our profession will not only continue to hold its own in society, but will steadily and surely rise in public estimation, until the anomalies which too much characterise the present time are removed, and all that we can justly claim, in the way of privilege or position, has been willingly accorded to us by a grateful and enlightened people.

AN ADDRESS

ON

THE SCIENCE OF MEDICINE;

A STUDY OF THE HIPPOCRATIC AND PRESENT EPOCHS.

Delivered at the Annual Meeting of the South-Western Branch.

By LEWIS SHAPTER, M.D. CANTAB., B.A.,

President of the Branch, Physician to the Devon and Exeter Hospital and West of England Institution for the Deaf and Dumb.

IN accepting office as your president, my first duty is to thank you for the honour you have done me in calling upon me to preside over a Branch of an Association which has been instituted for such high objects as the development of medical science, the advancement of medical education, and the promotion of medical thought and relationship. Irrespectively of our dependence on, and promotion of, the interests of the parent body, our annual Branch meetings are to be regarded, in a great measure, as social gatherings; and as such they appear to me to hold a very high position, and a very dignified position, in the maintenance of the medical profession as a corporate body existing for the general and public good. It is not often that medical men, as a body, have the opportunity of meeting together freed from the overwhelming bias of professional life, and only bound together by the one common feeling of being arduous workers together in the same field of labour; and perhaps by the thought beyond the professional life, that all are linked together by the bond of education and culture, without which difference of opinion is often misunderstood as personal, and the tone of professional feeling is sacrificed to personal interests.

The object then of an address, such as I am called upon to deliver to you to-day, is to direct social thought, and to open up the material question, whether we as individuals, or minute portions of a compound whole (the vast medical profession), are in the real and true way of progress which shall make works live after us rather than words.

When we regard medical work as involved in a true science, we must look to ourselves as units amidst a great company of actors, taking our place amidst a vast concourse, whose object is to strive to advance a general art—the prevention, alleviation, and cure of disease; and the branches of practice into which the art may be disseminated, must only be regarded as means to produce this general end. This is the true and full meaning of the “practice of medicine” as a “science;” but, in glancing at such a picture, it appears to me that the only way of elucidating its full character is to have some ideal before us, some typical mind whose enunciated precepts will show, in so many words, that we are dealing with possibilities, because, in centuries ago, the universality of medical practice was united in one man, unfettered by divisions, as beyond the scope of his mind, and pointing to unity of object for the general rather than the special good, as the true path of progress.

It is to the mind then of Hippocrates, the father of medicine, who lived and flourished 460 years before Christ, that I wish to direct your attention; because for centuries after his life, and even up to the present day, his words and works, which have been described by Dr. Black as “adorned with great majesty,” have gone unheeded, however much they have been venerated; and because I believe that now there is need of the revival of much that he taught, both in the education of the young and the matured practice of the old.

It was probably in one of the most memorable epochs of the intellectual development of the human race that Hippocrates, with his own remarkable powers of intellect, formed his practical system of medicine, which could only have resulted from a cultivated and far seeing genius. The foundation of his system was laid by Æsculapius, who converted the art of physic from a rude and “indigestible” mass into an inductive method of reasoning from observation. The general prognosis of disease and treatment appear to have been the main objects kept in view, and so much importance was attached to a comparison

of disease with health, that he first delivers “physiological” and then adds “pathological” semeiotics. Of the fallaciousness and emptiness of experience by itself, however, he was well aware, and has embodied this great truth in a memorable aphorism, “Experience is fallacious and judgment difficult.”

The results of experience were, in fact, tested by the strict scrutiny of reason, and his system may briefly be said to be one of rational experience, as far removed from the blind empiricism of after ages, as it was removed from the blind superstition of former ages.

His theory of medicine was based on the doctrines then held as to the elements of things; and the belief in a spiritual essence diffused through the whole works of creation, as the agent that presided over the acts of generation, and strove to preserve all things in their natural state, and to restore them when preternaturally deranged. This is the principle which he called “Nature,” and which is held to be a *vis medicatrix*. “Nature,” says he, “is the physician of diseases.”

