

Records  
of the  
Medical Societies of Belfast.

1822–1884

Volume 1



**Andrew George Malcolm**

Records  
of the  
Belfast Medical Society,  
Belfast Clinical and Pathological Society,  
Ulster Medical Protective Association,  
and the  
Ulster Medical Society.

1822–1884

Volume 1

Compiled by

J I Logan

BELFAST  
27 February 2020

Andrew George Malcolm, whose image is shown above, took the lead in the introduction of the scientific approach to medicine in the North of Ireland. He also involved himself in the improvement of the state of the working class in Belfast, drawing attention to the health of the workers in the linen mills in Belfast, and helping to found both the Working Classes Association and the Society for the Amelioration of the Condition of the Working Classes.<sup>1</sup>

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2020  
WHITLA MEDICAL BUILDING  
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<sup>1</sup> See Calwell, H. G., *Andrew Malcolm of Belfast*. Belfast: Brough Cox & Dunn Ltd., 1977; and Froggatt, P., *Dr Andrew George Malcolm (1818-1856): Physician; teacher; health reformer; historian* at <http://www.newulsterbiography.co.uk/index.php/home/viewPerson/2079>

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*In Memory of All Those  
Whose Suffering Is Described in These Records  
Especially the Children.*

## Preface

This book contains all the records I have discovered relating to the Ulster Medical Society and its three predecessors for the period of sixty-two years from 8th June 1822 to 23rd December 1884. The former is the date of the first existing record of the Belfast Medical Society, and the latter is the date of the meeting which brought to a close the first minute book of the Ulster Medical Society.

Most of the material records the proceedings of the regular meetings of the societies taken either from the minutes or the published transactions; the rest consists of council minutes, notices of meetings, correspondence received, and other matters.

The regular meeting were nearly all of a clinical nature apart from those of the first twenty-odd years of the Belfast Medical Society (which began solely as a medical lending library) and those of the Ulster Medical Protective Association which exclusively promoted the interests of the medical profession.

The records offer a valuable insight into the minds and the daily practices of the medical practitioners of Belfast and Ulster over a century and a half ago. They were busy with childbirth, with injuries due to falls from heights and accidents with machines, with tuberculosis, syphilis, cholera, and infections of skin, soft tissue and bone, with the consequences of rheumatic heart disease, kidney disease and a lot else. There were no true specialists. Even the local ophthalmologist, Surgeon Samuel Browne, R.N., had a very general practice as may be seen from the variety of cases that he presented to the Society.

Disappointingly, the minutes of the councils for the period under consideration are very limited in extent and therefore in usefulness as those of the Belfast Medical Society, the Ulster Medical Protective Association, and the Ulster Medical Society are missing, and those of the Belfast Clinical and Pathological Society cannot be full records, there being, for instance, very little reference to the planning for the amalgamation with the Belfast Medical Society, a subject which surely must have been of interest to the Council and to the Society.

We are fortunate that so many records do still exist as they make it possible to follow the progress of medicine in Ulster over the sixty-two years covered by this book, a time when the old was giving way to the new. What is disappointing is the lack of detail in many of these advancements. There is no announcement of the first use of chloroform, of the first operation done under antiseptic conditions, or of the advent of microbiology—the realization simply emerges that these have occurred.

Even more startling changes in medicine occurred over the course of the one hundred and thirty-five

years from 1885 to 2020 but someone else will have to take up the task of transcribing the records of that period. Many of the minutes for 1969 to 1973 were lost in a car caught up in a disturbance in the centre of Belfast, and the minutes of the meetings in 1991–93 are missing because, *mea culpa*, many years later the files were deleted from a computer without checking whether there were other copies.

In 2000 a regrettable decision was taken to stop *reading* the minutes of the previous Society meetings and as a result, the *taking* of the minutes began to peter out, fitfully and over a number of years.

Audio recordings were taken of many of the lectures from 2009 to 2011 but the task of making précis was very time-consuming and the practice was abandoned. Recently those records have been transcribed verbatim by an online audio typing service and it is hoped that the regular minuting of the Society's meetings might begin again in October 2019. Perhaps someone in a hundred and fifty years time will enjoy reading the minutes of today.

## Sources

Sources in the archives of the Ulster Medical Society include:

### **Belfast Medical Society**

Ordinary Minutes

8 June 1822	to	7 April 1828
1 August 1842	to	2 August 1852
30 August 1852	to	30 April 1862

### **Belfast Clinical and Pathological Society**

Council Minutes

5 October 1853	to	4 May 1861
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Rough Minute Book

6 February 1858	to	22 April 1862
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Correspondence Book

3 August 1853	to	1869 <sup>1</sup>
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Annual Transactions

1853	and	1854
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### **Ulster Medical Society**

Ordinary Minutes

30 April 1862	to	23 December 1884
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Journal sources include the *Dublin Hospital Gazette*, the *Dublin (Quarterly) Journal of Medical Science*, the *Dublin Medical Press*, the *Irish Builder*, and the *Medical Press and Circular*.

Newspaper sources include the *Belfast (Daily) Mercury*, the *Belfast Newsletter*, the *Belfast Weekly News*, the *Northern Whig*, and the *Tyrone Constitution*.

Many of these journal and newspaper sources are available online.

<sup>1</sup> [Includes some BMS and UMS material at the back.]

The Medical Library of Queen's University, Belfast, has transactions relevant to this book as follows:

**Belfast Medical Society**

1857–58

**Belfast Clinical and Pathological Society**

1853–54, 1854–55, 1858–59, 1859–60

**Ulster Medical Society**

1872–73, 1877–78, 1880–81, 1884–85

### Notes

Firstly, opinions will be found here which are now considered quite unacceptable. As this is a historical document they have not been changed or removed but that is not to condone them.

Secondly, the treatments described herein should NOT be regarded as current examples of good medical practice and should NOT be followed.

Material from transactions, minutes, letters, etc., are shown in roman font, and papers imported from other sources such as journals and newspapers are shown in *italics*. Imported text is placed immediately after the original case report or address in the minutes.

Where nearly identical material is found in two places, the first discovered has been used.

Text in round brackets is original. Text in square brackets is the compiler's. Text in curly brackets is from the rough minute book of the Belfast Clinical and Pathological Society, and is included only if it does not appear in the full minutes.

Original spelling has mostly been retained, but the original extensive capitalization has mostly been abandoned. Ligatures of letters have been retained.

A comment on the fevers of Ireland (based in particular on the epidemic of 1816–1818) will be found on page 1521.

It is the compiler's understanding that "friends" of a patient are, in fact, their family.

The term "hippo" will be found as the name of a drug in seven places in this text. It refers to the root of *Cephaelis ipecacuanha*. The name seems to have been confined to Ireland and it has been suggested that it derives from a modification of "ipecacuanha" to "hippo-coano" and so on.<sup>1</sup>

### Units and Symbols

The "line" as a unit of length is referred to in a number of reports and is defined as  $\frac{1}{12}$  inch.<sup>2</sup> (A "barley-corn" was recognised by statute as  $\frac{1}{3}$  of an inch and a line was  $\frac{1}{4}$  of a barleycorn.) The armament trade, however, settled on  $\frac{1}{10}$  of an inch.<sup>3</sup>

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1851, v12, p230.]

<sup>2</sup> [British Pharmacopœia, 1867, p402.]

<sup>3</sup> [https://en.wikipedia.org/wiki/Line\_(unit)]

℥ is a minim; ℥ a scruple (1 scruple = 20 minims); ʒ a drachm (1 drachm = 3 scruples); and ʒ an ounce (1 ounce = 8 drachms).<sup>2</sup>

### Acknowledgements

The following institutions kindly provided me with access to their collections of books, journals and newspapers or copies of the contents: the Medical and Bio-Medical Libraries, Queen's University, Belfast; the Office of Archives, Royal Victoria Hospital, Belfast; the Linen Hall Library, Belfast; the Central Library, Belfast; the Public Record Office of Northern Ireland; the Early Printed Books Department, Trinity College Library, Dublin; the Special Collections Department, University College Library, Dublin; Dunn's Library, Royal College of Physicians of Ireland; the Royal Society of Medicine Library, London; and the National Library of Medicine, Bethesda, USA.

I was able to access many journals online thanks to Google, the Internet Archive, the Münchener Digitalisierungszentrum Digitale Bibliothek and the HathiTrust; also many newspapers thanks to the British Museum, FindmyPast, Ancestry and Genes Reunited.

Professor Richard Clarke's book, *A Directory of Ulster Doctors (who qualified before 1901)*, has been of great assistance in trying to identify those mentioned in the text.

Later BMS minutes and earlier UMS minutes were carefully typed by Richard O'Meara from dictation. Later UMS minutes were processed in Google's speech to text application.

To turn images of text into text files I relied heavily on OCR.14F by Alexander Clauss for Atari computers, and FineReader by Abbyy Software for Windows.

For over twenty-five years Papyrus (now Papyrus Author Free), a word-processor written by R.O.M. Logicware of Berlin, has been indispensable to me and this book could not have been created without it.

It only remains to say that the text is bound to contain many errors, and that some proceedings may have been overlooked. These faults are mine and I would be pleased to receive a notification of every deficiency.

J. I. Logan  
Belfast

14 February 2020  
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Records  
Of the  
Belfast Medical Society

INTRODUCTION

Malcolm said that there were nineteen “Physicians and Surgeons” in Belfast in 1806 and that the Belfast Medical Society came about because of their desire for “mutual improvement in their common profession”.<sup>1</sup> The subscription was one guinea a year and with the money the Society intended buying “books &c.”, and forming “a collection of anatomical preparations, as an additional attraction to the Library.”

The minutes of that early Society have not survived but those for the eight years up to 1814 were available to Malcolm in 1851. He lists four names as presidents and four as holding the combined office of secretary and treasurer, and it is reasonable to suppose that each held office for two years at a time.

Unfortunately “the demon of discord invaded its ranks” and the Society came to an end. This discord had been present for some time and ordinary members were driven away.<sup>2</sup> Things came to a head when the officers and council argued over the medical care of the poor, whether it should be “by gratuitous attendance, or by officers appointed, and paid by salaries.” Because cases of sickness were many and funds were limited the former view prevailed, and once the final breakup occurred (and the date of that is unknown) those supporting the latter view scattered the books and cleared the library altogether. They planned to sell the books and divide the proceeds between them but were eventually persuaded to return the donated books to their original owners in or after 1820.

In 1822, Dr. Robert Stephenson appealed to the attending and consulting staff of the Hospital to attend a meeting “to take the revival of the Society into consideration,” and on the 22nd of June of that year, Dr. James McDonnell, Dr. Henry Forcade, Mr. David Moore, R.N., and himself, came together in the Fever Hospital to re-constitute what the minutes call “the medical library” or, in other words, the Belfast Medical Society.

With funds being limited, and having a stock of books inherited from its predecessor, the Society

bought only medical periodicals until September 1823, when “Pare’s legal medicine” was ordered.

Presumably because of the previous difficulty there was no president of the Society until 1851, and two trusted members, Dr. Robert Stevenson and Dr. Henry Forcade, were re-elected annually as Secretary and Treasurer respectively until the death of Dr. Forcade in 1835 and the retirement of Dr. Stephenson in 1838. Neither was there a permanent council; rather the first five members to enter the meeting room constituted a Standing Committee for the ensuing month “to look after business in any case of emergency, or to give council to the Treasurer, or Secretary in any case of doubt.” Five was also the quorum for the meetings, and the fifth person to enter the room was appointed the chairman of the meeting (and perhaps also of the Standing Committee).

Malcolm was elected a member of the Belfast Medical Society on 7 November 1842 but was not a regular attender in his first year and, other than taking the chair at his first and third meetings, played no part in the administration of the society until 7 October 1844. He and a fellow member were then asked to extend the system of classifying the books and on 2 December 1844, with their task complete, it was resolved that “the warmest thanks of the Society be given to these gentlemen.”

Six clinical presentations were made to the Society within the few months from November 1822 to June 1823 but the practice then stopped. At the meeting on 2 December 1844, two resolutions were put forward, the more important being that “in addition to the routine business, communications from members upon Medical or Surgical topics and reports of cases should be received and discussed”, and the less important that “hereafter the monthly meeting of the Medical Society be held at 7 p.m. instead of 11 a.m. in the Library-room on the usual day.” The first resolution was agreed on 3 February 1845 and a subcommittee (to which Malcolm was appointed) was set up to submit proposals for the regulation of the case presentations.

The second resolution was also agreed and the first evening meeting took place on 3 March 1845 when the subcommittee’s report was presented and accepted. Malcolm records that Dr. J. M. Saunders, the Honorary Secretary, was the proposer of the first resolution,<sup>1</sup> and it was Saunders who presented the first case under the new rules, one of hæmatocele. Malcolm presented specimens of lungs affected by phthisis on 7 April 1845, the first time post-mortem specimens seem to have been brought before the Society.

<sup>1</sup> [Malcolm, AG. *The history of the Belfast General Hospital, and the other medical institutions of the town*. Belfast: W & G Agnew; 1851, p58.]

<sup>2</sup> [R. Stephenson, Presidential Address to the Belfast Medical Society, 1851. (See page 101).]

<sup>1</sup> [Malcolm, AG. *ibid.*]

Saunders' case of hæmatocele was published in the newly established *Dublin Hospital Gazette* for 1 June 1845, the very first published proceedings of the Society.

Unlike the earlier Society which intended to “form a collection of anatomical preparations”<sup>1</sup> (but left no evidence that it had done so), the revived Society displayed no such interest until August 1845 when a subcommittee was appointed to consider the formation of a Pathological Museum. Malcolm was a member of that subcommittee, presented their report to the Society, made the subsequent arrangements, and was an active contributor and reporter. It is no surprise, then, that he records in his *Life* that he “Instituted the Pathological Museum in connection with the Medical Society”.<sup>2</sup>

It should be noted that Dr. Robert Stephenson was elected the first President of the revived Society in 1851 but that he neither approved of the post he was occupying nor of the existence of the “*morbid excrescence*” of the Pathology Museum.<sup>3</sup> He felt that the latter would not be of use to most members and that it would divert their limited resources from other more worthwhile projects such as the purchase of more books and the erection of a suitable building in which to house them. (Perhaps his dream was something similar to the Liverpool Medical Institution which is active today with an extensive library and its own building which cost £4,000 in the 1830s.)<sup>4</sup>

More and more cases were presented as time went on, but the society never lost sight of its primary object, the management of a medical lending library, a very necessary facility for professional education, and one which pre-dated any university in Belfast.

A number of the books were donated by Dr. William Drennan, and Dr. William Haliday before 1814,<sup>5</sup> others were bought as time went on, and in 1849 the executor of Dr. Samuel Smith Thomson gave the society the medical portion of his library amounting to over 800 volumes.<sup>6</sup> Although the details of his books are not now known, the changes in the library catalogue between 1826 and 1859 suggest that many if not most were of an early date. In 1826 the library contained 142 items with 4 from the 17<sup>th</sup> century and 78 from the 18<sup>th</sup>; by 1859 there were 1279 items, with 4 from the 16<sup>th</sup> century, 104 from the 17<sup>th</sup>, and 432 from the 18<sup>th</sup>. (The 16<sup>th</sup> century books were: *The birth of mankinde, otherwyse named The Womans Booke* (1545), by Eucharius Rösslin, translated by Thomas Raynalde; *De Humani Corporis Fabrica Libri Septem* (1568) by Andreas Vesalius; *De*

*cognoscendis et curandis præcipue internis humani corporis morbis* (1580) by Nicolao Pisone; and *Pentateuchos chirurgicum* (1592) by Hieronymus Fabricius.)

The Ulster Medical Society now has some 400 books, most of little medical value, some of historical value but few of any antique value. There was an effort made in the first decades of the 20<sup>th</sup> century to reduce the number of books and it is likely that many of the early ones were transferred out of the care of the society at that time.

The reports of the Society below include the minutes with the transcripts of the published transactions inserted where available, and two library catalogues complete with rules, a list of members and an ethical guide.

<sup>1</sup> [Malcolm, AG. *ibid.*]

<sup>2</sup> [Record of A. G. Malcolm's *Life, Written by Himself*, p2. His own title is *Mems of Public Matters*. See page 624.]

<sup>3</sup> [See page 103.]

<sup>4</sup> [[https://en.wikipedia.org/wiki/Liverpool\\_Medical\\_Institution](https://en.wikipedia.org/wiki/Liverpool_Medical_Institution)]

<sup>5</sup> [See page 101.]

<sup>6</sup> [See page 81.]

The Belfast Medical Society came to an end in 1862 when it amalgamated with the Belfast Clinical and Pathological Society and the Ulster Medical Protective Association to form the Ulster Medical Society.

**Fever Hospital**

**8 June, 1822**

At a meeting of the medical attendants of the Hospital, held to consider the propriety of adopting measures for the revival of the medical library, present Drs. McDonnell, Forcade, R. Stephenson and Mr. Moore it was resolved

That one pound two and nine pence paid in advance of the first of May be the yearly subscription of each member.

That Dr. Forcade be requested to act as Treasurer, Dr. R. Stephenson as Secretary and the apothecary of the Hospital as librarian to the Society.

That in the present state of our funds it is expedient to confine the collection of books to approved medical periodical publications.

That the Edinburgh Medical and Surgical Journal, the Medico-chirurgical Transactions, London Medical and Surgical Journal, Johnson's Medico-chirurgical Journal, Journal de Medicine et Chirurgie be ordered forthwith.

That members are to be elected by ballot and that one black bean in ten shall exclude the person proposed.

That the meetings of the society shall be held in the Hospital at eleven o'clock a.m. on the first Monday of every month.

A ballot having been taken for the admission of Messrs. McCleery and Coffey, who were proposed, as members they were found duly elected.

R. Stephenson, Secretary

**1 July, 1822**

Present, Dr. McDonnell in the Chair—Drs. Forcade, R. Stephenson, Moore, Coffey, McCleery.

Resolved that the eighth number of Johnson's Journal be taken from Mr. Coffey, and the succeeding numbers be ordered through the book-seller from London.

That the new publications shall circulate through the members in rotation having lain on the table for one week after having been received.

That each member may retain the number circulating for forty eight hours, and then transmit it to the next in succession on the list under a penalty of five pence if detained after the time appointed, and five pence for every succeeding day until it shall be forwarded.

That the property of the society shall not be alienated without the unanimous consent of the members, given at a meeting specially summoned for that purpose a month previously.

That country members be eligible, the member proposing being responsible that they will in all respects conform to the existing laws of the Society.

That the new publications may be retained for one week by country members after having circulated among the members resident in town.

That every candidate proposed for admission into the society and every new publication be announced in a proposal book a fortnight before they can be admitted to ballot.

That thanks be given to Dr. Stephenson for a copy of the Edinburgh Medical Essays presented by him to the Society.

A ballot having been taken for the admission of MM. Bryson, and McKibbin they were declared duly elected.

R. Stephenson, Secretary

**5 August, 1822**

Present, Mr. McKibbin in the Chair—Dr. R. Stephenson, MM. McCleery and Coffey.

Resolved that the first four numbers of Johnson's Journal, second series, be ordered through the book-seller immediately.

That the Treasurer be requested to order the XIII number of Johnson's quarterly journal of foreign Medicine and Surgery, and procure the succeeding numbers regularly in future.

Dr. Haliday having been balloted for, was found duly elected.

Submitted for the consideration of next meeting, that all candidates and books recommended for admission shall be proposed at the meeting previous to that on which they can be admitted to ballot.

R. Stephenson, Secretary

**2 September, 1822**

Present, Mr. McCleery in the Chair—Dr. Forcade, R. Stephenson, Mr. Moore.

The motion proposed at last meeting was negatived.

Submitted by Mr. Moore for the consideration of next meeting that members shall not be obliged under a penalty to forward the periodical publications on Sunday during their circulation.

R. Stephenson, Secretary

**7 October, 1822**

Present, Mr. Moore in the Chair—Drs. McDonnell, Forcade, R. Stephenson, Mr. McKibbin, Coffey.

Resolved that Sunday be not counted one of the two days that members are allowed to keep the periodical publications.

Resolved that the Treasurer be requested to procure for the Society the New York Medical Repository.

R. Stephenson, Secretary

**Monday 4 November, 1822**

Present, Dr. McDonnell in the Chair—Dr. R. Stephenson, Mr. Coffey, Forcade.

Resolved that Mr. Moore be requested to return thanks to Mr. Wallace for the copies of his essays on the liver and the use of sulphureous vapour, presented by him to the Library.

Resolved that the first volume of Johnson's review be half bound before it can be lent.

Two cases on cynanche laryngea were read by Dr. McDonnell and presented to the society by Mr. Coffey—resolved that they be transcribed.

R. Stephenson, Secretary

**Monday 2 December, 1822**

Present, Mr. Moore in the Chair—Dr. Forcade, R. Stephenson, McKibbin, Coffey.

Dr. Young of Ballymena and Mr. Mawhinney were balloted for and declared duly elected.

Resolved that the annals of Chemistry be purchased by the Treasurer commencing with the second series.

Resolved that Nos. 5, 6 and 7 of Johnson's Medico-chirurgical Review be purchased immediately to complete the collection.

R. Stephenson, Secretary

**Monday 6 January, 1823**

Present, Mr. McKibbin in the Chair—Dr. Forcade, R. Stephenson, Mr. Mawhinney, Dr. McDonnell.

Resolved that the annals of Chemistry ordered at last meeting be not continued.

Resolved that Drs. McDonnell and Forcade be requested to procure a book for the insertion of cases presented to the Society.

R. Stephenson, Secretary

**Monday 3 February**

Present, Doctor McDonnell in the Chair—Dr. R. Stephenson, MM. Coffey, Moore, Forcade.

A paper was read by Dr. McDonnell being a commentary on the cases of cynanche presented by Mr. Coffey, and it was resolved that it be accepted by the Society and that it be inserted in the records.

R. Stephenson, Secretary

**Monday 3 March, 1823**

Present, Mr. Moore in the Chair—Dr. R. Stephenson, R. Coffey, McDonnell, Forcade.

Resolved that the Treasurer be requested to close his account with Mr. Hodgson on account of his irregularity unless he engage to procure the periodicals publications in three weeks, transferring the contract to such other bookseller as shall engage to furnish them in the speediest manner and best terms.

Resolved that the case on Extra-uterine pregnancy read by Dr. R. Stephenson, and a case of crural hernia by Dr. Forcade be copied into the records of the Society.

Mr. Moore proposes to read a case of retention of urine with operation at next meeting.

That persons detaining books, that have circulated, longer than a month, pay a fine of two pence per day during the first week and afterwards of five pence daily.

R. Stephenson, Secretary

**Monday 7 April, 1823**

Present, Mr. Mawhinney in the Chair—Dr. Forcade, R. Stephenson, R. Coffey, Moore, McDonnell.

Resolved that the case presented by Moore be accepted and transcribed into the records.

Mr. Mawhinney provides a case at next meeting on Hydrocephalus.

R. Stephenson, Secretary

**Monday 5 May, 1823**

Present, Mr. Coffey in the Chair—Dr. McDonnell, Forcade, R. Stephenson, Mawhinney.

Balance in Treasurer's hands 2. 19. 0½

Resolved that the Treasurer and Secretary be requested to continue their services during the ensuing year.

Resolved that the case now read by Mr. Mawhinney shall be accepted and copied into the records of the Society.

R. Stephenson, Secretary

**Monday 2 June, 1823**

Present, Dr. Forcade in the Chair—R. Stephenson, Coffey, Moore, Mawhinney.

Mr. Andrew B. Filson was elected by ballot.

That the case of Croup presented by Mr. Coffey be accepted and transcribed into the records of the Society.

R. Stephenson, Secretary

**Monday 7 July, 1823**

Present, Mr. Coffey in the Chair—Drs. Forcade and R. Stephenson and Mr. McCleery.

Stephenson, Secretary

**Monday 4 August, 1823**

Present, Mr. Moore in the Chair—Drs. Forcade, R. Stephenson, Mr. McKibbin and Coffey.

The consideration of the Dublin Hospital reports deferred till next meeting.

R. Stephenson, Secretary

**Monday 1 September, 1823**

Present, Mr. Mawhinney in the Chair—Dr. Forcade, R. Stephenson, McKibbin, Moore.

Belfast Medical Society  
Sessions 1822–1828

That the Treasurer order Pare's legal medicine 3 vol. Octavo.

R. Stephenson, Secretary

**Monday 6 October, 1823**

Present, Doctor Forcade in the Chair—Dr. R. Stephenson, Mr. Moore, Coffey, McKibbin.

Resolved that the members of the Society be enjoined to use every means to keep the books clean and free from abuses.

R. Stephenson, Secretary

**Monday 3 November, 1823**

Present, Doctor Forcade in the Chair—Dr. R. Stephenson, Coffey, Moore, McCleery, Dr. McDonnell.

That an engagement be entered into with a porter on the best terms to circulate the monthly summons.

R. Stephenson, Secretary

**Monday 1 December, 1823**

Present, Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, McKibbin, Mawhinney, McDonnell, Moore.

That Mr. McKibbin be enjoined to make enquiries about the second volume of the Medical Jurisprudence which is missing on circulation.—

*the above is found*

R. Stephenson, Secretary

**Monday 5 January, 1824**

Present, Doctor McDonnell in the Chair—Dr. Forcade, R. Stephenson.

R. Stephenson, Secretary

**Monday 2 February, 1824**

Present, Doctor Forcade in the Chair—Mr. McKibbin, Mr. Coffey, Doctor McDonnell.

for R. Stephenson, Secretary

R. Coffey

**Monday 1 March, 1824**

Present, Doctor Forcade in the Chair—Mr. McKibbin, Mr. Moore, R. Stephenson.

Resolved that the first and second volumes of the Dublin Hospital reports be procured by the Treasurer and Mason Good's study of medicine.

Resolved that the chairman request Dr. McDonnell to return the manuscript notes of Hunter's lectures which cannot be removed from the Library.

R. Stephenson, Secretary

**Monday 5 April, 1824**

Present, Doctor McDonnell in the Chair—Dr. Forcade, R. Stephenson, Mr. Coffey, Moore.

Resolved that Mr. Coffey be requested to inquire if any member has infringed the law of 3<sup>d</sup> March 1823

since the first of May last and report the same to the Secretary before the 20 inst.

R. Stephenson, Secretary

**Monday 1 [sic] May, 1824**

Present, Mr. McKibbin in the Chair—Mr. Moore, Dr. Forcade, R. Stephenson, McDonnell, R. Coffey, Dr. McGowan.

Balance in hands of Treasurer £3. 8s. 10d

Resolved that the Treasurer and Secretary be requested to continue in office during the ensuing year.

Dr. McGowan and Mr. Birnie of Larne having been duly proposed and balloted for were elected members.

Resolved that no member, in town, shall remove more than one book from the Library, that country members be allowed two volumes at a time.

R. Stephenson, Secretary

**Monday 7 June**

**Present**, Mr. Moore in the Chair—Mr. McKibbin, Coffey, Dr. Forcade, R. Stephenson, McCleery.

Resolved that the Treasurer order the Medical Botany in two volumes octavo with plates 13s.

That any member having more volumes from the Library than specified in the regulations shall pay five pence for each offence and ten pence a week so long as each volume may be detained afterwards.

Resolved that Dr. Forcade and Mr. McKibbin make arrangements for the members meeting at dinner on Wednesday the 17 inst [sic] to commemorate the revival of the Library.

R. Stephenson, Secretary

**Monday 5 July, 1824**

Present, Mr. Coffey in the Chair—Mr. McKibbin, Dr. R. Stephenson, McCleery, Dr. Forcade, Moore.

Resolved that the London Medical Repository a monthly Journal be ordered by the Treasurer.

Dr. Thomson, Dr. Millar, Mr. Aicken, Mr. Officer and Mr. McClure, having been proposed, were elected by ballot members of the society.

Resolved that Mr. McKibbin be requested to prepare a correct catalogue of the Books in the Library and have it with the existing regulations printed for the use of the members assisted by Mr. Coffey.

R. Stephenson, Secretary

**Monday 2 August, 1824**

Present, Doctor Thomson in the Chair—Dr. Millar, R. Stephenson, Coffey, Bryson, Moore.

Resolved that the printing of the laws and list of the books be deferred for the present.

Resolved that the Treasurer be requested to furnish to the Society a statement of the annual

expense in consequence of periodical works ordered by the Society.

R. Stephenson, Secretary

**Monday 6 September**

Present, Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, Mr. Moore.

The Treasurer reports that the expenditure on the periodical publications, quarterly and monthly, amounts to ten pounds seventeen and sixpence.

Resolved that the Medical Botany shall not be removed from the Library by town members during this month.

Resolved that the members of the Society be specially summoned to take into consideration the expediency of demanding a deposit equal to the value of this work before any member can remove this or any works with plates from the Library.

R. Stephenson, Secretary

**Monday 4 October, 1824**

Present, Dr. McDonnell in the Chair—Dr. Forcade, R. Stephenson, Coffey, McKibbin, Officer, Wm Aicken.

Resolved that members borrowing from the Library any book containing coloured plates must deposit with the apothecary the value of the volume as security for the safe return of the work so removed.

Resolved that the consideration of ordering Lizars' anatomical plates coloured or uncoloured be deferred till next meeting.

Robt Stephenson, Secretary

**Monday 1 November, 1824**

Present, Mr. Coffey in the Chair—Dr. Thomson, Dr. Forcade, Messrs. McKibbin, Coffey and Mawhinney, Mr. Aicken, Mr. Moore, Mr. Officer, Dr. R. Stephenson.

Resolved that Bostock's Elements of Physiology be purchased immediately.

Burn's Anatomy of the head and neck edited by Professor Pattison be purchased.

Dr. Wilson Philip on Indigestion and Nervous diseases be purchased.

The proposal of Mr. Wm Aicken take precedence of Mr. McKibbin's proposition.

The resolution passed last meeting requiring a deposit for coloured plates taken out by the members be now rescinded.

That any proposition for the enactment of any new law, or for the repeal or alteration of any old law, must be confirmed at the meeting subsequent to that on which it is passed, not less than five members being present at such confirmation, previous to its becoming a law.

Resolved that the bookseller be requested to send a copy of Lizars' plates coloured and uncoloured on next day of meeting, and that Dr. McDonnell's

proposal be then determined after inspection of the work.

R. Stephenson, Secretary

**Monday 6 December, 1824**

Present, Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, Mr. Moore, Mr. Officer, Mr. Mawhinney, McCleery, Dr. Thomson.

Resolved that the thanks of the society be presented to Mr. Bryson for the attention with which he has met the wishes of the members in making arrangements for procuring the New York Medical Repository.

Resolved that the annals of Philosophy be discontinued on the completion of the current volume.

Resolved that the "Lancet" be ordered and procured regularly and Lizars' plates—coloured.

Robt Stephenson, Secretary

**3 January, 1825**

Present, Mr. Officer in the Chair—Dr. R. Stephenson, Mr. Coffey, Dr. Thomson, Mr. Moore, Forcade, McCleery.

Resolved that the fifth volume of the "Lancet" be completed and the "Chemist" be procured from the commencement of the current volume.

The consideration of procuring Paris on Medical Jurisprudence be deferred on account of the reduced state of the funds.

R. Stephenson, Secretary

**Monday 7 February**

Doctor Forcade in the Chair—Dr. R. Stephenson, Mr. Coffey, Mr. Moore, Dr. Thomson, Mr. McCleery, Mr. Officer.

Resolved that Chapman's Elements of Materia Medica be purchased.

Resolved that Doctor Berwick be admitted.

That the Secretary call a meeting of the Society previous to the sale of Dr. Haliday's library to consider of the propriety of making any addition to the Medical Library from that collection.

R. Stephenson, Secretary

**Monday 20 [sic] February, 1825**

Present, Mr. Moore in the Chair—Dr. Forcade, Dr. Berwick, Mr. Coffey.

Resolved that Dr. Berwick and Mr. Moore be authorised purchase the undermentioned books if sold reasonable.

D Moore, Chairman

- |      |                                   |
|------|-----------------------------------|
| 8/4  | Hippocrates Greek and Latin 2 vol |
| 1/9  | Copeland on Spinal Disease        |
| 9/4  | Hoffmanni opera 4 vol             |
| 2/10 | Ferriar Medical Histories 2 vol   |
| 7/6  | Van Swieten Commentarii 5 vol     |

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15/-	Morgagni by Cook 2 vol	
-/10	Baillie's Morbid Anatomy	
2/2	Medical Communications 2 vol	
1/-	Beddoes Essays on Calculus	
6/6	Medical Observations and Enquiries 6 vol	
2/9	Burns on the Heart	
1/9	Sydenham's opera	
1/9	Cooper on diseases of the Joints	
1/11	Earle on diseases of the Spine	
	Total	£3. 8s. Od. [sic]
		R. Stephenson, Secretary

**Monday 4 April, 1825**

Dr. Forcade in the Chair—Present, Dr. Berwick, Dr. R. Stephenson.

Resolved that Dr. Bryson be requested to continue to procure the New York Medical and Physical Journal.

Resolved that Dr. Berwick be requested to draw out a catalogue of the books, belonging to the Society, to lie on the Library table.

Robt Stephenson, Secretary

**Monday 2 May, 1825**

Present, Mr. McClure in the Chair—Dr. Forcade, Dr. R. Stephenson, Mr. Coffey, Mr. Aicken, Dr. Berwick, Dr. Thomson.

Balance due Treasurer 3. 7. 5

Resolved that the thanks of the Meeting be given to Dr. Forcade as Treasurer and Dr. R. Stephenson as Secretary, and that they be requested to continue in office during the ensuing year.

Dr. McCabe, Surgeon McCullough, Surgeon Douglas and Dr. Wilson were elected members by ballot.

Resolved that the next meeting of the Society be held on the thirtieth of May.

Resolved that all members detaining books circulating on Sunday shall be subject to the penalty of five pence.

That all persons who shall have subscribed without interruption during Twenty years shall be members during life without incurring any further expense.

George McClure, Chairman  
R. Stephenson, Secretary

**Monday 30 May, 1825**

Present, Dr. Forcade in the Chair—Dr. Thomson, McDonnell, R. Stephenson, Wilson, Berwick, McCabe, Mr. Aicken, Moore, McCleery, McKibbin, McCullough, McClure, Mawhinney.

Resolved that it is expedient to admit honorary members into the Society.

Resolved that the election be made by ballot and that one black bean shall exclude the person proposed.

Dr. Haliday be an honorary member of this Society.

The repeal of the law passed 7<sup>th</sup> October 1822 was confirmed.

Resolved that the members dine together on the eighth inst to commemorate the revival of the Library.

That Dr. Forcade, Dr. Thomson and Mr. McKibbin be requested to act as stewards and make all the necessary arrangements in conjunction with the Secretary.

Mr. Quin was admitted by ballot.

Resolved that the thanks of the Society be given to Dr. Berwick for the care with which he has executed the catalogue of the Library.

R. Stephenson, Secretary

**Monday 4 July, 1825**

Present, Doctor Berwick in the Chair—Dr. R. Stephenson, Mr. McCleery, Mr. Officer, Mr. McClure, Mr. Coffey, Mr. Aicken.

Moved that Mr. Mawhinney's fine for April be remitted on account of his bad health.

Dr. Stephenson was admitted an honorary member by ballot.

Resolved that the ballot on Mr. Walkington's admission be deferred until it be ascertained that he is eligible as a qualified member of the profession.

Resolved that the Secretary apply to Dr. McDonnell by writing and request that he return the cases that were read and presented to the Society by the members.

R. Stephenson, Secretary

**Monday 1 August**

Present, Dr. Forcade in the Chair—Dr. Berwick, Wilson, R. Stephenson, Mr. Officer, Mr. Coffey, Mr. Moore, Mr. Aicken, Dr. McDonnell.

That Dr. Berwick and Mr. Moore be requested to wait on Dr. McDonnell and procure the papers belonging to the Society which have been for some time in his possession.

Mr. Walkington was admitted by ballot.

Resolved that the first numbers of the Lancet be procured.

R. Stephenson, Secretary

**5 September, 1825**

Mr. Moore in the Chair—Present, Dr. Berwick, Dr. Forcade, Messrs. McCleery, Quin, Officer, Aicken, Coffey, McKibbin, Mawhinney, Dr. Wilson, Dr. R. Stephenson.

That any member having detained any Book or publication in the course of Circulation longer than a week, be fined 5d per day for a week, and that the members taking into their consideration the circumstances of the detention shall decide whether any and what further fine be imposed.

That in the future election of members it will be requisite that Candidates must have four white beans to one black one to entitle him to admission.

That Mr. Thos. McClurkan be admitted a member of this Society.

R. Stephenson, Secretary

**3 October, 1825**

Present, Mr. Coffey in the Chair—Mr. McCullough, Dr. Forcade, Mr. McCleery, Dr. Thomson, Mr. Quin, Mr. Moore.

Mr. Moore is requested to have shelving put in the case

Robert Coffey, Chairman  
R. Stephenson, Secretary

**7 November**

Mr. Moore in the Chair—Present, Dr. Wilson, Mr. Coffey, Mr. Walkington, Dr. Forcade, Mr. McCleery, Dr. R. Stephenson, Mr. McClurkan.

The regulations proposed on the 5<sup>th</sup> Sept were confirmed.

Resolved that Down's midwifery be purchased.

Dr. Bailie's works edited by Wardrop.

Hunter's Plates of the Gravid Uterus with explanation.

R. Stephenson, Secretary

**Monday 5 December**

Present, Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, Mr. Walkington, McCleery, Dr. Berwick, Mr. Officer, Mr. Moore, Dr. McDonnell.

Resolved that the Medical Repository be discontinued as soon as the present volume be completed.

Mr. Wethered was elected a member by ballot.

Resolved that the fine for detaining the circulating Journals be five pence after the fifth of January 1826.

Resolved that the Secretary return the thanks of the Society to Dr. McGowan for Innes on the muscles, Falck on the Venereal and Cullen's Nosology which he has liberally presented to the Library.

Resolved that the Chemist be continued and that the numbers wanting be supplied.

Resolved that Drs. Forcade and Berwick be requested to have the periodical journals completed and bound.

Robert Coffey, Chairman  
R. Stephenson, Secretary

**Monday 2 January, 1826**

Mr. Quin in the Chair—Present, Mr. McCleery, Mr. Officer, Mr. Coffey, Mr. Walkington, Dr. Forcade, Mr. Mawhinney, Mr. McClurkan, Dr. Berwick, Mr. Moore, Mr. McClure, Dr. Thomson.

Dr. Cupples was elected by ballot.

Dr. Ridley do. do.

Mr. McBurney do. do.

Mr. Quin, Chairman

January 2<sup>nd</sup> 1826

R. Stephenson, Secretary

**Monday 6 February, 1826**

Mr. Coffey in the Chair—Dr. Forcade, Millar, Thomson, Stephenson, Mr. McBurney, Officer, Mr. Aicken, Dr. Ridley, McDonnell, Mr. McCleery.

Resolved that the carrier of Journals and notices be allowed one shilling a month for his services.

R. Stephenson, Secretary

**Monday 6 March, 1826**

Dr. Millar in the Chair—Dr. Forcade, Berwick, R. Stephenson, Ridley, Messrs. McBurney, Moore.

Mr. Scott of Dromore was admitted by ballot

**Monday 3 April, 1826**

Mr. Coffey in the Chair—Dr. R. Stephenson, Messrs. McClure, Officer, McBurney, Moore, Dr. Wilson, Dr. Millar, Mr. McCleery.

Resolved that Mr. Coffey and Moore ascertain the fines incurred since May last by members detaining books out of the Library.

Resolved that Drs. Forcade and Millar have a seat provided for the Chairman.

R. Coffey Ch Man R. Stephenson, Secretary

**Monday 1 May, 1826**

Present, Mr. Moore in the Chair—Dr. Millar, Ridley, Wilson, R. Stephenson, Berwick, Messrs. McKibbin, Officer, McCleery, Coffey, McBurney, Mawhinney, Dr. Forcade, Dr. Cupples, Dr. Thomson.

Resolved that the thanks of the meeting be given to Dr. Forcade Treasurer and Dr. R. Stephenson the Secretary for their services during the past year and that they be requested to continue in office during the ensuing year.

Plumb on Cutaneous diseases was ordered.

That Mr. Mawhinney's fine be reduced to 2/11 irish currency

Balance in Treasurer's hand £8. 7. 0 irish.

That the Society meet on the 29<sup>th</sup> instant to make arrangements to commemorate the revival of the Library and transact the usual business of the Society.

R. Stephenson, Secretary

**Monday 29 May, 1826**

Present, Mr. McKibbin in the Chair—Dr. Forcade, Dr. R. Stephenson, Mr. Quin, Mr. Officer, Dr. Berwick, Mr. McClure, Mr. McBurney, Mr. Coffey, Mr. Mawhinney, Dr. Thomson.

Mr. Fitzmaurice, Mr. Gowdy and Dr. Latham were admitted by ballot.

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That the books purchased by Dr. Berwick at the late sale be not received.

That Dr. Forcade, Mr. McClure and Mr. McKibbin be requested to act as stewards and make the necessary arrangements for the ensuing annual dinner to be held on the eighth of June.

R. Stephenson, Secretary

**Monday 3 July**

Mr. Coffey in the Chair—Present, Drs. Forcade, Wilson, Messrs. McKibbin, Quin, Gowdy, McBurney, Aicken, Dr. McDonnell, McCleery.

Resolved that the rules of the Society and the catalogue of the books be printed forthwith and each member furnished with a copy and also that an application book be provided by Mr. Coffey, Forcade, McKibbin.

That members detaining books that have circulated, longer than one month, pay a fine of one penny daily until it be returned, which repeals the regulation of ...

That the New Edinburgh quarterly journal be ordered.

That Mr. Grattan be elected member.

R. Stephenson, Secretary

**Monday 7 August, 1826**

Present, Dr. Thomson in the Chair—Mr. Coffey, McKibbin, Bryson, Moore, Aicken, Officer, McBurney, Mawhinney, Dr. Forcade, R. Stephenson.

Resolved that the proceedings of last meeting be confirmed.

Resolved that the Chairman of the meeting shall enjoy his right of voting as a member and in case of an equality he shall be entitled to a casting vote.

That the Treasurer order Dewees on the diseases of Children, Rawlison on the Medicinal leech and Ric Price on the utility of Leeching.

Resolved that five members be appointed to revise the laws before having them printed and report to the Society, before putting them to the press, specially summoned.

That this committee consist of Dr. Thomson, Dr. Forcade, Mr. McKibbin, Mr. Coffey and Dr. R. Stephenson.

Dr. Millar gave notice that he has withdrawn himself from the Society.

R. Stephenson, Secretary

**Monday 4 September, 1826**

Mr. Coffey in the Chair—Dr. Thomson, Forcade, R. Stephenson, Mr. Bryson, McKibbin, Grattan, Moore.

Mr. Stewart of Moneyrea was elected by ballot.

Allan's Surgery was ordered.

Messrs. McKibbin and Coffey are requested to

have 100 copies the Catalogue and rules of the Society, as now adopted,\* printed forthwith.<sup>1</sup>

R. Stephenson, Secretary

*\* This must embrace all the rules published in the Catalogue of September 1837 and marked "original" though many of these do not appear in any previous minutes of the Society.*

*J. M. Sanders July 1841.*

**Meeting 2 October, 1826**

Doctor Thomson in the Chair—Present, Dr. Thomson, Mr. McKibbin, Mr. McBurney, R. Coffey.

Messrs. McKibbin and Coffey report that the Printing of the Catalogue will be finished this week.

Resolved that Davis Operative Midwifery be ordered by the Treasurer.

R. Coffey, Secretary Pro Temp

**Monday 6 November, 1826**

Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, Mr. McKibbin, Aicken, Gowdy, Dr. McDonnell, Mr. McKibbin, Mr. McCleery.

Resolved that the second volume of Johnson on the Leech, Abernethy's works and Cooper on Dislocations be purchased. Dr. Drummond is proposed as a member and seconded.

R. Stephenson, Secretary

**Monday 4 December, 1826**

Dr. McDonnell in the Chair—Dr. Forcade, R. Stephenson, Mr. Coffey, Mr. Aicken, Mr. McClurcan, Mr. Grattan, Mr. McBurney, Mr. Moore.

Dr. Drummond was admitted a member and Mr. Strain of Newtownards and Mr. Murray of Glenavy were proposed as members and seconded.

R. Stephenson, Secretary

**Monday 1<sup>st</sup> January, 1827**

Doctor Wilson in the Chair—Present, Dr. Forcade, Messrs. Moore, McBurney and R. Coffey, Mr. McCleery, Mr. Goudy.

Mr. Wm Strain of Newtownards and Mr. Murry of Glenavy were admitted members by ballot.

Robert Coffey, Secretary pro temp

**Monday 5 February, 1827**

Present, Mr. Moore in the Chair—Dr. Thomson, Forcade, R. Stephenson, Drummond, Mr. McBurney, McCleery, Dr. McDonnell.

Surgeon James Campbell was admitted member by ballot.

Resolved that the Treasurer be requested to order Paris on Diet—Paris on Pharmaceutical chemistry, Cooper on Hernia, Cooke on Nervous diseases, Bell's Surgical works, Forbes Translation of Laennec.

<sup>1</sup> [See page 261 for a transcription of this catalogue.]

Resolved that each member on proposing a work shall state the price in the proposal book at the same time.

Resolved that Lizar's plates and the explanations be bound as soon as possible.

R. Stephenson, Secretary

**Monday 5 March, 1827**

Present, Dr. Wilson in the Chair—Dr. Thomson, Berwick, R. Stephenson, Mr. Coffey, McKibbin, Forcade, McCleery, Aicken, Moore, Campbell.

Surgeon McMaster and Edward Bryson of Antrim were admitted by ballot.

Resolved that the Treasurer be requested to order O'Halloran on Ophthalmia.

R. Stephenson, Secretary

**Monday 2 April, 1827**

Dr. Wilson in the Chair—Dr. Forcade, R. Stephenson, Thomson, Mr. Coffey, Officer, McCleery, Moore, Dr. McDonnell.

Resolved that the Treasurer be requested to order Prichard on Nervous diseases, Venables on Diabetes.

That the Secretary be requested to return the thanks of the Society to Mr. Wallace Esqr for his Treatise on Moxa.

That Mr. McCleery be requested to inquire into the penalties incurred by members for detaining books from the Library during the last year and return the same to the Secretary before the next day of meeting.

Resolved that in consequence of Mr. Officer's statement, the fine for delaying the "Lancet" circulating in September be remitted to 2/8.

R. Stephenson, Secretary

**1 May, 1827**

Present, Dr. Thomson in the Chair—Dr. R. Stephenson, Mr. Coffey, Mr. Gowdy, Mr. Officer, Dr. Forcade, Mr. McKibbin, McCleery, Mr. Moore.

The Treasurer be requested to order Lawrence's Lectures on Man, Coomb's Treatise on Phrenology, Charles Bell's System of Operative Surgery, Thomson on Inflammation, Ure's chemical Dictionary.

That Mr. McCleery be requested to complete his report before next meeting.

That the Treasurer and Secretary be presented with the thanks of the Society and that they be requested to continue their services during the present year.

Balance in Treasurer's hand £6. 14. 9<sup>3</sup>/<sub>4</sub>.

That the Secretary be requested to furnish Mr. Mawhinney with the arrear of his fines.

That the Secretary be directed to give notice to Dr. Berwick that in consequence of violating rule fifteenth, he is subject to the usual penalty.

That the Society be summoned for the last Monday in May to make arrangements to commemorate

the revival of the Library and transact the ordinary business.

Resolved that a ballot be taken for the election of Mr. Henry Purdon at next meeting.

R. Stephenson, Secretary

**Monday 28 May, 1827**

Mr. Coffey in the Chair—Dr. Forcade, Dr. R. Stephenson, Mr. McBurney, Mr. Mawhinney, Mr. Moore, Mr. Grattan, Mr. McKibbin, Dr. Wilson, Mr. McClure.

Resolved that Dr. Wilson and Mr. Grattan investigate the fine of Mr. McBurney on the 19 of March and report on the next day of meeting.

Mr. Henry Purdon be admitted a member.

That a ballot be taken for Dr. Little at next meeting.

Resolved that the Society dine together on Friday the eight of June to commemorate the anniversary of the revival of the Society.

Resolved that Dr. Forcade, Mr. Grattan and Mr. McClure be requested to make the necessary arrangements for dinner.

Resolved that the subcommittee be requested to invite Mr. John Aickin the Librarian to dine with the Society on the eighth of June.

R. Stephenson, Secretary

**Monday 2 July, 1827**

Present, Dr. Wilson in the Chair—Dr. R. Stephenson, Mr. McKibbin, Coffey, Gowdy, Grattan, Dr. McDonnell.

Resolved that under the present circumstances of the case that it is inexpedient to remit Mr. McBurney's fine.

Dr. Little was admitted a member by ballot.

That the thanks of the Society be given to the stewards for their excellent arrangements on the eighth of June.

That the Treasurer be requested to order Brodie on diseases of the joints, Boyer on diseases of the bones and Crowther on White swelling.

That a ballot be taken at next meeting for Mr. George Welsh of Ballycastle.

R. Stephenson, Secretary

**Monday 6 August, 1827**

Present, Mr. McClurcan in the Chair—Mr. McCleery, Mr. McKibbin, Mr. Coffey, Dr. R. Stephenson, Mr. Moore, Mr. Officer, Mr. Gowdy, Dr. Little, Mr. Aicken, Dr. Thomson, Dr. McDonnell.

Mr. George Welsh of Ballycastle was admitted by ballot and Mr. Thos. Wilson proposed for ballot.

That the Treasurer be requested to order the posthumous works of Dr. Parry of Bath, Medical Logic by Sir Gilbert Blane, latest edition of Bell's operative surgery.

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Resolved that a committee be appointed with powers to recall the books and report on the state of the Library to the next meeting of the society.

That Dr. Thomson, Little and Mr. Coffey be the Committee appointed for this purpose.

R. Stephenson, Secretary

**Monday 3 September, 1827**

Mr. McCleery in the Chair—Present, Dr. Forcade, Messrs. Moore, Bryson, Coffey and McKibbin, Dr. Little, Dr. R. Stephenson.

Mr. Thos. Wilson was elected by ballot.

The committee appointed to investigate the state of the Library report that the Books are correct and in good order.

That the thanks of the meeting be presented to the committee for their trouble and care in examining the Library.

That the committee with Drs. Forcade and Stephenson be requested to have an additional book case for the Society.

That the chairman be directed to write to Mr. McBurney requesting him to conform to the resolution of the 2 July and forward the fine to the Treasurer.

R. Stephenson, Secretary

**Monday 1 October, 1827**

Present, Mr. Coffey in the Chair—Dr. Forcade, R. Stephenson, Mr. McBurney, Moore, McKibbin, Dr. Wilson.

Resolved that a ballot be taken at next meeting for Dr. Stewart of Larne and Dr. Duncan.

Resolved that the further consideration of purchasing the Dictionnaire de Médecine be deferred till next meeting.

R. Stephenson, Secretary

**5 November, 1827**

Mr. Coffey in the Chair—Dr. Forcade, Dr. Thomson, Dr. Little, Dr. R. Stephenson, Mr. McKibbin, Mr. Moore, Mr. McCleery, Dr. Wilson, McDonnell.

Dr. Stewart and Dr. Duncan were admitted by ballot.

Resolved that a ballot be taken at next meeting for Mr. Wm Barrett.

Resolved that Dr. Little be requested to inspect the state of the periodical publications and arrange and send those unbound to the stationers.

R. Stephenson, Secretary

**3 December, 1827**

Mr. McCleery in the Chair—Dr. Forcade, R. Stephenson, Little, Mr. McKibbin, Coffey, Dr. Thomson, Mr. Officer, Quin.

Dr. Little reports that the New York Journal wants in Vol VI No 3, 4; in Vol IV No 1, 2; in Vol III No 2, 3, 4;

in Vol VIII No 1. Resolved that he be requested to have notice fixed in some conspicuous place requesting members of the Society to have these numbers returned.

Resolved that the Treasurer be requested to order Percival on Medical Ethics, Johnson on irritability of the Stomach and intestines.

Resolved that a ballot be taken at next meeting for Dr. Kirkpatrick of Larne.

R. Stephenson, Secretary

**Monday 7 January, 1828**

Mr. McCleery in the Chair—Dr. Thomson, Forcade, R. Stephenson, Coffey, McKibbin, Grattan, Moore, Dr. Wilson.

Dr. Kirkpatrick of Larne was admitted by ballot.

Resolved that the Treasurer be requested to settle Hasting's account for the book case on the best terms.

Resolved that Dr. Thomson and Mr. McCleery be requested to have the books labelled and arranged in the new book case making such arrangements as may be necessary.

R. Stephenson, Secretary

**4 February, 1828**

Present, Mr. Aicken in the Chair—Dr. McCabe, Dr. Little, Dr. Thomson, Dr. R. Stephenson, Mr. Coffey, Mr. McCleery, Mr. McKibbin, Dr. Forcade.

Resolved that the Treasurer be requested to order Scudamore on Gout, Scudamore on the Mineral Waters of England, Blackall on Dropsy, Glasgow Medical and Surgical Journal, Charles Bell's exposition of the Nervous System.

Resolved that Dr. McCabe be allowed the benefit of one 12<sup>th</sup> reduction to his subscription for the year 1826.

R. Stephenson, Secretary

**3 March, 1828**

Present, Mr. McKibbin in the Chair—Dr. Duncan, Dr. Forcade, Dr. R. Stephenson, Mr. Coffey.

R. Stephenson, Secretary

**7 April, 1828**

Mr. McCleery in the Chair—Present, Drs. Thomson, Forcade, Little, Mr. Coffey, Dr. Duncan.

Resolved that a ballot be taken at next meeting for Drs. Ridley and MacCormac.

That Shaw on Distortions of the Spine 8vo 10/6, Engravings to Ditto 1. 11. 6,

Travers on Constitutional Irritation,

Bateman's Delineations of Cutaneous Diseases with fo. coloured plates 12gs,

Barker and Cheyne's account of the Epidemic Fever in Ireland,

Abercrombie on Diseases of the Brain and Spinal Cord,  
Bostock's Physiology third volume.  
R. Coffey, Secretary pro tempor

P.S. Resolved that Mr. McCleery, Dr. Thomson and Dr. Duncan, be requested to have the books of the Library called in and examined before the first of May.  
R. Coffey, Secretary pro tempor

#### COMPILER'S NOTE

The Minute Books from April 1828 to July 1842 are now missing.

#### Honorary Membership:<sup>1</sup>

We understand that at a special meeting of the Belfast Medical Society, held on Monday last, Mr John Aickin, Surgeon, Ardglass, late Apothecary to the Belfast Dispensary and Fever Hospital, was admitted an Honorary Member of that body.

#### Public breakfast and testimonial to Dr. Stephenson.<sup>2</sup>

On Monday morning, 11th instant [June 1838], the members of the Belfast Medical Society invited our highly respected townsman, Dr. Stephenson, to breakfast in the large room of the Temperance Hotel, 18, Waring-street, on the occasion of the Doctor's ceasing to be Secretary to the Medical Society—an office he had held for sixteen years with great credit to himself and advantage to the institution. Immediately after breakfast—which was provided by Mrs. Lyons in her usual sumptuous style—a presentation of books to Dr. S. took place, consisting of the celebrated Bridgewater Treatises,<sup>3</sup> splendidly bound, with a suitable inscription in each. They were accompanied by the subjoined address. It is pleasing to see members of the same profession cordially and generously uniting to award well-merited honours to such of their fellows as have won their esteem—and it must be particularly gratifying to the feelings of Dr. Stephenson to receive from his medical brethren those special marks of their regard:—

<sup>1</sup> [Belfast Newsletter, 7 September, 1832, p2.]

<sup>2</sup> [Belfast Newsletter Letter, 12 June 1838.]

<sup>3</sup> [There were eight treatises in all, some being in two volumes. The Ulster Medical Society has the two volumes of Treatise VII (On the History, Habits and Instincts of Animals by William Kirby) which were presented to Dr. Stephenson.]

TO ROBERT STEPHENSON, Esq. M.D.

Sir—The members of the Belfast Medical Society, regretting deeply your resignation of the office of Secretary to the Society—the laborious duties of which you have performed since the revival of the Library, in 1822—cannot allow the occasion to pass by, without expressing their utmost satisfaction with the very efficient manner in which those duties have been discharged—certainly with the greatest advantage to them, but with much inconvenience and trouble to you, and at an immense sacrifice of valuable time, considering your many other important professional engagements.

Although, Sir, you were not the original founder of the Medical Society, one object of which has been to collect and diffuse all the information, either literary or strictly medical, that may conduce to the improvement and consequent respectability of the profession; yet, we believe it is not going beyond the truth, nor exaggerating in the slightest degree, to say that the founders of the Society may attribute the success attendant upon the carrying out of their laudable intentions to the punctual regularity and untiring zeal of their Secretary.

Another important object of this Society, and one the accomplishment of which was to you a matter of anxious solicitude, has been to a great extent realized by your indefatigable exertions—namely, the union of the members of the Medical profession in Belfast and its vicinity, by a cement the most binding, and likely to be permanent, because pure and unselfish—the love of science; and their mutual friendly co-operation in the pursuit of that knowledge peculiar to the medical profession—which, whilst it ennobles its possessors and raises them high on the social scale, is, in its exercise and practical application to the relief of human suffering, incalculably beneficial to mankind at large,

But, Sir, it is unnecessary to dilate on the many advantages which have accrued to the profession in this town and neighbourhood by your unwearied and honorable exertions—suffice it to say, that there is, and can be but one sentiment on this subject among the members of the Medical Society, and it is, that the Society owes its present prosperous state to your labours. The intimation of your intention to retire from the Secretaryship was therefore received with unfeigned regret by all the members, feeling as they did, that it would be nearly if not altogether impossible for any new officer to discharge the duties so efficiently; but their gratitude to you for past services was much enhanced by your kind promise to give your valuable assistance and advice to our new Secretary, on any occasion when they might be required, and by your encouraging assurance to him and to every member of the Society, that by increased labour undertaken, and greater responsibility incurred for the good of the institution, their interest in



larly gratifying, as these two regulations seem to me to have contributed largely, and to have become the foundation of our success as a Society, and their observance will indubitably contribute in future to its strength and permanence. By the circulation of the periodical literature of the day, the immediate benefit arising from our close connection, and our mutual interest in its continuance and support, is renewed weekly, or perhaps oftener, and by the monthly notices the members are reminded of the duty required of them, in return for the knowledge and information that have been brought home to them at so easy and so reasonable a rate.

As far as my recollection serves me, this is the first convivial favour that has been conferred by his fellow-practitioners on any member of the profession in this town and should call forth corresponding feelings and high expressions of thanks on my part, for having been selected as the object of it—for it cannot be but a pleasing gratification to any individual, that in his intercourse with his professional brethren he has conducted himself so as to acquire this flattering mark of kindness from so many as are present here; and that it has fallen to his lot to render them such service as they are not inclined to pass over unnoticed. In undertaking from the commencement the duties of your Secretary, I had pleased myself with the idea of doing such service to the members of the professional community to which I have the good fortune to belong as should unite them hereafter in an honourable and an useful fellowship, and bind them together in future by the pleasing bonds of mutual kindness and interest, and that this reflection on the accomplishment of the task effected so as to render the success permanent—should prove my never-ending reward. The experiment having at length shown that the attainment of those results is not only practicable but interesting and useful, I calculated on being now allowed to retire calmly to the enjoyment of such reflections; but you have been pleased to deprive me of these quiescent gratifications; and, by your flattering marks of attention this morning, and your valuable and classic remembrance, you now, on the other hand, must ever after leave me largely your debtor.

ROBERT STEPHENSON, M.D.

#### Hospital 1<sup>st</sup> August, 1842

Present, Dr. Dill in the Chair—Dr. Moffat, Dr. Read, Mr. Clarke, Dr. Bryce, Dr. Sloane, Dr. Burden, Dr. Sanders, Dr. H. Stewart, Dr. Stewart, Mr. Officer, Mr. McCleery.

That the Ballot for Dr. Kirkpatrick of Larne and Mr. McCulloch of Bangor be deferred till next meeting their Diplomas not having been seen.

That Leibig's Animal Chemistry 9/6 and Dr.

Elliotson's Physiology £2. 2/-, be ordered.

That Surgeon McEwan of Glenarm be balloted for at next meeting—proposed by Dr. Moffat and seconded by Dr. Sanders.

That Dr. James Murray's resignation be received.

Also Mr. Simpson's of Newtownards.

That Mr. Taylor Veterinary Surgeon not having paid his subscription for the last two years be not considered any longer connected with the Library.

That Mr. Trotter of Ballyatwood be noticed by the Secretary in accordance with Rule 10.

That the Library of Medicine price 10/6 each volume 6 volumes published be ordered.

J. M. Sanders, Secretary

#### Monday 5<sup>th</sup> September, 1842

Present, Dr. Horatio Stewart in the Chair—Dr. Sloane, Dr. Moffat, Dr. Stewart, Mr. Clarke, Dr. Bryce, Dr. Sanders.

That Dr. Kirkpatrick of Larne and Mr. McCulloch of Bangor be now admitted, having been duly balloted for.

That the Ballot for Mr. McEwan of Glenarm be deferred until next meeting his Diploma not having been seen.

That The Water Cure by James Wilson M.D. 4/6, The Climate of South Devon by Dr. Shaptor 7/6 and Dr. MacCormac's Methodus Medendi, be ordered.

That no reply having been received from Mr. Trotter the further consideration of his case be deferred until next meeting.

J. M. Sanders, Secretary

#### Monday October 3, 1842

Present, Dr. Stewart in the Chair—Dr. Burden, Dr. Sloane, Dr. McMechan, Mr. Clarke, Dr. Sanders, Mr. John Quin, Dr. Horatio Stewart, Dr. Moffat, Dr. Bryce.

That Mr. Trotter be no longer considered a Member of the Society his subscription and fines, amounting to £3. 6. 10 remaining unpaid.

That Mr. McEwan Surgeon of Glenarm Dispensary be admitted a Member having been duly balloted for.

That Brodie on the Urinary Organs 3<sup>d</sup> edition

Tait on Extent, Causes, etc. of Prostitution in Edinburgh and

Dr. Graves' Clinical Lectures in the press be ordered.

That Mr. Anderson's account for printing Circulars since May 1841 amounting to £2. 12/- be paid

That Mr. John Aickin's attention be called to the irregularity of taking out Books in the Librarian's absence which it appears he has been guilty of perhaps without being aware of the Law.

J. M. Sanders, Secretary

#### Monday 7<sup>th</sup> Nov, 1842

Present, Dr. Stephenson in the Chair—Dr. Sloane, Dr. Burden, Dr. Stewart, Dr. Sanders, Dr. Adams, Dr. Moffat, Mr. Harkin, Dr. Hunter, Dr. Thomson, Dr. Dill, Dr. Bryce.

In relation to Mr. Trotter, Dr. Stephenson his pro-

poser attended and explained that Mr. Trotter was overcharged, which was found to be correct the amounts actually due being £1. 18/- and 2/10 = £2. 0. 10.

That Dr. Malcolm be admitted a Member being duly balloted for. Also Surgeon McHarg of Lisburn.

That the following books be ordered

A treatise on Man by Quetelet 3/-

Human Physiology by Dr. Carpenter £1

General and Comparative D<sup>o</sup> by D<sup>o</sup> 18/-

Curiosities Medical Experiences, Millingen 18/-

Bell's Great Operations of Surgery 35/-

St Hilaire Histoire des Anomalies 30/-

Ryan on Prostitution 10/6

Erichsen on Diseases of Scalp 6/-

Carmichael on Venereal 10/-

Amesbury on Deformities of Spine 31/6

Amesbury on Fractures 2 vols 25/-.

J. M. Sanders, Secretary

#### Monday 5<sup>th</sup> December, 1842

Present, Dr. Hunter in the Chair—Dr. Burden, Dr. Thos. Read, Dr. Sloane, Dr. Sanders, Mr. Officer, Dr. MacCormac, Dr. H. Stewart, Dr. Stewart, Dr. Dill.

No business

J. M. Sanders, Secretary

#### Monday 2 January, 1843

Present, Mr. Mulholland in the Chair—Dr. Burden, Dr. Sloan, Dr. Hunter, Dr. Stephenson, Dr. H. Stewart, Dr. Adams, Mr. McCleery, Dr. Sanders, Dr. Stewart, Mr. Officer, Dr. MacCormac.

That Surgeon Brown R.N. be admitted a Member of the Society having been duly balloted for.

That Clinical Midwifery by Dr. Lee 4/6

Mullin's Physiology £2. 2/-

Syme's Surgery new edition 21/- be ordered.

The Treasurer having examined into some of the accounts of Country Members who have left the Society has furnished the names this day to the proposers of said Members who are liable for their fines unpaid.

That Dr. Burden be allowed the use of six volumes at a time instead of one for the purposes of his lectures until November next under the usual regulations.

J. M. Sanders

#### Monday 6<sup>th</sup> February, 1843

Present, Dr. Thos. Read in the Chair—Dr. Moffat, Dr. Dill, Mr. Clarke, Dr. Sloane, Dr. Burden, Mr. John Quin, Dr. Sanders, Dr. Bryson, Mr. Harkin, Mr. McBurney, Mr. Mulholland, Mr. Brown, Dr. Stewart, Dr. H. Stewart, Mr. Moore, Mr. Grattan.

That the proposers of Country Members previous to the publication of the Law marked 2 in the new Catalogue for August 1841 shall not be held liable for the fines etc. of the parties proposed that law not

having been previously printed.

That the old fines levied against Dr. Moffat amounting to ... be remitted, he having shewn to the satisfaction of meeting that they were incurred by the negligence of our former Librarian Mr. Woods.

That Dr. A. Gordon of Upper Arthur St. and Surgeon Alfred Anderson of D<sup>o</sup> be admitted Members of the Society having been duly balloted for.

Resolved unanimously that an effort should be made to assist in promoting the objects of the "Medical Benevolent Fund Society" recently formed in Dublin, by the organizing of a branch for this town and neighbourhood, and that the profession generally should be called on by advertisement to meet for considering the matter on Friday the 17<sup>th</sup> Inst. ...

That the chairman (Dr. Read), Dr. Moffat, Dr. Stewart and the Secretary be appointed a Committee to have this carried into effect.

J. M. Sanders, Secretary

#### Monday 6<sup>th</sup> March, 1843

Present, Dr. Moffat in the Chair—Dr. Bryson, Dr. Sloane, Dr. Dill, Dr. Sanders, Dr. Stewart, Dr. Burden, Mr. McCleery.

That the first proposition at last meeting be confirmed.

That the Life and Correspondence of Sir Astley

Cooper by Bransby Cooper 21/-

Coulson on the Bladder

Thomson's Animal Chemistry 16/-

be purchased.

That Dr. Knox's letter read by Dr. Bryson be re-considered at next meeting after the accounts are examined.

J. M. Sanders, Secretary

#### Monday 3<sup>rd</sup> April, 1843

Present, Dr. Moffat in the Chair—Dr. Stephenson, Dr. Dill, Dr. Gordon, Mr. McBurney, Dr. Sanders, Dr. Stewart, Mr. Browne, Dr. H. Stewart.

That the Library be closed on 20<sup>th</sup> Inst. for one week under the usual regulations for examination and that Drs. Moffat and H. Stewart be requested to conduct the same and report

That McCleery and Dr. Dill be requested to examine the annual fines and report at next meeting.

That Drs. Stewart and Sanders be requested to audit the Bookseller's and Treasurer's accounts.

J. M. Sanders, Secretary

#### Monday 1<sup>st</sup> May, 1843

Present, Mr. McBurney in the Chair—Dr. Burden, Mr. Officer, Dr. Gordon, Dr. Sanders, Dr. McMechan, Dr. Moffat, Dr. Mateer, Mr. McHarg, Dr. Rob. Bryce, Dr. Thos. Thompson, Dr. Dill, Dr. Read, Mr. Moore, Dr. Hunter.

That Dr. J. W. Beck and Dr. J. S. Reid be admitted

Members of the Society having been duly balloted for.

That Dr. Ashwell on Diseases of Females,  
Hind on Fractures,  
Wagner's Elements of Physiology be ordered.

That the thanks of the Society be given to Drs. Moffat and H. Stewart for the care with which they have examined the Library and that their report be received shewing only one volume (Guy's Hospital Reports vol 4) deficient in addition to those formerly wanting.

That the thanks of the Society be given to Mr. McCleery and Dr. Dill for their examination of the fines and that their report be received.

That the Treasurer's report be received shewing a balance in favor of the Society of £53. 19. 11½, his and the Bookseller's accounts having been duly audited.

That the allowance to Ann Marshall be increased for the present year to 20/-.<sup>1</sup>

That the thanks of the Society be given to Drs. Burden and Sanders as Treasurer and Secretary for their services during the past year and that they be requested to continue in office.

That the members of the Society shall dine together as usual on the 8<sup>th</sup> of June the anniversary of the revival of the Library and that Drs. Burden, McMechan and Sanders be requested to act as Stewards.

That the Secretary be requested to form a connection between this and the Sydenham Society and subscribe one guinea to the same forthwith per annum.

That Mr. Lamont be invited to the annual dinner.  
J. M. Sanders, Secretary

**Monday 5<sup>th</sup> June, 1843**

Present, Dr. Malcolm in the Chair—Mr. Clarke, Dr. Robt Bryce, Mr. Mulholland, Dr. Beck, Dr. Bryson, Dr. Mateer, Mr. A. Anderson, Dr. Burden, Dr. Moffat, Dr. Gordon, Dr. Dill, Dr. Sanders.

That Dr. Donnelly be admitted a Member having been duly balloted for.

That Crolly's Irish Medical Directory be ordered.

That a fine of 5/9 against Mr. Mulholland be remitted the book having been detained by the Porter of Hospital in the Dispensary.

<sup>1</sup> [An Anne Marshall, very likely the same person, entered the wards of the old Fever Hospital for two weeks on 5 August 1810 as a patient. She was so helpful to the staff that she was not discharged and went on to become an Assistant Nurse in 1812. She was made Head Nurse some years later. In 1849 when the General Hospital was in financial difficulties she gave it the sum of £61, described by Malcolm as being, in her case, "the accumulation of a lifetime". (Malcolm, AG. *The history of the Belfast General Hospital, and the other medical institutions of the town.* Belfast: W & G Agnew; 1851, p70.) It is not clear, however, why the Society was supporting this lady in the early 1840s.]

That the Treasurer be authorised to pay Mr. Ward's account for bookbinding amounting to £1. 13/- having been examined and found correct.

J. M. Sanders, Secretary

**Monday 3<sup>rd</sup> July, 1843**

Present, Dr. Mateer in the Chair—Dr. Moffat, Mr. Browne, Dr. Stewart, Dr. Bryson, Dr. Gordon, Dr. Burden Dr. Sanders, Dr. Read.

That Dr. J. D. Marshall and Dr. W<sup>m</sup> Marshall Surgeon be admitted Members of the Society having been duly balloted for.

That the Zoist a quarterly journal of Mesmerism price 2/6

Todd's practical remarks on Gout Rheumatism etc. price 7/6 be ordered.

That Major Tullock's report on the invaliding etc. of the British Troops in Mediterranean etc. be ordered provided the price does not exceed £2 and that the proposer Dr. Read be not able to obtain it from some Member of Parliament.

J. M. Sanders, Secretary

**Monday 7<sup>th</sup> of August, 1843**

Present, Mr. McCleery in Chair—Dr. Stewart, Dr. J. D. Marshall, Dr. Burden, Dr. Sanders, Dr. Bryce, Dr. Dill, Dr. Moffat.

That the Life of Dr. Hope price 7/- be ordered.

J. M. Sanders, Secretary

**Monday 4 September, 1843**

Present—Dr. Burden, Dr. Malcolm, Dr. R. Stewart, Dr. Moffat.

A Quorum not being in attendance the meeting was adjourned.

J. Moffat, Sec. pro tem

**Monday 4 September, 1843**

Present, Dr. Read in the Chair—Dr. Burden, Dr. Malcolm, Dr. R. Stewart, Dr. Moffat.

That Wilson's Statistical Reports of the Health of the Navy price 12/- be ordered.

That a treatise on Diseases of the Skin by Erasmus Wilson price 12/- and Austria, its Scientific and Medical Institutions by Mr. R. Wilde

be ordered.

That the thanks of the Society be given to Dr. Robert Stewart for his kindness in presenting a copy of the Report of the Lunatic Asylum for the past year, to the Library.

J. Moffat, Sec. pro tem

**Monday 2<sup>nd</sup> October, 1843**

Present, Dr. Hurst in the Chair—Dr. Stewart, Dr. Gordon, Dr. Burden, Dr. Sanders, Dr. Read, Mr. John Clarke, Dr. Beck, Dr. Moffat, Dr. Bryce, Mr. McBurney.

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That the late Parliamentary report on Irish Medical Charities,

Cheyne's Essays on partial derangement  
Willis on mental derangement,  
be ordered.

That Dr. Cooke Surgeon be balloted for at next meeting being now proposed by Dr. Stewart and seconded by Dr. Hurst.

J. M. Sanders, Secretary

**Monday 6<sup>th</sup> November, 1843**

Present, Dr. Malcolm in the Chair—Dr. Hunter, Dr. John Quin, Dr. Moffat, Dr. Sanders, Dr. Stewart, Mr. Mulholland, Dr. Reid, Dr. Bryce, Dr. Burden.

That Dr. Cooke be admitted a Member having been duly balloted for.

That Cormac's London and Edinburgh Monthly Journal price 1/6 per number

A Treatise on Food and Diet by Jonathan Pereira M.D. price 16/-

A treatise on nature, causes and treatment of Erysipelas by Thos. Nunneley of Leeds price 10/-

be ordered.

That Dr. George Simpson of Newtownards be balloted for at next meeting, being now proposed by J. M. Sanders and seconded by Dr. Malcolm.

That owing to the peculiar circumstances of Mr. McEwan's case late of Glenarm his proposer Dr. Moffat be relieved from all responsibility.

(Dr. Burden enters his protest against the foregoing resolution conceiving that it is contrary to the spirit of law 2.)

J. M. Sanders, Secretary

**Monday 4<sup>th</sup> December, 1843**

Present, Dr. Read in the Chair—Dr. Cooke, Mr. Browne, Mr. Officer, Dr. Hunter, Dr. Malcolm, Dr. Moffat, Mr. Clarke, Dr. Dill, Dr. Sanders, Dr. Stewart, Mr. Grattan, Mr. Mawhinney, Dr. J. S. Reid, Dr. Mateer.

The ballot for Dr. G. Simpson is postponed in consequence of his degree not having been seen by his proposer or seconder.

That the London Pharmaceutical Journal from the commencement, price 1/- monthly.

Pritchards Natural History of Man 30/-

Warren's Surgical observations on Tumors price 16/-

Catalogue of preparations in Longstaff's Museum price 10/-

Watson's Lectures on Practice of Physic 2 vols

The British and Foreign Quarterly Medical Review from commencement

Tyrell Diseases of the Eye 2 vols

be ordered

That the resolution relating to Dr. Moffat and Mr. McEwan be confirmed.

That Mr. Drummond Anderson's account for printing for last year be ordered to be paid.

J. M. Sanders, Secretary

**Monday 1<sup>st</sup> January, 1844**

Present, Mr. James Mawhinney in Chair—Dr. Moffat, Mr. Browne R.N., Mr. Officer, Dr. Bryce, Dr. Dill, Dr. Sanders, Dr. Stewart.

That Dr. Catherwood of Donaghadee proposed by Mr. Mawhinney be admitted a Member having been duly balloted for

J. M. Sanders, Secretary

**Monday 5<sup>th</sup> February, 1844**

Present, Dr. Stewart in the Chair—Dr. Dill, Dr. John Clarke, Dr. Sanders, Dr. Burden, Dr. J. S. Reid, Dr. Malcolm, Dr. Read.

That Dr. Forbes Manual of Select Medical Bibliography price 9/-

Curling on Diseases of Testis 16/-

Dr. Gregory on the Eruptive Fevers 10/-

Dr. Williams on Morbid Poisons 2 vols 28/-

be ordered

J. M. Sanders, Secretary

**Monday 4<sup>th</sup> March, 1844**

Present, Dr. Hunter in the Chair—Dr. Burden, Mr. Clarke, Dr. James Reid, Dr. Sanders, Dr. Cooke, Dr. Malcolm, Dr. Stewart, Dr. Bryce, Dr. MacCormac.

That Mr. Ward's account for binding some volumes lately (£1. 11. 6) be paid

J. M. Sanders, Secretary

**Monday 1<sup>st</sup> April, 1844**

Present, in the Chair, Dr. Cooke—Mr. Mulholland, Dr. Stephenson, Dr. Burden, Dr. Sanders, Dr. Read, Dr. Stewart.

That the Library be closed under the usual regulations on the 20<sup>th</sup> Inst. for examination and that Dr. Moffat and Dr. Cooke be requested to conduct the same and report.

That Mr. McCleery and Dr. Dill be requested to examine the annual fines and report to next meeting.

That Dr. Stewart and Dr. Sanders be requested to audit the Bookseller's and Treasurer's accounts.

That a Treasurer and Secretary be appointed at next meeting for ensuing year.

That Dr. Burden's request to be allowed the use of six volumes at a time for six months from 1<sup>st</sup> May, be granted.

J. M. Sanders, Secretary

**Monday 6<sup>th</sup> May, 1844**

Present, Mr. McBurney in Chair—Mr. John Quin, Dr. Burden, Mr. Clarke, Dr. Gordon, Dr. J. D. Marshall, Dr. Moffat, Dr. Sanders, Dr. Stewart, Dr. Bryce, Dr. Dill, Mr. Officer, Dr. Kelso, Dr. Thos. Thomson.

That the warmest thanks of the Society be given to Drs. Moffat and Cooke for their very careful and accurate report of the state of the Library and that the same be entered on the minutes.

Also that owing to the large number of periodicals reported deficient a circular be addressed to each member with a list of the same requesting him to examine lest any of them should accidentally have remained in his possession after circulating.

That the thanks of the Society be also given to Mr. McCleery and Dr. Dill for their examination and report of the annual fines.

Drs. Stewart and Sanders having audited the Bookseller's and Treasurer's accounts report as to the accuracy a balance of £47. 18. 5½ appearing in Treasurer's hands to credit of the Society.

That the thanks of the Society be given to Dr. Burden as Treasurer and Dr. Sanders as Secretary for their past services and that they be requested to continue in office for next year.

That Mr. James Mawhinney's resignation now tendered be accepted of.

That the members shall dine together as usual on the 8<sup>th</sup> June, the anniversary of the Society, and that Drs. Burden and J. W. Marshall be requested to act as Stewards.

That our Librarian Mr. Lamont be invited as a guest.

J. M. Sanders, Secretary

*(The list of Books and periodicals found wanting being entered in the proposal book at 1<sup>st</sup> May it is unnecessary to re-enter it here.)*

**Monday 3<sup>rd</sup> June, 1844.**

Present, Dr. J. D. Marshall in the Chair—Dr. Read, Dr. Moffat, Dr. Gordon, Dr. Stewart, Mr. Clarke, Dr. Dill, Dr. Burden, Dr. Sanders, Dr. Malcolm, Mr. Harkin, Dr. Bryce.

That Granville's addenda to his work on German Spas 4/6

Lee's Lectures on Midwifery 15/-

Lever on organic disease of Uterus 9/-

Williams' Principals of Medicine 12/-

Dendy on Cutaneous diseases of children 10/-

Williams on Diseases of Chest 14/-

be ordered

A letter of resignation having been received from Dr. Lynch, Treasurer states that he has already received Dr. L.'s subscription for the current year, and that therefore the Secretary be instructed to intimate this to Dr. L. lest he should be under a mistake.

That owing to the anniversary dinner falling upon Saturday, the hour of meeting be five o'clock instead of six as formerly.

J. M. Sanders, Secretary

**Monday 1<sup>st</sup> July, 1844**

Present, Dr. Stewart in the Chair—Dr. Burden, Mr. Clarke, Mr. John Quin, Dr. Sanders, Dr. Read, Dr. Cooke, Dr. J. D. Marshall.

That Dr. Cooke's resignation be accepted.

That Sir Astley Cooper's work on non-malignant diseases of Female breast be replaced in the Library.

Also that Major Tulloch's report on the invaliding of the British Army be completed and continued.

J. M. Sanders, Secretary

**Monday August 5<sup>th</sup>, 1844**

Present, Dr. Moffat in the Chair—Dr. Read, Dr. Stewart, Dr. Burden, Dr. Gordon.

That Dr. Russell of Portstewart proposed by Dr. Read be admitted a Member having been duly balloted for.

That the deficient periodicals as proposed by Dr. Moffat after the annual examination of the Library be ordered.

That the thanks of the Society be given to Dr. McDonnell for the Parliamentary reports presented by him to the Library.

**Monday September 2, 1844**

**Present,** Dr. Moffat in the Chair—Dr. Read, Dr. Gordon, Dr. Stewart, Dr. Malcolm, Dr. McBurney, Dr. Sanders, Mr. Grattan.

That Alfred Taylor's work on Medical Jurisprudence 5/-

Dr. Boswell Reid on Ventilation 16/-

Morton's Crania Egyptiaca 21/-

Dr. Hunt on Tic Douloureux 10/-

Chitty on Medical Jurisprudence 20/-

be ordered.

That Mr. Ward's account for binding amounting to £3. 8/- be paid

J. M. Sanders, Secretary

**Monday 7<sup>th</sup> October, 1844**

Present, Dr. Moffat in the Chair—Dr. J. D. Marshall, Dr. Malcolm, Dr. Dill, Mr. Clarke, Dr. Sanders, Dr. J. S. Reid.

That Metcalf on Heat

Marshall Hall's last Memoir on the Nervous System with Simpson's diagrams

be ordered.

That an Appendix to the present Catalogue be now printed and distributed to the members; and continued annually.

That in addition to the present alphabetical arrangement of the books, the names of the authors including the date and place of publication be classified according to the subjects.

That a Committee consisting of Dr. Malcolm and Dr. Marshall be appointed for carrying out these proposals.

That Dr. J. D. Marshall be allowed the privilege of four volumes at a time during the winter six months for the present year.

J. M. Sanders, Secretary

**Monday 4<sup>th</sup> November, 1844**

Present, Dr. Bryson in the Chair—Dr. Burden, Dr. Stewart, Mr. Clarke, Mr. Grattan, Dr. Read, Dr. Sanders, Dr. Malcolm, Dr. Moffat, Dr. Dill.

That Anatomy of Female Breast by Sir A. Cooper price £3. 3/- be ordered.

That Dr. Burden's privilege of having six volumes at a time during the winter season be renewed.

J. M. Sanders, Secretary

**Monday December 2, 1844**

Present, Dr. J. D. Marshall in Chair—Dr. Burden, Dr. Beck, Dr. Moffat, Dr. Sanders, Dr. Stewart, Mr. John Quin, Mr. Clarke, Dr. Malcolm, Dr. Dill, Mr. McCleery, Dr. Thos. Read, Dr. J. S. Reid.

That Scharling on Vesical Calculi with plates 7/6 Millar's Principles of Surgery

Dr. A. Todd Thomson's Atlas of Delineations of Cutaneous Diseases

London Medical Times, new series commencing be ordered

Drs. Malcolm and Marshall having completed the revision of the Catalogue and the publication of the appendix which is now on the Library table,

Resolved, That the warmest thanks of the Society be given to these gentlemen for the trouble they have taken and the care and accuracy with which they have discharged the duty.

That Mr. Anderson's account for printing circulars be paid if found correct amounting to £2. 3/-.

That hereafter the monthly meeting of the Medical Society be held at 7 p.m. instead of 11 a.m. in the Library-room on the usual day and that in addition to the routine business, communications from members upon Medical or Surgical topics and reports of cases should be received and discussed.

J. M. Sanders, Secretary

**Monday January 6, 1845**

Present, Dr. Stewart in Chair—Dr. Moffat, Dr. Malcolm, Dr. Burden, Dr. McBurney, Dr. Sanders, Dr. Dill, Mr. Browne R.N., Mr. John Quin, Dr. MacCormac, Dr. J. D. Marshall, Dr. Bryce, Mr. Clarke.

Resolved, That the resolution with regard to change of hour of meeting etc. as proposed last day of meeting be now passed.

J. M. Sanders, Secretary

**Monday February 3, 1845**

Present, Dr. Stewart in Chair—Dr. McBurney, Dr. Dill, Dr. Sloane, Mr. Browne R.N., Dr. Bryce, Dr. Moffat, Dr.

Sanders, Mr. Murray, Dr. Read, Mr. John Quin, Dr. Beck, Mr. Clarke, Dr. MacCormac, Dr. Bryson.

Resolved, That Dr. Marshall Hall's Goulstonian Lectures price 5/- be ordered.

Also Dr. Marshall Hall's Practical Facts and Observations in Medicine price 8/6.

That the resolution against change of hour of meeting be now confirmed

And that a subcommittee consisting of seven viz: Dr. Read, Dr. Stewart, Dr. Moffat, Mr. Browne, Dr. McBurney, Dr. Malcolm, Dr. Burden and Dr. Sanders be appointed for arranging the matter of proceeding.

Moved and carried as an amendment of Dr. MacCormac's resolution proposing a change in the length of time for keeping the periodicals only 24 hours instead of 48, that the old rule should remain unaltered.

Resolved, That the periodicals hereafter be allowed to remain one month on the table of the Library before they are sent out for circulation.

That Dr. Stewart and Dr. Dill be requested to call on Mr. Greer the Bookseller and ascertain whether he could not furnish the periodical publications *immediately* after their publication and whether he could not furnish each *weekly* periodical on the day of its publication.

That Mr. Moore's account for publishing 150 copies of Appendix to Catalogue be ordered to be paid amounting to £2. 0. 0.

J. M. Sanders, Secretary

**Monday Evening March 3, 1845**

Present, Mr. Officer in Chair—Dr. Bryson, Dr. Donnelly, Dr. Bryce, Mr. Aickin, Mr. Browne, Dr. Sloane, Dr. Dill, Dr. Beck, Dr. Stephenson, Dr. Read, Dr. McBurney, Dr. Sanders, Mr. Moore, Dr. Gordon, Dr. Malcolm, Dr. Moffat, Dr. J. D. Marshall.

That the motion carried last meeting relating to the periodicals lying on Library table be *not* confirmed.

Dr. Dill reports that Mr. Greer sends the periodicals etc. as early as he possibly can and that he will continue to do so—any delay hitherto having been after they left his hands.

That Drs. Dill, Moffat and Beck be appointed a committee to arrange a plan of getting the lists for the circulation printed.

That Mr. Lamont as long as he remains our Librarian be considered a Member of the Medical Society and entitled to all the privileges of Membership.

That a special meeting of the Society be called on this night week at 7 o'clock for the purpose of considering the provisions of Sir James Graham's new Bill.

The subcommittee appointed at last meeting met on Monday 10<sup>th</sup> February and submit the following report:-

Present, Dr. Read in Chair—Dr. Malcolm, Mr. Browne, Dr. Moffat, Dr. Sanders.

1. That at the evening meeting the Chairman be appointed as formerly.
2. That the usual business of the Library take precedence of all other.
3. If a regular paper has been prepared by any Member it takes precedence of any oral communication and that one given notice of previously should come before any other—though such notice is not deemed imperative.
4. That after any communication, written or oral, the Chairman shall ask each member in rotation if he has any remarks to make, and each shall have the privilege of speaking once upon every new topic brought before the Society after which the member bringing such forward shall have the right of reply.
5. That at the close of each meeting the Chairman will ask whether any member has notice to give of any paper as communication for next meeting.
6. That the meetings in no instance be protracted after ten o'clock.
7. That in any part of the proceedings not provided for by these regulations the decision of the Chairman for the time being shall be final.

The subcommittee beg to suggest that a notice of the changes in the constitution of the Society be sent to every member, particularly those resident in the country from whom contributions ought to be gladly received and read at the meetings though they themselves might not be able to attend.

They also suggest that it would be expedient [if] a brief notice of the principal topics embraced in each communication be recorded by the Secretary or any other member who may volunteer to undertake such office.

Signed ... Chairman

In accordance with the above regulations after the routine business of the Society was concluded, Dr. Sanders gave a verbal account of a rare case of Hæmatocele occurring in Hospital, in which spontaneous cure took place after the fluid was drawn off by the trocar.

Paper:<sup>1</sup> *This case from the patient's own account, was one of ordinary hydrocele of six or seven years standing, and was tapped on three or four occasions. Some weeks prior to admission into hospital, an attempt at the radical cure by injection had been made, but the fluid seemed to have returned. He was now again tapped, and a quantity of bloody fluid with some purulent matter withdrawn. No inflammatory action*

<sup>1</sup> [Dublin Hospital Gazette, 1845, v1, p119.]

*ensued, and no fluid of any description was afterwards formed.*<sup>1</sup>

*In the remarks which followed the detail of this case, some of the members observed that the time was rather short for forming a true opinion with regard to the stability of the cure. The rationale of success in this case was generally admitted to depend mainly on the intensity of the inflammation which supervened in the operation of injection.*

Dr. Dill afterwards made a very interesting notice of a case of "Lupus with hypertrophy" occurring in an old gentleman of 80 years of age which terminated fatally by sudden effusion into Brain without any great change upon external disease.

