

doubtful. From the distance which the catheter was passed it may be assumed that the meat lay at the upper part of the œsophagus. But whether this was the position when the boy was brought to the hospital is questionable. Two views suggest themselves to explain the dyspnoea. Either that the fragment lay partly over the orifice of the larynx partly within the œsophagus, or that all lay behind the larynx and reflexly led to spasm of the glottis. The character of the dyspnoea accords better with the latter view, as it was distinctly stridulous. The boy's symptoms, however, were too urgent to allow time for fetching instruments, or an œsophageal bougie would have at once relieved his condition. Laryngotomy was selected on account of the rapidity with which it could be done, and the laryngeal character of the dyspnoea. But the opening was insufficient, so it was decided to perform tracheotomy. The question arose as to whether the tube should be removed after the meat had been vomited. But, considering the somewhat rough handling with the feather that the larynx had been subjected to, it was thought safer to leave it in. This course was justified next morning, for the boy was unable to breathe when the tube was plugged.

NEWCASTLE-ON-TYNE INFIRMARY.

A CASE OF SARCOMA OF THE INTERNAL POPLITEAL NERVE.

(Under the care of Dr. G. H. HUME.)

FOR the following notes we are indebted to Mr. H. Bramwell.

Joseph J—, aged forty, a miner, was admitted on Jan. 28th, 1886, complaining of a swelling behind the right knee and of shooting pains down the leg. He had noticed, four months since, that while at work he occasionally had shooting pains down the outer side of the leg; these pains had become more frequent, and could always be produced by forcibly bending or fully stretching the leg. There has also been sharp pain across the sole of the foot at the base of the toes. A few weeks ago he noticed a lump behind the knee. His health generally has not been so good as usual during the past year, and he has lost in that time a stone and a half in weight. He is a tall, well-developed, but lean man, with pale face and anxious expression. Towards the lower part of the right popliteal space in the median line is a tumour which extends downwards to the arch of the gastrocnemius. The swelling is under the deep fascia, being freely movable when the leg is flexed; fixed, or at most slightly movable laterally, when the leg is extended. Pressure on the tumour causes the shooting pains. The diagnosis arrived at was that the tumour was probably a sarcoma, and from the direction of the shooting pains it was believed to implicate the short saphenous, or possibly the internal popliteal nerve.

On Feb. 4th the tumour was cut down upon, and found to be a soft oval-shaped growth, extremely vascular, intimately connected with the fibres of the internal popliteal nerve, and having the short saphenous nerve stretched over it, the latter fact being that which had mainly given rise to the symptoms. As the growth had not acquired adhesions to adjacent structures, it was separated from the sheath of the vessels, and the internal popliteal nerve with which it was incorporated was cleared for a distance above and below. The nerve trunk was then divided, so as to remove with the growth a portion of healthy nerve at either end. The length of nerve removed, including the tumour, was three inches and a half. The wound healed slowly but without complication, and the man returned to his work as a miner.

Description of tumour.—The growth was encapsuled in the sheath of the nerve, and appeared defined even at the two ends; but there it could not be separated from the substance of the nerve on account of a portion of the nerve fibres passing through it. The bulk of the substance of the nerve lay behind. A longitudinal section of the growth had a coarsely fibrillated appearance; to the naked eye it consisted of strands of fibres pushed apart by soft, easily broken-down material. It was exceedingly vascular, large veins being visible underneath the capsule, and in the interior were one or two blood cavities filled with clot. The minute examination corresponded with this appearance. Masses of small round-celled growth lay between the implicated nerve fibres, and into this new growth numerous hæmorrhages had taken place. In the centre of the tumour a blood cavity three-eighths of an inch in length had thus been formed.

