

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at the Board Room, Town Hall, Sittingbourne, on Thursday, March 4th, at 3.15 P.M., Dr. T. Vincent Bell, President of the Branch, in the chair. The dinner will take place at 5.30 at the Bull Hotel, price 6s. (exclusive of wine). Any members wishing to send papers, etc., should at once communicate with the Honorary Secretary. Agenda.—Dr. Isambard Owen will exhibit the series of Maps illustrating the Geographical Distribution of Rickets, Acute Rheumatism, Chorea, and Urinary Calculus in the British Islands, constructed by the Collective Investigation Committee. Dr. J. V. Bell: (1) A Case of Ovariectomy for Parovarian Cyst, with bowel obstruction, simulating intussusception; (2) A Case of Laparotomy for Long-continued Bowel Obstruction.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—A meeting of this District will be held on Thursday, March 14th, at 4 P.M., H. J. Prangley, Esq., of Anerley, in the chair. Dinner at 6 P.M.; charge, 7s. (exclusive of wine). The following papers will be read:—Dr. Bristowe: On the Direct Influence of the Heart on the Action and Sounds of the Lungs. Mr. Bernard Pitts: Some Cases of Foreign Bodies in the Air-passages. Mr. C. Wray: On Esophoria and Internal Strabismus. Mr. J. Sidney Turner: (1) A Case of Hysterectomy; (2) A Case of Calculous Cystic Right Kidney, with Absence of Left Kidney; (3) A Case of Ovariectomy. Dr. H. Hetley: A Case of Hysterectomy. Members desirous of communicating specimens or notes of cases will please write to the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Thursday, March 28th; Dr. Whittle will preside. Dr. Mackey will read Cases of Cerebral Aneurysm, Abscess, and Tumour, with remarks. Gentlemen desirous of reading papers or cases should communicate with one of the Honorary Secretaries, T. JENNER VERRALL, 97, Montpellier Road, Brighton, or W. A. GOSTLING, M.D., Barningham, West Worthing.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

The third meeting of the session was held, by the kind invitation of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, February 21st. The chair was taken by the Vice-President of the District, Dr. ADAMS, fifteen members and visitors being present.

Demonstrations.—Mr. A. Q. SILCOCK demonstrated the following cases of eye disease: Buphthalmos (2); Hyperostosis of the Frontal Bone, Orbital Tumours (2); Chronic Glaucoma (2); Tumour of Choroid, Dislocated Lens (2); Ruptured Choroid (2); Diffuse Choroiditis (2); Lachrymal Obstruction (3); and Meibomian Obstruction Cyst.—Dr. MAJOR GREENWOOD showed a case of Rodent Ulcer and one of Epithelioma of the Vocal Cords. The room was beautifully fitted by Dr. Adams in compartments illuminated by the electric light for ophthalmoscopic examinations.

YORKSHIRE BRANCH.

The intermediate meeting of this Branch was held in the Town Hall, Bradford, on Wednesday, February 27th, under the Presidency of Dr. RAMSAY, M.A., of York.

Communications.—The following papers were read: Dr. CHURTON: Cases of Nervous Disease in Patients who have had Syphilis. Dr. PORRITT: On Suppository Bases. Dr. ADOLF BRONNER: On the Diseases of and Operations on the Mastoid Process. Dr. HORROCKS showed some specimens from a child suffering from Coccygeal Tumour.

SPECIAL CORRESPONDENCE.

AUSTRALIA.

[FROM OUR OWN CORRESPONDENT.]

The Intercolonial Medical Congress of Australasia; Address in Medicine by Dr. Taylor.—Professor Anderson Stuart on Medical Education in Australia; on Karyokinesis; and on Cerebral Topography.

