

## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

*Calcification of Spleen—Obstructed Gall-duct.—Cervical Dysmenorrhœa.*

A MEETING of this Society was held on Friday, May 6th, Dr. Chas. Wells, President, in the chair.

Dr. A. CLEWOW showed a specimen of Calcification of Spleen of an Indian native, aged forty-one, who had suffered from repeated attacks. The capsule was thickly crusted with hard calcareous deposit.

Mr. W. P. MALLAM exhibited a Liver with a large stone in the common gall-duct, and read notes of the clinical history of the case in a woman aged fifty-three.—Mr. HOWSE gave details of the operation, and reviewed the progress of hepatic surgery.—Drs. C. W. CHAPMAN and C. H. BENNETT made remarks.

Dr. HANDFIELD-JONES read a paper on a Clinical Study of the Causation and Treatment of Cervical Dysmenorrhœa. In bringing before the Society the results of a careful study of several hundred cases of dysmenorrhœa, the author pointed out that, while many cases came under the head of "neuralgic" and others of "inflammatory" dysmenorrhœa, there yet remained a large group to which the term "cervical" was most applicable. Numerous cases were quoted to show that uterine retraction did occur in the onset of each menstrual epoch, and that dilatation of the internal os was always present. Though this opening up of the os internum was normally performed without pain—as in the analogous case of labour—yet it was clear that conditions frequently existed which rendered this dilatation painful, and thus gave rise to menstrual suffering. Cases were brought forward to show how uterine displacement, fibroid change, spasm, and hyperæsthesia of nerve endings would all play a part in this process—A discussion followed, in which the President, Drs. Leith Napier, Travers, Rutherford, Schacht, and Mr. R. W. Lloyd joined.

## MANCHESTER PATHOLOGICAL SOCIETY.

WEDNESDAY, MAY 11TH.

T. C. RAILTON, M.D., M.R.C.P., President, in the chair.

*Equine Tuberculosis.*—Mr. J. B. WOLSTENHOLME showed and described specimens, and Dr. KELYNACK exhibited microscopical preparations, from a case of Equine Tuberculosis. The horse was eighteen years old, and up to a year ago was in robust health. Acute symptoms appeared only during the last fortnight, but the animal had wasted considerably during the last six months. At the necropsy the spleen was found much enlarged, and presented several large tumour masses of firm consistency. The mesenteric glands were also greatly enlarged, and in parts caseous. The lungs were in a condition of miliary tuberculosis. Microscopically, characteristic tubercular structure was well seen, and abundant tubercle bacilli found in lung, spleen, and glands.

*Bovine Suppurative Pericarditis.*—Mr. WOLSTENHOLME also exhibited the Heart and Pericardium of a Cow with Acute Suppurative Pericarditis, resulting from the penetration of a piece of wire, which, having been swallowed, had passed from the stomach, through the diaphragm, into the pericardium. Another fragment of wire was found projecting partially through the diaphragm.

*Abnormality of Bladder.*—Mr. WOLSTENHOLME further showed the Urinary Bladder of a Horse with two large lateral diverticulæ.

*Brain Tumours.*—Mr. G. H. COOKE exhibited two specimens of Multiple Tumours of the Brain: 1. The first, from a boy of five years and three-quarters, presented numerous caseous nodules in Broca's convolution. There was also tubercular meningitis. With the exception of slight retraction of the head, irregular respiration, and occasional shrill cry, all symptoms of tubercular meningitis were absent. There was no sign of motor irritation except a peculiar masticatory movement, which persisted till death; neither was there any aphasia. 2. In the second case there were caseous nodules in the left lenticular nucleus, which pressed on and pushed upwards the internal capsule, and extended into the caudate nucleus. A small nodule, limited to the

posterior part of the right optic thalamus, and slightly pressing on the posterior part of the posterior limb of the internal capsule, was also present. The patient, a boy of two, had presented a distinct spastic condition of the right leg and both arms, tremor of a disseminated sclerosis type in the arms, palsy of the left side of the face; and, shortly before death, intermittent movement of the head and eyes towards the right side.

*Eye Specimens.*—Dr. THOMAS HARRIS showed for Mr. Edward Roberts Macroscopic and Microscopic Sections of Glioma of the Retina and Sarcoma of the Choroid prepared by the celloidin method.

*Specimens.*—Dr. NATHAN RAW exhibited preparations (1) from a case of Acute Necrosis of the Humerus, which was unaccompanied by suppuration; and (2) a specimen of Aneurysm of the Aorta.

*Card Specimens.*—Dr. KELYNACK: (1) Chronic Duodenal Ulcer, causing Pyloric Stenosis; (2) Tubercular Ulceration of Intestines, with Perforation of Jejunum; (3) Carcinoma of Ascending Colon. Dr. COLLEY MARCH: Osteo-Chondroma of Rib. Mr. WOLSTENHOLME: Bovine Tuberculosis.

## NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.

WEDNESDAY, MAY 18TH.

Mr. ANDERSON, President, in the chair.

*The Operative Treatment of Fæcal Fistula.*—The President introduced this subject and showed the case of a boy on whom he had recently operated for the relief of this condition. The patient, who was eight years old, was admitted into the Nottingham General Hospital in October, 1890, under the care of Dr. Handford, with the following history:—For six months he had been suffering from pain in the bottom of the abdomen, which came on worse at intervals, but was always present to some extent. For some time before admission his mother noticed that his abdomen was swollen and that he was losing flesh rapidly. His bowels were opened regularly. There was no diarrhoea and no history of tuberculosis. On examination of the abdomen a swelling was found occupying the lower part of the right umbilical, hypogastric, and inguinal regions. It had a solid feel and was painful on pressure. There was dulness on percussion over it, but the extent of the dulness could not easily be made out, as percussion gave considerable pain. The heart and lungs were normal; the urine acid and free from albumen. On November 1st the umbilicus had begun to bulge and the pain in the abdomen had increased. On the 9th the protrusion at the umbilicus, which had increased in size, burst, discharging feculent pus. On February 1st, 1891, his condition was as follows:—Several sinuses had formed, and the skin sloughed over an area of about one inch to one inch and a half. The discharge of pus soon ceased, and only fæces came away. This feculent discharge continued without intermission up to the time of operation. About this time the actual cautery was applied to the part in the hope of causing some contraction, but without much result. On August 15th he left the hospital. Early in April of this year he was again admitted. There was at the umbilicus a well-marked fæcal fistula through which a considerable portion of the intestinal contents were discharged. The skin around the opening was reddened, and scattered round it were warty and fleshy growths, the larger ones close to the opening being the size of a cherry stone. They surrounded the fistula for a distance of one inch and a half, the skin here being in a most unhealthy condition, which was not to be wondered at, as it was bathed all day in a poultice of fæces. Of late his health had been falling off and he was losing flesh. An irregular swelling, caused by the matting together of intestines, could be felt in the vicinity of the opening. The operation was performed on April 8th. The skin having been thoroughly cleansed and the opening stuffed with wool, an incision was made commencing about one inch and a half above the fistula, and extending to the same distance below it. It was elliptical in form and enclosed the area of unhealthy skin. The abdominal parietes having been divided, the peritoneum was carefully opened at the upper part of the wound, and the central portion of skin and abdominal wall, which was enclosed in the incision, were separated all round, care being required on account of the coils of intestine which were adherent to the parietal