MEDICAL PARIS OF TO-DAY.

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By ERNEST HART.

XVIII.

PHYSIOLOGICAL LABORATORIES OF THE SORBONNE AND
FACULTY OF MEDICINE.

Physiological Laboratories: the Sorbonne: the Laboratory of the Sorbonne for Instruction and Research: Mixed Anæsthesia of Dastre and Morat: Antiseptic Operations: Physical Apparatus of M. Regnard for Studying Life under High Pressures: Original Work done: Laboratory of the Faculty of Medicine. M. Richet's Lectures: the Teaching Arrangements and the New Installations: the Welcome to Foreigners.

IN order to give an idea of the resources of Paris in respect to the teaching of physiology and the facilities for research and higher study, whether for Frenchmen or foreigners, I have still to give some account of two of the most important laboratories.

The chair of Experimental Physiology at the Sorbonne (Faculty of Science of Paris) was held from the year 1854 to 1870 by Claude Bernard; from 1870 to 1887 by Paul Bert; the present professor is M. A. Dastre. To this chair is annexed a laboratory, which forms a sort of physiological institute. Pending the reconstruction of the new Sorbonne, which is at the present moment in course of execution, this physiological institute has found temporary shelter in some old buildings on the Place du Panthéon. This is a provisional installation until the completion of the much more perfect arrangements, which will be completed in two years—in 1891. In spite of its temporary character, the establishment in question is nevertheless, perhaps, in many respects, the most complete and active laboratory of pure physiology actually in work in Paris. It serves for the lectures of the Faculty in this department for practical teaching and research.

Teaching.—The courses begin on November 1st, terminating on April 1st; they are public. They take place twice a week. They are arranged so as to pass in review the whole subject of experimental physiology in the space of three years. Besides these two weekly lectures, there is throughout the year a supplementary lecture. The character of this teaching is to be as practical as possible; delicate experiments, or those which require careful observation, are reproduced in the laboratory once a week, and occupy the whole of an afternoon. These lectures and conferences are delivered in a small amphitheatre accommodating about 120 persons, the front rows provided with desks and arranged for students who wish to take notes, candidates for the diploma in natural science, for the doctorate, for students in medicine, and any other interested auditors. Arrangements are made for lantern projections by the electric light. The theatre communicates with the laboratory by a glass partition which occupies the whole of the wall behind the lecturer. This partition can at pleasure be opened, so as to show an experiment arranged in the laboratory, or can be closed, and serves either as a black wall for drawings, or as a white or transparent wall for projections. The installation is, indeed, on a level with the best arrangements existing elsewhere for the convenience of public lecturing.

Laboratory for Instruction and Research.—The staff of the laboratory includes the director and professor, M. A. Dastre, the assistant director and demonstrator, Dr. P. Regnard; the demonstrator who has charge of the conferences, Dr. P. Loye; the *préparateur*, M. Arthur, and a mechanic, M. Maurice, etc. The different parts of the laboratory include (1) the lecture theatre; (2) private laboratory of the professor; (3) an apartment for the demonstrators; (4) a laboratory for pupils; (5) a dark room for photographic, spectroscopic, and polarimetric experiments; (6) a library and writing room; (7) a laboratory for physiological physics; (8) a machine room containing a gas engine of four-horse power, the apparatus for the production of electric light, and the metal chambers for the compression and rarefaction of air which are employed for the experiments of Paul Bert; (9) a kennel, a fountain, etc. All these departments are at present somewhat limited in dimensions, except the machine room and the pupils' laboratory. The essential character of this institute is the cultivation of practical and experimental physiology, including physical chemistry, physiological physics, and general physiology.

Experimental Physiology.—Apart from certain specialities of the

apparatus in use which are considered to be superior in some respects to those in use elsewhere, much importance is attached here to the method of mixed anæsthesia, which has been especially studied and perfected with the view of avoiding pain in the performance of operations upon animals, but which has also been found applicable to the performance of ordinary surgical operations on man. It is a proceeding known as that of Dastre and Morat. It consists of a subcutaneous injection of a mixture of morphine and atropine; one centigramme of hydrochlorate of morphine and one milligramme of sulphate of atropine are used per kilogramme of the weight of the animal; after a quarter of an hour chloroform is given; the animal is plunged into profound sleep for three or four hours, without excitement and without danger. Only a very insignificant quantity of chloroform is required. This method of Dastre and Morat has been in use for ten years, and not a single accident has happened. With the ordinary methods of anæsthesia the mortality was very considerable—one animal in three, and sometimes more, dying from the chloroform. This method of anæsthesia has also been applied to man with great advantage by the surgeons of Lyons. When atropine cannot be used by reason of the nature of the object of research, chloroformisation, with carefully determined proportions of other gases, is employed by the aid of the double gasometer of St. Martin and Paul Bert, which this laboratory is, I believe, alone in possessing.