THE Address in Medicine was delivered by Dr. W. F. Taylor, of Brisbane. The science of medicine, he said, included every other science within its limits. The laws which governed the universe were to the same extent the laws which were applicable to the human being. No man could be said to be in perfect health whose spiritual being was clouded by material longings and aspirations. The study of vital processes was one which ought to form the fundamental basis for all observation and research in science. We lived in a state of constant change, and the vital processes were constantly elaborating new tissue and discarding old. Those, therefore, who made themselves acquainted

with the life history of the ultimate component parts of the organism and the cell development and growth thereof, were in a better position to realise the changes which might ensue from any interference with the natural condition of these parts. Instances of the influence of mind on matter were to be met with, not only in the so-called nervous conditions included under the sweeping term of hysteria, but also in cases where actual alteration in the nutrition and growth of a part had resulted from mental ideas or emotions. The condition termed hypnotism, mesmerism, or animal magnetism was one well worth the careful study of every medical man. The progress in medical science during the last quarter of a century had been more remarkable in the direction of pathogeny and pathology than in therapeutics, although in the latter branch much real advancement had been made. The treatment of neuroses by massage and the treatment of uterine troubles by electricity were examples of advancement. The death of children from preventable diseases in the colonies was on the increase. The death-rate of children under 5 years in Queensland during the four years 1884 to 1887 had steadily increased, the proportion per cent. of such to the total deaths in the colony being, in 1884, 33.95; 1885, 38.80; 1886, 41.26; 1887, 41.35. In New South Wales the proportion per cent. was, in 1884, 43.79; 1885, 43.26; 1886, 43.15; 1887, 41.67. In Victoria the proportion per cent. was, in 1884, 35.87; 1885, 36.07; 1887, 36.90; and in South Australia the proportion per cent. was, in 1884, 48.59. In Queensland, in 1887, 2,136 children died under 5 years of age, and of this number, 1,856 were under 2 years old. All our attention seemed devoted to the keeping out by rigid quarantine of such diseases as small-pox and cholera, while little or no heed was taken of the unhealthy state of our cities and towns, and of the numbers who perished annually from diseases which, under proper hygienic conditions, would not exist.

Professor Anderson Stuart (Sydney), president of the section of anatomy and physiology, gave an address, in which he insisted on the training of the mind in science and scientific methods as a means of education and culture. The physician must be a physicist, and the methods and laws of physics must be applied to the study of physiology. Natural science should be taught in the primary schools. The medical curriculum at the Sydney University required as a guarantee of a sufficient general education a degree in arts or in science; or, failing a degree, a year's attendance on the classes of the first year of the arts course, together with the examination at the end of the year. After this followed a course of five years' duration. The desire was to educate and train rather than merely to instruct and cram. A course of ophthalmic medicine and surgery and a course of psychological medicine had been made compulsory. Requiring attendance on a course in logic and psychology was a new feature. Thus the student becomes acquainted systematically with the general methods of science—with, as it were, the grammar and syntax of science. He was introduced to many of those problems of philosophy which had occupied the minds of men in the past, and which, from the nature of his daily work, could hardly fail to occupy his own. The doctrine of evolution, which had extended to every department of knowledge, had influenced medical science more directly than any other, and to that doctrine the medical profession owed much of its progress. Professor Stuart here digressed to observe that the increase of bespectacled people among us was due to the fact that defects of vision were now successfully treated by spectacles, which, in earlier days, could not be treated at all. Passing next to speak of the process of karyokinesis, it seemed hardly too much to say that in this visible process, whereby the ultimate constituents of the tissues were reproduced, we had one of the fundamental characters of organised things. There seemed to be a molecular anatomy which, though invisible to us, was yet as varied as was the visible structure of larger masses. In this way we might explain the different results that flowed from the development of such apparently similar things as one ovum and another. They were really very different from the beginning, only we had not the means of appreciating the difference. Turning, then, to the subject of cerebral physiology, Professor Stuart observed that Professor Goltz, of Strasburg, had demonstrated that the notion of the existence of small circumscribed centres in one side of the cerebrum, having an indispensable connection with muscular and sensory areas on the opposite side of the body, and the notion that in these cerebral areas alone arose the will-impulses which eventuated in voluntary movements of the opposite side, were not correct. Each side of the cerebrum was connected with every voluntary motor and with every sen-

