object than with those who are contented to accept the condition as it exists.

Such institutions as lunatic colonies are impracticable in this country, even if they were desirable in themselves; and in Scotland, where a trial has been made, it has not been, I understand, a success. It is certain that, only in a very small proportion of cases, can insane persons be safely maintained in families for the same cost that they are in asylums; and when so maintained, they are often neglected; and the State cannot be expected to pay a higher rate on merely sentimental grounds.

As was said by One of old time, "The poor ye have always with you;" and until we arrive at an universal "City of Hygeia," the lunatic poor are not likely to cease out of the land; and those who complain of the cost of maintaining them, should be rather thankful that they themselves enjoy the blessing of a sound mind.

I feel that I ought to offer an apology for the very elementary nature of this address. To those engaged in the same specialty I can have told nothing that they did not already know; but as the establishment of a psychological section has the effect of bringing us, for the time, into closer relations with the general body of the profession, the idea occurred to me that sketching a parallel between hospitals for the sick and for the insane, might be both suggestive and interesting, using the term in the military, rather than in the mathematical sense; for, as in the one, the lines do not always keep at the same distance, so, in my illustration, we find institutions for the cure of the sick and of the insane approaching each other in the character of curative institutions, receding in proportion as the curative element in asylums gives place to the mere safe detention, and re-approaching in the common object that both should have to benefit suffering humanity.

Whatever may be said for or against hospitals for special bodily diseases, those for the cure of diseases affecting the mind must be special, as the admission of insane people into general hospitals would be fraught with danger to the sick; but though the institutions must be special, there need be nothing special in the treatment, except in the larger share that moral means must have over medical; and it must not be lost sight of, in the legal haze that envelops the insane, that insanity, especially in its primary relations, is a department of medicine in which there is a great field for research. The harvest is indeed abundant, but the labourers are but few; and there is ample scope of work for the younger members of our profession in endeavouring to solve some of the problems connected with it.

Is it too much to hope that, at some future time, the success which has attended the researches in the direction of localising the motor functions of the brain, may yet be extended to the sensory and intellectual functions, even to tracing the precise cause and seat of a fixed delusion, or to explain the changes that occur with rhythmic order in a case of "*folie circulaire*," or recurrent mania? A few years spent in an asylum for the purpose of clinical study and research, even without the intention of devoting one's life to the specialty, would be time well spent, both in the mental discipline that it would inculcate, and also in helping to create an educated opinion and sounder views than generally prevail on the subject of mental diseases and their treatment.

At a recent meeting of the Société de Pharmacie, convened specially to consider a report which was intended to serve as a preliminary chapter to the forthcoming edition of the *Code*, it was decided that, instead of attempting to define a tablespoonful as a measure of weight or of volume, it would be preferable to propose to medical men to agree that, when they prescribe a tablespoonful, they are to be understood to order a quantity equal to fifteen grammes of distilled water. At the same meeting, the size of the normal *compte-goutte* was defined that the diameter of the tube at the point from which the drop falls should measure three millimètres exactly. An opinion was also expressed that the practice of measuring certain very volatile liquids by drops should be abandoned.

THE ALEXANDRA PALACE AND PARK.—A deputation from the Horney Local Board, accompanied by the Earl of Shaftesbury and Lord George Hamilton, M.P., recently presented to the Court of Common Council a memorial, asking the Corporation of London to take steps to secure the Alexandra Park as an open space for public recreation. Mr. Bedford moved that the memorial be referred to the Coal, Corn, and Finance Committee. With the grain duty, the Corporation had freed Epping Forest, Ham Park, Coulsdon Common, and Burnham Beeches; and they must now apply to Parliament for power to purchase Alexandra Park, and to carry out other useful objects. The motion was carried unanimously.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF DISEASES OF CHILDREN,

At the Annual Meeting of the British Medical Association in
Liverpool, August 1883.

By SAMUEL GEE, M.D., F.R.C.P.,

Physician to St. Bartholomew's Hospital and to the Hospital for Sick Children.

