

Mr. VICTOR HORSLEY seconded the motion because he thought the proper course for the Council to adopt was to appoint a Committee in accordance with the terms of the resolution. It had been said the Association was too big to make it possible to work such a scheme, but he instanced the Cyclists' Touring Club which within the last few years had successfully taken up the question, and he saw no reason why the Association could not do the same.

Dr. BRASSEY BRIERLEY thought it was monstrous that when a member got into trouble he should not be able to look to the Association for assistance.

On the motion being put 16 voted for and none against.

PROPOSED CONCILIATION BOARD.

With regard to the following resolution, which stood in Mr. George Brown's name,

That this meeting requests the Council to take such action as they may find expedient to facilitate the formation of a Conciliation Board in reference to medical attendance on members of clubs and friendly societies.

the PRESIDENT announced that a Committee had been appointed that morning by the General Council, and he hoped this resolution would not be moved.

Mr. GEORGE BROWN said he was perfectly satisfied, but he thought he should have had some intimation of the fact.

THE CORPORATIONS AND THEIR MEMBERS.

Mr. R. F. TOMLIN moved:

That this meeting requests the Council to take measures to support in every lawful manner the rightful claims of the constituents of the several medical corporations to choose, as they are by law entitled, the corporate members of the General Medical Council; and also to assist and support the Members of the Royal College of Surgeons of England in securing (as constituting the body corporate of the College) a rightful and satisfactory voice in the conduct of its affairs, and was proceeding to discuss the motion, when the PRESIDENT stated that, as a quorum was not present, the meeting would be adjourned.

BRITISH MEDICAL ASSOCIATION.

SIXTY-SEVENTH ANNUAL MEETING.

THE SECTIONS.

BRIEF SUMMARY OF PROCEEDINGS.

Wednesday, August 2nd.

THE following notes upon the proceedings in the various Sections will afford some indication of the discussions which have taken place. We propose to publish during the next few months complete reports of the papers and discussions in the various Sections.

SECTION OF MEDICINE.

THE proceedings of this Section were opened by an introductory address from the President, Dr. Mitchell Bruce, which is printed on page 345. The President then read (in the absence of Sir Dyce Duckworth) his opening contribution to a discussion on the Medical Tests required at present for Admission to the Public Services, in which the factors of the eligibility of candidates, both on account of physique and the power to pass examinations were generally discussed, and the causes of the rejection of defective candidates reviewed. Professor Osler, who followed, advocated that the physical examination of candidates should take place earlier in the course of their training, and alluded to the presence of a cardio-respiratory murmur, a pulmonary systolic murmur, and adolescent albuminuria as more common causes of their unnecessary rejection. Dr. Wallace discussed the question from the civil point of view, and invited the co-operation of military and naval authorities in forming a definite standard of physical fitness. Dr. W. Turner emphasised the importance of the mental condition of candidates, and referred to the occurrence of temporary insanity during active service. Dr. Savill contributed some general facts from his own

experience, and analysed the rejection of candidates on account of their height. Dr. Sykes urged that more importance should be given to physique in selecting candidates. Dr. Barr also wished to raise the physical standard, which, as he said, involved a larger number of candidates presenting themselves. Dr. Calwell compared the subject with examination for life insurance, and asked that the standard should be higher. Surgeon-General Muir and Surgeon-General Cuffe spoke of the question from the military side, and on the whole supported the *status quo*; while Surgeon-Colonel Welch thought that the most suitable men were not obtained for the army on account of its literary requirements. The President congratulated the Section on the discussion, and suggested that the following resolutions should be sent up to the Council, requesting that they be submitted to the War Office: "That the physical examination should precede the educational; that soldiers should not serve in the tropics until 22; and that the question of the physical standard required reconsideration." These resolutions were passed unanimously. Professor Osler then read a paper on Hypertrophic Cirrhosis, with Bronzing of the Skin, describing two cases that resembled the bronzed diabetes of the French, but without glycosuria. After remarks by the President and Dr. Rolleston, a group of papers dealing with uric acid and gout were read: one by Dr. Haig on some new methods of estimating the amount of uric acid in the blood by the condition of the capillary circulation; one by Dr. Luff on the gelatinous form of sodium biurate and its bearing on the pathology and treatment of gout; and a third by Dr. Bain, entitled An Experimental Contribution to the Study of Gout. The President, Dr. Sykes, and Dr. Tyson discussed the papers, and the authors replied.

SECTION OF SURGERY.

THE Section of Surgery was very well attended, 110 members being present, including two ladies. For the set discussion the subject of The Diagnosis and Treatment of Gunshot Wounds of the Abdomen had been selected, and the opening paper was read by Colonel Stevenson, M.Ch., R.A.M.C., Professor of Military Surgery at Netley, who alluded to the importance of the subject from the military surgeon's point of view. For the civil surgeon it carried an almost equal interest. Civil practice had been freed from the dread of interference with a serous membrane; military surgeons had been slower in recognising the capability of modern surgery in cases of gunshot wound of the abdomen, and for the following reasons: The procedures must be carried out in field hospitals; the *personnel* of these hospitals was kept as low as possible; the work done in them was performed at high pressure; wounded men were often left on the field of battle a long time before being picked up, and the military surgeon's mind was influenced by the feeling of the "greatest good to the greatest number." When cases were healed by rest and opium, the cures were probably not more than 1 per cent. of those diagnosed. When a bullet traversed the abdomen it might be assumed that either extravasation of intestinal contents or hæmorrhage, or both, had occurred. A fatal issue was certain in either. The indication was quite distinct; the abdomen must be opened, the intestines sutured, and the peritoneum cleansed. The symptoms of hæmorrhage and of extravasation of intestinal contents were analysed and discussed. Hæmorrhage resulted from the following injuries, in point of frequency. Rupture of the liver, spleen, kidneys, small intestines and large intestine. The symptoms of extravasation were misleading, irregular, and inconstant. The onset of sudden meteorism, upon which so much stress had been laid was considered of no value. The absence of liver dulness might be observed when no rupture of intestine had occurred, and liver dulness might be present when there was much free gas in the peritoneal cavity. So far as treatment was concerned, the result of the recent campaigns was mentioned. In the Spanish-American war 11 cases operated on died. In the Græco-Turkish war 1 case of hæmorrhage recovered, 1 of injury to the liver recovered, 1 of wound of hollow viscera died. In the Tirah campaign 5 cases were operated upon and all died. The statistics of Morton of Philadelphia were more encouraging. In 234 cases occurring in Europe and America, the mortality was 58.9 per

