evidence of tumour or swelling could be detected. Case 2 is of interest only on account of the size of the tumours, and that they occurred in a man from the usual cause—kneeling. Case 3 is an illustration of a somewhat rare injury—fracture of the spine of the scapula. The acromion process had been tilted to such an extent as to seriously interfere with the rotation of the humerus. Such a small piece had been broken off the acromial end of the clavicle that the upward displacement of the inner fragment resembled a dislocation of the acromio-clavicular joint. Case 4 shows how little deformity may follow necrosis of the upper jaw, provided the dead bone be removed or come away by the mouth. In Case 5 the inguinal swelling closely resembled a hernia, and but for the absence of vomiting might easily have been mistaken for it. The history given was very confused and untrustworthy.

KIMBERLEY HOSPITAL, CAPE COLONY.

SUCCESSFUL LIGATURE OF COMMON ILIAC ARTERY FOR ANEURYSM OF EXTERNAL ILIAC; REMARKS.

(Under the care of Mr. L. S. JAMESON, Senior Consulting Surgeon.)

Mrs. M—, aged twenty-eight, a thin Dutchwoman, was admitted on April 20th, 1885. Eleven months ago she first noticed a small swelling, the size of a nut, in the right groin. This gradually enlarged during the next six months to the size of an apple, occasioning no pain. The patient then felt a "beating" sensation in the swelling, with pain and numbness down the leg, the tumour enlarging more rapidly and becoming much softer. No specific history.

On admission she was a spare woman, all of whose organs were fairly healthy. Immediately above Poupart's ligament there was an oval swelling about the size of the head of a new-born child, with marked pulsation, extending outwards to within half an inch from the iliac spine, inwards to the middle line, and upwards to the level of the umbilicus. On deep pressure the tumour appeared still larger. The upper portion of the tumour was solid; the lower portion soft and of a deep purple colour, appearing as if the slightest pressure would rupture the skin. There was marked swelling of the whole of the right limb; no œdema; practically imperceptible pulsation in the posterior tibial artery. Morphia was given frequently during the next twenty-four hours, to relieve pain, until the consent of the patient and her friends to an operation could be obtained.

April 21st.—The bowels having been thoroughly opened by a large enema, chloroform followed by ether was administered. From the extent of the tumour it seemed impossible to expose the common iliac artery by operating on the right side; so Mr. Jameson determined to make the incision on the opposite side, afterwards crossing over the pelvis to the right common iliac artery. A curved incision was made on the left side of the abdomen from an inch above the level of the umbilicus to within an inch and a half of the middle of Poupart's ligament. The transversalis fascia having been divided to full extent of incision on a director, the peritoneum was stripped up with the fingers from the iliac fossa forwards and inwards till the left common iliac was exposed. This was followed up to the aorta and then down the common iliac, the latter being well overlapped by the tumour, the aneurysm evidently springing from the external iliac lower down. A previously prepared stout carbolised silk ligature was then placed about the middle part of the common iliac; all pulsation in the aneurysm at once ceased on the application of the ligature. Some slight hæmorrhage from a small vessel in front of the sacrum was checked by pressure of the finger for a couple of minutes without the necessity of using ligature. The external wound was then closed by deep and superficial sutures, and dry dressing applied. The pulse was fair on recovery from the anæsthetic. The patient was placed on her right side to permit the leg to remain horizontal, as the hip-joint was considerably contracted by the tumour. The limb was wrapped in cotton-wool and surrounded by hot bottles placed at a moderate distance. No stimulants were given, and milk was taken in small quantities, one-third of a grain of morphia being administered hypodermically every four hours.

22nd.—Morning temperature 101°; evening temperature 101·6°. Slight pain and restlessness. Morphia increased to five minims (one grain equal twelve minims) every four

hours. No return of pulsation, but the wound is a little more discoloured in its lower part.

23rd.—Morning temperature 100·8°; evening temperature 101·4°. Slight oozing of bloody serum from the lower part of the wound. Morphia increased to one-third of a grain every three hours. Pulse 120, weak. No distension of the abdomen during the night; one liquid motion.

24th.—Morning temperature 100·6°. Had several hours' sleep; no pain. Brand's essence of beef added to milk diet, also to have three ounces of brandy in the twenty-four hours. Slight bloody serum still oozing from wound. Dry boracic lint changed twice a day. During the next three days no change worthy of note.

28th.—Temperature 99·2°. No pain; deep and superficial stitches removed. A moderate discharge of bloody serum. Gaping of the external parts at the lower end and in the middle of the wound. Evidently deep union throughout.

29th.—Temperature normal. Pain in the leg. Morphia reduced to half a grain every six hours.

May 1st.—Remaining superficial stitches removed; free discharge of healthy pus. From this period the external wound rapidly healed, also a large bed-sore over the sacrum, the size of the palm of the hand, from which she was suffering on admission. Patient remained in hospital three months longer, the tumour diminishing slowly in size.

