graphs had been taken of him which showed spinal curvature with convexity to the left. The vertebræ he supposed were giving way. Paracentesis had been attempted under the hypothesis of empyema, which was held for some time, and it had done rather harm than good. The growth was extremely vascular, and, when a small portion of rib had been excised, he thought it was probable the boy would have died at once, if they had not had at hand means for very quickly plugging the wound. The enlargement of the superficial veins round the axygos system, but also on the inferior and superior vena cava.—Dr. CROOKSHANK said he was much obliged for the attention given to this case. He had watched previous cases with much interest. In Dr. Harley's case he considered the mycelium demonstrated, but not the clubs. In Dr. Skerritt's case the mycelium was soon seen by Gram's method; Dr. Skerritt had expressed himself doubtful as to the presence of the clubs, and had generously sent him some of the material for further examination, and, after a long time, he had been able to show the clubs there also. He was very sorry if he had overlooked any point in Mr. Eve's case, but he believed that no demonstration of clubs in that case had as yet been published. (Mr. Eve assented.) He thought it likely that if Dr. John Harley were kind enough to supply him with some material, he should be able to find clubs in it after some careful search. In the German cases there was certainly a different tendency in structure, and some variation in staining which led him to think it probable that the organism was polymorphic. At any rate when the actinomyces fungus was put upon new soil in the calf it stained quite differently from the specimens in man; and it was not very difficult, but very easy, to stain the clubs. In cattle he considered it a very common disease. Many cases were mistaken for *perlsucht*; many were disregarded. In man also some cases probably were overlooked.—Dr. WETHERED begged to add a few words at Dr. Crookshank's request as to his recent experience in Germany of the difficulty of staining clubs in comparison with the threads.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 8TH, 1889.

CHRISTOPHER HEATH, F.R.C.S., President, in the Chair.

Narcolepsy.—Dr. R. CATON (Liverpool) described this case. P. S., aged 37, was admitted to the Liverpool Royal Infirmary on January 12th, 1888, complaining of extreme drowsiness. He had been a very healthy man until his thirtieth year, when he became rapidly stout, and the drowsiness, which had troubled him more or less ever since, first came on. Unless in active exercise he found it impossible to keep awake, and even when walking in the streets sleep had come on. During sound sleep a convulsive closure of the glottis occurred, during which entrance or exit of air was entirely suspended, and violent inspiratory and expiratory efforts were made. Respiration was suspended for a minute, or a minute and a half, or even longer, and the most marked cyanosis occurred; at length the spasm yielded, respiration was re-established, and the cyanosis disappeared. Attacks of this kind occurred, at short intervals, all night, and in the day also, during sound sleep. During sleep there was considerable salivation, none during the waking condition. The patient suffered from psoriasis, but was otherwise healthy. The symptoms were attributed to excess of poisonous extractives, leucomaines, or ptomaines in the blood. Salmi, Gautier, Bouchard, and others had demonstrated the existence of such bodies having narcotic, convulsant, and salivating action. Treatment consisted in the administration of naphthalin, iodoform, and charcoal, under which the asphyxiating spasms and the salivation entirely subsided and the drowsiness decreased greatly.—The PRESIDENT alluded to the classical case of the fat boy in *Pickwick*, and mentioned a case quoted by Dr. Guy of a woman who used to sleep so heavily that her husband had connection with her without awakening her. He observed that many persons, who slept whilst reading or in church, suffered from a modified form of narcolepsy. He inquired whether the position of the head had not to do with the snoring, and whether by "salivation" was meant an augmented flow of saliva or merely a dribbling from the open mouth during sleep.—Dr. SAVILL alluded to a patient, a curate, who had applied to him on account of his inability to remain awake during his rector's sermons. He had examined the man thoroughly, and came to the conclusion that the fault was not entirely the rector's. He attributed the somnolence to a species of lithæmia. By restricting the diet and giving him bark and acids he had been enabled to resist the somnolent tendency.—Dr. SIDNEY PHILLIPS asked whether Dr. Caton's patient had ever had syphilis, as in tertiary forms of that affection prolonged hypnotism was often present.—Dr. HALE-WHITE observed that most cases of prolonged sleep were associated with increase in weight, and fat people were generally sleepy.—Dr. DE HAVILLAND HALL mentioned the case of a very stout gentleman, aged 29, whose height was 5 feet 9 inches, but who weighed 20 st. 4 lbs., who also suffered from constant drowsiness. He reduced his allowance of alcohol, and advised him to take from a pint to a pint and a half of hot water daily. In three weeks he lost a stone in weight, and the somnolence was decreasing. The patient then had to go abroad and so passed out of sight.—Dr. ARKLE was reminded of a case under Dr. Bastian. The patient was always to be seen sound asleep. He had had syphilis. He was known in the hospital as "the sleeping man," and could sleep at any time, even when walking about. He had the dribbling of the saliva like Dr. Caton's patient, but no spasm of the glottis. No improvement took place under treatment, and no signs of disease of the nervous system could be made out. He gradually lost ground and died, and during his last days always had a very low temperature; on *post-mortem* examination, they only found some wasting of the surface of the brain and some thickening of the membranes.—Dr. CATON, in reply, explained that there was no real snoring, but absolute temporary closure of the glottis, which supervened after the patient had been asleep a short time, and placed the patient apparently in great danger, as he became quite cyanosed. The flow of saliva was very greatly increased: it saturated the pillow, and was itself a source of great inconvenience. The patient had never had syphilis. At the time the sleepiness came on the patient was gaining weight at great speed, but when first seen by Dr. Caton, although the weight was diminishing, the sleepiness had continued for a short time. Dr. Caton considered that the case mentioned by Dr. Arkle more closely resembled his own than any other he had ever heard of. Dr. Bouchard had found that if the urine of a healthy man was injected into the system of a rabbit it produced many symptoms, amongst which was an increased flow of saliva. He thought this fact suggestive.