Antiseptic Operations.—The principles of antiseptics are very carefully adopted in any necessary operations in this laboratory, which has thus become a valuable laboratory of research for the use of surgeons. This year Professor Guyon has studied various points, which he desired to clear up, in the surgery of the urinary organs. M. Tuffier, a hospital surgeon, has pursued researches on the surgery of the kidney, and the result of these researches has appeared in the recently published work, *Etudes Expérimentales sur la Chirurgie du Rein*, Paris: Steinheil, 1889. This work contains some facts extremely interesting for the clearing up of points relative to pathological and surgical practice. In this laboratory, also, M. Balzer, physician to the Lourcine hospital, has been studying the lesions caused by subcutaneous injection of mercurial preparations, testing in this way the varieties of this method which are most available for the treatment of syphilitic patients. M. Dastre aims at developing the uses which the lessons derivable from operations performed in this way can have in clearing up certain points in human surgery. Antiseptics, he considers, has proved very useful in diminishing the suffering of animals the subjects of research, and in eliminating elements of difficulty and confusion. This department of antiseptic surgery of animals has given some remarkable results, as may be seen at the laboratory, which are well worth the study of physiologists and surgeons. In the laboratory of the new Sorbonne, in course of construction, it will be further developed, and more space allowed for the necessary arrangements.

Physiological Physics.—The second part of the laboratory is set apart for physiological physics. Some very delicate instruments are in current use, and were set in operation during my visit. One of the most interesting of these is a registering balance of Rédier, which M. Paul Regnard has employed for various purposes, among others, for the study of losses undergone by different animals, pigeons, silk-worms, etc.; then a very ingeniously arranged apparatus for registering the respiration of the tissues; and thirdly, a registering voltmeter, and an apparatus for registering the phenomena of osmosis. In this laboratory also M. Regnard has arranged the apparatus of Cailletet for producing very high pressure. By this apparatus can be obtained almost instantaneously a pressure of 200 to 1,000 atmospheres—that is to say, equivalent to the pressure existing in the sea at a depth of 2,000 to 10,000 yards. This apparatus he has modified in such a fashion as to allow the observer to see what passes in the interior, and even to project this spectacle on to a screen placed in front of the instrument; this, it will readily be understood, affords a valuable means of studying the conditions of life in the abysmal depths, and state of the tissues, their activity, movement, fermentations, etc., and that without going out of the laboratory.

Physiological Chemistry.—This part of the installation leaves most to be desired in consequence of the want of room. Here, however, one sees in current operation the method of Kieddahl for the analysis of nitrogen and analyses of the gases of the respired air, of urea, chlorides, phosphates, etc.

Original Work done.—It would evidently be impossible for me to indicate here all the work which has issued from the physio-

logical laboratory of the Sorbonne of late years. This would be to write the history of the scientific work of Professors Paul Bert, A. Dastre, Paul Regnard, Paul Loye, and others. M. Raphael Dubois, now professor at Lyons, carried out here, while he was demonstrator, his researches on luminous animals. M. Tolyet, now professor at the Faculty of Bordeaux, was also demonstrator here. M. Gréhant, at present at the Museum of Natural History, also has passed through the laboratory of the Sorbonne. The chair of physiology of the Sorbonne belongs to the Faculty of Science. The medical applications of science occupy here, therefore, a much less important place than in the Faculty of Medicine; on the other hand, the purely scientific subjects occupy a larger part. The studies in general physiology and comparative physiology have been more abundantly represented here than in the other laboratories of Paris, and this will be seen on examining a short summary of the original work attributable of late years to this institution. M. Dastre, professor and director, has published the following works: 1. *Anatomie Comparée et Embryologie; L'Allantoïde et le Chorion des Mammifères* (Paris: Masson, 1876). 2. *Matières grasses Phosphorées, Lécithines, Régénérescence graisseuse. Corpuscules qui donnent la croix de polarisation*. 3. *Physiologie des Matières Sucrées. Amylases. De l'Assimilation du Maltose. Etude sur le Rôle Physiologique du Sucre de Lait*. 4. *Etude du Cœur. Nerfs du Cœur*. 5. *Recherches Expérimentales sur le Système Nerveux Vasomoteur* (Paris: G. Masson. 1884). 6. *Physiologie du Foie. Recherches sur les Ferments Hépatiques. Fistule Biliaire. Fistule Cholécysto-intestinale. Rôle de la Bile dans la Digestion*. 7. *Le Lavage du Sang. Nouvelle Recherches Expérimentales sur l'Injection de l'Eau salée dans le Vaisseau*. M. Paul Regnard has published the following works: 1. *Recherches Expérimentales sur les Variations Pathologiques des Combustions Respiratoires* (Paris: Delahaye. 1879). 2. *Recherches sur la Capacité Respiratoire du Sang*. 3. *Influence de l'Eau Oxygénée*. 4. *Etude Graphique de la Fermentation Alcoolique*. 5. *Recherches sur la Respiration des Animaux Aquatiques*.

