is well illustrated in the Cryptobranch, where the deep pronato-flexor mass extends from the fibular side of the limb, downwards upon the tarsus and digits, inclining to the tibial side, and is inserted chiefly along the tibial side of the tarsus and the hallux. From its surface is segmented a long narrow flexor digitorum profundus; and the main part of the mass represents the tibialis posticus and the flexor longus hallucis. The chief difference in the disposition of the structures of this region in the Cryptobranch and in Man and the higher animals consists in the fact that in the latter the muscles—the tibialis posticus and the flexor hallucis, which constitute the deepest part of the flexor mass—are free from the several pedal attachments (attachments to the tarsus and metatarsus) which the flexor mass has in the Cryptobranch, and are connected only with the tarsal and metatarsal bones of the hallux and with the phalanges. They are thus able to act more efficiently on these parts, because they are devoted more exclusively to them.

I must not, however, forget one other interesting representative of these tarsal attachments in the Cryptobranch to which I have been referring, viz., the accessorius. The morphology of this muscle is, I think, thus to be explained; and we may regard it as a part of that common deep pronato-flexor mass which, in lower animals, covers and arises from all the tarsal bones of the fibular side of the foot. Its frequent connexion with both divisions of the deep flexor (flexor longus and flexor hallucis), as well as their connexion with one another, is a reminder of the fact that they are all segmented from one common mass. Of this fact we are still further reminded by the very variable ways in which, in different animals, the two divisions of the flexor muscle of the digits are distributed to the different toes. The purpose served by the accessorius resembles that served by the ulnar origin of the pronator teres, in that it prevents the flexor power over the digits from being quite lost when the long flexor muscles are relaxed in the state of forced flexion of the ankle. No homologous muscle and no such assistant exists in the upper limb; and we accordingly find that, when the wrist is bent, the power of flexing the fingers is partly, and that of the thumb is almost entirely, lost. In the fore limb of Saurians, however, an accessorius is found passing from the ulnar side of the carpus to the deeper surface of the flexor digitorum, and precisely corresponding with the accessorius in the hind limb of Man and Mammals.

The popliteus answers functionally and in general disposition to the pronator teres, pronating the foot, and passing diagonally from the post-axial condyle of the upper division of the limb to the pre-axial bone of the middle division; but it is, in the main, on a deeper level than the pronator teres, so that only the deeper fibres of the latter muscle can be regarded as answering homologically to it. Indeed, it and the other muscles which we have been just considering are a good illustration, among many others, of the free manner in which corresponding masses are variously moulded and segmented to suit the special requirements of the particular limb or the particular animal.

There is no special portion segmented from beneath the deep stratum, and passing across from the fibula to the tibia, which would correspond with the pronator radii quadratus. In Reptiles and Amphibians,* however, such a pronator tibiae is not uncommonly present; and it may have relations of continuity with the popliteus, similar to those which I have mentioned that the pronator radii quadratus in these animals sometimes has with the pronator teres.

[To be continued.]

OBSTETRIC MEMORANDA.

THE TREATMENT OF INERTIA OF THE UTERUS.

MR. LAWSON TAIT, in speaking of "the method of assisting the inert uterus by external pressure", says that "it would seem to be not of older date than 1856". The following quotation from Dr. Sermon's *Ladies' Companion or English Midwife* proves the plan to have been used in England as early as 1761. "Sometimes the midwife may gently press the upper parts of the belly, and by degrees stroke the child downward; the which pressing down with discretion will hasten and facilitate the delivery." (P. 95.) Raynald, in the sixteenth century, speaking of the "meanes to help and provoke the byrth, says: "The sides of the woman must be stroken downward with the hands, which helpeth greatly and furthereth." (Chap. v.) See also the same advice in Rueff, 1637, ch. ii; and Counsell, 1758, ch. iv; etc.

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* See account of pronator tibiae in Cryptobranch, *Journal of Anatomy*, vi, 27.

