

**BRITISH MEDICAL ASSOCIATION:
SUBSCRIPTIONS FOR 1876.**

SUBSCRIPTIONS to the Association for 1876 became due on January 1st, Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 4TH, 1876.

THE ANNUAL MEETING, 1876.

At the meeting of the Committee of Council on Tuesday, February the 29th, called to consider the resolutions passed by a meeting of thirty members of the profession resident at Brighton, which we last week published, a resolution was passed in the following terms:—

“That as the next annual meeting of the Association must, by the laws, be held in Brighton, and it would now be impossible to arrange for a successful meeting in any other locality, the Committee of Council, whilst regretting the course adopted by certain members of the profession in Brighton, still believe that a successful meeting will be held there, and will gladly receive the co-operation of those members of the profession in Brighton who are ready to assist in making the required arrangements for the annual meeting.”

In reference to this subject, we are requested to say that the Committee of Council desire to call the attention of the members of the profession at Brighton to the fact that a member of the local Branch was selected to deliver one of the addresses; and that in towns not possessing a medical school, it has not been the custom of the Association to select more than one of the readers of addresses from the members of the local Branch.

It will be found that, in 1860, at the meeting at Torquay, none of the three addresses was delivered by members of the profession resident in Torquay. At the meeting at Leamington, the two addresses were delivered by members resident in Dublin and Edinburgh; and at the Plymouth meeting, in 1871, by members resident in London and Edinburgh. It is only at great medical centres of education that more than one local orator has been appointed. In the five sections of medicine, surgery, obstetrics, public medicine, and physiology, addresses are now delivered by the presidents at the opening of the sections. The whole of these honourable offices, and those of the vice-presidents, were, on the present occasion, placed unreservedly at the disposal of the Brighton Arrangement Committee; and in the distribution of many of these posts, positions of honour and scientific eminence and value are open, which the most distinguished men of all parts of the kingdom have felt honoured in accepting.

The Committee of Council have, in fulfilling their duties as a body holding executive functions on behalf of an Association extending over the whole kingdom, desired in their arrangements to afford ample verge and space for the cordial recognition of their professional Fellows in the South-Eastern Branch and in Brighton. It is a source of great regret to them that, in lieu of official communications addressed solely to them, their efforts have been met by a public vote of censure passed without previous communication with them. The explanations here tendered may, it is hoped, place the matter in a different point of view before those who have expressed disapproval of the course pursued by the Committee of Council.

MR. SIMON'S NEW REPORTS.

THE fifth and sixth volumes of the new series of the Reports of the Medical Officer of the Privy Council and Local Government Board are now ready. They contain matter of the highest scientific interest and of great national importance.

The fifth volume relates essentially to cholera. It sets forth the

results of Mr. Netten Radcliffe's laborious and instructive study of the international relations of Asiatic cholera during the past ten years. Mr. Radcliffe's investigations have resulted in showing that the extension of cholera has had a definite relation to personal traffic; and he finds that outside the limits of India there is no reason to impute to the disease any other mode of origination or extension beyond that which is associated with its power of spreading from the sick to the healthy. It also shows with considerable force how little quarantine regulations have done to prevent the infection of the ports and countries adopting them. From one quarantine establishment to another, the disease has spread, until, notwithstanding every endeavour, nearly the whole of Europe has been infected. Indeed, it appears that, in this respect, the balance of European opinion is now inclining to the side of our own practice, which is to place a certain reliance on medical inspection at ports, and not to control commerce beyond this limited extent. In his preface to this volume, which contains a complete study of the epidemiology of cholera, Mr. Simon points out that, though we may hope that India, on the one hand, may be made less productive of the infection, yet we must also hope that other countries may be made less susceptible of it. The means by which cholera spreads are strictly limited, and its spread may be prevented in a similar manner to that adopted to stay the spread of filth-diseases generally. It is to progressive sanitary improvements, both in India, where the disease is endemic, and in other countries which it occasionally visits as an epidemic, that the safeguards lie. This volume also contains, as an appendix, an abstract of the proceedings of the International Sanitary Conference, held in Vienna in 1874, in the form of a paper prepared by Dr. Seaton.

The sixth volume contains a series of papers, many of which deal with subjects of the highest importance, both to the medical profession and to the public at large.