Physiological Laboratories of the Faculty of Medicine of Paris.—In these laboratories, in which is conducted the official physiological teaching of the Faculty of Medicine, a large amount of valuable instruction is given; in fact, thanks to a numerous and well trained staff, lectures are given throughout the year, and are organised in such sort that students pass in review the whole of physiology during the scholastic year. The teaching is organised as follows:—During the winter, M. Richet himself gives lectures three times a week. These lectures are on the theoretical parts of study, but practical work is included under the title of *Travaux Pratiques de Physiologie*. The attendance is compulsory on this

Faculty of Medicine of Paris: Physiological Laboratories.—1, 2, and 3, laboratories; 4, large theatre for demonstrations; 5, library; 6, vestibule; 7, aquarium; yard for dogs, rabbits, etc.

part of the course, of students of the second or third year, who cannot obtain their eighth or twelfth inscription in the obligatory medical curriculum without showing that they have regularly attended these demonstrations. This part of the teaching was organised by the lamented Professor Bécclard, and by Dr. Laborde, by the latter of whom it is now carried on, with great and recognised success. Very careful organisation was needed in order to deal with the large number

of students inscribed, amounting to about 700, for these courses. The method most in use for teaching so numerous an auditory is that by magic-lantern projections, with which very good results are obtained even in demonstrating points of great delicacy, such as for instance the action of the heart in the embryo of the fowl at the eighteenth or twentieth hour of incubation. Besides, MM. Richet and Laborde, the teaching work of the laboratory is carried on by Drs. Gley, Héricourt, Langlois, and Rondeau. Great pains have been taken to secure a good organisation of these laboratories, and much ingenuity expended on obtaining installations corresponding to the exigencies of modern science, and this as well for the purpose of practical working as of teaching. Excellent work has indeed been done in the old laboratories of the faculty with their defective installations, as is attested by the volumes of the *Travaux du Laboratoire de Physiologie* as well as by numerous communications to the Académie de Médecine, and other learned societies. But spacious rooms and good apparatus are of great service in facilitating work, and those scientists and physicians interested in physiology, who may visit Paris during the great Exhibition, will find in this physiological institute one which is worthy of the Faculty of Medicine of Paris, and from which much is to be learned.

A cordial welcome awaits them, whatever be their nationality, not only for a passing visit, but especially if, desiring to familiarise themselves with the methods employed, they have the wish to work there for a time. The laboratories of the faculty are largely open to whoever desires to work there, teachers and pupils making it a pleasure and a duty to render as agreeable and useful as possible any visits, long or short, which foreign students or professors desire to pay there.

Without entering into any detailed description of the instrumental installation, I may point out to the attention of physiologists and experimenters a new and really remarkable apparatus of Professor Richet for calorimetry, for the study of the respiration, and for registration of the graphic and automatic variations in weights of animals in different pathological conditions.

THE ANNUAL ORATION AND CONVERSAZIONE OF THE MEDICAL SOCIETY OF LONDON.

THE annual *conversazione* of the Medical Society of London was held in the Society's rooms on May 6th; the Fellows and guests were received by the President, Dr. C. THEODORE WILLIAMS, immediately after the annual Oration had been delivered by Mr. Jonathan Hutchinson. The rooms were crowded, but, owing to the use of the electric light and attention to ventilation, were not uncomfortably warm. Some of the instantaneous photographs, illustrating consecutive phases of locomotion, made by Mr. Eadweard Muybridge, of the University of Pennsylvania, were exhibited. Dr. C. Theodore Williams showed Ketchum's pneumatic cabinet, and Mr. Edmunds the graphophone. Sir Henry Thompson and the President lent some pictures, and during the evening the Royal Artillery band played a selection of music.

THE ORATION.

Rare Diseases often Exaggerations of Common: or Examples of Individual Idiosyncrasies of exaggerated Intensity.—Anatomical and Physiological Laws Illustrated by Rare Cases.—Cases Never Remained Long Unique.—Relation of Senility to Cancerous Changes.—Multiplication of New Names Inevitable.

