seeks to be healed of his disease, and wonders why, in his case, we fail, not recognising that, in this world, we are not to reach the land where there shall be no sickness nor any more deaths.

MEDICAL TOPICS OF THE YEAR.

Being the Address delivered at the Annual Meeting of the South-Eastern Branch.

By JAMES R. STEDMAN, M.D.,

Consulting-Surgeon to the Royal Surrey County Hospital: President of the Branch.

IF I feel very great pleasure and, at the same time, but little confidence in my power efficiently to carry out the honourable position as your President, in which my too partial friends have placed me, it is from an honest feeling of self-blame, which tells me I have not sufficiently attended to, I fear, for many years the duties incident to the position of a member of our Association so well as to make myself so fully conversant with the duties of your President as I ought to be. I, therefore, crave your indulgence, and promise to do better for the future. I this day, on behalf of myself, our Vice-President, and the local committee who have acted so kindly and indefatigably with me, bid you most hearty welcome, and trust this present meeting may recall the two former Guildford meetings; the first under the presidency of my father twenty years since, quite in the youthful days of the Association; the second, which, doubtless, many may remember in this room, a few years since, most successfully carried out by my old friend Mr. Napper.

Owing to the warm and most kind wish of Dr. Brushfield of Brookwood Mount, one of our vice-presidents, to show the great County Lunatic Asylum at Brookwood to the members of our Branch who may meet here to-day, I have ventured to depart from the usual order of our meeting in making but a very short address to you; but, in the few minutes we may have to spare, may I presume to call your attention, however briefly, to subjects which at the present time are of importance and interest to the profession? I do this not so much for the purpose of imparting information, as of eliciting discussion at such meetings as may be held during the coming year.

I think we must admit that, although the private position of the medical practitioner, as far as affects his relations to those who seek his advice, remains much as it has been for nearly half a century, the public demands made on him have much increased, requiring a greatly additional and varied amount of information, especially on subjects on which the public will look to him as a skilled opinion.

Among the public duties of the profession, we class sanitary legislation, as affecting the position of medical officers of health; and we should endeavour to determine if the sanitary condition of the country be best forwarded and ensured by the appointment of a single medical sanitary officer acting over a wide district, or by those parochial medical officers whose care extends over a much more limited sphere.

The much increased duties and strict attention to analysis required of those acting as medical analysts requires notice.

The very important question of how our rivers are to be freed from pollution demands instant attention, and the advice of the medical profession of the country should be sought in aid of the engineers whose special duty it must be to carry out the great work of preserving in its purity the water which is bestowed on us, and of restoring the results of our sewage to an innocuous state.

The newly raised question of burial, brought before the public with much ability and spirit by a distinguished member of the profession, Mr. Seymour Haden, will not, I hope, be allowed to fall out of the sphere of public opinion and public observation from want of support from the medical profession, especially from those of our members who may have the opportunity afforded them of watching either the result of cremation, as practised in the case of Lady Dilke, or the, in my opinion, preferable plan proposed by Mr. Haden, which is more agreeable to the feelings of the living and highly practical, as regards the speedy passing away of the dead; indeed, by the means suggested by him, the injunction of "earth to earth" will be best carried out. I may here notice that, in Spain, arrangements are always made for the purchase of graves for a certain number of years. The interest of the holder of the ground then ceases; it is sold again after a limited period of disuse, no remains of the former tenants, save a few bones, being found; but it must be said this takes place in a very dry soil. I regret I am not fully informed what kind of coffins are used under these circumstances.

I also think it would be right to urge by every means in our power, due regard being given to the special requirements of the several districts in which we practise, the providing of small hospitals for the treatment of infectious diseases. I am perfectly satisfied of the necessity of a

rigid system of isolation, which may require legislative aid, empowering medical men, under urgent conditions, and where, at the same time, there may be great overcrowding in the house or room where the malady exists, to order the removal of the patient to a hospital; which would, indeed, be but returning to the prudent customs of our ancestors, who kept up in many places what they termed pest-houses, but which might require from modern feeling some more elegant name, such as sanatorium.

I will next draw your attention to the fact that a Bill will be brought forward for the better regulation of the election of coroners, and also for providing retiring pensions for them; in which it will be proposed that the power of electing coroners be vested in the magistracy; no provision, as far as I know, being made (but, doubtless, it will be) for smaller districts, such as our boroughs. On this subject, I do not agree with those who think that the election for coroner had better remain, as heretofore, in the hands of the county freeholders, doing away with voting for graves and other most trifling claims, which have hitherto been admitted as valid in votes recorded for coroners; giving as the reason for such an opinion that, if the appointment were vested in the magistrates, it would most possibly be filled by a legal, not a medical candidate, the lawyers having, in the editor's view of the question, the most influence, and being most accustomed to organise and carry out elections. I do not agree with this opinion, fearing that but little good will be effected by the proposed bill, if left to the county freeholders, as sufficient interest will not be excited by a contested election for coroners, differing as it does in public interest from an election for a county member, to induce the freeholders to travel far or put themselves to any expense to vote, unless the candidates, be they either legal or medical, be put to large and not altogether legitimate outlay to secure their election. I do not know if the election would be by ballot; but, not many years since, I saw electors at the railway station in this town, and in large numbers, very unfit to carry out any function requiring the exercise of intelligence or sober judgment. For my part, I would rather trust to the knowledge that the extended education of medical men in those subjects in which a coroner requires to be well informed, jurisprudence, sanitary legislation, etc., may become so generally known as to make its own legitimate impression on public opinion; so that the medical candidate may possess as strong or stronger claim on the support of the county magistrates as his legal brother; but, to secure this much to be desired end, the medical men of the contested county must be prepared to use all the interest they possess. My experience as a coroner is but limited; but I am very strongly of opinion that the office of coroner is carried out with more benefit to the community by a medical than by a legal authority.