PRESIDENT'S ADDRESS.

Delivered at the Annual Meeting of the South Midland Branch.

By ALLAN D. MACKAY, M.B., Stony Stratford.

GENTLEMEN,—My first duty is to thank you for the honour you have conferred upon me by placing me in your presidential chair, an honour which I trust will be safe in my keeping; for, though I am well aware that I may in many respects fall short of my predecessors in that chair, yet to none of them will I yield in my desire and endeavour to urge forward, as far as in my poor power lies, the welfare and prosperity of our Branch and its parent Association. From my earliest student days I took a deep interest in the doings of the British Medical Association, feeling assured that those ends (the advancement of medical science and the bringing into closer intercourse, one with another, the members of the medical profession), for which Sir C. Hastings and his worthy coadjutors founded it, would elevate the character of the noble profession to which we belong, and prove to the public that, though "doctors may differ," still, after all, they are "at unity amongst themselves." Step by step, then, since those days, have I watched with satisfaction the onward course of the Association, till I can to-day congratulate you on its having become one of the most powerful associations for good, noble, and unselfish ends in the kingdom. It would be idle on my part to tell you that it makes itself now felt as a political power—a political power used for the most unselfish ends; this you all know. It would be also idle on my part to tell you how frequently our JOURNAL is now quoted by the leading newspapers—this, too, you know; but I do think we owe a debt of gratitude to our Editor (my old fellow-student) for the very high-class periodical that the JOURNAL has now become; and I feel the more bound to make this observation, as, some few years ago, in a discussion on this subject, I was one of those who felt that our JOURNAL was not what it ought to be, and what Mr. Hart has shewn it could become. Gentlemen, our reported lectures will now cope with those of any other periodical, if they do not surpass them. What can be more simple, more plain, and yet more eloquent, than Sir James Paget's lectures on *Hernia*?—so plain, that by the study of them the merest tyro may feel himself safe in the operation; so eloquent, because so simple in their diction, that the most practised writer cannot surpass them. This, gentlemen, after all, is the test of true eloquence: to express our thoughts in the simplest and most common words—a fact which did not escape (few did) that jovial philosopher of old, Horace—

"In verbis, etiam, tenuis cautusque serendis,
Dixeris egregie, notum si callida verbum
Rediderit junctura novum."

The lectures, too, in course of publication, by Dr. Murchison, will be waited for anxiously, as written by a master hand, and a worthy successor of Sir Thomas Watson in a line in which he has hitherto been *facile princeps*. And for keeping us in the provinces *au courant* with the latest medical news, whether social or scientific, and inculcating amongst us medical morality, the JOURNAL is not equalled.

Since our last autumnal meeting, two great subjects, which I think all will admit are of the utmost interest to the medical profession, have been touched upon, and will sooner or later become the law of the land. I allude to the Public Health Bill and the Conjoint Examination Scheme. I am aware that, with many members of our Association, as well as others outside it, the former does not find acceptance; and whilst I admit that it is far from being a perfect Bill, yet I do think that it is a step in the right direction, and that we should, with some alterations, which no doubt it will receive before it becomes law, accept it as an instalment of future legislation on the subject; and that, as "coming events cast their shadow before," we may look for this shadow of good being hereafter more perfectly elaborated. How accidents appear to rule the destinies of nations! Scientific men and sanitarians have long laboured hard in the field for the public health; but that which they have long desired, legislation on sanitary measures, might have yet long been delayed, had not our Prince's illness been one "nigh unto death." That which had well nigh been counted a nation's loss, must now be counted a nation's gain. It has long been said of railway accidents that they will never be dealt with as they should be until a bishop or director be killed; and so, I take it, had it not been for the Prince of Wales' illness, our legislators would still be avoiding the sanitary question. Even now, notwithstanding that the cry has gone forth, "*Sanitas sanilatum*", they buckle to in much lukewarmness. The Conjoint Examination Scheme we must all hail with satisfaction, delighted that at last the opprobrium shall be taken away from our profession that there are nineteen (how

