

matter, and urge it, as it were, forwards into the anterior chamber.

Another mode of proceeding is to act first on the central portion of the anterior layer of the capsule, and to proceed gradually towards its circumference.

A third method is merely to prick the capsule very freely, first by a series of punctures around the circumferential border, and then to make two or three in the central part, so as to allow the aqueous humour to well in and act upon the lens-matter.

The first action of the aqueous humour on lenticular matter is to render all which is transparent, opaque; and, in so doing, to cause it to swell and occupy more space; then it acts as a solvent, gradually melting it down prior to its absorption.

After the operation is completed, the needle is withdrawn, and the pupil is to be kept widely dilated with atropine; the patient should be in a darkened room, but not in bed; and a solution of atropine, of the strength of a grain to an ounce of water, should be dropped into the eye twice a day.

[To be continued.]

Transactions of Branches.

BENGAL BRANCH.

PRESIDENT'S ADDRESS.

By EDWARD GOODEVE, M.B.

[Delivered at the First Annual Meeting, Feb. 2, 1864.]

GENTLEMEN,—It was my intention to have occupied the chair to which you have called me, without saying more than my thanks for the honour which you have done me; but some of my native friends have expressed a wish that I should address a few words to you—a sort of confession of my faith as regards the Society. I beg, therefore, to make a few observations to my old friends and pupils.

In the first place, I have to thank you for the honour which you have done me in electing me to the presidency of your Association for the ensuing year. The gratification which I feel, however, is tempered by the fear that want of health and leisure and want of acquaintance with public business of this sort, will cause me to be but a poor substitute for my able predecessor in this chair. I regret that I have been so little able to attend our past monthly meetings. My absence, I assure you, must be attributed to anything else but indifference towards the Association and its objects. The Society has, indeed, my most cordial wishes for its continuance and prosperity. I have been rejoiced to see the formation of this Association; because I think that the time has certainly come when the European and native representatives of Western medicine should combine together for the cultivation of professional subjects. It has been resolved that this Society should become a Branch of the British Medical Association. This resolution has, I know, caused some discussion and difference of opinion; but as the majority of our associates have so willed it, I hope that many of our members who still hold aloof from enrolling themselves as members of the British Society, will encourage me in the step that I have taken, and add their names to the English list; and, also, that many of our brethren who have not joined the institution, either as members or associates, will give us the advantage of their co-operation.

I said just now that I heard with pleasure, during my absence from Calcutta, of the formation of this Society, under the energetic advocacy of its founder,

Dr. Chuckerbutty. I have since willingly joined it, because I look upon this Association as a fitting sequence to the establishment of the Medical College itself, and as an evidence of the great step that has been made in India since the opening of the dissecting-room of the College in January 1836, when my old friend, Mодоosuddun Gooptoo, whose portrait now adorns this hall, made the first irrevocable step which committed the modern Hindoo to the practice of dissection, and, by this act, led the way to link together the Eastern and Western nations in the pursuit of the same medical science.

I feel certain that the institution of such an Association as this must be a gratifying circumstance to those first pioneers of English education in this country, by whose energetic representations the mode of teaching medicine in India was changed from that of the system of the old School of Medicine in Calcutta to that of the new one. To such, the growth of an Association such as this, the effort of the manhood of the pupils of older days, must be a source of legitimate gratification, also to those of the original teachers of the College who still survive. By those teachers who first embarked in what was then thought to be a frail ship, bound on a doubtful voyage, on a sea of prejudice and superstition, the formation of this Society must be hailed with the greatest satisfaction, as a proof that their labours have not been unavailing.

But it is not merely as proof of success of the efforts of past days that we must look upon this Society; but we must chiefly consider the advantages which it may give to us in the present time.

The cultivators of all branches of science find a necessity for union in the different objects of their study; hence, in all parts of the world, and for all branches of learning, there spring up societies, academies, and institutions. Medicine, not less than these, demands the same means and the same methods; and, perhaps, there are peculiar circumstances connected with medicine which call strongly for this union. Medicine, now as ever, is assailed by all sorts of scepticism, and opposed by all sorts of rivalry, contending for superiority in the cure of disease. Many of these rivalries spring from pure imposture; many from the overstrained use of some fragment of therapeutic knowledge; means which may be useful in some particular state being applied in an universal manner.