Remarks by Dr. HUME.—The interest of this case is twofold. It is clear that with the further growth of the tumour, and the consequent expansion of the supporting nerve fibres, the tendency of the new cell material to break down under the pressure of the blood would be increased. Probably in no long time the tumour would have been thus converted mainly into a blood-containing cavity. Such hæmorrhages are, of course, produced by the rupture of bloodvessels, and if it chanced that a vessel of some size were opened into, the tumour would have at once become pulsatile and have closely simulated an aneurysm. In its position with reference to the popliteal artery the resemblance to aneurysm would have been very close, and correct diagnosis correspondingly difficult. The case therefore illustrates the manner in which sarcomatous tumours so frequently come to simulate aneurysm. It also illustrates one mode of production by that vague class of pathological formations referred to and described in surgical works under the name of blood cysts. Perhaps the best known of such cases is that related by Mr. Moore in the *Medico-Chirurgical Transactions* for 1886. In that case the cyst originated in the popliteal nerve, became adherent to surrounding parts, and in some portions was composed of "old tough lymph," which contained "small oval cells having indistinct nuclei." Anyone now reading Mr. Moore's narrative will be struck with the probability that the tumour was in reality a sarcoma. The case is further of interest as regards the degree of usefulness of the limb after division of its chief nerve trunk. The leg and foot, so far as cutaneous sensibility and muscular power are supplied by the posterior tibial nerve, were of necessity paralysed. Happily the muscular branches of the internal popliteal to the two heads of the gastrocnemius, being given off, as frequently happens, at quite the upper part of the ham, escaped division, so that some power of extending the foot at the ankle remained. Cutaneous sensibility of the outer aspect of the leg above the ankle and of the foot, which depends on the external saphenous nerve (tibial communicating), also remained, as that nerve had been merely stretched over the tumour and could be pushed aside. The muscles on the front of the leg and the peronei were not, of course, affected. On the whole, the impairment of walking power was wonderfully less than might have been expected, and did not amount to more than a slight limp. The insensibility of the sole of the foot hardly seemed to cause inconvenience; the leg still afforded a firm support, and the patient is now following his employment as a miner.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FOURTH ANNUAL MEETING,
HELD AT BRIGHTON, 1886.

THE third general meeting, held on Thursday, Aug. 12th, of which a brief account was given in our last issue, was marked by some interesting proceedings—namely, the presentation of awards, and the invitation by delegates from the United States to members of the Association to attend the forthcoming International Congress.

Sir B. W. FOSTER, as President of the Council, related the circumstances under which the Council had this year decided to award the special Order of Merit instituted by the Association in 1877. The badge of that Order was a medal in gold, silver, or bronze, and it had only previously been thrice awarded. The first recipient was Dr. Davies of Swansea, who had heroically distinguished himself in saving several lives at a colliery disaster in South Wales. On the second occasion it was given to Surgeon-Major Reynolds, for his conduct at the terrible conflict at Rorke's Drift. The third award was made to Dr. W. Farr, whose life had been spent in the study of vital statistics, and in establishing a system of registration which had been adopted by all civilised communities. They now proposed to reward another kind of merit, which had never been recognised by the Association, and too little recognised by the world at large. There were services rendered to every body of men in their corporate capacity—services which developed

their power, and raised their social and professional status—services too often forgotten, but which left a lasting mark. The Medical Reform Committee was presided over by a gentleman who never lost heart or courage, or failed in industry. In the last Parliament a Bill was introduced which, though imperfect in many of its details, not rising to the level which they wished, yet contained two of the principles for which he had fought so earnestly and well. One of these principles was that every medical man should be thoroughly qualified before he was placed on the Register, and the other was the recognition of their right to be represented on the General Medical Council. For years they had been fighting this battle, and had at last in this Bill got the principle recognised, although not to the full extent which the medical profession had a right to claim.

The PRESIDENT (Dr. Withers Moore) then invested Dr. Waters with the gold medal for distinguished merit of the British Medical Association, and said that he felt very proud to be the instrument of conferring upon him this great honour, which he hoped he would many years enjoy.

Dr. E. WATERS, who was loudly applauded, said he need not say with what feelings he appeared before them. He appreciated the high distinction conferred upon him—a distinction which, of all others, he could have desired to crown his life, and which he trusted he should always prove himself not unworthy of. He had always been, and would always be, a devoted, loyal member of the British Medical Association, from the time when, as a stranger, he had settled in Chester, and had found in the Lancashire and Cheshire Branch life-long friends. He said when, in 1859, he was chosen President of that Branch, he desired and cared comparatively little for the opinion of the general public provided he could only win the esteem and regard of his professional brethren. Subsequently he was elected to the high post of President of the Association, and thenceforth determined to discharge zealously any duty that the Association might impose upon him. He briefly referred to the action of the Medical Reform Committee, and said, in conclusion, that the reward which he had earned at the hands of a body representing 12,000 medical men exceeded his wildest imaginings. He regarded it as one of the greatest treasures that he could have obtained, and he disregarded all else in comparison with what had been conferred upon him.

Sir B. W. FOSTER then announced that the prize founded by the late Dr. A. P. Stewart for the best work done in contagious diseases, had been awarded to Dr. Robert Cory, whose self-sacrificing inquiry into the subject was well known. He also announced that the Middlemore Prize in Ophthalmology had been awarded to Mr. George Berry and Mr. Adams Frost.

