REPORTS OF SOCIETIES.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

WEDNESDAY, DECEMBER 15TH, 1880.

W. A. N. CATTLIN, F.R.C.S., President, in the Chair.

On Maxillary Abscess and Necrosis in Childhood.—Mr. EDMUND OWEN read a paper on this subject, and stated that the question he desired to suggest for discussion was this: "Is it right to refuse to extract a carious and aching tooth, on account of the acuteness of the periosteal and maxillary inflammation which its presence has excited?" He felt that the knowledge of general surgeons on this point was by no means definite, involving as it did pathological and surgical principles of great importance; and he was anxious to get an opinion from those present, since he held that no surgeon should ever refuse to remove a tooth which was the cause of acute inflammation, for the simple reason that the local disturbance was excessive. He would narrate three cases by way of analogy. CASE I was that of a little boy, in a most miserable condition, with a large bright red or dusky swelling at the end of his thumb. He could neither eat nor sleep on account of inflammation of the bed of the nail. The nail was evidently sound, discoloured, and loose; and imbedded in a bleeding groove of vascular granulations. The nail was removed; water-dressings applied; cod-liver oil and iron prescribed; and the boy, from that time, recovered health and strength. No treatment which did not include the removal of the nail would have been of avail. CASE II was that of a child, with acute periostitis and inflammation of the bone itself, with probably some periosteal suppuration, caused by exposure to cold and wet. A bold and free incision was made, which at once relieved the vascular tension, and the patient recovered. CASE III was that of a boy, with the lower part of his face bound up, and his external ear plugged with cotton-wool. On removing the comforter, and with it a decomposing mass of moist linseed-meal, one found the cheek red and swollen. He could only slightly separate the jaws; and one noticed, on examining the mouth, that one of the molars was slightly decayed, and that the gum surrounded it with a bright red line. On pressure, a small quantity of pus welled up between the tooth and gum; and, near the angle of the jaw, there was a small opening, from which matter was discharging. The boy had been previously taken to a dentist, who refused to extract the tooth "until the inflammation had gone down"; and advised the mother to keep on poulticing the cheek. Mr. Owen then drew attention to the course the inflammation followed in this last case: the local disturbance having caused paralysis of the vaso-motor nerves, the Haversian arteries became crowded and blocked with the red corpuscles. The colourless corpuscles effected their escape, together with some of the liquor sanguinis, through the thin-walled vessels, and the protoplasmic contents of the lacunæ and canaliculi took on energetic proliferation; at last, the intravascular pressure became unrestrainable, and, the walls of the vessels giving way, the bone became flooded with sanguineous effusion. Healthy nutrition being impossible, a portion of the jaw perished, and freed itself by linear ulceration, and remained as a sequestrum. The less the wounding of the skin, the less the disturbance of the young teeth, as the dead piece of bone was being removed, the better. In his experience, necrosis of the superior maxilla in childhood was rare; whilst that of the inferior was not uncommon. In the case of the boy with the acutely inflamed tibia, it was found that the result of those free incisions had been, that it had afforded relief to the vascular and nervous tension, and also a vent to the effused products, and thus saved the compact bony tissue from a fatal flooding; and these same conditions were obtained in the case of the child with the maxillary distress. Prompt extraction would have spared the sufferer much subsequent trouble. In conclusion, Mr. Owen would venture to affirm, that whenever a child was brought for assistance, the more firmly fixed the jaws and the greater the inflammation, the more imperative it was that the irritating tooth and the vascular tension of the adjacent bone be simultaneously removed. The tissues would then settle down in quiet as happily as did the red and swollen finger-tip, when the removal of the piece of damaged nail was effected.—The PRESIDENT remarked that it was the erring practice of some to wait until inflammation subsided; and he was a strong advocate for an early removal of the offending cause, as delay often greatly increased human suffering, and was injurious in many instances to the patient in after-life.

