of Dr. Sieveking's cases was there disease of the kidney. He (Dr. Stewart) had had three cases under his care during the last eighteen months, associated with disease of that organ. He could not then say how many other cases of a similar kind had occurred to him, but some two or three years since he had three such cases. He should have been glad to have heard more particularly what remedies had been employed by Dr. Sieveking. He (Dr. Stewart) had used most of the remedies recommended for epilepsy, and had carried the dose of sulphate of zinc to the extent of twenty-five grains three times a day; in some instances it did good, in others it rather aggravated the disease. In two cases he had used nitro-muriatic acid externally and internally, as recommended by Dr. Hunt; it was of use in one case, but not in the other.

Dr. SNOW said that Mr. De la Rue had presented him with specimens of two volatile hydrocarbons distilled from Rangoon tar, which he (Dr. Snow) found to produce symptoms just like those of epilepsy in animals which inhaled them. The guinea-pigs and white mice on which he had experimented with these substances continued to walk about, and appeared quite conscious up to a certain point, when they were suddenly attacked with violent epileptic convulsions, and were insensible during the fit. If they were removed from the vapour, as soon as the convulsions commenced, they recovered rapidly, without subsequent ill effects of any kind; but if they were allowed to remain in the vapour, they died in half a minute or a minute. He observed that the white mice became rather livid just before the convulsions commenced.

Sir CHARLES LOCOCK had noticed the omission in the paper of a very common cause of epilepsy—viz., dentition. He did not quite agree with Dr. Ashburner, that all cases of the disease could be cured by the removal of a tooth; but he had certainly seen the affection cured in more than one instance by removing over-crowded teeth. A great number of cases of epilepsy, both in boys and girls, arose from the practice of onanism. This was a cause very frequently overlooked, and might account for the great increase in the disease of late years. There was a form also of hysterical epilepsy connected with the menstrual period, and as periodic as that function. This form of the disease was very difficult to treat. The attacks only occurred during the catamenial period, except under otherwise strong exciting causes. He had been baffled in every way in the treatment of this affection. Some years since, however, he had read in the *British and Foreign Review*, an account of some experiments performed by a German on himself with bromide of potassium. The experimenter had found that when he took ten grains of the preparation three times a day for fourteen days, it produced temporary impotency, the virile powers returning after leaving off the medicine. He (Dr. Locock) determined to try this remedy in cases of hysteria in young women, unaccompanied by epilepsy. He had found it, in doses of from five to ten grains, three times a day, of the greatest service. In a case of hysterical epilepsy which had occurred every month for nine years, and had resisted every kind of treatment, he had administered the bromide of potassium. He commenced this treatment about fourteen months since. For three months he gave ten grains of the potassium three times a day. He then gave the same dose three times a day for fourteen days before the menstrual period, and latterly had only ordered it in the same dose, three times a day, for a week before the expected catamenia. This patient had had no epilepsy since the commencement of the use of the potassium. Out of fourteen or fifteen cases treated by this medicine, only one had remained uncured.

Dr. WEBSTER remarked that onanism was, no doubt, a frequent cause of epilepsy, more particularly in southern climates.

Dr. SIEVEKING had not enumerated onanism amongst the causes of epilepsy in his paper, because it was not the assigned cause in any instance by the patient. The difficulty really was to arrive at the truth with respect to the influence of this cause in the production of the disease, and he confessed he did not know how to proceed to determine it in the case of females.

ON THE TREATMENT OF WOUNDS OF THE PALMAR ARCHES BY FORCED FLEXION OF THE ARM.

BY J. GILES, M.R.C.S.

(Communicated by T. B. CURLING, F.R.S., &c.)

After allusion to the various troublesome complications, and frequent very serious consequences which attend wounds of the palm, when circumstances prevent the application of ligatures at the seat of injury, the author remarked upon the advantages of a method of treatment which should have the advantage of checking the hæmorrhage without either severe

local pressure or ligature of vessels remote from the wound; such advantages would seem to be afforded by the plan of flexing the forearm upon the arm with sufficient force to arrest the bleeding, and maintaining it in that position so long as may be necessary. The author related five cases of wound of the palmar arch, and one of wound of the forearm, which were thus treated, and all with success, save one, in which, however, the procedure was not had recourse to until a month after the accident. The merit of originating this mode of treatment was given to M. Durwell, by whom it was proposed in *L'Union Médicale*, tome iii., p. 341.

Mr. SPENCER WELLS had seen several gentlemen present trying to stop the pulse at the wrist, by flexing the forearm on the arm. He should like to know the result, as he had not succeeded in stopping the circulation in his own wrist.