Paper:<sup>2</sup> *The subject of the case was a gentleman aged 80 years, and to all appearance, and from his previous history, of good constitution. On 26th September, 1844, he consulted Dr. Dill about a tumour on his right temple, the size of which was 3 inches long and nearly 2 broad. Its short diameter reached anteriorly to the external angle of the orbit, and posteriorly to the hairy scalp. It was of an oblong figure, and much more elevated on its orbital margin. Indeed, its posterior boundary so sloped towards the scalp, that its elevation here was very indistinct. Its surface was rather irregular, and seemed as if subdivided into numerous small cells by partitions of thin cellular membrane, from which a quantity of serous fluid would at all times exude, with or without pressure. Its aspect was glossy red, and an erysipelatous blush extended from the tumour over the integument of the eyelid and part of cheek. It afforded no uneasiness beyond an occasional slight itchiness, and at no time did it show any disposition to ulceration.*

*The patient's attention was first drawn to it about one month previously. It then appeared like a pimple, which gradually enlarged till it assumed the size of a pea, and was of a red colour. From this it gradually increased to its present state. This tubercle was not long solitary, for soon another formed. Both now went on increasing, and approximating each other, until they formed one tumour, with a partial division. At this time there were observed at the upper margin small indurated prolongations extending across the forehead, and at the other extremity of the tumour a third tubercle gradually formed till it assumed the size of a pigeon's egg. These prominences, when pressed, sent out a quantity of fluid, and became for a time considerably flattened. In a few hours, however, they would fill up again, and present the same appearance as before. The patient's general health continued good, and all his functions were carried on naturally. The treatment up to this time consisted of the separate and*

<sup>1</sup> This last tapping was performed about four months ago, and the patient is now quite well.

<sup>2</sup> [Dublin Hospital Gazette, 1845, v1, p120.]

successive administration of the following medicines, viz., iodine and hydr. pot., both internally and externally; Fowler's solution internally; cold evaporating lotions; Donovan's triple solution internally; and terchloride of carbon both internally and externally. Notwithstanding these remedies have been found useful in similar cases, and though to each sufficient time was given to test its influence over the disease, yet not one proved in the slightest degree satisfactory. Under these circumstances, it was agreed in consultation that the application of caustic potass., to endeavour to remove the disease completely, should be employed. This was accordingly done, (the application being made every third or fourth day,) till the tumour was nearly destroyed. The centre of the tumour, however, still resisted the influence of the caustic, and to this part a thin plaster of chloride of zinc paste was applied, which soon removed the remaining portion. The part was now poulticed for a few days; the slough separated, and all went on for a short time very favourably. The wound granulated and began to heal; but just at this time the surrounding edges began to rise, and to put on the appearance of the original tumour, and the integument towards the face became deeply inflamed and indurated.

Up till the 19th of February, 1845, his general health continued unimpaired. On this day he did not feel so well as usual. He complained for the first time of want of appetite, with slight giddiness and tinnitus aurium. On the 21st he had an attack of swooning, and after recovering from this, appeared somewhat excited, and his mind wandered a little. He was able, however, to walk up stairs steadily to bed, and got up without assistance twice during the night. Shortly after this he fell into a comatose state and died. The aspect of the diseased part was not altered in the least during this sudden change.

In remarking upon this case, Dr. Dill observed that though the diagnosis was not immediately obvious, the course of the disease soon told of its malignant nature. The appearance and history of the case, indeed, did not correspond exactly with the established description of the disease, Lupus, as found in our best authors. Biett and Green, however, are exceptions, for they speak distinctly of a form of Lupus in almost all respects analogous to the present case, and which they designate Lupus with hypertrophy.

With regard to the issue of this case, it may be considered highly probable that, had the local applications been used earlier, the disease might have been arrested; but it was not considered judicious that such extreme measures should be resorted to, till the usual and frequently successful internal treatment had been first fully tested.

Several observations were made by some of the members present. The rarity of the variety of the disease was generally admitted. It was regretted by

some that a post-mortem examination was not obtained, in order to clear up any doubts about the possible existence of previous disease of the brain, a supposition which was held plausible by some, but not for a moment entertained by those who saw the case. The fact of cicatrization having occurred in this case was adverted to as of rare occurrence in malignant ulceration.

The sudden termination of the case was generally viewed as the result of cerebral effusion, which not unfrequently occurs in aged persons without any decided cause. It certainly was not altogether dependent on the local affection.

A very animated discussion ensued upon this case and gave the members great encouragement regarding the change in the constitution of the Society.

Mr. Browne R.N. came prepared to give an epitome of Sir James Graham's Bill but was unfortunately called away.

J. M. Sanders, Secretary  
N.B. Members separated at half-past 9.

#### **Monday 10<sup>th</sup> March, 1845**

##### **Special Meeting for consideration of Medical Bill**

Mr. Browne in Chair—Dr. Dill, Dr. Gordon, Mr. Lamont, Dr. J. S. Reid, Dr. Sanders, Dr. McBurney, Mr. McCleery, Mr. Mulholland, Mr. Murray, Mr. Officer, Dr. J. D. Marshall, Dr. Moffat, Dr. T. Thompson, Dr. Bryce, Mr. Moore.

Mr. Browne having read Sir James Graham's Bill clause by clause a lengthened conversation ensued when it was resolved,

That a subcommittee of the following gentleman be appointed to consider more carefully the clauses of this Bill and to report at an adjourned meeting of the Medical Society to be held on this night week at 7 o'clock—Dr. McBurney, Dr. Dill, Dr. J. D. Marshall, Dr. Moffat, Mr. Browne and Mr. Lamont and that Mr. Browne be requested to act as Secretary.

J. M. Sanders, Secretary

#### **Monday 17<sup>th</sup> April [sic], 1845**

Present, Dr. Moffat in Chair—Dr. McBurney, Dr. J. D. Marshall, Dr. Dill, Mr. Browne, Mr. Clarke, Dr. Beck, Dr. Stephenson, Mr. Murray, Mr. Lamont, Mr. Moore, Mr. Officer, Dr. Thos. Read.

Report of subcommittee appointed at last special meeting was read and out of this arose the following resolutions

1. That a meeting of the Medical Practitioners of the North of Ireland be requested for the purpose of expressing their opinion respecting the Medical Bill recently introduced into Parliament by Sir James Graham, the meeting to take place on Friday 28<sup>th</sup> Inst. in the Commercial Buildings, Belfast, the Chair to be taken at 12 o'clock.

2. That Drs. Moffat, McBurney and Mr. Browne be appointed a subcommittee to frame resolutions and arrange for the meeting.

S Brown, Secretary pro tem

**Monday 7<sup>th</sup> April, 1845**

Present, Dr. Stephenson in the Chair—Mr. Birnie, Dr. Gordon, Dr. Malcolm, Mr. Clarke, Dr. Dill, Mr. Brown R.N., Mr. Lamont, Dr. Sanders, Dr. Read, Dr. McBurney, Dr. Bryce.

That The Duality of the Mind by A. L. Wigan M.D.

The Dublin Hospital Gazette published fortnightly  
Criminal Jurisprudence by M. B. Sampson  
be ordered.

That Dr. Moffat and Dr. Malcolm be requested to have the Library closed and examined on the 20<sup>th</sup> Inst. under the usual regulations and to report on the same at next meeting.

That Mr. McCleery and Dr. Dill be requested to examine the annual fines and report to next meeting.

That Dr. Stewart and Dr. Sanders be requested to audit the Bookseller's and Treasurer's accounts.

That a Treasurer and Secretary be appointed at next meeting.

That Mr. Ward's accounts for binding be now ordered to be paid amounting to £5. 12/- E.G. when examined by Secretary.

Dr. Stephenson having left the Chair Dr. Read was called thereto. When Dr. Malcolm brought forward a very interesting paper on a case of Phthisis with specimens of the morbid parts obtained at the post mortem examination—the case terminated by pneumo-thorax produced by an opening from ulceration of posterior and middle part of right lung which took place about 72 hours prior to death.

Paper:<sup>1</sup> On the 23rd September, 1844, a little girl was brought to the dispensary rooms by her mother, who stated that she had been ill for six months. From enquiries it was found that her maternal grandmother had died at the age of 42, of what was reported to have been "consumption," as also one of her paternal uncles. Two of her brothers it was ascertained had died, one at the age of 19, and the other at 7, of phthisis pulmonalis, and a third of Bright's disease and nutmeg liver. To ordinary observation she was at the time apparently in good health; but her florid and clear complexion, plumpness, and brightness of eye, betokened serious indisposition to the eye of the physician.

Her principal complaints were debility and distressing cough. This cough had come on very gradually—almost imperceptibly, and no means had been used to remedy it. During the last three months it had been much more frequent, and accompanied occasionally by pains in the front of chest, and dyspnoea at intervals. The cough was never of a hacking

character, and generally single, as if some irritating body existed in the trachea. The expectoration was muco-purulent at this date. The appetite was latterly declining, and the tongue was pale. She complained occasionally of vomiting of food. Latterly she had been observed to be emaciating; and the nocturnal perspirations distressing.

The symptoms continued much as usual till the month of December, when diarrhoea set in, and continued with little abatement till the day of her death. Abdominal pain was only complained of for a few days before the fatal event. The appetite which was failing on the first report, is stated to have become an unnatural craving, which was frequently satiated by the very sight of food. For two months before her decease, vomiting of food was a very constant symptom; and she complained much of a burning feeling over chest. During the last three months, it is reported that she spoke frequently of pains in her right side, which, however, were neither constant, nor severe.

On the evening of the 29th ultimo, while sitting at stool, she suddenly complained to her mother of a great faintness, or feeling of sinking coming over her, and exclaimed at the same time, "Oh! mother, hold me, I am getting quite blind!" The muscles of the face became convulsed, and her colour assumed a deadly hue, and her respiration became exceedingly embarrassed. For two hours, she was suffering in this manner, before the breathing became even tolerably quiet. I should have mentioned that for some time she could only lie on her right side; and, now, the least turning, even round to the supine posture, induced the most urgent dyspnoea. Her mother observed ever since the change just mentioned, that the right side was more prominent than the other. For three days, the debility and dyspnoea became greater and greater, and she breathed her last on the second day of the present month.

On the following day, I was requested by the mother to make an examination of the body, the report of which is as follows:—The cadaver was in a state of extreme emaciation. The right side of the chest was evidently more prominent than the left, and yielded a tympanitic sound on percussion, while the left side was comparatively slightly dull.

The left pleural cavity presented no adhesions, and only a small quantity of serous fluid of a pale yellow colour. The left lung was tuberculous, in every part several large cavities, of an irregular shape, and partially filled with grey thick matter, more observed in the upper lobe, and to these could be traced several divisions of the bronchial tubes. Small tuberculous masses were scattered here and there throughout the lung. Around these, as also in the walls of the cavities, portions congested as in the second stage of pneumonia.

Upon opening the right pleural cavity, a quantity of odorless gas escaped. Many old adhesions and bands

<sup>1</sup> [Dublin Hospital Gazette, 1845, v1, p155.]

were observed connecting the pulmonic and costal layer, particularly at apex. About four or five ounces of purulent matter with shreds of coagulable lymph were seen in the bottom of the pleural cavity. Upon examining the lung carefully, an ulcerated opening was detected at the posterior and middle part, just close to the commencement of the extensive adhesions at the apex. This aperture, when traced on, led to a large cavity, into which, several divisions of the bronchial tubes entered. This cavity could easily contain an apple of ordinary size. The lung did not seem compressed, which was accounted for by the numerous adhesions, and the extensive tuberculization, preventing any collapse. The bronchial membrane was injected, and lined by a brown muco-puriform secretion. The pericardium contained rather a larger quantity of serous fluid than natural; but it, as likewise the heart, presented no morbid appearances. Upon opening the abdominal cavity, about one quart of serous fluid was observed; but the peritoneum exhibited no mark of disease. The liver was much enlarged, especially the left lobe, and presented the nutmeg appearance. The spleen was normal. The mesenteric glands were universally tuberculized. Some were much enlarged, and all, when incised, were observed filled with true tubercular matter. Even several of the lacteals could be distinctly traced, filled with this product. The whole tract of the small intestines, especially the latter part of the ileum, presented numerous ulcers. In the jejunum, they were few and small, and only as if follicular ulcerations. But in the ileum, the glands of Peyer appear to have been especially affected. In some of them, the ulceration had extended through the muscular structure, and were almost dividing the peritoneal coat. These ulcers had thick and ragged edges, and their bases were invariably covered more or less with tubercular matter. The colon, at its latter part, was slightly ulcerated; but the rectal mucous membrane was almost riddled, so thickly set were the ulcerations. The kidneys were evidently softened and congested, but not otherwise affected.

In his observations upon this case, Dr. Malcolm remarked that its comparative rarity had induced him to lay it before the society. He considered this rarity mainly owing to the frequent existence of pleuritic adhesions in tubercular lungs, which fenced and protected the cavities just as they were encroaching upon the surface of the lungs. But for this, pneumo-thorax would be tolerably common. Few cases survive longer than two or three days after perforation has occurred. In the present case the time elapsed was 72 hours; but in one mentioned by Louis, it was 36 days. Of course much depends upon the co-existent disease, which, in our present case, was sufficient alone to have destroyed life. The want of correspondence between the symptoms and the vast amount of intestinal disease was remarked on, as showing that tubercular disease may induce the most frightful ravages, without its being indicated by

the usual evidence; abdominal pain was only complained of for a very short time, before death. No treatment is mentioned in this case, as the patient was only seen once during life.

In the discussion which followed, the principal topics noticed were the nature and treatment of phthisis pulmonalis. With regard to the former, it was generally admitted, that although tuberculization cannot be considered of the same nature as the process of inflammation, still, in our present state of knowledge, our plans of treatment must rest upon the general indications observable in true inflammatory affections; and of these, one essential is, the prevention of all vascular irritation. The prophylactic effects of iron, especially in children, were also confidently spoken of. The utility of this agent, however, seemed to be confined to this application: as, when given during the existence of the disease, it has seemed in many instances to accelerate, rather than retard, the course of this fatal malady.

The thanks of the Society were unanimously voted to Dr. Malcolm for the extreme care and accuracy with which he has brought this paper before the meeting.

Resolved, That the Medical Society, to show its respect for the memory of its oldest Member Dr. McDonnell, do attend his funeral in procession on Wednesday morning next at 9 o'clock, to meet at the Linen Hall News-room a quarter before 9—and that a circular be sent to each member intimating same.

J. M. Sanders, Secretary

#### Monday 5<sup>th</sup> May, 1845

Present, Mr. Browne R.N. in the Chair—Dr. Gordon, Dr. Burden, Dr. Malcolm, Dr. Beck, Dr. Stewart, Dr. Marshall, Dr. R. Bryce, Dr. Dill, Dr. T. Thompson, Mr. McCleery, Mr. Clarke, Dr. Moffat, Mr. Moore, Dr. Thos. Read.

That Quain on the Surgical Anatomy of the Arteries,  
Riadore on Electricity and Galvanism  
be ordered.

That Dr. James Moore be unanimously elected a Member of the Society having been duly balloted for and that he be noticed accordingly.

That the thanks of the Society be given to Drs. Moffat and Malcolm for the great care and attention with which they have drawn up the report of the state of the Library and that the same be received and entered in a book to be kept for that purpose.

That all the Books mentioned by the Committee who examined the Library, as requiring to be bound, be referred to that Committee with authority to have the same bound as recommended.

That a Committee, to be called "The Library Committee" be appointed for the year to superintend the state of the Library as regards missing volumes

and numbers of Periodicals and that the following members compose that Committee,

Dr. Moffat, Dr. Malcolm, Dr. Dill, Dr. Gordon and Mr. Lamont, 3 to be a quorum.

That the thanks of the meeting be given to Drs. Stewart and Sanders for their care in auditing the Bookseller's and Treasurer's accounts.

That the thanks of the meeting be given to the Treasurer Dr. Burden and to Dr. Sanders as Secretary for their efficient services during the past year and that they be requested to continue in office during the present year.

That thanks be given to Mr. Lamont Librarian.

That the members of the Society shall dine together on Tuesday the 10<sup>th</sup> June, (the 8<sup>th</sup> falling on Sunday) and that Dr. Burden and Dr. J. D. Marshall be requested to act as Stewards on the occasion.

That the Librarian Mr. Lamont be invited as a guest to the Dinner.

That the Medical Officers of the Garrison be invited as guests to the dinner.

That an abstract of the Proceedings of the Society be sent regularly to the Editor of the Dublin Hospital Gazette as the Proprietors have kindly offered to insert the same.

J. M. Sanders, Secretary

### Monday Evening June 2, 1845

Present, Dr. Gordon in Chair—Dr. Marshall, Dr. Sloane, Mr. Lamont, Dr. Dill, Mr. Brown, Dr. Sanders, Mr. Mulholland, Dr. Read, Dr. Bryson, Mr. Birnie, Dr. Bryce, Mr. Moore, Dr. Malcolm, Mr. McCleery, Dr. Moffat.

That the "General Medical Directory" price 5/6  
Mr. Collis's Lectures by McCoy 2 vols price 10/-  
Underwood on Diseases of Children revised by  
Marshall Hall 15/-  
be ordered.

That Dr. Burden be allowed six volumes at a time instead of one during the summer from the Library.

That the recommendation of the Library Committee to have the Book-cases painted in grained oak and a Carpet procured for the Library, be approved of and the same Committee requested to have it carried into effect.

The business of the Society being completed Dr. Thos. Read gave a brief sketch of the history of the disease known under name of "Pott's Gangrene" which he illustrated by a number of cases which had occurred in his own practice. By reference to the works of some of the older as well as the modern surgeons shewed the difference of opinion existing at different times as to the best method of treatment.

Paper:<sup>1</sup> Doctor Read commenced by saying, that the conflicting testimony of eminent surgeons at the trial

of Baker versus Lowe, had suggested to him, that the consideration and discussion of the treatment of gangrena senilis, or Pott's gangrene, might not be an unprofitable use of the time of the Society.

Before narrating the cases, with their treatment, he was about to bring under the notice of the Society, he gave a concise retrospect of the various methods employed by Wiseman, the surgeons prior to and contemporary with Pott—Pott's treatment, Baron Dupuytren's, Mr. Liston's, Mr. Symes'.

He then related seven cases managed by himself, or conjointly with other surgeons, concluding with the following analysis. Four were in the humble classes, three were essentially, as regards the means of subsistence, in equal and real opulence.

In the poorer subjects, the disease assumed the dry form; in the rich, it was moist, i.e., the cuticle gave way early. Out of seven, two underwent amputation; a third also, if removal at the ankle joint with a scissors could be so named. Only one case was under 63 years old: two died out of seven—both poor. One case was a female; one (the same) was in the hand; one, which he regarded as the most singular, was of symmetrical disease in opposite limbs. One, ninety years old, died, after the disease had stopped, worn out, (this was the ankle-joint amputation); five were treated with opium, in which it was found indispensable, though he did not assume that it alone subdued the disease in all that recovered, but that without it several of them could not have been cured. In one case bleeding was used; it, however, was local, and to small amount—that case was successful.

He next referred to the pathology of the disease, which he considered was not clearly established: as to the proximate cause, ossification, atheromatous and steatomotous deposits, or change of structure in the arteries of the limb were each equally untenable. Baron Dupuytren's decision of inflammation of the artery was worthy of respectful consideration from his high station, but his judgment appears arbitrary, as based on a very limited number of cases. It has been sufficiently submitted to time and experience, and may now be pronounced rejected, as unsupported in the sense and meaning of the Baron.

The phenomena of arteritis does not of necessity include gangrene. Dr. Graves has described a different class of symptoms. To the precision of his description, Dr. Read could bear his testimony, from two cases seen by himself. According to the structural seat of arterial inflammation, it is manifest, very different phenomena will be exhibited, whether it be the external, the middle, or internal coat of the vessel be engaged: "Exempli gratia," in the case lately reported at the Surgical and at the Pathological Societies of Dublin, by Mr. Carmichael and attended by him, Sir Philip Crampton, and other eminent surgeons in Dublin, the disease appears to have been inflammation of the internal coat

<sup>1</sup> [Dublin Hospital Gazette, 1845, v1, p183.]

of the artery, but gangrena senilis will occur without any such deposit of coagulum in the leading vessel. Must there not be another agency to cause the singular and true phenomena of this disease? or the existence of a concurrent disease? He believed this to be the fact.

He then referred to an opinion long entertained by himself in regard to ramollissement of the brain, but which he, perhaps, would have hesitated to introduce to the notice of the Society, unless he had recently found that this opinion had the sanction and authority of Dr. Richard Bright, of the affinity or rather identity of certain cases of ramollissement and gangrena senilis, in both cases there being a destructive disintegration of the capillary vessels, which might either be produced by a lesion of nervous function in those delicate vessels, or even from an altered constitution of the blood itself chemically acting on them.

He remembered that Andral alludes to certain poisons injected into the veins of dogs, causing mortification of the feet. Mr. Carmichael, in his observations on the case before referred to, seemed to think he had traced a possible connexion with diabetes in some of the fatal cases he had seen. In Dr. Head's seventh case this connexion had existed; yet the termination had been perfect recovery. The case is well known to Sir Philip Crampton, the advantage of whose advice the patient had frequently.

Dr. Read concluded by expressing his conviction, that Pott's treatment is by no means obsolete; that with proper modification, it still contains the essence of the most successful treatment of the disease. He also narrated instances in which the most substantial benefit was derived from the permanent elevation of the foot above the head and trunk, thereby bearing off the weakened and threatened vessels the impulse and hydraulic pressure.

He finally apologised for the obscurity that necessarily attended the exposition of his views from over condensation, being reluctant to intrude too much upon the time and patience of the Society.

The paper having been read, Dr. Bryson observed, that in his experience of the disease, he has found Pott's treatment of great value. He particularized the cases of five elderly ladies. In two of them, the disease commenced in the toe, and in the remainder, in the heel. The local applications were chiefly soothing and emollient. All did well. He thought it but right to observe, however, that one died three months afterwards of another disease.

Dr. Dill remarked, that his experience tended to show, that the disease occurred more frequently in females than males. In ten cases which he had met with, seven occurred in females: they were all above fifty years of age. While he had charge of a country dispensary, some years ago, he observed that he had thought he could trace its existence then to the effects of a bad harvest upon the poor population. He concluded by

making a few observations upon the evidence in the case of Baker v. Lowe, recently discussed in the journals.

Mr. M'Cleery, in giving his testimony in favour of Pott's treatment, detailed a case of dry gangrene occurring after fever.

Mr. Browne suggested that the definition of what is commonly called Pott's gangrene, was not sufficiently understood. It was not at all confined to any particular period of life; but its distinctive characters depended more upon the appearance presented in the part affected and the manner of its approach.

Mr. Mulholland related a case in which no treatment was used whatever, and yet where the case went on favourably.

Dr. Saunders observed that the disease may arise from various causes at different times. He laid considerable stress upon the elevated position of the limb as of great value in the treatment. Dr. S. suggested that Mr. Mulholland's case might not have been an ordinary case of Pott's gangrene. He related the case of a young robust woman who received a punctured wound from a pin in finger. Deep incision was made on second day, and on third, mortification of first joint set in. He then adverted to the circumstance of epidemic gangrene, first occurring in Germany from the effects of ergot of rye.

Dr. Bryce observed, that the treatment will vary a little in each individual case. He was inclined to think, that in a great proportion of cases, debility was chiefly to be regarded.

Dr. Malcolm remarked, that although Pott's treatment, in a moderate degree, appeared generally applicable, still, cases do occur when local depletion at least will be found necessary, particularly in cases analogous to those described by Dupuytren. Indeed, the general state of the constitution, and the other concomitant circumstances, would always induce the practitioner to modify his general treatment.

Mr. Lamont expressed his well-grounded doubts about the case of Mr. M'N., detailed in Dr. Read's paper, coming under the designation of Pott's gangrene. He considered it bore a closer resemblance to one of the terminations of local inflammation.

Dr. Gordon observed, that the common occurrence of ossification of the arteries was only accidentally connected with Pott's gangrene; and that this disease was not confined to any particular part of the body. He also made some observations upon the decay of branches of trees, as a slightly analogous phenomenon to some features in the disease.

Dr. Read in reply, had wished, in bringing forward his paper, to ascertain the opinion of the Society as to the effects of the different plans of treatment which had been brought forward by different authors. In speaking of Dupuytren's treatment, he observed that he had never seen a case which he would be induced to bleed.

He concluded with some remarks upon the uniformity of the treatment recommended by the members present. He also said, in reply to an observation of Dr. Saunders, that under existing obstruction, or other disease of the artery, he had specially considered elevation of the limb inapplicable; and to Mr. Lamont's doubts of identity of the disease in the case of Mr. M<sup>n</sup>., he replied, that the symptoms Mr. L. suggested as contradictory, arose from the obstinacy of the patient using malposition of the limb, and indulging at table as he liked; all of which were corrected, and then Pott's gangrene had to be treated per se.

J. M. Sanders

**Monday Evening 7<sup>th</sup> July, 1845**

Present, Dr. Dill in the Chair—Mr. Browne, Dr. Sloane, Dr. Stewart, Mr. Lamont, Dr. Malcolm.

Dr. Hugh Pelan having been duly balloted for, was unanimously elected a Member of the Society.

Mr. David Clarke having been duly balloted for, was unanimously elected a Member of the Society.

Resolved, That notices be sent to each of these gentleman of their election as Members of the Society.

Dr. Malcolm stated that it was his intention to bring before the Society the case of Perforation of the stomach of a peculiar kind but owing to the small number of members present he deferred it till next evening.

J. M. Sanders, Secretary

**Monday August 4, 1845**

Present, Dr. MacCormac in Chair—Mr. Aickin, Mr. Lamont, Dr. Andrews, Mr. Browne, Dr. Dill, Dr. Malcolm, Dr. Sanders, Dr. Sloane, Dr. Pelan, Mr. J<sup>n</sup> Quin, Dr. Read, Dr. James Moore.

That Dr. John Pirrie having been duly balloted for be admitted a Member of the Society.

That Dr. Latham's Lectures on Clinical Medicine 2 vols at 8/- each and Dr. Knox on the Irish Watering Places 10/6 be ordered.

That a committee of three Dr. MacCormac, Dr. Malcolm and Dr. Dill be appointed to inquire into and arrange a plan for the formation of a Pathological Museum in connection with this Society including a statement of the requisite amount and mode of maintenance and of everything appertaining to its establishment: and that they report at next meeting of the Society.

Dr. Read wishes to know at next meeting the amount expended annually upon the purchase and binding of periodicals.

Dr. Sanders gave a short sketch of a case of excision of elbow-joint performed two years ago after an injury of that joint, which terminated successfully and he now exhibited the patient (Coulon) to shew

the remarkable freedom of motion and strength of false joint.

Paper:<sup>1</sup> A young man was admitted into the Belfast Hospital on the 1st May, 1843, who received a severe wound of the left elbow from a scythe, which completely separated a portion of the olecranon process, opening the joint. He had slight faintness from the shock, and but a trifling loss of blood at the time of the accident; water-dressing, and a supporting bandage were used, and a proper regimen, &c. enjoined. On the third or fourth day, however, violent inflammation set in, and involved the whole arm. Notwithstanding appropriate treatment extensive suppuration ensued; and, ultimately, the bones constituting the joint, took on diseased action. On the 18th day after the injury a consultation was held. The discharge at this time from the joint was very profuse, and it was a matter of surprise that the patient existed at all. Two views were suggested as the only resort—amputation, or excision of the joint. Although the majority were in favour of the former course, it was finally agreed upon to adopt the latter, as Dr. Sanders was sanguine as to the possibility of saving to the poor boy a valuable member. Accordingly, on the same day, Doctor S. removed the ends of the humerus, radius, and olecranon (a portion of the latter had been partially removed at the time of the accident); having made the usual H incision, the sides being made parallel to the long axis of the arm. No arterial hæmorrhage occurred; but a good deal of venous blood, proceeding from a sinus along the humerus, gave some annoyance. This cavity was, however, filled with lint dipped in a solution of alum, and the edges brought into apposition by a few points of interrupted suture. Water-dressing, and a light bandage completed the dressing. So little disturbance of the system ensued, that on the second day after operation, his pulse was only 108. On the following day the lint was removed from the cavity and some matter escaped; this created little disturbance, for soon this discharge diminished, and (which is curious) just as it decreased, abscesses formed in different parts of the body—first over sacrum, next in calf of leg, and lastly over shoulders. This condition was attended with great debility, and required the administration of wine. In three weeks the incisions and abscesses had all healed, and passive motion of the elbow was made. In two months after the operation the patient was discharged from the Hospital, with considerable power of motion of new joint, which he was instructed to exercise gently but regularly. It is now more than two years since the receipt of the injury.

The patient was here presented for the inspection of the members, several of whom minutely examined the state of the part, and expressed their surprise and admiration at the completeness of the cure. Pronation

<sup>1</sup> [Dublin Hospital Gazette, 1845, v2, p30.]

and supination, extension and flexion seemed perfectly natural, and by a mere spectator scarcely any trace of deformity could be detected.

The CHAIRMAN observed that the case was very satisfactory, as showing the utility of the operation. He remarked that the formation of the abscesses throughout the body might be ascribed, with plausibility, to the inflammation of the veins of the bone. The great frequency of death from operations is now ascertained, beyond doubt, to arise from such a cause. He suggested, in similar cases, that an issue of some kind should be established in some convenient part, immediately after such operations, in order to lessen the chance of Phlebitis.

Doctor READ observed that had deposits of purulent matter occurred internally instead of externally, in all probability the case would have been fatal; as it happened a safety valve had been providentially afforded. Analogous phenomena are presented in cases of small pox.

Dr. Malcolm then read a very interesting paper on a case of perforation of the stomach remarkable for the length of time that elapsed between the symptoms of perforation and the death of the patient, explained on a post mortem examination by the opening being found to have taken place into a cavity bounded by left lung and diaphragm and inferiorly by liver and spleen, but not communicating either with the general cavities of abdomen or chest—there were in all three openings one as large as half-a-crown.

Paper:<sup>1</sup> On 17th January, 1843, Marcella Robinson, aged 19, a worker in a flax spinning mill, first applied for advice. Her figure was slight, but her general appearance evinced no trace of ill health. She stated that she had been suffering more or less for five years, and more especially for the last two months. The chief symptoms were pyrosis and frequent attacks of vomiting after taking food, accompanied by pain, variable in degree and duration. The matters vomited were always acid, and occasionally bitter. The pain complained of occurred more frequently in the early part of the day, chiefly existed in the epigastric region, but sometimes moved to the right side, and then felt as a stitch. It was generally of a burning character, and relieved for a time by pressure, a dose of soda, and low stimulants. Of her articles of diet she found potatoes the least hurtful. Flatulence was commonly present. She was often thirsty and wished especially for cold water when pain was present. The menses had been regular for the last nine months, and always accompanied by pain of the back. They appeared for the first time two years ago, but during the first fifteen months were very irregular. No tenderness along the spine; bowels generally confined; slept well; complained frequently of

palpitation, and appeared of a nervous habit. The pulse at this date 96, and small.

An alkali with a light bitter, and some aloetic purgatives were prescribed. Under this treatment the vomiting entirely ceased, but the pain continued. Six leeches were now applied to the epigastrium, which gave great relief.

On 21st March, the report mentions,—pain, though not gone, much diminished, and only occasional; the menses absent two months, appetite pretty good, flatulence. The alkaline tonic mixture and aloetic purgatives repeated.

In April, the pain is mentioned as still recurring. Eight leeches to epigastrium, and alkaline mixture ordered.

In May, had several turns of faintness while at her work in the mill.

In August, the pains of epigastrium not so annoying, but complaining one month of the right side and lumbar region; much debility; bowels with difficulty kept regular; some partial vomiting of food, but unaccompanied by sickness; appetite impaired. Pills of iron and aloes were now ordered.

During September the same treatment was continued. Leucorrhœa now existed.

In October the menses appeared for the first time for five months; pain and pyrosis at intervals. No report now till January, 1844, when pain of right side and lumbar region much spoken of; menses had appeared three times since, and now absent six weeks; tongue clean, soft and smooth; gastric symptoms better; appetite pretty good again; feet generally feel cold; pulse 96—same treatment during this and following month.

The report now appears<sup>1</sup> in the month of December of same year. Gripping pains in abdomen, pain in lumbar region, and some transient soreness in lower limbs complained of now; appetite not so good; sickness gone; menses absent about three months.

In January, 1845, the pains were severe, and chiefly confined to hypogastric region. Six leeches were applied to the vulva, followed by the frequent application of hot stupes and the administration of pills of opium and hippo.<sup>2</sup>

The bowels during all this time were free. From these means much relief was obtained. Soon after had some cough and expectoration; the menses were still absent; the pains now only seemed to have remitted, as they are again reported very severe, and confining her partly to bed. They were generally diffused, but especially referred to the left side and epigastrium; and here upon examination there was great tenderness; the bowels free, and the pulse did not rise above 100.

<sup>1</sup> [Dublin Hospital Gazette, 1845, v2, p52.]

<sup>1</sup> The irregularity of the report is accounted for by the person being one of the external dispensary patients, whose attendances are proverbially defective.

<sup>2</sup> ['hippo' is the root of Cephælis ipecacuanha.]

A bleeding from the arm almost completely relieved her, and ultimately, by the administration of a hyoscyamus mixture, all the pains were gradually removed. Now when she became able to resume her usual employment, the gastric symptoms returned once more; pain in stomach now mentioned as coming on after dinner regularly, and some attacks of pyrosis are reported.

Small dose of hyoscyamus and soda were administered with relief; though the uneasiness after food still continued, and in the beginning of May is mentioned as still existing, though all other pains had ceased.

On the 17th of this month an important change occurred in the symptoms. At this date she was suddenly attacked with severe pain in the left hypochondriac and left lumbar regions. Twelve hours previously, she stated, had complained of pains in arms, feet, and legs, but had had no rigor. On admission into the Belfast Hospital on the 19th inst., the pain was excruciating. She could not rest in any one position for any length of time, and at the same time the slightest change produced an aggravation of her sufferings. Her pulse was very quick and small, skin hot, great anxiety of countenance and distress of manner.

Bleeding was adopted to a large extent both generally and locally. She was put under the mercurial treatment, and a large blister applied to the abdomen.

Notwithstanding the large administration of mercury, the gums could with great difficulty be affected, and indeed were only slightly touched. The bowels were, however, much disturbed at intervals during the first eight days, for which opiates were administered freely. The pulse gradually fell to 95 on 12th day from commencement of attack, then suddenly increased and again fell to this figure on 20th day; after this, gradually rising with only occasional vacillations towards the close. She complained much of pain of left shoulder throughout. Erythematous patches appeared over body and remained vivid one day. Sickness and vomiting set in on the 14th day for the first time, and recurred frequently afterwards, accompanied by distressing cough on 11th of June and subsequently. The pain of the left side was more or less complained of at all times, but certainly was much abated for many days. On 15th June on examining chest at lower lobe of left lung, some bronchial and sub-crepitating rales indistinctly heard, some dulness, but no differences on measurement. On 23rd, the report mentions dulness over region of heart rather greater than natural. Sounds not altered; pulse 140; respiration very quick; on same day was seized with general trembling over frame, of the fingers, and gnashing of the teeth, and an appearance of insensibility. Face became first livid, then red, and subsequently pale, the surface generally cold. This state lasted a few minutes, and seemed to the spectators one of dissolution. By the application of stimulants and heat she recovered from it, and shortly afterwards vomited a

small quantity of what appeared to have been blood, and on 26th June vomited more of same appearance, but of a very offensive odour. The perspirations were very distressing throughout.

On 29th June she died, gradually exhausted. It is sufficient to mention, that during the last month the treatment consisted of occasional counter-irritants, tonic stimulants, stomachics, and anodynes; in short, remedies merely adapted to the general conditions and the particular phases of symptoms as they arose.

Examination of the body thirty-five hours after death. The cadaver was considerably emaciated. The right side of chest normal; rather old adhesions in left pleural cavity; some induration at lower lobe of left lung, but only marginal. Stomach large and adherent to liver and diaphragm. Upon opening it, a large perforation of the size of half-crown piece, with smooth edges and without any induration, was detected at small curvature which opened into a cavity, bounded superiorly and posteriorly by diaphragm and base of left lung, inferiorly by upper surface of spleen, left lobe of liver and stomach, and anteriorly by diaphragm. The walls of this cavity appeared as if roughly dissected, and numerous shreds of cellular tissue hung from them in all parts, The greater portion of the diaphragm, where it is bound to the ribs at left side, was ulcerated. The pleura at base of left lung was partially destroyed. Two other small perforations were also observed in anterior and posterior walls of stomach leading into same cavity. In this cavity and also in the stomach was found a large quantity of dark, coagulated and grumous blood; and an offensive odour proceeded from these parts. The left lobe of the liver was much atrophied, and the spleen very soft. The pericardial sac contained about two ounces of pale serous fluid, and one part of its inner surface was covered with a thin layer of soft recent lymph, and the cardiac surface was roughened with the same deposit. The kidneys were anæmic, and their cortical portion rather hypertrophied. No peritoneal inflammation was detected, except at parts engaged in the disease.<sup>1</sup>

Dr. Malcolm on commenting upon this highly interesting case, stated that he was induced to bring it before the society on account of its great rarity, the fulness of its details, and as exhibiting much useful matter for the study of diagnosis. An analysis of the case presents the following circumstances:—A young female had been subject for many years to symptoms chiefly gastric and of a recurrent nature, and of these especially, pain and pyrosis, accompanied with much irregularity of the menstrual function. For a time, abdominal pains, more especially referred to the left hypochondrium, now occupied the place of the gastric symptoms. After a little, suddenly appeared symptoms

<sup>1</sup> Owing to the difficulty of obtaining even this portion of the examination, the state of the other organs was not observed. The intestines, however, normal

of local peritonitis and pleuritis in the region of the diaphragm at left side. Abatement of these symptoms only lapsed into the hectic state, and in a short time the case was rather suddenly closed by death.

From the examination of the morbid appearances, all these different phenomena became easily explained. The chronic ulceration of the stomach produced the lingering gastric symptoms which affected her during the first six years of her illness. The process of adhesion to the diaphragm, liver, and spleen, was marked by the attacks of abdominal pains. The sudden peritonitic symptoms betrayed the moment of perforations, and the apparent recovery from this state was interpreted by the manner in which the ulceration was found hemmed in, and lastly, the suddenness with which the vital powers sank was fully accounted for by the traces of extensive hæmorrhage found in the stomach. Now all this seems clear; but how difficult such interpretation during life. In many a case, indeed, has the scalpel to be our teacher. The peculiarities in the case were the localized nature of the peritonitis, the perforating ulceration of the diaphragm, the pericarditis, the hæmorrhage, the distinct remission of the symptoms several days after perforation of the stomach, the absence of hiccup, and the presence of hectic. With regard to the hiccup, however, it must be stated, that the cough was of such a spasmodic character, as always to be accompanied by vomiting, and thus approached the appearance of singultus. The pericarditis, whose traces were observed in the examination, must have occurred very shortly before death, and evidently owed its origin to the contiguity of the sac to the inflamed diaphragm. Though frequently examined for this disease during life, the heart sounds, &c., gave no evidence of its existence beyond more marked dulness, which might have arisen from other causes.

In remarking upon the treatment in this case, Dr. M. observed, that opium might have been more freely given at the first, as so applicable in such cases. When the mercury began to act on the bowels, it was administered pretty largely, but not earlier, as at that time it was doubtful whether there might not have been obstruction in the colon from accumulation, more especially as it was ascertained that her bowels had been very constipated before admission, and it is well known that accumulations will sometimes induce symptoms exactly simulating peritonitis.

On the question of diagnosis of the perforating ulcer of the stomach, Dr. M. remarked, that it was still very imperfect prior to the moment of perforation.

Dr. Osborne, of Dublin, had added some important facts on this subject, which require to be more attended to. His diagnostic mark, position, did not seem available in the present case. The symptoms of perforations marked in the generality of similar cases were here not completely conclusive; and whatever idea of perforations might have been formed at the period of attack,

certainly the subsequent remission did not seem to corroborate it. The symptoms were much more like those of abscess in the vicinity of the diaphragm at left side, most probably local peritoneal or sub-peritoneal, and this opinion seemed much strengthened by the supervention of hectic and the marked attack of rigor which occurred three days before the fatal event. Indeed, from the fact that perhaps only two or three detailed similar cases are on record, it is not surprising that its diagnosis was a matter of uncertainty.

The character of the perforation, the smooth edges, the regular form, the natural appearances of the surrounding portions of the stomach, its position in the small curvature, the age and sex of the patient, the nature and extended period of the symptoms, all agree with the account usually given of the simple perforating ulcer.

Different opinions have been entertained respecting the origin of this ulcer. Mr. Crisp, a writer in the *Lancet* of 1843, who has collected a large number of such cases, lays great stress upon the disorder of the menstrual function and chlorotic condition of the system as predisposing causes. Rokitanski refers to circumscribed softening and diminished vitality of part, and others to slow chronic inflammation of stomach as predisposing this form of ulcer. Though we might be inclined from some of the principal symptoms in such cases, and from the fact, that cicatrization sometimes occurs, to consider a slow inflammatory process in progress, still we must modify our ideas of inflammation very much, to permit them to include the true, simple, perforating ulcer. In the great majority of these cases, we find none of the usual character of ulceration from inflammation. The appearances are much more those of ulcerative absorption, or at least of a disease sui generis.

Dr. M. then gave an analysis of a considerable number of cases of perforation of the stomach which are to be found detailed here and there in the medical periodicals and other works. He distinguished them as follows:—1. The simple defined perforation. 2. The same, with adhesion of stomach to adjoining viscera. 3. Perforation with tubercular or other diseases of contents of stomach. Fifty-four cases out of eighty-seven were of the first class, twenty-one of the second, and nineteen of the third. Of the fifty-four, thirty had the perforations with edges thin or smooth, sixteen with edges thickened, raised, or cartilaginous, seven accompanied by one or many ulcerations besides the perforations, all, except one, of circular or oval form, two very large, and these occurred in the splenic end of stomach.

One of these cases is worthy of being particularized. E. W., female, aged 36, had been complaining many years with gastric symptoms; pain, however, only occasional in epigastric region. The bowels were generally constipated; at one time had profuse

hæmatemesis. After thirty hours' illness with symptoms of sudden peritonitis, she died; and upon examination, a perforation was discovered opening into a large cavity situated between muscular and peritoneal coats. The latter had given way. The seat of the perforation was near lesser curvature, one finger's breadth from pylorus.<sup>1</sup> In the great majority of these cases, the seat of perforation was in the small curvature.

Under the second division, Dr. Malcolm enumerated three species—1st. Cases of simple adhesion by agglutination of adjoining layers of peritoneum. 2nd. Cases of adhesion which formed a circumscribed cavity, preventing the escape of the contents, thus prolonging life. And 3rd. The same, with perforation of the diaphragm, and thus causing thoracic symptoms. This division forms a most interesting section, and it may be pardonable to state briefly the particulars of some of the cases in the order laid down, omitting the first species as common. Cases of second species here follow:—

1. A female aged 25 was attacked, without previous illness, with sudden pain in epigastrium and left hypochondrium, accompanied by vomiting, extreme anxiety, and general abdominal pain. For a time symptoms seemed relieved, but again returned, and in some parts accompanied this time by excessive palpitation and occasional syncope and great dyspnoea. She survived 12 days after first attack. Upon examination, stomach was found perforated; aperture leading into a cavity formed by left lobe of liver, diaphragm, stomach.

2. A very similar case may be seen in the first Number of the London Medical Gazette, N. S., May, 1844, p. 13. The cavity in this case was bounded above by the diaphragm, which was very much forced upwards. Its front and sides formed by the ribs, and the lower boundaries of it were the left lobe of liver, the spleen, and superior part of stomach.

3. A man aged 45 complained three years of dyspeptic symptoms. Latterly his chief symptoms were constant sickness and vomiting. Soon an appearance of tumour was observed in the epigastrium, and suppuration became apparent. Hæmatemesis, however, set in, and death soon followed. Upon examination, an ulcer of stomach was found perforating the rectus muscle and forming an abscess in the cellular tissue anteriorly, and thus causing the epigastric tumour.

4. Rokitanski mentions another case where the perforation ulcerated its way through abdominal parietes and the matter appeared externally.

Madame G., aged 80 years, had been complaining 36 years previously. The chief symptoms were severe abdominal pains and frequent attacks of vomiting; ulceration occurred at epigastrium, and contents of stomach were observed to escape thereby. This state continued some time.

<sup>1</sup> Case by Mr. Crawford, Lancet, Vol. I. p. 347.

Her death occurred rather suddenly, and, upon examination, a circular aperture in stomach led into a cavity formed by cellular tissue underneath abdominal integument, and which led to ulceration in the abdominal parietes.<sup>1</sup>

Third species:—

1. A female, aged 26, had been ill for several months; a pale, emaciated creature; complained much of pain of right hypochondrium and umbilical region, and afterwards suddenly attacked with violent palpitation, cough, and expectoration of a dirty purulent matter. For a time she appeared relieved, but soon after suddenly died, two weeks after symptoms of perforation. Upon examination, perforation of the stomach was discovered, leading into a cavity bounded above by diaphragm, below by liver, and at sides by union of diaphragmatic and hepatic peritoneum.<sup>2</sup>

2. Rokitanski mentions another case in which the diaphragm was perforated, and the base of the adherent lung involved in the alteration.

3. A man aged 40 had been long ill, complaining alternately of pain in head and stomach, accompanied by occasional vomiting. Hæmatemesis ensued after four days of severe illness, with peritonitic symptoms; he died, and, upon examination, an ulceration was formed, whose edges adhered to the base of left lung, having perforated the diaphragm.<sup>3</sup>

4. A case related by Dr. M'Cormac in Lancet, Vol. iii. 1834.

5 & 6. Two cases of females by Laisná.

The third division includes cases of cartilaginous, cancerous, gangrenous, and tubercular disease of the stomach, with perforation, and, therefore, cannot properly be considered here.

The foregoing results may be thus statistically given:—

1st Class.

1. Cases of simple defined perforation of the stomach, with thin or natural edges,	30
2. _____, with thickened edges,	16
3. _____, irregular edges,	1
4. _____, with ulcerations besides,	7
Total,	54

2nd Class.

5. Perforation and adhesions to adjoining viscera,	9
6. _____, forming circumscribed cavity,	6
7. _____, and perforation of diaphragm,	6
Total,	21

3rd Class.

8. other diseases of stomach.	12
Grand Total,	87

<sup>1</sup> Med. Chir. Rev. Vol. xxiv. p. 497.

<sup>2</sup> Rokitanski's Cases.

<sup>3</sup> See L. M. J. Vol. ii. 347.

Dr. ANDREWS, in reference to the subject of perforation of the stomach, related a case which was chiefly remarkable as shewing an unprecedented length of survivance after this accident. It was that of a young female, aged 25. She had been complaining of slight dyspepsia for some time, when she was suddenly attacked with symptoms of local peritonitis in right iliac region.

She continued suffering from local pain one week, when she suddenly became much worse. The pain and tenderness became general over abdomen, and were intense: she seemed in a dying state. After the lapse of a few hours, pain ceased entirely, and a state of collapse ensued. Notwithstanding, she rallied, and seemed better for two days, when, a second time, symptoms of sinking set in; she, however, again revived, but only for a time—in three weeks she expired. Upon examination, one circular perforation was observed in stomach, and another in small intestine; an ulceration nearly extending through the coats was also detected in the former organ. The whole surface of intestines was covered with lymph in bands and otherwise, and purulent matter, and at one spot (circumscribed) a local peritoneal abscess was seen, which, however, had no immediate connection with the perforations. In this case the bowels had acted throughout, and she took some food regularly.

Dr. GORDON observed, that from the extensive ulceration of the diaphragm there could be no question about the phrenic nerve being involved, and this case apparently affords us a corroborative instance of a motor nerve, (which all physiologists agree this nerve is,) when irritated at one of its extremities, conveying an impression along its course which would communicate to the sensitive nerve an irritation which would give rise to the sensation of pain.

Dr. DILL would only remark, that, as a matter of practical interest, practitioners should pay more attention to that treatment of a large number of cases of chronic dyspepsia which has been recommended so satisfactorily by Dr. Stokes of Dublin. He considered that such a course would prove more generally serviceable than was usually supposed.

Mr. BROWN, R.N., related briefly the case of a sailor who was shot through the stomach by a musket ball. The ball had torn away a portion of the organ, and thus produced but one aperture. Though the injury was followed by sudden collapse, he survived 48 hours, opium having been the principal remedy administered.

Dr. READ adverted to cases of recovery from similar injuries to the stomach. In connection, also, with Mr. Brown's observations, he instanced the case of Mr. Drummond. With regard to the opinion expressed by Dr. Dill, he begged to state that his view of the general treatment of dyspepsia was very different. He believed that the great majority of such cases had no connection with inflammation as the pathological state.

The PRESIDENT remarked that the fact of perforation of the stomach was one of the best established in the whole range of Pathology, He considered it as the result of chronic ulceration; but at the same time making a distinction between the latter and inflammation. Cases of this description have become of late years very interesting, on account of their similarity to the effects of poisons; and to this view of the subject Orfila has especially directed attention. Ulcerations of the stomach may exist during life, without being suspected, as in the case of Salina Beclard, the anatomist, and others. In the case before the society, the prolongation of life after perforation was evidently owing to the isolation of the cavity into which perforation had taken place. We have instances on record, in which ascarides have penetrated into the peritoneal cavity, apparently before death. Indeed cases do occur, and not unfrequently, as in *tubis mesenterica*, wherein perforations take place months, and even a whole year, before death. He detailed the case of a boy, with perforation of intestines through umbilicus, by which a discharge of fæces, caraway seed, and other matters, took place at intervals, for a considerable period before death. The President concluded with making some observations upon the agency of the gastric juice, so termed, and morbid secretions of the stomach. It was his opinion, that it would account for many of the so called morbid appearances, frequently described by authors as occurring at the post mortem examination.

Dr. MALCOLM, in reply, would observe with regard to the very interesting case adduced by Dr. Andrews, that it sometimes happens that prolongation of life arises from a fold of intestines blocking up the aperture, and thus preventing the escape of the contents of the stomach or bowels, as the case may be. Also in some instances the adhesive process may localize the extravasated contents in a comparatively small part of the abdominal cavity; and the free administration of opium may likewise assist in warding off, for a time, the fatal event. As to the treatment of dyspepsia, as adverted to by Dr. Dill, Dr. M. was inclined to believe, that in a considerable number of cases of chronic gastrodynia, &c. relief was best afforded by employing a modified antiphlogistic treatment. It would be rash, however, to introduce this course of treatment as a rule of practice. However undoubted the agency of the gastric fluid may be in macrating tissues, under particular circumstances, still he could not subscribe entirely to the observations of the President on this point. In avoiding the error of considering every post mortem abnormal appearance the result of disease, we must likewise take care of harbouring the other extreme.

A lengthened conversation ensued in which many valuable facts bearing on the subject of perforation were stated by the different members present.

J. M. Sanders, Secretary

**Monday Evening, September 1, 1845**

Present, Mr. Murray in the Chair—Mr. Lamont, Mr. Browne, Dr. Gordon, Dr. Sanders, Dr. Malcolm, Dr. Sloane, Dr. Beck, Dr. Moffat, Dr. Pelan.

Dr. Knox having been duly balloted for was admitted a Member of the Society.

Dr. Malcolm having read a report from the Committee appointed at last meeting for considering the formation of a Pathological Museum.

Resolved that the same be received and considered at a Special Meeting to be called next month, and that the thanks of the Society be given to those gentlemen.

The Secretary read a letter from Dr. Read apologising for being unable to attend this evening and proposing in connection with his motion at last meeting that the Society should hereafter suspend the reception of any of the periodical publications and expend the amount upon standard books—

Resolved, That this subject also be deferred for consideration at next meeting when Dr. Read may be present.

That Mr. Hill's account for Carpet etc. for Library amounting to £8. 0. 11 be ordered to be paid.

That Ferguson's Surgery be ordered.

Dr. Gordon read a very interesting paper on a peculiar case of dislocation of the femur on the Pubis or rather on the Ilium where the head of the bone rested on the anterior inferior spinous process and the lesser trochanter occupied the Acetabulum. The case presented itself in the Dissecting room of the Belfast College and Dr. Gordon exhibited the pelvis and femur and illustrated the case by drawings of several other cases of a somewhat similar nature yet still differing in several important particulars. He also proposed a plan of reducing dislocations on the pubis which certainly seems an improvement on that laid down by Sir A. Cooper and other writers on the subject, by placing the limb and pelvis in such a position as to relax much more fully the muscles which must oppose the reduction.

Paper:<sup>1</sup> A stout and muscular male subject, about 64 years of age, was brought into the anatomical room of the Belfast Royal Academical Institution for dissection. When placed upon the table, and the lower extremities approximated, I observed that the left was much shortened, adducted, and inverted, with the great toe resting upon the dorsum of the opposite foot, and having the patella almost three inches higher; there was also a tumour, about the size of an orange, in the situation of, and internal to, the anterior inferior iliac spine; the thigh was immovable upon the pelvis, on a plane anterior and somewhat in front of its fellow, and so adducted that the knee passed considerably beyond the median line of the body; the external iliac or gluteal

region was wasted, and the trochanter major was prominent, but nearer to the anterior superior iliac spine than natural.

Dissection.—When the integuments and subjacent fasciæ were removed, Poupart's ligament was observed projecting forwards, and lying in front of the tumour; the sartorius, near its origin, as it passed in front of this tumour was smaller than natural, and converted, at this part, into a flat tendinous band, containing much fat; the upper portion of the rectus femoris was also similarly affected, and its tendon was closely adherent to, and lodged in, a deep groove in the front of the neck of the femur. The relative and natural positions of the femoral artery, vein, and anterior crural nerve, were much disturbed; the vein occupied its natural situation, the artery lay in front of it, and the nerve before both, but more external, lying upon the internal and superior surface of the tumour. The muscular substance of the gluteus medius and minimus, obturator externus and internus, pyriformis, and gemilli, muscles was completely absorbed, and its place occupied by a large quantity of fatty matter, but they apparently retained their normal quantity of fibrous tissue, which was very tense, holding the articular surfaces of the femur and pelvis in contact like ligaments.

The iliacus internus had almost completely disappeared, and what remained of it was pushed upwards and inwards off the brim of the pelvis by the tumour. The psoas magnus was smaller than natural by one half, and mixed with a considerable quantity of fat, its tendon lay in a deep groove upon the pectineal eminence.

After removing these parts, the tumour on the brim of the pelvis came distinctly into view, it originated superiorly from the brim, but inferiorly it was continuous with the femur, and it was also evident that it consisted of two separate portions, as, by moving the femur, the lower part was observed to glide slightly upon the upper, which felt firm and stationary.

The next step in the dissection was to separate the femur from the pelvis, and, in so doing, it was necessary to cut through a strong, dense, and closely adherent fibrous tissue, which strengthened considerably the articulation; yet, when this was done, the surfaces were still almost immoveably united, but, by forcing the blade of a strong scalpel into the joint, and using force, I was enabled to separate the articulating surfaces, but not without some difficulty: the medium of union was principally cartilaginous, resembling very much that of the sacro-iliac synchondrosis. There were no traces of either the former capular ligament, or of the ligamentum teres.

Having thus separated the femur from the pelvis, the articulating surface of the latter consisted of the old acetabulum, part of the brim of the pelvis, and a new formation extending considerably above the brim.

<sup>1</sup> [Dublin Hospital Gazette, 1845, v2, p85.]

The original acetabulum, or the part corresponding to it, is much higher than natural, less deep, and comparatively shallow; its margin is very irregular, presenting superiorly a process which overhangs its cavity. The new formation extends from the pectineal eminence to the notch below the anterior superior iliac spine, encroaching considerably upon the internal iliac fossa: in shape it bears some resemblance to a short, thick wedge, the base looking downwards and outwards, and immediately above the original acetabulum, the apex or thinner extremity looks upwards and inwards, having the superior internal angle somewhat rounded, and superior external angle presenting a rough hook like process; the posterior surface is rounded; the anterior or articulating surface looks downwards, forwards, and inwards, is almost plane, but quadrilateral being two inches vertically and the same transversely. At the union of the internal border of this process with the base is a deep groove leading from the original acetabulum, in this the tendon of the *psaos magnus* was lodged; this groove corresponds to the pectineal eminence, so that the whole of the new articulating surface is external to the *os pubis*. Hence the dislocation was upon the *ilium* rather than the *pubes*, the neck of the femur lying upon the part of the brim included between the pectineal eminence and the anterior inferior spinous process of the *ilium*.

The neck of the femur is attached to the shaft on a plane somewhat below that of the lesser trochanter, it, as well as the head, is flattened, compressed, and expanded from above downwards, forming a single articular process, articulating with the new socket and brim of the acetabulum.

This process, when viewed from above downwards, presents a quadrilateral surface, two inches in the antero posterior, and the same in the transverse direction; its margin is irregular, presenting anteriorly, at the part apparently where the head joins the neck, a deep groove, in which the tendon of the *rectus femoris* muscle was lodged.

Besides this, there is another articular surface joining it at right angles, and articulating with the altered original acetabulum, and formed by the upper and posterior part of the base of the neck of the femur gliding into this cavity, as the neck became absorbed from the pressure exercised upon it by the border of the acetabulum; its surface is convex, and its extent considerably increased, especially behind, by bony deposit around its margin.

In addition to these alterations, we find that the neck of the femur is so twisted forwards and outwards on the shaft, that, if we place the femur upon a plane surface resting on the posterior parts of the condyles and the great trochanter, and let fall a line perpendicular to the centre of the shaft, opposite the neck, this line will almost touch the outer border of the part corresponding to the head of the bone.

The principal concavity of the shaft does not correspond to the *linea aspera*, as in the healthy femur, but exists along the inner surface of this bone.

If we examine the pelvis we will find other alterations as remarkable as those described, especially in comparing the *ossa innominata*, and at the same time we may grant that the right *innominatum* bone is unaltered, (to all appearance it is so) and that it is the left which illustrates the abnormal changes resulting from this luxation. These are as follows—

Left *os innominatum* smaller than the right.

Left ileac crest higher than the right, less curved, and shorter by almost half an inch, measuring from the attachments of the *ileo lumbar* ligaments to the anterior superior spinous processes.

Left anterior superior spinous process thicker, less curved, and less everted than the right.

Left anterior inferior spinous process involved in the bony mass which forms part of the new socket.

Left internal ileac fossa less deep, and of smaller extent than the right; the two *laminæ* of bone, which are generally in contact in the centre of this fossa, and sometimes even translucent, are separated from each other by a thick layer of *diploe*.

Left posterior superior spinous process smaller and less prominent than the right.

The distance between the anterior superior and the posterior superior spinous processes is nearly half an inch shorter on the left than on the right side, measured by lines drawn transversely across the *dorsum ilei*.

Left obturator foramen is considerably smaller, especially in its vertical diameter, and of a different shape than the right.

Left greater sacro-sciatic notch is regularly oval, having its greatest diameter transversely, and its larger extremity directed forwards.

Left lesser sacro-sciatic notch is greater than the right.

A vertical line drawn from the *eminentia ileopectinea* to the tuberosity of the ischium measures on the right  $4\frac{5}{10}$ , and on the left  $3\frac{8}{10}$  inches; the *eminentia ileopectinea* being on the same plane on the brim of the pelvis, it follows that the left tuberosity of the ischium does not reach so low by  $\frac{7}{10}$  of an inch on the left as it does on the right side; or, in other words, the left tuberosity is on a plane  $\frac{7}{10}$  of an inch higher than the right; indeed it seems as if we had united the *os pubis* and ischium of a shallow pelvis on the left to the *os pubis* and ischium of a deeper pelvis on the right side.

The arch of the *pubis* resembles more that of the female than the male; this peculiarity is owing to the shortening and diverging of the ascending ramus of the ischium, and the descending ramus of the *pubes*.

The left sacral groove (the continuation of the vertebral groove) superiorly is little more than half the breadth of that of the right. The *lumbar vertebræ* are twisted, being convex towards the right, and concave

towards the left. The left lumbar intervertebral foramina look outwards and forwards, the right, backwards, and outwards. The left transverse process of the fifth lumbar vertebra is nearly double the thickness of that of the opposite side, and the left ileolumbar ligament is also the larger.

Remarks.—This case presents an anomaly very unusual, and, I might say, never before described. In all the cases which I have consulted, the limb is described as everted; indeed, it is almost impossible that the toe can be turned inwards when the dislocation is recent, as nearly the whole of the muscles attached to the femur counteract this condition of the limb, as the following observations will clearly demonstrate. If we so place the neck of the femur upon the brim of the pelvis that the extremity would be inverted, and, if at the same time we reflect on the action of the different muscles attached to the upper extremity and shaft of the femur, we shall find that the anterior fibres of the gluteus medius and minimus will elevate the thigh, but the posterior will act in producing eversion; the same condition will be induced by the psoas, iliacus, the adductors, and the other external rotators. Poupart's ligament and the inferior border of the internal, oblique, and transversalis muscles, may, by their pressure on the front of the head and neck, tend to produce inversion, but any action which they might exert would be too near the centre of motion, and would avail very little in counteracting the action of the numerous and powerful muscles just mentioned.

The semi-membranosus, semi-tendinosus, and the tensor vagina femoris muscles, will undoubtedly tend to produce inversion, but in the recent luxation the outward rotators would still preponderate, and would more than counterbalance any inward rotation which might be produced.<sup>1</sup>

The peculiarities of this case are, I think, easily accounted for, if we first consider the situation occupied by the head and neck of the femur, and after this, the

<sup>1</sup> We find in the 20th volume of the Medico Chirurgical Transactions, a case recorded by Mr. Benjamin Travers, Jun., which strongly corroborates the opinion just advanced, viz., that in the recent luxation there is always rotation outwards. A sailor, aged 19, fell from the height of about twenty feet into the hold of a vessel on the left buttock, and, after a lapse of eight months, the following was the state of the parts. "The left buttock is flattened; the trochanter is left rather below and to the outer side of the anterior superior spinous process of the ilium. The neck of the bone lies apparently between the two anterior spinous processes, so that when the patient is erect, the limb appears slung or suspended from this point. The head of the bone cannot be felt, it is invested by an abundance of bony matter, which extends backwards and inwards over the brim of the pelvis and iliac vessels, occupying in front nearly the whole space between the inferior spine of the ilium, and that of the pubis respectively. There is complete eversion, slight mobility, and imperfect progression with the aid of a crutch."

If we place a femur in the situations respectively occupied in the case just read, and in that which is the subject of the present communication, we would at once observe that inversion, if such could be, was far more likely to happen in the former than in the latter instance.

action of the muscles upon it when so dislocated.

The situation of the femur was, as already described, as follows:—The lesser trochanter occupied the acetabulum; the root of the neck rested against the upper border of this cavity; the head projected above the brim of the pelvis, and the trochanter-major was external to the acetabulum. Place a healthy femur in this position, and we shall find that the limb will be everted; and in addition to this, the fact of the tendon of the psoas muscle being situated between the brim of the pelvis and the posterior and inner part of the neck, will also lead us to suppose that there was considerable eversion, as the tendon, so placed, would push the neck of the bone more forwards and outwards, and would consequently induce a greater degree of eversion.

The femur thus placed, was firmly retained in this position by the different muscles; in front, it was held against the brim of the pelvis by Poupart's ligament, and by the tendon of the rectus femoris, which lay imbedded in a deep groove in front of its neck, and also by the sartorius; behind it was held against the acetabulum by the tendon of the psoas muscle, which had produced a deep groove on the brim of the pelvis; from this we observe that the femur, not only from its abnormal situation, but also from the mechanical pressure exercised upon it by some of the muscles would be almost immovable; now, as a consequence of this immobility, a great number of the muscles being unable to act would degenerate, hence, unquestionably, was induced the complete conversion into fat of the two glutei, obturator externus and interims, pyriformis and gemelli muscles.

The limb was also much adducted, projected forwards, and, I may also add, everted; (because we cannot place the healthy femur as here described, unless it be everted,) a position very favourable to the action of the semi-tendinosus and semi-membranosus, not only as extensors of the thigh, but also as rotators inwards. The attachment of the outward rotators to the great trochanter, and the pressure of the tendon of the rectus femoris muscle upon the front of the neck, would prevent the femur, during rotation, describing a part of a circle, of which the radius would be represented by the length of the neck; before this could take place it would be necessary that these muscles, should either be ruptured, or at least their tendinous substance much elongated; but the dissection shewed that there was neither rupture, nor elongation, but that the fibrous tissue, belonging to these was tense, and held the articular surfaces in contact like ligaments. Now, the force of rotation, produced by the semi-tendinosus and semi-membranosus muscles would thus be exerted upon the root of the neck of the femur, and by rotating this bone, as it were, upon its own axis, would gradually alter the natural position of the shaft to the neck, rolling it forwards and outwards.

This rolling forwards and outwards is not entirely con-

fined to the junction of the neck with the shaft, for, if the upper extremity of the latter be attentively examined, we will also find it somewhat twisted.

If we reflect on all these circumstances, I think, the conclusion is evident; viz., that owing to the situation of the femur, and the action of the muscles upon it when so placed, it was almost immovable; that as a consequence of this immobility, the greater number of the outward rotators degenerated into a fatty mass, as muscles usually do when unable to act; that the adduction and eversion of the limb, increased the influence of the semi-membranosus and semi-tendinosus as inward rotators, they, during each act of progression, also acted as inward rotators, and having lost their antagonists, the outward rotators gradually produced the inversion observed, and the rolling forwards of the neck upon the shaft of the femur. The great shortening of the extremity was evidently much increased by the pressure from above downwards, causing absorption of the upper and posterior part of the neck, and its descent upon the shaft when the patient used the limb in progression.

In this case we have a remarkable example of the efforts of nature in repairing an injury of so important a joint as that of the hip, by the formation of a strong and thick process for supporting the head and neck of the femur. The same reparative process is not alone confined to dislocations of the hip, we also observe a new socket formed around the head of the humerus when it is dislocated, either on the dorsum or venter of the scapula, and even when the lower extremity of this bone is luxated forwards upon those of the forearm. It seems as if the head of the bone by its pressure on the surrounding soft parts caused condensation of those, and consequent on this condensation bony matter soon becomes deposited and firmly attached to the neighbouring bone, forming a strong support to the dislocated extremity. But what appears more remarkable in this instance is, that the base of the new socket, or process, should extend so far backwards upon the iliac fossa; and, if conjecture be allowable, we might say that nature continued to add deposit after deposit until she had formed a buttress, which would not only resist any impulse communicated by the femur, but would also bear an assault which would be more than sufficient to fracture this bone itself.

I will now trespass a little longer on the time of the society by offering a few remarks on the causes, symptoms, and reduction of this dislocation.

As predisposing to this accident, I may mention, that in a few instances I have found the capsular ligament deficient on its anterior and upper part, and a free communication was, by means of this opening, established between the cavity of the hip joint, and the large bursa which lies behind the psoas and iliac muscles, as they pass over the brim of the pelvis. In the subject, whose dissection has just been related, there

was an elliptical deficiency of the upper and outer part of the capsule, in the opposite joint, of fully an inch in its vertical diameter. When speaking of the causes of this accident, Sir Astley Cooper observes, "it happens when a person, while walking, puts his foot into some unexpected hollow in the ground; and his body being at the moment bent backwards the head of the bone is thrown forwards on the pubes." I will not deny that the accident happens as frequently, if not more frequently, in this manner than in any other; and it is also probable that all the cases induced in this way will present nearly the same symptoms, and may justify us in laying down certain uniform signs as invariably belonging to this luxation; but that it is produced by other causes acting very differently is unquestionable, and hence we may have a great variety in the symptoms. In the case mentioned by Mr. Travers it was produced by a fall on the left buttock, from the height of about 20 feet into the hold of a vessel. In a case mentioned by Mr. Bransby Cooper (Guy's Hosp. Rep. vol. 1.) it was produced by a wheel of a waggon passing over the hip. There are many more instances recorded in which the luxation was thus produced by violence acting directly upon the neighbourhood of the joint

We have thus this accident induced in two very different ways; in one, it happens when the foot is fixed at the same time that the body is thrown backwards, and the limb then acting as a lever, the head of the bone is forced through the capsule of the joint, and thrown upwards upon the pubes; in the other, the force is applied directly to the neighbourhood of the joint, lacerating its capsule, displacing the articular surfaces, and bruising the soft parts. A division of the causes, inducing the accident, such as this, will be of considerable practical importance, and will greatly assist our prognosis as to the probable issue of the case. If the luxation has been produced by a cause acting through the femur or extremity as a lever, without any other injury of the joint, we may safely say to the patient, that he will soon be well, after the reduction of the bone. But the issue of the case may be different when the luxation is caused by direct violence, as we have not only the luxation, but also considerable, if not great injury to the soft parts; and the reduction may be accomplished, yet the patient may die from the amount of injury inflicted upon the joint and the surrounding soft parts.

The position of the limb varies very much: it may be separated to nearly a right angle from its fellow, and "turned in" (up) on the pelvis; (Med. Chirurg. Rev. vol. 1, page 500): it may be slightly abducted, or it may be adducted, as described by Mr. Morgan in the first volume of Guy's Hospital Reports, who says, "the injured limb had a tendency to cross that of the opposite side, so as to throw the heel over the instep of the opposite foot; nevertheless when they were placed side by side they remained in that position." The femur may have a

direction slightly backwards, or there may be flexion forwards.

The degree of shortening will also vary much; sometimes the shortening is very slight; sometimes as much as three inches. In all recent cases, the limb is everted, and so much so, as almost, in some cases, to give the toe a direction backwards.

The head of the femur may be thrown so much inwards as to compress the crural vessels and anterior crural nerve, producing a varicose state of the veins, and numbness of the extremity; it has also been observed lying behind the crural artery and nerve. It is situated more frequently external to the crural vessels, lying between these and the anterior inferior spinous process, and may even be placed between the spinous processes. Sometimes the head is so buried in the abdomen that it can scarcely be felt. In the majority of cases it may be felt prominent behind Poupert's ligament, and sometimes it is situated below the ligament.

In the case dissected by Sir Astley Cooper, the state of the parts was as follows:—The original acetabulum is partly filled by bone, and partly occupied by the trochanter major, and both are much altered in form. The capsular ligament is extensively lacerated, and the ligamentum teres is broken. The head of the thigh bone had torn up Poupert's ligament, so as to penetrate between it and the pubes. The head and neck of the bone were thrown into a position under the iliacus internus and psoas muscles; the tendon of which, in passing to their insertions over the neck of the bone were elevated by it, and put on the stretch. The crural nerve passed on the fore part of the neck of the bone upon the iliacus interims and psoas muscles. The head and neck of the thigh bone were flattened, and much changed in their form. Upon the pubes a new acetabulum is formed for the neck of the thigh bone, the head of the bone being above the level of the pubes. The new acetabulum extends upon each side of the neck of the bone, so as to lock it laterally upon the pubes.

Poupert's ligament confines it on the fore part; on the inner side of the neck of the bone passed the artery and vein, so that the head of the bone was seated between the crural sheath, and the anterior and inferior spinous process of the ileum. (Cooper, Sir Ast. on Dislocat and Fractures, 7th ed. p. 66.)

There is, in the Museum of Guy's Hospital, a specimen of this luxation, presented by Sir Astley Cooper; and the following is the state of the parts, as shewn by the preparation, twelve years after the occurrence of the accident. (Guy's Hosp. Rep. vol. 1, p. 98.) "The old acetabulum is deprived of articular cartilage, and in part filled up by bony deposit, so as to be rendered wholly unfit for the reception of the head of the femur. The new acetabulum is placed above the old one, and formed partly by the body of the pubes, and partly by the inner side of the inferior spinous process of the ileum; its form is very similar to a natural acetabulum,

but not quite of equal dimensions; it is protected above, it may be observed, by a growth of bone which overlapped the head of the femur, and must have formed the principal point d'appui for that bone. The inferior part of the circumference of this new acetabulum is the most deficient. Between the new and old acetabulum there is a smooth articular surface, of irregular form, upon which the posterior and upper part of the trochanter major rested and moved, in the newly acquired motions of the joints. Both the new acetabulum and this articular surface portray, by partial deposition of porcelain-like concretion, the precise points where the head of the femur and the trochanter moved upon them.

The head of the femur is altered from its original figure, so as to be adapted to the new acetabulum, portions of it being diminished where it did not come in contact with the new cavity, so that its spheroidal figure is lost. The periosteum of the femur, as well as of the new acetabulum, assisted in forming the new capsular ligament. The articular cartilage of the head of the femur has been absorbed, and the same porcelain-like concretion as is seen in the acetabulum is provided at corresponding points.

From the form of the articular surfaces, and the fixed position of the femur, both at the head and the trochanter major, it will be observed, that no other motion than flexion could be permitted; and even that motion, from the closeness of the attachment at the trochanter, but to a limited extent."

In the three dissections which I have now detailed, we observe the same changes induced, with slight modifications, viz.: the gradual alteration and filling up of the old, and the formation of new acetabula; various alterations in the head and neck of the femur; motion of the joint very limited; articular surfaces sometimes united by cartilage, at other times the surfaces are free, but rendered smooth by a deposition of a porcelain-like substance. There was no true ankylosis observed, nor is it probable that it ever occurs, if it be allowable to form such an opinion from the numerous dissections of such joints, not only observed on the pelvis, but also on the scapula, which are recorded. When the luxation has been unreduced, the limb is not useless, nor will the patient be under the necessity of using crutches during the remainder of his life.

In the case of John Fox, the subject of the last dissection which I have mentioned, "in two or three days after the accident, left his bed of his own accord, and, with the assistance of a stick, he began to walk, although, from his expressions, it seemed to have occasioned him great suffering." This same patient, six years afterwards, with the assistance of his stick, (which he could never lay aside) walked a distance of 42 miles in one day, and returned the day but one following. In the subject, which I dissected, there is every reason to suppose that he, while alive, did not use crutches, as the muscles of the calf of the leg of the in-

jured side were a great deal more developed than those of the opposite side. Indeed, they were larger than we usually find them in the bodies of those brought into anatomical rooms.

In this dislocation it would be difficult to say how long the femur may be luxated, and yet reducible; but it is probable that, as in other cases, the time will vary very much in different individuals. In Mr. Travers' case, already alluded to, the head of the bone was invested by bony matter, eight months having elapsed from the receipt of the injury.

On the reduction of luxations in general, Sir Astley Cooper observes:—"The power and direction of the larger muscles are, in the first instance, to be duly appreciated, as these form the principal causes of resistance." This statement may be regarded as an axiom, but the question may be asked, has it been applied and carried into practice in the reduction of the dislocations forwards and upwards? The method recommended by Sir Astley, and now followed by almost all surgeons, in reducing this luxation, does not accord with the spirit of this axiom. If we minutely analyze the practice recommended, we will find that the muscles which impede most the reduction are not relaxed; their "power and direction" are not duly appreciated, and, instead of being relaxed, they are put upon the stretch, even before the extension has commenced. "The extension is to be made on a line behind the axis of the body, the thigh bone being drawn backwards." If we wish to relax the psoas and iliac muscles, we flex the thigh upon the pelvis; if we wish to put them on the stretch, we extend the thigh. These muscles form the principal impediment to the reduction, and instead of removing this impediment by relaxing them, they are put upon the stretch, and then the extension is commenced. This mode of procedure is certainly wrong in principle, although it has succeeded in practice; and if we are to be guided by sound reasoning, based on correct anatomical principles, we should first relax as much as possible the muscles opposing, before we attempt the reduction.

The following procedure, if adopted, would accord with these principles: the patient is to be placed on his side, and the pelvis fixed by means of a girth passed between the thighs and fixed to a staple, a little before the line of the body; the leg is to be flexed upon the thigh, and the thigh upon the pelvis, as much as possible: a girth is now to be passed around the upper part of thigh, at right angles to the axis of the body, and firmly fixed to another staple. This latter girth will serve as a fulcrum, and, by seizing the lower extremity of the femur and by pushing it upwards and inwards, we will cause the head of the femur to pass downwards and backwards towards the acetabulum. It may be objected to this project, that it is very good in theory, but that it may not succeed in practice. To this I would answer, that surgical science is based on correct ana-

tomical principles and the more we study these principles, the more correct and satisfactory will be our practice.

If we take a general review of the recorded cases of this luxation, we will find that the head and neck of the femur has been observed respectively upon all the parts of the brim of the pelvis included between the anterior superior spinous process and the spine of the pubes; that in the majority of cases, nearly the whole of them, the bone is placed external to the pubes, so that from this we may question the propriety of the name applied to this luxation, viz. dislocation upon the pubes. Nor will the appellation upwards and inwards express the position occupied by the femur, as it is in some cases luxated directly upwards. It is an abuse of anatomical nomenclature to call the part of the ileum which is internal to the anterior inferior spinous process, the body of the pubes, and it is a still greater abuse to style a case as one of dislocation upon the pubes, when the neck of the femur rests between the anterior spinous processes. We find in the 2nd volume of the *Lancet*, for the years 1840–41, the dissection of a case of luxation directly upwards, which will serve to shew how very much the names at present given to these luxations are at variance, as expressing the situation occupied by the luxated femur. In this case, "on examination after death, it was found that the bone had been dislocated directly upwards, the head lying on the anterior inferior spinous process, and a little to its outside. The trochanter major was situated posteriorly, resting on the dorsum ilei, the trochanter minor resting on the outer edge of the acetabulum." This is certainly a case of dislocation on the dorsum of the ileum, but it does not accord, either in its position or symptoms, with that described by systematic authors as belonging to this luxation.

We observe, in all the luxations of the femur upwards, that the head either looks forwards and inwards, and the trochanter backwards, or vice versa, with the head backwards and the trochanter forwards. If the head looks forwards, the limb will be everted; if backwards, the limb will be inverted. Now, if, instead of dislocation upon the pubes, or upwards and inwards, and dislocation upwards and backwards or on the dorsum ilei, we were to use the term, dislocation upwards with eversion, or on the anterior part of the brim of the pelvis, as characteristic of the former, and dislocation upwards and backwards with inversion, as characteristic of the latter, we would avoid the error of implying that the femur was situated on a part of the pelvis which it really did not occupy. These objections do not apply with equal force to the term, dislocation upwards and backwards, or on the dorsum ilei, as they do to that of dislocation upon the pubes, or upwards and forwards; because the dislocation upon the pubes is certainly an exception to a general rule, and a luxation which has seldom been observed, unless we take the

same liberty with the pelvis as is done with the humerus, viz., describing two necks, an anatomical and a surgical, and when we say the pubes, in surgical language we mean the space included respectively between the anterior inferior spinous process and the symphysis of the pubes; but science will scarcely admit of such liberties, by requiring that a term signifies one thing in surgical and another in anatomical language. The term, dislocation on the dorsum ilei, is not so objectionable, as the cases are few in which the symptoms differ much from those usually given in systematic works, and a contrary case may be regarded as an exception to a general rule.

Dr. MOFFAT observed, in remarking upon the case, that there seemed to be some predisposing cause of this peculiar dislocation, from the appearance described by Dr. Gordon, as found in the structure of the pelvis, favouring a particular direction of the force, at the time of the injury. The examination of the parts would also tend to show that the accident had occurred to the person when young; and that he had been enabled to use the limb (with the aid of a support) for a long time previous to his death.

Dr. PELAN related a case of dislocation of the femur, with fracture of the acetabulum, producing a very important variety. The dislocation was reduced on several occasions, as no permanent position could be maintained. In consequence, deformity always remained.

Mr. BROWNE, R.N., adduced two cases of dislocation of the femur on the pubis, which had occurred in his practice. He begged to express his favourable opinion of the manner of reducing such dislocation just recommended by Dr. Gordon, not from experience (for the plan is evidently new), but from reasoning on its capabilities.

Several of the members stated the pleasure they had derived from the excellent paper Dr. Gordon had read and some discussion took place on several points connected with it. The paper will be published as usual in the Dublin Hospital Gazette.

J. M. Sanders, Secretary

#### Monday Evening, October 6<sup>th</sup>, 1845

Present, Mr. Browne in the Chair—Dr. MacCormac, Dr. Knox, Dr. Moffat, Dr. Marshall, Dr. Mulholland, Dr. Malcolm, Mr. Lamont, Dr. Moore, Mr. Officer.

Resolved, That Simm's essay on the Thymus Gland be ordered.

Resolved, That Chelius' Surgery by South be ordered in vols as soon as the first volume is out.

Resolved, That the large folio volume of Anatomical Plates by Quain be not removed from the Library by members except on special leave from the Society.

Resolved, That Dr. Marshall be allowed 6 volumes at a

time, and Dr. Gordon 3 volumes at a time, during the ensuing 6 months.

That a special meeting of the Society for the 20<sup>th</sup> October at the hour of 7 o'clock be called to consider the report of the Committee appointed to arrange the formation of a Pathological Museum in connection with this Society.

Resolved, That Mr. McMillen's Account for Binding, amounting to £2. 19. 1, be paid.

J. M. Sanders, Secretary

#### Monday 20<sup>th</sup> October, 1845

##### Special Meeting

Present, Dr. Bryce in the Chair—Mr. Browne R.N., Mr. Lamont, Dr. Malcolm, Dr. Read, Dr. Stewart, Dr. Sanders.

Resolved, That the Report of the Pathological Committee having met with the approval of the Society, the plan proposed by them be now carried into effect and that the said Committee be forthwith authorised to proceed with their operations—exercising at the same time the most rigid economy especially in the first outlay for fixtures etc.

That the Members now constituting the Library and Pathological Committees be united into one under the title of the "Library and Museum Committee" three to form a quorum. The names are Drs. Malcolm, Dill, MacCormac, Moffat, Gordon and Mr. Lamont.

J. M. Sanders, Secretary

##### Copy of Report from Pathological Committee

"Your Committee in the first place would observe that they have made enquires respecting the best mode of putting up wet preparations and concerning other matters in the management of a Pathological Museum from an Edinburgh Medical Gentleman conversant with the subject by practical experience. Your Committee have also directed their attention to the plan of putting up preparations lately made known by Mr. Goadby.

This latter system though more difficult in carrying out your Committee consider of such importance that they would recommend its practical adoption.

From these data and with the additional information which their own experience has suggested your Committee beg to recommend the following scheme of a Pathological Museum to be established in connection with the Society.

1. That a Committee to be called the "Museum Committee" be appointed to consist of not fewer than three members whose duties will be to meet once a month, arrange the putting up of preparations, record the particulars connected with each specimen, to be kept in a book to be purchased for

the purpose and to report from time to time to the Society.

2. That for the present two or three shelves be put up in the Library-room fitted with flap doors and otherwise furnished in keeping with the Library proper.
3. That a close lock-up press be purchased for containing the preparations before being put up and all the other necessary materials.
4. That the following articles be purchased viz:-glass jars of different sizes and shapes—a quantity of clear grain spirits, the several salts necessary for the preservative solutions, sundry different articles and instruments used in putting up preparations.
5. That the expenses of establishing the Museum be for the present defrayed out of the funds of the Society.
6. That a circular be addressed to all the members of the Society soliciting donations of pathological specimens recent or otherwise, and requesting them generally to assist in the formation of a Museum worthy of the Medical Profession of Belfast.

Your Committee would also recommend that the members of the Society whenever opportunity offers, bring forward recent specimens of morbid structures at the regular meetings of the Society from which selections for the Museum might be regularly made. This practice your Committee have reason to think would be of high interest in forwarding the study of Pathology which the proposed Museum will more permanently encourage”.

Signed A. G. Malcolm  
R. F. Dill  
H. MacCormac

#### Monday November 3, 1845

Present, in the Chair Mr. Officer—Mr. Browne, Mr. Lamont, Dr. McBurney, Dr. Pelan, Dr. Read, Dr. Mulholland, Dr. Stewart, Dr. Thomson, Dr. Moffat, Dr. J. D. Marshall, Dr. Sanders, Dr. Sloane, Dr. Burden, Mr. Clarke, Dr. MacCormac, Dr. James Moore.

That Mr. Cunningham Mulholland Surgeon be admitted a Member of the Society having been duly balloted for.

An amendment having been moved and carried to Dr. Read's proposition of discontinuing all the periodicals, to the effect that the number of such periodicals be diminished. Resolved, That the following periodicals be discontinued as soon as the present volumes are completed.

Dublin Medical Press  
London Medical Times  
Johnston's Medico-Chirurgical Review  
Cormack's Journal  
Phrenological Journal

Encyclographia des Sciences Medicales  
Zoist

Annalen der Chemie

Resolved, That the fines on Dr. Moore's Subscription be remitted owing to his having been abroad when notice of his election was forwarded.

J. M. Sanders

#### Monday 1<sup>st</sup> December, 1845

Present, Dr. Bryce in Chair—Mr. Browne, Mr. Lamont, Mr. Mulholland, Dr. Malcolm, Dr. Kelso, Dr. Sanders, Dr. Moffat, Dr. Pelan, Dr. Read, Dr. Moore, Dr. J. D. Marshal.

That the motion passed at last meeting relative to the discontinuing of certain periodicals be now confirmed in regard to all named except “Cormack's Edinburgh Monthly Journal”.

The Pathological Committee report that they have purchased two presses one a close one £1 and the other glazed for the Library £4.15/- and several other accessory apparatus for preserving of specimens. They suggest also that the names of the specimens and the diseases be inserted in the monthly circulars.

A paper was then read by Dr. Kelso of Lisburn upon the recent epidemic of Scarletina which prevailed in that town and neighbourhood.

Paper:<sup>1</sup> Dr. KELSO, of Lisburn, read a paper on an epidemic of Scarlatina, which, in the spring of the present year, prevailed to a great extent under a rather severe and fatal fever, in and about that town; in which he took occasion to notice more particularly some of the more important features that characterised its history, pathology and phenomena, together with a few of its commonest sequelæ. After remarking generally on the importance of the medical man recording, as occasion may seem to require, the results of his individual observation or experience in reference to some or any one of the host of diseases which swell indefinitely our nosology, as a ground of comparison with prevailing impressions or ideas regarding them in their several bearings and relations, medicine, as a science, having, in some measure, by this means progressed to its present status; and further noting, that many of the observations to be offered were not put forward as presenting, in themselves, much that was very peculiar, much, if any thing, that might not have been before noted by others as occurring in similar preceding epidemics, and forming part of the literature of our science; he proceeded to say, that the observations to be then submitted to them had reference more especially to 200 and odd cases of the disease, of which memoranda, more or less perfect, had been preserved at the time of their occurrence. He regretted, however, that his notes of many of the cases were but imperfect

<sup>1</sup> [Dublin Hospital Gazette, 1845, v2, p155.]

in several respects; enumerating among the causes of this—his inability, in the fatal cases (of which there were 8 noted; but he was satisfied there must have been several more,) of obtaining an after-death inspection, and the information derivable therefrom; his want of opportunity of seeing many of the victims of the disease more than once, or perhaps twice during its progress, and the knowledge thereby to be acquired from the modifying influences of treatment, &c.; concluding, introductoryly, that notwithstanding these drawbacks, something of a profitable or interesting character might still accrue from a brief review of the registered facts which might, it was hoped, prove not altogether unworthy of some share of their attention.

The author then went on to say, that the epidemic, which attacked both young and old, comparatively speaking, and individuals in more comfortable circumstances as well as those belonging to the poorer classes, continued for a period of three months, commencing in the middle of March and ending about the middle of June. The unusual time of its appearance here elicited a remark in passing; and in corroboration, a passage was quoted from Doctor Tweedie, in the article *Scarlatina*, in the *Cyclopædia of Practical Medicine*, which went to show that, of all the different periods of the year, the spring months were particularly exempted from all such epidemic visitations. The state of the weather by which it was attended was next referred to. March, it was mentioned, was found to be particularly cold and rather blowing, accompanied with intense frost almost throughout; April was much less severe; while May, towards the latter end of the month, was quite genial.

The difference of view regarding the nature of *Scarlatina* entertained by different writers on the disease, and the corresponding difference in classification of which these views were the source, were now dwelt upon by the author at some length. According to one of these views, the external phenomena which the affection usually presented shadowed forth the chief and essential links in the chain of morbid actions in which the disease consisted; and hence the usual division of it into *S. Anginosus*—*S. Maligna*—*S. Simplex*—and *S. Faucium*. According to the other, in which the pathology is exclusively regarded, the varieties of form which the affection assumes, representing as they did the corresponding pathological states, were now generally considered as consisting for the most part, in common with the other exanthemata, of the congestive and inflammatory description; not to mention subdivisions that might be made of different combinations of these two. Among the chief advocates of the latter doctrine, which the author regarded as the more scientific of the two, the names of Drs. Hamilton, sen., and MacKintosh were particularly specified. Having stated thus much, he then intimated his intention of reviewing the facts or observations relating to the epidemic in connexion, in the first place, with the chief symptoms of the disease,

and, in the next place, in relation to the pathological phenomena manifested by it.

In adverting to the first of these symptoms, namely fever, the author stated that while in several cases it was extremely mild and transient, in many more it was characterized by greater or less intensity of the leading phenomena, which either yielded on the full appearance of the cutaneous rash, or persisted during the whole course of disease, and occasionally even for some time after the disappearance of the superficial symptoms. Referring to the predominant character of the fever, he did not hesitate to regard it for the most part as in some degree inflammatory in the outset, but subsequently, especially when protracted, assuming more or fewer of the symptoms characteristic of the typhoid type. In some instances, again, typhoid symptoms were mixed up to some extent with those of an inflammatory nature from the first setting in of the disease; in which case, the eruption on the surface presented more or less of a livid colour, was less quickly and fully developed than usual, and presented nothing like regularity in its progress and decline.

