

BRITISH MEDICAL ASSOCIATION.  
SUBSCRIPTIONS FOR 1896.

SUBSCRIPTIONS to the Association for 1896 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 the General Secretary, 429, Strand, London. Post-office orders should be made payable at the General Post Office, London.

**British Medical Journal.**

SATURDAY, AUGUST 1ST, 1896.

THE CARLISLE MEETING.

THE Carlisle meeting has opened under promising and satisfactory conditions. The city of Carlisle has given to the Association a warm and hearty welcome, which has been highly appreciated. The invitation was proffered at short notice, and at a moment when other localities, from which invitations had been pending, preferred to hold their hands rather than commit themselves to the organisation of an annual gathering which might bring them into too close a contrast with the great metropolitan meeting of 1895.

Under any circumstances, therefore, there would have been ground for regarding with peculiar favour and gratitude the effort made on this occasion by a city of relatively small dimensions, and of less extensive resources than those which London can command for such purposes. No such indulgence however has been claimed or is necessary in respect to the Carlisle meeting.

The whole organisation of the proceedings and all the arrangements have been made with due regard to the needs of all the departments of such a Congress; nor has there been apparent any shortcoming in respect to any of them. Adequate places of meeting have been found for the orations and discussions as well as for all the appointed Sections.

The Corporation and citizens of Carlisle have warmly seconded the profession of the city and the surrounding districts in receiving the British Medical Association, as they have on previous occasions entertained with credit and honour others of the peripatetic and learned Associations of Great Britain.

The President, Dr. Henry Barnes, is not only known as a much-respected and eminent physician in his county, well esteemed throughout the profession, but he has in a special degree a thorough acquaintance with the work of the Association in his district, having, in fact, been the founder and for many years the local secretary of the Branch which has on this occasion received the Association with so much spirit and distinction.

As a representative member on the General Council he has taken part for many years in the affairs of the Association at large, and has earned a high character for ability, moderation, and independence of thought. No one therefore could more fitly occupy the high position to which he has been elected, nor is there anyone more capable of conducting the proceedings of the general meetings, although this is not always, under existing conditions, neither a very easy nor a very grateful task. We publish elsewhere a report

of his admirable address, together with a commentary on its scope and character. In the work of preparation and organisation he has been ably seconded by Dr. Dundas Helm, the Secretary of the Local Executive Committee, and by the officers and members of the various committees appointed for special purposes.

Writing at the close of the first session, and therefore without knowledge of what course the later proceedings may take, it is satisfactory to note that thus far the discussions on reports have proceeded with great celerity and less irrelevant discursiveness than might have been anticipated. The attendance at the meeting is already equal to the anticipation which had been formed, and the strain upon the accommodation has thus far been successfully met.

The museums and Section rooms are all at the outset of the proceedings well filled, and the Sectional work is perhaps all the more likely to be satisfactory because the material at disposal is not so greatly in excess as is usual when compared with the limits of time and space. In addition to the other scientific attractions there is this year a laboratory devoted to the demonstration of the Roentgen rays, and the description of their physical characters and applications to medicine and surgery; and this seems likely to prove an attractive and instructive department, and one which will afford to many who have not thus far had the opportunity of studying the question some measure of the value and promise of one of the most recent additions to medical and surgical resources.

The large-hearted hospitality of the citizens and the profession of Carlisle has done very much to brighten the proceedings, while the antiquarian interest of the city and its surroundings, and the facilities which are offered to visit localities of great natural beauty and literary and historic interest in the surrounding counties, afford to pleasure seekers those opportunities of recreation and holiday making which are now among the recognised and most agreeable adjuncts of the annual outing for which congresses of this kind afford occasions.

We shall next week be able to record more fully various features of the meeting at which important questions will receive at least some preliminary discussion, and of which the opening days have been attended with a full measure of success.

INVITATION TO MONTREAL FOR 1897.

The general meeting of the Association on Wednesday accepted with cordiality the invitation of the Montreal Branch to hold the next annual meeting in that city. This announcement will, we feel sure, be received with general satisfaction as a striking proof of the position and influence which the Association has now attained as an institution embracing the members of the medical profession in all parts of the Empire. The invitation is a graceful proof of the interest with which the Association is regarded by our brethren on the other side of the Atlantic. Though the invitation has been extended by Montreal, it does not by any means emanate from a section, or represent only the wishes of a single province.

It is characteristic of the rapid and vigorous growth of public institutions and public sentiment in the Dominion, as in other parts of our great Colonial empire, that so cordial and acceptable an invitation should have been issued within

so few years after the first formation there of our Branches, and of the extension to the Dominion of Canada of the British Medical Association. It was only in 1893 that in response to invitations issued by Mr. Ernest Hart, when on a visit to Canada, the profession met to consider the propriety of establishing Branches. Up to that date there had been considerable hesitation and some opposition to such a proceeding, but on receiving due explanations of the relatively autonomous character of our Branches, and in view of the interest and advantages of a closer connection of the British and Canadian members of the profession, the leaders and a considerable number of members of the profession in Winnipeg, Toronto, and Montreal successively resolved to accept the proposal, and there and then took steps to form such Branches. The three Branches then formed almost simultaneously in Winnipeg, Toronto, and Montreal have taken a firm hold on the public sentiment and the profession in the Dominion, as the present invitation sufficiently testifies.

The deputation which attended the meeting of the Council of the Association to make the formal request that the Association should go to Montreal next year consisted of Dr. G. E. Armstrong, Professor of Clinical Surgery, McGill University, and surgeon to the General Hospital, Montreal, and Dr. J. G. Adami, Professor of Pathology in the McGill University, and Pathologist to the Royal Victoria Hospital, Montreal; but these gentlemen, who represented the Montreal Branch, were supported by Dr. J. H. Cameron, Professor of Surgery, University of Toronto; Dr. A. B. Macallum, Professor of Physiology in the University of Toronto; Dr. Peters, Professor of Clinical Surgery in the University of Toronto; and Dr. Doolittle, Lecturer in Therapeutics in the University of Trinity College, Toronto.

Professor Armstrong and Professor Adami, in presenting the invitation to the Council as representatives of the Montreal Branch, promised that a cordial reception awaited the Association in Montreal; and Professors Cameron and Macallum, as representatives of Toronto, cordially endorsed the invitation of the Montreal Branch in the name not only of Toronto but of the Dominion.

The Council accepted the invitation without a dissentient voice. Professor T. G. Roddick, the President of the Montreal Branch, has been nominated as President-elect. Dr. Roddick is Professor of Surgery in the McGill University, and Consulting Surgeon to the Royal Victoria Hospital at Montreal. He represents Montreal in the Dominion Parliament, having succeeded Sir Donald A. Smith, now the High Commissioner of the Dominion in this country. Professor Roddick is one of the leading surgeons of the Dominion, and is widely known both on account of his professional eminence and his social influence with all classes.

It will be remembered that this is not the first occasion upon which the wish of our Canadian associates that the British Medical Association should meet in Canada has been made known. Sir William Hingston, at the Nottingham meeting, when he delivered the address in surgery, and Dr. Osler, himself an old Montreal graduate, in a speech that will be remembered by all who were present at the Bristol meeting, have given public utterance to the desire on the part of our Canadian *confrères* to welcome the Association to the Dominion.

