the inguinal aneurism; the popliteal aneurism is before you on the table. The gentlemen for whose assistance I am much indebted are Drs. Cousins and Axford, Messrs. Morley, Pike, and Madeley, and my colleague Mr. W. Mark Atkinson.

The chief points of interest in this case appear to me to be—

1. *The Rarity.*—I have not been able to get at the statistics of such cases; but, considering that the external iliac has only been tied about a hundred and fifty times during the last twenty years, very few of those operations must have been for a double aneurism, but generally for aneurism of the femoral artery.

2. That a man, in so short a duration of time, should undergo two capital operations with no subsequent symptoms of danger to life.

Of course, you have observed, at every stage of the progress of the case, points of great interest, yet it appears to me that the two I have mentioned are the greatest. The number of dangers which surround a patient when a large artery is exposed and tied are very numerous; in this case, after the ligature, the femoral aneurism was consolidated, and the wound healed without a bad symptom; but, for the gangrene of the foot and subsequent amputation of the thigh, I have no doubt but that the cure of the popliteal aneurism would have been as perfect as that of the femoral is. The specimen on the table is not half the size that it was originally, which is proof that, in less than four weeks after the ligature of the external iliac, it was rapidly approaching a perfect cure. I think, without my taking up your time further to explain the reasons why I amputated above the knee, they will appear to you obvious.

TUBERCULAR MENINGITIS IN AN ADULT IDIOT: NO TUBERCLE FOUND IN LUNGS.

By OSCAR T. WOODS, M.B. Dublin,
Senior Assistant Medical Officer, Warwick County Asylum.

EMMA DAFFORN, aged 16, a congenital idiot, was admitted September 3rd, 1870. She had little knowledge of time or place; said she was six months old; that her sister (aged 4), was 19. Her mother stated that for the past nine years she had gradually been becoming more vicious, and was now exceedingly troublesome, biting and beating the other inmates of the house. Of late she could not be taught to do anything, but in early childhood was not looked upon as very stupid. She went to school, learned her alphabet, and improved, but had at length to be taken away, as she beat the other children. If displeased, she tore her clothes. She could sew, but broke her needles when she fancied she had done enough. There was no consanguinity of parents. Her brother died of phthisis. She was a low-sized strumous-looking girl, with low forehead, bad cranial development, highly arched palate, and little facial expression. She said she was six months old; that she had five fingers altogether. She could count up to ten; did not know the days of the week.

While a patient in the asylum, she was always exceedingly emotional, jumping up at times while sitting quietly, and striking those about her without any cause; was occasionally ill-tempered and vicious. She attended school, and improved a good deal. The following note was made on March 16th, 1873. "Attends school, and is improving; works well with her needle; is an useful ward-helper. Health very good."

September 17th. She had been complaining for the last day or two of not feeling well. To-day, she was confined to bed, and complained of headache, lassitude, diarrhoea, and vomiting. The pulse was 120, and weak; and the countenance flushed and anxious.

September 20th. Vomiting and diarrhoea had now subsided. The patient lay in bed, not caring to speak. She complained of pain in the head at the least noise, but said she was better. She was much annoyed by the light, and ground her teeth when dozing, and frequently started up frightened. Pulse irregular, 60.

September 24th. The symptoms were very well marked. She was now drowsy, but, when questioned, brightened up, and expressed herself as better. The skin was hot, and the bowels constipated. She complained of great pain in the head. There were marked internal strabismus of both eyes, and twitching of the muscles of the upper eyelid. Pulse feeble, 80.

September 26th. Her rest was much disturbed; she started at the least noise, and was delirious at times, but, when collected, knew those about her. Her memory was much confused. There was a good deal of twitching of the muscles of the face, both sides being equally affected. Strabismus continued well marked. The pulse had to-day risen to 120.

September 28th. She had had two slight convulsive seizures, princi-

pally affecting the muscles on the left side of the face and left upper extremity. She could not be roused. Pulse 126, very feeble.