The cutaneous eruption was the next of the symptoms noticed. But of the 200 cases of the disease of which the author has preserved an account, in only 105 was it to be detected, though he would not contend but that it might have existed imperfectly and fleetingly in a larger number of them. Regarding this phenomenon, as he did, in a two fold point of view—namely, as presenting more or fewer of the recognised characters of regularity or irregularity in its development, progress, and decline, of the 105 instances mentioned, 45 were referred to the former category, and the remaining 60 to the latter. Speaking generally, the early and free establishment of the efflorescence was always looked upon as a favourable occurrence.

The inflammation of the throat, as forming the last of the external and distinctive symptoms was then disposed of. In none of the instances was this absent in some degree, either accompanied with or without swellings of the tonsils or other organs about the throat. In the severer cases, marked by the supervention of typhoid upon the pyretic symptoms, this topical affection never failed to become more decidedly aggravated, attended by the occurrence of ulceration and considerable swelling in the inflamed parts. Sloughing, following upon ulceration, was of very rare occurrence, inasmuch as only one was observed by the author, and that only incidentally, the person, a child of about 5 years old, being at the time in articulo mortis; nor, upon inquiry of his professional friends in Lisburn, could he learn of any thing similar having been experienced by any of them during the continuance of the epidemic.

The epidemic in its pathological relations then came in for a rapid survey. Of these, the condition involving congestion of some internal vital organ or part first

elicited some passing and general observations; and, in application, the annexed case was related by the author:—a child, 5 years old, was seen by him on May 19th, labouring under these symptoms;—considerable and manifest depression of the vital and bodily powers, as evinced by pallor of countenance, drooping of the upper eyelids, somewhat oppressed respiration, accompanied with occasional sighing, and rather feeble and small pulse (96); the tongue was further mentioned as being furred and presenting a slightly mottled appearance, and the bowels confined. The child's illness it was learned, commenced a few days previously with symptoms of pyrexia, but the tendency to somnolence, with the other symptoms of depression, was only observed on the foregoing evening. Two leeches were ordered to each temple, and a dose of jalap and calomel prescribed. A warm bath was also advised in the evening, with some diaphoretic medicine in the mean time. On the 30th, there was observed some improvement from the treatment, with some faint development of rash on chest. On the 21st, things were worse. There was more of oppression, seemingly, at the chest, and there was some cough, accompanied with mucous rales especially in right lung. Countenance pale, and expressionless as at first; tongue furred, feet rather cold. Arrow-root for diet to which a little wine was allowed to be added. A slightly stimulant mixture containing some carbonate of ammonia was prescribed. The patient made a slow but perfect recovery.

The other pathological condition, which the affection almost always involves, in some degree, the inflammatory, namely, was next generally adverted to; and, in applying the general statement to the results of observation in reference to the epidemic, the author considered 2-5ths of the cases, at least, as coming within its meaning.

Some allusion to the sequelæ of the disease then followed. Anasarca, in the first place was observed upon by the essayist; next rheumatism; and lastly, bronchitis and broncho-pneumonia. With reference to the dropsy, this, which was generally of the inflammatory character as usual, was most common, but in many instances so mild and fugitive as to require little or no treatment beyond aperients. The commonness of albuminuria in connexion with a deficiency of the animal principle of urea, as ascertained from some experiments, formed the topic of a passing remark, as well as that of some other alterations more commonly exhibited by the urine.

The next of these sequelæ reviewed by the author, rheumatism namely, and which, as far as he was aware, had been mentioned by no other author with the exception of Dr. G. Bird, was not of uncommon occurrence, though generally so mild as not to require active interference. In several instances, however, it was observed to assume a much greater degree of severity; in proof of which a case was then detailed.

Reference was in the last place made to bronchitis and broncho-pneumonia which, though of unusual occurrence as a sequela of the disease, was in the epidemic under notice any thing but uncommon. The essay wound up with some general remarks relating to this point.

Mr. BROWNE, R.N., would remark that after the epidemic referred to, a muco-purulent ophthalmia prevailed to a very great extent, among the children of the poor, especially in the months of June and July: a disease which, at present, very frequently presents itself, in a similar class of patients, as a sequela of measles—which have lately been epidemic. He had, also on several occasions, noticed hydrocephalic symptoms following the affection. He agreed with Dr. Kelso that scarlatinous anasarca was rarely observed in the adult. He had, however, met with three such cases in his practice in the early part of this year.

Dr. MOFFAT also believed that anasarca, at such an age was exceedingly rare, no case having come under his observation. In all the cases of scarlatinous anasarca he had met with, he observed the urine uniformly albuminous. It would be an interesting question to ascertain the cause of such a state of the urine in this disease. There is evidently, in many cases, no affection of the kidney, and we must therefore refer the albuminuria to a peculiar state of the blood. Treatment during this epidemic was sometimes very inefficient. As an instance of this, he referred to two fatal cases, in both of which cerebral symptoms were marked. In the one no depletion was used; while in the other the application of leeches did not appear to make the slightest effect upon the fatal course of the malady.

Dr. MALCOLM expressed his gratification that a topic of such interest had been brought before the society. He considered that it was extremely desirable that the subject of epidemics should be well understood by the profession, and that medical men placed in favourable circumstances for observing them, should not let the result of their observation remain profitless to the profession. Dr. Kelso had mentioned that gangrene of the mouth and throat was exceedingly rare in this epidemic. He had met, however, with two or three such cases, and would refer to one especially, in which the whole of the lower lip sloughed away before the mortifying process was checked. In this case he had found chlorate of potass with bark, of essential service. He would beg to draw the attention of the society to that rather new fact adduced by Dr. Kelso, viz., the occurrence of rheumatism, as a sequela of the disease; and this independent of the dropsical affection. It was a most important fact, and well worthy the attention of the society. During the epidemic, Dr. Malcolm observed that he had met with a very interesting case of an adult female, who, during convalescence from a rather severe attack, was seized with continued fever, and went through all its stages favourably, although slowly. Dr.

Read asked Dr. Kelso, in how many cases he had seen rheumatism as a sequela of scarlatina. Dr. Kelso replied, about 20. Dr. Read then inquired had he tested the urine, if it was albuminous. Dr. Kelso said it was. Dr. Read then observed that it would have been a subject of interesting inquiry, if the urine in the rheumatic cases of the simultaneously prevailing epidemic, continued fever, had been tested for albumen.

Subsequently Dr. Read said he had been called one night to see a child aged 2 years, who died in about 12 hours after the visit. The case, subsequent evidence proved to have been scarlatina, without eruption—the epidemic appearing immediately in the usual form among the other children; and the father, who had previously had scarlatina, suffered the well-marked angina of scarlatina without eruption.

Dr. SANDER'S remarked that on several occasions every rational plan of treatment appealed deceptive. He had found in common with Dr. Malcolm that chlorine as recommended in Braithwaite's Journal, vol. 6, is occasionally very useful. He related a case of the congestive form in which the principal symptoms were prostration, languor of the circulation in the extremities, hot dry skin, great oppression, with some cerebral disturbance. In 12 hours after the use of these medicines, the skin became clean and brighter, and otherwise more natural, and the case proceeded from that time favourably. In the anasarca sequela he always looked upon depletion as a most valuable part of the treatment.

J. M. Sanders, Secretary

### Monday 5<sup>th</sup> January, 1846

Present, Mr. Browne R.N. in Chair—Dr. Gordon, Dr. Mulholland, Mr. C. Mulholland, Mr. Lamont, Dr. Malcolm, Dr. Dill, Dr. Sanders, Dr. Mateer, Dr. Bryce, Dr. Sloane.

That Morgan's Lectures on the Eye be purchased price 18/-.

Dr. Malcolm read the monthly report of the Pathological Committee stating that the different presses for specimens were purchased and in their places, the expense of all including a small stock of spirits etc. amounting to about £11.

He then exhibited some preparations many beautifully preserved and put up in jars.

Paper:<sup>1</sup> Dr. MALCOLM presented the following contribution (No. 1,) to the PATHOLOGICAL MUSEUM.<sup>2</sup> It was the right lung and pleura as they were found on examination in a case of pneumo-thorax. Two large cavities, one in the apex and the other in the middle lobe, were exposed to view. Immediately above the latter, was observed a round aperture, which led into the cavity. This opening was formed by the bursting of the

walls of the cavity, and thus a communication was established between the bronchial tubes and the pleural cavity. Many old adhesions and bands were observed, connecting the pulmonic and costal layers, particularly at the apex. Tubercles in the crude state occupied the body of the lung, (For the history and other particulars of this case, see the Dub. Hosp. Gaz, Vol. I., p. 155. [Transcription on page 22 above.]

The next specimen (No. 2,) was presented by Dr. SANDERS, and exhibited recent portions of the diseased organs in a case of gall-stones. It contained a portion of the liver, the gall-bladder, pyloric half of stomach, first part of duodenum, and a portion of transverse colon. The general texture of the liver was friable, but in that part contiguous to the gall-bladder, a very dense almost cartilaginous structure was observed. Upon cutting through the latter, cysts, containing several gall-stones (one of the size of a hazel-nut,) were seen. The gall-bladder was much contracted, and quite separated from the cysts by the dense fibrous tissue above-mentioned. In the gall-duct, a calculus was observed, within one inch of its exit in the duodenum. The colon was much narrowed, and had contracted strong adhesions to the contiguous portions of the stomach and liver. The duodenum, pylorus, and remainder of stomach, presented a healthy appearance.

At the post-mortem examination, it was stated by Dr. Sanders, that, in the immediate neighbourhood of the mass of gall stones, suppuration had taken place to some extent.

The rest of the cadaver was not examined. The history of this case is as follows: Mrs. \_\_, aged 50, had been subject to severe dyspeptic symptoms for ten or twelve years past, which became greatly aggravated within the last two years. During the latter period, she had been repeatedly treated for the violent paroxysms of pain to which she was liable, and which she referred to the region of stomach and gall bladder. Her pulse was rarely much affected. This, together with a consideration of the seat and nature of the attacks, (which were characterized by sudden supervention and decline,) led Dr. S. to ascribe her sufferings to the passage of gall-stones. Her alvine evacuations were frequently washed, and searched by different members of the family; but they never succeeded in finding any gall stones. For the last four months, her general health became greatly impaired, and the paroxysms of pain were of such frequent occurrence, that she was constantly confined to her bed. She was reduced to a state of great debility—in a great measure from inanition, for the stomach became so irritable, that nothing would remain more than a few minutes until vomiting ensued. At one period (about two months ago), her skin became slightly jaundiced, and at this time there was more settled pain in the region of the liver, and also more excitement of pulse. Under ordinary treatment, she recovered from this but continued liable to as painful paroxysms as

<sup>1</sup> [Dublin Hospital Gazette, 1846, v2, p239.]

<sup>2</sup> Established by the Medical Society in October last.

ever. For two or three weeks prior to death, the pain was so constant in the region of the stomach, and that organ was so very irritable, that it was considered probable that scirrhus of the pylorus was present. The most remarkable symptom, during the presence of the paroxysms, was the occurrence of large tumours in the course of the colon, evidently produced by flatus, but so hard to the touch, as readily to deceive, and lead any one to believe that there was solid matter in the intestine. Enemata, with assafœtida and turpentine, always dispelled these tumours more quickly than any other treatment, and frequently brought away scybalous fœces, after which there was some relief for two or three days.

The next contribution to the museum (No. 3) was presented by Dr. THOMAS READ. It was a specimen of intussusception in an infant. Dr. R. stated that he had been suddenly called to the case for consultation by a professional brother, who had been in attendance two days. The child was aged four months, and had been previously in the best of health. The chief symptom was obstruction of the bowels, not even complete, and unattended by any inflammatory or other severe symptoms. Vomiting had only recently occurred and took place only once or twice before death. The slight evacuations which did occur presented a sero-sanguinolent appearance. No indication that presented itself intimated the approach of the sudden fatal termination which ensued shortly after Dr. R. had seen the little patient. At the post-mortem inspection, upon opening the abdominal cavity, slight peritoneal inflammation presented its traces on the small intestines; and, upon first view, there seemed to be a large collection of fœces in the transverse colon, which, upon further inspection, was observed to be the seat of the invagination. Upon more minute examination, it was found that the whole extent of the large intestine, from the cœcum to the sigmoid flexure of the colon, was in the state of intussusception, and presented strong marks of congestion and inflammation.

A specimen (No. 4,) of pericarditis was next exhibited by Dr. MALCOLM. The whole internal surface of the pericardium presented that peculiar velvety and punctuated appearance so characteristic of recent serous inflammation; and a band of lymph, about two inches long, was observed connecting the apex of the heart to the outer pericardial layer. The subject of the disease, Fanny C., aged 36, was admitted into the Belfast Fever Hospital on October 31st, 1843, having been then ill of febrile symptoms nine days. During the next 11 days, fever, obstinate vomiting, and debility, were the chief symptoms. From this till the 2nd December, she was apparently convalescing well, when she was attacked with relapse; rigors and vomitings again set in, and on this occasion were attended by much greater debility. After using various remedies, among which calomel and opium pills appeared to have most effect in

quieting the stomach, death put a period to her sufferings on the 20th of December, 1843. At the postmortem examination, the only lesion discovered was that forming the specimen mentioned. In presenting the morbid parts in this case, Dr. M. regretted that a more particular and satisfactory account of the case could not be obtained, as it was peculiarly interesting in the circumstance of the symptoms having indicated gastritis much more than pericarditis.

Dr. MALCOLM<sup>1</sup> next presented a specimen (No. 5) of eccentric hypertrophy of the heart complicated with pericarditis. The heart was of twice the usual size, and both ventricles were dilated; adhesions (which, however, were but slight) were universal between the two layers of the pericardium. A distinct membranous excrescence was observed at the edge of the tricuspid valve, and there was opacity of the aortal semilunars. In addition to the above morbid conditions, the bronchial membrane of both lungs was injected and thickened, and adhesive reddish mucus lined it throughout. The pulmonary tissue was generally congested: and at the apex of the left lung, a dense band of coagulable lymph was stretched between the layers of the pleura.

The history of the subject of this case was particularly interesting, and may be very briefly stated as follows:—A young man, aged 20, previously healthy, was attacked, after having accidentally fallen into the dock, with very severe inflammatory symptoms of the chest, especially, great dyspnœa and pectoral oppression, for which he was repeatedly treated by large and repeated bleedings, blistering, and the administration of tartar emetic. Under this treatment, he received great relief, and was apparently recovering favourably, when the dyspnœa returned, accompanied with œdema of the ankles. Stethoscopic examination now indicated pleuritic effusion and bronchitis; and the very short, rough murmur heard with the first sound of the heart (as it eventually turned out) marked the existence of pericarditis. The pulse was 114, and soft and feeble, and there was great wakefulness. In a few days after this report, he was suddenly attacked with the most urgent orthopnœa, and the most extraordinary palpitation of the heart, the pulse amounting to 185! Under the use of large doses of tartar emetic, his pulse fell in 12 hours to 140, and the dyspnœa became much relieved; subsequently the pulse fluctuated between 140 and 120. His respiration continued always about 40, and bronchial and mucous rales pervaded the whole chest, and masked every other sound. On several occasions the pulse became irregular, and it was ever excessively feeble; perspirations very profuse at times; purulent expectoration appeared several days before death, and faintings occurred on several occasions. During this distressing case, one stethoscopic phenomenon was uniformly remarked, viz., a mucous rale, with

<sup>1</sup> [Dublin Hospital Gazette, 1846, v2, p251.]

dulness on percussion, in left subclavicular region, which may now be explained by reference to the post-mortem examination. The duration of this case, from the first pulmonary attack till the fatal termination, was 12 weeks. The great interest attached to it lies in the very long period that the patient continued to linger of survivance under such intense pericardial inflammation; and in comparison with the account of the specimen (No. 4), presents a marked difference in every point of view.

The following accounts were then passed—

Keane for glass jars—	8. 11½
Do. for 5 gallons spirits—	£2. 2. 0.
Mr. Ward for Book and paper	16. 0.
Alcorn for Pathological press	5. 0. 0.
Davis for 8 stone jars	10. 0.
Thos. Bell for surgical instruments	1. 0. 4.
Dr. Malcolm to Press, and other sundry articles	2. 11. 8.
	£12. 8. 11½

A paper read by Dr. Mateer on the Complications of Continued Fever in which he illustrated his views on the subject by several cases selected [from] those treated in the Hospital. The paper excited some discussion in which the greater number of those present joined.

Paper:<sup>1</sup> In fevers, complications occur with so much regularity and constancy, and influence to such an extent the progress and event of these disorders, that we are naturally led to consider them as their causes. This view, however, taking into account priority of occurrence alone, could be hardly adopted. There is no subject, however, relating to fevers, about which there has been so much discussion; and this has only tended to direct attention from the proper channel of inquiry, that, namely, into the essential nature of complications, and the real relation they bear to the many other morbid states and conditions constituting fever. Fever we may here define as resulting from a reaction of the system consequent on certain injurious influences, exciting and predisposing, and consisting in disturbances of the functions, occurring with more or less marked stages of increment and decrement during a definite period. This last is the most characteristic mark; definite duration serving better than any other for distinguishing febrile from inflammatory disorders, and even the species of fever from one another. Besides this, we may consider the nature and extent of complications as equally valuable for this purpose. They will be found to be distinctive, not only of fever generally—as, for example, of the simple and complicated kinds—but even of the species of this latter. Absence of complication, it has been supposed, is characteristic of simple inflammatory fever or synocha.

Here there is never any, or but a trifling complication, and that resulting rather, as it would appear, from affection of particular tissues, than from derangement of organs and their functions, as occurs in the other instances. As to the relations, complications bear to the other states and conditions in the more serious forms of fever, the conclusions that have been come to from observations, are, 1st, that there are spurious and essential sorts of complications, and that the former may occur independently of, and without exerting much or any influence on the type of the disorder; 2ndly, that of the essential kind some are peculiar to and characteristic of synochus and others of typhus. But, first it may be premised, that the group, complicated fevers, might conveniently be made to include the two species, synochus and typhus; for in the milder forms of these, where, as often occurs, complications are not serious, there is mostly some evidence of these existing in a marked or latent form. Our first inference is rather against the opinion, at one time generally held, that it is incompatible that two distinct diseases should co-exist. But nothing is of more frequent occurrence than to find patients admitted into hospital with diarrhoea, pneumonia, bronchitis, heart or spleen affections, or other local inflammatory complaints, where during the usual period symptoms of fever had progressed, and had been traced at their outset to contagion as their cause. The organic ailments had previously existed, and, progressing with the others, had either disappeared with them, led the fever to an unfavourable event, or had remained after the patient had convalesced. Thus, during a recent period, the month of December last, of 14 cases admitted into hospital, there were one of phthisis, one of peripneumony, one of bronchitis, one of hæmatemesis, two of pertussis, one of melæna, and one of pleuritis. In the greater number the fever was an eight-day one. In the two first, the two patients died on the critical day (about the ninth), from the lung disease; in the others, evident signs of febrile action had then ceased, convalescence being tedious from debility and exhaustion, consequent on the chronic ailments. The treatment was in these cases directed to the local affection, and the aggravation of this, or its relief by the remedies did not much affect the course of the febrile disorder. The last-mentioned of these is here given, as one about which there may be doubt, and as showing the difficulty of diagnosing between essential febrile action and that consequent on the local inflammation.

Case 1. S\_ C\_, aged 22, of robust habit, admitted on the 29th of December, on the fifth day of illness. Got a fall on side, which, with exposure to cold, brought on an illness which has increased till admission, when, along with the usual febrile symptoms, there were severe pain of side, increased on deep inspiration and cough with

<sup>1</sup> [Dublin Hospital Gazette, 1846 v2 p216.]

expectoration. V. S.<sup>1</sup> ad 3xii.; a pill of calomel and opium gave relief.

30th—Friction rale distinct on right side; slightly so on left; pulse 90, hard; cough. Pulv. antimonial c. calomel and blister to side. 31st—Pain of side much relieved by the blister, but cough and muco-purulent expectoration continue; rales scarcely distinguishable. A cough mixture, with tartrate of antimony. January 2nd.—Pulse 98; skin hot, dry; tongue furred; much weakness and general soreness; no sleep; little or no pain of side, and that external; cough continues. 4th—Profuse sweats during the night; cough no better. From this date, convalescence seemed to progress in the usual way, and with the sense of soreness and debility experienced in this stage; but cough continues, as it may do for some time.

Observation.—This was considered to be a case where there was co-existence, but not a complication of pleuritis. In the three following cases there is fever with complication, and the species, that called synochus. The first shows a conversion of a synocha into a synochus; the second a synochus in its severer form; the third a conversion of synochus into typhus.

Case 2. A\_ M'K\_, aged 20; admitted on December 11, on the sixth day of fever, with the usual symptoms; and palpitations. 12th—Præcordial uneasiness continues; no cough or pain of chest, but abundant halitus from lungs; pulse 100; tongue furred. 13th.—Cough severe, and much expectoration; dyspnœa. To have cough mixture. 19th—Worse from pain of chest, which, however, is easier since application of a blister; pulse 120, strong; expectoration mucopurulent, with difficulty of breathing; face flushed. 20.—Incoherent; pulse 110, soft; breathing laboured; respirations 38 in the minute; no abnormal sounds on auscultation; sputa rusty 21st.—Cough easier; sputa not rusty; deafness; tongue clean. 26.—Return of cough with increased expectoration during the night. 28th Convalescent.

Observation.—Here there was simple fever at the outset, and till the 19th, when from predisposition a synochus form appeared, owing to complication of chest affection, which latter progressed with the fever itself.

Case 3. D\_ K\_, aged 45; mother of a family, all of whom are ill in fever; admitted on the 28th of December in the eighth day of fever. Cough; tongue furred, with a brown strip in centre. 30th.—Delirious since yesterday, requiring restraint; pulse 140, strong; skin hot, maculated; bowels regular; no tenderness of epigastrium; tongue furred; breathing hurried; halitus; cough. 30th.—Quieter since the evening; cough severe; breathing hurried; respiration 48; pulse 130, full and strong. Cough mixture. January 1st.—Blister applied for pain of chest in the evening gave relief; cough continues severe; respiration 40; pulse 120, irregular;

sputa scanty; petechiæ vivid, red; bowels open from an enema. January 2nd.—Feels easier, but cough continues; incoherent; pulse 130, feeble; breathing more hurried; tongue dry; bowels confined. January 3rd.—Died this morning.

Observation.—This case had been one of synochus throughout, the chest complaints progressing with the fever stages, but the system unable to throw off the congestion, which had determined more immediately to the lungs; these being the organs specifically deranged during this form.

Case 4. C\_ C., aged 43, married, admitted 21st November, on the eight day of her illness. Cause contagion. Usual premonitory symptoms of fever with cough. 23rd.—Vertigo, vomitings, syncope, palpitations. Tongue furred. 24th.—Measly eruption; præcordial uneasiness. 25th.—Cough but no vomiting. 26th.—Worse; pulse 120, weak; incoherent; much debility; bowels confined. Epigastrium tender on pressure. Tongue partly dry and brown. 27th.—Same as on yesterday, but vomitings. Pulse feeble. Tongue clean. 28th.—Delirious. Pulse 98, feeble. Tongue dry, brown, tremulous, with difficulty protruded. 29th.—Stupor. Dec. 2nd.—Convalescent.

Observation—This case presented the aspect of synochus at its outset, but, about, the critical day, it assumed the typhus character, and, as such, progressed till the 19th day of the illness, when convalescence was established.

The complications in these, and the like cases, where synochus is more or less marked, are of a peculiar kind. They consist in a peculiar difficulty of breathing, with heaving of chest, hurried respiration, an abundant halitus from the lungs, particularly noticeable in a damp atmosphere, mucous, then afterwards purulent expectoration, often without much dulness of chest on percussion, or abnormal auscultation-sounds. Along with these, there are increased heat of surface, quick, hard pulse, uneasy feeling in epigastrium from fluttering or increased action of heart, petechial eruption; and incoherence. These symptoms occur in and are peculiar to synochus. Here, it is supposed, that the circulatory organs are more especially affected; and concurrent with such states, though not caused by their supervention, there is an increased intensity of the fever itself. As these occur at an advanced stage of the fever, they obviously arise out of its actions, and form part of them, but do not themselves cause the fever. This kind of chest affection and dynamic derangement of organs of circulation is diagnostic of synochus; as an abdominal affection, along with qualitative derangement of the secretions and fluids: the blood, in particular, is characteristic of typhus. Both forms, the latter in particular, tend to implicate the brain and spinal chord; whence in both there is nervous excitement from the outset, afterwards incoherence or delirium—of the sthenic kind in the one,

<sup>1</sup> [Presumably 'venesection'.]

and of the asthenic nature in the other. In both there is an eruption, obscure nearly, or, at most, vivid red specks in synochus; larger, more obvious or ecchymosed spots in typhus. These two last concomitant states, nervous excitement and eruption, are best seen in the extreme forms of these two species. However, there are gradations of forms, and states occur, where it is difficult from them to draw the precise line of distinction of the two species; as, for example, between the severer forms of synochus and the milder of typhus. In the mixed cases, where there is noticeable a transition of the one into the other, the same difficulty occurs, and when, as at present, there is no epidemic prevailing, and that fevers assume no very decided type, such form often a large proportion of the cases. The best guide, then, is the nature of complications. It remains to notice what those peculiar to typhus are. These are perhaps better marked than the others. There are generally found a dry brown or yellow tongue, sordes, hiccup (in the advanced stages), tenderness of epigastrium on pressure, diarrhoea, or obstinate costiveness, distension of abdomen, yellowness of skin, high-coloured urine; signs caused by affection of the lining membrane of the intestinal canal, with hepatic derangements. The spleen (and, in the more advanced stages, the stomach too) appear to be less ordinarily complicated. These kinds of complications belong rather to fevers of an intermittent and remittent type, and so were very frequently observed during the last epidemic. The two following cases, one of typhus gravior, the other of typhus in its mildest form, will shew farther the nature of the concomitant phenomena.

Case 5. J. M'M., aged 45, labourer, and of intemperate habits, admitted December 9th, on the fourteenth day of fever; delirious and unable to state his history; maculated; pulse 180, weak; stupor; tongue raw, hacked; epigastrium tender on pressure. Fever mixture and wine. 10th. The same; pulse 112; towards evening, diarrhoea, sinking in bed, great prostration of strength. 11th. More delirious, picking off clothes; muttering; extremities cold, livid; maculae darkening; pulse 110, very feeble; "Risus sardonius"; blister applied to head; much tenderness of epigastrium. *Augeatur vinum*; camphor; and Dover's powder; enema assafœtid. 12th. Died in the evening.

Case 6 A. M'C, aged 32, married, admitted November 16th, on 8th day of illness. Cause, infection, from removing to a house previously inhabited by a family in fever. Vomiting of dark bilious matters, head-ache, and chills, with pain of back and loins, and general debility, at outset of illness. Head-ache and chills have lately nearly disappeared; urine high-coloured. 17th. Slightly incoherent; pulse 130; sordes; bilious vomitings; halitus. 18th. Wandering continues; tenderness of epigastrium; tongue dry, brown; pulse 112. 19th. Head symptoms relieved; tongue as on yesterday; skin yellow.

20th. The same, but tongue cleaning and becoming moist. 23rd. Convalescent.

Cases of the kind here briefly detailed scarcely ever exhibit all the phenomena of their complications complete, some one or other being often absent; as in typhus, where the tongue is furred, or that diarrhoea is absent, or the opposite state, that of costiveness exists. But then it will be found that those that are present give evidence sufficient of the characteristic organic derangements. On the other hand, the complications may be more than usually severe. This occurs when the subject is predisposed to organic ailments, has previously laboured under them, or is enfeebled from bad habits of living, innutritious diet, neglect of cleanliness, impure air, or has been exposed to intense virus. In such cases, the severer forms occurring, the complications are apt to lose their characteristic aspect; and, instead of forming a part of, and concurring with the other morbid states to a favourable crisis, they excite a new and more aggravated fever, under which the patient is likely to succumb. This happens, seemingly, when the stage of disorganization has set in; where there is reaction to remove it, and failing which, the functions cease to be performed. It is these severer forms that are usually viewed as the complications of fever; lesser ones being overlooked, or not considered as such, but unjustly so. The former, when present, are the cause of the increased intensity, and, too frequently, unfavourable event; the latter and less severe are never the cause; and the phenomena they give rise to when carefully traced out, serve to distinguish the species of fever. To complete the study of complications, it would be requisite to inquire into the nature of the part they act, and the modes in which they excite a more intense fever. For this, however, we should carefully consider the nature of morbid sympathies. It has been some such line of research, carried out to a great extent in the doctrines of fever, and applied to other diseases as well, that has formed the basis of a system appropriately called *Physiological Medicine*, and by many considered the only real philosophical or rational system.

In the discussion which ensued, the chief point of interest, of course, was the opinion of the author respecting the connection between the typhus type and the abdominal complications. It was observed, that, to substantiate this assertion, it would be necessary to draw up an extended series of cases of typhus, and observe whether the abdominal organs were more frequently and uniformly affected in them, than in a similarly extended series of other forms of continued fever. The subject was considered very important, and deserving of renewed investigation. The complications of continued fever are of essential moment; and however variable may be the opinions of authors upon the nature of the disease, the true and proper treatment must be based in a great measure upon their early and quick discrimination.

*Some further interesting observations were made upon the different modifications assumed by continued fever during certain epidemics, as for example, during the epidemic of 1843. At this time several—nay, many, cases presented themselves, exhibiting many of the symptoms and features of the yellow fever of the tropics; and indeed it was frequently called so. Such facts would tend to show that continued fever was primarily a disease of the whole economy, in which the complications were so many modifications produced by ever-varying etiological phenomena.*

**Monday 2<sup>nd</sup> February, 1846**

Present, Dr. Mateer in the Chair—Mr. Browne R.N., Dr. Reid, Dr. T. Thompson, Dr. Bryce, Dr. Malcolm, Mr. Lamont.

That the Medical Press be re-ordered.

That Budd on diseases of the Liver be ordered price 14/-.

That Burnett on inflammation and ulceration of the neck of the uterus, price 6/- be ordered.

That Dr. Malcolm's account for Materials used in making preparations amounting to 11/- be paid.

J. M. Sanders

**Monday 2<sup>nd</sup> March, 1846**

Present, Dr. Dill in the Chair—Dr. R. Bryce, Dr. Donnelly, Dr. Moffat, Mr. Lamont, Dr. Mateer, Dr. Gordon, Dr. Moore, Dr. T. Thompson.

That W. H. Robertson's treatise on Gout price 10/6 be purchased for the Library.

Dr. Garner of Belfast having been duly balloted for was admitted a Member of the Society.

Dr. Moore gave a short history of the case of Tumor of the neck operated on by him some time previously.

J. M. Sanders

**Monday 6<sup>th</sup> April, 1846**

Present, Mr. Browne in Chair—Dr. Gordon, Dr. Mulholland, Dr. Burden, Mr. Lamont, Dr. Sanders, Dr. Bryce, Dr. Read, Dr. Moffat.

That Sir Astley Cooper on Diseases of the Female Breast 60/- and Sibson on the Relative Anatomy of the Viscera in Health and Disease 18/-.

That Mr. Andrew's account for printing Circulars when examined and found correct be paid.

That the Library Committee be requested to have the Library closed and examined on the 20<sup>th</sup> Inst. under the usual regulations and report at next meeting.

That Mr. McCleery and Dr. Dill be requested to examine the annual fines and report to next meeting, sending a statement of the same prior to 20<sup>th</sup> Inst. to the Treasurer Dr. Burden.

That Drs. Stewart and Sanders be requested to audit the Bookseller's and Treasurer's accounts.

That a Treasurer and Secretary be appointed at next meeting.

Some morbid specimens exhibited one of large encysted tumor of scalp, one of gall-stone and one of Schirrous disease of uterus.

J. M. Sanders

**Monday 4<sup>th</sup> May, 1846**

Present, Dr. Dill in the Chair—Dr. Malcolm, Dr. Gordon, Dr. Moffat, Dr. Pirrie, Dr. J. D. Marshall, Dr. Mulholland, Dr. Burden, Dr. Thos. Thomson, Surgeon Browne R.N., Surgeon Lamont, Dr. T. Read, Dr. Moore, Dr. Mateer.

Resolved, That Dr. Pirrie having been in Paris since his election and not having enjoyed any of the privileges of the Society during the past year, his fine amounting to 10/- be remitted.

That the sum of 9/- for advertising in the Chronicle the meeting of the Medical Profession held in March 1845 be paid.

That Dr. Collins having been duly balloted for, be elected a Member of the Society and that he be noticed accordingly.

That the Treasurer's and Bookseller's accounts be examined by Dr. Stewart and Mr. Lamont and reported on at next meeting.

That the report of the Library Committee on the state of the Library as now read by Dr. Malcolm be approved of and entered on the records of the Society.

That the Library Committee be authorised to print the appendix and such portion of the report of the Society as may be judged proper by them.

A letter received from Dr. Sanders requesting to have his name withdrawn as Secretary of the Society owing to his delicate state of health and proposing that Mr. Lamont should be appointed in his stead.

That The Chairman be requested to write to Dr. Sanders stating that Mr. Lamont is appointed to act "pro tempore" and to state to him the sympathy which the Society feels in the delicate state of his health.

That the cordial thanks of the meeting be given to Dr. Burden for his most valuable and efficient services as Treasurer during the past year and that he be requested to act for the present year.

That Thomas Shields be allowed £1. 1. 0 per year for distributing the circulars of the Society.

That Drs. Burden, Marshall and Moffat be appointed Stewards for the Annual Dinner, to be held on Tuesday the 9<sup>th</sup> June.

That the thanks of the Society be given to Mr. McCleery for his examination of the annual fines.

That Dr. Gordon be allowed Quain's plates under the usual regulations.

That Surgeon Browne and Dr. James Moore be added to the Library Committee.

**Monday 1<sup>st</sup> June, 1846**

Present, Mr. J. Clarke in the Chair—Dr. Dill, Dr. J. D. Marshall, Dr. Bryce, Dr. Collins, Dr. Stewart, Mr. Mulholland, Dr. Moore, Dr. Gordon, Dr. Pelan, Dr. Collins, Dr. Read.

Dr. Stewart and Mr. Lamont reported that they had examined the Treasurer's and Bookseller's account and that they were found correct with the exception of one book overcharged in the latter amounting to 3/6.

Dr. Dill reported that he had written the letter to Dr. Sanders directed by the Society.

Dr. Marshall as one of the Stewards for the annual dinner reported that the dinner had been arranged to be held in the Commercial Hotel on the 8<sup>th</sup> Inst.

That the thanks of the Society be given to Mr. Lamont for his efficient services as Librarian.

That Mr. Anderson the new House Surgeon of the Hospital be appointed as Librarian.

That Surgeon Anderson be invited to dine with the Society on the 8<sup>th</sup> Inst.

That the Medical Officers of the Garrison be invited to dine with the Society on the 8<sup>th</sup> Inst. and that the Stewards be requested to invite them accordingly.

That Mr. Lamont be invited as a guest to the Medical Dinner.

Dr. Gordon read a paper on a peculiar form of Diseased Breast which had been operated on in the Hospital but which returned after excision and proved fatal.

The characters of the disease did not in many respects resemble those of *Fungoides Hæmatodes* although on the whole they approached nearer that disease than any other.

That Dr. Coffey be allowed 4 volumes at a time from the Library.

**Monday July 6, 1846**

Present, Dr. Mulholland in the Chair—Dr. Gordon, Dr. J. D. Marshall, Dr. Moffat, Mr. C. Mulholland, Dr. Dill.

Dr. Ewing having been balloted for was admitted a Member of the Society.

Mr. Lamont having been balloted for was also admitted a Member of the Society.

**Tuesday 28<sup>th</sup> July, 1846**

Present, Dr. Ewing in the Chair—Dr. Dill, Dr. J. S. Reid, Dr. T. Thompson, Dr. Mateer, Dr. Bryson, Dr. Gordon, Surgeon Browne R.N., Mr. Lamont, Dr. J. D. Marshall, Dr. McBurney.

Resolved, That the members of this Society as a mark of respect for the memory of the late Dr. Sanders and of the high estimation in which he was justly held for his professional acquirements and for his active and zealous services as their Secretary for many years, do walk in procession at his funeral on Saturday the first August next.

That on Saturday morning at eleven o'clock the Members of this Society do meet at Ormeau bridge for the purpose of walking in procession at the funeral of the late Dr. Sanders.

Resolved, That the following members be constituted a subcommittee for the purpose of carrying out the arrangements of the procession and giving the members the requisite notice—Dr. J. D. Marshall, Mr. Lamont, Mr. Browne R.N., Mr. Harkin.

**Monday August 3<sup>rd</sup>, 1846**

Present, in the Chair, Dr. MacCormac—Dr. Moffat, Dr. Dill, Dr. Ewing, Mr. Grattan, Mr. Aickin, Mr. Browne, Mr. Lamont, Dr. Moore, Dr. Bryce.

Mr. Lamont, having been proposed and seconded, was unanimously elected as Secretary to this Society.

Resolved, That Surgeon Halliday having been duly balloted for as a Member of the Society be elected.

That Mr. Anderson, Surgeon having been duly balloted for, be elected a Member of the Society.

Proposed by Dr. Dill and Seconded by Mr. Grattan.

That a subscription list be opened for the purposes of shewing some mark of respect to the memory of our late respected and lamented secretary Dr. Sanders and that a meeting of the profession of the town be summoned for Friday 7<sup>th</sup> Inst. in order to carry out the object proposed.

That a committee composed of Mr. Grattan, Dr. Moffat, Mr. Brown and Mr. Lamont be formed in order to make the necessary arrangements.

Æ. Lamont, Secretary

**Monday 7<sup>th</sup> September, 1846**

Present, Dr. Browne R.N. in the Chair—Dr. Burden, Dr. Ewing, Dr. MacCormac, Mr. Anderson, Mr. C. Mulholland, Dr. Moffat, Dr. McBurney, Dr. Malcolm, Mr. Lamont.

Dr. Drennan having been duly balloted for was admitted a Member of the Society.

Resolved, That Sir B. Brodie's work on Pathology and Surgery be ordered—price 12/-.

That Dr. Jacob's essays be ordered price 5/-.

Resolved, That the Transactions of the Medico-chirurgical Society of Hong-Kong presented by Dr. Dill, be received and that the thanks of the Society be tendered to him for his valuable present.

Dr. MacCormac related a singular case of a phosphorescent appearance observed in a child at Portaferry of 16 months old where the surface of the body exhibited that appearance and in which the phosphorescent matter could be removed on the hand.

Dr. MacCormac did not himself witness the case, but he was written to by the parents of the child in whom he has the utmost confidence. It was observed in two instances in the child but less distinctly in the latter instance. He mentioned that at another time a

spark was observed to issue from the child, which however appeared electrical.

Æ. Lamont, Secretary

**Monday 5<sup>th</sup> October, 1846**

Present, Dr. Pirrie in the Chair—Dr. Gordon, Mr. Anderson, Dr. Pelan, Dr. Kelso, Dr. Collins, Dr. Dill, Dr. Bryce, Dr. Stewart, Dr. Malcolm, Mr. C. Mulholland, Mr. Lamont.

Dr. Drummond having been duly balloted for was admitted a Member of the Society.

Dr. Kelso read an excellent paper on Infantile Remittent Fever which he illustrated with several cases occurring in his practice at Lisburn.

Resolved, That Members living in the Country be allowed a week after the month is terminated to forward their books to the Library and that the fine of 1d per day be not levied until that time be completed.

Resolved, That the day of meeting of the Society be changed from the 1<sup>st</sup> Monday in the month to the last Monday in each month at 7 o'clock p.m.

Notice of these two resolutions to be given in the circular for the next meeting when they are to be confirmed.

Æ. Lamont, Secretary

**Monday 2<sup>nd</sup> November, 1846**

Present, Dr. Bryce in the Chair—Mr. Browne R.N., Dr. Dill, Mr. Anderson, Dr. MacCormac, Dr. Moore, Dr. Stewart, Mr. Lamont.

Surgeon Wheeler having been balloted for, was duly elected a Member of the Society.

The resolution with regard to the extension of time for country members in returning books having been read over for the purpose of being confirmed was unanimously negatived.

Resolved, That the confirmation of the resolution regarding the change of day for the monthly meetings of the Society be postponed until next meeting.

Æ. Lamont, Secretary

**Monday 7<sup>th</sup> December, 1846**

Present, Dr. Dill in the Chair—Dr. Malcolm, Mr. Browne R.N., Dr. Drennan, Mr. Anderson, Mr. Halliday, Dr. Burden, Mr. Lamont, Dr. Bryce, Dr. Sloane, Dr. Read.

Resolved, That the resolution as follows (which was not entered on the minutes on the 7<sup>th</sup> September when it was passed) be now confirmed viz—

That the 3<sup>rd</sup> rule of the Society be rescinded and stand thus—Candidates for admission must be proposed and seconded at one regular monthly meeting of the Society, and balloted for at the next, “provided the subscription for the Current year be paid—1 black bean in 5 to exclude—if excluded, the money to be returned”.

Resolved, That the resolution respecting the change of day of meeting of the Society be now confirmed.

Dr. Bryce detailed an interesting case where the patient was said to be 12 months pregnant and where flooding took place to a considerable extent followed by parturient efforts but without expulsion of the foetus. Death took place suddenly. A post mortem examination was obtained and the uterus was found placed with the cervix leaning forwards and to the right side over the right inguinal region, and the fundus turned downwards and backwards to the left side of the hollow of the sacrum. No liquor amnii found in the uterus. The abdominal parietes were very lax and belly pendulous.

The presentation would have been natural if the uterus had been in a natural position.

Æ. Lamont, Secretary

**Monday 18<sup>th</sup> January, 1847**

Present, Dr. Dill, Mr. Brown R.N., Dr. Bryce, Mr. Anderson, Mr. Lamont, Dr. Mulholland, Dr. James Moore, Dr. Moffat, Dr. James D. Marshall.

Resolved, That Dr. Marshall be allowed to have 6 volumes out of the Library at one time, during the winter session.

Æ. Lamont, Secretary

**Monday 15<sup>th</sup> February, 1847**

Present, Dr. Collins in the Chair—Dr. Gordon, Mr. Lamont, Dr. Dill, Mr. Browne R.N., Mr. Anderson, Dr. Bryce, Dr. J. Moore.

Resolved, That Robinson on the Teeth price 10/6 be ordered.

That Hallsall's Microscopic Anatomy price 2/6 per part be ordered.

That J. Wharton Jones' Manual of Ophthalmic Medicine and Surgery price 12/6 be ordered.

A letter read from Dr. Read apologising for not being able to read his paper on Gangrene Senilis.

Mr. Browne R.N. read a valuable paper on the use of nitrate of silver in different affections of the eye. He chiefly uses it in the solid form or 10 gr solution in psor-ophthalemia, acute and chronic conjunctivitis, catarrhal muco-purulent, gonorrhoeal, strumous, pustular and in all external ophthalmia—also in ulcers of the cornea applied in the solid form.

He illustrated the subject by several cases selected from a vast number treated by him in the Eye Dispensary.

Æ. Lamont, Secretary

**19<sup>th</sup> April, 1847**

Present, Dr. Read in the Chair—Dr. Collins, Dr. Dill, Mr. Lamont, Mr. Anderson, Dr. Pelan Dr. R. Bryce.

Resolved, That Histoire De La Medicine par Renouard price 13/- be ordered.

That the Library Committee be requested to have the Library closed and examined according to the usual regulations. The books to be called in on or before the 10<sup>th</sup> May.

That Mr. McCleery and Dr. Dill be requested to examine the annual fines and report to the next meeting, sending a statement of the same prior to the annual meeting to the Treasurer Dr. Burden.

That Dr. Stewart and Mr. Lamont be requested to audit the Treasurer's and Bookseller's accounts.

That a Treasurer and Secretary be appointed at next meeting.

Dr. Read read a paper on Gangrene Senilis as a continuation to a paper on the same subject read by him at a previous meeting of the Society.

Æ. Lamont, Secretary

### Hospital 17<sup>th</sup> May, 1847

Present, Dr. Thos. Thomson in the Chair—Dr. Burden, Dr. Malcolm, Dr. Gordon, Mr. Lamont, Dr. Halliday, Dr. McBurney, Dr. Moore, Mr. J. Quin, Dr. Moffat, Dr. Kelso, Dr. Bryce.

Owing to the confused state of the Hospital from the pressure of Fever, the Library could not be completely examined—to be completed before next meeting.

Dr. Burden states that no return of the annual fines had been made to him consequently they have not been furnished by him to the members.

Resolved, That Mr. Greer's account for Books and Periodicals amounting to £21. 16. 2 be paid.

That Drummond Anderson's account for printing circulars amounting to £2. 5. 0 be paid.

That Marcus Ward's account for printing (lithographic) circulars and binding in 1845 be paid—12/-.

That Lamont, Brothers' account for Binding, Stationary etc. amounting to £2. 14. 8 be paid.

That the Treasurer's account showing shewing a balance in favour of the Society of £28. 0. 2 being audited and found correct be approved of.

That the warmest thanks of the Society be given to Dr. Burden for his valuable services as Treasurer and that he be requested to continue during the present year.

That the thanks of the Society be given to Mr. Lamont as Secretary and he be requested to continue for the present year.

No report from the Library Committee on the state of the Library owing to the confused state of the Hospital.

That the Secretary be directed to write to Mr. McCleery and Dr. Dill to say that as an irregularity has occurred in furnishing the fines to members owing to the want of their report they be requested to furnish it to the next meeting.

That as a verbal resignation had been given in from Mr. Anderson the Librarian through Dr. Malcolm

the same be accepted and the thanks of the Society be given to him for his services.

That the Apothecary Mr. Ring be appointed as Librarian in room of Mr. Anderson resigned and that Mr. Lamont be requested to instruct him as to the duties of the office.

That a Deputation comprised of Dr. Malcolm, Dr. Burden and Dr. Moffat be appointed to wait on the Linen-Hall Library Committee to ascertain on what terms they would allow the Library of this Society to be connected with theirs, report to next meeting.

That the Society dine together on Tuesday, 8<sup>th</sup> Inst, as heretofore. That Dr. Burden, Dr. Moffat and Dr. Moore be appointed to act as Stewards.

Æ. Lamont, Secretary

### July 5<sup>th</sup>, 1847

Dr. J. S. Reid in the Chair—Dr. Dill, Surgeon Browne R.N., Dr. Mulholland, Dr. Pelan.

Dr. Bingham of Downpatrick proposed by Surgeon Browne R.N. seconded by Dr. Dill as a Member of this Society—to be balloted for at next meeting.

Dr. McLaughlin of Lurgan proposed by Dr. S. Reid and seconded by Dr. Pelan as a Member—to be balloted for at next meeting.

Mr. Anderson having assigned his reasons for having resigned the Librarianship of this Society and having also stated his willingness to again undertake the duties, provided that his assistant be permitted to take part in them—

Resolved, That he be re-instated in his office and informed, that, he being responsible, his assistant be allowed to assist him in discharging the duties.

Æ. Lamont, Secretary

### July 26<sup>th</sup>, 1847

Present, Dr. Bryce in the Chair—Dr. Pelan, Dr. Dill, Mr. Anderson, Dr. Gordon, Mr. Lamont, Dr. Mulholland, Mr. Wheeler.

Dr. Bingham of Downpatrick having been duly balloted for was elected a Member of the Society.

Resolved, That a subcommittee composed of Dr. Moffat, Mr. Lamont, Mr. Anderson and Dr. Dill, be appointed to arrange the Circulation of the Periodicals in a more correct manner.

A letter received from Thomas Shields the Porter of the Hospital requesting to be paid the 5/- formerly allowed him yearly in addition to the sum of £1. 1. 0 now given him for taking out the Circulars and Periodicals,

Resolved, That the consideration of Thomas Shields' application be deferred till next meeting.

Æ. Lamont, Secretary

### August 30<sup>th</sup>, 1847

Present, Mr. Wheeler in the Chair—Mr. Browne R.N., Dr. T. Read, Dr. Dill, Mr. Lamont.

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Dr. McLaughlin of Lurgan having been duly balloted for was elected a Member of the Society.

A letter having been read by the Secretary from Dr. Lynch stating his desire to withdraw from the Society,

Resolved, That Dr. Lynch having participated in the benefits of the Society by having out books since the commencement of the year his resignation shall be received on the payment of his subscription and fines.

Mr. McCleery of North Street was proposed as a Member by Mr. Lamont and seconded by Mr. Browne, to be balloted for at next meeting.

Resolved, That the Society consider the remuneration of £1. 1. 0 to Thomas Shields for his duties as Porter to the Society to be sufficient and that he be informed accordingly.

Proposed that Dr. Henry Murney be balloted for at next meeting by Mr. Anderson and seconded by Dr. Moore.

Resolved, That the day of meetings of the Society be again changed to the original day viz the first Monday in the month.

That Mr. Browne's name be added to the committee for improving the circulation of the Periodicals.

Æ. Lamont, Secretary

**5<sup>th</sup> October, 1847**

Present, Mr. Browne R.N., Dr. J. D. Marshall, Dr. Dill, Mr. Lamont, Dr. Malcolm, Dr. T. Read, Dr. Bryce, Mr. Officer, Dr. Seaton Reid, Dr. Patterson, Dr. Halliday, Mr. Mulholland, Dr. T. Thompson.

Dr. T. Read proposed and Dr. Malcolm seconded Dr. Ferguson, Belfast as a Member of the Society, to be balloted for at next meeting.

Mr. McCleery, North Street, having been duly balloted for was elected a Member of the Society.

Dr. H. Murney having been duly balloted for was elected a Member of the Society.

That the Library Committee be requested to examine the Library with a view to ascertaining the true amount of fines to be levied and to take the cases of Dr. Hunter and others objecting on the ground of inaccuracy into consideration and report at next meeting.

A very excellent paper was read by Mr. Browne on a case of Congenital Cataract followed by opacity of the capsule which required a second introduction of the needle by which he rolled up the thickened capsule and depressed it out of the axis of vision, which was followed by very excellent sight. In this case the cornea was particularly prominent.

Æ. Lamont, Secretary

**1<sup>st</sup> November, 1847**

Present, Dr. Patterson in the Chair—Mr. Browne R.N., Dr. Gordon, Dr. Dill, Dr. T. Read, Dr. Malcolm, Dr.

Mulholland, Dr. Stewart, Mr. C. Mulholland, Mr. Lamont, Dr. Pelan, Dr. Stephenson, Dr. Thomson, Dr. Beck, Dr. Bryce.

Dr. Ferguson of Belfast having been duly balloted for was elected a Member of the Society.

The following works having been duly proposed and seconded were ordered for the Library—

Cooper on near sight, aged sight etc. 7/6

Williams on Anatomy, Physiology and Pathology of the ear 10/6

Brett on Cataract, Artificial Pupil and Strabismus 2/6

Smith on fractures and dislocations near joints 16/-

Hunt on diseases of Skin

Seymour on diseases of the Stomach.

Resolved, That Mr. Ring be appointed Librarian under the regulations of the Society.

That a subcommittee composed of Mr. Browne, Dr. Malcolm, Dr. Dill and Mr. Lamont be appointed to draw up regulations for the Librarian.

No report from the Library Committee with regard to the fines struck against members. Requested to be furnished at next meeting.

The subcommittee appointed to improve the Circulation of the Periodicals proposed the adoption of a card to be kept by each member in which he shall enter each periodical as he receives it, which cards shall be examined by the Library Committee and reported on to the Society half yearly.

Æ. Lamont, Secretary

**6<sup>th</sup> December, 1847**

Present, Mr. Mulholland in the Chair—Mr. Browne, Dr. Pirrie, Dr. Dill, Dr. Gordon, Dr. Bryce, Mr. Wheeler, Dr. Patterson, Mr. Lamont, Dr. Halliday, Dr. Read, Dr. Moore.

Mr. Washington Murphy having been duly balloted for was elected a Member of the Society.

The following works having been duly proposed and seconded, were ordered to be procured, viz

Harty on Epidemic Dysentery

British Monthly Record of Obstetrics, Medicine and Surgery 1/6 per number

Crisp on the Structure, diseases and injuries of Blood vessels 14/-

Dr. McWilliams' Report on the Fever of Boa Vista presented to the House of Commons in 1847.

Resolved, That Mr. Browne be allowed the privilege of having 4 volumes from the Library at the same time, as it is his intention to deliver a course of lectures on diseases of the eye.

Moved by Dr. Read and seconded by Dr. Pirrie that the report of the subcommittee with regard to the circulation of the periodicals and regulations for the Librarian be adopted and that the thanks of the

Society be given to the subcommittee for the manner in which they have performed their duty.

Resolved, That Mr. McMullan's account for labelling, numbering and regulating the books amounting to £2. 5. 0 be paid.

Resolved, That forms to fit the Library table, and 6 mahogany chairs as recommended by the subcommittee as well as two desks for the table, be purchased.

Æ. Lamont, Secretary

### 3<sup>rd</sup> January, 1848

Present, Dr. McBurney in the Chair—Mr. Browne R.N., Mr. Murphy, Dr. Collins, Dr. Pelan, Mr. Wheeler, Dr. Bryce, Dr. Halliday, Dr. MacCormac, Mr. Lamont.

Resolved, That Todd and Bowman's Physiology and Physiological Anatomy of Man at 7/- per part be ordered.

That Syme's contribution to Pathology and Surgery be ordered price 12/-.

That a stand for containing all the large folio works at present kept in the lower part of one of the presses but which are inconveniently so placed be procured.

Resolved, That N. & J. Gray's account for chairs, forms, and desk for the Library amounting to £8. 11. 0 be ordered payment.

That H. B. Carr's account for repairing and stuffing sofa amounting to 16/8 be paid.

Resolved, That Lamont, Brothers account for Binding, Stationery etc. amounting to £7. 9. 3 be paid.

Æ. Lamont, Secretary

### 7<sup>th</sup> February 1848

Present, Dr. MacCormac in the Chair—Dr. Dill, Mr. Browne R.N., Dr. Drennan, Dr. Hurst, Dr. Mulholland, Dr. Pirrie, Mr. Wheeler, Dr. Murney, Dr. McBurney, Dr. T. Read, Dr. Beck, Mr. Lamont.

Resolved, That the following works be ordered for the library—

Report of the French Academy on Plague—2 volumes

Akesios—A System of Medical Ethics 3/-

Quain and Wilson's System of Anatomical Plates price £13. 10. 0—if it can be procured at a reduced price by Dr. Browne within 6 months

Parks on Asiatic Cholera 6/-

Hardy and McClintock on Midwifery and Puerperal disease 12/-

Vincent's observations on Surgical practice 12/-

Lallemand on Spermatorrhea 12/-

Resolved, That a special summons be sent to Dr. Burden the Treasurer to attend the next monthly meeting in order to explain respecting the list of fines, as many members object and that the names of those objecting be continued on the circulation till after that time.

Resolved, That the following accounts be paid—

Sloane for repairing a Chair 4/-

A. Douglas for varnishing Bookcases and painting presses etc—£1. 3. 6.

Gibbs and Brannigan for putting locks on all the bookcases and drawers £3. 0. 9.

Resolved, That as we are frequently called on by Assurance Companies to give our advice regarding certain patients without their enclosing any fee, the matter be discussed at our next monthly meeting so that we may possibly have this evident injustice removed.

Æ. Lamont, Secretary

### 6<sup>th</sup> March 1848

Present, Dr. Murney in the Chair—Mr. Browne R.N., Mr. Wheeler, Dr. Mulholland, Dr. Burden, Dr. Pirrie, Dr. Collins, Mr. Lamont, Dr. Pelan, Dr. McBurney, Dr. Bryce, Dr. Moffat, Dr. Bryson.

Dr. Burden the Treasurer attended and explained the nature of the fines struck against the several members.

The subject of the non-payment of fees to Medical Men by Assurance Companies having been discussed the following resolution was proposed by Mr. Browne R.N. and seconded by Dr. McBurney—

Resolved, That we the Members of the Medical Profession residing in Belfast having been frequently applied to by Insurance offices for our opinion respecting the eligibility of parties about to insure their lives to whom we are the ordinary medical attendants, do hereby resolve—

That in future we will not attend to any such application unless made to us *directly* by the Insurance agent enclosing the ordinary consultation fee and that a copy of this resolution be sent to each Insurance office in town.

Resolved, That Mr. Browne and Mr. Lamont be requested to procure the signatures of all the members of the profession who may be disposed to sign the document.

A paper having been read by Mr. Browne from Dr. O'Connor of Ballycastle on a peculiar fever which arose there after a soiree, and was confined to persons who had been present at that soiree.

Proposed by Dr. Burden and seconded by Mr. Lamont that the thanks of this meeting be transmitted through Mr. Browne to Dr. O'Connor for his valuable and interesting paper and that he be requested to furnish any further information he may be able to obtain on the subject.

Æ. Lamont, Secretary

### 3<sup>rd</sup> April 1848

Present, Dr. Malcolm in the Chair—Dr. Dill, Mr. Browne R.N., Dr. Patterson, Dr. Pelan, Mr. Wheeler,

Dr. Pirrie, Dr. Murney, Dr. McBurney, Mr. C. Mulholland, Dr. Bryce, Dr. Halliday.

Resolved, That Labatt's essay on the use and abuse of restraint in the management of the insane be purchased—price 3/-.

Resolved, That a vote of thanks be given to Dr. J. W. Beck for the faithful manner in which he vindicated the Rights of the Medical Profession in the recent case of "Beck versus Jackson" heard at the Spring assizes of County Antrim 1848.

That the Library Committee be requested to have the Library closed under the usual regulations and report thereon, after examination, to the next meeting.

That Dr. Dill and Mr. Lamont be appointed to examine the annual fines and make a report of the same to the May meeting.

That Dr. Stewart and Mr. Browne be appointed to examine the Treasurer's and Bookseller's accounts.

Mr. Browne read a further communication from Dr. O'Connor on the Fever of Ballycastle which however throws no more light on the cause of the epidemic.

Resolved, That Dr. O'Connor be requested to publish his very interesting paper and Dr. Browne convey to him this request with the opinions expressed by the members of the Society as to the origins of the Fever.

#### May 1<sup>st</sup> 1848

Present, Mr. Browne R.N. in the Chair—Dr. Murney, Dr. Bryce, Dr. Stewart, Dr. Dill, Mr. Wheeler, Mr. Murphy, Dr. Halliday, Mr. Lamont, Dr. MacCormac, Dr. Bryson.

The following gentleman were duly balloted for

Dr. Holmes elected unanimously

Dr. Black Do

Mr. Hamilton Do

A Report on the State of the Library, drawn up by the Library Committee was read by the Chairman and approved of.

Resolved, That the thanks of the Society be given to the Library Committee for their services during the past year and for the correct manner in which they have drawn up their report.

Report of the annual fines read by the Secretary, he and Dr. Dill having drawn it up.

Resolved, That the thanks of the Society be given to Dr. Dill and Mr. Lamont for their report on the annual fines.

Resolved, That owing to several books having been found missing in addition to those formally reported, which are not entered to any of the members, Mr. Ring, the Librarian, be instructed to keep the Library locked and admit no persons in future but members of the Society as he will be considered responsible for

any losses that may occur if not charged against members.

A letter read from Thomas Shields asking for increase to his salary owing to some extra duties which devolved upon him—

Resolved, That he be granted £1. 10. 0 for his services per annum.

Resolved, That the warm thanks of the Society be given to Dr. Burden for his valuable services as Treasurer and that he be re-appointed for the ensuing year.

That the thanks of the Society be also given to our Secretary Mr. Lamont for his efficient services and that he be now re-appointed for the ensuing year.

Proposed and seconded that the sum of £5 which would have been due to the late Mr. Anderson as Librarian be placed to the credit of the Society.

Proposed as an amendment that the above sum be handed over to the executors of Mr. Anderson.

The original motion was carried by a majority of 7 to 5.

Resolved, That a new catalogue of the Society's books be printed and that the arrangements and superintendence of it be left in the hands of the Library Committee.

Resolved, That the Library Committee of last year be re-appointed.

The Treasurer reported that the balance remaining in his hands amounts to £24. 0. 1.

The Treasurer was authorised to pay the following accounts

Mr. Greer's account for Books and Periodicals	£20. 12. 7
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Mr. Wards account for Secretary's Desk	£1. 7. 0
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Mr. Andersons account for Printing	£3. 0. 0
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Total	£24. 19. 7
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Resolved, That Dr. J. D. Marshall, Mr. Browne R.N. and Dr. Moore be appointed Stewards for the Annual Dinner to be held on the 8<sup>th</sup> Inst. as usual.

Resolved, That Dr. Burden be requested to act as Chairman and Dr. Thos. Read as Vice Chairman at the Annual Dinner.

#### 5<sup>th</sup> June 1848

Present, Dr. Pirrie in the Chair—Mr. Browne R.N., Dr. Dill, Mr. Lamont, Dr. Pelan, Dr. McCleery, Dr. Holmes, Dr. Mulholland, Mr. Mulholland, Dr. McBurney, Mr. Wheeler, Dr. Murney, Dr. Bryce, Dr. Halliday, Dr. S. Reid, Dr. T. Read, Dr. Malcolm, Dr. Burden.

Resolved, That a new blank Catalogue be procured, to be filled up, and to lie on the table.

Resolved, That in future the list of toasts to be left to the arrangement of the Stewards appointed for the Annual Dinner and not to the Society generally.

That Pritchard's researches into the Physical history of mankind £4. 2. 0 be purchased.

That Lawrence on the eye, American edition by Dr. Hays of Philadelphia be purchased price ...

Resolved, That Mr. Charles Coffey R.N. be invited as a guest to the Annual Dinner.

That the Medical Officers of the Garrison be invited as guests to the Dinner.

That Mr. Ring our Librarian be invited as a guest to the Dinner.

That Dr. Norman Chevers be invited as a guest to the Dinner.

That those Members who shall not return the circulation list of periodicals when called in be fined half a crown each in future.

A very interesting case on a peculiar disease of the Spleen shewing great enlargement with a cyst containing a large quantity of serous fluid—read by Dr. Halliday.

Paper:<sup>1</sup> Diseases of the spleen by no means of unusual occurrence from the fact of their not being very obvious, nor yet supposed to be common, are little studied, and have not, perhaps, met with that degree of attention which they merit.

Besides, there is a difficulty in pronouncing on the existence of splenic affections, as they are often rendered obscure by complications with other diseases and even if this were not the case, when we consider the situation of the spleen in the left hypochondrium, and its close proximity with the heart, lungs, diaphragm, stomach, kidney, and colon—organs of great importance, and easily deranged, we need not wonder that diseases of the part under consideration are so seldom clearly made out, especially in the early stages.

To add still more to the difficulty, the obscurity, or rather our ignorance of the function or functions which the spleen is destined to perform in the animal economy, necessarily precludes any attempt to apply to its diseases functional derangement, at least so far as it is concerned as a means of diagnosis.

Attention has therefore been turned to the structure of this organ, and diseases have been enumerated according to the various alterations in this structure: thus we have inflammation and its consequences, suppuration or abscess, and gangrene; 2nd, softening; 3rd, hydatids or cysts, &c.

But as it is not my intention to describe the different diseases to which this organ is liable, but merely to state and make a few remarks in reference to a case which came under my own notice, and which perhaps may be classed under the head of hydatids or cysts, I shall, without further preface, state it.

The patient, Mr. , aged 53, of middle stature, stout build, and fair complexion, was at all times in the enjoyment of good health up to the year 1843, when he began to complain of an obtuse pain or sense of uneasiness in the left hypochondrium, accompanied with slight dyspepsia.

For this he consulted eminent country practitioners, one of whom thought it was “all liver,” and another “all stomach.” They made, however, no minute examination of the seat of uneasiness, and some time after, a fulness was observed at the extremity of the ensiform cartilage, a little to the left. About this time he placed himself under the care of an eminent metropolitan physician, who having examined the part, diagnosed enlargement of the left lobe of the liver, applied a blister over the tumour, and gave alterative doses of mercury. This opinion (and it was the general one), received considerable weight from the circumstance, that he had complained for some time of intense pain in the region of the liver, extending round the right hypochondrium, from the origin of the tumour to the spine, also to the scapula of that side. He never exhibited the slightest symptoms of jaundice.

Being anxious to obtain relief, he sought the opinion of various other medical men of the first standing. At one time, he purposed taking a trip to Cheltenham, but those whom he now consulted, advised him to return home, and keep quiet, supposing the tumour to be of a malignant nature. Another physician whom he consulted later still pronounced it to be hydatids of the spleen,—recommended the application of leeches or cupping glasses occasionally to the part, and in the intervals to have compound iodine ointment rubbed on, besides internal treatment. Notwithstanding this, the tumour increased very much during the years 1844–45, and came to occupy a considerable space, extending vertically up into chest, impeding in some degree respiration, and causing dulness on percussion, and down nearly to crest of ileum, and laterally from the mesial line round to spine of left side.

During all this time he lived moderately, avoiding all spirituous liquors (which he had never used freely), taking gentle exercise;—and his sufferings, though sometimes aggravated, were not generally of an acute character, but they became gradually more distressing.

The last attack of acute pain was brought on probably by his own imprudence, in remaining out with some of his workmen during two or three hours of a damp cold day. Before going to bed that night, he ate six apples without having previously peeled them. He had not been long in bed, when he was seized with intense pain in the left kidney, and also in the tumour. Leeches and mild aperients relieved the violence of this attack, and in order to prevent or arrest peritoneal inflammation, calomel and opium, in small and frequently repeated doses, were administered, until his gums were slightly affected. This treatment produced most beneficial effects; the pain ceased altogether, and notwithstanding that the tumour appeared to be increased in size, he was apparently progressing to convalescence, when suddenly and unexpectedly he expired on about the 2nd of January, 1846. He had been up and down stairs on the day previous, and on this morning he got

<sup>1</sup> [Dublin Medical Press, 1848, v20, p180.]

up to the commode, and whilst walking back to bed he felt faint, called for assistance, and in a few minutes was no more.

A post-mortem examination was made seventy-four hours after death. The lungs, heart, and other viscera were perfectly healthy. On cutting into the abdomen, in the mesial line, and immediately below the ensiform cartilage, the tumour was come down upon. It was of a dusky purple colour, and mapped irregularly with white or bluish-white patches. It extended in front from the ensiform cartilage to about midway between the umbilicus and pubis. Inferiorly, it terminated in a tapering extremity. It extended also from the mesial line into the left side of the abdomen, which it completely filled; and from the diaphragm (to which it was firmly attached for an extent of about four inches) to within three of Poupart's ligament, it had all the external characters of an immense aneurismal sac. The stomach was rotated, and pushed from its normal position to the right side, its bulging extremity lying in the right hypochondrium. For a moment it was supposed that the stomach and liver had changed places, and that the tumour was none other than the enlarged diseased liver that had by some means or other gotten over to the left side.

The tumour, however, having been removed entire from its situation, it was recognized to be the spleen, greatly enlarged, and containing within a sac eight pints of pale straw-coloured liquor. The anterior surface of this immense tumour was studded all over with bony and calcareous deposits. The liver was healthy, not larger than usual, but the gall-bladder was filled with gall-stones, which circumstance probably accounts for the intense pain occasionally experienced in the region of the liver, and the other symptoms of hepatic disease, which manifested themselves from time to time. This case I believe to be one of peculiar interest, and different from any I have ever seen, read of, or heard described; and I do not know that it should be placed under the head of hydatids or cysts. Certainly the fluid was contained only in one sac, and perhaps the term unilocular dropsy of the spleen might not be inapplicable. Again, what was the cause of the sudden death? No rupture of any part had taken place. Was the action of the heart stopped by the tumour pressing against it?—or might not death have taken place from it pressing on, and giving a shock to the great nervous ganglion here situated? And again, we know death does take place suddenly, and in a manner not to be explained, where there has been long-standing extensive organic disease in part of the body. An interesting question also arises as to what the treatment should be, were such a case to present itself again. Seeing so little (if indeed any) good result from the treatment adopted, might not tapping have been resorted to as in dropsy of the ovary, or as successfully practised by Sir B. Brodie, in serous cysts connected with the liver?

Dr. Moore having declined to act as a Steward at the Annual Dinner: resolved that Mr. Lamont be appointed in his stead.

Æ. Lamont, Secretary

### 3<sup>rd</sup> July 1848

Present, Dr. Collins in the Chair—Mr. Browne R.N., Mr. C. Mulholland, Dr. Burden, Mr. Lamont, Mr. Murphy, Dr. Hamilton, Dr. Mulholland, Dr. Halliday, Dr. Pelan, Mr. McCleery, Dr. Black.

Resolved, That the minute regarding the fine of 2/6 to each member for not returning the Periodical list be now confirmed.

Surgeon Corry proposed as a Member of the Society, to be balloted for at next meeting.

Wilson's Portraits of diseases of the skin and Smith's Neuroma deferred from non-attendance of proposers and seconders.

An interesting paper read (in part) by Dr. Burden on the different kinds of monstrosities which he promises to continue on next night of meeting.

Paper:<sup>1</sup> On the causes of monstrous births, and especially upon the supposed influence of the imagination of the parturient woman.

After mentioning a number of facts apparently corroborative of the validity of this influence, he went, on to observe: Although this opinion has been and is very general, and the facts adduced are numerous, still as the idea is so astoundingly marvellous, it is necessary to examine into it.

There is no harm (at least in science) in being somewhat sceptical. The greatest of the ancient philosophers has said that the surest way of gaining admission into the Temple of Wisdom was through the portal of Doubts.

First, then, as to the argument that the universality of the belief stamps its truth. This assertion, though so often maintained on various occasions, is nevertheless not always true. For it is the general inactivity of the mind which (by suffering the many to be satisfied as to the truth of what they hear, rather than undertake the labour necessary for the investigation) permits an error to pass without examination. Falsehood being thus suffered to take root, grows and spreads till it overshadows the multitude, and when allowed to remain long undisturbed, is then looked upon as almost sacred. Unfortunately the uncultivated mind of man clings with a steady grasp to supernatural and wonderful things, and when by persevering efforts one hallucination is eradicated, another is laid hold of. "It is like an unweeded garden, things rank in nature possess it merely," and so soon as one weed is plucked up, another rises to take its place.

Let us look around:—Have we not had miracles innumerable produced before the believing eyes, and

<sup>1</sup> [Dublin Medical Press, 1848, v20, p337.]

related to the credulous ears of thousands? It is not long since the wonderful powers of Prince Hohenlohe were attested by many and believed in by more. Have not the unknown tongues spoken, and been understood? Was not the belief in demons and demonology, witches and witchcraft, universal? Let me ask is the former not still prevalent? and the act against witches, does it not yet disgrace our statute books? Was not astrology and palmistry credited by all classes? In later times, have we not had the divining rod?—a bifurcated hazel twig which made a semi-revolution on the near approach to water. In medicine, has not one panacea succeeded another? And though many of the supernaturally gifted persons, the discoverers of the elixir of life, have died in early manhood of those diseases, for the cure of which they were peculiarly famous, yet the next hygiest, with a new but still as wonder-working nostrum, is as much confided in as his predecessors.

The joyful sounds have scarcely left our ears that all nervous irregularities were brought under control and subdued by the metallic tractors; but these, too, have become inert and useless. This, however, is of no consequence: we have no further use for them. Water, it has now been discovered, cures all the “thousand ills that flesh is heir to.” This simple fluid is the true preserver of life and health.

It is probable that temperance and teetotal societies originated this idea unintentionally. Their advocates very justly asserted that stimulants unnecessarily thrown into the system, produced by repetition injurious effect, and that water being the natural diluent, does no harm. But Vincent Priessnitz has the honour of discovering its universally healing qualities. He asserts that its strongest effects are experienced by keeping the body constantly saturated with it; this is done by swallowing it largely and frequently, and by keeping the surface of the body perseveringly in contact with it. Since the establishment of Priessnitz' baths at Graefenberg in 1824, the fame of water has increased prodigiously, and is still spreading. But for fear that the virtues contained in the water (as has happened to all other remedies of the universal class), may be exhausted, or vanish with the magician who has called them forth, it is wise to have two strings to our bow. Accordingly we have provided ourselves with this security in mesmerism and its varieties. This science (I suppose I should call it) surpasses all others united in the extent and number of its useful qualities. Does any one complain of ill health? Mesmerism will see through flesh and bone; the solid and opaque body becomes as transparent as glass, and the lurking disease stands confessed. This is not all; the bane is discovered and exposed, but where is the antidote? Mesmerism will name it without a chance of error. Astrologers, oracles, gypsies, and fortune-tellers, may go hide their diminished heads with shame from this spirit more potent than they. Mesmeric clairvoyance can behold the past, the present, and the

future, and in its operations despises all animal mechanism. We have been in the habit of admiring the formation of our frame, and looking with wonder at the beautiful adaptation of the several parts of our senses. How surprising and beautiful the workmanship of the eye and the ear, and the distribution of the nerves of feeling, taste, and smelling. But mesmerism informs us that all this surprising mechanism was constructed in vain! For by a few passes of the hand of another, or a steadfast look—nay, we may carry a small phial of mesmerised water with us, and a few drops of this will, whenever we desire it, give us such powers that we will be able to see with our fingers, hear with our stomachs, and taste with our hands! Why need we go abroad for information, or give up our thoughts to study. We have but to fix for two or three minutes our thoughts and eyes on some bright charmed spot placed over our chimney-piece, and seated by our own fireside, we have powers much greater than those possessed by Asmodeus. Opacity, time, and space, dissolve away, and we see the person, hear the voice, and know the thoughts of any living being we choose, no matter where he may try to hide himself. Many have been the calculations on the movements and speculations on the forms, manners, and customs, of the inhabitants of the innumerable worlds around us; but now let Lord Ross's speculum be broken, and the flights of fanciful minds cease,—mesmerism will show us the exact orbits of the heavenly bodies, tell us the composition of the moon's atmosphere, lead us to the source of the sun's caloric, and make us acquainted with the inhabitants of the sun, moon, and stars! I need say no more—credulity can go no further.

It is readily acknowledged (for it is an undeniable fact) that the imagination of an individual has a wonderful effect on his body; by it the secretions are altered; the peculiar action of the glands and viscera is accelerated, interrupted, or changed; and the vascular and nervous symptoms powerfully acted upon.

A medical student when in Edinburgh imagined (after having read on strictures) that he had it formed in his urethra; he felt a necessity for voiding his urine every three or four hours, and the stream daily became less for a number of days till it was no larger than a probe; he then applied to Surgeon Lizars, but the surgeon assured him that there was no stricture in the case, and in order to convince him passed a sound through the passage into the bladder. The idea of stricture being removed from the student's mind, that night the bladder was emptied by a stream of the natural size, and all the strictural symptoms fled at once.

Grief and agitation will produce an enlargement of the liver and spleen. Fear and despondency speedily stop the contractions of the uterus, even while acting with its greatest energy; and few persons are able to listen to a tale of suffering, or see a tragedy well represented, without manifesting the overflowings of the

lachrymal glands. As to the viscera, the bare imagination of a feast produces a desire for food, and your mouths are no doubt watering as it is called at present. The vascular system is easily roused or depressed. There are many persons whose pulse indicates rushing to the physician, for the moment the artery is touched, the action of the heart is accelerated. Anger makes each petty artery in the body as hardy as the Numocean lion's nerve. Shame sends the blood in a moment to the face; and fear, carried to an extreme, has completely put a stop to the contractions of the heart. "I trembled through fear" has been so often said that it puts the power which the mind has over the nervous system beyond a doubt. The effect of the mind on the body is also well exemplified in involuntary imitations. I have left out of the question the movements of common life. My object is to show that the muscles under the control of the will, and supplied by the nerves of volition, in these particulars sometimes act without the consciousness of the individual, and sometimes against his wish. The mind has such a strong effect upon the body that health has frequently been injured, and lives have been lost, by thoughtless persons exciting strongly the minds of nervous individuals. I have heard of one man who boasted that all those stories about making people believe against the evidence of their own senses and feelings must be untrue; at least he felt that no such trials could succeed with him. On hearing this, a number of his acquaintances secretly determined to make a trial on the strength of his nerves. On an appointed day as he was going from home, one person after another stopped him, and asked with great alarm—"What was the matter with him? He looked so very ill they had no idea that any one could walk, and look so very ill as he did." At first, the poor man heeded them not, but at last he thought that he really must be unwell, and immediately began to feel so. He turned back and went home; on getting there he was so weak as scarcely to be able to go to bed, and died from the effects of his imagination. It is a fact, then, that the workings of a strongly excited mind may produce very great changes in the body, either immediate or remote, but it may at the same time be observed that this power of the mind is circumscribed within a limited circle, even within its own body. It may be felt in the several tissues, glands, and viscera; it may produce sympathetic imitations and nervous movements; but it has no constructive or creative power. Who, by any effort of his mind, could place another hair on his head, or add a cubit to his stature?

In forgetfulness of this and common sense, and only noticing the fact that the mind of one individual cannot alter the body of another, it is asserted, that the little being within the womb cannot be considered as a foreign body with respect to the mother, but rather (in consideration of its connexions) as a part of herself. It is true that there is a uniting link between them, still the union is not great. The child itself does not adhere in

any one point to the mother; it is surrounded by and completely enclosed within a membrane containing water; a cord of two or three feet in length proceeds from its body, and is inserted into the placenta, which mass is fixed to the womb. Such is the simple and limited union between the mother and child. Latterly, as I have already mentioned, Sir Everard Home has (by the assistance of glasses) seen some nervous filaments over the placenta and along the cord. From this he and some others assume that the brain of the child is connected with the brain of the mother, and consequently that whatever feeling or idea passes through the one must be felt or perceived by the other. This is arriving at a conclusion unwarranted by facts. Sir Everard Home saw some nerves on the appendages of the foetus, but he has not shown that these were elongations of, or branches from, those of the maternal system. It is absolutely necessary for the nourishment, growth, and function of every living animal substance that it should be supplied with nerves of nutrition and motion, for without the former it could not exist, and without the latter it could not act. It need not therefore be considered as something extraordinary that nerves should be found on the placenta and funis, and as such nerves of the child have not been traced to the brain of the mother, no argument can be based with any degree of correctness on the mere perception of them. From analogy (in the absence of facts for our guidance), we may justly infer that there is no connexion between the brains of mother and child, and from reasoning, that is not necessary. It is not required for the preservation of the child's life, nor for the augmentation of its bulk. Existence and capacity of increasing are all that it needs in its foetal condition. The human embryo, while enclosed within the womb, has wants no greater than those of inferior animals. They are supplied in a manner somewhat different, but the result to the individual is precisely similar; for as the human embryo has not an independent life like that of the spawn of the fish, nor is it supplied with nutriment like the chick, it is obliged to remain in the body of the parent in order to live, and from whom it draws its nourishment as a plant from the ground. The precise manner by which its blood is oxygenated, and the nutritious particles are conveyed into its body, is still among physiologists an unsettled point; but I have no difficulty in supposing it very probable that by endosmose and exosmose the oxygenated nutritious arterial blood is directly transferred through the intervening membranes into the placenta and its veins, and the adulterated carbonized blood from the placental arteries into the womb. If for a moment, for the sake of argument, it were granted that the conjecture of Malebranche as to the two brains being connected by sentient nerves, is found to be correct from the anatomical evidence of Sir Everard Home, and also that the same blood circulates through the bodies of both mother and child; still these do not prove that

sensations are experienced simultaneously in both. Without entering into the question of innate ideas, or the possibility of such, as are required by long experience, and corrected by the frequent use of the senses, being transferable to a brain not completely formed, soft, weak, and dormant, I may say no possible good that can be conceived could accrue to the child from subjecting it to impressions; its sensations at the utmost must consist of the lowest grade of animal feelings alone, for none surely suppose that it can have such as are derived from the contemplation of nature, or the more complicated ones, the result of which is hope. I shall not proceed further along this path, for it would lead me too far into the sublime yet somewhat obscure regions of metaphysics; besides, we have facts sufficiently strong to prove (though it be a negative) that there is no such transmission of feeling between two brains, no matter how situated with respect to each other, even though nerves proceeding from them may join; for if the mother can, without willing it, participate her feelings with her offspring, the child should, by the same principle, convey its sensations to the mother, but this is not found to be the case. The child is sometimes very annoyingly restless in its abode; it must then have a desire for change of position, or at least some nervous action must exist within its brain producing these movements. The woman should then also (if the above hypothesis be true) imitate these actions of the child, and throw about her limbs. It might be said, perhaps, that her stronger will overpowers and prevents the nerves of motion from producing the contractions and relaxations of the muscles; she should then at least have a strong inclination, though controlled, to sudden movements, but we hear of no such feeling. If she have this power over her own muscles, should it not also extend to the child, and quiet it also, but it still moves; besides, the woman has no power to subjugate the child while she sleeps: thus it is certain that the feelings and desires between the mother and child do not exist. The nerves of nutrition also act separately in the two bodies; the same blood may circulate in the vessels of the mother and child; but there are two distinct systems, each extracting and animalizing the chyle from it for the use of its own body independently of the other. This admits of ready proof. The unhealthy woman with tuberculated lungs, though daily emaciating and getting weaker during her gestation, nevertheless produces a plump healthy child. A still stronger proof is exhibited in the abnormal twin births, that although the nerves and vessels may pass in and out of the bodies of two individuals, yet no uniformity of feeling is produced between them. The Siamese youths had both nerves and vessels passing through the band which united them, yet they had separate wills and desires. A closer union existed between Helen and Judith, for their aortæ were joined, and a part of the pelvis was common to both, and these girls had separate wills. In every

body two or three kinds of nerves are found, enclosed in the same sheath, yet each nerve performs its functions without interfering with that of its companion. Therefore even if I were to see two distinct brains united, as is the case in the Imops of St. Hilaire, still I should have no doubt that the nerves sent out of each brain, though they may enclose themselves within the same sheath, would each return the information to that brain from which it arose, and never to the other.

It was observed that when the leg which was on Reta's side was touched, the impression was felt only by Reta; and when the other was touched, Christina only felt the touch. There is no proof, then, that the nerves of the mother extend to the brain of the child, and I think I have satisfactorily proved that even if any supposable connexion did exist between these two beings, still it could not produce simultaneous impression in both. A woman cannot by any exertion of her mind place a mole on her face, or sweep off a pimple. Can a leopard change his spots, or the Ethiop his skin? How can she, then, be supposed to have that power over the body of her offspring which the gardener has over his trees, of engrafting a member or lopping off a limb. There is an absurdity in the very thought. No explanation therefore can be given of this phenomenon of the imagination under discussion founded on nervous interlacings. The only other mode that can be resorted to must consist in the mesmeric-like influence by which the mind of one can act on the mental and corporeal part of another being. It might be urged that facts are before us, and cannot be set aside. I make no attempt to pass them over, but facts are one thing, and their elucidation another; the latter may be correct, or far from being true, and on that account should be always carefully examined before acquiesced in. I shall therefore take a view of two or three of those effects produced (as I alleged) by the impression made on a pregnant woman's mind.

The cleft, single or double, occasionally seen in the upper lip of new-born children, is said to be caused by the mother being startled by a hare suddenly jumping up in her path. Why should such an emotion split the upper lip? The hare invariably runs from the woman; consequently she only sees its hind legs and long pointed ears. If the child is to be altered by this sight, the change should take place in its legs and ears, and not in its upper lip. One of our professors informed me on the authority of his uncle, that at one time a man with red eyes placed himself daily on Carlisle Bridge in Dublin, to ask alms. During his stay so many children were born with red eyes that the authorities were requested to interfere, and have him removed from the bridge. This was done, and soon after the red-eyed children ceased to appear. If it were true that a passing sight has such an effect, we should have nothing but monstrous shapes among us, for every woman during nine months of her gestation must see some uncouth

object. How many ladies are attended in America by African slaves, and although black faces and exaggerated features are constantly before them, yet we never hear of these ladies produce children like the Caffre race from this cause. The production of monstrosities among the lower animals in such as I have mentioned, exhibit phenomena still more in unison with those of the mesmeric fluid; for the change of form in the issue of fish, and in that of the chick, demonstrates that it is not necessary for the young to be enclosed within the body of its parent in order to receive the stamp of her mind. But behold the mother holding her first-born to her breast in a fond embrace. The intensity of her love for her offspring seems to bind up her life in it. Surely if at any time the mind of one person could impress the mind of another with ideas passing through it, it must be in a case such as this.

But while the heart of the mother may be breaking, and big drops are rolling over her cheeks, the child, even when drawing its nourishment from her body, instead of feeling the sad thoughts in her breast, is feeding in innocent contentment, and smiling up in her face. These examples which I have just cited, are only minor effects of the imagination: if there is hesitation in giving credence to them, what are we to think of such as the following:—A woman when some months gone with child, witnessed a man broken upon the wheel. The child was born in due time with dislocated joints and broken limbs. A woman in the seventh month of her pregnancy was bitten in the calf of the right leg by a dog. The wound consisted of three small triangular depressions, by two of which the skin was merely slightly ruffled. A slight appearance of blood was perceptible on the third. The woman was at the moment of the accident somewhat alarmed, but neither then nor afterwards had any fears that her fetus would be affected by the occurrence. Ten weeks after she had been bitten, the woman bore a healthy child, which, however, to the surprise of every person, had three marks, corresponding in size and appearance to those caused by the dog's teeth in the mother's leg, and consisting like those of one larger and two smaller impressions. The two latter, which were pale, disappeared in five weeks; the larger one also is not so large or deep-coloured as it was at birth. The child is at present four months old. This is related in the Dublin Medical Press of 9th November, 1842. The case of a woman which I have mentioned further back, is (if possible) still more extraordinary, (she being within three months of her confinement, her child must have been fully formed at this time), was present at the killing of a calf, and (here observe the power of the imagination) as the man drew the knife along the abdomen of the calf, and as the parietes separated before the sharp edge, the parental imagination, with a synchronous action, and with an ideal knife, traced a similar line over the abdomen of the child, and palpable solid matter separated before

the air-drawn instrument as readily and completely as before the real knife in the grasp of the butcher, and the woman felt the bowels of her child gush out of its body in the same manner and at the same moment as this occurred in the calf. Is it not wonderful that any thinking mind could for a single instant give credence to such nonsense. We may talk of the dark ages of superstition, but when went there by an age in which greater absurdities than these were believed? If it be asked—Is it not true that in some instances, the woman's mind having been impressed by an object, that on the birth of the child, a spot bearing the resemblance to that very object, has been found on its person? The answer must be in the affirmative; but it would be still more surprising if this did not sometimes occur; for during the long period of a woman's gestation, she must have looked upon a thousand objects, longed for many things, been shocked by the sight of numerous monstrosities, and been frequently startled by sudden appearances, and when the child is born with any unnatural formation, no doubt the mother will recollect the sight or feeling which caused it. Instead of first showing to the woman the spot on her child, and then expecting that she shall account for it, it would be much more philosophical if she were first to be asked whether she expected the child to have a mark, and if so, of what kind.

Dr. William Hunter examined this subject very patiently, and proceeded upon this right plan of investigation. In two thousand cases of labour, immediately on delivery, and before examining the child, he inquired of the woman whether during her pregnancy she had a longing for, or had been frightened by, or her thoughts had dwelt on, anything particular for any length of time? He questioned her also as to her own ideas on the subject, as to whether she expected to find a mark on the child; if so, what kind, and why? All her answers were taken down in writing, and then he examined the child. He declares that, though he found many children marked, yet in not one single instance of these two thousand did the answers or expectations of the woman agree with the result. Many expected a mark where there was none; and others had not thought of the subject, and had got through their term unnoted by any incidence, when there was. Both the St. Hilaires, father and son, have been very assiduous in collecting the particulars of every recorded abnormal birth; and the latter asserts, as I have mentioned further back, that Dr. Martin's case is the only authentic one in which the woman said, before her confinement that her child should be born marked, and her feelings proved to be correct.

Thus it is clear how the numbers of instances have been collected to form such a large mass of evidence as proof of the truth of our subject. But when closely examined, the magnitude of this mass fades into insignificance. Remove the ample folds of its gossip drapery, and the giant becomes a dwarf. As I have

myself mentioned a number of cases of monstrosities, in which the impression was made on the mind of the mother prior to the birth of the child, do I mean to deny the existence of cause and effect? Certainly not. Let us examine what constitutes the logical term, cause and effect. It is this: A certain act being always, or nearly so, followed by the same consequence. If occasionally the primary being present, the succeeding phenomenon does not appear, we readily admit that in such instances the usual cause is overpowered by some other cause. But be it remembered that the exceptions must be few in comparison with the rule. Is such the case with the subject before us? No such thing. Every woman, I repeat, during her gestation of nine months, must have had her attention arrested by some object, or must have been struck by some one idea more forcibly or more frequently than by others, and yet, comparatively speaking, there are but very few children born with a blemish. How, then, are these facts to be explained which have occurred? I answer, the agreement between them is merely accidental, and cannot be looked upon as cause and effect. Every person has been struck by meeting with a number of remarkable fortuitous coincidences. If these were collected and set in a note-book, they should far out-number those which take place between mother and child. Some years ago a gentleman residing within a few miles of this town was engaged in painting a group of dead game, he was desirous of introducing in it a dead pheasant: there being no such bird in the neighbourhood, he felt at a loss how to procure one. One evening before some of his friends, on talking over the subject, he expressed a strong wish that he might soon get a dead pheasant; and behold next morning in the yard, on a manure heap, one was seen lying dead. It was conjectured that this bird had been shot at some distance (for none had ever been seen in the neighbourhood before), and that its strength had failed at the moment it was flying over the yard, and so it fell. The credulous might insist that the strong wish drew the nearest pheasant towards the spot, where its concentrated power deprived the bird of life. Miss Catherine Sinclair says—"In the Old Castle some years ago, we had an aged housekeeper who claimed the gift of second sight; and when walking one evening near the shore of Thurso, she suddenly gave a startling scream, and told the people near her that a boat had been upset on the bar of the river, naming three men who were drowned, and one that she saw swimming to land. The friends who accompanied her perceived nothing of this, and laughed at her; but next evening about the same hour, the boat she had described actually was lost there, and the three fishermen she had named perished."