many more I know not) examining bodies licenced to confer diplomas for practice; because, though these bodies will still remain, few of them, I take it, will reap any longer the ample reward of their competition. The scheme, as you all no doubt are aware, has been taken up warmly by our ancient universities; they having, in that spirit of judicious liberality which has eminently characterised their actions of late years, consented to withhold their diploma for practice unless their alumnus has previously passed the conjoint examination. Scotland and Ireland are also adjusting the differences of their licencing bodies, and will no doubt, ere long, carry out what I believe I may say has been accomplished in England. The Apothecaries' Company of England would have done well to have thrown in its lot with all that was liberal and elevating in our profession, but hitherto, like all the City guilds, it has been too conservative.

The Poor-law Act needs, and must have, revision; and its medical officers must find advice alone, not medicines. In this way only, I believe, can the best man be retained for the poor.

I have said that one object the founder of this Association had in view was to bring medical men into closer intercourse one with another, and so establish a good fellowship between the individual members of our profession. This it has undoubtedly done to a great extent; but much still remains to be done even in this respect. Our Branch numbers ninety-five members; and yet how few of us, comparatively, do meet together on these truly social occasions to give the "God speed you" that we, working in a laborious profession, especially require. Granted that the pressing engagements of some may, on some occasions, prevent their joining in or holding out the right hand of fellowship at these meetings—a right hand which should not be thrust back into our pocket when again at our homes—still surely our profession, if no other, in a money-seeking age, might well now and again for one day forget the fees, assured that in the meeting together and exchanging ideas we are acquiring that which is more precious than gold—goodwill one to another, and peace and charity in the medical profession. Were these more studiously practised, surely we should not hear so frequently of bickerings amongst us, such as have lately been in London, and which every now and then crop up here and there, and are so terribly humiliating to our profession, and which, whilst they do the individuals no good, cannot but lower us in the eyes of an observant public.

Gentlemen, the time, I trust, is fast going by when each medical man shall play the bull-dog, as I heard it very aptly described the other day, to his fellow practitioner. We can gain nothing by it. We may snarl, but the other dog can snarl as well, and may be he can bite; and is the bite on either side worth the trouble it takes in giving it? Some of us complain of the manner in which the public treat the medical practitioner. Whose is the fault? If we set no value on ourselves, will others set a value on us? Yes, forsooth, but a value of their own! If we endeavour, either by word, or even the shrug of the shoulders, or a lower fee, to supplant our brother practitioner, what is the result? We may gain a patient, but does the patient think any the better of us for doing it? He only uses us perchance so long as the whim pleases him, and then we in our turn give place to another. And here I would say that I think it very desirable that our Branch (one can only speak of one's own Branch, or I would say all the Branches of our Association) would institute a tariff of fees, such as has been done by the Shropshire Branch, and deem it quite a legitimate subject for any of our members to bring forward at this or any future meeting. Depend upon it, gentlemen, till we are at perfect unity one with another we cannot expect, as a body, to take that high standing in the social scale which is due to our profession. Till we by our actions make the public say of us, as was said of old of the first Christians, "Behold how these doctors love one another", we cannot expect to take that position which is our right—a position which, I am thankful to say, the improved education of the medical man will amply fit him to fill. I do not mean by position that we are to expect to have amongst our order peers and privy councillors—though the latter I believe to be very desirable for the public weal—but I mean it will be a position second to none in the social scale.

One thing which has always struck me amongst members of our profession—a matter to which my attention was directed very early in my professional career by an old friend, a very shrewd and liberal physician—is the absurdity of looking upon a person who has once or oftener consulted us as one always to remain our patient. He is only our patient so long as he is under our treatment, and we should not quarrel with him because he chooses some other adviser. Do not let us expect such a thing as medical gratitude, and "we shall be saved much heart-burning". If the gratitude come, as it sometimes does, then indeed may we treasure it up, and consider it a pearl of costly price.

