ciated. Family life, in spite of what may be regarded as discomforts and defects, is that which is desired by, and is best for, the bulk of single patients. Not one in five hundred of those of them who have been inmates of asylums would voluntarily return to the asylum, though many of them are not ungrateful for the kindness bestowed upon them while there. Every district has its own standard of cottage accommodation and comfort; and it is by this that the provision for the pauper lunatics of each district must be judged. If the lunatic's position is such as stands comparison with that of the average of his sane neighbours, it is reasonable to regard it as satisfactory."

On the whole, the report is well put together, and much of the information it contains will go to increase our general as well as our special knowledge in matters connected with lunacy.

Part Third.

MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LX.—MEETING VII.

Wednesday, 4th May 1881.—Professor SIMPSON, *Vice-President, in the Chair.*

I. *The Chairman* showed a PHOTOGRAPH of Madame Cavalini, the first woman on whom Porro performed his modified Cæsarean operation. The photograph had been given him by Professor Porro while he was in Milan last month. It showed two views of the patient, who is a deformed woman, and two views of the uterus which had been removed.

II. *Dr Cadell*, one of the secretaries, read a paper by Dr Andrew Davidson of Mauritius on ACUTE ANÆMIC DROPSY.

The Chairman said the criticism he had to offer was that it would have been of some interest had Dr Davidson added a note as to the medicines that had been found useful in modifying the progress of the disease, all the more as he spoke in some parts of his paper of the disease having been modified by the treatment adopted. This was a disease he knew nothing of, but he could not help thinking that probably the malarial influences under which most of the patients lived were not altogether so powerless as Dr Davidson seemed to wish to make out towards the close of his paper. He was interested in the question of sex most liable to the disease, as the same sex, the female, was most liable to anæmia in some of its worst forms, especially while in the puerperal state. There was also described a form of anæmia affecting women round about

Milan, which was thought to be due to the malarial climate, or at least influenced by it. For his own part, he felt indebted to Dr Davidson for sending to this Society such a communication on a disease that was so interesting from its very rarity.

Professor Grainger Stewart remarked that Dr Davidson was exceptionally fortunate in enjoying opportunities of studying remarkable epidemics. Some years ago he had communicated to this Society the best accounts we have of the recent outbreaks of the disease known in the Middle Ages as "dancing mania." The outbreak of that malady which Dr Davidson described was witnessed by him while he was acting as medical missionary in Madagascar, and its features corresponded very closely to those of the Middle Age outbreaks as described in Hecker's classical work. It was certainly worthy of notice that Dr Davidson should have met with another epidemic of so interesting a kind as that which had just been described. He felt that much interesting information had been conveyed in the communication, and he particularly valued the careful discrimination between this acute anæmic dropsy and beri-beri. With regard to the pathology of the disease, it appeared not unlikely that the process was due to a poison, that this poison acted primarily on the alimentary tract, and afterwards on the blood, and that the dropsy was a further result of the blood change. The observation of minute refracting particles abounding in the blood suggested the possibility of these being minute vegetable organisms. This view of the pathology was merely, of course, to be regarded as a suggestion, and not as founded upon a sufficient study of the disease. He felt that the Society was much indebted to Dr Davidson for his valuable contribution.

Dr Shand was disposed to remark on the difficulty that there was in deciding whether an epidemic was infectious or not. The writer of this paper seemed at first to have been in the same difficulty they were in Edinburgh in 1848, when the second epidemic of cholera visited the city. There was then a division of opinion in Edinburgh as to whether the cholera was infectious or not. During the first epidemic in 1832 the opinion was that it was not infectious; but since then many had changed their minds, particularly as all the nurses had succumbed; so that, when he was leaving Edinburgh, Syme tapped him on the shoulder and asked were he was going. "To see the cholera." Syme thereupon advised him not to go to a cholera hospital, but to be satisfied with hearing about it. He, however, went to the cholera hospital, where Mr James Balfour was one of the house physicians, and *he* was not much troubled with fears of infection, for they took their luncheon together very cosily in the ward among the patients. When he went to Paris, he took with him a letter of introduction from Sir Robert Christison to Louis. Louis handed it to his Interne (who had been a student of Guy's) to read. In it Christison said, "I see you are to have your cholera epidemic. We have had it here, but we have changed our

minds since 1832: we now think it highly infectious." Louis shook his head at this, not believing in its infectious nature. As he went round the wards, he put his ear in contact with the patient's chest to listen without the stethoscope; and though Dr Shand mentally hesitated, yet he had to listen in the same way out of mere shame at seeming afraid. His own feeling regarding cholera was that the risk of infection, however subtle it might be, was not of the character of the infection of scarlet fever, small-pox, or the old typhus.

OBSTETRICAL SOCIETY OF EDINBURGH.

SESSION XL.—MEETING VI.

Wednesday, 23d February 1881.—Dr ANGUS MACDONALD, *President, in the Chair.*

I. *Dr James Young* showed a TWIN PLACENTA. The children were males, and presented head and breech. The first was a breech case, and weighed 6 lbs. He lived only twelve hours. The second child weighed only 4 lbs., and is thriving well.

II. *Dr Somerville* read his paper on TWO CASES OF PUERPERAL HÆMATOCELE, which will appear in a future number of this Journal.

Dr Bruce felt indebted to Dr Somerville for his interesting cases. He thought Dr Somerville deserved great credit for his diagnosis. He agreed with him in his treatment, and also in his remarks on the early use of the forceps in preventing much hæmorrhage.