Hystero-Epilepsy with Persistent Contracture, Analgesia, and Anæsthesia, Limited to the Upper Extremity in a Male Subject.—Dr. SAVILL showed and described this case. The patient was a hawker, aged 29, who had had fits for five years. The contraction, which was very marked and involved all the muscles of the limb, had come on suddenly two years and a half previously, after a series of bad fits. There was some diminution of volume, but the electrical reactions were normal. There was an anæsthesia and analgesia in the defined limits occupying the whole arm and shoulder. The fits were of two sorts; one kind was truly epileptic in character. He had had one series of a severer kind while under observation, extending over sixteen days. Of these last he had two to twenty a day, and many of them presented four stages: epileptoid, convulsive, purposive acts, and delirium. There was marked retraction of the field of vision, but otherwise the eyes and other special senses were normal, and there was no paralysis elsewhere. The patient was emotional and melancholic, and had marked tenderness in both inguinal regions. The severe fits had been controlled by apomorphine, and the contractures had been treated with slight success by hypnotism. The anæsthesia was interesting as not corresponding to the distribution of sensory nerves whilst bounded by well-defined lines parallel to the segment of the limb (segmental). The diagnosis of hysteria rested on this feature, the clinical character and history of the contracture, the presence of hysterical stigmata, and the character of the fits.—Dr. HUGHES BENNETT observed that such cases were rare in women and still more so in males in this country, though sometimes found abroad amongst men of the Latin races. He had never met with a similar case. He claimed that the term functional disorder was peculiarly applicable to such cases, but of course it did not imply that no organic lesions were present. He thought the term "hystero-epilepsy" was probably correct; there was paralysis of the arm, but it was not known to be due to any organic disease of the nervous system, inasmuch as any such disease producing all the symptoms in this case, without other symptoms, must be multiple, and could hardly occur without producing other symptoms. It was probably a case of functional disease, if one might use such a term in the present day; the limb being altered in all

