

logical, Clinical, and Obstetrical Societies held their meetings at the house of the Royal Medical and Chirurgical Society, which thus became the head quarters in London for the profession. Here the Society remained until 1889, in which year it removed to the handsome premises it now occupies at 20, Hanover Square. Additional space has enabled the Council to still further increase the accommodation for other societies. The Society possesses a fine library of about 40 000 volumes; the utility of this is greatly increased by the Fellows being able to borrow books for use at their own homes. There is also an extensive collection of engraved portraits of members of the profession. The celebrated Chamberlen midwifery instruments are in the possession of the Society. In 1872 the Society undertook to administer the fund which had been raised to found a memorial to Marshall Hall. It was decided that the memorial should take the form of a prize to be given every five years for the best original work done during that period on the nervous system. The first award was made in 1878, Dr. Hughlings Jackson being the recipient of the prize.

#### THE WESTMINSTER MEDICAL SOCIETY

was founded by Sir C. Mansfield Clarke and Sir Benjamin Brodie in 1809; its meetings were held at the School of Medicine in Great Windmill Street. For some years the Society seemed almost to be an appendage of the school, every student who attended the lectures becoming also a member of the Society. In 1824 it is said to have had about 1,000 members. After the breaking up of the Windmill Street School the Society met in Sackville Street, from there it went back to Windmill Street, then it met in Exeter Hall, and last of all moved to Savile Row. During its first occupation of Windmill Street no rent was paid, and so the Society was in a flourishing financial position; at the other places the necessary rent caused a drain on the funds. The interest in the meetings gradually declined, until in 1843 the Society was reduced to about twelve members; then it took a new lease of life, and at its close it showed 275 names on the books. The Society took the lead in discussing the nature and treatment of cholera during the epidemic of 1832, and in its discussions on the Anatomy Bill it did much to do away with the popular prejudice against that measure. During the presidency of Mr. Hird, in 1849-50, steps were taken for amalgamating the Westminster and the Medical Societies, and during Dr. Murphy's term of office this was successfully carried out. The motion for amalgamation was unanimously agreed to by the Medical Society on March 4th, 1850, and by the Westminster Society on March 28th of the same year. It was agreed that in the amalgamation scheme the President of the Medical Society should be the first President of the new body. Dr. (afterwards Sir) Risdon Bennett held this office, and the first secretaries were Dr. W. Cogswell and Dr. C. H. F. Routh. It was found impossible to unite the two names in the new Society, as the property of the Medical Society was so held that it could not change its name. The name of Westminster, therefore, disappeared, and the amalgamated body was known as the Medical Society of London; its first meetings were held in George Street, Hanover Square. At the time of amalgamation the Westminster had 237 names on its books, exclusive of honorary and corresponding members. The old Society only issued three numbers of *Proceedings*, which contain the record of the session 1848-49. The papers are, however, fairly reported in the medical journals of the day.

#### THE HUNTERIAN SOCIETY.

The idea of founding a medical society for the East of London originated with Mr. Armiger, Assistant-Surgeon to the London Hospital. Being himself unable to take an active part in the preliminary arrangements for starting the Society, this duty was undertaken by Dr. Cooke, of Great Prescott Street, who, on November 11th, 1818, called a meeting at his residence for the purpose of discussing the desir-

replied Goldsmith; 'but in truth I could not bear to hear that unfortunate woman in the street, half singing, half sobbing, for such tunes could only arise from the extremity of distress; her voice grated painfully on my ear and jarred my frame, so that I could not rest until I had sent her away.' It was in fact a poor ballad singer, whose cracked voice had been heard by others of the party, but without having the same effect on their sensibilities."

ability of starting the proposed Society. The preliminary meetings do not seem to have been marked by any enthusiasm. The proposers of the scheme, however, persevered, and, having obtained the adherence of Sir William Blizard, called a meeting at the King's Head, in the Poultry, on January 20th, 1819, to inaugurate the Society. A subsequent meeting was held to draw up rules, etc., and on February 11th another meeting was called to elect officers, when Sir William Blizard was elected the first President and Dr. Conquest and Mr. Armiger appointed Secretaries. The original intention was to call the Society "The London Medical and Physical," but, on the suggestion of the President, it was altered to "The Hunterian Society," and "*Ratio Societatis Vinculum*" was adopted as its motto. A room was obtained at the London Orphan Asylum in St. Mary Axe, and there, on April 21st, the first business meeting was held. In 1821 the Society moved to new premises at No. 18, Aldermanbury, and in 1834, as these rooms were required for other purposes, a further move was made to No. 4, Blomfield Street, where arrangements for a tenancy were concluded with the managers of the Congregational Library. Here the Society found a home until the premises were required by a railway company in 1866. In that year the Council was enabled to secure accommodation at the London Institution, where the Society has remained ever since. A library for the use of members was established early in the history of the Society: the first grant was made in 1822, when £50 was voted for the purchase of books, and, very appropriately, the Works of John Hunter was the first book ordered. The *Reports of the Hunterian Society* were first published in 1825, and have been continued to the present day. The first Oration was delivered by Sir William Blizard in 1826, and, with a few breaks, this has been annually kept up.