The following coincidences between dreams and events are collected by Dr. Abercrombie:—A clergyman had come to this city from a short distance in the country, and was sleeping in an inn when he dreamt of see-

ing a fire, and one of his children in the midst of it. He awoke with the impression, and instantly left town on his return home. When he arrived within sight of his home, he found it on fire, and was there in time to assist in saving one of his children, who, in the alarm and confusion, had been left in a situation of danger. A gentleman in Edinburgh was affected with an aneurism of the popliteal artery, for which he was under the care of two eminent surgeons, and the day was fixed for the operation. About two days before the time appointed for it, the wife of the patient dreamt that a change had taken place, which rendered the operation unnecessary.

On examining the tumour in the morning, the gentleman was surprised to find that the pulsation had entirely ceased, and in short, this turned out to be a spontaneous cure. In Dr. Abercrombie on the Intellect, there are many more anecdotes such as these. The same work also contains a great many instances where unembodied spirits have apparently presented themselves before human eyes. We have even now systematic foretellers of future events, not ignorant persons enveloped in mystery, and muttering unintelligible incantations as of yore, but well educated persons, who affirm that by arranging the common playing cards in a particular order, they are enabled to read from them the prominent events which will occur in the life-time of any individual, and they can refer to startling facts in support of their assertion.

I have now adduced a number of most extraordinary coincidences which have taken place under various circumstances. Those well authenticated ones in connexion with mother and child, as I have pointed out, are very few in comparison with others, and not more striking; therefore if the former prove the existence of the asserted influence which the mother's mind has over the form of the infant while enclosed within her body, the latter must establish the belief in almost all kinds of supernatural agencies; and then we must be convinced that when the body sleeps, the soul can leave its material encasement, and thus uncabined, uncribbed, unconfined, range through the universe, mingle and hold communion with kindred spirits; also unharnessed and unshackled, and occasionally revisiting the glimpses of the moon, making "night hideous and we fools of nature"

We must join the Abyssinians in approving of their king's "act" of collecting together and roasting to death 1300 of their artificers, who were suspected to possess, and to have exerted with success the influence of the evil eye; and be satisfied that "coming events cast their shadows before," by which their form may be traced in, and their distances calculated by the lines on the palm of the hand, the form which tea-leaves take in a cup, or the arrangement of a pack of cards. To this extent, I am sure, you are not prepared to give your assent, though separately each of these modes of divination has its advocate.

**7<sup>th</sup> August 1848**

Present, Dr. McBurney in the Chair—Dr. Burden, Dr. Hamilton, Mr. Murney, Mr. Lamont, Dr. Read, Mr. McCleery, Dr. Malcolm.

Surgeon Corry having been balloted for was elected a Member of the Society.

Smith's Neuroma price £2. 2. 0, Wilson's Portraits of Diseases of the Skin 3 Fasciculi at 20/- each, ordered for the Library. Resolved, That an account of Spirits, Jars etc. for the Pathological Society amounting to £2. 15. 11 be paid.

That an account from Lamont, Brothers for binding, stationary etc. be paid amounting to £5. 11. 6½

Resolved, That the Secretary be requested to confer with Dr. Andrews respecting his fines, stating to him the amount as furnished by the Treasurer and ascertaining whether the statement be satisfactory to him, and report thereon at next meeting.

Dr. Burden continued his paper on Monstrosities with many singular instances of the effect of the imagination on the pregnant woman in causing them. [See above.] To be concluded at next meeting.

**4<sup>th</sup> September 1848**

Present, Dr. Malcolm in the Chair—Dr. Burden, Mr. Lamont, Dr. Seaton Reid, Dr. T. Thomson, Dr. Murney, Mr. Murphy, Dr. Patterson, Dr. Read, Mr. Officer, Dr. Moore.

Dr. Andrews' fines having been examined and a report made by Secretary thereon, the amount was reduced to 13/1.

Resolved, That Whitehead on Sterility and abortion price 12/- be ordered for the Library.

An account from Hugh McMullan for assisting the Librarian in regulating the Library amounting to 9/- examined, but not being considered justly due, was refused payment.

Dr. Burden completed his paper on Monstrosities, which elicited several interesting remarks from members and were replied to by the reader of the paper. [See above.]

Resolved, That the Porter be directed to remain at the gate till after the conclusion of the meetings.

**2<sup>nd</sup> October 1848**

Present, Dr. Thos. Read in the Chair—Dr. Patterson, Mr. Lamont, Dr. Murney, Dr. McBurney.

Resolved, That Dr. Andrews be unanimously replaced in his proper status in the Society interrupted by the non-settlement of his fines, on condition that his subscriptions for the two intervening years be paid together with the amount of fines agreed to at the last meeting.

Resolved, That Mr. Heburn and Mr. Black of Belfast be balloted for at next meeting.

Dr. Pelan before leaving Belfast for New Orleans having presented the Society with the works of

Hildanus and the anatomical letters of Morgagni—Resolved, That the warm thanks of the Society and its best wishes for his success be transmitted to Dr. Pelan through the Secretary for his valuable present.

Resolved, That the account from the Banner of Ulster for the publishing of the Society's Catalogue amounting to £5- be paid.

**6<sup>th</sup> November 1848**

Present, Dr. Dill in the Chair—Dr. Malcolm, Mr. Murphy, Dr. Stewart, Mr. Browne R.N., Dr. Mulholland, Mr. Lamont, Dr. McBurney, Mr. Officer, Mr. McCleery, Dr. Patterson, Dr. Halliday, Mr. Corry, Dr. Thos. Read, Mr. Wheeler, Dr. Black.

Resolved, That the resolution regarding the emplacement of Dr. Andrews as a Member of this Society, was passed at last meeting (2<sup>nd</sup> October) be now confirmed, it being understood that the Society making this exception in his favour in consequence of the 15<sup>th</sup> fundamental law not having been carried out.

Mr. Black having been duly balloted for, was elected a Member of the Society.

Resolved, That Taylor on Poisons be ordered

That Walker on the treatment of ulcers be ordered

Resolved, That on no occasion shall Wilson's large plates of diseases of the Skin be removed from the Library by members.

Dr. Stewart having been kind enough to bring forward a case which occurred at the Lunatic Asylum and was considered by Drs. Thomson, Stewart and Mulholland as a case of Asiatic Cholera the only doubt existing on the subject arising from the absence of the rice-water evacuations and the urine being regularly secreted.

Resolved, That the thanks of the meeting be given to Dr. Stewart for his kindness in attending to report the above case and for the full and correct manner in which he has stated it.

Mr. Heburn having been duly balloted for, was elected a Member of the Society.

That a subcommittee be appointed to report on next night of meeting as to the best established treatment of Asiatic Cholera and such other suggestions on the subject as may seem to them necessary.

That the committee be composed of Drs. Thomson, MacCormac, Thos. Read, McBurney and Malcolm, the latter to be convener.

Resolved, That Mr. Lamont, Dr. Patterson and Dr. Malcolm form a deputation to wait on the Hospital Committee to arrange about appropriating a room in the New Wing for a Library and consulting room and report thereon at next meeting.

**4<sup>th</sup> December 1848**

Present, Dr. Collins in the Chair—Mr. Browne R.N., Dr. Malcolm, Dr. Mulholland, Dr. Dill, Dr. Bryce, Dr. Murney, Dr. Black, Mr. Officer, Dr. Patterson, Dr.

McBurney, Mr. Murphy, Mr. McCleery, Dr. Thos. Read, Dr. S. Reid, Mr. Wheeler.

The minutes of last meeting read and confirmed.

No report from the subcommittee on Cholera.

No report from the Deputation to the General Hospital Committee on the change of the Library-room. To be reported on next meeting.

Mr. John Steele Dixon having been duly balloted for was elected a Member of the Society.

Mr. James Smith having been duly balloted for was elected a Member of the Society.

Dr. Malcolm exhibited to the members a very interesting pathological specimen of aneurysm of the ascending aorta, which had pressed towards the right side of chest, the upper part of sternum being partially absorbed by the pressure of the tumor. Patient, a female, 48 years old—death seemed to be caused by the pressure of the tumor causing great dyspnoea and finally suffocation. Tumor did not give way.

Dr. Malcolm also exhibited a specimen of the Pathological appearances in a case of acute pleuro-pneumony combined with acute Pericarditis. Both lungs were partially in the first stage of Pneumonia and a very large effusion had taken place into both pleura but chiefly into the left. The whole surface of the pericardium was thickly coated with lymph and partial adhesions had formed between the two surfaces.

Bleeding and mercury were used without effect. The patient was a labourer at the Docks under Mr. Dargan æt 23 and was 17 days under treatment, died on the 2<sup>nd</sup> Inst.

Dr. Reid reported a case of what was decidedly considered one of Asiatic Cholera occurring in a patient in the workhouse who came from Edinburgh.

The following books were ordered for the Library  
John Reid's physiological, anatomical and pathological researches, plates 18/-

J. Risdon Bennett on Acute Hydrocephalus 8/-

Henry Robertson on the treatment of Gout 10/6.

### 1<sup>st</sup> January 1849

Present, Dr. Patterson in the Chair—Mr. Browne R.N., Dr. McMechan, Dr. Dill, Dr. Malcolm, Mr. Dickson, Mr. Lamont, Dr. Moffat, Dr. Bryce, Dr. Pirrie, Mr. Wheeler, Mr. Mulholland, Dr. Black, Mr. Murphy, Mr. Black, Mr. Corry, Mr. Smith, Mr. Heburn, Dr. S. Reid, Dr. Halliday, Mr. McCleery, Dr. Mulholland, Mr. Officer.

The minutes of last meeting read and confirmed.

The deputation to the Hospital Committee respecting the removal of the Library to the New Wing reported that the Committee had at once consented to the change.

Resolved, That the complete arrangements respecting the removal of the Book-cases etc. and the necessary expense of fitting up the New Library-room be left in the hands of the Library Committee.

Resolved, That Peacock on Influenza of 1847-8 price 5/- be purchased.

That, The American Journal of Medical Science be ordered.

That Maclise's Surgical Anatomy illustrated, 5/- per fasciculus, be ordered.

That Hughes Bennett on Cancerous and Cancroid Growths, be ordered.

That the London Monthly Journal be ordered.

Dr. Malcolm exhibited pathological specimens of  
1<sup>st</sup> Heart and pericardium in acute pericarditis

2<sup>nd</sup> Small intestine in Asiatic Cholera

3<sup>rd</sup> Large intestine in Dysentery.

A paper read by Dr. Malcolm being a review of the pathology, symptoms and treatment of cholera (Asiatic).

Paper:<sup>1</sup> *The plan followed was this: He first stated a series of facts, including the well-established phenomena and morbid anatomy of the disease: he then drew a comparison between these and other similar diseased conditions of the economy. In the second paper, he reviewed the various modes of treatment hitherto employed in connexion with the views that suggested them, and concluded with deductions according to the general principles of medicine, comprising the most rational indications for the treatment of the malady. Our space will only permit of a few extracts.*

*Having given a general view of the disease, he deals with it physiologically in the following manner:—"The most striking phenomena observable in the exquisite forms of the disease may be referred to the following deranged conditions: 1st. The secretions are suppressed. 2nd. The decarbonization of the blood ceases. 3rd. Exudation takes place from the gastro-intestinal surface. 4th. Circulation is confined to the heart and larger vessels. 5th. The nervous system is irritated and depressed." Upon these important changes we shall offer a few remarks.*

*1st. No fact is so strikingly observed as the suppression of the secretions. Examine as you will the entire of the intestinal canal, and you will observe nothing to indicate the presence of bile. Examine the gall-bladder, and you will find it full to distension. Observe, likewise, the state of the urinary bladder, you will find it firmly contracted, and not a drop of urine in it or the pelvis of the kidneys. The lachrymal is similarly circumstanced, not a single tear will escape from the eyelid of the most tortured child. This being so, we look to the cause. We find a similar phenomenon in intense congestion of any of these organs, viewed as the first stage of inflammation. The secretion in such a case ceases from over-distension, with altered blood of the secreting vessels; but as nothing of this nature exists in the morbid anatomy of cholera, this explanation cannot hold good. Again, suppression of a secretion may arise from*

<sup>1</sup> [Dublin Medical Press, 1849, v21, p129.]

intense passive venous congestion, as occurs in the liver, which, though it represses secretions, favours transudations, and we therefore have œdema of the lower extremities in cases where the liver is the organ so affected. In no case, however protracted, of cholera, do we find this occurrence, and therefore the explanation, though more plausible than the former, cannot be admitted. From the researches and experiments of Müller, Allison, and others, we know that a certain amount of nervous energy is indispensable to the secreting functions of an organ, and that when this nervous force is by any means withdrawn, that function ceases to act. In this way, therefore, totally independent of the state of the circulation, may we account for the remarkable fact of the suppression of secretions in cholera.

2nd. That the blood ceases to be properly oxygenated is matter of easy demonstration. If we draw blood in the stage of collapse, either from the artery or the vein, we shall find it dark. The lividity of the skin, nails, tongue, and the interior of the mouth sufficiently indicate the state of the capillary circulation, both systemic and pulmonic; and as it is here that the decarbonization is effected, and as it has been shown that the proportion of carbonic acid exhaled by respiration is greatly diminished, we cannot otherwise than conclude that the oxygenation of the blood is all but entirely obstructed. The same remark and mode of explanation given on the subject of the suppression of the secretions are applicable here, and need not be repeated.

3rd. It is here assumed that the peculiar egesta from the stomach and intestines in cholera are exuded from the gastro-intestinal surface. It therefore demands consideration. In the first place, it cannot be denied that the rice-water and gruelly evacuations are peculiar to the disease. We observe nothing similar in well-known affections of the intestines, such as muco-enteritis, dysentery, or any form of diarrhœa, in all which diseases we can recognize the appearance and character of the true intestinal secretions—viz., the altered mucus secreted by the common, the isolated, and agminated intestinal glands. If, therefore, the choleraic discharges were but altered secretions, they would not present the peculiar characters they possess. Assuming, then, that these discharges pass from the surface of the intestine by exosmose, we may find an explanation in one of two modes—by obstruction of the portal circulation, or by a nervous depression of the intestinal venous capillaries. The latter we have shown by our previous statements to be the most probable.

4th. Looking at the effects of venesection, which show that frequently scarcely a drop will flow from such large veins as the basilic or the jugular, and observing the fact that the pulsation of the heart is propagated only along the larger arteries, it is sufficiently evident that the circulation must be nearly arrested in the capillaries. This arrest of circulation is

observable in several different diseases,—in asphyxia, the cold stage of intermittents, and intense passive congestions, and inflammation of internal organs, in diseased arteries, and in mechanical obstructions of veins. In asphyxia the disease originates in the lungs, and is attended with marked pulmonic symptoms for some time prior to the extension of the asphyxiated state to systemic capillaries, and besides is unattended with that shrivelled condition of the surface so characteristic of cholera. Ague in the aggravated form of its attack presents close analogies, but wants many essential points of resemblance. Venous congestions as a cause would originate at the heart or extend over the entire body. The former is out of the question: the latter is not observed in the morbid anatomy. Other local causes do not require notice; we are therefore led back to the nervous condition of the capillaries as the most plausible explanation,

5th. Of the condition of the nerves otherwise than mere conductors of nervous influence, we know but little. Changes of structure and dynamic alterations in the circulation of the nervous centres, are tolerably understood, and the symptoms resulting therefrom form a part of the regular instruction of the schools. But little advance has been made in the pathology of the ganglionic system—a system which is coextensive and coeval with the circulation itself.

The choleraic symptoms, more particularly referable to the state of the nervous system, are as follows:—The violent intestinal motions, the absence of external heat, the shrunken state of the features and skin generally, the cramps, the choleraic voice, the restlessness and jactitation, and the weak and fluttering pulsation. Scanning over these symptoms, we observe that no part of the nervous system, save the intellect, escape. We find the motor and sensitive nerves deeply engaged, as the cramps, the voice, the epigastric pain, and the restlessness sufficiently demonstrate. But we further observe in the vomiting and purging, the prostration, the absence of heat, the shrivelling of the body, the most convincing evidence of the irritation of the ganglionic system, most probably the effect of a poison entering the blood.

The latter part, (the Treatment) not having been completed it was Resolved, That a special meeting be called for Monday the 15<sup>th</sup> inst. in order to hear the conclusion of Dr. Malcolm's paper and discuss the subject.

#### **Special Meeting 22<sup>nd</sup> January 1849**

Present, Dr. McMechan in the Chair—Mr. Browne R.N., Dr. Pirrie, Dr. Collins, Dr. Malcolm, Mr. Murphy, Mr. Wheeler, Mr. Mulholland, Mr. Smith, Mr. Lamont, Dr. T. Thompson, Dr. Halliday, Mr. McCleery, Dr. Bryce, Dr. Black, Dr. Thos. Read, Dr. Murney, Mr. Officer, Dr.

McBurney, Dr. Dill, Dr. McGee Visitor, Dr. Hamilton, Dr. H. Stewart Visitor, Dr. Seaton Reid.

Owing to the illness of Dr. Malcolm the meeting ordered for the 15<sup>th</sup> was postponed till this date.

Dr. Malcolm then read the conclusion of his paper on cholera [See above] in which he detailed nearly all the modes of treatment which have been adopted here and in other countries both in the epidemic of 1832 and the present one.

Paper:<sup>1</sup> Before entering on the consideration of the second part of the treatment of Asiatic cholera, I would beg leave to draw the attention of the society to those forms of disease which bear a similarity to the phenomena of the malady under discussion; and first, let us compare it to the state of asphyxia. This state may arise from many different causes, all tending, however, to produce in the first place arrest of the respiratory action, and afterwards a cessation of the circulation in all parts of the body. The characteristic symptoms are in the first place always thoracic: dyspnoea, anxiety, gasping, and other ineffectual attempts at respiration, failure of consciousness, failure of the circulation, lividity of the extremities, and congestion of the face. Sometimes the early symptoms are much more violent than here described, attended with convulsive efforts and more agonising anxiety.

On examining the bodies of those who have died in this state, we find the surface of the body assuming a violet or congestive appearance. The eyes are bright and prominent. The capillaries in all parts of the body, but especially in the lungs, are loaded with blood, which circumstance is observed in sections even on the cutaneous tissue. The blood itself is dark and imperfectly coagulated. A considerable similarity may be observed between the state of disease thus described and the stage of collapse in cholera. But if we examine the phenomena closely, we will soon see that it is only in appearance. We have, to be sure, the lividity in both, but we have not the congestion of the face and skin generally in cholera. The sodden state of the hands and feet and the dull sunken eyes sufficiently distinguish the latter from the former. The blood seems similar in both; but then the seat and mode of distribution are very different. In asphyxia it is gorging the capillaries everywhere, but especially in the lungs: whereas in cholera, it is concentrated in the heart and larger vessels, and the external tissues and muscles are found on section to be peculiarly dry and devoid of blood. Though, therefore, we cannot by any means consider the two states as identical, the pathological view laid down in my last paper will enable us to interpret the similar phenomena occurring in both. The character of the blood, the arrest of the circulation, and the general lividity, arise progressively, directly or indirectly, from a poisonous impression upon the blood in both

instances, and the peculiarities of each are to be explained—in the one case, by that impression originating in the lungs; and in the other, extending over the whole system as an effect of a previous impression upon the nervous system.

We shall next view the disease as compared with the state of the system induced by profuse hæmorrhage. Here we have the failing pulse, cold extremities, the general vital depression common to them in both; but the extreme pallor of the external tissues, the frequent attacks of syncope or faintness, the state of the blood which, instead of being thick and tarry, is exceedingly fluid, even in extreme cases, sufficiently prove that the two states of the system cannot arise in the same manner or from the same cause. The collapse of cholera and the syncope from hæmorrhage can scarcely be compared, except in the point I just mentioned. The former has often occurred without copious evacuations, and indeed some of the worst cases are those in which this latter symptom is little observed. That the sudden abstraction of a quantity of fluid from the blood, as in the case of cholera, is calculated to produce symptoms of vital depression, no one can deny; but, on the other hand, this single circumstance manifestly fails to explain the choleraic state. There is a diseased condition of the system induced by the administration of some irritant poison which bears a striking similarity to Asiatic cholera. We shall take that of arsenical poisoning, which many toxicologists have noticed as producing resembling symptoms; we have vomiting, purging, and epigastric pain, and ultimately vital depression, coldness of the extremities and lividity—in fact, such symptoms as would confound, in some instances, experienced practitioners. The difference, however, upon examination will be sufficiently apparent. The epigastric heat and pain persist and form prominent as well as the earliest symptoms, vomiting succeeds, and subsequently diarrhoea. The evacuations are dark and bloody, never choleraic, and the eyes seldom assume that sunken and dull aspect which is peculiar to cholera. The apparent similarity is, therefore, due to different causes, though it doubtless induced several of the French physicians to look upon cholera as a gastro-enterite.

I bring forward these comparisons for the purpose of showing that no diseased state of any single organ will exhibit phenomena precisely similar to those of Asiatic cholera. After close study of the progress and features of the disease, we must come to the conclusion that its proximate cause is an impression upon the entire nervous system, most probably through the medium of the blood. The blood is diffused through every organ and every tissue; it maintains the functions of the economy; all the secretions depend directly upon it; and the entire nervous energy exists in a direct ratio to the state of its integrity; in fact, the blood is virtually a part of the nervous system. It is

<sup>1</sup> [Dublin Medical Press, 1849, v21, p129.]

impossible to trace the distinction between the ganglionic extremities and the capillary circulating fluid; they meet and amalgamate, and the main operations of the entire system are carried on by their combined influence. The remaining portions of the nervous system are mere conductors of the nervous energy or concentrators, and the other parts of the circulating fluid are merely in a state of transit from one set of capillaries to another; therefore, for all practical purposes, it is a matter of indifference whether we say that the proximate influence of the choleraic poison is exhibited on the nervous system or the blood.

After a review of the different lines of treatment proposed and employed by different authors from time to time, we have only space to give the remarks of the author upon the calomel treatment, and the conclusions arrived at.

“We come now to a mode of practice which has received more extended application, and has been more largely tried perhaps than any other—we mean the calomel treatment. This treatment originated in India, where, from the prevalence of diseases of the liver, the remedy had been very generally used ever since the first British settlement in that country; and when an alarming disease, cholera, made its fearful onslaught in 1817, this remedy was immediately enlisted. The practice of practitioners in India, in this disease, was to give large or heroic doses, combined with moderate quantities of opium, in which they persisted throughout the entire progress of the disease. The absence of bile naturally struck these practitioners as the chief point to be removed; and in short, their pathology was based, in a great measure, upon this single symptom. It is important, nevertheless, to understand the real physiological effects of this drug, for by doing so we shall be enabled to discover in what manner it may be otherwise indicated. In small doses, frequently repeated, calomel acts as an irritant to the gastrointestinal surface, causing an increased flow of blood thereto, and its secondary effect is that of an alterative, increasing all the secretions of the system. In moderate doses it is purgative, but in large quantities it has been universally found to act as a sedative, arresting evacuations, and in place of irritating the intestinal canal, the whole tract of the mucous surface has been rendered pale, and that when, under these circumstances, ptyalism takes place, it is by no means unusual or severe. Such being the case as established by the widest experience, we can judge more readily how its use may be attended with great benefit in Asiatic cholera. There are two effects which we desire to see in the treatment of cholera. We wish a cessation of the evacuations and a resumption of the secretions; these we may easily perceive, are the very results which large doses of calomel are calculated to produce. It is not, therefore, necessary to tie oneself down to the bilious theory of the Indian practitioners in searching for reasons for the utility of calomel in

cholera. Upon looking over the long list of authors upon this disease, we find that the great majority have employed calomel, generally accompanied by other remedies, the principal of which is opium. We have already referred to the utility and application of opium, and from those observations it will readily be seen that there could not be a better adjunct, especially in the early periods.

“In the few remarks with which I shall close this paper, I shall endeavour to lay down with as much precision as I can, the principal indications which seem to spring from a consideration of the pathological views previously advanced.

“Nervous irritation and depression being the state whence proceed the chief phenomena of the disease, our course will be to modify and recruit this altered condition. A poison has entered the vital fluid, and has produced its effects on all the organs and tissues of the body. We cannot instantly remove, by any known means, this poison from the system, but by averting the tendency to complete corruption, we may be expected, in many cases, to cure the disease. In the first place, therefore, we must check the loss of fluids from the system by astringents and opiates. We have found in our previous inquiry that choleraic blood was deficient, especially in fluids. We have found by experience that by replacing the fluid directly into the circulation does not act as a substitute for the original fluid—does not recruit the vital failure; we are therefore constrained to act a less heroic part, by preventing, if possible, the further loss and the further vital depression. In the early stage, therefore, astringents and opiates in pill, mixture, or enema, are necessarily indicated; secondly, in this disease the loss of vital power seems coeval with its earliest symptoms, and exists with or without copious evacuations. In many instances there seems to be exercised upon the human economy an instant and an almost fatal impression which prostrates the healthy as if by a stroke of lightning. We are called on, therefore, to rally the remnant of the *vis vitæ*, and the host of stimuli are at once suggested to us both externally and internally. Stimulant frictions, stimulant injections; in short, the whole class may be indicated, some in some cases, and others in others. At the same time that we lay down this principle, we must not be misunderstood: the nervous system will react without loss of power, only when gently excited. Therefore, we must qualify the above enunciations by stating that the stimulant treatment must be early, moderate, and not too prolonged. Thirdly, we have shown already that both the circulation and the secretions are impeded and obstructed; the blood moves sluggishly, if at all, in the capillaries, and the secretions are totally absent. What fluids are observed on the surface of the skin or mucous membrane are mere exudations. Our object then to remove this state of things will necessarily be to administer such known remedies or modes of treatment

as will promote both circulation and secretion, without, at the same time, diminishing the remaining small powers of life. These objects, in my opinion, are gained by bleeding and calomel; the bleeding, to be of use, must be early; the calomel may be commenced at any stage. If blood be drawn there is no question but that the circulation in the capillaries will be increased, and if once the system is put under the influence of mercury there will be little apprehension for the result.

“In addition to the above, we may state that the recumbent posture should be maintained for the purpose of harbouring nervous power, and that copious libations, especially cold water, should be administered throughout the disease, on the principle of acting as stimulus to the nervous system, and also of making up for the loss of fluid in the blood.”

Dr. Pirrie referred to the use of petroleum and quinine in the treatment of this disease, and also to the supposed connexion between cholera and the cold stage of intermittents.

Dr. Collins saw the disease in 1834, and found the best treatment to be calomel, opium, and stimulants. He always proscribed bleeding.

Dr. Magee observed, that one of the distinguishing marks of cholera was the great disproportion between the egesta and ingesta, and noticed the differences between the states of asphyxia, hæmorrhage, and acrid poisoning, and that of collapse. He was disposed to believe in the intermittent theory, and considered bleeding and a warm bath useful in the early stage. Ptyalism from mercury, in this disease, he deemed to be the consequence and not the cause of asphyxia. He had observed cases in the West Indies, and noticed the use of cajeput oil.

Dr. Halliday stated the practice of the dispensary attendants. At first they gave opium and stimulants, but latterly they depended upon large doses of calomel and opium with turpentine frictions.

Surgeon Lamont had seen little of the disease as yet, but from reading and analogy, he would be disposed to give turpentine and castor-oil in the early stages, and was opposed to the treatment by large doses of calomel.

Surgeon Brown's method was to give from ten to fifteen-grain doses of calomel with opium, and camphor, and stimulants. He considered the large doses unnecessary, and would be inclined to bleed at the outset.

Dr. Brice gave calomel and opium in moderate quantities, but could not think of depletion in any form.

Dr. Black's treatment was opium and stimulants at first, and afterwards he was disposed to adopt the method of Dr. Ayr of Hull; he referred to the use of naphtha.

Surgeon Wheeler had tried the large doses of calomel without effect. He believed they must remain inert or be injurious. He related a case under this treatment, where consecutive fever was attended by inordinate

vomiting: death occurred on the eighth day in reaction. His early treatment was opium and stimulants, venesection in stout subjects, which increases the action of other remedies. He related an interesting case, in which the symptoms were the characteristic diarrhœa, thirst, epigastric pain, and weak pulse. Stimulants and astringents were given without effect; afterwards large quantities of ice-water and one-eighteenth of a grain of strychnine every quarter of an hour: on the fifth dose the evacuations were diminished. In twenty-four hours one grain had been taken, and the case did well. He was disposed to think well of strychnine from this case. He had recently used turpentine in two-drachm doses every hour, and also chloroform, but without marked effect.

Dr. Thomas Reid believed, from his experience of the disease, both in the civic and the rural districts, that it assumed differences of severity in different localities. He considered the present epidemic in this locality much more malignant than the last, in which he never saw four consecutive fatal cases of collapse. At Newtownlimavady, Bushmills, and neighbouring districts of the county Antrim, the mortality in 1832 was not more than two out of eighty cases. He had lately had a conversation with Dr. Robinson, the experienced surgeon of the 13th infantry: this gentleman had observed six hundred cases, and was satisfied of the complete similarity of the collapse and cold stage of jungle fever. The treatment he recommended, as found most useful, was five drops of croton oil and five grains of opium every six hours: similar treatment he had employed in acute dysentery. He (Dr. Reid) had had no experience of this mode of treatment, and merely gave it as the opinion of one who had seen much of the disease. He expressed himself hostile to the system of large doses of calomel, and believing that there exists no specific, that the disease abounds in variety, and viewing the inertness of medicine in collapse, he was disposed to adapt his treatment altogether to the symptoms that offered.

Surgeon Officer deemed the very advanced stage hopeless. He had tried both the calomel, and the opiates, and stimulant treatment, and expressed himself in favour of the calomel.

Dr. McBurney stated that his experience in the present epidemic rendered him much less sanguine than formerly. In 1832 he had great confidence in the opium and stimulant treatment, but the present attack is much more malignant: he had tried the calomel and opium in large doses, but with very little success. In short, all plans had failed to cure the disease uniformly, and to use the graphic language of Dr. Magee, “it was a disease that would soon take the conceit out of a man.”

Dr. J. S. Reid stated, that his experience, as they all knew, was derived from his connexion with the Union Cholera Hospital, where the first cases had appeared. In these he was particularly unsuccessful. He had tried all kinds of treatment suggested by himself or his medical

friends, and it was not until he had instituted his present mode of treatment that a favourable change had appeared. His treatment consisted of hot brine-baths, stimulant frictions, half-drachm doses of calomel, stimulants, and a saline drink, under which he had been enabled to discharge at least one-half. Under this treatment about three per cent. were pyralized, and in only one case were the gums ulcerated. He had observed in several grave cases a remission before death; he had had several recoveries from collapse, and gave the calomel every half hour; had had a few instances of death during reaction after collapse.

Dr. Dill related the following case which occurred in private practice, and was interesting on account of the violence of the attack and its rapid progress:—"I was sent for to see J. M., aged 18, at seven a.m., at which time he had been ill but half an hour. I found him in the sitting posture, supported by a servant, his head leaning forward on his breast, his breathing and general appearance such as indicated rapidly approaching dissolution. The extremities were quite cold, and the skin, especially of the face and hands, was of a dusky livid colour. He appeared insensible. The action of the heart was very feeble and 120 in the minute, and there was no pulse at the wrist.

I immediately lowered him into the horizontal position, gave him warm whiskey punch very freely, and applied heat to the extremities and body. Under this treatment he rallied in about half an hour, and when considerably improved, he complained very much (to use his own language,) "of severe pain and cramps in his stomach and bowels, with desire to go to stool." He had also considerable retching and some vomiting. At this time he had so far recovered his strength as to sit with very little assistance upon a bedpan. The discharge from his bowels was large, tolerably well formed, and dark. He passed no urine. Within another hour he had a second motion, which was very free and light in colour; and about twelve o'clock noon, a third stool, quite liquid and like beef-tea. His general strength continued to improve slightly until three p.m., when he again began to sink, and he quietly breathed his last at seven p.m., after an illness of very little more than twelve hours. The treatment was stimulants, external applications of heat, sinapisms to the extremities and over the abdomen, and five-grain doses of calomel with quarter of a grain of opium every hour. J. M. was in very easy circumstances, possessed of a good constitution, went to bed the night before quite well and at an early hour, slept well and comfortably all night, and awoke at half-past six o'clock, sick and faintish. His habits had been regular, but he had been in a house where one or two cases of cholera occurred. So virulent was the poison that it prostrated him at once, and the circulation which had left the larger vessels of the extremities within the first half hour, was never again restored."

Dr. Malcolm replied, he was glad to observe from the tenor of the discussion that the majority were in favour of the line of treatment indicated in the paper, and hoped that the present epidemic would not pass away without leaving us some more decided means of remedy than what we as yet possess. Everywhere the mortality was large and seemed to be little influenced by the vast variety of treatment adopted.

The paper was highly approved of by the members and elicited many valuable remarks.

#### 5<sup>th</sup> February 1849

Present, Mr. Black in the Chair—Dr. Bryce, Dr. Malcolm, Mr. Murphy, Mr. Lamont.

The minutes of last meeting read.

Resolved, That Knox on Cholera be purchased.

Dr. Malcolm exhibited the following pathological specimens ...

#### 5<sup>th</sup> March 1849

Present, Mr. Browne R.N. in the Chair—Dr. Malcolm, Dr. Mateer, Dr. Patterson, Mr. Heburn, Dr. Pirrie, Dr. Bryce, Mr. Lamont, Dr. MacCormac, Mr. Wheeler, Dr. Halliday, Mr. Aickin, Dr. Seaton Reid.

Dr. McGee having been duly balloted for was unanimously elected a Member of the Society.

Dr. H. Stewart having been duly balloted for was unanimously elected.

A valuable present of Books received from Dr. McGee consisting of the works of Haller complete in 28 volumes with a folio volume of plates and eleven other miscellaneous works.

Resolved, That the Secretary be directed to transmit to Dr. McGee the warm thanks of this meeting for his very valuable present of Books, and for the interest he thereby evinces in the success of the Society.

Mr. Browne detailed a very interesting case of disease of the eyes of a peculiar character owing to disease of the third pair of nerves caused by the pressure of a tuberculous tumor about the size of a walnut imbedded in the right crus cerebri and pressing on the left crus so as to cause softening of it and of the corpus callosum.

Paper:<sup>1</sup> On the 26th April, 1848, James Townley, aged three years, was brought to the Belfast Ophthalmic Institution. He then presented the following objective symptoms: ptosis of the right superior palpebrum; considerable divergence of the right eye, with the pupil dilated permanently to a quarter of an inch in diameter. On the left side there was a very slight paralysis of the eye-lid. No divergence of the globe, and the pupil, though dilated to nearly the same extent as that of the right, was still active under the stimulus of light. The power of vision in both eyes seemed perfect at the dis-

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1849, v7, p496.]

tance of eighteen inches or two feet, and beyond, but the right eye could not distinguish minute objects, placed in its axis within ten inches. The child's appearance denoted the complete strumous diathesis, and also the effects of recent sickness; he seemed very delicate, and walked feebly, especially on the left leg. I learned from his mother, an intelligent woman, that he had been sickly from his birth; his dentition had been very protracted, not having cut a tooth until he was twelve months old, and that he had suffered very much during the period from convulsive attacks. When about two years old he suffered very frequently from headaches and colicky pains. In the month of August, 1847, he had an attack of fever, which lasted three weeks; after that time he lost his appetite, and frequently exhibited unnatural drowsiness. However he rallied during the winter, and seemed better in general health than he had been before the attack of fever. Somewhere about the beginning of the year 1848, his parents first observed a peculiarity in his eyes, the right being especially remarkable. "It seemed to be half-hidden," as his mother expressed it, "and was apparently more prominent than the other, and showed more of the white of the eye." Early in the month of March he had another attack of synocha, all the family at that time labouring under the same disease. It was after his convalescence from that attack he was first brought to the Eye Dispensary, when he presented the symptoms I have already enumerated. Of course I at once diagnosed some disease of the brain at or near the origin of the third pair of nerves.

At that time he was ordered two and a half grain doses of calomel three times a day, with successive blisters to the nape of the neck, and occasionally on the temples. After he had taken two drachms of the calomel the system first became affected; it was then given in two-grain doses every night for about a month, when it was omitted, repeated blisters having been applied in the mean time. During the period of the treatment just stated, he evidently improved in appearance and strength; there was not then any paralysis of the left side, though, in lifting that leg, he seemed not to have complete control over it, as he moved it forward with a jerking kind of gait.

Though there was this evident amendment in his general health, the eyes did not improve in appearance, on the contrary the ptosis of the right side was nearly complete, the divergence of the eye so great (exhibited when the lid was elevated by the fingers) as to conceal a portion of the cornea behind the external canthus; the pupil was fixed and fully dilated, the iris presenting merely a narrow ring within the margin of the cornea. There was still, so far as could be ascertained, the same amount of vision in that eye as when he was first seen by me. The left eye had also become more affected, both in the paralysis of the upper lid, dilatation of its pupil, and divergence in its axis; there was also an evident

diminution in the power of seeing objects. During the summer I occasionally saw the patient, observing little, if any, change in his appearance or symptoms.

For some months previous to the 16th of January, 1849, I had not seen the child, on that day his mother came to inform me that for the five or six weeks previously he had been gradually becoming worse. She stated that his appetite, which had all along been pretty good, had then failed; he began to totter very much in his gait, and to be quite drowsy and listless; his sight was, to use her expression, "very dim, as he stumbled over anything placed in his way." When I visited him next day I found him seated on his mother's knee, and evidently insensible to external impressions, though a few days before he had spoken some words when addressed, but inarticulately. I observed that there was a constant motion of the tongue and lips, and chronic spasms of the left leg and arm; the right side was not affected in any way, save by an occasional twitching of the muscles of that side of the face; the breathing was hurried and laborious. The ptosis in both upper lids was complete; the pupils extremely dilated, and the right globe immoveably fixed and divergent; the left eye also diverging greatly, and occasionally agitated by a flickering movement of the muscles, at which time there was also an appreciable contractile action of the pupil. He lived for about ninety-six hours after I saw him, when he died in a slight convulsive struggle.

Autopsy—Twenty-six hours after death I had an opportunity of making a minute examination of the brain and eyes, of which the following is a summary of my notes taken at the time. The head presented a well-developed cranium, the sutures being fully and firmly ossified; on removing the calvarium the dura mater presented a perfectly normal appearance, but upon opening it both surfaces of the arachnoid were dotted with small granular points as if of organized lymph, but very few adhesions were found to exist over the top of the hemispheres. The brain having been removed very carefully, it was observed that in the posterior and inferior portion of the anterior lobes there was the appearance of recent effusion of blood; that from the fissure of Sylvius around the chiasma of the optic nerves and forward on the base of and between the anterior lobes there was marked evidence of recent inflammatory action, with congestion, thickening and change of structure in the arachnoid and pia mater; the optic nerve seemed quite healthy in structure, as well as the optic tracts; the third pair of nerves were found much diminished in size, and changed into a soft pulpy structure of greyish matter, interspersed with fine streaks of a reddish hue; the right crus cerebri, at its escape from the pons Varolii, was observed to be more prominent than the left, and felt to the touch as if composed of a hardened mass; on removing a thin layer of the medullary matter, a very firm tumour of the size of a walnut was presented, this was found to have com-

pletely destroyed the right crus, save a thin medullary covering, while on its inner side it pressed upon the left crus, causing softening of it and of the posterior border of the corpus callosum; the quantity of fluid within the membranes and ventricles of the brain amounted to eight ounces. The tumour when weighed was found to be two drachms and forty-four grains, and was composed of firm tubercular matter, of homogeneous structure, and without any apparent nucleus. Its surface, however, presented a lobulated appearance.

The eyes, which I removed very carefully, were minutely examined. I observed before removing them that the pupils were dilated as fully as they had been during life; after they had been handled a little in the necessary manipulations while preparing them for dissection, I noticed that the pupil of the right eye had contracted considerably while the left remained unchanged. The structure of the left eye was quite healthy, the ciliary nerves being beautifully developed; indeed I have never had such a good opportunity of tracing the union of these nerves in the ciliary ligament, and their minute interlacing branches which supply the iris and ciliary body.

In the right eye I found all the coats and tissues perfectly normal, but it is worthy of remark that the ciliary nerves were not nearly so large as those in the left eye; some of the branches divided from the nasal portion of the ophthalmic division of the fifth. Besides being smaller, they were so soft as to render it impossible to trace them beyond the ciliary ligament. I may add that the retina of each eye was quite healthy, and easily divisible into its component layers.

Remarks.—This case is instructive and interesting in several points of view. It is probable that the disease commenced at a very early age, by a deposit within the right crus cerebri of the small point of tubercular matter, which gradually increased by successive deposits until it attained the large size which it exhibited after death. This tumour was evidently the cause of the several symptoms observed during the progress of the disease, and at last excited the inflammatory action with effusion, which closed the scene. Were such demonstration necessary, this case would fully illustrate the physiology of the third pair of nerves; it also, I think, clearly shows that contraction of the pupils is effected through them, and depends upon their being in a normal condition.

Of course it is clear that no treatment could have cured the disease, but it is probable that that which was adopted may have retarded its progress; and, I may presume, had the symptoms observed depended upon inflammatory action within or around the crura cerebri, it is certain that the treatment pursued was the only one likely to be followed by beneficial results.

Dr. Pirrie presented to the Society a résumé of the cases of Cholera admitted to the General Hospital

during the past month. Seventeen cases, of which 5 were fatal, 9 recovered and 3 remained under treatment.

Calomel, opium, turpentine internally and externally, and bleeding, with hot baths and stimulants in very small quantities, were the chief means of treatment used.

Paper:<sup>1</sup> Of this paper, we give the table of cases and an abstract of the remarks:

TABLE OF CASES.

1. Mary Mills, æt. 25, cured. Calomel; bled in reaction.
2. Susan Ryan, æt. 41; died eight hours after admission.
3. Owen Ryan, æt. 13, cured; dysentery followed.
4. James Chambers, æt. 25, died; collapse; sixteen hours without aid.
5. William Davis, æt. 30, cured.
6. El. Davis, æt. 19, cured.
7. Catherine Bowman, æt. 40, cured.
8. Andrew Johnston, æt. 66, cured. Two doses cal. c. op., followed by acet. plumbi et op.
9. Bell Clark, æt. 78, died; collapse twenty-four hours.
10. William Wheaten, æt. 43, died; collapse; reaction; suppression of urine ten days; convulsions.
11. Thomas D'Alton, æt. 12, died; collapse. Hot bath; calomel; thirty-six hours suppression of urine; gums ulcerated; and irregular contractions on fourth day afterwards.
12. John Mulholland, æt. 32, cured; collapse after diarrhœa. Calomel ðvij. in all, but only three ði. doses.
13. Margaret M'Cann, æt. 58, cured; premonitory diarrhœa.
14. James Wilson, æt. 62, cured; premonitory diarrhœa.
15. Mary Ramsay, æt. 22, cured. Cal. c. op.; effervescing draughts.
16. Ellen M'Juicken, æt. 14, cured; collapse. Hot bath; calomel; venesection in reaction.
17. Edward Marmon, æt. 45, died; never rallied. Calomel; turpentine.

Total cases	17	Died	6	Recovered	11
Males	9		4		5
Females	8		2		6

Remarks—Four cases were received in the first stage, all of whom recovered; thirteen were received with characteristic symptoms or in collapse more or less marked,—of these six died; of the six deaths, four took place within twelve hours after admission without any reaction (one of them was an old woman upwards of 80); of the other two deaths, one was a pensioner, ætat. 83, admitted in collapse well marked, which continued sixteen hours, when reaction occurred. He remained for ten days without secretion of urine. Having had a natural evacuation from bowels, and pulse remaining

<sup>1</sup> [Dublin Medical Press, 1849, v21, p226.]

good and strong, about 80, convulsions and coma ensued, and death took place on the eleventh day. The last fatal case was a boy, ætat. 12, admitted in collapse; reaction occurred after warm bath and xxiv. grs. of calomel in four doses. Two days afterwards mouth became sore, the gums being slightly ulcerated: on the fourth day after the mouth became sore, he had then several attacks or paroxysms of contractions of muscles of upper and lower extremities of both sides, but especially of the upper extremity of the left side. Spasmodic twitching of the muscles continued in the interval of the paroxysms until the next day, when they ceased. Irritative fever supervened, and he died about ten days afterwards without having had any return of the contractions.

The treatment which has been found most effectual in the Belfast General Hospital is as follows:—Calomel in ʒj. doses, with from j. to ij. grs. of opium, repeated two or three times according to circumstances. If there is no improvement after the third dose, the repetition of the calomel in these doses has seemed to be useless. Ten and eight grain doses are afterwards exhibited. Effervescing draughts of soda and tart. acid., with or without a few drops of laudanum, ad libitum.

The hot salt bath was used with marked benefit, especially in young subjects. The heat was afterwards kept up by application of heated salt and repeated friction, with stimulating liniments.

In collapse, internal stimuli appeared to be of no use; and in general their utility, save in temporarily rallying, seemed questionable. In reaction venesection was practised in two cases, and in both with the best results (amount from ʒiv. to ʒvii.) Opium was also advantageous in this stage, to check the bilious diarrhœa which was common.

The calomel generally affected the gums, but seldom severely.

Dr. Malcolm exhibited the following pathological specimens

- 1 Cirrhosis of the liver.
- 2 Kidney in a case of Asiatic Cholera with protracted suppression of urine .

Paper:<sup>1</sup> PATHOLOGICAL MUSEUM. The following interesting specimens have been recently added by Dr. Malcolm:—

*Empyema. Description.*—On opening the thorax, we found the left pleural cavity filled with purulent matter, which communicated by three perforations with the tumour externally. Two of these openings were superior between third and fourth ribs, and one inferiorly at seventh intercostal space. The matter was entirely underneath the pectoral muscles. The left lung was condensed and atrophied to an extraordinary degree,

and lay pressed against the posterior walls of the pleural space.

*Case.*—The subject of this specimen was a child, aged 4; sandy hair, clear and fair complexion, greatly emaciated, and evidently of the scrofulous diathesis. The history was briefly as follows:—About five weeks ago she began to complain of pain in the left side, with cough and expectoration; about eight days ago a fluctuating tumour was observed, situate at left infra-clavicular region, and about the size of half an orange; the tumour evidently contained matter, and fell and rose exactly with the respiratory movements; it received the impulse of the cough distinctly. On examining the lung posteriorly, mucous rales were detected, and there was great dulness over the entire side. When seen, the tumour was enlarging, and pointed at the fourth intercostal space; and intense dyspnœa, very quick pulse, and much lividity, were the prevailing symptoms. On examination after death, we found the mesenteric glands greatly enlarged, and presenting the first stage of scrofulous degeneration.

*Observations.*—1. In cases of pleuritic effusion, and especially empyema, absence of the respiratory sounds is an almost constant sign; here, on the contrary, we had mucous rales abundant, and readily heard. I have before observed similar phenomena when I had reason to suspect effusion, but it is very rare, and only among children, in whom the respiratory murmur is always exaggerated in health. 2. The perforations here were situated high up (about third space), which is singular. The usual spot is about sixth or seventh space.

*Cirrhosis of the liver.* The liver here was somewhat contracted, exceedingly firm, cut like cheese, and slightly lobulated. The face of the section presented the usual buff varieties of tint, and the usual structure.

*Case.*—S. G., ætat. 48, clerk, for many years had led a very dissipated life, and had had several attacks of delirium tremens. His looks indicate a shattered constitution and an age considerably above his real years. His present illness commenced about six weeks ago with nausea, vomiting, and some degree of fever, and occasional dull pain in the region of the liver. Jaundice soon became developed, and in this state was admitted on January 3rd. For next eleven days, the icteric state gradually yielded to saline purgatives, with which bitters were combined; the urine, however, always kept orange-coloured, and in this state persisted throughout the complaint. Ascites now supervened, with some anasarca of feet and ankles. An alterative and diuretic treatment was prescribed, with nourishing diet, under which the new symptoms only partially yielded. This treatment was followed up by tonics and hydriodate of potass. Bronchitis, in a mild degree, ensued, but which added to the debility, and without much change, he gradually sank on the 16th of January, having just been fourteen days in hospital.

<sup>1</sup> [Dublin Medical Press, 1849, v21, p355.]

Asiatic cholera. The large intestine in this case presented the only traces of organic change. The coats were greatly thickened, the mucous surface highly congested, in some places nearly black, but without ulceration. Traces of extravasation in streaks were observed, and the contents were partially sanguineous and partly characteristic gruelly matter. The small intestines only showed a more distinct appearance of Peyer's glands than usual. Other organs presented no structural (visceral) change.

Case. *M. McC.*, ætat. 50, a labourer, previously in good health, and not addicted to drink, on January 21st, at nine a.m., took ill with diarrhœa, which continued pretty constant during day, and especially severe during night. At one a.m., on 22nd, vomiting commenced; and at four, cramps were first felt; passed urine at eight a.m.; was admitted at noon; pulseless, livid, cramped; with sodden hands, injected eyes, and that depressed expressionless visage almost characteristic of Asiatic cholera. By external stimulants of heat and friction with turpentine, the pulse rallied and the temperature rose. He immediately got calomel ʒj, c. opii gr. ij, and a mixture of ammonia, laudanum, and ether. At three p.m., had got four powders, and the voice is remarked as verging on the choleraic, and pupils contracted, and pulse 64; at seven p.m., report states that he has had no evacuation in the interval of any description, and that the cramps had ceased. January 23rd, half-past twelve a.m., the calomel was continued, but in small doses and at greater intervals; had vomited once some greenish matter; at ten a.m., had two motions, gruelly, but with some feculent odour, but no urine made, and a slight return of cramps during morning; at nine p.m., evacuations became dark brown, but watery. January 24th, ten a.m., respiration began to change and become laboured; motions bilious and turgid, with blood; tenesmus, at three p.m., and delirium, set in, and in seven hours after he died; having been eighty-four and a half hours ill in all, and sixty-one and a half without any urine having been secreted.

Aneurism of aorta. The sac sprung from the posterodextral side of the aorta immediately on leaving the pericardium. Its maximum dimensions were about five inches diameter. Pressure had caused abrasion and partial caries of the osseous parietes (sternum and first rib at right side), and caused some extravasation of blood. The cavity was partly filled with layers of coagulated lymph, which were loose and shreddy in the interior, dense and compact at the circumference. The lungs were healthy, but there was great effusion into the pleural space and pericardium.

Case. *M. H.*, ætat. 47, a servant woman, ill fourteen months. Commenced originally with sudden pain of the left side from over exertion; pulsation observed five months; dysphagia and aphonia at times ever since. On admission (Sept. 4), a distinct pulsating globular

tumour was observed in region of sternum and right pectoral, with double murmur, dragging pains in neck and right side of head, and anasarca. The sternum and higher portions of upper ribs were evidently pushed forward; much cough; dyspnœa occasionally very urgent, and profuse salivation and bronchorrœa; tumour gradually enlarged, especially upwards, and pulsated above right clavicle. Dyspnœa, lividity, and dysphagia became more and more distressing until death (November 19). The treatment was merely palliative.

The following accounts were examined and ordered to be paid

Messrs. Lamont and Co	£2. 2. 2
Messrs. Gibbs and Branigan	3. 4. 6
Smith and Ross	5. 0. 0
Thos. Hardy	4.12. 6

**Medical Society**  
**2<sup>nd</sup> April 1849**

Present, Dr. Patterson in the Chair—Mr. Browne, Mr. Wheeler, Dr. Seaton Reid, Dr. H. Stewart, Dr. Pirrie, Dr. Drennan, Dr. Moffat, Dr. Mateer, Dr. Read, Mr. Mulholland, Mr. Lamont, Dr. McBurney, Mr. Heburn.

Resolved, That Smee's work on Electro-biology and Dr. Mateer's outlines of Botany be purchased.

A vote of thanks was passed to Dr. McGee for his valuable present of Books.

Resolved, That the sum of £500 be insured on the Books and Furniture in the Library, and that Drs. Patterson and Pirrie be authorised and requested to effect the same on the best terms.

Resolved, That keys for the Library door be provided for such members of the Society as desire to have them on paying for them, but that the Librarian alone have the power to give out and enter books to members.

That Mr. McCleery and Mr. Lamont be appointed to examine the annual fines.

That Mr. Browne and Dr. Stewart be appointed to examine the Treasurer's and Bookseller's accounts.

That the Library be closed under the usual regulations, examined by the Library Committee, and reported on at the annual meeting.

Dr. Mateer read a paper on the nature and treatment of Cholera illustrated by the cases treated in the General Hospital during the past month.

Paper:<sup>1</sup> During March there were admitted into the Belfast General Hospital thirty-one cases of cholera, of which there died eleven, being a ratio of about one death in every three admissions. Of these thirty-one cases, there were admitted in the first or premonitory stage of the disease, six; in the second, or that pre-

<sup>1</sup> [Dublin Medical Press, 1849, v21, p227.]

monitory of collapse, twelve; and in the third, or collapse stage, thirteen. Of the first, all recovered; in the admissions during the second stage there was one death; and out of the thirteen in collapse, there was only one recovery; two remaining at present under treatment. All the deaths occurred within twenty-four hours after admission. There was reaction in two admitted in the second stage, and in five of those admitted in collapse. On the 1st March there were remaining under treatment six cases; on 1st April, eleven; making a total of thirty-seven cases under treatment during March.

Instead of giving in detail the histories of these cases, we propose to merely give the more important facts illustrated by them, and that are of most interest, under the general heads, Symptoms, Causes, and Treatment of Cholera; premising, however, that what is thus stated of our views on these subjects has chiefly reference to the cases in question.

Symptom 1. Complete prostration of strength. 2. Darkening and coldness of surface. 3. Rice-water-like purgings and vomitings. 4. Cramps. All these preceded by a period of from six to ten days (incubation), when there is often merely unwellness; oftenest, however, gradually becoming severer, and approximating (the second stage) the more characteristic forms now mentioned (third stage), and followed by an opposite condition, one of reaction in the system.

Causes proximate.—These symptoms in every way evidence that cholera is a disease general to the whole system. The first set show implication of the cerebrum, not functionally, but chiefly, in so far as it has to do with the organic life. The second set evidence derangement of the respiratory and circulating systems, such as result from asphyxia; and the third set are caused by perverted action of stomach and of intestines, while the absence of bile in the evacuations, and that of urine, show that the liver and kidneys are in a state of inaction. The fourth set (cramps) result from derangement of the cerebrospinal system, affecting not only the voluntary muscles, but the involuntary contractile tissues of (perhaps?) the ducts of these last-named viscera, and so causing, as they in fact resemble, the pains from gall-stones and gravel. When Dr. Cullen stated that fever followed the spasms of the extreme arteries, and this induced by a sedative, he adverted to a law of the vital economy that in this disease is very evident. The same writer's views explain

The remote causes of Cholera—There would appear to be a poison acting on the cerebrum primarily as a sedative, causing enervation, whence result spasms. When we say a poison, however, we do not mean exactly a substance or a quasi matter called "miasm," we mean rather to express by this, as certain symbols in algebra do, a power unknown, but may be assumed till otherwise determined. We may here observe, that the finding an analogy between the two epidemics,

fever and cholera, may assist us in arriving at a more correct view of the latter and less known disorder. There is a resemblance or identity in their causes; in the kind, though not in the degree, or intensity of the poison acting on the system. Cholera exhibits the same stages or forms as fever. Fever has a period of from eight to ten days, during which it is a simple one, just the same as the more or less obvious premonitory one of cholera. Fever at the ninth, eleventh, or thirteenth day has its crisis; and so cholera has its crisis period (the third or collapse stage) of a like duration. Fever, after crisis, either ceases, or it becomes prolonged by complication of some organ; and so cholera either ceases by the cold stage, or becomes complicated and so prolonged in what is called the reaction stage. It is in this last these two disorders most nearly resemble, so much so that it has been generally thought that cholera then is transformed into fever. It might be said that cholera, in its reaction stage, on account of the poison then being less intense, thus approximates that causing fever, and so assumes its symptoms. Similar evidence is afforded by the fact, that towards the decline of cholera, in places where it, occurs, and where its "virus" has less intensity, this transformation, if we may so term it, is aptest to follow. Oftenest fever and cholera assume rather forms or modes of the disease than a series of symptoms thus consecutively progressing into one another. But here there is an identity too, for the first stage of cholera resembles the synocha, the second stage the synochus, and the third, or characteristic stage, the synochus gravior or typhus. The history of these two epidemics shows farther their resemblance. They both began about the same time. Fever, according to Alison (*History of Europe*, vol. viii.), followed close on the wars of Napoleon; this, too, was the period (1817) when cholera first appeared at Jessore, in India. Epidemic fever, then originating, has spread westward; this, too, has been the course of cholera, but of wider diffusion elsewhere, inasmuch as its virus is of greater intensity. Certain peculiarities in the types of epidemic fever in late years (*statio constitutionaria*) seem to show a predisposition to have been forming, and precursory to the spread of cholera hither. Among these may be mentioned the acclimatization effect of fever as described in the *Medical Hospital Reports* for 1837, and still more recently the remittent type of fever with us,—circumstances which evidence an approximation in late years of our fevers to those of the warmer climates. In mentioning the causes of cholera it ought not to be forgotten to mention contagion, more particularly as there appears a growing belief in the doctrine. Those, however, who entertain this opinion must assume (for which they have no evidence) the existence of a matter communicable; or even supposing that such were proved to exist, they must allow equal, if not greater, value to predisposition, without which no excitant will act. Now, in default of any precise knowledge of what

the predisposing causes really are, we may assume as certain that they operate as such, inasmuch as they are the same in the case of individuals living in the vicinity of an infected person, or still better, in the same house. If an individual be, from any cause, infected, we may be sure that those living in the same or similar circumstances of life, as thus determined, will be those most predisposed to become similarly affected. And this is all the evidence that the contagionists have. Occurrences of this kind are very common in cholera, just as in fever. The cases Hervey, Boyle, Miller, and Toal, were from the same house with infected; others, as Larkin, Graham, were from the same neighbourhood with such; the two McCanns were from the same neighbourhood, but isolated. Several cases, as Taggart, Mooseyr, Heys, were apparently of sporadic occurrence. In Hervey, labour took place during collapse, and the child, which was still-born, had evidently died from cholera some time previously.

Remedies.—The disease being obviously one of diminished action, arising as it were from the sedative action of a poison, the use of stimulants is indicated. These may be either such as act on the brain and the circulation, such as the measures restorative of heat and circulation, alcohol and the diffusible stimulants, and about which all are agreed, or they may be stimulants acting on particular organs, restorative of the secretions, and about which most practitioners differ. Of this latter kind is calomel, for instance, which acts on the liver. Turpentine and diuretics on the kidneys, &c. These latter are of, perhaps, subordinate value, and it is better to begin with the others, as they are directed to organs primarily affected, and which are of most importance in the vital economy. However, such is the linking together of functions, that if any one organ be effectually stimulated and its healthy secretions restored, the others being sympathetically joined with them will soon assume a similar condition. We may first notice the external measures. These are rubbing with dry cloths, and turpentine stupes, warmth from bath, bags filled with heated salt applied to the spine. Along with these is given warm punch. This is the preliminary treatment followed in every case. With young persons the warm bath answers best. The rubbing was not much used when the cramps were absent or but slight. When vomiting was urgent creosote was added to the whiskey punch, or a few drops of the chloroform with camphor; and externally turpentine cloths or sinapism to the præcordium, along with the effervescing draughts. Instead of punch the stimulant mixture was used afterwards. This was composed of *sp. amnion.*, *et. sp. juniper*, *sp. ether*, *nitros.* and camphor mixture. By the use of such means it was invariably found that there was relief in the course of from five to fifteen minutes, as noticeable in the bettering of the pulse, heat, and colour of the surface. At this period calomel was given, which as a remedy we were inclined

to think highly of from the reports of others. It is certainly the most valuable of the internal stimulants. It was given in doses of ten grains to children, and to others in the second stage, and in scruple doses to those in the collapse stage. These doses were repeated every second hour for three or four times, and then gradually left off, and seldom continued beyond eighteen or twenty-four hours. Its effects were noticeable on the second or third day when freely given; often then, too, ptyalism. Simultaneously with such effects, there was restoration of the secretions of bile, and of the urine in particular. This was remarked, especially in the cases Ann Boyle, James Nesbitt, Eliza Taggart, and the two McCann's; the former admitted in the second, the others in the third stage. This led us to judge favourably of the remedy. However, in some instances, the ptyalism and constitutional effects caused by the mercury were so severe that danger was apprehended. The specific state induced by it did not even seem to interfere with the diseased one. The mercurial state only served to mask the diseased ones simultaneously existing. In the case of James Nesbitt, the cerebral congestion occurring in the reaction stage of the cholera was progressing, and after the usual time suddenly broke out and terminated fatally, but had for three or four days been overlooked on account of the predominance of the mercurial ones; still, the result was not owing to the mercury, as might at first sight be supposed. Opium was generally given along with the calomel, with the view of allaying spasm and irritability of the stomach, and thus allowing the calomel the better to act on the system. There was seldom more than two pills given—i.e., about one grain of opium. Opium is certainly a good remedy for allaying spasm, and in particular the abdominal spasm simulating and apparently resulting from the same cause as those of the passage of gallstones and of gravel. But farther than this its use does not seem well indicated. It appears to have a cumulative effect not operating during collapse, but on the subsidence of this, as occurs in the reaction, suddenly developing its effects, something in the same way as calomel does. But then its full effect so closely resembles the coma of reaction that it cannot but be viewed as contraindicated. These remarks apply, however, to its use in very large doses. Of late, there being a tendency to drowsiness and coma, opium was not used in any quantity. Instead of the *pil. opii et acet. plumbi*, we gave what was called the astringent and stimulating powder, formed of *hydrarg. c. creta*, camphor, and tannin, and with invariably good effect in checking purging.

Diuretics would appear to be very useful, considering that the suppression is such a marked and constant symptom of cholera. Turpentine is a useful remedy, but it is useful chiefly from its very diffusible stimulant property. The *sp. juniperis* and *sp. ether, nitrosi* were added to the mixture called stimulant, with the view of

determining to the kidneys. But there were never any very decided effects noticed from its employment. The functions of the kidneys are very much influenced by the cerebrum and spine, and whatever relieves these acts as a diuretic. Generally, when the bile was restored by calomel, the urine at the same time made its appearance for the first time, so that calomel, in this way, was a diuretic. Calomel, combined with squills, in form of powder, was given with the best effects in the cases Douglass and Toal, in both of which there was pneumonia in the reaction stage. Purgatives and emetics, as remedies acting on the stomach and intestines, would seem to be indicated in this disease, since these viscera are very obviously deranged. Indeed, their derangement forms so prominent a symptom, that the cholera got its name from the circumstance of its having, in these respects, resembled the cholera and dysentery of our own and warmer climates. Emetics and purgatives might likely be more used. When vomiting was frequent, there was often relief from an all but emetic saline solution, in which common salt was an ingredient. Calomel, too, may be considered as a purgative. Farther than these this class of medicines was not employed. Instead of purgatives it is more usual to give astringents. But, certainly, considering that purgatives act as stimulants, and that the intestines are here in a state of inaction, their use seems called for. The peculiar gruelly or rice-water evacuations show that the digestive canal is torpid-like, as are the other organs. These evacuations result from the lowered action of the digestive functions. The matters to be assimilated during health go from stage to stage, becoming more and more assimilated to the blood; from mere protein mucilage-like, up to the nitrogenised products of fibrine, urea, &c. In cholera the nutrition is arrested and stopped at the lowest stage compatible with life, and hence the gruelly rice-water evacuations. These have been supposed to proceed from and to cause the deranged state of the blood; but this latter follows the deranged circulation and arterialization. Stimulants are the best remedies for restoring to healthy digestive actions, for the lesions here are those of action and not structure; in which respect cholera differs from dysentery. For this reason, pathology throws but little light on cholera, except in its reaction stage, when post-mortem inspection brings to light the same appearances as are found in inflammation (congestive) of the brain and lungs. The reaction stage gives all the symptoms of some such, and our treatment is with this view. In all, there were seven cases where reaction occurred, and five of them were collapse cases. With adults it was the head, with young subjects it was the chest that was affected. Bleeding and blistering were the remedies relied on. With Ann Boyle three days elapsed before application of a blister; but stertorous breathing and increased pulse setting in shortly after, bleeding was also employed locally; eight leeches were

applied to the temples, with relief temporarily to the stertorous breathing. With James Nesbitt the symptoms developed themselves so suddenly and unexpectedly, that there was no time for either of these being used. With James McCann, bleeding by leeches to the temples was used at the very outset of the symptoms, when drowsiness and hiccup set in. This case is at present under treatment. With J. McCann, neither remedies were practised, and convalescence followed at the usual period. But here the pulse was at times soft and compressible. This expectant mode of treatment was followed in the case of Eliza Taggart with like result. The cases Douglass and Toal were, as ready stated, relieved by the powerful diuretics, calomel and squills, and blisters to the chest, It will be observed here that the cases which did best were those left to themselves. Generally this would be the plan that might have been followed, reasoning merely from the obvious resemblance, or rather identity of this stage of cholera to the complicated forms of fever, and where we hardly ever resorted to bleeding, but very often to blistering. Bleeding in fever was employed merely as the only resource, and the same may be said of it in cholera. We may here observe, that the reaction in cholera does not appear to be of a salutary tendency; such, for example, as inflammation is often noticed to be, that is, a process set about for reparation of an injury. This seems to have been the case where the head was affected. There were more recoveries where reaction did not occur than otherwise, and when the head was affected. Age has an influence, too, on the results of our treatment, as also on the form of the disorder, in this respect agreeing with fever. Thus, all the patients admitted in the first stage, as it is called, were young, three children, and two about twenty years of age. The average age of those admitted in the second stage was thirty-four years. The average age of those admitted in the third stage was nearly the same. The number of the sexes in all the stages was nearly equal. These latter facts, however, cannot be taken to be of much value, as the data are too few from which to draw our calculations. It is, however, more than probable, that if the statistics of cholera were taken as extensively as those of fever have been, that very uniform results or laws would be arrived at, and ones very similar to those already ascertained in regard of fever.

Dr. Thomas Read said, the chief point in the consideration of cholera is its practice, and especially a satisfactory answer to the question—What is the best treatment of collapse? In the present, being the second epidemic, it is to be hoped that some result to this, and worthy of perpetuation, will be afforded. He would strongly urge the vast importance of recording cases accurately and systematically, especially in hospital and dispensary practice. Almost all medical men look out for specifics; but often the value of the most vaunted remedies soon become null by the conclusion

arrived at by different practitioners. We yet want a decided opinion as to the value of large or small doses of mercury, of opium, of turpentine, and of the expectant treatment. The system appears, as far as he could judge, to be inert in collapse, and he was inclined to believe that the good effects ascribed to calomel and opium, in inducing reaction, should be considered more of a post hoc than propter hoc character. He confessed he was only a learner in this disease. After noticing the frequent occurrence of abortion and death of both mother and foetus in pregnant cases, he concluded by commending the philosophic spirit Dr. Mateer had evinced in his paper.

Surgeon Brown remarked, that in his experience there was little or no preliminary malaise, but he admitted that a general depression of the system frequently occurred, of which the patients were unconscious. His faith in the calomel and opium treatment, with diffusible stimuli, continued unabated; but in collapse he was disposed to think that calomel was of little or no avail.

Dr. Malcolm believed that the poison of cholera primarily influenced the blood, and not the cerebrum, as mentioned in the paper. He referred to the subject of contagion, and coincided with the views of Dr. Mateer as to the mode of propagation. Nothing but large numbers of well-observed cases, and close comparison of the same with purely contagious or purely epidemic diseases, however, could give us satisfactory results. He hoped that the present epidemic would not pass away without eliciting important information on this point. He would suggest to those interested, and who had the requisite opportunities, in place of drawing the results from an analogy to typhus fever, which, although infectious, may yet be propagated by purely epidemic agencies, that they draw a strict comparison between the progress and features of cholera and those of influenza, which is admittedly a pure epidemic, totally uninfluenced by infection. He believed that Dr. Mateer had given an excellent view of the most approved treatment; he entirely coincided with him on the subject of calomel. Dr. Mateer had alluded to the use of purgatives, on the ground that they would excite the inert intestinal canal, and thereby be useful; but this reasoning could only be maintained on the supposition that the pathology of the disease consisted in torpidity of this organ.

Dr. Pirrie agreed with the author on the calomel treatment. He believed that large doses were often useful even in deep collapse. After reaction, his treatment was expectant, except in congestive complications, when venesection to a moderate extent, or local depletion, was indicated, and in his experience of high utility. Stimulants in collapse he deemed entirely useless.

Dr. S. Reid begged to draw special attention to the importance of noting the stage of the disease and the exact state of the patient in considering the value of

different modes of treatment. He gave calomel largely in collapsed cases, and from extensive observation, was of opinion that we are not justified in withdrawing its use in these or the exquisite cases of the disease until its constitutional effects were observed. In only one case did he observe any injurious effects from a protracted persistence in large doses of calomel. With regard to contagion, his experience went decidedly to show that if we admit the contagion of fever, from observing the manner of attack in the majority of cases, then we must admit, in like manner, evidence to the same effect in cholera; and in the treatment of consecutive fever, he attempted on several occasions to bleed, but it was with difficulty that he could get any quantity from the vein. Leeches to the head he found of special benefit, and he believed that this fever was directly associated with the suppression of urine.

Surgeon Lamont thought that the time for treatment was limited to the first and second stage, and that of reaction: emetics and purgatives he had a notion would be of use in the early periods, on the principle of exciting a new and a healthier reaction in the gastrointestinal surface and in determining to the skin; also, that diuretics were indicated in the reaction.

Dr. Moffat said that as the question before the meeting had been so fully discussed in all its bearings, he could add but little to the information already given. With regard to contagion and the causes and mode of propagation of the disease, he believed the profession were as yet quite in the dark, but trusted that the experience of the present epidemic would shed new light upon these interesting points.

Surgeon Wheeler admitted this evening that his opinion was veering round in favour of the calomel treatment, but in profound collapse he had still more dependence on full doses of turpentine, to whose efficacy he had formerly alluded, and he could not yet sanction the heroic doses of mercury which have been so much commended by other members.

Resolved, That Bernard Fitzpatrick's account for Spirits, used in the preparation of pathological specimens, be ordered payment, amounting to 13/-.

### Special Meeting

1<sup>st</sup> May 1849

Called for the purpose of arranging to pay a tribute of respect to the memory of Dr. Thomson by walking in procession at his funeral.

Present, Dr. Marshall in the Chair—Dr. McBurney, Dr. Moffat, Dr. McKibbin, Mr. Black, Mr. Murphy, Mr. J. Quin, Dr. Collins, Mr. Lamont, Mr. Corry, Dr. Pirrie, Dr. Blizard, Dr. Drennan, Dr. Thomson, Mr. Clarke, Dr. McMechan, Dr. H. Stewart, Mr. Officer, Dr. Hamilton, Dr. Mulholland, Dr. Seaton Reid, Mr. Harkin, Dr. Lynch, Mr. McCleery, Dr. MacCormac, Mr. Browne R.N., Dr. Murney, Dr. Seeds, Dr. Bryce, Dr. Malcolm,

Mr. Grattan, Dr. Halliday, Mr. Smith, Dr. Moore, Mr. Wales, Dr. C. D. Purdon.

Moved by Dr. McKibbin, seconded by Dr. Moffat, That instead of wearing scarves the members of the profession should walk in procession at the funeral wearing dark crape on the hat and black gloves.

Moved as an amendment by Dr. Bryce that no mention of scarves should be made leaving it to the option of the friends to provide such if they thought proper but that deep crape should be worn on the hat.

The original motion was carried.

Resolved, That the Secretary be directed to issue circulars to the different members of the Medical Profession in town and immediate neighbourhood requesting them to meet at the Linen Hall on Friday morning at a quarter to 8 o'clock wearing deep crape on the hat and black gloves, and join in procession at the funeral of the late Dr. Thomson.

#### **Annual Meeting 7<sup>th</sup> May, 1849**

Present, Mr. Browne R.N. in the Chair—Dr. Bryce, Dr. Pirrie, Dr. H. Stewart, Mr. Black, Mr. Lamont, Dr. T. Thompson, Dr. Halliday, Mr. C. Mulholland, Dr. Murney, Dr. Patterson, Dr. Burden, Mr. McCleery.

Dr. Pirrie stated that an insurance for £500 on the Books and furniture of the Library of the Medical Library had been effected at the rate of 2/6 percent and 3/- percent for duty.

Secretary stated that keys for the Library door had been procured for such numbers as might desire them.

Resolved, That the periodicals be completed to the end of 1847 and bound.

Mr. Browne reported that he and Dr. Stewart had examined the Bookseller's and Treasurer's accounts and found them correct.

Mr. McCleery and Mr. Lamont handed in a statement of the annual fines.

A report on the state of the Library given in by the Library Committee.

Resolved, That the thanks of the Society be given to the Treasurer for his efficient services during the past year and that he be requested to continue for the present year.

That the thanks of the Society be given to the Secretary Mr. Lamont for his efficient services during the past year, and that he be requested to continue during the present year.

That Mr. Aickin's fines amounting to 9/8 be remitted, the books for which he was fined having been detained by mistake at the wrong place.

That Dr. Patterson's fine for taking out two books at once amounting to 14/6 be remitted, he not having been aware that town members are fineable for having two books at one time.

Mr. Rea, Surgeon, Belfast, was unanimously elected a Member of the Society.

Mr. Wales, Surgeon, Belfast, was unanimously elected a Member of the Society.

Resolved, That in future the monthly and quarterly periodicals be allowed to lie for at least one week on the Library table before being circulated.

Dr. Pirrie read a statistical report on the cases of Cholera admitted to the General Hospital during the past month.

Resolved, That this Society begs to record its deep sorrow on the lamented decease of Dr. S. S. Thomson, one of its oldest members, a Gentleman, at the time of his death, holding the distinguished position of head of the Medical Profession here, a place to which he was justly entitled not only from seniority but also from his skill, worth, and integrity, and kindness and urbanity to his Juniors, and especially from his untiring zeal for, and the unswerving firmness with which, he ever upheld, the honor and interests of the profession; and that a letter signed by the Chairman and Secretary be written to Dr. Thomson's relatives expressive of these sentiments and respectively offering the sincere condolence and sympathy of this Society on their melancholy bereavement.

The following is a copy of the letter which accompanied the above resolution;

Medical Society's Library  
8<sup>th</sup> May, 1849

Dear Sir

In conveying to you and his other relatives the preceding resolution, we feel that we but feebly express the united sentiments of the Medical body here when we say, that in the demise of the late Dr. Thomson not only has the Profession sustained an irreparable loss, but the entire Community has reason to deplore the removal of one who was an ornament to society, kind, gentle and unassuming; charitable from innate feelings of benevolence and generous without ostentation.

Long shall the many families of which he was the respected friend and trusted counsellor, long shall the various public bodies with which he was connected and in which he was so highly esteemed, feel, that by his death, a sad void has occurred in the private or social circle, a vacancy not to be easily filled up, in those associations where he was ever active in the Cause of Charity, or lending himself to promote, in delightful moments of relaxation, that kindly intercourse which softens, improves, and elevates the human heart.

May we beg you will receive and convey to his bereaved friends the sentiments which we have endeavoured to express in the name of the Belfast Medical

Society—and permit us, Dear Sir, to remain  
your faithful and obedient Servants.

Sam. Browne, Chairman  
Æ. Lamont, Secretary

To J. W. Bristow Esq.

**4<sup>th</sup> June, 1849**

Present, Dr. McBurney in the Chair—Dr. Pirrie, Dr. Halliday, Dr. Mulholland, Dr. Malcolm, Dr. Lynch, Dr. Murney, Mr. Lamont, Mr. Black, Mr. Wales, Dr. Collins, Dr. Patterson, Dr. Burden, Dr. Bryce, Mr. J. Quin, Dr. Hamilton.

Resolved, That Sir A. Morrison's work on Insanity price £2. 1. 0 and Dalrymple's Pathology of the Eye in Fasciculi 20/- each be purchased.

Dr. Lynch having been balloted for was unanimously elected a Member.

A very interesting and valuable paper read by Dr. Burden on difficult parturition when he exhibited a new form of forceps for extracting after perforation and removal of the brain, which he had made by Mr. Bell of this town according to a pattern suggested by himself.

Paper:<sup>1</sup> Dr. Burden, Professor of Midwifery, read a paper on difficult parturition, which was rendered very interesting by the introduction to the notice of the society of two modifications of obstetric instruments which the author had designed. The following is an extract from this paper, which includes a description of the instruments and their applications. After alluding to several causes which impede the progress of parturition, and to the usual means adopted, the author thus introduces the result of his own reflections.

While attending latterly some natural but protracted cases, my thoughts often turned towards some safe means of shortening such labours. In one, the head was so placed that its longest diameter was on the brim of the pelvis, but it did not press along the whole circumference of it, for the top of the finger could easily pass between the symphysis pubis and the head. This occupied space was felt to be about one inch broad.

In a few such cases I have succeeded in lowering the occiput with a finger alone, and thus placing the shorter sagittal diameter within the brim, but in general the finger is not strong enough, nor can it reach sufficiently high to obtain a proper hold, and the common lever is too large to pass up without pressure on the passages.

When the head is at the outlet, I have then also observed, that in every case there was about one inch of space somewhere between it and the pelvic bones. Thus, then, whether at the brim or at the outlet, an inch of unoccupied space generally exists between the head and the pelvic bones. This being ascertained, it was an easy matter to suppose that a lever, which had but one

inch of breadth, could be applied in any case without difficulty or giving any pain.

The one which is on the table is in every respect like Lowder's, except that at the broadest part of the blade it measures only one inch. Its small size, however, diminishes its power, and therefore it is useful in such cases only as I have described, which require but a small degree of force, but these are the most numerous.

When the head is still on or within the brim, and the vertex too high, this lever being so small can easily, and without any pressure of consequence on the passages, be carried up along the symphysis pubis, and placed on the occiput, and the vertex drawn down. If stoppage be at the outlet, this instrument can be still more readily introduced between the head and ramus, where they are not in contact.

Thus it will be perceived that from the smallness of the instrument, it can be used without the slightest risk to the patient, for as it goes through unoccupied space, it can cause no pressure, or require any force for its introduction; and where there is neither pressure nor force, there can be no contusion or laceration. Instead, therefore, of allowing a patient to suffer for hours or days, we may in many cases relieve her without danger with this instrument in a few minutes.

It has been said that while the pains are weak, to partially empty the uterus might occasion hæmorrhage. This fear is altogether imaginary, no hæmorrhage ever occurred by a portion of the child being taken out of the uterus. In arm presentations a part of the child gets out, and no hæmorrhage takes place. In cases where a large anodyne is given, the membranes ruptured, and feet and legs brought down, a large bulk is thus taken from inside of the womb, without being followed by hæmorrhage; but on the contrary, the uterus is often partially or wholly emptied in the absence of pain, to stop hæmorrhage, as where bleeding takes place from the uterus before the commencement of labour. The membranes are then ruptured for the purpose of arresting hæmorrhage, liquor amnii escapes, the walls of the uterus fall in, it contracts, and the bleeding ceases. There can be no hæmorrhage while the placenta is wholly attached to the uterus.

Since this lever has been made, only one opportunity has occurred for trying it. In that case, at half-past ten a.m., the womb was only beginning to open. It being the first pregnancy, and no symptoms of quick labour present, strict attention was not required. On my return at one o'clock, the womb was almost open, the pains had been strong, but on my reappearance they almost ceased, being so weak that each one appeared to be but one abdominal effort, and then it was gone. This continued for some time, the womb remaining in the same condition. The os being soft and dilatable, no difficulty was experienced in pushing it over the head. Two hours after this, finding no progress made, and the occiput high up, the small lever was introduced. It was

<sup>1</sup> [Dublin Medical Press, 1849, v21, p385.]

applied without either the patient or those about her being aware that this was done. The occiput being lowered, the instrument was withdrawn, and although the pains remained without improvement, yet the head kept slowly descending, and the child was born at half-past four o'clock.

In this case the child was small, and no doubt the pelvis was capacious, and if, when the pains continued weak for so long a time, an anodyne and some refreshment had been given, it is most probable that when the strength had been remitted, efficient pains would have commenced and delivery accomplished by the natural efforts; but in the mean time the patient's sufferings and the anxiety of her attendants would have been prolonged and increased: whereas this small lever so placed that the labour was enabled to progress steadily, and in one hour after its use delivery took place, and this, be it remembered, with such weak pains that the patient scarcely felt them.

This was the first time I have ventured to use any instrument without first informing the friends, and in almost every instance the patient herself. At the next visit, however, the operation was mentioned, and the reason given for not doing so at the time was this: that so little was required to be done that it was not worth mentioning, and the mere naming of an instrument would have created an alarm.

When the difficulties in the way of labour are still greater, so that a full-grown child's head cannot get through the passages, it becomes necessary to lessen it. Before resorting to this most disagreeable operation, lever and forceps are first tried; when these fail, and (as some practitioners do) the patient allowed to go on until the pulse rises and the passages become dry, hot, and painful, then delay can no longer be warrantable, even the accoucheur most averse to operations cannot now hesitate; if we are to act at all, no more time must be lost. The child's head must be opened and the brain taken out.

Opening the head and breaking up and scooping out the brain is an operation easily performed. The difficulty lies when this is done in extracting the child. In such cases there is seldom any assistance from labour pains; still the head being now of small bulk, much less than the passages, cannot throw any difficulty in the way of abstraction. The resistance is from the passage of the shoulders through the brim, but this is comparatively little, for as the shoulders are movable, no great force is necessary to bring them through. The whole difficulty, then, consists in our being unable to use any considerable extractive power from the imperfection of our instruments.

As to the hook, it is very difficult so to fix it within the child's head as to allow of the exertion of any considerable strength; it very frequently slips, endangering the passages of the mother and the hand of the operator.

The crotchet is so fearful-looking an instrument, that I have never had the courage to use it. Even Davis's double-bladed crotchet does not answer the purpose well, for whatever part it takes hold of it tears away.

The craniotomy forceps I have latterly depended most upon. It is somewhat difficult to fix, and when properly placed, it merely, like Davis's instrument, tears away a portion of the scalp, or breaks off a small piece of bone. It requires to be fixed perhaps ten or twelve times before extraction of the head is accomplished; and with all the caution that can be used, the patient can scarcely escape being scratched by the rough edges of the small piece of bone detached from the head of the child.

Having met with two craniotomy cases in one week last winter, and experiencing the imperfection of the instruments now in use, I began to consider whether a better plan of extracting the child could not be devised. The first thought was to provide two steel rods with a hole in one end of each, with these to place a tape round the neck of the child; but pulling all at one side it might be feared would, instead of drawing the head forward, only send the top to one side, and then the whole force would be on a cervical vertebra. Two such ligatures were then thought of and intended to be used on the next opportunity. Further consideration, however, produced the idea of a pair of strong forceps.

After maturing the plan, the strength and form of the instrument were explained to Mr. Bell of Corn Market, Belfast, who, after much pains and comparatively little cost, beautifully manufactured the instrument before you. It is more like a double lever, each blade is made very strong, that it may not have so much elasticity as to permit the points to separate far enough to slip over the head. When locked the space between the blades, in which the head is enclosed, is much smaller than in ordinary forceps, being only two inches and a quarter. The head after having been opened is much smaller and does not require so much room. The nearer proximity of the blades has these advantages; the instrument does not press on the sides of the passages, and still further lessens the child's head; when locked, you will perceive that it has at the end a circular opening—in this the neck of the child is enclosed.

When the instrument is properly applied, the end of it surrounds the child's neck, and the points rest on the comparatively strong occiput, and upon the strongest part of it. When thus fixed, and in the doing of this there can be no difficulty, as the smallness of the head would allow even a hand to pass over it, the operator has full command, and can extract as he pleases, without any difficulty to, or risk of wounding himself, or any fear of lacerating the passages of the mother.

Such is the instrument I was desirous of showing to you. Since it was made no opportunity has occurred for trying it; it may therefore be considered as but a

theoretical instrument at present, and no surety can be given for its usefulness till it has been put to the test of experience. All that can be said of it at present is, that if it fulfil the promise its appearance holds out, it will be a most valuable addition to our stock for craniotomy operations.

[Immediately after the above case ended, the Dublin Medical Press said “The following cases, with the recent specimens, were then submitted” and it is for this reason that they are shown here. They are not specifically mentioned anywhere in the minutes.]

Paper:<sup>1</sup> Case of apoplexy. By Dr. Malcolm.

The brain in this case alone examined. Externally much congestion, especially of the sinuses. On section of different parts of the hemispheres, many bloody points observed. On opening out the left ventricle, a very large clot of blood was discovered lying upon the corpus striatum and thalami opticus, and surrounded on all sides by fluid blood and serum. One portion of the wall of the posterior cornu is lacerated, as also a portion of the septum, and the cavity greatly distended. The right ventricle did not present anything unusual.

This was the case of a man aged about 40, a labourer at the quay, who was found late in the evening lying on the street by one of the patrols. He was perfectly insensible, and immediately conveyed to hospital. On examination, his extremities were cold, his pulse good, full, regular, and about 70; his breathing oppressed and audible, slightly stertorus. He had feeling in left side of body but not in right, as was ascertained by pinching, &c. The irides were insensible, but no comparative difference observed in them. His arm was immediately opened and blood detracted as long as any would come, and as the pulse became slightly more frequent, but without producing any decided return of consciousness—once or twice, indeed, we thought he recognised his name, but beyond a mere sound nothing could be elicited,—sinapisms were applied to nape and legs, and a turpentine enema thrown up. In about ten hours he died, the breathing getting gradually more laboured. From the post-mortem examination of this case, it is apparent that nothing could have been done to relieve him; the laceration of the cerebral tissue, and the immense sanguineous effusion, being irremediable.

Case of phthisis pulmonalis and extensive scrofulous disease. By Dr. Malcolm.

The subject of this case was a boy named Ewing, born deaf and dumb, admitted, in the last stage of consumption, from the Blind Asylum. He was emaciated to the greatest degree. The cervical lymphatic chain was extensively affected with scrofulous degeneration, and through the parietes of the abdomen could readily be

felt the enlarged mesenteric glands. He died on the day after admission, On examination twenty-four hours after, the following appearances were observed: Thorax and abdomen were alone examined. Pleuritic adhesions of ancient date, with some effusion, observed. The bronchial glands and sub-sternal chain degenerated, or completely converted into tubercular masses of the true yellow cheesy type. Both lungs were dense and heavy; at the apices large irregular cavities, and through the rest of the lungs several tubercular abscesses, or crude masses, with intermediate tissue in a state of pneumonic condensation, more or less advanced. The pericardium contained some lethal, or post mortem serosity. On opening the abdominal cavity, the mesenteric glands immediately presented themselves, of immense size, and all more or less degenerated, as the bronchial. The small intestines were also affected. Peyer's glands were universally ulcerated, the rest of the mucous tissue being natural, or of a pale hue and more fragile consistence. The other abdominal organs presented no change.

This case is especially interesting, as it corroborates in a marked manner the identity of tubercle in phthisis pulmonalis and scrofulous disease, which has been latterly very generally entertained by pathologists. It is true that the ages of susceptibility to these conditions are different, youth and childhood being the epoch for scrofula, and adolescence for phthisis pulmonalis; at the same time, they are too often associated, and too often present identical characters to admit of any separate consideration, pathologically or therapeutically.

Case of ankylosis of the knee-joint. By Mr. Lamont, F.R.C.S.I.

Alexander McAlister, ætat. 18, a weaver, admitted to the General Hospital from the workhouse for operation, on account of the pain still existing in the joint and the awkward position of the limb, dislocation of the tibia and fibula having taken place backwards.

Eight years ago a severe pain attacked the knee, chiefly confined to the inner condyle and articulating surfaces of joint, accompanied by very little swelling, or any effusion into the cavity. He was treated in this hospital at that time by blistering, and a splint applied posteriorly, probably to prevent dislocation taking place, which was then threatening, and seems to have occurred before leaving the hospital. No discharge ever took place from the joint. A year after he was again admitted to hospital, with fracture of the femur of that limb, which united in the usual time, and a splint was again applied to the posterior part of the knee-joint, with the view of remedying the deformity, but without any good effect. A dull gnawing pain has continued, with occasional intermission, ever since, and that, with the deformed and useless state of the limb, induced him to procure relief by amputation, which was consequently performed in the lower third of the thigh on

<sup>1</sup> [Dublin Medical Press, 1849, v21, p 386.]

the 21st of May, and the stump is now (4th of June) almost healed.