The first paper relates to that complex bodily disturbance which is known as the process of fever; it is written by Dr. Burdon Sanderson, who has for some time past studied this process in such a “spirit of exact science”, that any contribution from him relating to it is worthy of the most careful consideration. No attempt is made to found a theory of fever, for the paper, it is stated, is intended to serve as a compendious statement of the knowledge which at present exists as to the nature of the process, and it deals with the subject under three different headings; 1. The textural disintegration in fever; 2. The production and discharge of heat in fever; and 3. Pyrexia. Although Dr. Burdon Sanderson's treatment of this subject is not intended to be final, yet he has here given, as Mr. Simon states, “a very elaborate exposition of those parts of the subject which, he thinks, may now be taken as settled”.

The second paper, which is also written by Dr. Burdon Sanderson, relates to the study of infective inflammations. A most important part of this paper deals with the infectious property of those pyamic and septicamic diseases which are at times so fatal in surgical and in lying-in wards; and Dr. Sanderson here shows that the “compound quality of infectiveness and intensity of inflammation” may be artificially cultivated from a purely chemical lesion.

Dr. Klein contributes the third paper; and it is one the importance of which can scarcely be overrated. It is a continuation of a former work relating to the intimate anatomy of enteric fever; it purports to show that this disease has its essence, or at least part of its essence, in a microphyte which Dr. Klein has discovered in swarms, both in the bowel textures and in the discharges of enteric fever patients, and it is beautifully delineated in illustrations prepared by Dr. Klein himself. The interpretation assigned to the facts described seems irresistible and it is interesting to note, as Mr. Simon points out, that the multiplying microscopical forms described by Dr. Klein closely correspond with those to which Professor Cohn gave the name of crenothrix poly spora, and which he found “in the well-water of a certain district in Breslau famous for the frequent occurrence of enteric fever among its inhabitants”.

The etiology of cancer, a subject which has occupied Dr. Creighton's attention for some years past, forms a fourth paper. The matter dealt with relates not only immediately to the development and ineffectiveness of cancer, but it includes important researches made into the anatomy of the mammary gland in its various phases of activity and rest.

Following on a fifth brief paper by Dr. Thudichum, which bears upon the chemical pathology of the nervous system, is a concluding report by Dr. Baxter, on an experimental study of certain disinfectants. The ignorance which has prevailed as to the relative value of various disinfectants has long called for further inquiry into this subject by men of science not pecuniarily influenced in favour of any one agent; and this first contribution by Dr. Baxter already clears up some of the difficulties which have confronted us.

Some of the papers here briefly noticed we hope again to discuss more fully; and, in concluding this preliminary inspection of these volumes, we would express our conviction that they constitute a highly important contribution to medical science. Indeed, we cannot but concur with the opinion expressed by Mr. Simon in one of them, that the matter they contain will be highly appreciated "both here and in other countries by persons who themselves are engaged in giving growth to the medical sciences". The sixth volume is essentially a report on scientific investigations in aid of pathology and medicine; and the productions it contains call for some recognition of the debt of gratitude which both the public and our profession owe to the untiring zeal and rare sagacity with which the present medical officer of the Privy Council has always continued to lay the higher claims of our public health department before those members of the Government under whose direction this work is carried out, and to the philosophic power with which he guides these researches, and establishes their connection with the great scientific problems of the healing art in our day.

CEREBRAL LOCALISATION.

THE doctrine of cerebral localisation, which has long been engaging the attention of Lockhart Clarke, Hughlings Jackson, and Broadbent here, and has received a brilliant impulse from the physiological labours of Meynert and of Hitzig and Frisch in Germany, and of Ferrier in this country, has in France a most able and accomplished apostle in M. Charcot, who unites all the greatest qualities of a clinical investigator, extensive erudition, incessant search for facts, judicial sagacity and impartiality in their interpretation, and admirable clearness and logical power in their exposition. Against this view, however, are arrayed the encyclopædic powers and ever fresh energy of Dr. Brown-Séquard, who loses no opportunity of denouncing it. A recent passage at arms between M. Charcot and Dr. Brown-Séquard very well illustrates the relative position of the two schools.

