Although in his time the distinction was not drawn, and both forms of mischief were included in a common term, it is not difficult, I think, in studying the cases narrated, to distinguish the two classes.

Therefore, it may be said that when fever, which must be of one or other of these two forms, is encountered, the diagnosis of blood-poisoning of the worst kind can hardly now-a-days be doubtful. The general condition of the patient, his very aspect, and the rapid change are enough; and, in cases less intense, the rigors, rise and fluctuation of temperature, sweating, and the signs of local mischief elsewhere, point to the cause.

But, then, in practice the question is not always so simple as this; nay, it is very frequently complicated by the fact that both causes of disturbance are simultaneously at work in the same case. It is easy to see how the same local mischief that leads to the formation of unwholesome fluids will produce irritation of the nerves, and hence the fever which appears will be the result of these two affections in ever varying degree; and, furthermore, even when only one of these two causes is in operation at the onset, it must tend sooner or later to induce the other. Nerve-irritation, if severe and prolonged, by inducing, through sympathy or reflex action, disturbance of the function of important organs, affects the character, alters the constitution of the blood, and the extent to which this reacts upon the prime cause no doubt largely depends on the power of other organs, the emunctories, to rectify the evil. And the blood charged with poison or something unwholesome cannot, we may be sure, circulate through those organs which of all appear most susceptible to the influence of change in it, the nerve-centres, without profoundly disturbing them.

But, although this combination necessarily occurs as the rule, no doubt, in some measure; nevertheless, in the vast majority of cases, one of these two great forms of constitutional disturbance stands out from the other so marked in its features that, practically, it may be considered as the single source of mischief.

Perhaps I ought to offer an apology for the offence of so unfashionable an act as an attempt to introduce physiology into surgery—to try to explain phenomena so frequently encountered at the bedside by any appeal to facts in natural science. Nevertheless, if the attempt is in any, the least, degree successful, I trust to be excused.

HEALTH OF WATERING PLACES AND SUMMER RESORTS.

THE Registrar-General in his recent quarterly return gives as usual the statistics of mortality during the spring quarter for forty-six of the principal English health resorts; and the information has been extended, beyond that given in previous years, to the mortality from each of the seven principal zymotic diseases separately. The mortality given is not that of the actual watering-place itself, but of the district or sub-district in which the watering-place is situated. As a rule, the death-rate in the watering-place is likely to be somewhat higher than in the whole district or sub-district, the watering-place having more of an urban character than the surrounding country; but occasionally the reverse is the case. This, however, though doubtless a matter of interest to the sanitary authorities severally entrusted with the care of the watering-place, and of the district outside its limits, is of comparatively little importance to the holiday-making visitor, who by no means confines himself to the immediate boundaries of the place in which he actually sleeps.

The mean annual death-rate in these forty-six health-resorts was 17.0; the zymotic death-rate being 1.5. This contrasts favourably, not only with the rates in all England, but with those in the rural districts, in which they were 18.2 and 1.7, respectively, and shows that these places taken together have not been wrongly selected by persons in search of health.

The zymotic rate was 0.0 in Southend, Littlehampton, Malvern, and Harrogate; did not exceed 1.0 in Whitby, Lowestoft, Dover, Folkestone, Eastbourne, Worthing, Isle of Wight, Lyme, Sidmouth, Exmouth, Teignmouth, Ilfracombe, Tenby, Aberystwith, Tunbridge, Cheltenham, Leamington, and Buxton; was over 1.0, but did not exceed 2.0, in Scarborough, Yarmouth, Herne, Brighton, Bognor, Weymouth, Penzance, Weston, Beaumaris, Bangor, New Brighton, Southport, Bath, Clifton, and Matlock; was over 2.0, but did not exceed 3.0, in Margate, Ramsgate, Deal, Torquay, and Llandudno; and was over 3.0 in Hastings and St. Leonards (3.9), in Dartmouth (3.8), in Rhyl (4.2), and in Blackpool and Fleetwood (4.3). In Hastings and St. Leonards the high rate was mainly due to measles, in Blackpool to scarlet fever and enteric fever.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association,
in Cambridge, August 1880.*

By W. S. PLAYFAIR, M.D., F.R.C.P.,
President of the Section.

THE TEACHING OF OBSTETRIC MEDICINE.

