Dr. MAUDSLEY proposed, and Dr. LOCKHART ROBERTSON seconded, the following resolution with regard to the late Professor Griesinger, who had been an honorary member of the Association: "That the Medico-Psychological Association cannot allow its first meeting, since the death of Professor Griesinger, to pass, without earnestly expressing its sincere recognition of his high moral qualities, his distinguished scientific labours, and his energy and humanity as a reformer of the treatment of the insane in Germany; and desires to convey to his widow its heartfelt sympathy with her in the heavy bereavement which she, in common with medical science, has sustained."

THE NOMENCLATURE OF DISEASES.

AT the meeting of the Royal College of Physicians on January 28th, it was resolved that 1,600 copies of the *Nomenclature of Diseases* should be at once printed. Next week the price of the work, and the exact time at which it will be published, will be announced.

THE GENERAL HOSPITAL, BIRMINGHAM.

AT their last meeting, the Weekly Board of the Birmingham General Hospital authorised the medical officers to admit two of the most meritorious students to all the privileges of house-pupils without payment. As, however, there is not any room available for sleeping, they will, for the present, be obliged to sleep out of the hospital.

ASSOCIATION INTELLIGENCE.

NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held on Thursday, March 4th, at 12 o'clock noon, at the Black Lion Hotel, Mold, under the presidency of James Williams, Esq.

Dinner at 3 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen who have papers or cases to communicate, will please to forward the title or short abstract of the same; and those who purpose dining, will be good enough to give a few days' notice to the Secretary.

Beaumaris, February 1869. D. KENT JONES, *Hon. Sec.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 26TH, 1869.

S. SOLLY, Esq., F.R.S., President, in the Chair.

REMARKS ON THE NATURAL HISTORY OF RHEUMATIC FEVER. BY WILLIAM W. GULL, M.D., AND HENRY G. SUTTON, M.B.

THE discussion on this paper was resumed.

Dr. DALDY wished to know what was meant by "rheumatism", and what by "rheumatic fever." He would like to abolish the word rheumatism altogether, including, as it did, several conditions, such as neuralgia with swelling of the joints. By rheumatic fever was generally understood the lithiasis, for which the elder Dr. Warren had said that six weeks was the treatment. The so-called subacute rheumatism was really a form of remittent fever *plus* rheumatism. Many of the cases mentioned by Dr. Gull as cases of rheumatic fever were not examples of rheumatic fever at all, but of a remittent fever, with associated local conditions, and having a course of from fourteen to twenty-one days.

Dr. HANDFIELD JONES said that there was importance in the remark that rheumatic fever was not an uniform condition. There were many other instances, such as epilepsy, neuralgia, etc., where the phenomena were liable to mislead; and the mere phenomenal study of disease was insufficient as a guide to treatment. The pathology of rheumatism was not known; and its treatment was altogether empirical. Some rheumatic fever patients excreted much acid and received relief and benefit from alkalies; while in other cases with articular manifestations there was an excess of alkali, and here large doses of quinine did good. Again, some cases (but not all) derived benefit from the application of blisters, though they were not cured thereby. It was necessary to exercise discretion in selecting the proper treatment for a case of rheumatic fever. There was only one definite fact: that the production of much acid is a definite indication for the use of alkalies. It ought to be asked whether what was called rheumatic fever was one disease or a variety of diseases.

Dr. WYNN WILLIAMS said that the discussion had diverged a little from the original question—whether rheumatic fever was benefited or not by medicines. He had had several attacks of rheumatic fever, and had tried both the "do-nothing" and the alkaline systems of treatment; and was led to strongly recommend the alkaline plan. When there was effusion in the joints, alkaline lotions with laudanum, applied hot, gave much relief. His remarks were based on an extensive experience among country patients.

