

Dr. F. RITCHIE SINTON showed a specimen of extensive Ulcerative Colitis from a patient, aged 23 years, who had had intermittent diarrhoea, tenesmus, and passage of blood and mucus in the stools for 16 months. Death was due to iliac and pulmonary thrombosis.

Dr. W. H. MAXWELL TELLING showed a case of Myasthenia Gravis in a young girl. There were severe bulbar symptoms, the weakness of the pharyngeal muscles leading to choking attacks during meals. There was also marked weakness of the limbs. Considerable improvement of the bulbar symptoms had taken place.

Cases and specimens were also shown by Dr. C. OLDFIELD, Mr. J. F. DOBSON, Dr. A. BRONNER, Dr. T. WARDROP GRIFFITH, Mr. WALTER THOMPSON, Dr. T. CHURTON, Dr. A. G. BARRS, Dr. J. B. HELLIER, and Dr. E. F. TREVELYAN.

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Exhibition of Specimens.—Presidential Address.

A MEETING of this society was held on Oct. 26th, Dr. A. W. RUSSELL, the President, being in the chair.

Dr. J. NIGEL STARK showed: (1) An Ovarian Cyst; (2) Hydrosalpinx; (3) Fibroids of the Uterus; and (4) Malignant Disease of Both Ovaries.

The PRESIDENT showed: (1) A Uterus with Malignant Disease at the Fundus; (2) Extra-uterine Pregnancy; and (3) Two Fibroids of the Uterus.

Dr. W. D. MACFARLANE showed an Adeno-carcinoma of Both Ovaries.

Dr. A. LOUISE MCILROY showed a Photograph of an Eight Months Foetus with Enormous Hypertrophy of the Thyroid Gland.

Mr. D. DUFF showed a Fibroid of the Uterus.

Dr. A. M. KENNEDY showed: (1) The Liver and Kidneys from a case of Eclampsia; (2) Liver with Profuse Capillary Hæmorrhages from a case of Eclampsia; and (3) the Brain from a case of Eclampsia.

Dr. RUSSELL delivered his Presidential address on Prophylaxis in Obstetrics. In his introductory remarks, he referred to the fact that the society had now completed the first 25 years of its existence, and suggested that some suitable means should be taken to commemorate the event. One or two special points in its history were recalled, particular note being taken of the distinguished obstetricians and gynæcologists who had in turn held the office of honorary president, and of the benefit it had been to the society to observe this custom. It was intimated that Professor J. Whitridge Williams of Johns Hopkins University, Baltimore, had accepted election as honorary president for the next two years. The President, in coming to the address proper, said that though no special reference was made to it in literature, prophylaxis was the central principle of the art of obstetrics, the ideal towards which the true obstetrician must constantly strive, the persistent effort he must always make, to maintain the physiological character of childbirth. He pointed out that prophylaxis in obstetrics had to begin in the infancy of the future mother, for it was then that the seeds were sown that provided in after years a crop of cases of distorted spine and contracted pelvis. It was necessary to continue one's vigilance through the periods of girlhood, with its risks connected with school life and faulty development, puberty with the possibility of derangement of menstrual function, and adolescence with its perils, both physical and moral. He emphasised the need for early instruction regarding the reproductive functions. The principle of prophylaxis or prevention of complication was then traced and illustrated throughout the course of pregnancy in relation to constitutional diseases and uterine derangements, careful measurements of the pelvis, examination of the urine, choice of operative interference when such is necessary, the precautions necessary in handling or examining the patient. The subject was completed by showing the place of prophylaxis in labour and in the puerperium with regard to the promotion of spontaneous labour, the time to operate, the avoidance of such complications as hæmorrhage, sepsis, subinvolution, and uterine displacement.

Dr. J. M. MUNRO KERR (past President) thanked Dr.

Russell on behalf of the Fellows of the society for his very interesting address. In his remarks he said that Dr. Russell had brought forward all the important conditions that might be prevented by prophylaxis. He had always been struck by the extremely broad-minded manner in which the President had attacked all obstetrical problems. Dr. Kerr congratulated Dr. Russell on his results on the operation of the induction of labour, and was with him in all that he had said on the measuring of pelves before labour set in and on the repeated examinations of the urine during pregnancy.

