

tions. He also spoke of the great value of the ophthalmometer in astigmatism.

Dr. Reeves replied.

Dr. Harrison, the President elect was then voted into the chair. Votes of thanks were heartily given to the retiring president, the medical profession of London, and the railroads.

Dr. Anglin moved that the usual honorarium be given to the Secretary. Carried.

Mr. J. H. Chapman, of Montreal, had an extensive and beautiful array of all kinds of surgical instruments on the platform, which were much admired between sessions by the members of the Association.

PATHOLOGY AND MORBID ANATOMY OF MYXÆDEMA.—Dr. Greenfield, *Edinburgh Medical Journal*, in a paper read before the Medico-Chirurgical Society of Edinburgh, said that the primary most essential fact in the pathology of myxœdema was the atrophic change in the thyroid gland. There was little accurate knowledge as to the cause of this change. The functions of the thyroid gland were obscure, even with the light that modern investigation had thrown upon them. It was only certainly known that in some way this highly vascular, ductless gland was concerned in the metabolic changes of the nutritive fluids, and that it had some relation to the elaboration of mucin. It probably secreted a material of the nature of a ferment, which rapidly passed into the blood and stimulated the secretion of the skin glands, and in some way acted upon the heart. In myxœdema the thyroid gland was atrophied, and in sporadic cretinism it might be almost entirely absent. In exophthalmic goitre there was an exactly opposite condition—an enormous increase in the secreting structure of the thyroid, and also of the culloid material in the spaces of the gland. In ordinary cystic goitre, however, associated with cretinism, there was an enormous increase in its substance. Therefore, we should not regard the morbid appearances of the thyroid in myxœdema as of too great importance, or put out of our minds other considerations in relation to its function. A very important control research would be to ascertain if feeding with thyroids produced any conditions in the system analogous to those in exophthalmic goitre. In myxœdema the sweat glands and sebaceous glands acted defectively, and later atrophied together with other parts of the skin. The normal transpiration being deficient, the lymph seemed to tend to accumulate and stagnate. That this was partly, at least, correct, seemed to be proved by the remarkable improvement often seen from the action of hot-air baths. There was one point which did not seem to have been observed, and that was the altered reaction of patients with myxœdema to tuberculo-

sis. They seemed to show a marked proclivity to tuberculosis, while in its course and manifestations the tubercular process was largely modified. All the five cases of myxœdema from which he showed specimens died from phthisis, as well as a case of sporadic cretinism he had had. The tubercular processes were characterized by exceedingly rapid progress when they once set in. The power of repair in myxœdema was good, to judge from his experience of a case in which it was necessary to do a surgical operation. He had studied microscopically material from seven cases of myxœdema and one of sporadic cretinism. In all the cases the thyroid was diminished in size. There was either generally or in parts an advanced condition of atrophy with fibrous overgrowth. In some, all gland tissue had disappeared. In some, the fibrous tissue was highly cellular. In one there was a lymphoid infiltration. These changes corresponded with what occurred in all glandular atrophies. The changes in the epithelium were also parallel to those seen in all wasting glands. Changes were found in the arteries similar to those found in all chronic interstitial inflammations. In the skin there were marked changes in all the glandular elements and in the hair follicles; they showed various stages of atrophy. Often there was an extensive deposit of pigment in the skin. The epidermis became very thin. The œdema appeared to him to owe its characters to the fact that it was more deeply situated than in ordinary anasarca. In the case of other parts, such as the lips and tongue, the œdematous condition was also quite deeply situated. In the tongue, patches were often most marked at a distance of a third of an inch or more from the surface. The change might be called a myxomatous degeneration of the tissue. In the skin, tongue, and other organs there were sometimes areas of dense fibrous overgrowth. The other organs in his cases, with the exception of the lungs, which were affected with tuberculosis, were in a practically normal condition. In the kidneys, however, there was occasionally a peculiar swelling and pallor, due to the presence of a myxomatous degeneration around the arteries at their division, and an extension of a myxomatous and cellular infiltration between the tubules in that position, while the cortex was normal. He had found no change in the nervous system, except in the peripheral nerves, in which there were frequently indications of a chronic neuritis. How far this change was due to the disease, he was unable to say. The lymphatic glands and suprarenal capsules were normal.—*Am. Lancet.*

THE TREATMENT OF SCIATICA.—Of Dr. Weir Mitchell it can be said that he has tilled in many parts of the field of medical science and therapeutic art, and never without leaving the ground richer