(To be continued.)

## THE ANTITOXIN TREATMENT OF DIPHTHERIA.

OWING to the numerous calls upon the pages of the *BRITISH MEDICAL JOURNAL*, and the large amount of space already given during the past few months to the report of cases of diphtheria treated by antitoxic serum, we are compelled to abstract the reports of the following cases received recently:

Dr. JAMES H. RODGERS (Cardiff) reports two cases: (1) P. W., aged 2 years and 7 months, who had had several previous attacks of follicular tonsillitis, was taken ill on May 8th, and on the following day had a temperature of 102° F., with enlargement of the tonsils. On the following day the temperature was 103.4° F., and on May 11th two patches of white membrane were seen on the right tonsil. On that evening the temperature rose to 104.2° F., the pulse was 152, and the respirations 40, and the whole of the right tonsil was covered with straw coloured membrane; there was also membrane on the left tonsil, and enlargement of the lymphatic glands. On May 12th the temperature was 104.4° F., the pulse 148, respirations 48. The membrane had extended to the soft palate, and there was a blood-stained discharge from the nostrils. At 4 P.M. 1 drachm of Schering's antitoxin was injected. At 8 P.M. the temperature was 103.6° F., and the patient was restless and prostrate. Next morning, after a good night, the temperature was 101° F., the pulse 112, and the respirations 24. The membrane was easily detached. In the evening the temperature was 99.4° F., and the membrane was clearing. On May 14th the temperature was 97.2° F., the pulse 100 but irregular, and the respirations 20. Membrane remaining on the left tonsil was easily detached. The patient was convalescent, but the temperature remained subnormal and the pulse irregular for a few days. (2) W. W., aged 5 years and 8 months, sister of the first patient, was taken ill on May 14th. On May 16th the temperature was 103.4° F., the pulse 148, the respirations 32, and both tonsils were enlarged and presented straw-coloured membrane. On May 17th the membrane had extended to the palate; that evening the temperature was 103.6° F., the pulse 152, and the respirations 40, and there was prostration. Half a drachm of antitoxin (all that was available) was injected. The temperature at 3 A.M. was 101° F., and the patient passed a better night. At

10 A.M. the temperature was 97.6° F., the pulse 104, and the respirations 20. That evening the patient was practically convalescent, but the temperature remained subnormal for a few days. In both cases there was albuminuria and loss of knee-jerk. Quinine with perchloride of iron was given internally, and local applications of perchloride of iron and glycerine were made from the earliest stage.

Dr. T. LUSON (Norbiton, Surrey) reports a case of recovery after tracheotomy. A child, aged 5, was first seen on May 23rd, when the fauces were covered with membrane, breathing was croupy, and the urine contained albumen. On the next day the child was worse and the temperature was 101° F. On May 25th rapid aggravation of the asphyxia rendered immediate tracheotomy necessary, and a silver tube was introduced. Later in the day, when the temperature was 101.4° F., Schering's antitoxin  $\pi$ xx was injected. Next day the temperature was 100° F., and a large amount of membrane was expectorated. Two other doses of antitoxin were given— $\pi$ xv on May 28th and  $\pi$ x on May 30th—when the temperature was 99° F. A rubber cannula of smaller calibre was introduced on May 28th, shortened gradually on subsequent days, and withdrawn permanently on June 3rd. The child recovered without any complications.

