exertion. It happened, from circumstances not necessary to be detailed, that efforts were made to evoke some intelligent action from her and to train her somewhat in the same way as idiots are trained. The experiment went on well, and the patient seemed to be making progress in employing herself by needlework and in other ways. But the effort was too much; a paroxysm of excitement supervened, clearly due to over-exertion of an enfeebled incapacitated brain. When the paroxysm subsided, she relapsed into her usual torpid state, but was rather more demented than before. The second example is a case of mania, accompanied by constant *risus sardonius* and long continued tonic spasms of the flexor muscles throughout the body of very severe character. The case is of twelve months' duration, and now in process of recovery. On two occasions the patient has seemed so far advanced that she has been allowed to mix with others, has done needlework, has read, has entered into various amusements and occupations, but on both occasions has relapsed. On being sent back to bed and kept in the strictest quietude, she has again recovered, and will now only be allowed to enter into association with others and resume the ordinary pursuits of life after more prolonged treatment, and with the utmost care and caution. Such cases as these, and I could cite many of them in illustration of the same thing, convince me that, though evolution of mental power may be right to encourage in the undeveloped brains of congenital imbeciles, yet rest is absolutely necessary for the impaired enfeebled brains of patients suffering from insanity. I believe it is often thought that all that is wanted to rest a brain is change of subject or change of occupation, and perhaps this is so with healthy brains which are merely fatigued. But the brain of a lunatic is not merely fatigued; it is in a state of disease, or, at least, of disordered function, therefore the analogy does not hold. No doubt, when any of us are overworked, it is a great relief to travel or seek after amusements. But the lunatic carries with him wherever he goes the disease which is wearing and exhausting him, and no pleasure-seeking will rid him of this sort of fatigue. On the contrary, excitement of the senses is superadded to his troubles, and his burden is doubled. In utter rest is his only safety. I laid stress at a former part of this address upon the necessity for early treatment. I reiterate this, and urge again the necessity of rest of the completest kind at the very earliest period. As soon as insanity is detected, the patient should be laid by. I know the difficulties, but I speak only of what should be done if a truly physiological treatment is pursued.

Voisin says that in simple insanity he finds certain alterations in the grey matter of the cerebrum, consisting of minute apoplexies, effusions of hæmatin and hæmatosin into the lymphatic sheaths, infarctions, atheroma, capillary dilatations, and necrosis of vessels, and certain changes of cerebral cells. But these changes he does not find in insanity of short duration. Up to a certain period, there is only intense hyperæmia and very marked injection of the finest capillaries, the cerebral cells appearing healthy in the midst of the network of capillaries distended with blood. He goes so far as to fix the date after which the changes in question occur, and places it at two months. Perhaps this is only approximatively correct; but, at least, it tends to confirm the experience of all clinical observers as to the necessity for treating insanity at as early a period as possible, and it confirms also the notion I have uttered regarding rest. If complete rest can be obtained within these first two months, or whatever the period may be, while the cerebral cells are still uninjured, and the disorder is, in fact, only functional, the probability is that the hyperæmic condition may disappear, the destructive changes be averted, and chronic cases of insanity much diminished in number.

Gentlemen, I commenced this address by something like a vindication of specialism. But as I have gone on, paradoxical as it may seem, you have, I hope, perceived this much, namely, that it is not my aim to maintain insanity as a specialism. If it must for certain reasons be necessarily, at least for some time to come, in special hands, yet I fully believe it to be part and parcel of the great field of medicine. There is nothing whatever to separate it in principle or in practice from the general body of medical science and art. It should be taught clinically at every medical school, and every practitioner should be made as familiar with it as with other branches of medicine. It should be treated physiologically, upon the common principles of therapeutics. The public should be taught to look upon it in a new manner, to recognise it as an ordinary disease, and to cease to regard it with that sense of awe and mystery which now prevails. Were these things done, I am strongly of opinion that many cases of insanity might be treated successfully at home, that there would be fewer of those simple, uncomplicated cases which terminate in chronic lunacy of twenty, thirty, fifty, and even sixty years duration, cases which are to my mind an *opprobrium medicinae*, and finally that there would be much less necessity than there is at present for lunatic asylums.

