he exemplified his theory by applying acupressure to the brachial artery of a cadaver.

Having persuaded M. Gosselin to attempt its use, he advised all who were present to do the same, and after circulating several copies of his *Notes on the Progress of Acupressure*, bade all adieu, and departed from the walls that for centuries had echoed to the tread of celebrated men, but of none more so than the lately deceased and greatly lamented Professor of Medicine and Midwifery in the University of Edinburgh. D. C.

*Hingham, Mass.*

# Selected Papers.

## FUNERAL OF SIR JAMES Y. SIMPSON.

THE funeral of Sir James Young Simpson was celebrated on May 13th. A large number of professional and literary bodies, with which the deceased was connected, walked in front of the hearse, this part of the profession being closed by the Senatus Academicus, in their robes. The hearse, which was open, and richly plumed, was followed by the relatives of the deceased on foot, the magistrates and Council of Edinburgh robed, the corporations of Bathgate (the birthplace of the deceased), Leith, and other places. The whole procession numbered upwards of 1700 persons, and 70 carriages followed. A large concourse thronged the streets, and the principal shops were shut during the funeral. The place of interment was Warriston Cemetery. The following was the order of the procession: The police, the public, the Granton Literary Association, the Philosophical Institution, the Chamber of Commerce, the Merchant Company, the solicitors before the supreme courts, the writers to the Signet, the advocates, the Kirk sessions and deacons of Free St. John's Church, the United Presbyterian Synod, the Free Church Presbytery, the Established Presbytery, the Rectors and Masters of the High School, the Principal and Professors of the Veterinary College, the Edinburgh Geological Society, the Botanical Society, the Society of Arts, the Society of Antiquaries, the Royal Scottish Academy, the Royal Society, the Royal Medical Society, the Pharmaceutical Society, the Medico-chirurgical Society, the Obstetrical Society, the students, the College of Surgeons, the College of Physicians, the Senatus and the office-bearers of the University, the hearse, the deceased's carriage, the relatives and friends, Lord Provost, magistrates and town council, the office-bearers of High Constables, the town council of Leith, the town council of Portobello, the town council of Bathgate, the general body of High Constables, the directors of the British Medical Assurance Society, carriages.

# Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 14th.—*Case of Coccyodynia.*—Dr. Z. B. ADAMS reported the case.

February 4, 1870. Carrie E., 11 years old last Christmas. Pale, delicate-looking, well grown and rather tall. Two years ago last September she slipped in going down stairs, and fell, striking upon the tip of the coccyx against the edges of several successive stairs. Complained of severe pain and tenderness about the coccyx, which has continued, more or less, up to the present time, with occasional exacerbations, on receiving any jar or shock. At times after slight injury, such as a sudden push, slip or stumble, has been confined to the bed or chair for several weeks, being unable to stand erect or walk without great suffering. Has always pain on going up stairs or rising from a chair. No pain in defæcation. A constant dull aching or soreness is complained of in the part. At the present time the region of the coccyx is so sensitive that she will not allow it to be touched. Is losing flesh and color; bowels irregular, and appetite poor and capricious. It is difficult to dress or undress her, as she cannot bear to be moved to an erect posture. Leeching and counter-irritation, sedatives and narcotics, have been tried without satisfactory results.

I advised Prof. J. Y. Simpson's method of subcutaneous tenotomy. After some hesitation this was consented to.

It was necessary to administer ether, on account of the excessive sensitiveness of the parts. A small puncture was made directly over the tip of the coccyx. Through this a tenotomy knife was entered along the back of the bones, and the muscular attachments divided on each side. Although there had been no complaint of pain in defæcation, the attachment of the levator ani to the tip of the coccyx was also

cut, and the knife passed completely round.

On recovering from the ether, it was at once perceived that the excessive sensitiveness of the part had disappeared. As soon as the soreness resulting from the operation began to diminish, it was found that she could stand and walk without the slightest pain. Gradually the feeling of soreness or dull aching also wore away.

