the battle-field and ship, at whatever risk, amid the roar of artillery and the rage of the fight.

Think, too, of the eminent professors of medical science who, by arduous work and laborious research, bring before the learners of our profession the results of their investigations, and direct their studies; and, as teachers, send out year by year pupils who, having availed themselves of their opportunities for study, go forth on their grand mission, to mitigate, or cure, or to avert the ills to which flesh is heir.

Nor have the science of medicine and its professors failed to mingle with the literature and science of the age. Is it not true that a host of honoured names of the living and the dead are enrolled among those who have ennobled humanity in respect of literature and poetry and art, and all the loftiest flights of intellectual enterprise? In what better than in ours can he who seeks for his mission some ennobling work find a more enviable sphere?

It is a very main object of this Branch to keep a just view of the dignity, requirements, and responsibility of our profession before our minds as incentives to corresponding aims and purposes. If so, you will not think I have dwelt too long upon this subject. The mere mention of the subjects which this Branch and the Association at large must consider is enough, doubtless, to ensure the attention of our members. There have been several topographical reports presented in various numbers of the *Transactions*, and also some in the *Midland Counties Medical Society*; and these investigations ought to be pursued by our Branch. Then there are subjects of special interest which will, I know, have our early attention—such as the causes of infantile mortality, to which Dr. Strange has devoted much attention. Then we shall have to consider the politics of our profession, and the measures which should be supported in Parliament.

I congratulate you on the fact that Mr. G. W. Hastings, the son of the founder of our Association, already an honorary member of the Association, and elected to-day an honorary member of this Branch, will be able to promote beneficial legislation in Parliament. He has already done much good in furthering the interests of the profession, and the extent of his efforts deserves more than passing thanks and recognition. In the future, I do not doubt we shall be laid under still further and more important obligations.

Various circumstances, which the limit of time forbids me to specify, demand special vigilance, and will claim it at our hands.

What shall be the policy we approve as to hospitals in our large towns and cities? And now, in rural districts, what have we to say about clubs, dispensaries—free and provident? Our hospitals are among the glories of our land. They supply the highest medical and surgical talent in it; but still, while they are of vast advantage to the profession as a whole, and even to those who are not upon their staff, are they not somewhat too much of monopolies? As to dispensaries, free and provident, the danger is lest they too much favour the few, and stop the junior members from gaining the first round of the ladder. These also have been universally handed over to lay control and election. The fees are fixed and the rules framed by a committee with just enough of professional sanction to give colour to their regulations. And who can complain if some, smarting under the injustice of exclusion, set on foot private ventures, under a scale of published charges, without a list of governors?

Then there is the work, literary and scientific, undertaken in all branches of the healing art. How much this may be promoted by association, I will not stop to inquire. That it is essential, needs no argument to prove. Look at the state of the profession to-day; compare the attainments of those who entered its ranks fifty years ago with those who have just joined them, and those who in future will do so. Occasional conference among medical practitioners, strongly desired as it is now, will, in consequence, be yet more needed in the future; and this we are wisely providing for these counties by the proceedings of to-day.

On the ethics of our profession, after all we might say on the subject, the golden rule of "Do unto others as ye would that they should do unto you" supplies the surest guide to the right road on which to pursue our professional course.

Nor shall we disregard at all the social gatherings. I need not dwell, however, on this subject, as we are enjoying a practical demonstration of it to-day, and will improve our opportunities as the days go on.

OUTBREAK OF SCARLET FEVER.—Scarlet fever has broken out in an alarming form at Heath End, in the parishes of Rushall and Pelsall, in the county of Stafford. Several cases have terminated fatally. The inspector of nuisances has reported to the local authority the very defective sanitary arrangements of the place. Numbers of new houses have been erected within the last eighteen months, the sanitary arrangements of which have been continually condemned by the Medical Officer of Health.

REMARKS

ON A

CASE OF SIMPLE STRICTURE OF THE COMMON BILE-DUCT, CAUSING JAUNDICE AND ASCITES.

By GEORGE JOHNSON, M.D., F.R.S.,

Professor of Clinical Medicine, Senior Physician to King's College Hospital.

THE following case, which recently came under my care in the hospital, presents some points of unusual clinical interest.

Mary Ann N., aged 38, was first admitted on July 9th, 1879. She is married; has had seven children, the youngest a year old. Habits temperate. In December 1878, four months after her last confinement, she noticed that her skin was becoming yellow, and her urine high-coloured. These symptoms had continued until the time of her admission. She was then jaundiced, and the urine was deeply bile-tinged. The liver-dulness extended from the fifth rib to two inches below the costal margin. The lower edge of the liver was thin and firm. There was some evidence of liquid in the abdomen.

After remaining three weeks in the hospital, she was sent to the convalescent home on August 2nd; readmitted on September 25th. The jaundice had continued since her discharge, and the abdomen had greatly increased in size, the measurement at the level of the umbilicus being forty-three inches. Fluctuation was distinct, and dulness on percussion everywhere except at the epigastrium. The feet were oedematous.