MR. JONATHAN HUTCHINSON chose for the topic of his lecture "The Clinical Uses of Rare Diseases." The diseases which presented the most apparent peculiarity were often, if correctly understood, the most definite examples of evolution under ordinary laws. Of a very large number of diseases which ranked as rare it must be asserted that they were simply exaggerated or overgrown examples of those which were common. They presented nothing really novel, but showed everything strongly marked. Not the most superficial observer could fail to have his attention arrested by a well-characterised example of Graves's disease; but for one case which rises to such degree of severity as to justify the diagnosis, there were probably twenty in which the condition was threatened, but never became complete. Further, there was no law under which Graves's malady necessarily acquired its full characteristics; so far from its being a malady *sui generis*, it was only a name given to extreme examples of a certain disturbance of

vasomotor function of which minor instances were of everyday occurrence. Here the common might help the rare, as offering illustrations of treatment; for after much indefatigable search for drugs which might control the locally defective vasomotor function, the conclusion seemed to be that the real remedy in all cases, the severe as well as the slight, was a prolonged and well-marked change of climate; again, it would be admitted even more readily than in the case of Graves's disease that the domain of myxœdema was not well defined. For one case that was well marked there were twenty that were not so. So common, indeed, were some of its features—the flabby, thickened skin, the featureless face, the general obtunding of intellect—that we might be tempted to suspect that it was only one of the ordinary forms of premature senility to which a large proportion of women were liable.

If it were true that many of the diseases accounted rare were simply exaggerated specimens of what was common, it was also true of others that they revealed individual idiosyncrasies of exaggerated intensity. The malady known as xeroderma pigmentosum (or perhaps preferably after the name of the first observer, "Kaposi's disease") was a noteworthy instance of this; all examples of unusual freckling, indeed, perhaps all freckling whatever, denoted a minor form of Kaposi's disease. In rare cases, and chiefly in connection with marked family tendency (as made evident by several brothers and sisters being successively attacked), the proclivity might go much further. The freckles might coalesce, might inflame, ulcerate, destroy the features, produce neoplasms, and even pass on into epithelial cancer, yet, in scleroderma pigmentosum there was no pathological novelty whatever. It was very far from being a disease *sui generis*. It was simply an exaggeration of what was common, receiving its final intensification under those laws of heredity which evoked "family" diseases. Raynaud's disease afforded a good illustration of the doctrine of exaggeration as explanatory of rare diseases. Everyone who got a dead finger from putting his hands too long in cold water, or a blue nose from exposure to a wintry wind, illustrated in those occurrences all that was essential to the malady in question. An exaltation of reflexes which were normal, and intensification of vasomotor susceptibility which in low degree were a part of the organisation of the most healthy, such was all that was witnessed in the most marked forms of Raynaud. Finally, as had been pointed out by Dr. Barlow, the conditions which were at first functional only and transitory, might gradually produce structural changes, and the case which was simply asphyxia of the extremities at first, might slide on into one of diffuse scleriosis of the skin.

As illustrations of what might be learnt in reference to anatomical and physiological laws from the careful observation of rare cases, he would mention three examples of a demonstration as to the position of the spinal centre for the act of copulation: physiologists, indeed, were agreed that it was higher than, and distinct from, that which supplied muscular force to the sphincters and regulated micturition and defæcation. A gentleman who had recovered after a severe fracture of the lower dorsal vertebra, with considerable displacement, had permanent paralysis of the sphincters of the anus and urethra, and some weakness of both the lower extremities. He retained the power of copulation undiminished. In two very parallel cases, young gentlemen who had experienced spontaneous recovery from spina bifida applied to him for leave to marry. Both were quite confident as to their sexual ability, and both were now happily married. Yet in both of them the two sphincters were paralysed. It was of great importance to make good use of all opportunities which daily practice afforded for observation as to physiological laws of this kind.

In the remarkable affection recently named "dry mouth," or xerostomia, the whole mouth became quite dry, and, since the condition was unattended by any other symptoms, it might be taken as proved that there was a centre which controlled the function at once of the salivary glands and of all the mucous crypts and smaller gland organs which were found in the mucous membrane of the cheeks, palate, gums, and tongue.

It was not unimportant to assert that there were absolutely no cases which were unique. However strange and bizarre might be the phenomena in any individual case, we had but to wait long enough to find their exact parallel. This fact proved that ordinary laws underlay all that we recognise by the name of disease, however exceptional. There was a form of epithelial cancer of the face—crateriform ulcer—which was like nothing else, and all the examples of it were exactly alike. There must be some very special influence which stamped the exceptional disease (the crateriform) in all its stages with such peculiar features of indi-

quality. He had noticed the conjunction of what might be called the black freckles of the aged with cancer. A gentleman near 60 years of age came with an ugly fungating ulcer in his lower eyelid. It was clearly malignant, below it was a coal-black patch, which had been there for six years or more, and was gradually increasing. The malignant ulcer close to it had been present only about six months. Within a few months, another case, in all respects exactly like, came under his care. In this instance the patient was an elderly lady. It seemed difficult to withstand the suggestion that there must be some connection between the black patches and the cancer. The close juxtaposition of the two conditions could scarcely be a mere coincidence. He believed that they illustrated, in the first place, the general law that, in aged persons, all local disturbances of nutrition had a tendency to slide on into cancerous action; and next another law, as regards malignancy, that its precise form might change with the precise tissue attacked.