We are too often judged of in the world by persons who have no knowledge whatever which may serve them as a basis from which to judge us. We see daily that men gravely commit themselves, and those nearest and dearest to them, to those of whose worth they absolutely know nothing, and whose pretensions they cannot measure. To have our art assailed in this way is, indeed, depressing and painful; and it requires all our confidence in its resources to enable us to bear up against the reproach which is thus made to us.

The antidote to all this, as far as our own feelings are concerned, is in the thorough instruction of ourselves. We may be assured that, the more versed we are in our own study, the better prepared we shall be to meet the attacks to which we are exposed, and the more satisfied we shall be of the value of our own calling. If we knew no better, we might feel sorrow when we are told that all medicine is empiricism, and that our art has no better claim for consideration than any other scheme which asserts its own merits. We might, indeed, feel humiliated if we were ill informed of the mode in which medicine is really studied; if we were ignorant of the force of intellect which is at work on the great questions of physiology and medicine. To few questions have greater minds

given their lives and thoughts. The powers thus employed are not subject to the reproach of being cramped or limited to a single groove. Wherever truth can be disentangled or pursued, it has been and is being unravelled. Any one who, even at a humble distance, has followed the progress of rational medicine during the present generation, cannot but admit the force, the energy, and the untrammelled thought, with which it has been pursued by men of the highest order of mind, and with the most disinterested objects. Surely, if this be the case, there is at once comfort in that which buoys us triumphantly upwards, when we hear that the fervent labours of the scores of men who might be named, both in past and present days, are weighed in the scale against the vain pretensions of a Morison, or a Hahnemann, or a Priesnitz, and others. And, even if the unreflecting multitude condemn us, we can take comfort when we reflect that the verdict is one which ignorance gives when it judges between Ignorance and Truth.

It is in the promotion of the diffusion of this desirable thorough knowledge that these societies lend assistance; not, indeed, acting as medical bodies militant, but as instructive bodies—because I think we shall, indeed, all find improvement in them. The interchange of ideas, the discussion and conversations which ensue, are all of use in keeping us readily alive to our situation, and to keep us to our studies. Men who would remain dormant after they have passed through their studies, or learn only such mere trifles as are sufficient to keep them fit for practice, would find their minds sharpened, their enthusiasm kindled, their energy renewed, their application restored, by attendance on the meetings of professional Associations.

As the iron and the flint may remain quiescent and useless in the mine, but when struck together give forth sparks which may kindle a wide-spreading light, so may attrition of men's minds in these matters kindle much enthusiasm, improve the reasoning power, strengthen the power of debate, and lead more and more to inquiry and improvement. Professional improvement then, and all its advantages, spring from these unions, and should urge us to join them.

But it is not for the intellectual advantages alone that I think that these associations are of use. We may fairly consider that all the men who join us by so doing pledge themselves to a code of professional honour and bearing. The medical man worthy of the name must not be merely an intellectual machine—he must be guided by higher rules than those which knowledge or self-interest will give him. By entering the profession at all, indeed, he takes upon himself vows of charity to all men. By entering into our brotherhood or society, he formally renews the obligation. He reconsiders his promises of friendly bearing towards his brethren; he renews his vows of seeking no self-advantage at the expense of another; he maintains his determination not by his own representations to prosper by another's loss. Indeed, we may fairly hope that one of the great advantages of the establishment of this Society, beyond those of mere intellectual benefit, will be in setting up a standard of high professional feeling, and in the development amongst us of the great precept, which indeed includes all that I could say if I spoke ever so lengthily, "Do unto others as you would be done unto."

