

pend upon whether he begins with a mind for scientific inquiry. I am quite ready to believe, or rather I would say, I am quite willing to hope that the young men who now enter upon life, and are called qualified practitioners, are really, in the broadest and largest sense, qualified, as well as in the legal one. Legally they all are, but some are certainly not qualified to make full use of the knowledge which they may meet with in their career and practice. A very wise old man said that, it would be well if the youngest amongst us would remember that he is not infallible. It is a fault which is apt to prevail, to think that at the conclusion of study and with the right to practice, there is full power to do all that is required. There is not. Dr. Billings said cleverly the other day that he wished, after thirty years of practice, he really knew half as much as he was convinced he knew when he first obtained his diploma. And I recollect Sir Benjamin Brodie telling me that, when he looked back over forty years of practice, he was astonished, chiefly at the ignorance with which he began; and I think to most of us who have that long career, the same reflection may often happen. Now both of those would have said that the knowledge which they really acquired late in life was due, not to the mere fact of seeing cases nor to having lived long to see them, but to the care, the prudence, the discretion, with which they observed, and remembered, or recorded what they saw.

And if I may impute a fault to those who are admirable in all the ordinary work of their life, I would suggest how large a quantity of knowledge lies scattered and lost to the scientific world in the charge of those who are in large practice, and who record nothing. It will be indeed an admirable result, and I think it will be the result, of this system of collective research, if this fault is mended, if every one can be induced to record his answers to the several questions that will be asked, and in the recording will get the habit of recording for himself many things that are not asked; for I am quite sure that there is no one who will undertake this but will find in the task an amount of refreshment, and of pleasure in his practice, equal to that which may be had in any kind of speculative pursuit, in any kind of sport, in any kind of game. For amongst all these things—in sports, and games, and speculations, and the rest—there lies underneath one thing—the desire we all have to unveil mysteries. Even the boy who tosses a halfpenny to see which way it falls may illustrate a part of the scientific mind: at every toss he invents a mystery; at every fall he solves a mystery. So, on a larger and grander scale, in every investigation that we enter upon, we set before ourselves a mystery—a mystery that may be as interesting as that of a romance, of a drama, of a great tale told in the history of past times. The mystery is before us; the power of solving it may be in our minds; and I venture to promise to all who will begin with this collective inquiry, and then proceed from it to personal inquiry, a pleasure of this kind as great as can be had in any of the pleasures of life.

LONGEVITY OF MEDICAL MEN.—A daily paper notes that the following eminent physicians and surgeons have died during the year just closed, at ages varying from 78 to 96, namely:—John Flint South, F.R.C.S., late President of the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital, 85; George Samuel Jenks, M.D. Edinburgh, F.R.C.P. London, 93—he served in the Peninsula from 1812 to the end of the war in 1814, and at Waterloo; Price Blackwood Hallows, F.R.C.S. England, 81; Sir Robert Christison, Bart., M.D., D.C.L., LL.D., one of Her Majesty's Physicians in Ordinary, Scotland, 85; John Francis De Grave, M.R.C.P., late Master of the Society of Apothecaries, 92; John Lonsdale Minshull, F.R.C.S. England, 81; George Macilwaine, F.R.C.S. England, 86; Sir James Alderson, M.D. Oxon, D.C.L., F.R.S., Physician Extraordinary to the Queen, and late President of the Royal College of Physicians, London, 87; Henry John Gore, F.R.C.S. England, 85; Staff Surgeon William St. George Davies, R.N., 96—he served as Acting Surgeon in the *Norge* at the Bombardment of Copenhagen under Admiral Gambier and Lord Cathcart in 1807, and was in all probability the very last survivor of that engagement; Henry Bell, M.D., 85; George Gulliver; F.R.S., F.R.C.S., late Surgeon, Royal Horse Guards, 79; A. E. Blest, M.D. Edinburgh, Indian Army, 85; Staff Surgeon Cotton, 87; Edward Greatrex, F.R.C.S., late Surgeon, Coldstream Guards, 83; Edward Doubleday, F.R.C.S., 84; John Haxworth, 86; Sir Thomas Watson, Bart., M.D., D.C.L., F.R.S., Physician in Ordinary to the Queen, and a former President of the Royal College of Physicians, London, 90; Inspector-General Cross, R.N., 78; James Arthur Wilson, M.D., F.R.S., Senior Fellow of the Royal College of Physicians, 88.

REMARKS

ON THE

COLLECTIVE INVESTIGATION OF DISEASE.*

By G. M. HUMPHRY, M.D., F.R.S.,

Professor of Anatomy in the University of Cambridge, Surgeon to Addenbrooke's Hospital, etc.