In our professional dealings, gentlemen, one with another, we cannot be too nice or particular. The public laughs at medical etiquette.

Well, let it laugh. Medical etiquette has been well described by that dear old physician, Dr. Stokes, as only "the conduct of a man and the morality of medicine". When a patient chooses to consult a fresh practitioner, the latter cannot be too careful or wary in the opinion he gives. The patient in such a case is ever on the alert to catch some encouragement in his own idea that his disorder has not been treated properly or well understood. In such a case, how must we act? Never speak slightly of what has been done. In the first place, we should assuredly suggest a consultation with the late attendant: but this cannot always be; the circumstances of the patient may not admit of it, or he may desire to be off altogether "with his old love". Well, then, in such a case let us treat the case as it presents itself to us, and listen not to the long tale of woes. In our profession, as in all others, some are shrewder, by practice more observant and practical, and can hit off a case much sooner than other; but this is no reason why we should not

"Be to his faults a little blind,
And to his failings wondrous kind."

And here, whilst touching on the duties we owe to one another, let me recommend to those of my audience who may not have already read it, a most admirable discourse of Dr. Stokes of Dublin, delivered at the Meath Hospital on November 1st, and published in the *Medical Times and Gazette* of November 13th, 1869. No words of mine can enhance or describe the sentiments therein set forth—the sentiments of the high-minded physician and Christian gentleman; but they should be read and re-read by each one of us, till they are engraven as tablets on our minds.

Again, in dealing with a case, do we not often take *κῆδος* to ourselves for that which we really do not deserve? How often have we not flattered ourselves that such and such a patient has recovered because we have treated him after such and such a manner; asserting that the *post hoc* is *propter hoc*, whereas in very many of these cases we may safely congratulate ourselves that the patient has recovered in spite of the doctor—a jeer of old against our order; a jeer which, I trust, by improved means of observation and treatment, may soon be scattered to the winds. Again, if a case do badly, do not let us forget to analyse it closely, and see where the mistake is, if any, that we have made. That great clinical teacher, Todd, always insisted on this, and carried it out most honestly. It is the only way of acting fairly to our patients and ourselves; and it has been well said—

"To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

There is another thing of which it behoves us of to-day to take care—that we do not undervalue the work of those who have gone before us. Diagnosis and morbid pathology may have been carried to very near perfection, though a late discussion at a scientific society leaves this even doubtful. But are we far superior to our predecessors in the knowledge of the action of our drugs? It is true, working with the more improved instruments we have now at command—the stethoscope, the microscope, the ophthalmoscope, the laryngoscope, the clinical thermometer—we have greater facility for inquiring into and studying the natural course of a disease, *i.e.*, a disease let alone, untreated by drugs; and so in many cases where our predecessors worked boldly, as it were, in the dark with heroic treatment, we prudently cry "hold, enough". But we must always look upon those wise and great men in our profession who have gone before us—Harvey, the Hunters, Jenner, Heberden, Sydenham, Abercrombie, Graves, Brodie, Prout, and others whose names will occur to you "as household words", whether of this or other countries—as the pioneers in our ranks, who have served their profession well, and to whom we should be ever thankful that they, with fewer and more imperfect means at command, have cleared away many opposing obstacles in the onward march of science, and left us an easier track to follow. The greatest problem in medicine, the action of drugs, is still unsolved, though much is being done towards its solution. For its fair solution, however, a very candid and observant mind is required; a mind thoroughly unbiassed by any preconceived dogma, and one that can study facts alone, with due consideration for adventitious matter—that can, in fact, sift "the wheat from the chaff". To judge by the wonderful array of new preparations advertised as recommended by some "eminent physician", one would think we had a specific for nigh every disease; whereas to my mind, and I doubt not to the mind of many whom I am addressing, the longer one lives and deals with drugs, the greater faith one has in those that have stood the test of years when properly applied. It is true, ever and again a new useful drug crops up, such as in our time have been iodide of potassium, bromide of potassium, chloroform, chloral, and perhaps some few others: but in those wonderful combinations of three or four drugs together, which are daily advertised in our journals, I have little faith; nor do I think that the mul-

