health of Mr. Bryant, the President elect, and, after referring to his character and work, expressed his confident belief that he would guide the Society's proceedings during the coming year with ability, dignity, and judgment.

The Fellows received the health of their new President with the greatest cordiality, and Mr. Bryant having replied, the "Royal College of Surgeons" was proposed by Mr. Adams, and responded to by the President, Mr. Busk, who made interesting allusions to his own attendance at the Medical Society in its old days, when domiciled at Bolt-court.

Mr. Curling, Dr. Braxton Hicks, and Mr. Haselden spoke for the "Medico-Chirurgical, Obstetrical, and Pharmaceutical Societies," proposed by Mr. Hancock.

The "Health of the President," from Dr. Symes Thompson, once more called forth expressions of the sincere goodwill of the Society, and after the "Lettsomian Lecturer," the "Orator," and the "Visitors of the Evening," had all been brought into well-merited notice through the intervention of Dr. Rogers and Dr. Routh, the "Vice-Presidents and Treasurer," were proposed by Mr. Henry Smith, and responded to by Dr. Symes Thompson and Mr. Gay.

Dr. Cholmeley, in a well-ordered speech, gave the "Health of the Medalists of the Society." As already announced, the Fothergillian gold medal was awarded to Dr. Edwards Crisp for his Essay on Croup; the silver medal given annually for the best paper read by one who was not a Fellow of the Society, was given to Dr. Silver, for his paper on Mitral Stenosis; and the other silver medal, usually given for services rendered to the Society, was bestowed on Dr. Thorowgood, the retiring secretary, in consideration of his two years' work on behalf of the Society. Dr. Crisp and Dr. Thorowgood, having acknowledged the pleasure they felt in the awards made to them, then had their medals given to them by the President.

The "Librarian (Dr. Day-Goss) and Council" were duly brought forward by Mr. Weeden Cooke; and the "Secretaries" by Mr. Gant. To this last toast Mr. Royes Bell made a suitable reply, and thus ended a most pleasant and successful gathering.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 23RD, 1872.

DR. BURDON SANDERSON, VICE-PRESIDENT, IN THE CHAIR.

MR. BRUDENELL CARTER exhibited a patient, a boy, ten years old, in whom a tendency to atrophy of the optic nerves was associated with visible pulsation of the central artery of the retina. There was no increase of tension of the eyeballs, and no disease of the aortic valves, but a systolic murmur at the base of the heart; and Mr. Carter said he was inclined to attribute the atrophy to impaired nutrition from defective blood-supply.

Dr. ANSTIE said that no valvular disease existed, and exhibited tracings of the pulse as obtained by the sphygmograph, which showed a remarkable degree of tension of the radial artery, and presumably, therefore, of the whole arterial system.

MR. THOMAS BRYANT read a paper on two cases of Rectovesical Fistula successfully treated by Colotomy. The first was that of a gentleman, aged sixty-four, who had had diarrhoea, tenesmus, and the passage of blood and mucus three months before he had begun to pass fæces in his urine. Colotomy was performed on August 16th, 1869, with complete relief. The patient was up and out of the house in a month. At the present time he passes his urine naturally, and the motions through the loin, some little urine at times finding its way into the rectum and upwards through the loin. The ulcer in the bowel has long healed, the fistula alone remaining. The second case was that of a gentleman, aged forty-nine, who for three years had been passing urine and fæces by the urethra. He was much reduced in health, and most miserable from the local pain and irritation caused by his disease. On the 5th of July, 1870, colotomy was performed, complete relief resulting almost immediately. In three weeks he was up, and in another week out. Six months later he reported that he was getting quite fat, that he was free from all pain, and that his only trouble was the passage of water at times up the bowel through the artificial anus. At the present time,

a year and a half after the operation, he remains well. In both these cases Mr. Bryant remarked that there was good reason to believe that the ulcerative action that had caused the fistula was of a simple nature, and had commenced in the rectum; that after the operation the ulcers soon healed, although the fistulous opening remained. He stated that the two cases in every way supported the remarks appended to a similar case which he had read at a sister society, and which were published in the *British and Foreign Quarterly Journal*, 1869, and still more prove the truth of Mr. Holmes's remarks on the same subject recorded in the *Med.-Chir. Transactions*, 1869-70. Mr. Bryant added that these cases, and all others he has had since 1868, have made him think more highly of the oblique incision in the operation than the transverse.

MR. HEATH remarked upon the interest of Mr. Bryant's cases, and mentioned a case under his own care of communication between the bowel and the bladder in the female, in which he had performed colotomy with the greatest relief to the urgent bladder symptoms.

