

fibre. The cause of the actual lesion of the muscle fibre may be ascribed to changes (narrowing) of the coronary arteries. In some cases, for example, parenchymatous or rheumatic myocarditis, there is no lesion of the arteries; there may be in these cases constriction of the vessels resulting in degeneration of the muscle. General (progressive) anemia, plethora, and venous hyperæmia do not lead to the degeneration of the muscle fibres above described.

SECTION OF MEDICINE.

(Continued.)

Chyluria.—Wednesday afternoon was occupied in this Section by the reading of papers on various subjects. Amongst these we may mention one by Dr. Myers, on Chylurias.

Treatment of Diabetes.—Thursday morning was occupied with a discussion on the treatment of diabetes. The subject was introduced by Dr. Pavy. Dujardin Beaumetz was to have followed, but, as he was not present, the paper which he sent was read. Amongst the others who took part in the discussion we may mention Seegen and Lépine.

Treatment of Heart Disease.—The discussion on the treatment of heart disease was very meagre, owing to the absence of Professor Nothnagel, who was to have opened the subject.

Myxœdema.—The discussion on myxœdema was opened by Dr. Ord, who gave an excellent summary of all that is known, as the following brief abstract shows: (1) Sex: Whereas in Sir William Gull's first paper the disease was described as affecting women, men appear to be affected in at least 10 per cent. (2) Heredity: Special attention should be paid to this, as several instances have recently been noticed. (3) (4) speaks of the early enlargement of the thyroid. And the author related a case where myxœdema coexisted with goitre and exophthalmos. (5) Tendency to hæmorrhage indicates one of the serious dangers of the disease. (6) Under this heading the author spoke of the physiognomy, pathology, chemistry of the tissues, and the relation of the thyroid gland to myxœdema. Under the heading of treatment, the author briefly alluded to the implantation of portions of thyroid gland. Professors Mosler and Horsley took part in the discussion.

The time of the Section was so much taken up by papers on various subjects, that the discussion on the other theses was very meagre.

SECTION OF SURGERY.

(Continued.)

Osteogenesis.—On Tuesday, August 5th, Professor Ollier, of Lyons, read a paper on this subject. He began by considering the growth of bone in general, and gave a full account of his researches into these questions, in which by a series of experiments performed on animals, as well as in consequence the numerous operations which he had performed on man, he had been led to the following conclusions: New bone could in reality be formed from the periosteum alone, and only under certain well-known conditions. It was perfectly hopeless to expect any complete and permanent growth of bone to take place unless the periosteum surrounded it. It was, indeed, true that if the parts were aseptic for a time, the new bone or implanted bone, as the case might be, seemed to grow, but this was only for a time. Within six months necrosis took place, and the dead bone if loose, was thrown off, or might re-

main encysted in some instances, and, if it did no harm, was certainly of no advantage to its possessor. This was a fact which had been known for many years, and there was, he believed, notwithstanding what had been said to the contrary, no exception to it. If a more minute examination were made of the implanted bone, it would be seen that the changes which took place in it were as follows: It was penetrated by blood vessels from the surrounding bones and tissues, but these vessels played no part in its nutrition, but served only to further its absorption. Perhaps no more striking evidence of the value of the periosteum could be given than the following: On one of his patients, a young woman, he had operated three times, resetting her elbow-joint on each occasion, but the periosteum had been retained, and on each occasion she had made an excellent recovery. Practically there were three kinds of plans which might be employed, which might be styled: (1) autoplasmic, in which the same bone was used to repair some deficiency in itself, and the bone was only partially severed from its connections as, for example, where a piece of bone was turned down from the forehead to make a new nose; (2) the second of these plans was well described as homoplastic, that is, when the graft is taken from the same individual, but not from the same bone; (3) the third, or heteroplastic, plan is applied to those cases in which a bone of some other individual or animal is made use of. The first and second plans were all but useless, and the third quite so, that is to say, the implanted bone could not ever grow. With regard to the question of excisions, it was, of course, a case for either movement or ankylosis. He had nothing to say, except that in the lower limb we must always have ankylosis, and in the upper movement, though an exception might, perhaps, be made in the case of the wrist, where a fixed or partially fixed joint would be more useful to the patient than a movable one.

Surgical Treatment of Intussusception.—On Wednesday, August 6th, Mr. Jonathan Hutchinson presented a communication on this subject. After alluding to the great fatality of the disease, particularly when it affected very young children, Mr. Hutchinson made some excuses for seeming to discourage laparotomy at the present time, when such a marvellous record of success could be credited to it. He ventured to doubt, however, whether it was at all reasonable to except that a large measure of success could ever attend laparotomy for such a condition. Of four cases of his own, only one had been attended with success, and he seemed to regard the success in this case as due rather to luck than to any special peculiarity of the mode of performing the operation. The younger the child the more fatal was the disease, indeed, he knew of no case in which recovery had taken place under one year old. However early the case was seen, the result must be a matter of doubt. Resection of the gut had been recommended where reduction proved to be a matter of impossibility, but it must be very rare that the child was in a condition to bear so severe an operation. He confessed that he felt inclined to put his faith rather in the early administration of chloroform coupled with inflation either of water or air, and should this plan fail, he was inclined to think that Nature was more likely to bring about a cure when unaided by laparotomy. He showed a rubber tube with a piece of glass tubing inserted somewhere in the middle, so that he could see what was going on and he cautioned his hearers against the use of