The American delegates were then introduced—viz., Drs. Davis (Chicago), Pancoast (Philadelphia), Shoemaker (Philadelphia), Brodie (Detroit), Gordon (Portland), Wylie (New York), Earle (Chicago), Romsey (Michigan), Hitchcock (Kalamagoo), and Peck (Devonport, Iowa).

Dr. N. S. DAVIS commenced by returning thanks for the opportunity afforded them to address the meeting, and for all the courtesies they had received. He related the steps that had been taken to promote the meeting of the ninth International Congress in Washington next year, from Sept. 5th to the 13th, and said that the idea of inviting the Congress to the United States had originated with the late Samuel D. Gross and Austin Flint, sen.—those Nestors in surgery and medicine, who had both gone to their rest. Dr. Flint, at the meeting of the American Medical Association in 1884, had reminded them that theirs was the only organisation representing the whole profession in America, and that steps should be taken to invite the Congress. The invitation was sent, and, after inevitable differences, an organisation had been formed representative of all the profession in every State, as well as the army and navy departments. English, French, and German would be the official languages, and four secretaries had been appointed to each of the seventeen sections. He asked the members of the English profession to come in force, and promised them a welcome as cordial as Americans know how to give. An influential local reception committee had been appointed; and with respect to transit, he begged the members of the British Medical Association to join in exerting their influence to induce the steamship companies to carry members across the Atlantic at reduced rates.

Drs. BRODIE and PANCOAST also briefly addressed the

meeting, and repeated the assurances of a hearty and cordial welcome to all who attended the Congress.

A hearty vote of thanks to the delegates was then passed.

Mr. J. R. HUMPHREYS (Shrewsbury) then brought forward a memorial to the Government, proposed by the Shropshire Branch, with reference to the conferment of peerages upon medical men; but the motion, on being put to a division, in a greatly attenuated meeting, was negatived.

The fourth general meeting was held on Friday morning, Aug. 13th, when an address on Public Medicine was delivered by Dr. Mapother of Belfast.

On the conclusion of the address, a vote of thanks to Dr. Mapother was moved by Dr. Taaffe, seconded by Surgeon-General Cornish, and unanimously carried.

Dr. GRANT (Ottawa) expressed the pleasure with which he had listened to the address, and took occasion to return thanks for the hospitality awarded to the American, colonial, and foreign visitors. He trusted that at the International Congress they would see a large number of the members of the British Medical Association. As representative of Canada, he warmly thanked Sir B. W. Foster and those associated with him in the House of Commons for the efforts successfully made in the cause of medical reform.

The concluding general meeting was held in the afternoon of Friday, the 13th inst.

Dr. WATERS moved the adoption of the report of the Medical Reform Committee. He said that in the Medical Act of 1858 the chief points gained were the foundation of a Medical Council, the establishment of reciprocity, and the formation of a Medical Register. In a few years imperfections in the Act became manifest, and the Association took steps to secure its amendment in the way of direct representation of the profession on the Medical Council. The struggle had lasted twenty-five years, and they had now gained large concessions. Dr. Waters said that he did not intend to become a candidate for a seat on the Council, but it would be for the Association to select men who would do them credit and who would be recognised by the Council as able men.

Dr. GRIMSHAW, Registrar-General of Ireland, seconded the motion. He had been a member of the committee until his official duties necessitated his retirement.

The report was then unanimously adopted, as was also the report of the Parliamentary Bills Committee.

Mr. SIBLEY moved the adoption of the report of the Scientific Grants Committee. Grants had been made during the past year to Drs. V. D. Harris, Noel Paton, W. D. Halliburton, Professor V. Horsley, Drs. A. Money, D. Williams, S. H. Martin, and T. Cash, Messrs. R. Stockman, G. A. Atkinson, Drs. Brown, W. Hunter, and P. M. Chapman. The Research Scholarships had been held by Mr. Watson Cheyne and Dr. A. Waller. Mr. Sibley said that the Association voted each year the sum of £600 for scientific research; of this sum £300 was given in divided grants to aid investigators, and the selection was made with great care. The other moiety was divided into two Research Scholarships—each tenable for two years.—Dr. CHADWICK seconded the motion, which was adopted.

Dr. NORMAN KEER moved the adoption of the report of the Habitual Drunkards Committee, and pointed out that the need for further legislation was imperative.—Dr. JACOB (Dublin) seconded the motion, which was carried.

