"*Reduction of Death-Rate from Phthisis in Fifteen Towns.*

Salisbury	49 per cent.	Cheltenham	26 per cent.
Ely	47 ,,	Bristol	22 ,,
Rugby	43 ,,	Dover	20 ,,
Banbury	41 ,,	Warwick	19 ,,
Worthing	36 ,,	Croydon	17 ,,
Leicester	32 ,,	Cardiff	17 ,,
Newport	32 ,,	Merthyr	11 ,,
Macclesfield	31 ,,		

Mr. Simon and Dr. Buchanan agree that the *drying of the soil*, which has in most cases accompanied the laying of main sewers in the improved towns, has led to the diminution, more or less considerable, of phthisis. Still further, the diminished fatality of phthisis is *by far the largest* amendment, *if not the only one*, which has taken place in the local health. Works of sewerage, by which the drying of the soil is effected, must always of necessity precede by years the accomplishment of house-drainage, abolition of cesspools, etc., on which the cessation of other diseases (diarrhœa, typhoid, etc.) depends. Again, Dr. Bowditch (Boston, 1862, five years before the English reports were published) says "the medical opinions from physicians in 183 towns prove that *dampness* of soil is intimately connected with the prevalence of consumption". The Registrar-General of Scotland, in his Seventh Annual Report, makes the same statement; and Dr. Buchanan, who has collected a vast amount of information from personal investigations made for the Privy Council, is of opinion that "wetness of soil is a cause of phthisis, and that drying of the ground is found of most importance as a preventive measure". It is curious also, and to us deeply interesting, that diseases of the lung *other than phthisis* have not been reduced by drying of the soil.

In drawing these lectures to a conclusion, it will be evident to you, sir, and the members of the Society, who have given me such patient attention, that my line of thought has been suggestive rather than dogmatic.

In treating of the phenomena of disease, about which there has existed, and must still exist, much diversity of opinion, I have seized only the more prominent and pronounced features, and in all instances have endeavoured to trace the clinical fact in the living back to structural alterations purely pathological. On this connection must stand or fall all teaching which is to outlast the contests of schools, and remain as a fresh starting-ground for future investigators.

In reviewing our most recent knowledge, and comparing it with the teaching of a past generation, I have not expressed my own views, but have sought to make clear the difference, and so leave you to judge whether we have been gainers by the change.

Above all, I have sought to seize, if possible, the mind of the pathologists of the day; for these men are not mere investigators of abstract reasoning, nor arguers of a philosophic school, but in very deed the practitioners living among the sick, to whom is committed the very grave charge of the health of the community. I have said to myself, if these men know more than their predecessors about the nature of structural changes, it will be reflected in their practice, and have furnished them and us with new weapons against disease. And out of this study and comparison I seem to have gathered that the mind of the day is to believe less in constitution and more in local disorders, and to trace every systemic disturbance to derangement of some tangible part of the body. I recognise this tendency also in antiseptic surgery, and in the multiform symptoms attributed to uterine disorder and displacement. And we physicians are, in consequence, asked daily, Is this phthisis contagious or infectious? or has it not a parasitic origin? It is, further, a consequence of this tendency, that the limit and localisation of lung-disease has come to be recognised as having a peculiar bearing on its events and result. As this is susceptible of proof, I have brought it prominently before you, and have sought to connect varieties in the form, with corresponding deviations in the course, of disease.

Finally, in treatment, where I might have diverged into endless disquisitions about oil and iron, and the numerous so-called blood-remedies with which we have been lately deluged, I have preferred to state recent advances in the local treatment of the lung—in hæmoptysis, congestions, septic infections, and in efforts towards the healing of cavities.

Regarding the enormous amount of laborious research which this subject has received in this and other countries, it might be argued that no room is left for further investigation or improvement, at least as regards the nature of phthisis and its pathology. But I am far from thinking so; nor, indeed, do I believe that the present school of pathology can stand long where it is. In some respects, we seem only to have changed our names for certain conditions, without explaining them. In others, we can all recognise considerable additions to our knowledge; and as a distinguished man has said: "It is ever thus with the advancing tide of scientific research, which inaugurates new systems as the old ones ripen and die out."

ABSTRACT OF ADDRESS ON THE REGISTRATION OF DISEASE.

Delivered at the Fourth Annual Meeting of the Dublin Branch of the British Medical Association.

By ROBERT McDONNELL, M.D., F.R.S.,
President of the Branch.

My first duty is to offer to you my sincere thanks for the honour you have conferred upon me by electing me President of the Dublin Branch of the British Medical Association; my second, to express the profound regret I feel, in common with you all, at the loss we have sustained in the recent death of Dr. Alfred Hudson, first President of the Branch. You will remember a few years since the admirable address he delivered, from the chair I now occupy, on the history and objects of the British Medical Association—an address so exhaustive and complete that it left little for his successors to say upon that topic. The influence of the Association, he then told us, has been most decidedly felt in the improved relations of the members of the profession to each other and to the public, and the consequent increasing influence, both social and political, of the profession as a body, as well as in the promotion of that branch of preventive medicine called sanitary science.

