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-

what defective in intellect, and she had a brother epileptic and an idiot. On examining her right lung, there was slight dulness on percussion under the clavicle. There were no *râles*, bronchophony or bronchial breathing, nor other physical signs of disease. For some days there was some anxiety about this patient. The dulness then rapidly disappeared, but the cough and blood-spitting continued. There was the same quick shallow breathing above described. She herself despaired of her recovery. The test of counting twenty without taking breath cleared up, in my mind, the diagnosis, as air entered freely into the lung-cells. I did not hesitate to say that she had no phthisis. She improved and went on a visit to London. Her friends, frightened at her cough, persuaded her to go to a hospital for advice. She was there auscultated, she said, by three medical men, who sent her home as dying of phthisis. When visiting another patient in the same house, I saw her lying before a fire on a couch panting and coughing, and spitting a dark blood, no doubt from her gums. On examining her chest, I found the same quick and shallow breathing, but no evidence of pulmonary disease. I assured her that she was not consumptive, and recommended her to live her ordinary life. This gave her hope. She followed my advice and got well. She has since married and has children. She is not robust, nor will ever be, from inherited delicacy, but she has lost her cough.

CASE IV.—Miss B., aged 16, was taken ill at a London school with apparent symptoms of heart-disease. The ordinary medical attendant of the school was much alarmed at her symptoms, and called in a physician. It was decided that she had serious heart-disease, and she was sent home. She had a most sympathetic mother, and a very harsh arbitrary father. She came into the room leaning on her mother's arm, panting in a very evident manner. I of course auscultated her heart, and I own that I was much puzzled. This organ seemed at each pulsation to raise the ribs, as we find it does in extreme hypertrophy, but to a much greater extent than did any hypertrophied heart that I had ever examined, and in a very singular manner. At first, the ribs were raised slowly, but excessively; then they dropped suddenly. They were then raised to a slighter degree; then a little more, with very short intervals, until a great many rapid apparent pulsations had occurred. In my puzzle, I felt the pulse; it was beating quietly and softly, and bore no relation in number to the supposed beats of the heart. The mystery was solved. She was, or hysteria was, simulating hypertrophy of the heart by another form of hysterical breathing. How she managed it I cannot conceive; but how does a girl manage to make a phantom-tumour? How does she simulate, more or less accurately, other diseases? I say she or hysteria; for I am sure that a goodly proportion of these patients are unconscious of any simulation. By the aid of the father, the extreme expression of pity and sympathy of the mother was stopped; and in a month she returned to school, and has remained free from any affection of the kind ever since, now eight years. I have never seen another case exactly of this nature. Such cases must be very rare; but it is well to know of their possibility. The simple but firm assurance that she had no disease of the heart, absence of sympathy, pure air, and good diet, cured her.

I do not wish you to understand that these cases of nervous breathing are frequent. They are not. I see every now and then one. The slightest cases seem often to give rise to fears of phthisis, if there be cough. The fact of several medical practitioners being alarmed shows that, unless you have the key, they are not easy to read. The characteristic features of most of these cases (I, of course, in this definition bar Case IV) are cough, with or without blood-spitting, usually of a venous character, with very rapid and very shallow breathing, and absence, as a rule, of physical signs of disease. I say, as a rule, as in Case III there was, you will remember, slight dulness at the right apex for a short time. It is fair to infer that a similar dulness may have existed and passed away before I saw them; if so, it would add to the difficulty of diagnosis. Is it possible that by this restrained and limited breathing, temporary congestion might be produced? When the patients cannot be induced to take a long inspiration, the making them count twenty without breathing enforces a long inspiration, re-establishes normal vesicular respiration, and gives the practitioner the test desired.

It is very important to the patients and their relatives that a correct diagnosis be arrived at in these cases, for otherwise great alarm is produced, and very often great inconvenience. Thus, three years ago, the daughter and sister of a physician came from Biarritz. The brother had gone thither for some chest-affection. She had a troublesome and persistent cough. Incipient phthisis was much feared. This reacted upon the patient. I could find no disease, and no physical sign but this shallow and rapid breathing. I cautioned the father and mother against too much sympathy, and counselled them against noticing the

cough. I told the patient herself that her lungs were healthy, and advised exercise and employment. I saw her some time afterwards, when she was quite well. She is now living, and well.

