the tube leading to a thickening of its walls, &c., and to the probability of a ferment produced by the chorionic villi, which helps to keep the blood fluid during pregnancy.

Mr. E. Scott Carmichael read a paper on the “Physiological Conditions Relative to the Conservative Surgery of the Uterus, Tubes and Ovaries,” which will appear in the Journal.