Dr. HABERSHON testified to the good results that had followed in one of Mr. Bryant's cases, and believed that, even when organic disease existed, much misery was saved and life prolonged by early operative procedure. He also described briefly a case in which the patient, on account of a connexion between the sigmoid flexure and the bladder, made use of his penis as "a wind instrument." This man died from peritonitis, the adhesions having given way.

MR. HULKE thought that colotomy should not be restricted to cases of ulcerated bowel, but that the operation should be more generally performed for cancer of the rectum; and quoted cases in point.

MR. CARTER spoke of a patient on whom he had performed colotomy, and who successfully deodorised his fæces by swallowing regularly large quantities of wood charcoal.

MR. MAUNDER thought the operation far too little practised, and, having performed it nine times, was, on the score of results obtained, strongly in its favour, even in cases of cancerous disease. It was important, however, to avoid wounding the peritoneum.

MR. BARWELL mentioned a case that suggested the necessity of careful diagnosis. He had declined to operate, not finding any indication of ulceration or of cancer, and the post-mortem showed the upper part of the bladder to be connected by strong adhesions with the middle of the transverse colon.

MR. THOMAS SMITH asked Mr. Bryant if he thought it possible in all cases to avoid opening the peritoneum, and what kind of truss he recommended. He performed the operation on a child in a case of extroversion of the bladder, and, having failed to find the descending colon, brought out the small intestine, eventually abandoned the operation, and closed the wound. The child did well, but ultimately died from infantile remittent fever, and the post-mortem appearances disclosed no trace of any wound having been made in the peritoneum.

MR. HULKE suggested that a vulcanite shield, modelled to the shape of the surface, appeared to him to be the best kind of truss.

MR. BRYANT, in closing the discussion, expressed his satisfaction that it had taken so wide a range, and that the general opinion was so much in favour of colotomy. He had performed the operation sixteen times, was always very anxious to keep clear of the peritoneum, but thought that perhaps the reputed risks on this head were exaggerated. As regards the truss, the best that had come under his notice was one made at the suggestion of a patient, which consisted of an india-rubber ball with a segment cut off, fixed over the orifice of the wound. The ball held, for the time, any fluid that might escape, and the scheme appeared to answer admirably.

MR. WARRINGTON HAWARD read a paper on three cases of Distension of the Antrum. The first was a boy, four years old, in whom, after pain in the upper jaw and discharge from the nostril, the antrum became distended, and an opening formed on the prominence of the cheek. The treatment consisted in puncturing the antrum through a tooth-socket, and syringing the cavity with astringents. The second patient, aged twenty-six, had what he thought to be a boil on the cheek, which during eight months had discharged matter. This proved to be an opening leading to the antrum, which was slightly distended.

He was treated by syringing through the opening. The third patient, aged fifty, had a solid tumour growing from the alveolus of each upper jaw, and one which had been soft, but had become bony on the alveolus of the lower jaw. There was marked distension of the right antrum by fluid. The tumours and adjacent alveolar process were removed from the upper jaw, and the floor of the antrum opened to evacuate the fluid and allow examination of its cavity. The antrum contained no solid growth. The tumours were oval-celled sarcomata. The patient died from recurrence of the growth and the development of secondary tumours in the abdomen and elsewhere. The first cases showed with how slight a distension of the antrum an opening might form on the cheek, and pointed to the necessity of obtaining an exit for the fluid into the mouth as early as possible. The last case showed that when distension of the antrum occurs in connexion with a solid tumour of the upper jaw, it is not a necessary sequence that this distension is due to solid growth—a point sometimes of much clinical importance.

Dr. ANSTIE asked if neuralgic pain formed a prominent part of the symptoms, inasmuch as, according to his own experience, true neuralgia was not usually produced by local causes, as pressure.

Mr. HAWARD said he had used the term neuralgia because pain occurred along the course of the trigeminal nerve. The pain only occasionally remitted.

The Society adjourned early for the purpose of examining Mr. Carter's patient.

Dr. George Johnson's paper is withdrawn for the present, as the patient has exhibited a fresh series of symptoms that require accurate observation.

Foreign Gleanings.

"WHAT CELLS IN THE PEPSIN GLANDS CONTAIN PEPSIN?"