cent. Coley's statistics showed a death-rate of 53.9 per cent. within twelve hours, and of 77.3 per cent. after twelve hours. When a wound of the intestine was found it was best treated by (1) simple suture in two layers, one for the mucous membrane and one for the peritoneum; (2) the method of Maunsell, (3) Murphy's button. The questions he proposed for discussion were: 1. Does the diagnosis of mere penetration warrant surgical interference? 2. What are the best means to employ for restoring the continuity of the canal after excisions? Dr. Ward Cousins pointed out that the chances of success depended on early operation as soon as the diagnosis of internal injury had been made out. The diagnosis was not always easy. Perforation with very little extravasation might not cause urgent symptoms; on the other hand, severe contusion of the abdominal wall might be followed by great collapse. Every case must be left to the judgment of the surgeon. When operation was performed it was best to enlarge the wound of entrance, and to use as retractors stitches passed through the edge of the wound and held by assistants. The methods of treatment he preferred were simple suture by fine silk and the Murphy button. Mr. Berry Blacker dealt with the application of *x* rays to the localisation of the bullet. A skiagraph would show the position and therefore the probable course of the bullet. The difficulties were great, and were chiefly due to the enlargement of the shadow and the alteration in position due to respiration. Major W. C. Beevor, R.A.M.C., agreed with the general opinions expressed by Colonel Stevenson. He quoted the experience of Colonel Whitehead and himself in the Tirah campaign. The number of the wounded was very large; all water within access was contaminated by the urine and faeces of men and animals. He quoted cases showing the enormous difficulties in the way of carrying out adequate treatment. Major Beevor drew attention to a most important point, which was the enormous advantage obtained in the treatment of collapse, by the preliminary irrigation of the peritoneal cavity. Mr. Damer Harrisson referred to the want of reliance to be placed upon the presence or absence of liver dulness. He quoted a case of wound of the stomach involving both surfaces. Mr. Clement Lucas agreed with the maxims of Colonel Stevenson, but feared that with the present arrangements in warfare it was impossible to carry them out. He proposed the following resolution: "In consideration of the great increase in the number of bullet wounds due to the free sale of revolvers and pistols, this Section desires to impress upon the Council of the British Medical Association the importance of furthering a Bill in Parliament for the restriction of the sale of small arms." This was seconded by Mr. Bush, and carried unanimously. After some observations by Dr. Murphy (Sunderland) and Mr. Paul Bush on the question of the liver dulness, Surgeon-General O'Dwyer expressed the belief that operation on the field of battle was impracticable. Unless patients could be dealt with as in civil life it was better not to operate. In reply Colonel Stevenson regretted that in the Tirah campaign the conditions did not approximate to those existing in civil life, but felt sure that with the new equipment the measures suggested as being necessary for the adequate treatment could be efficiently carried out. Mr. Clement Lucas read two papers, one on the Removal of a Bullet and of a Detached Fragment from the Interior of the Skull, and the other on the Removal of a Bullet from the Front of the Second Cervical Vertebra. In both cases the operation was performed after localisation by the *x*-rays. Mr. Butlin referred to the difficulties in diagnosis, even with the assistance of the *x*-rays. In two cases of bullet wound of the chest under his care there was an aperture of entrance in each case, but no aperture of exit. A careful examination by Mr. Mackenzie Davidson failed to show the position of the bullets. Mr. Walker Downie (Glasgow) described two cases of Sarcoma of the Tongue which had been under his observation, and referred to published cases. A specimen, and sections, of one case was shown. The swelling was on the posterior aspect of the tongue, and on being punctured blood alone was discharged. There were swelling, salivation, pain, and great difficulty in deglutition. Mr. Butlin said that in a very large experience he had only seen one case of sarcoma of the tongue. Many of the recorded cases were open to legitimate doubt. There was a possibility of mere inflam-

matory tissue being mistaken for growth. A number of the recorded cases were certainly not sarcoma. Mr. Bush read a paper on Some Operations on the Jaws for Extensive Malignant Disease. He referred to the fact that local removal, if extensive, was usually followed by prolonged or permanent immunity from recurrence. Mr. Clement Lucas and Mr. Butlin discussed the paper.

SECTION OF OBSTETRICS AND GYNÆCOLOGY.