Mr. ARNOTT remarked that the fact announced in the paper had been long known; the pulse, in many instances, could be arrested in the manner described; sometimes, however, it failed. He thought, however, the young gentleman who had sent the paper to the Society was entitled to its thanks for bringing before them any means of treatment in a very troublesome class of cases. A case of Mr. Skey's had been mentioned in the paper, in which the ulnar, radial, and brachial arteries had been all successively tied without arresting the hæmorrhage. Was there not in this case, however, disease of the coats of the artery? Mr. Arnott mentioned a case which had come under his care in University College Hospital, in which the wound in the palm had been received twelve days before the admission of the patient. The hæmorrhage had not ceased, and the house-surgeon tied the artery upon the spot; bleeding recurred: then pressure was applied, and subsequently the radial, ulnar, and brachial arteries secured. Only temporary benefit ensued. Mr. Arnott now applied ligatures in the palm, and thus happily succeeded in arresting the hæmorrhage. In some cases, the mode of treatment advocated by Mr. Giles was a good one; but it was desirable that a small solid compress should be applied over the wound, in addition to the flexion of the forearm on the arm. It was, however, very difficult in some cases to keep up this condition of flexion. It was not necessary, however, absolutely to arrest the flow of blood; if we interfered with the current, as was done in the treatment of aneurism by pressure, it would in some cases be sufficient. The treatment, however, in wounds of the palmar arch, must be adapted to the exigencies of the case.

Mr. CURLING remarked, that in addition to flexion, Mr. Giles had advised the employment of local pressure in these cases. Flexion would not always succeed in arresting the flow of blood, but by flexion he (Mr. Curling) could arrest the pulse at his own wrist. Usually, by this proceeding, the force of the circulation could be sufficiently diminished to do good. This mode of treatment was not applicable in all cases. An instance had lately occurred at the London Hospital, in which local pressure could not from some cause be fully employed, and the current of blood could not be sufficiently interrupted by forcible flexion. The humeral artery was consequently secured, and with success. Enough had been said to show the difficulties which surgeons occasionally encountered in cases of wounds of the palmar arch; and if the plan before them answered only in a few cases, (though he himself believed it would succeed in most,) it was a valuable accession to our surgical means of treatment.

ANTEFLEXION OF THE UTERUS CONSIDERED AS A NORMAL ANATOMICAL CONDITION.

BY J. H. BENNET, M.D.,

PHYSICIAN ACCOUCHEUR TO THE ROYAL FREE HOSPITAL.

The author's attention was attracted some years ago, during a series of investigations into the condition of the os internum during life, by the anatomical fact that the uterine cavities and the uterus itself, in women who have never borne children, are generally more or less anteflexed. He thinks it proved that this was misunderstood because stem-pessaries are invariably made perfectly straight, and anteflexion has been universally described as an abnormal or morbid condition. M. Huguier, however, published a memoir some years ago, describing anteflexion as an occasional congenital condition, but he described it as accidental and exceptional. The author's researches were begun with a view to determining the value of contraction of the os internum as a cause of sterility. He found that when the uterine sound met with resistance there, a small wax bougie could be passed, which, if allowed to remain for a minute or two in the uterus of a woman who had borne no children, presented when withdrawn a slight anterior

curve. The same effect continues in some degree after one or more parturitions. This state can scarcely be recognised by digital examination under ordinary circumstances, but is readily perceived when decided, and may become very great in exceptional cases. The author then adverted to the observations of M. Boullard on this subject, who describes ante-flexion as the natural anatomical direction of the uterus. He finds it most marked in the fœtus, less so in the child, and least in the adult; and that it ceases to be perceptible in most women who have borne children. The author thought that M. Boullard had rather exaggerated the degree of curvature. He next pointed out the pathological bearing of ante-flexion, believing that it might be treated as a morbid state, especially if the uterus be enlarged by chronic inflammation, which would render the curvature more marked. He thought attempts to straighten the uterus likely to be injurious, and that no treatment ought to be employed except what might be necessary to relieve the congestion of the organ. He did not think it had any definite relation to irregular menstruation, but when both conditions were coincident the general health was much below par, and the ante-flexion was commonly very decided.

Mr. J. WOOD thought the cases referred to depended upon the degree of fullness or emptiness of the bladder and rectum. He had seen the peculiarity in question in the fœtus in utero, and in very young persons, and at such periods there appeared to be less curvature than in after life. He did not consider the curve a permanent one, but one which depended upon the varying conditions of the pelvic regions.

PATHOLOGICAL SOCIETY OF LONDON.

DR. WATSON, PRESIDENT, IN THE CHAIR.

Mr. HULKE exhibited a specimen of

MALIGNANT DISEASE OF THE EYEBALL.

This eye had been removed by Mr. Bowman, in the Royal London Ophthalmic Hospital, on the previous Tuesday. The patient was a female aged thirty-two. The lens and humours being clear, a vascular growth could be seen in the bottom of the eye. With the ophthalmoscope the vessels of the retina could be distinguished by this arrangement, and arborization from those of the morbid growth, which were larger, and emerged at various points on its surface. After removal, the encephaloid growth was found to fill the back of the globe. It had been developed in the choroid, and had split it into two layers, by which it was enclosed. The retina was carried forwards on the anterior surface of the tumour. The minute structure was that of encephaloid cancer, approaching in parts to a melanotic type. In this case the presence and arrangement of the vessels, as seen with the ophthalmoscope, clearly indicated the nature of the disease and its exact position.

Mr. ADAMS inquired whether the arrangement of the vessels was sufficient to diagnose that the disease was malignant?

