

there was no guarantee that it would permanently relieve the deformity.

Mr. ROBERT JONES (Liverpool) said that if it were possible to get at all the diseased bone he would be able to accept Mr. Horsley's conclusions. But the examination of pathological specimens showed that this would often be impossible. He did not approve of elastic extension, as if it were strong enough to produce rigidity it would be insupportable to a small child. He strongly insisted that any support should be convex so as to produce some lordosis to prevent falling in of the bodies. Patients were quite comfortable in such a position provided that the legs were not on the convexity but lay on a flat surface. Sayre's jacket was unsatisfactory. It merely acted as a ferule, either too tight or too loose. Whatever apparatus was applied the shoulders must be well pulled back. If caries were treated by an extensive open operation there was considerable risk of septic infection subsequently. He had performed the Calot operation 93 times with 7 deaths at periods of from six weeks to nine months after operation, the same proportion of deaths as in a number of cases which were not submitted to this procedure. He believed there was a future for the operation.

Mr. R. W. MURRAY (Liverpool) had performed Calot's operation 14 times and he was bound to say that he did not approve of it. Although no accident had occurred owing to the immediate reduction the cases had not done well, and in the case of two who died subsequently it was found that there had been no attempt at repair.

Mr. NOBLE SMITH (London) thought that if patients were in good health and properly treated deformity did not often occur. Fixation by extension was unsatisfactory, and in the position of lordosis advocated by Mr. Jones there was risk of bringing inflamed surfaces of bone together. He preferred support by apparatus. Removal of the whole disease was often impossible, and that it was not necessary for recovery was shown by the progress of many cases of hip disease.

Mr. A. H. TUBBY (London) said that the treatment depended on the stage of the disease. If treated with recumbency in a position of partial lordosis till pain passed off most cases would recover without deformity. When deformity had occurred Calot's operation, although still on its trial, promised to be of great service. He himself had performed it in 29 cases.

Mr. THOMAS (Birmingham) emphasised the importance of being constantly on the look-out for signs of caries, as its onset was often insidious. The most important factor in treatment was fixation of the spine by whatever means secured. He thought that the opening of abscesses should be left as long as possible. With reference to Calot's operation he mentioned that he had trouble in one case from tendency to sores on the skin which had been formerly stretched over the boss.

Mr. F. CHURCHILL (London) spoke in favour of conservative treatment.

Mr. LUCKHAM (Salisbury) thought that when patients had the advantage of good country air operation was rarely called for. If an abscess formed he aspirated once or twice and injected iodoform emulsion. Incision was often thereby avoided, and if necessary the wound was more easily kept aseptic.

Dr. E. E. DYER (Alloa) also spoke.

Mr. H. J. STILES (Edinburgh) read a paper on the Treatment of Mastoid Disease in Infants, and pointed out that while intracranial complications are relatively less frequent in children than in adults, mastoid abscess was more frequent. He showed that the operation of clearing out the mastoid antrum in infants differed in one or two important points from that in the adult in consequence of the anatomical peculiarities of the temporal bone in the infant. On account of the absence of the mastoid process the stylo-mastoid foramen and therefore the facial nerve which leaves it is exposed to injury by the incision to expose the antrum. To avoid the nerve this incision must not extend too low down and the lower part of it must not extend down to the bone. The root of the zygoma must not be taken as a guide to the antrum, because if the bone be penetrated below this ridge the middle fossa of the skull will be opened immediately in front of the antrum.

Mr. R. W. MURRAY read a paper on Harelip and Cleft Palate, containing the results of 125 sutures. The various methods of operating were shown on the screen. Mr. Murray emphasised chiefly the value of the button suture and the

desirability of closing the soft palate before the child tried to learn to talk.

Mr. MURRAY also read a paper, with many illustrative lantern slides, on the Treatment of Club Foot by Tenotomy and Tarsectomy.

Mr. A. H. TUBBY read a paper on the Occurrence of a Dorsal Pad on the Feet and occasionally in Rickets. In some the prominence was subcutaneous and semi-fluid and in some bony according to the duration of the condition.

Mr. STANSFIELD COLLIER (London) read a paper on Dislocation of the Hip-joint occurring in the Course of Infectious Diseases. Mr. Collier held that there were two types: (1) those associated with arthritis and (2) those where the dislocation was due to relaxation of ligaments with loss of tone of some muscles and over-action of their antagonists.

THURSDAY, JULY 28TH.

Mr. HUTCHINSON (London) opened a discussion on

Certain Aspects of Congenital Syphilis

and dealt chiefly with affections of the bones and the organs of special sense. He referred to the occurrence of a rare form of bone disease closely simulating osteitis deformans, which sometimes occurred as a late development of the disease. He said that keratitis might occur during the first months of life, after that it was most frequent at the age of twelve, but that it might occur from the age of twenty to forty. In the latter cases there was often simultaneous syphilitic synovitis. Deafness, on the other hand, occurred solely in comparatively young patients. Arrest of mental development and partial idiocy might come on in adolescence in congenital syphilitics who had been brightest children. As regards prognosis Mr. Hutchinson thought that after showing symptoms of congenital syphilis in childhood patients usually enjoyed excellent subsequent health. He did not believe in transmission to the third generation and thought that these patients might marry without any risk. He was still of opinion that two years was long enough for a man to wait before he might marry without risk of transmitting the disease, but it was possible that the duration of transmissibility was longer in the case of women.

