AN ADDRESS

DELIVERED AT THE OPENING OF

THE SUBSECTION OF DERMATOLOGY,

*At the Annual Meeting of the British Medical Association,
in Cork, August 1879.*

By T. MCCALL ANDERSON, M.D.,

Professor of Clinical Medicine in the University of Glasgow;
President of the Section.THE PROGRESS OF DERMATOLOGY DURING THE
LAST QUARTER CENTURY.

IT is with very mingled feelings that I rise to address you on the present occasion; for, though deeply sensible of the honour which has been done me by inviting me to occupy the chair, I cannot forget that I am filling the post destined for one who was far better qualified than I am to preside over your deliberations, who, by mere force of talent, rapidly raised himself to the very front rank among the dermatologists of the day; and whose wonderful energy and perseverance, while they contributed to his success, doubtless tended to accelerate his untimely end. By the death of Tilbury Fox this Section has been deprived of the services of a most able chairman; medical science has suffered an irreparable loss; and we are left to mourn the separation from a valued colleague and a warm-hearted and generous friend. As has been well remarked (*Lancet*, June 14th, 1879): "He was beloved as few men are privileged to be; honourable, upright, and conscientious in the discharge of all his duties, he lived an exemplary life. With his kindness of heart, the geniality of his disposition, and pure but unobtrusive piety, he was never so happy as when seeking out fitting objects for help, succour, and support. He did much good by stealth; and probably not even his intimate friends knew how many poor persons at the hospital, in his private consulting-room, and in the neighbourhood where he lived, partook of his bounty and benefited by his benevolence." Our best and most useful remembrance of him will be to endeavour, in our own lives, to emulate the bright example which he has set us.

If we compare the amount of attention devoted to cutaneous medicine at the present time with that of five-and-twenty years ago, what a contrast do we find! Then, if my memory serve me aright, there were but four men who devoted themselves earnestly to the study of diseases of the skin: Erasmus Wilson, who, happily, is still amongst us, whose eminent services to dermatology are only to be equalled by the geniality of his disposition and his princely hospitality, and who recently still further laid his countrymen under a lasting obligation by the gift of the beautiful monolith which adorns the banks of the Thames; the late Mr. Startin, whose immense experience and fertility of resource earned for him the gratitude of countless multitudes of patients; the late Mr. Hunt, whose unflinching testimony to the virtues of arsenic in the treatment of almost all diseases of the skin, independent of local causes and of syphilis, is too well known to need further comment; and last, though not least, the late Dr. Neligan of Dublin, who had the *materia medica* at his finger-ends, and whose reputation as a dermatologist was rapidly extending when death prematurely brought his labours to a close. At that time, cutaneous medicine was at a discount, and the authorities of our general hospitals would have scorned the idea of having special dermatological departments: hence the rise and progress of special institutions for the treatment of diseases of the skin.

But, while special physicians have been appointed to treat and to further the study of diseases of the skin at the London hospitals, in most instances they have been put in a corner; no proper accommodation has been provided for them, as if the aim were rather to strangle existing special institutions than to grapple with the subject in an adequate manner. Will it be believed that, if all the beds specially provided in connection with the cutaneous departments of the London hospitals were divided amongst them, there would hardly be one bed for each hospital? If my information be correct, only two of them provide beds—University College and the Middlesex; while the only one which has erected a special suite of baths is the first of these, for which, I believe, we are mainly indebted to the energy and perseverance of Til-

bury Fox. Indeed, the only institution in Britain, as far as I am aware, in which the requirements are fully met is the Western Infirmary of Glasgow. In this hospital, which is in connection with the great Medical School of the University, a special wing has been erected containing twenty beds, being more than those provided by all the London hospitals put together, as well as a most admirably arranged set of baths of every kind; and, by an arrangement with the directors of the Dispensary for Skin Diseases, where out-patients alone are seen, the more serious cases are drafted into the hospital, so that the cases admitted into the wards are, for the most part, selected ones; and thus the value of this special department to the University School is greatly enhanced. It is earnestly to be hoped that the time is not far distant when the authorities of all the great hospitals of the country will be alive to the necessity of providing, on a somewhat similar scale, for the study and treatment of diseases of the skin, as well as of the other leading specialities.

But, while this is my opinion, I desire to guard myself by adding, that I fear the tendency now-a-days is towards the undue development of specialities; and there seem good grounds for depreciating the exclusive devotion to a speciality, such as dermatology, at all events in the case of those who have not previously gained experience of the treatment of disease in all its various forms; for no one can satisfactorily treat diseases of the skin, most of which are more or less connected with constitutional states, who has not a thorough practical acquaintance with the morbid conditions associated with all the organs and tissues of the body.