A PAPER with this title appears in the sixty-fourth volume of the Reports of the Meetings of the Academy of Vienna by Ernst Friedinger. He points out that Kölliker first described the presence of two kinds of cells in the pepsin glands of the dog. Heidenhain and Rollet, who both investigated the subject very carefully, arrived at the same conclusion. They found that in mammals (the dog, cat, sheep, rabbit, and guinea-pig) there were two kinds of cells. One, formerly known as pepsin cells, but termed by Heidenhain "lining" and by Rollet "delomorphous" cells, were applied to the wall of the tubes, without, however, forming a complete and continuous layer between the membrana propria and the lumen. The second kind, previously overlooked except by Kölliker in the case of the dog, was termed "chief" cells by Heidenhain and "adelomorphous" by Rollet. These form the proper material filling the gland tubes. They bound the lumen, and where the "lining" cells fail are in contact with the membrana propria. The chief or adelomorphous cells have no well-defined contour; the lining or delomorphous cells have a distinct cell-wall. The neck of the glands usually contains structures similar in character to the delomorphous cells, though they are somewhat more spheroidal in form. In frogs, newts, and tortoises only cells corresponding to the lining cells are present. In a snake (*Coronella lævis*) the ends of the tubes contained only "lining" cells, whilst the neck presented large vesicular cells similar to those which Heidenhain terms "mucous" cells. In the dog Friedinger agrees with Heidenhain in finding, though not abundantly, "lining" cells in the beginning of the neck of the gland. Now, in regard to the question, which of these cells form the pepsin? Heidenhain thought the "lining" cells secreted the acid, the "chief" cells the pepsin. Ebstein supports Heidenhain. Friedinger, however, details experiments which tend to prove that those glands (near the pylorus) which contain principally Heidenhain's "chief" cells are really the most active, and that, consequently, as was always thought to be the case before the appearance of Heidenhain's paper, it is these chief or adelomorphous cells that contain the pepsin.

STATISTICS OF STONE IN THE BLADDER.

Dr. Eve has published at Philadelphia a synopsis and analysis of 100 cases of lithotomy and lithotripsy operated upon during a practice of thirty years. From some comments in the *Gaz. Hebd.*, we find that, as to children, seventeen of them were under five years, and twenty-eight between five and fourteen years. Of these forty-five cases of lithotomy only three proved fatal. Of the fifty-five cases above fourteen years, eight died—namely, 11 per cent. Eighty-seven were operated on by the bilateral method, and eight of these patients died. As to the race of those who were operated upon it is interesting to notice that six only were negroes, six mulattoes, and eighty-eight were white people. The great number of successful bilateral operations is very striking.

THE HISTORY OF CHOLERA.

The *Gazette Hebd.* has just brought to a close a series of no less than seven long articles on this subject, written by M. Tholozan, physician to the Shah of Persia. This essay will be read and consulted with much benefit by all those who take an interest in this disease. The author says at the end of his last article:—"In forty-one years, viz., from 1830 to 1871, five great epidemics of cholera have swept over Europe; two came from Asia, and two from western countries. A great many local outbreaks, both secondary and tertiary, and some regional epidemics were also observed. The only authenticated respites were from 1837 to 1847, a period of about ten years; and from 1861 to 1865, a period of four years. Thus we have only fourteen years non-epidemic out of forty-one years; the total of the epidemical years being thus as many as twenty-seven.

LIEBREICH'S CHLORIDE OF ETHYL.

This substance was used instead of chloroform in Langenbeck's wards in 1870, and with the best results. It gave rise to no vomiting; sleep was induced easily, but was less profound than with chloroform. Of course it was expected that the latter would soon be superseded, and that the chloride would prove quite innocuous; but a death under its influence, which lately occurred, proved that absolute safety in the use of anæsthetics has not as yet been obtained.

Analytical Records.

JOH. HOFF'S MALT EXTRACT.

THIS article has now been before the profession for some years, and has secured a large consumption. It differs from most of the other articles in the market in its much more liquid condition, and in being in a state of effervescence, so that in outward appearance it closely resembles bottled stout; but of course differs from it in its mode of preparation and composition. It will, therefore, be preferred by some, especially those who are able to take malt beverages in the ordinary forms and condition. We do not recognise in this article the pleasant odour of the malt. It is especially recommended in complaints of the chest, stomach, hæmorrhoids, loss of appetite, obstinate coughs, hoarseness, &c. The agent's address is 57, King William-street, City.

THE SYRUP AND WINE OF LACTO-PHOSPHATE OF LIME OF M. DUSART, OF PARIS.

These preparations appear to possess both novelty and merit. Phosphate of lime is very commonly prescribed in an undissolved state, and, taken in this form, it passes for the most part through the alimentary canal without being absorbed, and does not enter the blood at all. Lactic acid is the natural solvent for this salt, and it therefore forms the best vehicle for its administration. "These preparations," states M. Dusart, "contain phosphate of lime entirely dissolved and soluble in all proportions in the liquids of the stomach, which do not decompose it; it is consequently absorbed by the veins of that organ like ordinary liquids, and thus enters the circulation." The English agent for the sale of these preparations is Mr. Wilcox, 336, Oxford-street.