

In no fewer than six capsules, five of which were infected from different tumours, they had obtained actively moving amœbæ. Some of the earlier of these experiments were not conducted with all the precautions desirable, and they hoped in a few weeks to satisfy themselves on this question, as they had a new series of such experiments almost mature for examination, together with many check experiments made with the muscle, pancreas, spleen, mamma, etc., of the human subject, as well as of dogs. In check experiments made with sterilised sand and distilled water, or tap water, to which a small quantity of broth or blood plasma had been added, they had obtained no similar results.

There was one body that for a while diverted attention. This was a flattened circular or oval structure, radially striated in its periphery, and corresponding in size with the element met with in carcinoma. It occurred in all the samples of silver sand examined, as well as in sea sand, and its general look suggested a skeletal nature. It was unaffected by baking; on the addition of hydrochloric acid it rapidly parted into radial segments, and then utterly vanished. Professor Dallinger had not been as yet able to name it, but it was probably a segment of some foraminiferous protozoon. Were the amœbæ leucocytes? Professor Sherrington had made the interesting observation that in the blood drawn from the dog and prevented from coagulating by the intravenous injection during life of oxalate of potassium the white corpuscles will exhibit movement for as long as three weeks; in the frog, observation had also shown that the leucocytes will remain alive six weeks after the blood is drawn. That the bodies in question, however, were not surviving leucocytes was proved by their living in water, the action of which was lethal in the case of the mammalian corpuscle; and it was evident, from the great numbers found in the larger capsules, that a process of multiplication was concerned. But what completely disproved this possibility was that there were other phases met with in the sand of the capsules: encapsulation and sporulation.

One of the tumours used was a sarcoma. And, should the results be true, it was not a little curious that the same microzoon occurred in carcinoma and sarcoma. In sarcoma Dr. Ruffer had not yet described such a body as that present in carcinoma.

He concluded, however, with an analogy. One of the most remarkable modern discoveries in connection with vegetable galls was Professor Adler's, that what were once taken to be two distinct gall-making insects are but different phases or alternating generations of a single one; and there were many such instances. And the interesting point was that the galls produced by the same insect in its alternating phases were markedly different. One of the commonest kinds was one of the best illustrations. The common spangle on the under side of the oak leaf was the produce of one phase of a gall-making insect, the currant gall on the male flower was the produce of the other phase of the same.

So it might be in carcinoma and sarcoma.

THE MAMMALIAN HAND.—At the meeting of the Zoological Society of London, held recently, Professor Karl von Bardeleben, of Jena, read a paper on "Bones and Muscles of the Mammalian Hand and Foot," in which he explained his views on the rudiments of the sixth and seventh digits or rays. These rudiments, as he showed, are situated both on the inner and the outer borders of the hand and foot; they are present in nearly all the orders of mammals, especially in the lower forms, and are always provided with special muscles.

ROYAL SOCIETY OF EDINBURGH.—At the meeting of this Society on May 7th Dr. Robert Munro, at the request of the Council, read a communication on the Rise and Progress of Anthropology. He held that the coalescence of the power of deciphering unwritten records, with the almost coincident teaching of Darwin, first enabled the antiquary to look beyond the horizon of mere historic vision, and to gather the materials for a science of anthropology. Dr. Munro held that the chief materials in attaining this science were (1) ethnology, (2) language, (3) the structure of man, (4) fossil man, (5) the handicraft products of man, (6) the bearing of geology on the prehistoric remains of man.

AN ADDRESS

ON

THE ETHICS AND PROSPECTS OF THE PROFESSION IN NEW SOUTH WALES.

Being the Presidential Address delivered before the Sydney and New South Wales Branch of the British Medical Association, March 2nd, 1894.

By RALPH WORRALL, M.D., M.C.H.