And here let me remark, in passing, that, for similar reasons, the system of training for consulting practice in Scotland seems superior to that in England. (Whether it is the same in Ireland I cannot well say.) In England, the physician commences his professional career ostensibly as a consultant; he naturally aims at and ultimately succeeds in obtaining a hospital appointment; and in process of time he hopes to become a consultant in reality as well as in name. In Scotland, on the other hand, the physician begins life almost invariably as a family physician, in which capacity he gains experience of a kind such as no hospital appointment is able to afford; but he also secures a hospital appointment, and, as he gets experience in this two-fold capacity, and earns the respect and esteem of his professional brethren, consulting practice gradually flows in upon him; and then, and only then, he gradually recedes from family practice, and becomes a pure consulting physician. On the principle that a consulting physician is a physician who is consulted, this system may perhaps appear to some to be derogatory to the status of a consulting physician; but unquestionably it is calculated to produce consultants more fully equipped, and more ready to grapple with every emergency, than in the case of those whose early experience is drawn exclusively from the wards of a hospital.

That increased attention is being directed to the study of dermatology at the present time, is shown by the large number of works on the subject which have recently emanated from the press; by the journals of dermatology published of late years in Germany, France, and England, as well as in the United States, where much excellent work is being done; and last, though not least, by the establishment of the Subsection over which I have the honour to preside, and by the number of gentlemen who have promised us papers on cutaneous diseases.

And if I were asked to state what, in my opinion, has most materially contributed to this, I would say that it is the custom, prevailing more and more every year, of young medical men, before settling in practice, prosecuting their studies for a time on the continent of Europe. In Paris, they find a large hospital, with a magnificent museum attached to it, devoted mainly to the treatment of diseases of the skin, and presided over by men of the highest eminence and skill. And in Vienna, they find a section of the Allgemeine Krankenhaus set apart for these diseases, and presided over by the celebrated Hebra—a man who excites the admiration and enthusiasm of all who come into contact with him; the practical turn of whose mind has enabled him to clear away many difficulties, to make many rough places smooth, and whose lucid and practical disquisitions are made all the more charming by the dry and sparkling humour with which they abound. If, however, we compare the continental, and especially the German, with the British school of dermatology, we have no reason to be ashamed; indeed, it would be a disgrace if the country of Willan and of Bateman were left behind in the race. In Germany, the tendency is, I think, to trust too exclusively to external measures, some of which appear to be needlessly severe, and are apt to be resented by English people, or to be too stimulating for English skins, although we must never forget that many reputed local applications are absorbed and react beneficially through the system at large; while in England, local is almost always combined with constitutional treatment, as it is recognised that the great majority of cutaneous affections take their origin in some derangement of

system, which must be corrected if satisfactory and permanent results are to be obtained. It is, then, by a careful study of the labours of continental physicians, by borrowing from them all that is excellent in their system, while retaining all that is admirable in our own, that the English school of dermatology has reached its present high position, and that such satisfactory results are now obtained.

But while all this may be true, and while we have in Britain men of the highest eminence as our instructors—such as Erasmus Wilson and Jonathan Hutchinson, and others who are pressing forwards to the front rank, such as our energetic and able secretaries, Mr. Malcolm Morris and Dr. Walter Smith, and many others whom it would be invidious to name—it must be admitted that, even now, there are few branches of medicine which are, on the whole, less understood by the great mass of the profession than diseases of the skin. We look, therefore, to the authorities of our great hospitals to provide the means for the efficient instruction of our students, so that in time this reproach may be removed.

I observe that, at present, there is an attempt being made to have a special examination instituted for students on ophthalmology, distinct from that on surgery; and, on the same principle, it may be argued that there should likewise be a special examination on dermatology, distinct from that on medicine; but I sincerely trust that it will result in failure. By all means let them, within certain reasonable limits, be examined on ophthalmology and on dermatology, but let it be as parts of the examinations on surgery and medicine respectively, from which they should never be dissociated. Having had much experience as an examiner on medicine, I may be allowed to express the opinion that the tendency now seems to be unduly to multiply the subjects of examination; and I am very far mistaken if the time is not at hand when the tide will turn, and when there will be an outcry for the diminution of the subjects, and a corresponding desire that the student should give evidence rather that he is well grounded in the principles of his profession—that he should know well, rather than that he should know much.

Gentlemen,—It would ill become me further to occupy your time, which can be so much more profitably spent in listening to and in discussing the papers enumerated in the billet, and which are of a most interesting and varied character. I trust that in the discussion, which is to be introduced by Mr. Jonathan Hutchinson, it will be made clear whether, in the opinion of the members, lupus vulgaris is a manifestation of the strumous diathesis, and to what extent, if any, it is influenced by antistrumous remedies; what relationship, if any, exists between it and lupus erythematosus; whether the latter is ever curable by internal medicines, and, if so, by which; and whether the more recent methods of local treatment—such as the use of Paquelin's thermo-cautery, Volkmann's scoops, and scarification—are preferable to caustics and other remedies whose utility has been proved by long experience.