Montreal, which possesses a population of over a quarter of

a million, is the metropolitan city of the Dominion, distinguished alike in commerce and in science. In 1897 there will be an international exhibition in Montreal, held to celebrate the landing of Sebastian Cabot on Canadian soil, and it is proposed so to arrange the meeting that members attending the meeting of the British Association for the Advancement of Science at Toronto, in the Province of Ontario, may be able afterwards to go on to Montreal, and gain an acquaintance with the province of Quebec.

The Montreal Branch has already appointed a Committee to make preliminary arrangements, and in view of the novelty of the proposal early steps will be taken to publish full information as to ways and means. It will probably be found most convenient to arrange for the meeting of the Association at the end of August, and in this way those who may be able to attend it would be able to return so as to reach England about the middle of September. Arrangements have already been made on the part of the British Association whereby the railway travelling all through Canada will be possible at greatly reduced rates, and there is reason to hope that substantial reductions will be granted by steamboat companies. Under these circumstances it may be anticipated that a large number of members of the Association resident in the United Kingdom may take advantage of this opportunity of devoting their summer holiday next year to visit the premier colony.

It would be possible to travel to Canada, attend the meeting, and return to this country within three weeks, and four weeks would allow time for seeing many of the more interesting places in the eastern part of the continent, but arrangements will be made by which more extended tours will be possible with speed and economy. Among these it is proposed there should be an excursion to the magnificent scenery of the Rocky Mountains by the Canadian Pacific Railway, and even to the Pacific coast.

From time to time we have recorded the magnificent donations given to medicine and science to McGill University, and we rejoice that the policy of establishing Colonial Branches seems already to be bearing good fruit in return. Montreal possesses educational buildings which would provide accommodation for all the wants of the Association, and it is anticipated that these will be placed freely at the disposal of the Executive Committee. McGill University possesses the largest and most completely-fitted medical college in the Dominion, and probably on the North American continent is only second to Columbia University in New York in this respect. It possesses endowed chairs in Physiology, Anatomy, Pathology, Hygiene, and Preventive Medicine, and to these chairs are attached large, well-apportioned, and well-fitted laboratories, whereas workers in these departments of science are well aware, many valuable investigations have been and are being carried on. Laval University also has in Montreal its medical school for Canadian French students.

Montreal possesses no fewer than three important hospitals, each with about 200 beds. These are the old General Hospital, founded in the last century, which has recently been completely rebuilt; the Hôtel Dieu, the great French Catholic hospital, almost as old as Montreal itself, to which Sir Wm. Hingston is the senior surgeon; and the Royal Victoria Hospital recently given as a jubilee offering to the City of Montreal by two Montreal citizens, Lord Mount Stephen and

Sir Donald Smith, at a cost for building and endowment of close upon a million pounds sterling. Besides there are yet other hospitals that are doing active work.

Montreal may be reached by various routes, one of the most interesting being by the direct boat from Liverpool, which goes up the St. Lawrence for 700 miles to Montreal, passing Quebec. The most rapid route is by New York, from which Montreal is reached in eleven hours by several railroad routes.

### THE PRESIDENT'S ADDRESS.

One of the advantages attending the annual meetings of our Association in different parts of the kingdom is the variety in the thoughts and themes which the successive Presidential Addresses offer for our consideration. At one time philosophical, at another ethical, at another even polemical, we have to thank Dr. Barnes this year for a most interesting historical address. It is fitting that he should have made choice of such a subject, for he is not only an old resident in the Border City, but he is especially learned in the medical antiquarian lore of his county, and he has done no mean service to archæology by his contributions to the *Archæologia Eliana* and to the *Transactions* of the Cumberland and Westmorland Antiquarian and Archæological Society.

Carlisle is surpassingly rich in materials for history, and some part of its political story has already been told by the present Bishop of Peterborough; its general antiquarian history is being collected slowly and piecemeal, but the materials for it are so abundant that there is no immediate prospect of their being combined into a formal and finite work. The outline of its medical history is now given to us, and the details alone remain to be filled in. In the dawn of history some part of the site of Carlisle was the British town of Caer Lywelydd which Agricola about A.D. 80 found in the possession of the Brigantes. The Roman army does not seem to have interfered with the settlement, for its general selected a more secure outpost upon the opposite side of the river, on the site of the present village of Stanwix, but they softened the name of the British town to Lugubalia. The first incident in the medical history of the district begins with this occupation, for Dr. Barnes calls attention to the inscription, found a few years ago at Houseteads, in memory of the young army doctor attached to the first cohort of the Tungrians then forming a part of the garrison. Short as is the record, it shows the value which his comrades had placed upon the services of their young physician, for the carving on the monument is said to be more ornamental than that on many of the altars which other cohorts raised to their deities.

Hadrian's wall crossed the river Eden by a bridge, avoiding the hill upon which Carlisle is now built, for the Roman station was still at Stanwix. The existence of this station, however, led to an increase in the importance of Lugubalia, for it became the residence of the officials and traders who were necessary to ensure a constant food supply for the army of 15,000 who formed the garrison of the wall. For a time the Romans held the barbarians in check, but in the middle of the fourth century, when the weakened empire began to lose its hold upon the outlying provinces, the dwellers beyond the wall banded themselves into a confederacy called the Picts, who, joined by the Scots from Ireland, repeatedly attacked the border population. The Roman garrison was definitively

recalled in 409, and from this time onwards until far into the reign of Queen Elizabeth the border country was the seat of constant forays ending in bloodshed. During the whole of this long period the history of Carlisle is one of battles, sieges, fortunes whose issues have been so varied as to have stamped a peculiar character even upon the present inhabitants of the district, whilst it has produced a wealth of incident which has long been crystallised in border minstrelsy. What would we not give now to have some record of the daily practice of one of the later mediæval surgeons of Carlisle! He must have inherited much traditional skill. He must have had an unrivalled knowledge of all kinds of wounds, for men were not tender of their blows in those days, whilst contusions, fractures, and scalds on a gigantic scale must have been accidents of everyday occurrence in the practice of our ancient brethren living on the border. We read on one occasion that during a siege, whilst the besiegers tried to set fire to the main gate of the town, the burghers mounted a wooden platform above their gate, and with a hook fished up the leader of the enemy, and held him suspended in mid air whilst others pierced him with their lances. At another time the women hurled down stones from the battlement, and poured cauldrons of boiling water over their assailants; whilst so late as 1596, when "Kinmont Willie" was rescued by Buccleugh from Carlisle castle, tradition relates that the movements of a half-awakened moorland smith were greatly quickened by Buccleugh prodding at him with his lance through the window, for Willie had been carried off, fetters and all, just as he lay in the Castle dungeon.

Worse evils than lance pricks befel the inhabitants of Carlisle, for no Borderer thought much of his skin so long as there was the excitement of a skirmish. Their very position as inhabitants of a walled town upon which several main roads converged was in itself full of danger. The limited space within the walls of necessity led to habitual overcrowding, which was liable to be increased at any moment to bursting point when an unusually large foray was on foot in the neighbourhood. Epidemics in those days were numerous and terrible, and the chance of infection was naturally increased by the number of vagrants who were constantly passing through the town. These troubles in time worked their own cure. The danger of neglecting sanitary precautions was gradually recognised, and a rude application of sanitary edicts was early set in force. These edicts ensured the cleansing of the city dykes, and prevented gross pollution of the common wells; it was even ordained that no man should allow refuse to lie in front of his door for more than eight days. Attempts, too, were made from time to time to prevent or to control such deadly epidemics as that of the plague, but it was not until 1874 that a regular sanitary administration was established within the city, perhaps because the inhabitants had been under sanitary control for so long that they were contented with the methods of their forefathers.

