

will be held in New Orleans, commencing Tuesday March 10. at 11 A.M. The subject of Cholera and its prevention will engross a large part of the attention of the Council.

CORRECTION.—The name "F. B. Brown, of Baltimore," which appears in the list of permanent members of the Association as published in number 26 of the Journal, volume III, should have been T. Barton Brune, of Baltimore, Md.

GAILLARD'S MEDICAL JOURNAL.—We are informed that the publication of this Journal will be continued by M. E. and E. W. Gaillard, with Dr. P. Brynberg Porter as editor and a number of able Collaborators.

RESIGNATION.—We notice with regret that Dr. J. E. Reeves, of West Virginia, has been constrained to resign his office as Secretary of the State Board of Health of that state on account of ill-health.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

At the meeting of February 16, 1885, Dr. C. E. Webster read a report of a case of "Malignant Growth of the Thyroid Gland."

The patient was a woman about sixty years of age. Her general health was quite good. The enlargement in her neck was first noticed about one year before the first consultation. It commenced in one lobe of the thyroid, and rapidly extended to the adjacent glands and tissues of the neck. Rubbing with liniments appeared to relieve this swelling, but it never entirely disappeared, and at the time of first seeing the patient the gland had begun to enlarge again. Swallowing was difficult and the voice was husky, although respiration was not impeded. The thyroid gland, larynx, trachea, and neighboring cervical glands, formed an irregular, doughy mass. In the diagnosis of this case, there were two possibilities to be considered—tertiary syphilis and cancer of the thyroid. The history of progression of the disease from an enlargement of the thyroid, and the fact that such enlargements of this gland in people past middle life are almost invariably malignant, rendered the diagnosis easy. A short course of specific treatment, and an observation of the steady progress of the disease, confirmed the early diagnosis. The patient passed on to a gradual exacerbation of her difficulty, and recently died of exhaustion.

The microscopic appearance of this growth is sometimes peculiar, hardly differing from that of a benign tumor of the same organ. So that oftentimes in these cases a positive diagnosis is difficult from a micro-

scopic examination alone. The reader then recited an instance in the service of the Massachusetts General Hospital, where such a doubtful tumor proved itself to be malignant by its recurrence after excision. In this case the alveoli were lined with cuboid cells and filled with a homogeneous substance.

Dr. F. Carey inquired, by referring to the case that occurred at the Massachusetts General Hospital, if the alveoli were filled with a homogeneous substance, where, then, were the cells situated?

Dr. E. J. Doering asked, If removal of the gland by surgical procedure would have been justifiable in the author's case.

Dr. L. H. Montgomery inquired as to the dimensions of the growth of the tumor situated on the thyroid. Also, did it appear to extend uniformly in various directions, and if the author had any idea as to the functions of the thyroid? Might not the thyroid be located for the purpose of protecting the trachea, or act as a sort of reservoir analogous to that of the spleen?

Dr. Webster replied in substance as follows: That the lumen of the alveoli were filled with a homogeneous substance and the cells were arranged peripherically, in the hospital case that he made mention of.

Regarding the case he presented in his report: At the time of first consultation the disease had progressed to such a stage that it would have been impossible to perform an operation successfully, as the deep tissues of the neck, including the oesophagus, were involved in the growth. The time for an operation, therefore, would have been at the time when the growth was first noticed. The size of the growth on the thyroid was as large as a hen's egg or half a hen's egg, and it extended in various directions, so that the tissues of the neck felt like a doughy mass, although the submaxillary glands were not involved in it. Regarding the functions of the thyroid gland he had no theory to offer. It is a ductless gland, the same as some others throughout the human system.

Tænia Solium in a Child Two Years of Age.—Dr. C. G. Davis read a report of a case of *tænia solium* occurring in a child two years old and exhibited about four inches of the worm, including the head.

He was first called to see the child December 10, last, when it had not entirely recovered from an attack of enterocolitis, which it suffered from throughout the summer and autumnal months. The child still had, occasionally, the usual symptoms of cholera infantum, such as vomiting, indigestion, diarrhoeal discharges, etc. Immediately the child was given a number of simple remedies, with raw beef. This treatment seemed to act properly. In a little while portions of *tænia* began to appear in the discharges.

The child was then given a half-teaspoonful of the French prepared preparation Peletierin and followed in an hour with twenty drops of tr. jalap and a table-spoonful of castor oil. This was followed by the expulsion of three or four yards of the worm, but the head was not found. The child was then carefully nursed and its general health looked after, when segments of the worm again appeared in the evacuations.

A double dose of the quantity of peletierin, tr. jalap and castor oil, as above stated, was administered, when several (7 or 8 feet) more feet of the worm was dislodged, including the head, which he then exhibited to the society.