Case of disease of elbow-joint—destruction of the cartilages. By Mr. Lamont, F.R.C.S.I.

William Mullan, ætat. 14, machine boy in Mulholland's Mill, of delicate constitution, admitted to hospital about fourteen weeks since. Six months previously a swelling commenced over the olecranon process of the left ulna, terminating in abscess, which was opened, and a thin fluid tinged with blood discharged; the opening soon healed, but suppuration again took place about three weeks after, which opened of itself. He was then admitted to hospital under Dr. Purdon's care, suffering much pain, with considerable swelling around the joint; leeches were applied, followed by a blister, which gave some relief to the pain, but without any other improvement, and three weeks after admission an abscess formed over the external condyle, which discharged a thick very fetid purulent matter tinged with blood.

The integuments over the posterior and external surface of joint then ulcerated, leaving a sore about the size of a crown-piece, from which a large quantity of pus continued to be discharged. Pasteboard to the front of the joint, with adhesive straps and starch bandage, were then applied in order to allow of ankylosis taking place, but a few days afterwards erysipelas attacked the sore, extending along the arm and over the whole body, as far as the upper part of the thighs, and also over the head. The prostration accompanying this attack was very great, requiring the exhibition of stimulants and nutritious diet to a considerable extent. After the erysipelas subsided, great debility and irritative hectic fever continued, accompanied with very profuse discharge from around the joint, and in consultation it was agreed that removal of the limb gave the only chance of recovery. Amputation was performed on the 24th of May by the lateral flap operation, and was attended by little hæmorrhage, not more than two or three ounces of blood being lost. The day after the operation he became exceedingly weak, pulse 130, very small, repeated vomiting, and great pallor of face. These symptoms were relieved by stimulants—viz., ammonia, opium, spirits, &c., and sinapisms over the stomach; but the following morning about three o'clock, and for several successive mornings, he had a rigor, accompanied with great prostration of strength. I examined the abdomen repeatedly during that time, and only once detected a fulness, and slight pain on pressure, which was relieved by a pill composed of three grains of calomel and two grains ext. hyosciamus. He lingered on in this way, sometimes better, sometimes worse, till Saturday, the 2nd of June, at five a.m., when he expired. On examination, thirty-three hours after death, pus was found deposited among the muscles of the stump, as high up as the top of the shoulder, but the

shoulder-joint perfectly healthy. The lungs were healthy throughout, with the exception of a small portion of the upper lobe of the right, which was hepatised, and in the centre of the hepatised portion a deposit of pus about the size of a large pea. The heart was quite healthy. There were extensive old adhesions of the pleuræ on both sides. On opening the abdomen, the cavity of the peritonæum, particularly at its upper part, in the neighbourhood of the transverse colon, liver, and stomach, contained a large quantity of pus, which had more the appearance of having been effused into the cavity than as the result of previous inflammation. The intestines were slightly adherent to each other at different points, but with very little, if any, deposit of lymph. The mesenteric glands were slightly enlarged; other abdominal organs healthy.

Case of Bright's disease. By Dr. Malcolm.

The subject of this case was a man named James Somerville, ætat. 58, a bricklayer, who was admitted into the General Hospital on the 18th of May. His history was briefly as follows:—His illness commenced in November, 1848, but he was only ten days off work before admission. Bronchitis and anasarca were the prominent diseases present most of that time, and on admission urine scanty, 1010, and strongly coagulable. On 23rd of May had rigors, followed by well-marked febrile symptoms, with cerebral complication, which ended in coma and death on the 24th. Body examined twenty-four hours after:—Brain: considerable serous effusion in arachnoid, and some in ventricles; no other change. Lungs healthy, save bronchial reddening. Abdomen: parietes loaded with fat, as. also omentum, and mesentery, and kidneys. Liver very friable, of great size, and of a light brown hue. Kidneys externally mottled, as in second stage of Bright's disease, and internally presented well-marked changes of cortical part seen in second stage. Some serous peritoneal effusion. The incipient change of liver to cirrhosis state is corroborative of the views held that Bright's is a fatty degeneration of the kidney.

The following is the copy of Mr. Bristow's reply to the letter from this Society expressing their sympathy and condolence with the relatives of the late lamented Dr. Thomson on the occasion of his death.

Bank Buildings  
Belfast, 14 May 1849

Dear Sir

May I request you will have the goodness to convey to the Belfast Medical Society the deep sense entertained by the relatives of the late Dr. Thomson, of their kindness in communicating their resolution of 7<sup>th</sup> Inst. consequent to his lamented decease.

The uniform testimony borne to his worth by all the public bodies with whom he was connected must

be to the survivors a source of the greatest comfort and consolation under so severe and sudden an affliction, but the very high terms in which his Professional Brethren have so kindly spoken of him, and the knowledge of the affection and respect with which he was always considered by them jointly and individually is to them the highest assurance of his merits from those most competent to judge, and is, I can assure you, highly appreciated on that account.

For the kind terms in which you have conveyed the Resolution of the Society please to accept my sincere acknowledgements, and believe me to be

Dear Sir  
Your most obedient Servant  
J. W. Bristow

Saml. Browne Esq. R.N., Chairman etc

### 2<sup>nd</sup> July, 1849

Present, Mr. Wales in the Chair—Dr. McGee, Mr. Browne R.N., Mr. Black, Mr. Lamont, Dr. Lynch.

The minutes of last meeting read and confirmed.

Resolved, That Dendy's work on diseases of the Scalp price 12/- be purchased.

Resolved, That Gibbs & Branigan's account for sundries amounting to £2. 11. 2, and Christie's account for salt 1/4 be paid.

Resolved, That the arrangement respecting the painting of the Book-cases of the Library be referred to the Library Committee with power to have it carried out.

A very interesting case of schirrus of conjunctiva of the left eye in which extirpation of the eye was performed—related by Surgeon Browne R.N. and the pathological specimen exhibited.

### 30<sup>th</sup> July, 1849

At a meeting of the Medical Profession of Belfast and its vicinity, called by requisition to consider the propriety of addressing the Queen on her intended visit to Belfast,

Present, Dr. Stephenson in the Chair—Dr. Moffat, Dr. McKibbin, Dr. Marshall, Mr. Wales, Dr. Blizard, Dr. Thompson, Dr. Malcolm, Dr. Campbell Lisburn, Dr. Pirrie, Mr. Walkington, Dr. Bryce, Dr. Kelso Lisburn, Mr. Browne R.N., Mr. Corry, Mr. Wheeler, Mr. Smith, Mr. McCleery, Dr. Butler, Dr. Seeds, Dr. Murney, Dr. Stewart Carrickfergus, Dr. Murray Ballymacarrett, Mr. Officer, Dr. Gordon, Mr. Dickson, Mr. Murphy, Mr. Mulholland, Dr. Moore, Dr. Lynch, Dr. Read, Mr. Lamont, Mr. Bryson Senr., Dr. Halliday.

It was moved by Mr. Wheeler, seconded by Mr. Corry

That a Committee of five be appointed to draw up an address to her Majesty and that three should be appointed out of the Medical Profession generally—one from the Hospital attendants and one from the District attendants to present the address.

Moved as an amendment by Dr. McKibbin and seconded by Dr. Marshall—

That the Meeting considers it unusual to present an address to her Majesty on the hurried visit she is likely to pay to Belfast.

The amendment was carried by a large majority.

### 6<sup>th</sup> August, 1849

Present, Mr. Browne R.N. in the Chair—Dr. Patterson, Mr. Lamont, Mr. Wales, Mr. Wheeler, Dr. Dundee, Mr. Murphy.

Dr. Dundee and Dr. McKibbin having [been] severally balloted for were unanimously elected Members of the Society.

Resolved, That Meig on diseases of females price 15/-, Dr. Collin's sketch of the life and practice of Dr. Jos. Clarke of Dublin price 8/-, Leibig's and Kopp's Annual Chemical Reports price 6/6, Journal of Public Health monthly price 6<sup>d</sup>, be ordered

That Dr. Malcolm's paper on Asiatic Cholera be deferred until next meeting.

That the proposal to admit the Students of the Hospital be deferred until next meeting.

That Mr. Gray's account for cabinet work be paid amounting to ...

### 6<sup>th</sup> September, 1849

Present, Dr. Bryce in the Chair—Dr. Patterson, Dr. Malcolm, Dr. MacCormac, Mr. Wales, Dr. Lynch, Mr. McCleery, Dr. Read, Dr. Mulholland, Dr. Pirrie.

Resolved, That Bennett on Inflammation of the Uterus and Lindley's botany illustrated 14/- and Medical Times 6/ monthly be ordered

Resolved, That the Secretary be requested to write to Mr. Bristow acknowledging receipt of and thanking him for his very liberal and handsome present to the Society.

Resolved, That the Library Committee be requested to report to the Society on the best means of disposing of the Library of late Dr. S. S. Thomson.

Dr. Malcolm read an interesting statistical account of the cases of Asiatic Cholera treated in the General Hospital.

That Lamont, Brothers account for binding etc. be paid also ... account for bladders for use of Museum.

### Letter to Mr. Bristow<sup>1</sup>

Belfast,  
15th September, 1849.

Dear Sir,

At the late monthly meeting of the Belfast Medical Society I was directed to acknowledge the receipt of your most liberal and valuable present of books (above 800 volumes), being the medical portion of the

<sup>1</sup> Stewart, R. Memoir of the late Samuel Smith Thomson, of Belfast. *Ulster Medical Journal*, 1963, v32, p3.

late Dr. Thomson's library, and to thank you most sincerely for the kind consideration and generous feeling which prompted you to put in possession of the Society so valuable and appropriate a memorial of one whom every member of it revered as a parent and valued as a friend.

Accept, therefore, dear Sir, the thanks of the Society cordially and gratefully tendered, and believe me,

Yours most faithfully,  
Æ. Lamont, F.R.C.S.I.,  
Secretary.

To James Bristow, Esq., Belfast.

**1<sup>st</sup> October, 1849**

Present, Mr. Black in the Chair—Dr. McBurney, Dr. Halliday, Mr. Lamont, Dr. Bryce, Mr. Smith.

Minutes of last meeting read.

No report from the Library Committee on the arrangements of Dr. Thomson's present of books.

**5<sup>th</sup> November, 1849**

Dr. McBurney in the Chair—Mr. Browne R.N., Dr. Bryce, Mr. Wales, Dr. Thompson, Mr. Aickin.

The minutes of last meeting read.

Resolved, That the Physician's Holiday by Dr. Forbes price 10/- be purchased and also the Physiognomy of Diseases by Dr. Corfe with illustrations price 10/6.

Resolved, That the Library Committee be authorised to have a Bookcase of four shelves to be placed on the top of that placed on South side of the Library.

Resolved, That John Connor's account for Book Stand £1. 16. 8.

That William Clarke's account for repairing locks etc. 2/-  
be paid

**3<sup>rd</sup> December, 1849**

Present, Mr. Browne R.N. in the Chair—Dr. McBurney, Dr. Pirrie, Dr. Malcolm, Mr. Aickin, Mr. Smith, Dr. Patterson, Dr. Murney, Mr. Black, Mr. Lamont.

The minutes of last meeting read.

Surgeon John Smith having been duly balloted for was elected a Member of the Society.

Resolved, That Gairdner on Gout be purchased, price

Resolved, That this Meeting consider the subject of Medical Ethics is one of the greatest importance and interest to the Profession and worthy of being practically taken up by the Society, and that with this view a Committee be now appointed to consider the entire subject and draw up a code of rules for guidance in deciding Medico-Ethical questions and report generally as to the best method, either by connection with this Society or otherwise, of putting the matter on a practical footing among the Profession of Belfast.

Moved by Dr. Malcolm, seconded by Mr. Wheeler

That the following be the names of those comprising the Medical-Ethical committee

Dr. Stephenson, Dr. McBurney, Dr. MacCormac, Dr. Burden, Dr. Moffat, Dr. Patterson, Dr. Thos. Read, Dr. Pirrie, Dr. Collins, Dr. Malcolm, Mr. Wheeler, Mr. Browne, Mr. Lamont, Dr. Seaton Reid, and that Dr. Malcolm be requested to act as convener.

**7<sup>th</sup> January, 1850**

Present, Dr. Halliday in the Chair—Dr. Bryce, Dr. McBurney, Dr. Lynch, Mr. Browne R.N., Dr. Pirrie, Dr. Patterson, Mr. Lamont, Mr. Smith.

Drs. Blizard and Hodges of Belfast having been duly balloted for, were unanimously elected Members of the Society.

Resolved, That Quain's and Wilson's Anatomical Plates price £14 be purchased.

That an account for Binding and printing circulars etc. from Messrs. Lamont amounting to £4. 0. 6 be paid.

Resolved, That the decision on the plans and estimates for making new Book cases to contain Dr. Thomson's Library be deferred till next meeting.

**February 4<sup>th</sup>, 1850**

Present, Dr. Black in the Chair—Mr. Browne R.N., Dr. Murney, Dr. Moffat, Dr. Malcolm, Mr. Lamont, Dr. McBurney, Mr. McCleery.

The minutes of last meeting read.

Resolved, That Alison's Pathology and Practice of Medicine and Churchill on diseases of Children be purchased.

Resolved, That the Bookcases for Dr. Thomson's Library be placed in the recesses of the windows on the north side of the Library and that Mr. Arthur Purse's plan for making the same amounting to £7. 6. 6 be accepted.

Resolved, That James McNally's accounts for making out Index of Dr. Thomson's and Dr. McGee's Books amounting to £1. 1. 0 be paid.

Resolved, That Dr. Pelan having been obliged to leave the country owing to ill health previous to the commencement of this year of the Society (still continuing a Member of the Society) on paying his subscription, the fines thereon shall be remitted.

Dr. Malcolm having stated that a number of Pathological specimens and paintings are being forwarded to him for sale.<sup>1</sup>

Resolved, That permission be given by the Society to exhibit them in the Library for some time, and that a subcommittee composed of Dr. Moffat, Dr. Pelan, Dr. Murney, Dr. Malcolm, Mr. Lamont, and Mr. Browne be appointed to examine them and select what they

<sup>1</sup> [The property of Professor Lizars of Edinburgh.]

consider should be purchased by the Society, to be determined on at next meeting to be called for that purpose.

**4<sup>th</sup> March, 1850**

Present, Dr. Malcolm in the Chair—Dr. Mulholland, Dr. Patterson, Mr. Lamont, Mr. Browne R.N., Mr. Wheeler, Dr. Thompson, Dr. Pelan, Dr. Dill.

The minutes of last meeting read.

That a special meeting of this Society be called for Monday evening next at 7 o'clock for the purpose of considering the propriety of voting the sum of £10 for the purchase of Pathological Specimens and Paintings for the Museum of the Society.

**Special Meeting**

**11<sup>th</sup> March, 1850**

Present, Dr. Patterson in the Chair—Dr. Collins, Dr. McMechan, Dr. Malcolm, Dr. Pelan, Mr. Browne R.N., Dr. Murney, Dr. Bryce, Dr. Pirrie.

The circular calling meeting having been read:

The Museum Selection Committee reported that they had selected specimens of Diseased Bone amounting to 36/- as follows ...

**1<sup>st</sup> April, 1850**

Present, Dr. Lynch in the Chair—Mr. Wheeler, Mr. Lamont, Dr. Malcolm, Dr. Bryce.

The minutes of the Special Meeting read and confirmed.

Resolved, That Messrs. McCleery and Lamont be appointed to examine the annual fines.

That Mr. Browne and Dr. Stewart be appointed to examine the Treasurer's and Bookseller's accounts.

That the Library be closed under the usual regulations, to be examined by the Library Committee and reported on at the Annual Meeting.

That Judd on Syphilis price 25/-

Stanley on the bones with atlas of plates price 10/6 and 31/6 be purchased

That Rynd on Strictures of the Urethra be purchased.

**May 6<sup>th</sup>, 1850**

**Annual Meeting**

Present, Surgeon John Smith in the Chair—Mr. Wheeler, Dr. Bryce, Dr. Malcolm, Dr. Murney, Dr. Pelan, Dr. Pirrie, Dr. Read, Dr. McGee, Dr. McKibbin, Dr. Stewart, Dr. Thompson, Dr. Burden, Dr. Lynch, Mr. McCleery, Mr. James Smith, Mr. Lamont.

The Minutes of last meeting read and confirmed.

Fines examined by Messrs. McCleery and Lamont and returned to Treasurer.

Treasurer's and Bookseller's accounts examined and found correct by Drs. Stewart and Browne.

Library Committee reported that owing to the new Book-cases for Dr. Thomson's Library not having

been completed, the report of the state of the Library is postponed until next meeting.

That Library Committee are requested to have an appendix to the present catalogue printed and circulated amongst the members.

That the Library Committee be requested to take into their serious consideration the best plan of circulating the periodicals.

Resolved, That the Medical Times, London Journal, Medico-Chirurgical Review, Edinburgh Journal, and the Pharmaceutical Journal be discontinued.

Resolved, That the warm thanks of this Society be given to Dr. Burden as Treasurer for the correct and regular manner in which the accounts have been kept by him, and that he be re-appointed.

Resolved, That the thanks of the Society be given to Mr. Lamont for his valuable services as Secretary and that the Librarian be requested to circulate the Circulars and Periodicals in future—That Mr. Lamont be re-appointed.

That Drs. Browne, Malcolm, Lamont, Pirrie and Lynch be appointed Library Committee for the ensuing year.

The Treasurer states that the sum of £19. 11. 3 is due to him at this date by the Society.

Resolved, That Drs. Pirrie, Lamont, and Murney be appointed as Stewards for the Annual Dinner with power to add to their numbers.

Resolved, That the Annual Dinner be held on Tuesday the 11<sup>th</sup> June instead of Saturday 8<sup>th</sup> as it is an inconvenient day.

**June 3<sup>rd</sup>, 1850**

Present, Dr. Collins in the Chair—Dr. Malcolm, Dr. Read, Dr. McKibbin, Dr. Pirrie, Mr. Lamont, Dr. Lynch, Dr. Halliday, Dr. Gordon, Dr. Burden, Dr. Thompson, Dr. MacCormac, Dr. Bryce.

The Minutes of last meeting read and confirmed.

Dr. Ferguson, Queen's College, unanimously elected a Member of the Society.

Resolved, That the Fine of 5/- due by Dr. Dill for the retaining of a book beyond the date for examining the Library be remitted, owing to his not having received the regular notice as stated by him in his note.

Resolved, That our Librarian Mr. Ring be invited to the dinner.

**No meeting in July**

**August 5<sup>th</sup>, 1850**

Present, Mr. Corry in the Chair—Dr. Burden, Dr. Thompson, Mr. Lamont, Dr. Lynch, Dr. Murney.

The Minutes of the last regular meeting read and confirmed.

Resolved, That instead of having all the Book-cases painted anew, those only which have not already been painted, be ordered to be completed.

Resolved, That Mr. Purse's account for making new Book-cases be referred to the Library Committee for examination, before being paid.

**2<sup>nd</sup> September, 1850**

Present, Surgeon Browne R.N. in the Chair—Drs. Lynch, Dill, Smith, Burden, Patterson, Read, Gordon, Moffat, Pirrie, Lamont, McBurney, Malcolm, MacCormac, Mulholland, Wheeler, Collins, Thompson R.N., H. Stewart.

The Minutes of last meeting read.

A letter having been read by the Secretary from Mr. Bates, Town Clerk, requesting the Society's "Co-operation in receiving the Lord Lieutenant with the respect and attention due to his Excellency".

Resolved, That the Secretary be directed to return the following reply to the communication from the Town Council:

Sir

On behalf of the Medical Society I beg to acknowledge the receipt of your communication of the 22<sup>nd</sup> Ult. and am instructed to say that the Society will have pleasure in joining in any demonstration of respect to his Excellency; and will be happy to receive any suggestion from the Council.

I am Sir  
your obedient servant  
Æ. Lamont, Secretary

John Bates Esquire  
Town Clerk

Proposed, That all members of the Society who have paid annual subscriptions for a total period of 25 years, be entitled hereafter to all the privileges of the Society without further subscription.

This proposition was negatived

**7<sup>th</sup> October, 1850**

Present, Dr. McBurney in the Chair—Drs. Malcolm, Browne R.N., John Smith, Gordon, Bryce, Patterson, Lamont, Officer, Moffat, Lynch, Collins, McGee, Thos. Read, Wheeler, Smith, H. Stewart, Pelan, McCleery, Pirrie, Harkin.

The Minutes of last meeting read.

Resolved, That all persons who shall have continued members during 20 years without intermission, shall be considered members during life without further subscription. Gentleman in the Army, Navy or other members who may have been obliged to withdraw from the Society be entitled to this privilege after the payment of 20 years subscription, provided always that just grounds for the withdrawal be placed before the Society on re-election.

Resolved after a lengthened discussion—

Seeing the necessity there is for some recognised head in this body, it is resolved that a member be

annually elected by ballot to act for the year as President of the Medical Society.

Resolved, That two Vice-Presidents be elected annually.

Resolved, That the Society proceed to the election of a President and two Vice-Presidents at the next meeting in case the above resolutions be confirmed, and that those appointed continue in office until the Annual Meeting in May 1851.

Dr. Bryce having presented a valuable collection of 198 Pathological Specimens and Drawings to the Museum of the Society—

Resolved, That the warm thanks of the Society be given to Dr. Bryce for the highly valuable present of Pathological Specimens with which he has so generously presented the Society, and that the Secretary be directed to communicate this resolution to Dr. Bryce.

A lengthened and valuable report read of the different classes of Pathological Specimens and Drawings contained in the Museum of the Society, by Dr. Malcolm.

Paper:<sup>1</sup> *In the present paper, it is my intention to commence a series of Pathological Reports, by giving a general description of the extent and character of the Pathological Museum in the possession of the Belfast Medical Society. The origin of the Museum dates as far back as October, 1845, when the report of a committee appointed to arrange a plan for its formation was adopted, and its establishment forthwith commenced, under the directions of a joint committee, called "the Library and Museum Committee".<sup>2</sup> Prior to the past year (1850), the number of specimens, collected by the contributions chiefly of the medical staff of the hospital, did not exceed fifty. Lately, however, a favourable opportunity presented itself for enlarging the collection to an extent worthy of the name. A large selection, from the museum of Mr. (late Professor) Lizars, of Edinburgh, having been forwarded to Belfast for disposal, fifty-six specimens were selected and purchased by the Society, and 198 others have been presented as a donation to the Society by Dr. Robert Bryce, who fortunately became their possessor.*

The Pathological Museum, therefore, consists now of 304 different illustrations of disease, of which 205 are specimens preserved in spirit and in the dried state, and 99 oil paintings and engravings.

*In giving an idea of these different specimens, I do not mean to describe each separately, as this course, however interesting to some, would be necessarily tedious, and assume too much the form of a catalogue to be of any utility. I purpose to present merely the statistical result of an analysis of the entire collection, dividing the preparations into classes of which I shall state the number, and the particular forms of disease which they*

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1851, v11 p207, 471; v12 p471.]

<sup>2</sup> Since dissolved, and replaced by the appointment of "the Council."

illustrate, adding any peculiar facts which they may exhibit; and, having thus given a general review of what the Museum contains, I will close the present communication by referring briefly to the advantages which the collection of pathological records supplies, both to the pathological inquirer and to the practitioner.

The Museum may be conveniently considered under two great divisions: first, all those specimens of disease or altered structure which engage the body generally, or several portions of it; and, secondly, those which specially affect individual organs.

In the first we shall place all the illustrations of injuries, of tumours, of diseases of the bones, the joints, the blood-vessels, the nerves, and the skin, and of malformations. In the second those of diseases of the brain, of the eye, of the chest, of the abdomen, and of the pelvis.

I. INJURIES.—Of injuries we have thirty-six illustrations. There are eighteen examples of fracture, three of which penetrate joints. All but two were compound, several comminuted, and most required amputation; four instances of dislocation, three of these compound. In one of them (Preparation 92), compound luxation of the ankle-joint occurred in a sailor, aged 20; a portion of the astragalus was excised, and the case did well. In another (Prep. 107), there was a similar injury, which occurred in a man aged twenty-two years, in which the distal ends of the tibia and fibula, with half of the astragalus, were removed by operation,—in other words, excision of the ankle-joint was performed,—and recovery followed, with a useful joint. Of the compound fractures, one (Prep. 93) required amputation, on account of the formation of a false joint. In another (Prep. 96), the fracture penetrated the elbow-joint, with laceration of the soft parts up to the shoulder. Amputation at the latter joint was performed by Professor Lizars with success. In (Preparation 97), gangrene and death followed a complicated fracture into the ankle-joint.

Of Gunshot Wounds we have five illustrations. One of these (Prep. 87) is interesting from the circumstance, that the bullet was firmly encased in the tibia, and, when extracted, was as round as when fired from the musket. Another (Prep. 88) shows the usual flattened condition which the bullet assumes after striking the bone,

Of Injury of Internal Organs we have two examples: one (Prep. 26), rupture of the superior longitudinal sinus in a child aged five years; and the other (Prep. 99), the transfixing of the rectum, bladder, and peritoneum, by a flat iron rod upwards of two feet in length. In the latter, death of course followed, preceded by peritonitis.

Of cases of foreign bodies in the larynx and pharynx we have four interesting examples: one (Prep. 94), representing a mutton bone found imbedded in a sloughing abscess in the posterior wall of the pharynx,

which was not detected during life; another (Prep. 100), in which death by suffocation occurred from a piece of carrot having dropped into the larynx; and a third (Prep. 91), the cast of a plug of cotton, by means of which suicide was effected. In Prep. 32 we have an instance of the effects of homicide, in which the carotid artery, jugular vein, and pneumogastric nerve were divided. Besides these, we have (in Drawing 39) the case of a boy whose entire arm was torn off by machinery, and who nevertheless recovered; and in Prep. 95 we have a rare specimen of a portion of an amputation knife broken off by an hospital surgeon while in the act of transfixing the limb.

It is always interesting to notice the efforts of nature in the repair of injuries, for by this observation we arrive at a knowledge of what will probably be the result in any given instance. A fractured bone does not always heal by osseous union, either on account of the vascular nature of the part involved, or on account of some defect in the management. Thus in Prep. 106 we have a fractured clavicle united by ligament or by fibrous tissue; and in Prep. 102 we have a fractured olecranon, in which no ossific union had taken place. On the other hand in Prep. 174 we have a beautiful example of the repair of fractured frontal bone; and in Prep. 164 we have an assumed instance of bony union within the capsule, after fracture of the neck of the femur. I say assumed, for ligamentous union is the rule, as may be readily proved by a reference to published cases. Thus, of ten cases of fracture of the neck of the thigh bone within the capsular ligament, published by Mr. Langstaff, in the thirteenth volume of the Transactions of the Royal Medico-Chirurgical Society, in nine there was union by ligament, and in one only by bone; and in eight other cases published in his catalogue, four were united by ligament, two partly by bone and partly by ligament, and in the two others no union at all had taken place; so that the instance referred to here of apparent ossific union must be considered doubtful.

II. TUMOURS.—Of these we have thirty-four specimens, sixteen malignant, of which four exhibit the scirrhus form of cancer, and twelve the medullary. We have scirrhus of the rectum (Prep. 125), in which recovery followed removal; of the glands of the neck; of the tongue; and a rare instance (in Drawing 55) of the breast of a male. The medullary cancer we observe in the neck, the palate, the antrum, the intercostal muscles, the knee-joint, the hip-joint, and the testes. In Prep. 124, the tumour which occupies the antrum maxillare of a woman, aged forty-five years, was removed by operation, and recovery followed. Of the eighteen benignant tumours, we have examples of most of the forms. Thus, we have four cartilaginous, four of osteosarcoma, two encysted, two fatty, one cystic, one fibrous, one vascular, one of inflammatory hypertrophy, and one (Drawing 44), in which instance a

chronic abscess was mistaken for aneurism of the carotid artery.

We have thus a fair average collection of the different varieties of tumours; and, when we consider the difficulties of diagnosis which beset our examinations in the living subject, we must see the importance of the advantage which the study of a large collection must supply to the practitioner as it is only by a careful comparison of the symptoms and appearances, and the actual indications of a large number of tumours, aided by the use of microscopic investigation, that we can ever arrive at accuracy in diagnosing tumours as they appear to us in actual practice. But, to render this collection valuable to its utmost extent, it would be necessary to be supplied, not merely with the actual tumour and a record of the symptoms, but also with a sketch of it as it actually existed *in situ* during life, and a knowledge of the history of the case from its very commencement.

III. DISEASES OF THE BONES.—Of these we have thirty-one specimens: three of simple inflammation, in which the bone is hypertrophied and roughened; six of caries, two of abscess, three of exfoliation, three of necrosis, nine of exostosis, and four of alterations or abnormal changes, not precisely morbid,—such as extraordinary prominence and depression of parts of the skull. Of these specimens, one of the most interesting is Prep. 199, in which we have the entire clavicle, that had undergone necrosis, in a boy aged 6, and was removed by operation, with complete recovery; and another (Prep. 171), consisting of extensive exostosis of the bones of the leg and tarsus, with remarkable bony union, to a considerable extent, of the tibia and fibula.

IV. AFFECTIONS OF THE JOINTS.—Of these we have nineteen examples: two instances of erysipelas of joints; one in a case of necrosis of the contiguous bone, and another terminating in ankylosis; one of disease of the synovial membrane, which is studded with tubercles; one with millet-seed cartilages, which were removed from a large bursa at the wrist-joint; four cases of ulcerations of the cartilages, in one of which excision of the elbow-joint was performed with success; one of disease of the hip in its most advanced stage; five examples of the porcelainous deposit; and five of ankylosis, two of which are in the incipient state.

V. DISEASES OF THE SPINE.—Of these we have nine specimens, seven representing the different forms of curvature; one of these (Prep. 58) with complete ankylosis of the twelve dorsal vertebræ, and one (Prep. 65) with complete destruction of the eighth and ninth dorsal vertebræ. Preparation 61 shows disease of the atlas and dentata, with absorption of the transverse ligament; and Drawing 76 exhibits lumbar abscess, which, as Sir B. Brodie has shown, is almost always associated with caries of the vertebræ as its cause.

VI. MALFORMATIONS.—Of these we have twelve specimens: three of rickets, one of club-foot, one of

encephalocele of the posterior lobes of the brain, one of congenital hernia, one of hare-lip, with fissured palate, and one, a rare instance, of ligamentous fibula (Prep. 163); and (Prep. 15) a unique specimen showing the vena azygos situated on the right side of the aorta, and receiving the blood of the lower extremities, while the vena cava receives that of the portal system only.

VII. DISEASES OF THE BLOOD-VESSELS.—Of this class we have eight illustrations: two representing the calcareous deposits and changes which occur in the coats of the aorta in advanced years; and six representing the pathology of aneurism; one of which (Prep. 128), is a beautiful specimen of aneurism of the ascending aorta. Drawings 19 and 41 represent Mr. Wardrop's celebrated case of aneurism of the arteria innominata, in the person of Mrs. Denmark, in which the operation of tying the carotid was performed without success.<sup>1</sup>

VIII. NERVES.—Of diseases of the nerves we have only one specimen (Prep. 34), a tumour of the median nerve.

IX. SKIN.—There are eight examples of diseases of the skin: one, erythema of the leg; one, inflammation of the lymphatics; one, erysipelas; one, phagedenic ulceration; one, gangrene; one, impetigo; and two, lupus.

#### PARTICULAR ORGANS.

I. THE BRAIN.—We now come to examples of the diseases peculiar to individual organs; and, first, we shall take THE BRAIN and its membranes. Among these, we have some very interesting specimens. Thus, Prep. 207 is an excellent example of recent apoplexy, a very large clot being well observed in the corpus striatum and in the lateral ventricle.

Preparation 27 gives us an instance of recovery from an attack of apoplexy, the clot having been converted into a cyst, which may be seen situated on the left side of the cerebellum. Palsy of the same side had occurred in this case. In Prep. 30 we have ulceration of the dura mater, the result of injury by a trephine in the hands of an hospital surgeon.

The other specimens represent chronic disease (as in Prep. 28), scrofulous tubercles in the case of a child, aged 3; in Prep. 208, softening of the brain, of the sanguineous form; and in Prep. 35, an instance of a tumour attached to the mesocephalon or pons Varolii. The patient in this case died of epilepsy.

II. THE EYE.—Our Museum is rich in illustrations of diseases of the eye. Of these we have thirty-five: five of diseases of the conjunctiva, embracing purulent ophthalmia, pterygium, and tumour; two of diseases of the eye-lid; eleven of affections of the cornea, comprising opacities, ulcerations, tumours, and the effects of lime; one of inflammation of the aqueous humour; ten of affections of the iris, including lacerations, inflammation,

<sup>1</sup> [The Lancet, 1826, v9, p479; 1828 v1, p408; 1828 v2, p760; 1829 v2, p788.]

adhesion, and artificial pupil; one of glaucoma; two of true cataract; one, wound of the capsule; one of fistula lachrymalis; and one of tumour of the orbit.

III. THE MOUTH.—Of affections of the mouth we have only three specimens; one being the capsule of a ranula; a second representing a large vascular tumour of the tongue; and the third being a calculus removed from the parotid duct.

IV. THE LARYNX.—Of the affections of the larynx, we have three specimens: two representing œdema, and one ulceration; besides an example of cirrhosis of the thyroid body.

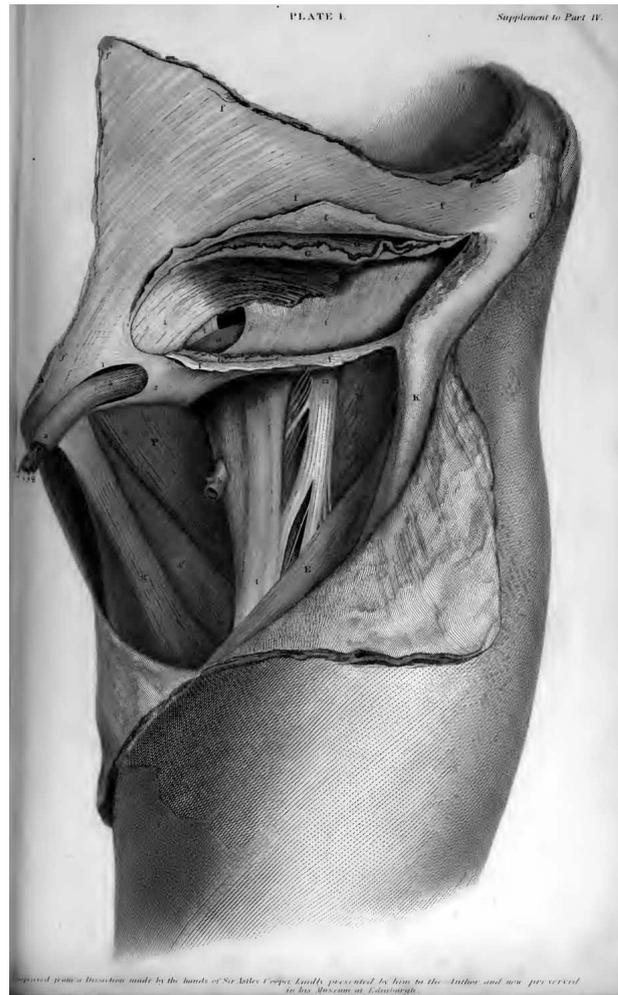
V. THE LUNGS.—There are twelve specimens of diseases of the lungs: five of pneumonia in different stages; four of pleurisy, recent and old, with and without adhesions; three, phthisis in the last stage; and one, an instance of pneumothorax, arising from the bursting of a tubercular cavity into the pleura. Among the pleuritic specimens, there is one (Prep. 48) of empyema, which occurred in a child aged 4, interesting from the efforts of nature towards relief by perforation of the intercostal spaces at three points, one as high up as the third space. An apparent abscess presented itself immediately above the nipple. The lung was condensed and atrophied to an extraordinary degree.

VI. THE HEART.—Of heart diseases we have six examples: four representing acute pericarditis; one, chronic ditto, with hypertrophy; and another representing disease of the aortic valves, with extraordinary dilatation of the left ventricle. In this latter case, gangrene of one foot had set in a short time before death.

VII. THE STOMACH.—We have only three examples of diseased stomach: one, a very interesting instance of the recent effects of arsenic; the second, of scirrhus of the pylorus; in this case there was also the same disease, with stricture in the colon: and the third exhibits adhesion of the stomach to the transverse arch of the colon, and ulcerative communication between the two cavities.

VIII. THE INTESTINES.—There are eight specimens of diseased intestines: one, of acute peritonitis; one, of intussusception, which occurred in an infant; four examples of ulceration, one occurring after strangulated hernia; another associated with diseased mesenteric glands highly charged with scrofulous deposit; a third occurred in connexion with an enormously distended colon, which, simulating ascites, was tapped six months before death; and the fourth case represents an ulcer of the ileum cicatrized.

The remaining two represent dissections of hernia; one, of the neck of the hernial sac, and the other (Prep. 77) is a valuable dissection of inguinal hernia, prepared personally by Sir Astley Cooper, and intended by him to illustrate the anatomy and importance of the fascia transversalis in Lizar's Anatomical Plates, in which may be seen two drawings of the preparation.



This illustration in Lizar's Anatomical Plates was of a dissection by Sir Astley Cooper which was later purchased by the Belfast Medical Society.

IX. THE LIVER.—There are seven specimens of hepatic disease: two of the gall-bladder, and five of the liver itself. In one of the former, the coats are excessively thickened, and surrounded with extensive cartilaginous deposit, in connexion with cysts containing gall-stones, and adherent to the colon.

This case was interesting from the fact, that the symptoms during life simulated very closely disease of the stomach; which, however, was found after death to be in a normal state; and, in the other case, the bladder was distended with gall-stones, some of which occupied the duct.

Of the diseases of the substance of the liver, we have three specimens of inflammation, one of acute hypertrophy, and two of chronic induration; besides which there are two examples of cirrhosis, which in one supervened after jaundice, and in the other was associated with granular kidneys and psoas abscess.

X. THE SPLEEN.—We have but one instance of diseased spleen, in which the peritoneal coat is alone affected, being in a cartilaginous state.

XI. THE KIDNEY.—There are three specimens of diseased kidneys: one containing a large cyst; a second, an example of Bright's disease; and the third, inflammation of the pelvis, which was connected with stricture of the urethra and inflamed bladder. There are three urinary calculi, one of great size, fully as large as an ordinary hen-egg.

XII. GENITAL ORGANS.—Of diseases of these organs we have eleven specimens, six of which occurred in the male, and five in the female. Of the former, we have two instances of scrofulous testis, one of hydrocele, one of hematocele, one of circocele, and one of paraphymosis. Of the latter, we have two tumours of the labium, one of the cervix uteri, and one of scirrhous of the uterus. In connexion with these genital diseases, we may conveniently arrange the instances of

XIII. SYPHILITIC DISEASE.—Of it there are eight specimens: six of these are diseased bones, such as caries and necrosis of the cranium, destruction of the palate and nasal bones, exostosis of the femur, tibia, and fibula, and (Prep. 59) a very important specimen, representing caries of the atlas and dentata, with destruction of the sheath of the spinal cord, which in this case caused death. The two remaining cases exhibit a testis inflamed during gonorrhœa, and a penis destroyed by ulceration.

Besides the above, there are thirty drawings exemplifying the different operations of lithotomy, lithotripsy, amputation, and those for strangulated hernia and aneurism. There are also nine drawings descriptive of the normal anatomy of the arteries, and of the region of the neck.

In reference to the advantages attendant upon a pathological museum, a few words may suffice. First, there can be no doubt upon the mind of any person, that, as subjects of study and reference in his inquiries, the specimens of morbid anatomy collected in a large museum are invaluable to the pathologist. He whose object is to search among the traces of its progress which disease leaves in the human frame, with a view to arrive at a knowledge of morbid phenomena, the sequence in which they occur, and, if possible, the laws by which they are regulated, can derive, by the aid of the scalpel, the microscope, and test-tube, the only real data for his researches. Let us illustrate this by a reference to the manner in which we might suppose he would enter upon his inquiries into the pathology of an epidemic dysentery. Numerous cases are recorded, presenting closely similar phenomena, and a similar order. He examines the intestines in the fatal cases; he notes the changes from health which are to be found in the mucous membrane and the other coats; he observes what portion of the intestine is uniformly more or less affected; he examines, chemically and microscopically, the fluids which sheathe the surface, to ascertain their composition; and, after an extended observation, should he find invariably present a certain change of

structure and a certain change of secretion, associated with a certain series and order of symptoms, then he has a Baconian right to infer that he has discerned the morbid anatomy of a certain form of epidemia. In this manner, and not by concocting theories at the desk,—in this manner, and this alone,—can any real advances, deserving the name of science, be attained in medicine. Yet, although the study of morbid anatomy, and, accordingly, a constant reference to the contents of a museum, may be admitted as indispensable to the pathological inquirer, still it may be asked, "Of what use is a pathological museum to the busy practitioner, whose time is swallowed up by the routine of his profession?" This is taking an extreme case: to such even books can be of little service, because little consulted. There are none among us so busy as to be bereft of all opportunity for study, by which we can in some degree keep pace with the mighty strides which the science of medicine is yearly making. Let us then not consult books alone, which give us merely the thoughts and opinions of other men, and the faint records of the past; but let us consult as well the authority of nature, who provides, in the relics of humanity, an endless series of proofs of the laws which govern disease.

The present portion of this Report comprises a brief account of twenty-one illustrations of disease received into the Museum since the 1st November, 1850. These may be conveniently arranged as follows:

DISEASES OF THE BRAIN.

- 1. Prep. 206, Recent apoplexy; presented by Dr. Malcolm.
- 2. " 207, Red ramollissement, ditto.
- 3. " 217, Apoplectic cyst, ditto.
- 4.\* 1 " White ramollissement, ditto.

DISEASES OF THE LUNGS.

- 5. Prep. 212 Phthisis pulmonalis; presented by Dr. Lynch.
- 6. " 213, Phthisis pulmonalis; presented by Dr. Lynch.
- 7. " 214, Apoplexy of the lung; presented by Dr. Malcolm.
- 8.\* " Sanguineous pleuritic effusion, occurring in the practice of Dr. Mateer.
- 9. " 215, Pneumonia in its various stages; presented by Dr. Malcolm.

DISEASES OF THE HEART.

- 10. Prep. 216, Mitral valve disease; presented by Dr. Malcolm.
- 11. " 218, Aortic valve disease, ditto.
- 12. " 219, Extreme dilatation of the left ventricle, and lesion of aortic valves; presented by Dr. Pirrie.

MISCELLANEOUS.

- 13. Prep. 209, Medullary tumour of orbit; presented by Mr. Browne.
- 14. " 223, Polypus of the ear; presented by Mr. Browne.
- 15. " 210, Polypus of the uterus, presented by Dr. Malcolm.
- 16. " 211, Exfoliation of the lower jaw; presented by Mr. Lamont.
- 17. " 225, Skull of an idiot; presented by Mr. Browne.

<sup>1</sup> The specimens marked thus (\*) were not preserved.

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|------|---|--|------------|
| 18.  | " | 224, Synovial lesion, presented by Dr. H. Stewart. |            |
| 19.* | " | Cirrhosis of the liver,                            | } Various. |
| 20.* | " | The brain, in a case of typhus,                    |            |
| 21.* | " | Stricture of the colon,                            |            |

I.—Recent Apoplexy.—The following is the history of this case:—John Little, a robust quay labourer, aged 55, was found by the police one evening lying insensible in the street. He was immediately carried to the General Hospital, in a state of total insensibility. On examination, there was distinct hemiplegia of the right side. Pulse 84, and of moderate strength; respiration stertorous, and iris immovable. He was bled at once, and the vein kept open so long as any blood would come. There was very slight rallying; but he made efforts, apparently, to speak, and evinced other tendencies of returning sensibility. The depletion not having produced any decided result, ten grains of calomel and a turpentine enema were administered, and sinapisms were applied on various parts of the body, to arouse the nervous energy: all without benefit. He sank in sixteen hours; and, on examination, the brain presented the following appearances: an enormous clot was observed occupying the site of the corpus striatum in the left lateral ventricle, fully of the size of a ball one inch and a half in diameter. On section it presented coagulated blood to the depth of half an inch, and, deeper, a mixture of medullary matter and fluid blood, clearly evidencing the violence of the sanguineous effusion that must have occurred. The entire ventricle was distended by the unusual pressure; the right ventricle was normal, but the pia mater externally was generally congested.

II.—Red Ramollissement of the Brain.—Thomas Lundy, aged 42, a nailer, had enjoyed tolerable health until three months before admission into hospital, when he began to complain of a troublesome cough, and soon afterwards of pain in the hepatic region, and, more lately, has been annoyed with a frequent headach and constipation. Precisely three days before admission, he was seized with pain at the elbow-joint and breast, and almost immediately afterwards with paralysis of the left arm. Vomiting ensued on the following day, and at 4 o'clock, A.M., on the day of admission, the patient became suddenly insensible, and complete loss of power of the entire of the left side ensued. Sensation remained unaffected; the tongue was coated, and protruded towards the left side; there was inability to close the left eye completely; the chest lesion was simply bronchitic. He was cupped at the nape of the neck, a pill of calomel and ipecacuanha administered every six hours, and mercurial ointment rubbed in. Diarrhœa ensuing, the calomel was soon discontinued. On the fifth day he was seized with convulsions of the right arm and eye-ball, which were soon succeeded by complete hemiplegia of this side likewise. He was now unable to speak or move. The bodily emanations became cadaverous in odour, and on the eighth day he expired.

Post Mortem Examination.—The body was examined eight hours after death. On removing the calvarium and the dura mater, general cerebral congestion was observed. There was a slight excess of arachnoid and ventricular effusion. In the centre of the right hemisphere, and about one inch from the lateral surface, there was a distinct patch of red softening, surrounded by the white form; in all, a space of about two inches square was affected at this point. At the posterior part of the left hemisphere, there was observed a minute spot similarly affected. The liver was large and soft, but otherwise normal; and the lungs and heart were healthy. The stomach and intestines were not examined.

III.—Apoplectic Cyst, &c.—Catherine Dougherty, aged 40, was admitted into the General Hospital on October 2, 1850, with hemiplegia, of three months' duration, of the left side, and with chest symptoms indicative then merely of bronchitis. In two weeks from this date, the state of the lungs became considerably aggravated. Dyspnoea, paroxysms of cough, and bloody expectoration, simultaneously ensued, and shortly afterwards spots of purpura appeared on the feet, legs, and arms. When examined on November 5th, these spots had disappeared, but the hemoptysis continued, attended with distinct signs of pneumonia at the base of the left lung, while the first sound of the heart was clearly roughened and prolonged; and for several days prior to her death, which took place on the 7th, œdema of the paralysed limbs and side was observed. The treatment was altogether palliative, as, owing to the complicated lesions, nothing seemed capable of effecting any but temporary relief.

Post Mortem Examination.—Anteriorly, in the right hemisphere of the brain, close to the cleft of the anterior and middle lobes, a distinct cyst, of the size of a large walnut, was seen, filled to distention with a serous fluid of a pale straw-colour. There was some trifling general congestion of the pia mater, but in other respects nothing presented to occasion remark here. In the right lung, several balls of coagulated blood, enclosed, cyst-like, in areolar tissue, were observed in different parts, constituting one of the forms of pulmonary apoplexy, so called. The tissue of this lung was generally healthy. The left lung was pneumonic throughout, the stages of congestion, red hepatization, and minute ulceration, being well marked; there was, besides, extensive pleuritic effusion,—in part fluid and in part coagulated lymph. The mitral valve was thickened, and the orifice contracted; there were no vegetations, and the substance and other parts of the heart were normal; the liver was of the yellow, mottled appearance observable in incipient cirrhosis; the uterus presented externally two fibrous tumours of small size, and a cellular polypus with a pedicle two inches in length, springing from the interior. The remaining viscera were healthy.

IV.—White Ramollissement of the Brain.—This case occurred in the person of James Rogers, a shoemaker, aged forty years, who came over from Glasgow to Belfast on the 6th of July, 1850, to look for employment. He arrived in the morning, drank a little with his acquaintance during the day, and went quietly to his bed about 9 o'clock, p. m. On the following morning, on awaking, he was surprised to find himself without the power of speech, as he had no premonitory symptom whatever. Such was the report of a friend. He was admitted into the General Hospital on the 8th, still dumb, and unable to protrude the tongue. His expression was stupid and idiotic; the pulse perfectly quiet, and the bowels free. A blister was applied to the nape of the neck, and calomel was administered in minute doses every three hours. On the 10th he attempted to utter some words, but only made a few inarticulate sounds. The gums were this day affected. On the 13th, the pulse was 112, and feeble. Diarrhoea and some imperfect paralysis of the right side were added to his previous symptoms, while his idiotic condition of mind became more and more confirmed. On the 15th, the hemiplegia was complete. A small cupping from the nape of the neck was ordered, and on the following day he regained so much power as to enable him to leave the bed. The improvement was, however, merely temporary. The diarrhoea continued unabated, and on the 17th he expired.

Post Mortem Examination.—The brain alone was inspected. Some general cerebral injection existed, as was evidenced by the numerous red points on sections being made; and there was slight effusion in the arachnoid space. But the chief lesion was observed in the middle lobe of the left hemisphere, where a portion of the brain, about one cubic inch in size, was distinctly softened, and of a uniform yellowish-white hue, without any unusual vascularity in the contiguous parts of the brain.

V. and VI.—Phthisis Pulmonalis.—These two specimens were the two lungs of a person who died of pulmonary consumption. They are remarkable as exhibiting considerable hypertrophy, with most extensive infiltration of tubercle as a cause; heavy and solid; they cut like pieces of cheese. A few small cavities were observed in the apex of each.

VII.—This specimen has been already described. See Case III.

VIII.—Purulent Deposit in Spleen, and sanguineous pleuritic Effusion.—John Pirrie, a middle-aged man, was admitted into the General Hospital, having been reported as ill of fever for fourteen days. Iritis set in shortly after, for which he was treated by depletion, blistering, and mercurial salivation. Ten days after admission, hemorrhage from the gums was reported; but, on the thirteenth day, it is stated that the eye had recovered. On the seventeenth day, he was seized with a relapse of fever, in which the usual symptoms were

accompanied by diarrhoea, and apparently trifling cough. The bowels were regulated by treatment in two days, yet, on the twentieth, after his supper, and without any symptoms indicative of approaching dissolution, he suddenly expired.

Post Mortem Examination.—The body was examined forty-eight hours after death. Both pleural spaces were distended with bloody effusion. Under the left pulmonary pleura there was a distinct extravasation of blood in a coagulated state. In other respects the lungs were healthy, as also were the stomach and intestines. The spleen was much enlarged, and, on section, presented several small but distinct purulent deposits. This lesion, in all likelihood, produced the febrile state reported on the seventeenth day.

IX. and X.—See Case III.

XI.—Disease of Aortic Valves—This dried specimen exhibits thickening of the valves and calcareous deposit, to a remarkable degree, together with partial adhesion, which renders the aperture exceedingly contracted. It was taken from the body of a cavalry officer, who experienced so little annoyance from the disease as to indulge himself, contrary to the express injunctions of his medical attendant, in the exercise of rowing, in which he was engaged at the moment of his death. On a previous occasion he had fallen in a swoon upon the floor of a ball-room, but soon rallied. Further particulars are wanting, though it may be mentioned that the case was seen by several medical gentlemen in Edinburgh, from one of whom the reporter received the interesting specimen.

XII.—Dilated Heart, with Disease of Aortic Valves.—John Wilson, aged 17, a mill-worker, of lymphatic constitution, was admitted into the General Hospital on the 7th of August, 1850. He never suffered from rheumatism, but occasionally, for the last two winters, has been annoyed with cough, which was so severe last winter as to be accompanied by expectoration of blood. He has latterly complained of palpitation on using more than the most ordinary exertion. On admission, his principal complaints were troublesome cough, and a painful tumour situated at the lower part of the left ham. This tumour, which obliges him to keep the leg closely flexed, was hard and tender, and without pulsation, and its external appearance red and inflamed. After a few days, the tumour completely disappeared, and nothing remained for complaint save the slight cough, which soon also ceased, without any particular treatment. He was now about to leave the hospital, when, at the physician's visit on the 15th, he directed attention to the toes of his left foot, which were exceedingly painful. On examination, the little toe was found to be quite black, while the others, and the dorsum of the foot, presented a mottled appearance. Lesion of the organs of circulation was now suspected, and, on examination, there were discovered extended dulness over the cardiac region, feeble pulse, a distinct murmur

with the first sound, increasing in intensity towards the carotids; the pulse was 100, and soft. Opium, stimulants, and nourishing diet were administered; but on the 21st it was evident that a portion of the foot must be lost. The gangrene, however, seemed to have stopped, the sloughs were being detached, and the surfaces underneath began to assume a healthy aspect, when, one evening, while sitting up at his supper, he suddenly expired.

Post Mortem Examination. Unfortunately, the heart and lungs were the only organs examined, so that the condition of the arteries in the left leg cannot be positively declared. The lungs were healthy. The left ventricle of the heart may be seen in the specimen to be extremely dilated, without hypertrophy of the substance of the walls; while the aortic valves are completely covered with small lymphic vegetations, the evident result of chronic inflammation.

XIII.—For an account of this case, the reader is referred to a paper in the last Number of this Journal, by Mr. Browne.

Paper:<sup>1</sup> Cases occurring in Ophthalmic Practice. By S. Browne, Esq., R.N., Surgeon to the Belfast Ophthalmic Institution.

Case I. Pterygium-like Growth, ending in Cancer; Extirpation of the Eye; Return of the Disease—Patrick Donnelly, aged sixty-five, by trade a porter and bottler in a wine store, applied at the Belfast Eye Dispensary, in the month of August, 1846, relative to a disease of some duration in his right eye. The history he gave of his ailment may be briefly stated as follows. About two years preceding the date of his application, he had observed some redness in the right eye, attended with slight dimness of vision, a constant flow of tears, and some pain, especially when he was obliged, in the performance of his duty, to remain in a stooping posture for any length of time. At that period he had applied to the late Dr. Sanders, who it seems repeatedly scarified the conjunctiva, and had ordered a solution of nitrate of silver to be dropped into the eye. Leeching had also been directed, and alterative medicines given; “but,” to use the words of the patient, “nothing seemed to agree with it,” and the complaint went on up to the time when he first came under my observation. There were then present a large number of thick, tortuous vessels, reaching over the upper part of the sclerotica towards the cornea, upon the superior segment of which they formed a fine vascular film: through this the half of the iris and covered portion of the pupil could be dimly seen. The lower portions of the cornea and iris, with nearly one-half of the pupil, were quite clear, and, consequently, objects beneath the level of the eye were distinctly visible to the patient. The whole of the conjunctiva covering the upper and outer part of the sclerotica was quite vascular and thickened, while all the

inner and lower portion was pale and healthy in structure. The palpebral conjunctiva was not engaged in the disease, nor were the eye-lids in any respect unnatural in appearance. In fact the diseased structure seemed to be merely one of those irregular conjunctival growths, classified under the denomination of pterygium; and had it not been for the amount of pain which it caused, there would not have been anything very remarkable in the affection. I may here also state, that his general health, hitherto good, began to decline about this time.

My first object in the treatment was to allay the suffering which the patient complained of, and this I accomplished by desiring him to use soothing fomentations and an opiate collyrium, and to lay aside all irritating applications. He also took anodyne and tonic medicines, and under the use of these he gradually improved in health. The disease, moreover, did not extend, but for some months seemed to be almost stationary in every respect; and early in January, 1848, I determined to remove the morbid growth. This I accomplished by raising it up with a forceps, and dividing it completely across with a pair of scissors, at about two lines from the margin of the cornea; the upper portion I dissected clean up to the point from which the enlarged vessels seemed to spring; and the lower part I turned off from the superior half of the cornea by light touches of a very sharp knife. No inflammation of any importance followed the operation, and in three weeks afterwards the conjunctiva was renewed and almost normal in appearance; the cornea was nearly clear; and the eye presented no remains of the former appearance save a thickened, vascular, and irregular margin, where the conjunctiva had been cut at its reflection upon the upper eye-lid. For some months after this he ceased to attend, and did not present himself until the following August, when I learned from his statement that the eye had remained pretty well, and without any pain, until within the last few weeks; about that time he first began to feel a return of the uneasy sensation formerly experienced, and observed the vessels to be again increasing in size. Upon examination I found that the disease had resumed much of its previous appearance, though it was not so great in extent. After a few days I once more removed the pterygium-like growth, by an operation similar to that performed in the first instance, taking great care to excise every portion of the thickened conjunctiva. Again this tissue was quickly renewed and healed up, leaving scarcely a trace of disease beyond the contraction caused by the cicatrices, and some opacity of the upper segment of the cornea. On this occasion the necessity of appearing once in every week at the institution was enforced upon the patient. For about two months succeeding the last operation there was little change observable in the part, and the patient did not complain of any pain in the eye; at the end of that time, however, a few thick tortuous vessels began to radiate

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1851 v11, p226.]

from all sides towards the cornea, which soon became almost entirely covered, and presented the appearance termed pannus. As the growth enlarged, along with it also increased the uneasiness in the organ, until at length a constant severe, occasionally excruciating, pain, was felt there. The disease then progressed very rapidly, so that in the month of March, 1849, the entire ocular conjunctiva was greatly thickened, and raised into hard, irregular nodules. The true character of the malady, which I had long suspected, was at that period unquestionable. I then felt it my duty to explain fully to the patient the nature of his complaint, and to assure him that his only chance was to have the eye forthwith removed; expressing it as my conviction, that unless he submitted within a very limited period, the time for surgical interference would have passed by. It was not, however, until the month of June, when his suffering had become extreme, with sleepless nights, which no opiates could relieve, and when his health began rapidly to give way, that he would consent to an operation. His description of his sufferings, at that time, was sufficient to excite compassion in the most callous. He said he “felt as if a live coal occupied the eye-ball, while a saw was dividing his head, as it were by rapid jerks, and burning hooks were dragging out the centre of his brain,” causing an amount of torture beyond physical endurance.

At that time the eye-ball, or rather the investments of the globe, had become very much enlarged, and it was almost immovable in the orbit, from which it projected to a considerable extent. The eye-lids were still free from thickening, or apparent disease, and moved as freely as the projecting mass would permit.

Under these circumstances, having maturely considered the matter, and with the concurrence of my medical friends, to whom I had exhibited the case, I determined to give the poor sufferer the only human means of relief from his agony, and the only chance of prolonging his life, for even a short period. He was, therefore, removed into the General Hospital, where, on the 28th of June, 1849, the eye was extirpated in the following manner. The patient was placed upon a high table, with the head and shoulders elevated, and the face turned well to the right side, so as to bring the diseased part into such a position, that the blood would, after the first incisions, flow from the orbit, and prevent its collecting there so as to impede the operation. As soon as the patient was fully under the influence of chloroform, I carried a curved needle, armed with a strong ligature, deeply through the scirrhus mass; divided with a bistoury the external commissure of the eye-lids to its greatest extent; and, having the lids held apart by an assistant, I plunged a doubled-edged scalpel, curved on the flat, into the outer and upper part of the orbit, and rapidly separated all the attachments of the conjunctiva, on every side, by sweeping the knife from without inwards along the roof of the orbit, and

then from within outwards along its floor, taking care to keep the convex side of the scalpel close to the walls of the socket. The eye was then drawn forwards, and to the outer side, while the knife was carried to the bottom of the orbit, where the optic nerve and the attachment of the muscles, were divided close to the bone. The hemorrhage was very profuse for a few seconds, but having sponged out the orbit, and then filled it with a strong infusion of matico, the bleeding was soon reduced to a mere oozing: the socket was then most carefully examined, when not a particle of diseased structure could be discovered. A compress of lint, saturated with the matico, was next introduced within the orbit, and retained there for three hours, when it was gently removed; the lids were brought together, the commissural wound being united by a couple of fine points of suture, and the whole covered with a light cold water dressing. There was no return of the bleeding, and very little inflammation of the part or constitutional disturbance followed. In a few days healthy suppuration was established, and the socket gradually filled up with apparently sound granulations. On examining the scirrhus growth which had been removed, it was found to be of the true cancerous structure. The entire ocular conjunctiva, the epithelium of the cornea, and the fibro-cellular tissue between the muscles and the sclerotica, were changed into a thick, hard, irregular mass. The muscles were not much diseased, and the fatty substance behind the tunica vaginalis oculi, removed along with the morbid growth, did not exhibit any trace whatever of the carcinomatous deposit. On making an antero-posterior section of the diseased structure and the eye, the sclerotica, the inner side of the cornea, and the other tissues and humours, seemed quite healthy. The principal scirrhus growth was attached to the upper and outer part of the sclerotica, insinuating itself deeply beneath the levator palpebræ superioris, and involving the superior and lateral recti muscles. This portion of the growth had invaded the lachrymal gland, which had become fused, as it were, into the general mass of the disease.

For fully six months after the operation the patient enjoyed complete immunity from any apparent return of the affection; nor did he, during that time, feel the slightest pain in the part or in the head. Throughout the period mentioned I saw him frequently, and could not observe any tendency to disease. However, in the month of January, 1850, I discovered a very hard tumour, as large as a pea, in the situation of the trochlea of the superior oblique muscle. This increased slowly at first, but, by the end of April it had extended so as to occupy a large portion of the orbit. The eye-lids, it is remarkable, were still free from the disease; nor was it, indeed, until some months after that they became involved in the destructive process.

In the summer, I may observe, the patient had a severe attack of dysentery; during the time it lasted, the

morbid growth not only did not increase, but even seemed to have much diminished in size. At that period the chain of superficial cervical lymphatic glands became inflamed and suppurated, discharging healthy pus. Until the month of August the suffering was not very severe, but since that time, the disease having rapidly increased, the sensation of pain has become gradually more and more excruciating. Since May last the morbid structure has assumed the character of the medullary sarcoma, which now, at the time I write, 30th December, 1850, has invaded all the neighbouring parts, presenting a frightful mass of cancerous growth. This bulges out in front for more than two inches before the level of the sound orbit, pushes up the orbital plate of the frontal bone, so as to raise the arch of the brow far above its fellow; it passes outwards and downwards, involving the parotid gland; inwards, destroying the nasal and ethmoid bones; and backwards and downwards into the right nares. Latterly the destructive ulcerative process has commenced near the root of the nose, and frequent bleedings have taken place, which have much reduced the patient's strength, who now hopes to be soon relieved by death from the agony which he has so long endured.

Remarks.—The foregoing case is very interesting, as it clearly illustrates the rise and progress of one of the most fatal, intractable, and painful maladies that "flesh is heir to." It is an example of carcinoma, arising as pointed out by Mr. Travers in his "Synopsis of Diseases of the Eye" and justifies his opinion, as expressed in the following remarks: "I had formerly been led to suppose that the malignant disease termed cancer affected the ball or globe of the eye. Such is the doctrine of most writers on the subject. I have, however, satisfied myself, that, as regards the eye, this disease is peculiar to the lachrymal gland, conjunctiva, and eye-lids," &c. And again: "There is a malignant fungus of the conjunctiva, for, like the mucous membrane of other parts, this is sometimes the seat of carcinoma; and, excepting the lachrymal gland, I believe no other texture related to the organ of vision is ever primarily so affected."

The history of the case, and dissection of the morbid mass after removal, demonstrate the fact that the conjunctiva was the part primarily affected, without the other textures of the eye-ball being at all engaged. Doubtless, in process of time, these would have either been invaded by the malignant deposit, and have thus been destroyed, or the pressure of the surrounding scirrhous mass would have caused absorption and wasting of the various tissues and humours of the globe.

One or two questions of practical value naturally arise out of the history of this case. Should the pterygium-like growth have been interfered with in the first instance? Would extirpation of the eye at a much earlier period have prevented the return of the disease? And was the operation justifiable at the advanced stage of the complaint when it was performed? In reply to the

first query, I can only say that I was guided by my experience of more than one case, bearing a very close analogy to that under consideration, in which the removal of a large mass of thickened conjunctiva, and even scraping the vascular epithelium from the surface of the cornea, were followed by most satisfactory results, the conjunctiva having been renewed, and the cornea completely restored to a transparent condition; therefore I saw no reason to fear any evil consequence in this instance, though it was so extensive, and attended with an unusual amount of pain. With respect to the second question it is impossible to determine, but there is some reason to suppose that had the operation been submitted to, as soon as the true character of the disease was unquestionable, the patient would have had a very fair chance of being completely freed from the malignant affection. Then, as regards the last query, I feel satisfied that the man must have sunk under his accumulating sufferings very soon, had the operation not been resorted to. It is needless to argue the propriety of endeavouring to prolong life for even a short period; but in this case there was still a reasonable hope that the disease might have been completely got rid of, especially as the eyelids, and all the parts outside the orbit, were, so far as the most careful examination could determine, entirely free from any malignant taint.

The operation of extirpation of the eye is justly regarded as a very painful one, and one, besides, which gives a very severe shock to the nervous system; but chloroform, duly administered, certainly does away with the first objection entirely, and doubtless thus also very much modifies the danger from the latter. In this case the patient was not cognizant of the slightest pain, and, as has been shown, the system did not appear to have sustained any serious shock. This operation is one of the few in ophthalmic surgery in which the administration of chloroform is admissible; but in this and in the removal of orbital tumours and diseases of the eyelids, it should certainly be always employed.

I have only one further remark to make, and that is regarding the position of the patient, and the use of a knife alone. By having the patient placed upon a very high table, with the diseased part inclined very much towards the affected side, the structure to be removed is brought more directly before the view of the operator, while the inclination of the orbit permits the blood to flow freely away, and thus leave the parts clear.

I found the double-edged scalpel, curved on the flat, a knife suitable, in every respect, for the division of all the attachments of the eye, both superficial and deep; for by it I was enabled to remove the entire contents of the orbit with the greatest facility, and in a very few seconds. I therefore do not see the necessity for using the curved scissors as recommended by some authors.

XIV., XV., XVI.—These cases call for no particular remark.

XVII.—This specimen was taken from the body of an adult female, a well-known character, who died in the union workhouse. The malformation of the brain is evident from the examination of the skull, the comparative dimensions of the two hemispheres being altogether different, showing clearly an atrophy of one side.

XVIII.—This specimen represents the first joint of a great toe, of which the synovial membrane is affected with velvety thickening, a beautiful example of one of the phenomena of synovitis.

XIX.—Cirrhosis of the Liver.—Alice Lynch, of middle age, was admitted into the General Hospital in a delirious state, and quite unable to give any account of herself. The pulse was imperceptible at the wrist, and there was considerable tenderness of the epigastrium. A stimulant mixture having been administered, she slightly rallied, and the pulse, though very feeble, could be counted 84. The skin and conjunctiva were intensely orange, and the evacuations after enemata perfectly free from bile. The left pupil was dilated. She continued insensible, and moaned on till the close, which occurred on the following morning, after an attack of convulsions.

Post Mortem Examination.—The only morbid appearances disclosed on inspection, though all parts of the body were examined, were highly developed cirrhosis of the liver, enlargement of the spleen, and several old adhesions of the uterine appendages.

XX.—The Brain in Typhus.—This case occurred in a male adult. The symptoms were principally cerebral, and the form of delirium, typhomania. The surface of the body was marked with distinct petechiæ, and a rubeoloid eruption. On inspection of the brain, which alone was examined, the substance was uniformly firm. There was general and great congestion, and some bloody effusion was observed in the ventricles.

XXI.—Muco-enteritis and Stricture of the Colon.—Anne Newbold, aged 37, for several years in delicate health, was admitted into the General Hospital on the 20th of April. She stated that she had been subject to spasmodic cough for several years, and was ill of her present complaint twenty-two weeks. It commenced with vomiting and pain of the bowels, which were soon accompanied by debility and emaciation. Six weeks prior to admission, the vomiting ceased, and diarrhœa set in. On admission, there was extreme emaciation; the pulse exceedingly feeble; great prostration; the skin dry; diarrhœa present; the abdomen tender; and a burning sensation complained of at the epigastrium. These symptoms continued unabated until the fatal event, which occurred on the 22nd, and revealed the following condition, on examination forty-eight hours afterwards:—Body extremely attenuated; lungs healthy; stomach enormously enlarged, extending fully five inches below the umbilicus. The ileum was generally and deeply congested, and the mucous membrane, from

its commencement to the cæcum, presented the varied shades of inflammatory vascularity, deepening towards the latter point. The colon was thickened in one point, and also slightly ulcerated; and here the caliber was perceptibly, narrowed. The peritoneum was unaffected.

The following illustrations of disease were for the most part received since the 1st May, 1851:

- DISEASES OF THE BRAIN.
- 22.\*<sup>1</sup> Hemorrhage into the arachnoid.  
 23.\* Arachnitis; effusion.  
 24.\* Cerebral congestion.
- DISEASES OF THE LUNGS.
25. Prep. 233. Phthisis and pleuritis.  
 26. „ 1. Phthisis and pneumo-thorax.  
 27. „ 227 and 229. Phthisis; ulcerated intestines.
- DISEASES OF THE HEART.
28. „ 230. Dilatation and valvular disease.  
 29. „ 234. Hypertrophy of the heart; aortic valve disease.  
 30. „ 4. Acute pericarditis.  
 31. „ 235. Hypertrophy with dilatation.
- DISEASES OF THE KIDNEYS.
32. „ 226, 231, and 232. Bright's disease; phthisis.  
 33.\* Bright's disease; emphysema.
- MISCELLANEOUS.
34. „ 2. Disease of the gall-bladder.  
 35. „ 3. Intussusception in an infant.  
 36.\* Acute peritonitis.  
 37.\* Acute purpura.  
 38.\* Lumbar abscess, communicating with the rectum; phthisis.

XXII.—HEMORRHAGE INTO THE ARACHNOID.—Isabella M'Master, aged 42, was admitted into the General Hospital, Belfast, on the 28th November, 1851, in a perfectly insensible state. The prostration was complete; the respiration noisy; the pulse quick, feeble, and compressible; tongue brown and dry; and there were sordes on the teeth. The surface of the body exhibited various bruise-marks; and the legs were somewhat œdematous. The abdomen presented a natural appearance.

She died in a few hours, and was examined in twelve hours afterwards. On opening the arachnoid, situated over the right hemisphere, there was observed a large quantity of coagulated blood, which evidently produced an indentation of the convolutions of that side. No other organ (although all the cavities were examined) presented any diseased appearances. This patient, it was afterwards ascertained, had been drinking to excess, had fallen down a staircase, and received other contusions. The case is interesting in having presented during life several well-marked symptoms of fever with cerebral complication, which, in the absence

<sup>1</sup> The specimens marked thus (\*) were not preserved.

of the information afterwards arrived at, rendered the diagnosis obscure.

XXIII.—ARACHNOID EFFUSION.—Agnes Cochran, aged 48, of slender conformation, was admitted on November 5th, in a state of active delirium, with the face flushed, the pulse 84, and weak; tongue furred, and skin natural. No history could be obtained, further than that it was reported, that she had been in the habit of drinking to excess. The delirium remitted on the 7th. Diarrhœa, with rice-water evacuations, ensued on the 11th. Prostration, with a comatose condition, soon supervened, and she expired early on the morning of the 16th. On examination, the total amount of effusion was found to be not less than half a pint. A white gelatinous fluid was observed between the arachnoid and pia mater, and the sinuses were filled with dark blood.

XXIV.—CEREBRAL CONGESTION.—The subject of this case was a pedlar, named Francis Loughran, aged 47, of moderately stout appearance. He presented himself on February 15th, among the extern patients, being assisted in walking by a friend. As he could scarcely articulate, his companion stated, that he had been two weeks ill, and that he was previously healthy; his illness commenced with a febrile state, which confined him to bed; and he had been “up and down” for the first ten days. During the last four days he complained of weakness of the limbs, with numbness, some deafness, and constant headach. His speech became affected during the last twelve hours. On admission, his pulse was very quick and feeble; his tongue white; his respiration quick and anxious; his expression idiotic; and his mental state delirious at times. This condition became more aggravated, and he died comatose on the following day.

The brain alone was examined, and presented general congestion, with some arachnoid and ventricular effusion. The body was rather stout than otherwise.

It is plain from the examination and history of this case, that had he been seen earlier, antiphlogistic treatment might have saved him; but, as it was, he never even rallied from the state of prostration in which he was when admitted.

XXV.—PHTHISIS PULMONALIS; PLEURITIS.—This case occurred in the person of a soldier's wife, aged 26, who had been ill for ten months previously to January 27th, 1851, the day of admission, affected with the usual symptoms of cough, dyspnœa, expectoration, hemoptysis, night sweats, diarrhœa, and progressive emaciation; and latterly, she had œdema of the lower limbs. She died in the course of ten days; and the body, examined on February 7, thirteen hours after death, presented, in the thorax, very large cavities in the upper lobes of both lungs, especially of the right, which was bound down by exceedingly dense pleuritic adhesions. The inferior portions were infiltrated with crude tubercle; The mesenteric glands were tuberculized, but the intestines presented a normal appearance.

XXVI.—PNEUMO-THORAX AND PHTHISIS.<sup>1</sup>—The morbid parts exhibited are the right lung and pleura, with part of the thoracic walls attached. Two large cavities are seen open, one in the apex and the other in the middle lobe. The communication was situated posteriorly between the pleura and the upper cavity. Many old adhesions and bands are observed, particularly at the apex. The body of the lung is filled with crude tubercles.

The history is briefly as follows:—Mary Higgins, aged 11, of clear and fair complexion, and decided scrofulous constitution, hereditary and otherwise, was first seen on September 23rd, 1850, having been then ill six months. For three months she complained simply of slight cough and persistent debility. Dyspnœa and thoracic pains, especially of the right side, and dyspeptic symptoms, characterized her illness; and during the last two months, decubitus was confined to the right side. On the evening of the 29th March following, while sitting on the night-chair, she was suddenly seized with a great faintness and feeling of sinking. The muscles of the face became convulsed, her colour ghastly, and her respiration exceedingly embarrassed. Two hours elapsed before the respiration became even tolerably calm. For three days the dyspnœa continued, and a marked prominence of the right side, which yielded a tympanitic sound, was observed. The least movement to the left side, or even to the supine position, induced the most urgent breathlessness. She expired on the 2nd April, after an illness of thirteen months.

Besides the disease of the right lung mentioned above, the left was tuberculous throughout, with cavities and masses, but presented no adhesions. The liver was hypertrophied, and exhibited the nutmeg appearance, and about a quart of serous fluid was removed from the peritoneal cavity. The mesenteric glands were universally tuberculous, and even several of the lacteals could be distinctly traced, studded with tubercular deposit. The entire tract of the small intestines presented ulcerations, especially in the ileum, in which the glands of Peyer were deeply engaged, in some extending to the peritoneal coat. The ulcers had thick and rugged edges, and were more or less covered with tubercular matter. The colon was partially affected; but the rectum was almost one mass of ulceration, so thickly set were the spots of disease. The remaining organs were normal. The moment of perforation was readily defined in this case, which presents an admirable specimen of the varied lesions in combination, in the mature disease.

XXVII.—PHTHISIS; ENORMOUS CAVITY; ULCERATED INTESTINES.—This case occurred in a female, aged 17, who was admitted on November 5th, and died December 29th. The entire duration of the illness was nearly eleven months. The first symptoms were gastric; next

<sup>1</sup> [This case seems to be identical with that on page 22 except that here the year is given as 1850, not 1844.]

slight cough. In three months' time hemoptysis, with pains in the right side of the thorax, ensued. Diarrhœa set in in the eighth month. On admission she was greatly emaciated, and presented a cavity in the apex of the right lung, with extensive infiltration of tubercle in the rest of this and the other lung. On the 13th November she had a distinct rigor. The diarrhœa was always associated with umbilical pain and tenderness. After November 27, the hectic rigors became frequent. Decubitus on the right side became nearly impossible; and, a few days prior to death, œdema of the right ankle was observed.

The body was examined sixteen hours after death, and presented extreme emaciation. The skin was exceedingly thin, and of a bluish hue. The left lung was free from adhesions, but was charged with tubercle in small masses, especially at the apex. The right lung was strongly adherent at two points, the septum of the upper and middle lobe, and at the apex. In the latter, an enormous cavity, comprising almost the entire superior lobe, existed; tubercular masses infiltrated the remaining parts. In the abdomen, the kidney and liver were normal; but the small intestines were ulcerated at several points, and the lacteals and mesenteric glands presented tubercular deposits.

The unusual decubitus on the left side must, I suppose, be accounted for by the absence of liquid effusion in the side principally affected. The ordinary symptoms were present; and, as not unfrequently happens, the thoracic phenomena were preceded by gastric derangements, which would have tended to obscure the early diagnosis of the case.

XXVIII.—HEART DILATED, AND VALVULAR DISEASE.—In this case the body was examined eleven hours after death. On opening the thorax, the left lung did not collapse, in consequence of numerous old adhesions. Some yellow serous fluid filled up the pleural space. The right lung was similarly circumstanced, but the fluid effused was sanguineous and more copious. Both lungs were intensely congested, and the bronchial tubes filled to the trachea with bloody, frothy serosity. The exposed cardiac surface was much larger than normal. About three ounces of pale straw-coloured effusion escaped on dividing the pericardium. The heart was enormously enlarged from dilatation, without hypertrophy of the left ventricle. The aortic valves were thickened and roughened by effused lymph. In the abdominal cavity the liver was greatly enlarged, and presented the nutmeg appearance; and the kidneys were exceedingly firm.

The subject of this case was a labourer, named William Drennan, aged 35, who was admitted on November 25th, 1851, after suffering for upwards of six months. He first perceived the approach of anasarca, attended with cough and palpitation. His decubitus, during the last five months, has been supine or on the right side; any other position, as stooping or walking

upstairs, producing great anxiety and dyspnœa. On examination, a distinct murmur was heard with the first sound of the heart, especially loud at the apex; and on percussion, extensive dulness as high as the first bone of the sternum, and commensurate with the pericardial limits. There was much dulness, with a slight crepitus at the base of the right lung; and puerile respiratory murmur was heard in the left and the rest of the right lung, which was afterwards replaced by bronchial râles. During the progress of the case, the anasarca subsided for a time under the treatment pursued; but returned a few days before death (21st December), attended with bloody expectoration, extravasation into the conjunctiva, hematuria, and bloody evacuations, and a jaundiced appearance pervaded the surface of the face and breast.

The only evidence of pleuritic effusion in the right side was the decubitus, and the extreme dulness at the base; but it was not such as to obscure the respiratory sounds. Hence, congestion was alone predicated. The heart was manifestly enlarged; but the valve affected was supposed to be the mitral (which was, however, free from disease), in consequence of the murmur having been heard most distinctly at the apex. This rule, therefore, must be guardedly followed. The jaundice was the only, but sufficient, indication of the condition of the liver.

XXIX.—HYPERTROPHY OF THE HEART; AORTIC VALVE DISEASE.—The subject of this case was an Englishman, of dark complexion and moderate proportions, aged 43. He had been several times in the East Indies, and had been subject to palpitation since boyhood; and during the past three years he has been occasionally annoyed with pain in the hepatic region. In other respects he has enjoyed average health, until the occurrence of the present illness, nine months prior to the date of his admission (May 7th). His illness commenced with cough and increased palpitation, and he recently suffered from œdema of the feet and legs.

On admission he appeared to be slightly jaundiced. Thoracic examination detected a distinct double bruit, heard most clearly over the site of the aortic valves. Bronchial râles prevailed throughout both lungs. The abdomen was full and tense, especially over the region of the liver. There was no tenderness. The appetite good; the tongue moist and clean; and the bowels regular; the pulse characteristically jerking, occasionally irregular. The heart's action was tumultuous, but the impulse slight, though attended with fremissement. The cardiac dulness was limited, but the sounds were prolonged extensively over the chest. He had apparently experienced relief from the treatment employed; but on the 28th May, after a short attack of rigor, profuse perspiration, headach, and excessive dyspnœa and prostration, he suddenly expired.

On examination shortly after death, the lungs were found healthy, save in the presence of bronchial effu-

sion. The pericardium contained about three ounces of clear serous fluid. The left ventricle was concentrically hypertrophied to a great degree, being fully one inch in thickness. The aortic semi-lunar valve was diseased, there being fibrinous deposit in and upon the edges of its segments. It permitted of free regurgitation. The inner coat of the thoracic aorta was affected with the atheromatous deposit. In the abdomen there were old adhesions of the liver to the diaphragm anteriorly, and to the contiguous viscera. The liver itself was greatly enlarged, its consistence soft, and its appearance like that of incipient cirrhosis. The kidneys were likewise softened, but, except a few cysts under the external coat, were otherwise unchanged.

This case presented a good example of some of the changes produced by a tropical climate.

XXX.—ACUTE PERICARDITIS DURING CONVALESCENCE FROM FEVER.<sup>1</sup>—The heart and its covering are the parts presented. The lymph is seen minutely studding the entire surface of the pericardium, and a band about two inches long is adherent to the apex. There was but slight liquid effusion.

The case was that of a female, aged 36, who was admitted on the ninth day of fever. In the course of eleven days she began to convalesce, and was doing very well up to the period of the attack, which occurred twenty-one days afterwards. She was now suddenly seized with rigors, vomiting, and apparent prostration. The vomiting persisted in defiance of all treatment, and in eighteen days she expired. The only lesion found has been mentioned. The case is interesting, as presenting the symptoms of gastritis rather than of the disease which existed, and for the absence of dyspnoea and pain, which circumstance obscured the case, and prevented any thoracic examination from being made.

XXXI.—HYPERTROPHY OF THE HEART, WITH DILATATION.—The subject of this case, Daniel Drain, aged 68, was of very intemperate habits, yet, with the exception of several attacks of pleurisy many years previously, he had enjoyed fair health up to the period of his present illness. He was admitted into the General Hospital, Belfast, on January 28th, 1851, having been then about three months ill. He ascribed his complaints to the effect of “a drinking bout,” for, two days after it, he was seized with copious hemoptysis, and ever since has had occasional slighter attacks. Cough, dyspnoea, and palpitation supervened; and have continued in an increasing degree, and latterly œdema of the lower limbs, with scanty urine, has been observed. His appearance on admission was large and bloated, in great measure caused by the œdema, which had become general. On examination, a distinct bruit, best heard at the apex, accompanied the first sound of the heart; the lowest lobe of the right lung presented crepitating rale, with intensely dull percussion-note, and bronchial

râles pervaded the left, and the remainder of the other lung; the urine presented no trace of albumen, but was charged with lithates. He died on the 23rd March following, and during this interval, the dyspnoea, lividity, and pneumonic expectoration, were prominent symptoms, and did not yield in the slightest to the means employed, cupping, counter-irritation, and mercury.

On a post-mortem inspection, the right lung was found adherent at many points, and embedded in a copious effusion, and its middle and lower lobes in a state of red hepatization, with a small abscess. The left lung presented merely bronchial congestion, and a small pneumonic spot at the extreme base. The heart was greatly hypertrophied, especially the walls of the left ventricle. The mitral, tricuspid, and pulmonary valves were healthy, and only a slight calcareous deposit was observed in one segment of the aortic, which, however, was not rough, and evidently insufficient to interfere with its proper action.

This case is interesting from the occurrence of well-marked murmur, arising from hypertrophy alone. This sign, as heard best at the apex, ordinarily indicates mitral valve disease, but on a minute inspection, nothing of the kind was observable. The evidence of pneumonia and old pleurisy was distinct; and, in combination with the heart-affection, accounted for the anasarca.

XXXII.—BRIGHT’S DISEASE OF THE KIDNEY; PHTHISIS. Ellen Ferguson, aged 23, was admitted into Hospital, November 25th, 1851, having been ill nine months. Her illness commenced during lactation, with an attack of hemoptysis, accompanied by cough. She weaned the child, but anorexia and debility, and complete amenorrhœa, soon became the chief symptoms, until the beginning of November, when the hemoptysis returned with new symptoms, œdema and great weakness of the lower bowels, and frequent diarrhœa. On admission, thoracic examination disclosed softened tubercle at the apex of the right lung, with pneumonia at the base, and crude tubercles in the left. The urine had a specific gravity of 1012, and was copiously albuminous. This condition, associated with the dropsy, sufficiently indicated the lesion of the kidney.

On a post-mortem examination, the right lung was found to be firmly and extensively adherent, and surrounded by considerable effusion. The adhesions were most prominent at the apex, which contained a cavity filled with pure tubercular matter. Many similar softened points were observed in the rest of the lung, while at the base tubercular masses were seen embedded in pneumonic condensation. The left lung presented only one slight adhesion at the apex; but there were innumerable points of tubercular infiltration, surrounded by hepatized lung. The heart was small, but otherwise normal. The kidneys were large, lobulated, and very friable, and presented a beautiful marbling on the external surface. The cortical part on section closely

<sup>1</sup> [This seems to be identical with Case 4 on page 45.]

resembled the grey matter of brain, and had nearly a similar consistence.

XXXIII.—BRIGHT'S DISEASE OF THE KIDNEY; EMPHYSEMA.—Anne M'Farlan, aged 40, married, was admitted into the Hospital on January 18th. Since her childhood she had been subject to asthmatic respiration, and she has had two attacks of anasarca within the last eighteen months, induced, it was reported, by cold and wet. On admission, there was general anasarca, extending to the face. The chest had a rounded form, and the percussion-note, anteriorly, was extremely clear. Bronchial rales were present both in inspiration and expiration, the latter prolonged; the cardiac dulness diminished. The urine was scanty and highly coagulable. Cupping was had recourse to, and counter-irritants and alkaline and antimonial diuretics were administered; but she expired on 11th February, with diarrhœa and increasing debility.

The dead body presented extensive anasarca. There was copious sanguineous effusion in both pleural spaces, which were likewise filled with old firm adhesions, almost universal, but especially at the base and lateral parts. The left lung did not collapse, partly from the presence of the adhesions, but chiefly from emphysema, which was observed at every point, except the base, where the adhesions, and some congestive condensation, existed. The right lung was only emphysematous at the apex, but was passively congested in other parts. The walls of the right ventricles were distinctly hypertrophied; the rest of the heart was normal. The kidneys presented the well-marked granular condition. The other organs of the abdominal cavity were healthy. The brain was not examined. It is clear, that the presence of emphysema in this case hurried on an earlier termination than would otherwise be predicated, as the state of the kidney was not so advanced as we usually find it in cases where this condition constitutes the chief disease.

XXXIV.—DISEASE OF THE GALL-BLADDER AND LIVER; CHRONIC INFLAMMATION.<sup>1</sup>—The liver is greatly enlarged, and very friable, and has contracted adhesions to the colon, which is diminished in caliber. The gall-bladder is greatly contracted, and its walls, thickened to such an extent as to occupy a considerable space, are converted into a cartilaginous structure, containing cysts, filled with gall-stones of large size. These cysts had no communication with the ductus choledochus. In the immediate neighbourhood of this mass, a small portion of the liver had suppurated. The stomach and intestines, and other abdominal organs, were healthy.

The subject of this case was a woman, aged 50, who had suffered for the last ten or twelve years from dyspepsia, which, during the last two, was greatly aggravated and characterized by repeated paroxysms of pain, referred to the epigastrium and—the constitution hav-

ing been unaffected—were ascribed to the passage of gall-stones, which, however, were never observed in her stools. During the last four months she was constantly confined to bed, and was reduced to a state of great debility, from the unceasing irritability of the stomach. Two month ago she became slightly jaundiced, and then the pains became more settled in the region of the liver.

Latterly the pain and irritability were so persistent, that scirrhus of the pylorus was diagnosed. During the presence of the paroxysms, the occurrence of large tumours in the curve of the colon was remarkably deceptive, their size and dense hardness indicated retained and hardened fæces so perfectly. They were always, however, dispersed by the administration of enemata of turpentine and asafetida, which frequently brought away scybalous masses. The tumours, however, were constantly co-existent with the paroxysms. The adhesions of the colon may account for the hardness felt when this gut was inordinately distended.

XXXV.—INTUSSUSCEPTION IN AN INFANT<sup>1</sup>—The child was four months old, and had been previously in good health. Obstinate constipation was the chief symptom; and this was not even complete, and was unattended with any inflammatory or febrile symptoms. Vomiting had occurred only two or three times before death. The slight evacuations which were passed presented a sero-sanguinolent appearance.

On examination there were traces of slight peritoneal inflammation over the intestines generally. A portion of the jejunum was observed, on closer inspection, to be invaginated by a coil of the ileum to the extent of fourteen inches; and this entire tract was intensely congested. The passing of fæces in this case rendered the diagnosis very difficult; and besides, the usual evidences of approaching dissolution, which such cases generally exhibit, were not present

XXXVI.—ACUTE PERITONITIS.—An old woman, aged 60, named Nancy M'Kibbin, was admitted into Hospital, on December 17th, 1850, in a state of the utmost prostration: surface cold, voice feeble, features anxious, and exceedingly quick and feeble pulse. She complained much of abdominal pain, and great tenderness on the least pressure. The bowels had been confined for two days. Her further history could not be ascertained, save that she had been ill but three days. She only survived a few hours, never having rallied. The peritoneum presented over its entire surface an intensely inflamed appearance. Lymph and serum were effused in abundance, and numerous slight adhesions of the intestines, liver, and stomach, were observed. The interior of the intestines, and the other abdominal and thoracic organs were examined, but were found healthy.