Another characteristic of the Hippocratic teaching, is the dependency of the whole system upon disease manifested in a single part. The whole body is one, is his teaching, and every part of it conspires and sympathises with all the other parts. The effects of disease, likewise, and their treatment, must not be estimated by a visible location of a disorder in one special part; “for,” says he, “it appears to me that in the body there is no beginning, but that all parts are alike beginning and end; for in a described circle no beginning is to be found—in consequence of this, diseases affect the whole body; one part of the body imparts disease to the other parts; viz., the stomach to the head, and the head to the stomach; and if the very smallest part of the body suffer, it will impart its suffering to the whole frame.”

To study then the practice of Hippocrates, we must be physicians of the whole body and not of a part; and we must pay attention to the effect of a local cause upon the general frame, and not take too desponding a view from the local pathological lesion itself. Do not, however, let us remain at the outset under any false or laudatory notion that we in the present day are living in an age of some extraordinary degree of enlightenment in the groundwork or elements of medicine, which in the Hippocratic times was, in comparison, a sea of darkness. Hippocrates was a physiologist, an anatomist, a practical surgeon, as well as a physician. His description of the heart was that of a strong muscle, covered by a smooth tunic containing a little fluid, and consisting of auricles and ventricles guarded by valves, and with veins arising from it, forming the fountain-head from which all parts of the body are irrigated.

His works on surgery are based upon an extensive practice and familiarity with accidents, probably occurring at the public athletic games of his country, and are characterised by clear logical reasoning for what is given as proper treatment. And as to what are termed “specialisms” of the present day, if there were only occasional reference made to the works of Hippocrates, much that is regarded as novel would be found foreshadowed, if not described.¹

We turn first, however, to his position as a sanitary physician, and it is, perhaps, in this character that the man appears to speak more prophetically to modern practice than in any other. From the work on *Air, Waters, and Places*, we may gather the first considerations that weighed with Hippocrates in his general view of disease, and probably very few sanitarians could sum up their duties towards the determination of the clinical aspects of disease, in more concise and instructive language than that given by Hippocrates.

1. Determine the influence which the situation of towns has upon the maintenance of health and the production of disease.
2. Examine the properties and quality of the water, whether it is good or bad.
3. Record the diseases which prevail according to the seasons, and according to their succession.
4. Contrast climates, and distinguish the physical and moral characters of the inhabitants according to the differences of country, occupation, and climate.

Gentlemen, the economical tendencies of sanitary science are now but slowly taking root. In the city in which we now are, it is open to doubt whether they have taken root, for the drainage and water-supply of the city remain to be patched, and perhaps upheld by words, but not remedied. Surely, then, it is a thought stirring to us, if it be not unworthy of the age in which we live, with our boasted advancement, that we are only now beginning to re-echo and realise the extent of the knowledge of him who lived 400 years before the Christian era. It is even questionable whether medical men have

¹ For the cure of sterility, e.g., fumigation of the uterus (a practice resorted to at Continental spas) is recommended; and the method of performing it, by means of a tube introduced into the os uteri, and connected with a vessel which emits aromatic fumes, is described. When sterility is connected with the shutting up of the os uteri, directions are given for expanding it by means of pipes; and in uterine hæmorrhage, astringent pessaries were used.

yet sufficiently learnt to realise the influence which climate, soil, and water, and the manners and customs of the people, exercise over types of disease which they dogmatically attempt to create. Certain it is that actual practice very often fails to coincide with nosologies; and fevers and other diseases, judged of according to pathological types, can only be regarded as ever variable and changeable.

Viewed as a practical physician, we may turn to some of the well known dicta of Hippocrates which indicate his powers of observation and application.

"Neither repletion, nor fasting, nor anything else is good, when it exceeds what is natural."

"For the patient to wish to sit erect at the acme of a disease is a bad symptom in all acute diseases, but particularly so in pneumonia."