Dr. BRIDGWATER moved the adoption of the report of the Collective Investigation Committee.—Mr. JONES MORRIS seconded the motion, which was carried.

On the motion of Sir B. W. FOSTER, seconded by Dr. B. O'CONNOR, an alteration in the bye-laws, proposed by Dr. Ward Cousins, and referred to the Council, relating to the representation of distinct branches, was put to the meeting and declared carried.

Sir W. FOSTER then moved the election as honorary members of Dr. N. S. Davis (Chicago), Dr. J. S. Billings (Washington), Dr. J. A. Grant (Ottawa), and Dr. W. H. Hingston (Montreal).—The motion was seconded by the PRESIDENT, and carried with applause.

Drs. DAVIS and HINGSTON briefly returned thanks.

The rest of the proceedings consisted in votes of thanks to the Mayor of Brighton for his hospitality and grand reception, moved by the PRESIDENT, seconded by Mr. WHEELHOUSE; to the Mayor and Corporation for the free use of the Royal Pavilion, Dome, and Corn Exchange, moved by Prof. GEIKIE (Toronto), seconded by D. W. STRANGE; to the President of the Association and members of the South-eastern Branch for their splendid reception on the 11th, moved by

Sir T. CRAWFORD, seconded by Dr. CUMING; to Sir Julian Goldsmid for his invitation to a garden party at St. Ann's-hills; to the managers of the New Club and the committee of the Sailing Club; to the directors of the Aquarium and West Pier; to Mr. E. T. Booth for permission to visit the Bird Museum; to Mr. Halliwell Phillips for his invitation to inspect his Shakesperian relics; to the Executive Committee; to the Duke of Norfolk and Lord and Lady Brassey for invitations to Arundel and Normanhurst.

Dr. CHADWICK proposed a vote of thanks to the President, which was seconded by Sir B. W. Foster and acknowledged by Dr. Withers Moore, who took occasion to correct the misapprehension of his address by his critics. His opinion was that woman had her special vocation, in which she was far superior to man. She was secure in her present position; she would not be secure if she tried to change it. He desired to express his deep sense of the kindness of the members of the Association.

THE SECTIONS. MEDICINE.

The second meeting of this Section was held in the Music Room of the Royal Pavilion on Thursday, Aug. 12th. Dr. BROADBENT, President of the Section, delivered his address. The subject selected was the Remote Effects of Remedies. After referring to the well-known after-effects of alcohol, he alluded to the mental and bodily derangement induced by eating opium, the miserable irresolution and wretchedness of the man who habitually resorts to chloral, and the childish dementia brought on by the prolonged use of the bromides. He thought that coca is already beginning to claim its victims, who gradually develop an excitement which becomes maniacal or an exaltation like that of general paralysis. The subject of gout was given as illustrating the remote effect of remedies. The effect produced by continued and excessive use of colchicum and other drugs having a similar action, and the consequences following the neglect of such treatment which will clear the system of the gout poison, were especially drawn attention to. With reference to the latter he urged: "It can scarcely be too often repeated that all the effects upon the arteries on the one hand and the heart on the other associated with contracted granular kidney—viz, arterial degeneration, cerebral hæmorrhage, aneurysm and dilatation of the left ventricle, and valvular disease—are just as commonly produced independently of kidney disease by high pressure in the arterial system due to other causes; and such pressure in an extreme degree may be induced prematurely by the means taken to keep down gout." Another cause of injuriously high arterial tension was the "Banting" treatment of obesity as understood by the public. In this the non-nitrogenous sugars and starches were taken very sparingly—the amount of fluid taken into the system was reduced as much as possible, and the subject lived on a highly nitrogenous diet. The imperfectly oxidised nitrogenised waste present in the blood provoked resistance in the capillaries, and generated tension in the arteries. Exercise and an adequate supply of water, which were generally omitted, were essential to active metabolism and the working off of impurities. Another example of injury given was that furnished in asthma. Certain drugs afford alleviation of symptoms, but many popular powders contain powerful alkaloids, which produce after-effects on the nervous and vascular systems. "When we see the stupefied mental condition and the congested face and eyes, and note the large, weak, sluggish pulse, showing paralysis of the arterial walls, it is clear that such effects cannot be indefinitely repeated with impunity." "The right ventricle loses its tone like the muscular coats of the arteries, and, instead of becoming hypertrophied, yields to the resistance in the pulmonary circulation, and is dilated, finally giving rise to systemic venous stasis and dropsy." A striking illustration of his subject was given by the too careful and restricted diet of certain forms of so-called indigestion. One kind of food after another was left off, but still with the same discomfort and a sense of repletion after food. The appetite being wanting, a starvation point becomes almost reached. Instances of severe neuralgia, spurious attacks of angina pectoris, and serious debility, were related as having followed this line of treatment. Again, in the winter indigestion of women and weakly men, the functional energy of the stomach required stimulating by extra food, such as beef-tea, egg-flip, stimulants at meals,