Dr. WILKS was more or less in accord with the authors, and thought that Dr. Handfield Jones was much of the same opinion. He had had a large experience in rheumatic fever, but he did not know the remedy for it. He had used all the various means recommended; and it was remarkable that all the remedies were almost equally successful; he did not find that any were of no use. There was no one plan of treatment to be used successfully in all cases. The cases to which he referred were of rheumatic fever, as the term is generally understood. The fact of a paper such as that which had been presented being brought forward, was of some importance. Four or five years ago, there was a discussion on the treatment of rheumatism; and if a non-medical writer to the Society had then suggested that rheumatic fever patients might recover without medicine, none could have contradicted him. But now, by obtaining a knowledge of the natural history of the disease, physicians were on the road to its proper treatment. He did not believe that the cases described by Drs. Gull and Sutton were cases of remittent fever. He considered the reading of the paper, as a contribution towards the natural history of the disease, an important fact in the annals of the Society.

Dr. BILLING had hoped that Dr. Wilks would have given his opinion as to the value of the mint-water or "do-nothing" treatment of rheumatism.

Dr. SIBSON would ask whether that treatment could be called "do-nothing" which consisted in keeping a patient in bed, supplying him with proper food, and guarding him from injury? A treatment based on the strict observation of facts, and excluding all distinctly foreign elements, was doing more than giving alkalies, lemon-juice, or other drugs. Nothing was more easy than to prescribe on paper; but the physician must labour in constantly watching the patient and protecting him from harm. Behind all the various methods of treatment there was a common measure; and this was the rest, care, and nurture in hospital. During the last two years and four months, he had treated rheumatism without internal remedies, but with a care, attention, and nursing which he had never before bestowed on his patients. He had been led, by observing relapses in consequence of allowing patients to get up too early, to keep rheumatic fever patients in bed for some time after they were free from pain; and this was a most difficult matter to carry out. Patients would get up and use their limbs, and consequently had relapses. In his treatment, he aimed at securing absolute rest from movement. The patient was kept in bed, with the affected limbs wrapped in cotton-wool; and a cradle was placed to relieve him from the pressure of the bed-clothes. He studied to relieve pain in every possible way in which this could be done. He applied belladonna liniment to the joints; placed a pillow under the foot to prevent it from hanging down, etc. He did not think that this "surgical watching" of the patient could be called "do-nothing" treatment. Mr. Hilton had called attention to the importance of rest in surgery; and it was of equally great importance in the medical treatment of disease. In speaking of the shortness of acute symptoms, we lost sight of an important fact. The great point was, to observe what tendency there was to inflammation of the fibrous structures of the heart. There could be no question that the valves and cavities of the heart were most worked, and more liable to become affected; hence the value of rest and withdrawal of pressure. If there were much pain in the joints, with inflammation, he applied a few leeches; if there were no inflammation, a little morphia was injected subcutaneously. Regarding the use of peppermint-water, he was not sure whether it was right to pretend to give medicine. He had given medicine only for special purposes for more than two years, except, during convalescence, a little iron with quinine; and his patients were well pleased to be relieved from taking medicine. His mind was, however, not made up as to which was the best treatment of rheumatism. This had yet to be proved. We must go carefully and earnestly into the inquiry, and treat patients, not symptoms alone.

Dr. BILLING said that giving mint-water was doing nothing. Even Dr. Sibson's treatment, as described by him, was not in all respects mild; he used leeches, morphia injections, belladonna, etc. The management of the patient, as described by Dr. Sibson, was the work of a nurse. Various modes of treatment were useful at different times.

Dr. ANSTIE said that the alkaline treatment of rheumatism had been regarded as a great boon, and there was a mass of evidence in

its favour, which it was hard to get rid of. But before this plan was given up (though he had lost much of his faith in it) he would have its effects more carefully tested. He believed that it had fallen into disrepute with many practitioners from its effects not having been properly observed. A friend, who was a very careful observer, had assured him that he took care to ensure alkalinity of the urine, and that his treatment was very successful. He thought that leeching might be discarded in all cases, and that small subcutaneous injections of morphia would be sufficient.

Dr. LEARED would ask whether there was an essential acid in the blood in rheumatism. If it were lactic acid, there was a rational explanation of the relief afforded by alkalies.