Dr Hart had listened with great pleasure to Dr Somerville's paper. He did not understand how blood from the veins in the pampiniform plexus could find its way between the vaginal and rectal walls. It usually, in such a case, bled into the peritoneum.

The President had listened with interest to Dr Somerville's paper. The cases were uncommon, although, perhaps, they were more common than was recognised. They were difficult to differentiate from parametritis and perimetritis. Our knowledge of hæmatocele was only recent. It would certainly not have escaped recognition until Nelaton's time were it not for its being complicated with pelvic inflammation. He had only met with two extra-peritoneal and one retro-uterine intra-peritoneal puerperal hæmatoceles. He mistook the last for an abscess, and aspirated. He saw one extra-peritoneal at the Maternity. A week or two after delivery he could not understand how the pulse and temperature rose. On vaginal examination, a bulging, soft mass was felt on the left side of the vagina, which was opened and washed out. The patient recovered completely. Of course such treatment was only advisable when the effusion was extra-peritoneal.

Dr Somerville thanked the Society for their reception of his paper. The diagnosis was easy on local examination. He had no doubt the hæmorrhage was extra-peritoneal.

III. *Dr R. Bell* then read his paper on AN IMPROVED METHOD OF TREATING UTERINE DISPLACEMENTS, which will appear in a future number of this Journal.

Dr Hart said the use of the glycerine plug was first introduced by Dr Marion Sims of New York. It was now a very well known method of treatment in suitable cases. Thus, in congested ovaries, split cervix, and retroversions of the uterus, when the fundus was tender, it acted admirably by depleting and supporting the prolapsed or displaced organs just as a pessary does. Every Edinburgh student knew this. But in retroversion of the uterus where the tenderness had been subdued it of course gave way to the Albert Smith pessary. When properly fitted, this instrument could be left in for a month or two without being changed. Very often pregnancy occurred while it was being worn, and then, of course, a perfect cure was ultimately got. A glycerine plug had not the slightest effect in remedying the flexion of an anteflexed uterus, as Dr Bell asserted. It tilted the uterus as a whole back, but the relation of the fundus to the cervix was unaltered by it. The glycerine plug was exceedingly useful in the subacute inflammations almost always complicating displacement, but they gave way to vulcanite pessaries.

Dr James Young thought the addition of tannin as an astringent to the glycerine a good idea. He had long used the glycerine plug with advantage in cases of congestion of the ovaries or uterus, as well as in numerous cases of different flexions of that organ, and found it to act favourably by depletion, and prepare the uterus for the use of the Hodge pessary, if the case demanded such treatment.

Dr Bruce thought Dr R. Bell's remarks as to the evil effects of pessaries applied only to badly-fitting ones. When properly fitted they were of the greatest value.

The President was very glad to see Dr Bell present in the Society to-night, as it argued considerable interest in its work that he should have come so far to read a paper before it. He had also listened to the paper with much interest. But in saying so he must be held as distinctly guarding himself against being held as agreeing with a great part of what Dr Bell had advanced in his paper. Dr Bell had disclaimed, as well he might, all credit for originality so far as the use of plugs of cotton wool steeped in glycerine for the subjugation of pelvic congestion and inflammation was concerned. He was also afraid that further experience would show that Dr Bell had overrated the advantages to be gained from the treatment proposed, as well as the range of the cases to which it was applicable. At the same time, the combination of alum and carbolic acid with the glycerine, which was the most original part of the paper, was suggestive, and was certainly worth trial, though he would hardly expect to obtain such satisfactory results from it as Dr Bell had obtained. Very nearly the same com-

bination was suggested by Atthill when he recommended the use of plugs of cotton wool applied to the cervix after they had been dipped in colloid styptic to which $\frac{1}{20}$ of its bulk of carbolic acid was added. Here you have the styptic effect of the tannin and the collodion with the antiseptic effect of the carbolic acid. Dr Bell had improved upon this idea by adding the glycerine. He could not understand how the proposed treatment could affect displacements in the manner asserted by Dr Bell. He rather thought Dr Bell's observations must chiefly refer to downward displacements, where the astringent effect of the alum was well known as giving relief by its action upon the vagina. He was not surprised though Dr Bell met with great success in his treatment of anteversion. He saw very few of these in practice, and believed far too much was made of them; indeed, he regarded an anteverted uterus which was replaceable as practically normal. But he must object to the statement made by Dr Bell that his astringent plugs, even when, as he said, aided by ergotin, caused absorption of a small fibroid in the anterior wall of the uterus. We possess no evidence that any appliance hitherto made can cause the absorption of such tumours. Careful observation of tumours treated by ergotin, such as those of Leopold, show that they are squeezed and starved by the prolonged use of ergotin, but not absorbed. He must also demur to Dr Bell's statements regarding the use of pessaries when he stated that they required to be constantly increased in size. That might be true if a pessary alone and unaided by operative or external support were employed to combat a prolapsus uteri; but for the treatment of retroversions it was well known that we were able to employ pessaries gradually decreasing in size. Besides, a well-fitting and well-adapted vaginal pessary did not, as Dr Bell stated, ever distend the passage until it was as large as the pelvic cavity.

Dr Bell replied. He had found his method of treatment very valuable.

Part Fourth.

PERISCOPE.

MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

By Angus Macdonald, M.D.

On Curetting the Uterus, by Dr L. Prochownick, Hamburg (*Volkmann's Samm. Klin. Vorträge*, No. 197).—The author limits the operation to the following classes of cases:—1*st*, Those forms of puerperal endometritis which are the result of retention of part of the ovum; 2*d*, Ordinary chronic endometritis; 3*d*, Cases of new formations springing from the mucosa; 4*th*, Endometritis secondary