expenditure of thousands, apart from the misery and death due to an epidemic, that Public Health Body which does not avail itself of bacteriological assistance is surely not doing its duty by its electors."

The Irish Government has indeed to some extent recognised the importance of the information a competent bacteriologist can give, by the appointment of Professor E. McWeeney as Bacteriologist to the Local Government Board for Ireland. But his official duties as such are limited in their scope; and he has to conduct his investigations in a small private laboratory which he himself, I believe, would be the first to acknowledge is inadequate, both in size and in its equipment, for his work.

It would seem most reasonable therefore that as neither the Corporation of Dublin, being the sanitary authorities for the City, nor the Urban or Rural District County Councils of the County of Dublin, have as yet provided any means of giving any bacteriological assistance to their respective medical officers of health in the diagnosis and prevention of infectious and epidemic diseases, these bodies should, with the aid of Government, take action for the establishment and maintenance of a conjoint bacteriological laboratory under the control of a highly-qualified bacteriologist. In such a laboratory arrangements might also well be made for technical instruction in bacteriology, for post-graduate classes, and for making original research.

In the endeavour to arouse renewed attention to the importance of establishing such a laboratory in Dublin, I am entirely in accord with Sir Christopher Nixon's original proposal of forming one on the lines of the Jenner Institute of London. As President of the Royal Veterinary College of Ireland, Sir Christopher suggested that it would be a suitable place upon which to graft such an institute. This seems an admirable proposal and one which would presumably commend itself to the favourable consideration of the Corporation and other local sanitary authorities concerned.

I trust this meeting will adopt the resolution to be submitted to it on the subject, and that the Government will give its assistance and pecuniary support.

A PATHOLOGICAL LABORATORY FOR IRISH ASYLUMS.

The second matter that appears to me to be one in which the organisation the Branch possesses might be advantageously exerted is to assist in the endeavour to promote the study of the pathology of mental diseases in this country. A large amount of material afforded by the lunatic asylums in Ireland is practically wasted for scientific purposes. In the sister kingdom, the pathological investigations that have been systematically made by highly-qualified men in many of the asylums have produced important results. Monetary considerations unfortunately have hitherto prevented to a great extent the carrying out of similar scientific work in all the Irish asylums; but it is not unreasonable to hope that many if not all of them would join in some well-devised plan for the establishment and maintenance of at least one central laboratory in Ireland for the study of the pathology of nervous and mental disease. Such a laboratory was established in 1892 at Claybury by the London County Council for the seven asylums under its control; and, under the able direction of Dr. F. W. Mott, F.R.S., it has been the means of producing many valuable contributions to neural pathology. In the midland counties of England, the movement to unite different asylums in providing and maintaining a conjoint laboratory for pathological research has, I understand, met with much support. And in order to give legal authority to such a combination of asylums a clause was introduced into the English Lunacy Acts Amendment Bill before the last Parliament, extending the power of two or more local authorities to unite in providing and maintaining a district asylum, so as to include a power to agree to unite in providing and maintaining a laboratory for pathological research in connection with lunacy.

In 1896 the managers of seventeen of the Scottish asylums combined to establish a laboratory at Edinburgh, to which Dr. Ford Robertson was appointed pathologist. As the importance and value of the work done in the Claybury Laboratory may be estimated by the papers published in the *Archives of Neurology*, so the recent issue, under the auspices of the Executive Committee of the Scottish Asylums, of Dr.

Ford Robertson's splendid *Textbook of Pathology in Relation to Mental Diseases* demonstrates the benefit resulting to science and humanity from a well-organised plan of investigation and systematic work in the hands of a competent and skilled man who gives all his time to the subject.

That there is an urgent need for similar action in our country cannot fail to strike any one who considers for a moment the large number of insane there are in Ireland and the great increase that has taken place during the last twenty years in the total number of lunatics in the country. According to the last annual report of the Inspectors of Lunatics, there were in Ireland on January 1st, 1900, 20,863 insane persons in establishments, and 20,304 on January 1st, 1899, being an increase of 475 in the year. And there was an increase in the total number of lunatics from the year 1880 to 1899 of no fewer than 7,881. Surely these harrowing figures show that we have much to learn at our own doors concerning the etiology and intimate pathology of insanity. Should we not aid in the endeavour to awaken a more general interest in the study of the pathology of insanity in the asylums of Ireland, and help to assist those members of their medical staff who are anxious to carry out original researches in this department of medical science? It is rather humiliating that with such a field of observation as unfortunately exists in this country, and with no lack of men of intellectual ability competent to undertake the work, we should be mainly dependent for our knowledge of nervous pathology on the investigations and studies of English, Scotch, or foreign observers, and do little or nothing ourselves to advance scientific progress in this direction.