The concluding part of Dr. Barnes's address deals with the medical worthies of Cumberland. It is the sign of a long peace and of the comparative luxury in which we are living that we should have the leisure and the desire to know something of our great predecessors in the medical profession—men who all unconsciously made the professional history of their time by days and nights of unremitting toil, and often

with no idea that they were doing more than their share of work to the best of their ability, wholly ignorant that their labours would be recognised and its value gauged years after they themselves had passed away. Yet so it is, and from such reviews as that of Dr. Barnes's we gain a truer estimate of the value of our predecessors' work than from contemporary sources. Posterity is either careless or ignorant of the petty annoyances and of the carping criticism of contemporaries, who were often professional rivals. Who now cares what Jesse Foot thought of Hunter? Who is troubled because Harvey was not appreciated by the apothecaries of his day? What matter is it that Addison's work, both upon the suprarenal capsules and upon diseases of the lung, was almost scorned during his lifetime? All have their reward, posthumous, it is true, but none the less real, whilst their detractors, and many of their more successful worldly competitors, have passed long since into a well-merited obscurity. Such considerations remind us that good and honest work outlives us, and that if it is thorough, though it be only a matter of correct observation, its value increases with the lapse of years.

These are the thoughts suggested by the address of our President. A meeting so inaugurated should be successful. The Borderers have long had the reputation of being dour folk, yet, like all North countrymen, they are hospitable, and well know the art of making their guests pleased with themselves and with each other by extending to one and all a most hearty welcome.

### THE ADDRESS IN MEDICINE.

THE subject chosen by Sir Dyce Duckworth for the Address in Medicine at Carlisle was an excellent, indeed a capital one. To have chosen a good subject is a great advantage, and the orator on this occasion showed that he was able to do his good subject full justice. The address aroused much interest in his hearers, and we propose, as the highest tribute we can offer, to try to express some of the thoughts which must have passed through their minds as they listened to it.

The final purpose of our art is to cure disease, or at any rate to relieve it; but to do this we must have some apprehension of the natural course of the series of symptoms. Without this we can have no prognosis; and Sir Dyce Duckworth reminded us that prognosis has not received the attention of late years, nor made the advances, which have been the lot of other branches of our science and art. "Our minds," said the orator, "have been too much, probably too exclusively, intent on acquiring accurate knowledge of facts . . . few of us have had time for a meditative survey of them in order to apprehend the great general laws which underlie and govern them." Thus we fail to see things in due proportion, and do not rise to a large conception of the whole course of morbid phenomena. The orator then went on to point out, beginning with a loyal tribute to Hippocrates,<sup>1</sup> that the ancients, and our elders since ancient times, had more talent for general conceptions of that kind, upon which a system of prognosis is formed, than the physi-

cians of to-day: we dwell too much, as he warned us, on detailed notes and on our manifold instrumental aids; and too little on the patient, his personal peculiarities, and the intimate nature of his ailments.

He then proceeded to illustrate his position by a survey, as complete as the time would permit, of the field of disease; and did not hesitate, on his own part, to give hostages to fortune by setting forth specimens of the precepts which, in his opinion, are not only useful guides in themselves, but would also justify that attention and edification which he tells us are denied to them. In such an endeavour to achieve even a moderate success is creditable; and Sir Dyce Duckworth's attempt at a reconstruction was something more than creditable. No such matter can be entirely new, but many of the maxims proposed were fresh; and if not final—as in the nature of the case they cannot be—they afford food for interesting disputation, and are valuable as aids to clinical practice.

So brief is our space that we fear to seem ungracious if we turn too curtly to certain points in the argument which, as it seems, the orator either overlooked or handled too lightly. The central objection which in this friendly dispute we should make is that Sir Dyce Duckworth did not sufficiently make clear the difference between rules, such as those he so admirably illustrated, and laws of Nature in the strict sense.

We have witnessed, it is supposed, a certain group of biological attributes; can we, by relying upon certain crucial members of the group, predict, more or less nearly, its recurrence? There is no doubt, as was so well said, that we have some powers of this kind, or medicine would be impossible. Now, this can be done in two ways: on the one hand, by an intimate comprehension of the laws of Nature which summarise the series of which each group forms a part; and, on the other, in an earlier stage of thought, by an empirical building up of a system of middle axioms which, indeed, are only approximately true, but which, until the natural laws be exactly comprehended, serve, and often serve well enough, as the basis of a successful art.

Such a system of provisional laws, if so we may call it, is more easy in certain branches of human effort than in others. In certain natural events there is more uniformity than in others: in some aspects of Nature events return more regularly, because the causes are of a wide and largely ascendant kind; and in series of this kind prediction is obviously more possible than in those series in which a vast number of minor causes act in apparent confusion, no large mode or modes of causation so predominating over the rest as to produce something like uniformity. No illustration of this difference is better than that which we believe we owe to Mill; namely, that which exists between meteorology and tidology. No one will deny, on the one hand, that the weatherwise of the last century had some power of prognosis; yet so great is the apparent confusion of many interacting minor causes that, even from hand to mouth, weather wisdom scarcely reached a respectable degree of success. In our own day, with its vastly greater means, the rules of weather prevision are operative within very narrow limits. In the tides, on the other hand, which are chiefly governed in their courses by a few large factors, prediction is fixed on a firm basis; and thus the courses of the tides can be predicted not only from day to day, but for very long periods.

Now is medicine in the position of meteorology, or of

<sup>1</sup> This tribute would have been more welcome to the great physician, if peradventure the BRITISH MEDICAL JOURNAL find its way to the shades of the dead, had Sir Dyce Duckworth taken as his example the book of the *Prognostic*, which is a perfect and a genuine work. The *Prorrhethics*, on the other hand, though a very ancient, is a very disorderly, rough, inaccurate, and obscure collection of notes. May we also demur to the use of πρόβουα as the equivalent of πρόγνωση?

tidology? The answer to this question admits at once of a partial solution. Everyone will admit that medicine lies between these two, being more uniform in its ways than meteorology, but less uniform than tidology. But when we go on to ask what position medicine occupies between the two there will be less agreement; the more sanguine disputant will place medicine nearer the latter, the more cautious nearer the former. It cannot be denied, even by the most sanguine, that the rules we may form for our art are but empirical, and that their validity will depend on the constancy of our averages as guides in practice.

Such rules are the very result of that observation, both broad and acute, which the orator enjoins upon us. But, says the orator, we creep too close to the facts! By this reproof we understand him to mean that we forget the provisional nature of our rules, or perhaps that we remember it too well. In the latter case we are impracticable enough to despise the day of small things, and, in our sense of the lack of exactness of our rules, pettishly to thrust aside all such temporary aids; in the former case we are dissatisfied unless we can adapt our rules to all possible contingencies, an effort which defeats their very purpose of serving only as temporary estimates of fairly constant averages. No doubt the discovery of laws of Nature, which are far more than this, must ever be our aim; but we are not to forget meanwhile that our art has to go on, and so long as it works in the field of a multitude of unknown or unmeasured agents, we have to be content with the empirical rules.