XXXVII.—PURPURA (HÆMORRHAGICA) FEVER.—Mary Conway, aged 20, was admitted into Hospital on

<sup>1</sup> [This seems to be identical with Case 2 on page 45.]

<sup>1</sup> [This is similar to Case 3 on page 45 except that here the small intestine was involved.]

January 23rd, 1851, having been ill for four days. She was previously healthy, and had been lately suckling; but was attacked on the 20th with pain in the head and back, rigors, and vomiting. On admission she complained of excessive pain of the back, causing perfect agony and restlessness.

Her countenance was somewhat livid, and expression anxious; eyes suffused; skin hot and dry, and covered with rubeoloid eruption, and distinct purpuric spots of large size. The pulse was 132, soft; tongue dry and furred; bowels confined. At night she became delirious, but on the following day she expressed herself as being much better; on the third day, hemorrhage from the rectum, to a considerable extent, set in, which continued at intervals until 5, a.m., of the fourth day, when she expired.

A post-mortem examination disclosed nothing but ecchymosis and extravasations, which pervaded all the organs and tissues in the abdominal and pelvic regions, which were alone inspected.

This case appeared to have been an instance of the sthenic form of purpura. I have seldom witnessed one more acute. The pains and the febrile state were very remarkable; yet treatment based on this view was of no avail.

XXXVIII.—LUMBAR ABSCESS, COMMUNICATING WITH THE RECTUM; PHTHISIS.—Daniel Wales, aged 23, a wretched, emaciated creature, of a scrofulous appearance, was admitted into Hospital on February 8th, suffering from lumbar abscess of more than twelve months' duration. He has had repeated attacks of diarrhœa and cough; and expectoration, night-sweats, progressive debility, and emaciation, have characterized the case during the last three months. Lately, one of his ankles had become œdematous. On examination, an opening was observed in the lumbar region, above the right ilium, posteriorly, from which about four ounces of pus escaped daily. The examination of the chest gave a prolonged respiratory murmur under the left clavicle, but no increased resonance of voice. The diarrhœa was accompanied by pain and tenderness in the iliac and hypogastric regions. The tongue was characteristically red and clean. Motion in the right leg was limited, in consequence of the lumbar pain.

After a lingering illness, during which tenesmus and progressive debility and emaciation were the chief symptoms, he expired on March 27th.

The body was examined twenty-three hours afterwards. Both lungs were adherent, the left in a greater degree. Tubercle was deposited very extensively, and there was a small cavity at the apex; the right lung presented similar deposit, but no cavity. The heart was small and soft. In the abdomen the intestines were generally much contracted, especially in the descending colon. The mesenteric glands were extensively tuberculized. On pressing on the front of the sacrum, purulent matter flowed into the pelvis. A careful examina-

tion detected a sinus, extending under the gluteal muscles, through the great sciatic notch, and opening into the rectum about two inches above the anus. The front of the sacrum was carious to a small extent. The rectum around the aperture, and for some distance above, was diseased. The other organs were normal.

The source of the persistent diarrhœa and tenesmus is here readily seen, though it was not exactly ascertained during life; yet from the fact, that enemata were invariably returned almost immediately, a stricture or obstruction was surmised about the site of the opening. In other respects the case is not uncommon, especially in young subjects, of the scrofulous diathesis.

Resolved, That Peter Manley's account for Carpenter work done in the Museum be paid, amounting to £1. 8. 7.

Resolved, That John Briggs' account for painting done in the Museum amounting to £1 be paid.

#### 4<sup>th</sup> November, 1850

Present, Mr. Wheeler in the Chair—Dr. Ferguson, Mr. Browne R.N., Dr. McGee, Dr. Patterson, Dr. Pirrie, Mr. Lamont, Dr. Lynch, Mr. C. Mulholland, Dr. Bryce, Dr. Halliday, Mr. R. Black, Dr. Pelan, Mr. Harkin, Dr. Stewart, Dr. Collins, Dr. Dill, Dr. Seaton Reid, Dr. Black, Dr. Malcolm.

Resolved, That the Minutes of last meeting as now read, be confirmed.

Resolved unanimously that Dr. Stephenson be elected President of this Society, to continue in office till May 1851.

Resolved, That Drs. McGee and Malcolm be elected Vice-Presidents of this Society for the same period.

Proposed and seconded, That in addition to the President and Vice-presidents six members be annually elected, who shall constitute the Council of the Society, the Treasurer and Secretary for the time being to be ex-officio members thereof.

That Dr. Ferguson and Dr. Collins be requested to co-operate with the Library Committee to draw up a code of duties for the proposed Council, to be submitted to the Society at its next monthly meeting.

Mr. McNeice, Surgeon, Belfast, having been duly balloted for was elected a Member of the Society.

#### 2<sup>nd</sup> December, 1850

Present, Dr. Stephenson, President, in the Chair—Drs. McNeice, Malcolm, Collins, McGee, Patterson, Dill, Pirrie, Lamont, Rea, Drennan, Mr. Grattan, Drs. Stewart, Clarke, Murney, Browne R.N., Halliday, Lynch, Smith, McCleery, H. Stewart, Moffat, J. Smith, Thompson, Ferguson, Wheeler, Thos. Read.

The Minutes of last meeting read and confirmed.

Resolved unanimously that the President do now read the inaugural address.

Paper:<sup>1</sup> To the Members of the Belfast Medical Society. GENTLEMEN, The following sketch of the revival of the Belfast Medical Library was prepared hastily, to be read at the first meeting of the present session. As its composition was hurried, it was not then very legible, and, of course, not very clearly delivered. The author begs leave to thank those present for their kind and unwearied attention on the occasion, and the expression of their wish that it should be transcribed, and placed among their records. That the members may be able to make themselves more generally acquainted with the contents than could be done through a manuscript, it has been printed, and a copy presented to each for his acceptance.

I remain, your very faithful Servant,  
R. Stephenson, M.D.

Wellington Place, 9th December, 1850.

ON the 5th of November I was favoured with the following announcement from your worthy Secretary:—

BELFAST MEDICAL SOCIETY, November 5, 1850.

Dear Sir,—It is my very pleasing duty to acquaint you, that you were yesterday evening elected, by acclamation, President of the Belfast Medical Society, to which, I may say, you gave birth, and which you have cherished for so many years with such anxious care. May you long live to occupy the chair, which your high professional attainments, sterling principles, and ever merited esteem of the medical profession have so eminently entitled you.

I am, dear Sir,  
Yours most truly and respectfully,  
Æ. Lamont,  
Secretary, Medical Society.

To Robert Stephenson, Esq., M.D.

#### ADDRESS

On Thursday last I was waited on by Drs. Lynch and Collins, a Deputation from the Council of the Society, expressing a wish that I should take the chair on Monday the 2d December, and inaugurate, with an Address, the first meeting of the Society, since its constitution had been remodelled.

The changes, Gentlemen, which you have been pleased to make in its constitution have been very sweeping, though they tend to assimilate it, more than formerly, to the forms and regulations generally followed in our civic, and national institutions; yet they are very different in their principles and tendencies from the constitution originally formed for the Medical Society of Belfast, which was selected, at the time of its revival, as that most likely to develop the energy of the members, preserve a feeling of cordiality among them,

and conduce to the permanence of the Institution. Under that organization, it cannot be said to have failed in its purpose, as it has now stood the test of nearly thirty years, embracing freely the whole range of the profession, as its own; and inviting them to meet together monthly, without recalling to their minds any distinction, or any difference among them, by conferring titles to high places. Under an equal and simple arrangement it advanced beyond the expectation of any individual, and increased yearly in value, and usefulness to the medical profession; and at length to such an extent, that none of the junior members feel now satisfied, that they enjoy the full benefit of their connexion with Belfast, until they have been admitted to share its privileges, which, since its revival, have been granted to 199 candidates.

As the deputation, who honoured me with their visit suggested, that an account of the revival of the present Medical Society, and of the individuals, who promoted its success by their exertions in its service, would prove acceptable to the members on the present occasion, I shall draw a sketch of its original constitution—give you an account of the downfall of its predecessor—of the benefactors to the present institution—and the sundry officers, deputed time by time, by its members to carry their regulations into effect. Since I retired from office, as your Secretary, I have avoided all opportunities of embarking in public business; my own affairs being fully adequate to engage my energies and attention. I have thus felt a good deal of distrust of myself in undertaking to hold the office of President to your Society, having lost my aptitude for addressing public bodies; and feel myself, from want of habit, not so equal as formerly to fill a prominent situation with satisfaction to myself, or credit to the appointment.

The constitution of the Medical Society of Belfast was originally framed with a special view to aid the junior members of the profession. Many of them enter upon business with narrow means, and are unable from these to expend much in procuring the current literature of the day. The first attempt of the Association, which numbered only four members, Drs. M'Donnell and Forcade, Mr. Moore and myself, the acting staff of the hospital, were directed by these views; and being very humble in our expectations, and uncertain of success, aspired then to nothing greater than the circulation, among its members, of the most approved works in medical periodical literature, guarded with such restrictions as should insure their regularity and fair distribution, and afterwards allow them to accumulate, for farther consultation, if required. If my memory serve me, we agreed to venture on ordering a London Journal, Johnson's *Medico Chirurgical Review*, and the *Edinburgh Journal*, which were quarterly in their publication; the *London Medical Monthly Journal*, and *Thomson's Chemical Journal*. Periodical literature may be of passing interest, but is invaluable to those

<sup>1</sup> [Reproduced with permission from a copy of the address (with additions by Dr. Stephenson) supplied by Dun's Library, Royal College of Physicians of Ireland.]

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whose ideas are still unformed, and whose minds are not yet stored sufficiently, with their own experience, to direct measures in practice, required often on the emergency of the moment. The lectures and reports published in the periodicals, supply to such an endless fund of materials, as well for reflection, as for guides in practice.

The idea of their circulation, was modelled on the regulation of the Royal Medical Society of Edinburgh, which gives to those, who wish to take part in its debates, an opportunity of studying, at home, the papers prepared for discussion at their meetings. The parallel was followed, still farther, by connecting this arrangement of the periodicals with essays occasionally read by members; many of those contributed being of great interest, were for a time transcribed, and placed among the archives of the Society. The profession in town were not long in discovering the advantages to be gained by these arrangements, and hastened monthly to secure the benefits which they conferred, by offering themselves candidates for admission at the stated meetings of the members. These were fixed at eleven o'clock, forenoon, to accommodate any country members, who should wish to attend, and assist at the meetings of the Society—to secure the presence of the hospital attendants, who then visited about that time, and assisted in making the number required to form a quorum, which was five, the fifth always acting as chairman. The number thus formed continued to be considered the Standing Committee of the Society during the ensuing month, to look after its business in any case of emergency, or to give council to the Treasurer, or Secretary in any case of doubt. Admissions were granted freely by ballot, one in five rejecting the candidate proposed, who was required to produce a diploma from a college of medicine, surgery, or pharmacy, to make him eligible. The resources of the Society increasing above its wants, an accumulation of capital enabled it to add, occasionally, standard works to the donations, presented to the former Medical Society by the late Dr. Drennan, and Dr. William Haliday, which still remained in the hospital.

By steadily working the system detailed, and with additions made by other generous benefactors, your collection now numbers many hundred volumes; and the constitution thus planned has worked so harmoniously, that the members have continued to increase steadily during a term of nearly thirty years—in that time, secessions from its ranks among those that joined, having mostly arisen from the removal of its members from town, which was often caused by change of views in life, or from better prospects of success opening to them in other places, very few, indeed, having withdrawn from any want of satisfaction in the benefits, conferred by their connexion with the Society.

The permanence of its predecessor was of such short duration, that the early supporters of the Association added another tie, besides the circulation, to

make this more secure. They gave, after a term of twenty years' uninterrupted subscription, exemption from further contribution to its funds—a bonus, which appears to have contributed its full share to secure their wishes, and has hitherto served also to avert from it the fate of the former Medical Society—as it has raised an increasing, and steady reserve, ready at any time to take a part in the management—to come to the rescue, when its own, or the interests of the Library are endangered by injudicious changes. The fickle are deterred by it from wavering, the steady rewarded for their perseverance, while delinquents, when they wish, may be again admitted to share freely in its benefits—their secession being marked merely by loss of standing, without the infliction of any penalty, in the form of entrance, to compensate for the increased advantages, which they must reap on re-admission from the accumulation of property, that has accrued during their absence. These two regulations deserve always to be viewed with favour, as they promoted in a marked manner the permanence, and stability of the Association. The circulation of the periodicals keep it constantly before the members, by its weekly, and sometimes daily visits, refreshing their recollections with the interesting, and amusing style of their contents, and preparing them, at the same time, by bringing within view the intelligence of the day, to keep their minds ready to treat, and grapple with the epidemic of the season. Any irregularity, in conforming to these regulations, benefits the Society by contributing, in the form of penalty, a valuable addition to the funds, and these are again disposed of for the benefit even of the defaulters, as well as of the regular contributors, by adding to the accumulation both of books and property; in this way any loss sustained by the arrangements has been more than repaid by the permanent benefits created by the steady interest, and stability, which the circulation has given to the Institution. It has made members, in active practice, wary of forfeiting the renewed benefit and enjoyment, which it confers, sometimes daily, joined with the risk of incurring the penalty already stated; and tends to foster among them an unwearying steadiness, and support of the Society, by marking temporary secession with the loss of standing and privilege. These two principles should never be lost sight of by the supporters of the Institution, and those anxious for its permanence, as they have fulfilled the purpose of its founders, and served to give a duration to this Association much longer, than was enjoyed by its predecessor.

It ran no such lengthened course; but its principles and constitution were, until now, widely different from the present. The first Medical Society had its President and Council, but it never aimed at giving the same steady assistance to the junior branches of the profession; and finally became exclusive, chary of its admissions, centralized until nothing remained except the

governing authorities, who finally seized upon it as their victim, dividing the spoil among themselves. When that institution had so far dwindled by their management, as to number as members merely the president, with the officials and council, it was consigned to ruin by partition among themselves. That was indeed the season of faction, and party-spirit among the profession in Belfast, arising from difference of opinion, and of views as to the best means of managing the interests, and medical care of the poor by gratuitous attendance, or by officers appointed, and paid by salaries. In consequence of the difficulty of raising funds adequate to the current expenses, and the cases of sickness, claiming relief, being numerous and pressing, the views of the former prevailed; and, after much warmth of temper, and bitterness of opinion, the latter being foiled, seceded from the Hospital, and scattered the books connected with the library, the records of which have also passed into oblivion. Party-spirit rose so high at that time in the profession, that the seceders from the Hospital, not willing that their successors in attendance should reap even the benefit of what they themselves would not enjoy, or that the books should be left there, cleared the library of its contents, returning even the donations. The first proposal was to divide by lot the property collected, but this being overruled, it was finally decided to dispose of it by auction, that the proceeds of sale might be divided among themselves, without regard to the interest held in the property by those, who had been members, but seceded before the time of spoliation arrived—wary of the views, and of the measures of those, active in the management. With some difficulty, and after strong remonstrance, they were luckily prevented from bringing to the hammer the generous donations of Dr. Drennan and Dr. William Haliday, who had contributed to enlarge the collection by gifts of their medical libraries—both having retired on competence from the fatigues, and worry of business. Their books had been selected with care and discernment, from the most approved publications of the day, for their individual instruction in the knowledge of the profession; and, with the current literature of the times, collected during the continuance of the Society, had made the library of considerable importance. But it had then become of little interest, or general utility to the profession, in consequence of the exclusive power acquired by the council of admitting members to its enjoyment and privileges. As the sale of the donations was overruled, they were returned to the donors. Dr. Drennan was by this time dead, and for some time the books continued to embarrass considerably the surviving relatives, to whom they were useless and annoying. The late Dr. Stephenson, who again took office as attendant to the Hospital in ordinary, well aware of the value of the donations to the profession, and of the perplexity of the legatees, solicited them to replace the books in the

Library, becoming responsible for their safety. He was afterwards chosen an honorary member, as the application was liberally granted, and these collections restored to their places in the Hospital. A generous wish for the interest of the profession, and the revival of the Medical Society, influenced Dr. Haliday to be persuaded by the same solicitation, and replace his donation in the Library, and his name in consequence now deservedly holds the first rank among your honorary members. He was justly esteemed by his cotemporaries for every quality that could make him respectable; and though unable for many years from bodily infirmity to follow the active duties of his profession, he continued to be a zealous student of it till near his death, as the records of your library show him to have been a constant applicant for books.

As far as related to the Library, everything remained in this state from 1818 to 1822, when the first effort to revive it was made by myself, by summoning the attending and consulting staff to meet in the Hospital on the 8th of May, to take the revival of the Society into consideration. Only four answered to the call; but they took the right path, and fortified the institution with such regulations, and checks, to escape a second disaster, that it has outlived all then present except myself: while it did not cease to reward them during their lives, as well with the promise of permanent success, as to become afterwards to the profession a valuable legacy of their good wishes, and a valuable memorial of the lasting interest they had in the welfare, intelligence, and prosperity of their successors. Arrangements having been put into regular train for a supply of the best conducted periodicals, and the surplus funds devoted to the purchase of standard works in medicine, surgery, and the kindred sciences, the collection grew apace, and became daily more attractive to the members of the profession. In addition to the accumulation gradually arising from the purchase of books, it was farther enlarged by a generous donation from Dr. MacCormac, and, latterly, by the entire library of the late Dr. Thomson, numbering eight hundred volumes, which had been collected by him during a long career in a deservedly successful, and honourable professional life, during which he earned the confidence of the public, and the affection, esteem, and gratitude of his medical brethren, by a gentlemanly suavity of manner, and the affectionate interest, which he always took in promoting their success, and welfare in the profession. It would be ungenerous to avoid stating on the present occasion, that he was the only individual member of the first Association, who made an attempt to remedy the mischief formerly committed; but, by his splendid bequest, he has justly entitled himself to rank, as he well deserves to be placed, among our most liberal and generous benefactors. In addition to these, several smaller donations have been made by various members and well-wishers to the institution, and mark their

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approval of its objects; among the most considerable of which, I have been reminded not to pass over unnoticed, that given by Dr. M'Gee. Though it may be thought indelicate to dwell on the merits of active, and ordinary members in eulogy, it must be equally ungracious to pass them in silence, as the example, in such a cause, should be known to have its influence on all.

The first shock felt by the Society arose from the removal, by death, of Dr. Forcade, in the year 1835. He had taken an early interest in its revival, accepted office as Treasurer, and from his accurate knowledge of finance, established, with unwearied zeal, such a system of checks, as made it difficult for any irregularity to escape detection, or any delinquent to cease from being a valuable and profitable member to the Association, or from increasing its welfare even by his errors. He levied all penalties without any feeling of remorse: but while he excelled in the “fortiter in re,” he joined with it in his nature so much of the “suaviter in modo” that none took lasting offence at his energy in your service; but, making a merit of necessity, paid their fines with at least a seeming good grace, rather than withdraw from the Society. To his many estimable qualities he added a vast, and endless relish for conviviality, and, by a happy thought, engrafted on the institution an appendage which has served, as much as any other branch of it, to strengthen its hold on the good-will of the profession. The annual dinners were his thought, and during his life he promoted them with unwearied energy; sparing no toil capable of making them be looked to by the members as an annual festival, abounding in every social and convivial enjoyment. The octogenarian has sat there with the tyro, and there the elder members of the profession were happy to relax themselves from the toil of business, and meet those entering the goal with the right-hand of fellowship; while the asperity and bitterness of the day has there been mellowed in the generous juice of the vine. Nothing could have served better to hold together all in an united harmony, or to maintain that cordial union in the profession, which is not only creditable to the members, but necessary to maintain their weight and respectability with the public. It is pleasing to look back on such a character as Dr. Forcade, and to think of an individual, who could raise himself by his dexterity, as a surgeon, to the highest rank in the confidence of the public, and the profession, yet who would work with the diligence of a clerk on every detail, that could in any way tend to the perfection, and stability of a Society so essentially connected with the mutual improvement, and intelligence of his professional brethren. He is gone, and we may muse with the sage, in his reverie, and exclaim with him—

When shall we look upon his like again?  
The Society paid his memory a merited compliment on his death. They kept their circulars in mourning until

the appointment of his worthy successor, Dr. Burden, as Treasurer.

Since his time, I understand that another department has been engrafted on the Institution, not contemplated in the original plan of the Society. The Pathological Museum—a morbid excrescence which, I trust, shall never be allowed to prey deeply on its vitals—for, if at any time, it should become desirable for the Medical Society to break their connexion with the Hospital, it might give cause of umbrage and dispute, to claim these specimens, or remove them with their other property, from this situation, to a more approved locality. It is an acquisition, however showy, which is not likely to be interesting, or capable of being made useful to the generality of members, as it is inconvenient, and injurious to carry away the preparations for study, so that they can eventually only prove generally useful to the medical staff, connected with the Hospital, and in the habit of giving lectures to such pupils, as attend their clinical visits. On this account there can be no good grounds for consuming the funds of the Library for the benefit of the one, or the advantage of the other. There are many works, connected with all the branches of the profession, which are still wanted to complete the collection, and when these have been had, funds are yet needed to raise a building to contain it, free of the interference of any other body, and to place it within the sole control of the profession, where the members might meet freely, and take council in a style worthy of their rank; and, like their brethren in other places of distinction, have an edifice, which would confirm the standing, and importance, and independence of the profession in Belfast. We shall not, till then, be clear of the risk of having our collection again scattered, or free from the effects of any broil, that may arise again among the Hospital attendants.

The last topic with which I shall detain you will be a passing allusion to my own tenure of office, as Secretary. As most of the members present are in possession of what has passed here since my resignation, it will not be necessary to encroach longer on the business of the meeting by entering on details, with which they must be more familiar than myself.

I acted as Secretary to the Medical Society during the treasurership of Dr. Forcade, and held office until the year 1838, when embarrassed by business, and other perplexing duties, and being determined to relax for some time, I visited the Continent. Having from severe experience found, that no individual could continue to fulfil the increasing duties of the situation, I recommended, that these should be lessened by throwing part of them on the Librarian, who should in consequence have a salary: and I have the satisfaction to think that this arrangement has been useful to the Library, and more satisfactory to the members. Having to the utmost set all things in order, I hastened to free myself of the trammels of office, and had the satisfaction of

being succeeded by the late Dr. Sanders. With his zeal, and successful exertions in the service of the Society, until death deprived us of his valuable assistance, you are all well aware. I cannot pass over unnoticed the distinguished compliment made to me on that occasion by the members connected with the Society, which, of itself, would more than compensate for any labour given in their behalf; and an indifference, even now to their attention and kindness to me then, would on my part, be highly unbecoming. They not only favoured me with an invitation to a sumptuous public entertainment, but presented to me an enduring mark of their acknowledgment—a copy of the “Bridgewater Treatise;” marking their esteem, individually, by favouring me each with his autograph attached to the work, and an Address, couched in all the suavity of diction, with which our late accomplished member Dr. Thomson was so familiar. ... Overwhelmed with so many favours, and acts of kindness, private and public, I shall be unable to look with indifference on anything connected with the interests of the Medical Society, or its Library, and shall always feel myself happy in being allowed in any way to contribute to its prosperity and advancement. Having been for some years superannuated as an active member, I have been inclined to leave the management entirely in the hands of the members in ordinary, who would suit its constitution to the times, and make, with less hesitation, those alterations, which the increasing extension and importance of the Medical Library requires, and, perhaps, do this with more judgment, than some, who may be wedded to old and early associations, by useless and hurtful prejudices. For these reasons, I should have wished to have been allowed to live out of harness for the time to come, if it had been your pleasure; still, I do not like to make a stand in opposition to the deliberate arrangements of my professional brethren, and if my services can now aid them in carrying forward the Institution to higher degrees of utility, and advancing it still higher in distinction, I am ready, in virtue of my engagements, to join them heartily, and labour again, if required, in a valuable, honourable, and creditable enterprise.

2d November, 1850.

Resolved, That the thanks of the Society be given to our President Dr. Stephenson for his very valuable address and that he be requested to allow it to be recorded on the minutes of the Society.

A ballot having been taken for Six members of Council the following were elected in the order here laid down—Surgeon Browne R.N., Dr. Ferguson, Dr. Moffat, Dr. Pirrie, Dr. H. Stewart and Dr. Halliday.

Resolved, That a special meeting of the Society be called for Monday next, the 9<sup>th</sup> Inst, when Mr. Grattan is requested to read his paper on the new Dublin Pharmacopœia, postponed tonight owing to the lateness of the hour.

Resolved,

That our Librarian be instructed to place the Periodicals on the Library table immediately on receiving them from the Secretary, and that he have instruction, on no account to remove them till they have lain on the table the certain period enjoined by the rules of the Society.

William Magee, Chairman  
6<sup>th</sup> January, '51

A LIST OF THE MEMBERS OF THE  
BELFAST MEDICAL SOCIETY,  
ENTERED SINCE ITS RE-ORGANIZATION ON  
JUNE 8, 1822.<sup>1</sup>

Admitted.	Names.	Residence.	Retired.	Died.
1822.				
June 8	Dr. M'Donnell	Belfast,		April, 1845.
"	Dr. Forcade	Do.		July, 1835.
"	Dr. R. Stephenson	Do.		
"	Surgeon Moore	Do.		Oct. 1847.
"	Surgeon M'Cleery	Do.		Sept. 1847.
"	Surgeon Coffey	Do.		1846.
July 1	Mr. Bryson	Do.		
"	Surgeon M'Kibbin	Do.	Dec. 1, 1835	
Aug. 5	Dr. Haliday	Do.	May 2, 1825	
Dec. 2	Dr. Young		Dec. 2, 1823	
"	Surgeon Mawhinney	Do.		April 4, 1840.
1823.				
June 2	Surgeon A. B. Filson	Portaferry,	May 1, 1825	
1824.				
May 1	Surgeon Birnie, R.N.	Belfast,	May 1, 1825	
"	Dr. M'Gowan	Carrickfergus	"	
July 5	Dr. S. S. Thomson	Belfast,		Apr. 30, 1849.
May	Surgeon Officer	Do.		
July 5	Dr. Millar		Aug. 7, 1825	
"	Surgeon Aicken	Belfast,		April, 1837.
1825.				
Feb. 7	Dr. Berwick		May 1, 1828	
April 4	Surgeon M'Clure		May 1, 1829	
May 2	Dr. Macabe	Belfast,		Nov. 25, 1828.
"	Surgeon M'Cullough		May 1, 1827	
"	Surgeon Douglas	Lurgan,		May 8, 1842.
"	Dr. Wilson	Belfast,	May 1, 1836	
May 30	Surgeon William Quin	Do.	May 1, 1837	
"	Dr. Haliday, H. Mem.	Do.		June 4, 1836.
July 4	Dr. Stephenson, Do	Do.		Jan. 12, 1833.
Aug. 1	Mr. Walkington	Do.		
Sep. 5	Surgeon Maclurcan	Do.		Dec., 1846.
Dec. 5	Surgeon Wethered	Lisburn,		Sep. 7, 1842.
1826.				
Jan. 2	Dr. Cupples	Do.	May 1, 1827	
"	Dr. Kidley	Belfast,	May 1, 1826	
"	Surgeon M'Burney	Do.		
March 6	Surgeon Scott	Do.	May 1, 1829	
May 29	Surgeon Fitzmaurice	Do.	May 29, 1827	
"	Surgeon Gowdy		May 1, 1828	
"	Surgeon Latham	Antrim,	May 1, 1832	
July 3	Mr. Grattan	Belfast,		
Sep. 4	Surgeon Stewart		May 1, 1829	
Dec. 4	Dr. Drummond	Belfast,	May 1, 1828	
1827.				
Jan. 1	Surgeon Strain	N.townards,		Jan. 1, 1836.
"	Surgeon Murray			
Feb. 5	Surgeon Campbell		May 1, 1829	
Mar. 4	Mr. M'Master		May 1, 1828	
"	Surgeon E. Bryson	Antrim,	May 1, 1829	
May 28	Surgeon H. Purdon	Belfast,	June 2, 1828	
July 2	Dr. Little	Do.	May 1, 1840	
Aug. 6	Sur. George Welsh		May 1, 1828	
Sep. 3	Surgeon T. Wilson	Belfast,	May 1, 1837	
Nov. 5	Dr. Stewart			July, 1828.
"	Dr. Duncan	Belfast,	May 1, 1835	
1828.				
Jan. 7	Dr. Kirkpatrick	Larne,	May 1, 1830	
May 1	Dr. M'Cormac	Belfast,		

<sup>1</sup> [From the booklet containing Dr. Stephenson's Address.]

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Admitted.	Names.	Residence.	Retired.	Died.		Admitted.	Names.	Residence.	Retired.	Died.
	Dr. Kidley	Do.	May 1, 1839			1840.				
Dec. 1	Dr. Thomson	Lisburn,	July 5, 1830			July 6	Surgeon Shaw	Bryansford,	May 1, 1841	
1829.						Aug. 3	Surgeon F. O'Neill	Belfast,	1842	
Jan. 5	Dr. M'Dowell		May 1, 1830			Sep. 7	Dr. Stewart, L Asylum	Do.		
July 5	Surgeon Wales	Belfast,	May 1, 1838			Oct. 5	Surgeon Large	Do.	May 1, 1841	
"	Dr. M'Donald	Crumlin,	May 1, 1832			"	Dr. Christopher Black	Do.	May 1, 1842	
1830.						1841.				
Jan. 4	Dr. Smylie	Larne,	May 1, 1830			Jan. 4	Surgeon Trotter	Ballyatwood,	1843	
"	Dr. M'Meechan	Whitehouse,				Feb. 1	Surgeon Hawkin	Belfast,		
Feb. 1	Surgeon Wallace		May 1, 1832			"	Surgeon J. Clarke	Do.		
"	Surgeon Taggart		May 1, 1831			May 3	Dr. Thomas Read	Do.		
May 4	Dr. Hurst	Belfast,				July 5	Surgeon Simpson	N.townards,	May 1, 1842	
May 31	Dr. Burden		May 1, 1833			Aug. 2	Sur. Robert Gordon	Bellaghy,	May 1, 1842	
July 5	Dr. Shaw		May 1, 1831			"	Sur. J. Mawhinney	Belfast,	May 1, 1844	
						Nov. 1	Dr. Dill	Do.		
						Dec. 6	Dr. Hill Sloane	Do.	About 1845	
						Admitted.				
Aug. 2	Sur. J. R. M'Kibbin	Belfast,	"			1842.				
1831.						Feb. 7	Dr. Horatio Stewart	Belfast,	May 1, 1846	
Aug. 1	Dr. Bingham	Downpatrick,	May 1, 1834			Sep. 5	Dr. Kirkpatrick	Larne,	May 1, 1847	
Sept. 5	Dr. Joseph Bryson	Belfast,				"	Surgeon M'Collough	Bangor,		1843
"	Dr. Mateer	Do.	May 1, 1849			Oct. 3	Surgeon M'Ewen	Glenarm,	About 1844	
Nov. 7	Dr. James Anderson	Do.	May 1, 1833			Nov. 7	Dr. Malcolm	Belfast,		
1832.						"	Surgeon M'Harg	Lisburn,	May 1, 1847	
Jan. 2	Dr. Thom. Thompson	Belfast,				1843.				
				Mar. 19,		Jan. 2	Surgeon Brown, R.N.	Belfast,		
July 2	Surgeon Barnett	Do.		1832.		Feb. 6	Dr. Gordon	Belfast,		
Sept. 2	Sur. J. Aicken, H. Mem.	Do.				"	Surgeon A. Anderson	Do.	May, 1844	
May 28	Dr. Hannay	Lurgan,	May 1, 1833			May 1	Dr. J. W. Beck	Do.		
1833.						"	Dr. J. S. Reid	Do.		
May 6	Dr. Scott	Belfast,	May 1, 1841			June 6	Dr. Donnelly	Do.	May 1, 1846	
June 3	Dr. Latham	Antrim,	May 1, 1834			July 3	Dr. J. D. Marshall	Do.		
Oct. 7	Dr. Hawthorne	Belfast,	June 1, 1835			"	Sur. William Marshall	Do.	May, 1844	
Dec. 2	Dr. Johnson	Do.	May 1, 1835			Nov. 6	Dr. Richard Cooke	Do.	May 1, 1847	
1834.						1844.				
May 5	Sur. Taggart. H. Mem.	Belfast,		1840.		Jan. 1	Dr. Catherwood	Donaghadee,	May 1, 1848	
June 2	Surgeon Seagrave		May 1, 1835			Aug. 5	Dr. Russell	Portstewart,	May 1, 1846	
"	Surgeon M'Cluney	Belfast,		March, 1837.		1845.				
Aug. 5	Surgeon Lynch	Do.	May 1, 1847			March 3	Surgeon Lamont	Belfast,		
Nov. 3	Dr. Burden	Do.				May 5	Dr. James Moore	Do.		
Dec. 1	Surgeon John Quin	Do.				July 7	Dr. Pelan	Do.		
1835.						"	Sur. Daniel Clarke	Do.	1845	
Feb. 2	Sur. J. Cunningham	Ballyclare,	May 1, 1837			Aug. 4	Dr. Pirrie	Do.		
"	Surgeon Dolway Bell	Glenavy,				Sep. 1	Dr. Knox	Do.	May 1, 1847	
Mar. 2	Surgeon Phillips	Saintfield,	May 1, 1837			Nov. 3	Sur. C. Mulholland	Do.		
May 4	Surgeon Stewart	Carrickfergus	"			1846.				
June 1	Dr. Gausson	Crumlin,	May 1, 1841			March 2	Dr. Gardner	Garnerville,	May 1, 1847	
Aug. 3	Dr. Rutledge			May 1, 1836.		May 4	Dr. Collins	Belfast,		
Nov. 2	Surgeon Cowner		May 1, 1836			July 6	Dr. Ewing	Do.	1847.	
"	Staff Surgeon Kendal			May, 1850.		Aug. 3	Dr. Halliday	Do.		
Dec. 7	Dr. Collins	Belfast,	May 1, 1838			"	Surgeon Anderson	Do.		Sept. 3, 1847.
"	Dr. Moffat	Crumlin,	Aug. 7, 1837			Sep. 7	Dr. Dreman	Do.		
1836.						Oct. 5	Dr. Drummond	Do.	May 1, 1847	
Jan. 4	Dr. Sanders	Belfast,		July, 1846.		Nov. 2	Surgeon Wheeler	Do.		
"	Mr. Marshall		May 1, 1836			1847.				
Feb. 1	Dr. Francis Anderson	Bellaghy,	Jan. 2, 1837	1847.		July 5	Dr. Bingham	Downpatrick,		1848.
"	Surgeon D. Murray	Belfast,				Aug 30	Dr. M'Laughlin	Lurgan,	May 1, 1848	
"	Dr. Drummond	Do.	May 1, 1837			Oct. 5	Surgeon M'Cleery	Belfast,		
May 2	Dr. Andrews	Do.				"	Dr. Murney	Do.		
"	Surgeon R. Gordon	Portstewart,	May 1, 1837			Nov. 1	Dr. Ferguson	Do.	May 1, 1850	
"	Dr. M'Collough	N.townards,		Aug. 1, 1837.		Dec. 6	Surgeon Murphy	Do.	1849	
Nov. 7	Dr. M'Caldin	Belfast,	May 1, 1837			1848.				
Dec. 5	Dr. Forde	"				May 1	Dr. S. Holmes	Belfast,	1849	
1837.						"	Dr. C. S. Black	Do.		
June 6	Dr. G. H. Adams	Belfast,	1843			"	Dr. Hamilton	N.townbreda,		
1838.						Aug. 7	Surgeon Corry	Belfast,		
Jan. 1	Dr. Knox	Ballycastle,	May 1, 1840			Nov. 6	Surgeon R. Black	Do.		
Sept. 3	Dr. Mulholland	Belfast,				"	Surgeon Heburn	Do.	1850	
"	Surgeon Birnie, R.N.	Do.		1845.		Dec. 4	Surgeon J. S. Dickson	Do.	May 1, 1850	
		Crumlin, now				"	Sur. J. W. T. Smith	Do.		
Nov. 5	Dr. Moffat	Belfast,				1849.				
"	Dr. Robert Bryce					March 5	Dr. M'Gee	Belfast,		
1839.						"	Dr. H. Stewart	Do.		
Jan. 7	Surgeon Sturgeon	Portadown,	May 1, 1840			June 4	Dr. Lynch	Do.		
"	Dr. Hunter	Belfast,				Aug. 6	Dr. Dundee	Carmmoney,		
March 4	Dr. J. S. Reid	Do.	May 2, 1842			"	Dr. M'Kibbin	Belfast,		
"		Comber, now				May 7	Surgeon Rea	Do.		
"	Dr. Patterson	Belfast,				"	Surgeon Wales	Do.	May 1, 1850	
"	Dr. Reid	Ballybay,	May 1, 1840			Dec. 3	Surgeon John Smith	Do.		
May 6	Surgeon Wales	Belfast,		July 1, 1839.		1850.				
"	Surgeon William Quin	Do.		July 1, 1849.		Jan. 7	Dr. Blizard	Belfast,		
"	Sur. William Johnston	Do.	May 1, 1840			"	Dr. Hodges	Do.		
"	Surgeon Rowan	Do.		July, 1840.		June 3	Professor Ferguson	Do.		
"	Dr. Murray	B.macarrett,	May 1, 1842			Nov. 4	Surgeon M'Neice	Do.		
July 1	Dr. Kelso	Lisburn,				1851.				
Sept. 2	Surgeon M'Donald	Do.	May 1, 1840			Jan. 6	Sur. T. Mawhinney	Belfast,		
Dec. 2	Surgeon Jeffares	N.townbreda,	May 1, 1846							

**Special Meeting**

**9<sup>th</sup> December, 1850**

Present, the President in the Chair—Drs. McGee, Browne, Patterson, Rea, Aickin, Smith, Moffat, McCleery, Halliday, McNeice, Dill, Grattan, Mulholland M.D., Ferguson, Thos. Read, Dundee, Malcolm, Pelan, Mr. Grattan Dentist, Visitor.

Mr. Grattan read a very excellent paper on the new Dublin Pharmacopœia, in which he showed the very many improvements which had been introduced in it in various of its formulæ, and he also pointed out several parts where the compilers or authors had neglected to avail themselves of improvements which might have been put forth.

A lengthened conversation followed in which the members generally approved of Mr. Grattan's views and requested him to have his observations published in some of the periodicals. Mr. Grattan also exhibited Mr. Alsop's minim-graduated tube or syringe and the facility it affords for measuring the smallest quantity of fluid. He also shewed the best method of testing the specific gravity of Hydro-cyanic acid. At the close a vote of thanks was moved in the following terms, and passed unanimously.

That the best thanks of the Belfast Medical Society be offered to Mr. Grattan for his valuable paper on the new Dublin Pharmacopœia.

Proposed by Professor Ferguson, seconded by Dr. Moffat

William Magee, Chairman  
6<sup>th</sup> January, '51

**6<sup>th</sup> January, 1851**

Present, Dr. McGee, V.P. in the Chair—Drs. Lynch, Pirrie, Rea, Thompson, Halliday, Patterson, Ferguson, Browne R.N., Dill, McNeice, Lamont, McCleery, Wheeler, Moffat, Malcolm. Chair afterwards taken by the President Dr. Stephenson.

The Minutes of last ordinary meeting and the special meeting having been read and confirmed.

Mr. Thos. Mawhinney, having been balloted for, was unanimously elected a Member of the Society.

Resolved, That the further consideration of the Medical Charities Bill be deferred until after the result of the interview with the Lord Lieutenant on the subject appointed to take place on the 8<sup>th</sup> Inst. has been ascertained.

Resolved, That in all adjudications on matter of etiquette, a specific report, embracing principles, and directed to abstract points of importance, be returned by the Council to the Society at its next meeting. Proposed by Dr. Ferguson and seconded by Dr. Dill.

Dr. McGee read a very valuable statistical paper on Cholera as it appeared in Belfast during the epidemics of 1832 and 1849.

Resolved, That a vote of thanks be passed to Dr. McGee for the very elaborate statistical report now read on Cholera as it appeared in Belfast during the years 1832 and 1849, and that he be requested to publish it in such a form as may be available to the members of this Society and of the profession generally.

**Special Meeting**

**17<sup>th</sup> January, 1851**

Present, Dr. McGee V.P. in the Chair—Dr. Malcolm V.P., Dr. H. Stewart, Dr. Collins, Mr. Browne R.N., Dr. Moffat, Mr. Lamont, Dr. Hamilton, Dr. Burden, Dr. Patterson, Dr. Halliday, Dr. Drummond, Mr. Wheeler, Mr. Clarke, Dr. Thompson.

Mr. Browne read a report from the Council on the Medical Charities Bill approving of the general features of the Bill of last session, and recommending that a Meeting of the Profession in the North of Ireland should be called for Friday next to thank the Lord Lieutenant and Sir William Somerville for their promises to bring forward a bill similar in its provisions to the last, and request them to urge forward the measure in the coming session as quickly as possible. The several clauses in the bill of last session which the Council considered requiring alteration or amendment were then read over serially and having been duly discussed were passed as follows

Resolved, That in 1<sup>st</sup> Clause, *three* Medical Commissioners be recommended instead of *two*.

In 2<sup>nd</sup> Clause, That to constitute a quorum, one Medical Commissioner should be present.

In 10<sup>th</sup> Clause, Recommended that the elections of Dispensary Medical attendants be in the hands of the Dispensing Local Committees instead of the Boards of Guardians.

In 20<sup>th</sup> Clause, Recommended that Dispensary attendants should have power to admit cases to Hospitals, and that the Medical officers of Hospitals should have power to refuse admission to improper cases, and to dismiss such when admitted.

On the 28<sup>th</sup> Clause being read, it was proposed by Dr. Moffat and passed,

That Clause twenty-eight be either rescinded or revised for the following reasons—

1<sup>st</sup> The attendance on, and certifying for, dangerous lunatics, being a most responsible and onerous Medical Duty, should be paid for.

2<sup>nd</sup> The attendance on Bridewells and Houses of Correction provided for by the Clause, may interfere with existing interests, and will certainly be productive of much confusion from the succession of Medical Men attending. A Medical Man should be specially appointed to each Bridewell.

3<sup>rd</sup> The remuneration for such extraordinary services should not be left optional, but should be imperative on the Board.

Resolved, That the Council be requested and authorised to draw up a Memorial to the Lord Lieutenant on the subject of the proposed Medical Charities Bill embodying the alterations on the Bill of last session now suggested to be forwarded to his Excellency in such manner as the Council may think fit.

That a Public Meeting of the Medical Practitioners of Ulster be called by advertisement and circular to meet in the Library of the Society on Friday next, the 24<sup>th</sup> instant at one o'clock p.m. to determine on the steps to taken for securing the passing of an efficient Medical Charities Bill.

**General Meeting of the Practitioners of Ulster  
Convened by public advertisement and circular  
and held in the Library on Friday 24<sup>th</sup> January 1851.**

Present, Professor Ferguson in the Chair—Drs. McGee R.N.; Browne R.N.; Pirrie; Malcolm; Peden, Ballyclare; Moffat; Hamilton, Newtownbreda; H. Stewart; Moore; Shaw, Lurgan; W. Murphy; Kelly, Holywood; Gribbin; John Smith; MacCaldin, Coleraine; Breden, Portadown; Vesey, Magherafelt; Thos. H. Babington, Coleraine; Joseph Clarke, Kilrea; McLoughlin, Portadown; J. Quin; Lynch; Mulholland; James Smith; Dill; Hall and McComb, Antrim; Clarke; Wheeler; Hood; Dundee, Carnmoney; McCleery; Ross; Patterson; Seaton Reid; McNeice; T. Mawhinney; Armstrong; Stewart, Carrickfergus; Thompson; Gaussen, Crumlin; Croker, Hillsborough; Halliday, Lamont.

Letters of apology for non-attendance received from Drs. Knox, Strangford; Morrison, Newry; Warke, Newtownlimavady; Motherell, Castlederg; Barr, Maghera; Deverell, Dromore; Robinson, Ballybay; Henry, Newbliss; and McKee, Randalstown; all approving of the bill of last session and some offering suggestions for the guidance of the meeting.

On the Motion of Dr. MacCaldin, Coleraine, seconded by Dr. Lynch, Professor Ferguson was called to the Chair. Resolved, That Surgeons Browne and Lamont do act as secretaries to the meeting—

**1<sup>st</sup> Resolution**

Proposed by Dr. Babington, Coleraine,  
Seconded by Dr. Malcolm, Belfast,

Resolved, That further parliamentary legislation for the support and management of the Medical Charities of Ireland has been long and urgently demanded in consequence of the unsettled state of the Grand Jury laws, and the decline of the voluntary contributions upon which they have hitherto in a great measure depended, whereby in many parts of the country the sick poor have been neglected, or indifferently provided for, the charitable imposed on, and the interests of our profession overlooked; and this meeting therefore regret that the Medical Charities Bill of last session which (as amended by the Commons) was well calculated to remove the evils complained of, was withdrawn, more especially as the

anticipated passing of that measure has since tended most materially to increase those evils.

**2<sup>nd</sup> Resolution**

Proposed by Dr. McGee, Belfast,  
Seconded by Surgeon Browne, Belfast,

Resolved, That we are now gratified to observe that the Members of Her Majesty's government in Ireland have publicly notified their intention to introduce, on the re-opening of Parliament, a bill identical in its principals and main features with the Medical Charities Bill of last session, which received our approval, in as much as it provided for the Compulsory support of all such Charities—their general superintendence by a Board composed, at least in part, of Medical Commissioners, and the supervision by a staff of paid Medical inspectors—preserved to a great extent the existing interests of the present Medical officers, and generally contained provisions calculated to ensure the efficient and economical working of these Charities, and to meet alike the interests of the sick poor, the rate-payers, and the Medical profession.

**3<sup>rd</sup> Resolution**

Proposed by Dr. Moffat, Belfast,  
Seconded by Dr. Vesey, Magherafelt,

Resolved, That while the meeting feel great pleasure in thus generally approving of the leading provisions of the Medical Charities Bill of last session as it reached the House of Lords, they would beg respectfully to call the attention of the Irish Government to the following objections to certain clauses.

In Section 1, We strongly recommend that if it be not expedient to have the central Board composed entirely of Medical Men, the number of Medical Commissioners should be, at least, three, and that no quorum of such Board should be formed without the presence of one such Medical Commissioner, in order that the great medical questions involved in the working of the proposed Bill may be properly carried out.

Section 3. Being of opinion that the number of Inspectors here stated will be found too few to carry out efficiently the intentions of the Bill, we respectfully suggest that they should at least equal in number the Poor-Law Inspectors.

Section 10. We further recommend that the elections of the Dispensary Medical attendants be vested in the Dispensary Committees, and not in the Boards of Guardians.

Section 20. We here recommend that the Dispensary Medical officers should have the privilege of admitting fit cases for Hospital relief.

Section 28. We strongly object to this Clause, in as much as it would impose a very responsible and onerous duty on Medical officers without any fixed remuneration, and is calculated to affect injuriously the interest of the Medical profession and the sick poor. We recommend, therefore, either its entire with-

drawal, or such a revision as would clear it of its objectionable spirit.

**4<sup>th</sup> Resolution**

Proposed by Dr. Breden, Portadown,  
Seconded by Dr. Joseph Clarke, Kilrea,

Resolved, That the best thanks of this meeting are hereby tendered to His Excellency the Lord Lieutenant and Sir William Somerville, the Secretary for Ireland, for the assurance which they have publicly given of the speedy introduction, in the ensuing session of Parliament, of a measure identical in its main provisions with the Medical Charities Bill of last session, and that our Chairman be requested to convey the same together with copies of this day's proceedings to His Excellency and Sir William Somerville.

**5<sup>th</sup> Resolution**

Proposed by Dr. H. Stewart, Belfast,  
Seconded by Dr. Halliday, Belfast,

Resolved, That petitions praying Parliament to sanction such a measure when introduced, be drawn up and forwarded to the Members for the Borough, and the Marquis of Clanricarde, for presentation to both Houses of Parliament.

**6<sup>th</sup> Resolution**

Proposed by Dr. Dill, Belfast,  
Seconded by Dr. Seaton Reid, Belfast,

Resolved, That copies of the foregoing resolutions, and the report of this Meeting be forwarded to the Members of Parliament for Ulster, with a respectful request, that they will support the speedy passing of the measure referred to.

**7<sup>th</sup> Resolution**

Proposed by Dr. Gaussen, Crumlin,  
Seconded by Dr. Croker, Hillsborough,

Resolved, That a standing Committee be now appointed for the purpose of watching the introduction of the proposed Medical Charities Bill, and using their best exertion to forward the passing of the measure, and otherwise carrying out the views of this meeting; the Committee to be composed of the Council of the Medical Society, with Drs. Gaussen, Crumlin; Stewart, Carrickfergus; Croker, Hillsborough; and Dundee, Carnmoney.

**8<sup>th</sup> Resolution**

Proposed by Dr. Lynch, Belfast,  
Seconded by Dr. Peden, Ballyclare,

Resolved, That each member of this meeting do now contribute the sum of three shillings to meet the necessary expenses connected with the holding of this meeting and the carrying out of the foregoing resolutions, and that Dr. Burden be requested to act as Treasurer for this purpose.

**9<sup>th</sup> Resolution**

Proposed by Dr. Babington, Coleraine,  
Seconded by Dr. Breden, Portadown,

Resolved, That the thanks of this meeting be given to the Medical Society of Belfast, for originating this

meeting and for all their active exertions connected therewith.

**10<sup>th</sup> Resolution**

Proposed by Surgeon Browne R.N.,  
Seconded by Dr. Malcolm,

Resolved, That Professor Ferguson be now requested to leave the Chair and that Dr. Stewart of Carrickfergus do take it.

**11<sup>th</sup> Resolution**

Proposed by Dr. Moore, Belfast,  
Seconded by Surgeon Lamont, D<sup>o</sup>,

Resolved, That the warm thanks of this meeting be given to Professor Ferguson for the dignified and efficient manner in which he presided on this occasion.

R. Stephenson, Chairman  
3 February 1851

**3 February, 1851**

Present, Dr. Stephenson, President, in the Chair—Surgeon Browne R.N., Dr. Patterson, Dr. Malcolm, Dr. Lynch, Dr. Pirrie, Mr. Lamont, Dr. Thompson, Dr. Dill, Dr. Halliday, Dr. Burnie.

The Minutes of last monthly meeting and of the special and general meetings were read and confirmed.

Dr. Burden gave notice that he will resign the Treasurership at the 1<sup>st</sup> May.

Mr. Lamont gave notice that he will resign the office of Secretary at the 1<sup>st</sup> May.

Dr. Malcolm read a report on a number of Pathological specimens of disease received since 1<sup>st</sup> November 1850.<sup>1</sup> Four specimens of disease affecting the Brain, 2 cases of apoplectic clot of large size, 3<sup>rd</sup> Red ramollissement, 4<sup>th</sup> White ramollissement. Two specimens of diseased lung, tubercular. A case of purulent deposit in the spleen occurring in Fever. A case of diseased aortic valves. A case of great dilatation of left ventricle with diseased aortic valves. A case of mitral disease. A case of apoplexy of the lung. A case of sanguineous pleuritic effusion. A case of Pneumonia, various stages. A case of Medullary Tumor of orbit.

- A case of Polypus of ear.
- Polypus of Uterus
- Exfoliation of lower jaw
- Skull of an Idiot
- Synovial lesion
- Cyrrhosis of liver
- The Brain in a case of Typhus
- Stricture of Colon
- Normal fœtus
- A skeleton thorax.

Resolved, That Lamont, Brothers account for stationary etc. amounting to £1. 14. 2 be paid.

<sup>1</sup> [Further details of some of these are found on page 88.]

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Some Conversation having taken place respecting the sale of Quack Medicines and the use of secret remedies by the profession, the subject was referred to the consideration of the Council which was requested to report thereon at next meeting.

**3<sup>rd</sup> March, 1851**

Present, Dr. H. Stewart in the Chair—Mr. Mawhinney, Mr. Smith, Dr. Patterson, Dr. Dill, Dr. Halliday, Mr. Lamont, Dr. Thompson, Mr. McNeice, Mr. Rea, Dr. Gordon, Dr. Bryce.

The Minutes of last meeting read and confirmed.

A report read from the Council on the subject of Quack Medicines in which they recommended that it would be injudicious to interfere in the matter for them, at present, than to express their disapproval of the whole system of secret remedies.

Resolved, That Brigg's account for putting up pathological specimens, painting etc. amounting to 10/- be paid.

Moved by Dr. Patterson and seconded by Mr. Mawhinney,

Resolved, That no book be purchased until the Treasurer forward to the Society a statement of the funds.

Resolved, That the Council be requested to lay before the Society at next meeting the sum which has been expended annually on the Pathological Museum from its commencement till the present time.

A. G. Malcolm M.D.  
Chairman.

**7<sup>th</sup> April, 1851**

Present, Dr. Malcolm, V.P., in the Chair—Dr. Dill, Dr. Gordon, Dr. Lynch, Dr. Patterson, Mr. Lamont, Dr. Collins, Mr. Rea, Dr. Ferguson, Surgeon Browne R.N., Dr. Murney, Mr. Wheeler, Dr. Halliday, Dr. Bryce, Mr. James Smith.

Resolved, That the consideration of the books proposed be deferred "*sine dei*".

Resolved, That all bills due on the score of the Pathological Museum be forthwith discharged (proposed by Professor Ferguson and seconded by Surgeon Browne R.N.).

Resolved, That the Society grants to the Professional staff of the General Hospital for the purposes of Medical instruction, the use of their Pathological Museum and suggest to the Medical Staff the necessity of employing every available means of securing its support and enlargement.

Resolved, That Messrs. McCleery and Lamont be appointed to examine the annual fines of the Society.

That Mr. Browne and Dr. R. Stewart be appointed auditors of the Bookseller's and Treasurer's accounts.

That Drs. Malcolm and Moffat be appointed to examine the Library and report to the meeting in May.

A report made by the Council on a case of Medical Etiquette embodying the following resolution

"That the Council would earnestly impress upon their brethren the propriety in all cases where misunderstandings arise between members on professional matters, of first seeking a mutual explanation, before the subject is submitted to the Council as it is evidently inconvenient to have unimportant matters brought before them."

**Annual Meeting**

**5<sup>th</sup> May, 1851**

Present, Dr. Stephenson, President, in the Chair—Drs. Burden, Patterson, Lynch, Pirrie, Malcolm, Moffat, Drennan, C. Black, Lamont, Rea, McGee, Browne, McNeice, Dill, Gordon, Collins, Bryce, McCleery, Wheeler, Murney, James Smith, R. Black, Mulholland, C. Mulholland, Halliday, J. Quin, John Smith, Thompson, Corry, T. Mawhinney, McNeice.

Resolved, That the thanks of the meeting be given Drs. Moffat and Malcolm for their excellent report on the state of the Library, and that the suggestions therein stated, be considered at next meeting of Society.

Messrs. McCleery and Lamont gave in a report on the annual fines of the Society.

Surgeon Hood, Belfast, having been duly balloted for, was elected a Member of the Society.

Dr. Gordon having intimated to the Secretary that he would appeal to the Society against a decision of the Council of the 12<sup>th</sup> April on a Circular issued by him to the Electors of the General Hospital, and intimation thereof having been given to the members of the Society in calling the meeting. Dr. Gordon stated his objections to the resolution of the Council denying that there was anything objectionable in the Circular, or that he had any intention to depreciate the professional standing of his brethren.

After a lengthened and somewhat warm discussion, during which several propositions were made by different members, it was finally agreed to drop the subject.

On an election of President for the ensuing year taking place Dr. Stephenson was re-elected by acclamation.

The Treasurer Dr. Burden read the statement of accounts for the past year, which had been audited and found correct, and having tendered his resignation the following resolution was adopted by acclamation,

Resolved, That the best thanks of this Society be given to Dr. Burden for his unvaried and most valuable services as our Treasurer during seventeen years.

A ballot having been taken for Treasurer for the ensuing year Dr. Patterson was elected by a large majority.

That the thanks of the Society be given to Mr. Lamont for his services as Secretary and that he be requested to continue for another year.

That owing to the increased duty devolving upon the Secretary since the appointment of a Council, Dr. Drennan be unanimously appointed as joint secretary with Mr. Lamont.

A ballot having been taken for two Vice-presidents, Drs. McGee and Malcolm were again appointed.

Six members of Council were then appointed as follows—Drs. Browne, Pirrie, Ferguson, Murney, Moffat, and Gordon.

Resolved, That the Annual Dinner be held on the 10<sup>th</sup> June as the 8<sup>th</sup> falls on Sunday.

That Drs. Patterson, Moffat and Browne be appointed Stewards to the Annual Dinner.

R. Stephenson, C. Man  
June 2

#### June 2<sup>nd</sup>, 1851

Present, Dr. Stephenson in the Chair—Drs. Patterson, Ferguson, Malcolm, McGee, Stewart, Dill, Smyth, Browne, Black, Wheeler, Lynch, McCleery, Murney.

Dr. McCaldin of Coleraine was unanimously elected a Member of the Society.

Dr. Russell of Bangor was balloted for and unanimously elected a Member of the Society.

The re-election of Dr. Moore deferred in consequence of the absence of his seconder Dr. Pirrie.

Surgeon Armstrong of Belfast balloted for and unanimously elected a Member of the Society.

A proposal brought forward by Dr. Malcolm that the Medical Society of Belfast should co-operate with the other Public Bodies of the town in inviting, and receiving, the British Association at their Meeting in 1852, was considered by the Society, and unanimously adopted. That a Committee be appointed for the purpose of carrying out the foregoing resolution.

That the Council be requested to act as the Committee on this occasion.

That the Council be requested to send to each member a list of the missing Volumes and Numbers, in order that any stray volumes or numbers in their possession may be sent to the Librarian as donations to the Library.

That a Special Meeting be summoned for the 6<sup>th</sup> July to consider the propriety of disposing of 105 volumes and 71 parts of duplicates now in the Library on the recommendation of the Library Examination Report.

That all the unlabelled volumes be labelled and catalogued by the Librarian.

That the Librarian be invited to the annual dinner.

Mr. Wheeler read the report of a case of "Hepatic Abscess," and an interesting discussion ensued.

R. Stephenson, Chairman

#### 7<sup>th</sup> July, 1851

Present, Dr. Stephenson, President, in the Chair—Dr. Collins, Dr. Malcolm, Mr. Hood, Dr. Drennan, Dr. Halliday, Dr. Beck, Dr. Patterson, Mr. Lamont, Dr. Ferguson, Dr. Thos. Read, Dr. Murney, Mr. J. Smith, Mr. McCleery, Dr. Dill, Mr. Armstrong.

The Minutes of last meeting read and confirmed.

Resolved, That the proposition of the Council to sell the duplicate volumes (numbering 105) and duplicate numbers (71) be agreed to, and that the manner of disposing of them be referred to the Council at its next meeting.

Dr. Moore's re-election deferred, his fines and subscription not having been paid.

Dr. Beck, according to a previous intimation, laid before the Society an extremely interesting case of syphilis occurring in his own person, and apparently produced by attending a case of midwifery where the patient had been affected by that disease.

The attack commenced on one of the fingers by a small pustule or vesicle which soon took on an unhealthy appearance followed by sores of a phagedenic character on various parts of the body, one particularly covering the greater part of the left thigh, ham, and part of the leg, of an extremely irritable character and to which the application of local remedies was attended at all times with great pain and without any beneficial effect. Dr. Beck stated mercury was tried in almost every form but in every instance with injurious effects. The various mineral acids were also used but without any advantages, and the only medicine which checked the progress of the disease and to which he attributes the saving of his life was Iodide of Potassium, and even this he had at first very great difficulty in becoming inured to the use of, owing to the very unpleasant irritation of the mucous membranes with symptoms of salivation etc. which he experienced but he persisted in the use of it, gradually increasing the dose from half a grain to 5 or 6 grains 3 times a day, in sweet milk, which he found the best menstruum he could use. After being confined for about 18 months to the house, the greater part of that time to his back in bed, he is now so far recovered as to be able to walk with the aid of a crutch, and all the symptoms are rapidly subsiding—the immense ulcer on the thigh nearly healed and the nodes, rupia etc. all gone.

The case elicited various questions from the members to all of which Dr. Beck readily and satisfactorily replied. It also raised a short discussion on the use of mercury in syphilis, some members stating in their opinion that it was neither necessary nor in most cases advisable and others considering it (and they seemed the greater number) as a specific in most forms of the disease.

All concurred, however, in awarding to Dr. Beck their hearty thanks for his very valuable case and the liberal spirit in which it was brought forward.

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Dr. Dill then proposed to pay Dr. Moore's subscription and ten shillings as an equivalent for the amount of his fines in order that the ballot for his admission might proceed. It was proposed as an amendment, however, that Drs. Read, Malcolm, and Burden be appointed a subcommittee to examine Dr. Moore's fines and report thereon at next meeting. The amendment was carried.

R. Stephenson, Chairman

**August 4<sup>th</sup>, 1851**

Present, Dr. Stephenson, President, in the Chair—Drs. Pirrie, Malcolm, Patterson, Ferguson, Thos. Read, Dill, Stewart, Moffat, Murney, Drennan, Messrs. Armstrong, McCleery.

The thanks of the Society were presented to the subcommittee for considering Dr. Moore's application and their report was received and adopted.

Dr. James Moore was balloted for and elected a Member of the Society.

The proposing of Dr. Shiel was postponed in consequence of his diploma not having been inspected.

It was resolved that the thanks of the Society be transmitted through Dr. Marshall to Dr. Lee for the "Memoirs on the Ganglia and Nerves of the Heart and Uterus" presented by the latter to the Library.

The proposition of the Council for the sale of the duplicate Volumes and Numbers was adopted, and the sale proceeded with accordingly.

The following volumes were sold at the annexed prices, and the sale of the remainder was then postponed until the next night of meeting.

London Medical Gazette 27 volumes at 1/3 per volume

Edinburgh Medical and Surgical Journal 57 volumes at 1/6

Medico-Chirurgical Review 7 volumes at 1/4  
D<sup>o</sup> D<sup>o</sup> vol 3<sup>rd</sup> (odd number) 1/4

Transactions of Queen's College of Physicians 5 volumes at 2/1

D<sup>o</sup> Medical of College of Physicians 3 vols at /8d

Dublin Journal 12 volumes at 3/3

Medical Transactions 3 volumes at /8d

Medical Commentaries 10 volumes bound 1/-  
D<sup>o</sup> D<sup>o</sup> 9 volumes unbound 1/-

Annals of Medicine 8 volumes at /4d

R. Stephenson, Chairman

**September 1<sup>st</sup>, 1851**

Present, Drs. Stephenson, Patterson, McGee, Collins, Gordon, Wheeler, Mulholland, Moffat, Stewart, Moore, Ferguson, McCleery, Drennan.

The Minutes of last meeting read.

Resolved, That the accounts of the Messrs. Lamont be audited by Dr. Drennan.

Mr. Browne read the account of a case of Cleft Palate, in which he had performed the operation of

Staphyloraphy with complete success. This result had been exhibited in the person of the Patient (a young woman æt 24) to the Members of the Society at their previous meeting.

The defect implicated the soft palate alone, and there were two points connected with the operation to which the Author of the Paper directed special attention as materially facilitating its performance.

1<sup>st</sup> The method adopted of securing the sutures by the employment of doubled ligatures, of which one of the free ends was passed through the "bight" or duplication of the thread on the opposite side of the fissure, and then connected with its fellow. The apposition of the cut surfaces Browne conceived to be thus more effectively secured than by the use of a single ligature, and the risk of tearing or cutting through the intervening soft parts to be less.

2<sup>nd</sup> The division of the muscular structures of the Palate (performed in this case after the sutures had been applied), was effected by oblique incisions extending from the bony palate to within half an inch of the arches of the velum, and included the levatores and tensores palati alone, the palato-glossi and palato-pharyngei being left entire. The tension on the sutures, and the forcible elevation of the palate towards the nares previously existing was thereby completely obviated.

Paper:<sup>1</sup> *Among the many congenital defects to which mankind is liable, that of cleft or fissured palate is not the most unfrequent, nor the least distressing. The imperfection materially affects two of the functions of life,—one of daily necessary action, namely, deglutition; the other required to maintain our social relations, viz. articulation. Both of these actions require a perfect condition of that part of the mouth named "velum palati," or soft palate; for when this structure is either absent at birth, or is destroyed by disease, swallowing the food is often a most distressing necessity, and speech is so deformed, if I may use the expression, that the unhappy subject of the defect is no less startled by his own discordant sounds than the listener is pained to hear the abortive attempt. This, unlike some other congenital or acquired imperfections, cannot be concealed, or the functions with which it interferes be kept in abeyance, but daily, almost hourly, reminds the poor sufferer that he is a disagreeable member of society. Fortunately, the resources of modern surgery have found a remedy, and offer an almost certain means of either alleviating or doing away with a deplorable affliction; and this knowledge should impart consolation to the sufferer and his friends, when it is known that he need not necessarily remain the subject of a defect once regarded as irremediable.*

The operation for cleft palate, "staphyloraphy" or "velo synthesis" as it has been named, is one of the

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1852, v13, p214.]

triumphs of surgery, many of which our age has happily witnessed, and for which the world is indebted to bold and scientific practitioners. Within the last few years the operation in question has been much improved by the genius of Professor W. Fergusson and others, and has been repeatedly performed with complete success on the Continent, in America, and in this Kingdom. The following case, which I think presents some novelty, is that of a female, the daughter of a respectable farmer in the county of Down; she is twenty-four years of age, and is now in perfect health, although in early life she was the subject of a very severe strumous affection. I believe her relatives never imagined there was any probability of having the defect under which she laboured remedied, until a professional friend in Belfast submitted her for my opinion, when I at once advised the operation which I afterwards performed. The steps of that operation I shall presently detail, premising that they who have either witnessed a similar operation, or have read the cases published, will not perceive that I have departed from the usual method pursued, save in two respects, and these I hope I shall not be considered presumptuous if I deem improvements. In the first place it is essentially important that the patient about to be operated on should be most anxious for the undertaking, firm, and resolved to second the efforts of the surgeon in every way, and prepared for a tedious and distressing operation. In these respects I was most fortunate in my patient, for greater determination in the prospect of the proceeding, and sustained resolution throughout, could not possibly have been exhibited, and I must bear testimony to her possession of courage and strength of mind I have never seen surpassed. Besides having a patient with the qualities just mentioned, it is necessary to see that all the functions are in healthy action, and that the natural strength is brought up to as high a standard as the individual case will admit. I think the patient should be under observation for ten days or a fortnight, during which time a species of training should be pursued so that the palate may become accustomed to be handled, and the patient habituated to endurance.

The instruments and appliances I used were, a fine scalpel with a sharp point; curved and straight forceps; scissors; short, curved needles, with an instrument for the purpose of carrying them through the margin of the parts about to be brought together; a pair of pliers; strong, waxed ligatures, eighteen inches in length; a few metallic beads, softened, and a number of small, fine sponges. The needles I had made were three-quarters of an inch in length from the eye to the point, with about an additional eighth of an inch beyond the eye, which was received into the socket of the holder, and were considerably curved; the holder was something like that used for crochet needles, the slide being moved by a strong silk thread, which was attached to another slide working along the handle. I may here

mention, that in the present case the fissure extended from the hard palate to the point of the uvula, dividing the velum into nearly two symmetrical portions, and was one inch and a half in length.

Having the various instruments noticed in readiness, I seated my patient before a good light, resting her head against an assistant's breast, who stood behind her. I then carefully pared off the margin of each division of the palate down to the points of the split uvula, and extended the incision a quarter of an inch above the point of separation and upon the margin of the hard palate. Smart hemorrhage followed these incisions, and it became necessary to wait for ten minutes, during which time the patient was gargling and rinsing out the mouth and throat with iced water. The bleeding having ceased, I carried a needle, threaded with a double ligature of silk, through the left side of the soft palate, about one-eighth of an inch from its margin, and midway between the edge of the hard palate and the point of the uvula. I then seized the needle, drew it forward, after detaching it from the holder; again fixed and carried it through the opposite side, brought the needle out and unthreaded it, having then on one side of the mouth the "bight" or doubling of the suture, and, in the other, its two ends: and thus with each point of suture in succession.

The steps just related were attended with some difficulty, and the eccentric motions of the sides of the palate, and the trickling of blood into the throat from the punctures, with a profuse secretion of viscid saliva, kept up so much irritation as to cause considerable delay; the first suture, however, having been passed and secured, the succeeding steps were greatly facilitated. I now beg to direct attention to the method I adopted to secure each suture after it had been passed successively, as I have demonstrated: I seized the "bight" of the ligature, and passed one of the ends through it, then, by drawing gently on each of the ends, alternately, the edges of the palate were brought into accurate apposition. I next passed both ends of the suture through a metallic bead, pushed this close up to the palate, and then pinched the bead with pliers so as to securely fasten the suture. The five points of suture which I found it necessary to use having been properly secured, I observed that there was great tension of the soft palate, and a drawing of it upwards and backwards towards the posterior nares; to obviate this action and remove the tension, I made two incisions, extending obliquely outwards and backwards from the edge of the hard palate, and from within half-an-inch of the recently joined velum to within three-fourths of an inch of the arches or margin of the soft palate. These incisions were nearly an inch in length, and divided through the entire structure of the palate on either side between the points just mentioned; so soon as they were made, the drawing-up of the palate immediately ceased, and all tension on the sutures was overcome,

while two gaping wounds, at least a quarter of an inch wide, were left.

The patient was now made to gargle out the mouth freely with iced water, and was removed to bed, the attendants being desired to give her milk and cool tea in small quantities if she complained of thirst.

Six hours after the operation I was pleased to find that she had slept, and was quite comfortable, all irritation having entirely ceased, the palate remaining quite passive. Next morning the parts looked very well; there was no undue redness or swelling; and the edges of the wound seemed in due apposition, while the palate was quite passive, save a slight motion in the uvula; the lateral wounds were suppurating. On that day she had good beef-tea, jelly, milk, &c., freely given to her; and I may remark, that she continued to take similar nourishment during the first four days. Everything progressed most satisfactorily, and on the evening of the third day after the operation, I removed three of the points of suture, leaving the two central still in; these, however, I removed on the following day, at which time the central wound had completely united, while the lateral incisions were nearly filled up by granulation. After this date my patient had solid food, with porter, for dinner.

The operation, the steps of which I have just related, was necessarily tedious and painful, in consequence of the irritation caused by coming so much in contact with the back part of the tongue and fauces; if, along with this, the patient were to become unsteady, great difficulty would also attend it. There are two points in the operation now detailed to which I wish to direct attention: the first is the method by which the sutures were fastened, namely, by passing one end of a double ligature, after it had been carried through the opposite sides of the palate, through its duplicature or "bight." This method, in my opinion, greatly facilitates the "rendering" or free action of its two parts in coming closely together, and thus effecting true apposition of the pared margins of the palate, without any risk of tearing or cutting through its substance. It has been recommended to use a single ligature, and fasten it by running one end through a simple knot on the other part, and thus draw the two portions closely together; but there is this objection, that should the thread be uneven, it is likely the knot would jam too soon, and thus the suture would become useless. I am not aware that the method I recommend has been alluded to or put in use before.

The other point in my operation to which I would refer is, the manner in which I made the lateral incisions, for the purpose of overcoming the action of the palatal muscles, and the consequent strain upon the sutures. Whether a similar plan of division has been before practised, I am not prepared to say; but I have not seen it clearly stated in any work, what should be the extent or direction of these incisions. I consider,

however, that those I made are best calculated to facilitate union by the first intention—which is the surgeon's aim—as from their direction and extent they completely divide the levator and tensor palatopharyngeal, and probably some fibres of the palati muscles, on each side, and thus prevent any action that could possibly interfere with union.

The nicest and most difficult part of the operation is paring the entire margin of the cleft accurately, because whenever an attempt is made to seize the palate its muscles are thrown into action, and produce the most extraordinary eccentric motions, drawing the half velum up towards the nares and twisting the uvula in a very surprising manner. Hence arises the question, should not the muscles be divided in the first instance? Perhaps they should; but, beyond rendering more easy the process of paring the edges of the cleft, I question whether such a step would facilitate the other parts of the operation; indeed I am disposed to think that if it were performed first, neither could the needles be so easily passed, nor the wound be brought so accurately in apposition; besides which, the surgeon cannot tell, a priori, to what extent the lateral divisions of the palate should be made,—hence, were I to operate again in a similar case, I should pursue the course I have already marked out. The system of starvation after the operation, insisted on by some writers, is altogether needless, especially if the lateral incisions be made, for then it is impossible that the smallest disturbance of the wound can take place in the act of swallowing fluids. This has long since been pointed out by Sir Philip Crampton and Mr. Fergusson; consequently, there should be a liberal supply of nourishing fluid food given during the first few days of the cure, after which solid food may be safely taken.

The sutures should not be left in too long, as they may cause deep ulceration; they should not, I think, be removed earlier than the third day, or later than the fifth. Six weeks have elapsed since the operation, and already my patient has felt the great benefit conferred by it, as the act of deglutition is unattended, as formerly, with any unpleasant results. With respect to the improvement in speech, there has scarcely been sufficient time yet to promote it, as a course of careful training is usually required to overcome the previously acquired habits of articulation; yet there is, doubtless, an appreciable change for the better in the tone of the voice even now.

A short discussion ensued after the reading of a Paper, as to the history and modes of staphylophary.

The sale of the remaining duplicate volumes was then proceeded with, and the following were sold at the annexed prices

London Medical Review 8d per volume  
Medical Observations 7d per volume  
Memoirs of Medical Society 7d D<sup>o</sup> D<sup>o</sup>

London Medical Gazette 3s D° D°  
Edinburgh Journal 8s for the lot  
Southwell's Medical Essays 3d

R. Stephenson, Chairman

**October 6<sup>th</sup>, 1851**

Present, Drs. Stephenson, Pirrie, Moffat, McGee, Drennan, Mulholland, Lynch, Messrs. Smith, Browne, Armstrong.

Resolved, That the Messrs. Lamonts' account, having been found correct, be ordered payment.

Dr. G. H. Young was balloted for and unanimously elected a Member of the Society; his admission to date from the period of the payment of his subscription.

R. Stephenson, Chairman

**November 3<sup>rd</sup>, 1851**

Present, Drs. Stephenson, McGee, Malcolm, Lynch, Patterson, Drennan, Gordon, Dill, Pirrie, Wheeler, Mr. Browne, etc.

The Minutes of last meeting read and confirmed.

The Treasurer reported that when the subscriptions and fines now due shall be paid, he will have £40 in hand, to the credit of the Society.

Moved by Dr. McGee and seconded by Mr. Browne, and resolved, that Drs. Bryce and Halliday be applied to for payments of their Library fines on pain of having their names struck off the List of Members.

Dr. Shiels of Bangor, Mr. Posnett of Belfast and Mr. McMullan of Belfast were successively balloted for, and unanimously elected Members of the Society.

A discussion took place with reference to the reading of Papers, and it was resolved that, in order to secure a more regular supply, application should be made to the Members in rotation and that Drs. MacCormac, McMechan, J. Bryson, and Thos. Thompson should be the next applied to for such communications.

Professor Gordon read an interesting Paper on Dislocation (backwards) of the Thumb, with reference especially to the agencies that oppose its reduction. After recapitulating the views of Sir A. Cooper, Liston, Hey, Sir C. Bell and others on the subject, the writer stated his own opinion to be that "the impediments to reduction resulted not from muscular action, nor from new locking of the bones, but from the torn fibrous tissue on the palmar surface of the joint, being first interposed, and then, when extension downwards and forwards is included, dragged in between the bones."

In attempting reduction, therefore, he recommended "that the dislocated phalanx should be bent or extended backwards, and its base pressed forwards and downwards," the fibrous tissue being thus, as it were, held out of the way, and the reduction, in consequence, being effected without difficulty.

In the discussion that followed, the mode of manipulation recommended by Dr. Gordon was generally approved of, but its success attributed rather to the relaxation of the lateral ligaments thereby effected, than to the cause which he assigned.

A motion made by Dr. Patterson with reference to the collecting of the outstanding debts connected with the Medical Charities Bill was lost on a division.

Dr. Malcolm brought under the notice of the Society an application for subscriptions which he had received from the Secretary of the Jenner Testimonial.

A subscription list was opened, and Dr. Dill consented to act as Treasurer.

R. Stephenson, Chairman

**December 1<sup>st</sup>, 1851**

Present, Drs. Stephenson, MacCormac, Pirrie, Malcolm, Patterson, McGee, Halliday, Drennan, Clarke, Collins, Ferguson, Moffat, Rea, Hamilton, etc.

The Minutes of last meeting were read and confirmed.

Dr. Babington was unanimously elected a Member of the Society.

Wardrop on Disease of the Heart was ordered for the Library.

Dr. MacCormac read a very interesting and instructive Paper on Ventilation which elicited considerable discussion.

Mr. Coyle's account for arranging and cataloguing the books left to the Library by the late Dr. Thomson was referred for examination to Dr. Malcolm and Mr. Browne, and ordered to be paid on their approval.

Dr. Stephenson brought forward his propositions for the formation of a fund for the establishment of a Hall for the Society's accommodation.

After some discussion, the subject was adjourned for consideration until the next night of meeting.

Drs. Patterson and Dill were appointed Stewards for making arrangements for the next Society's supper.

Mr. Warwick's election was deferred from the absence of his proposer and seconder, who should have certified that they had seen his Diploma.

R. Stephenson, Chairman

**January 5<sup>th</sup>, 1852**

Present, Drs. Stephenson, Patterson, Gordon, Malcolm, Pirrie, Drennan, Wheeler, Murney, Browne, Black, Lynch, Smith, James Smith, Bryce, Seaton Reid, etc., etc.

The Minutes of last meeting read and confirmed.

That the Messrs. Lamonts' account be paid by the Treasurer.

That arrangements be made by the Council with the next Printer of the Society, as to the rate of charges for circulars etc.

*Belfast Medical Society*  
*Session 1851–1852*  
*President Robert Stephenson*

That the delay in the receipt of Guy's Hospital Reports be referred, for inquiry, to the Council.

Dr. Stephenson having left the Chair and Dr. Malcolm being called thereto, Dr. Stephenson again brought before the Society his propositions as to the obtaining of a Hall or apartments centrally situated, for its meetings; and, after a prolonged discussion, the following resolutions on the subject were adopted.

- 1<sup>st</sup> That it is desirable that this Society should have a central place of meeting.
- 2<sup>nd</sup> That measures should now be taken to obtain the funds necessary for effecting that object.
- 3<sup>rd</sup> That the proper steps be adopted for raising the sum of £300 from the members, in order to entitle the Society to Dr. Stephenson's donation of £50.
- 4<sup>th</sup> That the Treasurer of the Society be also Treasurer to this Fund.
- 5<sup>th</sup> That the admission fee shall in future be £2 · 2 · 0, which sum shall include the first year's subscription.
- 6<sup>th</sup> That the proceeds, including entrance fees, be funded, and that the interest thereon be allowed to accumulate until a sufficient sum be obtained to effect the contemplated purpose.
- 7<sup>th</sup> That the following Members be a Committee for carrying out the foregoing resolutions: Drs. McGee, Patterson, MacCormac, Gordon, Malcolm, Lynch, Halliday.

The Committee (Dr. McGee and Messrs. Browne and Lamont) appointed at a former Meeting to inquire about rooms for the Society, are requested to report, at the next Meeting, the result of their researches.

That the Council takes measures for the preparation of a new and complete Catalogue of the Library, and that a complete copy of the Society's regulations, with a list of its existing members, be incorporated therewith.

That the catalogue be arranged both alphabetically, and according to the subject of the works.

R. Stephenson, Chairman

**February 2<sup>nd</sup>, 1852**

Present, Drs. Stephenson, Malcolm, Rea, Lynch, Halliday, Moore, Pirrie, Mulholland, Dill, McGee, Wheeler, Bryce, Clarke, Drennan etc.

Mr. Warwick of Belfast was balloted for, and un-animously elected a Member of the Society.

Dr. Heeny of Belfast was also un-animously elected a Member.

Dr. Kidd's nomination was deferred until his diploma had been inspected.

The following works were ordered for the Library.  
Walshe on Diseases of the Heart and Lungs  
Professor Owen's Lectures on Comparative Anatomy, and his

Archetype and Homologies of the Human Skeleton.

Guy's Hospital Reports were ordered to be completed.

The resolutions on Dr. Stephenson's proposition with reference to the obtaining of a Hall for the Society were confirmed.

The admission fee mentioned in the 5<sup>th</sup>, is to be understood as applying to entrances on and after May 1<sup>st</sup> 1852.

Dr. Patterson's proposition "that each Member, Honorary as well as Ordinary, residing in Town, pay 10/6 annually towards renting a suitable room in a central locality for the use of the Society," was adopted.

Dr. Malcolm then brought before the Society a very interesting and instructive Paper on "the Reasons for modifying the classification of diseases of the Skin". After specifying his objections to previous systems as founded too exclusively either upon anatomical considerations or on the sensible qualities of cutaneous affections, the writer selected, in preference, pathological relations as the basis of his first general division, and arranged all skin diseases under the 2 primary heads or orders of Functional and Organic. The former class he subdivides according to the tissues or structures of which the functions are altered; and the organic order he arranges under 4 pathological genera according as they are the result of common irritation, of animal poisons, of constitutional specific disease, or consist of malformations and other vicious developments. The practical reasons for considering Skin Diseases with reference to their morbid causes, and in their pathological relations, were strongly enforced at the conclusion of the Paper; and in the remarks which it elicited, seemed to meet with the full concurrence of the other members of the Society. The Essay was illustrated by engravings and very beautiful models of cutaneous diseases.

Samuel Browne

**March 1<sup>st</sup>, 1852**

Present, Dr. Malcolm, Vice-president, in the Chair—Drs. Patterson, Lynch, Dill, Collins, Halliday, McGee, Ferguson, Rea, Bryce, Armstrong, Drennan, Wheeler, MacCormac, Hood, Browne V.P.

Dr. Kidd was balloted for and un-animously elected a Member of the Society.

Dr. Patterson read an instructive Essay "On Emetics" in reference chiefly to their therapeutic uses. A number of practical observations were elicited on the subject in the discussion which followed; and two of the members present (Drs. Bryce and Halliday), among other remarks, mentioned the injurious influence exerted upon them by the emanations from Ipecacuanha. The treatment of Phthisis by Emetics seemed by the Society to be regarded with little favour, although a few cases were cited where

decided benefit was apparently produced by their administration.

Dr. Patterson's proposition brought forward at the preceding meeting, was, with the consent of the proposer, referred to the Committee appointed on the 5<sup>th</sup> January last, for their consideration, and it was resolved that in case it be hereafter submitted for the Society's adoption, previous notice thereof be given in the monthly Circular.

R. Stephenson, Chairman

#### **April 5<sup>th</sup>, 1852**

Present, Dr. Stephenson in the Chair—Drs. Patterson, McGee, Dill, Armstrong, Posnett, Rea, McCleery, Browne, Hood, Halliday, Warwick, Malcolm, Murney, Gordon, Drennan etc., etc.

The Minutes of last meeting were read and confirmed.

Dr. Dill and Mr. McCleery were appointed to examine the annual fines of the Society.

Dr. R. Stewart and Mr. Browne were nominated auditors of accounts.

The examination of the Library was referred to the Council.

The usual Circular for the annual meeting of the Society was directed to be issued.

The following works were ordered for the Library.

Jenner on the Typhoid and Typhus Fevers 4/6

Jenner on the causes of Typhus, Typhoid and Relapsing Fevers 4/6

The Treasurer was authorised to procure printed Receipt-forms.

Mr. Browne read an interesting case of Aneurysm by Anastomosis, or Cirroid Aneurysm, in which deligation of the Common Carotid was performed as presenting the only practicable means of cure. The patient died of secondary hæmorrhage on the 8<sup>th</sup> day. A lengthened discussion ensued, in which it appeared to be the opinion of the majority that the proceeding adopted by Mr. Browne, though not crowned with success, was the best of which the case admitted.

A report was received from the subcommittee appointed to consider the best measure for enabling the Society to obtain a central place of meeting; and it was resolved that a special meeting of the Council and said Committee be summoned for Thursday the 8<sup>th</sup> Inst. to re-consider the subject, and report thereon at the next meeting of the Society.

It was resolved that a deputation consisting of the President and Vice-Presidents, Drs. Patterson, Browne and Drennan, be deputed to wait on the Candidates for the representation of the Borough of Belfast, to obtain from them an assurance that, in case of their election, they will as Members of the Legislature give their aid in procuring for Naval

Assistant Surgeons a full measure of relief from their present disabilities.

R. Stephenson, Chairman

#### **Special Meeting**

##### **April 29<sup>th</sup>, 1852**

At this meeting convened for the purpose of considering the best mode of testifying respect to the memory of the late Dr. Moffat,

Present, Dr. McGee V.P. in the Chair—Drs. Malcolm, McKibbin, Ferguson, Halliday, Lynch, James Marshall, Mulholland, H. Stewart, J. W. Smith, Dill, Browne, Pirrie, Drennan, Rea, Beck, Armstrong, Hood.

It was resolved, That the Members of the Society attend the funeral of Dr. Moffat wearing crape of half-depth on their hats, and black gloves; and that the other members of the Profession be likewise invited by circular to accompany the Procession.

That the attending Hospital Staff be a committee to carry out the necessary arrangements.

That this Committee draw up a letter of condolence to Mrs Moffat, and submit it for confirmation to the Society at its next meeting.

R. Stephenson, Chairman

#### **Annual Meeting**

##### **3<sup>rd</sup> May, 1852**

Present, Dr. Stephenson, President, in the Chair—Drs. McGee, Pirrie, Gordon, Lynch, Malcolm, T. Thompson, Dill, Patterson, McCleery, Rea, Armstrong, Ferguson, Smyth, Murney, Mulholland, Drennan etc., etc.

Minutes of last monthly Meeting read and confirmed, and Minutes of last Annual Meeting read.

Drs. Dill and McCleery gave in a report on the annual fines.

A report from the Auditors, Dr. R. Stewart and Mr. Browne was received, according to which the amount of subscriptions received during the past year was £71 · 9 · 4; disbursements £68 · 18 · 1; leaving a balance of £2 · 11 · 3 in favour of the Society.

Thanks were voted to the authors of the foregoing reports.

Dr. Malcolm read a Report from the Council detailing the proceedings of the Society during the past year, and submitting some suggestions for its future management. An amendment was carried for the omission of that portion which recommended the reading of monthly retrospects of the Medical Sciences at the meetings of the Society; and the Report was then adopted.

It was resolved that a list of the Volumes and Numbers of Journals requisite to complete the works in the Library be appended to the printed Catalogue.

That a list of the duplicate Volumes which are still in the Library be laid before the Society at their next meeting.

Belfast Medical Society  
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President Robert Stephenson

A Report was read from the “Hall” Committee, exhibiting the amount of subscriptions tendered for its acquisition, viz £157 · 12 · 0.

Drs. Malcolm and Pirrie were nominated to carry out the recommendation of Committee appointed at Special Meeting of April 29<sup>th</sup>, by drawing up a letter of condolence to Mrs Moffat.

The Election of Officers of the Society for the ensuing year was then proceeded with, and the following members were appointed.

<b>President</b>	Dr. Stephenson
<b>Vice Presidents</b>	Drs. McGee and Malcolm
<b>Council</b>	Mr. Browne, Drs. Ferguson, Dill, Gordon, Pirrie and C. Black.

Thanks were voted to Dr. Patterson as Treasurer, and he was requested to retain his office for the ensuing year.

It being understood that Mr. Lamont was desirous to resign the Secretaryship, the thanks of the Society were voted to him for his services during the past year, and Dr. Drennan was appointed to that office.

It was resolved that Drs. Pirrie, Patterson and Browne be a Committee to arrange for annual Dinner on Tuesday the 8<sup>th</sup> June.

The consideration of Rules 15 and 25 was deferred.

R. Stephenson, Chairman

**Special Meeting**  
**May 8<sup>th</sup>, 1852**

Present, Dr. McGee, V.P. in the Chair—Drs. Patterson, Dill, Pirrie, Young, Hood, Drennan, Clarke, Thos. Read, Murney, Wheeler, McCleery, Warwick, Browne R.N., Lynch, Lamont, J. W. Smith.

Resolved, That the Members of the Society walk in procession (with crape and black gloves) at the funeral of the late lamented Dr. Collins, and that the other members of the Profession be invited to attend.

That a letter of condolence be presented on the part of the Society to Mrs Collins, and that the Council be a Committee to draw up the same.

William Magee, Chairman

**May [sic] 7<sup>th</sup>, 1852**

Present, Dr. Stephenson in the Chair—Drs. Patterson, Dill, Halliday, Lamont, Armstrong, Drennan, Warwick, McMechan, J. Smith, Rea, Hood, Lynch, T. Thompson, Thos. Read, J. Ferguson, McCleery, S. Read, Wheeler, Bryce, Malcolm, Young, McGee.

Dr. Fryer of Belfast was balloted for and unanimously elected a Member of the Society.

Mr. Gray’s account for repairing table and sundries, amounting to 11/6 was ordered to be paid.