On September 27th, 344 ounces of bile-tinged liquid were removed by tapping, with great relief from pain and distension. The margin of the liver could be felt as before described, and below the margin a distended gall-bladder was sometimes distinctly felt. The fluid reaccumulated, and again caused great pain and distress. On October 28th, a second operation removed 284 ounces of fluid, and afforded much relief. After the second tapping, the urine gradually became lighter-coloured, and the skin was less deeply jaundiced; but the abdomen again enlarged; and on November 26th, 271 ounces of liquid were removed by a third tapping. Again she was much relieved by the operation, and the fluid did not reaccumulate. The abdomen now measured only thirty-five inches. The urine gradually lost its bile-tinge, and the skin and conjunctivæ nearly regained their normal colour. She recovered her appetite and strength, and was discharged apparently convalescent on January 10th, 1880.

She was readmitted on June 21st, 1880. After leaving the hospital, she had remained quite well until six weeks ago, when she noticed that her skin was again becoming deep yellow; and a month ago her abdomen again began to enlarge. On admission, the skin and eyes were deeply jaundiced; the urine contained an abundance of bile; the abdomen was much distended, measuring forty-four inches and a half at the navel. She had pain and dyspnoea from abdominal distension. On the 24th, 303 ounces of liquid were withdrawn by paracentesis, after which the liver was felt with its thin edge two inches and a half below the ribs, as before noticed. Great relief was afforded by the tapping; but, four days after the operation, she had a rigor. Temperature 102.3°; abdomen tender, and again becoming distended. There was occasional vomiting; the pulse became rapid and feeble, the tongue dry; and she died on July 4th, ten days after the last tapping.

Inspection by Dr. Barrow twenty-four hours after Death.—The abdomen contained a large amount of dark turbid liquid. The peritoneum was intensely congested; the intestines covered by recent yellow lymph. The liver was stained of an olive-green colour, somewhat enlarged; the lower margin was thin, moderately firm. The gall-bladder, distended by dark bile to the size of a turkey's egg, extended some distance below the margin of the liver. The cystic and hepatic ducts were much dilated; the dilatation of the hepatic ducts extending into the interior of the liver, sections of which showed the ducts in the portal canals large enough to admit a middle finger. The common duct, just below the junction of the cystic and hepatic ducts, was obstructed by a fibrous thickening of its coats. Very firm pressure on the distended gall-bladder caused only a slight oozing of bile through the common duct into the duodenum. The omentum was thickened, folded upwards, and adherent to the under surface of the diaphragm. The capsule of the spleen was thickened. The kidneys were soft and

stained yellow. A cyst, of the size of a small cocoa-nut, was connected with the left ovary.

REMARKS.—Until the inspection of the body revealed the true nature of the pathological changes in this case, it was impossible to refer the symptoms to their true cause. The main phenomena were, deep jaundice, followed by great ascites; the disappearance of both the jaundice and the ascites after the third tapping; the reappearance of jaundice and ascites after an interval of about five months.

The first link in the chain of morbid processes resulting in jaundice and ascites was evidently the constriction, amounting to almost complete obliteration, of the common bile-duct. The exciting cause of the inflammatory process which resulted in this stricture of the gall-duct is not apparent. There was no indication of syphilis. There was no history of gall-stones, the passage of which might have caused ulceration and subsequent stricture of the duct. But, starting from the obstruction of the duct, the resulting phenomena are sufficiently intelligible. The impeded escape of bile caused the jaundice and the gradual dilatation of the hepatic ducts. The dilated ducts compressed the portal veins within the canals, thus obstructing the whole portal circulation, and causing the ascites. The jaundice was a direct mechanical result of the constricted gall-duct; the ascites an indirect result. The temporary passing away of the jaundice and ascites after the third tapping is explained by supposing that, in addition to a permanent constriction of the duct by inflammatory exudation, there was a congested and swollen condition of the lining membrane, which, after removal of the dropsical pressure by tapping, subsided, thus allowing the accumulated bile to escape, and removing the pressure from the portal veins. In like manner, we have seen that, in cases of simple stricture of the sigmoid flexure of the colon, temporary obstruction of the bowel may result from congestion and swelling of the mucous membrane at the constricted part. The swelling of the mucous membrane subsiding under the sedative influence of opium, the fæces again pass, and the bowel unloads itself. Then, after an interval of weeks or months, from the irritation of indigestible food or a drastic purgative, congestion and swelling of the mucous membrane with complete obstruction of the bowel again occur, with perhaps a fatal result.

The liver, unfortunately, was not weighed; but there was evidently a combination of enlargement, resulting from dilatation of the hepatic ducts, with some degree of atrophy of the glandular tissue; and some sections which my friend and colleague Dr. Barrow was good enough to make for me showed atrophy of the lobules, with an increase of connective tissue in the interlobular spaces. These atrophic and hyperplastic changes are exactly analogous to those which occur in the kidney in consequence of an impeded escape of urine from the gland, whether resulting from obstruction in the urethra, in the neck of the bladder, or in the ureter.

It is interesting to note that, although the last tapping, when her strength had been much impaired, was followed by fatal peritonitis, the previous three tappings not only afforded great immediate relief, but unquestionably prolonged her life in comfort for several months. This satisfactory result is an encouragement to repeat the operation of paracentesis in cases of recurring ascites, when other means have failed to remove the dropsy.