Such an exhortation will be generally approved. It may, as we have said, be objected that the orator seems to try to raise these rules to something like laws of Nature in the exact sense; and, in the next place, thereby to forget that, being mere maxims, if they are not to become a mischievous bondage, they must be continually compared with Nature, and recast from time to time in the light of new discoveries, new measurements, and even of new empirical rules.

It is not then to be attributed to us as a fault that we have failed to discover the great general laws which underlie the order of Nature. The orator's warning should indeed be formulated to the contrary. Our fault is as men of science to forget that in the first place we are physicians, and that as physicians we must work on provisional rules which are not natural laws, or are but a pale forecast of them. We are not to regard ourselves wholly as servants of biological science. The present age, however, is one of testing all current axioms, and the orator no doubt admits that tendency is an invaluable one; whether it be in theology, in society, in law, or in medicine. The outcome of it will be that our practical rules will be recast on a broader basis, as they were, let us say, at the time of the Reformation. But meanwhile there is a danger, and no small one, that like the revolutionists of 1789, we may forget that in any future time to which we can look forward, the practical needs of men will have to be met, not by exact science, but by such practical rules as the orator charges us, and rightly charges us, with neglecting.

Not only is it true that we as physicians shall have henceforth still to work on rules, and not on an exact knowledge of the laws of Nature; but there will actually be a greater future for rules than hitherto. As civilisation advances, rules will be easier to make and to learn; for exceptional contingencies will be more and more neutralised, the con-

ditions of life will be made more and more uniform, and diseases will tend therefore more and more to approximate to uniform courses. On the other hand, it will be none the less true that the practical maxims of an art must ultimately derive a persistent validity from theory; and that as theories advance, practical rules must therefore undergo perpetual revision. Whether in medical, social, or other arts, some generations, like our own, will find their work rather in the abstract work of revision, others in that of reconstruction.

### THE ADDRESS IN SURGERY.

DR. RODERICK MACLAREN may be congratulated on the selection of a fresh and very suitable subject for his address, and on having thus overcome one of the chief difficulties of his honourable task. In this as in other respects, the choice of a successor to the many distinguished surgeons who in past years have performed a like function has been fully justified. At Carlisle the attention of the members of the Association was directed in the Address in Surgery, not merely to a general review of surgical progress, nor to the development of a special branch, but to the present condition of a wide and comprehensive department demanding of the practitioner a regard to his ethical responsibilities, as well as an exercise of his best knowledge and skill. The subject here dealt with is that called, for want of a better name, "Preventive Surgery"—a surgery, Dr. Maclaren states, in which treatment or operation is entered upon or undertaken for some risk or sequence which may be expected to result from an existing condition, and not on account of what is actually present at the time. This form is perhaps best exemplified by the frequent and varied efforts now made to obtain by operative means a radical cure of reducible or passive forms of abdominal hernia, a practice which consists in subjecting an active and otherwise sound individual to the risks of a cutting operation with the object of avoiding a probable and not an actual evil. Another and much older and more prevalent instance is the operation of circumcision, which, however, it is pointed out, is not so much an object of surgical intention as the survival of a superstitious rite in the form of a hygienic measure.

With regard to the risks of preventive surgery there are good grounds for doubting the correctness of the impression that this branch of operative treatment differs from that applied to existing injury or disease. Certainly at the present day operations of expediency and convenience—under which heading may be classed together with preventive operations measures of so-called cosmetic surgery, and attempts by arthrodesis and the like to remove or relieve deformity—are not attended with exceptional mortality. Dr. Maclaren questions whether they were ever more serious than operations of necessity, and thinks that the idea arose because death or want of success was most striking when it occurred after an operation which was not imperatively needed.

In some remarks on the conditions which render preventive operations justifiable Dr. Maclaren suggests certain rules which, if sincerely observed, ought to prevent any objections that might naturally present themselves against a too free and ready adoption of this form of surgery. In these days there is, it must be confessed, even in general surgery, a tendency to too much rather than to too little activity in the use of the knife, and the history of surgery

teaches that, before the era of Listerism, men, obstinately relying on deep though crude and unscientific convictions, performed operations of a supposed preventive character which were regarded as unjustifiable by the almost universal consensus of their colleagues. Notwithstanding the high authority of Dr. Maclaren, we are disposed to think that a tendency in this direction cannot be justified by the practice of anæsthesia and by careful observance of any antiseptic or aseptic method. A preventive operation, it is asserted, should be devoid of risk to life both at the time and during the healing stage; but can the prudent surgeon predict this with regard to any cutting operation, however insignificant it may seem to be? Much greater importance should, we think, be attributed to the conditions that the surgeon should be a master of pathology, and at the same time be so far capable of sympathising with his patient as to be unwilling to subject him to the least unnecessary suffering or anxiety. Dr. Maclaren makes a forcible protest against rash surgery in his remark that there is a horror in most minds, an anxiety which can hardly be justly appreciated till it comes as a personal experience, which we are apt to underestimate.

In his review of the different morbid and traumatic conditions to which measures of preventive surgery may be applied, Dr. Maclaren proves himself a representative exponent of British surgery, which has always been characterised on the one hand by a bold and prompt use of the knife in case of need, and on the other hand by a cautious avoidance of what might seem to be unnecessary and doubtful mutilation. Whilst advocating extreme measures in some cases, he is conservative in others. He recommends early and free excision of an enlarged tonsil, complete and wide-reaching excision of swollen cervical glands, and free exposure of the mastoid cavities and internal ear in every case of suppurative aural disease, which does not get well by other treatment. In some other matters he would be less thorough. He is not an advocate of indiscriminate removal of every wounded eyeball, and is disposed to think "that a considerably injured eye which heals rapidly and well may yet be useful and safe." Whilst recognising the necessity in certain cases of a sweeping removal of cancerous disease, he thinks and hopes that there is in the future a preventive surgery founded on fuller knowledge, which will anticipate these great operations by small ones. Many surgeons in this country will be pleased to find that he is not disposed to favour the practice of removing every vermiform appendix which has given rise to morbid symptoms, but rather accepts the arguments supporting the view that only after repeated appendicitis and the failure of careful dieting does there exist the necessity for a preventive operation.

Of the definite results of operative attempts to effect a radical cure of hernia Dr. Maclaren takes a very favourable view. Indeed, many might regard him as too much of an optimist in this respect, as the increasing number of new operations and the perplexing variety of technical detail certainly indicate that surgeons are not yet quite satisfied with any single procedure that has hitherto been devised. In the address we are informed that by present operations surgeons are enabled to leave a state of parts differing but little from the normal. Perfect results, it is believed, can be obtained from almost all the present operations. Dr. Maclaren regards as essential elements of an successful opera-

tion total removal of the sac and good closure of the rings. Although no special mention is made of the later procedures, such as those of Bassini and Kocher, the advantages of such methods are clearly indicated by the assertion that "it is on the union of the aponeurotic and tendinous structures that we rely for real strength."