Dr. H. W. WEBBER (Rickmansworth, Herts.) reports two cases. (1) A boy, aged 7, taken ill on May 18th, was first seen on the evening of May 19th, when there was membrane on the right side of the uvula, on the right tonsil, and on the pharynx. On May 20th the dyspnoea increased, and in the evening there was inspiratory stridor, aphonia, and retraction of the soft parts of the chest wall. Antitoxic serum (Burroughs, Wellcome, and Co.) 15 c.cm. was injected between the scapulae. At 10 P.M. the child was transferred to the Watford Isolation Hospital, and at 11 P.M. tracheotomy was performed, Dr. Berry, of Watford, giving chloroform. The child was placed in a tent. On May 21st three large pieces of membrane had come away through the tracheotomy tube, the patch on the soft palate was loosened, and no fresh patches could be seen. At 11.30 A.M. 10 c.cm. of serum were injected. On May 22nd no membrane could be seen, and the child breathed comfortably when the tube was temporarily withdrawn. On May 23rd there were two small spots on the right tonsil, but the boy looked well, and was hungry. The urine on this day contained only a trace of albumen. The tube was removed (sixty hours after tracheotomy). He continued to improve, and on May 29th was allowed out. On May 31st a copious morbilliform rash appeared on the legs, and a few spots on the chest. These slowly faded, and had disappeared in five days. The tracheotomy wound healed quickly, and no signs of paralysis could be discovered. (2) The sister of the last patient, aged 4, had sore throat on May 26th, with enlargement of the tonsils and a greyish patch on each. On May 27th a thick greyish-yellow patch covered half the surface of each tonsil, and on the following day it extended to the right side of the soft palate. On May 29th the patch had cleared off the palate. The patient was croupy in the night, and on May 30th there were white patches on both tonsils. At 10 A.M. 10 c.cm. of antitoxic serum from the British Institute of Preventive Medicine was injected, and at 1 P.M. she was removed to the Watford Isolation Hospital. The injection was repeated on June 1st, when the child seemed comfortable and took nourishment. On the right tonsil only there was a thin whitish patch. On June 6th the throat had a normal appearance, and the glands, which had been enlarged, could hardly be felt. There was no albuminuria and no paralysis in this case. In both cases the local treatment consisted of the application of perchloride of iron and glycerine, and of perchloride of iron and subsequently tincture of digitalis internally. In both the diagnosis was confirmed by bacteriological examination at the British Institute of Preventive Medicine. In neither was the temperature at any time observed to be above normal.

Mr. JOSEPH WALKER, M.R.C.S. (Kirkby, near Liverpool), reports a case in a boy, aged 6, who after complaining of sore throat for some days became rapidly worse on May 27th. The soft palate, tonsils, and pharynx were congested, and upon each tonsil was a greyish patch. Some improvement followed treatment by local application of boracic acid, and a solution of perchloride of mercury (1 in 500) with iodide of potassium and salicylate of sodium internally. The mem-

branous patches continued to spread; breathing became stridulous and the cough croupy. At 10 P.M. on June 1st all the symptoms became aggravated, and there was much dyspnoea. Next day, June 2nd, after consultation with Dr. Carter, of Liverpool, 15 c.cm. of antitoxic serum (Burroughs, Wellcome, and Co.) was injected. Dyspnoea at this time was intense. At 10 P.M. there was slight improvement, but the patient had a restless night with frequent paroxysms of dyspnoea. At 9.30 A.M. on June 3rd he was semi-conscious and livid, with cold extremities; a second injection (7½ c.cm.) was given. At 4 P.M. he was easier and the membrane appeared to be loosening. The improvement continued; several fragments of membrane were coughed up, and at 10 P.M. a third injection (7½ c.cm.) was given. He had a bad night, but next morning there was a general improvement; large pieces of membrane had been expectorated and the pharynx was clear. The improvement continued, and on June 7th he was allowed to get up. The urine was highly albuminous and of high specific gravity (1030) on June 2nd, but on June 5th there was only a trace of albumen, and the specific gravity was 1020. A portion of the membrane removed on June 4th was examined by Dr. Robertson, of St. Helens, who reported that the swabs contained very few diphtheria bacilli in comparison with the large number of other organisms, but they were quite characteristic.

Date.	Temperature.	Pulse.	Respirations.	
May 27th ...	103.0°	120	—	—
" 28th ...	101.0°	100	—	—
" 29th ...	98.4°	80	—	—
" 31st ...	98.4°	80	—	—
June 2nd, 3 P.M. ...	100.5°	132	40	Injection
" " 10 P.M. ...	100.0°	120	—	—
" 3rd, 9.30 P.M. ...	—	—	—	Injection
" " 10 P.M. ...	—	—	—	Injection
" 4th, 11 A.M. ...	98.4°	100	—	—