M. Joffroy had made a communication to the Société de Biologie on the disturbances of nutrition observed as the sequel of lesions of the occipital lobe. M. Charcot pointed out that the question raised by M. Joffroy was of the most interesting character, and was a new step in the path of the research of cerebral localisations. This study, he said, has only made real progress of late years, and that because it is only now that physicians have found themselves in possession of a method founded on topographical anatomy. From this point of view, the older observations are very defective: in going through them, one is much struck with their want of precision in description. The lesions are indicated vaguely, and their situation badly defined, for want of a sufficiently complete anatomical nomenclature. Now it is quite otherwise. Every department of the nervous centres possessing a name, it becomes very easy to indicate the exact seat of a hæmorrhage or of a softening. Observations taken in this wise—for which purpose Ecker's topography of the brain, or Turner's sketch of the same, are of the highest utility—are the only ones which are really of any good, or which can be utilised for the solution of that thorny question of cerebral localisations.

As to the posterior lobes, their part is still very little known.

Pathologically, at least, they are silent. If, for example, in an apopleptic patient, the paralysis be but slightly marked, if it be transitory, and disappear only to reappear anew, we may suspect an affection of the posterior lobes. Notwithstanding M. Joffroy's observations, it is likely that we shall find plenty of cases of lesion of the posterior lobes unaccompanied by disturbance of nutrition.

Of the general doctrine of cerebral localisation, M. Charcot took this occasion to again avow himself the declared partisan. There exists, he said, certainly in the encephalon, regions the lesion of which always brings about with certainty the appearance of the same symptoms. Outside this law, all is confusion, and the study of cerebral pathology becomes illusory. A sufficiently extensive affection of the internal capsule produces with certainty a hemiplegia. Such is the fundamental datum which can alone give to this discussion some fixity of character. Doubtless, besides these direct phenomena, there are others which must be attributed to reflex action, or actions exercised at a distance, as they are sometimes called; but then the clinical symptoms become so complex, that the analysis is extremely difficult. We must start from simple facts, in which a lesion clearly limited, and whose seat is well determined, has passed through the diverse phases which permit us to separate the direct phenomena from those which the irritation of more or less distant regions produces. Old observations are null from this point of view, and must be rejected; nothing can be founded on them. The necropsies have been insufficient; and we cannot be astonished, when we remember what was the state of the study of diseases of nervous system twenty years ago.

Dr. Brown-Séquard was present at this debate, and announced himself in complete discord with M. Charcot. He denied that the destruction of certain regions of the encephalon produces the abolition of certain functions; and alleged that, in respect to the lesion of the anterior parts of the internal capsule, there are contradictory observations, "old, but yet estimable". In the dog, the optostriate bodies might be removed without producing paralysis. Dr. Brown-Séquard does not accept the modern theory of localisation or of direct action. He believes, on the contrary, that the phenomena observed in the diverse maladies of the encephalon are phenomena of irritation, of actions of arrest exercised on distant regions by regions neighbouring to the foci of irritation. M. Charcot, not being well acquainted with the dog, declined to discuss his pathology. In human pathology, the constancy of relations between a lesion and its symptoms was what tended to establish a law. For this study, the observation of tumours, or of too extensive hæmorrhages, or of partial softening, must be excluded, not because they were not instructive, but because they introduced elements of complication. The permanent effects of simple limited hæmorrhage were like those of a physiological experiment of which the conditions were known. If the hæmorrhage spread beyond given limits, of course the case was not available. Although the clinical table is constant when the clot affects only the internal capsule, it becomes, on the contrary, most variable if the clot touch the ventricular ependyma. Then distant effects are seen in convulsions, sometimes unilateral, sometimes bilateral, often accompanied by the most varied incidents. In answer to Dr. Brown-Séquard, Dr. Charcot added that the destruction of the anterior part of the capsule produces always hemiplegia of the opposite site. The lesion of the posterior part of the same capsule produces crossed hemianæsthesia. He was, however, "less affirmative" on the latter point than the former. The contest has since been renewed, but with much the same result.

MR. WHEELHOUSE, M.P. for Leeds, has given notice of opposition to Mr. Cowper-Temple's Bill.

WE understand that, on the occasion of the Queen's visit to the London Hospital on the 7th instant, the honour of knighthood will be conferred on Mr. E. H. Currie, the Chairman of the House Committee. Mr. Currie is also Vice-Chairman of the London School Board, and a man of great public spirit and distinguished benevolence.