In some interesting remarks on the prevention of surgical disease, Dr. Maclaren would have the surgeon do more than suggest treatment or perform operations. More attention, he suggests, should be directed to the antecedent evils and errors, mainly due to hygienic defects, which give rise to many local affections. Although many, especially trained health officers, will agree with Dr. Maclaren that we have still, and ever will have, much to learn on these points, there can be no question that, as is pointed out in the concluding part of this suggestive address, every surgeon should endeavour to avoid the narrowing tendency of his special work, and, taking advantage of all kinds of scientific knowledge, do his best to prevent as well as to treat disease.

### THE ANNUAL MEETING.

THE arrangements made for the comfort and convenience of members attending the annual meeting at Carlisle by the Local Executive Committee, of which Dr. Henry Barnes was chairman and Dr. R. Dundas Helm was secretary, were in every respect excellent, and worked with perfect smoothness. The reception room was in a central locality, near the hall in which the general meetings were held, and but a short distance from the Grammar School, a spacious building in which most of the Sections found their meeting rooms. The Annual Museum of pharmaceutical preparations, sick-room appliances, and surgical instruments, was placed in a large and well-lighted hall opposite the Grammar School.

AN *Official Guide to Carlisle and the Neighbourhood*, prepared by the Worshipful Chancellor Ferguson, M.A., F.S.A., at the request of the Local Executive Committee, was presented to members attending the annual meeting. It contains in its earlier pages a historical account of the city and its corporation. This is followed by a brief description of the city, including an account of the Cathedral, illustrated by a plan; of Tullie House, recently acquired by the city, which contains a number of archæological objects of interest, a library, and an art collection; of Carlisle Castle, illustrated by a plan; and of the medical institutions in Carlisle. The volume also contains essays on many places of interest in the immediate neighbourhood, Dalston Hall, Rose Castle (the residence of the Bishop of Carlisle), Lanercost Priory, Naworth Castle, and the Roman Wall.

AMONG foreign visitors attending the meeting are Dr. Calmette, Director of the Pasteur Institute at Lille; Dr. Le Bec, of Paris; Professor Lauenstein and Dr. Unna, of Hamburg; Professor Bloch, of Copenhagen; and Dr. Sandberg, of Bergen.

A SPECIAL service took place at 11.15 A.M. on Tuesday. The members of the Council and of the General Committee met, previously in the Fraternity, and walked in procession to the choir. The usual morning service was shortened; the lesson, taken from 1 Corinthians, xii, 4 to 12, on Diversities of Gifts, was read by Canon Richmond, at one time Chaplain to St. George's Hospital, London. The anthem, by W. Sterndale Bennett, was from Psalm lxxxv, 9 to 12, and was for tenor and chorus. An address was given by the Bishop of Carlisle, who took for his text Ecclesiasticus xxxviii, 12, "Give place to the physician, for the Lord hath created him." He had chosen this from one of the lessons to be used on St. Luke's day, because of its appropriateness to the occasion. In no other ancient book was the intermingling of the physical and the moral nature.

of man so clearly portrayed as in this book of the Apocrypha. The British Medical Association would be welcomed by all classes of the citizens of Carlisle—by none more than the Church—who all would congratulate the profession on the glorious advances it had in these latter days achieved in its contest with disease. Medical men attend the body, which is essential to man's completeness here, and, in an altered state, will be so hereafter. The body is often unduly depreciated; the "vile body" of the original version is happily changed to "body of humiliation" in the revised version. The body is exquisitely adapted to its various purposes. The Greek artist considered the body the most exquisite thing in Nature. The early Church and we of the present day take a higher view of the position of the body. Christ preached the salvation of the soul and also healed the sick body. He constantly commanded his disciples to heal the sick. His miracles were nearly all miracles of healing. He came not to destroy men's lives, but to save them. At Pentecost gifts of prophecy and gifts of healing were both poured out. All gifts were to be exercised for the sake of the soul and of the body also. The alliance that should exist between the Church and Medicine is very close. Sickness is constantly the result of sin, as drunkenness and impurity. Lord Shaftesbury made the shrewd remark that the only way to gain access to the hearts of the London poor was by the foundation of medical missions. In missionary work of all kinds medicine was closely allied with religion; at the present day three missionary bishops and over fifty missionary clergy had had a medical training. The discussions of the ensuing meeting would be followed by the people with the greatest interest. The direct command to heal the sick, given in the first century, in this nineteenth century meant the most careful investigation of disease problems. The offertory, amounting to £20, was given to the Royal Medical College, Epsom.

At the meeting of the Council of the British Medical Association at Carlisle on July 29th, Dr. Robert Saundby, Professor of Medicine in Mason College, Birmingham, was elected President of the Council of the Association, in the room of Dr. Ward Cousins, whose term of office had expired. At the same meeting Dr. Charles Parsons, of Dover, was elected Treasurer of the Association, in succession to Mr. Butlin.

In the Medical Section Dr. John Macintyre, of Glasgow, gave a demonstration on the use of the  $x$  rays in medicine. He first described the apparatus necessary, paying particular attention to the application of strong currents, and the perfection of the transformers, showing a number of the best tubes for the purpose, including a series in which he had modified the focus tube, and paid special attention to the vacuum. He pointed out further the necessity of attending to the vacuum during exposure, or when using the fluorescent screen, and the means he adopted for correcting any change within the tube. He next described the different methods of obtaining sharp definition, and paid special attention to a method by which he was able to photograph or see different organs in the body at different planes. These consisted mainly of adjusting the relationship between the body to be photographed and the sensitive plate on the one side and the focus tube on the other, and so one could photograph the heart and omit the spine, or *vice versa*. In the same way one side of the skull could be photographed and the other omitted. Dr. Macintyre next described a series of experiments in the lower animals to demonstrate the possibility of photographing the soft tissues, and referred particularly to a series of experiments upon different fluorescent screens especially constructed with a view to observing shadows of the deeper structures. In his demonstration, he carefully pointed out the necessity of accuracy in recording observations, that others might not be misled in estimating how far science has advanced in this department. He

then showed a series of photographic plates and a number of fluorescent screens by means of which he demonstrated what success he had had in the examination of the soft tissues of the body. Naturally more was seen on the photographic plates than with the fluorescent screen, although he pointed out that in some instances the fluorescent screen gave information which could not be obtained by means of photography. The following, amongst others, were demonstrated: Star-shaped fracture of the skull showing absence of the bullet and where paralysis of the upper and lower limbs on the opposite side existed. The tissues of the larynx, with the tongue, hyoid bone, cartilages, and cavity of the pharynx, etc. The thoracic cavity, showing outline of the pleural spaces. The heart, showing its borders and apex in relationship to the surrounding bodies, and shadows corresponding to the large blood vessels in the upper part of the chest. Enlargement of the right ventricle of the heart in a young patient with enlargement of the liver. In other photographs the heart was seen resting on the liver covered with the diaphragm. Dr. Macintyre also described a number of cases of renal calculus which he had attempted to photograph, in one successfully, the stone being afterwards removed. The cavities of the pelvis, hip bone, and bones of the upper and lower extremities were likewise shown, and in some of these the soft part of the limbs had been photographed as well as the bone itself, so that the external deformity could be compared with the altered position of the bones inside. During the demonstration Dr. Macintyre showed the following: Secondary cells, transformers, varieties of Crookes's tubes, fluorescent screens prepared with barium platino-cyanide, lithium rubidium platino-cyanide, calcium sulphate, potassium platino-cyanide, calcium tungstate magnesite, and these in some instances arranged as monocular and binocular cryptoscopes. He further described a method of examination of the cavities of the head by means of small fluorescent screens placed inside the mouth. On these images of the roots of the teeth, the bones of the face, foreign bodies in the mouth, or tissues of the neck could in some instances be observed. He preferred to place these in the mouth and the focus tube outside, instead of inserting the latter in the cavity. The poisonous nature of the salts had, however, to be remembered in constructing the instrument. In conclusion, he showed a number of instantaneous photographs taken in an unknown fraction of a second. These were taken by means of a mercury interrupter attached to the coil.

