

or without the addition of doses of one-fiftieth of a grain of the perchloride of mercury. — Dr. WILTSHIRE asked whether the case of aphasia without paralysis was not one of glossoplegia, and whether the patients with aphasia and left hemiplegia were not left-handed. Mercury was of value if used in late stages of syphilis. He could not doubt as to the syphilitic origin of locomotor ataxy. — Dr. GILBERT SMITH spoke of the early diagnosis of locomotor ataxy by striking the patient below the patella. He mentioned an interesting case of aphasia without paralysis. Death occurred suddenly a week after the appearance of this symptom, and a new growth was found in the left frontal lobe. — D. DE HAVILLAND HALL said it was hardly fair to assume that syphilis was the cause of an aphasia in every case in which the patient could be shown to have had a chancre at one period of his life. How was the occurrence of aphasia four months after the primary sore explained? It was hardly possible that a gumma should have been developed in the brain by this time. — Dr. JAGIELSKI thought other drugs besides iodide of potassium should be tried. — In this Dr. ROUTH concurred, and thought it was too much the fashion to attribute everything to syphilis. — Mr. BLOXAM had not met with cases of ataxy at the Lock Hospital, but had seen cases of syphilitic origin at Charing-cross Hospital. Syphilis was common enough in women. Why did they so seldom suffer from locomotor ataxy? — Dr. DRYSDALE said his cases were instances of aphasia and not glossoplegia. In all there was a more or less continuous history of syphilitic troubles. The case of aphasia coming on four months after infection he would attribute to disturbance of the circulation.

### PROVINCIAL MEDICAL SOCIETIES.

**WEST KENT MEDICO-CHIRURGICAL SOCIETY.**—At the meeting on April 5th, at the Royal Kent Dispensary, Greenwich, Dr. Creed in the chair, Dr. THOROWGOOD read a paper "On the Use of Mercury in certain Inflammations." The object of the paper was to show with what success mercurial preparations might be employed against persistent bronchial inflammation arising from cold, and occurring in persons of feeble temperament and average strength. In feeble and aged persons mercury might be injurious. The author was of opinion that while many years ago mercury was given far too freely, yet now practitioners were becoming unduly timid in its employment. Reference was made to a paper on the treatment of pleuritic effusions by the late Dr. Hope, published in 1841, wherein thirty-five cases of pleuritic effusion consecutively were stated to be cured by the use of mercury internally and by inunction. Dr. Thorowgood quoted cases of pleurisy and peritonitis very successfully treated by the mercury pill with squills, and also by calomel and opium. Never had he seen any injurious effect produced by this plan of treatment, and only once was there any symptom of mercurial sore mouth observed. When absorption commences, and pulse and temperature fall, then the case may be managed usually without a continuance of the mercury.

**EDINBURGH MEDICO-CHIRURGICAL SOCIETY.**—At the meeting on April 3rd Dr. BALFOUR showed a female patient who had suffered from Spanæmia twelve months previously, and six months afterwards with general dropsy and dilatation of the heart. Large often repeated doses of digitalis (20 to 30 minims every four hours) were followed with the best results. — Mr. SYMINGTON showed a specimen of forward Dislocation of the Humerus. — Dr. CADELL read a paper on a case of Umbilical Urinary Fistula. The patient was a delicate female child, who had for years suffered from frequent micturition, and two years before she now came under care she had typhoid fever. On November 27th, 1877, she was seized with severe pain in the abdomen, which was hard and tense, whilst urine escaped through a fistulous opening at the umbilicus. There was much cystitis and great difficulty in passing urine by the urethra. She died on March 16th, and Dr. Wylie found that the urachus had remained partially pervious, the bladder greatly contracted. There was double hydronephrosis, thickening, and dilatation of the ureters. — The President (Dr. Argyll Robertson) had no doubt that the obstruction to the outflow of the urine from the cystitis had led to the dilatation of the ureters and of the imperfectly closed urachus. — Dr. George Bell suggested that a small calculus might have been present in the imperfectly closed visceral opening of the urachus. — Dr. Cadell, on the other hand, thought the cystitis was secondary to the im-