"When, in acute fevers, the hands are waved before the face, hunting through empty space as if gathering bits of straw, picking the nap from the coverlet, or tearing chaff from the wall—all such symptoms are bad and deadly."²

"When sleep puts an end to delirium, it is good."

"Respiration, when frequent, indicates pain or inflammation in the parts above the diaphragm; a large respiration performed at a great interval announces delirium; free respiration is to be looked upon as contributing much to the safety of the patient in all acute diseases, such as fevers, and those complaints which come to a crisis in forty days."

"The evacuations are to be judged of, not by their quantity, but whether they be such as should be, and how they are borne."

"Purgative medicines agree ill with persons in good health."

"Use purgative medicines sparingly in acute disease, and at the commencement, and not without proper circumspection."

"When things are at the crisis, or when they have just passed it, neither move the bowels, nor make any innovation in the treatment, but let things alone."

"When children at the breast vomit up their food, the bowels are constipated."

"When the bowels are loose at the period of dentition, if digestion be good, the children thrive and are not subject to convulsions. When there is fever accompanying dentition, children are seldom attacked with convulsions; but when there is heavy sleep with dentition, there is danger of convulsions."

"In pains, suppurations, pungent tears, and deep ulcers of the eyes, hot water is most expedient. When the eyes are merely red, and free of pain, cold is to be preferred."

"Cold does not agree with complaints of the rectum and uterus."

"Cold raises pain when it is applied to ulcers."

"Diseases in general," he says, "are occasioned either by the food we eat, or the air we breathe; those which prevail epidemically being produced by the latter cause." "The natural heat," or, as it is now called, "the animal heat," is stated to be greater the younger the body is. Febrile diseases he divided into four stages: the commencement, the increase, the acme, and the decline; any decided change for the better or for the worse he termed a "crisis," and this he found likely to occur in peracute diseases as early as the fourth day; in acute ones on the seventh, eleventh, or fourteenth; and in subacute ones as late as the fortieth. The exacerbations of fevers he appears to have mainly judged of from the respirations and heat of skin—a state of things to which we have in a great measure resorted, to the exclusion perhaps of the important indications recorded by the pulse, which, as long ago as Celsus, were pronounced to be "res fallacissima."

One important fact in the treatment of febrile diseases, frequently overlooked by practitioners now, but insisted upon by Hippocrates, is that "in convalescence the stomach partakes of the general debility, and is unable to digest food in any great quantity at that time." Dr. Tweedie's observations agree with those of Hippocrates. "This organ," says Tweedie, "the stomach, in convalescence partakes of the external or muscular debility, and the convalescent may as well expect to be able to carry a load on his shoulders as to digest an undue quantity of food, even of a suitable kind."

Hippocrates used the simple method of direct aural auscultation; he notes pleurisy and its termination in empyema; and even in these days of thermometers, the physician would do well to be acquainted with the graphic description which he gives of the symptoms which herald and forewarn the advent of an empyema.³ He describes

tabes dorsalis and the symptoms of hydrocephalus with great precision; he also states decidedly that empyema forms in phthisical persons; and that in their case, too, a sound like that of water in a bladder may be heard on succussion. In treating ileus, when a clyster fails, he advises the inflation of the bowel with air—a practice revived as novel within recent years. And as to his practical hints in diagnosis, he distinguishes frothy or expectorated blood with bubbles of air from the blood of a hæmatemesis, and speaks of hæmoptysis or epistaxis, occurring in a woman, as being often vicarious and beneficial. To the urinary secretions, also, the utmost attention was paid; the conclusions to be drawn from the presence of blood, pus, scales, and a spontaneous discharge of blood respectively in the urine, are stated, and stress is laid on the odour of the secretion; but the most interesting point of all is that the fact had been noticed that in some limpid urines bubbles of air remained long on the surface, and that this state of the urine was usually associated with an intractable disease of the kidneys. We know now the value to be placed upon the frothy character of the urine, as suggestive of an albuminous state; and if we exclude the recognition of albumen in the urine by the aid of heat—a fact established by Blackall at the commencement of the present century—surely no nearer approach has been made to the discoveries of Bright than that which emanated from the observations of the Father of Medicine.