In the Surgical Section Dr. Macintyre also showed various  $x$  ray photographs as follows:—*Animal Kingdom*: Series showing skeleton, viscera, etc., as noted on photographs. *Human Skeleton*: (1) Vertebral column; (2) Thorax, arms, neck, etc.; (3) Thorax showing viscera faintly; (4) Series showing all bones of upper and lower extremities with joints. *Instantaneous Photography*: Series taken with mercury interrupter. *Photography of Head and Soft Tissues*: In this method the soft and hard tissues are shown in the same plate, so that external configuration of the parts may be seen as well as the internal deformity. *Fractures and Dislocations*: Hip-joint. Normal and diseased sides of the same subject, showing absorption of head and neck of bone, arrest of development of pelvis, ankylosis, etc. Hip-joint. Suspicion of right side being diseased showing development of bone. Fractures. Series of photographs of simple and compound fractures. Dislocations and fractures. Separation of epiphyses. Compound fractures showing sutures and position after operation. *Tumours of Jaw*: Malignant disease with absorption of superior maxilla. *Tumours of Foot*: Cartilaginous, in child. *Foreign Bodies*: (1) Needles, etc., in different positions; (2) Caries of ultimate phalanx middle finger, supposed by patient to be due to needle which was found in forearm, and not at seat of pain; (3) Halfpenny impacted in œsophagus of boy for six months. *Renal Calculus*: Subsequently removed by Dr. Adams, Glasgow. *Gunshot Wound*: Head showing star-shaped fracture of left frontal bone. (The right arm and leg were paralysed.)

MR. SYDNEY ROWLAND has a skiagraphic laboratory fitted up in rooms adjoining those of the Section of Pathology and Bacteriology, during the meetings, in which he has been giving, at intervals, demonstrations of the process. On Wednesday afternoon he gave a special demonstration, which was well attended and much appreciated. He explained, briefly but clearly, the electrical principles upon which the new discovery was based, and described in detail the construction and working of the focus tube. He then proceeded to discuss the clinical value of the  $x$  rays in relation to the various regions of the body, pointing out the difficulties met with in dealing with the head, larynx, and hip, and the way in which they were combated. He considered that the elbow-joint was the part in which the best results could be expected, since injuries to this region were easy to diagnose by skiagraphy, though extremely difficult by any other method. At the same time he pointed out that the extraordinary reports as to the efficacy of the rays in all conditions were much exaggerated, and calculated to do harm rather than good. The apparatus employed embodied all that experience has shown to be most fitted for this branch of work when carried on at the bedside. The electric current was supplied from a five-cell thirty ampere hour accumulator of the lithanode pattern. This form of secondary battery has been found to be most suitable for working coils, as the rate of discharge is very uniform. The coil employed was a 10 inch spark Rumknoff by Apps of London, and the Crookes's tubes of the well known focus pattern (as introduced by Mr. Herbert Jackson) by Newton, of London. The plates used were the lightning brand, developed by "Velor," both plates and developer by Cadett and Neal, of Ashstead, Surrey. The coil and stand for tubes were mounted on a table provided with castors so as to be easily moved into position at the bedside. The stand for holding the tubes was Mr. Rowland's pattern of universal stand as made by Newton, of London. Altogether the equipment was representative of the apparatus employed at the present day in this new branch of surgical diagnosis.

On Thursday morning Dr. W. Bezly Thorne gave a demonstration of the movements and baths used in the Schott method for the treatment of heart disease. This demonstration was given in the Cumberland Infirmary, a well-appointed hospital which stands on rising ground to the west of the city. Twenty-one years ago the building was much enlarged by the erection of two wings. The one, that to the west, contains four long wards, with beds for 72 patients. These, which are occupied largely by surgical patients, are light and airy. They are heated by hot water and open central fireplaces, and ventilated by Tobin tubes, louvre windows, and central upcast shafts around the flues. The eastern wing contains the out-patient department. The older, central part of the hospital contains a number of small wards and administration offices. Recent additions include a mortuary and *post-mortem* room, and additional accommodation for nurses, which has made it possible to establish a staff of private nurses whose services are much in request.

On Thursday, in the Section of Diseases of Children, Dr. W. Rushton Parker, of Kendal, exhibited, before the discussion on Cretinism, between 50 and 60 photographs of cretins upon a screen by the aid of a lantern. The most interesting part of this demonstration consisted of 40 pictures, each showing side by side in one view a cretin both before and after treatment with thyroid extract. The cretins varied from 1 to 36 years of age, and (as in 50 other cases collected, but not now exhibited) the females predominated over the males in the proportion of 3 to 2. The same astonishing results were plainly visible in most of the pictures, which results were summed up under the four following heads: First, a rapid and extraordinary reduction of bulk, due to absorption of myxœdematous deposits, shown particularly in the collapse of the enormously protuberant abdomen; in the

spontaneous reduction of umbilical herniæ; in the recession of the previously swollen tongue behind the teeth; in the disappearance of baggy swellings under the chin, above the collar bones, outside the nipples and elsewhere; in the thinning of the lips; and in the diminution of the dropsy-like puffiness of the face and all other parts of the body. Secondly, a rapid and truly marvellous increase in physical development, shown particularly by a growth within a very few months of several inches in height, even in cretins of upwards of 20 years of age, whose stature had been almost stationary for many years previously; also by the shedding of the coarse sparse hair, and its replacement by a more abundant and natural growth; by the eruption in quick succession of teeth which had been long overdue, as in cases where the milk teeth still persisted at 18 years of age and upwards; and by a substantial increase of body weight, after the cessation of the primary loss due to absorption of myxœdematous deposits; a rapid and striking diminution of several hideous deformities, particularly of the extreme lordosis in the lumbar spine, of the rickety curvatures of the legs, of the bulky head, and of the ugly sinking of the bridge of the nose was observed. Lastly, a rapid and very striking increase of intelligence occurred, a very few weeks being required to convert a dull, stupid, heavy, listless, often idiotic countenance into a bright, cheerful, pleasing expression. It was stated that no other disease existed, the treatment of which lent itself so admirably to photographic display; and that the treatment of cretinism by thyroid extract was undoubtedly one of the greatest triumphs of modern medicine.

THE Obstetric Section of the Pathological Museum contained a set of specimens of ovarian and tubal diseases sent by Mr. Stuart Nairne, and a bed bearing his name adopted in the new wards of the Glasgow Samaritan Hospital. A series of plaster casts illustrating lacerations of the perineum and hypertrophy and prolapse of the cervix and operations for their relief were shown by Dr. Berry Hart. Dr. Milne Murray exhibited traction forceps with improvements allowing the accurate adjustment of the axis of traction, and also a pair specially adapted for occipito-posterior positions.