A SURVEY OF THE LITERATURE OF THE DISEASES OF CHILDHOOD.

IN all studies of this kind, we turn to Hippocrates first of all. Among the numerous treatises which bear his name, there is only one which is devoted to the pathology of children, and that is the essay on dentition. It is a chain of aphorisms, concerning the common disorders of children who are teething; vomiting, diarrhoea, cough, convulsions, and fever are mentioned, but almost half the treatise relates to "ulcers of the tonsils," a disease difficult to identify in modern practice. In the work which especially bears the name of the *Aphorisms*, there are some slight references to children's diseases: e.g., in bk. iii., aph. 24, 25, 26. "To little and newborn children: aphthæ, vomiting, coughs, sleeplessness, frights, inflammation of the navel, watery discharges from the ears; at the approach of dentition: pruritus of the gums, fevers, convulsions, diarrhoea, especially in cutting the canine teeth, and in those who are particularly fat, and have constipated bowels; to persons somewhat older: affections of the tonsils, incurvation of the spine at the vertebra next the occiput, asthma, calculus, round worms, ascariæ, acrochordon, satyriasmus, choerades, and other phymata." But, in all the Hippocratic treatises, the passage which is, for us, the most interesting by far, is that remarkable description of mumps, which we find at the beginning of the first book of the *Epidemics*. I believe we may affirm that it is the only description left us by the ancients of that one of the very few acute specific diseases which they knew. Although mumps is thus the earliest acute specific disease to be recorded, yet has it been the last to gain universal acceptance; you will remember that Felix Niemeyer does not admit the acute specific form of parotitis which we call mumps. In Celsus, Aretæus, and Aurelian I do not recollect anything relative to children's diseases worth notice, nor need I refer to the little which Paulus has to say upon our topic.

The name of Rhazes must be held in honour by us; for he is the earliest writer of a treatise upon the diseases of children; such as it is; for the chapters, which are very short, consist almost wholly of therapeutics, often absurd enough. Of semeiology, or description of disease, there is little or nothing. Rhazes was born about the middle of the ninth century, in Persia. He has another claim to our notice, inasmuch as the earliest extant writings upon small-pox and measles bear his name.

The seven hundred years which passed away between Rhazes and Francis Glisson, added hardly anything to knowledge. Yet I must mention the first English book upon children's diseases, namely, "*The Boke of Childerne*," composed by Thomas Payer, studious in Philosophie and Physicke," published in 1544. This is that same Payer who is better known as a translator of a part of the *Æneid*. It is clear that Payer's book is founded upon Rhazes, who is referred to in several places, and in one is spoken of as "Rasis, a solemne practitioner among phisicians." But Payer's list of diseases is fuller than that of Rhazes, and perhaps it will not be found wearisome to read the heads of the sundry chapters of Payer's little book.

The sixteenth century was rife in Latin poetry, and even in medicine the poets found work for their muses. You all know the name of Fracastorius, the author of the poem called *Syphilis*, in three books. (I may just say, in this place, that Paracelsus was the first to mention inherited syphilis, in 1529.) Fifty-four years after the appearance of Fracastorius's poem—namely, in 1584—Gaucher de Sainte Marthe, or Scævola Sammarthanus (as he Latinised his name), published a poem, also in three books, called *Pædoprophitia*—that is to say, the rearing of children. The first book relates to the fœtus, or, what is the same thing, to the management of pregnant women; the second, to the management of sucklings; and the third, to their diseases. Ste. Marthe was a French gentleman, but not, as might be supposed, a physician. His merits as a

Latin poet I will not pretend to gauge. Some have held his *Pædophilia* to fall not far short of the *Georgics*; and it might be asked why the rearing of babies should sound more like burlesque in a poem than the rearing of corn, vines, and cattle. Be this as it may, the poem has been translated into English twice. The earlier translation is anonymous, and was published in 1710; the latter is by H. W. Tytler, M.D., and appeared in 1797. Tytler's version is closer to the original, but dull; whilst there is a coarse vigour about the earlier translation which makes it amusing.