The last aphorism of Hippocrates opens up another phase of his character. "What diseases medicine does not cure, iron (the knife) cures; those which iron cannot cure, fire (the cautery) cures; and those which fire cannot cure are incurable." In the practice of surgery Hippocrates was a bold operator; he used to trepan in depression of the cranium; he opened the chest in empyema and hydrothorax; he had recourse to tents and issues, on the principle of inducing suppuration by extraneous substances; and used methods to simulate the moxa, in cases, e.g., of sciatica or other nerve-pain. One of his surgical axioms is worthy of note. "It is better," he says, "not to apply any treatment in cases of occult (or deep seated) cancer; for, if treated, the patients die quickly; but if not treated (either with the knife or cautery) they hold out for a long time."

It is in the enunciation of the practice of surgery, too, that Hippocrates condemns evil practice, as much as he by comparison recommends good practice. He thus condemns the practice, prevalent in his time, of treating compound fractures by bandaging the parts to splints on both sides of the wound, and leaving the wound uncovered to admit of dressings being applied to it.⁴ His reasons are given in full for condemning this plan of treatment as "bad" and as a "mistake of vital importance;" it being clear that "those who adopt it must be guilty of great mistakes in other cases of fracture as well as these." Even in this one illustrative point, the vast practical experience of some of the greatest men of modern times has been eventually recorded in favour of the Hippocratic teaching; and surely such a fact alone should set us thinking as to the value of building up modern practice upon the recorded experiences of the past. Thus, upon this particular method of practice, Mr. Liston has clearly stated that he fully agrees with the condemnation of Hippocrates, but he significantly adds that it is, nevertheless, a practice which he has constantly seen adopted in hospital practice. Or if, again, anyone will take the trouble to read the practical lecture on Compound Fractures of so high an authority as Sir Astley Cooper, they will see there, perhaps, the unconscious adoption of Hippocratic teaching, or rather the direction of thought and reasoning rather than of routine.

We may now look to the other side of the picture—the practical medicine of the present—and test its development by the hidden, but none the less truthful, lessons of the past.

In the first place, we shall probably be struck by the absence of the gradual rise of any reliable science of general prognostics apart from the special prognostics of special pathological lesions, or, in other words, with the want of application of pathological facts to the clinical manifestation and versatility of disease. Our forefathers apprehended general truths, and enunciated them; they were the fruits

and small blisters (phlyctenæ) occur over the body. These symptoms attend chronic empyemata, and may be much trusted to. Such as are of short standing are accompanied by those signs which occur at the commencement with difficulty of breathing."

⁴ He represents, in short, that by bandaging the surrounding parts, and leaving the wound uncovered, or not equally supported, congestion and swelling, with all their attendant ill consequences, are produced in the wound. His treatment of fractures (whether compound or otherwise) may also be said to refer (1) to the diminution of swelling about the fractured limb, or to the production of healthy tissue surrounding the fracture, the uniform application of bandages (waxed; if need be) as compresses; (2) to the method of complete bandaging or setting with splints at the proper time, and not too early; and (3) to the application of bandages and apparatus to the fractured region alone, and not to parts beyond the fracture, whereby swelling is increased and stiffness induced.

² In conjunction with this dictum, the prognostics founded upon the "Facies Hippocratica" and the position of the eyes in sleep and coma will be remembered.

³ Empyema may be recognised in all cases by the following symptoms. In the first place, the fever does not go off, but is slight during the day, and increases at night, and copious sweats supervene; there is a desire to cough, and the patients expectorate nothing worth mentioning; the eyes become hollow; the cheeks have red spots on them; the nails of the hands are bent; the fingers are hot, especially their extremities; there are swellings in the feet; they have no desire of food;

of reasoning, practice, experience, and observation. We have learnt to examine particular objects with greater accuracy; and, although our eyes record results, our sphere of mental vision tends to become confined to the pathological lesion which it is the aim and object of skill to elucidate.

