

Mr. Balfour Browne, in his work on *The Medical Jurisprudence of Insanity*, thus concisely refers to the apathy of the legislature in respect to this matter: "The English law refuses to interfere with the liberty of an individual, even although he may be an habitual drunkard. The law of England has a superstitious regard for the liberty of the subject. And so, out of respect for the theory, it allows an individual to deprive himself of all liberty, to place himself in a position in which there are numberless temptations to crime, and no protection for the commission of criminal acts, to cultivate disease in himself and others who may come after him, and to sow the seeds which will grow up either in crime or insanity in the next generation. But no, the law of England will not restrain the habitual drunkard. The liberty of the subject is allowed to render persons, in the words of the Canadian Bill, of grievous injury, as well to their relations as their creditors; it is allowed to stand in the way of the reclamation by a 'reasonable and regular course of treatment of many who might be made useful citizens of a State, which is exhausted with the weight of its burthen of disease and crime.'"

One thing is certain, and that is, that long continued habits of intemperance almost invariably render the individual incapable of managing his own affairs with any efficiency, and it would be reasonable and in conformity with the expressed opinions of physicians in all countries to restrain individuals thus affected, and in this way give certainty of ultimate recovery.

But, as yet, no measure exists in this country to prevent this most pernicious habit. An unsuccessful attempt has been made to legislate for inebriates, but the health of the community, although it should be the first object of government, seems to be of small consideration in comparison with trumpety little rights of property. It is in keeping with England's character as a nation of shopkeepers, that the excellence of its civil laws and their administration is beyond all question—almost beyond all rivalry; while its sanitary arrangements are of the most defective nature. It is only recently that health bills have received any general attention, and even now the attention which they do receive is inefficacious to secure anything like a satisfactory settlement of questions of the most paramount importance.

Those persons who shut their eyes to the close connection which exists between disease and crime are careless observers. Those who, while they legislate for the latter, ignore the existence of the former are careless legislators.

It appears to me that it is nothing less than monstrous that subjects like this which would appear to demand the foremost attention of our legislature should be made subservient to so many questions of comparative insignificance. I believe that if the medical profession were more freely represented in the House of Commons, it would be of the greatest advantage to the nation and to the profession itself; and I venture to express the hope that such may some day be the case, that gentlemen pursuing the higher walks of our glorious profession may be able and as well possess the inclination to give up some portion of their well earned leisure to serve their country in the British House of Commons, believing, as I firmly do, that no class of men would be more fitted by their education, culture, and superior attainments to do honour to the profession to which they belong, and to be of the greatest possible use in the House to their fellow men. In the meantime, it behoves us to speak in language that admits of no compromise or misinterpretation; the oft-repeated opinions of ourselves and our leading psychologists on this great question brought prominently before the public on every suitable occasion cannot fail to create a mighty echo in the national mind.

#### MODIFIED SYPHILIS.

By J. F. PORTER, Surgeon-Major, Assistant Professor Military Surgery, Royal Victoria Hospital, Netley.

MR. MORGAN'S views on modified syphilis, published in the JOURNAL of June 13th, have afforded me great interest, and, as I have entertained the same opinions for a considerable period, I beg to offer my mite of experience on this important subject.

For many years after joining the profession, I was led away by the belief that there were two forms of primary venereal sores, "infecting" and "non-infecting"; the former followed by secondaries, the latter not so. After some experience in the army, at home and abroad, I found I was frequently disappointed in my prognosis; that some of the most simple soft sores, or excoriations, which healed in a few days with the application of cold water, were followed in due time by secondary symptoms of mild form, such as two or three coppery patches on the face or trunk, a sore throat, or cracking of the palms of the hands. Such cases completely upset my mind as to the doctrine of duality, and

I came to the conclusion that, though I might almost to a certainty point out a sore which would be followed by secondary symptoms, yet I was unable to point to any simple venereal sore and say, this will not be followed by secondaries of some character.

It may be said I overlooked the infecting sore, but, having been nearly nineteen years in one regiment, I was in a position to know the constitution, habits, character, and temperament of every man in it; and, as the commanding officer punished men whom I reported as having secreted disease, I seldom had a complaint to make of non-attendance at hospital on the first appearance of a sore, and consequently had every opportunity of judging whether the men were infected, or had any trace of an indurated sore, which might have given rise to the secondary symptoms apparently following soft sores. Induration, besides, is a condition not easily got rid of.

I admit that venereal disease in all its forms is, to use a vulgar expression, a "lying disease", and that it is most difficult to obtain simple facts or straightforward answers from any class of patients suffering from it. I have, therefore, in my investigations, been most careful to make minute examinations.

With regard to Mr. Morgan's theory, "that the vast majority of primary sores are not derived from sores, but from the inoculated discharges of constitutionally infected women", I may state that, when serving in Saugor, Central India, in 1865, the admissions into hospital in my regiment from venereal sores were numerous, and caused me much anxiety. At my suggestion, I was permitted to take into custody, for medical observation, the prostitutes (natives of the lowest type) frequenting the neighbourhood of the barracks and cantonments; I carefully examined them with a speculum, and sent those diseased to the civil hospital for treatment. These unfortunate women, it was well known, were the source of the disease among the troops; but I was surprised to find that nearly all suffered from a purulent vaginal discharge, and not from true syphilis, a sore being but seldom met with.

The result of my endeavour to check the disease was satisfactory, as may be seen by the following figures:—*Admissions*—January, 1865, 18; February, 19; March, 25; April, 22; May, 19; June, 4; July, 1. In the month of August, the regiment left the cantonment in consequence of cholera. The system of supervision of the prostitutes was commenced on the 17th of May, and 15 of the 19 admissions during that month were prior to this date, 4 only having been admitted during the latter fourteen days. These figures, which I recorded at the time, and have now before me, may be found of some interest.

#### THE EFFECTS OF THE BRITISH MEDICAL ASSOCIATION:

*Abstract of the President's Address delivered at the Annual Meeting of the Southern Branch.*

By W. R. E. SMART, M.D., C.B., Inspector-General R.N., President of the Branch.

DR. SMART congratulated this newly formed Branch of the Association on its auspicious title, and its success. The Association was truly the great federal republic of medicine, made up of many Branches and districts of Branches, each holding its autonomy and exercising self-government, while abiding by the general laws and regulations of the Association, to which its representatives were sent at the annual great meetings. The Association now numbered about six thousand members, and its organisation had extended into Scotland and Ireland. The Southern Branch, although the latest offspring, had before it a bright future; and its constituency was more varied than in most other Branches, as in it the civilian, the naval, and the military elements of the profession were blended in sufficient numbers to produce mutual strength and to effect much for general good. They had engaged to rally round and combat for, if need be, the principles so long and well maintained by the Association, and to serve under it in the spirit with which, in this garrison town, they were used to see young soldiers actuated by the names of glorious victories emblazoned on the colours of their regiments to seek to obtain fresh honours in new fields; for, like them, they also might proudly scan the battles fought and victories already won, deriving from them a noble spirit of emulation. It was a saying of an ancient victorious monarch, that "to conquer self was a greater achievement than to have subjugated cities". And in this lay much of the honour of their Association. They might glory in the extension of friendly social feelings, so that those local and tribal dissensions which were formerly imputed by their critics as a true characteristic of the doctors were of rare occurrence within the bounds of their membership. This had contributed greatly to the elevation of their profession, and to the