Another lady, the wife of a clergyman, had been condemned to leave her husband's rectory on account of an irritating cough and supposed tendency to incipient phthisis. I detected the same quick and shallow breathing, and released her from a persistent invalid life. I may here remark that the cough was not, in either of these cases, the convulsive loud cough so usual in hysteria. The fact that several well educated medical gentlemen had been led to fear incipient phthisis by this shallow rapid breathing, accompanied by a cough of probably nervous character, is proof sufficient that it is very misleading, and forms the best excuse for bringing the subject before this meeting. If these facts put any of you on your guard, and save any of your patients and their relatives from needless anxiety, it will have fully answered my purpose.

[The President concluded with some general remarks, of which the following is an abridgment.]

On looking back at the past year, we may, I think, congratulate our profession on much good work done, and especially upon the almost unconscious, so habitual is it, self-sacrifice for the sake of others, evidenced especially by the enormous amount of gratuitous service given to the poor and needy. I have seen it advocated that a limit should be placed to this. I should be indeed grieved to see it, for I believe that the immense influence for good possessed by our profession arises partly out of this very thing. It gives us our high place in the hearts of our countrymen, which no baronetcies or knight-hoods, nor any other worldly distinctions, could give. It ennobles the highest and the humblest of our brethren, and more perhaps the latter than the former. I own to a genuine and warm admiration of those gentlemen practising their art in our villages, who go on from year to year doing beneficent work without hope of titles or riches.

I grieve to admit that in the medical history of the past year there are some dark spots. Thus, one of our grandest institutions is openly accused of the canker of greed, which threatens to eat out its very soul, and an indisposition to extend to its members their just rights. We must be thankful that a great effort is being made within this institution itself to sweep away this scandal. Let us hope that each of its members will unite as one man to aid in this necessary operation.

Again, we have heard or read of a set of mistaken women and men trying, by incessant agitation, and with an earnestness worthy of a better cause, to emasculate or abolish those beneficent outcomes of the mind of our profession, compulsory vaccination and the Contagious Diseases Acts (human). I fear that, in spite of facts and reason, one will be got rid of in the name of the liberty (? licence) of the subject; the other in the interest of the dignity of woman. Thus the only means which could limit and eventually stamp out loathsome and destructive disease will, I fear, be swept away, and that in the face of the facts that there has not been one authenticated instance of abuse of the Acts, and that those who have been able to watch the results of this legislation most narrowly bear witness to its wonderful power, not only in controlling and diminishing disease, but in saving from prostitution many friendless girls on its very verge. I fear that this insane agitation will succeed for a time, but I trust that each of our brethren will put his shoulder to the wheel against it, and thus try to prevent the further degeneration of our race. Truth must prevail, if sufficient earnestness be exercised in her cause; but it must be by a combination of many minds and by continuous effort.

MR. BROWN OF NORTHALLERTON.—We have to record with sorrow that the *Leeds Mercury* reports an inquest on the body of Mr. Henry Brown, of Northallerton. The cause of death was poisoning by hydrocyanic acid. A letter which was found left no doubt that the unfortunate writer was insane.

RECOVERY FROM COBRA-BITE.—It is not often that a person who has been bitten by a cobra lives to tell the tale. An Allahabad paper, however, gives such an instance. Very recently, it appears, while staying at Kangra, an officer of the 1st Goorkhas was bitten by a cobra in the hand. With great fortitude, Mr. R. seized his gun and blew off the finger which had been bitten; nevertheless, when medical assistance arrived, he was almost insensible, and it was only by keeping him walking about all night, and administering large doses of brandy and ammonia, that he was pulled through. Mr. R. has now been sent back to Dharmasala, where it is to be hoped he will speedily recover both from the effects of the poison and from the very severe remedy.