Symptoms of Blood-poisoning: Scurvy (?)—Mr. CATTLIN narrated a case in which all the apparent symptoms of blood-poisoning were present. The water and drainage of the patient's house were good, and he had never been to sea. The breath was fœtid, and the gums presented a warty appearance. The upper and lower extremities were studded with patches, like ecchymosis; but no symptoms of purpura hæmorrhagica were seen in the mucous membrane of the mouth, or elsewhere. The treatment consisted in a generous diet, with full doses of chlorate of potass and decoction of bark, which was afterwards changed for mineral acids and sulphate of iron and quinine. Under this treatment, the patient slowly recovered; and, in all probability, the case was one of scurvy, brought on by other than the usual causes.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

WEDNESDAY, DECEMBER 15TH, 1880.

JOHN WIGHT, M.D., in the Chair.

Placenta Prævia.—Dr. J. MACKENZIE BOOTH reported a case of placenta prævia, which had occurred in his practice. He said that the comparative rarity of the condition had induced him to bring the case before the Branch. The patient was a primipara, about 34, in indifferent health. Appetite and digestion were good. Menstruation had been free till February of this year, and slight in March. In July, there was a slight discharge of blood, but nothing to attract notice, and the case did well till the end of October, when, while she was going to bed, severe hæmorrhage set in, without obvious cause; and continued for several hours. On visiting her next day, she was found weak, but after a day in bed, she insisted on getting up. A few days afterwards (in the beginning of November), hæmorrhage occurred again, and ceased shortly after she lay down. There had been irregular pains, but the os would not admit the tip of the forefinger, and nothing abnormal could be made out. She was kept in bed, and on November 8th, regular pains set in, with very severe flooding; so severe, as to threaten fatal syncope at the first burst. On examination, the os was found of the size of half-a-crown, soft, and dilatable; but nothing, except blood-clot, was detected inside the os. In consultation, it was resolved to turn and deliver; and on passing the hand into the vagina, and the fingers through the clot, the placenta was found firmly attached all round. On pushing through the placenta at one side, the head was felt; and on the hand being passed along the membrane, well up into the uterus, the right knee was hooked, the leg brought down, and a well-sized female child delivered in the usual way; the head requiring some little time in passing through the outlet. A large dose of ergot and brandy was given, while the head was passing through; and the placenta was speedily expelled. On inspection, a large hole was seen in the placenta, close to the insertion of the cord through which the hand had passed; and it was split through to the circumference on that side. After removal, another dose of ergot was given, and pressure was applied over the uterus to ensure contraction. After delivery, there was great debility and occasional unconsciousness. She had incessant thirst. Temp. 99° Fahr.; pulse very weak, 108. In two days she improved, and appeared to be doing well; but on the morning of the third day, she had a rigor, with abdominal pain, lochial suppression, temperature 105°, and pulse 140. No clots, and but little fœtor. Fifteen grains of salicylic acid in milk every second hour, hot fomentations, and vaginal syringing with permanganate of potash solution, were ordered. In the evening, that temperature was 100° Fahr.; pulse 108; and the other symptoms were improved. She continued improving, till the morning of the sixth day, when she had another rigor, and a return of the other symptoms, the temperature being 104°. Under the same treatment, the temperature again fell; the discharge returned slightly, and the abdominal pain abated; but the pulse remained from 120 to 140; the surface became pallid; she was at times unconscious, and incoherent; and becoming gradually weaker, she died on the tenth day after delivery. During the last few days of her life, the temperature remained at about 99°; *post mortem* examination could not be obtained. In concluding the report, Dr. Booth remarked that, from the sudden onset of the puerperal fever in this case, and its rapid decrease, after antiseptics had been used; from the manual interference, necessary in the uterine cavity, and the low position of the open surface, left by the separation of the placenta; he inferred that the fever had been caused by septic absorption, and regretted he had not used Condy's fluid more assiduously after the first attack. The fatal issue seemed attributable to the additional asthenia left after the second attack; but for which, there had been every reason to expect a favourable, if somewhat tedious convalescence.

