

first performed by Dr. Storber in 1841; and Mr. Critchett first performed it in this country. The operation was fully described. The hæmorrhage, as a rule, was slight, and could be controlled by a stream of water from sponges. A light pad of lint and bandage over the lids was all the dressing required. Abscission of the anterior half of the eye was an operation in which Mr. Bickerton had no faith. He described the modes of operating for soft cataract: 1, by making a small incision into the cornea and evacuating the lens by one or two operations; 2, extraction by suction. The lens may be removed at once by this process; but no more suction-force should be employed than is sufficient to bring it away with ease. The author found that, when the lens was very soft, suction was not required. In hard traumatic cataracts, Von Gräfe originated the traction operation; and it has been extended to other cataracts by Dr. Schuft. The various steps of the process were explained, and the scoops, etc., shewn. This did not give good results; and its place had been taken by Von Gräfe's modified linear extraction. The author went very fully into the mode of doing this; explaining the various steps and the precautions to be taken, as well as the after-treatment. He had found the results in his own hands more satisfactory than those of any other operation on the eye. Capsular cataract was removed by one or two needles; and, if this failed, by a broad needle through an opening in the cornea. In some cases, it was necessary to enlarge this, and to take away a portion of the iris. Artificial pupil should be made as central and well defined as possible directly behind a clear cornea, and that which was least altered in curvature. The modes of doing it were: 1, removal of a portion of the iris; 2, withdrawing a portion of the iris, iridodesis; 3, incision of the iris. It was required for inflammatory adhesions; dense nebulae of the cornea over the centre of the pupil. In the latter, iridodesis was very useful. The author described the several operations, and also a modified one by himself. He then entered into the question of iridectomy, and spoke strongly in its favour, enumerating the several affections in which it should be employed. The *rationale* of its action was uncertain; but it effected a change in the circulation and in the secretion of aqueous humour. There was a very intimate relation, through the ciliary muscle, between the iris, choroid, and retina. In describing the operation, the author said he seldom found it necessary to give chloroform; and that he used Von Gräfe's marrow knife for modified linear extraction, making the incision on a small scale. He had also done the operation with the conjunctival flap, as in modified linear extraction, and had found it very satisfactory. In considering the relative practical value of iridectomy, division of the ciliary ligament, and division of the ciliary muscle, he was of opinion that each was of very great value in properly selected cases. He then gave an interesting history of the operations for puncturing the eyeball, from the time when it was first practised by Dr. Whyte of Manchester in 1802 up to the present time. In conclusion, he alluded to the evacuation of effusion between the retina, choroid, and sclerotic, by two needles, and laceration of these tissues, as practised by Messrs. Bowman and Hulke.

ORDINARY MEETING, OCT. 29, 1868.

J. MACNAUGHT, M.D., President, in the Chair.

Dr. DE ZOUCHE exhibited a Congenital Dislocation of the Radius. It existed on both sides. The ulna occupied the whole of the articular surface. Supination was rendered impossible.

Dr. BRAIDWOOD shewed a Renal Tumour, and illustrated its structure by microscopic specimens. It was taken from a child, aged 22 months. The mother had noticed a swelling about three months before death on the left side, between the ribs and iliac crest. It increased very rapidly; and, when the child was first seen, there was a large swelling of the abdomen, over which coursed large veins. The child was exceedingly emaciated. The swelling grew with great rapidity, and the feet became œdematous, while the urine became much diminished in quantity some time before death. On *post mortem* examination, a large renal tumour was found, weighing ten pounds, which had displaced the bowels upwards and to the right. It was of the nature of a medullary cancer, affecting the left kidney and suprarenal capsules. When a section was made, it presented various characters in different parts. The microscopic appearances varied according to the part examined; presenting cancer-cells and renal tubes in one portion, and granular matter without cancer-cells in another. There was no evidence as to the nature of the tumour before death.