THE President, Dr. Granville Bantock, opened the Section with an address which will be published. The first discussion was then introduced by Dr. Herbert Spencer (University College, London) who read a paper upon the Treatment of Fever following Delivery, with special reference to Serum-therapy. Dr. Spencer distinguished four groups of fever following delivery: the first, often called "one-day fever," due to emotion, copræmia, or other transitory cause; the second, due to complications which are not referable to the labour, including such febrile affections as influenza, scarlet fever, acute phthisis, and typhoid fever; the third, due to infection from pre-existing pelvic lesions, such as pyosalpinx, appendicitis, etc.; the fourth, due to external infection, and what is understood by "puerperal fever." Recent observations had shown that puerperal fever might have its origin in a number of micro-organisms: thus Whitridge Williams, among 26 cases, found streptococci, staphylococci, colon bacilli, gonococci, anaërobic bacilli, diphtheria bacilli, gas bacilli, and typhoid bacilli. In discussing the prophylaxis of puerperal fever, Dr. Spencer expressed the opinion that it was not necessary for a medical man to abstain from practice when attending such cases, as thorough disinfection would immediately enable him to attend other women with safety. After dealing with the question of local and operative treatment, the speaker pointed out that among the methods of remotely influencing puerperal fever were the nuclein treatment, saline infusion into the cellular tissue, and intravenous injection of antiseptics. Coming to the serum treatment, it was pointed out that a large number of observations had now been made upon its use, over 350 cases having been collected by a Committee of the American Gynecological Society, and among these cases there was a mortality of 33 per cent. Probably the natural mortality was not greater than this. The conclusions to which Dr. Spencer had arrived were: (1) That as usually applied serum-therapy in the treatment of puerperal fever has no scientific basis; (2) that it has not lowered the mortality; (3) that it usually lowers the temperature and sometimes improves the general condition; (4) that its use is not free from danger. A paper by Dr. Arnold Lea (Manchester), entitled Two Cases of Puerperal Septicæmia due to Streptococcal Infection, was next taken, and Dr. White-locke (Oxford) read Notes of Two Cases of Puerperal Fever in which he believed that great benefit resulted from the use of the serum. A long and interesting discussion followed, opened by Professor Murdoch Cameron (Glasgow), who laid stress upon the importance of emptying the uterus, but had little faith in the efficacy of the serum. Dr. Shaw-Mackenzie (London) expressed the opinion that venereal causes of septicæmia deserved consideration, and advocated hypodermic injections of mercury as a therapeutic agent in these cases. The discussion was continued by Dr. Purslow (Birmingham), Dr. Inglis Parsons (London), Dr. More Madden (Dublin), and Professor Byers (Belfast), who pointed out that notwithstanding the progress of antiseptic principles puerperal fever was not diminishing. He demonstrated an apparatus for obtaining the secretion from the uterine cavity in a sterilised tube, for bacteriological examination, and emphasised the fact that it was of no use to administer the serum without first demonstrating the presence of streptococci. Remarks were then made by Major Peck, R.A.M.C., Dr. Johnson, Dr. Draper, Dr. Kealey (Gosport), Dr. Edgar Barnes (Eye), and Mr. J. W. Taylor (Birmingham), and Dr. Spencer briefly replied. A short paper was also read by Professor Murdoch Cameron, entitled a Case of Rupture of the Uterus, Mixed Labour, and Delivery Three Months Later.

SECTION OF STATE MEDICINE.

THE chair was taken by Dr. George Wilson, who gave an introductory address, in which he took up a highly critical attitude

with regard to the preventive treatment of disease by inoculation and the methods of treatment advocated by bacteriologists, insisting on the essential difference between these newer methods and vaccination. Dr. E. Seaton proposed a vote of thanks for the address, which was seconded by Dr. J. Groves, and carried. Dr. Seaton introduced a discussion on Recent Vaccination Legislation and the Prevention of Small-pox, and especially directed the attention of the meeting to the Order of the Local Government Board of October last, in regard to domiciliary vaccination and the instructions to vaccinators, to render vaccination free from risk. In every case, he urged, there should be a report as to vesiculation and marks. Medical officers of health were, of course, anxious to isolate the earliest cases of small-pox, for which there should be suitable hospital accommodation, one of the most urgent needs of the present day. Dr. C. R. Drysdale thought the compromise of last year had satisfied very few people. The German Government had entirely eradicated small-pox since 1876, when the compulsory vaccination of infants and the revaccination of children aged 12 was enacted, and he recommended that this admirable system should be adopted as soon as possible in the United Kingdom. Dr. Groves said that the individual will in every community must bow to the will of the majority for the general good. The Act of last year had caused a great awakening in the minds of members of the profession, especially of the public vaccinators, who now took hygienic precautions with respect to the patient and the patient's dwelling. The difficulty of the private practitioner in obtaining lymph was great; the Local Government Board now refused to supply him with lymph. They could not in this country obtain that absolute protection against small-pox which there was in Germany until revaccination at adolescence was rendered compulsory. County councils should provide isolation hospitals for small-pox patients. Members of sanitary committees should attend to the health of the community, and not be too particular about the ratepayers' pockets. Dr. Brassey Brierley said in his district a notice was exhibited by a medical man to the following effect: "Vaccination, with calf lymph, one spot, sixpence; with two spots, one shilling," at the discretion of the parents. In fact, the vaccination of private practitioners should be supervised by Government inspectors. Mr. T. Garrett Horder said that medical men should not truckle to the views of ignorant parents. Public vaccinators now were practically sanitary inspectors; he himself had refused to vaccinate in certain insanitary premises until they were placed in a sanitary state. He had found considerable difficulty in making out his account for his services as a public vaccinator: the form on which that account was detailed was too complicated. Mr. H. May said the present Act was good in that it was increasing the number of vaccinations and the fees of vaccinators, and had undermined the position of the antivaccinators. The private practitioner had his grievance, which was that unless he was prompt he might find his patient vaccinated by the public vaccinator. The private practitioner ought to have the same facilities for obtaining calf lymph that were enjoyed by the public vaccinator. Mr. J. Brindley James related the case of a practitioner in South-East London, who having a grievance against the public vaccinator took to vaccinating at a very small charge, and gradually obtained the vaccination of his district. Dr. Seaton, in reply, expressed the opinion that it was especially important that the Local Government Board should define "efficient vaccination." Dr. Colin Campbell read a paper on the Technique of Vaccination, insisting on the absolute necessity of cleanliness at every stage of the operation and throughout the vaccinal process. He exhibited a case which he had devised, in which were collected all the instruments and apparatus required for rendering vaccination perfectly aseptic. Dr. Sinclair Holden described his method of procedure to render vaccination aseptic. He was of opinion that glycerinated calf lymph deteriorated during the hot weather. Dr. Colin Campbell, in reply, said that nothing would clean off greasy dirt except soap. He also thought glycerinated calf lymph did not always give equally satisfactory results. The next subject discussed was that of meat inspection and the abolition of private slaughterhouses. Dr. E. Petronell Manby read a paper in which he advocated the abolition of private slaughterhouses,