Mr. H. W. KNOWLES (St. Helens) reports the case of a girl, aged 4, who, after complaining of sore throat for three days, was seen on January 4th with tonsillitis, pharyngitis, and patches of membrane on both tonsils and on the uvula. The glands were enlarged, there was a croupy cough, but no obstruction to respiration. The urine contained one-fifth albumen, and there was a good deal of general prostration. The temperature was 100° F., and the pulse 150; 6 c.cm. of antitoxin (supplied by Dr. Klein) was injected. On the following morning the membrane was still abundant, but the general condition was much improved. The temperature was 99° F., and the pulse 118. On January 6th the pulse fell to 80. The membrane disappeared altogether on the fourth day after the injection. The albumen disappeared on the seventh day, and the child was discharged well on January 21st. The diagnosis was confirmed after bacteriological examination by Dr. Robertson, M.O.H., St. Helens.

Dr. J. MASSON (St. Helens) reports a case of laryngeal diphtheria in which tracheotomy was performed in a girl, aged 4. When first seen on January 22nd the child had been ill for a week, and had had a croupy cough for four days. The temperature was 101.3° F. There was slight inspiratory stridor and a hard metallic cough. The tonsils and pharynx were congested. On January 23rd the stridor was greater and the lungs were not expanding freely. On the left tonsil was a patch of greyish-white membrane. At 6.45 P.M. an injection of 5 c.cm. of antitoxic serum, supplied by Dr. Klein, was given. On January 24th, at 10 A.M., the increased cyanosis and difficulty of respiration rendered tracheotomy necessary. A large quantity of membrane was coughed up through the tube, and the breathing became easier. On the following morning an injection of 5 c.cm. was given. The membrane on the tonsils came away during the day, and after two days no more membrane was coughed up through the tube. No fresh membrane formed after the first injection. A trace of albumen was present in the urine on January 23rd, 24th, and 25th. The child made an uninterrupted recovery, and the tube was removed on February 4th. Dr. Robertson found the bacillus diphtheriae present in a piece of membrane removed on January 23rd, but not in the secretions from the throat and larynx on January 30th and February 13th.

Dr. JAMES R. PURDY, M.O.H. to the Hutt County Council (New Zealand); reports a case in a publican, aged 35, who on April 18th had a sloughing ulcer on the right tonsil. The temperature was 101° F., the pulse 96, and he complained of pains in the knees and elbows. He was ordered a gargle of biniodide of mercury (1 in 2,000) and salicylate of sodium internally. He was taken suddenly worse on April 20th, and when seen on April 21st, the whole of the roof of the mouth, both tonsils, the uvula, and the pharynx were covered with typical diphtherial membrane. The cervical glands were swollen, the pulse feeble; 10 c.cm. of antitoxin from the British Institute of Preventive Medicine was injected. At noon next day the pulse was 96 and much stronger, the temperature normal; the throat was almost clear of membrane, but there was a black slough at the base of the uvula. The glands were smaller. On April 23rd the patient was much better and the slough was separating. On April 29th the man was quite well, but there were two white scars, one on the uvula and one on the right tonsil.

Dr. LEONARD BUCKELL (Chichester) sends us a report of the case of a child, aged 3½, who was first seen, after four days of illness, on May 3rd, and found to be suffering from diphtheria. On May 5th, at 3 P.M., the membrane covered both tonsils and stretched back towards the epiglottis. There was some recession of the lower ribs, cough was croupy, and the membrane had evidently begun to invade the larynx. An injection of 20 c.cm. of serum (Burroughs, Wellcome & Co.) was given. This serum had been kept for fourteen weeks. On May 6th the cough was less croupy, the respiration easier, but the throat was about the same. On May 7th the glands in the neck were much enlarged, but the condition of the throat was much improved and the breathing was easier, though the child was more restless. Another injection of 20 c.cm. of the serum, newly obtained, was given. On May 8th the fauces were quite clear, cough was frequent and hoarse, but not croupy, and there was no recession of the lower ribs. After this a rapid convalescence was made. The diagnosis was confirmed by bacteriological examination by the Clinical Research Association.

Date.	Temperature	Pulse.	Respirations.	
May 5th, 3 P.M. ...	101.4°	120	36	Injection
„ 6th ...	101.0°	120	36	—
„ 7th ...	99.4°	—	32	Injection
„ 8th ...	100.4°	108	28	—
„ 9th ...	99.9°	100	26	—

#### THE ANTITOXIN TREATMENT ABROAD.

*Spain.*—The *Union de las Ciencias Medicas* of Cartagena publishes the following statistics: The average death-rate from diphtheria at Cartagena was till lately 258, or 3 per 1,000 of population, and 15 per 1,000 of the total number of deaths. Of 156 patients treated with serum, 79 were males and 77 females, the great majority of them being aged from 2 to 3 years. Ferran's serum was used in 120 cases, Roux's in 30, and Behring's in 6. Of the whole number, 21, or 13.46 per cent., died. During the ten years before the introduction of the serum treatment the average number of deaths from diphtheria in Cartagena was 21 per month. During the four months the serum method has been in use the total number of deaths from diphtheria has been 21; in other words, the mortality from the disease has been reduced to one-fourth of what it was.