In connection with these extremely rare examples of malignant development in senile structures, and of the gradual transformation of innocent hypertrophies into malignant ones, he instanced granuloma fungoides; the essential feature of the disease was that the skin was attacked in the first instance by areas of inflammatory thickening, having no similarity to cancer in any way. Gradually the state became aggravated, and finally large fungating growths developed, which in all their clinical features were malignant, and which caused the patient's death. Still, even to the end, the growths were neither epithelial nor sarcomatous, and they displayed a susceptibility of cure in some parts, whilst they developed in others. The cases which had been grouped together as examples of it were not all closely parallel, but they constituted connecting links, as it were, between inflammatory disorders and those of truly malignant character.

All that had been said as to granuloma fungoides applied with at least equal force to such maladies as pityriasis rubra, lichen scrofulosorum, lichen ruber, lichen planus, morphea, and a whole host of others. In the departments of neurology and ophthalmology, also, new maladies of great rarity had recently been discovered and named, which reflected back most valuable light upon the domain of general pathology. The discovery, separation, and naming of new diseases was not, as a rule, accepted with much gratitude. Acromegaly might be taken as an example. Most people on first hearing of it had felt a profound hope that they might be spared any further acquaintance with an outlandish name for a disease probably of no consequence. Yet under this quaint name was designated a marvel calculated to excite the deepest sentiment of wonder. That it should be possible for a man's head, feet, and hands to simultaneously take on overgrowth, for his scalp to get thick, his skull thick, his face enlarged, and for his fingers and toes to double their natural dimensions, was indeed a pathological phenomenon of the most unlooked-for kind. Our annoyance with the mention of the name and the discussion of the disease named ceased as soon as we realised the thing. So it was with other instances—repulsion at first, gratitude afterwards. Without doubt, those who gave new names had much to answer for if they did it injudiciously. Needless and inconvenient change was reprehensible, but there was no avoiding the introduction of many new names into all departments of clinical observation. Confusion arose only when different things were called by the same name. In the future progress of clinical knowledge, it was unavoidable but that names must be multiplied. There was no objection to the use, for a time at least, of the name of the discoverer as a designation for the thing he had discovered.

It was the duty of all who gave names, whether to their own discoveries or to those of others, to afford to the profession the best possible means of identifying and distinguishing that which was named. As soon as such identification could be easily made, the new name ceased to be an annoyance, and it became a matter of pleasure to employ it.

The zeal for nominal diagnosis, the anxiety displayed, especially in dermatology, to place every case under some recognised name, sometimes brought to mind the story of the old woman who remarked that it was a thing to be thankful for that when Adam gave names to the animals he named them all right. There seemed sometimes to be almost a degree of forgetfulness that the nature of the disease was of far more real importance than its name, and that this might be recognised quite independently of the name in use, and possibly even better without it. Names very often had the effect of cramping our conceptions of the realities.

CANADIAN MEDICAL ASSOCIATION.

Twenty-second Annual Meeting.—Railway Facilities.—Excursions.

THE General Secretary of the Canadian Medical Association, Dr. James Bell, 53, Union Avenue, Montreal, has requested us to publish the details of the arrangements for the twenty-second annual meeting of the Association, which will be held at Banff, N.W.T., on the 12th, 13th, and 14th of August next. We give the arrangements as requested in detail, so as to afford information to any of our readers who may be moved to take this opportunity of making themselves acquainted with some of the leading features of interest in the great Dominion of Canada; and to join in the professional congress which will be held, thus making the acquaintance of the leading members of the Canadian profession. It should be understood that "a cordial invitation is extended to members of the regular profession of good standing in Great Britain," to whom the necessary certificates will be sent on application to the Secretary.

It will be seen that unfortunately this meeting coincides with that of the British Medical Association in point of time, so that the attendance from this side will, it may be feared, be limited; nevertheless, there may be some to whom the prospect of an autumn holiday in Canada, under these agreeable and interesting circumstances, may prove welcome.