Dr. REGINALD THOMPSON spoke of the results of treatment of rheumatic fever at St. George's Hospital. In 1866 and 1867 there were 100 patients admitted, of whom 48 had heart-complication on admission, 21 became affected during their stay in hospital, and 31 remained free. The average duration of the stay of patients in hospital was in 1866 22 days, and in 1867 26 days. The average duration of the cases with pericarditis was 46 days.

Dr. HABERSHON thought that Dr. Sibson's remarks on the importance of relieving pain deserved much attention. It could not be said of the measures used for the purpose—such as belladonna, opium, conium, etc.—that they cut short the rheumatic process. The great tendency to relapse had been overlooked in speaking of the natural history and the treatment of rheumatism; and he was led to ask whether the means previously used had not induced in patients a greater liability to relapse, and whether patients who were merely kept in the best position for the remission of the disease were not less liable to relapse than those who had been treated by alkalies or other remedies. He thought that alkalies, when given freely in large doses, produced changes in the blood, and rendered patients liable to come again under treatment. Observations ought to be made not merely on a few cases, but for a long time, if we would estimate the value of different plans. He thought that he had seen much harm done by large doses of alkalies.

Dr. DICKINSON, when registrar at St. George's Hospital, had witnessed cases treated in different ways. In 110 patients treated by various remedies, 35 had endocarditis or pericarditis after the commencement of the treatment. At the same time, 47 cases were treated with large doses of alkalies (rendering the urine alkaline), and of these there was only one in which heart disease was discovered. The alkaline treatment would be, of course, given only in cases attended with much acid. He asked Dr. Sibson how many cases of heart-disease he had had among his rheumatic fever patients during the last two years.

Dr. SIBSON replied that he could not give the exact statistics, but that the number was smaller than in any previous similar period.

Mr. MACILWAIN called attention to a law of disease which he had observed, in reference to the connection of the site of disease and the interference with the general system.

Dr. SUTTON said, in reference to the stay of the patients in hospital, that this was not given in the paper, because in some cases the patients had been kept in hospital both by Dr. Gull and himself beyond the usual time. The diagnosis of the disease was not always easy; but the patients referred to by him and Dr. Gull were mostly females, aged about 19. He could say that all the cases were examples of rheumatic fever—there were certainly none of a gonorrhœal character. The detection of heart-disease was difficult; often, the only sign to be detected by careful examination was a "leather-creak" in the second costal interspace, which, when watched from day to day, might be observed to become developed into the ordinary pericarditic friction-sound. Dr. Dickinson's statistics showed that there was a tendency for the heart to become affected during the first week. He could not understand Dr. Daldy's remarks about remittent fever. In reply to a question from Dr. Reginald Thompson, he said that no relapse had occurred in any of the cases. The patients were kept in hospital until the temperature had been normal for two or three days, and the specific gravity of the urine had fallen considerably.

PATHOLOGICAL SOCIETY OF LONDON.

JANUARY 19TH, 1869.

RICHARD QUAIN, M.D., President, in the Chair.

Dr. QUAIN delivered an Opening Address on taking the chair as President of this Society, which will be found at page 98.

Dr. MOXON showed specimens of Cancer of the Spleen and Lymphatic Glands taken from a stout man, aged 61, who was admitted into the surgical ward of Guy's Hospital under the care of Mr. Durham, suffering from tumours of the neck, which were removed. He afterwards died of œdema glottidis. After death, there was found enlargement of the bronchial, mediastinal, lumbar, and iliac glands, which were affected with encephaloid cancer. The spleen throughout was stuffed with miliary angular masses arising from the surface of the tissue. One of the large mediastinal glands had invaded the tissue of the lung and its neighbourhood by continuity. Encephaloid disease, Dr. Moxon observed, was a rarity at the age of 61. In this case, there was a condition in the spleen similar to lukæmic tumour. The case corresponded partly to Hodgekin's disease. Referred to Committee on Morbid Growths.

