

## ASSOCIATION INTELLIGENCE.

### CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the Crown and Mitre Hotel, Carlisle, on Wednesday, April 21st, at 12.45 P.M. President—Thomas Barnes, M.D., Carlisle; President-elect—M. W. Taylor, M.D., Penrith.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D.,  
Carlisle, April 1st, 1869. *Honorary Secretary.*

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

#### PATHOLOGICAL AND CLINICAL SECTION.

THE first ordinary meeting was held on February 26th, 1869. Present: T. P. HESLOP, M.D., in the Chair, and forty-one members and visitors.

Dr. MALINS (Cradley) exhibited a patient, F., aged 28, suffering from Addison's Disease of the Suprarenal Capsules. The malady came on with dyspeptic symptoms, two years ago. Five months ago, she was seized with pain in the right lumbar region. Progressive emaciation, and dusky discoloration of skin, which was most marked on the exposed surfaces, began to show themselves after her first illness. The chief peculiarity in the case consisted in the presence of minute isolated black spots scattered about the coloured surface. The spots were of a rounded shape, varying in size from a minute point to that of half a pin's head; and showed no tendency to coalesce. They had been present for some six weeks.

Mr. VOSE SOLOMON presented a female patient, aged 76, with Symblepharon, in whose history there was no evidence of previous inflammation or burn. The right lower eyelid was closely adherent to the globe, also the outer and inner angles to a limited extent. The cornea was clear. In the left eye, the disease was much more advanced; the cornea was opaque, ulcerated, and vascular. The patient's hands were excellent examples of the changes produced by chronic rheumatic arthritis.

Dr. WADE exhibited a specimen of Aortic Aneurism of the size of an orange, involving the origin of the innominate artery, taken from a man aged 41. There was a history of rheumatism and injury to the chest; and, five months before death, the patient was nearly choked by a piece of apple. Cough, dyspnoea, anginous attacks, husky voice, and slight dysphagia, were the chief symptoms; and, for eight weeks before death, swelling of the left neck and arm. The *post mortem* examination showed obstruction of the left brachio-cephalic vein, partly by clot, and partly by contraction. There was no clot in the aneurism; and much atheroma was present. Dr. Wade commented on the necessity of having clear notions on the principles of diagnosis, ignorance of which principles caused the great variety of symptoms attending cases of aneurism to be a source of perplexity, instead of assistance, in making a diagnosis.

Mr. BARTLEET showed a patient in whom a Wound of the Knee-joint had been treated successfully by the injection of carbolic acid solution and putting up according to Lister's method. The patient, ten weeks after the injury, was able to walk without pain.

Dr. FOSTER presented a boy aged 9, an excellent example of Paralysis with apparent Muscular Hypertrophy, as described by Dr. Duchenne de Boulogne. The boy was in the second stage of the disease, and presented the glutei and gastrocnemii enlarged, firm, and bulging, in contrast to the poorly developed muscles of the upper extremities. The spinal extensors were also hypertrophied; and, in the erect posture, the characteristic lumbo-sacral curve was well marked. The boy waddled, rather than walked, balancing himself on each leg alternately. When placed on his back, he raised himself by turning over, obtaining a *point d'appui* for his feet, and then lifting himself by placing his hands on his knees and thighs. Dr. Foster gave a brief history of the case, which was characteristic; and promised to submit to a future meeting, for microscopical examination, a specimen of the hypertrophied muscles, obtained by the method of Dr. Duchenne de Boulogne.

Dr. MACKEY showed a specimen of Intestinal Cancer, in part colloid, in part encephaloid, growing from the transverse colon. With this communicated a large ulcerating cavity, the walls of which were formed by the great omentum; and this again opened into the stomach by a large irregular orifice. The cancerous mass was in three lobes, internally dark red. On section, parts were red, or yellow, or white, and of the consistence of brain; other parts were grey and jelly-like. The subject was a man aged 28. The illness lasted fourteen months, and began

with debility and emaciation, followed by vomiting and pain. After about six months, the tumour was detected to the right of the umbilicus, separable from the liver. The stools were examined microscopically, and contained nuclei and oil-globules of precisely the same character as those found in the tumour. The diagnosis was thus confirmed.