I must take up your time for a few minutes on the subject of abuse of hospitals, of which there has been frequent mention in our JOURNAL during the past year. On this matter, we must feel it our duty, let it affect us personally or not, to do our best to diminish and check a misappropriation of charity, which should be looked on as degrading to those receiving it, who are capable of paying for medical attendance. I have been astonished to hear the plea urged in defence, that at hospitals the patient gets the most skilled opinion. This argument, however, is readily met by the reply, that the same opinion may be had by making the ordinary payment for it.

The President of the Royal College of Physicians, in his recent annual address to the Fellows of the College, deemed it needful, owing to the greatly increased expenditure of members of the medical profession, commencing with their early professional education, extending over a much longer time before they are prepared for the start in medical life, to bring before his colleagues this subject, that they might consider by what means the physician's fee of a guinea should be sufficiently increased to make it a fair equivalent to the guinea as paid one hundred and twenty years since; adding that the physician practising in London at the present day, unless in large consultation or home practice, cannot maintain himself. For this reason, I think the time has fully come that other branches of the profession should also consider how far the great increase of house-rent, stable requirements, price of horses, servants' wages, should justify us to increase our professional charges to such an extent as to place us under such conditions as might compare not unfavourably with our position in the past. At the meeting held two years since in London, I was present at a sectional meeting, when this subject of great increase of price, or rather, lessened value of money, was discussed in rather an irregular manner; and I joined with those who held the opinion that it was more dignified to wait until the occasion for determined action on the part of the profession was more decidedly forced on them by the continuance of increased and necessary expenditure.

I would here allude to the Contagious Diseases Acts, and express my

warm wish that, in voting on this most important subject, as regards any alteration of Act, the members of the House would consult their medical men, and duly weigh the advice received. I am not so much influenced by the greater or less amount of disease in protected stations, but think far more of the mass of disease from which people will be saved, especially as regards the transmission of syphilis to virtuous and healthy women, who pass it on to their children. We all of us can bear sad witness to this fact in what is frequently brought before us.

It is worthy of consideration how far a just and evident claim for increased remuneration may be advanced by medical men holding appointments under the Poor-Law Board, taking into consideration the basis on which payment was calculated in the past.

The great question of temperance, now happily prominent, is one in which we must be deeply interested, and the importance of which we cannot too highly estimate, although I must enter my protest at the manner in which, from time to time, our total abstinence friends gibbet those maintaining temperance views, and medical men especially, before an abject and sympathising audience, as being by our, in their view, loose method in ordering stimulants, giving a helping hand in the formation of the future drunkard. This charge cannot, however, be maintained, as I feel confident we are all precise in the quantity of wine or other stimulant directed; doubtless, we are often quoted as directing stimulants when we are not doing so.

I should have wished to call your attention to other subjects of interest: the education of midwives, the addition of female practitioners—all subjects on which I should with great pleasure hear the opinions of the members of the Branch; but time forbids me to dilate on them.

CLINICAL MEMORANDA.

RAPID PULSE.

I WAS much interested in reading Dr. Farquharson's paper on Excessive Rapidity of the Pulse, in the JOURNAL of June 12th, as I myself saw a patient similarly affected a few days later. The patient, a lady 66 years of age, has habitually enjoyed very good health, with the exception of occasional stomach derangement. Recently, however, during a visit to Buxton, she almost fainted in church after an indigestible meal. For the next few days, she did not feel well, and overtaxed her strength, in addition, by too much walking. She then returned home, and I saw her a week later. During this week, she had been suffering from palpitation, giddiness, weakness, and sleeplessness. On placing my finger on the pulse, I was surprised to find that I could not satisfactorily count it, by reason of its frequency, smallness, and irregularity. On examining with the stethoscope, however, I found the heart beating 150 per minute, with no *bruit* of any kind. There were no other symptoms of any moment. I prescribed tincture of digitalis and the perchloride of iron, of each fifteen minims. After five doses of this had been taken, I was pleased to find a wonderful improvement; the pulse had fallen to 74, perfectly regular, and of fair volume, the other unpleasant symptoms being also removed. In this case, I cannot help regarding the dyspeptic symptoms, combined with overexertion, as giving rise to a partial suspension of the inhibitory action of the vagus upon the heart, as Dr. Handfield Jones explains. At any rate, the action of digitalis is wonderfully prompt and decided in such cases.