The Canadian Pacific Railway Company has agreed to carry members and delegates, with their wives or members of their families, at the following rates: From points in Ontario or Quebec to Banff and return at 95 dollars each, including a double berth in sleeping car for each person, and meals in the dining cars on the way West from Montreal or Toronto and back, and four days' living at the Banff Hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in either Ontario or Quebec, to Montreal or Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, 110 dollars; from St. John, N.B., to Banff and return, 100 dollars, but the tickets from these points will not include sleeping car accommodations nor meals east of Montreal in either direction.

From Port Arthur to Banff and return the rate will be 60 dollars; from Winnipeg or Brandon, 50 dollars; from Regina, 35 dollars, including meals and berths from all these points.

From Calgary the rate will be 4 dollars 50 cents, without meals or berths. From Victoria or Vancouver to Banff and return, including meals in dining car and double berth in both directions, 30 dollars, exclusive of hotel accommodation at Banff, or 40 dollars, including four days' hotel accommodation at Banff.

Owing to the provisions of the Interstate Commerce Law, it will be impossible to get reduced rates from points in the United States, with the exception of St. Paul, Min., from which the following rate is offered:—60 dollars to Banff and return, including meals and sleeping car accommodation between Winnipeg and Banff only. Delegates from the United States are therefore requested to make their own arrangements between their homes and Montreal, Toronto, St. Thomas, or other points on the Canadian Pacific Railway. An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian steamship lines for Transatlantic delegates.

It is intended that the party shall leave Montreal on the evening of August 6th, by the regular Pacific express, and arrive in Winnipeg on the 9th, and stop over one day there; leaving Winnipeg on August 10th, they will arrive at Banff early on the morning of Monday, August 12th. The meetings of the Association will then be held in the hotel (accommodation being provided by the Canadian Pacific Railway Company) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the coast, leaving early the following morning, August 16th, for which special terms have been arranged as follows: From Banff to Victoria and return, not including meals or berths, 20 dollars or 30 dollars, including meals in the dining car and berths. The tickets for this excursion will be on sale at Banff to members and delegates, and their families only.

The special tickets issued by the Canadian Pacific Railway to Banff and return will be good for sixty days, and the holders will be allowed to stop over privileges on the Canadian Pacific Line, in either direction at pleasure. They will also be exchangeable at Port Arthur and Owen Sound, so as to enable members to travel in either direction by steamer between these points. Meal and berth coupons will be issued in connection with these tickets, and will be available as part payment of expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all-rail route as far as Banff, so that all may be present at the opening of the meeting.

THE SCOTCH LOCAL GOVERNMENT BILL.

OUR Scotch colleagues, and especially those interested in questions of public health organisation, are reminded of the importance of the provisions relating to public health organisation in the Scotch Local Government Bill, now before Parliament, to which attention was recently drawn in the *BRITISH MEDICAL JOURNAL* of April 20th (page 901), and to which continuous attention is being given by the *JOURNAL* and by the Chairman of the Parliamentary Bills Committee.

A communication has been received by Mr. Ernest Hart, chair-

man of the committee, from Dr. McBride, of Wigton, raising some points of importance; these have been duly referred to the consideration of experts, and brought under the notice of the official authorities who will have influence in modifying the provisions of the Bill. We shall presently take a further opportunity of referring to them. Meantime, the Chairman of the Parliamentary Bills Committee wishes again to draw the attention of the medical officers at present engaged in administering the health-law of Scotland to the importance of the provisions of this Bill, of which he recommends them to obtain copies. The title of the Bill is "Local Government (Scotland) Bill," and can be obtained of Messrs. Eyre and Spottiswoode, price 4d.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia was held on Tuesday, May 7th, for the purpose of discussing the report of a Committee on the Lunacy Bill.

Before the commencement of the business the *EMERITUS REGISTRAR* (Sir Henry Pitman) in a few words thanked the Fellows for the title and retiring pension conferred upon him, and spoke in praise of his successor, the newly-appointed Registrar.

The report of the Lunacy Bill Committee was then read, and its adoption moved by Sir EDWARD SIEVEKING. A discussion followed, and at its close the report was adopted in the following terms:

The clauses of this Bill on which the Committee think comment most necessary are those referring to the proposed enactments for placing insane persons under care and treatment.