MY duty, gentlemen, is a very easy one, and that is to ask of you to give your thanks for the two addresses which have just been delivered. In the first place, for the noble address which has laid before us the real work we have to do, the work of seeking out and developing the pathology of the living; and which has also laid before us the many difficulties and dangers which surround us in the work: an address by one whose remarkable ability, singular good sense, and genius for work and for inspiring work in others, have been to-night so well exhibited. As for the other address, from one the charm of whose oratory, in conformity with the charm of his character, wins for him that universal love which is felt by everyone of us towards him, it has already received the expression of your thanks. It is not only this meeting, but the British Medical Association, the whole medical profession, the whole community, which is indebted to these two men, the foremost men of our profession, who have given their time and thought to come before us on this occasion, and who thereby show so deep an interest in this matter as a great professional investigation.

I confess that, in my knowledge of the whole history of the British Medical Association—and that knowledge is nearly coeval with that history—nothing has given me so much hope for the Association, and for its permanent beneficial influence upon the profession and upon the world at large, as the manner in which it has taken up this subject of collective investigation—the manner in which it has been taken up by the leading members of the Association, who have given it all the aid they could, and who have not been sparing of the funds of the Association. The last thing which was said to me by one of the greatest, the most earnest and most efficient promoters of the British Medical Association—the man to whom the Association is, perhaps, more indebted than to any other man living—was this: "Your work will make considerable demands upon the funds of the Association; but you must not be cramped for want of funds. It is a great work, and deserves all the assistance the Association can give it." The manner, also, in which the work has been taken up by many members of the Association has been most satisfactory. The manner in which they have combined to form committees and to carry out the work has shown that they have a real sterling interest in it, and that they desire that the British Medical Association should connect itself actively with the promotion of the science and the practice of medicine. I have always felt that there could be no task which the Association could undertake so appropriately as the great duty of collecting the scattered fragments of knowledge which are daily and hourly running to waste; and surely there is no other profession, no other class of men, in whose case there is so large a number of facts and observations continually running to waste as in the medical profession. To gather together these scattered fragments, to condense, to analyse, to make them the basis of the furtherance of the science and practice of medicine, must be one of the greatest and highest works which the Association can undertake. We boast of our numerical power, of our ten thousand members, but let us remember that power means responsibility—that the only right ground for the continuance of power is the good use of it. The only assurance of the stability and persistence of our Association is, that it should use its power in right directions; that it should satisfy the yearnings of medical men for its work in scientific medicine. And not only will this undertaking have the advantage, as I trust it will, of bringing large accumulations of knowledge to bear, but there is also that which has been alluded to, both by Sir William Gull and Sir James Paget, namely, the advantage that must accrue to the members of the profession who take part in the work. No one can read those admirable cards

* Made at a Meeting of the Metropolitan Counties Branch, January 17th, 1883.

and the memoranda that have been sent out with them, framed with so great care by the gentlemen who have given their time and trouble to the subject, without being greatly instructed by them. They constitute, and, if they are continued in the same way, they promise to constitute, some of the best literature of the profession.

I would commend them most earnestly, if only to the reading of all the members present; and when I speak of the members present, I am sure I may say that nothing could be more gratifying than this meeting. I believe it to be the grandest meeting of the British Medical Association that has ever been assembled. This meeting represents the most distinguished members in the metropolis and in the provinces more thoroughly and fully than any meeting ever has done. And bear in mind, that we are met together for one simple purpose, that of promoting medical science and medical practice; we have no other motive than that. I will not say that we have not been attracted, to a certain extent, by the expected eloquence of the addresses; but, nevertheless, the one object of this meeting is the simple one of promoting the welfare of our profession in a scientific point of view. I am not at all blind to the fact that the difficulties are enormous. The difficulties of carrying on a work of investigation of this kind are indeed very great, but we do not forget also that difficulty is the real stimulus to exertion. Without difficulty, what would life be? And certainly in this work there is difficulty enough to stimulate exertion and to promote enterprise and interest. The difficulties are partly those which Sir William Gull has mentioned, the difficulties of proposing the questions aright, and of selecting the right subjects. But there is another difficulty to which he has not adverted, and which is a great and a serious one, that we have to contend with a force which is the most resisting of all forces, the force of inertia, the unwillingness of a large number of men to enter upon a work of this kind.

It is said, "We are too busy we cannot attend to that." I would answer that the real expectations are from the busy men. It is the men who are busy, if I mistake not, who will send us in the answers, because they are the men of energy, of ability, of anxiety for the welfare and the profession, and it is that ability and that energy which have raised them to their high positions in the profession and made them men of business. It is to busy men, therefore, that we look with hope. One of the real and great inducements to this work is that it is a work to be carried on, not so much for the benefit of the individuals taking part in it, though that will be no small result, as for the benefit of the profession and the public at large. It is on that ground that we demand your interest and ask your help. It is, as I have said, difficulty which inspires interest and which brings spirit, and assuredly we have in this instance one spirit which I think will surmount the difficulty if ever the difficulty is to be surmounted. We have one person at least, engaged in this work who is actuated by the most earnest, the purest desire to make it a success. I mean our secretary, Dr. Mahomed. We are also deeply indebted to the members of the various committees who have given us their time in drawing up these admirable memoranda. We start with good auspices; but I trust that the members will bear in mind that after all it is upon their own individual exertions that success most depend. It is not alone by great meetings like this, encouraging as they may be; it is not by coming here and listening to eloquent addresses, soul-stirring even as those we heard have been, so much as by the persistent continuance of every-day work that success is to be attained in the difficult undertaking upon which we have entered.