perfectly obliterated urachus. No calculus had been detected. — Dr. ANGUS MACDONALD then read a paper on the Essential Pathology of Puerperal Convulsions, giving the results of the post-mortem examinations of two cases performed by Dr. D. J. Hamilton. There was intense anæmia of the deeper portions of the brain and cord, with extreme engorgement of the meninges. There was vascular dilatation and leucocytic infiltration of the medulla, and a small extravasation in the right corpus striatum. In the kidneys there was colloid degeneration of the epithelium in some of the tubes lying near the capsule. The author held that in puerperal convulsions there was cerebral anæmia resulting from over-stimulation of the vaso-motor centres, as indicated by the sub-inflammatory changes in the medulla. This non-stimulation was due to retention within the blood of materials which should be separated by the kidney—in fact, uræmia. The renal lesion being degenerative and not inflammatory, explained the absence of fever with renal symptoms in pregnancy, and the limited extent of the lesion pointed to the comparative readiness with which the albuminuria of pregnancy was recovered from. Discussion on the paper was adjourned.

**GLASGOW MEDICO-CHIRURGICAL SOCIETY.**—At the meeting on the 5th April, Dr. G. H. B. MACLEOD gave a demonstration of Sayre's method of treating Caries of the Spine. He pointed out the essential vice of former modes of treatment, and insisted upon the fact that Pott's disease of the spine was almost always traumatic in its origin, not diathetic, as commonly believed. He gave a detailed account of the diagnostic signs and symptoms of spinal disease in the different parts of the spinal column, and applied Sayre's plaster-dressing to an adult patient at present under his own care in hospital. Of the various substances which had been used for the dressings—glue, paraffin, starch, and plaster—he decidedly preferred the last named as the cleanliest, and, in all respects, the best. — Dr. William Macewen said that on this last point he gave the preference to paraffin, if of a kind which melted at 129°. — Dr. Morton took exception to what Sayre and Dr. Macleod had advanced in regard to the alleged traumatic origin of Pott's disease. A blow, or such like, was often the proximate cause; but only in cases in which a certain diathesis existed would this set up the disease. — Dr. A. Patterson also preferred paraffin for dressings; it set almost at once, and was not at all dirty to handle. Several other members discussed the subject.

### THE MARTIN MEMORIAL.

WE have been requested by the trustees of the Martin Memorial Fund to publish the following appeal:—

Royal Victoria Hospital, Netley, April 25th, 1878.

Shortly after the death of the late Sir Ranald Martin, C.B., a meeting was held in London to take measures to perpetuate the memory of this eminent military physician.

Many of the leading members of the medical profession were present, and took part in the proceedings, and it was determined to raise a sum of money sufficient to give a gold medal, to be competed for twice a year by the candidates for commissions in the medical services of the British and Indian armies and the Royal Navy in the Army Medical School, the medal to be awarded to the candidate taking the first place in Military Medicine.

A sum of money, amounting to £361 16s., was accordingly subscribed. Suitable dies for the medal were prepared by Messrs. Wyon, the well-known medalists, and (after paying the cost of these) the money remaining was invested in the names of Sir William M. Muir, K.C.B., the Director-General of the Medical Department of the Army, and Professor W. C. Maclean, C.B., of the Army Medical School.

Three medals have been given since the institution of this prize; but the trustees regret to say that to enable them to go on giving a gold medal each session, without touching the capital, a further sum of £70 is required for investment.

The trustees appeal to the friends of the late Sir Ranald Martin, and, in particular, to the medical officers of the three services—old Netley men—to assist them by subscriptions (limited in this country to 10s., and in India to five rupees), to carry out the original purpose for which the medal was founded. The above-named trustees will be happy to receive contributions.

W. C. MACLEAN, M.D.,

Surgeon-General, Professor of Military Medicine, &c.