GENTLEMEN,—First let me again express my grateful acknowledgment of the high compliment paid me in electing me to be President of the Sydney and New South Wales Branch of the British Medical Association for the year which has just closed. No one can be more conscious than myself of my many shortcomings in filling this high position; but I am solaced by the thought that failure, more or less, is the common lot of humanity, and that I have striven, as far as in me lay, to uphold the dignity of the office and the interests of the profession. I thank you for the indulgence and courtesy which you have always extended to me, and I would express my special indebtedness to my brother officers in the Council and to our Assistant Secretary, Mr. Green, for the valuable help so often given.

THE PAST AND FUTURE OF THE BRANCH.

The past year has been one of unexampled prosperity for our Branch. Nineteen new members have joined, making our total strength 192. We have a credit balance of £331 5s. 2d., and this after paying £32 14s., in accordance with a vote of the Branch, to Dr. Martin to aid his experiments in snake poison. We have to deplore the loss of two valuable members, Dr. Geo. Bennet and Dr. W. Spencer.

There have been 12 Council meetings, and 10 general meetings, at which 23 papers were read and 12 exhibits shown. The whole of these contributions were made by 20 members; that is, out of a total of 192 members, many of whom have great opportunities for scientific and clinical researches, only 20 took the trouble to lay before their brethren any result of their observations and experience. This is surely an undesirable state of things. Those who have opportunities should make use of them in the interests of science and humanity; in omitting to do so they neglect a powerful means of self-culture, for the preparation of a paper entails much healthy exercise of the judgment and reasoning faculties in addition to materially adding to an accurate knowledge of the subject treated. I trust that in the ensuing session members will rouse themselves, and that we shall have such a plethora of papers that the Council will be called upon to make a selection of the most valuable for presentation at our meetings.

The average attendance at our general meetings has been greater than in any previous session, yet we have to regret that many of the senior members are conspicuous by their absence. These gentlemen owe everything to the profession. Surely it should not be too much to expect that in return they would make the small sacrifice involved in attending once a month and endeavouring as far as they could to aid the success of these meetings, which help so greatly to bind together the profession and add to its sense of knowledge. In Liverpool, throughout the session, meetings were held fortnightly, and notwithstanding this tax on their time, the leading medical men were characterised by the punctuality and constancy of their attendance. They recognised that the man who lives self-centred, with no regard for the commonweal and no object but his own narrow personal interests, misses much unalloyed pleasure and cuts himself off from valuable sources of instruction and self improvement.

The discussions have not shown as much advancement as the increased attendances would warrant us expecting. Some members are too proud—because they do not speak as well as others they refrain altogether—others are too diffident. Both

might remember that good speaking depends largely upon practice and knowledge, and if when notices of meetings are received they would take the trouble to read up and reflect upon their own experience in the matters which are to be debated they would acquire that confidence which mastery of the subject rarely fails to give, and the interest and value of the discussions would be greatly increased.

Another great hindrance to discussion is the fear of giving offence. In former years we were called a mutual admiration society, and while at the present time this cannot be truthfully said of us, yet I do think many members by their silence tacitly consent to what they believe to be error rather than risk offending a *confrère*. This is a shrinking from duty which I trust will have no place amongst us in the future. To be of any value discussion must be fearless and outspoken; so long as it is couched in courteous terms adverse criticism, however strong, will alienate no friendship worth retaining.

As I said before, there are at the present time the large number of 192 members comprising the Branch. Yet compared with the total number of practitioners in the colony we are in a sad minority. The proportions must be reversed, we must include in our ranks all reputable practitioners if we are to exercise that power and influence which is so necessary for the welfare of the profession.

