Dr. J. T. Conner showed two cases of Pigmentation of the Lips and Mouth in twins, both girls, aged twelve years, of dark complexion and anaemic. The pigment spots, which were of a purplish black color, were of very small size and scattered over the lips (especially the lower), gums, and hard palate, but not on the tongue.

Dr. J. T. Conner also showed a case of Chronic Pyæmia (hygromatosis) in a woman aged sixty-eight. It had lasted for ten years without intermission. The flow occurred at night and was copious. In fact it was greater when the patient was in bed, and considerably interfered with sleep. The secretion of one night was shown. It was an opalescent fluid with a cloudy viscid deposit and amounted to 3 ozs. The reaction was acid, the specific gravity 1006, and it readily converted starch into sugar. The patient had lost all her teeth and did not use artificial ones. The mouth was untruly moist; otherwise there was nothing abnormal and her general health was good. Dr. Conner believed that this form of salivation had not been previously recognized; but he had found a case anonymously recorded which curiously corresponded to his case in almost every particular—age, sex, absence of teeth, and preservation of the general health. He also compared these cases with the opposite condition (xerostomia), which in all other respects they resembled.

Dr. A. R. Cumber showed a specimen of Fatal Endocarditis in a female child aged nine years. She belonged to a generally healthy family, only one member of which suffered from any disease. The general history was absolutely free from any rheumatic taint. She appeared to be well on Oct. 2nd, became suddenly drowsy towards evening, and died the next morning. A post-mortem examination showed the valves to be generally healthy but for the evidences of old and recent endocarditis, especially on the mitral valve. There was also a softened patch on the anterior wall of the left auricle attended with small soft vegetations. Emboli from the detachment of one such vegetation was suggested as the cause of death.

Dr. B. G. Howson showed specimens of Branching Cases of Phlegmonous Peritonitis, accompanied with some hemorrhage by an elderly man of rheumatoid type.

ISLINGTON MEDICAL SOCIETY.

Acute Inflammation of Bone.—The Islington Workhouse Infirmary.

A MEETING of this society was held on Oct. 22nd, Dr. White being in the chair.

Mr. Battle read a paper on Acute Inflammation of Bone as it is met with in children over five years of age. In these cases he met with three cases according to their severity, and gave the principal points which assist in diagnosing the condition from other diseases. He then discussed the treatment, advocating very strongly an early incision of the periostea without waiting for fluctuation, in order that the fever might be cut short, necrosis prevented or much limited in extent, suppuration in joints prevented, and the risk of pyemia diminished. He gave examples from his practice to illustrate this part of the subject, and showed a patient. The treatment of cases when a joint was invaded was considered and conservative measures advocated. The endurance of these patients was commented on, and examples given to show the good result which may follow prompt treatment in some instances. Two cases were shown, both of which had been under care some years ago. One had akylosis of the knee in consequence of extension of the inflammation through the epiphysis to the joint. The other had perfect use of the knee joint, which had suppurated and been drained four years ago. Each had had extensive necrosis of the tibia. In the one there had been no growth at the upper end of the tibia since the sequestration. In the other, where supuration in the joint had resulted, growth of the tibia had continued unimpaired. In one case mentioned that patient was able to walk after supuration in the knee joint.

On Oct. 30th a special meeting of the society was called to consider the duty of the society in respect to the proposed condition of the infirmary and its insufficient medical staff. The following resolution was passed: "That the members of the Islington Medical Society desire to express their deep concern at hearing of the overcrowding of the Islington Workhouse Infirmary and the admitted inefficiency of the medical staff in that infirmary, and are anxious to draw the attention of the public and the authorities to the state of things there. Having in the course of their professional duties to advise poor patients to go into the infirmary, they cannot but feel much hesitation in doing so if such a state of things continues. The Islington Medical Society would, respectfully urge upon the board of guardians to take immediate steps to remedy the overcrowding in the wards, and to provide additional medical, dispensing, and nursing assistance to the great number of patients in the infirmary really needs."

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Biology and Treatment of Gastric Ulcer.

A MEETING of this society was held on Nov. 1st, Dr. A. Symonds Eccles, President, being in the chair.

Dr. Donald Hooke, in opening the discussion from the medical standpoint, said his remarks would be confined especially to considerations on diagnosis in those cases where symptoms are indefinite, ambiguous, and often misleading, and would refer to the importance of weighing well the value of the symptom hematemesis, and he would draw special attention to the careful differentiation between various forms of acute abdominal pain with a view to diagnosis of the earliest possible moment of the existence of perforating ulcer. He proceeded to give a brief clinical picture of the most important subdivisions of groups under which gastric ulcer is classified. He cited a case which had been judged to be one of merely prolonged dyspepsia, but which an examination after death proved to have been one of extensive recurrent ulceration, producing much contraction of the stomach and leading to perforation of the diaphragm. He referred, also, to a case of acute perforation and severe hematemesis in a young anemic girl, and in connexion with this he adduced certain criteria which would help to differentiate cases of hemorragie caused by organic breach of the stomach walls from those which frequently occurred in early adult females without any such breach—a condition for which he proposed the name "hematemesis pelliariae."

Mr. Brough Clarke, introducing the surgical side of the discussion, began by referring to the rarity of perforations of gastric and duodenal ulcer. He described two principal varieties, those in which collapse was the prominent symptom, and a second variety in which the extravasation of intestinal or gastric contents was more gradual. These cases were often indistinguishable from intestinal obstruction, and, indeed, gave rise to it by the peritonitis which they set up. There was only one keynote to success in treated ulcer and that was early diagnosis and early treatment.

Dr. F. H. Alderson thought that gastric ulceration when unaccompanied by hemorrhage was one of the most overlooked. He commented on the rarity with which gastric ulcer was assigned as a cause of death, and quoted the Hammersmith statistics for five years, where out of 268 deaths only 11 were assigned to this cause. He narrated a fatal case from his own practice in which at an early stage, owing to the absence of definite symptoms, diagnosis was impossible. In this case the patient was an adult male.

Dr. Campbell Pope called attention to the remarkable rarity of gastric ulcer among certain vegetable populations. For treatment he recommended belladonna to opium in the earlier stage, and later he used arsenic and iron.

Mr. Ewing contrasted the signs of perforation in various situations, and advocated early operation, even at times waiting for recovery from shock and without an anesthetic.