Dr. HENRY ASHBY (Manchester) spoke chiefly on affections of the brain. He showed specimens in which (1) microcephaly had been the result of arrest of development from syphilitic arterial disease, the brain after hardening weighing less than 4 oz.; and (2) a brain in which idiocy was produced by syphilitic meningo-encephalitis. Syphilis was, however, by no means a common cause of idiocy.

The discussion was continued by Dr. HUDSON (New Zealand), Dr. FINLAYSON (Glasgow), Dr. JOHN THOMSON (Edinburgh), Dr. SYMES (Dublin), Professor BAGINSKY (Berlin), Professor COMBY (Paris), Dr. TELFORD-SMITH (Lancaster), and Mr. J. HUTCHINSON, jun. (London).

The following papers were read:—

Mr. ROBERT JONES (Liverpool): On the Short Leg of Hip-joint Disease and its Treatment (with lantern demonstration).

Dr. JULES COMBY (Paris): On Moveable Kidney in Children (with lantern demonstration).

Professor BAGINSKY (Berlin): On Hospitalism and Atrophy of Children (with lantern demonstration).

Dr. F. E. BATTEN (London): On Diphtheritic Paralysis (with lantern demonstration).

Dr. G. F. STILL (London): On the Micro-organism of Simple Posterior Basic Meningitis in Infants.

Dr. G. A. SUTHERLAND (London) and Mr. WATSON-CHEYNE (London): The Treatment of Hydrocephalus by Intracranial Drainage.

FRIDAY, JULY 29TH.

Rheumatic Heart Disease in Childhood.

Dr. DAVID LEES (London) opened a discussion on this subject. He drew particular attention to the occurrence of dilatation in all forms of rheumatic heart disease in children. In many long-standing cases it was to the dilatation rather than the valvular lesion that the impediments of the circulation were due. He showed from extensive clinical and post-mortem records that transient dilatation was frequently to be demonstrated in children suffering from chorea or from a first attack of rheumatism without endocarditis. Tracings were shown on the screen illustrating these points. The dilatation was not due to myocarditis secondary to the pericarditis, which was so frequently present in juvenile rheumatic heart disease, for it only occurred in rheumatic

cases and was not present in pneumococcal and tuberculous pericarditis. With reference to prognosis Dr. Lees held that this depended on the amount of permanent dilatation, but that if compensation was good and the child was guarded from subsequent attacks of rheumatism the prognosis was not very unfavourable. Successive attacks of rheumatism further damaged the heart and were the most serious danger in the future.

The following members took part in the discussion: Sir WILLIAM BROADBENT (London), Dr. EWART (London), Dr. W. OSLER (Baltimore, U.S.A.), Professor BAGINSKY (Berlin), Dr. FINLAYSON (Glasgow), Dr. THEODORE FISHER (Clifton), Dr. F. J. POYNTON (London), Dr. LINDSAY STEVEN (Glasgow), and Dr. SAMWAYS (Mentone). General agreement was expressed with Dr. Lees's conclusions except by Dr. Ewart, who held that the alterations in the area of cardiac dulness were due to ephemeral effusions rather than to dilatation.

The following papers were read:—

Dr. JAMES H. NICOLL (Glasgow): The Radical Cure of Spina Bifida treated by Open Operation.

Dr. R. MARTIN (Manchester): On the Effects of Tobacco Smoking in Children.

Dr. J. KAY TOMORY (Caithness): Note on a Case of Supernumerary Testicle.

Dr. JAMES CARMICHAEL (Edinburgh): Types of Infantile Pneumonia.

DERMATOLOGY.

WEDNESDAY, JULY 27TH.

This Section was opened under the presidency of Dr. W. A. JAMIESON (Edinburgh). There was a good attendance, including several foreigners of distinction, amongst whom may be mentioned Dr. P. G. Unna (Hamburg), Professor Boeck (Christiania), and Dr. Janowsky (Prague).

The PRESIDENT, in opening the Section, after welcoming the members and visitors, sketched the history of dermatology in Edinburgh from the time when Professor Hughes Bennett first had charge of special wards devoted to diseases of the skin in the old Royal Infirmary and referred to the great changes which had taken place in the treatment of skin diseases since then. The chief part of his address was devoted to the subject of

The Application of Rest in the Treatment of Diseases of the Skin.