When we shall be able to say without fear of challenge that the Branch is practically the medical profession of this colony, and that those outside are an insignificant minority, there are many points of medical policy which we shall be able to direct and many questions we shall be able to decide in the interests of the whole profession which at present it is impossible we can adequately control. Let me instance one or two. It will be admitted that the stamp of man, in addition to his technical knowledge, which the medical faculty of a university turns out, is a matter of vital concern to us all. Now we all know men are made by their teachers; "from them their form and tone is taken; and what they make them they remain" is very largely true. If, therefore, the profession as a whole can directly influence the appointment of the very best men only on the university staff, it will have secured the most powerful aid in maintaining unimpaired its status and dignity in these colonies. In the eloquent words of a great American surgeon: "Teachers should not be appointed for their connections, pedigree, or wealth, but for their high character, knowledge of the subject, and love for teaching. There should be no small men morally or mentally in the faculties of our universities." The authorities of the university, therefore, have a great responsibility, greater perhaps than is recognised by some. Upon the conscientious and wise exercise of their high trust depends the health, honour, and happiness in more ways than one of the whole community, rich and poor alike.

THE ETHICAL FUNCTIONS OF THE BRANCH.

Another subject of even greater importance is that of ethics, which has been only too prominently before us during the year. It has been asserted by some that this lies entirely outside the scope of the society, and that our interference in the matters referred to was therefore unjustifiable. To show how contrary to fact is such a view I will read the following extract from the original prospectus drawn up on the formation of the parent Association in 1832 to indicate its objects and purposes:

"Fifth object: Maintenance of the honour and respectability of the profession generally by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession."

The by-laws of our own Branch say that its objects shall be, amongst others: "To advance the general and social interests of the profession. To promote fair and honourable practice, and to decide upon questions of professional usage and courtesy. To consider any question of medical polity."

Such, then, being the fundamental objects of the Association, it was not merely justifiable, but would have been neglect of duty for the Council—the Executive of the Branch—to fail to interfere in a matter which admittedly concerns very closely the best interests of the profession.

As competition deepens there is an increasing tendency

for those of weaker moral fibre to fall away from the honourable traditions of the profession which, in joining it, they accepted, and to resort to advertisement of one kind or another, in order to bring themselves under public notice. In this they have the support of the lay press of Sydney, the directors of which have apparently been unable to divest themselves of unconscious bias in favour of a practice so calculated to increase their receipts. It is much to be regretted that these gentlemen, who to a considerable extent help to mould public opinion, are unable to take a broader view of matters which concern the public even more than the profession. A daily paper, in a leading article on Mr. Ernest Hart's address on Medical Ethics before the American Congress, asks, Why should not doctors advertise? Why should not one who knows he can heal and relieve to a greater extent than his colleagues, tell the public so? The answer is, if he can do so, he does not need to proclaim it, nor is it becoming he should. Nothing is more certain than that the public will gradually make the discovery for itself, and that the gratitude of those whom he has benefited and the generosity of his brother practitioners, which in such a case they have never been slow to evince, will bring him opportunity and fame in a much more satisfactory and gratifying manner than if he were to sing his own praises in the public press or elsewhere. It is of absolutely no value to the public to hear how a medical man estimates himself, but of the greatest value for it to hear from others in what estimation he is held by them, to have the private opinion of those qualified to judge. Again, if self-advertisement were to prevail as a general practice, the public would be at a greater loss than ever to discover where real merit lay. If all were to insert simply announcements of their merits in the public press, obscurity would come again, and to make themselves distinctive and notable some would find it necessary to resort to such expedients as sea serpents in the window or balloons in the air. Can anyone doubt the degradation which would follow? Our social status and professional dignity gone, we should be on no higher level than that of small tradesfolk. I shall conclude the question of self-advertisement in its various forms by quoting Mr. Ernest Hart to the effect that it is the keynote of the quack, and that Dr. Johnson's definition of a quack is "one who proclaims his own medical abilities in public places"—that is, the lay press.