and insisted on the inspection of all meat offered for sale in towns and rural districts. In regard to slaughtering and inspection, Great Britain, he stated, was far behind Germany and other Continental countries. Alderman Sir William Pink said that farmers were afraid of public abattoirs, fearing that prime meat would thereby lose its position in the market. Compensation for the abolition of private slaughterhouses was out of the question in Portsmouth. Dr. Sidney Marsden thought it impossible to mark all the carcasses in a manner that would be thoroughly protective to the public; for one point, the cost of marking every joint would be excessive. A whole army of inspectors would be required. Butchers should not be compensated for the abolition of their private slaughterhouses as the public had provided public abattoirs in which they could carry on their work far more efficiently than in the private slaughterhouses. Dr. C. R. Drysdale advocated the adoption of the German system of inspection, and Dr. Manby briefly replied. Dr. Sidney Marsden read a paper on Overcrowding in Secondary Schools, in which he advocated the conferring of such power upon medical officers of health to inspect and control secondary schools with regard to light, air space per head, ventilation, proper drainage, and sufficient sanitary conveniences, as they possessed over workshops under the Factory and Workshop Acts. There was at present no Act of Parliament giving them such power. The evil was a great one, and the young life of the nation at its most susceptible age ought to be protected from so easily remediable a danger. Dr. Sidney Davies and Dr. Drysdale discussed the question, and a resolution requesting the Council to urge on the Government the necessity of inspection of all schools was proposed by Dr. Marsden, seconded by Dr. Groves, and carried with one dissident.

SECTION OF PSYCHOLOGY.

THE Presidential Address was given by Dr. David Nicolson, C.B., Lord Chancellor's Visitor in Lunacy, on the question, Can the reproachable Differences of Medical Opinion in Lunacy Cases be obviated? It was pointed out that the right estimate of conduct and of motives requires prolonged and careful observation, and this applied with peculiar force to judgments formed regarding cases of mental disease. The medico-psychologist had to use neurological methods—tests regarding reflexes, sensibility, etc.—as well as those belonging more properly to the domain of psychiatry. Particularly difficult to detect were cases of malingering or so-called feigned insanity, which often required prolonged watching and examination at an asylum before a definite conclusion could be reached. The lunacy cases to which the above remarks might apply belonged to one of four classes—namely: (a) Ordinary lunacy cases, (b) civil cases, (c) non-capital criminal cases, and (d) capital criminal cases. The element of malingering as a factor was undoubtedly large in criminal cases, and led to great difficulty of diagnosis. Differences of opinion among medical men were not uncommon in such cases, and might be due to differences in experience and in carefulness of observation, or be attributable in some cases to prejudice. All medical men signing lunacy certificates should have previously acquired asylum experience in the study, care, and treatment of insanity. It was a deplorable fact that owing to want of such knowledge and experience among the body of general practitioners cases of lunacy with suicidal and homicidal, or other dangerous impulses, passed largely unrecognised in the community. While accepting the methods and measurements (cranial and bodily) of anthropologists and criminalists, too much stress should not be laid on these as indices of character and disposition towards crime. Sentiment should not be allowed to bias the evidence of independent facts. Were due regard paid to such considerations as the above, differences of opinion among medical men as to the nature of lunacy cases and questions of sanity and responsibility in alleged lunatics would tend to be reconciled or solved smoothly and harmoniously. Dr. Orange, in proposing a vote of thanks, referred to the advice given by Sir James FitzJames Stephen, that when medical men were about to appear on opposing sides in a case regarding a person's sanity or insanity, it would be well if they conferred beforehand regarding the medico-psychological aspects and facts of the case. Dr. J. F. Sutherland read a paper