The Committee observe with regret that these enactments have been conceived and framed entirely from the standpoint of the committal and detention of lunatics as prisoners, without any apparent appreciation of the character of insane persons as patients suffering from disease which requires special means of care and speedy medical treatment. They believe that the certain effect of them—especially of those which ordain that the magistrate or justice shall, if he think fit, visit the alleged lunatic, summon and examine witnesses, administer oaths, and otherwise inquire concerning him—will be most seriously to hinder, and practically to prevent, the early treatment of mental disease under suitable conditions. In view of the strong feeling entertained generally with regard to the occurrence of insanity in a family, and its social consequences, it is impossible to suppose that when a son or daughter begins to show symptoms of serious mental derangement, or when a wife is attacked with puerperal mania, or when other similar cases of recent insanity occur, the family will be willing to disclose their affliction to a neighbouring magistrate or justice of the peace, and to undergo the painful and harassing procedures which the Bill makes necessary before the patient can be removed from home to suitable care and treatment. Such removal, however, in a large number of cases is essential to recovery, and of itself the most successful treatment. The result of such enactments will be the loss of the most favourable opportunity and the best means of treatment; the secret and illegal detention of insane persons under the most unsuitable conditions; the revival of the cruelty, neglect, and abuse of mechanical restraint which prevailed formerly; and the increase of incurable insanity. In their conviction of the certainty of such evil consequences, the Committee entirely agree with the late Lord Shaftesbury, who, after an unparalleled experience of the working of the Lunacy Laws, felt himself compelled to resign the Chairmanship of the Lunacy Commission rather than assent to such rigid and impracticable regulations as the Bill proposes to apply indiscriminately to recent and chronic insanity.

Further, the Committee consider that the proposal contained in Clause 9, that the patient shall have the right to be taken before, or be visited by, a judge, magistrate, or justice, if he has not been seen by one or other before admission, is open to the very grave objection that it incurs the risk of reopening, in the mind of the patient, the whole question of the propriety of what has been done in placing him under control. Up to this point the medical superintendent may occupy neutral ground, and truly say that he has had nothing to do with the proceedings which have led to the present restriction of liberty. When, however, the inquiry which the judge, magistrate, or justice is required to hold for the purpose of legalising the certificates, necessitates the evidence of the medical superintendent to prove the patient's insanity, he at once loses his vantage ground, and is made to appear hostile. It is of extreme importance that the best feeling should be cultivated between physician and patient, and anything which involves antagonism must be to the disadvantage of both. Further, it cannot but place the medical superintendent in a most invidious position, to require him to determine whether a patient after admission shall or shall not exercise the right proposed to be given him of seeing a magistrate.

The Committee agree with the report of the Lunacy Bill Committee, presented to the College in 1886, in desiring to refer in terms of strong disapproval to the monopoly of existing private asylums proposed to be established by this Bill (Clause 52, Subsections 1-6). They are of opinion that one of two principles should govern the policy pursued with regard to such institutions: either that provision should be made for their abolition, on fair terms of compensation to the proprietors, notwithstanding that they undoubtedly meet the wants of a large section of the community, or that the beneficial influence of healthy competition should be allowed to have its full effects. To create a monopoly of the kind proposed by the Bill, by limiting the establishment of new licensed houses to existing licensees or proprietors, or to any one or more of joint licensees or partners of existing proprietors who desire to carry on business apart, and to continue the monopoly to their successors in business from generation to generation, seems to the Committee a course of procedure open to most serious objections, and obviously contrary to sound public policy.

The Committee are unable to see the object or the justification of the proposed measures in Clause 33, for placing new and special difficulties in the way of the reception of single patients—other than those certified to be suffering from unsoundness of mind of a temporary character, or from decay of mind in old age, or to be desirous of voluntarily submitting to care and treatment—into

the private houses of medical practitioners. There are many insane persons who, not falling under these categories, but requiring medical care and supervision, are capable of enjoying and benefiting by the domestic life and comparative freedom of a private house.

The clause, as it stands, whether accidentally or purposely, subjects medical practitioners to a special prejudice; for while it applies to single patients in the houses of medical, it makes no mention of single patients in the houses of non-medical, persons. The Committee urge that all single patients should be received into private houses on the same conditions as those applicable to the admission of patients into private asylums, and of private patients into public hospitals or asylums.

On the motion of Dr. QUAIN it was agreed to present a petition to the House of Commons against certain provisions of the Lunacy Law Amendment Bill, and the present Committee was reappointed for the purpose of taking the steps necessary for this, and in order to watch the progress of the Bill.

ROYAL COLLEGE OF SURGEONS.

An ordinary Council was held at the College on Thursday, May 9th. The minutes of the Quarterly Council on April 11th were read and confirmed.

Mr. R. M. Craven was admitted a Fellow of the College.

Mr. Jonathan Hutchinson, jun., was introduced, and received the Jacksonian Prize for the past year, together with the instrumental declaratory of the award thereof.

The subject of the next Collegial Triennial Prize was announced, namely: "The Anatomy of the Third, Fourth, and Fifth Cranial Nerves in the Vertebrata, including an account of their Development, and their relations to the Sympathetic System."

The ninth and final report of the Committee on the mode of election to the Council, and other matters relating to the charters and by-laws of the College, was received and adopted.