TOPICS OF THE DAY.

An Address Delivered at the combined Annual Meeting of the South Midland and Cambridgeshire and Huntingdonshire Branches.

By H. W. SHARPIN, F.R.C.S., Esq., President.

GENTLEMEN,—I should gladly have availed myself of some excuse, could I have found any, other than a feeling of my own incompetency, for not reading to you an address this day; but custom appears to call upon me as President to say a few words. The anxiety which I feel at the present moment is not diminished by the remembrance of the able address most of you heard at Cambridge last year.

I must, in the first place, thank the members of the South Midland Branch for the honour they have conferred upon me in electing me as their President for this year; and, in the second place, allow me to congratulate them upon the way in which the members of the Cambridgeshire and Huntingdonshire Branch have responded to their invitation to join them at Bedford.

Such meetings as these are highly calculated to promote good fellowship and to enlarge our ideas. They draw us out of the narrow sphere of self-interest into a purer and more wholesome atmosphere; for, "by the conversation of one friend with another are the good parts and faculties of men improved", and truly has it been said that as "iron sharpeneth iron, so a man sharpeneth the countenance of his friend". They also afford an opportunity to discuss the leading topics of the day affecting our profession, and to debate upon subjects strictly professional.

Whatever may be the differences of opinion as to the advantages to be obtained from these meetings from a scientific point of view, I never remember to have heard anyone dispute that their influence upon our social relations one to the other was great, and that this would be even greater still if we made an effort to attend in larger force every meeting of the Association.

I was very much struck by an anecdote I came across the other day showing the way in which a medical man of eminence treated another many years ago—long, long before the time of such social gatherings as these, at a time, too, when medical and surgical knowledge was not so equally divided by those practising the arts as it is now. The incident to which I referred occurred at the commencement of the last century, and, though a matter of history, it may not be familiar to all. I will venture, therefore, to repeat it. Dr. Radcliffe, the first physician of the day, then practising in London, was summoned to Windsor to see, in consultation, the Duke of Gloucester, the heir apparent to the throne. It would seem that the physicians in ordinary had not recognised the true nature of the young Prince's ailment; they thought that he had taken cold, and bled him. It is related of Dr. Radcliffe that he turned abruptly round to the other physicians in attendance, pronounced the illness to be scarlet fever, and desired to know if it were true that the child had been bled. One of the physicians replied that it had been done by his order. Then, said Radcliffe, "you have killed him, and shall be answerable for his death; I will not prescribe". All entreaties to induce him to change his resolution were unavailing, and, as we all know, the boy died. I can hardly think that the learned doctor would have thus acted had there been a British Medical Association in those days, and he a member of it. Not that I would have you, for one moment, think that I regard a medical association necessary to make one gentleman treat another as such. It is now-a-days taken for granted that all are gentlemen before joining the Association; but the meeting together of educated men engaged in the same noble, though laborious, career of alleviating human suffering, experiencing the same conflicts of duty, and exposed to the same trials, successes, or failures, must have a tendency to foster a kindly and friendly feeling one towards the other, and to make us judge each other charitably and leniently. One medical man may be very far removed from the other in intellectual power, another in his success in life; but each, even the most gifted and the most fortunate, has his trials and his failures to recount, and his frequent and utter ignorance to acknowledge and to bewail over.

A confession of this kind is very humiliating. It is a great leveller, and makes us regard one another in a more kindly manner than anything else could. For there are few things more humbling than to see that we have done mischief and are quite powerless to lessen it, much less to undo it; to have made a mistake, and to discover it when it is too late; still, who, I would ask, is there, even amongst the most skilful and talented of our profession, who must not admit to having done much mischief and to having made many mistakes?