The lesson we want to learn is, that the teachings of pathology will only be practically fruitful in so far as they explain and elucidate the practical demonstrations of disease which call for treatment, and prognosis, at the hands of the general practitioner of medicine. Clinical investigation, in testing and widening the narrow views of pathology, has been put into the background, and does not hold that scientific position which it must hold if medicine is to interpret disease as it is found in the human frame, rather than out of it. The diatheses and cachexiæ; the modifications and progress of disease in the individual; the mutability of disease, according to climate and people; and the generalisation and nomenclature of disease without the too rigid application of types; have yet to hold their place, if the medicine of the future is to be grounded on that of the present.

Look, e.g., what clinical observation has already done to loosen pathological rigidity of thought. Some few years ago, the medical profession looked upon "albuminuria" as a symptom indicative of progressive disease of the kidneys of varied types; and as such, the unfortunate patient was the victim of disease, declined by insurance-offices, sent abroad for his health, and rendered, it may be, anxious and fearful. But the pathological era of albuminuria has been modified by clinical investigation. We now recognise a transitory gouty and passive congestive albuminuria; and we know, too, that not only may albuminuria exist without disease of the kidney, but also that kidney-disease, formerly regarded as typical, may exist without albuminuria.

Shall we, again, look at the supposed pathological causes of diabetes mellitus, and not weigh in our minds the manifestation of glycosuria as a purely transitory affection? or what shall we say, again, to the mutual benefit resulting from accurate pathological investigation going hand in hand with clinical observation in our views and treatment of phthisis pulmonalis? Where, some years ago, we spoke of tubercle with a significantly hopeless tongue, now pathology has so accurately determined the phases and varieties of lung-lesion, that it is the fault of the practitioner if he do not recognise catarrhal inflammation and its products from tuberculosis and its products, and give or withdraw treatment and hope accordingly. We may pause, too, upon the recent views of the contagious nature of phthisis pulmonalis. We, as clinical investigators, will not follow pathologists into finding micro-organisms in almost every disease under the sun, and in assuming that, because a micro-organism is *post hoc*, it is of necessity a *propter hoc*. The probability is that micro-organisms exist in most stagnating inflammatory effusions, where ulterior changes tend to take place in the products. We may undoubtedly admit the occasionally contagious character of phthisis pulmonalis, and it is a great step to have discovered the cause which renders the disease contagious; but, at the same time, in the presence of the rarity only (and not the universality) of cases of contagion, the appeal must be made to clinical investigation to decide at what stage, and in what forms, the disease is communicable to others. I commend to the Collective Investigation Committee of this Association the value of keeping practical points of this kind before the profession for continuous observation and record. Let such points as these be before the profession for positive or negative determination. 1, Is it the softened expectoration of the last few weeks that is chiefly to be dreaded as contagious in phthisis pulmonalis? 2, Is there evidence of infecting power in the perspiration, linen, or evacuations? 3, In all cases of transmission, did the disease run a short course, while, on the contrary, the disease in the original subject may have been chronic, and, perhaps, latent for a time? The answers to such clinical questions as these, only to be obtained by continuous collective investigation, would elucidate the character of communicable pathological lesion as apart from uncommunicable; and would instruct us as to the advisability, or otherwise, of accumulating patients in hospitals, health-resorts, air-chambers, and other places.