WILLIAM S. PAGET, M.B.Lond., Great Crosby, Liverpool.

SURGICAL MEMORANDA.

ON THE USE OF ARNICA IN ORCHITIS.

I SHOULD be glad if I could have a corner in the JOURNAL to say a few words respecting a method of treating orchitis which I have for many years found very effective. It consists in the more or less constant application (of course, while the patient is resting) of a lotion of tincture of arnica and water (one part of the former to six of the latter) to the affected organ; secondly, in rubbing in an embrocation composed of one-third or even one-half tincture of arnica and soap-liniment two or three times a day along the course of the spermatic cord; and thirdly, in the internal administration of seven-drop doses of tincture of arnica, combined (when there is febrile disturbance) with two-and-a-half-drop doses of Fleming's tincture of aconite and acetate of ammonia. This simple treatment, so far as my experience goes, generally cures the patient in a fortnight or less. In using our remedial agents of the above-named strength, there is little danger of causing cutaneous irritation; but it must be admitted that, while some skins

will bear the constant application of even pure tincture of arnica for a considerable time, there are others which are inconceivably sensitive to the action of the drug. We must, therefore, be on the watch for any show of erysipelatoid inflammation, in case such should occur.

I cannot well, for obvious reasons, give cases; but I dare say I have said sufficient to induce some of the readers of the JOURNAL to try the arnica treatment of orchitis. Should they do so, I feel confident that they will not be disappointed in the results. H. G. KNAGGS.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 2ND, 1875.

W. O. PRIESTLEY, M.D., F.R.C.P., President, in the Chair.

Specimens of Hindoo Pelves and Fetal Heads were shown and presented to the Society by Dr. SHORTT of Madras.

Suppurating Tumour of Left Ovary.—Dr. J. W. J. OSWALD related the particulars of a case, where, from the rapidity of its growth, the emaciation of the patient, and lung-complication, tubercular peritonitis was supposed to exist. The patient had been under Dr. Routh's care in the Samaritan Hospital, and died suddenly about a week after her return home.—Dr. ROUTH remarked, that the chief point of interest was the rapidity of the growth of the tumour, which led to the supposition of its being a cancerous growth; there was amphoric breathing over the right chest.—Dr. WILLIAMS asked, if any microscopic examination had been made. He had witnessed a similar case.—Dr. OSWALD replied, that the microscope proved it to be tuberculous.

Specimen of Extrauterine Fotation, in which a communication existed between the Cyst and the Uterus.—Dr. GALABIN exhibited an interesting specimen of this nature. In February, when the patient—a multipara—considered herself eight months pregnant, severe abdominal pain and hæmorrhage from the vagina occurred; the fetal movements ceasing from this date. The breasts also enlarged. She was admitted into Guy's Hospital in May, and attempts were made to deliver the fœtus, but the patient died collapsed. At the *post mortem* examination, a greenish semislaghous membrane was exposed, which formed an entire cyst, enclosing the fœtus. There was a round opening from the cyst into the uterus.—The PRESIDENT referred the specimen to Dr. Playfair and Dr. Williams, in conjunction with Dr. Galabin, for further investigation.

Intramural Calcareous Tumour impeding Labour.—Dr. A. WYNN WILLIAMS exhibited a specimen, and related the history of the case. Dr. Kirby having called him in consultation to a primipara, aged 45, craniotomy was performed; and, delivery being still impossible, cephalotripsy was about to be resorted to, when the hard mass was discovered to be movable within the uterus. The cephalotribe was applied, and a portion of the mass broken off. Delivery of the body of the fœtus was then effected, and subsequently the tumour, which proved to be an intramural calcareous tumour, was extracted. The patient made a good recovery.

Case of Extreme Dropsy: Fatty Degeneration, and Friability of the Placenta.—Dr. JOHN BRUNTON exhibited what had been an enormous placenta, but had unfortunately become much shrivelled up by being kept in spirits of wine. The patient, a primipara, was very stout, labour was premature, about the sixth month. The right hand and left foot presented. The child died immediately after birth. A very large placenta was first expelled, and subsequently three other separate portions. The patient was in an advanced state of dropsy. The urine was slightly albuminous. She recovered perfectly.

Case of Monstrosity.—Dr. FREDERICK WALLACE exhibited a fœtus, attached to the head of which was a large fluid tumour, supposed during labour to be hydrocephalous. One eye was wanting, and the other only rudimentary, and there was no tongue.

Large Uterus.—Dr. WALLACE also exhibited an enormous uterus removed *post mortem* from a patient, aged 55, who had been tapped over a dozen times for supposed ovarian tumour.—Dr. HAYES thought the case worthy of further examination.—The PRESIDENT requested Drs. Aveling, Hayes, and Wallace, to examine and report upon both specimens.

Placental Polypus.—Dr. T. C. HAYES exhibited a specimen removed from a patient on the eighth day after delivery, whose labour had been natural and easy, though followed by a smart hæmorrhage. Symptoms of septicæmia ensued, and a portion of placenta was extracted; the lochia being horribly offensive, injections of Condy's fluid were employed, and the patient made an excellent recovery.