Oct. 15th.—Dimensions of tumour on deep pressure were still two inches and a half by three inches, but quite solid. Both knee and hip-joints were considerably contracted, but the patient was able to get about with some difficulty. Otherwise she was in perfect health.

Remarks by Mr. JAMESON.—The great difficulty of the operation appeared to be at first sight to get at the artery at all from the extent of the tumour, but as no other treatment, such as compression of the aorta, seemed to give any chance of success, and as the aneurysm must prove fatal by rupture within a few days at the most, it was determined to attempt it. It was only when the patient was on the table under anæsthesia that considering it impossible to get at the artery from the same side Mr. Jameson determined on operation from the other side, though without any data of such an expedient having been adopted before. However, in this case necessity and success must justify what would otherwise have appeared foolhardy.

ANEURYSM OF THE AORTA SIMULATING ANEURYSM OF THE INNOMINATE TREATED BY SIMULTANEOUS LIGATURE OF THE COMMON CAROTID AND SUBCLAVIAN; REMARKS.

Samuel M—, aged fifty-nine, was admitted under the care of Mr. Jameson with a pulsating tumour the size of an orange at the lower part of the neck on the right side, extending upwards to the lower border of the thyroid cartilage, outwards to the junction of the outer and middle third of the clavicle, and inwards a quarter of an inch beyond the middle line. The sternal end of the right clavicle was about half an inch more prominent than the left. A faint systolic bruit was heard all over the tumour. The patient complained of continuous agonising pain in the right arm and right side of the chest. There was extensive bronchitis, and he could only sleep in a sitting posture.

Mr. Jameson ligatured the right common carotid and right subclavian arteries. The day after the operation there was no pain. Both wounds healed by first intention. Temperature normal throughout. The tumour became harder and pulsation diminished during the next two months; after that pain in the left arm came on. At this time Mr. Jameson was compelled to leave Kimberley, and on his return, six weeks later, Dr. Wolffe, the resident surgeon, informed him that the patient had died a week previously; and at the post-mortem examination he had found that the aneurysm had existed in the commencement of the arch of the aorta; that there was a thick fibrous laminated wall on the right side; and that to the left there was an enormous thin-walled sac which had eroded the spinal column pretty deeply.

Remarks.—There can be no doubt that a partial cure was effected by the operation, and certainly it enabled the patient to enjoy three months of comparative health free from pain. No antiseptics, further than strict cleanliness and boracic lint dressings, were used in either of the foregoing cases. When Mr. Jameson first went out to Cape Colony, seven years ago, he asked Mr. John Marshall as to the advisability of providing himself with the parapher-

nalía for strict antiseptics. He remarked: "You are going to an antiseptic climate, and don't require them." This opinion had since been fully justified. Going there direct from some years' residence in a large London hospital, the difference, Mr. Jameson states, was astonishing; grave injuries, such as compound fractures of the limbs, where amputation would appear imperative, healing in a marvelously short time under some simple dressing, such as wet boracic lint.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Annual General Meeting.—President's Address.

THE annual general meeting of this Society was held on Monday last, Dr. George Johnson, F.R.S., President, in the chair.

The report of the Council was read by the hon. secretary, Mr. Howard Marsh. Thirty new Fellows have been elected, and twenty-one Fellows have been lost by death. The total number of Fellows is now 736. The report of the hon. librarians states that the additions to the library during the year 1885 consist of 422 works. The number of volumes in the library is about 36,000. During the past year the Society's collection of portraits of members of the medical profession has been enriched by the addition of sixty-three new portraits. The adoption of the report was proposed by Dr. C. West, seconded by Mr. R. W. Parker, and carried.

The President then read his address, which contained very interesting matter. Speaking of Henle, by whose death the Society had lost one of its foreign honorary Fellows, Dr. Johnson said that one of the most interesting and important of Henle's anatomical discoveries was that of the muscularity of the middle coat of the arteries, which he clearly described and figured in his "Allgemeine Anatomie," 1841, p. 498, plate iii., figs. 8, 9, and 10. This discovery formed the anatomical basis for the experiments and conclusions of Brown-Séquard and Bernard, which led to our present knowledge of the regulating function of the muscular arterioles and of the vaso-motor nerves. And assuredly until this knowledge had been acquired we were but imperfectly acquainted with the forces which are concerned in effecting and regulating the circulation of the blood. It has now been proved to demonstration that the muscular force possessed by these Lilliputian canals is so great that the united forcible contraction of the pulmonary or of the systemic arterioles is more than equal to the propulsive power of the corresponding right and left ventricles of the heart, and in consequence the onward movement of the blood may be thereby arrested. This arrest of the circulation by the contraction of the muscular arterioles is most easily demonstrated in the lungs. Physiologists all agree in teaching that the function of the arterioles is to regulate the blood-supply to the tissues, and to exert, in short, what he had ventured to call a "stopcock" action upon the blood-stream. In reply to Dr. Goodhart's objection to the "stopcock" theory that there is no such antagonism in nature as it would imply, he said he need only refer to the notorious fact that muscular antagonism in the case of both voluntary and involuntary muscle, with resulting physiological harmony, is of constant occurrence. Referring to the discussion on cholera, Dr. Johnson said that if it did not increase our knowledge, it served to bring into view the very contradictory opinions which are held, not only with regard to the etiology, the infectiousness, the pathology, and the treatment of the disease, but also with reference to such easily and often demonstrated anatomical facts as to the relative amount of blood in the two sides of the heart during the stage of collapse when the chest is opened soon after death.—A vote of thanks was proposed by Dr. Graily Hewitt, and seconded by Dr. Symes Thompson, for the President's address. The vote of thanks to the retiring members of Council was proposed by Dr. Althaus, seconded by Dr. B. O'Connor, and acknowledged by Dr. C. T. Williams. The vote of thanks to the retiring secretary, Dr. Douglas Powell, was moved by Dr. Church, seconded by Dr. Buzzard, and carried with acclamation. The President declared that the result of the ballot was the unanimous election of the gentlemen nominated by the Council, and published in THE LANCET last week.