Dr. CAMERON shewed a specimen of Aneurism of the Thoracic Aorta. The patient complained of intense pain in the back, just below the left scapula, which was also felt round the body and in the epigastrium; this was the only prominent symptom. There was no dulness or *bruit*; the respiratory sounds were feeble. *Post mortem* examination revealed a large aneurism springing from the arch of the aorta, of about the size of a cocoa-nut, and occupying the whole of the posterior mediastinum.

Four or five of the vertebræ were eroded.—Dr. TELFORD alluded to a similar case where the pain had been greatly relieved by a seton.—Dr. CAMERON remarked that much benefit had resulted from a blister in this case.

CORRESPONDENCE.

ST. BARTHOLOMEW'S HOSPITAL.

SIR,—In the last number of the BRITISH MEDICAL JOURNAL you advert to the numerous medical vacancies at St. Bartholomew's Hospital occasioned by deaths, illness, and resignation of the Physicians, and mention that Dr. Burrows resigned "to give himself up to active private practice." Although I do not suppose you intended to impute any mercenary motives to me in resigning my much valued appointment of Physician to St. Bartholomew's Hospital; still the language used may be so interpreted, and therefore I am anxious that it should be known that the motives which induced me to retire were of a totally different kind. I had enjoyed the advantages of my appointments at the Hospital for nearly thirty years, and had devoted myself and my time very largely to my duties as Physician and Teacher of Medicine, and found that the public duties I had to perform elsewhere and the increasing demands upon my time by professional avocations, prevented my performing my duties towards the Hospital and the Students in a manner that was satisfactory to my own conscience. I therefore resigned my appointment at the hospital that younger men might succeed, and have an opportunity of doing what I could no longer do with credit to myself, or advantage to the medical school.

I am, etc., GEORGE BURROWS, M.D., F.R.S.,
President of the General Medical Council.
18, Cavendish Square, December 1868.

ANEURISM OF THE PULMONARY ARTERY AS A SOURCE OF HÆMOPTYSIS.

SIR,—In reference to the cases of hæmoptysis connected with aneurismal dilatation of the pulmonary artery, recorded by Dr. Cotton and others, I should like to mention that there exists, in the Museum of the City of London Hospital for Diseases of the Chest, at Victoria Park, a preparation, shewing an aneurismal dilatation of the pulmonary artery extending into a tubercular cavity of the lung.

The patient was a man, aged 39. He had been ill four months, and he died in consequence of severe hæmorrhage from a rupture of the aforesaid aneurismal dilatation into the cavity in the lung.

I am, etc., JOHN C. THOROWGOOD, M.D.
Assistant Physician to Victoria Park Hospital.
Welbeck Street, W., November 1868.

THE SPONTANEOUS ORIGIN OF DISEASE.

SIR,—In Dr. Ransome's admirable paper on Epidemics, published in the BRITISH MEDICAL JOURNAL of October 10th, the author makes these remarks: "The possibility of a spontaneous origin of epidemic diseases, however, is also not precluded by the hypothesis of a general favouring influence. It is a doctrine, moreover, which has received very high sanction. Trousseau, in his *Clinical Lectures on Contagion*, says: 'La spontanéité est un fait incontestable dans la développement des maladies même les plus contagieuses;' and he instances canine madness and *sang de rate*, or malignant pustule, in support of this statement; and affirms that originally every epidemic must have been generated spontaneously. Many will hesitate, however, before they accept this doctrine. There is, in the first place, some ambiguity about the phrase here employed; and I would point out that, in the cases mentioned by Trousseau, there is no evidence of the spontaneous generation of disease-germs, in the modern sense of the term. Each instance simply proves that a poison, usually transmitted from one person to another, may, under certain circumstances, be grafted upon the organism from other sources. There is no proof in any case that the poison is not living matter or its product, or that it has been generated spontaneously. Surely, also, on other grounds, this is a doctrine to be received with caution."

