diseases which take an epidemic form, and are the most influenced by sanitary improvements.

When Sir William Gull tells us that there are 20,000 deaths annually from typhoid fever, and that these form but a small part of the deaths caused by infectious fevers, we cannot doubt that the necessity for strenuous effort is very great, and that any failure on the part of the nation and the Government to adopt all such measures as may most effectually narrow the area of infection, would lay both open to the gravest reproach. Above all, it is essential that hospitals for the isolation of all infectious cases should be provided in all our towns.

A TROPICAL FEVER.

By G. SHERMAN-BIGG, Allahabad, India,
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THERE is a fever in the tropics (for want of a better name, I call it tropical fever) which possesses certain characteristics of its own. Akin to malarial fever, and also to enteric, it cannot correctly be designated by either name. It is certainly sporadic, and usually attacks adults. That it is not due to the germs of malaria there is every reason to conclude, as neither quinine, arsenic, nor any other antifebrifuges exert any influence on the course of the disease. The great weakness, the dry raw-beef appearance of the tongue, the expixaxis, the sordes on the mouth and lips, the persistent headache, the indomitable thirst, and the loss of appetite, at first lead one to suspect enteric fever; but the obstinate constipation throughout the disease, the absence of tympanites and of gurgling in the right iliac region, the want of any eruption, and the clear intellect the patient maintains throughout, upset the theory of suppurpation. It cannot be classed as a fever of continued type, as there are decided remissions; nor can it be said to be relapsing fever, since it is not epidemic, and the attacks are irregular.

The disease runs its course in twenty-one days; and there is often a relapse, which resembles in severity and duration the primary attack. The temperature from the commencement of the illness resembles that of convalescence from true enteric fever, the difference between the morning and evening temperatures being as much as three, four, and even five degrees. It is usual for one of the internal organs to be principally affected. It may be the stomach, as shown by vomiting and nausea; or the lungs may be considerably congested, and in some cases pneumonic; or the liver may be enlarged and tender, accompanied occasionally with jaundice; or the spleen may be the seat of hyperæmia.

The disease is not usually fatal; but troublesome sequelæ generally result, the most common being thrombi, producing swelling, and oedema of one limb, with painful, tender, and enlarged iliac glands. The necropsy, when death has occurred in the early stage, shows congestion of the internal organ affected, with extensive congestion of the mucous membrane of the ileum. The jejunum and duodenum are also, though in a less degree, congested. In cases in which death has occurred later on in the disease, the special organ affected during life shows more marked evidence of congestion. For instance, the spleen may be enlarged to three or four times its natural size; it may be soft and friable, and of a dark red colour; or the liver may have a nutmeg appearance; or even the smallest bronchi may be considerably congested. The most important changes, however, take place in the small intestines; the congestion extends from the ileum to the lower part of the duodenum, and the mucous membrane is studded with patches of ulceration. The solitary glands and Peyer's patches are also the seats of ulceration; but they do not seem to be more especially selected than any other part of the lining membrane.

REMARKS.—Malaria is an important factor in the production of ague; but what part it plays in fevers of a continued and remittent type is a matter open to serious argument. It is true, that fevers of this latter class occur nearly exclusively in malarious districts; but may this not be a coincidence? People who have lived in the tropics must have noticed the carelessness, the want of thought and attention to the atmospheric changes. At one time, the weather may be warm and genial; and in half an hour's time, raw and damp. Anglo-Indians dance, indulge in violent exercise in thin and scanty attire, and then sit down in the open air, without thinking of changing or putting on a warmer covering. This sudden atmospheric change of temperature, acting on an overheated system, produces a severe chill; and, whereas in England we should have a severe influenza, here in India we have a fever, more or less severe, according to the health of our constitution. I see no reason why this chill should attack one organ in preference to another; and, just as in some cases it gives rise to congestion of the lungs, in others to hyperæmia of the liver or spleen, so I think there are fair grounds for supposing that, should the intestines be the weak point, the chill may produce a catarrhal inflammation, and so bring about the fever which, for want of a better name, I have termed tropical fever.