the functions. There was a primary alteration of function, not depending secondarily on organic nerve-disease. Brown-Séquard had shown that in animals, epilepsy sometimes followed peripheral injury, and the same thing was met with in human beings. He mentioned the case of an individual who had severely injured the sciatic nerve. He subsequently developed epileptiform attacks ushered in by pain and spasm of the muscles in the leg, which spread thence to the rest of the body, and was accompanied by insensibility. Here excitement of the sciatic nerve gave rise to a sort of nervous explosion that produced temporary paralysis of the local muscles in the leg and anæsthesia over the same part. In Dr. Savill's patient the effects were probably due to secondary irritation of the nerve-centres; only that in this case a sort of explosion seemed to have taken place of the centres governing the arm, which unfortunately for him was permanent, and led to paralysis of the arm. He inquired whether the case could not be explained on this theory?—Dr. JUDSON BURY said that at the Manchester Infirmary they not infrequently saw cases of hysterical affections following injury, with features of local paralysis and epilepsy, and in acute cases atrophy sometimes occurred. He mentioned that undoubted lateral sclerosis had followed that kind of contracture. He pointed out that the area of anæsthesia did not correspond to the distribution of any nerve.—Dr. A. T. MYERS mentioned that under the hypnotic influence the arm and fingers became markedly more supple, but the effect was not permanent, and post-hypnotic suggestion had proved quite unsuccessful. The patient could not be deeply narcotised. Dr. Myers thought the symptoms described as paralysis were simply contractures.—Dr. HINGSTON FOX asked whether there was anything lacking in the matter of sex?—Dr. SAVILL, in reply, said that the masculine element was well marked. The pathology of these cases was very obscure, and it was for that reason that he had brought it before the Society.

Raynaud's Disease, with a Peculiar Eruption on the Face, Scaly at first, subsequently like Erysipelas; Death from Pneumonia; Post-mortem Negative.—Dr. SAMUEL WEST brought forward this case. H. S., aged 17, came under observation for a peculiar eruption of the face. The fingers were observed to be purple, and on inquiry the affection turned out to be Raynaud's disease, the patient having suffered for about twelve months with recurrent attacks of blueness of the fingers and toes. There was nothing noteworthy in the patient's previous history or in her family history, save that her father occasionally suffered from coldness of fingers and toes in cold weather, which might be of a similar nature. The patient was admitted, and suffered from attacks of blueness of fingers and toes about twice a day for some time. The rash continued on the face. It consisted of a brawny desquamation upon an erythematous base covering both cheeks and the nose. The general appearance was as if the patient had had the parts affected powdered over with starch or flour which had partly caked. The urine was normal, and there were no special signs. The patient was treated with arsenic, and the face rubbed with zinc ointment. She left the hospital improved, but not well. A few days later she became worse, and the mother brought her back. There was no special change, except that the patient seemed very weak and feeble, and that the rash on the face had altered in character. It now looked as if the patient had erysipelas, which had been freely treated with powdered starch. The rash involved the forehead as well as the nose and cheeks. Except for the debility and rest, no change occurred for about fourteen days, when the temperature suddenly rose, and the patient looked as if she was suffering from pneumonia, but no physical signs were obtained at the time, nor indeed up to her death, which occurred a week later from exhaustion, the rash on the face remaining unchanged. The *post-mortem* examination was negative, except that the right upper lobe was in a condition of pneumonia. The radial artery and median nerve and the medulla were examined microscopically, and yielded no evidence of change. The case was described on account of the peculiar eruption on the face, which was thought to be really part of the disease, and if so had, it was believed, not been previously described.—Dr. BARLOW observed that the more they saw of Raynaud's disease the more they saw that the term was very vague and comprehensive, and that it covered cases of very different symptoms. One of the common features of the disease was its being paroxysmal—that was essential; and, secondly, there was a chronic alteration of the skin. It was unsatisfactory to discuss skin diseases without seeing the case; but the drawings certainly pointed to some amount of chronic change, which had been designated "tachetic," and in which there was a certain amount of blood extravasation. Raynaud found altered blood pigment in such patches. In his (the speaker's) appendix to Raynaud's memoir he did not think he had given a sufficient account of the skin attack as described in a case by Dr. Case, which had been accompanied also by some nutritional changes in the eye. It was now fashionable in many cases to say there was peripheral neuritis; but in many such cases no peripheral neuritis had been found. The question, however, was as to the nature of the change.—Dr. HINGSTON FOX said it was interesting that the *post-mortem* examination was made shortly after the disease began, and before the peripheral nerves were involved. According to Mr. Hutchinson, the changes in these nerves were secondary, and occurred late in the disease. He asked whether the lung mischief might not come under the same head of vasomotor spasm.—Dr. CHARLEWOOD TURNER asked whether there was any spasm of the muscles of the face to interfere with the nutrition of the skin of the face.—Dr. WEST, in reply, said that no microscopical sections of the skin on the face had been made for obvious reasons. The changes were hardly noticeable after death. The patient had been under treatment for the skin affection on the face before the diagnosis of Raynaud's disease had been arrived at. The pneumonia came on in the ordinary way, as far as he could judge.