Dr. MURCHISON exhibited for Dr. ARCHER, of King's Lynn, two specimens of extensive Calcareous Deposit in the Pericardium from old pericarditis. There was considerable hypertrophy of the heart, but the valves in one were quite healthy, and in the other nearly so. The one was from a man admitted into the hospital almost moribund, and the other from a woman who died of cirrhosis of the liver.

Mr. CALLENDER showed a specimen from a patient in whom a Bubo had Sloughed and Perforated the Femoral Artery and vein just as they became the deep femoral. This accident had apparently been of more frequent occurrence in former days than now, but had died out as the abuse of mercury had died out.

Mr. SPENCER WATSON brought forward a Wasted Eyeball containing a shot which had been extirpated by Mr. Haynes Walton. The shot had remained in the eyeball twenty-four years without setting up any inflammation in the other eye, and then inflammatory action had set up, probably from a bony deposit which had taken place.

Mr. WATSON showed also a Fibrous Tumour of the Sclerotic and Choroid on the temporal side.

Dr. KELLY exhibited a specimen of Embolism of the Pulmonary Artery taken from a healthy married woman, aged 21, who was admitted into King's College Hospital under the care of Mr. Smith for ulcer of the rectum. She was then six months pregnant. At her urgent request, the sphincter ani was divided, this operation having been done successfully on a previous similar occasion. Two days afterwards, labour-pains came on. On the morning of the tenth day, she was suddenly seized with urgent dyspnœa, and the contents of the uterus were forcibly expelled; her face was pale; the pulse could only at times be felt, and then but feebly; she felt as if suffocated, and died in an hour and three quarters. After death, the right side of the heart and the large veins were found very much distended with blood, while the left side was empty and contracted. The lungs were collapsed and very light, but otherwise healthy. A plug of fibrine was found blocking up the two divisions of the pulmonary artery; it was pale, firm, and not surrounded by a black clot; in front of this spot the vessels were empty; behind, very full. A firm clot was found at the junction of the internal and external iliac veins on the right side; it was very adherent at its distal end, but the rest of the clot, about two inches long, lay in the iliac vein, but not filling up all the canal. At one spot was a rough depression, on which fitted a portion of the clot found in the pulmonary artery. All the other organs of the body were perfectly healthy. The firmness of the adhesions of the venous clot would point to its having formed some time previously, and might have been due to the pressure of the uterus as it rose out of the pelvis, the blood in pregnancy having a tendency to clot-formation. The rectum and the veins leading, therefore, seemed to have had no part in forming the thrombus in the iliac vein.—Dr. PLAYFAIR said that the period after delivery at which embolism occurred was not sooner than the twelfth or thirteenth day, and sometimes not till the thirtieth. Here the embolism apparently took place before delivery. He thought the cause of the embolism was the operation.

Dr. CRISP exhibited several specimens of Tubercle in the Common Fowl which, he believed, were produced by a damp atmosphere. The birds had been brought from a district in Suffolk where tubercle among birds was unknown, and had been since kept in a damp hen-house at Chelsea.—The PRESIDENT inquired if Dr. Crisp had read Dr. Buchanan's papers on the subject. Dr. CRISP replied that Dr. Buchanan's inferences were drawn from one part of England only; his included all districts.—Dr. LANGDON DOWN supported Dr. Buchanan's observations.

Mr. CLAREMONT showed a specimen of Abdominal Tumour supposed to be Scirrhous, adherent to all the organs. Referred to the Committee.

Mr. BRUCE showed parts from an old woman who had been operated on for Strangulated hernia. The patient died, and at the autopsy a stricture was found in the rectum and above it of saccular dilatations containing fæces. The external os of the uterus was also occluded. There was also found an enchondromatous tumour of the thyroid, which had become encysted before becoming calcified. She had also an additional lobe in either lung. In answer to Mr. THOMAS SMITH, who asked if

the costal cartilages were ossified, which he believed is generally due to disease and not to old age, Mr. BRUCE replied that, with the exception of two, they were so.