THE Section of Ethics was opened by the President, Dr. l'Anson, who discussed the governance of a provincial infirmary, illustrating his remarks by reference to the Whitehaven and West Cumberland Infirmary. Dr. A. Cezilly, of Paris, contributed a paper describing the relations which exist in France between medical men and the committees of provincial hospitals. An important discussion on the abuse of the out-patient departments of hospitals was then opened by Mr. C. S. Loch, Secretary of the Charity Organisation Society. We hope to publish a full report of this discussion, which occupied the remainder of the meeting on the first day, in an early number.

THE collection of specimens contained in the Pathological Section of the Annual Museum is exhibited under exceptionally good conditions as regards light and space. Dr. Norman Walker, the secretary, has received valuable assistance from pathologists in the larger northern cities, such as Liverpool, Edinburgh, Glasgow, and Newcastle, with the result that the museum, while it does not compare numerically with the wonderful collection shown in London last year, is in point of interest hardly exceeded by any of its predecessors. The brief descriptions contained in the catalogue leave nothing to be desired. Perhaps the most striking sight in the rooms is the magnificent collection of clinical photographs shown by Mr. Thelwall Thomas, of Liverpool. Including a series of stereoscopic prints, Mr. Thomas has on view nearly 150 photographs illustrating in the happiest manner the surgical diseases of the various parts of the body. He possesses in the highest possible degree the clinical instinct of knowing what to show and

how to show it, and the series is as valuable from the teaching standpoint as from that of general medical interest. Hardly less instructive are Dr. Robert Muir's specimens illustrating typical cultures of micro-organisms, to which are added a number of slides showing the bacteria themselves stained *in situ* in the tissues. Both these collections approach very near to perfection; we may select as deserving special mention the culture of that fastidious fungus, the gonococcus, and the stained specimen of anthrax bacilli in the capillaries and glomeruli of the kidney. Dr. Norman Walker himself shows two series illustrating common affections of the skin, one by means of very successful flash-light photographs, the other by microscopical specimens. The latter are in all respects excellent, and those of acne and seborrhoeic eczema—the latter showing Unna's micrococci—are equal if not superior to any previously exhibited in England; Dr. Walker intends to present them next week to the International Dermatological Congress. Adjoining these is an interesting series of tubes illustrating the growth of the German and English ringworm fungi, prepared and exhibited by Dr. Unna. Professor Hamilton has done, in a different medium and on a smaller scale, the same service to medicine as Mr. Thomas to surgery. His contribution consists of a series of 30 wax models of various visceral diseases, and is conspicuous alike for its fidelity and its artistic merit; the lesions of the stomach and œsophagus following corrosive poisoning are particularly well illustrated. No less admirable, though less intentionally didactic in scope are Dr. Roderick Maclaren's 61 surgical specimens; especially interesting are a liver ruptured by a cab wheel, a cæcum passed *per anum* turned inside out, and a series of ovarian and parovarian cysts, some of huge size, preserved as dry specimens by being blown out and coated with gelatine. Dr. Nathan Raw exhibits a number of pathological curiosities, of which perhaps the most striking is a fibroid and bronchiecatic lung invaded by lympho-sarcoma, while Professor Delépine confines himself to what may be termed normal pathology, illustrating particularly the effects of various diseases on the myocardium. The pathology of the nervous system is dealt with in Dr. A. W. Campbell's excellent series of plaster casts of diseased brains, in Dr. E. F. Trevelyan's dry preparations of normal and pathological brains and cords, in Dr. James Taylor's sections of cords from cases of pernicious anæmia, in Dr. Telford Smith's casts of palates, hands and brains of various types of idiots, and in Dr. Eurich's sections illustrating his paper on the nature of the neuroglia. Ophthalmological specimens are shown by Mr. Juler, Dr. J. Griffith, Dr. Leslie Buchanan, Professor Niell, and others, while Mr. Cathcart has on view an interesting series of casts, chiefly of venereal eruptions, and Mr. Brown, of Carlisle, thirteen specimens of tuberculosis in animals. Photographs of cases before and after treatment are shown by Dr. Rushton Parker (cretins), Dr. John Thompson (cretins), and Dr. T. M. Allison (osteomalacia and angular curvature). Dr. J. D. Duncan exhibits photographs of cases treated in the Cumberland Infirmary; the most striking is that of a man from whom 6 inches of gangrenous bowel were excised, and who is represented sitting in a chair and holding in his hand the Murphy's button which was instrumental in saving his life. Among the other exhibitors are Dr. T. H. Morton (photomicrographs), Dr. Doughty, Mr. H. N. Grove, Dr. Alex. Bruce, Mr. Alexis Thomson, Mr. Noble Smith, Mr. F. H. Westmacott, Professor Boyce, and Mr. Roger Williams. Sufficient has been said to indicate the high standard reached by the museum; it only remains to compliment Dr. Walker on his energy and congratulate him on his success.

THE customary temperance breakfast was given on Thursday; it was so largely attended that there was an overflow gathering. The Bishop of Carlisle presided, and addresses were given by the President of the Association, Sir Wilfrid

Lawson, M.P., Mr. Anderson, M.P., Mr. Miles McInnis, Professor Murdoch Cameron, Mr. O'Dell, Dr. Ridge, and Dr. Norman Kerr.

WE grieve to have to announce the death of Dr. J. A. S. Grant Bey, of Cairo, Egypt, on July 28th. Dr. Grant Bey was on his way to attend the annual meeting at Carlisle.

ON Wednesday evening the Border Counties Branch gave a *conversazione*, which was attended by a very large number of guests, who were received by Dr. and Mrs. Barnes. The *conversazione*, which was given in the new Market Hall, a portion of which had been screened off and tastefully decorated for the occasion, was followed by a dance.

ON Thursday morning there was a large attendance in the Section of Medicine to hear Dr. Frederick Taylor's introduction to the discussion on Anæmia. He dealt at length with the classification, etiology, and treatment of primary anæmia. The discussion was continued by Drs. Byrom Bramwell, Williamson, Clark, Affleck, Haig, Handford, and Professor Gairdner. The Section then adjourned to witness a lantern demonstration by Drs. James Taylor and Ransom on changes in pernicious anæmia.

THE Section of Public Medicine on its second day of meeting discussed first the seizure of meat and the claims of butchers and farmers to compensation. It was introduced by Dr. Sidney Marsden, of Birkenhead, who moved a resolution, seconded by Dr. Cameron, of Leeds, to the effect that the cost of tuberculous beasts seized if the cost be over £8 or under £30 be divided equally between the farmer, butcher, and sanitary authority. A paper on Urban Milk Supply was then read by Dr. Neech. The question of the desirability of placing tuberculosis among the notifiable diseases was discussed by Dr. Niven, who spoke in favour of that course, and Dr. Grimshaw, Registrar-General for Ireland, who spoke in an opposite sense.

IN the Obstetric Section on Thursday, after a prolonged discussion on Secondary *Post-partum* Hæmorrhage, Dr. Wallace read a paper on the Treatment of Uterine Fibroids.

THE greater part of the second day of the Surgical Section was occupied by an exceedingly interesting discussion on Appendicitis, introduced by Dr. Macdougall, of Cannes. Among the speakers were Messrs. Southam, C. A. Morton, Jordan Lloyd, Dr. Renton, and Mr. Mitchell Banks. A very strong opinion was expressed in favour of early operation. The question of the removal of the appendix in all cases was discussed, and the best positions for the incisions debated.