on the Urgency of Legislation for the Well-to-do Inebriate. The Acts of 1879 and 1888 were in a measure provisions for dealing with inebriates among the lower classes of society who might come under police cognisance, a measure also contemplated by the Act of 1898. That many of the well-to-do inebriates did not fall into the hands of the police for incapacity or disorderly conduct was due to the mere accident of circumstance. Notorious drunkards existed in every parish among the better classes, whom the legislation for 1898 scarcely touched. Drunkenness *per se* it was proposed should be made an offence, and punishable as such by fine or short imprisonment. Finally a resolution was moved to bring the question before the consideration of the Council of the British Medical Association. The discussion which followed this paper was taken part in by Drs. S. Tukey, Briscoe, Lloyd Andriezen, Manning, Seward, Fletcher Beach, and the President. Dr. G. Archdall Reid read a paper on Alcoholism in Relation to Heredity, in which the prevalent belief that the offspring of alcoholic parents were liable to suffer from hereditary drink craving was controverted on *a priori* grounds. It was added that drunkenness in parents arose from some innate vice, some internal blemish, and that the latter might reappear in the children in the form of some nervous or other disorder, but not as an impulse towards drink. From historical considerations it appeared that nations indulged in drink in an inverse ratio to the length and antiquity of the use of the intoxicant. The paper was discussed at some length by Drs. Lloyd Andriezen, Briscoe, Sutherland, Seymour Tukey, and Fletcher Beach. Dr. Savage opened a discussion on the Temporary Care of Incipient Cases of Insanity, and criticised at some length the provisions of the proposed Lunacy Act of last year in Clause 23, pointing out the desirability of extending some of the provisions of this clause as regarded the certification, readmission, and care (as single patients) of incipient lunatics. Dr. Lionel Weatherly advocated an extension of the system of single care, and urged the importance of preserving all legal safeguards for the lunatic. Dr. Sutherland briefly referred to the conditions that obtained in Scotland on this subject. The discussion then stood adjourned.

SECTION OF ANATOMY AND PHYSIOLOGY.

THE proceedings on Wednesday opened with the delivery of an address by Dr. J. J. Charles, Professor of Anatomy and Physiology, Queen's College, Cork, President of the Section, which will be published in full in the BRITISH MEDICAL JOURNAL. A discussion on the interaction between the ovaries and the mammary glands was opened by Mr. Stanley Boyd. In the course of his paper he showed that removal of both ovaries in some cases caused apparently a total disappearance of well-marked cancerous growths. The most marked case was one of a woman who, even twenty-eight months after the operation, was apparently in perfect health and free from cancer. In other cases quoted the success was only partial; the growth at first underwent atrophy, and the patient's sufferings were for a time relieved, but this was later followed by recurrent growth in different parts, and finally by death. In other cases, especially those of "acute cancer" in young people, the operation seemed to have no marked effect. The administration by the mouth of the extract of thyroid gland appeared to produce uncertain results in some cases; the patient's condition sometimes was even made worse, and in others there seemed to be slight improvement or no marked effects. Mr. Boyd also referred to Dr. Beatson's cases, and mentioned that he was led to work in this direction from reading the account of a case published by that gentleman. Dr. Amand Routh showed that ovulation proceeded normally after removal of both mammary glands, that lactation was unaffected by the removal of both ovaries during pregnancy, and that these combined facts established fairly well the belief that there was no essential interaction between the ovaries and the mammary glands. From a case quoted it was shown that lactation was perfectly normal in a woman whose spinal cord was destroyed by an accident at the level of the fifth and sixth dorsal, proving that spinal conveyance of the pelvic influence was not the essential route, and there was further evidence to show that the known facts tended to show that lactation is due to some chemical change in the blood, and that this change was almost certainly in the uterus and not in

the ovaries, and was practically an internal secretion. Dr. Maybury and Mr. W. Roger Williams (Bristol) continued the discussion, the latter observing that cancer was known to subside under various states of constitution which reduced the general health to its lowest ebb. Professor Anderson narrated a case bearing on the question, and was followed by Mr. Cantlie, who asserted his agreement with the contention that when the ovaries physiologically wasted in a patient the subject of cancer, the disease assumed a different state from that seen when the ovaries were normally active. Dr. Pembrey referred to the instances in animals in which the ovaries being diseased the development of the mammae had been distinctly affected. The President asked if any reliable conclusion had been arrived at in the matter from the administration of the extract of ovaries. Mr. Stanley Boyd, in replying, repudiated any suggestion that his operation was to be considered a "cancer cure." The Section then took up the question of the anatomy of the liver. Mr. Cantlie brought forward evidence from clinical, anatomical, pathological, and developmental grounds for considering that the liver was composed essentially of a right and left half. Professor Dixon criticised this view from the embryological point of view, and Dr. Pembrey suggested the advisability of physiological experiments for elucidation of this matter. Professor Charles thought that a *prima facie* case had been made out in favour of the new nomenclature. Mr. Cantlie briefly replied, and the proceedings terminated for the day.

SECTION OF PATHOLOGY.