Dr. MOXON brought forward a Diseased Suprarenal Capsule, but with no clinical symptoms of Addison's disease. There was a hyperplastic tumour about the size of a walnut.

Dr. MOXON showed a specimen of Diseased Heart leading to Imperfection of the Aortic Valve from a sailor, aged 20, who had well-marked syphilis. The rings of the aorta were so dilated that the valves no longer covered the widened orifice.

Dr. HYDE SALTER brought forward the Liver from a strumous boy who came into Charing Cross Hospital eight months ago. Five years ago, he had pain and tenderness to the left and above the umbilicus. This lasted a month, and then passed off. Two years ago, his abdomen was as large as when admitted. There had been no symptoms of jaundice. The hepatic dulness measured sixteen by nine inches. It had gone on increasing in size. He died semi-comatose, vomiting having occurred fourteen days before his death. At the autopsy, the liver measured twelve inches across. The whole of the left lobe and the anterior part of the right lobe was involved in disease. The mass was whitish, semi-fluid in some parts, and in loculi communicating with one another. Microscopically, the material consisted of liver-cells and free oil-globules. The other organs were healthy.

Mr. HENRY ARNOTT brought forward Multiple Melanotic Tumours from a patient who had died in the Middlesex Hospital. Referred to Committee.

DUBLIN PATHOLOGICAL SOCIETY.

SATURDAY, JANUARY 16TH, 1869.

A. H. M'CLINTOCK, M.D., President, in the Chair.

Dr. ROBERT MCDONNELL brought before the Society a case of Popliteal Aneurism of rather an unusual nature. The specimen had been sent for exhibition by Dr. Booker of the Shillelagh Infirmary, the patient having died of dysentery while under his care, and while undergoing treatment by compression of the femoral artery. The popliteal artery soon after entering the space—in fact, rather less than one inch below the opening in the tendon of the adductus magnus muscle, was found to have upon it an aneurism, of the size of an orange; a second aneurism, of the size of a walnut, was situated lower down, immediately behind the knee-joint. The second smaller aneurism was apparently undergoing cure; its contents were exceedingly firm. The femoral artery was healthy; no aneurism existed elsewhere.