Dr. HESLOP showed a Heart taken from a Child aged six months, who had presented the signs of Cyanosis from birth. There was a loud single *bruit de soufflet*, audible over the whole præcordial region. The middle portion of the left lung was consolidated; and the heart presented the following abnormalities. The left ventricle was greatly dilated and hypertrophied; the aortic orifice was natural. The septum near the apex communicated by a narrow opening with the right ventricle; this latter ventricle was narrowed to a mere tube extending from the abnormal opening. The endocardium was denser and whiter than natural. There was no trace of the tricuspid orifice or valves. The pulmonary orifice was very slightly constricted just above the valves, which were only two in number. The ventricle seemed like a mere muscular appendage to its larger neighbour. The foramen ovale was widely patulous, capable of admitting the top of the finger. The aorta presented the right carotid and subclavian arising as separate trunks. The ductus arteriosus was impervious.

At the conclusion of the ordinary business, Dr. Russell, Mr. Furneaux Jordan, Mr. Bartleet, and Mr. C. J. Bracey, were appointed a Committee to examine and report on morbid growths submitted to the Section.

## CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC.,  
PUBLISHED IN THE "JOURNAL".

#### MODERN DOCTRINES OF SYPHILIS.

SIR,—It is, I know, contrary to rule, to answer criticisms; but I would ask your indulgence as to some matters of fact. In the very kind and flattering notice of my book on Syphilis which you published on March 13th, your reviewer states that I am wrong in saying "that the 'unicist theory' is fast falling into oblivion." In the text, the term "unicist theory" is assigned to that theory which attributed a common origin to venereal sores and urethral discharges. This, I think, there can be no doubt is fast falling into oblivion. But this is of little importance compared with the next statement; namely, that, according to the evidence taken by the Committee on Venereal Diseases, the great majority of English hospital surgeons still hold that the soft non-infecting sore and the hard infecting sore have the same parentage, and are both a form of syphilis. An analysis of the minutes of evidence shews that nine of the Army surgeons and two of the civil surgeons who were examined, are satisfied that the two sores are as distinct in origin as in consequences. Now, the army surgeons are all hospital surgeons; and by the exact information they furnished on venereal diseases, they may be called specialists in this question. For the rest, a few civil surgeons believe that the provocative of the soft sore is allied to that of syphilis, but that by degenerating in some way it has lost its power of producing constitutional disease. Several other civil surgeons, but not the majority of English hospital surgeons, and certainly not of those distinguished by their writings on syphilis, suppose that the poison causing the two sores is in all cases the same, and that some peculiarity of the recipient determines whether constitutional syphilis shall or shall not follow a given sore.

I have ventured to write thus to you, as I conceived the present state of belief in this country among most of the experienced observers to be at variance with your statement. I may be allowed also to observe that no passage in my book suggests that the view held by your reviewer is "fast falling into oblivion," though I confess I trust it may be so.

It is intimated that the incubation of syphilis after contagion is a matter of belief or theory held by a certain school. The large number of experimental inoculations of syphilis (of which a list has been inserted at p. 62) have conclusively settled this question. They shew that, when local irritation is prevented, a period of quiescence always intervenes between the insertion of the poison and the development of the initial manifestation.

In concluding, I must thank you sincerely for the kind and able way in which various errors of omission in my book have been pointed out. I wish they had not occurred. I am, etc.,

London, March 1869.

BERKELEY HILL.