The question which I believe is next in importance, and which has already wrecked a society which promised to do much for the profession, is that of consultation with homœopaths. Mr. Ernest Hart has dealt with this subject in such a manner as to convince anyone, not blinded by prejudice or self-interest, that to meet those who profess to be guided by the principles commonly supposed to be associated with the term homœopathy is unworthy of members of an honourable profession. To quote from an able editorial on "Medical Ethics and the Lay Press" in the *Australasian Medical Gazette* of January 15th: "..... We meet him (homœopath) not, as he is deceiving the public and practising what he knows to be false." That is the case exactly. It is useless disguising facts. If we consult with homœopaths we connive at fraud.

Regular practitioners do not dub themselves allopaths, or assume any other catchword implying that they possess a superior system of cure in order thereby to attract patients. They are guided in the treatment of disease not by "a rule of thumb," but by the results of accumulated experience and scientific research. Apart, therefore, from ethical considerations there is no common ground upon which they can meet a homœopath with any advantage to the patient.

MEDICAL ETHICS.

Another question of public medical ethics is concealing remedies and modes of treatment. About this I do not consider it necessary to make any remarks, because the members of the profession in these colonies are, as a rule, most generous in spreading a knowledge of the best they possess among their brother practitioners. While private medical ethics are scarcely less important than public ethics, we cannot hope to guide and control them by means of our Branch in the same way as the latter; this must be left to the private judgment and conscience of each individual member. I will only say in the words of Professor Drummond, that when a man acts unselfishly, and does as he would be done by, he

erects a landmark upon which he will after look back with far more satisfaction than he could view any advantage he might derive from having acted otherwise. One question of private ethics I may, perhaps, be allowed to touch upon, and that is, Should the consultant take up a case which he has taken in consultation during that or any subsequent illness? In my opinion to do so is prejudicial to the best interests of all concerned, and is only justifiable when in the meantime the case has been placed in the charge of a third practitioner.

CLUBS.

No presidential address would appear to be complete without a reference to the old grievance regarding clubs. I am inclined to believe that the only solution of this difficulty lies in the suggestion made by Dr. Huxtable when the matter was under consideration some two years ago, that the Council of this Branch, the majority of whom have no clubs, and therefore may be said to be impartial, should meet in conference the chief men in the various orders, and place the case of the lodge doctors before them with the force that disinterested advocacy cannot fail to give. Conference is acknowledged to be the remedy for all grievances of this kind nowadays; it may do good and cannot do harm, and I therefore commend the idea as worthy of consideration to the lodge doctors and the Council of the Branch for the ensuing year.

I may add that I think there are two questions in connection with lodge practice demanding immediate attention:—

1. The amalgamation of lodges into institutes in which the medical officer is paid a fixed and totally inadequate salary irrespective of the number of members, and in which he is obliged by the amount of work to treat patients *en masse*. It is thus impossible that there can be that mutual esteem which is very general under the old system of each lodge choosing its own medical officer. In adopting such a scheme, therefore, the lodges have acted in a way which is diametrically opposed to their own interest, and demoralising to the practitioner who has been induced to accept the position.

2. The formation of proprietary lodges in which the principle of mutual benefit is non-existent, the medical officer being paid an insignificant and decreasing proportion of the receipts, the remainder going to the proprietor, who is thus stimulated to resort to all kinds of unjustifiable canvassing, and frequently lures into his net the patients of other medical men and those well able to pay ordinary fees. This is a system which has been condemned in the strongest terms by the parent Association and the General Medical Council. To check it the latter is now considering the advisability of striking off the *Register* all who degrade themselves and their profession by participating in it. The instances in which the medical officer is also the proprietor are still more reprehensible.

COMPETITION AND OVERCROWDING.

The evils which I have thus traced have undoubtedly as their exciting cause the excessive competition to which members of the medical profession are now subjected, and it cannot be too widely known that the days are for ever past in which a practitioner could hope to come out to these colonies and return to England in a few years having acquired a moderate competency. Those, therefore, who purpose emigrating would do well to pause and consider whether little more than bare living is sufficient compensation for expatriation from country, friends, and all the pleasures and advantages of the highest social and professional intercourse, and so likewise parents and guardians would do wisely to reflect whether the same amount of time, money, and energy thrown into some other sphere would not give a richer material return for those whom they wish to make a good start in life. If, on the other hand, a young man feels that the acquisition of wealth is but a small part of the physician's reward, and that in absorbing interest the medical profession is equalled by no other, he may enter it in the full assurance that he will not be disappointed.