Mr. HULKE replied that the arrangement of the vessels alone was not sufficient upon which to found an opinion; but if the disease had been strumous, no vessels would have been observable. This fact conjoined with the other symptoms made the diagnosis clear.

Mr. FLOWER exhibited a specimen of

OSSEOUS DEPOSITS IN THE DURA MATER.

There were several large particles of bone in various parts of the dura mater. The woman died from cancer of the liver. There were no symptoms of disease within the cranium.

Dr. BUCHANAN showed a specimen of

MALFORMED HEART.

The patient, a boy, died at the age of four. He had been cyanotic more or less ever since birth; was always very weakly, and could scarcely walk; fingers and toes greatly clubbed. There was loud basic systolic murmur during life transmitted freely in all directions. Death occurred, after he had suffered a week, from jaundice. After death, on examining the heart, an aperture was found at the base of the septum ventriculorum, admitting the little finger, in such a position that the aorta arose from both ventricles about equally; and the pulmonary artery from the left ventricle was about half its natural calibre. The ductus arteriosus was obliterated; the foramen ovale patent. The two ventricles were of nearly equal size, and both of considerable thickness.

ACCUMULATION OF MUCUS IN THE TYMPANUM.

Mr. HINTON presented the petrous bones of a male child,

aged nineteen months, who died on the 26th of March, after a convulsive attack of twelve hours' duration. The history could not be very clearly ascertained; but it appears that about Christmas, while in the country, he had an attack of pain in the ears, which caused him to cry a good deal for two or three days. This was followed by a discharge from the right ear, which, however, soon subsided. Since that time he had been in the habit of putting his hands to and rubbing his ears, but had not seemed to be in pain, nor had he been noticed to be deaf. About ten days before his death he became poorly, with cough and restlessness, and at first some tendency to vomit; but he was not supposed to be seriously ill, nor was medical attendance obtained for him. On the day before his death, he seemed better, and was taken out, but was suddenly seized with convulsions in the evening.—On the post-mortem examination, thirty-six hours after death, the sinuses of the dura mater were found full of blood, and the arachnoid of a pinkish colour. The brain was very firm; there was no unusual amount of fluid in the ventricles. In the situation of the olivary bodies there appeared to be a small point of extravasation of blood, with slight softening of the nervous substance around it; the bronchial mucous membrane was reddened, and the tubes contained a little mucus; the right side of the heart contained some decolorized clots. The cavity of the tympanum on each side was filled with a tenacious semi-fluid substance, which did not escape by the Eustachian tubes; the mucous membrane was red, and very much thickened; and the bone forming the wall of the tympanum easily separated from it, so that portions of the bone might be removed, leaving the membrane still bounding the cavity. The membrana tympani are opaque, more concave than natural, and present the peculiar mottled appearance characteristic of a thickened and congested condition of the mucous layer as seen through the external laminae of the membrane, which, being comparatively free from disease, retain nearly their normal transparency; the labyrinth is healthy. The case forms one of a series in which inflammatory action has been found in the tympanum, in children who have succumbed to convulsive disease.

HARVEIAN SOCIETY.

MR. ALEXANDER URE, PRESIDENT, IN THE CHAIR.

MR. URE communicated a paper on

EXCISION OF THE HEAD OF THE THIGH-BONE.

He considered that morbus coxarius, or hip-disease, commenced, in the majority of instances, in the head of the thigh-bone. Its origin is inflammatory, and may be commonly traced to a fall upon the great trochanter, or other hurt in that situation. It is usually met with in individuals below the age of puberty, whose system is under the influence of a scrofulous or a tuberculous taint; it may also result from rheumatism. Inflammation, as primitively developed in the articular end of a long bone, is characterized by infiltration of a reddish fluid into the osseous cells, enlargement of these cells, swelling of the bone, increased vascularity, and injection of the periosteal vessels. As it advances, pus is formed, sometimes tubercle, and infiltrated into the bony texture; this is followed by caries, and occasionally necrosis, with detachment of sequestra. While these changes are going on, the adjunct structures connected with the joint become implicated; hence it is sometimes difficult to determine in which structure the disease originated. As a general rule, however, laid down by Rokitsky, ("Pathological Anatomy," vol. iii., p. 293,) "That structure was the first diseased, in which the inflammation and destructive process are most advanced." Of course inflammation proceeds more slowly in bone than in the softer tissues. The osteitis, upon which the form of hip-disease under consideration depends, may subside, and the patient recover without deformity—a result met with mostly in children. It may proceed further, and the patient still recover with an ankylosed joint, with or without displacement of the thigh-bone; or it may prove fatal through profuse suppuration, with extensive caries of the bone, and destruction of the different structures composing the joint. The patient, after a long and painful illness, succumbs through constitutional irritation. Where ankylosis ensues without displacement, it will be found that the head and neck of the thigh-bone have been removed to a greater or less extent by interstitial absorption, and that the elements of fibrous or ligamentous tissue in the vicinity coalesce, so as to bring the remaining portion of the neck into relation with the hollow or confines of the acetabulum; where it is attended