

observations of the Diseases of Ceylon and India towards the End of the Seventeenth Century."

A vote of thanks was accorded to Dr. Van Dort for his interesting paper.

The reading of the second paper was deferred to next meeting for want of time.

Alteration of By-law.—Mr. THORNHILL gave notice that at the next ordinary meeting on March 3rd next, he would propose the following alteration or amendment of by-law 4:

"After the word 'Colombo' to insert 'Kandy, Galle, Jaffna, and Badulla,' to omit the words 'and the following' and also the whole of the fourth and fifth lines, and the word 'Colombo' in the sixth line, and insert the words 'these towns.'"

In doing so he desired to be allowed to explain the object of this motion in order that the members might understand its import, as he might not be able to be present personally at the next meeting. This, however, the CHAIRMAN held to be out of order, although there could be no objection to an informal discussion at the conclusion of the meeting. Notice of motion was accordingly given, and the meeting separated with a vote of thanks to the chair.

BERMUDA BRANCH.

A MEETING of this Branch was held on March 14th, PARK B. TUCKER, M.D., President, in the chair. Two members and two visitors were present.

Office Bearers for the Year.—Park B. Tucker, Esq., M.D., President; Dr. Heldon Harvey, Secretary and Treasurer.

Delivery in Arm Presentation.—Dr. TUCKER explained a new, safe, and easy mode of delivery in arm presentations, the child being dead, and turning impossible, by puncturing the thorax of the child, and crushing the bodies of two or three of the vertebrae with tooth or other forceps; the breech descending, by slight traction, the foetus is easily delivered without danger to the mother.

Enormous Number of Calculi.—Dr. TUCKER also exhibited 242 calculi taken from the prostate and bladder after death. The patient was a medical man, who was quite ignorant of the cause of his so frequently suffering from retention of urine, being under the impression that stricture was the cause of his trouble, nor could he be made to think otherwise, as he was often on horseback, and could ride long distances without inconvenience. Two of the largest calculi, oblong in shape, were taken from the bladder, having been forced there by the sudden introduction of the catheter. His death was caused by an overdose of morphine, taken carelessly, without weighing, to induce sleep.

ERRATUM.—In the report of the meeting of the Shropshire and Mid-Wales Branch, published in the JOURNAL of April 7th, page 782, the name of Mr. J. T. Neech was erroneously printed "Meek."

SPECIAL CORRESPONDENCE.

VIENNA.

[FROM OUR OWN CORRESPONDENT.]

Hemianopsia Cured by Iodide of Potassium.—*Antifebrin in Epilepsy.*—*Erythrophloein.*—*The Imperial Royal Society of Physicians.*—*The Vacant Chair of Anatomy.*—*Ligature of the Thyroid Arteries in Goitre.*

At a recent meeting of the Royal Society of Physicians of Buda-Pesth Dr. St. Csapodi brought forward a man, aged 53 years, who, after a sudden attack of giddiness, repeated twice on the same day, had remarked on the following day that he could not see objects situated on his right side. He also suffered from headache of the left side. Examination showed that vision was absent on the right side. No organic changes were found except some signs of endarteritis. Improvement took place under iodide of potassium; a symmetrical scotoma, situated 15° outside of the fixation centre, remained, which did not, however, interfere with vision. The hemianopsia in this case was probably due to hæmorrhage into the cerebral cortex.

Dr. Borosnyói, of Hermannstadt, referring to the use of antifebrin as an anti-epileptic, reports in the *Orvosi Hetilap* nine cases of epilepsy (six males and three females) in the lunatic asylum of Hermannstadt, which had been first treated with bromide of potassium, and later on with antifebrin. On comparing the results which were obtained with bromide of potassium

(from 6 to 9 grammes) with those obtained with antifebrin (from 0.25 to 2.0 grammes), it was evident that the former had in all cases a much more powerful effect than the latter. Antifebrin, as a rule, did not seem to have much influence on the disease. Even if larger doses of this drug should be proved to be useful, it would not be advisable to carry out a course of treatment with it, as cyanosis was observed in all cases treated with antifebrin.

At a recent meeting of the Society of Physicians of Styria, Professor Lipp, of Graz, gave an account of the results of his experiments with erythrophloein on thirty persons. He used Merck's "erythrophloein muriaticum," and made injections of doses varying from 1 milligramme to 1 centigramme. He had never observed any bad general after-effects, except in the case of a neurotic woman, who, after the injection of one centigramme of erythrophloein, showed retardation of the pulse and respiration, and was attacked with giddiness. He made the injections under the epidermis, as well as under the skin. In each instance analgesia (not anaesthesia, as tactile sensation remained intact) was established over a large area round the point of injection: the analgesia lasted forty-eight hours. The local appearances were intense redness, swelling, and pain. The intensity of the local symptoms, however, depended more on individual irritability than on the strength of the dose used. The most remarkable feature in the experiments with erythrophloein, in Professor Lipp's opinion, was the development of peripheral analgesic areas, which persisted in this condition for several hours, and even for some days after the injection. These territories corresponded to those which were supplied by nerve branches taking origin near the seat of injection.

The Imperial Royal Society of Physicians of Vienna held its annual festival meeting on Friday, March 16th, under the presidency of Hofrath Bamberger. The first secretary of the Society, Professor Kundrat, gave a report of the Society for the last year, which is the fifty-first of its existence. The report showed that the number of members, which had increased in the last year from 279 to 306, was again reduced to 285, 5 members having resigned their membership, 4 having changed their domicile, and 12 having died. Thirty-one meetings, with 89 lectures and demonstrations, had been held during the past year.

The committee charged to select names from among the candidates for the vacant second chair of Normal Anatomy in the Faculty of Medicine, proposed Professor Schwalbe, of Strasburg (*primo loco*); Professor Zuckerkandl, of Graz (*secundo loco*); and Professor Rahl, of Prague (*tertio loco*). The general opinion is that Professor Zuckerkandl has the best chance of being called to Vienna by the Ministry of Instruction, though his name only stands second.

Professor Billroth, in the first number (April 5th, 1888) of the *Wiener Klinische Wochenschrift*, the new Vienna weekly medical journal, discusses the utility of the method of ligaturing the thyroid arteries with the view of producing atrophy in goitres—a procedure which was not long ago reintroduced into surgery by his late assistant, Professor Wölfler, of Graz. Professor Billroth first tries to answer the question why we are not content with the very satisfactory results obtained in recent years by the extirpation of goitre, and replies: (1) because we are not able to prevent tetanus, which sometimes supervenes after these operations; (2) because it may occur, even when the greatest precautions are observed, that the recurrent nerve is cut or tied into the ligature; (3) because "cachexia strumipriva" is a not infrequent result in children when the whole of the thyroid gland is removed. Among the operations by which it was proposed to replace extirpation, the method of ligaturing the thyroid arteries deserved the greatest attention. *A priori*, the following statements could be made as to the eventual success of this operation: As, after ligaturing all the four arteries, several small arteries still supplied the goitre with a certain quantity of blood, it was probable that no gangrene, but only a gradual shrinking, would take place, just in the same way as in the case of obliteration of the renal artery. The small arteries, which, in this case, derived their origin from the renal capsule, hindered the occurrence of gangrene after the obliteration of the renal artery, but they were not able to prevent atrophy supervening in the kidney. Though this analogy was very striking, the matter nevertheless required to be verified by experiments on animals and men, which was also done by Wölfler. The indications for this operation were nevertheless limited, as extravasation, calcification, cystic and colloid softening were very often met with in goitres, which, owing to the absence of any circulation in