sory area of the body. The bearing of this on cerebral surgery was obvious. If the patient got over the shock, and although a good-sized piece of the brain might be removed, neither remote nor functional consequences need necessarily be feared. These observations forced him to conclude that while the different parts of the cerebral cortex were not of equal value, and while, therefore, there was a sort of localisation, yet there was not anything like that minute localisation in the existence of which so many believed. In conclusion, he said that museums of anatomy and physiology should be encouraged, and a complete library of medical periodicals and works was a desideratum.

VIENNA.

[FROM OUR OWN CORRESPONDENT.]

Combination of Syphilis with Leprosy.—Traumatic Epilepsy.

AT a recent meeting of the Imperial Royal Society of Physicians, of Vienna, Professor Kaposi showed a man, aged 31, who was the subject of combined syphilis and leprosy. The patient came of a healthy stock, but had lived for some years in regions where leprosy is usually prevalent. In 1884 he contracted syphilis. In order to get rid of this affection, which had relapsed several times, he came to Vienna, and was admitted into the clinic of Professor Neumann. Some time before this, he had noticed a small vesicle on the index finger, and beneath the fingertip; this soon broke, leaving behind an ulcer with a cicatricial depression. Professor Neumann treated him with mercurial frictions, iodide of potassium, and the "decoctum Zittmanni." Whilst undergoing treatment, severe pains occurred, shooting from the right hand towards the arm and the shoulder, and persisting day and night. On some fingers of the same hand, red patches were also visible. The patient was then transferred to the clinic of Professor Nothnagel. The neuralgic pains in the right upper extremity were here pronounced to be due to syphilitic neuritis, and further antisyphilitic treatment was ordered, in addition to which anti-pyrim and electricity were tried. All these measures proved useless, and new patches appeared on the right hand, diffused over the skin, so as rather to resemble infiltrations. At the end of November, 1888, the patient was admitted into the clinic of Prof. Kaposi. The symptoms had changed but little since the onset of the affection. The right hand appeared to be enlarged; the skin over the index and the middle finger was diffusely red and glistening. The redness and infiltration also extended over the back of the hand; some scattered and elevated red patches were also visible on the same hand. On the right upper eyelid, and on the parts near it, the skin was equally raised and intensely reddened. The infiltration was painful on pressure. The pains in the right arm still persisted, while some anæsthetic points were discovered which were, however, still sensitive to pressure. Professor Kaposi came to the conclusion that these lesions were not due to syphilis, but to anæsthetic leprosy. The development of pemphigoid vesicles, the anæsthetic patches, the pairs in the arms, the localisation of the red infiltrations, the whole course of the disease, as well as the failure of the general and local antisyphilitic treatment, all combined to lead him to the diagnosis of leprosy. Small pieces of the affected skin were excised for microscopical examination, with the view of discovering the bacillus lepræ: but in numerous specimens none could be found. This, however, did not, in his opinion, disprove the diagnosis of anæsthetic leprosy, as other investigators had failed to find this microbe in cases of anæsthetic leprosy. Moreover, the case was still in an early stage. Professor Kaposi went on to say that it had not yet been proved that leprosy could be directly transmitted by inoculation. He also referred to several cases in which persons affected with leprosy were said to have afterwards contracted syphilis, and pointed out that in these cases syphilis was first present, while symptoms of leprosy manifested themselves at a later period.