Dr. Doering stated that he had treated three children having tænia, one of which was 9 years old, another 4 years of age, and a baby that was but 6 months old. The last case had been fed on raw beef whilst being sick with enterocolitis. He was surprised to hear of Dr. Davis' success with the remedies he had used, given in such small quantities, as he had himself practiced the same method of treatment and with larger doses of the peletierin, with but partial success only.

Hygroma Linguae.—Under somewhat of a disadvantage Dr. Josef Zeisler reported a congenital case of this rare disease, or bearing this title, which is under his care. Said he: It is a strange disease of the tongue that has occurred to Emma L., who is now about 9 years old. She has suffered from the trouble since her birth. The child is well nourished, but her complexion is pale. Her face is asymmetrical to a considerable degree, and its formation is very incommensurable in a number of respects. The right half of her face is much more developed in its muscular and osseous formation than its opposite side. No swollen submaxillary or cervical glands are present. Her tongue was described as having the following appearance: It is much thickened, the surface appears to consist of small vesicles or cysts, varying in size from a pinhead to that of a pea, lying by the side of each other in the form of mosaic pieces of work, or in a tessellated shape. These cysts seem to contain a colloidal mass, and this condition affects the entire visible portion of the tongue, so that no intact mucous membrane can be seen. Over the middle of the tongue there extends a kind of cockscomb or carunculated excrescence, or cristate in form, of the same appearance, but presenting a more papillary or warty resemblance. These cristae are also found on the mucous membrane of the right cheek near the angle of the mouth. In handling or touching the tongue, the surface imparts a sensation as if it consisted of oil-globules or boiled sago. The movements of the organ, as well as speech, are not impeded, nor is the sense of taste in the least impaired. There are no spontaneous pains proceeding from it, and pain arises only when strong compression is made upon her tongue, or, as the child says, when acid substances are taken. Relatives of the child report that its tongue was formerly much larger, although it sometimes now appears to become oedematous and then grow smaller again. Her parents and her five brothers and sisters have always enjoyed good health and are in a healthy condition at the present time.

The writer regards this disease from a pathological standpoint as a colloid degeneration of the mucous membrane of the tongue, but he could not classify it clinically, having never seen a similar case previously. A microscopical examination was not permitted to be made of any of the cysts or their contents. Galvanopuncture was suggested as a remedy, which was also

declined. Dr. E. Andrews, Dr. C. T. Parkes, Dr. J. N. Hyde, and several other well-known physicians had seen this case, but could add nothing further of interest relative to it, nor to the treatment. They had neither of them seen a similar case. Dr. Doering had seen this patient two years ago. The tongue then presented a "sago pudding" appearance, and he presumed it still retained the same features. He further stated that only two cases thus far have been reported in literature. It is probable that the child will be presented before the Society at a future meeting.

Exhibition of the "Koch comma bacillus of Asiatic cholera," by Dr. L. L. McArthur.—The speaker addressed the Society orally, during which he stated that Koch had devoted more time and study to the solution of the cholera problem than any other physician, and from the fact that he has so far established his cholera theory over all opposing ones, and successfully met all arguments, no little interest in the subject is felt by the people of this country, inasmuch as cholera may cross the ocean during the coming summer. The comma bacillus of Asiatic cholera is distinguished only when magnified about a thousand times (to 1,600 times). They can be taken into the stomach with water, and although very few may be swallowed, their power of reproduction is so wonderful that in a day the victim will be suffering the agonies of a fully developed case. The disease, the speaker continued, is said to be the irritation in the stomach and alimentary tract caused by the presence of these pests. The water in the blood is lost, and if the disease is not checked or arrested death ensues. The germs pass from the victim and, by going through the sewers and down the rivers, cause the disease and death to the people living along the streams. The germs may also be carried in the air, or in the clothing. Moisture is an essential condition for their reproduction or life. If they are placed in a warm, dry place, they will die in a few weeks' time. Koch, in his experiments, carried this comma bacillus through forty cultivations or generations, and the last cultivation, introduced into the stomach of a dog, brought on cholera Asiatica, and death resulted in three days.

The bacilli exhibited were received from Koch's laboratory but a few days ago, and were sent by Dr. Odo Betz, from Tübingen, Germany, to Dr. Doering, of this city, and are the first ever exhibited in Chicago.

A number of the members participated in an informal discussion of cholera Asiatica and cholera nostra, and the specimens were closely examined.

The Society then adjourned.

LISTON H. MONTGOMERY.

STATE MEDICINE.

WHEELING, W. VA., Feb. 5, 1885.

TO HIS EXCELLENCY GOVERNOR JACKSON.

Dear Sir: The fear which I expressed to you many weeks ago, that I should not be able, because of my poor health, to continue in the service of the