I trust that, both in promoting our own professional zeal and improvement, and in binding us down to high standards of professional honour and bearing, our present society will be completely successful. But I would ask, if, situated as we are here, we should be content with this? Cannot this Society be

a means through which something may be added to the general stock of medical knowledge? I hope that, if individual members do not undertake investigations and collections of facts, sections of the Society will be established for undertaking researches. There are many diseases, many points of physiology, many points of social hygiene, that the members of this Society are well situated for working out. I merely mention the subjects of the dietaries of the races of the various districts; as well as leprosy, elephantiasis, the epidemic fevers, the various manifestations of malaria, and numerous other subjects, upon which it would be tedious to enter, but which might receive illustrations from your hands, and which you are better placed for investigating than most people.

There is another matter which I hope will also be attempted one of these days; and that is, the formation of a good medical library. On its value and importance I need not dwell. We may begin in a small way at first, but let us soon begin it; and, as we hope for permanence of the Association, let us look forward to the time when it may have a collection of books worthy of the profession which it represents and of the capital of India.

And, looking down the vista of years, I hope to see the Society possess not only a library, but a habitation of its own. Surely it is not too much to hope that, in future years, some hall of science shall be reared in Calcutta, in which, as an important section of human knowledge, this Society shall find a home, in common with many others, and in which, permanently placed and working much good, it shall prove that our present aspirations have been earnest, and that they have prompted us to real work. In future, this Society will, I trust, raise a reputation for itself by the judicious use of the materials at its command, and by perseverance and industry render this Branch of the British Medical Association celebrated in the land of the parent Society.

I hope that you will not think that I have imagined a future too ambitious for you. Surely there is nothing beyond our reach in what I have sketched out. I feel confident that it is in our power to realise it.

A CASE OF HEPATIC ABSCESS.

By MOHENDRO LOLL SIRCAR, M.D.

[Read March 8th, 1864.]

THE patient, M. C. G., was about 26 years old. He was under my treatment from October 28th to November 23rd, 1863. Ere this he had had malarious intermittent fever, off and on, for about three months, for which he was not under regular treatment. He had some tenderness and some trifling enlargement of the liver. A few days before he first came under my treatment, his wife had died of puerperal fever. I was informed that he used to drink pretty freely after his wife's death, to drown sorrow. In consequence of this, he soon got relapse of the fever, with considerable enlargement and acute tenderness of the liver. The very acuteness of the pain, supervening upon a chronically enlarged liver, made me suspicious of the case; and the patient was at once put on a course of tonic doses of quinine and generous diet. Though the fever abated to a considerable extent, the liver continued to enlarge, and the tenderness became greater day by day, till, at the end of a week, bulging made its appearance at the right hypochondrium, with obscure fluctuation. The tumour became more and more prominent, and bulging was also observed in the right lumbar region below the false ribs. In a day or two, fluctuation became more distinct in the prominence at the right hypochon-

drium, and was now obscurely felt also in the prominence behind. The stethoscope revealed friction-sound between the abdominal parietes and the convex surface of the liver, during the abdominal respiratory movements. These movements were not, however, in the least interfered with; they continued perfectly free; so that it was quite evident that adhesion of the opposed surfaces had not taken place. To encourage this, I applied a light poultice over the tumour; and, to my astonishment, I found the prominence considerably less the following morning. The patient was gradually becoming weaker and weaker. He lost all appetite. His stools became numerous, but contained nothing but blood-tinged mucus; occasionally they were thin, feculent, yellowish, but very fetid. There never was observed any pus in the stools, from the beginning to the termination of the case.

Dr. Goodeve was called in consultation on the morning of November 13th. Arrangements were made for us to meet on the following morning, to open the abscess. When, however, Dr. Goodeve was gone, the patient's mother and other relatives objected to operation. In the course of the night, pain became general in the whole abdomen, and was excruciating in character; there was likewise considerable tympanitis—all pointing to general peritonitis, resulting from the bursting of the abscess into the peritoneal sac. Dr. Goodeve called in the morning, as appointed; but, of course, we had to abandon all idea of opening the abscess. If I remember aright, Dr. Goodeve remarked that an earlier opening of the abscess would not have been injurious, to say the least. A day or two after this, pus appeared in the urine, and was occasionally seen in that fluid for two days only, when it disappeared altogether.