Here I may just allude to an Italian poem upon the suckling of children, written about 1560, by Luigi Tansillo; the title, *La Balia, or The Nurse*; and it was deemed worthy of translation by the eminent citizen of Liverpool, William Roscoe. The second edition, which I possess, bears date 1800. The author denounces wet-nurses, and exhorts the Italian ladies themselves to suckle their children.

Leaving this laureate fraternity of poets, let me speak of a little book entitled "*De Morbis Puerorum, or, a Treatise of the Diseases of Children, etc.*" By Robert Pemell, Practitioner in Physick at Cranebrooke in Kent. May the 29, 1653." He, no doubt, practised among the rich clothiers who then dwell in the Weald of Kent, and in Cranbrook especially. His book is an improvement upon Payer's, yet perhaps it is hardly too much to say that there had been no great increase of knowledge since the time of Rhazes, or even of Hippocrates.

But better things were at hand. On the thirtieth page of this book, Pemell refers to "a learned treatise set forth lately by three or four doctors," on rickets. This was no other than Glisson's "*De Rachitide sive Morbo Puerili, qui vulgo The Rickets dicitur, Tractatus*," first published in 1650. Glisson marks the beginning of a new epoch in the knowledge of children's diseases, and may be said to hold a place like that of Vesalius in human anatomy, of Harvey in physiology, of Morgagni in morbid anatomy, and of Laënnec in semeiology. There can be no doubt that Glisson discovered rickets, yet he was not the first to print a book upon the subject. He spent more than five years in writing his treatise, and he was helped by other Fellows of the College of Physicians; so that rickets had been much talked about before the appearance of Glisson's book, and he was forestalled by those who had the pen of a ready writer. I may mention Theophilus de Garencieres, who is said to have published at London, in 1647, a small book upon rickets, entitled *Anglicæ Flagellum, seu Tabes Anglica*, which I have not seen.¹ In 1649, Arnold Boot published, at London, a small book entitled *Observationes Medicæ de Affectibus Omnis*, the twelfth chapter of which contains a description of "tabes pectoræa," or rickets. But what shall I say of Daniel Whistler, who, in 1684, published in London an essay upon rickets, which he pretended to be a reprint of an academical thesis which he had first printed in 1645, or five years before Glisson's book appeared? I cannot help thinking that too much trust has been put upon Whistler's word of honour. Haller, for instance, in his *Bibliotheca Medica Practica* (1777) speaks (vol. ii, p. 706) of an academical disputation, *De Morbo Puerili dicto Rickets*, published at Leyden in 1645 by Daniel Whist (sic). The mistake in Whistler's name makes it doubtful whether Haller had seen the disputation which he quotes. Dr. Norman Moore, some years ago, caused inquiries after this alleged thesis of Whistler's to be made at Leyden, and he tells me that they know nothing about it there. It was in 1684, the year wherein Whistler published his essay in London, that he died in well-deserved disgrace, having robbed the College of Physicians, of which he was then President. Wherefore, in that year, his word of honour was about as trustworthy as a dicer's oath. In short, Dr. Moore believes, and I agree with him, that Whistler's academical disputation of 1645 may be but another of Whistler's frauds.

Glisson, I say, discovered rickets. He asserts that rickets was a new disease, which had first appeared in Dorset and Somerset about 1620. But Glisson was born in Dorset in 1597; so that in 1620 he would be twenty-three years old; and the doubt rises whether the newness belonged to the disease, or to the mental eye of the young man. In general I am not disposed to put much faith in the upspringing of new diseases. I find it more easy to believe that they have been overlooked; still more, that they have been confounded. I find it more easy to believe that men have been blind, rather than that nature has been inconstant during the few hundred years

which go to make up written history. Else we must suppose that a new Pandora has emptied her box upon our unhappy age, so many are the new diseases which we know only too well, and our fathers knew not all. I can believe that morbid poisons spread from one part of the world to another, as the intercourse of men becomes more free. I can believe that syphilis first appeared in Europe at the end of the fifteenth century, and, if I could believe that rickets is nothing but a form of inherited syphilis, I would admit it to be possible that rickets arose about a hundred years later. Otherwise, if it be due to the operation of common causes, it must have existed so long as the present conditions of human life.