Dr. Salzer brought before the same Society a young man on whom an operation for traumatic epilepsy had been performed in Professor Billroth's clinic. The patient, a native of Greece, aged 23, had, five years previously, received an injury from a stone which fell on his head from a mountain. He subsequently suffered from hemiplegia, disturbances of speech, general cramps, etc. The wound on the head had already healed on the fifteenth day after the accident, but burst open again several times, pieces of bone being removed on each of these occasions. The patient then continued well for three years and nine months, when he became affected with general spasms, and

frequently on the right side. In May, 1888, he was operated upon in Athens, when some adhesions of the meninges were broken down. The spasms, however, soon returned, the attacks being preceded by an aura lasting for some hours, and the right facial nerve seemed to become first affected. In Professor Billroth's clinic the skull was again opened, and a prominence of the brain-surface was found at one point, from which a serous fluid escaped on section. It was a small cyst of the cerebral cortex. The cyst was carefully extirpated, the hæmorrhage was promptly arrested, and a dressing was applied. After transient aphasia and paralysis, severe attacks of cramp still occurred on the twenty-fourth and twenty-fifth day after the operation; they had not, however, occurred since that time. Only a month had passed since the operation, and it could not, therefore, be stated with certainty whether the man was really cured. Professor Billroth took occasion to discuss the general chances of recovery in such cases, and pointed out that in traumatic lesions of the brain epilepsy most frequently supervened after some years, at a time when certain displacements of the cerebral matter and adhesions of the meninges had already taken place. When the skull was then trephined again, and a cicatrix or any similar condition was removed, it was to be feared that a new cicatrix or new adhesions would be formed which might again give rise to cerebral symptoms. He, therefore, did not place much confidence in surgical interference in such cases. The operation was, however, now almost free from danger, as suppuration could be prevented, and as only a simple cicatrix was left. The convulsions were always arrested for a time, and for this reason the operation was to be recommended. In a similar case which had been operated upon in his clinic, the general convulsions did not disappear, but the continual severe headache was relieved, and the patient left the hospital in a very satisfactory state. Professor Billroth also mentioned another case of trephining for epilepsy in his clinic, in which the patient had succumbed to convulsions which came on after the operation. In the case of neuralgia, simple section or complete excision of the nerve had often no effect. Professor Billroth wound up by saying that as to the origin of neuralgia we knew nothing, and as to the causes of the epilepsy we were just as much in the dark.

CORRESPONDENCE.

IS SYPHILIS INCURABLE?

SIR,—The statement made by Dr. Gowers (Lettsoman Lectures, JOURNAL, February 16th, 1889), that "syphilis is an incurable disease," is so categorical and so straightforward, that it marks an evident advance in the knowledge of that terribly common malady. My own experience makes me agree with this short statement of the actual behaviour of syphilis, even under the most careful therapeutics by means of mercury and iodide of potassium. For some years I treated a number of cases of syphilis without mercury in the early periods, and was amazed to find that, in healthy young adults, the initial lesion and secondary rashes often rapidly disappear, and the patient got into good health, and continued well for an indefinite time. Gradually, however, I found that a certain number of such patients had tertiary or gummy disease, and, as Dr. Fournier, the greatest Parisian writer, vigorously alleged that the non-use of mercury in the early stages of syphilis was the main cause of such tertiary lesions, I gave all my patients at the Rescue Society's Hospital for many years small daily doses of mercury and chalk (as Mr. Hutchinson advises), or of the green iodide of mercury, for many months together. This treatment was also most successful; but I lost sight of my hospital patients, and don't know whether many of them developed gummata in after years or not. But, among private patients, I regret to say that, as far as I can see, even the most careful treatment by mercury will not enable us to say that the patient will have no such symptoms. Again, I agree with Dr. Gowers in his praises of iodide of potassium in gummata; I also doubt whether it is necessary in such cases to follow up the iodide with a mercurial course.

Finally, one word as to the prevention of syphilis. I once, in 1867, believed in the Parisian plan of the Bureau des Mœurs; but on visiting Paris, and studying the question as well as I could, I found that true syphilis was extremely common in Paris, and that indeed it had increased in frequency, just as the St. Lazare prison had been more and more employed to terrify the female