A week after the supervention of general peritonitis, the abscess, or perhaps a second, burst into the stomach; the patient vomiting a large quantity of pus and blood. He survived only two days, and died on the morning of November 23rd, 1863.

REMARKS. The chief points of interest in this case were, that while the contents of the abscess escaped first into the peritoneum, then into the pelvis of the right kidney, and last of all into the stomach, it did not burst either into the large or the small intestines; and that the adhesions, if there were any, between the liver and the abdominal parietes, were very imperfect. Again, it seems to be a general opinion that a malariously enlarged liver never suppurates; whereas this case shows that a liver enlarged under the undoubted influence of malaria may, under peculiar circumstances, run on to suppuration. The patient sank so rapidly, more from inanition, as he had lost all appetite from the very beginning.

I have brought forward this case, however, only to invite discussion on the question of opening hepatic abscess externally. Are we justified in opening the abscess when we are satisfied, as any one could have been in this case, that there has been either no adhesion, or very slight, if any? In a patient reduced to the very lowest ebb of vitality from the first appearance of the hepatic prominence, are we justified in having recourse to one or other of the methods for encouraging adhesion—as, for instance, by the potassa fusa, or by laying open the abdominal wall down to the peritoneum? Are we to trust to Nature, as recommended by Budd? or are we to consider delay as dangerous, and, without waiting for discoloration of the skin, even for oedematous infiltration, nay, not even for fluctuation, are we to proceed to operate at once, as recommended by Frerichs? The fear of entrance of air into the sac of the abscess during the operation is out of the question, now that we can use the improved trochar and cannula, by which such an

untoward event can certainly be avoided. But can we prevent the entrance of air afterwards? I saw a case some time ago, in which the abscess was opened externally, and in which it had subsequently burst into the stomach; and in which, despite all our plasters, which were constantly washed off by the profuse discharges, air was regularly sucked into the stomach at each act of inspiration, and expelled thence through the oesophagus at each act of expiration. In cases of extreme debility, there is such a tendency to gangrene and rapid extension all around, that perhaps it would not be dangerous delay to pause and wait before we plunge in either the trochar or the bistoury, especially when we are satisfied that adhesions have not taken place.

British Medical Journal.

SATURDAY, JULY 9TH, 1864.

POOR-LAW MEDICAL RELIEF.

THE Committee on Poor-law Relief have issued a Report; and we fear from this that medical Poor-law officers must no longer look to Parliament for relief.

The Report gives a sketch of the different inquiries which have been made by the House of Commons on the subject of medical relief. It states that there has been a progressive increase of the remuneration of the medical officers; and that their *status* has also been improved.

"In 1840 there were 2,376 medical officers, whilst in 1861 there were 3,479. Unions during that period had increased 5 per cent., whereas medical officers had increased 46 per cent.

"Again, the money expended for medical relief has been constantly increasing, either as direct remuneration to the medical officers, or for purposes which either immediately diminished their duties, or afforded increased facilities for performing them. In 1838, the expenditure was £136,775; in 1848, it was £197,954; and in 1861, £238,233. In 1840, vaccination fees arose. These fees range up to £40,000, and even to £50,000, a year; and a large portion of them are paid to the union medical officers. In 1842, additional payments—namely, fees for surgical and other services—were first directed to be made to the medical officers. In 1847, those fees were increased in number, and they now approach £40,000 a year. Lately a new class of payments has sprung up—namely, fees for visiting lunatics—amounting to a considerable sum. Further remuneration is made to the medical officers by special gratuities for extraordinary services rendered during outbreaks of fever, etc., or in consideration of lengthened attendance upon particular cases of accident, or upon protracted illness. The cost of medical relief has steadily increased from 1834 to the present time. The increase in 1851, as compared with 1841, was 36 per cent. The increase in 1861, as compared with 1851, was 13 per cent.; whereas the number of unions has not been added to in anything like a corresponding degree."

The Committee does not approve of many of the changes advocated by Mr. Griffin; and mainly, it would seem, on the ground of expense.

"The Committee, moreover, do not find that any practical difficulty is experienced in securing the