In the same shire of Dorset was born, twenty-seven years after Glisson, a man whose name is still more famous, Thomas Sydenham. In his writings we find the first clear references to three diseases of childhood, under their present names; I mean whooping-cough, Vitus' dance, and scarlet fever. But Sydenham makes no claim to have discovered these diseases; yet his descriptions are a starting point in their history. With regard to his description of scarlet fever, I must say that it seems to me to tally more with the scarlatiniform kind of roseola described by Dr. Maton, than with what we call scarlet fever. I cannot omit to remind you that Sydenham has left us the first good and sufficient history of measles.

Sydenham was prone to jesting of that grave kind which dullards misunderstand. You remember the answer which he gave to Blackmore, who asked for advice as to medical books: "Read Don Quixote, sir." Dr. Walter Harris fell another victim to Sydenham's naughty habit. Harris had written a book, *De Morbis Acutis Infantum*; and, showing it to Sydenham, the great man said that it was the only book which he himself would fain have written. With this *imprimatur*, the book was republished several times, and translated three times into English—namely, by W. Cockburn, M.D., John Martyn, and by an anonymous hand in a collection of tracts on children's diseases published in 1742. Yet Harris's is a poor production; all that I have carried away from a perusal is, that he attended the son of the Right Hon. the Earl of This, and the daughter of the Right Rev. the Bishop of That, to say nothing about people of inferior quality.

With the eighteenth century, books upon our topic become numerous. Most of them are bad enough, but those which were written to teach (or to catch) the people, are by far the worst. Some of these books of advice to mothers, on the rearing, and feeding, and nursing of children, sick and well, are, indeed, masterpieces of twaddle. It would almost seem as if the writers wished to make good the saying, that an old woman is the best doctor for a baby. Yet, perhaps, this excuse may be made, that the ignorance of most women is such that even twaddle is better than nothing.

Take Boerhaave's *Aphorisms* for a standard of knowledge at the beginning of the century, and you will find that teeth and worms, like two inauspicious planets, still rule the sphere of children's diseases. And mark the simplicity of this pathology—until two years of age, or a little later, children are breeding their teeth; afterwards, worms become common; so that, between the one and the other, we never need to fail for a diagnosis.

In the eighteenth century, children's diseases came to be much better understood in three particulars: namely, croup, tubercular meningitis, and the eruptive fevers. First, with regard to croup. It is spoken of under the name of "the croops," by Dr. Patrick Blair, in a letter to Dr. Richard Mead, dated Cowpar of Angus, July 6th, 1713, and published in a book entitled *Miscellaneous Observations*, etc., London, 1718 (p. 92). But Blair's description is very meagre, and the first adequate history of croup is Francis Home's, published at Edinburgh in 1765. The first bronchotomy in croup was performed by John Andree on February 11th, 1782, at Hertford, I believe. In a paper read before the Medical Society of London on October 31st, 1796, Henry Field first distinguished spasmodic from inflammatory croup.

Next, with regard to acute hydrocephalus, or tubercular meningitis, as we now call it. Single and ill-described cases of the disease were published by Dr. St. Clair and Mr. John Paisley before the appearance of the treatise of Robert Whytt. Yet no damage can be done to the claim brought forward on behalf of Whytt, that he must be deemed the discoverer of acute hydrocephalus, inasmuch as he was the first to write a history of the disease, in the true empiric sense of the word history. Whytt's *Observations* were published at Edinburgh in 1768, two years after his death.