\*\*\* Mr. Hill, in his chapter on "Doctrines of Recent Date," describes the unicist theory as attributing a common origin to venereal sores and urethral discharges. We took exception to this, because we thought it calculated to mislead the reader. It is certainly not a doc-

trine of *recent date*, for it has been discarded for nearly half a century. It is not falling, but has long since fallen, into oblivion. It was the doctrine of Hunter, and in that sense Hunter might be said to be a unicist; and modern surgeons, almost without exception, dualists. But such a definition is calculated to mislead, because the terms "unicist" and "dualist" have never been used in that sense; they are entirely of modern application, having been introduced since the publication of Bassereau's work, in 1852, and they have always been understood to refer to the question whether the two kinds of sore are or are not interchangeable, and whether they originate in one or in two contagious principles. We expressed no opinion on this point, but referred to the evidence taken by Mr. Skey's Committee as shewing that the unicist theory, as generally understood, is not falling into oblivion, but is still held by a large number of surgeons of repute whose opinion was sought by the Committee. In this we are corroborated by Mr. Hill when he can refer to only nine out of the sixteen military, and two out of the twenty-four civil, surgeons questioned on the point, who are satisfied that the two sores are distinct in origin and consequence. The opposite opinion is expressed in decided terms by several of the leading surgeons of the day, as well and also by most of those who may be supposed to have a special acquaintance with the subject, including four Lock Hospital surgeons, with Messrs. Acton, Boeck, and Bidenkap.

#### PURGATIVES AFTER THE OPERATION FOR HERNIA.

SIR,—In an abstract of a paper on the Treatment of Hernia after Operation, which was published in your JOURNAL of Saturday last, Mr. Stokes states that "he was aware it was the practice of many London surgeons to give a purgative the day after the operation"; and he wished to have the benefit of the experience of the Surgical Society of Ireland respecting the use of purgatives after operations for hernia. It would be an interesting piece of information to the London surgeons, if Mr. Stokes would kindly give them his grounds for such an astounding assertion respecting their practice; for I can assure Mr. Stokes that no London surgeon would ever dream of even asking the opinion of a learned society upon a point of practice that has been abandoned for many years. It has long been their unanimous opinion that the use of purgatives was injurious under such circumstances; and it is interesting to know that, at the present day, the practice has been in a great measure discontinued in the Dublin hospitals, although it will be far more satisfactory to learn that it has been given up there, as it has in London.

I am, etc., THOMAS BRYANT.

Finsbury Square, March 1869.

#### VESICAL ABSORPTION.

SIR,—The results of Sir Henry Thompson's experiments on vesical absorption are so unexpected, that it would be desirable to know whether the liquor opii was injected into a healthy or a diseased bladder, and whether it was washed out before the sedative was injected. Whatever may have been the conditions of these experiments, they do not invalidate those made by Dr. Braxton Hicks on the diseased bladder. His experience is confirmed by mine; for, in cases that may be referred to, of chronic cystitis, with vesical pain, irritability of the bladder, and very frequent desire to pass urine, even when these symptoms had lasted for many months, I have sometimes seen them suddenly abate by injecting for a few days, and once a day, one grain of acetate of morphia in an ounce of distilled water, after previously washing out the bladder with warm water slightly acidulated with vinegar. The check to these distressing symptoms of confirmed vesical disease was sometimes so sudden, that I do not feel justified in attributing the improvement to anything else but the injection of the sedative, although it never caused narcotism.

I am, etc.,

Grosvenor Street, March 1869.

E. J. TILT, M.D.

#### INDIGESTION FROM INABILITY TO MASTICATE.

SIR,—I have read with considerable interest Mr. Higginbottom's paper which appears in the JOURNAL of last week. The remarks that have more particularly attracted my attention are those in which he speaks of syncope due to gastric irritation. He refers to the evil effects that arise from the presence in the stomach of masses of food which, owing to the patient's inability to masticate, have not undergone the first highly necessary operation in the process of digestion which should be accomplished in the mouth.

Although the importance of mastication is dwelt on by all physiological and medical writers, I believe that, in cases of indigestion and of mal-assimilation, it is too often overlooked by the medical man as well as by the patient. This happens, perhaps, because the fact is not sufficiently well known that the power of mastication lost from the absence disease of the teeth can in the vast majority of cases be effectually

restored by the dentist. Doubt on this subject ought certainly no longer to exist, for there are in London many, and in most provincial towns at least one or two qualified dental surgeons, competent to demonstrate the valuable results which are to be obtained from scientific dentistry.