Or, to take another example, we are now passing through the stage of empiric treatment of acute rheumatism by salicylate of soda; and it is nothing to our credit that, for a time, salicylate of soda has taken the place of propylamine, alkalies, quinine and alkalies, blisters, iron, and other remedies. Fashion is the evil of the day; and it is to our discredit to speak of specifics in a disease of which we do not even know the etiology; but here, again, does not clinical investigation speak to us of a rheumatic fever with muscular affection, tending to myocarditis as a complication or a primary accompaniment of fever; and also of a rheumatic polyarthritis acuta with corresponding fever, tending to complications of sero-fibrous structures apart from muscular; or

peri- and endo-carditis? and is not the treatment distinctive? Whether the former is the latter, modified by climate and peoples, is a matter upon which others should form judgment; but of its existence in this climate I have no shadow of doubt; and I point to it as indicating the need, the urgent need, of investigating disease clinically, or from the practitioner's standpoint, whatever the pathological nomenclature and pathological theory conveyed in that nomenclature. Principles of practice have yet to be formulated, and the scientific use of remedies established upon the collected and tested experience of clinical investigators, and with the view that the science of therapeutics, the aim of medicine, does not exist in the manufacture of compound prescriptions and so-called specifics, but that it exists simply and plainly in giving the right medicine at the right time, in accordance with the therapeutic principle which governs the use of the individual drug. Look around this room, for example, and see many of those who have grown old in the desire faithfully and loyally to serve the interests of the profession in the daily calls of their practice; and let me ask, is there no thought, as the fruit of their labour, which might be summarised, may be, into half a dozen lines, as a guide to future investigation and research? and which as a practical aphorism, if there were only the means of recording it, might prove far more valuable than a verbose article in a journal, or an elaborate work, the novelty of which may generally be judged by aphorisms. So high an authority as Mr. Jonathan Hutchinson has recently gone further than this, and thought that an Association such as this might very advantageously collect the results of treatment by specialists, and so become the means for the dissemination of those special lines of treatment which it is the work of the specialist to elucidate. He thus refers (BRITISH MEDICAL JOURNAL, October 1883) especially to acute glaucoma and syphilitic iritis, and states that, within seven lines of print or less, the whole of the practical knowledge acquired by specialism might be laid down for the general benefit of the profession, with the consequent saving of many eyes, where, as in acute glaucoma, much depends upon prompt interference at the proper time. In the homes, schools, workhouses, and hospitals of England, he also asserts that there are many thousands of children suffering from ulceration of the cornea and intolerance of light, lingering on in distress for months, and only ultimately to become disfigured and incapacitated by scars; when only a little unity and investigation is wanted to fix upon a specified formula for a weak ointment of yellow oxide of mercury, which should be used, to the abandonment of blisters, setons, and like painful measures, and would result in saving the sight of thousands, even if it were sometimes used in error, but without harm. How, again, can the diffusion of knowledge be more usefully marked than in the prevention of infant-mortality? and how can the acquirement of knowledge be more generally promoted than by associations of this kind undertaking that which individuals cannot do—the testing, grouping, and disseminating facts and results in short quarterly or half-yearly pages, as free from superfluous verbosity as possible?

The remaining point, if I am not wearying you, is the question of education—the foundation upon which any superstructure must be built. Is, then, the cultivated Hippocratic mind, expansive in its knowledge, and observing and reasoning in its effect, the mind of the present and the bulwark of the future? Is the training of the mind being lost sight of in examination-systems, and in mechanical methods of instructing groups of students in grooves, which is only by name "education?" The object of education, says Milton, is not to make a man a good classical scholar, an excellent rhetorician or mathematician, but so to cultivate and discipline all the powers of the mind, as to qualify it to be directed into any channel of inquiry with the probability of a successful result. No one will deny that the future of a profession, such as the medical profession, must primarily depend upon the capacity of the minds within its portals for observation and research. An eminent divine and scientific instructor once remarked that "No amount of book-learning will make a scientific man; nothing but patient observation, and quiet and fair thought over what he has observed. He must verify, as far as he can, what he reads in books by his own observation, and be slow to believe anything, even on the highest scientific authority, till he has either seen it or something like enough to it to make it seem to him probable, or at least possible. So, and so only, will he become a scientific man, and acquire that habit of mind by which alone he can judge fairly and wisely of facts of any kind whatsoever."