Living Specimens.—Dr. DE HAVILLAND HALL exhibited two patients. Case I.—Deep epitheliomatous ulceration of the right tonsil. When the patient first came under treatment, the rapid course of the ulceration and the general appearance of the ulcer suggested the sloughing out of a gumma; but against this view were to be set the indurated edge of the ulcer and the enlarged and hard glands at the angle of the jaw. In spite of the temporary improvement under large doses of iodide of potassium, there could be no doubt at the present moment of the malignant nature of the disease. Case II.—A man aged 62, with fibro-lipomatous tumours in the subcutaneous tissue of the arms, and marked clubbing of the fingers and slight clubbing of the toes. With the exception of slight indications of emphysema and some thickening at the root of the lung (? due to fibrosis), nothing abnormal could be detected in the chest to account for the clubbing.

MEDICAL SOCIETY OF LONDON.

MONDAY, FEBRUARY 11TH, 1889.

Sir WILLIAM MAC CORMAC, F.R.C.S., President, in the Chair.

On the Excision of Bone in Order to Promote the Healing of Certain Wounds or Ulcers or to Relieve Contracture Resulting in Connection with the Process.—Professor ANNANDALE, of Edinburgh, read a paper with this title. He remarked that the procedure was by no means new, and that his first experience of it was in the practice of the late Mr. Syme more than twenty-five years ago, since which time he had himself operated upon several cases. For conciseness he considered the subject under the following four heads: 1. The removal of a portion of bone, not including its entire thickness. 2. The excision of a portion of the entire thickness of a bone, or, as in the case of the forearm and leg, of the two bones. 3. The partial or complete excision of a joint when the sore or contracture involved the soft parts in its neighbourhood. 4. The excision of a portion of the entire thickness of one or other of the bones of the forearm or leg in order to allow the proper approximation of the ends of its companion bone which had suffered some loss of substance. In regard to the latter, he observed that, although scarcely included in the title of the paper, it was very nearly allied to it. He then described a number of cases illustrating his practice as recorded by other surgeons. One of the most interesting was that in which the Professor had successfully removed 2½ inches of the shaft of the tibia and fibula in order to promote contraction and healing of a large sore upon the leg. In conclusion, he stated that, as a primary operation in cases of injury this procedure was not likely to be useful except in rare cases, as it was impossible in the first instance to be certain of the exact amount of the loss of the soft parts, and he expressed the hope that the experience of the operations referred to would encourage surgeons to make use of the principle in suitable cases.—The PRESIDENT observed that the operation suggested by Professor Annandale might prove of service in cases which would otherwise be hardly accessible to surgical interference. He suggested, however, that in many such cases the transplantation of