

brought out. It is not due in the majority of cases to excessive mental activity, but, rather, to dissipation, syphilis, wearing heavy hats with tight hat-bands and without ventilation, and indulgence in various forms of dissipation. Want of out-door exercise is another cause. It is thought that if it were attended to early, it might be, in many cases, prevented.

Mr. Lawson Tait, with two other practitioners of Birmingham, have lately taken over one of the leading medical journals of that city, which will, no doubt, make a creditable appearance under such able management.

Trusting that your readers will excuse the desultory nature of my remarks, and hoping to do better next time,

I remain,

Yours sincerely,

TYRO.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, November 16, 1888.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

*Exophthalmic Goitre.*—Dr. Armstrong presented a young woman, aged 24, suffering from Basedow's disease, and said: In the spring of 1888 I treated her for chronic pharyngitis and rhinitis. In July she went to the country for a few weeks. On returning from the country she first came to my office on the 27th of September. I at once noticed the prominence of the eyeballs, found the pulse beating at the rate of 136 per minute, and distinct, though moderate, enlargement of both lobes of the thyroid gland, especially the right lobe. On examining the heart a systolic blowing murmur was heard at the base, also hæmic murmur over the great vessels of the neck. Any exertion, such as climbing stairs, caused very great dyspnoea. She has not menstruated since 1st June last; is not pregnant, at least there is no evidence of pregnancy, although patient was married in July. The eyelids follow the movements of the eyeball. I am giving her iron and quinine with belladonna for her anæmic state and applying the constant current over the sympathetic nerves in the neck

twice a week. The pulse is now reduced to 96 per minute. How much of the improvement is due to the galvanism of the sympathetic and how much to the medicinal treatment I am not prepared to say. Last summer I was able to reduce the rate of the heart beat in a marked case of exophthalmic goitre from 140 to 88, and there was at the same time a wonderful improvement in the patient's general condition. When treatment began she could hardly walk a block without resting, while in the autumn she could walk a couple of miles at a very fair rate without over much fatigue. It is only just to add, however, that I have quite recently heard indirectly that this patient has relapsed again, and is nearly, if not quite, as bad as ever. The case was an aggravated one, and of long standing, before the treatment was begun.

Dr. Laphorn Smith had seen as many as five cases of goitre. He now treats all such cases with the continuous current of 20 milliampères, and finds that the cases are markedly improved, though they are not completely cured.

Dr. Major asked if nasal symptoms preceded the exophthalmos. He found, as a rule, that exophthalmic goitre was preceded by not only nasal symptoms but also severe palpitation of the heart and marked general debility. Sometimes, however, its onset is quite sudden. It seems to be very prevalent among the Jews in Germany.

Dr. Trenholme referred to case seen by him in consultation with Dr. Ross, where the exophthalmos was very marked in a woman 50 years of age. His treatment usually consisted in improving the general health by tonics and change of life, etc., and the administration of phosphate of potash.

*Hypertrophic Cirrhosis of the Liver.*—Dr. Lafleur exhibited the liver and stomach from a case of hypertrophic cirrhosis. The liver, which weighed 8 lbs. 10 ozs., was of a bright yellow color, and very firm and elastic. The capsule was thickened, and there were a few recent adhesions between its upper surface and the diaphragm. The anterior border was thick and rounded. On section, the organ was seen to be universally bile-stained; the bile ducts appeared to be enlarged, and from them there exuded a light yellow bile. The cut surface was marked by little elevations which were the individual lobules raised above the general surface and surrounded by depressed bands of fibrous tissue. Under the microscope these bands were found to be composed of enucleated fibrous tissue, from which finer strands passed into the lobule around each of its cells, constituting the variety known as "unicellular cirrhosis." Many of the hepatic cells were completely atrophied, while others showed marked fatty degeneration. There was no evidence of any increase in the number of bile capillaries. The gall-bladder was empty and the bile-ducts pa-