THE President (Dr. J. Frank Payne) commenced the proceedings by delivering his presidential address, in which he reviewed the history of the modern idea of inflammation, and, referring to ulcerative endocarditis as a sample of inflammation, pointed out how unsatisfactory was the nomenclature. He thought that it would be well to drop the term inflammation, and endeavour to give the cause of the condition. Dr. Washbourn then introduced the discussion upon Ulcerative Endocarditis. He described the anatomy of the endocardium, and said that endocarditis, arteritis, and phlebitis should be classed together. Generally speaking, two ways of infection were possible; the bacteria might be brought by means of the blood flowing by the valve, or by the blood vessels supplying the valves, the latter only being possible in a previously damaged valve. He discussed the bacteria causing the lesion, and next the incidence upon the various valves, especially the difference between the different incidences according as the valve were previously healthy or no. Next he touched the question of the precursor of the lesion, and quoted statistics. He had succeeded in obtaining both streptococci and pneumococci during life. Lastly he touched upon experimental endocarditis and the seasonal incidence. Mr. A. G. R. Foulerton discussed the preponderance of left-sided over right-sided ulcerative endocarditis, and he expressed some doubt as to the correctness of many of the cases of so-called gonorrhoeal endocarditis. Dr. Poynton drew attention to the relation between rheumatic fever and endocarditis. Mr. W. C. C. Pakes gave an account of the bacteriology of 21 cases, 75 per cent. of his cases being produced by streptococci. One case (he thought only the third recorded) was produced by the *B. pyocyaneus*. Dr. Bertram Abrahams pointed out the excess of the incidence in males over females—25 males and 14 females out of 39 cases coming under his notice. He considered that rheumatic fever was caused by cocci of very low virulence, and if from any cause the virulence was exalted, an endocarditis might be produced. Dr. Lazarus-Barlow thought that there ought to be two classes of endocarditis: first, where the valve had been previously affected; and secondly, where it had been previously healthy. He thought "ulcerative" was a better term than "infective," since the great majority of cases of endocarditis were infective; he had certainly found organisms in cases which would have been termed simple. Dr. W. Bulloch gave an account of thirteen cases which he had examined, both in life and *post mortem*. Dr. W. H. Bryant thought that more care should be taken to obtain the valves under aseptic conditions, and gave in detail the method which he adopted. Dr. H. M. Tickell gave a classification which he hoped would be adopted.

Dr. Theodore Fisher thought that an aortitis might precede an endocarditis; and Professor Clifford Allbutt also emphasised this point. Dr. O. J. Kauffmann had not been at all successful in obtaining organisms in life; he did not agree with Dr. Washbourn that the term infective endocarditis should drop. Dr. Driver explained how difficult it was to arrive at a diagnosis when the disease was complicated with malaria. Professor Trevelyan pointed out how meningitis could be complicated by ulcerative endocarditis, and quoted some cases in illustration. Dr. Payne thought that a general infection often preceded the endocarditis, and showed how the adult left-sided and foetal right-sided endocarditis might be explained by supposing that the rheumatic poison would not live in venous blood. Dr. Washbourn having replied, Dr. Campbell Thomson read a paper upon the Pathology of Acute Chorea, and Dr. Bertram Abrahams made some comments. The last paper read was one on a Case of Streptothrix Infection by Mr. A. G. R. Foulerton.

SECTION OF OPHTHALMOLOGY.

The President of the Section, Mr. Simeon Snell (Sheffield) opened the business with some few general remarks, and then proceeded to read a paper on the Prevention of Eye Accidents to Iron Workers by Pieces of Metal flying off the Tools or the Moulding, which will be published in full with reproductions of the photographs of workshops and workers shown on the screen. He strongly advocated the wearing of some protecting device, and showed some wire gauze which he highly recommended; glass, even the hardest, was of but little use except to grinders. He thought that the use of pneumatic clippers, the arrangement of the workers with canvas shields interposed, and the wearing of suitable protectors, would render eye accidents very uncommon. Mr. Richardson Cross (Bristol) opened the discussion on the Pathological Signification of Sympathetic Irritation and Sympathetic Ophthalmia, and entered most fully into the question. He thought that the microbic, combined with the reflex nervous, theory would together explain some points at present unexplained, by either theory alone. Dr. Landolt (Paris) strongly condemned irritating a wounded eye by injections and other treatment, and thought that dangerous eyes should be excised. Mr. McHardy was pleased to find such unanimity of opinion concerning the treatment of the disease. Surgeon-General Caley recounted an interesting case in which the irritative symptoms disappeared on removing the eye. Mr. Devereux Marshall discussed at length current pathological theories, and mentioned the results of some of his examinations. Dr. de Schweinitz (Philadelphia) said he entirely agreed with the previous speakers, and agreed with Mr. Devereux Marshall in his criticism of Deutchmann's theory. He strongly advocated examining not only the eye but also the blood and other organs which might throw some light on the disease. Dr. Reeve (Toronto) recounted 2 cases. Dr. A. Bronner (Bradford) also mentioned a case which followed a blow on one eye from a fist. The President congratulated Mr. Cross, and fully agreed that at present there was no treatment save removal of the eye. Dr. A. Bronner (Bradford) read a paper on The Use of Homatropine Drops in Some Cases of Muscular Asthenopia, and gave several examples of cases. The President was greatly in favour of homatropine and cocaine drops. Mr. Arnold Lawson thought that in most cases homatropine was sufficient, but that occasionally atropine was indispensable. Dr. Lodge recounted some cases he had operated upon for high myopia with good results. Mr. Richardson Cross thought that no one who had done the operation would be likely to give it up as the results were so satisfactory. Dr. Bronner thought that high myopia was more common than was generally supposed, and that early linear extraction was essential. Mr. Juler was of the same opinion. The President thought that the anterior capsule should be freely opened, and the lens matter let out without delay.

SECTION OF DISEASES OF CHILDREN.