Lastly, with regard to the eruptive fevers, small-pox and measles had been well distinguished by Sydenham. In 1730, Fuller affirmed that chicken-pox (or crystals, as he calls it) was a distinct disease. But Heberden's paper, read before the College of Physicians on

¹ Since the above was written I have, through the kindness of Dr. Alchin, perused the copy of De Garencieres which belongs to the Medical Society, and I find that the treatise does not relate to rickets at all, but to a kind of pulmonary consumption, not easy to identify. Yet the book has been largely quoted, especially by the Germans, as a treatise on rickets; the title I suppose misled them. The learning of too many goes no further than the title-page, and this at second hand.

August 11th, 1767, is the real beginning of our knowledge about chicken-pox. The anginal form of scarlet fever was first studied in this century; Fothergill's *Account* appeared in 1748; and in 1779 Withering established the scarlatinal nature of the disease. In 1798, Edward Jenner published his *Inquiry into Cow-pox*. And, in order to complete this topic, I will just enter the next century, and refer to Maton's paper, read before the College of Physicians on April 4th, 1814, wherein the scarlatiniform variety of contagious roseola is first described.

Poets still found themes in our branch of knowledge. Dr. Hugh Downman, of Exeter, published, in 1774, the first instalment of a didactic poem entitled *Infancy; or the Management of Children*. The poem, complete in six books, was published in 1788. The copy I possess is called the sixth edition, and dated 1802. Unluckily, Downman writes in metre without rhyme, and blank verse opens the floodgates of prolixity.

We have now reached the nineteenth century, and literature becomes so immense that any chronicle and brief abstract of the time will be very defective. The great increase of knowledge in our age has been chiefly due to two causes, namely, to the study of morbid anatomy, and to the invention of the methods of physical examination, which are, indeed, the study of morbid anatomy in the living subject. In both these respects pre-eminent, the name of Laënnec at once comes to mind; and no man, since Hippocrates, has exerted so powerful an influence upon medicine as he. His fame as the inventor of auscultation has dimmed what would otherwise have been his fame as a morbid anatomist. And I must not forget Bayle, whose book on phthisis, published in 1810, and whose earlier papers, are the starting-point of the modern doctrine of tubercle; and how large a part tubercle plays in the pathology of children I need not say. Bretonneau's work upon diphtheria and typhoid fever was so original and so conclusive, that he may almost be said to have discovered those diseases. It was in France that inherited syphilis was first discussed in a manner such as the importance of the topic deserved. Duchenne discovered the pseudohypertrophic form of paralysis, and what he calls "obstetrical paralysis." And lastly, how successfully the pathology of the nervous system has been cultivated by living Frenchmen, you all know well.

Coming back to our own country, I will refer to the work of Willan upon skin-diseases; to John Clarke, whose description of laryngismus stridulus is the first which deserves notice; to William Charles Wells, the discoverer of scarlatinal albuminuria; to John Burne, whose papers upon typhlitis are the beginning of definite knowledge of that disease; and to George Gregory, of whom the same may be said with regard to tubercular peritonitis.

Dr. Bowditch of America is still alive, yet I cannot help alluding to his invention of the method of paracentesis which is now commonly called aspiration. It is true that the adaptation of a syringe to a cannula is as old as Aëolus, and perhaps older; but it is no less true that the chest was not aspirated before the day of Dr. Bowditch.

Lastly, I must mention the three most useful means of physical examination which we owe to Germany, namely, the thermometer, reintroduced by Wunderlich; the ophthalmoscope, invented by Helmholtz; and the laryngoscope of Türck and Czermak.

Before I sit down, I wish to bring before you one truth, which this sketch makes very clear. Looking over the names of the men whom we have celebrated, the men who have made our knowledge what it is, I do not find one who could be called a specialist in children's diseases; but the multitude are mad after specialties. No wonder; for we are the descendants of those who, in their sickness, worshipped fetishes and charms, or sought after star-gazers and the touch of kings. Our children will deem us to be, in other respects, no less simple. Besides, it is a true saying that "the world suspects a man who can do two things well." As the poet says:

"One science only will one genius fit;
So vast is art, so narrow human wit."