Perforation of Cæcum with Abscess.—A case of this affection (with preparation), was reported by Dr. GARDEN. The case was that of a girl aged 16, who, two days after mensturation, complained of pain and swelling in the right iliac region. There was no tenderness on pressure. Pulse 100; temperature 100°. The next day, the swelling had increased, and the case looked like one of perityphlitis, or ovarian inflammation. After a few days, the swelling became more prominent,

leading to suspicion of abscess in the abdominal wall; but it was not considered judicious to use the knife, as fluctuation was not distinct. On percussion at this time, the most prominent part was found tympanitic. After a little, the swelling subsided somewhat, but there was still great tenderness. Temperature was 101° to 103°, variable. Ten days after she was first seen, the glands in the groin swelled, and there was great pain in the lumbar region. Then the thigh swelled enormously, and became very tender, resembling white-leg. Obscure fluctuation was felt, but not sufficient to warrant the use of the knife. On the sixteenth day after she became affected, an exploring needle was introduced into the thigh, with the result of the discharge of a little serum only. The swelling increased, cough and delirium came on, and death took place shortly after this. On *post mortem* examination, a large abscess was found outside the peritoneum, and extending from the right lobe of the liver, down to the iliac region. There was no peritonitis. On lifting up the cæcum, an opening large enough to put a finger through was found in that part of the gut; and among pieces of fæces behind there was found an orange-seed. Possibly, fæcal accumulation had helped, as there was a history of constipation. The thigh, when cut into, presented in its muscular texture a great resemblance to green cheese. Its vessels were quite distinct.

Defective Development of Fœtus.—Dr. FRANK OGSTON exhibited the body of a child, presenting, at first sight, the appearance of extrophy of the bladder, with the orifices of the ureters easily demonstrable. The scrotum was complete; no testes; penis, with prepuce present; no arms. On opening the body, a rectum was found, three inches long, containing mucus, not bound down by peritoneum; and ending in a blind extremity. There was no large intestine, the small intestine ending a *cul-de-sac*. One testis was in the ring, and the other high up behind the kidney.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, DECEMBER 10TH, 1880.

A. H. MCCLINTOCK, M.D., President, in the Chair.

Tumour of Pudendum.—Mr. THORNLEY STOKER exhibited a tumour which he had removed from the pudenda of a female. It arose by a pedicle from the muco-cutaneous junction of the vagina; and was found, on examination, to belong to the myxo-fibromatous variety—being encapsuled, and attached by a pedicle. It was removed by means of a ligature, which was applied round the pedicle, above the capsule, which was thus removed intact—a circumstance which rendered the probability of its returning very remote. The tumour was ulcerated at one point.

Excision of Knee.—Mr. WHEELER exhibited portions of the tibia and femur of a patient on whom he had performed excision of the knee a few days before. Two years ago, the patient had suffered from an attack of synovitis of the knee-joint, from which he apparently recovered; but, shortly afterwards, he got an attack of what seemed to be osteitis; after which the synovial membrane again became inflamed, and pulpy thickening occurred in the joint. The cartilages were intact, but underneath the cartilages the tibia was carious. The crucial ligaments were red and inflamed. The result was, so far, satisfactory.

Excision of Knee.—Mr. CROLY exhibited the portions of bone which he had removed in excising the knee-joint of a man, aged 28, in which case the disease was limited to the cartilages—the subjacent bone being perfectly sound, though bare.

Scirrhous Tumour of Breast.—Mr. WHEELER exhibited a scirrhous tumour of the breast, which he had removed from a woman, aged 45. Pain in the breast was the only symptom of which the patient complained. There were no enlarged glands in the axilla or elsewhere, nor was there dimpling of the skin, etc. The case he considered interesting, owing to the early stage at which it was discovered. Microscopic sections of the tumour were exhibited, showing the scirrhous nature of the mass, and the ducts of the gland not yet obliterated by the growth.

Excision of the Wrist.—Mr. CROLY exhibited the bones of the carpus, removed in the performance of Lister's operation for excision of the wrist.

Cancer of Breast.—Mr. CROLY showed a scirrhous tumour of the breast, of six months' growth, which he had removed a few days before.