tiplicity of drugs in prescribing is desirable, if we are ever to attain to an accurate knowledge of their therapeutic uses. The therapeutic effects of drugs must be studied, each one solely and alone; and in this all of us can more or less assist, and so each in our little sphere help forward that which we must all have at heart—the foundation of medicine on a rational basis. I say that all of us, wherever our lot may be cast, can help this matter forward. A pencil and a scrap of paper in our pocket can note down all we want, and at our leisure we can copy down more indelibly the effects we have seen; but a fair and unbiassed analysis of results must be insured.

One other point in medical ethics I would just touch upon, feeling sure that you agree with me that it should be most vigorously discountenanced—*i.e.*, the puff (I might almost say advertisement puff) which ever and anon appears in print, and against which, I am glad to say, our JOURNAL has steadfastly set its face. I remember once a young practitioner succeeding to another's practice, being urged by some well-wisher to send round his testimonials (very good ones) to all the old patients. His predecessor, on learning his intention, cried, "Good God, do nothing of the kind; would you tout for practice like a baker?" Gentlemen, I feel assured he spoke your sentiments as well as mine.

One word with regard to that celebrated document, the "Medical Declaration respecting Alcohol". I cannot help thinking that a march was stolen on the *dii majores medici* in this matter, or they would not have countenanced this their declaration being sent in company with a Temperance League pamphlet to practitioners throughout the kingdom.

In conclusion, I think it but justice to say that the medical profession does now stand higher with the public than it has at any previous time; and it is our own fault, if, having reached so many rungs in the ladder, we do not command the topmost of all. In the foregoing remarks, I trust I have said nothing which may be considered dictatorial or harsh; nothing would be further from my intention. I have simply stated what are the sentiments which naturally occur to one thinking over such matters—matters which I believe to be of the most intrinsic value to members of our profession. For myself, I am thankful to say that my professional lot has always "fallen in fair places"; and, had I had the mind, I have never had the occasion to play the bull-dog.

Gentlemen, I thank you for the kind attention you have this day paid to my poor words.

PARTIAL AMPUTATION OF THE GLANS PENIS BY THE ACCUMULATED DETRITUS OF UNDERCLOTHING.*

By WALTER WHITEHEAD, F.R.C.S.E.,

Surgeon to St. Mary's Hospital for the Diseases of Women and Children,
Manchester, etc.

THE case is that of a boy aged 7, who was circumcised about two years ago for a troublesome congenital phimosis. He also suffers from incontinence of urine. Last May, his mother brought him to St. Mary's Hospital, with what she imagined to be a piece of string tied round the base of the glans penis. This was readily removed; and, although the boy stoutly denied having placed it there, it was generally considered to have been used by him as a means of controlling the escape of his urine. In the course of a few days, he was again presented with another piece of what appeared like string tied round his penis; but this time so tightly, that it had eaten into the tissues and opened into the urethra, permitting the constant dripping of urine through the aperture thus produced. It was observed that there was no knot on the material encircling the glans, or any other indication of being joined at any particular spot. It was cut through and removed, and afterwards, by means of a microscope, made out to consist of three colours of animal fibre—blue, brown, and yellow—the colours which were subsequently identified as those in a flannel shirt the boy was wearing at the time. On several occasions after this he was brought to the hospital with fresh, but similar, accumulations, and each time the indentations became deeper and deeper; and as he was wearing during this time alternately woollen, linen, and cotton shirts, it was possible definitely to ascertain the source of these accumulations, and that they consisted solely of the detached flocculi from these fabrics. He can now remove the material for himself, and does so each morning, so that the mischief is stayed; and it is considered possible to repair, in a measure, by a plastic operation, the injury which has already taken place. At present the gland is constricted to certainly one-half its ordinary diameter,

and there are two openings into the urethra through which the whole of the urine is passed.