Into the physiology of mastication I need not enter; it is to be found in all the text-books. Permit me, however, in conclusion, to add the following from the well known work of Sir Thomas Watson. It testifies to the serious importance of the due performance of the function of the teeth, and at the same time bears witness that dentistry furnishes aid as valuable in the treatment of disorders of the digestive organs as it does in that of many other local and constitutional affections. Sir Thomas says: "I am not at all sure that the increased longevity of modern generations is not in some degree attributable to the capability of chewing their food which the skill of the dentist prolongs to persons far advanced in life." I am, etc.,

6, Wimpole Street, W. March, 1869.

HENRY SEWILL.

## OBITUARY.

JOHN H. JAMES, F.R.C.S., OF EXETER:  
ONE OF THE VICE-PRESIDENTS OF THE BRITISH MEDICAL ASSOCIATION.

JOHN HADDY JAMES was born at Exeter in 1789; his father, who had resided as a merchant in Bristol, having only a short time previously retired, and become a resident of Exeter. At the Grammar School he received the ordinary amount of classical and general teaching, which is usually acquired by those who leave school early in life. At the age of sixteen, Mr. James became an apprentice (the first of a long series) of the late Mr. Benjamin William Johnson, surgeon and apothecary, then practising in Exeter. Mr. Johnson was a man of no ordinary mark; he had a large mind, and had used it in the acquirement of a vast store of knowledge, both professional and general. Having passed a few years as a surgeon in the East India Company's Naval Service, he commenced general practice in this city. Kind and sociable, he took much interest in developing the mental pursuits of his young friends, and his apprentices were urged to accurate anatomical, medical, and scientific investigations; and for their sake (prompted, also, by a large benevolence), he cultivated an extensive gratuitous practice amongst the poor. Doubtless Mr. James benefited by the teaching of Mr. Johnson; and he ever spoke of him with the kindest feelings of reverence. During the time of his apprenticeship (in 1806), he became a pupil, and so continued for two years, of the Devon and Exeter Hospital, under Mr. Robert Patch, a distinguished surgeon of that institution, and one whose reputation as an accomplished operator still survives. The celebrated and more generally known John Sheldon was also one of the surgeons at this period; so that Mr. James had early ample opportunities of acquiring sound practical surgical knowledge. Besides these aids to professional acquirements, Mr. James often referred to the advantages he had derived during his earlier years from the friendship and kind interest taken in him by Counsellor White. In those days, it was not unusual for barristers to reside in provincial towns, and there pursue their profession, attending to such business as might present itself during the sitting of the local assize and sessions. Mr. White was a ripe classical scholar, and used ample pecuniary means in a generous hospitality. To Mr. James he was most partial, and was his adviser and referee on all occasions of moment. Having completed his local education, Mr. James proceeded to St. Bartholomew's Hospital. Here, for four years, he attended lectures and the practice in the wards. During one of these years he filled the office of house-surgeon to the hospital, and, during another, resided with Mr. Abernethy, as one of his house-pupils. His admiration for Mr. Abernethy may be said to have been one of his characteristics; and perhaps a little of Mr. Abernethy's manner, and a few of his peculiar expletives and exclamations, had been adopted by him.

In 1811, being then twenty-two years of age, he became a member of the College of Surgeons. Shortly after this, he entered the First Life Guards as assistant-surgeon. At the battle of Waterloo, he was present with his corps, and did efficient service. That he was well up to the front is evident, for the regimental order-book of the following morning ordered that "Assistant-Surgeon James was not in future to expose himself under fire as he had done on the previous day." Although he always wore his Waterloo medal on the 18th of June, it was yet an incident in his life about which he rarely liked to speak. This continued till the last. A friend, who had recently visited Waterloo, wrote to him, saying he should talk over with him the events of that day: he forbade his doing so, as the excitement would be too great. Not so, however with