

and to the spleen; and that the growths, the peculiar anæmia and cachexia, and the rise in temperature, occurring at a certain period of the disease, were the essential factors. During the three evenings there were many cases of lymphadenoma, leukemia, and essential anæmia reported, and the subject viewed in many ways, by such men as Murchison, Sir William Gull and Mr. Hutchinson. The report of these discussions should make the next volume of the Pathological Society's Transactions of greater value than ever, for it is in this debatable region that thinking men are now anxiously working. I was especially struck with the elaborate preparation made for the meetings, which contrasted so strongly with our own Pathological meetings, where we so often see a mass of specimens which are accompanied by no ante-mortem history, and of which we know little until the Committee on Morbid Growths reports, two weeks later. Here it is very different. As soon as I entered the anteroom, I found a table on which were about two dozen microscopes exhibiting sections of the specimens to be presented during the evening. Again, while the papers were being read, we had microscopical drawings passed to us to examine, as the reader reported what he found by personal inspection of the growth. I, at once, thought to myself, "Here is the cause of the reputation of the London Pathological Society's Transactions; this is the reason the older men do not desert the meetings. If one is sure of hearing histories of the specimens, and, at the same time, is able to see the sections under the microscope, and make his own deductions, he feels that he will be repaid for an evening spent in the hall of the Society." The grouping together of cognate subjects for each meeting, as has been so widely done by our own committee, is also a most excellent provision.

The Clinical Society seems to cover a field rather different from any of our Philadelphia societies, and to me it was one of the most interesting and instructive. The papers which relate to clinical medicine and surgery are limited in length to ten minutes, which insures the discussion of a number of cases every evening, though it unfortunately requires many papers to be hurried over in a very unsatisfactory manner. The character of the papers will be better appreciated if I give you the titles of a few recently read: "Removal of a Chip of Iron from the Crystalline Lens by a Powerful Magnet;" "Cases of Retinitis Hæmorrhagica in Connection with Gout;" "Cases of Pleural Effusions;" "Electrolytic Treatment of Epulis;" "Bilateral Paralysis of Crycoarytenoidei Postici Muscles;" "Plantar Bunion." At a subsequent period the following were to be presented: Ovariectomy in a Child aged Twelve years;" "Wound of an Abnormal Obturator Artery, in an Operation for Femoral Hernia." The short practical paper

of this kind is what the busy practitioner desires. May we soon have in our own city a surgical society or a clinical society which will fill this position in the eyes of the profession.

Speaking of the Clinical Society suggests a case which I saw at one of its meetings. It was an instance of psoriasis, which had existed, to a greater or less extent, for twelve years. The man had been treated by Mr. Hutchinson, experimentally with chrysophanic acid, in the following way: The disease affected the trunk and arms especially, it would seem, and the patient was accordingly ordered to use tar ointment on the back and left arm, while he was to apply a preparation of chrysophanic acid to the chest and right arm. When he was presented to the members of the Society, after three weeks' employment of the drugs in question, his left arm and back showed numerous red and scaly patches of typical psoriasis, while the opposite regions were exceedingly soft and smooth, though evidently not entirely freed from the affection. It was certainly a very good demonstration of the use and effect of this new remedy of the dermatologist.

The Royal Medical and Chirurgical Society is another well known society of London, and is well attended. The papers are read by the secretaries and not by the authors themselves, which, to my mind, is very objectionable. No author would care to have a well-prepared paper read in a bungling manner by one who, on account of bad eyes or poor light, comes to a dead halt at frequent intervals. I heard an interesting article, by Mr. Jonathan Hutchinson, on what he proposes to call Ophthalmoplegia Interna, because the symptoms of the disease are palsy of the iris and ciliary muscles, without involvement of any of the external ocular muscles. The constrictor and dilator fibres of the iris are both paralyzed, and the pupil consequently remains unaltered, the patient has no power of accommodation, and requires convex lenses to enable him to read, while the muscles which rotate the globe, and the elevator of the lid retain their functions intact. This group of symptoms, Mr. H. believes to depend on disease—probably, as a rule, syphilitic—of the ciliary ganglion, which, as you know, has a sensory root from the fifth nerve, and motor roots from the third cerebral and from the vaso motor nerves. He reported eight cases in which he believed this to be the cause of the palsy, though no post-mortem record was possible in the cases, as the disease is not fatal. The palsy of the iris usually preceded that of accommodation, and was greater than the latter. The treatment adopted was anti-syphilitic in character. It is necessary, before coming to a diagnosis of disease of the ciliary ganglion, to assert that the paralytic condition does not extend to the external ocular muscles, for then the cause must be behind the point mentioned. On the same evening the min-