GENTLEMEN,—My first duty, in assuming this chair, is to assure you how highly I appreciate the honour which has been done me by entrusting to me the presidency of this important Section; and I beg you to believe that any failure on my part in efficiently superintending its deliberations will certainly not be due to an insufficient appreciation of the importance of the work before us. The large attendance at our meetings, and the interest which is shown in our discussions, afford ample proof of the estimate which the profession forms of the importance of Obstetric Medicine in the daily work of the practitioner. The majority of my hearers are doubtless engaged in the active practice of the profession in all its branches; and I may confidently appeal to you to say whether the subjects coming under this Section do not only form a large part of your daily work, but, if it be not the case, that they give rise to more anxiety, and involve a deeper sense of responsibility, than perhaps any other part of your calling. If this be so, I hope you will agree with me that it is a matter of urgent importance that sufficient attention should be given in our medical schools to the training of those who are about to enter the ranks of the profession in subjects which form so large a part of their future work. Unfortunately, there is an universal consensus of opinion, on the part of those who are best qualified to judge on this point—that is, those who are responsible for the teaching of midwifery and its cognate subjects—that the present arrangements of the examining boards are lamentably inadequate for the purpose. I do not think that I am entering on topics inconsistent with the work of this Section, if I say a few words on this question. It is, indeed, only by bringing the defects that exist in our present course of education as regards the teaching of obstetric medicine prominently before the profession, and thus ventilating and agitating this important topic, that any real reform can be hoped for. It so happens, that those who are responsible for the arrangement of our curricula, and for drawing up our schemes of examination, have themselves no practical knowledge of the subjects, and may fairly be assumed to be entirely ignorant of the enormous strides that obstetric medicine has made since they themselves were students. The General Medical Council, and the board for preparing a scheme for conjoint examination, do not contain any practitioners who are specially devoted to the teaching or practice of obstetrics. There are on these bodies many eminent surgeons and physicians, but not a single obstetrician; and it is not, therefore, surprising that our special subject should be entirely neglected. I can give you no better evidence of this assertion than the fact that, in the scheme of study recently prepared by the delegates of the various examining bodies, in which it was proposed to remodel the present curriculum, while only forty lectures, extending over three months, were devoted to the whole vast subjects of midwifery, the diseases of women, and the diseases of children, two separate courses, of six months each, were rendered compulsory for what is called practical medicine and surgery; that is, the examining of urine, the use of the microscope, bandaging, and the like—all very useful, no doubt, in their way, but which it is simply ludicrous to compare for a moment to the subjects coming under the head of obstetrics. Nor can it be pleaded that this neglect in giving effect to an urgently needed reform is the result of ignorance of the requirements of obstetrics; for the strongest possible representations have been made to those in authority. In 1868, all the teachers of midwifery in the metropolis signed a memorial to the General Medical Council setting forth how impossible it was for them to do justice to their subjects in the short course of lectures allotted to them; in 1869, a deputation from the Obstetrical Society of London waited on the Home Secretary for the same purpose, and that body has memorialised the General Medical Council twice, in 1868 and 1879; and all without avail.

Now, what is the practical outcome of the existing state of things? Of course, medical students naturally devote themselves with most

ardour to those branches of education which they are led to believe to be most important; and, when they find obstetrics and gynaecology relegated to a summer course, they very reasonably suppose that they can well afford to neglect them. Moreover, those who do follow the teaching of their professors with some degree of attention, have only a garbled and mutilated epitome of midwifery proper presented to them; for what human being can possibly accomplish the impossible task of doing more than that in forty lectures, while gynaecology cannot even be alluded to? It is really lamentable to think of the hundreds of men who are launched into the daily work of practice with such preparation as this; and of the infinite suffering and misery which their ignorance, for which they cannot fairly be held responsible, may cause. To those on whom is imposed the impossible task of teaching midwifery under such conditions, the question is of vital moment. We may remonstrate; we may disclaim responsibility; but the fact remains, that we are the men to whom the students look for instruction. And when, being men with consciences, we reflect on the risk to life and the damage to health that may follow, we cannot, I am sure, but feel it to be our duty to protest as strongly as we can. It was only the other day that the Fellows of the Royal College of Physicians, assembled in Comitia, found it necessary to complain of the ignorance of the candidates who applied for the College licence on topics connected with practical obstetrics. I have had the honour to examine for that licence, and I know that the complaint was not unfounded. But what remedy did they suggest? It is hardly credible, but it is a fact, that all they proposed was to issue a circular to the teachers of midwifery, begging them to pay more attention to the teaching of obstetrics; while at the same time they rejected a motion, proposed by Dr. Barnes and seconded by myself, that they should recommend an extension of the period of instruction to six months. In the face of the repeated assertion of the metropolitan teachers of midwifery that they could not possibly teach their subject in the time allotted to them, such a circular was a manifest absurdity, and could have no possible effect but that of demonstrating the ignorance of those who proposed it.

I do not think that a meeting such as this can do anything to enforce the needed reform; but the opinion of the profession at large is, beyond doubt, a great power; and therefore I have ventured to trespass on your patience by referring to this topic, since it is one which must interest you all, especially such of you as have sons or relatives who are to follow your steps; and I feel confident that, if due pressure be applied, both to the examining bodies and by your individual advice to the members of the legislature with whom you may have influence, in the new scheme for conjoint examination which must ere long become law, the due claims of obstetrics will no longer be so unfairly overlooked as has hitherto been the case.