The active, zealous, and untiring energy devoted to preventive medicine is, without doubt, one of the noblest traits of our profession. Let it not be supposed that I am not keenly alive to our professional faults and shortcomings; but it may be said that in this, at least, we compare favourably with any other calling, we never cease to seek to stay the progress of disease, even to our own loss. We unceasingly strive to arrest the growth of that dread harvest on which our gains depend, with a genuine unselfishness and exalted public spirit, in a great degree peculiar to our noble profession. It is, therefore, with genuine pride and satisfaction that I point to the work done during the past year by our Branch of the British Medical Association with reference to the compulsory notification and registration of infectious diseases.

It is unnecessary to recapitulate the details already laid before you in the report read by our secretary. I would briefly say that our Branch has, as regards this country, inaugurated a movement which will certainly make progress, and I hope, ere long, be so far brought into action in this city as to sensibly diminish that high death-rate for which Dublin is unhappily notorious.

As you are aware, a Bill on this subject has been already printed, and will shortly be introduced to the House of Commons by Mr. Edward D. Gray, our late respected Lord Mayor. Let me say in passing, that Dublin owes much to Sir John Gray for the admirable water-supply now pervading this city; but his son, if he succeed in the undertaking he has now taken in hand, will not less deserve the gratitude of his fellow citizens and fellow countrymen (for the scope of his Bill is not limited to Dublin). May he persevere and prosper in this work. So much I can say without expressing any distinct opinion on the details of Mr. Gray's measure.

His Bill, to a large extent, follows the language of the model clause prepared by Mr. Ernest Hart for the Parliamentary Bills Committee of the Association. It recites that "it is desirable that due notice should be given to sanitary authorities in Ireland of the existence of dangerous infectious diseases within their district," and proposes to enact that, upon the application of any sanitary authority, the Local Government Board for Ireland may declare the Act to be in force within the district.

Mr. Gray proposes to throw on the medical attendant—if there be a medical attendant in the case—the duty of informing the sanitary authority when any inmate of a building used for human habitation is attacked by small-pox, cholera, scarlatina, typhus, typhoid, puerperal or relapsing fever, diphtheria, measles, or erysipelas. This clause is one about which there will be much difference of opinion. From the side of our profession, it has been strongly urged that, by throwing this duty on the medical attendant, the confidential relationship between him and his patient is invaded.

I frankly confess that, although at one time inclined to take this view, I no longer do so. Once that any community, whether it be a club, a village, or a city, is pleased to make a rule that for its own benefit and protection, the various members of the community requiring their medical men to report certain infectious diseases, with the very laudable intention of preventing the spread of these formidable maladies, then it

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ceases to be a breach of confidence if the medical man makes such reports.

I should hesitate to support this clause, not on the ground of any breach of confidence on my part, were I to carry it out, but because I doubt if it be the best method of attaining the object in view. It is also open to doubt whether the proposal would work well which requires that the medical attendant shall give notice to the master of the house, and on such notice the householder shall be required to communicate with the sanitary authority. Both of these propositions throw directly on the medical attendant the onus of taking the initiative.

While I admit that this part of the subject is surrounded with difficulties, I am disposed to think that it would be a just as well as a wiser course to throw on the householder the prime initial step. It is not unreasonable to say that every householder having on his premises an individual attacked by an infectious disease, is bound by his duty towards his fellow men, to prevent the spread of that disease. I should consider it to be his duty to ascertain from the medical attendant whether the disease was infectious, and I should require him to give notice, so that every precaution might be adopted against its spread. This might be accomplished by making every householder liable to indictment if disease were known to exist on his premises; but on obtaining a certificate from the medical attendant that the disease was not infectious, the indictment should be withdrawn. The effect of such an arrangement would probably be, that the householder would (when he understood his own liability) at once request his medical attendant to inform the sanitary authority; otherwise, in case of death or publicity from any other cause, the householder would be found out, and his offence would be legitimately regarded as deserving of punishment.

It has, I believe, been correctly stated that the important question of the compulsory notification of infectious diseases has now been (by Mr. Gray), for the first time, formally brought under the notice of the House of Commons. As to its desirability, it may be said that there exists absolute unanimity; no one doubts the enormous advantages which would arise from it. The real practical difficulty of bringing such a measure into active operation lies in a detail, but a detail of vital importance as regards its success. If we are to have compulsory notification of infectious disease, who is to be the person compelled to notify?

I do not believe there could be a question more worthy of being thoroughly investigated by a Select Committee of the House of Commons than this, or one the investigation of which would bear better fruit.

This Branch of the British Medical Association has the merit of having now directly brought the subject under the notice of Parliament; let us hope that it will urge the matter forward. Let us use every exertion, by appeal to the entire Association, to induce the Government to refer the question mentioned to a Select Committee of the House.

A CASE OF LONG MAINTAINED FIXED POSITION.*

By W. C. BLAND, M.R.C.S.,
Medical Superintendent of the Borough Lunatic Asylum, Portsmouth.