Now, sir, it appears to me that, as men of science, we are bound to shirk the investigation of no subject which is likely to prove of interest or utility; and, consequently, I crave a space in your columns to express my own opinions on that much vexed question, *the spontaneous origin of disease.*

A man, to all appearances in the most perfect health, falls suddenly

unconscious to the ground, as if struck down by a blow or flash of lightning, and there writhes in the most terrible convulsions. After a time, consciousness returns; the man sits up, rises to his feet, and probably walks away as if nothing had occurred. This is epilepsy, and was styled by the ancient Greeks, *κατ' ἔξοχην*, the sacred disease. And no wonder that a disease, the nature of which was so utterly incomprehensible, should have been looked upon as a direct infliction from the gods. Hippocrates, however, wiser than his generation, refused to subscribe to such an unphilosophical opinion, maintaining that one disease is nowise more divine nor more sacred than another, but that each has a natural cause from which it originates.

When we apply the term "alterative" to a certain class of remedies, we in reality confess our ignorance of their action; and similarly, in attributing certain diseases to "Divine vengeance", we are in fact only acknowledging our ignorance of their cause. But epilepsy is now removed from the category of "infections from heaven", because the nature of this disease is not so incomprehensible to us as it was to the ancient Greeks or to our own forefathers. There never was a time, however, in which some diseases were not considered more in the nature of inflictions from heaven than others. Sydenham writes: "*Acutus dico, qui ut plurimum Deum habent auctorem, sicut chronici ipsos nos.*" (*Dissert. Epist.*, p. 367.) At the present day, some give this prominence to the zymotic diseases generally; others, to syphilis alone. With regard to the latter disease—and I think we might almost add, *ex uno disce omnes*—the absurdity of such a theory must be apparent when we consider that the transgressor himself may suffer little, whilst the life of an offending wife or unborn innocent may be sacrificed to this just punishment, this divine infliction.

As the offspring of these crude theories, we have a pretty general disbelief in the spontaneous origin of contagious diseases. Before entering, however, upon the discussion of this subject, we must remember that disease is not an entity, but a concatenation of certain symptoms following upon some exciting cause; or, as Sydenham puts it, "*Morbum nihil esse aliud quam naturæ conamen, materiæ morbificæ exterminationem, in ægri salutem, omni ope molientis.*" The dogma, "*Omne vivum e vivo*," is, then, wholly inapplicable to disease; because, since disease is a nonentity, it can have no disease-germ, properly so called; and, of course, following the same line of argument, a disease, strictly speaking, cannot have a spontaneous origin. When, therefore, I give it as my opinion that a disease may arise spontaneously, I mean to express my belief that, if any contagious disease were to die a natural death or be "stamped out", and if every contagium from the bodies of the sick were to be destroyed, the disease might arise again *de novo*, just as it first arose, supposing the original *causa morbi* to be still in existence.

"Whatever has once happened is capable of happening again. The only question relates to the conditions under which it happens." (*Mill's Logic*, B. ii, p. 140.)

We know nothing whatever of the conditions under which any of the contagious diseases first arose; we cannot, therefore, say that the selfsame conditions do not now exist. The dogma, therefore, that these diseases cannot now arise as they first arose, is untenable.

I am, etc., R. S. SISSON, M.D.

Maida Hill, October 1868.

DRUGGISTS AND DOCTORS.

SIR,—The medical profession must congratulate the pharmaceutical chemists on their new Parliamentary Bill, which appears amply to protect them against all intruders, while it leaves them latitude enough to intrude themselves on everybody's business to their heart's content; so that, as occasion offers, they may be grocers, tallow-chandlers, tobacconists, fancy dealers, scientific instrument venders, or anything else they like, not omitting dentists, surgeons, and consulting physicians (at home). But it does strike me as rather anomalous, that the said druggists have now greater authority to cleanse the ranks of the medical profession than we have ourselves. Whilst we have, apparently, no power to summon men who dispense drugs, etc., in so-called "surgeries" (*i. e.*, unqualified practitioners), as also those who degrade the profession by keeping open surgeries, the pharmaceutical chemist has authority (which by all means, we trust, he will use) to prosecute all such for vending drugs without proper credentials or being duly registered as legal medical practitioners.