September 30th. Convulsive attacks were more frequent, but not more severe. The twitching of the muscles of the face was now continuous. She could not articulate, but kept muttering. She lay in a comatose state, passing her urine and feces under her. The pulse could not be counted.

October 1st. She died at 1 A.M.

NECROPSY, thirty-three hours after death.—The body was well nourished. Rigor mortis was present. The bones of the skull were thin and diaphanous. The dura mater was adherent to the calvaria along the longitudinal groove. The arachnoid, at the base and over the cerebellum, was opaque, thickened, and of a dirty green colour; there was some subarachnoidal effusion. A flaky deposit of lymph covered the circle of Willis and the pons. The pia mater lining the sides of the fissures of Sylvius was adherent, and studded with minute granular bodies. The course of the middle cerebral artery on the right side was marked by thickening of the arachnoid, and the vessel itself was surrounded by an effusion of yellow lymph. This condition was not present on the left side. The substance of the brain generally was somewhat softened; the grey matter of the convolution was very pale. The ventricles contained about an ounce of clear fluid. The velum interpositum and fornix were of pulpy, almost creamy consistence. On section of the corpus striatum and optic thalamus on the right side, six or seven tubercles, some as large as peas, were seen; they were hard, and slipped from under the knife. A pale flaky deposit covered the right optic thalamus. There were no tubercles on the left side. Two-and-a-half ounces of fluid escaped during the section and removal of the brain. The brain weighed 40 ounces. Both lungs were healthy and free from tubercle. The heart weighed 5½ ounces; the valves were competent. The peritoneum was free from tubercle. The other organs of the body were healthy.

REMARKS.—The above case seems to me to be interesting, owing to the unfrequency of tubercular meningitis occurring at this age without tubercle in other organs, the well marked symptoms during life, and, lastly, the characteristic appearances found after death.

GONORRHOEA; ENDOMETRITIS; OOPHORITIS; OVARIAN NEURALGIA; LATERAL FLEXION.

By T. EDWARD WILLIAMS, M.R.C.S., Talgarth.

EARLY in February 1873, Dr. Holt, at that time acting as my *locum tenens*, was requested to visit E. D., aged 15, whom he found suffering from acute gonorrhoea. A fortnight later, on my return home from London, I found symptoms of endometritis and ovarian congestion added; and, shortly following, there was severe ovarian neuralgia, coming on early in a morning, and lasting six or eight hours. The pain was relieved by hypodermic injections of morphia, and the paroxysms gradually occurred later in a morning and with diminished severity. The acute gonorrhoeal and inflammatory uterine and ovarian symptoms had, on April 18th, subsided; but the girl complained of great pain down the left leg, a sense of numbness in it, and inability to sit upright for any time. She was wretchedly thin, and there still was some yellow-coloured discharge. The parents, respectable people, refusing to allow me to make a vaginal examination, I threw up the case, and the girl went as an in-patient into the Brecon Infirmary.

July 8th. I was again begged to see the girl, as she had come out of the Infirmary, and had since become very ill. I acquiesced, provided I was allowed to treat the case my own way—a condition now readily acceded to by the parents, who were alarmed and almost hopeless about the state of their daughter. I found the patient in bed, worn and emaciated, suffering excruciating pain around the posterior aspect of the left ilium, extending down the left thigh and leg. There was almost complete inability to lift the left leg when walking, necessitating its being dragged after the right. She found it impossible to sit upright, and, when out of bed, was obliged to be, as she described it, "in her doubles". The bowels were constipated. The bladder was rather irritable. There was a copious vaginal discharge, though not nearly so yellow as when I last attended her. Her appetite was bad; her nights were restless. On examining the abdomen, there was complete dullness on percussion in the left iliac region, together with pain and tenderness. On examination *per vaginam*, the os uteri was found to be directed slightly towards the left of the median line; and to the left of the os, and continuous with it, was found an ovoid swelling.

I diagnosed latero-flexion; but, owing to my failure in attempting to

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