and tonics. What was wanted in winter indigestion was protection from the depressing influence of cold or the means of neutralising it.

A vote of thanks was accorded to the President for his address.

Dr. ORD followed with a paper on the Remote Effects of Gall-stones. In the discussion succeeding, Sir Peter Ede, Dr. Clifford Allbutt, and Professor Charcot took part. Papers on Mental Symptoms with Locomotor Ataxy, by Dr. SAVAGE; on Functional Albuminuria, by Dr. RALFE; and on the Relationship of Urea to certain Diseased Processes, by Dr. OLIVER, subsequently followed.

The third meeting of this Section was held on Friday, Aug. 13th. Dr. R. CROCKER demonstrated the Removal of Hair by Electrolysis. A paper was next contributed by Dr. MANTLE on the Etiology of Rheumatism, considered from a Bacterial point of view. Numerous specimens of micro-organisms found in acute and chronic rheumatism were shown. Inoculations had been made from the serum of joints and also from the blood taken under the usual antiseptic precautions. Cultivation shows bacilli having a peculiar mode of growth, preferring the surface and presenting a brown reticulated scum. The organism was said to grow best in an acid medium, and to stain well with Gram's method. These organisms had been found in over forty cases.—Dr. HAYCRAFT followed with two papers, the first with a demonstration on a New Method of Estimating Uric Acid, and the second on Some Points in the Coagulation of the Blood. Secretion from the leech was found to prevent coagulation, and when injected into animals produced temporary hæmophilia, for this bleeding continued from the smallest capillaries, but could be stopped by styptics such as perchloride of iron. There were also found extravasations within the body. This and other diseased conditions were thought to indicate that the coagulation of the blood was a necessary and temporary preventive of bleeding, so as to give time for the formation of new tissue. In hæmophilia, although time may be given for formation of healing tissue, bleeding may still continue, indicating probably diseased conditions of the connective tissue elements of the body. The author much desired specimens of hæmophilia blood, and the tissues of a wound preserved in alcohol. Other papers followed.

SURGERY.

On Thursday, Aug. 12th (Mr. Erichsen, F.R.S., President of the Section, in the chair), a series of papers on the Surgical Treatment of Hepatic Disease was read. The papers dealt less with general principles than with individual cases, and hence no adequate or satisfactory discussion took place. Dr. George Harley discussed and advocated hepatic phlebotomy and puncture in hypertrophic congestion. Mr. J. K. Thornton related some cases. Mr. Lawson Tait's contribution was by far the most important; this included seven cases of exploratory incision for a variety of conditions, including abscess, tumours of the liver and gall-bladder, and of cancer, with one death; thirteen cases of hepatotomy, chiefly for hydatids, without a death; and thirty cases of cholecystotomy, with three deaths. Mr. Willett related a case of cholecystotomy, and Mr. Howard Marsh a case of abscess of the liver opened by free incision. Mr. Adams read a paper on the Treatment of Congenital Displacement, so-called Congenital Dislocation, of the Hip-joint by long-continued recumbency and extension. The recumbency should not be less than one year, and might be continued under favourable circumstances for two years, or even longer. It was necessary to sustain the general health by horizontal gymnastics, &c. Mr. Ernst demonstrated a new and very ingenious extension couch, which he had constructed, at Mr. Adams's suggestion, for the effectual carrying out of this plan of treatment. Mr. Edmund Owen read a paper on Psoas Abscess, when and how to open it.

On Friday (13th inst.) what may truly be called *the surgical paper* of the meeting was read by Mr. VICTOR HORSLEY, entitled "Advances in the Surgery of the Central Nervous System." In introducing the subject, the author laid special weight on the fact that all the advantages, both scientific and operative, claimed in his paper were the results of lessons learned from experiments on monkeys. It had been said that monkeys were not quite like human beings, but this was not correct from a surgical standpoint. Time did not allow of any elaborate details, so the author contented