

was tapped six months later, on the 9th of November last, 240 ounces being drawn off. It was worthy of note that the fluid had not since returned either into cellular tissue or peritoneal cavity, so as to render a second tapping necessary, showing the value of early draining in such conditions. The case also illustrated the beneficial effect of opium in conditions of cardiac distress. Marked relief and improvement had followed its free use in this instance. There was an impression that the administration of opium in such cases was attended with danger, but it might be used without fear to relieve cardiac dyspnoea, unless the engorgement of lungs and cyanosis were extreme.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Lumbago and Sciatica.

AN ordinary meeting of this Society was held on April 1st, the President, Dr. Chas. Wells, in the chair.

Mr. KEETLEY showed a girl aged twelve on whom he had performed partial Thyroidectomy for removal of a large fibro-cystic growth, and exhibited the specimen.

Dr. HERRINGHAM read a paper on Lumbago and Sciatica. He described a case in which lumbago had been accompanied by sciatica and by so-called rheumatic pains in the muscles of the shoulders and in the musculo-spiral nerve. He attributed this collection of symptoms not to a primary neuralgia, but to an affection of fibrous tissue involving the nerves by pressure, though he confessed that opportunities were so rare to examine the tissues post mortem that this view was rather an inference than an observation. The localisation of the disease was unexplained. Many other parts of the body, never affected, seemed quite as fitted by anatomical disposition to take on such morbid action—nor, indeed, was it clear why the sciatic nerve was so noxious to disease. Besides direct injury, as in parturition and probably in jolting, cold, damp, and indigestion, either the gastric or the constipating variety, were the only well-known causes. Of the twin means of treatment, preventive and curative, the former were by far the most valuable; of the latter, for lumbago he recommended strong purging above all others; for sciatica, rest, warmth, and patience. He thought that diet had little or no effect. He had had the opportunity of testing the excretion of uric acid, and had found that it had no connexion with the disease. Continuous regulation of the bowels he had found to be of great value. He concluded by citing cases of similar affections of other nerves, of the anterior crural, and of the brachial plexus.

Dr. SYMONS ECCLES read a paper on Sciatica, giving his experiences of fifty-two cases treated by combined rest and massage. He divided his cases into three groups: 1. Those with long-standing lumbo-sacral pain; in ten of these cases constipation seemed to be the exciting cause. 2. Perineuritis with "tender points," but without any vaso-motor changes. 3. Neuritis, in which there were evidences of trophic dyscrasia. The loss of knee-jerk noted by some he thought to be apparent rather than real, and due to subjective disinclination to excite an exacerbation of pain. He had noted pelvic visceral disease and sigmoid constipation as causes of this painful condition. He pointed out the importance of guarding against chill, and advocated the use of warm woollen underclothing by day and night. In conclusion, the author claimed the scientific use of massage and galvanism (from ten to fifteen milliampères) as a valuable means of cure.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, MARCH 16TH.

Mr. A. W. STOKES, President.

Venous Pulsation.—Dr. MACKENZIE (Burnley) gave a demonstration of a means of graphically recording pulsation in the veins, whereby the movement of the apex beat or carotid pulse could be employed to time the events occurring in the veins. The essential features in the method were the covering of the vein or other pulsating part with a small leaden funnel. This funnel was connected by an elastic tube with a tambour, the lever resting on which recorded the movements communicated by the

vein on the smoked paper of a revolving cylinder or Dudgeon's sphygmograph. The veins of which the pulsations were recorded were mostly the internal jugular, but tracings were also shown from the axillary vein, the femoral vein, and from the liver. The conclusions arrived at from the consideration of a large number of cases were summarised as follows:—Pulsation in the veins arises when from any cause dilatation of the right heart and great veins, with incompetency of the tricuspid and venous valves, takes place. While the auricle can vigorously contract there is a wave synchronous in time with and caused by the auricular systole (auricular wave). When the dilatation of the heart and veins is moderate, the auricular wave is followed by a great depression synchronous with and caused by the auricular diastole (auricular depression). In most cases there is a wave produced by and synchronous with the latter portion of the ventricular contraction (ventricular wave). The greater the incompetency of the tricuspid valve and the greater the distension of the auricle, the earlier does the ventricular wave appear, and the larger space of time it occupies. The ventricular wave in cases of extreme dilatation of the right heart may occupy the whole period of ventricular systole; the depression caused by the auricular diastole is then replaced by the ventricular wave. In such rare cases the auricle has ceased to contract independently, or its contraction is represented by a very small wave preceding the ventricular wave. The great depression then shown in tracings of the venous pulse is caused by and synchronous with the ventricular diastole (ventricular depression).

MIDLAND MEDICAL SOCIETY.

WEDNESDAY, FEB. 27TH.

Mr. BENNETT MAY, F.R.C.S., President, in the chair.

Mr. CHAVASSE showed a case of *Nævus Pilosus* occupying the entire half of the face in a girl seventeen years of age. The hair on the scalp of the affected side was thicker, coarser, and of a darker colour than on the normal side. Although congenital and progressive, the parents had not permitted any steps to be taken to retard the growth. Mr. Chavasse also showed an *Alveolar Sarcoma* occurring in the cicatrix of a shoulder joint amputation undertaken eight months before for a mixed-celled growth in the lower third of the arm, the patient being a man aged fifty-three. To effectually remove the infiltrated tissues it was necessary to resort to Berger's method of dealing with the subclavian vessels and removing the scapula and two-thirds of the clavicle.

Vesical and Renal Calculi removed from the same Patient.

Mr. F. MARSH exhibited five calculi, two of which, weighing fifty-two grains, he had removed from the bladder on Jan. 29th, 1891, and three, weighing fifty-four grains, from the right kidney on Feb. 11th, 1892, of a man aged twenty. According to the patient's statement the symptoms were of about seventeen years' duration. When about three years old he suffered from pain in the right loin, with hæmaturia and increased frequency of micturition. The pain had been almost constant ever since, was worse after exercise, and sometimes shot downwards. The hæmaturia and increased frequency of micturition were intermittent; the former was well marked, and usually lasted for from ten to fourteen days. When he was fourteen years old the hæmaturia ceased. He has had no distinct attacks of renal colic. When he came to the Queen's Hospital in January, 1891, he had symptoms pointing to calculus both in the bladder and right kidney. He was admitted, and the vesical calculi were removed by suprapubic lithotomy, the wound healing in ten days. The calculi were chiefly composed of urates, and the smaller one did not appear to have been long in the bladder. The man was therefore advised to wait for a time before having the kidney exposed. When he came again to the hospital, in December, 1891, he still had the renal symptoms and was also suffering from frequent seminal emissions, which was really the reason of his attendance at the hospital. He was treated for this for a short time and then admitted with a view to nephrotomy, but a suppurative inflammation of the right middle ear developing, the operation was postponed for a few weeks until this was cured. During this time the urine was repeatedly examined, and occasionally a few pus-cells were seen, but never any blood-cells or crystals; the percentage of urea was normal. Percussion or