The Section met on Wednesday, August 2nd, at 10 A.M., when Mr. Edmund Owen opened the discussion with a highly interesting and suggestive paper on The Treatment of Ununited Fracture in Children. Mr. Owen pointed

out that in children the tibia and fibula were the bones in which these fractures were commonly found, and raised the question why the results of all treatment were almost always so bad, even when all the conditions were good, and when there was apparently no local impediment whatever to reunion of the fragments. There was occasionally an ill-defined bending of bone leading probably to its fracture, while an atrophic condition of the lower fragment was often found in cases operated on long after the original injury. The explanation of this was still to seek. All his best endeavours to establish consolidation in these cases had ended in complete failure. Mr. Morgan (Brighton) recalled a case in which there was entire absence of the fibula, suggesting a congenital cause. Mr. Tubby thought that soft bones were not proper objects for the operations of osteotomy or osteoclasis. He had observed acute fatty degeneration in an old-standing case. Dr. Maguire (London) opened the discussion on the treatment of Pleuritic Effusions in Children from a medical point of view, including under this heading the operation of simple puncture and aspiration. Treatment was discussed in relation to such questions as the positive tension and resiliency of the thorax, the character and quantity of the fluid, displacement of the heart and abdominal viscera, and the general state of the patient. Some conditions in which operation might not be desirable or possible and the question of medicinal treatment were touched upon. Mr. Beham Robinson (London) referred to certain points of surgical procedure, the relative advantages of high or low incisions, resection of rib, counter openings, irrigation, and the time of retention of the tube. The President, Mr. E. Mansell Symptom, Mr. Tubby, and Dr. Stirling also spoke, and Dr. Maguire and Mr. Robinson replied. Dr. G. F. Still contributed a paper on the Morbid Anatomy of Tuberculosis in Childhood, and Mr. Morgan a paper on Tuberculous Adenitis, both of which were received with great interest. The Section was very well attended by members.

SECTION OF PHARMACOLOGY AND THERAPEUTICS.

The President (Dr. John Buckley Bradbury) in opening the work of the Section referred to the place occupied by this branch of science in the final examinations of the various licensing bodies. He alluded to the tests of a few years ago when a candidate was expected to be able to distinguish between the various senna leaves, and hoped that there would not now be a reaction to the opposite extreme. He considered a knowledge of pharmacology essential, and as its basis praised the new edition of the *British Pharmacopœia*, which in his opinion comprised what a student should know and should be expected to pass in after clearing himself of anatomy and physiology. The regular work of the Section commenced with a discussion on Headaches and their Treatment, opened by Dr. T. Lauder Brunton. His paper contained a quantity of interesting information, and brought out the connection of cerebral vasomotor disturbances and toxæmia with the majority of headaches not due to local causes. In the course of the discussion Dr. Dundas Grant pointed out the frequency of nasal troubles as a cause of headache, while Professor Clifford Allbutt was disinclined to attach much importance to vasomotor disturbances. Dr. Harry Campbell dwelt on headaches of syphilitic origin and recommended the administration of drachm doses of iodide of potassium, smaller doses often being insufficient to modify this specific disease. Both he and Dr. W. J. Tyson dwelt on climate as a factor in the production of headaches, while Dr. Herschell referred to over-distension and dilatation of the stomach as frequently associated with headache. On the other hand, Dr. Pope referred to those numerous cases in which headache resulted from an empty stomach. These he attributed to a liver which soon ceased to secrete bile after the taking of a meal. Dr. StClair Thomson had often found headache in association with chronic ear disease. Dr. Sarat K. Mullick referred to tropical diseases in connection with headache, and Dr. Masters, speaking from his own experience, agreed with Dr. Brunton as to the vasomotor disturbances present in many forms of headache. The President quoted instances in which smoking had proved beneficial, while Dr. Duffin referred to a variety which he had observed in coal mine workers. Dr. Brunton, in replying, mentioned that altitudes and depths probably produced headaches by altering the atmospheric pressure in the

sinuses. Dr. Bampton described a case which he had the opportunity of watching for a considerable time, the patient taking regularly large doses of sulphonal without his knowledge. Death resulted from peripheral neuritis, motor and sensory. Drs. Eyre and Washbourn introduced a paper on further experiments with Pane's antipneumococcic serum. Prior to the opening of the Section, Dr. George Herschell showed an apparatus for the administration of the intra-gastric needle brush and an improved apparatus for washing out the stomach.

SECTION OF LARYNGOLOGY AND OTOTOLOGY.

THE President (Mr. Cresswell Baber) delivered an address on the Progress of Rhinology during the last Thirty Years, which will be published. Dr. P. Lacroix (Paris) showed an apparatus for the application of medicated vapours to the upper-air tract. Formalin and menthol had yielded him good results in the treatment of tuberculous laryngitis, and he described experiments showing that the vapour inhibited the development of pus cocci and tubercle bacilli. Dr. Bronner (Bradford) read a paper on the Use of Formalin in Atrophic Rhinitis. Drs. Watson Williams, Kipp, and Boboni had found formalin irritating, and Dr. Pegler and Dr. Tilley emphasised the importance of douching. Dr. Jackson (Pittsburg) recommended papaya solution for softening crusts. Dr. Bronner said he stopped short of strengths that caused irritation—1 in 1,000 or 1 in 2,000 solution, or a coarse spray rather stronger. Dr. Tilley read a paper for Messrs. Lake and Pollard on a Case of Exophthalmic Goitre cured by the removal of one lobe of the thyroid. Dr. Watson Williams thought few would care to urge operation, considering the risks and the uncertainty of cure. Dr. Tilley agreed, and spoke of good results from drug treatment. In reply to Dr. Tilley, the President, Dr. Snow (Syracuse, U.S.A.), and Dr. Pegler described cases in which symptoms of Graves' disease had either supervened upon nasal operations or had been benefited by intranasal treatment. Dr. Dundas Grant read a paper on Some Forms of Laryngitis consequent on Purulent Affections of the nose. He referred to sphenoidal and posterior ethmoidal empyema, and ozæna laryngis, describing the macerated aspect and inter-arytenoid swelling, and referring to the diagnosis from phthisis and syphilis, and the relation to pachydermia. Professor Luc (Paris) agreed as to the similarity to phthisis, and described the suffocative dyspnoea of ozæna laryngis. Dr. Pegler inquired the kinds of rhinitis in question, and Dr. Grant replied. Dr. Louis Bar (Nice) read a paper on the Diagnosis of Chronic Frontal Sinus, Empyema, and Malignant Tumours of the Nasal Fossæ, dealing particularly upon the impossibility in many cases of ascertaining the cause without exposing the sinus by external operation. Professor Luc kindly repeated the substance of the paper in English.