It is stated by Simpson, and Dr. Adams believed generally admitted, that coccyodynia is a disorder peculiar to the female sex, or occurring only exceptionally in the male. The explanation of this may be found, perhaps, in the anatomical peculiarity of the female coccyx, in which the bony segments are separated by thin plates of fibro-cartilage, and the whole from the sacrum by an articular synovial sac. In the male these parts are found to be ossified quite early in life. If, then, we suppose the injury to be inflicted upon these little plates of fibro-cartilage, or upon the bursa, it is easy to conceive how the glutæus, when in full action, as in erecting the pelvis upon the fixed thigh, acts to push the segments of the coccyx together and the whole against the sacrum; and accordingly the remedy is found in division of those fibres of the glutei maximi which are attached to the sides of the ossa coccygis.

Dr. Hodges said this operation had been done several times by himself, Dr. J. M. Warren, and others in this city.

March 15th.—*Fragment of Bone lodged in Right Primary Bronchus for three Weeks; Death.*—Dr. Z. B. Adams reported the case and showed the specimen.

J. R., patient of Dr. G. S. Eddy, of Saxonville; Scotchman; 67 years of age; ship carpenter by trade; has lived many years on a farm; health always excellent, and has never employed a physician; short, neither full nor spare habit, very muscular and active; temperate and regular in living.

Three weeks ago, on rising from the breakfast-table, with his mouth full and talking, he suddenly choked. He was eating corn-cake and hash at the time, and wore a set of ill-fitting false teeth. He became suffocated, thrust his finger down his throat and tried to induce vomiting, and began to cough violently. This cough was dry, at first almost incessant. It continued, rather diminishing than increasing, until his death. His breathing also was short, difficult, hoarse and rattling from the beginning, but there was little or no expectoration, nor complaint of pain. Went about as usual a few days after the accident. Did not call a doctor for ten days or more, and then only to be rid of the cough, which was very harassing, especially on lying down. Last Sunday, Feb. 27th, one week before his death, he walked to church (a distance something short of two miles, up and down two steep hills) and back after attending service. Then complained only of shortness of breath in ascending the hills, and was obliged to stop and rest several times on the way home, from this cause. It was remarked that he did not cough at all during the service in church.

March 5th, 4½, P.M.—Seen for the first time, in consultation with Dr. G. S. Eddy. The patient is sitting up, complains of no pain, but of a harassing cough, which began by swallowing some corn-cake "the wrong way," just three weeks ago. Has been feverish and confined to the house only a few days. Countenance pale, haggard and anxious; beads of sweat upon the forehead; respiration labored and rattling; pulse small and rapid; no cough except on lying down; expectoration frothy, muco-purulent. Percussion over right back gave a dull sound, but no positive flatness, except over a space about the size of a dollar. Respiratory murmur indistinct; no bronchial respiration; a sharp sub-mucous rattle or click heard once, and a peculiar resonance of the voice remarked over the spot of greatest dulness. Death occurred on the morning of March 6th.

The *post-mortem* revealed the presence of a bit of mutton bone, about an inch in length and half an inch or more in thickness, irregularly fractured, firmly lodged in the right primary bronchus, about an inch from the bifurcation. The left lung was apparently healthy; the right lung presented abundant tubercular deposit (Dr. J. B. S. Jackson) and general congestion. At the spot of greatest dulness was a depression, reminding the observer of atalektasis. The branches of the right pulmonary artery (two of them at least) were blocked with firm fibrinous casts. Other organs healthy.

March 28th.—*Malignant Tumor in and outside of Larynx; Tracheotomy; Death from Exhaustion.*—Dr. Cheever reported the case and showed the specimen.

The patient had been under the care of many physicians of Boston and New York. He was thirty-seven years old, a shipmaster. The whole duration of the diseaae was six years; at first there was hoarseness and aphonia, but the existence of a tumor on the vocal cords was diagnosticated one year