I am afraid that I may be thought by some present to have viewed this subject from a rather low standpoint; and that we ought to be actuated by higher motives in our conduct one towards the other.

sincerely trust that we all are, and I acknowledge the greater excellence of the character where brotherly love so indwells that it shows itself independent of all external influences. To the attainment of this character, should be our high aim; but, to expect it, would be to look for human perfection. As practical men, we must deal with man as he is, and not with him as he ought to be.

Again, at a meeting of this kind, the ventilation of subjects by public discussion enlarges our range of ideas. We are enabled to see things with other eyes than our own; and in a profession such as ours, which is as yet very far removed from the exact sciences, it would appear to be of the utmost importance to guard against taking up any single idea or theory, and riding it as a hobby; for, however honest our intention, the mind filled with that one idea is apt to look only within the area of that idea and to see nothing beyond it. We should, on the contrary, in the practice of an art like ours, take a wide and comprehensive view of whatever disease may present itself for our diagnosis and treatment, and we are never so likely to do this as by freely discussing it. Let it not be understood that my remarks in any way refer to specialism, or that I undervalue the great results that have been achieved by concentrating the attention upon some special branch of medicine or surgery; but here I would observe that the greatest specialists with whom I am acquainted with are those the largest minds, and who take the most comprehensive view of whatever may be their particular line of study.

A leading topic of the day, on which I would make a few observations, is the practice of medicine by women. The question is beset with difficulties, but the mind of the public is being agitated by it; and, as there is a strong feeling with some women that they are well fitted to be doctors, and that it is only from selfish purposes that an opposition is raised by the other sex to exclude them, perhaps it is worth while considering what would be the best way of settling the question. Would not the best means of determining the point be to allow the experiment to have a fair trial, to give the ladies fair play, to give them the same facilities for acquiring a knowledge of the profession in a hospital specially for themselves, but at the same time make it imperative that they pass through the same curriculum of study and the same examination as the men before being allowed a place on the *Medical Register*? Feeling strongly the importance of maintaining a high character of examination for all licences which should give either sex a place on the *Medical Register*, I cannot here pass over the noble conduct of Dr. Barnes; we must all acknowledge that, to his prompt and vigorous action, followed as it was subsequently by the resignations of Dr. Farre and Dr. Priestley, the profession generally is greatly indebted, for to have granted a midwifery licence without requiring a complete medical education, would have been a retrograde movement, and an act of great injustice particularly to the accoucheur and to the general practitioner. I have no misgivings about women acquiring very readily medical knowledge sufficient to satisfy any examining board, but I have great misgivings about their being, as a body, physically fit for the life of a practitioner of medicine.

Midwifery is the branch of medicine that is supposed by many to be woman's special sphere of usefulness, but, curiously, it is the one of all others that would seem to be the least fitted for her, for I maintain that women are not qualified by nature to bear the physical fatigue of obstetric medicine. Though the majority of confinements are simple enough, formidable emergencies do arise, enough to tax to the utmost the greater strength of man; and I expect that there are few of us here engaged in that branch of practice who have not now and then found the physical fatigue and mental anxiety of some difficult case a little beyond our powers of endurance.

It is, therefore, not only unfair to society to encourage the idea that women are fitted for this kind of work, but it is most cruel to lead necessarily highly educated ladies to suppose that they are adapted for such a life; but, beside all this, to acquire a practical knowledge of their profession, women would have to go through, in the dissecting and *post mortem* rooms and in the operating theatre, enough to change their very nature. Knowing what we ourselves have in this way gone through, as a necessary part of our professional career, we can hardly think without a shudder of any gentlewoman doing the same.