SECTION OF TROPICAL DISEASES.

THE address of the President (Dr. George Thin) will be found at page 349 of this issue of the JOURNAL. The remarks of the President excited controversy only as regards the localities of the teaching of tropical diseases. The matter was fought to an issue by a motion "that Netley be opened to civil practitioners for the study of tropical diseases." Dr. Charles, Lieutenant-Colonel Macleod, and Dr. Watson spoke in favour of Dr. Thin's motion; but an amendment proposed by Dr. Manson, and seconded by Inspector-General Turnbull, R.N., was carried. The supporters of the amendment held that the time for such a step was inopportune, and that Government had shown a liberal spirit in supporting the tropical schools at the Albert Docks and in Liverpool, where ample clinical experience was to be had. Dr. George H. F. Nuttall (Cambridge) read an important and eminently scientific paper on the *Rôle of Insects, Arachnids, and Myriapods in the Spread of Diseases due to Parasites*. After referring to the brilliant researches of Ross, Grassi, Bignami, and Bastianelli to the part played by insects in the distribution of disease, he proceeded to consider the passive and active parts played by insects as carriers of pathogenic organisms. As passive carriers the common fly was held to be the chief offender in this respect. Although unable to bite they might, from the character of their food or by their dejecta, spread several diseases—anthrax, plague,

cholera, typhoid, frambœsia, Egyptian ophthalmia, and Florida sore eye were capable of being thus dispersed, and experimental research had ascribed to pediculi a similar rôle. The evidence as to the active agency of insects was more negative. In fact, experiments made by the writer, some 250 in number, in reference to the part played in plague, anthrax, mouse septicæmia, and chicken cholera, all gave negative results. In a large number of experiments made by allowing these insects to bite animals dying of the diseases named, and immediately afterwards transferring them to healthy animals, not a single case of infection occurred. As regards the spread of animal parasites by insects, arachnids, and myriapods, Dr. Nuttall again considered their active and passive bearing. Whilst serving as intermediary hosts, insects might perform a passive rôle, as when they were devoured by a host of the parasite they contained; and, again, an active rôle, when as in the case of the tick in Texas fever and malarial fever they inoculated the parasite into a host by means of their probosces. On the other hand, insects, etc., without serving as intermediary hosts might serve as active and passive agents. As examples of their active rôle he cited the tsetse-fly disease, in which the infective agent was carried from one animal to another, and inoculation of the parasite itself took place. Insects, etc., probably played a passive rôle in the distribution of animal parasites by the transportation of the eggs and their deposition in food, etc. As examples of this form of propagation he mentioned flies transporting eggs of *tænia solium*, *trichocephalus*, etc. Dr. Nuttall concluded by saying that in bacteriological studies what was required was more thorough work and less general theory. By microscopical specimens, photographs, and lantern slides, Dr. Nuttall showed the development of the malarial parasite. Mr. C. P. Childe read a paper on *Bilharzia Hæmatobia* in a girl aged 16, who he believed had contracted the disease through bathing in a pool of fresh water. Dr. Manson and Lieutenant-Colonel Macleod (Professor of Military Medicine, Netley) dissented from the opinion that the patient could have been infected directly by the skin. Dr. Patrick Manson read a paper on *Filarial Periodicity*. He dwelt chiefly on the question of what became of the filaria during the day. In answer to this question he was able to record the results of a *post-mortem* examination held in February, 1897. The cadaver had been known to be the subject of filaria nocturna, and death had taken place at 8.30 A.M. (by suicide)—that is to say, just about the time the filaria had retired from the peripheral circulation for the day; 17 adult filaria Bancrofti were found in an enormous lymphatic varix in the pelvis. By microscopic examination of the blood it was proved that the pulmonary veins, the pulmonary arteries, the lungs and blood clots in the heart and aorta contained swarms of embryos. The brachial venæ comites, the liver, and spleen contained but few filariæ, whilst in the bone marrow filariæ were absent. Dr. Manson could not supply any explanation of how these parasites maintained themselves in the arterial blood stream of the carotid or aorta. The facts seemed to point to the existence of some physiological product, the outcome of the activities of waking life, which either drove filaria nocturna from the surface of the body during the day, or attracted it to larger arteries during the night. What this substance might be it was for the physiologist to say.

MR. GUNTRIP KING has been appointed Secretary to the Samaritan Free Hospital, in the place of Mr. Scudamore, who has retired owing to ill-health.

SUCCESSFUL VACCINATION.—The Government award for efficient vaccination has been granted to Frederick Cant, M.R.C.S., L.R.C.P.Lond., public vaccinator for the Bredbury District of the Stockport Union.

DENTAL HOSPITAL OF LONDON.—An entrance scholarship of the value of £20 has been founded by Dr. Joseph Walker, and will be awarded in October of each year. The subjects of the examination will be dental mechanics, chemistry, and physics. The examination will be held on September 28th and 29th, commencing at 4 o'clock on the first date. Intending competitors should send in their names to the Dean a week beforehand.