We must now hope our turn will come next. But, as medical men have never been very felicitous in the framing of their Bills for professional protection, or, indeed, for any object of self-interest, it will, perhaps, not be thought presumptuous if I suggest one or two sources of danger to our future legal compilers.

It must be self-evident, that any injury to our profession arising from

quacks and illegal practitioners is nothing in comparison with the continual drain on our resources occasioned by the counter-prescribing of facetious druggists' apprentices. Should we frame a Bill which will grant a summary conviction to all such offenders, as, I believe, is done in many continental states, it is still to be apprehended that we shall be attacked by means of patent nostrums, devised and dispensed by every pharmaceutical chemist on his own account, duly protected with the government stamp; so that, instead of monster Morison and Holloway charlatans, we shall have Smith, Brown, and Robinson, each with his infallible elixir salve and balsam. Thus the burden will simply be shifted from one shoulder to the other. It appears to me rather a hypocritical procedure in our governing body to pretend, in the first instance, to protect the legitimate practitioner by a stamped diploma (heavily taxed), and then systematically to deprive him of his rights and emoluments by letting loose on his track a pack of harpies, all duly marked and collared with government labels. But the public conscience never was famed for extreme sensitiveness.

One of your notices to the correspondents in the JOURNAL of November 28th, in reference to a vacancy in the Carlisle Infirmary, suggests to my mind another aspect of an anomalous state of things. It is there complained that, out of three men with titles sufficient to qualify them as physicians, one was chosen who had previously acted as a general practitioner, and had even held clubs. For aught we know, the two others had never done anything; and why the practised eye and hand should be put down as a disqualification, is past my comprehension. No general practitioner can be too learned or too highly titled for his onerous duties. Physicians have only themselves to blame, if occasionally they find a sharp competition from the rank and file of the profession; for, until they enrol themselves as a distinct body, with special duties, honours, and acquirements, general practitioners with the same titles will think themselves, and prove themselves to be, their equals; for, besides holding special titles (which at present they do not), physicians must confine themselves to special duties, namely, as consultants; whereas now it is notorious that they continually fulfil all the functions of the general practitioner, though perhaps in a higher sphere, and that to such an extent that I have heard more than one practitioner declare they would never again meet one in consultation, after experience of the risk thus run of being supplanted in ordinary family attendance by this so-called physician; but, in cases of difficulty, would call in a friend upon whom they can rely, or even throw up the case altogether, if the patient is not satisfied. Such abuses as these will never be rectified until all practitioners hold an uniform state licence, and those aspiring to particular branches be required to qualify themselves thereto by special titles.

I must apologise for intruding so much on your valuable space, and am, etc.,
PERCY LESLIE, M.D.
Birmingham, December 1868.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

PERSHORE UNION.

VOTE OF THANKS TO THE MEDICAL OFFICER. The following is an extract from the minutes of the meeting of the Board of Guardians of this Union, held December 15th, 1868.—"Francis Davies, Esq., Medical Officer of the Eckington District of this Union, having tendered his resignation, the Guardians wish to record their opinion of the able manner in which he has invariably discharged the duties attendant upon his office throughout the long period of thirty-four years. E. H. PACE, Clerk."

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

THE following gentlemen have passed the Second or Final Examination for the Degree of Bachelor of Medicine.—W. H. Corfield, M.A., Pembroke; C. C. Pode, M.A., Exeter; Wm. Swan, M.A., Queen's. *Examiners*.—J. K. Chambers, M.D.; J. W. Ogle, M.D.; T. P. Teale, M.B., F.R.C.S.; H. W. Acland, Regius Professor of Medicine.—December 10th.—The following Medical Degrees were conferred: Doctor in Medicine, William Selby Church, Christ Church. Bachelor in Medicine, W. H. Corfield, Pembroke; Wm. Swan, Queen's.