PATHOLOGICAL SOCIETY OF LONDON.

Congenital Cystic Kidney. — Pistol-shot Wound of Cranium. — Villous Tumour of Accessory Thyroid. — Cancer of Thyroid in Myxedema. — Ossifying Sarcoma of Radius. — Aneurysm of Septum Ventriculorum. — Congenital Skin-tumour of Sigmoid Flexure.

Dr. J. S. BRISTOWE, F.R.S., President, was in the chair at the ordinary meeting of this Society, held on Tuesday last.

Mr. SHATTOCK read a paper on Bilateral Cystic Disease of the Kidneys in the New-born. The specimen shown proved beyond all doubt that the cysts are retention-cysts, since all transitions were traceable from long dilated passages to the more definitely circumscribed cysts; and the smaller cysts, as well as the dilatations, were lined with similar well-formed cubical epithelium. It was possible that the cystic disease might arise from a histological mal-development of the kidney, and that the spaces were retention-cysts originating in the tubules of the mesonephros or Wolffian body. The frequent association of other malformations with congenital cystic disease of the kidney, pointed out by Virchow, was worthy of remembrance in this regard. In the specimen shown there were no other abnormalities; the ureter was normal and pervious, as also the renal pelvis and calyces. The kidney was smooth externally, presented traces of lobulation, and the capsule could easily be separated. The organ measured three inches long and two inches broad. Since the discovery of widely distributed remains of the Wolffian body in the ovarian stroma, increasing interest has attached to cystic ovarian disease; similar remains of Wolffian bodies were to be found in the testicle. The metanephros, which forms the permanent kidney, is only a specially differentiated posterior portion of the primitive mesonephros or Wolffian body. Adopting Kölliker's view that the renal tissue is formed by tubular extension from the branching upper end of the ureter, it may be conceived that the congenital cystic kidney results from a want of differentiation of the metanephric blastema from that of the mesonephros or Wolffian body. The existence of two or three ureters could be understood embryologically when we remembered that in the mesonephros of the amphibia there were as many ureters as there were segments of the mesonephric kidney.—Dr. NORMAN MOORE considered that if the glomeruli were normal, the cystic disease was most probably congenital, and not due to interstitial nephritis.—Mr. J. B. SUTTON had seen examples of congenital cystic disease of the kidneys in many mammals. He had detected frequently the remains of the mesonephros in the ovary and testicle. The anterior end of the kidney of teleostean fishes was admitted to be of mesonephric origin.—Dr. QUARRY SILCOCK referred to the large amount of well-formed fibrous tissue in Mr. Shattock's specimen. He had seen cases of cystic disease of the kidneys associated with cysts in the liver.—Mr. SHATTOCK replied that the arteries were healthy in his specimen. Klein had figured cells in the stroma of the human kidney, indistinguishable from those lining the tubules, and so mesonephric remains in the kidney might be found to be not unfrequent. Congenital cysts differed from all those acquired after birth, both in their mode of origin and anatomical characters. The fibrosis he explained as secondary to the tension exercised by distension of the cysts in the manner that cirrhosis of the liver ensued after experimental ligation of the bile duct.

Mr. C. B. LOCKWOOD exhibited a specimen to show the effects of a Pistol-shot Wound of the Brain. It was a case of attempted suicide; the bullet passed through the hard palate, orbit, ethmoid, and frontal part of the brain, and made its exit in front of the coronal suture. There were signs of intra-cranial inflammation. At the end of twenty days an abscess developed, was opened, and the bullet with some bony debris removed. The bullet had not entered the lateral ventricles. There were no signs of meningitis. The patient lived one month after the receipt of the injury, and died from septic poisoning. Stupor was the chief symptom, though he could be roused and could remember recent events. In reply to Mr. Marmaduke Shield, Mr. Lockwood said that it was not certain until the abscess was opened whether the bullet lay beneath the scalp or within the skull. The aperture of exit in the calvaria was larger than that of entry.

Mr. BILTON POLLARD showed a Tumour which he considered had been developed in an accessory Thyroid Gland