It would be interesting and profitable, I think, if time permit, to have discussions on the nature of alopecia areata, and of the impetigo contagiosa of Tilbury Fox; also, of that disease, or group of diseases, generally classed under the name of eczema, and which attacks the hairy portions of the face. Is it always a simple eczema impetiginodes, or can its parentage be sometimes traced to struma, to syphilis, or to some other diathesis, and how should it be treated locally and constitutionally? For it must be admitted that it is often a most troublesome and obstinate affection, and requires all the light which can be thrown upon it by the most experienced practitioners.

Before sitting down, allow me to say how grateful I feel for the honour which has been done me by asking me to preside over your deliberations, and how happy I shall be if I can in any way contribute to the success of this first Dermatological Subsection of the British Medical Association.

HOLSWORTHY RURAL DISTRICT.—Last year was a decidedly, and it is to be hoped exceptionally, unhealthy one in this district, the death-rate amounting to 21.85 per 1,000, and the number of deaths exceeding that of 1877 by 46. Considering the extensive, sparsely peopled, moorland, and elevated character of the Holsworthy District, this rate is by far too high, and betokens laxity on the part of the sanitary authority. Of the total number of 206 deaths, 34 were from zymotic diseases, the most prevalent disease being whooping-cough (22 deaths). Pulmonary diseases, always a scourge in the district, caused 40 deaths, or a fifth of the total mortality. Seventy were children under five years of age, whilst thirty-seven persons were over seventy-five at the time of their death, and one was registered as being over one hundred. Many sanitary defects are reported as existing in the district. The water-supply especially is very bad, being derived from shallow surface-wells exposed to sewage-pollution. Overcrowding is also a serious evil. Mr. Ash's tabular statements deserve a word of praise.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association,
in Cork, August 1879.*

By GEORGE H. KIDD, M.D.,

Master of the Coombe Lying-in Hospital, Dublin;
President of the Section.

THE TREATMENT OF UTERINE TUMOURS BY DILATATION AND THE ÉCRASEUR.

MY first and most pleasing duty on taking this chair is to return thanks for the very high honour that has been conferred on me in electing me President of this important Section. On two former occasions, I had the pleasure of acting as Secretary, first in Dublin, when the system of Sections was instituted, and again at Leeds; and at the London meeting I had the honour of being Vice-President, when, owing to the serious, but happily temporary, illness of the distinguished man who had been selected for the Presidentship, Dr. Braxton Hicks, I had to take the chair and open the meeting; but now my honours have culminated in being myself President of the Section, a position no man could hold without a feeling of pride and gratified ambition; but also, I must say, speaking at least for myself, of not a little trepidation as to the mode in which its duties may be fulfilled.

It is usual for the President of the Section to open the proceedings either with a *résumé* of the work that has been recently done, or other subject of general interest, or with a report on some subject at which he has himself been working. On the present occasion, I propose to adopt this latter course, and to invite your attention to the consideration of the surgical treatment of some forms of uterine tumours; but, in doing so, I shall not touch on either the history or literature of the subject, which unfortunately the time at our disposal will not permit, but shall confine myself to some points arising out of my own experience.

It will, perhaps, be in the recollection of some now present, that, so long ago as 1868, at the meeting of the Association in Oxford, I described a peculiar method of dilating the uterus, and related a case in which I had been enabled by this means to remove a large number of intra-uterine polypi. In a paper subsequently published in the *Dublin Quarterly Journal of Medical Science* for February 1869, I gave a diagram illustrating this method of dilatation, and showing the polypi as found in the uterus at the time of the operation. Some copies of this diagram are now on the table. It will be observed that six pieces of sea-tangle, long enough to reach from beyond the os externum to the fundus, but not to touch it, have been introduced side by side, one after another, forming a bundle of parallel pieces; and it will be seen that these, as they absorb moisture and swell, must dilate not only the os externum, but the os internum and the cavity of the uterus itself at the one operation. Thus, if the os be sufficiently large to admit the necessary number of pieces at the first sitting, the whole process may be completed in twenty-four hours. If not sufficiently large, a few pieces must be introduced in the first instance, and removed at the end of twenty-four hours, when a larger number can be used, and dilatation thus effected to any required extent. Generally, even in the nulliparous uterus, the tissues are so relaxed by hæmorrhage that five or six pieces, each as large as a No. 6 catheter, can be introduced at the first sitting, and a dilatation procured sufficient for the introduction of the finger and exploration of the uterus, or the removal of small tumours. For the removal of larger tumours, however, a much greater degree of dilatation is required, and it may be necessary to introduce from twelve to eighteen pieces, which can generally be got in at the second sitting if six have been introduced at the first; but it is to be borne in mind that it is always advisable, when about to remove the tents, either for the introduction of others or for proceeding with the operation, to wash out the vagina with a solution of permanganate of potash, and after their removal to wash out the uterus itself with a similar solution before any further steps be taken; for, though sea-tangle does not give rise to the putrid and offensive discharges found when sponge is used, yet fluids accumulate which are irritating, and may, if not removed, prove injurious both to the operator and to the patient.