AN ADDRESS

ON THE

PAST, PRESENT, AND FUTURE OF MEDICINE.

Delivered at the Annual Meeting of the North of Ireland Branch of the British Medical Association.

By EDWARD C. THOMPSON, M.B.,

Surgeon to the County Tyrone Infirmary; President of the Branch.

GENTLEMEN,—I find it no easy matter, at this our annual gathering, to select for my address a subject of sufficient importance to engage your attention.

The various matters of interest to our profession have been so ably dealt with by my predecessors in office, and by many other eminent members of the British Medical Association, that it is with extreme diffidence and mistrust in my own powers I venture to address you to-day. Knowing, however, as I well do, the kind indulgence which you always extend to those who do their best, I will endeavour to fulfil the duty that devolves upon me, sincerely trusting that, in the treatment of the various matters relating to the profession of medicine, which I have selected for discussion, no word may fall from me likely to give offence to any one present or absent.

Gentlemen,—It is almost unnecessary to remind you of the antiquity of medicine. You are doubtless aware that it is the most ancient of all the sciences; and that, in the early ages, the practice of it was attributed to the gods. Æsculapius was the father of medicine; and, in the writings of Cicero, Homer, and many others, we find frequent mention made of the healing art. Herodotus tells us that the Chaldeans and Babylonians had no physicians, and that their sick were brought to the market-places for cure, where the passers-by interrogated them as to their symptoms. Again, we find that strange cures were recorded upon the walls of ancient Egyptian and Grecian sanctuaries—so that the temples, called after Æsculapius, served instead of hospitals for the study of disease. Galen tells us that medical instruction was first given at Rhodes, Cnidos, and Cos; and that the most celebrated physicians were educated at the latter seat of learning. Amongst the many sages who practised the art of medicine was Pythagoras, who travelled much in the East, and finally settled at Crotona, where he instructed his pupils in medicine. He does not appear to have dissected the human body; but comparative anatomy and dissection of the bodies of animals seem to have been his constant study. Herophilus, in the year B.C. 300, was probably the first real worker in the vast field of human anatomy; and the principal author, of any importance in medicine, was Acron of Agrigentum, whose services were of such importance during the prevalence of the great plague, which depopulated Athens nearly 2,200 years ago. It was, however, Hippocrates, one of the two celebrated sons of Cos, who first emancipated medicine from the trammels of superstition and corruption which disgraced it, and established it on something like a firm foundation. He seems to have watched, and recorded with great accuracy and closeness, the signs and symptoms of disease. So effectually did he perform this portion of his work, that we find Celsus stating that succeeding physicians, notwithstanding their improvements in the treatment of disease, owed their knowledge of its signs and symptoms to Hippocrates; indeed, so well did this wonderful physician appreciate the duties and responsibilities of his profession that, to this day, the celebrated Hippocratic oath should be inscribed in letters of gold upon the certificates of every student and practitioner of medicine. It is as follows: "I swear by Apollo, by Æsculapius, by Hygiea, and all the gods, that I will fulfil religiously, to the best of my power and judgment, the solemn promise and the written bond which I now make. I will honour my parents, the master who has taught me this art, and endeavour to minister to all his necessities; I will consider his children as my own brothers, and will teach them my profession, should they desire to follow it, without remuneration or bond. I will admit to my lessons my own sons, and those of my tutor, and those who have been inscribed as pupils and have taken the medical oath, but none else. I will prescribe such a course of regimen as may be suited to the condition of my patients, according to the best of my ability, power, and judgment, seeking to preserve them from anything that might prove injurious. No inducement shall ever lead me to administer poison, nor will I ever be the author of such advice; neither will I contribute to an abortion. I will maintain religiously the purity and integrity of my art. I will not cut any one for