Dr. Patterson detailed to the Society the symptoms, mode of treatment, and other circumstances connected with the malady of the late Dr. Collins, from its first obvious commencement until its fatal

termination. Dr. Murney gave the results of a necroscopic examination very carefully conducted, which amply confirmed the diagnosis of hypertrophied heart that had been repeatedly made during life. The walls of both ventricles were twice their normal thickness, and the weight of the entire organ amounted to oz. 15<sup>3</sup>/<sub>4</sub>. Its valves were healthy. The arch and descending portion of aorta were considerably dilated. The spleen and kidneys were both enlarged, and the latter affected with “Bright’s disease”. An interesting discussion ensued on the reading of these reports.

Dr. Malcolm afterwards exhibited a specimen of Cancer of the Liver, taken from a female who had died in Hospital. The viscus was enormously enlarged, reached 13lbs in weight, and presented white tubercles, of various sizes, disseminated through its substance.

Samuel Browne, Chairman

**July 5<sup>th</sup>, 1852**

Present, Mr. Browne in the Chair—Drs. McGee, R. Stewart, Patterson, Wheeler, Halliday, Smith, Murney, T. Read, Armstrong, Dill, Hood, Malcolm, Officer, Russell.

Minutes of last meeting read and confirmed.

The consideration of the Council’s recommendation in reference to the appointment of a Committee for the procuring of rare works was deferred.

The Secretary was directed to convey to Mr. J. P. Hudson the thanks of the Society for his donation of the Board of Health’s “Second report on Quarantine”.

The subject of Mr. Mawhinney’s fines was referred to the Council to be reported on.

Dr. McGee exhibited some fibrinous or polypoid accretions taken from the aorta and pulmonary artery of a young man, who had expired suddenly after a short illness; and narrated the case to the Society.

His patient was of intemperate habits with some hereditary tendency to gout. Three days before his death he was attacked with vomiting and purging, tenderness over epigastrium and flying pains in the limbs. Considerable debility soon supervened, with pallor of lips and countenance but without coldness of surface.

The tongue was white and furred, and of normal temperature. On the 3<sup>rd</sup> day, about an hour before his death, when Dr. McGee first saw him, his pulse was 110–130, irregular, unequal, and intermittent, suggesting heart-disease. Œdema of face had been observed some days previously, but was not then present. The heart was higher and more to the right than natural, and a reduplication of the 2<sup>nd</sup> sound with a churning, but no friction sound, was heard over it. There was pain on pressure over both hypochondria. Apices of both lungs were unnaturally resonant on percussion and the respiration was of a bronchial character.

Notwithstanding the administration of remedies, the gastric and intestinal disturbance persisted and death took place very suddenly. The respiratory action was observed to continue sometime after the heart's pulsation had become imperceptible.

A Post-mortem examination disclosed extensive hypertrophy and congestion of liver, which was estimated to weigh 16lbs, and rose as high, on right side, as 3<sup>rd</sup> rib. The gastric mucous membrane was congested, and exhibited stellated spots of inflammation, with inflammatory exudations. Lungs were congested—otherwise healthy. The heart was hypertrophied; the wall of left ventricle 10 lines in thickness, and of a denser consistence than usual; that of the right, 7½ lines thick, and flaccid. The endocardial membrane presented manifest tokens of inflammation, being of a deep red colour in patches, with fibrinous exudations, more especially about semilunar valves.

Polypoid accretions were found in ventricles, and extending into aorta and pulmonary artery, composed externally of a softer substance which disappeared on being kept in alcohol, leaving tough and firm fibrinous cords behind.

These coagula were branched and adherent to the auriculo-ventricular valves, and interlaced with the corda tendinæ and columna carneæ; and to their presence the Reporter attributed the sudden dissolution of his patient.

A short discussion followed the reading of this interesting paper.

Dr. Thomas Read called the attention of the Society to certain alleged abuses in the management of its Library, and a Committee consisting of Dr. Read, Dr. Patterson, Dr. R. Stewart, Mr. Browne, Dr. Murney, and the Secretary, were nominated to investigate and report on the subject at the next monthly meeting of the Society.

R. Stephenson, Chairman

#### August 2<sup>nd</sup>, 1852

Present, Dr. Stephenson, President, in the Chair—Drs. T. Read, McGee, R. Stewart, T. Thompson, Patterson, Drennan, Young, Pirrie, Browne, Murney, Hood.

The recommendation of the Council for the reduction of Mr. Mawhinney's fines to 5/- was adopted.

The Committee appointed to wait on the candidates for the representation in Parliament of the County and Borough on the subject of the Naval Medical Officer's claims, reported favourable replies from them all, and the Secretary was directed to have the steps taken in the matter, by the Society, notified to the Medical Periodicals.

Surgeon Thompson's nomination as a Member was deferred from absence of his proposer.

Dr. Holland's "Chapter on Mental Physiologies" and Erasmus Wilson "on Syphilis and Syphilitic Eruptions" were ordered for the Library.

The Secretary was instructed to inform the Medical Officers of the Garrison of Belfast that they are considered as Privileged Members of the Society, during their sojourn in Belfast.

The Council's recommendation "of the appointment of a Committee with authority to expend a sum not exceeding £5 annually, in the purchase of works of merit, not being new publications," was adopted and Drs. Gordon, McGee, Ferguson, T. Read, and Murney were nominated said Committee.

Messrs. Agnew's account, amounting to £2:13:10 was ordered payment.

The Committee appointed at last meeting to investigate the state of the Library, reported that they had examined, "Wilson's Portraits of Skin Diseases and found them much soiled and torn; and they recommended that the Plates should be set apart from further use until they should be cleaned and bound; and also that the attention of the members of the Society should be particularly called to rule 32."

The report was adopted, and the thanks of the Society were given to Dr. T. Read for calling their attention to the subject.

Drs. Patterson, Murney, and Drennan were appointed to consider and carry out measures for the better security of the Books.

The Council were requested to report at next meeting on the subject of the circulation of the Periodicals.

The Council were authorised to have the Catalogue of the Library printed.

Dr. Robert Stewart's "Report of the Belfast District Asylum for the Insane" for the year 1852, was presented to the Society.

R. Stephenson, Chairman

#### Officers of the Society for the year 1852-3

<b>President.</b>	Dr. Stephenson.
<b>Vice-Presidents.</b>	Dr. McGee, Dr. Malcolm.
<b>Council.</b>	Mr. Browne, Drs. Ferguson, Dill, Gordon, Pirrie, C. Black.
<b>Treasurer.</b>	Dr. Patterson.
<b>Secretary.</b>	Dr. Drennan.
<b>Librarian.</b>	Mr. Ring.

#### August 30<sup>th</sup>, 1852

Present, Dr. Stephenson, President in the Chair—Drs. Patterson, Dill, R. Stewart, Drennan, Hamilton, Browne, Armstrong, Young, Malcolm, Lynch, Mulholland, C. Black, Pirrie, McCleery, Hood, Warwick.

The minutes of last meeting were read and confirmed.

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Mr. Henry Thompson of Ballylesson was balloted for, and unanimously elected a Member of the Society.

Dr. Johnston's Work on "Diseases of the Kidney" was ordered for the Library.

Dr. Dill laid before the Society the report of the committee appointed at last meeting to consider the subject of the circulation of the periodicals. The report recommended the discontinuance of the "London Monthly Journal", and that a messenger should in future be employed to transfer each of the retained periodicals from Member to Member at an interval of two days, until its circulation among all the Members should be completed. The report was adopted, and the thanks of the Society were given to the committee.

Dr. Patterson reported as to the measures which had been adopted for securing the books of the Library.

The estimates for printing the Library Catalogue were read, and the subject was referred again to the committee who were authorized to close with the printer who, in their opinion, offered the most advantageous terms.

Dr. Pirrie brought before the Society the report of a case of Glanders or Farcy affecting the human subject, and terminating fatally in the General Hospital. The patient who had been at first seen by Dr. C. Black, by whom the nature of the malady had been ascertained. "He was a strong man in the prime of life, had been working with a diseased horse, and had received the infection without any apparent cut or abrasion of skin or mucous membrane.

For a fortnight he suffered under symptoms similar to those observed in acute Rheumatism, then tubercular abscesses appeared in various parts of the body, and after a few days, the case shewed itself to be one of true Glanders, as evidenced by the discharge from the nostrils, and the pustules appearing on the surface of the body. The most important phenomena observed in the post-mortem examination were a peculiar chancrous-looking ulceration on the pulmonary pleura, and a softened diffluent condition of the spleen.

Dr. P. directed attention to the absence (both during life and after death) of the peculiar white areola surrounding the tubercles, and supposed by Dr. Hutton to be pathognomonic of the disease". A short discussion followed the reading of this interesting paper.

The President, Vice-Presidents and Secretary were deputed to attend the Vice-Regal Procession on the following day, and the Secretary was instructed to communicate their intention of so doing to the Town Clerk, in order that a proper place might be assigned to them.

A discussion took place as to entertaining the Medical Members of the "British Association for the

Advancement of Science", at present visitors of Belfast, but no determination was at the time come to.

James Patterson Chairman

**Special Meeting**  
**September 1st, 1852.**

Present, Dr. Stephenson in the Chair—Drs. Read, Patterson, Malcolm, Browne, Pirrie, R. Stewart, Lynch, Drennan, Mulholland, McCormac, Dill, Bryson.

This meeting was held on the requisition of the President and several of the Members to consider whether some mark of attention and respect should not be offered by the Society to such of the Members of the Medical Profession from other localities, as are at present attending the Meeting of the British Association. After a short discussion it was unanimously Resolved that, in case the sentiments of the absent Members of the Society should appear on inquiry to be in accordance with the views of this Meeting, the Medical Members of the British Association at present visitors in Belfast, be invited by the Society to a Public Breakfast on Saturday 4th Inst.

That the following gentlemen be Stewards for making the necessary preliminary arrangements, Drs. R. Stewart, Malcolm, Patterson, Mulholland, Browne, Dill (convenor), Lynch and Drennan.

A form of invitation was also agreed on.

James Patterson Chairman Pro Temp.

In conformity with the forgoing resolution, cards of invitation, in the President's and members names were forwarded to between 40 and 50 visitors of distinction, and of these 25 favoured the Society with their company. Among the guests were Sir Henry Marsh, Dr. Hutton, President of the College of Surgeons, Professor Harrison, Drs. Neligan, Apjohn, Nugent, Lankester, J. MacDonnell, Norton Shaw, M. Hamilton, H. H. Stewart, Stenger, Port Natal; Bossey, Woolwich; J. Barker, Dublin; Hase, London; Davies, Chester; Drs. Duncan, Dublin; Tyler, Dublin; Rogan, Derry; R. Alexander, London; Mollan, Hughes, Dublin; while the members of the Society present amounted to nearly 50.

After an excellent breakfast, provided by Mrs Gardner, had been disposed of, a number of toasts were suitably proposed and acknowledged, and the company separated, in consequence of other engagements at a comparatively early hour, with many expressions on the part both of the entertainers and their guests of the pleasure they had derived from so agreeable an occasion.

**October 4th, 1852**

Present, Dr. Patterson, Chairman—Drs. Pirrie, C. Black, J. Smith, Bryce, Dill, Stephenson, Drennan.

Minutes of last monthly meeting and of special meeting read and confirmed.

Note from Dr. Babbington of Coleraine, explaining his absence from the Public Breakfast, on the ground of the too short notice he had received, read; and the Secretary directed to inform the Doctor of the circumstances of the case, and express the regret of the Society for his absence.

Dr. Patterson reported the printing of the Library Catalogue to be considerably advanced but to be stopped at present in consequence of the absence of Dr. Malcolm who had undertaken to revise classificatory portion.

The report of the committee on the circulation of the periodicals was confirmed, and they were authorised to make the necessary arrangements for carrying out the plan they had recommended.

The Treasurer was instructed to repay Dr. McGee the £2 advanced by him to Dr. Nottingham for the exhibition to the Society of a (supposed) hemaphrodite.

Mr. Hewett of London, introduced by Dr. Pirrie, submitted to the Society a new form of Truss of which he is Patentee, and explained its advantage over those of the ordinary construction.

R. Stephenson Chairman.

#### November 1st, 1852

Present, Drs. Stephenson, Dill, J. Smyth, McCormac, Halliday, Malcolm, Hamilton, Bryce, Drennan, Hood, Pirrie.

Dr. Granville's 2 volumes on the "Watering Places of England", price 16/s, were ordered for the Library.

Messrs. Lamont's account for Proposition Book and Circular, amounting to 4/6, was ordered payment.

Dr. McCormac presented to the Society a copy of his Paper "on the Connection of Atmospheric Impurity with Disease", read before the Statistical Section of the British Association at its recent meeting, and the thanks of the Society were given to the author.

Dr. Young read a Paper on a case of Guinea Worm which came under his observation lately. It occurred in a young sailor who had been in Bombay in the autumn of 1851, and at Mobile in February of the previous year. The lad was stout and healthy when the worm first showed itself in the left ankle. His left leg was soon covered with ulcers from the great toe up to the calf, in number 17. These ulcers were almost all produced by destruction of cellular tissue from the formation of abscesses, some of which were very large. Two worms were in the left leg, of which one, 3 feet in length was with great care and difficulty extracted. There were two more in the right foot, the cellular tissue of which was at one time quite detached from the fascia and subjacent tendons.

The boy's constitution was seriously affected by the profuse discharge of pus, and irritative fever of a very alarming kind was soon set up. The topical

treatment consisted in the application of large linseed-meal poultices, which served to loosen the attachment of the worms, and encourage their exit; in making incisions where ever fluctuation could be felt; in using cautious and gentle traction; and in healing the ulcers in the ordinary way. The patient's strength was supported through the whole course of the affection by the most nutritious diet, with porter and wine. One of the worms was exhibited and presented by Dr. Young to the Museum. The thanks of the Society were presented to the writer of this interesting Paper.

The Librarian was directed to send Monthly Circulars to the Country as well as to the Town Members of the Society.

R. Stephenson, Chairman

#### December 6th, 1852

Present, Dr. Stephenson, Mr. Browne, Drs. Pirrie, Dill, Malcolm, Patterson, Halliday, Warwick, Bryce, Smyth, McGee, Hamilton, Drennan.

Minutes of last meeting read and confirmed. Dr. John Graham was balloted for and elected a Member of the Society.

"Ansell on Tuberculosis" was ordered for the Library. The consideration of Millar's "Practical Surgery" [new ed] was postponed, in consequence of the absence of proposer and seconder.

"The History of General Hospital" and an Essay "On the Sanitary Condition of Belfast", the latter of which had been read before the Statistical Section of the British Association, were presented by the author, Dr. Malcolm, to the Society; and the thanks of the Society given for the same.

It was resolved that the cash price of 6d should be charged to each member for every number, above 1, he should obtain of the Library Catalogue.

That the Bookseller be directed to procure for the Library the wanting Nos. of Guy's Hospital Reports.

The Messrs. Agnew's account amounting to £8. 7. 4½, for printing of Catalogue, Circular, etc. was ordered payment.

A vote of congratulation to Dr. McGee on his nomination as Mayor of Belfast for the ensuing year, was moved by Mr. Browne, seconded by Dr. Malcolm, and unanimously passed, Dr. McGee appropriately acknowledging the compliment.

It was also resolved that Dr. McGee, previously to entering on the duties of his Mayoralty, be invited by the Society to a Supper. The 20th Inst was the date fixed for the occasion, and Drs. Malcolm, Dill and Pirrie were nominated Stewards for making the necessary arrangements.

R. Stephenson, Chairman

#### January 3rd, 1853

Present, Drs. Stephenson, Malcolm, Patterson, Armstrong, McCleery, Drennan, Pirrie, Rea, Dill,

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Young, McCormac, Graham, Browne, Murray, Ferguson, Warwick, Halliday, Heeney.

The minutes of the last meeting were read and confirmed.

Dr. McCormac presented a copy of his book entitled “Moral-Sanitary Economy”, and received the thanks of the Society for this donation to their Library.

The Secretary was directed to request the attendance of the proposer and seconder of Mr. Dyas as a Member of the Society, on the next night of meeting.

The 2nd Edition of Millar’s Practice of Surgery was ordered for the Library.

Dr. Malcolm read a Paper on “Difficulties in Diagnosis”, in which, after referring generally to the principal sources of fallacy in the discrimination of disease, he proceeded to illustrate the object by a detailed report of seven cases occurring in his own practice.

These comprehended various maladies of the head, chest, and abdomen; together with a case of external cancer, in all of which, from the absence of ordinary symptoms, or the ambiguity or complexity of those which were present, more or less difficulty was experienced in arriving at a correct conclusion as to the pathology and appropriate treatment. The writer concluded his interesting Essay with some remarks as to the vital importance of correctness in diagnosis, and the duty incumbent on those who possess the opportunities necessary for acquiring it, of communicating the result of their observations to their less experienced brethren. A short conversation followed the reading of the Paper.

[In his paper (see page 127) Malcolm refers to a previous paper which is printed here first, even though it is not recorded as being presented to the Belfast Medical Society.]

First paper:<sup>1</sup> “Difficulties in Diagnosis”: *There are two qualities essential for an adept in the diagnosis of disease: first, a good store of knowledge of what his predecessors have recorded, and the principles they have established; and, secondly, high powers of observation, by which I mean the cultivated use of the senses. Either of these prime qualifications alone is ineffectual for the purpose. The former may make a good compiler or an excellent reviewer, whilst the latter enables a practitioner to become distinguished in his calling as a man of experience and tact: it is seldom that both are combined in the same person. This may be owing in a great degree to original mental constitution, but in the majority of individuals I believe it is rather to be ascribed to deficiencies in education; for, with rare exceptions, the mind of the mature physician is the result*

*of lengthened training, both of the senses and habit of thought, and owes little to original power.*

It is easy to see, then, that there may be every degree of excellence, from the merest routinist to the most accomplished practitioner, dependent upon the amount of his knowledge, and the physical and mental training employed to make this knowledge applicable in practice. To exemplify the truth of these reflections a moment’s consideration of the chief sources of error which beset us in our examination of medical cases will suffice.

1. One of these, and probably the most extensive in action, is imperfect knowledge. This is essentially manifest in cases with a rare combination or order of symptoms, which puzzle by their disagreement with the standard series of phenomena, as established by systematic writers. The ability to suggest or explain away apparent anomalies, which a large acquaintance with medical literature supplies, is here wanting or imperfect; and a practitioner so circumstanced will be under the necessity of waiting half a lifetime for the results of his practice, ere he can successfully and satisfactorily deal with cases of complex disease.

2. It not unfrequently happens that the mind receives a peculiar bias, not so much from imperfect knowledge as from an inequality in study, whereby ideas are concentrated upon particular subjects, to the sacrifice of attention to others. A strong illustration of this kind may be found in the practitioner who, from a preponderating acquaintance with the hysteric diathesis, for example, is ever disposed to view his patients with that idea predominant. Others, again, are too much impressed with the prevalence of the scrofulous, the gouty, or the syphilitic constitution, as the case may be, and can see nothing but manifestations of these respective conditions in the majority of cases that come before them. And, further, a zealous votary at the shrine of Laennec will be constantly on the watch for thoracic disease, at the risk of overlooking the real affection, seated, perhaps, elsewhere.

3. There are what are called “practical men,” whose boast is to be able to make out the whole case at the merest glance. These practitioners affect a degree of intuitive skill which defies all analysis or explanation. To them nature seems to expose her most secret operations, as in a mirror. A look—the pulse—the tongue—a few words, and a conclusion is at once jumped at. Some men of this class have fairly enough acquired, from their extraordinary powers of observation and memory, a reputation for cleverness and tact; but with many, it is trite to remark, it is far otherwise. It will readily be conceived by every experienced practitioner that serious errors must then frequently occur.

The source here lies in a too great dependence on prominent symptoms, and a reliance upon an interpretation of them founded upon a limited experience. It certainly is a more attractive mode of practice, this

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1851, v12, p30.]

judging from a few salient points; and it certainly is a most business-like procedure, and more consonant with the crude views of the masses, who seriously believe that the moment they present themselves before the medical eye their infirmities at once betray themselves. Instances of the injurious effects of this business-like examination are frequent in dispensary and counter practice, and will readily suggest themselves to every one who has seen much of public professional service.

4. Errors in diagnosis frequently arise from deficient powers, or a bad habit, of observation. Physicians, who have been much in consulting practice, have invariably remarked this circumstance; and indeed, it is quite common for a practitioner, at a late period of a case, to detect some symptom then, which really existed from the beginning, but which had been either overlooked, or had not presented in his mind sufficient significance; and hence, in protracted cases, the great value of a second or third observing power being brought to bear.

It becomes the duty of all who aim at excellence in their profession (and who does not?) to avoid all these and other sources of error in diagnosis, both for the sake of their own reputation, and the safety of the cases intrusted to their charge. And this is no utopian task. Energy and perseverance can overcome all the difficulties that surround it; for every man, however advanced in age, can add to his knowledge, and all, to a certain extent, can train the senses and the mind to a proper habit of observation and reflection; but as energy and zeal decline with the march of age, so it must be for the young to make any great strides in this essential department of our profession. Doubtless, cases may occur which will defy the most experienced and best-informed to unravel; such, indeed, have always been, and, it may be presumed, will always exist. The advance of medical science may limit, but can never completely prevent their occurrence. They have always been deservedly esteemed fit subjects for permanent record, in the hope that they might serve as beacons under future analogous circumstances. But for the purpose of improvement in diagnosis, I believe that a record of the errors committed in treating the more usual phenomena of disease would be infinitely preferable.

Unfortunately, such valuable opportunities are in general permitted to pass by, and serve at best to correct the experience of a single individual, instead of furnishing to the student and junior practitioner some of the most valuable grounds for successful practice. It demands, to be sure, no small firmness and courage on the part of him who would expose for the public good his mishaps and shortcomings, but were the matter viewed in its true light, and were it to be considered that the most distinguished men have not unfrequently met with and overcome trials of this sort, there would

be no occasion for evincing such scrupulous sensitiveness. Thanks to the spirit of truth and the zeal for promoting the welfare of our profession, we meet, amongst our best authors in medical literature, numerous instances of erroneous diagnosis, expressly recorded for the common benefit of all.

With the view, then, of drawing attention to the subject of diagnosis, and of contributing what may be appropriately called a few lessons, culled from the experience of the past, I submit the following cases and observations. Though not altogether novel, they will serve equally well with the most rare, to illustrate some of the more usual sources of error, and the necessity of using every available means to arrive at a knowledge of the actual seat and nature of the disease and constitution, before we attempt to wield those keen-edged weapons which nature has put into our hands for the overthrow of disease.

My first case may be conveniently examined during three periods. First, the history up to February 12, which includes a term of six weeks, during which the patient was under the care of Dr. A. The chief details I here subjoin.

Case I.—Bronchitis, Pleuritis, and Pericarditis, simulating, during one Period, Tubercular Disease; Pericarditis overlooked until late in the Disease; Death after twelve Weeks' Illness; Post-Mortem Examination.

Mr. Edward R., aged 20, of a tall and slight figure, and pale complexion, an apprentice on board a schooner which plied between Belfast and London, was seen by Drs. B and C, on February 12, 1843. He stated that six weeks ago he accidentally fell into the dock, at Belfast, from which he contracted a severe cold, attended with sore throat, and aggravation of a cough which he had previously experienced for some time, but only slightly, during gales at sea. Very acute symptoms immediately set in, and dyspnoea became urgent, accompanied by distressing thoracic oppression. He was bled largely (to twenty-four ounces) on two successive days, a blister was applied to the sternum, and purgatives and antimonials administered. Under this treatment, he soon got relief, and was apparently in a fair way of recovery for a few days, though still weak, when the dyspnoea returned, aggravated in the recumbent position, and attended with some oedema of the ankles.

Dr. A did not make a physical examination of the chest; but, viewing the case as an attack of pleurisy, he treated it so far successfully as to subdue all the urgent symptoms. Indeed, the patient was so far recovered as to be able to leave the house, and the relapse mentioned was supposed to have proceeded from undue exposure. In the absence, however, of a stethoscopic examination, during this long period of six weeks, it is impossible to state more explicitly the condition of the thoracic organs.

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The second period dates from the 12th February to the 19th, during which the patient was visited by Drs. B and C; and presented the following state:

The chest, upon examination, gave a distinct, dull percussion-note under the left clavicle, and a mucous r le was heard there. Slight dulness posteriorly in both sides. Obscure respiratory murmur in the left side, at the base. The rest of the lungs presented an exaggerated respiratory murmur. (Besides, there was an indistinct, though short, rough murmur heard with the heart sounds.) Pulse 114, full and soft; perspiration profuse when at perfect rest, as upon going to sleep, which was seldom enjoyed; appetite gone. He was ordered a mixture of infusion of quassia, with nitre and digitalis.

February 17th. Continues much in the same state; the mucous r le is now mixed with bronchial; the dulness is most distinct in the left side, where, at the base, the respiratory murmur is partially absent; pulse 120; tongue coated; perspiration great; urine apparently unchanged. Ordered tartar emetic inunction over the left sub-clavicular region; and a mixture of squills and hyoscyamus in almond emulsion.

The chest was here carefully examined, and distinct evidence of bronchitis and apparent condensation of the lungs, particularly the left, was supposed to be present, and was ascribed to the existence of tubercular deposit. His pallid countenance, quick and soft pulse, loss of appetite, profuse perspiration, with the evidence of condensation at the apex of the left lung, all supervening during convalescence in a young subject, were general indications that the case was tubercular. On the other hand, the evidence of condensation at the base of both lungs, the bronchial and mucous r les, the relapse coming on after a sufficient cause to induce inflammation, were strong points in favour of considering the case as one of bronchitis, with inflammatory condensation. The main difficulty was the distinct evidence of some deposit at the apex of the left lung. The report of the 17th February distinctly corroborates the inflammatory view, as we find the mucous r le general, the left lung dull on percussion, with the respiratory murmur, partially absent at the base; signs which clearly indicated the presence of bronchitis and pleuritic effusion. Had this been the view taken, it will be seen that it would readily have accounted for the dull percussion-note under the left clavicle, and prevented the employment of the chronic and expectant treatment, which could only have had, at best, a negative effect. The clause placed in brackets shows that the heart had already become involved; and, had this been distinctly acknowledged, the inflammatory view of the case would have needed no other support; but, unfortunately, the murmur was indistinct, and only heard clearly by one of the attendants, and hence it was not deemed significant. This, as we shall see presently, turned out a fatal error. Time was irretrievably lost, which even the active treatment adopted in the

third period could not in the least affect. The case came now into the hands of Drs. B and D, who continued in attendance to the close, namely, until the 29th March.

February 19th. To-day the symptoms suddenly assumed a very alarming aspect. Dyspnoea became excessively urgent, attended with extraordinary palpitation, and a pulse as high as 186, and the body bathed in profuse perspiration. At this stage the patient was seen by Dr. D, who, rather thinking the case to be hopeless, yet trusted to its being acute bronchitis, and resolved to try the effect of tartar emetic, of which half a grain was ordered to be taken every second hour.

20th. Dyspnoea much relieved. He can now lie down; pulse 140; complains yet of a soreness and oppression over the lower part of the sternum and left side. The medicine sickened him only slightly; he was ordered half a grain every three hours, with fifteen drops of the tincture of digitalis to be added to every second dose.

21st. Pulse 128; symptoms continue relieved.

22nd. Pulse 128 at 2 p.m.; four beats higher at 9 p.m.; respirations 40. Complains of a little catching in breathing. Recumbent position difficult. The chest on examination presented bronchial r les generally, and at the base of the right lung occasional mucous r les were heard; cough slight, without expectoration; copious perspiration; urine dark and scanty, and depositing the lithates in abundance. Night sleepless. Ordered, in addition, hyoscyamus at bed-time.

23rd. Pulse 132; respiration 36; some disturbed sleep; respiration as before.

24th. Pulse 132; tongue pretty clean; perspirations less; some sleep. Respiration still hurried, attended with a little catching in full inspiration; bronchial and mucous r les as before. Ordered a powder of calomel and jalap.

25th. Pulse 132, but variable; respiration 42; more uneasiness in breathing; perspirations returned; debility increasing; he now requires to be assisted. Complains of pain over the heart, and palpitation; wheezes immediately on lying on the left side. Ankles continue œdematous. Urine dark, but without sediment. Ordered hyoscyamus every six hours.

26th. Pulse 124, rather stronger; feels better; tongue slightly coated in the centre; expectoration appearing for the first time, with an increase of cough, which is augmented on lying down; some sleep; no pain; flatulence annoying.

27th. Much as usual; pulse 124; tongue coated. Medicine omitted, save a little valerian to be used to remove flatulence.

28th. Pulse 186; tongue slightly coated; still cough and dyspnoea on lying down; expectoration slight. Ordered a small blister to the sternum, and a mixture of squill, tartar emetic, and mucilage.

March 1st. Pulse 126, but irregular; respiration still quick and difficult, and frequently attended with moaning; expectoration frothy, mucous, rather increased;

urinary sediment again; perspiration as usual; appetite unimproved. Ordered mercurial dressing to the blistered surface.

2nd. Pulse continues irregular and very feeble; respiration wheezing and difficult; muco-bronchial râles prevalent; profuse perspiration. Ordered two ounces of senega decoction, three times a day, and half an ounce of red wine every four hours, in addition. Evening, pulse 136; respiration more obstructed; skin hot; lithates deposited. Wine omitted.

3rd. Experiences most ease when lying with his head bent forward upon his chest; voice keeps firm. Symptoms as before. Wine, &c., resumed. Evening, pulse 136; complains of a feeling of obstruction across the lower part of his chest; profuse perspiration.

4th. Pulse 136; respiration rattling; cough increased; expectoration becoming copious, still mucous; sleeps little; urine deposits lithates. Wine agrees.

6th. Pulse 128; some sleep from morphia; expectoration puriform; perspirations continue; urine natural. Mixture of squills and tartar emetic omitted. Ordered (on the 5th inst.) the aromatic sulphuric acid.

10th. Urine deposits re-appeared; pulse 124, rather strong; appetite improved for the last three days; respiration much quieter; decubitus on either side, and easier; expectoration purulent; muco-bronchial râles still heard. Ordered two drops of prussic acid (Scheele's strength) every six hours, in addition.

18th. Rapidity of pulse not in the least affected, though the drops were taken regularly for five days; perspiration unabated; cough and dyspnœa worse at night; is able to sit up for a great part of the day; appetite and strength improved; voice still good; urine variable; pulse 132. Ordered a seton to be inserted over the region of the heart

26th. Pulse varies from 136 to 132; tongue clammy, with a whitish transparent coating; skin soft; perspiration profuse; respiration short, quick, and rattling; requires his shoulders to be elevated considerably. Though without pain, there is great restlessness and wakefulness; less appetite and strength; face pale, full, and occasionally flushed; hands frequently hot; feet more œdematous; over the left lung, mucous râle alone is heard. Ordered (on the 23rd) a mixture of digitalis infusion with dilute sulphuric acid, which produced no sensible effect. Ordered to-day two grains of sulphate of zinc, with hemlock, twice daily.

29th. Cough and dyspnœa much increased since the 27th, attended with faintish attacks. Last night he was seized with sudden, copious, and forcible vomiting of a clear fluid, accompanied by intense thirst, which was momentarily allayed by large draughts of water. Experienced frequently a feeling of impending suffocation. He expired quietly this morning, at 12 o'clock, with the intellect clear to the last.

When Dr. D was suddenly called in on the 19th of February, his impression of the case was that it was one

of intense and general bronchitis, which view he deduced altogether from the symptoms present, especially the excessive dyspnœa, the rapidity of the pulse, and the suddenness of the attack: and the effect of the treatment pursued evidently countenanced this impression, as well as the local examination made on the 22nd. Dr. D considered that inflammation of the pericardium was also present, but not until the middle of March, when the continued rapidity of the pulse, the negative effect of sedatives used, and the persistence of inflammatory hectic, could not otherwise be accounted for. Lowering treatment was then quite out of the question; and indeed it seems very doubtful whether, during this third period, any other course would have had a different result. The medical attendants frequently examined the heart sounds, but without eliciting any thing abnormal, which proves that adhesion of the pericardium, or liquid effusion, or both, must have been present during the entire period.

I now subjoin the record of the examination after death. Necroscopy, twenty-four Hours after Death.—The chest alone was examined. Cutaneous surface very pale; no emaciation of body; œdema of ankles, feet, and face. On opening the thorax, recent and firm adhesions were found in every part of the pleural surface, besides a considerable quantity of sero-purulent fluid; the pericardium was excessively thickened, and its surface adherent at several points by dense lymph; some fluid was likewise observed in it; there were distinct fibrous excrescences upon the free edges of the aortic semi-lunar valves; the heart was greatly hypertrophied, and the ventricles dilated; the bronchial mucous membrane was very much injected and thickened, and the tubes filled with adherent mucus of a reddish colour. Both lungs were generally congested, but not condensed; at the apex of the left lung a very dense old band of lymph was observed between the pleural layers.

A comparison of these disclosures with the history just detailed clears up all the difficulties met with during the life of the patient. Many fallacies have been laid to the charge of physical diagnosis, but, I believe, altogether without sufficient reason, and this case will bear me out in this assertion. For, though a fallacious opinion was formed from relying upon a well-marked sign of a disease in some respects indicated, yet that very sign was clearly and correctly accounted for by a dense layer of lymph covering a bronchitic, but otherwise healthy lobe. The physical sign was not fallacious, but its interpretation was; and the physician, as interpreter, was the party alone in error. The overlooking of the pericarditis is plainly to be referred to an imperfectly trained ear, and to the misinterpretation of the extraordinary quick pulsations recorded on the 19th February.

The whole case is an excellent example of the different views which different minds will take of the very same phenomena; and exhibits how a strong pre-

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judice in favour of a single mode of examination, such as Drs. B and C relied on, is sufficient to mystify the plainest indications.

My next case (No. II.) may be, in some respects, the converse of the first, inasmuch as the existence of tubercular lung was not detected during life, the prominent symptoms having been concentrated in another and a distant organ. The following are the particulars of the case, which was under the care successively of Drs. E and F:

Case II.—Chronic Cystitis and Pulmonary Consumption; Death after an Illness of Six Months' Duration; Tubercular Disease latent.

Mary P., aged 12, of a florid, healthy appearance, but of slight frame, had, with the exception of an attack of fever three years ago, enjoyed excellent health until the date of her present attack.

Three months prior to her admission into hospital, on January the 28th, she began to complain of pain and uneasiness about the loins, which she ascribed to cold; in two weeks' time micturition became frequent and painful, and her health suffered so much as to confine her constantly to bed. Since this she has been better and worse: the dysuria, frequent micturition, and pains about the hypogastrium, continued without abatement. She lies on her side, with her thighs closely flexed on the pelvis; bed-clothes constantly wet under her. She seems emaciated, her face is flushed, full, and of very high colour, and presents a striking contrast to the tenuity of her frame; her skin is hot and dry; pulse 132; tongue clean; appetite greatly impaired; bowels regular; rests badly.

On examining the abdomen the surface is found affected with well-marked pityriasis versicolor, and there is distinct tenderness on pressure over the bladder and loins; is constantly passing urine in drops, and with pain. When up, the body is bent forwards, and she seems unable to stand in the erect posture. She states that she has had sore throat during the last month; there is some white albuminous exudation on the tonsils; and she has been complaining of cough for two weeks. No physical signs of disease were apparent on examining the thorax anteriorly. She was ordered a hyoscyamus and potash mixture three times a day, and two grains of blue pill and half a grain of opium night and morning.

At the expiration of eight days she began to complain of her gums; but not the slightest effect was produced on the urinary symptoms.

February 11th. The spiral column was carefully examined, both by pressure and the application of a hot sponge, when distinct tenderness was discovered over the inferior dorsal spinous processes. Small blisters were ordered to be applied to this region.

18th. Irritability diminished.

20th. Diarrhœa set in; she was consequently ordered compound kino powder.

23rd. Tongue very red and clean; diarrhœa somewhat better; tenderness of spine gone; urine has an ammoniacal odour; appetite very bad.

26th. Ordered opiate enemata, and two ounces of wine daily.

March 1st. Pulse 144; she complains of pains in the thighs, and frequent startings and twitchings of the lower limbs at night; other symptoms as before; debility increasing. Ordered uva ursi decoction, with muriated tincture of iron.

3rd. Urine alkaline, and charged with phosphates. The cough, which has been insignificant hitherto, is now attended with purulent expectoration.

8th. The iron in the mixture was replaced by carbonate of potash.

9th. Ordered cod-liver oil.

14th. Diarrhœa continues, with occasional remissions; opium has been chiefly used since.

17th. Gallic acid, with opium, ordered.

18th. Four ounces of wine daily.

23rd. Died, exhausted.

On the following day a postmortem examination was made. The bladder was contracted; its mucous coat greatly thickened, rugose, congested, and ulcerated. The ulcerated portions were covered with a grey calcareous deposit; kidneys healthy; right lung healthy, save a few scattered spots of tubercular deposit, in the crude stage. Left lung presented extensive tubercular infiltration, and a cavity filled with pus and softened tubercle in the apex, close to the posterior surface; heart healthy.

The examination of this case on January 28th led to the impression that it was one of chronic cystitis, and that this disease was sufficient to account for the constitutional symptoms present; for it is well known that, in chronic inflammation of this viscus, the constitutional powers sooner or later give way. The sore throat and slight cough, being so recent, were looked upon as secondary and incidental symptoms, more especially as no physical signs of disease were present on making the usual anterior thoracic examination. The treatment pursued under this view of the case having made no impression in abating the prominent phenomena, on February 11 the spine was carefully examined, under the belief that the irritability of the bladder might be dependent upon chronic disease of the spinal cord,<sup>1</sup> which, if of the tubercular form, would be more than sufficient to explain both the general and the local states. After the use of counter-irritation, as thus indicated, in eight days there was a distinct remission of the symptoms, and the new view of the case seemed to have been borne out by the supervention of a spasmodic and neuralgic affection of the lower limbs, as reported on the 1st March. Diarrhœa now became a prominent symptom, and the irritability returned as severely as before, with well-marked signs of increasing debility,

<sup>1</sup> See O'Ferrall's cases, in the Dublin Hospital Gazette.

which continued unabated until the close. The idea of the case being tubercular was held from 11th February, but the seat of the tubercular disorganization was believed to be the spinal cord alone; because, in the absence of evidence on the physical examination of the chest in the usual regions of tubercular deposit, and considering the age of the patient, the character of the thoracic symptoms and their recent occurrence, and the existence of well-marked chronic cystitis, there seemed to be no justifiable ground on which to rest the idea of the presence of tubercles in the lungs. Touching the co-existence of urinary complications in phthisis, Louis, in his vast experience, rarely found the urinary organs the seat of any remarkable lesion. In no case, among 120 analyzed in his work, did the bladder discover appreciable organic change. The same is true of sixty other cases, subsequently observed at Charité; and 200 subjects opened since that period only furnished two instances.

Though, therefore, the existence of tubercular disease in the lungs was not prominently indicated, it is much to be regretted that a more careful examination of these viscera, especially on their posterior aspect, was not instituted. The case, nevertheless, furnishes a most valuable lesson as to the propriety of investigating the most (apparently) trivial indications, and not resting satisfied with explanations, however plausible and seemingly satisfactory. Had there been no indications of cystic or spinal disease, there cannot be a question that the pulmonary lesion would have been discovered, as the emaciation, the pulse, the diarrhoea, would themselves, even in the absence of thoracic symptoms (which, in this case, it will be observed, were very slightly manifested), have drawn close attention to the state of the lungs, as their only source. After having observed the condition of the lungs and bladder, in the post mortem examination, it was deemed unnecessary, though it might have been an interesting addition to the case, to lay open the spinal canal. It is curious to remark the position which the cavity occupied in the left lung, as it accounts in some degree for the negative character of the anterior signs.

Case III.—Sub-peritoneal Abscess in contact with the Bladder and Rectum, and communicating with the Interior of the Ileum; Stricture of the Rectum; Death.

The subject of this case was a gentleman aged 60, of average stature, and a moderate degree of corpulence, and who, though a bon vivant, was accustomed to considerable exercise in the discharge of his duties as an agent for extensive properties. He resided in the country and generally enjoyed excellent health; in early youth he was exceedingly dyspeptic, and, on several occasions since, suffered from temporary bilious attacks, which, however, seemed to have made no impression on his constitution.

His present indisposition was supposed to be a repetition of one of his former illnesses just referred to.

Purgatives were administered with good effect, and, in consequence of the passing off of large quantities of bile, a speedy restoration was anticipated.

The seeming convalescence was protracted by the occurrence of bilious diarrhoea, which, under these circumstances, was not checked; in two weeks' time a new symptom supervened in addition, namely, tenesmus, which attacked him at intervals, especially in the evening between 8 and 12 o'clock; in nine days, painful micturition, with frequent straining, and pain referred to the glans penis, occasionally severe, and over the hypogastrium, were superadded; evacuations were brown, and of a soft, muddy consistence and appearance, with a slight admixture of mucus. The urine was in full quantity, dark, neutral, and likewise, mixed with mucus. Wakefulness and loss of appetite attended; in other respects there was no constitutional irritation.

He was ordered ipecacuanha and opium pills at night, senna electuary in the morning, and a copaiba mixture; afterwards small doses of blue pill in place of the anodyne; and hyoscyamus was added to the mixture; besides frequent applications of hot stupes, and the use of diluent drinks and low diet.

The case was now (January 14) one month under treatment, and yet the pulse never exceeded 72 after the first few days of the bilious attack. This day he had a distinct rigor.

January 18th. Symptoms in no wise changed; twelve leeches were applied to the perineum, an opium suppository introduced at night, and a hip-bath used immediately after the leeching; the pills and mixture were continued, and the bowels kept easy by magnesia and rhubarb administered every morning.

22nd. A slight tinge of blood was observed in the alvine mucus; urine darker; thirst urgent; hip-bath to be used daily.

24th. Tongue, from being furred and moist, has become dry; tenesmus most urgent at mid-day; mucus continues to be passed with the evacuations.

28th. The blue pill omitted, and twelve grains of hyoscyamus extract ordered to be taken daily.

February 8th. Rectal pain abated; only complained of when solids are passing.

18th. Complains to-day, for the first time, of diffused pain of abdomen, but moderate, and not increased on pressure. The general appearance is very unfavourable: countenance and hands shrunken, and he looks shattered; constitution perceptibly debilitated; in the evening the pains assumed the character of flatulent colic, with a feeling of constriction and twisting. Oil administered had no effect, though retained.

19th. Pulse 90 (this is the first marked rise); constipation continues; several enemata administered.

20th. No effect; enemata all returned, as also purgative medicines taken; pains continue; pulse 96.

21st. Pulse 112. O'Beirnes long tube tried; vomiting several times; matters coffee-coloured; tympanitis in-

creasing; several doses of calomel and opium, and croton oil, were given, and various enemata administered.

22nd. Pulse 118. Vomiting and hiccough; pain less towards evening; pulse 120; vomiting copious and frequent; enemata all returned; two croton oil pills retained. A red spot on the right cheek.

23rd. Early in the morning he had a small fæcal evacuation; while at stool, at 10 o'clock, he became suddenly faint, and exhaustion was soon fearfully portrayed; countenance most anxious and alarmed. Pulse 120, exceedingly feeble; respiration sighing, which gradually became more and more laborious until 4 p.m., when death closed the scene. Up to the last moment the rational faculties continued unaffected.

An examination of the body was made thirty-two hours after death: abdomen and pelvic cavity alone examined. The parietes of the abdomen were fully two inches in thickness, arising from the immense deposits of fat, which likewise loaded the omentum; peritoneum pale; cæcum and commencement of the colon greatly distended, as also the stomach, which was very thin; the liver soft, but not enlarged; the kidney soft and granular. On raising up the small intestines, to examine the pelvic cavity, a large sub-peritoneal abscess was discovered between the rectum and bladder, which communicated with the end of the ileum by a perforation set in irregular ulceration. The commencement of the rectum was strictured to a certain extent, and its coats thickened; the anal portion was congested; the bladder irregularly contracted, but unchanged in other respects; a very little fluid could be detected in the abdomen. All through this interesting case there was the utmost obscurity. In the first place, the new symptoms supervening upon the original which seemed an ordinary bilious attack, namely, the irritation of the rectum and bladder, were on their appearance referred to the congested condition of the rectal mucous membrane, not unusual during similar attacks. This state, however, continuing so long, led to the belief, on January 14 (especially as a distinct rigor occurred on that day), that inflammation of the areolar tissue between the rectum and bladder was present. The inefficiency of the treatment based upon this view, and the persistence of the symptoms without change for a whole month, seemed to cast a doubt upon the impression formed, which was in no degree dispelled by the occurrence of a new set of symptoms on February 18, and succeeding days. Symptoms of ileus now set in, which continued till the day of the fatal event, and seemed dependent upon some form of strangulation. But here what correspondence had we between the sub-peritoneal inflammation alleged, and the supervention of this new state? Had it been acute peritonitis that supervened, its occurrence could have been readily explained. The examination of the body was alone capable of interpreting the case aright, by which we find that a chronic irritation of the rectum had caused thickening

of its coats and partial stricture, with inflammation of the areolar tissue between it and the bladder, which ended in extensive suppuration and ulceration, and at last implicated the coats of the adjacent ileum. The peritoneal sac was intact. We thus see that a portion of the case was correctly made out, but that, from the irregular sequence of phenomena and complication, much was rendered impenetrably obscure. It is by no means probable, however, even had a correct diagnosis been formed, that any other termination could have occurred, as it must be evident that the constitution of the patient was thoroughly impaired.

This case was attended by a late eminent physician of this neighbourhood, in conjunction with the author.

In closing this paper I shall only append a single observation. He who looks upon the records of cases like the above, with their history, progress, termination, and necroscopy faithfully portrayed, stands upon vantage-ground. Unlike the observer from day to day of the living case, surrounded with so many changing conditions, and indications for varied management springing up, as they will do, from time to time, and beset by opposing impressions of different practitioners, he can calmly scan the entire series of phenomena and place with the utmost exactitude the sequence of cause and effect. Now the accumulation of complete cases of interest, with appropriate commentary, must in time serve to place the practising physician more and more close to that condition which the recording physician occupies. It is only by a comparison of numbers that this end, greatly to be desired, can be attained; and it is with this view that I submit this paper to my professional brethren, as a slight indication of my own conviction of the true value of what are ordinarily termed interesting cases.

Second Paper:<sup>1</sup> "Difficulties in Diagnosis": For the reader of my former paper on the above subject published in this Journal<sup>2</sup> [see above], it will be unnecessary to refer again to the reasons which induced me to call the attention of the profession to the importance of recording cases of diagnostic interest. Suffice it to say, that I do so now, with the same views and certainly a stronger conviction of their ultimate value,—more especially to the junior practitioner. As the accurate chart of the navigator enables him to reach the most distant shore, and to pass through the most difficult seas with unerring exactitude, so may the contemplation of an extended series of fully recorded examples of difficult cases in medicine, with their faithful interpretation, form the best foundation to conduct to the safest and most satisfactory practice.

I do, indeed, believe that the right interpretation of the living phenomena of disease is, as a systematic subject of medical inquiry, a field which requires a more

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1853, v15, p77.]

<sup>2</sup> [Dublin Quarterly Journal of Medical Science, 1851, v12, p30.]

searching exploration than has been already made. The really valuable information necessary to assist us in cases of obscurity may exist, buried amongst the vast accumulations of recorded experience, which, however, from being on the moment inaccessible, must be considered for the most part nugatory.

It frequently happens that an apparently insignificant symptom for instance, when overlooked or faultily interpreted, becomes the means of serious practical injury. More frequently, an unusual sequence of phenomena, or a marked preponderance of a deranged function, occurring in the course of a case, may so alter original, and, it may be, correct impressions, that a confused or uncertain treatment becomes the practical result. The only mode of arresting this prominent and much to be regretted evil, must, it strikes me, be the more extended diffusion of the practical hints to which I have already referred,—hints, the knowledge of which is, unfortunately, it is to be feared, confined to men of erudition and of protracted and enlarged experience.

I can scarcely conceive any greater boon to the novice about to embark on the troubled sea of professional life: for, however profound may be his scholastic acquirements, or however varied his merely systematic knowledge, he will soon feel, and keenly too, the want of that practical experience which time alone is supposed to be capable of bestowing.

Doubtless the progressive improvements in physical diagnosis, which the present age seems destined to mature, have placed in our hands a large compensating power more than sufficient to cope with all former observation; still they must ever have a limited range in actual practice, and difficulties must ever meet the most accomplished diagnostician who relies chiefly on his powers of physical examination. Compared with our ancestors, though we may boast of our scientific progress, it is more than questionable whether we yet equal them in the study of symptomatological inquiry, or in the natural history of disease. Their writings continue as models of faithful observation, and as such can never be superseded.

The illustrations of difficulties in diagnosis, and their effects in remedial management, which I shall now adduce, will, I believe, fully bear out the tenor of these observations. They will exemplify the practical facts—of the inefficiency of mere physical examination to elicit early the nature of certain cases, the discordance of symptoms calculated to suggest different forms of disease,—latency of important lesions from absence of the usual symptoms,—errors arising from a wrong interpretation of excepted phenomena,—and errors from over-valuing the importance of marked and prevailing symptoms.

The first case may be conveniently reviewed at two different periods, viz., from January until December, 1849; and from January until August, 1850. In the former, the disease was not physically decisive; but its

existence, from experience of the latter, could not be problematical.

Case I.—Slight Bronchitis; Persistent Diarrhœa, followed by a period of comparative health; Relapse of Bronchitis, with physical signs of Tubercle; Hemorrhoids; Laryngeal Affection; Diarrhœa; Death.

Mr. P. S., aged 18, a clerk in a merchant's office, was first seen by me on January 1, 1849. His appearance was that of a fine, stout, muscular young man, with dark hair and eyes, a clear skin, and florid complexion. He complained of slight cough, which had existed for a short time, came on gradually, and was ascribed to cold. It was attended with some yellow, mucous expectoration, and lateral soreness.

A careful examination disclosed, as the only thing abnormal, a slightly-increased intensity of the voice-sound under the right clavicle, and a subdued respiratory murmur under the left; indications which, with bronchitis present, were deemed of little import. In the course of a few days diarrhœa set in, which was attended with some nausea and anorexia, and nocturnal perspirations.

Under the usual treatment all the symptoms disappeared by the middle of April; from which time the patient enjoyed comparative health until Christmas of the same year.

During the first period Mr. S. continued to attend, as usual, to business. He did not lose flesh; and the illness so little affected his general condition, that, in the absence of direct indications, the existence of tuberculosis, though on one occasion suspected, seemed scarcely probable; and this view was still further corroborated by the fact of his apparent recovery for several months.

In December the cough returned; but, so slightly was his general health disturbed, that it was not until the month of April he revisited me. I now observed a marked change. His countenance was pale, and the expression anxious; his appetite and strength were greatly impaired; the cough severe, and attended with occasional vomiting and copious muco-purulent expectoration. Stethoscopic examination under the right clavicle gave a harsh inspiratory, and the same, but very prolonged, expiratory murmur. The percussion-note was also dull, but not comparatively so. The symptoms of phthisis now steadily increased.

In June he was confined to bed with diarrhœa and hemorrhoids; pallor and emaciation became more marked. He vomited his food, and the voice became nearly inaudible. Ere the end of the month the dull note of the right apex became decided, and a cavernous râle displaced the harsh respiratory murmur. On the 1st of August he died.

The examination in April proved, beyond all question, the existence of a mass of tubercle in the right lung. The time had passed for treatment likely to avail. In less than three months the final stage was reached.

Now a question arises in the mind,—could the tuberculosis have been arrested in either period? We know that a certain recovery may occur in any stage of the disease. We have abundant proof in the writings of pathologists, and in our museums, that cicatrization of tubercular cavities may be effected; and that, in other instances, a calcareous deposit may take the place of pulmonary tubercles. But these results are so exceedingly rare, that, for all practical purposes, in advanced cases, they may be left out of the question. Not so, however, with regard to the earlier stages, where it appears, in a large proportion of cases, arrest may rationally be expected.<sup>1</sup>

But was tubercle present in the first period? There certainly was no physical evidence; nevertheless the slight persistent bronchitis and diarrhœa, in my mind, sufficiently establish the affirmative. I agree with Ancell that it is of more importance, in reference to the general disease, to determine, not “whether a local tuberculous development exists, but rather, whether the patient is truly affected with the blood disease, and thereby threatened with its local manifestation. The successful treatment of the disease of the blood in this stage, based on a knowledge of its nature and causes, is in many instances certain. The successful treatment of the disease after it has localized itself is frequently impossible.” This prior condition it will not, perhaps, be always possible to discover; and yet, in the present state of physical diagnosis, it supplies the only clue to an early, and therefore effective, management. How long the state of tuberculosis may exist in an appreciable form, before dynamic indications of its presence appear, is a point, I believe, as yet undecided. My second case will distinctly show that eighteen months at least may elapse under the conditions referred to.

Case II.—Bronchitis; Hæmoptysis; Tubercle locally manifested; Diarrhœa; Death.

Mr. Y., a captain in the merchant service, called on me, for the first time, 28th June, 1849. He was aged 28, of slender build, fair, and of clear complexion. He stated that he had taken ill about fourteen months previously, with cough and expectoration; which continued since with but little abatement. In April, 1849, he spat blood for the first time. On examination, I found his pulse about 100; but no physical signs indicative of tubercular deposit; and, though repeatedly examined, it was not until August 15th, that the least physical evidence was afforded. During the next eight months he appeared to have improved. The cough, however, continued, and debility was a constant symptom. In April, 1850, diarrhœa, with frequent hæmoptysis, became additional symptoms; and, on the 14th of May, a cavity

in the left apex was distinctly marked. Hectic now wore him daily, and he breathed his last in the latter end of June.

This is a good instance of extreme protraction of the disease; and especially the prolonged latency of the tubercular development. For the period of a whole year, the only apparent condition was that of slight but continued bronchitis; and the suspicion of tubercle, as the cause, did not receive confirmation until the month following, when hæmoptysis appeared. The lesson, then, which I wish to suggest from a consideration of these two cases is, that more attention is imperatively called to the early indications of the blood disease—tuberculosis, than of the deposit of tubercle.

My third case will be considered under three different aspects in successive periods, viz., the time prior to admission into hospital, the first month after admission, and the subsequent period.

Case III.—Pelvic Tumour, occupying the left Iliac Region, rapidly attaining enormous magnitude, with vast Enlargement of left Thigh and Leg; Death; Autopsy.

Eliza M’C., aged 50, married, was admitted into the Belfast General Hospital, February 11, 1851. Though of a spare figure, she had always enjoyed good health until about nine weeks previously; and her countenance was certainly not indicative of any constitutional disease. The certificate of admission stated that she was suffering from rheumatism of the left hip. On the usual inquiry, she mentioned that she had taken ill with pain in this region, which also extended along the anterior aspect of the thigh, was not relieved by a change of position, and yet was not increased by moderate exercise. Her pulse was 96, full and soft; the tongue furred; and white all over; the appetite was of late impaired; and frequent insomnia was induced by the severity of the suffering. On examination I detected a swollen and tender part, situated in the left iliac region. The tumour was indistinct; yet, from the tenderness, increase of temperature, and some degree of fulness, the fact of its existence was sufficiently made out.

A difficulty now arose as to the nature of this tumour. It presented all the appearances of an inflammatory swelling likely to end in suppuration; and this view seemed confirmed by the absence of any indications of a chronic blood disease.

Leeches were, therefore, applied, with the effect of relieving the tenderness. Nevertheless its size steadily increased, so that, on the 6th of May, the circumference of the abdomen, including the tumour, measured thirty-four inches. In this interval the patient became perceptibly emaciated, while the left thigh and leg gradually enlarged. At this time the tumour was dense, tender, and deeply fluctuating; and much pain and difficulty were felt in moving the limb. Soon a marked change occurred, both in the general and local condition. The pulse rose; the emaciation rapidly progressed;

<sup>1</sup> In the First Medical Report of the Brompton Hospital, London, it appears that, in about 40 per cent, of the in-patients in the first stage of pulmonary consumption, much relief is obtained; and in 12 per cent of the males, and 7 per cent of the females, its progress seems to have been arrested for the time at least, if not completely.

she became at times delirious, and her memory defective. The most elevated part of the tumour assumed a purplish appearance, and the pain was constant, and occasionally agonizing. The contrast presented by the appearance of the two limbs was striking in the extreme, the circumference of the left thigh, at its upper third, being fully thirty-two inches, or about three times that of its opposite. The left ilium also greatly increased; and it was evident, on examination at this date, that the osseous structure was involved. Complete prostration now ensued, and she expired early in the following month. Before death an excellent cast of the tumour was taken in situ, which is deposited in the Pathological Museum. A careful examination of the diseased structure was made shortly afterwards, when it was found that the entire cancelli of the ilium were hypertrophied to an enormous extent, and charged with soft gelatiniform cancer.

It is more than probable that, for some weeks after the commencement of the disease, there was no evidence of the existence of a tumour. It is not very wonderful, therefore, that the neuralgia was ascribed to local rheumatism, which the case was supposed to be by the practitioner whom she first consulted. Then, when the tumour did make its appearance, the difficulty was not much diminished, for there was no symptom at all indicative of the real disease. On the contrary, the febrile symptoms, and the result of local examination, seemed to place the inflammatory character of the case beyond all doubt. The progress, however, soon disclosed its real nature; for, whenever the rapid enlargement of the tumour, and the gradual breaking up of the constitution were simultaneously observed, its malignancy was at once established. It is just possible that, had greater attention been paid to the circumstances of age, the gradual formation of the tumour, its position, and the absence of any ordinary cause, its serious character might have been earlier suspected. On the whole, the case is a remarkable instance of the close simulation which carcinomatous disease, in its formation, may bear to ordinary acute inflammation.

The next case is an example of the utmost pathological complexity. Several lesions were indeed latent throughout, and others, to which the attention was strongly directed during life, were found to be small in comparison with the expectations formed.

Case IV.—Lumbar Abscess; Ascites; Dysentery; Hypertrophy of Liver; Tubercles; Extensive Pleuritis and Emphysema; Subacute Peritonitis; Erysipelas of Face; Death; Autopsy.

John M'K., aged 25, a wood-turner, was admitted into the General Hospital, April 29, 1851. His appearance at once indicated a scrofulous constitution. His illness was of twenty-one months' duration; but, during the first twelve months of this period, his general health was little affected, and he only complained occasionally of pain in the lumbar and right iliac regions. This pain

then became fixed and constant, and in about three weeks an abscess formed, and discharged externally at a point in the loins two inches from the spinal column. A sinus remained, and has since continued open. The chest symptoms appeared about three months before admission, and were ascribed to cold. Troublesome cough, with offensive muco-purulent expectoration, has ever since continued. On admission he presented a very miserable appearance, being extremely emaciated and debilitated. Appetite and sleep had almost left him. On examination of the chest, there was slight dulness of the left apex, where the inspiratory murmur was bronchial, and the expiratory sound crepitant. Mucous and bronchial râles were heard at the upper part of the right lung. His abdomen was tympanitic, but not tender. (A more satisfactory examination was rendered impossible in consequence of his extreme debility.) Shortly afterwards, dysenteric symptoms set in, and the feet and ankles became œdematous. A second examination of the lungs at this time presented slight bronchophony, a harsh and tubular inspiratory, and prolonged expiratory, murmur at the right apex. The dulness formerly mentioned was not now observed. A few days subsequently he was attacked with erysipelas in the face, under which he rapidly sank (June 11th).

The post-mortem examination revealed old pleuritic adhesions in both sides of the chest. A few small masses of grey and gristly tubercle were observed, especially at the apex, in the left lung only. The bronchial divisions of both lungs were filled with whitish serosity; and emphysema was noticed on the loose borders. The heart was atrophied, without other change. The liver was of a fawn-colour, very dense, and greatly hypertrophied. The peritoneum was here and there injected, and loose flocculi of imperfect lymph, with a few adhesions, and two quarts of straw-coloured serous effusion, occupied its interior. The intestines were unusually distended; the muscular and mucous coats thin and bloodless; the mesenteric glands were enlarged and hardened, but not tubercular; and, after the most careful search, no communication could be detected between the lumbar fistula and the peritoneal sac.

So far as could be learned by a careful examination of this case on admission, the principal diseases present appeared to be the old sinus in the loins, and the thoracic disorder. The habit of body, the extreme emaciation, and, to a certain extent, the physical signs, all combined to lead the mind to tubercular disease; and the idea was rather confirmed by the supervention of the dysenteric symptoms. The second examination of the chest, however, after a month's interval, tended to disturb the first impression, as we find no progress in the supposed tubercular lesion, and as the co-existence of bronchitis with emphysema would explain the signs equally well. The tympanitic state of the abdomen prevented any reliable examination of the liver, the disease of which, had not the œdema of the ankles been

ascribed to debility, might have been thereby indicated, while the existence of fluid was altogether uncertain. The autopsy, however, satisfactorily clears up the case. The old pleuritic adhesion, though doubtless the cause of the limited bronchophony, it was impossible to detect in the absence of historical symptoms of the disease. The enlarged liver having compressed the air-cells of the right lung, it is easy to account for the tubular respiration heard in that lung; while the emphysema will readily account for the prolonged expiratory murmur; and the bronchitis in association will at once interpret the remaining thoracic indications. It does not appear that the few gristly tubercles could have produced any serious symptoms.

It is difficult to account for the existence of peritonitis, which was plainly observed at the autopsy; had there been communication with the lumbar sinus, the explanation would be at once apparent. It is, however, not uncommon to meet with a form of sub-peritonitis in connexion with hypertrophy of the liver, which seems to be caused by the retardation in the portal circulation.

The case which I shall now adduce is an interesting instance of difficulty in thoracic diagnosis, and may be viewed under three aspects: one, from the present condition and past history; a second, from the additional testimony of the physical examination; and the third, from the effects of treatment.

Case V.—Protracted dry Cough; Axillary Abscess, and subsequent Sinus; Pleuritis, effusive in the left Side, congestive in the right; Tubercle doubtful (?).

Isabella J., a mill-girl, aged 17, was admitted into the General Hospital, 16th November, 1852. She was of slender conformation, and of a florid and clear complexion. She stated that she had been ill with slight cough for twelve months, and that for the last month it had considerably increased, and was attended with dyspnoea, aggravated by attempting to lie on the right side.

An axillary abscess, for which she knew no cause, formed last April; this temporarily healed, but soon after became fistulous, and has continued to discharge. She never complained of pain in the left side; never spat blood; and the cough was always dry. There were no unusual perspirations; and the bowels were always regular. The menses, however, have been variable in frequency and amount; and the appetite and health of late impaired. Within the last few days she has complained of sharp pains in the right side, which have impeded respiration.

The disease, which a reflection upon the case will so far present, would be latent phthisis, or pleuritic effusion, with recent pleurisy in the right side. The history and appearance would strongly induce the observer to look for tubercle; while the dyspnoea, the decubitus, and the dry cough, would, on the other hand, indicate pleuritic effusion. The balance seemed equal. We shall

now see what further light the physical examination shed upon the case.

The thorax was of ordinary formation, but the intercostal movements on the left side were more limited than those on the opposite; the former measured half an inch in excess. Vocal vibration was absent; and over the entire lung, including the apex, the percussion-note was distinctly dull. Under the clavicle, the expiratory murmur was prolonged. Posteriorly, at every point, there was bronchial respiration, with bronchophony. At the angle of the scapula, on the right side, frottement was distinctly heard, and puerile respiration at all other points. On examination of the heart, the sounds were normal, but heard best at the inferior sternal region, where also the impulse was felt.

Now here, notwithstanding that pleuritic effusion was indicated by the extreme dull percussion-note, and the displacement of the heart, yet there were still arguments against this supposition. Whence the extension and uniform dullness, including the very apex? Whence the general prevalence of the bronchial respiratory murmur? Why, in a case of so great effusion, sufficient, it seems, to have dislocated the heart, had we not complete absence of the respiratory sounds, at least at the base? Do we not find, that when the bronchial respiration occurs in pleuritic effusion, it is limited to the inter-scapular or superior anterior regions? and that, under such circumstances, the fluid gravitates to the base, and compresses the superior lobes against the parietes, where a comparatively clear sound, on percussion, should exist? But here, on the contrary, we had marked dullness at the very highest point, and bronchial respiration at the very base. Then, again, some of our best stethoscopic authorities argue that the existence of the bronchial respiratory murmur is the exception, and that its presence must depend upon at least coexistent consolidation. Thus Barth and Roger:—"For ourselves we should say, that bronchial respiration can be heard in pleurisy, but that, for the most part, it is not heard. The tubular blowing is an exception to this disease, and an exception, moreover, so rare that, when it is heard, something else than a simple pleurisy should be suspected."<sup>1</sup> Again, "the pathognomonic sign of pleurisy with effusion is the silence of the respiratory murmur, and not the presence of the bronchial respiration. And if it be perceived elsewhere than in the neighbourhood of the roots of the air-tubes, the pleurisy is not simple, but is complicated with pulmonary induration." Fournet states as his opinion, that the bronchial character can only be heard at the very commencement, or in very limited effusion, but disappears when it becomes copious;<sup>2</sup> and indeed all agree, that bronchial respiration is a phenomenon almost always limited to the sites of the larger bronchial divisions. Looking at the case with this idea prominent, and

<sup>1</sup> Newbigging's Translation, pp. 04, 06.

<sup>2</sup> Brady's Translation, p. 177.

observing the uniform dulness of the lung, it seemed impossible to ascribe the signs solely to pleuritic effusion. What then was the other supposition? Chronic pneumonia, or tubercles, or it might be that peculiar condition named cirrhosis. The history told against the idea of pneumonia, as not a single symptom could be adduced to suggest its existence. Tubercle it might be, but not simple, as then we should have observed signs of an advanced stage at the apex, had infiltration been sufficiently general in the lower lobe to cause obliteration or compression of the air-cells. This idea also would not explain the enlargement of the side, and the displacement of the heart, and it would be quite exceptional to find a total absence of expectoration for the long period of twelve months, had such extensive infiltration occurred. Any view taken was surrounded with difficulties, and it was determined to act cautiously at first, on the idea of simple inflammatory effusion, and patiently await the result.

Accordingly, an ointment composed of the mercurial ointment and that of the hydriodate of potash was ordered; the side to be well rubbed with it night and morning.

After the lapse of ten days, a careful examination of the chest was again instituted, and this time with important results. Over every part of the left lung the percussion-note was very much clearer, especially at the upper part and anteriorly; and at all points, even as high as the clavicle, was a distinct friction sound heard. The heart had nearly assumed its natural position, and the patient could lie equally well on either side. The dyspnoea and cough were also greatly relieved, and, in every respect, she progressed most favourably. This amendment steadily increased; and in the course of another ten days she left the hospital almost well, there being but very slight dulness remaining at the base of the left lung, and the respiratory murmur having returned. I must observe, however, that the prolonged expiratory murmur, heard originally at the apex, was present when she left, and accompanied by a slight comparative diminution of resonance under the left clavicle.

Here, then, we find that simple pleuritic effusion, even to such a large extent as to augment the circumference of the side more than half an inch, and to displace the heart, may yet only compress the lung so as to admit of a general bronchial respiration being heard, and not so much as to obliterate all sound. It is plain that this fluid must have enveloped the lung pretty equally all round, else would the lung have floated, and the superior parts sounded clear on percussion? There must also have been some adhesions near, or at the base, to have prevented the floating of the lung, and permitted the fluid to assume the form of an envelope.

This rare form is adverted to by Walshe in his recent work. Thus, he says, "if there be adhesion, or agglutination of the pleura, respiration of the diffused

blowing type (often sufficiently marked to suggest the idea of hepatization) is more or less extensively audible; the presence of condensed lung near the surface sufficiently explains its existence. But it is not alone in these cases of adhesion that blowing respiration may attend pleuritic effusion; it may be present when no adhesion exists and the effusion is abundant." He further adds, however, that in these cases it is for the most part very slight, deep-seated, and generally limited to the middle height of the back.

Hughes remarks upon this peculiarity as a most curious exception, and one most difficult of explanation, and refers to one case where not only was tubular breathing general, but a shrill resonance of the voice was distinctly audible over the whole side: the very phenomenon which occurred in the case under consideration. And Williams has, in consequence of hearing tubular respiration so very marked and tracheal, at the upper region of the affected side, been more than once deceived into the belief that there were caverns underneath.

This case, I think, sufficiently exhibits the importance of weighing well all the possibilities, pro and con, before explaining the physical signs according to the more usual interpretation. The physical signs are there; nature cannot err, and it is hence our duty, by careful examination and a knowledge of all possible contingencies, to read her lessons aright. I need scarcely add, of how much value a true diagnosis in such cases as this is calculated to be to the practitioner, in a therapeutic aspect. Let us gain a correct knowledge of any disease and its nature, and we are in the fair way of contending against it with success; otherwise all is darkness and blind uncertainty. But more especially are these remarks of import when a diagnosis has to be made between a case of inflammation and one of tubercle, lesions whose proper management is so much at variance.

In my next case the principal disease was for a considerable time only suspected, and the secondary affection overlooked altogether, in consequence of the absence of the usual symptoms and their general want of harmony. I shall consider it at two different periods.

Case VI.—Chronic Dyspepsia; Vomiting a principal Symptom; Progressive Emaciation; Distinct Remission; Relapse, with Peritoneal Effusion; Death; Autopsy.

A medical practitioner, aged about 56, resident all his life in a country district in the neighbourhood of B\_, consulted an eminent physician in November, 1851. The habits of the patient were extremely active and temperate. He was always accustomed to uncommon exertion in his daily practice, and yet found time to take a prominent part in promoting the interests of scientific societies not immediately connected with his profession. His health was generally excellent throughout a long career of practice. In the autumn of

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1851, however, his friends noticed an unfavourable change in his appearance. He became older looking than what his years would indicate, and he had, from consciousness of infirmity creeping on, considerably curtailed the range of his practice. It was not until early in November, that the malaise assumed a distinctive form. The symptoms were now prominently gastric; vomiting of food at varying intervals, but generally a considerable time after ingestion, with debility and constipated bowels, were amongst the principal.

I first had an opportunity of seeing him on the 19th. He stated that he had been then six weeks ill. During this time he had become considerably emaciated, yet his pulse was perfectly quiet, never higher than 68 or 70; his tongue clean; and he complained of no pain, even on pressure, over the epigastric region. For about one month the symptoms improved but little, yet afterwards he began perceptibly to amend. The vomiting became only occasional, the emaciation ceased, and his general appearance and strength became much improved. From February until May his health was so far restored, that he was able to resume a portion of his usual avocations to a certain extent, and we had great hopes that he would eventually recover.

The impression during this interval entertained of the nature of the case vibrated between the idea of functional derangement and organic change. The returning health, together with the appearance, during the period of improvement, of small dark scybalæ in the evacuations, certainly favoured the former, while the absence of all pain or tumour, and the complete remission of the symptoms, seemed to put out of the question all idea of the latter.

In May, however, the symptoms supervened. The brief respite from suffering only ushered in a more marked change. He began now to complain, for the first time, of distention and uneasiness of the abdomen. The appetite declined, the strength again gave way, and the gastric irritability returned, but never to the same extent as formerly. The evacuations were scanty, and difficult, and the tongue now first assumed the aspect of constitutional irritation. Yet the pulse, strange to say, remained at the usual low figure of health. Towards the latter end of this month, however, it rose a very few beats, and the other symptoms decidedly increased, with the addition of an uneasy sensation in the rectum—which annoyed him especially during and after each evacuation, some œdema of the ankles, and a slight bronchial affection which now set in. The rectum was carefully examined; and it was only now that we had a full idea of the extent of emaciation and prostration which had gradually ensued. We observed a fringe of old piles at the anal margin, and within, the prostate was felt enlarged, hard, and protruding into the bowel. He so perceptibly felt the change in this organ, that he was strongly impressed with the idea of a tumour. It gave him, however, no pain, and its apparent magni-

tude was in a great measure due to the deficiency of adipose substance in the vicinity of the rectum, which permitted a certain degree of falling, or prolapse of the prostate into the gut. From this time he sank rapidly, and on June 4th expired without a struggle, or indeed any change of symptoms.

The original idea of cancer received much corroboration during this period; but the source of the abdominal uneasiness was not clearly divined. At one time—and it is not a little distinctive of the soundness of his judgment—he had himself the impression of inflammation; but this idea seemed scarcely tenable, when it was considered that not only could he bear pressure over the abdomen with impunity, but that he actually had it firmly swathed with a roller, which gave him positive comfort. Besides, the pulse never exceeded 75 beats in the minute, prior to the moribund period at the close. Nevertheless he could not divest himself of the idea he had formed of peritoneal inflammation; and, as the examination proved, his fears were indeed too true.

An autopsy was held on the third day after death. The body was extremely emaciated; the abdomen was greatly distended, with intestinal gaseous accumulation, and upwards of two gallons of a bloody fluid in the peritoneal cavity. The surface of the peritoneum was greasy, and shreds of imperfect lymph were abundantly scattered over it, but without any adhesions. The stomach was greatly contracted. It certainly could not have held more than six ounces of fluid; but the walls were thickened by carcinomatous deposit to at least three-eighths of an inch, especially at the pyloric extremity. Its mucous surface was dark grey, but otherwise normal. A section of the coats presented the same appearance as is so accurately and beautifully delineated in Cruveilhier's plates. The whole tract of the intestine presented nothing unusual, nor did the mesenteric glands. The kidneys were atrophied; dark, soft, but not diseased. The prostate was simply hypertrophied; the bladder, and, with the exception of the external piles, the rectum, presented a natural appearance. The other abdominal organs were likewise healthy.

The thorax was also examined. Some tinged fluid occupied the pericardial sac, which was otherwise natural. The heart itself was grey and soft, and, on microscopic examination of a section, presented a characteristic example of fatty degeneration—the pulpy yellow transformation, to a considerable extent. The lungs were quite healthy, but the pleura presented some old standing adhesions.

The slightest reflection upon this examination will at once account for the absence of pain in the gastric region; the mucous membrane was intact, the deposit was in the sub-mucous tissue; but the absence of abdominal tenderness cannot be so readily explained. It is, perhaps, to be considered that as the peritoneal affection was completely asthenic, and occurred when the powers of life were fast failing, sensation would be

so greatly impaired as to present only the form of uneasiness which the patient certainly complained of; and it will also be recollected, that, in the course of peritoneal disease, it is not uncommon to meet with a complete remission. The case then shows us the diagnostic importance of attending particularly to even apparently trifling indications of inflammatory action, when occurring in the course of a constitutional disease, or in subjects of advanced age, and debilitated vital power.

The last case which I shall at present adduce presents a unique example of the persistence of derangement of an organ which proved to be only sympathetically affected, but which was supposed to be structurally engaged. The impressions formed of the nature of the case, at different periods, were three, viz., first, hepatic disease inducing duodenitis and irritable stomach; second, cancer of the pylorus; and, lastly, disease of the brain.

Case VII.—Dyspepsia for two years; Hematemesis; Persistent Vomiting and frequent Hiccup, with severe but variable Cephalgia; Convulsions; Death; Autopsy.

Mary C., aged 27, was admitted into the Belfast General Hospital, 21st June, 1852. She was extremely emaciated and debilitated; and though on the previous day attacked with delirium and convulsions, was now quite sensible, and complained of intense headach. On her way to the hospital she had vomited. Through the kindness of my talented young friend, Mr. Henry Johnston, I was enabled to ascertain her complete history, which for a considerable time before admission had anxiously engaged his attention.

It appears that she had been ailing for a period of two years with anomalous dyspeptic symptoms, during which she had been gradually losing flesh; that ten months previously she had an attack of hematemesis, and again on three or four occasions; and that since, she has frequently complained of headach and vertigo, which were occasionally very severe. The menses had been absent several months, during which the gastric symptoms were greatly aggravated. She vomited food almost regularly, complained of soreness and burning at the epigastrium and left hypochondrium, and frequently of palpitation. Her immediate relatives, when questioned as to the cause, were of opinion that the anxiety of mind induced by a disappointment in marriage had been an essential source of her maladies.

On March 10th, when it appears she first applied to Mr. Johnston, the following was her condition:—Her appearance was pale, and much debilitated; her colour of a light, dusky-yellowish hue; her pulse was small, feeble, and 80. She complained of severe headach; there was neither cough nor expectoration. The tongue was furred at the edges, and along the centre was a brown streak. There was no thirst; but vomiting was very frequent, and about one hour after meals, with soreness of the epigastrium and left hypochondrium, and frequent hiccup. The bowels were regular, and the

evacuations various; the urine brown, and charged with lithate deposit. Under the idea that the irritability of the stomach was connected with and dependent upon inflammatory action going on in the duodenum and liver, she was mercurialized, but without any real relief. A slight remission, it is true, occurred towards the end of March, but early in April the symptoms steadily augmented in severity. The vomiting and hiccup became now almost constant; and the attention was strongly directed to the stomach, as being most likely the real seat of the disease. A careful examination was made on April 13th: neither tumour, nor tenderness, nor dulness on percussion, gave the slightest countenance to this impression. Mr. Johnston noticed at this time that the vomiting was always induced by suddenly sitting up, or after changing her position, and was more marked in the mornings. Lime water and milk, which she had been getting from the beginning of the attendance, was the only form of nourishment which was retained.

On May 10th the case assumed so much the appearance of malignant gastric disease, that all idea of any other organ being engaged except the liver, which still seemed probably involved, was lost sight of; and indeed the symptoms were most deceptive. The vomiting was most constant; occasionally blood would appear in the matters ejected; the skin became dry and shrivelled, and emaciation progressed.

Two days previously to admission, the pain of the head became suddenly intense,—a sharp, cutting pain darting from the forehead to the left mastoid process, and attended with constant ringing sounds. This was soon followed by a marked convulsion of the left arm, and partially of the left side of face, with delirium. The following day, however, all this had passed off, and she became sensible as usual, and in this condition she was admitted into the hospital, where she died suddenly, and without apparent struggle, on the evening of the second day.

A post-mortem examination revealed what was but little expected,—a normal state of the stomach, liver, and all the abdominal and thoracic organs. The brain was very carefully examined, and the only structural alteration observed was the existence of a defined spot of ramollissement in the centre of the right crus of the cerebellum. The softening was very distinct when compared with the symmetrical part. On microscopic examination, also, it presented the exudation granules figured by Bennet.

The records of pathology show us, that sudden cerebral symptoms at the close often prefigure this lesion, though there may be little disorder previously of the nervous functions. This case is, however, remarkable for the circumstance of protracted gastric irritation simulating the best-marked cases of carcinoma, wholly dependent on the cerebral disease, which must have formed exceedingly slowly, and without presenting any

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impairment of motion, and only temporarily of intelligence at the close, throughout the progress of the case. I cannot discover its parallel, although I have consulted several of our standard pathological works. Abercrombie, indeed, has narrated cases in which ramollissement of very limited extent was found as the only morbid appearance, in connexion with symptoms of long standing; but these symptoms were not, as in the present case, almost wholly gastric. Though, on admission into the hospital, attention was at once directed to the cerebrum, yet previously I question whether any, even the most experienced mind, would have been led to divine the real lesion in the case.

The foregoing illustrations are intended to present a sample of some of the difficulties that beset medical practice. I believe firmly, the more we are acquainted with such, the more we are stimulated to search into and unravel the mazes of the conflicting phenomena of obscure cases, the better practitioners we must become. Scholarship will not stand us in good stead here. Experience can only thus be early acquired. If such an object be in any degree promoted by these contributions, my aim is accomplished.

And I would here most earnestly beseech the seniors of our body to impart even a little of the vast mass of practical hints which time and observation have afforded, in further elucidation of this interesting inquiry, for the common benefit of all.

Ours is a noble profession—noble in the noblest sense. It hides nothing for selfish ends which it thinks calculated to advance the interests of our science or art. Let none, then, of those who have already gained amongst their fellows the high reputation of distinguished practitioners, and the golden opinions of the general public, refrain, from any consideration, from imparting the fruits of their successful experience. I feel convinced that, if our profession is to advance much as a practical study, it can only be by elaborate, but ordinary, intelligent observation at the bed-side, going hand in hand with the results of a pure scientific research.

A case of Melanosis Oculi, in which the disease had progressed too far to render operation warrantable, was exhibited to the Society by Mr. Browne.

R. Stephenson, Chairman

### February 1853

Present, Drs. Stephenson, R. Stewart, Patterson, Graham, Warwick, Drennan, Halliday, Malcolm, Dill, Pirrie, Rea, Hood, Ferguson, Moore, Seaton Reid.

Minutes of last meeting read and confirmed.

Dr. McLaughlin of Lurgan was balloted for and unanimously admitted a Member of the Society.

Dr. Dixon was also admitted a Member.

Mr. Dyas was balloted for and admitted a Member of the Society unanimously.

The 4th Edition of Dr. Carpenter's Human Physiology was ordered for the Library.

It was moved by Dr. Ferguson, seconded by Dr. Moore and unanimously resolved "that Drs. Stephenson, Patterson, McGee, Malcolm and Pirrie be nominated a Committee with full power to secure to the Society Rooms for the Meetings and Library on such terms as they may deem suitable to our means and wants".

R. Stephenson, Chairman

### 7th March, 1853

Present, Dr. Stephenson, Patterson, Pirrie, Dill, Malcolm, Young, Graham, Browne, Murray, Ferguson, R. Stewart, Armstrong, Bryce, Wheeler, Moore, J. Smith, Smyth.

Minutes of last meeting read and confirmed.

Walton's "Operative Ophthalmic Surgery" was ordered for the Library.

Mr. Browne presented Dr. Chever's work on "Vital Statistics", and the Society proposed a vote of thanks to that gentleman for the same.

Resolved that the resolution of last meeting appointing a subcommittee with full power to secure to the Society rooms for their meetings etc. be now confirmed.

The said subcommittee reported that suitable rooms can be obtained for from £20 to £30 per annum, and, considering that it would be an infringement of the rules of the Society to apply to other purposes the present Library funds, they recommended that a Subscription List be opened to meet such additional expenditure.

Their report was received and adopted, and they were requested to continue their exertions.

Resolved "that all Town Members of the Society shall in future pay 10/6 per annum towards the cost of suitable rooms, and that it be optional with Country Members to avail themselves of the advantages of the central reading room, on payment of the above additional subscription".

Dr. Malcolm as local Secretary to the Central Committee for erecting a monument to Jenner, detailed the steps which have been taken for carrying out the project since it was first entertained in the summer of 1851. The Memorial intended is a bronze statue of colossal dimensions to be erected in some public situation in London, and Mr. Calder Marshall is the sculptor to be employed in its construction. A Central Committee composed of 177 influential members representing all the chief countries of Europe, together with the United States, Brazil, and India, and local subcommittees have been organised to promulgate the design, and obtain means for its execution. The estimated cost of the monument is about £4000, while the contributions, at the last statements, were under £600, of which the largest

portion was from the United States. No doubt however is entertained that the required sum will be ultimately raised. From this locality the subscriptions are as yet of small amount, and the Reporter concluded by recommending the formation of a local committee to adopt further measures on the subject. It was resolved that the Society approve of the recommendations of the "Jenner Testimonial" Committee (Drs. Malcolm and Dill) respecting exertions being made to raise further subscriptions and that a Committee consisting of Drs. Malcolm, Dill and Smyth, be now appointed to carry out such recommendations.

R. Stephenson, Chairman

#### **April 4th, 1853**

Present, Drs. Stephenson, Patterson, Dill, Gordon, Young, Halliday, Malcolm, R. Black, Warwick, Drennan, McGee, Moore, Browne, R. Stewart, McCormac, Heeney, Hood, Wheeler, J. Smith, Rea, Armstrong, Lamont, Clarke, W. J. Smyth, Murney, McCleery.

The minutes of last meeting were read and confirmed.

Dr. McGee brought before the Society the question, in its medical relations, of the appointment of chaplains to Lunatic Asylums. After some preliminary remarks, he referred to the system of religious ministrations hitherto pursued in the Belfast Asylum as having been found perfectly suitable and adequate to the requirements of its inmates; and strongly objected to the substitution of regular chaplaincies as likely to excite discord, entail injury on the patient's themselves and interference with the proper functions of the medical superintendents. In support of his opinions he cited the evidence of experienced governors and physicians, and added instances of the injurious effects on the insane, of exciting theological discourses. He concluded by moving a resolution embodying his sentiments on the subject.

An amendment was moved by Dr. Dill in favour of allowing the recent appointments in the Belfast Asylum to be tested by their effects. He complained that the question had not been sufficiently limited by the previous speaker to its medical bearings, and maintained that, in that point of view, considerable differences of opinion existed among the members of the medical profession. He quoted counter testimony in prove of the benefits derived from the system of regularly commissioned chaplains, and established religious ordinances; and advocated the introduction of that system into the Belfast Asylum, to be carried out "with the advice and direction" of the resident and visiting physician. His amendment was not seconded.

Other amendments of a character less opposed to that of the original motion were brought forward in the course of the subsequent discussion, but they were either afterwards withdrawn or negated. While some difference of opinion was expressed as to the

mode and agency by which religious influences could best be brought to bear on the minds of lunatics, it appeared to be unanimously held that the application of these should in all cases be subject to the sanction and approval of the Medical Advisors. After a somewhat prolonged debate the following resolution proposed by Dr. Malcolm, and seconded by Mr. Lamont was, with the consent of the mover and seconder of the original one, substituted for it; and, on being put from the chair, was carried by a very large majority.

Resolved That the appointment of chaplains to Lunatic Asylums as at present made it inexpedient, as such appointments must necessarily interfere with the functions and privileges of the medical men entrusted with the medical charge of Lunatic Asylums, who from their position are alone competent to regulate the times and circumstances most advisable for religious ministrations.

On the motion of Professor Ferguson, seconded by Mr. J. Smyth, the resolution passed at last meeting for the increasing of the annual subscription of all town members of the Society by 10/6 was formally confirmed.

Dr. Dill and Mr. Cleery were appointed to examine the fines incurred by Members during the past year, and report thereon at the next Meeting. Dr. R. Stewart and Mr. Browne were nominated auditors of accounts.

The Council were requested to appoint three of their members for the annual examination of the Library, and the Secretary was instructed to have Rules 28 and 29 carried out.

A letter was read from Dr. Stephenson, intimating his intention of resigning the chair of President at the Annual Meeting in May.

R. Stephenson, Chairman

#### **Annual Meeting, May 2nd, 1853.**

Present, Drs. Stephenson, McGee, Malcolm, Dill, Ferguson, Black, Patterson, Mr. Browne, Drs. Beck, Young, McCleery, Pirrie, Hood, Halliday, Graham, J. Smith, Lamont, Wheeler, Bryson, Murney, H. Stewart, Mulholland (2), Rea, T. Thompson, Bryce, McCormac, Officer, S. Read, R. Stewart, Dyas, McMullan, Moore, Rea, Hamilton, Smith, Thompson, Corry, Drennan.

Minutes of last annual meeting read and those of last monthly meeting read and confirmed.

Dr. Dill and Mr. McCleery reported on the fines incurred during the past year. Only two members had rendered themselves liable to the imposition of such penalties, and in their case the Reporters recommended a suspension of the fines in consequence of the violated rule having been hitherto very laxly enforced by the Librarian. Their recommendation was adopted and the Librarian was directed in future to carry out strictly the rule in question (No. 40).

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*President William McGee*

Mr. Browne read the report of the auditors of accounts from which it appeared that the receipts of the Society during the past year had been £63. 7. 10; its disbursements £57. 3. 5½; and that the balance in hand is £5. 17. 5½.

Dr. Malcolm, as one of the three Examiners of the Library appointed by the Council, read a detailed report of its present condition. The number of volumes is at present 2262, with 32 missing. 2 Quarterly, 2 Monthly, and 3 weekly Journals were received during the past year at an expense of £8. 18. 8. Of these 61 Nos. costing the sum of £2. 4. 7 have been lost. Since the new system of circulating the Periodicals was adopted in November last, no further loss of this kind has been sustained.

The London Monthly having ceased, six Periodicals only are now received by the Society at an expense of £7. 14. 8 per annum, or about 2/4 for each member. 16 works, including pamphlets, have been added to the Library during the year. Of these 6 were donations from Drs. McCormac, R. Stewart, Malcolm, and Browne. The remainder were purchased for the sum of £7. 17. 6. The Report concluded with recommendations that a Committee should be appointed to draw up a list of the useless and duplicate works to be submitted to the Society, with a view to them being disposed of; and that valuable works of reference, and such only, should in future be purchased for the Library.

Thanks were voted to the authors of the foregoing reports, and a Committee consisting of Drs. McCormac, H. Stewart, Malcolm, Lamont and Dill, was nominated to carry out the recommendation of the Library Committee.

Dr. Stephenson's letter intimating his intention of retiring from the office of President of the Society was again read, and the thanks of the Society for the manner in which he had promoted its interest and dignity during the period he had occupied its Chair, were voted to him by acclamation.

The election of officers for the ensuing year was then proceeded with, and at the termination of the balloting, the scrutineers, Dr. Pirrie and Mr. Browne, declared the following appointments.

<b>President.</b>	Dr. McGee.
<b>Vice Presidents.</b>	Professor Ferguson*, Mr. Browne.
<b>Council.</b>	Drs. Pirrie**, Moore, Lamont, Malcolm, H. Stewart, C. Black.
<b>Treasurer.</b>	Dr. Patterson (re-appointed without a ballot).
<b>Secretary.</b>	Dr. Drennan (re-appointed without a ballot).
<b>Librarian.</b>	Mr. Ring.