*France.*—A decree has been passed appointing a Committee, under the Minister of the Interior, to consider all questions arising under the law of April 25th relative to the preparation, sale, and distribution of therapeutic serums and other analogous products. The Committee is especially charged with the examination of all applications for permission to place such products on the market, and with the carrying out of the inspections enjoined by the law. The Committee consists of the members of the Committee of Management of the Sanitary Services, of the Perpetual Secretary of the Academy

of Medicine, and of eight members nominated by the Minister of the Interior, half to be chosen from among the members of the Academy of Medicine, and half from among the members of the Consultative Committee of Public Health in France.

#### THE EDINBURGH HARVEIAN FESTIVAL.

THE 113th Harveian Festival was held in the Hall of the Royal College of Physicians, Edinburgh, on June 28th, when the Oration was given by Dr. YELLOWLEES, the Physician Superintendent of the Royal Asylum, Gartnavel, Glasgow. After returning thanks for being called to the President's chair, and for the consideration and compliment paid him by postponing the yearly festival from April 13th to this date, Dr. Yellowlees took as his subject *The York Retreat* and Dr. Daniel Hack Tuke. After a rapid glance at the barbarous treatment of the insane in other days, and the cruelties of the old madhouses, he continued: At length, in 1791, a case occurred in the York Asylum which commanded public attention. A lady belonging to the Society of Friends was confined in that asylum, her relatives were refused admission to see her, and the treatment to which she was there subjected aroused their worst suspicions. These suspicions proved to be only too well founded, but it was deemed a hopeless task to reform that asylum, and William Tuke, a citizen of York, and a member of the Society of Friends, proposed that they should erect a new institution where there should be no concealment, and where sympathy and kindness, not terrorism and punishment, should be the essence of the treatment. In spite of difficulties and dissuasion, and prophecies of failure, the grand old Quaker held firmly to his purpose. He was resolved that the miserable condition of the insane should be ameliorated, and pleaded and toiled so earnestly that without delay the York Retreat was built, its foundation stone bearing the simple and noble motto: "Hoc fecit amicorum caritas in humanitatis argumentum. A.D. 1792."

Thus did the Society of Friends add another to the lessons of humanity and brotherliness which they had taught the world, and thus did William Tuke when he built the York Retreat unconsciously build for himself an everlasting name, for he inaugurated the wondrous revolution in the care and treatment of the insane of which we only now see the full fruit. Such an example could not but inspire others. Another member of the Society of Friends determined to do for the South of England what William Tuke had done for the north, and in 1799 Dr. Edward Long Fox purchased the estate of Brislington near Bristol, and proceeded to build an asylum thereon, which is still in the hands of his descendants, and is one of the best in England. The Foxes were like the Tukes, a grand race and strict Quakers. The father of the man who built Brislington House was Joseph Fox, surgeon, of Falmouth. An incident recorded of him shows that any profession might be proud to claim him. During the war with France two Falmouth vessels in which he owned a share were sent out, against his strongest remonstrances, under letters of marque to prey upon French commerce, and this they did so successfully that Fox's share of the spoil exceeded £22,000. This sum his partners wished to retain as he had opposed the expedition, but Fox insisted on his claim, lodged the money in the British Funds, and five years later, when the war was over, he sent his son to France to discover and to repay the rightful owners. After much difficulty and delay this noble purpose was accomplished. £22,000 was paid back, and the balance for which owners could not be found was paid some years later to the fund for the Invalid Seamen of France for the relief of "non-combatants." The descendants of this man have been the heads of Brislington House for almost a century. A great-grandson is its present head, another great-grandson is Dr. Edward Long Fox, the President of the British Medical Association; another great-grandson, Dr. Charles Henry Fox, is present as a guest at our festival to-day.

It was natural, though much to be regretted, that the disuse of mechanical restraint, which appeared so wonderful after the long years of its abuse, should have given to this new method of treatment the name of "the non-restraint system;" and it is yet more to be regretted that some of the