And now, gentlemen, having ventilated a pet grievance of my own, I shall not occupy your time further by any introductory remarks on the work before us, since it will be far more profitably employed in listening to the discussions and papers which form part of our programme. The selection of set subjects for discussion is somewhat of a novelty in our sectional arrangements; and I hope you will think that those we have chosen this year are not only interesting in themselves, but are of great practical value. You will, I am sure, agree with me that the Section is peculiarly fortunate in having Mr. Spencer Wells to introduce that on abdominal section. Only a few weeks ago, he performed his thousandth ovariectomy; and, having accomplished that astonishing feat, and won for himself undying fame as the practical father of abdominal surgery, he may well turn his energies into a new direction, and reap fresh laurels in developing a comparatively new and untried branch of operative skill. It is not to be expected that an operation requiring so much manipulative dexterity can ever be widely performed; nor are the cases in which it is even to be contemplated of anything like the frequent occurrence of those requiring ovariectomy. Still it is a matter of primary consequence that its indications, risks, and methods should be thoroughly and closely studied; and I anticipate that the discussion about to be commenced will naturally increase our knowledge of the subject.

The second topic we have selected for discussion is of scarcely less interest; and, bearing in mind that it treats of the best means of dealing with emergencies that may happen at any moment in the practice of any one of us, of still greater practical importance. I know of nothing in practice more trying, and more requiring cool judgment, than a sudden and severe attack of *post partum* hæmorrhage. Fortunately, modern science places at our disposal means of arresting hæmorrhage and of obviating its effects, such as the injection of styptic solutions, the use of hot water irrigations, and the hypodermic injection of ergotin and sulphuric ether, which were unknown to our predecessors, and with regard to which much remains to be learnt.

In addition to these subjects of debate, we have a superabundance of

most valuable and interesting papers on questions of great importance. I greatly fear that the time at our disposal will not enable us to do them the justice they deserve; but, in order that we may do our best, I shall not further trespass on your patience with any remarks of my own, but proceed at once to the work that lies before us.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PSYCHOLOGY,

*At the Annual Meeting of the British Medical Association,
at Cambridge, August 1880.*

By J. CRICHTON BROWNE, M.D. Edin., LL.D., F.R.S.E.,
Lord-Chancellor's Visitor of Lunatics.

CIRCLES OF MENTAL DISORDER—MODERN NERVOUS DISEASES.

THE General Council of Medical Education and Registration, at its recent session, declined to recommend the licensing bodies of this kingdom to make mental diseases a subject of separate examination for all degrees and licences to practise medicine; and those who know most of the state of medical education on the one hand, and of Psychological Medicine on the other, will, I think, approve the decision at which the Council arrived. The curriculum which a student of medicine has to pursue is already so laborious and varied, that cogent reasons ought to be adduced for adding in any way to its intricacy and burdens; while the teachings of psychological medicine are still so ambiguous and unsystematic, that they can scarcely pretend to supply either much useful instruction or a valuable discipline to the mind. A specialty in medicine—and psychological medicine is a natural and inevitable specialty—is a late differentiation of professional knowledge, and implies skill and attainments that should be sought for only after a liberal general training is complete. To incorporate special study with general medical education is, therefore, to do injustice to both; for general medical education, which already fully occupies the time set apart for it, must be detrimentally curtailed or compressed to make room for the special study; and the special study cannot be advantageously carried on while the foundations on which it ought to rest have not been wholly laid down nor thoroughly consolidated. Facilities for the special study of medical psychology, and perhaps also some test of proficiency in it, ought to be provided for those who propose to devote themselves to lunacy practice; but no one should be encouraged to avail himself of these facilities, nor submit to this test, until he has finished his general medical studies and surmounted his examinations. For those, however, who look to general practice, such an acquaintance with insanity as may be obtained in connection with the study of physiology, medicine, and medical jurisprudence, should be considered sufficient, until the exigencies of professional life bring with them their special and inimitable training in this as in so many other subjects.

But, while we deprecate the introduction of the subject of mental diseases into medical education and examinations, we may, without inconsistency, applaud its recognition by this Association, and the dedication of a Section to its consideration at these annual meetings; for this Association, representing as it does the breadth and culture of the profession, its theoretical scope and practical aims, could not, without grievous default, ignore a department of medical science that is in intimate relation with philosophy, and a branch of practice that deals with a large class of diseases, and in which a numerous body of able and painstaking men are engaged. To overlook medical psychology at these meetings, and to relegate the consideration of it to societies composed entirely of those who march under its banner, would, it seems to me, be to inflict some deprivation on medical psychologists and the Association generally. It would be to deprive the former of the benefit they draw from contrasting their special experiences; while at the same time they come into contact with professional brethren of views and habits of thought different from their own, and obtain a commanding survey of the whole field of medicine, with its broad central expanses and fringe of minor allotments. And it would be to deprive the latter of the advantage it derives from bringing before its members in a convenient way whatever advances are being made in the knowledge and treatment of a group of diseases that have an ever-growing interest for all who practise medicine.