It is, I venture to think, the duty as well as the interest of the Irish Government and of the local authorities, to afford facilities for the prosecution of such studies as may be reasonably expected to lead to results which, by increasing our knowledge, may accomplish a diminution in the frequency of occurrence of one of the greatest calamities that affect mankind.

Sir Christopher Nixon, as already mentioned, originated the idea of forming a bacteriological laboratory in connection with the Royal Veterinary College of Ireland and with the Department of Agriculture and Technical Education. To another member of this Branch—Dr. William R. Dawson—is due the credit of proposing the establishment of a central pathological laboratory for the Irish asylums. (The latter proposal has already been approved by the Irish division of the Medico-Psychological Association of Great Britain and Ireland, by the Royal Academy of Medicine in Ireland, and by the lay and medical press. I trust that this Branch will give both proposals its support, and that the resolutions to be submitted to this meeting relative to each of the above movements will meet with your approval.

REFERENCE.

¹ January 12th, 1901, p. 107.

THE SURGICAL TREATMENT OF MIGRAINE.

By WALTER WHITEHEAD, F.R.C.S., F.R.S. EDIN.,
Consulting Surgeon, Manchester Royal Infirmary.

DURING the last five and twenty years I have never failed to treat successfully the most inveterate and severe cases of migraine by the introduction of an ordinary tape seton through the skin at the back of the neck. Some of the cases have exceeded in intensity any I have ever known recorded. All the cases have been previously under medical treatment without receiving any material benefit. One patient, in particular, came from America for the sole purpose of being cured. His attacks were so terrible, and of such long duration, that he came prepared to remain in England twelve months if necessary to get even partial relief. After the introduction of the seton his attacks promptly subsided, and for two years afterwards—the last I heard of him—he never had a single recurrence.

My last case, and the one which has induced me to make this communication, is that of a lady who has never for the last six years escaped many weeks without "a brain storm" of such severity that she has been completely prostrated with violent headache and sickness for periods extending from twelve to twenty-four hours. Since the intro-

duction of a seton some months ago she has not had a single attack.

As the use of the seton has gone out of fashion, and probably the younger members of the profession have never seen it used, I may perhaps be allowed to explain for their benefit the *modus operandi* more in detail. The skin at the back of the neck is grasped between the finger and thumb of the left hand, and behind the fingers a long-bladed scalpel is forced so as to transfix the skin. Before the knife is removed, a long probe provided with a suitable eye is passed through the wound, using the knife as a guide. The scalpel is then withdrawn. A piece of ordinary household tape half an inch wide is then attached by a ligature to the eye of the probe and the probe pulled through the wound, bringing the tape with it.

Four inches of tape are left free at each side, and these are gently tied together to prevent the tape being accidentally withdrawn.

Instructions are given to the patient to move the tape from side to side each day. The interposing skin between the point of entrance of the seton and that of exit naturally varies with the thickness of the skin of the individual patient, and in some cases may only be an inch, whereas in others there may be a distance of 2 inches.

The operation, if performed with moderate dexterity, need only occupy half a minute, and nitrous oxide is all-sufficient as an anæsthetic.

The seton ought to be worn uninterruptedly for three months at least in the first instance, and should the symptoms recur a second seton ought to be introduced.

A NOTE ON THE RESULTS OBTAINED BY THE ANTITYPHOID INOCULATIONS IN THE 15TH HUSSARS, MEERUT, INDIA.

By A. E. WRIGHT, M.D.,
Professor of Pathology, Army Medical School, Netley.

THROUGH the kindness of Lieutenant-General Sir George Luck, Commanding the Bengal Army, I am permitted to publish the following officially compiled statistical statement dealing with the effects of antityphoid inoculations in the case of the 15th Hussars:

From October 22nd, 1899, to October 22nd, 1900.