LIVERPOOL MEDICAL INSTITUTION.—A meeting of the Pathological Section of this institution was held on Nov. 3rd, Dr. T. R. Bradshaw being in the chair.—Dr. E. Stevenson and Dr. R. E. Harcourt showed a specimen of Endothelioma(?) of the Eye.—Dr. Harcourt showed a culture of *Aspergillus Niger*, growing upon a lemon, isolated from the ear. The ear had been affected for two years, and recently the external auditory meatus was partly filled with pseudo-cholesteatomatous layers interspersed with black material.—Dr. K. A. Grossmann showed an Intra-ocular Melanosarcoma of the Ciliary Region of about six weeks' duration. The eye had received a severe electric shock shortly before illness began. Perhaps this had stimulated the growth of a small dormant tumour.—Mr. R. Thelwall Thomas showed a Retro-peritoneal Tumour weighing 22 pounds, microscopically a spindle-celled sarcoma, which was successfully removed from a patient who was still living, four months after the operation; also a recent Malignant Growth occurring in an intracystic papillomatous tumour of three years' duration.—Dr. J. Lloyd Roberts and Dr. D. Moore Alexander showed a Carcinoma of the Pancreas and Liver from a man aged 23 years.—Dr. Blair Bell and Dr. Ernest Glynn showed microscopical specimens of Calcareous Secretions in the Ovary of a patient aged 49 years. Concretions in the ovary were of two kinds—calcareous and those due to coagulated proteins, mixed with acid hæmatin. Both varieties probably arose in connexion with the Graafian follicles and were extremely rare.—Dr. N. P. Marsh, Dr. H. Armstrong, and Dr. Glynn showed two cases of Pyloric Stenosis from Infants which was due to muscular hypertrophy.—Dr. Glynn also showed lantern slides of Spirochætæ demonstrated by the "Burri" Indian ink method. He drew attention to the enormous number of the spirochætæ refringens sometimes encountered in balanitis.—Dr. O. T. Williams read a note on the Estimation of Chlorides in Urine, pointing out the need of a more routine use of the method in cases of nephritis, so as to save the administration of salt-free diet in cases where there was no chloride retention. He also demonstrated the use of Sahli's glutoid capsule in the diagnosis of pancreatic diseases, showing its uses and its limitations.—Dr. Stenhouse Williams and Dr. Nauss read a note on the value of Rabbit Leucocytic Extracts in the Protection of Guinea-pigs from Anthrax Infection. The leucocytes were prepared according to Pettersson's method and were inoculated in some cases simultaneously with the infecting organisms, in others at intervals of 24, 48, and 72 hours after the inoculation with anthrax. In all cases the extract was found to exert a marked protective influence, many of the guinea-pigs living for prolonged periods, though all the controls were dead within six days.—Mr. Moore Alexander stated that leucocytic extract had been used in the treatment of acute infections in man. The diseases treated had included pneumonia, with or without empyema, epidemic meningitis, streptococcal endocarditis, &c. In the majority of cases so treated the results had been immediately and strikingly beneficial.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—A meeting of this society was held on Oct. 27th, Mr. A. W. Cuff, the President, being in the chair.—Dr. A. G. Yates showed a patient, aged 41 years, with Chorea. In July, 1910, he began to suffer from a sharp stinging pain in the right shoulder. Shortly afterwards he noticed irregular movements in the hands which later spread upwards and involved the arms and head. He had now slight lateral nystagmus and constant pain above the right clavicle in the region of the brachial plexus. The knee-jerks were slightly exaggerated. In other respects he appeared to be healthy. His sister had suffered in the same way for the last 20 years.—Mr. W. S. Kerr showed the specimen from a case of Innominate Aneurysm causing Asphyxia from Tracheal Pressure. The patient, a man, aged 34 years, who had had syphilis, was

admitted to the Royal Infirmary for urgent dyspnoea. A laryngotomy and passage of a small catheter gave temporary relief. The trachea was flattened by the tumour.—Mr. G. H. Pooley read a paper on Squint. After shortly discussing the history of squint, he referred to the importance of the fusion sense in maintaining the proper position of the axes of the eyes, and pointed out that when the fusion sense was weak errors of refraction such as hypermetropia produced over-accommodation for near objects, and owing to the close relation between the centres in the brain for accommodation and convergence, over-convergence was produced. The fusion sense not being strong enough diplopia did not cause much trouble and the brain learned to disregard the impression from one eye. The causes of loss of fusion sense were not known, but were supposed to be associated in some cases, at any rate, with defects of the auditory apparatus or the labyrinth and allied to nystagmus, or to be simply due to developmental error in those association bundles which are late in receiving their myelinated sheaths, or in the centres which they join up. He pointed out that it was necessary to undo the mischief step by step: first, to correct the error of refraction, then to occlude or atropise the fixing eye until the power of fixation returned to the squinting eye. He found in the cases which he investigated that 75 per cent. of the squinting eyes were amblyopic, and in these cases it was advisable to occlude or atropise the fixing eye for from 12 to 18 months or until good sight had returned to the amblyopic eye. If these had not already become straight, then operative measures might be successfully employed. A classification of squint was given and some pathological conditions associated with paralytic squint with amblyopia were shortly referred to. An appeal was made to educate the public in the importance of amblyopia and its treatment. Statistics from 100 cases were given.—Mr. R. Favell showed a specimen from a case of Cæsarean Section for Accidental Hemorrhage.—Dr. A. E. Barnes showed a Tumour of the Pons, the nature of which had not yet been definitely determined.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—

