

ROYAL ACADEMY OF MEDICINE IN IRELAND.

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Sectional Secretary—G. E. NESBITT, M.D., F.R.C.P.I.

Friday, October 26th, 1917.

THE PRESIDENT in the Chair.

Sporotrichosis.

DR. WALLACE BEATTY read a paper on this rare skin affection, and showed a patient who had recently been under his care for this disease. It was the first case with which he has met.

The patient, a boy aged 15½ years, worker in a brush factory, got injured on the front of his wrist by a piece of bass. Red inflammatory swellings occurred up the front of the forearm and inner side of the arm. These swellings were united by a hard lymphangitic cord. Pus obtained from one of the swellings by means of a hypodermic needle and syringe was introduced into a tube of maltose-agar (Sabouraud's); a typical culture of *Sporotrichum* resulted, the culture being at first white, then brown, then black.

PROFESSOR E. J. McWEENY expressed his gratitude to Dr. Beatty for having placed at his disposal a culture of the *Sporotrichum*. He set up pure cultures from single spores isolated in hanging drops of ½ per cent. maltose-agar. The germs germinated very rapidly, most of them producing germ tubes within 24 hours at room temperature. Spore formation began in about 48 hours. He found the best method of staining was Weigert's or Heidenhain's hæmatoxylin, carefully washed out with dilute ferric chloride. There were somewhat indistinct mitotic figures seen in the dividing nuclei. He found that maltose was not necessary, the spores germinating quite well on glucose-agar, and even on agar without the addition of any sugar. He had compared Dr. Beatty's specimen with a culture isolated some years ago

by Professor James Ritchie, of Edinburgh, which was an authentic *S. beurmanni*, and found no difference. He had seen a somewhat similar case, which was under the care of Mr. H. S. Meade, at St. Vincent's Hospital. There were nodules along the line of the lymphatics of the forearm, which suppurated and broke down. He thought it was a case of sporotrichosis, but it proved to be one of an ectothrix ringworm. The patient was a shepherd, and had probably acquired the disease from sheep.

DR. WALTER G. SMITH said he had been on the look-out for a case of the disease for some years, and he heartily congratulated Dr. Wallace Beatty on his being the first in Ireland to recognise one. Three affections might be confounded with it—syphilis, tuberculosis, and purulent inflammation, but the diagnosis could be readily made by means of the methods illustrated. It was a satisfactory fact that it could also be cured—namely, by potassium iodide.

DR. C. M. O'BRIEN commented on the age of the patient. He thought the disease was commoner in older subjects.

Paroxysmal Hæmoglobinuria.

DR. BEWLEY showed the urine from a case of this disease. The patient, a man of about 60 years, otherwise healthy, had for six or eight years occasionally—sometimes for a day or two at a time, sometimes only for one micturition—passed bloody urine. The urine showed no blood cells, but contained abundant methæmoglobin in solution: on standing a sediment of fine granules was deposited; no tube-casts. The attacks seemed always brought on by cold. The passage of bloody urine was preceded for a short time by chilliness and lumbar pain. The man, although liable to these attacks, remains in good health. He (Dr. Bewley) drew attention to the curious fact that Roberts, in his excellent description of the disease ("Urinary and Renal Diseases"), states that the blood-colouring matter in the urine in oxyhæmoglobin, while recent observers state that it is methæmoglobin. In this case it was always methæmoglobin. There was no history of syphilis in this case.

THE PRESIDENT recalled a case which he saw as a student, and which he had observed carefully. The general features

were the same as those of Dr. Bewley's case. An attack invariably followed any slight exposure, even going out of doors, and the patient could accurately anticipate its onset.

DR. CROFTON asked whether any bacteriological examinations of the urine had been made. He had frequently found organisms present in cases of nephritis which had cleared up with vaccine treatment.

DR. BOXWELL had recently under his care a soldier, to whom he ordered salicylate of sodium. An attack of hæmaturia immediately followed its exhibition. This was proved by a second trial when the first attack cleared up. At first blood was present, but later the corpuscles disappeared, and the urine remained a deep brown colour for some time. The spectroscopic appearances were negative.

DR. W. G. SMITH said it was a rare disease in Ireland. He had seen only two or three cases—two being in boys. The pathology of the condition was quite obscure; but it was evidently connected with hæmolysis, the factors governing which were very imperfectly known. These might be divided into physical, chemical, and biological, the last being the most interesting.

SECTION OF OBSTETRICS.

President—ALFRED SMITH, M.B., F.R.C.S.I.

Sectional Secretary—B. SOLOMONS, M.D., F.R.C.P.I.

Friday, November 2nd, 1917.

THE PRESIDENT in the Chair.

Ovarian Tumours.

DR. REGINALD WHITE showed three tumours of the ovary which had undergone malignant change. They were removed from patients aged 40, 45 and 55 years respectively; one patient had been operated on three years previously for simple ovarian tumour. In all three the growth was very rapid, and was associated with pain. Free fluid was present in the peritoneal cavity in one case. In one case both ovaries were removed, in another the left ovary had been removed three years previously, and in the third case the second ovary was so atrophied that it was not removed.