This is pre-eminently true, but we want it realised and acted upon. We want it understood that the education or framing of the mind for professional work is a far higher thing than the instruction of a school-boy or the cram test of an examination. Let us admit once and for all that routine scholastic systems, and examinations as the tests of their efficiency, are but imperfect methods for the building up of pro-

fessional life; and we must find within ourselves, as a body politic, some means for that promotion of mental growth and vigour upon which the future depends. In the old system of apprenticeship, it was this formation of judgment, observation, and self-reliance, which was mainly cultivated under the guidance of a teacher; but all this has passed away, and strangely enough, with the boasted progress of the day, no other system has taken its place. Why, then, are not provincial hospitals converted into some general and practical use as educational centres, and recognised as schools for preliminary medical education? Let a student at a provincial hospital acquire a liking for his profession; let him get an insight into it before he embarks on the expense and wider teaching of the higher schools; let him, too, be taught to have a knowledge of minor ailments and accidents and their treatment, a practical knowledge of pharmacy, and an appreciation of physiology and osteology. He need go no further, and would thus be prepared to exercise his faculties of observation in the wider field of a London or other school; and it would no longer remain as a standing disgrace to the system of professional education that a student reaches his third year of study before he even visits a bedside, or uses his talents for the practical acquiring of his profession. Unity amongst provincial hospitals, and work amongst provincial medical staffs, are the two elements required for the promotion of a scheme and sphere of usefulness, which would be at once a boon to the student and an advantage to the profession; and provided a student is proved to be so qualified in elementary knowledge, he ought, in justice to his provincial curriculum, to take that position in the higher school which would enable him to profit by professional work to the fullest extent.

It is to the student, then, as well as to the practitioner of medicine, that I recommend the lessons to be learnt from the Hippocratic writings. Professional men of late years have been impressed with the idea that, by entirely renouncing the authority of the ancients, they show themselves to be original observers; yet it is only knowledge of the past which can qualify the present and create the future. If, therefore, we could only see more of this knowledge and hear less of the excuses for not acquiring it, we should, in an equal ratio, hear less of fashion in physic, and the creation of impractical nosologies which resound nothing to our credit; whilst we should see more of independent thought and original observation, which are talents to give stability and endurance.

If, then, we look back to the past, we shall, I believe, be convinced that, since the age of Hippocrates, the art which he loved so well degenerated; but it is now recovering, thanks to the Harveian epoch, which rescued it from its fall. The true development of a true science is, however, in our own hands. If we, like Hippocrates, are courageous in admitting error, ready to intercommunicate ideas, and cautious in subjecting ourselves to authority in physic; if we are ready to teach, and throw overboard the prolixity of specialism and modern writing for the terseness and comprehensiveness conveyed in the tablets of wax; if we realise in its true sense the guiding star of nature, without ignorantly submitting to its rule; and if we value as we should the science of preventive medicine as one of the highest aims of practice, surely we have not glanced at the teaching of the great Father of Medicine in vain.

One who laboured earnestly in the work of this Branch Association (Dr. Hudson, of Redruth), and often dwelt upon the value of the social character of it, and, as one of our former presidents, left amongst us a recollection of his kindness and professional worth, has, since we met together as a Branch last year, passed away from our midst. His life, so prematurely cut short in the midst of what appeared a bright professional future, speaks to us warningly of the indelible truth of the opening words of the Hippocratic aphorisms:

"Life is short, and the art long; the occasion fleeting; experience fallacious; and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals co-operate."

These are words to guide professional feeling and thought, and to knit together professional work, throughout all time.

A CASE OF GENERALISED SCLERODERMA.—Dr. Alpagu Novello read an interesting paper on this rare affection at a meeting of the Medical Society of Conegliano. The patient, a woman 43 years old, had been in good health until the age of 35, when she first noticed some induration of the skin of the neck. The induration extended gradually over other parts, and after some years the face, neck, thorax, and limbs had become invaded. In the affected parts, the skin was stiff, pale, and cold. The temperature of the body was about 36.5° Cent., and the pulse 100. The case is fully reported in the *Gazz. Med. Ital. Provincie Venete*, No. 12.