But art is not yet so vast, nor human wit so narrow, that the diseases of children need be made a specialty; and I believe that none of us are specialists in the popular and evil sense of the word. For my own part, if I may speak so much of myself, being physician to a hospital for children, and to a much greater hospital for people of all ages, I can see that my knowledge of children's diseases would be much poorer and meaner than it is, were it not for the larger experience I gain at St. Bartholomew's. I wish that the governors of the general hospitals would make more provision for sick children, and then the need for special children's hospitals would pass away.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OTOTOLOGY,

At the Annual Meeting of the British Medical Association in Liverpool, August, 1883.

By GEORGE P. FIELD, M.R.C.S.Eng.,

Aural Surgeon to St. Mary's Hospital, London; President of the Section.

RECENT PROGRESS IN OTOTOLOGY.

GENTLEMEN,—In taking the chair in the Section of Otology, at this our annual gathering as members of the British Medical Association, I must, in the first place, acknowledge the great honour that has been conferred on me by my election as President. Secondly, I offer a cordial welcome to you all, and thank you for your presence at our meeting in Liverpool to-day, in furtherance of those objects that we have most specially at heart.

From the excellent list of papers promised, it is evident that none of us can fail by his attendance here to gain, from the recorded experience of others, valuable additions to his own store of knowledge, and hence to his means of practical usefulness in his profession.

It was but a twelvemonth since that, at Worcester, we were accorded the privilege of making a distinct section for diseases of the ear. Previously, as many of you are aware, it held a far inferior position in our conferences; and, indeed, a rumour has reached me that this year diseases of the ear, with those of the eye, narrowly escaped being referred once more in twinning to a sub-section, because, forsooth, the ear and eye are both organs of the senses, and in many respects allies.

Having, however, secured our position, it behoves us to do our best to maintain our vantage-ground; endeavouring first, individually in private, to perform sound scientific work; and then, collectively, at our annual gatherings, by hearty co-operation and mutual assistance, to render the practical results of each man's experience the common property of us all.

As much as in us lies, must we make it our care to demonstrate, that we British aurists, and therefore they whom we are called upon to treat, are enabled to reap great advantages from the fact that, at least once a year, we meet together for the deliberate discussion of those matters to which professionally we devote our chief attention.

I am strongly inclined, indeed, to conclude, from the benefits which I perceive to accrue from our Association meetings, that great good would result from the formation of an Otological Society of Great Britain. Our nearest Continental neighbours, and our American friends, have their otological societies and journals; and the fault will be ours if we in England, through self-seeking, jealousy, or other failings, do not vie with them in their generous work.

A society such as the Ophthalmological, or, possibly, somewhat more resembling the Dermatological recently established, would, I feel persuaded, at once cause otologists to labour better together for the common weal.

Such organisations would naturally tend to foster a spirit of enquiring into the yet unsolved problems of aural science. When we reflect that, for its foundation on a scientific basis, aural surgery is indebted to an Englishman, Toynbee, and that the first master-builder after was another fellow-countryman of ours, namely Hinton, our apparent indifference to the progress of the superstructure, upon the basis they have laid down for us, seems not a little strange. I have to add that, after penning the remarks just read, I received a communication, signed by two gentlemen, in which is urged the conclusion to which it seems we had all three simultaneously come, viz., the desirability of the formation of an Otological Society for Great Britain. But I think that this scheme can only be carried out successfully by calling a general meeting to arrange how it is to be constituted. For a few of us to attempt to organise a society, without consulting others interested, is sure to end in failure and disappointment. Should such a society come into being, I believe, gentlemen, that by hearty co-operation we may render it conducive alike to the strengthening of our bonds of professional fellowship, and the increase of our knowledge.

What I will in no wise seek now to do is to set before you anything like a minute survey of what during the past twelve months has been effected in the science we represent to-day. To attempt a mere enumeration of the long series