Excision of the Wrist.—Mr. J. K. BARTON read a paper, in which he traced the history of the operation of excision of the wrist, from its first commencements down to the present day, when the highest perfection yet reached had been obtained, he said, through the genius of Mr. Lister. There were two points on which the merit of Lister's plan mainly depended: viz., the stress he laid upon (1) the necessity of removing all the "material of the joint"; and (2) the necessity of avoiding injury to the tendons of the wrist; and the long and careful after-treatment, and systematic exercise of the fingers. Mr. Barton then briefly summarised the history and treatment of those cases in which he had performed the operation. In one case, in which he had excised the wrist of a man on March 27th, 1880, there were caries of the bones of the joint, and sinuses round the wrist. The patient had been treated at the dispensary for two months previously, but without prospect of cure. The operation was performed by means of two lateral incisions—Esmarch's bandage having been previously applied, and the carbolic spray employed. The space left after removal of the ends of the diseased bones was two and a half inches. The cut surfaces of the bones were somewhat approximated, though not brought into apposition, and the limb was dressed antiseptically. A cast, showing the condition of the hand after eight months, was exhibited; and particulars of its present condition were given. The length of the limb that was operated on, from the olecranon process to the tip of the little finger, was fifteen and a half inches; the healthy limb measuring seventeen inches. The operated hand was six and three-quarters inches long, as compared with seven and a half inches, the length of the sound hand.—Mr. CROLY had on three occasions performed excision of the wrist-joint by Lister's method. He considered an important point to be aimed at was to make the section of the ulna oblique—so that, if possible, the styloid process might be left; and thus avoid the tendency to displacement of the hand.—Mr. WHEELER objected to the use of Esmarch's bandage in excision operations, in consequence of the delay in the operation and the subsequent, often troublesome, hæmorrhage, necessitating the ligature of many small arteries, which would otherwise not have required tying.—Mr. THORNLEY STOKER considered Esmarch's bandage of paramount importance in excision operations, and designated it "one of the greatest advances in modern surgery". He had never seen the slightest ill result follow its use, since the proper method of applying it had become known. The thing to be avoided was applying the constricting tube too tightly.—Mr. BENNETT also took part in the discussion; and Mr. BARTON replied.

REVIEWS AND NOTICES.

A MANUAL AND ATLAS OF MEDICAL OPHTHALMOSCOPY. By W. R. GOWERS, M.D., F.R.C.P., Assistant Professor of Clinical Medicine in University College, Assistant Physician to Univertity College Hospital, and to the National Hospital for the Paralysed and the Epileptic. London: J. and A. Churchill. 1879.

WHEN, twenty-one years ago, Helmholtz, guided by the experiments of Brücke, invented the ophthalmoscope, he did not certainly contemplate that his discovery, one of the principal in modern science, would so quickly be applied to the whole range of diseases elsewhere than the eye, making ophthalmoscopy, in a short time, one of the most important methods of physical diagnosis. But, while clinical observation and research had thus diligently achieved this rapid development, furnishing materials for valuable monograms, mainly referring to the special practice of ophthalmology, no systematic guide for the student and general practitioner had been written on the acquisition of a correct knowledge of the ophthalmoscope. The *Manual and Atlas*, published by Dr. GOWERS, has completely filled up this long felt deficiency.

The book is divided into an introduction, and two parts, followed by three appendices, and the description of the sixteen plates of the atlas, which, in addition to the diagrams throughout the work, greatly enhance its utility. The plates are from original drawings, carefully prepared, and finally executed by the author, most of the remaining illustrations being also original.

The introduction exposes the points of special importance for an efficient use of the ophthalmoscope. The first part deals with changes in the retinal vessels, optic nerve, etc., of general medical significance. The second part refers to ophthalmoscopic changes in special diseases. The space for this review does not permit an attempt to notice, even in bare outline, the subjects treated in these two parts. For this reason, and without being embarrassed in the choice of matter, we shall briefly cite here and there some of the principal facts brought forward by the author; beginning by those on the important subject of optic neuritis, or papillitis.

Dr. Gowers believes that our knowledge of the conditions on which certain varieties of optic neuritis depend is altogether insufficient to distinguish them, otherwise than as varieties of intensity, on whatever difference of mechanism they may ultimately be proved to depend. Intense papillitis may set in without any obvious cranial or cerebral disease, and, consequently, without descending neuritis; or again, without any intracranial condition, which would cause any mechanical effect or constriction. Cases of the former category are certainly