AN ADDRESS ON HYSTERICAL OR NERVOUS BREATHING.

Delivered at the Annual Meeting of the Southern Branch.

By W. MARTIN COATES, F.R.C.S. Eng.,
Surgeon to the Salisbury Infirmary; President of the Branch.

[MR. COATES began his address by an apology for departing from the custom of giving a summary of the progress of medicine and surgery during the past year, on the ground that, during the last three months, his health had been not sufficiently good. He had decided, however, to bring before the meeting some observations made by him during the last twenty years, which, as far as he could learn, were original, and might lead to a better diagnosis in some obscure cases of disease. The subject would be "Hysterical or Nervous Breathing;" and he would give short sketches of some cases.]

I preface the description of the following illustrative cases by remarking that the health of the patients has not been perfect, but that the symptoms have never appeared to me very alarming.

CASE I.—This lady, aged 30, was one of a very sensitive family. Her history was a sad one. She had been married to one to whom she was devotedly attached. Three weeks after marriage, he died of hæmoptysis. A year after this, she called to consult me, with the preface that she knew it was of no use, as one of her lungs was diseased. She told me that she had a constant cough, and that she frequently spat blood. She had consulted an eminent practitioner at a wintering sea-side place. She said that he had told her that the upper part of the left lung was diseased, and that he felt great anxiety about her. I examined her chest, and found nothing abnormal, except very quick and almost imperceptible vesicular breathing on the left side. I could not induce her, for a long time, to draw a long breath. This is a marked peculiarity of these cases. At last, I told her to count twenty without drawing breath. She did so, and then she expanded her lung perfectly, the air entering freely into every part. I expressed to her a conviction that her lungs were healthy. She was much offended, and gave me to understand that I was mistaken. This taking of offence at being told that at which a healthy mind would rejoice, gave me the first hint that I had to deal with a mind morbidly craving for sympathy. Some months after this, she called again, and told me that she had consulted Dr. C. J. B. Williams, who confirmed my diagnosis. She is still alive, but ever an invalid, with simulated disease. Sometimes it is neuralgia, sometimes constant vomiting, at others asserted amenorrhœa. At present, she has what she has been told is "angina pectoris;" but, as it attacks her only at night, and not when ascending a hill or when walking against the wind, it is, of course, nothing of the sort. She has long since lost her cough and blood-spitting.

CASE II.—A gentleman, aged 20, pale, but stout and powerful, had been engaged to be married. The lady jilted him. This he felt very acutely. He caught a severe cold with cough; went too early for change of air, and got a relapse. He then consulted a physician of good repute, who took a serious view of his case, and told him that he must remain at a warm sea-side place until the summer. It was then early spring. As this would have been a serious drawback in his career, I was requested to see him in consultation. On auscultating his chest I could discover nothing beyond marked shallow and rapid breathing. On my telling his medical attendant, in an adjoining room, that I could discover no disease, he asked me how I accounted for his irregular breathing. This was his expression. I suggested that it was one of a few cases that I had seen of what I called hysterical or nervous breathing, consequent on mental distress. I asked him to auscultate the suspected lung, while the patient rapidly counted twenty. He did so, and was convinced of the correctness of my view of the case. This is the only case of the kind in which I have had a consultation. This makes it the more valuable. It is evident that the comparative absence of the respiratory murmur, with rapid breathing and cough, led to the conclusion that pretubercular phthisis was imminent. This young man recovered in a fortnight without any special treatment, and is now "roughing it" in America.

CASE III.—In this case, the diagnosis proved more difficult at first. Ellen H., aged 19, had incessant cough with rapid breathing, and blood-spitting of a venous character. She was slight of frame, short, and of dusky complexion, with dark eyes. Her mother was some-