IN the Section of Diseases of Children, after Dr. Rushton Parker's demonstration, the discussion on Thyroid Treatment was continued by Dr. Telford Smith (Lancaster) and Dr. John Thomson, who showed a very interesting series of photographs and discussed various points in relation to the treatment of Mongolian idiots and cretins, as well as various points with regard to their development. Cases were afterwards shown, the whole discussion being one of the highest interest. Dr. Fletcher Beach, Mr. Victor Horsley, Drs. G. E. Shuttleworth, George Murray, W. Robinson, H. O. Nicholson, the President, and others took part.

THURSDAY'S proceedings in the Section of Pathology opened with a demonstration on Coal Gas Poisoning, by Dr. J. P. Haldane. Dr. J. R. Davison related a case of coal gas poisoning fatal from pneumonia on the fifth day, and Dr. Alexander Scott read a paper embodying his clinical observations on Poisoning by the Clear Gas of ammonia works, and the gas developed in gunpowder explosions, in both of which carbon monoxide is the main toxic agent. Professor Fraser's paper on The Limitations to the

Antidotal Power of Antitoxins was then read, and discussed by Professor Calmette. Mr. Bokenham next gave a demonstration on the serotherapy of diphtheria, and Dr. Risien Russell detailed the effects of section of afferent and efferent tracts of the cerebellum. Professor Trevelyan discussed the various methods of making dry preparations of the brain and spinal cord, and Dr. Fleming read notes on changes in nerve cells consequent on so-called ascending degeneration.

THE number of members present at Carlisle to Thursday afternoon was 650.

THE Section of Ophthalmology on Thursday discussed squint operations, the extraction of cataract, and Mules' operation.

IN the Section of Ethics a discussion, in which Dr. Glover and Mr. Victor Horsley took part, was opened by Dr. Welsford. A discussion on the local organisation of the profession, initiated by Dr. Frederick Pearse, was well sustained, as was also a discussion on Chemists and Counter-prescribing, opened by Dr. Bateman.

IN the Section of Psychology, on Thursday, a discussion on The Management and Treatment in Asylums of the General Paralytic was opened by the President, and subsequently papers on The Hospital Movement in Scottish Asylums by Dr. Macpherson, and on The Hospital Treatment of the Insane in Asylums led to a short but instructive debate.

#### BRITISH MEDICAL ASSOCIATION: PROPOSED EDINBURGH VISIT IN 1898.

THE Lord Provost's Committee of the Edinburgh Town Council at their meeting on July 22nd approved of the proposal of the Edinburgh Branch of the British Medical Association to invite the Association to hold its meeting of 1898 in Edinburgh, and resolved to co-operate with the Branch in securing the success of the meeting, and in making arrangements for the fit reception of the Association.

#### A TESTIMONIAL TO PROFESSOR HORSLEY.

PROFESSOR VICTOR HORSLEY'S retirement from the chair of pathology in University College, London, has been made the occasion of presenting him with a testimonial in the form of a piece of plate and an album in recognition of the way in which he has advanced experimental pathology in this country. The album contains photographs of fifty-one of the subscribers to the testimonial, together with a record of the work which each of them has done either in conjunction with Professor Horsley or in the Brown Institution and in the Pathological Department of University College during the time these laboratories were under his direction.

#### IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

THE annual summer meeting was held at the Town Hall, Carlisle, on July 29th. Dr. Richard Heath (St. Leonards), Vice-President, occupied the chair. A letter from Sir Richard Quain, Bart., President, regretting his inability to be present, was read by the Honorary Provincial Secretary. Among those present were Sir Charles Cameron, F.R.C.S.I., Drs. J. W. Moore, R. R. Rentoul, Harman, Laffan, Douglas, O'Sullivan, Oscar Woods, and the Honorary Provincial Secretary (Dr. Stewart, Clifton). The Chairman proposed, Sir Charles Cameron seconded, and it was carried with applause:

That the hearty congratulations of the Association be conveyed to Sir William Mac Cormac on his election as President of the Royal College of Surgeons of England.

The Chairman next called on the Honorary Provincial Secre-

tary to make a statement as to what had been done since the last summer meeting in reference to the removal of hospital disabilities. Dr. Stewart stated that the Council had been much encouraged by promises of support from several influential quarters. A long discussion followed, and it was proposed by Sir Charles Cameron, seconded by Dr. Douglas, and carried unanimously:

That this meeting heartily approves of the resolution of the Council to proceed as soon as possible to obtain the repeal of the rule which prevents Irish diplomates from becoming candidates for honorary hospital appointments in England.

The Chairman reminded the meeting that members of the profession resident in England and Wales would shortly be called on to give their votes for direct representatives on the General Medical Council, and that on the last occasion the Association gave its support to two of its members, Sir Walter Foster and Dr. Dolan. He understood that the former would not be a candidate at the coming election, but that a life member of the Association would be in the field as well as Dr. Dolan. He therefore proposed and Dr. Somerville Johnston seconded the following resolution:

That the members of the Irish Medical Schools' and Graduates' Association be invited to support by their votes at the coming election for direct representatives on the General Medical Council Dr. Dolan, J.P. (Halifax) and Dr. Rentoul (Liverpool).

The proceedings closed with a vote of thanks to the Chairman.

#### SIR JOHN MILLAIS.

THE condition of Sir John Millais continues such as to cause the gravest anxiety, as must be the case in view of the progressive character of his malady. With the exception, however, of occasional attacks of congestion around the affected part, he is in as satisfactory state as his disease will allow. He can generally swallow without difficulty; he is free from pain; the lungs are unaffected; and the disease shows no sign of spreading to other parts. His breathing is quiet and easy. He generally communicates with his friends in writing, but his nurse can understand the whisper to which his voice is now limited.

#### THE UNITED KINGDOM POLICE SURGEONS' ASSOCIATION.

A MEETING of the United Kingdom Police Surgeons' Association was held on Wednesday, July 29th, at the Town Hall, Carlisle, when the report of Council was received and adopted. The report showed that continued progress had been made in the course of the year, the number of members being now about 130. Two members had been lost by death—one, Dr. Evans of Shaftesbury, under very pathetic circumstances. He was thrown out of his trap and killed, leaving a wife and three young children. The Treasurer's report showed a balance in favour of the Association of £20. It was recommended that Sir Henry Littlejohn should be re-elected as President, and that Dr. Henry Barnes, of Carlisle, should be appointed Vice-President. The other officers and Council were re-elected, and the meeting closed in the usual manner.

#### THE WATER FAMINE.

IN Bow, Bromley, Poplar, Limehouse, and in the neighbourhood of Burdett Road, the scarcity of water caused by the curtailed service of supply has resulted in the greatest inconvenience. At Hackney the supply for domestic purposes is limited to six hours, and in houses where these is a lack of cistern accommodation the inconvenience of the short supply has been keenly felt. The water famine is, however, not confined to the East of London. In the northern part of the London district, at Totteridge, there is an absolute famine of even greater severity, which is causing much suffering and distress. This part of the metropolitan district is supplied by the Barnet Waterworks, and the reservoirs and means of water supply are very inadequate in periods of drought.