John Greenwood, aged 31, widower, was admitted nearly fourteen months ago into the Borough Asylum, Portsmouth. Previously to this, he had been five months in Fisherton House Asylum, and in the Portsea Workhouse. The patient was an able-bodied seaman in the Royal Navy, and bore a first-rate character for intelligence and steadiness. He was drafted into the Coast-Guard.

One day, he put out in a heavy gale in the life-boat, and was reported by his comrades to have been struck by lightning. When he came back, he grew very excited and exalted, declaring that God had revealed all things to him. He was then taken to the workhouse, where he exhibited a demented behaviour. He would stand still for hours together, and, when addressed, only grinned fatuously. We have no accurate history of him, further than that he was taken to Fisherton House, whence he was transferred fourteen months ago to the asylum at Milton.

On admission, he was extremely emaciated; but all his thoracic and abdominal viscera appeared healthy. He has since been fed on minced food and sop, and has gained about thirty-five pounds. He has assumed a position, in which every limb is rigidly extended; the legs and feet pressed firmly together; and the arms and hands pressed to the sides. The eyes are closed; and, when one retracts the lids, he rolls his eyes upwards, so that it is impossible to see the pupils. The features are fixed and impassive, and the muscles are all well developed and firm. Although flies settled all over his face last summer, he never moved a muscle. All his food has to be given him with a spoon by the attendant. He moves his jaws but little, performing mastication chiefly with the tongue. He is held over the stool regularly, and every third day he has a motion. He sleeps well at night. The electrical reaction of his muscles is normal, and the muscles are all well developed and firm. The knee tendon-reflex is scarcely apparent; but, on pressing up his foot sharply, there is a distinct quiver in the calf and foot. He has been under continuous observation night and day, and only twice has he moved. On both occasions, he was seen by the night-attendant to lie on his side and rub his eyes. He has never spoken except once. When he was asked the day of his admission, he replied correctly, "Tuesday". He has been exercised for ten days by three attendants—two moving his legs, whilst one held him upright; and then every joint has been flexed repeatedly. And he has been maintained in an attitude of prayer for a quarter of an hour at a time; but, beyond slight exhaustion, this produced no effect whatever. Whenever one of his limbs is forcibly removed, it is brought back to its position immediately when let go, as though under the influence of a spring. Amyl-nitrite has not the slightest apparent effect on his condition, further than producing a blush. The patient was put under chloroform; when he opened his eyes, with the pupils widely dilated. An ophthalmoscopic examination showed the retina to be perfectly normal. Under the influence of the chloroform, he relaxed his muscles but little; but the narcosis was not very deep; and the relaxation was sufficient to show, if proof were needed, that there exists no spinal lesion.

It is impossible to classify this case under any known head. Catalepsy is excluded by the absence of a characteristic symptom; viz., the joints, when placed in a different position, are not retained in that position. There is nothing passive; the whole attitude is produced by voluntary muscular action. To me, the most satisfactory view is, that it is a result of a fixed delusion. But it is impossible to ascertain the nature of the delusion, or even its existence, with certainty.

* Read before the South Hants District of the Southern Branch.

RUPTURE OF THE MEMBRANA TYMPANI, WITH DIFFUSE MYRINGITIS: THE RESULT OF A SNOWBALL.

By ROBERT TORRANCE, L.R.C.P.Ed.,
Surgeon to the Newcastle-upon-Tyne Throat and Ear Infirmary.

J. L., aged 16, came to me on January 12th, 1881, with a pale and anxious expression, suffering as he said from "ear-ache", which had lasted over forty-eight hours. The history of the case was, that, while snowballing with some companions, he was hit by one on the right ear, which caused him the most intense agony; the pain, indeed, to use his own words, made him shriek and tremble. On examination with the otoscope, a rupture of the membrana tympani was discovered, slit-shaped, parallel and posterior to the handle of the malleus; there were also traces of hæmorrhage in the external meatus, which had evidently come from its vessels. In addition to this, however, there was a pinkish hue of the membrane, with a good deal of vascular injection, around the periphery of the drumhead, and along the handle of the malleus, though the other parts of the membrane remained of their normal colour. He complained of much tinnitus aurium—a loud buzzing in the ear, with confusion in the head—which was set down to concussion of the labyrinth; and probably correctly so, as the tuning-fork was heard less distinctly in the injured ear, and a watch that should have been heard at twenty feet, was only heard at about two inches. For days after the accident, there was a feeling on the same side of the tongue as if something cold had been rubbed over it, and the taste on that side also was impaired; but the sensibility of the tongue to touch remained intact. Antecedents were carefully inquired into, but the patient positively asserted that he had not previously suffered from defective hearing. The ordinary treatment was adopted of placing leeches over the tragus, using the warm douche, etc., when the pain speedily subsided, and the rupture healed perfectly in a few days, without a suppurative process, but the hearing power has only been partially restored.

Remarks.—This case has been related on account of its extreme rarity, the membrana tympani having much resisting power, both from the so-called membrana flaccida, or Shrapnell's membrane, which yields when undue pressure is brought upon it, and from its oblique position in the canal, which causes a portion of it to be covered by the walls in such a way as not to receive the whole force of a column of compressed air. But, though it is well known to be ruptured from

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