But, allowing the lady to be thoroughly equipped, with her diploma in her pocket, how seldom could she ever properly practice her profession; it is not easy to see how the difficulties attendant upon her being called up at night and having to ride, or drive herself, or go with her coachman, perhaps, several miles into the country, are to be overcome. Will parents consent to allow their daughters, or husbands their wives, to be walking the streets or making country journeys at all hours of the night? and will patients make proper allowance for their lady-doctors, when these ladies are themselves laid up for their own accouchement, or for a miscarriage, impending or accomplished, or for the sundry other ailments peculiar to their sex, and absolutely requiring rest?

But, while we unhesitatingly pronounce against the scheme for making women medical practitioners, it would be unadvisable, perhaps, to make further opposition. Rather, bowing to the necessities of the times, we might permit the experiment to be tried under proper restrictions and wait the result. I make bold to predict that the experiment will prove a failure, and that women themselves will, in a great measure, contribute to that failure. In their hour of trial, when difficulty arises, it will be seen that they will seek for help and succour from the stronger sex, and will thus show their want of confidence in their own.

With reference to the Cruelty to Animals Bill, in its present shape, as introduced into the House of Lords by the Earl of Carnarvon, there can be no doubt that it would interfere materially with the study and teaching of physiology, and it may well arouse the just indignation of the profession; but I feel sure that, if so modified that it does not interfere with the progress and development of science, it will be welcomed by the medical profession, than which there exists no class of men more humane.

Passing from the subjects of experiment to one of matter of fact, it is highly satisfactory to notice the financial prosperity of the British Medical Association as exhibited by its balance-sheet of 1875. It indicates, perhaps better than anything else could, a vigorous state of health. By the Association, doubtless much good has been, and is being, done to the profession itself, and through its members its influence extends to society in general. Unquestionably the medical profession, by its increase of knowledge, is steadily exerting year by year a greater influence and power over the whole community. The State each year recognises more and more its value, and makes use of its services. The time, therefore, may come, though at present it would seem somewhat chimerical, when the President of the Medical Council may be as necessary a member of the Ministry of the country as the Lord Chancellor.

Gentlemen, I shall not occupy your time longer. I make no apology for having made my address so brief, because I know that the papers to be read this afternoon promise much more of interest to you than anything that I might have to say.

CLINICAL MEMORANDA.

ULCERATION OF THE FRÆNUM LINGUÆ IN WHOOPING-COUGH.

DR. MORTON's remarks, in reference to ulceration of the frænum linguæ being a symptom of pertussis, which appeared in the *JOURNAL* of June 10th, I read with especial interest, as it coincides with many cases I have met with in my practice.

The ulcers that I noticed generally begin at the end of the first week, or early in the second, and are most difficult of inspection, especially in young children; they usually commence by a minute vesicle or vesicles in clusters, but distinctly separate one from another, on the frænum, in immediate proximity to the under surface of the tongue; in the course of a few days, they form into small ulcers, generally ovoid, and sometimes circular in shape, greyish in appearance, and apparently void of inflammation.

My impression is, in which I quite agree with Dr. Sawyer, that they are produced by continued irritation and pressure of the tongue being forcibly propelled against the teeth or gums during the paroxysms of coughing. Taking into consideration that the ulcers are so frequently found in the same place, especially in cases of a doubtful nature, this may be reasonably regarded as a means of diagnosis. The thanks of the profession are due to Dr. Morton for bringing the subject forward.

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SURGICAL MEMORANDA.

DISLOCATION OF THE HIP, IN A BOY, AGED SEVEN YEARS, REDUCED BY MANIPULATION WITHOUT CHLOROFORM.

THE case under Mr. Coleman's treatment, which appeared in the *JOURNAL* of July 8th, has induced me to publish the following, as showing that it is not so extremely rare, but rather a common (if not the most common) dislocation of the hip-joint.

On May 10th, I was requested to see a boy named John Hogg, residing in this village, who had received, as I was informed by his mother, a "broken leg"; and, from his living near my own residence, he was seen about fifteen minutes afterwards. The child was playing on