CASE OF INTRA-UTERINE SMALL-POX, WITH COMPLICATED PRESENTATION.

THE two cases of intra-uterine small-pox, published in the JOURNAL of the 10th inst., remind me of a case which occurred in my practice, during the small-pox epidemic of 1873-74, in which the presentation was also abnormal. The following is a short history of the case. I was asked to attend Mrs. P. in her tenth confinement; and at the full time, when I arrived, the uterus was fully dilated, but the presentation rather puzzled me at first. I found the head presenting, and, on the one side, considerably in front of the head, a hand could be made out; while on the opposite side, and immediately behind, I could, with some difficulty, make out a foot. The fluvius also presented, which, on account of the breadth of the pelvis, I found to be still pulsating. By pressing back the arm and head, I readily got at the foot, and, with comparative ease, turned and delivered.

The sequel is the point to which I particularly wish to draw attention. I observed, immediately after birth, a rash covering the body and face of the child. This eruption quickly developed into confluent small-pox, of which the child died on the sixth day.

The mother made a good recovery. One of the family was at the time recovering from small-pox, and had been through her illness nursed by the mother.—I am, etc.,

JOHN B. MACLEOD, M.D.

Windsor, July 19th.

THE TREATMENT OF ASTHMA.

By J. B. BERKART, M.D.,

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IV.

WITH the relief of the paroxysm, however rapid and successful it may be, the task is only partially performed. There remains the peculiar disposition—the asthmatic tendency—in virtue of which an exciting cause, even the most trifling in appearance, is at any time capable of producing a fresh attack of dyspnoea. To confine the treatment to the suppression of this symptom, each time it returns, may be satisfactory to the patient who, disheartened by the failures of many systems and of many remedies, has at last resigned himself to his affliction, and desires, when seeking advice, no more than some means wherewith to mitigate and to abbreviate his periodical sufferings. But that is a practice which, for obvious reasons, does not commend itself; and it is one, moreover, which, I venture to assert, is neither requisite nor justified. Nothing, so far as the pathology and the pathogeny of asthma are concerned, is in any way opposed to the adoption of the more rational course, viz., the prevention of the paroxysm. The characteristic feature of the disease—the intermission of the dyspnoea—shows that the predisposition, whatever it may be, is compatible with complete freedom of respiration; and all that, in the circumstances, appears to be needful is, on the one hand, to detect and avoid the causes of the occasional disturbances; and, on the other, to reduce the susceptibility to their influence.

Under the guidance of the prevailing theory of the disease, such rational treatment has been, and must always be, impossible. On this point, there can be no doubt. The experience of those who have most faithfully applied it is conclusive in that respect. But such painful demonstration is scarcely necessary to prove what is obvious at a glance. The mysterious derangements of the nervous system, alleged to form the predisposition to asthma, cannot possibly be the object of deliberate therapeutic measures; at any rate, all attempts to suppress, by smoking stramonium or by the internal administration of the drug, what is fancied to be the exaggerated contractility of the bronchial muscles, have hitherto had not the slightest effect. So also as regards the supposed causes of asthma: amongst them, there are such as cannot well be avoided, because they elude detection; while others that are recognised, as mental emotion, inscrutable differences of air and of places, etc., are so subtle and so insidious in their approach, that they cannot be guarded against; and there remains this remarkable peculiarity, that what at one time provokes asthma, cures it at another. The results of the treatment hitherto obtained fully correspond to the basis on which it is founded. But, in reality, that theory is a myth; transmitted from generation to generation, it has repeatedly found warm advocates in those to whom, themselves sufferers from the disease, it afforded much consolation. The semblance of scientific support which they brought to it has procured its ready acceptance on the part of practitioners, while the patients cling to it for the pleasing idea that their affection is purely nervous. The consequences of that theory have been the most mischievous; and not the least amongst them is that it is necessary first to combat the prejudices of the patients, before it is possible to adopt rational measures for their benefit.

Reliable indication for treatment can be obtained only by the sober consideration of facts. The present state of the patient, his previous history, and the nature and origin of the supposed complications, which invariably appear in the course of time, indicate the nature of the predisposition to the disease; while a knowledge of the provocatives of the dyspnoea, which in every individual differ with almost each paroxysm, can be obtained only by observing the habits of the patient, his exposure to certain injurious influences, subtle, but therefore not the less substantial and demonstrable.

In following the plan here briefly delineated, we are enabled to take timely measures for preventing even the development of the asthmatic tendency. It is a matter beyond question that with few, if any, exceptions, asthma always proceeds from inflammatory changes of the lungs. In the vast majority of instances, it arises in childhood as the direct continuation of catarrhal pneumonia, complicating whooping-cough, measles, and typhoid fever. In the comparatively rare cases, in which the dyspnoeal seizures appear, for the first time, at a more advanced period of life, they are invariably the sequel of a bronchitis, which, by the severity of its symptoms, and by its protracted course, shows that the adjoining lobules have been implicated in the process. I need not here enter into a description of the well known histological changes which