Dr. EAMES exhibited the Pericardium and Heart of a boy who was admitted into Mercer's Hospital under his care, on the evening of Dec. 24th, and was seen for the first time next morning. The patient complained of agonising pain in the wrist, elbow, knee, and ankle-joints on both sides. He cried out if any attempt were made to move him. He had a slight cough without expectoration; and experienced a feeling of uneasiness about the heart. His tongue was coated with whitish fur, and moist. The pulse was full, 120. The bowels were regular; and he passed high coloured urine. The skin was bathed in acid perspiration. The affected joints were red and swollen. A loud rasping to-and-fro sound was heard over the base of the heart. On the 27th, a thrill was communicated to the hand placed flat over the base of the heart. The to-and-fro sound was distinctly audible when the ear was held close to the chest, though not in contact. Over the sacrum was a large and deep bed-sore. On the 29th, the friction-sound was less distinct; the area of cardiac dulness was enlarged; the bed-sore was improved in appearance. Pulse 140, weak. On the 30th the pulse was 150; the friction sound was scarcely audible; the breathing was very rapid, with a hacking cough. The area of dulness was much enlarged. The joints were much better and less painful, with the exception of the left knee. He felt himself very weak. On the 31st, the pulse was 150. He felt better; the effusion was much increased. As he lay on his left side, the dulness reached to the right of the sternum. There was no friction-sound, and no murmur along the aorta. The bed-sore was not improving. For the next few days he seemed to improve in general health; but still cried out on any attempt to move him. On Jan. 2nd, 1869, the area of dulness reached to the right nipple as he lay on his left side, and upwards to the lower border of the second rib. There was marked œdema of the integuments over the præcordial region, with bulging of the intercostal spaces. No friction-sound was audible, and the heart's impulse was felt as a wave. Dr. Eames was obliged to leave town on the morning of the 4th, and the case was kindly taken charge of by one of his colleagues. Returning on the 10th, Dr. Eames observed a patch of diffuse erysipelatous inflammation on and around the left eye-lid; this had appeared two days previously. The left knee-joint was much swollen and puffy. The pulse was fast and small. There was low muttering delirium. Urine and fæces were passed unconsciously. The bed-sore was much increased in size, and penetrated deeply. The inflammation spread rapidly, aud the patient sank on the evening of the 14th of January. An examination of the body was made next morning. On raising the sternum with the costal cartilages, the pericardium appeared bulging forwards, and covered with a net-work of injected vessels. The sac reached upwards to the upper border of the second rib. On the right side it extended beyond the right nipple. On the left, it had pushed upwards and backwards the left lung, and seemed to occupy the entire left side of the thorax. The diaphragm was horizontal; or rather slightly convex downwards. The amount of liquid effusion measured 12 fluidounces. On opening the abdominal cavity, pus was observed in the right iliac region; and on raising the intestines, this was found to proceed from a slit in the iliac fascia. As it seemed possible that the bed-sore, which was so troublesome a feature in the case, might have some relation to this unexpected appearance of purulent matter, the body was rolled over, and the seat of the sore examined with a probe. The sore held a sinuous course to the right sacro-iliac synchondrosis, and the probe readily passed between the sacrum and ilium. The cartilage was completely eroded, as was also the periosteum of the ilium about the posterior superior spinous process. The pus entirely filled the iliac fossa, and, following the conjoined tendons, appeared at the lesser trochanter. The right knee-joint was filled with pus; the other joints were free. On laying open the pericardial sac, both surfaces were seen to be intensely injected, and a thick layer of lymph overlay the heart. The depth of this layer over the great vessels was quite half-an-inch. On the posterior wall of the left ventricle, a little above the apex, the two surfaces had united with a firm union over an area about the size of a two-shilling piece. The endocardium was vascular, as was also the commencement of the aorta. The valves were healthy, and had no lymphy deposits on them. On a very careful examination there was found, on the posterior wall of the left ventricle, a deposit of pus about the size of a grain of No. 2 shot, just below the origin of the aorta. The fluid taken from the pericardium was examined under the microscope; it presented no pus-corpuscles. There were no purulent deposits in the lungs, liver, or spleen, these organs being most carefully and minutely examined.

CORRESPONDENCE.

MR. SYME AND TEACHING IN THE UNIVERSITY OF EDINBURGH.

SIR,—In reply to Dr. Bennett, it is hardly necessary to say that I never characterised "microscopes and ophthalmoscopes" as physiological "toys". What I have said is, that this title seemed applicable, not to these most valuable instruments, but to those which, instead of promoting the progress of science, simply demonstrated certain ascertained physiological facts.

As to the dissection of living animals, I have always expressed the opinion that it was warranted for scientific investigation, but not for merely exhibiting the results so obtained.

In regard to clinical surgery, I have taught it in the way that appeared to me most useful, and my pupils have never complained of their instruction. During the last twenty-six years, there has been no alteration whatever in the mode of conducting my lectures.

I am, etc., JAMES SYME.

Edinburgh, February 1869.

HOSPITALISM, ETC.

SIR,—Will you allow me a little space to make two comments on Sir J. Simpson's article in your last number, just in order to set myself straight with your readers? The general subject is obviously not ripe for discussion; nor can it be till Sir J. Simpson redeems the promise of publishing and commenting on his statistics, which I note with pleasure in his article. The two points to which I want to allude are the following:—1. The alleged difference in mortality between town hospital and country private practice is "startling". I did not intend in the least to say this; what startled me was not that such difference existed or was supposed to exist; for the mere fact that all the circumstances are different appears to me enough to account for difference in results, but that one of the leaders of our profession should attach so much weight to these figures as to be led by them to tell the public that the hospitals (which they have built mainly on the faith of the representations of other professional authorities) are a