It is singular how the loose fibres detached from the child's clothing should become so arranged as to attain a textile firmness of sufficient power to accomplish such destruction of tissue. Once formed, it is easy to comprehend that, by the absorption of moisture, it could swell to a sufficient extent to constrict, by slow degrees, structures of such delicate organism as those composing the glans penis.

ON A CASE OF INJURY TO THE SPINE.*

By H. GRACE, Esq., Bristol.

ALTHOUGH the following case occurred more than five years ago, I have considered it worthy of mention before this Association, not so much as exhibiting a remarkable recovery from an injury to that part of the body where a fatal result generally attends such a violent shock, as from the extraordinary phenomena presented since recovery—phenomena which I consider sufficiently interesting to be worthy of being laid before this Society.

On the 26th of October, 1866, William Spicer, aged then 22 years, met with an accident while working at the Bull Hall Pit. He was on his knees, hewing coal from the seam in which he was then at work, when, without previous warning of any kind (such as sometimes enables the miners to avoid the danger of falling masses), an ironstone from the roof, weighing between ten and twelve hundredweight, fell suddenly on his shoulders; the weight literally doubled him up, forcing his head down between his thighs, and the perineum close against the heels. It required the united efforts of three powerful colliers to lift the mass, by the aid of long iron bars, sufficiently high to allow a fourth to drag him from underneath—his own impression afterwards being that he lay there about five minutes. He was placed in this flattened condition in a cart, and carried to his home. I was hastily summoned; and, in my absence, my assistant hurried off to his residence. He found him cold, breathing in a short and hurried manner, with the pulse feeble and intermittent, and to all appearance rapidly sinking.

The first, second, third, and fourth lumbar vertebrae all appeared more or less implicated in the injury; both sensation and motion below the parts affected being utterly lost. One of the doors of the room in which the man was lying was soon taken down from its hinges, and placed under the mattress. With the aid of two men at his shoulders and two at his feet, extension was made; and the back resumed its normal position with a crack, that was heard at a considerable distance. The breathing was immediately relieved, and the pulse improved by this reduction. The time that had elapsed from the occurrence of the accident was about an hour.

The man was in a club, of which I was not the medical attendant; my assistant therefore recommended him to send for his own medical man, which he did; but, after eight or ten days, as he was not satisfied with his treatment, at his earnest request—several times repeated—I consented to undertake his case.

I found that the door above spoken of had been removed from beneath the mattress, and that, consequently, the sacking of the bed had sunk considerably in the centre; moreover, he had been raised and held in an upright position daily, for the purpose of introducing the catheter; these two causes combined had again displaced the back. I had the door immediately replaced on the bedstead, and a second time made extension, and again restored the spine to its normal position. This restoration was almost instantly followed by a slight motion in the great toe of the left foot.

I gave strict orders that he should remain still on his back, and that not even his shoulders should be raised on any pretext whatever. Sensation and motion gradually returned to the anterior portion of the left foot, leg, and thigh, and to the posterior portion, in a less degree, about half way up the thigh; and, about a month after the accident, similarly to the right leg. During the first two months, it was necessary to pass the catheter daily; after which period, the urine began to escape involuntarily, and it has continued to do so up to the present day.

Three months elapsed before he could move his legs tolerably in bed, at which period I turned him on his side, and found, on examination of the back, a small bed-sore just over the sacrum, utterly devoid of sensation, of considerable depth, the slough of which was a long time in separating.

In another month he was able to sit in a chair, and to walk across the room by the aid of the various articles of furniture. His progress towards perfect recovery of physical strength extended over a period of

* The case was shown at the annual meeting of the Lancashire and Cheshire Branch, June 29th, 1872.

* Read before the Bath and Bristol Branch.