introduce the sound, the excessive pain which manipulation gave the patient, her extremely exhausted condition, and the parents' objection to chloroform, I resolved to temporise and endeavour to improve her general condition. Accordingly, I ordered her continued complete rest in bed, cod-liver oil, syrup of iodide of iron, Liebig's extract of meat, and glycerine pads, with occasional morphia pessaries, and a liniment of aconite and belladonna to be rubbed over the painful parts. The discharge and pain lessened. There was diminished dulness in the left iliac region (but this fluctuated), and she had gained three pounds in weight. The inability to lift the leg in walking, considerable pain, and the "compulsory crouched" position when sitting, however, still remained.

On August 8th, with the parents' consent, the patient was put under chloroform by my assistant, Mr. Marshall, and I proceeded to make a thorough examination of the uterus. With my left finger in the rectum and a silver catheter in the bladder, I was enabled to accurately explore the intervening region. The uterus was absent from its normal site, and I most satisfactorily confirmed my previous diagnosis of latero-flexion. A vulsellum being introduced into the vagina, the os was seized, brought a little down, and made a fixed point. With my left finger in the rectum, pressure was made on the fundus upwards and to the right; and the laterally flexed uterine body was readily tilted into its proper position. The left iliac region was now resonant; and, when the effects of the chloroform passed away, the girl expressed herself as being more comfortable than she had been for months. I kept her in bed for five or six days. The uterus maintained its righted position; and, when allowed to rise, she, to her great surprise and delight, discovered that she could use her left leg as well as her right. The pain was gone, and she sat upright comfortably. From now, her recovery was complete, and she gained seven pounds in the ensuing fortnight. At the date when I write, she can walk or run with ease, has no pain, and the leucorrhœa has ceased; in fact, she describes herself, and looks, "perfectly well".

THE GAINS DERIVED FROM THE USE OF THE LARYNGOSCOPE.

By GEORGE JOHNSON, M.D., F.R.S.,

Professor of Medicine in King's College; Physician to King's College Hospital.

I AM collecting evidence, derived from pathological observation and from experiments, by which I hope to prove conclusively that the explanation which I have given of bilateral palsy of the larynx, the result of pressure on one pneumogastric and recurrent nerve, is the true one. Meanwhile, in reply to Mr. Thornton's suggestion that "the paralysis of the opposite vocal cord in the two cases was probably due to some condition entirely independent of the aneurisms which existed", I beg to say that both Dr. Bäumlér and myself sought in vain for any anatomical conditions, apart from the aneurism, which might explain the palsy on the opposite side. As to the hypothesis of an "idiopathic disease of the muscle", I can only say that I know nothing of such a disease, and probably Mr. Thornton knows as little. "An affection of the crico-arytenoid articulation" is negatived by the fact that during life there was slight but equal movement of both vocal cords; and, after death, there was no anatomical evidence of a diseased articulation. "An enlarged cervical gland" there was; but, unfortunately for the hypothesis, it did not touch the right pneumogastric or the recurrent nerve. In making the *post mortem* examination, I had the able assistance of my colleagues Professor Curnow and Dr. Kelly, and it is not likely that we overlooked any obvious anatomical facts.

In the attempt to explain pathological phenomena, well observed facts must be accepted as fact, and mere assumptions cannot be allowed to take their place.

SURGICAL MEMORANDA.

SINGULAR FORMS OF FATTY TUMOUR.

FATTY tumours, when occurring in unexpected places, may sometimes give some little uncertainty in their diagnosis, being liable to be mistaken for cystic growths when not very tense, lobulated, or firm. A short time ago, a middle-aged woman showed me an elongated tumour situated on and occupying the entire dorsal aspect of the first phalanx of her thumb. It seemed decidedly fluctuating on first examination; but, on further manipulation, I was convinced that the mass was isolated, and probably fatty; and, on making an incision down upon it, and turning it out, was right in my conjecture.

To-day (June 29th), a woman came to me in the out-patient depart-

ment of Charing Cross Hospital with a pedunculated growth about as large as an egg, attached by a stem about as thick as a large quill to just below the anterior superior spinous process of the ilium. This again was singularly fluctuating to the feel. I found, however, that I could readily push a certain something its pedicle contained into the general mass, and, dividing the neck, found it, as I suspected, to consist of pure fat.

EDWARD BELLAMY, F.R.C.S.

GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SESSION, 1874.

THE General Medical Council assembled for the first time in their new house on Thursday, the 9th instant. This house, situated at the Harewood Gate, Oxford Street, was formerly in the occupation of the College of Chemistry. As the result of protracted negotiations with successive Governments, and by the aid of active exertion on the part of Dr. Quain, and the friendly action of Mr. Lowe, the Chancellor of Exchequer of the late Government, a building has been secured for the conduct of the business of the General Medical Council, and for the reception of its members assembled in full meeting, which is eminently suitable for the purpose, and in all respects worthy of the Council. The conversion of the building from its former use to its present service has involved extensive structural changes, which have been carried out at a cost of about £1,500 by the Government. Unavoidable delays have so retarded the work, that the Council will hold its meetings in a building which is still in the hands of the joiners and painters, and of which the bare plastered walls are not yet dry, or their decoration commenced. The adaptation and arrangement of the apartments seem to have been very well considered; and the Council finds here convenient rooms for all its officers, a spacious and lofty meeting-room, with a large apartment for committee purposes. The rent is fixed at three hundred pounds—a nominal rent for a building of this size, and in a locality so convenient and so public. We may congratulate the Council upon having emerged from its obscure corner in Soho Square, and we trust that its proceedings will always bear the daylight.

The proceedings commenced with the usual opening address of the President, which is reported in the next column. The resignation which Dr. Paget tendered had been anticipated, as his decision had been made known beforehand. The delicate question of finding a successor is not yet definitely settled. Dr. Paget has been a calm, impartial, and courteous President, whose evident fairness has always been appreciated. His resignation has been accepted with regret. He has been re-elected; but will only continue to act throughout the present session, and until his successor has been appointed. It is more than probable that Mr. Caesar Hawkins will fill the Chair—a position for which his calm and courteous character, not less than his age and professional antecedents, have more than once indicated him as a suitable incumbent. Mr. Hawkins is always dignified, and will know how to conduct the rather intricate business of the Council after the most approved and judicial models. A better selection it would hardly be possible to make.

Thursday, July 9th.

Dr. PAGET, the President, took the Chair at 2 P.M.

New Members of Council.—The following new members were introduced and took their seats: Dr. Rutherford Haldane, representative of the Royal College of Physicians of Edinburgh, in the room of Dr. Alexander Wood; Professor Turner, representative of the Universities of Edinburgh and Aberdeen, in the room of Dr. Macrobain; Dr. Rawdon Macnamara, representative of the Royal College of Surgeons of Ireland, in the room of Mr. Hargrave; and Dr. Warburton Begbie, Crown representative for Scotland, in the room of Sir Robert Christison, Bart.

President's Introductory Speech.—The President addressed the meeting as follows.

GENTLEMEN,—I may be allowed to congratulate you upon your new abode, and I trust that the Council at large will be satisfied with the way in which the Executive Committee has carried out the instructions to obtain premises wherein the meetings of the Council may be held, and the general business carried on, with comfort and convenience. That was the object of the proposal and resolution of the Council, on the motion of Dr. Stokes, in the year 1873. The result which you see has cost not only much time, but some trouble. A report on the subject will immediately be laid before you by the Executive Committee, and if any further information be desired, it will gladly be given by the