THE COST OF AN EPIDEMIC.—It is announced that the Bangor Local Board of Health have issued a summary of the expenditure incurred in stamping out the epidemic of typhoid fever which rendered their district so notorious last summer. The total expenditure for the half-year is put down at £4,000, £1,600 of which was covered by a public subscription initiated by the Bishop of the diocese, who allowed tent hospitals to be erected in his private grounds and in other ways co-operated most earnestly with the local authorities. To meet the deficiency, the local board have found it necessary to make a rate of 3s. in the pound for the current half-year, or fully quadruple the usual amount. To this must be added the cost of what is far more difficult to estimate, and which must amount to a far larger sum than here set down—the life, health, and wage earning power on the part of the numerous victims to the epidemic. It would be interesting if the medical officer could make an estimate on this subject. We may add, that if he can furnish us with the figures we will endeavour to have a calculation made out, on the basis of such data as exist, of the loss which may be calculated under these heads.

ABSTRACT OF LETTSOMIAN LECTURES

OR

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART.

Delivered before the Medical Society of London.

By ARTHUR ERNEST SANSON, M.D. Lond., F.R.C.P.,

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LECTURE II.—MITRAL REGURGITATION.

Morbid Anatomy—Clinical Study—Regurgitation in Adynamia, in Acute Fevers, in Rheumatism and in Degeneration—Treatment General and Special—Action of Digitalis, Belladonna, Caffeine, Convallaria majalis, etc.

I HAVE to ask your attention this evening to the subject of the treatment of various conditions of disease associated with a certain imperfection in the mechanism of the heart—an imperfection of closure of the left auriculo-ventricular orifice at the time of systole, occasioning the reflux of a portion of the contents of the left ventricle into the left auricle, the mitral valve being inadequate to close the orifice. Pathological anatomy teaches that such result may be brought about by several varieties of morbid change:

1. By dilatation of the left ventricle without structural disease of the valve; so the free borders of the curtains are drawn upon by their circumferential attachments, and prevented from a perfect apposition in systole.

2. By diseased conditions of the valve—curtains, the tendinous cords and fleshy columns, induced by endocarditis, and the changes consecutive thereto.

3. By rupture of the valve—curtains, cords, or columns, and their consequent incompetence. It has been supposed that rupture may occur from sudden strain in a healthy heart, but Drs. Wilks and Moxon have given strong reasons for the conclusion that there must have been some dilatation, at least, of the left ventricle previously. They consider that this accident is not of infrequent occurrence.

4. By atheromatous disease, patches of which may be observed upon the valve with consecutive degenerative change, rendering it inadequate.

5. By ulceration of portions of the valve and the surrounding structures.

Mitral regurgitation is not, however, wholly to be interpreted by pathological anatomy; it is to clinical investigation that we must chiefly look for guidance. Of this condition, a murmur at the left apex of the heart with the systole is the sign almost, though not quite, pathognomonic. The only condition with which it is likely to be confounded is, in my opinion, pericardial roughening at or about the apex. I have never known a difficulty about the differential diagnosis in the case of adults, but I have observed such difficulty several times in children. In cases of children I have repeatedly said that the quality, character, and situation of a systolic apical murmur will not declare with precision whether there be exocardial or endocardial disease. Combined clinical and necroscopic observation soon convinces us that, in certain cases, wherein we have determined from such physical sign that mitral regurgitation existed during life, no lesion indicating inadequacy of the mitral valve to close its orifice has been discovered after death. Moreover, in some cases, where we have not only observed the sign mentioned, but where the whole category of signs, symptoms, and consecutive changes which experience has taught us to associate with mitral inadequacy has been present, the necropsy has demonstrated no determinate lesion at the orifice.

It will best serve a practical purpose, I think, if we divide the cases in which the signs indicating mitral regurgitation are evident into clinical groups, discussing the bearing of the collateral phenomena upon treatment in each group. We shall thus consider the cases just as we meet with them in practice.

1. A case presents itself, manifesting signs indicating mitral regurgitation in the subject of *marked anaemia*. We have to inquire whether or no there has been antecedent disease, leading up to organic change at the mitral orifice. Supposing such signs are not in evidence, have we a right to assume that actual mitral regurgita-