	Strength.	Number Inoculated in England.	Admissions to Hospital for Enteric.	Deaths from Enteric.	Number Not Inoculated.	Admissions to Hospital for Enteric.	Deaths from Enteric.
Officers	22	19	0	0	3	0	0
N.C.O. and men ...	481	317	2	1	164	11	6
Women	36	24	0	0	12	0	0
	539	360	2	1	179	11	6

It would thus appear that the incidence of enteric in the inoculated was represented by 0.55 per cent., and the mortality by 0.27 per cent; while the incidence in the uninoculated was 6.14 per cent., and the death-rate 3.35 per cent.

ON THE TREATMENT OF SUPERFICIAL SYPHILITIC GUMMATA.*

By RODERICK MACLAREN, M.D.,
Senior Surgeon to the Cumberland Infirmary, Carlisle.

I PROPOSE in the present communication to deal solely with gummata situated in the superficial tissues. When brought under observation, they have often existed for months or even years, for their course is slow and attended with little pain.

* Read before a meeting of the Border Counties Branch of the British Medical Association.

In one instance which came under my observation, and to which I shall refer presently, a gummatous condition of the thigh persisted for thirty-two years. When left to run their course without treatment, they seem in some cases to undergo a natural cure, with much cicatricial marking and much contraction of surrounding tissues; in other instances they last as long as life continues. Their extent is variable from, say, a small nodule on the tongue no larger than a big pea, or a swelling on the skull of the size of a shilling to a thickening which involves the whole circumference of a limb, and which may extend from the hip to the knee, the knee to the ankle, or the elbow to the wrist. Whatever its size may be, a gumma is characterised when cut into by the presence of a yellow leathery tissue, contrasting in colour sharply with its surroundings, and resembling sloughing fibrous tissue, but not dying and separating as a slough does. This structure is seen at the bottom of the pits when breaking down occurs, and it is then apt to be mistaken for a slough.

A considerable number of cases prove to be very amenable to medicinal treatment. If they are put on large doses of potassium iodide they begin at once to improve, and in the course of a few weeks or months get well. A certain proportion show no improvement under this remedy, and yet get well under mercury. This in my experience is much more efficacious when applied locally than when given by the mouth. It should be rubbed into the affected part in the form of mercurial ointment for ten minutes twice daily, and the skin left covered with it in the intervals. It has seemed to me that the variety of the lesion which yields best is that in which breaking down has been followed by chronic shallow sinuses. I cannot recall a case in which it has been a success when the skin was unbroken. The two photographs (Figs. 1 and 2) are an example of what this treatment may effect. The patient had suffered for seven years from discharging sinuses of the forearm and thickening of the deep fascia of this and the lower arm. Three months mercurial inunction and dressing was followed by complete closure of all the sinuses, leaving the patient with a limb crippled by musculo-spiral paralysis, but still to some extent useful. The photographs were taken after recovery, and each scar was coloured with ink before the photograph was taken so as to bring out clearly the numbers, positions, and areas.

Why potassium iodide or mercury should in some cases be brilliantly successful, in others wholly inert, I cannot tell. I have failed to distinguish any conditions present in the one set of cases and absent in the other, but the occurrence I have observed over and over again.

Not only does this happen, but a number of cases derive no benefit whatever from medicinal treatment. Iodide may be pushed to extreme iodism and continued for weeks with absolutely no effect on the local state. Mercury as a general or a local drug may be employed to the limits of its safe use and get no result.

I do not think it is necessary to spend much time in ascertaining whether or not medical treatment is going to succeed; a fortnight is a fair allowance for each drug, for if the disease is going to be amenable to treatment improvement soon begins. I certainly do not wait as long as I used to do. If there is no diminution in the area of the thickening, in some such time as I have named I arrange to dissect out the diseased tissue. Whenever the situation allows it, the part to be operated on should be made bloodless; this very much facilitates the ease of recognition of the abnormal from the normal. The yellow tissue by its colour and consistence can be distinguished from its surroundings with a certainty which is unattainable among bleeding structures; then bloodlessness allows the wide dissections to be quickly done. I endeavour as far as possible to make straight skin incisions and then dissect the skin and subcutaneous tissue from the deep fascia. Very often the incisions go round three sides of a square or are H-shaped, thus making one or two square flaps. If there are ulcers or sinuses, this simplicity cannot be secured, and the direction of the incisions must be adapted to the condition. The reflection of the skin and superficial fascia generally lays bare the disease, which appears sometimes as a single investing layer, at other dips down among the muscles in the inter-muscular septa. This yellow layer, after being well exposed, is raised by knife or scissors dissection as a continuous mem-