A meeting of this society was held on Nov. 2nd, Mr. W. Morley Willis, the President, being in the chair.—Mr. H. B. Tawse showed the case of a man 30 years of age with Congenital Occlusion of the Right Posterior Nares by a Bony Plate, causing Complete Nasal Obstruction on that side. He had also partial nasal obstruction of the left side of the nose due to a deviated septum.—Mr. Morley Willis then delivered his Presidential address on "The Significance of the Rigid Abdomen." He regarded this as one of the most important of all clinical signs in the diagnosis of an acute abdominal lesion. The abdominal parietes were innervated by the last six dorsal nerves, which through their sympathetic connexions supplied the abdominal viscera. Cutaneous hyperæsthesia, as worked out by Head, by its position served to help to diagnose the particular lesion. In most cases there were various other clinical signs to help the diagnosis, but very often the sole sign was abdominal rigidity. It was an early sign, and if they waited for further clinical manifestations an operation might prove unsuccessful. Illustrating his remarks, the President related the case of a boy, aged 16 years, who, four hours before being seen, was seized with sudden acute abdominal pain. The only physical sign was the abdominal rigidity. At the operation a perforation of the duodenum was discovered. In another case of a girl with a perforated gastric ulcer rigidity of the abdomen was the only sign. In any severe disease of the peritoneum reflex abdominal rigidity was at once caused. One fallacy was that in certain types of pleural disease abdominal rigidity was present. However, in these cases the temperature was usually higher and the respirations were more rapid and generally "catchy" at the end of inspiration. Finally, he laid it down as a good surgical axiom that the necessity for operation was urgent in exact proportion to the intensity of the abdominal rigidity.—A discussion then took place in which Dr. F. H. Jacob, Dr. C. H. Cattle, Dr. Parry Jones, Dr. H. Michie, Dr. K. Black, Dr. A. Stanley Green, Dr. J. A. O. Briggs, and Dr. W. Hunter took part. Several of these gentlemen related cases in which abdominal rigidity was absent, although the conditions were urgent; others had seen cases where abdominal rigidity was present, but the cases had recovered without surgical treatment.

ÆSCULAPIAN SOCIETY.—A meeting of this society was held on Nov. 4th, Dr. Leonard Williams, the President, being in the chair.—Dr. N. S. Finzi read a paper on the Radium Treatment of Cancer. Having described briefly the physical characteristics of the α , β , and γ rays, he pointed out that these rays were given out in all directions even from flat surface applicators, and therefore to get the best results it was advisable that the radium should be surrounded entirely by the tissue of the growth. The intensity of the radiations varied inversely as the square of the distance, and this fact imposed some limitations in the treatment. Both β and γ rays exerted a selective action on cancer cells, so that the same dose which was innocuous to a healthy tissue would destroy the cancer cells, but the γ rays were much more selective than the β , and therefore it was necessary to use metallic filters to cut off the majority of the β rays. The latent period of the β and γ rays was different. In some cases the absorption of a primary growth led to some retrogression of metastases, but the treatment of every deposit that could be reached was, nevertheless, advisable. The class of case suitable for treatment depended on (1) the microscopical structure, (2) the position and size of the growth, and (3) the constitution of the patient. It was necessary to treat the whole tumour thoroughly with filtered rays, to use as much radium as possible, and to give one maximal dose every six weeks. In 64 completed cases of malignant growths there were seven cases in which the growth had completely disappeared. They were in the lip, breast, uterus, prostate, rectum, and œsophagus, and most of them had the diagnosis confirmed by microscopical examination. He had a further 23 cases still under treatment, of some of which he was very hopeful. Relief of pain and discharge was a marked feature even when the growth did not disappear. Rodent ulcers were practically always curable.

Reviews and Notices of Books.

Accidents in their Medico-legal Aspect by Leading Medical and Surgical Authorities. Edited by DOUGLAS KNOCKER, Barrister-at-Law. London: Baillière, Tindall, and Cox; and Butterworth and Co. 1910. Pp. 1254. Price 30s.

DURING recent years the amount of litigation under the Workmen's Compensation Act has developed to very large proportions. In all the cases the medical element is naturally of the greatest importance. The medical witnesses have to be questioned by members of the legal profession, and it is therefore necessary that the barristers and solicitors engaged should have some knowledge of the scientific issues involved. The ordinary medical text-books and treatises are not always easy for other than medical practitioners to fully comprehend, and if sentences are removed from their context confusion is likely to arise. Mr. Knocker has therefore made himself responsible for the volume now before us, the general aim of which is to make lawyers and medical men understand each other in their mutual relations. The labour of editing such a vast work must have been enormous, but Mr. Knocker is a barrister in active practice, and has had a large experience in the nature of the information required. He has been careful to avoid questions of purely academic interest, and has only included matters of actual importance, and by these limitations he has enormously increased the practical value of his work.

The book is divided into three sections—the legal part, the medical part, and the case guide. An index covers all three parts. The legal part has been written by Mr. Knocker himself. It is not intended to be exhaustive; all that is claimed for it is that it gives to medical men a short statement of the law on matters of interest to them. Reference is made to numerous cases, and this will afford help to lawyers by leading them at once to the line of cases they desire for various points in the law of accidents. An important matter touched upon is that of contributory negligence. It is pointed out