He inquired what is meant by "rest," which really indicated comparative rest, and referred to the views of Horace and Sophocles. Why is rest necessary? formed the text of the next part. The very term "eruption" indicates disturbance of function and hence it calls for rest. Various states of unrest as regards the skin were referred to and the demand for rest in states of over-action of the glands and appendages of the skin. Ichthyosis, seborrhœa, and hyperidrosis were considered in this relation. Hyperæsthesia and pruritus served as illustrations of another group of irritative skin lesions. The inflammatory diseases provided exemplifications from another side, such as eczema, acne, &c. Exaggerated sensibility to light might be seen in such diseases as xeroderma pigmentosa, which needed rest and protection. Lastly, ailments due to parasitic agencies were dealt with and the different modes in which rest could be procured for various forms of irritability were described.

After the presidential address the Section adjourned to the Royal Infirmary, where a clinical meeting was held for the exhibition of patients and informal discussion of the cases. The cases, which were for the most part under the care of Dr. Jamieson or Dr. Norman Walker, consisted of the following. Xeroderma pigmentum in a girl, aged six years, which was improving under a soothing ointment and a veil and other protective measures. A sister, two years younger, had lately been developing a few freckles which looked suspicious of the disease arising in her. Two cases of scleroderma in young women under treatment by Unna's ointment of perchloride of mercury. In one of the cases this had been combined with massage. Another case of scleroderma round the mouth had been under treatment for a whole year by potassium iodide, 5 gr. thrice daily, without improvement. Two of these cases were undoubted cases of scleroderma and had the characteristic lilac border which had not spread; but Dr. UNNA (Hamburg), remarking on the case of scleroderma of the lip, thought it was a more localised disease, a kind of acne keloid—i.e., a fibroma

around the hair follicles of the moustache. A case of that rare condition, infective angioma, or lupus lymphaticus of Hutchinson in a man, aged twenty-six years. About fourteen years ago, while practising gymnastics, he had noticed little reddish spots on the forearm. Ten years ago, when he first came to Dr. Jamieson, the eruption presented precisely the same appearance as now. The spots consisted of dilated capillaries situated on the flexor and extensor aspects of the arm. Microscopic examination showed them to consist of thrombi at the top of the dermal papillæ. The patient had suffered no inconvenience or subjective symptoms of any kind. A case of ulerythema sycosiforme on the beard and scalp in which the eruption consisted of a keloidal condition with baldness and pustules affecting the beard. A case of adenoma sebaceum in a lad, aged seventeen years, who had been under observation for many years, was combined as usual with arrested mental development. The treatment adopted had been repeated application of the thermo-cautery, doing a small area at a time. Very great improvement had taken place both in the skin and the mental condition. Two cases of dermatitis herpetiformis; the patients had suffered for eight or nine years from vesicles arranged in groups, leaving stains and pigmentation on the arms, trunk, and legs. Both were regarded as characteristic specimens of the disease. Three cases of a condition described as an unusual variety of lichen ruber planus (of Wilson) gave rise to considerable discussion. One of them, a man, aged fifty years, who had been affected for about eight years, presented some of the characters of the lichen ruber of Hebra, and in his case some of the spots had been excised and presented the typical appearance of that disease under the microscope. The other cases appeared to present earlier stages of the same condition, whatever it might be. All three presented a universal eruption and in the most severe case the entire integument presented a crimson appearance formed of red spots which had become confluent, with small spaces of what appeared to be atrophy between.

Dr. UNNA (Hamburg), remarking on these cases, thought that they corresponded with what he had described under the name parakeratosis variegata; the distribution of the rash, the crimson colour, and the ring-like appearance of some of the spots suggested this, but the small islets of atrophy did not correspond.

Professor BOECK (Christiania) confirmed this view. He had met with similar cases which could not be classed quite with lichen ruber. He thought the atrophy was more apparent than real by reason of the swelling of the affected skin leaving healthy areas depressed.

Dr. J. F. PAYNE (London) had seen cases like these and though he had included them provisionally under lichen planus he felt that they were something different as a whole, and though the anatomy might be the same as lichen planus it did not follow that they belonged to that group.

Mr. MALCOLM MORRIS (London) thought possibly these cases might be a kind of lichenification or they might be an early phase of mycosis fungoides. A slowly progressive inflammatory condition of the skin of this kind might go on to several other maladies.

Dr. RADCLIFFE CROCKER (London) believed that these cases might probably be a variety of lichenification. Certainly their characters and distribution did not exactly resemble lichen planus, but they might be a sub-variety of that disorder as Dr. Unna had suggested. On the other hand, they might be an early stage of mycosis fungoides, though in that condition there were acute exacerbations of lymphangitis, such as these cases had not exhibited, although the patches in one case were like the premycotic stage. He was inclined provisionally to put them in a separate group, such as Dr. Unna had suggested.

Dr. ALFRED EDDOWES (London) thought much could be learned from the history of such cases and he referred to a case of "gouty eczema" which much resembled one of the cases.

A case was exhibited for diagnosis in the person of a young woman, aged twenty-one years, in whom the disease had existed ever since she was six months old. The face, legs, and trunk, but especially the legs, presented raised hypertrophic patches closely set, more or less circular or ovoid in outline, of a livid purple hue, and presenting a warty surface. Microscopic examination of the lesion showed a great overgrowth of the mucous layer of skin—a sort of acanthosis. It presented an appearance of a tuberculous