Messrs. Berkeley Hill and Pearce Gould were nominated as the representatives of the College on the General Committee of the International Congress of Hygiene and Statistics, for organising the next meeting to be held in London in the year 1891.

Mr. J. McCarthy was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Mr. J. Wood.

A Committee was elected for the nomination of professors and lecturers for the ensuing year. The following gentlemen were elected to serve with the President and Vice-Presidents, namely, Messrs. Power, Hutchinson, and Hill.

A letter was read from the Secretary of State for Foreign Affairs, forwarding a copy of a despatch from Her Majesty's Ambassador at Constantinople respecting the restricted recognition by the Turkish authorities of the diploma of this College, and suggesting that the College should give an official declaration to the effect that its Members are allowed, in virtue of their Membership, to practise Medicine as well as Surgery in the United Kingdom. To this the Council replied that the disabilities under which the medical officers at present laboured would cease in the future by virtue of the regulations of the Conjoint Board.

A letter was read from the Secretary of the Charity Organisation Society forwarding a copy of their petition to the House of Lords, which has been already published. In reply, the Council declined to take action in this matter, on the ground that it was not considered to come within their province.

A letter was received from the Home Office stating that the Secretary of State for the Home Department was willing to approve the formulæ for the new by-laws, with certain restrictions affecting Sections iv and xvi. In reply to this, Mr. Wilde had written to say that the formulæ would be prepared for the signature of the Secretary of State with the necessary alterations.

HOVE (Population, 27,000).—Low Death-rates: Epidemic of Whooping-cough.—The health of this district during 1888 is reported by Dr. Kebbelle to have been in all respects satisfactory. The death-rate was as low as 11.9 per 1,000. The mortality from the zymotic diseases was at the rate of 1.2 per 1,000; but if whooping-cough and diarrhoea, diseases over which sanitary authorities have little control, are excluded, this death-rate is reduced to 0.2 per 1,000. The whooping-cough epidemic was very severe, and was rendered more than usually fatal by the intensely cold weather which prevailed during the first six months of the year. Only 5 deaths were recorded from infectious fevers, 3 from typhoid, 1 from diphtheria, and 1 from scarlet fever. These returns are satisfactory, especially as no deductions have been made on account of visitors.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1889. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on July 10th, and October 16th, 1889. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, June 20th, and September 26th, 1889.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member *by the Council* or by any recognised *Branch Council*.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

COLLECTIVE INVESTIGATION OF DISEASE.

THE series of Maps forming the Report of the Collective Investigation Committee on the GEOGRAPHICAL DISTRIBUTION OF RICKETS, ACUTE RHEUMATISM, CHOREA, CANCER, AND URINARY CALCULUS are deposited in the Library of the Association, and are open to the inspection of members. A descriptive commentary appeared in the JOURNAL of January 19th, 1889.

An inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA is in progress.

Memoranda and forms for communicating observations may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The annual meeting of the above district will take place on Thursday, May 23rd, at Canterbury, at 3 P.M.; Dr. Gogarty in the chair. Members wishing to send papers, etc., should communicate at once with the Honorary Secretary, Dr. TYSON, 10, Langhorne Gardens, Folkestone.

METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.—A meeting will be held (by kind permission of T. Sutton Townsend, Esq., J.P.), at 68, Queen's Gate, S.W., on Friday, May 17th. The chair will be taken at 8.30 P.M., by Dr. Brodie Sewell, President of the Branch. Business: 1. Minutes of preceding meeting. 2. A paper will be read by John H. Morgan, M.A., F.R.C.S. (Eng., Surgeon to Charing Cross Hospital, and to the Hospital for Sick Children, on "Abdominal Surgery in Children."—C. A. PATTEN, Honorary Secretary, Marpool House, Ealing.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The annual meeting for the election of officers and the annual dinner will take place at the Royal Forest Hotel, Chingford, on Thursday, June 6th, the former at 6 P.M. and the latter at 6.30 sharp. The President of the Branch will preside. Tickets for the dinner will be 7s. 6d. (exclusive of wine). Apply on or before Saturday, June 1st, to the Honorary Secretary, J. W. HUNT, 101, Queen's Road, Dalston, N.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—A meeting of the above District will be held at the Calverley Hotel, Tunbridge Wells, on Thursday, May 23rd. Dr. Johnson will preside. Meeting at 3.30 P.M. Dinner at 5.30 P.M.; charge 6s. (exclusive of wine). The following communications are promised:—The Chairman: A Case of Myxœdema. Dr. Wilson: The Local Application of Cold in the Treatment of Inflammations. The recital of short cases and the exhibition of specimens is requested.—T. JENNER VERRALL, Honorary Secretary 97, Montpellier Road, Brighton.