REMEDIES.

Having pointed out the ills already in existence and those showing themselves above the horizon, it is meet that I

should make suggestions as to the means by which they may best be encountered and overcome. Of these, none to my mind equals in importance the inclusion of the whole profession in our Branch. The Council are fully alive to this, and have caused a circular to be sent to each practitioner not already a member, inviting him to join, but it is incumbent upon each of us individually to spare no effort to induce our friends to become members. Then we must have our own medical journal, managed and controlled by ourselves, and if the other colonies will only co-operate there is no reason why we should not accomplish this during the present year by buying the *Australasian Medical Gazette*, which has already a very high reputation and a large number of subscribers.

The library which has just been formed should and will be extended, to which end the Council have written, soliciting the help of the parent Association. Then if some one of our many rich men would build for us a medical institute, with meeting room, library, etc., we should have all the factors which go to make a strong, united, progressive profession exercising a weighty and benign influence upon the welfare of the community. I cannot conceive of any way more calculated to give present satisfaction and future honour, in which superfluous wealth might be expended, than thus to increase the usefulness of a profession whose mission is to mitigate suffering and prolong life.

Having rendered membership in our Branch attractive and valuable in these and other ways, such as affording prompt and unstinted aid to any member who might find himself in a difficulty—from whatever cause arising—and having made it clear “that if a man should not do what is right and honest, other men,” in the words of Sir Edward Clarke, quoted by Mr. Ernest Hart, “will have nothing to do with him.” We may feel that we have done all that lay in our power to raise our profession, and make easier the path of those who come after us. We may not have accomplished all that is desirable, we may have failed to reach the goal of all our ambition, but at least we can say, like “the hunter” in the *Story of an African Farm*: “By the steps we have cut others will climb. By the stairs we have built they will mount, and no man liveth to himself, and no man dieth to himself.”

REMARKS ON SENILE EPILEPSY.

By E. MANSEL SYMPSON, M.D., B.C.CANTAB., M.R.C.S.,
Surgeon to the Lincoln County Hospital.

SENILE epilepsy, though only a small portion of a great subject, is interesting because it is not very uncommon, and on account of its relations to other nervous affections with which old age is apt to be afflicted. By “epilepsy” in this paper is meant idiopathic epilepsy only, as distinct from traumatic or Jacksonian epilepsy, and wherein *post mortem* no gross lesion of the brain would be found.

Three chief seasons in the life of man seem most liable to the invasion of epilepsy: the time of teething, the first few years of life; the time of puberty, from 10 to 20; and old age—that is, from 60 years of age and upwards. It is true that some authorities, such as Dr. Russell Reynolds,¹ give another season—at or about 40—as the period when a good number of persons are first seized, and in this he is supported by the late Dr. Hilton Fagge,² who says, “first attacks often occur in persons about 40.” But, putting this season aside, it will be observed that the two first-mentioned—those of teething and puberty—are the times when the nervous system is rapidly developing and hence is likely to be unstable; this again is shown by the tendency to meningitis at those times. In the last one, old age points more to the decay of the nervous system—a second childhood.

As to the frequency of senile epilepsy, there seems to be a little difference of testimony. Fagge³ again says, “Exceptional instances are recorded in which epilepsy has begun at an advanced age; one, for example, by Trousseau, which began at about 69.” In Dr. Reynolds's series of 172 cases there were only 2 whose commencement dated after 45 years

¹ Reynolds's *System*, vol. ii, p. 254.

² Vol. i, p. 690. 1st Edit., 1836.

³ *Loc. cit.*