\*Resigned June 6th and Dr. Pirrie appointed in his place on 1st August.

\*\*Dr. Dill elected in the place of Dr. Pirrie on 1st August.

On the motion of Dr. Patterson the Minutes of a Special Meeting of Council held April 18th 1853 were read, from which it appeared that the "Central Rooms" Committee had been instructed by the Council to engage the apartments of Mr. Tully McKenny in Arthur Street for the use of the Society. They consist of two Drawing Rooms, and a small one adjoining, and are offered, free of taxes, for £25 per annum. Mr. Agnew offered to act as caretaker and Librarian, and to send out the Circular, Periodicals, etc. for the sum of £10 per annum, while it is estimated that £5 will pay the yearly cost of fire and gas. Dr. Patterson now reported to the Society that these rooms had been taken from August next, on the foregoing terms.

A long and somewhat desultory conversation followed, in which objections were stated by several members to the proposed change of locality, and to the additional amount of the annual subscription thereby necessarily entailed. A Memorial, forwarded through the Secretary, was also read, embodying the chief grounds of opposition, and intimating the immediate withdrawal from the Society in case the intended removal were persevered in, of the following gentlemen, who had subscribed Remonstrance viz Dr. Horatio Stewart, Mr. Corry, Mr. J. Clarke, Mr. McMullan, Mr. J. D. Marshall, Mr. Armstrong, Mr. Hood, Mr. Heeney, Mr. Warwick, Mr. Rea, Dr. C. Mulholland, Mr. Posnett, Dr. Moore, Mr. Officer (14).

Separate communications of the same purport were also received from Messrs. Lamont, Warwick, and McMullan.

Dr. Moore gave notice that on the next night of Meeting he would move "that the books of the Society be allowed to remain in the present Library, and that the new rooms taken be used merely for the reading of the Periodicals, and their circulation there from".

Dr. Malcolm, on the part of the Council, read a statement of the proceedings of the Society during the past year, arranging them under the heads of "Paper read", "Questions of General Medical Interest", "Public Entertainments", "Proposed removal of the Library", "Professional Conduct" on which, since last annual report, no question had been referred to the council, "New Retired and deceased Members"—including to one of the latter of whom the late Mr. Bryson, who had assisted in founding the present Society in 1822, the Reporter made some highly eulogistic remarks, "Circulation of the Periodicals", and "New Library Catalogue".

The report was adopted and directed to be inserted in the Minutes. As however the proceedings which it recapitulates have already been fully recorded there, it will perhaps meet the wishes of the Society if this, and other detailed annual summaries, be (after they have been read), deposited and preserved in its archives, where they shall always be at hand for ready reference.

Drs. Pirrie, Patterson, and Dill were nominated Stewards for the annual Dinner of the Society.

John C. Ferguson, Vice President.

**June 6th, 1853.**

Present, Dr. Ferguson, V.P. in the Chair, Mr. Browne V.P., Drs. Young, McMeekin, Moore, Hurst, Armstrong, Hamilton, Halliday, Drennan, H. Stewart, Lamont, Clarke, T. Thompson, Mulholland, (2) Rea, Dill, Wheeler, Officer, Bryce, Heeney, Black (R.), Murney, Stephenson, Smyth, Patterson, Smith, McMullan, McCormac, Bryson, R. Stewart, Lynch, S. Reid, McCleery, Hood, Corry, Dixon, Kelso, McLaughlin, Graham.

Minutes of Annual Meeting read and confirmed.

Letters were read from Drs. Mateer and Kidd; that of the former gentleman protesting against any alteration of rule 11 as to the payment of life-members; and Dr. Kidd's intimating his withdrawal from the Society on account of his distance from Belfast.

A printed Circular from Dr. Kingsley of Roscrea, in reference to the formation of a new Association of the Medical Profession in Ireland, and a meeting to be held in Dublin on the 7th Inst, for the purpose of founding it, was brought under the Society's notice.

An application from the Hospital Committee for the use of the Library to hold their weekly meetings therein was unanimously granted, and the Secretary directed to communicate the Society's consent to the Committee.

It was proposed by Dr. Moore, seconded by Dr. Beck, "That the books of the Society be allowed to remain in the present Library, and that the new rooms taken to be used merely for the reading of the Periodicals, and their circulation there from".

Dr. Hurst moved as an amendment "That this Society is decidedly opposed to any change being made involving either the removal of the Library from the premises at present occupied in the General Hospital, or an increase of the annual subscription, as we consider either one or other would be detrimental to the interest of the Society, and that the fact of several members of the Society having received no notice whatever of the contemplated change, render any proceedings lately adopted relative thereto altogether irregular and invalid".

In moving his amendment Dr. Hurst took occasion to read a series of resolutions in conformity with its purport which had been adopted by a Meeting of Members of the Society held elsewhere; and also signatures attached to it (exceeding 30) of those who approved of its contents. Dr. H. Stewart seconded this amendment.

Another amendment was moved by Dr. Dill, and seconded by Dr. Pirrie to the effect that the rooms taken should be employed for the Meetings of the

Society as well as for the other purposes specified in Dr. Moore's resolution.

After a prolonged discussion this latter amendment was put from the Chair and negated by a majority of 26 to 17.

The Chairman expressed his opinion that Dr. Hurst's amendment could not then be regularly submitted to the Society, in as much as, having for its object to rescind previous resolution of the Society that had been formally adopted and confirmed, due notice for its discussion had not been given. On the opinion of the Meeting however appearing to accord with a motion proposed by Dr. Stephenson and seconded by Dr. Mulholland that the amendment should be put from the Chair, it was so put accordingly, and carried by a large majority.

Some further discussion as to the proper order of the Society's proceedings ensued, in the course of which the Chairman conceiving he was improperly dictated to as to his conduct in the Chair, vacated it, and soon after left the room, having placed in the Secretary's hands a note communicating his resignation of the office of Vice President, and his withdrawal from the Society.

Mr. Browne V.P. was then moved into the Chair, and on the motion of Dr. Dill, seconded by Dr. Drennan the following proposition of Dr. Malcolm (who was himself unable to attend) was unanimously adopted. "That in future every new proposition affecting the interests, pecuniary or otherwise, of the Society, shall be inserted in the Proposal Book, and announced in the printed Circular, before being discussed at the Meetings of the Society".

Some conversation took place as to the steps necessary for the adoption and ratification of the Society's resolutions.

Dr. Dixon then moved the following resolution, previously suggested by Dr. Pirrie—"That a Committee consisting of Drs. Moore, Hurst, Halliday and Pirrie be appointed and empowered to take steps to free the Society from the responsibility incurred by the taking of the room in Arthur Street, on the best terms they can make for the Society".

Dr. Bryce seconded this resolution which was carried, and the Meeting then separated.

William McGee, President.

**July 4th, 1853**

Present, Dr. McGee, President, in the chair—Drs. Pattenon, Dill, Pirrie, Hurst, Bryson, H. Stewart, Lamont, Moore, R. Stewart, Drennan, Hamilton, Armstrong, Young, Halliday, Hood, McCormac, Rea, Clarke, Dixon, Murney, Bryce, Smyth, Beck, Smith, Heeney, Graham, Corry.

The minutes of last meeting were read, and the resolutions therein confirmed.

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The Secretary reported that he has communicated to the Hospital Committee the Society's permission to use the Library as their place of meeting.

Some discussion took place as to the modifying of certain expressions in Dr. Hurst's amendment as passed at last meeting, but no resolution was adopted on the subject.

Drs. Moore and Hurst reported the proceedings of the Committee appointed to exonerate the Society from their engagement to Mr. T. McKenny for the rooms in Arthur Street. They had offered him £10 to be rid of the bargain, but he had refused to accept it. They were authorised to continue their negotiations.

The President called on the Librarian to explain why on a recent occasion he had found the Library door open and the Periodicals removed from the table.

Mr. King stated that the Periodicals had been placed in a drawer in consequence of the meeting of the Hospital Committee on that morning in the room; and that the door had been inadvertently left open by the House Surgeon. His explanation was considered satisfactory.

It was resolved that a list of the Periodicals which had not been returned from circulation during the past year should be inserted in the next Monthly Circular.

A letter was read from Dr. Ferguson, late Vice-President of the Society, explaining the grounds of his withdrawal from further connection with it. After a few brief remarks from some of the members, the Meeting decided on proceeding to other business.

A Petition to Parliament in favor of raising the standard of professional education for the medical officers of the Navy, and improving their position as to rank and pay to an equality with that of army surgeons, was brought before the Society by the President; and after it had obtained the signatures of many of the members, it was resolved that it should be entrusted for presentation to the House of Commons to the Member of the Borough.

Dr. Pirrie moved, and it was unanimously resolved "that it be referred to the Council to take the necessary steps to make the Periodicals accessible in the Library to the Members of the Society".

It was resolved on the motion of Dr. Beck "that Dr. Malcolm's resolution of the June Meeting be now confirmed and printed as a rule of the Society".

Dr. Moore proposed, and it was resolved, that at next Meeting the vacancy in the office of Vice-President, and also that in the Council (should the latter then occur), be filled up; and that notice of such intended elections be given in the Monthly Circular.

Dr. Robert Stewart's "Annual Report of the Belfast District Hospital for the Insane" was presented to the Society by the author, and thanks were returned for the same.

It was resolved that the deficiency, if any, in the British Association Medical Breakfast should be defrayed out of the funds of the Society.

William McGee, Chairman, 1st August, 53.

**August 1st, 1853**

Present, Dr. McGee, President—Drs. Patterson, Malcolm, Dill, Moore, Drennan, Browne, Wheeler, Pirrie, R. Stewart, Hood, Smith, Beck, Smyth, Hamilton, Young.

Minutes of previous meeting read and signed.

The President reported that the Memorial on behalf of the Naval Medical Officers had been forwarded to the Borough Members, and that he had received from them an assurance that it should be duly presented.

An account furnished by the present messenger for wages since his appointment in June was ordered payment. As their rate of 2/6 a week was considered much too high, and he had refused to accept a lower one, it was resolved that he should be dismissed, and that £2 per annum should be added to the Librarian's salary, on the condition that the Periodicals should in future be distributed at his expense and on his responsibility.

On this proposal being made to Mr. Ring, he consented to act upon it, as an experiment, during the ensuing month; and to transmit the Journals himself, if allowed to call for them in the evening.

Dr. Moore reported that Mr. T. McKenny had agreed to release the Society from its engagement as to the Arthur Street rooms, in consideration of the payment of £10; and the Treasurer was authorised to pay said sum to Mr. McKenny accordingly.

The last report of the Medical Benevolent Fund Society was presented by the local Secretary, Dr. R. Stewart.

The Treasurer reported that the deficit in the subscriptions for the Society's Public Breakfast of last September, had been paid out of the general funds of the Society.

A ballot was held for the admission of Dr. Snoddon as a Member of the Society, but the proportion of black beans amounting to 1 in 5, he was not admitted.

A Vice-President, in place of Dr. J. C. Ferguson resigned, was balloted for, and Dr. Pirrie declared duly elected. Dr. Dill was elected a Member of Council in the room of Dr. Pirrie.

The President suggested to the Society the propriety of revising its Laws, especially those relating to fines; and the Council were nominated a Committee to consider the subject, and report to a subsequent Meeting as to what changes might be deemed advisable.

The question of Fines in Mr. Hood's and similar cases was also referred to the Council to be reported on.

The Treasurer was authorised to transfer to the Society's funds the balance remaining of a subscription raised for defraying the expenses of a Meeting of the Profession held in 1851, in reference to the Medical Charities Bill then contemplated.

Dr. Malcolm read a Paper "on the treatment adopted in the epidemic dysentery of 1852"; and after a few remarks by Mr. Smyth, the further discussion of the subject was postponed until the next night of Meeting.

Paper:<sup>1</sup> In the autumn of 1852 it was observed by several physicians in Belfast that the ordinary diarrhœa incident to the season was more than usually complicated with choleric, and especially with dysenteric, disease. The latter malady, indeed, presented, in a considerable proportion of cases, a very aggravated type, and besides exhibited such unusual forms, both as regards duration and sequence of phenomena, that the idea of instituting an inquiry into the nature and treatment of the epidemic, upon an extended scale, was earnestly entertained by the reporter and a few of his medical friends.

Accordingly, a meeting was held upon the 14th of September, at which the propriety of commencing the inquiry was almost unanimously approved of, and a Committee appointed to carry out the details. On this Committee there were three members of the hospital staff, four of the dispensary staff, two private physicians, and eight general practitioners.

A circular, including a prospectus of the plan, a set of queries designed to elicit the chief points of the desired information, and a schedule for the brief reporting of cases illustrative of practice in the epidemic, was issued to medical practitioners in most of the towns in Ulster, on the 22nd of September, and from time to time subsequently, by several members of the Committee.

Replies were received, in due course, from sixty-three practitioners holding hospital or dispensary appointments, and forty-four physicians and surgeons engaged solely in private practice. These practitioners were resident in forty-seven different localities. In thirteen of these the disease was epidemic; eighteen presented but a few cases, and in the remaining sixteen there was a total absence of the malady. In addition to the replies made in the printed query-sheet, and the reports of forty cases illustrative of the epidemic, supplementary notices were received from practitioners in Belfast, Carrickfergus, Hollywood, Lifford, &c., besides notes of similar epidemics in 1847, 1849, and 1851, in various places in the North of Ireland, and of the Indian dysentery by two northern practitioners who have had extensive experience in the East. It will be perceived from the returns thus collected, how abundant material for the elaboration of a report has been obtained; and, without further preface, I shall at once proceed to put

my readers in possession of the practical information which this inquiry has educed.

And first, as to the general character of the epidemic in the localities visited, viewed in connexion with their sanitary and other external physical features. They shall be mentioned in the extent of their population, so far as known.

The epidemic commenced in Belfast in the beginning of July, reached its maximum figure in the week ending 4th of September, and subsided to the ordinary standard in the beginning of November. In this space of time there were registered on the books of the dispensary attendants a total of 1121 cases of diarrhœa and dysentery, including 345 of the former, and 776 of the latter. The annexed Table [next page] will show the order of distribution in the different districts into which the town is divided, besides the progressive rise and decline of the epidemic. To judge of the extent of the epidemic, compared with the ordinary amount of the same malady at other seasons, it will be sufficient to state that, for some weeks before and after the epidemic period, the average only reached ten cases, of which five were dysentery. We shall thus see that a maximum of twelve times this amount, and eighteen times the number in dysentery alone, was obtained at the acme of the epidemic. Any one cognizant of the situation and sanitary character of Belfast will not be surprised to learn that epidemics have been of frequent occurrence in this now prosperous locality, ever since it deserved the appellation of town. Its low situation, three-fourths of its area being nearly a dead level, and a large portion being also under high water-mark, are circumstances which render it exceedingly insusceptible of perfect drainage, and, at the same time, calculated to promote atmospheric humidity. These facts, taken in connexion with the great and increasing population (100,300 according to the Census of 1851), and the vast proportion of the operative class being located in old and ill-ventilated, or new and ill-drained tenements, will indicate sufficiently a high predisposition to dysenteric outbreaks. The epidemic appeared chiefly among the poorer classes, and included a considerable variety of forms, as cases of pure diarrhœa; of English cholera: a form closely resembling the Indian malady; pure inflammatory dysentery; a typhoid type of the same; a chronic irritative form, with little constitutional disturbance, and seemingly uninfluenced by any mode of treatment, yet eventually yielding; modifications characterized by relapses; by great gastric irritability; by retention of alvine excretions; by much hemorrhage; by cerebral disturbance; and lastly, as a complication of continued fever. The prevalent type appeared to be the sthenic or inflammatory; and the few post-mortem examinations recorded distinctly indicated this form.

The returns from Belfast embrace the experience of four hospital physicians, six dispensary attendants, six private physicians, and eight general practitioners.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1853, v16, p81.]

Belfast Medical Society  
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President William McGee

RETURNS of Weekly Admissions of Dysentery and Diarrhœa in the BELFAST DISPENSARY, from June 27 to November 6, 1852,  
arranged according to the Districts of the Town.

DISEASE.	JULY.					AUGUST.				SEPTEMBER.				OCTOBER.				Nov.	TOTALS.	DISTRICTS.		
	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23				30	6
Dysentery.	3	3	2	6	5	15	8	8	11	14	12	10	8	4	1	1	0	0	0	111	119	Shankhill.
Diarrhœa.	0	0	1	0	0	0	0	2	0	1	0	0	1	1	1	0	1	0	1	8		
Dysentery.	0	3	3	4	0	5	7	7	4	8	10	5	6	5	4	4	1	2	1	79	178	Hospital.
Diarrhœa.	1	2	4	8	5	17	9	5	8	8	5	7	5	4	1	2	1	6	1	99		
Dysentery.	4	1	3	9	8	6	12	5	6	13	9	4	8	5	4	7	1	1	2	108	147	Dock.
Diarrhœa.	0	1	4	4	5	3	3	1	2	6	1	8	2	0	2	0	1	0	1	39		
Dysentery.	0	1	0	2	4	7	4	7	9	13	7	7	8	5	2	1	1	2	0	80	125	Cromac.
Diarrhœa.	0	3	3	1	5	3	6	7	1	5	2	5	1	1	0	0	0	2	0	45		
Dysentery.	4	4	4	9	7	12	11	18	31	26	25	19	17	21	14	6	13	3	3	251	353	College.
Diarrhœa.	2	6	3	7	8	2	9	12	13	11	11	2	4	4	3	1	3	1	0	102		
Dysentery.	0	1	0	8	5	4	12	8	10	17	19	22	8	10	10	13	3	0	2	147	199	Smithfield.
Diarrhœa.	2	1	2	6	3	15	4	4	7	2	1	3	1	0	1	0	0	0	0	52		
Total Dysentery.	11	13	12	33	29	49	54	48	71	91	82	67	55	50	35	32	19	8	7	776	1121	
Total Diarrhœa.	5	13	17	26	26	40	31	31	81	33	20	20	14	9	8	8	6	9	3	345		
TOTAL	16	26	29	59	55	89	85	79	102	124	102	87	69	59	43	35	25	17	10	1121		

The city of Londonderry ranks next to Belfast in population, which amounted to 19,888 in 1851. Replies were received from Dr. William Browne and Dr. Barnewall White, the latter, physician to the Fever Hospital and Workhouse. Both concur in stating the absence of dysentery as an epidemic. Dr. White mentions having had but 20 cases of the ordinary dysentery in hospital practice; that the mortality was about 1 in 4, and the disease more under the control of remedies than in previous years. Londonderry, though, like Belfast, a maritime city, is considerably elevated, being situated on a hill 119 feet above high water, thus possessing great comparative advantages in the important matter of drainage.

Newry, containing 13,491 inhabitants, was represented in this inquiry by Dr. Morrison, Physician to the Fever Hospital and Dispensary; Dr. Erskine; Dr. Charles Molloy, Medical Officer of Newry and Crowban Dispensary; Dr. William Starkey; and Dr. W. A. Davis, Physician to the Newry Union Fever Hospital and Workhouse. Returns and cases are furnished by three of these gentlemen. We may, therefore, presume that by them the disease was considered to prevail in an epidemic form; at the same time it is proper to mention that the experience of Drs. Erskine and Davis led them to report not merely an absence of the epidemic in 1852, but a singular immunity from epidemic diseases in general for some years past. Most of the cases in this locality were of the sthenic inflammatory type. A large portion of this town is extremely low in situation, and lies on the banks of the Newry Water and Canal.

Armagh (9306 inhabitants) is situated on the declivity of a lofty eminence, around the base of which runs

the river Callan, a tributary to the Black water. Returns were received from Dr. Thomas Cuming, Physician to the Lunatic Asylum; Dr. Alexander Robinson, Surgeon to the County Infirmary and Gaol; Dr. J. L. Riggs, Medical Officer to the Union Hospital; Mr. J. Leslie, Surgeon to the Union Dispensary; and Messrs. M. and J. Armstrong, General Practitioners. Drs. Robinson and Riggs report as to the existence only of the usual autumnal diarrhœa; and the other gentlemen concur in the opinion that it was not epidemic.

The dispensary practice of Surgeon Leslie supplied him with only 14 cases from June to November last, and these generally of the milder forms. Dr. Cuming also saw but little of the disease. His experience, however, of 5 cases favours the idea of the inflammatory character as the type observed.

From Newtownards (9567 inhabitants) we have received a return from Dr. David Jamieson, Surgeon to the Union Hospital. This town is situated on Strangford Lough, at its northern extremity, and is very level, but surrounded with hills. The disease appears to have been here moderately epidemic, and of the sub-acute and typhoid varieties.

From Lisburn (6569 inhabitants) we received returns from Dr. J. Campbell, Physician to the Fever and Union Hospitals; Dr. Kelso, to the Dispensary; and Surgeon M'Harg, General Practitioner. The disease was here decidedly epidemic. In many instances choleric symptoms ushered in the malady, which, in this form, was unusually severe, and resisted ordinary treatment. The other cases presented nothing peculiar. This town, though situated on the river Lagan, is for the most part considerably elevated, but in the neglected condition of

its inferior lanes and courts there are abundant anti-sanitary influences at work to foster epidemic disease. Of late years its Board of Health has been obliged to confess its many short-comings in a sanitary point of view.

Dr. William Black, of Ballymena (6136 inhabitants), reports that those cases of dysentery that he was called upon to treat presented the usual symptoms, and yielded to ordinary treatment. The disease was of a mild character, and in extent could not be said to have been at all epidemic. The town is considerably elevated, situate on the small river Braid, a tributary to the Mayne Water, and its sanitary condition above the usual character.

Dr. John West, R.N.; Messrs. Adam Nixon, Surgeon to the Union Dispensary; and J. Kiernan, of Enniskillen, concur in stating the non-appearance of the epidemic in this locality. Mr. Nixon states that dysentery has not been epidemic since the famine in 1847 and 1848, and that he has not seen or heard of more than 6 cases in that district in the interval from April to November last. This town, containing 6796 inhabitants, is situate on an island in Lough Erne at its narrowest part. The greater portion is elevated at least 100 feet above the water's edge, and in other respects its general plan and construction are conducive to a high state of the public health.

From Coleraine, we received replies from Dr. T. H. Babington, Physician to the Union Hospital; Dr. J. C. L. Carson; Dr. D. M'Kay; and Messrs. James Barr, A. Neile, and A. C. Clarke; all agreeing in stating the total immunity from the epidemic enjoyed by this town, which contains 5920 inhabitants, and is situate on the east bank of the Bann, three miles from the sea.

A similar report was received from Mr. Hamilton, Strabane (5097 inhabitants), which is situate on the river Morne, a tributary of the Foyle.

Dr. J. Gilbert, of Lurgan (4211 inhabitants), reported the existence of the epidemic, which assumed an asthenic type, and in some cases approached the malignancy of cholera. This town is within a short distance of Lough Neagh, upon a slightly elevated surface.

From Downpatrick (4098 inhabitants) Surgeon P. E. Brabazon, Medical Attendant of the County Gaol, Infirmary, and Fever Hospital, writes, that the result of his experience and that of his brethren of the outlying districts, whom he frequently met in consultation, is, that nothing that could be called an epidemic of dysentery prevailed there.

During the three autumnal months there were only 4 hospital cases. This town is built on a group of little hills on the shore of Strangford Lough, at its southern extremity.

Replies, referring to the disease at Carrickfergus (3543 inhabitants), were received from Dr. J. M'Gowan, late Physician to the County Gaol; Dr. Stewart; and Dr. G. Forsythe, Surgeon to the Union Dispensary. It

appears that there were numerous cases of diarrhœa and the English cholera in this locality, but of dysentery very few. This ancient city is situated on a gentle slope of the northern margin of Belfast Lough.

Dr. William Temple, Medical Attendant to the Union Workhouse and Dispensary at Monaghan (3484 inhabitants), reports the non-appearance of the epidemic in his neighbourhood. With the exception of the Ulster Canal, which passes close by the town, this locality is far removed from any considerable stream, and the country about possesses rather a hilly character.

Mr. Malcomson, Surgeon to the Union Hospital, Banbridge (3801 inhabitants); Dr. R. M'Clelland; and Dr. N. Brownlow, forwarded replies, which show that this neighbourhood was entirely exempt. Dr. M'Clelland, indeed, states that epidemics of any kind are rare, and that when cholera was coasting all around in its last visitation, there was not a single case in this locality. A case mentioned by Dr. Brownlow he distinctly ascribed to specific contagion, originating in Belfast, where the patient had visited immediately prior to the attack. The town is situated upon a considerable declivity on the western bank of the Bann, and possesses great sanitary advantages.

From Cavan (3254 inhabitants) the reports of Dr. George Roe, Surgeon to the County Infirmary and Gaol; Dr. B. Coyne, Surgeon to the Town Dispensary; and Mr. O'Connor, show an immunity from the epidemic. Dr. Roe mentions, that, he had not met with any unusual or increased number of cases of dysentery, or even of simple diarrhœa; but, on the contrary, he had fewer cases of the usual autumnal cholera or bowel complaints than he had observed in former years. The greater portion of this town is a dead level, only broken by a rivulet, which intersects it.

Dr. Alexander Bredon, of the Union Dispensary, and Surgeon P. M'Loughlin, have furnished replies in reference to Portadown (3091 inhabitants). There was but little of the disease in this neighbourhood, which lies nearly level on the banks of the Lower Bann.

Dr. Charles Ferris, of the Union Hospital and Dispensary, and Mr. John Cunningham, of Larne (3076 inhabitants), report their attendance upon a considerable number of cases of dysentery in this locality. They resembled the epidemic of 1846–47, and were in general preceded or ushered in by diarrhœa. The town is situated on the flat shore of the Lough of the same name.

Dr. D. H. Charles, of Cookstown (2993 inhabitants), has forwarded replies to the printed queries; from which we may infer, though it is not expressly stated, that the disease was epidemic. This little town is situate near a small river, which cleaves the western shore of Lough Neagh, eight miles distant.

Very little dysentery was observed in the locality of Bangor (2850 inhabitants), according to the testimony of Dr. P. Russell, of the Union Dispensary, and Dr. W.

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Woods. The cases observed were mild, and yielded to simple treatment. The town is one of our most esteemed watering-places, and is situated on the south side of Belfast Lough.

Dr. W. H. Catherwood, Messrs. Thos. B. Getty, Dispensary, and S. Stewart, of Donaghadee, a seaport town on the north-eastern shore of the county Down, containing 2818 inhabitants, report as to the non-appearance of dysentery in this quarter. A very few cases of mild diarrhoea, which yielded to ordinary treatment, occurred in the practice of these gentlemen.

Ballymoney (2581 inhabitants), situated on an eminence three miles from the river Bann, according to the reports of Dr. William Moore, Surgeon to the Union Dispensary, and Dr. A. Thompson, of the Union Hospital, was not visited by any epidemic. A few mild cases of the disease occurred, which in general presented nothing peculiar.

The neighbourhood of Clones (2333 inhabitants) was also free from the disease, as reported by Dr. J. F. Hoskins, of the Union Hospital.

Mr. Alexander Bruce, and Mr. Thomas M'Comb, Surgeon to the Union Hospital of Antrim (2324 inhabitants), testify to the non-appearance of the epidemic in this town and neighbourhood.

The town of Portaferry (2074 inhabitants), situate on the south-eastern bank of Strangford Lough, furnished a very few cases to Dr. A. B. Filson, of the Union Dispensary there.

Mr. W. W. Thetford, Surgeon to the Strangford Dispensary, forwarded replies. His cases were generally mild, and not numerous. The town is situate west of the entrance to the Lough of the same name.

Dr. A. M'Dowel, Dr. J. M'Kee, Dispensary, and Mr. M'Donald, all concur in giving a similar report as to the non-appearance of the epidemic in the neighbourhood of Randalstown. A few cases of a mild character readily yielded to ordinary treatment.

No decided cases of dysentery came under the notice of Dr. William Gordon, of Saintfield, Surgeon to the Union Dispensary there.

Mr. R. M'Dowel Barr, Surgeon to the Maghera Dispensary, met with a number of cases, and has furnished systematic replies.

Mr. C. J. Anderson, of the Kilkeel Dispensary, had not a single case.

Mr. Bryce Blair, of the Coagh Dispensary, noticed the epidemic, and has reported accordingly.

Dr. J. M'Mechan, of the Whitehouse Dispensary, states, that bowel complaints of the three species, namely, dysentery, diarrhoea, and English cholera, were prevalent in his district during the months of August, September, and October; the cases of dysentery did not, however, exceed 20 in number, and, generally speaking, were not of a formidable character.

No case presented itself to Mr. J. S. Dickson, of the Ballygomartin District, Belfast.

Dr. T. Playne, of the Dunmurry Dispensary, has furnished replies, and speaks of the disease as being epidemic in his district.

Dr. R. A. Little, of the County Donegal Infirmary, Lifford, and several of his brethren in this county, met with but few cases, which readily yielded to ordinary treatment.

Mr. F. E. Hall, Surgeon to the Toome Dispensary, had only 2 cases of the disease in his district, and 1 of these originated in Belfast.

Dr. Young, of Holy wood, treated nearly 100 cases of the disease, which he observed under three forms,—the bilious, the acute or inflammatory, and the hemorrhagic. This village is a watering-place, within four miles of Belfast.

Mr. R. H. Gordon, of Castledawson, Surgeon to the Bellaghy Dispensary, has not met with epidemic dysentery in his circuit for the last two years.

Dr. George Croker, of the Hillsborough Dispensary, reports having observed cases which assumed the appearance of English cholera, in addition to the simple cases of diarrhoea and the ordinary dysentery.

At Grey Abbey, the epidemic, Mr. S. W. Shaw, Dispensary Attendant, writes, has been of a mild type, and presented nothing unusual, whilst the ordinary treatment was, with a single exception, uniformly successful.

The cases of dysentery were few at Dundonald, the simple diarrhoea of the season having been much more general. Dr. M'Minn and Mr. Quee reported on this district.

Mr. J. Leeper, Surgeon to the Keady Dispensary, had not a single case.

Dr. William Scott, of Aughnacloy Hospital and Dispensary, makes a similar report; as also Mr. J. Robinson, of the Ballybay, and Dr. E. Copeland, of the Lisbellaw, and Dr. W. Irwin, of the Castleblayney, Dispensaries.

Dr. Thomas Martin, Medical Attendant of the Blackwatertown Dispensary, reports that he treated about 200 cases of the epidemic in that neighbourhood; they were generally of the inflammatory type, frequently verging into the nervous form, but never so much as to cause change of treatment.

Dr. R. Crothers and Mr. P. King concur in asserting the non-appearance of the epidemic at Moy; but a few cases attended by the latter gentleman were chiefly of the sthenic form.

No replies were received from the districts of Ballyclare and Ballycastle, county Antrim; Dungannon, county Tyrone; Comber, county Down; and Louthers-town, county Fermanagh; whence it may be presumed that these localities were exempt from the visitation.

From an analysis of the information now detailed, it would appear that in the county of Antrim, 8 out of 11 localities reported presented more or less of the epidemic; 4 out of 6 in the county of Derry; 2 out of 4 in

Tyrone; 12 out of 14 in the county of Down; and 5 out of 6 in the county of Armagh. The north-eastern portion of Ulster, therefore, by far the most populous, and especially the neighbourhood of Belfast, seemed to have concentrated the forces of the malady.

We shall now consider the bearing of the replies furnished to the queries, which elicit the prevailing opinions of the practitioners of Ulster, upon the nature and treatment of this epidemic.

I. The first question on which information was requested refers to Etiology, and individual experience is made the basis of the answers. Upon this point we received replies from 40 practitioners: 30 of whom ascribed the appearance of the malady to variations in the weather, as, for example, the usual change of seasons, sudden vicissitudes, exposure to cold and humidity, a very high temperature, a long-continued drought, the influence of heat and moisture, or a high temperature immediately succeeding a period of cold and humidity. How far this element of the state of the weather entered into the causation in the instance of Belfast may be elicited by a contemplation of the following Table, extracted from the Meteorological Returns, regularly preserved at Queen's College.

Table II.

The Monthly Averages of the Readings of the Thermometer & Rain Gauge for the Year ending February, 1853, at Belfast.

YEAR.	MONTH.	MEAN.	MAX.	Min.	RAIN. Inches
1852.	March,	42°.2	47°.3	38°.5	1.100
"	April,	47.4	54.1	40.3	2.260
"	May,	52.4	59.1	46.0	1.714
"	June,	55.8	61.3	49.3	4.645
"	July,	62.2	70.1	55.8	2.391
"	August,	60.5	67.1	52.4	4.025
"	September,	53.8	59.1	47.1	1.044
"	October,	46.7	51.2	40.9	1.514
"	November,	42.4	47.9	37.6	6.010
"	December,	43.3	47.5	37.0	7.109
1853.	January,	35.2	43.8	33.5	5.108
"	February,	35.8	40.1	31.7	1.760

There is certainly a striking coincidence of the hot and comparatively dry weather of the month of September, and the maximum number of cases of the disease (see Table I.). June was the wettest month of all the eight preceding November. The following July had the highest temperature, and it is well known that a sequence of this character is eminently calculated to render the atmosphere in the highest degree impure, and this period exactly corresponds, to the commencement of the epidemic in this locality. The existence of this influence may therefore be said to be undoubted, but its comparative power has not been estimated.

In twenty-five replies, the influence of change of diet, immoderate use of sub-acid fruits and fresh vegetables, adulterations of food, poor and innutritious aliments, excesses, the drinking of cola liquids when the body is heated, and bad water, are recognised as a principal cause. Looking at the matter in the abstract,

this is a much more likely element in the causation of dysentery than changes in temperature or other atmospheric vicissitudes. The direct interference with the latter stages of the process of digestion, which anything of an irritating quality in the ingesta must produce, is readily appreciable as a powerful agent, and has always been considered by systematic authors as sufficiently effective. Dr. Carpenter<sup>1</sup> thinks it probable that many of "the bilious attacks which in this country are so frequent in early autumn, and which are commonly set down to the account of fruit (although the subjects of them have often abstained entirely from that article), are really the result of the presence of an excess of hydro-carbonaceous matter in the system, consequent upon over-feeding during the summer, and must be looked on as the natural means by which it is got rid of." A few practitioners refer to the retention of alvine excretions in the cells of the colon as a direct cause of irritation. Such cases were with difficulty distinguished in the first instance from the ordinary forms; and their true nature was only disclosed upon the appearance of scybalæ. In two reports an excessive use of potatoes is mentioned as a cause. This diet certainly acts injuriously on the intestinal tract, under two very different conditions: viz., when used early, and when in a partially diseased state. The influence of contaminated water, used as an article of food, in producing dysentery, has long been observed, more particularly by army surgeons. It is a cause, however, the action of which is not limited to any particular season. Thirteen answers acknowledge the influence of some peculiar change in the atmosphere akin to Sydenham's "epidemic constitution" as a prevailing cause. It is, however, only a convenient form of expression, to indicate that we are ignorant of any definite, tangible influence; and especially when the propagation of an epidemic cannot be ascribed to contagion we know nothing of that peculiar atmospheric state which is supposed to originate the pure epidemics.—A more rational view of the mode of action of the atmospheric cause is taken by thirteen practitioners, who believe that the contamination of the air is due to sanitary influences. Dysentery and diarrhœa are acknowledged to be the forms of disease most frequently met with in localities distinguished by accumulations of decomposing animal and vegetable remains; and more especially is this the case during a season of drought immediately succeeding a period of wet. This we found to have occurred in Belfast, where sanitary causes of disease abound.—One answer alludes to the influence of gaol discipline, which certainly may act injuriously, either by the close confinement and deterioration of the air, or by insufficient variety of food.—Two practitioners are disposed to think the appellation of endemic a more suitable term, in the same way as we would refer to the

<sup>1</sup> Human Physiology, Fourth Edition, 1853.

yellow fever of New Orleans for an example; thus, in the instance of Belfast, dysentery, according to the testimony of an old practitioner has prevailed less or more in the autumnal season during the last twenty-six years.

Intemperance is considered an element in causation in five replies. This corresponds to the well-known fact noticed during the Indian cholera visitations, when those addicted to alcoholic diet were invariably among the first seized. That this, however, on the late occasion, exercised but a very limited influence, may be shown from the circumstance, that of 35 reported cases of the dysentery epidemic, only 7 are stated to have been intemperate; and in 9 fatal cases, only two were of this class.

Purgative medicines are noticed as a cause in the practice of two physicians. Every practitioner of experience is aware that the inordinate use or consumption of this class of drugs is exceedingly prevalent, and even by the better classes of the community. And indeed the great sale of patent and proprietary medicines advertised for this purpose is quite sufficient to prove the fact: and as these are taken without the slightest discrimination, and under the most dissimilar circumstances, it is only surprising that the effect referred to is not more frequently produced.

The influence of contagion is only alluded to by two practitioners, which is strange, when we consider how nearly balanced are the authorities upon the subject. It is more than probable, however, that Dr. Harty's view of contagion is the correct interpretation of the differences on this topic. In the instances referred to in the replies, the patients, it was supposed, had received the infection in Belfast, and carried it with them to the country.

Judging from the combined experience elicited as to the causation of the late epidemic, it would appear that the prevailing influence was a combination of sanitary, dietetic, and meteorological agencies, culminating at a period of the year most conducive to the development of diseases of the digestive organs.

Our second query was intended to ascertain the prevailing types or forms of the epidemic. Thirty-nine practitioners furnished replies. The acute, inflammatory, and sthenic type was observed as principal by sixteen; the typhoid and asthenic forms by twelve; and the choleric by six. These were the chief. Other modifications were noticed only by a very few, viz., cases characterized by the presence of scybalæ, by a peculiar fatty discharge, resembling the evacuations in pancreatic disease; by inordinate hemorrhage; by chronicity, with relapses; by the co-existence of specific fever; by uncontrollable gastric irritation; by gangrenous evacuations; by great prostration; by cerebral disturbance; and by dysuria and suppression of urine.

In some cases, eventually fatal, the pulse, till nearly the close, indicated nothing serious per se. In others,

likewise fatal, the stools, under the influence of mercury, became bilious, and even apparently normal a few days before death. Again, it was observed that mercurialization did not prevent a fatal issue. Tenderness of the abdomen, which was noticed in most cases, especially along the colon tract, was quite absent in other cases, which eventually became severe. A number commenced exactly as an attack of English cholera, and eventuated in pure dysentery. Some cases yielded at once to large opiates; others defied a varied host of medicines, and yet recovered as if the disease wore out; others presented the identical symptoms of the Indian dysentery; and, in addition, there were very many cases in all the localities which suffered, to which the appellation of diarrhœa was alone applicable. In one of these the diarrhœa was associated with hepatic suppuration. A review of the recoveries shows that the most alarming symptoms yielded in a few days to appropriate treatment, while others, seemingly not nearly so severe, are to be found among the cases in the fatal list.

The forms of dysentery just mentioned are not to be taken as at all indicating the nature of the disease; they merely present us with a view of the principal combinations of symptoms which were met with in actual practice. The reply to the third query will impart this information.

“What pathological results would you infer from the postmortem examinations which you instituted?” To this query very few answers were forwarded; the simple reason assigned being, that exceedingly rarely were such examinations permitted. The few replies given concur, however, in stating, that inflammation of the mucous membrane of the large intestines is always present to a greater or less extent, and exhibited in various degrees, from the most superficial follicular congestion to perforation of the bowels. The earliest stages will thus include what may be termed the “cattarrhal form,” characterized by altered, increased, tenacious, and coloured mucus. A higher degree will be distinguished by thickening and exudation of lymph, both in the submucous tissue and on the free surface of the mucous membrane, which might be termed a croupous variety. This lesion will be characterized by the severest tormina and tenesmus, and by the super-vention of typhoid symptoms. A still more advanced stage is represented by ulceration, either follicular or in scattered patches, with implication of the deeper layers of the bowel. Here confirmed typhoid symptoms arise, and the majority of the cases succumb, with frequent derangement of the urinary organs, and the supervention of cerebral symptoms. It is in this condition that the evacuations present a putrid appearance and a gangrenous odour, with hemorrhagic discharge. Though we do not possess confirmatory evidence, it is quite possible, judging from analogy, that there may be in addition a form of ataxic dysentery, characterized by ulceration or gangrene, occurring independently of

true inflammation; in such circumstances the disease is an animal poison, and the blood is properly its seat, and must become the centre of our remedial means; but with this exception, and remembering that dysentery must not be confounded with diarrhœa or cholera, melæna or purpura, or rectal disease, the inflammatory condition is quite adequate to the interpretation of all the phases, types, forms, or modifications, detailed by symptomatologists.

The fourth query: "What symptoms, in the course of the disease, did you observe prognostic of a fatal termination?" received twenty-two replies, which may be conveniently arranged in divisions according to the different systems, or general state involved.—Thus the indications of danger, referrible to the condition of the nervous system, include delirium, stupor, total indifference, and profound oppression; refusal of nourishment, mental depression and anxiety; subsultus tendinum, extreme restlessness, and intense distress; dysphagia, hiccup, and involuntary evacuations.—The impression upon the circulation was indicated by the rising of the pulse, sometimes sudden, sometimes "creeping up," as it is termed, by becoming small and quick, and occasionally irregular, and characterized by a peculiar click, which one report notices as strikingly significant, and by a leaden or dusky hue of the skin.—The symptoms referrible to the digestive tract were, a red, glazed, or brown and dry chapped tongue, with sordes on the teeth, constant vomiting, tympany, and excessive tenderness of the abdomen, or a doughy sensation on palpation, fearful tormina, with persistent bloody evacuations, and shreds of lymph, the passing of dark-red fluid blood, at other times a gruel-like discharge; absence of bile and fæces, though the rule was by no means constant, a gangrenous odour of the evacuations—almost universal in the fatal cases; dark-coloured and scanty urine, with occasional suppression and retention, and a clammy, cold, or shrivelled loose skin—frequently observed at the closing periods. The general appearance of the cases about to succumb presented the hippocratic countenance or the choleroïd collapse, rapid emaciation, profound prostration, and a cadaveric exhalation.

It must be observed, however, that scarcely one of these symptoms, though indicative of a certain amount of danger, is necessarily the presage of a fatal issue. When, however, a number co-exist, more particularly those referring to the nervous system, the prognosis assumes a high degree of certainty.

We deemed it a matter of importance to endeavour to ascertain whether there were any positive appearances in the alvine evacuations peculiar to the fatal cases. The fifth query was issued with this view. Twenty-one replies were received, which, when analyzed, rather present us with negative results. The great majority consider the persistence of blood and mucus, with shreds in a state of semi-putridity, as the chief

condition observed; this, however, is by no means peculiar to the fatal cases; while, besides, cases are referred to and reported in which the evacuations were bilious or fæcal, or presented no marked change. Among the modifications of the stools observed were—small quantities of straw-coloured serum; matters like tar; dark fluid, having a peculiar fleshy smell, with something like flakes of lymph floating; stools like meconium, mixed with blood, and particularly fetid; and thin, bloody putrid excretions passing away involuntarily. It sometimes happened that the evacuations, which at one time were characteristic, became some days before the close so very much improved as to lead the practitioner to hold out some hopes of recovery. Viewing the entire returns upon this point as a whole, we can only say, that the darkening and putridity of the evacuations are more to be depended upon than any other single variation as indicative of extreme danger, but that none is of sufficient semeiological importance to be implicitly relied upon.

The sixth query:—"Under what circumstances did you notice suppression of urine?" received thirty-one replies. Twenty of these affirmed its positive existence in cases observed; six mention frequent diminution; four notice retention, requiring the use of the catheter; eight practitioners never observed it in a single instance, while one<sup>1</sup> of the latter refers to a very aggravated case of dysentery in which an enormous quantity of urine was passed. Suppression was observed under very different circumstances, viz., in the case of a lady five days after her confinement; generally in cases attended with profuse perspiration; after long continuance of alvine discharges; sometimes throughout from the first or second day; in fatal cases; more or less in every case when the stools were thin and serous; in the sthenic, inflammatory cases, and when opium alone had been given freely; in cases marked by low fever, during the early stages only; about three or four days after the disease became established, and when the fever was at its height; very frequently in debilitated patients; and in one where the liver was enlarged. Retention was observed in one case at the outset, where inflammatory symptoms ran high; in others, frequently from irritation, and where it was suspected that the peritoneal covering of the bladder was inflamed.

Simple diminution of the secretion was noticed in all cases in the majority of replies.

The discrepancy observed in these answers respecting the existence of suppression of urine, may be probably explained if we suppose that a difference of meaning was attached to the term by those who respectively denied and affirmed its presence. It is very likely that the eight practitioners who asserted that they had never seen a single instance understood the expression, in its strictest acceptation, as representing a stoppage

<sup>1</sup> Dr. Kelso, Lisburn.

of the secretion, while the others considered that the term merely signified a certain degree of diminution in quantity, that is, of partial suppression.

The seventh query was intended to elicit information as to the changes which the tongue presented in the progress of the disease, and the indications, if any, which these afforded.

Twenty-eight replies were received. Eighteen of these notice the change from the usual febrile to the dry, brown, typhoid fur; several, the moist, loaded tongue, and the white centre, with the red edge, and the clean, glazed appearance. As to the indications, a broad expanded tongue was favourable; the red fiery tip and edge, and the dry, red, and unnaturally clean surface (the organ resembling a piece of red meat half-dried) indicated inflammation; a deeply-coated foul tongue was observed in the case of retained fæces; the white and flabby condition was noticed in asthenic cases, with serous diarrhœa; the early drying of the tongue almost to a certainty indicated a high degree of inflammation, while the gradual darkening of the surface, especially the dark brown crust at the root, and an onion-skin appearance, denoted extreme danger. The prevailing forms were, therefore, of three characters, viz., the usual febrile fur, the browning or darkening centre, and the red tongue, either at the tip, with erect papillæ, or the edges, on the entire surface, all indicative of a series of grades of severity.

The eighth query was answered by thirty-six practitioners. This was intended to ascertain how far the presence of bile in the stools was a favourable indication. The general answer was, that it was always so; but seventeen replies included conditions: for example, by one it is considered unfavourable in excess; by another, in most cases desirable, but did not warrant the pronouncing a decidedly favourable prognosis; sometimes only, not always, as it has been observed in some fatal cases; or that cases which presented bile largely at first, were often attacked secondarily.

These limitations it is important to be aware of, though there can be no doubt of the accuracy of the general answer.

Cerebral symptoms have been occasionally noticed in severe cases of dysentery. The ninth query was intended to elicit information as to the frequency with which, and the circumstances under which they were observed. Of thirty-three replies, in only five is it stated that these symptoms were not observed; hence the great preponderance as to their frequent appearance, which, however, occurred under very various conditions. Thus, in a large number of observations, it was limited to the close. A few noticed them in the early stage, and in all acute cases when fever was high. Others, after a long continuance of the disease, or only when the alvine evacuations were frequent and copious; and others in typhoid and hemorrhagic cases, or when suppression of urine supervened; and a number attributed their oc-

currence to intemperate habits of the patients, to the excessive use of astringents, and more especially of opium.

Delirium appears to have been almost constant in the fatal cases; but though some reports deemed it premonitory of a rapidly fatal issue, it not unfrequently occurred in the recoveries, particularly in the acute forms. One practitioner observed the cerebral symptoms closely resembling those of apoplexy, while another noticed the tendency in the severer forms, but conceived it a symptom of no moment; while in a third reply it is mentioned as rare after the sixth day, whether the result was fatal or otherwise.

The mode of treatment, and the principal remedies found most generally beneficial, constituted the subject of the tenth query, to which we received forty-nine replies. Forty-six practitioners rely upon the use of opium,—for the most, part, however, in combination,—a very few, indeed, depending on its individual power. Thirty-four adopt some form of mercurial, thirty-two in combination with opium; and twenty-eight used some form of astringent. Twenty recommend the use of mild aperients; twenty-two the abstraction of blood; and fifteen speak highly of the administration of enemata and the employment of blisters. Of combinations of the different classes of remedies, the majority are in favour of opium with mercury; next, of opium with astringents; opium with occasional aperients; opium with diaphoretics; with blistering; mercurials with astringents, &c.; and in the case of a combination of three classes, the following is the order of supposed efficacy, viz.: opium, mercury, and astringents; opium, astringents, and diaphoretics; opium, mercury, and blistering; opium, mercury, and bleeding; opium, astringents, and blistering.

The general line of treatment which was adopted in the epidemic will be now easily understood; but it will be necessary to examine the replies to the remaining queries ere we can lay down more definite results.

The treatment characterized by more or less abstraction of blood consists of bleeding from the arm, leeching at various points of the abdomen, particularly over the region of the sigmoid flexure and in the neighbourhood of the anus. The general bleeding was associated with various other remedies: viz., mercury, opium, diaphoretics, astringents, and counter-irritation; with opiated mercurials to salivation, and blisters; with opiated mercurials and emollient enemata, and castor-oil, repeated at intervals until the bile appeared in the stools; with large doses of opium and large emollient injections; with opiated astringents, and the occasional use of washed sulphur as a purgative;<sup>1</sup> with opiated mercurials and opiate enemata.

The value of depletion as a remedy in the epidemic will be clearly manifest from the following fact:—It

<sup>1</sup> Dr. Starkey, Newry; Dr. T. Martin, Blackwatertown

appears that the average number of days under treatment of twenty-five fully reported cases of recovery was thirteen; of these, four were bled largely, while the corresponding time was the small average of five days.

Emetics were recommended and used by two practitioners: in one instance,<sup>1</sup> followed by mercurials and mild and shielded alkaline purgatives, repeated at intervals until a feculent discharge appeared; and in the other instance, followed by the daily administration of full doses of rhubarb with chalk.

Blistering was frequently employed over some part of the abdominal wall by several practitioners in the treatment of this epidemic. Dr. Bryce Blair, of Money-more, in very obstinate cases, with great confidence applied repeated blisters to the lower part of the spine, under the impression that there was some congestion of the spinal veins or membranes. Cantharides was the usual form employed; but in almost all cases a milder form of counter-irritation was premised,—such as sinapisms, hot-water stupes, and turpentine fomentations, stimulant embrocations, and hot cataplasms of linseed meal and bran.

The principal diaphoretic used was Dover's powder, which was given in combination with a mercurial, very rarely per se. By two practitioners, preparations of antimony were employed with the same view.

Mr. R. M'D. Barr, Maghera, administered, after a purgative, a combination of calomel, antimonial powder, ipecacuanha, and opium, every three hours until it produced decided perspiration, even should it require a period of several days; and Dr. M'Gee, Belfast, has used with success minute doses of the potassio-tartrate of antimony in combination with small quantities of the magnesian sulphate.

A mild farinaceous and astringent diet has been constantly enjoined. Dr. Brabazon, of Downpatrick, lays great stress upon the watching and changing of the aliment, which seems, he says, to be of more importance than any medicine. He is in the habit of varying the diet frequently from arrow-root, sago, rice, to boiled bread and milk (about the best of all), or beef-tea thickened by arrow-root; and when convalescence arrives, broiled mutton or chicken, with as little fluid as possible. The popular remedies, old cheese, or mutton-suet boiled in sweet milk, have been found useful in the practice of Dr. J. M'Gowan, Carrickfergus, as also a decoction of log-wood.

In general, stimulants of the diffusible species were only used on the approach of collapse, or in the decline of the disease, or to meet some incidental phase of symptoms. For example: ammonia and peppermint were found useful in the painful abdominal distention which sometimes remained after the inflammatory symptoms had subsided,<sup>2</sup> and opiates and the bitter tonics were occasionally given, in combination with

camphor and alcoholic liquors, especially port wine. As a rule, however, stimulants were proscribed.

The eleventh query was intended to elicit opinions as to the use of mercurial preparations in this epidemic. Of forty-two replies, twenty-two were favourable under all circumstances, sixteen were only conditionally so; one expressed the belief that they were not required, and three were completely adverse to their employment. Of the twenty-two, only one decidedly recommended the use of mercury to produce salivation. The limitations were various: thus, one practitioner considered mercury only useful when the tongue was dry and brown, and the hepatic secretion prominently deranged; another found it most salutary in chronic cases; a third used none unless certain of organic disease; a fourth considered it highly beneficial in the early stages; a fifth when there was previous constipation; a sixth only used it when the tongue was furred and clammy and the abdomen doughy. On the other hand, the terms used by the unconditional advocates of its use are extremely encouraging, thus:—"We possess no means so safe and efficacious when judiciously given;"—"Without the command of mercury we should not like to undertake the treatment of an important case;"—"The mainstay;"—"Mercury is the means of cure beyond a doubt;"—"invaluable;"—"indispensable," &c. The utility of mercury is, therefore, fully established. Shielded by opium, and used as the only treatment, the average number of days under treatment, in recoveries, was six, which is the shortest period recorded as pertaining to any other treatment except depletion. But mercury to salivation tells a very different tale; for of all the modes of treatment employed in the 26 cases of recovery it was the slowest, while 4 of the 10 fatal cases died under the influence of this remedy. Of forty-one returns, thirty give a decided preference to the gray powder as the form employed; twenty recommend calomel, and eighteen the blue pill, and a few used mercurial inunction. The gray powder was most usually given with Dover's powder, and the other forms with the solid opium. Heroic doses were occasionally administered, but, in general, small quantities, frequently repeated, were employed.

A number of practitioners placed the greatest reliance upon what may be termed the opiate treatment. Thus, one practitioner designates opium as the sheet-anchor, but in practice combined it with the mineral and vegetable astringents, another uses about two grains every three or four hours, and frequently with opiate suppositories and enemata;<sup>1</sup> a third gave three to four grains every six or eight hours;<sup>2</sup> and a fourth states, that no medicine seems to produce the slightest amendment in which some preparation of opium did not exist.<sup>3</sup> Some invariably commenced with a full

<sup>1</sup> Mr. Gelston, Belfast.

<sup>2</sup> Mr. Wales, Belfast.

<sup>1</sup> Dr. Kelso.

<sup>2</sup> Dr. Morrison, Newry.

<sup>3</sup> Dr. Campbell, Lisburn.

opiate, and afterwards various remedies; a very few seemed to depend on it alone: only one practitioner considered opium injurious in all cases except the chronic; and if else admissible, gave it with a gentle purgative.

Seventeen practitioners report highly of the great utility of acetate of lead with opium; twelve others, however, express a want of faith; and two deem it injurious.

This difference of opinion may be readily explained by reflecting that it is more than probable that the remedy has been used by different practitioners under very different states of the intestinal lesion. For example, in the early stage of the inflammatory cases, it cannot be otherwise than injurious; also, in cases marked by retention of the excretions: whereas, when employed in the hemorrhagic forms, or when inflammatory action has been reduced, we may find it, with Dr. W. Moore, Ballymoney, the best astringent we have. With some practitioners the main object would appear to be to arrest the alvine discharge as speedily as possible, apparently without regard to the very natural and rational indication for the removal or counteraction of the irritation which causes the discharge. This observation must suggest itself to any one who has observed the frequent attempts to swell the list of astringents in the treatment of dysentery: their very multitude argues their comparative inefficiency. The following opinions indicate a healthy re-action:—"It is deceptive to attempt the case by the use of astringents;"—"Employs them only in tedious cases;"—"No faith in lead or astringents as such;"—"Has not found astringents useful except in last stage;"—"Lead disappointed;"—"Astringents useless;"—"No confidence in lead;"—"Has not found lead and other astringents to answer expectations;"—"Lead of little use, and apt to produce nausea and vomiting;"—"Has not met with a case requiring astringents, which in the early stage are deadly;"—"Useful only in chronic cases."

In corroboration of the above, we may mention that the average time under the astringent treatment was sixteen days, or about three times longer than that with the mercurials and depletives; while the fatal cases under astringents died in about one-third a shorter time.

Opiate enemata and suppositories have been found, scarcely without exception, highly useful in allaying rectal irritation, and the dysuria which is so frequently attendant upon severe tenesmus. There is, however, considerable difference of opinion as to the efficacy of the other forms used, such as injections of lead and opium, of silver and opium. Dr. W. Moore has found the latter (in the proportion of three grains to the ounce) useful in cases of some duration, particularly when the evacuations were tenacious. Mr. Hanna and Dr. Blair are of the same opinion. The former have been used

with success by Dr. Gilbert, Lurgan, and Mr. J. Leslie, Armagh.

The sulphate of copper has been used in the advanced stages by Mr. Hall, of Moneyglass, and Dr. R. Little, Lifford, with some success; while iron, in the form of the muriated tincture, is recommended by Dr. D. Jamieson, Newtownards, and Dr. M'Gowan, Carrickfergus.

The fourteenth query refers to the sulphate of magnesia and laudanum treatment. This, though generally supposed a novel practice in dysentery, is really not so, but was employed at least thirty years ago. It had, however, fallen into comparative disuse until revived by Dr. T. H. Purdon, Belfast, who strongly recommended it some years since in the pages of the Medical Press. It consists in the administration of minute doses of Epsom salts, with a few drops of laudanum in peppermint water.

An analysis of thirty-five replies shows that by only twelve practitioners was the practice considered in any degree successful, and of these only three are its advocates; eight express a total want of faith in its efficacy; and twelve had no experience of its administration. By two practitioners who usually employed it, it did not answer their expectations in this epidemic.

Among those who used it there seems to have been little data for precise indication. One practitioner has found it invariably ineffectual; another observes that, while in one case it cured the patient, in a second it increased the sickness, tormina, and tenesmus. On the other hand, one advocate used it largely and successfully; another has witnessed the most satisfactory results; a third speaks of it as an excellent remedy. Then, as to the real therapeutic agent in the combination, a difference of opinion exists; one believing that it acts only as an opiate; another, as a mild aperient; while a third refers its virtues to the sulphuric acid. On the whole, it seems to be a mode of treatment of very limited application, adapted most probably to the bilious and catarrhal forms, certainly not at all appropriate for the acute, inflammatory, or severer types. Dilute sulphuric acid has of late years had a run of success in diarrhoea; and in one of the reports on this epidemic it is highly spoken of when used in combination with carminatives, and strongly recommended as an adjuvant on account of its antiseptic, astringent, anti-hemorrhagic qualities.

The use of purgatives in intestinal disorders, though recommended by almost all practitioners, is so beset with indications for limitation, that it was considered an important point to ascertain under what circumstances aperients were used in this epidemic. Of thirty-eight reports received, in only seven were they employed repeatedly and regularly throughout the progress of the disease; in eighteen their use was limited to a certain stage; in one, in cases of children only, in

nineteen, according to supposed indications as they occurred; and in three their administration was entirely proscribed. Thus thirteen practitioners recommended them invariably in the early stage, three in convalescence, and two in the chronic forms; eight ordered them when scybalæ were suspected, or when the abdomen felt full and hard; seven in severe tenesmus with loaded tongue: others, after using astringents, or in previous constipation. The most usual aperient employed was castor-oil, shielded by tincture of opium. Dr. Blair used it in combination with turpentine at the very outset. Dr. M'Mechan often found a combination of calomel (2½grs.), magnesia (5grs.), and rhubarb (15grs.) answer extremely well. The compound tincture of rhubarb with castor-oil was also a favourite form; and indeed, as a rule, whatever might be the aperient employed, it was almost always combined with some species of sedative.

An alkaline treatment, such as was advocated by Mr. Kelly, Mullingar, some years ago,<sup>1</sup> is strongly recommended by Dr. Martin, Blackwatertown, who treated about 200 cases. The plan which he ultimately adopted consisted simply in emetics of ipecacuanha in the first instance, followed by daily full doses of rhubarb with chalk; the latter to the extent of two drachms per diem; and in his hands it was eminently successful. After the first stage, or in chronic cases, in which flatulence was usually a distressing symptom, he substituted the compound chalk powder for the simple powder; during convalescence he administered bitters with an alkali; calomel he occasionally used in obstinate cases to increase the purgative properties of the remedies employed.

The special reports we received on the epidemic shall next be given.

I. By Dr. T. H. Purdon, Belfast:—"As far as I know, the plan of salts and laudanum treatment was original, or a combination of ideas, which I even now remember. It is in fact a modification of different modes of treatment which I found suit the terrible epidemic we had some years ago (1846–7). Not wishing at the time to "rush into print," no mention was made of it until I had tried it fairly at the County Gaol, where it was first used. All the cases yielded to it that year. I need scarcely say, from my observation of epidemics, I did not expect it to succeed so well another time; neither has it on the whole proved so uniformly successful, notwithstanding it still turns out the most generally useful plan there. We are scarcely ever without some cases, and this last year I have found that by blistering over the sigmoid flexure along with salines and attention to diet immediately a man complains, he soon gets quite well. No astringents I have tried at the Gaol appear to be of almost the slightest service. I have used them freely. We have had no cases, I may say, for a month; but ever

since the epidemic I believe I have only noticed two or three times that we were free. In several cases I am satisfied it was excited by contagion. What would it have been had the patients not been separated? The formula is: Ten grains of sulphate of magnesia, five drops of laudanum, and a table-spoonful of peppermint water three times in the day. This I found especially useful when there was a large quantity of blood evacuated, also in ochreous stools."

II. By Dr. Thomas Thompson, R.N., Consulting Physician, General Hospital, Belfast:—"When I arrived in Belfast from the West Indies, in the beginning of August, 1826, I found dysentery prevailing to a much greater extent, and in a more malignant form, than I had ever seen in this or any other country, and it returned equally malignantly and extensively in the autumn of 1827. The particular season of the year indicates the cause, especially among the working classes, viz., green and fresh fruits and vegetables, &c., &c.,—so commonly known that it is useless to say more on this head; but I think a very high range of temperature during the autumn in this locality would add greatly to the spread and malignancy of the disease.

The summers and autumns of 1826 and 1827 were extremely hot. When I arrived in London in July, 1826, the thermometer stood six degrees higher than at Jamaica, when I left it, two months prior to that date, and several of our sailors dropped down dead from coup de soleil in Plymouth dockyard, when at work, on our arrival there. To this cause, therefore, I attributed its prevalence in Belfast at that time.

In the treatment of dysentery I have been in the habit of prescribing the following medicines, not only on this recent occasion, but I may say during the last thirty years, viz.: opium, ipecacuan, calomel, mercury with chalk, and Dover's powder, sometimes separately, at other times in combination; the chalk mixture, too, with tincture of catechu and tincture of opium, and occasional doses of castor-oil, with or without laudanum, as symptoms indicated the advantage of using one or both. Of course, many other remedies, too numerous to be named, have been in use, but those above mentioned are the principal."

III. By Mr. Wales, Belfast. Mr. Wales, who has been in general practice since 1848, attended 28 cases of the epidemic (of which one alone was fatal); in all the others recovery was slow. His plan of treatment has been, and still is, first to empty the bowels effectually by either castor-oil or calomel, with the addition sometimes of large injections of tepid linseed tea; this is followed by calomel and Dover's powder. Having produced the mercurial effect, he sustains it slightly throughout the disease; and if there are then no inflammatory symptoms, he begins with astringents. Where the evacuations are profuse and bloody, he uses acetate of lead and opium; when the blood does not predominate, he prefers a combination of kino, alum, and opium. Of the

<sup>1</sup> See our Fifth Volume, N. S., p. 268.

entire class of astringent medicines and their combinations, he prefers the above-named. He says:—

“When the least abdominal tenderness prevails I am rather afraid of astringents, except opium and acetate of lead, neither of which, in my opinion, will do harm under any circumstances. In all cases I give occasional aperients, such as castor-oil and rhubarb, or, when oil is objectionable, as it generally is in bilious habits, I substitute calomel. I may further state, that I almost invariably blister the abdomen at the commencement of the disease, and afterwards apply warm moist bran. I have found this very serviceable in relieving pain, especially that experienced in micturition: barm injections afford much relief when the rectum is greatly irritated. As regards opium, I think it is almost indispensable, but I am inclined to look on it principally as a palliative remedy. In my mind, mercury is the means of cure beyond a doubt. As for Epsom salts and laudanum, I have found the combination useful, but I have tried the laudanum separately and found it as effective. I have seen severe head symptoms produced by opium, in consequence of which I have lately substituted hyoscyamus on the least approach of cerebral disturbance.”

IV. By Mr. Gelston, Belfast:—“The character of the attack in this epidemic was varied: in the young, and adults of a healthy constitution, it was usually sudden in its formation, and the accompanying fever inflammatory; in the older or debilitated habits the typhoid type prevailed. In one situation, near a brick-field, the affection appeared to be contagious. An elderly woman became ill and died: the room was whitewashed, and another family entered upon occupation; the father was soon after attacked, and two individuals in the same house but in another apartment, and soon after a father and child next door.

The causes appeared to me to be the use of bad water, a potato diet, and low, damp, and filthy localities. My treatment consisted in the administration of mild emetics; large doses of mercurials: to an adult—calomel, ten grains, and gray powder, half a drachm, or singly, one drachm, and Dover’s powder, six grains; followed by rhubarb, half a drachm, Rochelle salts, two drachms, and repeated until the bowels became free and the stools feculent. Sometimes a draught of castor-oil, rhubarb tincture, and laudanum, was substituted for the latter. Whenever the bile appeared in the evacuations, the case generally progressed to a favourable termination. Astringents were seldom required; and of these, bark and rhubarb tinctures, slightly opiated, sufficed. In low typhoid cases, mercurials in smaller doses, with ipecacuan frequently repeated, saline drinks, *Mindererus’* and ammonia spirit, were my principal remedies; but in addition I found turpentine stupes, and small opiate enemata, of much value. On the whole, I consider the purgative mode most efficacious when preceded by a full dose of mercury; and of purgatives I conceive rhubarb, with some saline aperient, to be more

especially beneficial. In protracted cases I have used with advantage tannin with a decoction of logwood.”

V. By Dr. M’Gowan, Carrickfergus:—“My experience of dysentery leads me to consider that opium is the sheet anchor in the treatment, and of this I gave one grain, and in several cases one grain and a half, with kino, three grains, or opium with gallic acid, or with acetate of lead, two grains, every three hours until the bowels became restrained; at the same time a tablespoonful of chalk mixture, with catechu and opium tinctures, about an hour and a half after each pill. When tenesmus continued, after the motions had been restrained, I ordered opiate enemata, and when these were not retained, a suppository of four or five grains of opium; with these I ordered some popular remedies, as old cheese or mutton suet boiled in milk, or a decoction of logwood in milk. In obstinate cases I have tried, on failure of other remedies, the tincture of the muriate of iron. A favourite medicine with me was Dover’s powder, given so as to excite diaphoresis. Mercurials, such as the blue pill and calomel with opium, I have also tried. I recollect asking the late Drs. M’Donnell and Thompson, of Belfast, as to their experience of dysentery, and they both agreed that opium was the medicine most deserving of reliance.”

VI. By Dr. M’Mechan, of Whitehouse Dispensary:—“As to etiology, I shall only mention the coincidence, that during the months of August, September, and October, when the epidemic prevailed here, an unusually small quantity of rain fell. With regard to treatment (Qu. 10), I have found mild aperient and anodyne remedies generally beneficial. (Qua. 11 and 12.)—I have often found mercurial preparations useful. I sometimes give calomel in a ten-grain dose, with two grains of opium, with speedy and satisfactory result: in more chronic cases, I give repeated small doses of calomel or mercury, with chalk combined with opium, with much advantage

(13). I have experienced the best effects from full doses of opium—say two grains every six hours—in recent acute cases, and have even repeated the dose more frequently in urgent circumstances. I am not so fond of astringents, but often employ them with good effect in tedious cases. I look upon opiate enemata as almost indispensable for the relief of tenesmus. I feel bound to speak gratefully of the effects of dilute sulphuric acid combined with carminatives, and strongly recommend it as an adjuvant worthy of confidence on account of its antiseptic as well as its mild astringent and anti-hemorrhagic qualities.

(14). I have also witnessed very satisfactory results from the use of sulphate of magnesia with laudanum, as first brought under my notice by Dr. Purdon.

(15). I would give a purgative either very early in an attack of dysentery, or in a later stage, when I had good reason to suspect that scybalæ existed, were causing irritation, and might thereby be probably expelled. For

this particular purpose I have often found a combination of calomel, magnesia, and rhubarb, to answer extremely well; and every one has in such circumstances witnessed the good effects of castor-oil with laudanum.”

VII. By Mr. J. Cunningham, of Larne:—“So far as my experience of the prevailing epidemic is concerned, I have found the administration of two grains of calomel and one of opium, repeated at intervals of three hours, when required, invariably successful. In ordinary cases I have been able to arrest the further progress of symptoms by a mixture of absorbents and antacids, with two or three drops of laudanum to each dose, given after every liquid motion. Conjointly with these remedies I have applied flannels wrung out of very hot water, and liberally sprinkled with turpentine, over the abdomen.”

VIII. By Mr. Ferris, of Larne Dispensary:—“Although we have had a number of cases of dysentery of late in this neighbourhood, I am not quite satisfied that they can be attributed to epidemic influences; for the most part they are traceable to errors in diet. The cases resembled the epidemic of 1846-7. Indeed, those that have come under my notice (and they have occurred frequently at intervals since) have been very much of that character, and were very generally preceded by diarrhœa. I have only to add, that my experience of calomel in the treatment of dysentery (and I have tried it extensively, in large doses and small, in combination with opium, and per se) has led me to abandon it as injurious. With acetate of lead I have been equally disappointed, except in a few cases that were seen early.”

IX. By Dr. Young, of Holywood Dispensary:—“Out of nearly a hundred cases treated by me within the present year, I have seen quite sufficient to justify me in arranging them in three classes, namely, the bilious, the acute or inflammatory, and the hemorrhagic dysentery. I recognise the first by the absence of abdominal tenderness, though considerable pain, like that of colic, is present; by the bilious nature of the stools, though these are also gelatinous, scanty, tenacious, and frequently repeated; and by the uneasiness complained of being chiefly confined to the epigastric region.

I have invariably succeeded in curing this form by blue pill and opium, given according to the urgency of the symptoms, accompanied by an astringent mixture of rhatany, catechu, and laudanum.—I recognise the second form by deep-seated tenderness in the hypogastric region, by intense agony and straining at stool, by the small red jelly-like mass so frequently voided, and by the firm, full, and quick pulse. It is here that I have great faith in the mercurial plan as recommended by Dr. Mayne, of Dublin, and in this variety I carry out his instructions to the letter, but in addition, accompanying each dose of calomel and Dover’s powder by the astringent mixture mentioned above; leeching of the anus affords surprising relief, and a bran poultice over the whole abdomen is a very comfortable application.

The third form is easily recognised by the immense quantities of pure blood that are passed, which very soon bring on most alarming symptoms, that unless speedily checked, will end fatally. I regard this as the worst form. I have not seen many of these cases, but from what I have seen, I attach great importance to what might be called the sulphuric acid treatment. But as I also give either quina or bebeerina, and acetate of lead and opium at the same time, I will not ascribe the success attending this method entirely to the sulphuric acid. In some of these cases I have used pills of quina and opium with great success, and in one case lately I tried gallic acid in five-grain doses every three hours, and the patient recovered. Perhaps in this variety it would be worth a trial. I found the alkalies uncertain; and I have seldom done much good with astringent injections. I have not much faith in blistering in bad cases, and think diet of a supporting nature may be given earlier than what is generally supposed. I have now only glanced at the leading points of this troublesome epidemic, and having mentioned what I consider the diagnostic symptoms of the chief varieties, with the treatment adapted for each, have only to express my great pleasure at the thought that the present investigation will most likely prove a valuable addition to our knowledge. N.B.—I may here mention three symptoms, vomiting, pain, and bloody stools, which I have found present more or less in the three classes of dysentery: vomiting most frequent in the first class; pain most severe in the second class; and bloody stools most marked in the third. I have made no allusion to typhoid dysentery, because typhoid symptoms will arise sooner or later in all the varieties, if the disease goes on unchecked, though, as might be expected, they will be found more frequently in the third variety.”

X. By Dr. P. Russell, Bangor:—“The cases we have had in this district were few, presented a mild form, and were unattended with fatal results as far as I am aware. The treatment most generally useful in my hands was the simple one of tincture of rhubarb and laudanum, once or twice a day, in moderate doses, and I have not found any other remedy so generally satisfactory. I never prescribe calomel, but the hydrargyrum cum cretâ, with Dover’s powder, I use a good deal. In the summer of 1861 we had a very bad form of dysentery here, and I allude to it for the purpose of bringing forward some remedies which I found extremely beneficial, and which I believe are not generally used,—I allude to enemata of nitrate of silver and laudanum, one drachm of the former in eight or ten ounces of distilled water, with fifteen drops of laudanum once or twice a day. In some malignant cases, where other means failed, I found these followed by immediate amelioration; tenesmus much relieved; motions much less frequent, and their character changed; and the pulse and countenance improved. In one case only did I find the means referred to not followed by much benefit. In

some of those cases in which the tongue, mouth, and fauces were covered with aphthæ, I used the biborate of soda in ten-grain doses, with five-drop doses of laudanum. Blistering the epigastrium, and the abdomen generally, was also useful, as well as bringing the system under the influence of the gray powder in combination with Dover's powder."

XI. By Dr. Playne, Dunmurry Dispensary:—"I cannot but think that atmospheric influences brought about the epidemic dysentery of the current season in this district, admitting, of course, that damp, filthy houses, bad ventilation, unwholesome food, &c., did their usual share of the work. My reasons for looking on the cause as atmospheric are,—the condition in life of the persons attacked, and the fact that at the time the disease made its appearance (about the beginning of autumn), we had extraordinary vicissitudes from heat to cold, keen night-frosts sometimes following days of intense sultry heat. The first case that came under my notice was that of a watchman, a person of robust health, regular habits, and enjoying all domestic comforts suitable to a man in his rank of life. Here, as in the majority of cases that followed, there was no insufficient clothing, inferior food, broken-down constitution, or exposure to mephitic vapours; to all of which we are accustomed to look for causes in town epidemics.

As regards treatment, when great prostration existed, and that was the stage in which I found nearly all my cases, I gave opium, quina, and camphor, together with mercurials and astringents, at the same time applying counter-irritants. My opinion is strongly in favour of mercurial preparations. Without the command of them, I should not like to undertake the treatment of an important case; and likewise, without opium, I fear we should have up-hill work. I do not know what could be substituted for it. Of lead I cannot report favourably; and as for enemata, every attempt I made to have them administered proved unavailing. I had recourse to aperients when there was painful and continued tenesmus, not preceded by satisfactory evacuations; and also when the morbid discharges ceased very suddenly, the other symptoms persisting."

XII. By Dr. Gilbert, Lurgan:—"In this locality the epidemic appears to be caused for the most part by cold and wet, location in damp or filthy houses, and the use of innutritious food and drink. The disease has been of an asthenic type, and in some cases approached to a malignant character, tending to serious organic lesions, and distinguished in the fatal cases by high fever, much hemorrhage, delirium, vomiting, and the dry tongue. The treatment I have employed with most success in several hundred cases consisted in strict attention to diet and drink, and the use of the following medicines in different combinations, according to the peculiarities of the particular case:—Opium, Dover's powder, acetate of lead, hydrargyrum cum cretâ, rhubarb, calumba, cinnamon; enemata; and turpentine

externally, &c. Laudanum and sulphate of magnesia I consider of use in some cases, but not to be depended on nearly so much as the above means. Purgatives I never use, and rarely mild laxatives or enemata. In fact, the great object in the treatment appears to be, as in cholera, to arrest the disease as speedily as possible, and to guard against a relapse, not by homœopathic treatment, but by prompt, energetic measures."

XIII. By Dr. J. Cuming, Armagh:—"I have seen very little dysentery here: of the five cases which fell under my observation two terminated fatally; and though there was not a post-mortem examination in either, I have reason to believe that there was inflammation and ulceration of the large intestines in both.

One of the patients was in his eighty-fourth year, and in this case the disease was of about five weeks' duration. The other case, that of an adult, terminated fatally in about a fortnight.

The remedies I have found most serviceable in the treatment are opiates, both by the mouth and anus; warm emollient poultices to the abdomen, and occasionally leeches about the anus.

I have not given mercury so as to affect the system in the late epidemic, but contented myself with such doses of hydrargyrum cum cretâ, guarded by Dover's powder, as might promote the action of the liver without irritating the mucous membrane of the intestines.

When an aperient seemed necessary I used castor-oil, guarded by tincture of opium; but this I seldom had recourse to.

The disease sometimes set in with much gastric irritability and vomiting, and for this symptom I prescribed a solution of bicarbonate of soda with tincture of opium with good effect, and sometimes I applied a blister to the epigastrium. The diet I found to answer best was flour, bread, or rice boiled in milk. Though we have had more or less of diarrhœa in the Lunatic Asylum during the autumn, I did not meet with a decided case of dysentery. Upon the whole, I should think that this locality has suffered much less from the epidemic dysentery, in proportion to its population, than Belfast."

XIV. By Dr. R. A. Little, Lifford:—"Altogether I have not had more than half a dozen cases under my care, either in the infirmary or in private, and they yielded to the ordinary treatment, viz., leeches and blisters over the sigmoid flexure of the colon; mercury and opium by the mouth; and acetate of lead and opium enemata; with decoction of logwood for drink, &c. With respect to mercury, I am a strong advocate for its administration; and the form in which I have found it most useful is that of hydrargyrum cum cretâ, with the dried carbonate of soda, and opium; or blue pill, with ipecacuan and opium; and after the gums became affected I found half-grain doses of sulphate of copper and opium of decided benefit: but to relieve the urgent pain and irritation of the tenesmus, enemata of acetate of lead and laudanum were decidedly of the greatest service."

XV. Mr. F. E. Hall, Moneyglass:—"The cause of the present epidemic dysentery in Belfast I believe to be the following, viz., malaria from sanitary causes,—emanations arising from the egesta or excreta.

My course of treatment in this disease has been, in the first place, to bleed either generally or locally, according to the strength of the patient,—that is, if called in at an early stage. Secondly, I apply either the mustard sinapism, or hot fomentations of turpentine, over the whole abdomen; then I administer six grains of calomel and a grain and a half of opium in pill at night, and follow it with an ounce of castor-oil next morning; and continue the above night and morning until the black bile appears copiously in the stools; not merely the dark scybalæ, but the free motion of bile, with the whole contents of the intestines.

I thus not only subdue inflammation by bleeding and counter-irritants, but I empty the bowels thoroughly, either by the above means, or throw up enemata—say three or four pints of tepid water,—or, if at hand, the infusion of linseed, with a large proportion of tincture of opium, or some other emollient clyster. During each evacuation I order the feet and legs to be kept particularly warm, and if the strength be failing, I allow a glass of port wine to be given every two or three hours. The above are the outlines of the plan of treatment I have adopted in any cases of acute dysentery which came under my care, and I can assure you the result has been satisfactory.

In the chronic form, if I find inflammation still exists, I employ leeches, fomentations, and blisters, and keep the bowels open; but in that state where bloody and mucous stools still continue, with frequent desire and tenesmus, I give astringents combined with opium; and by far the best is the sulphate of copper—say a quarter of a grain to three grains—combined with opium (in pill), but I never give it on an empty stomach, and if it should produce irritation I add from one to four drops of hydrocyanic acid.

By a steady perseverance in the above plan, and keeping the bowels firmly rolled with flannel, supporting the strength, and avoiding ingesta, I have generally been successful. If tenesmus should still continue, I apply leeches to the anus, and throw up injections. Before death takes place in any case, I consider ulceration always occurs."

An analysis of the returns of 36 cases illustrative of the epidemic presents us with the following particulars:—Of recoveries, there were 19 males and 7 females, their ages varying from seventeen to sixty-seven, the average forty-three; 13 took ill in the midst of good health, the other half were delicate for some time previously. Their occupations were very various, scarcely two of exactly the same calling, but 18 were of active habits, and 13 mostly engaged out of doors; 21 were deemed temperate. In 6 cases the cause ascribed was error of diet and cola respectively, 2 were traced to

contagion, and the others could give no sufficient account of the origin of their illness; 2 only received medical treatment before being seen by the reporter; 7 had taken some domestic medicines; and 17 none. The time ill before being seen by the reporter varied from two hours to eight days, the average four days nearly, and the entire duration of treatment by the reporter fluctuated between one day and seven weeks, the average being thirteen days, but the great majority of cases recovered within this period.

The average time under different forms of treatment varied as follows:—

Cases in which bleeding was employed recovered in five days; under mercury and opium chiefly (short of salivation), in six days; under mercury, opium, and astringents combined, in twelve days; under opium and astringents alone, in sixteen days; and in cases ptyalised by mercury, in twenty-two days.

Of deaths, there were 5 males and 5 females: ages varied from twenty-four to sixty-five, the average forty-eight; 7 were in good health at the period of the attack; 2 delicate; and in 1 case not mentioned; 3 only were engaged in out-door employments, but 7 were of active and temperate habits. Before being seen by the reporter, the duration of the attack varied from twelve hours to fourteen days, the average four days and a half; 2 had received some medical treatment; 5, domestic remedies; and 3, none. The average duration under the treatment of the reporter was twelve days, and fluctuated from four to twenty-five days, the extremes; and as for the effects of the treatment employed, we can only ascertain that, under the opiate and astringent plan, the fatal issue occurred within five days, while under the mercurial and depleting systems life seemed to have been prolonged to the period of ten and twelve days respectively.

Having now expended our materials, and having in the course of the report indicated the principal points which seem to have been elicited therefrom, it merely remains to append a few practical remarks which are clearly deducible from a general survey, or which are likely to be suggested to an attentive reader of the evidence now furnished.

It appears, that while a considerable variety of forms obtained in this epidemic, the prevailing was decidedly the inflammatory. This is, we think, deducible not merely from the opinions of the reporters, but also from the comparatively superior efficacy of the anti-phlogistic plan of treatment: hence the value of early discrimination of this form.

It is quite true that the opium system, or a few doses of opium with mercury, or even a completely expectant mode of management, had its quota of recoveries. Such facts show that dysentery may be merely catarrhal, or the result of purely accidental irritation; but in a given case, should this plan fail, there cannot be a doubt that we should be prepared for meeting with promptitude a

serious and extensive inflammatory lesion,—always, of course, excepting those rare adynamic forms dependent chiefly upon the agency of an animal poison. Now the nice point is, how are we to discriminate the presence of this inflammatory form sufficiently early? In many cases, no doubt, there will be little difficulty—the pyrexia being marked, and the local symptoms prominent. But it is not always so: treacherous cases are not infrequent, which deceive even the most experienced. It is important, then, to have some resource to which we may have recourse in such a perplexity; and, fortunately, we may rely in a great measure upon the effects of remedies.

If these be inefficient in cases seemingly of the mild forms, or give not satisfactory results within a very short period, let us at once look upon the case as one tending to present the higher grades of the inflammatory process, and act accordingly. Of course, while suggesting this counsel, we do not for a moment wish it to be understood that the antiphlogistic treatment is to be at once adopted in its entirety and purity,—such would be irrational,—but merely that it is to form the guiding idea in our management, permitting of such modifications as the particular circumstances of individual cases will always indicate.

Besides this therapeutic test, we have every reason to believe that a closer examination of the patient than what is usually adopted may furnish sufficient data for early diagnosis of the existence of inflammation, more especially the examination of the abdomen by palpation, the changing of the tongue just at the lip and edges, the creeping up and alteration of force in the pulse, the temperature, the state of the urine, and the appearance and persistence of tenacious and coloured discharge (like pneumonic sputa).

The fact is apparent, that practitioners are frequently thrown off their guard, especially in the first days of treatment, by various circumstances which tend to influence action. Thus, a series of successful cases under (say) the sulphate of magnesia and laudanum plan, the apparently good effects of opium or an astringent medicine, the slight constitutional disturbance which sometimes ushers in the most serious cases, the deceptive feelings of the patient, have each and all a paralyzing effect, induce delay, and we lose the most precious time for applying the measures which will really and effectually battle with the disease. Again, we are all too prone to become enamoured of a specific when we think we have found one, and then our great care is to apply the remedy in the proper time or proper dose, forgetting, it would seem, that in some case or another we must be certain to omit and overlook the more important matters of the local lesion or the constitutional state. Nothing can be more irrational and unphilosophic than to permit the mere rumour of a remedy to supplant all other, nay even vital, considerations.

In closing this report, we have to return our most grateful acknowledgements to those gentlemen throughout Ulster to whom we are indebted for the data supplied, and especially to those who took the additional trouble of writing out résumés of their experience<sup>1</sup>. We were gratified to notice the favourable manner in which most of the reporters, as well as others who from want of opportunity were unable to give assistance, viewed the institution of this inquiry. We trust that in future a similar spirit may actuate our provincial brethren in the other provinces, and induce them to co-operate in epidemiological researches whenever opportunity occurs. Too frequently such efforts have been left for individual enterprise; but let us all remember that union, even of the individually weak, is strength, and do all we can to encourage that sacred spirit of brotherhood, whether it be required for the maintenance of our common temporal interests, or the promotion of our common science.

William McGee,  
President, Chairman, 5th September, 1853.

#### September 5th, 1853

Present, Dr. McGee, President—Drs. Dill, Browne, Graham, Smyth, Drennan, R. Stewart, Bryson.

Minutes of last Meeting read and signed.

Mr. Ring reported that he had hired a messenger for the distribution of the Periodicals at the rate of 1/s a week, and engaged to be responsible for them if that rate of payment were agreed to by the Society. His proposal was accepted, and the addition to his salary as Librarian raised accordingly from £2 to £2, 12 shillings.

The Council stated that they were not yet prepared to report on the laws of the Society, and they were authorised to continue their consideration of these with a view to their amendment.

They also reported that Mr. Hood's fine, for delay in payment of his annual subscription, had been withheld from an apprehension that changes in the constitution of the Society might be adopted, which must have determined his withdrawal there from; and they recommended the remission of Mr. Hood's fine, and others similarly discussed. To this the Society assented.

Dr. Pirrie presented the numbers for January and May 1852 of the Monthly Journal, to replace those lost by the Library during the past year, and the thanks of the Society were given for their donation.

William McGee, Chairman, 3rd October, 53.

<sup>1</sup> It may be mentioned, as not elsewhere noticed, that replies to the printed queries were also furnished by the following Belfast practitioners, viz.:—Mr. J. Aickin, Mr. James Armstrong, Dr. J. W. Black, Dr. C. S. Black, Mr. S. Browne, R.N., Dr. Dill, Dr. Halliday, Mr. Hanna, Mr. Harkin, Dr. Hunter, Dr. Lynch, Dr. Malcolm, Dr. Wm. M'Gee, Dr. J. S. Mulholland, Dr. Pirrie, Mr. John Quin (since deceased), Dr. Ross, Mr. J. Smyth, and Mr. Warwick.

**October 3rd, 1853**

Present, Drs. McGee, Patterson, Dill, Armstrong, Drennan, Dick, 12th Regiment, Graham, Browne, Beck, Pirrie, R. Stewart, Officer.

Minutes of last Meeting read and signed.

The Rules as proposed by the Council to be amended, were read, and it was resolved that they should be printed and circulated among the Members of the Society previous to their consideration at a subsequent meeting.

Mr. Ring was directed to apply to Mr. Lamont for the keys of the Library formally provided for the use of the Members.

The Secretary was authorised to order the missing numbers of the Periodicals from the bookseller.

Robert Stewart, Chairman.

**November 7th, 1853**

Present, Dr. R. Stewart in the Chair—Drs. Patterson, Dick (12th Regiment), Lynch, Young, Halliday, Armstrong, Rea, McCleery, Graham, Bryce, Dill (secretary pro temp).

Minutes of last Meeting read and confirmed.

A letter from Mr. J. Hood was read in which he stated that he was about to leave for Melbourne, and must consequently cease being a Member of the Society.

An address to Mr. Hood on his departure was read by Dr. Patterson, adopted by the Society, signed by the President, and ordered to be forwarded to Mr. Hood before leaving Liverpool.

The Paper furnished to the Officers of the Medical Society in reference to the Income Tax was directed to be filled up by the Secretary, and returned to A. A. Hamel.

Skoda's Work on Auscultation was ordered for the Library.

The consideration of the Revised Rules of the Society was deferred until a future meeting.

Dr. Dick brought the subject of the Aztec children under the notice of the Members, and after reading extracts from some published works and papers regarding their probable origin, and advancing some arguments, was disposed to conclude that they were brought from Central America, that they spring from a distinct race, and that they are neither dwarves nor idiots. Among other works Dr. Dick referred to "Incidents of Travel in Yucatán" by John L. Stephens, published in 1843, which exhibited prints very like the Aztec children. Dr. Lynch was of opinion that the boy is 14 years of age, and all his parts well formed, while his animal propensities are said to be strong. From the circumstances of the children falling down before the crucifix in the Dublin Exhibition, he would conclude that they are of Spanish origin. Dr. Halliday read an article from the "Dublin Medical Press" copied from an American journal which suggested the idea

that the children were born in Santa Anna, State of San Salvador, in Central America, and that they are not stunted in growth, nor idiots but spring from parents of a distinct race.

Dr. Young raised a vote of thanks to Dr. Dick for the able and interesting manner in which he had brought the subject before the Society. This was passed unanimously, and the meeting separated.

Samuel Brown, Vice-President.

**December 5th, 1853**

Present, Mr. Browne in the Chair, Drs. Dill, Patterson, Halliday, Pirrie, Rea, Dick (12th Regiment), R. Stewart, Bryce, Drennan.

Minutes of last Meeting read and signed.

The "Psychological Journal" was ordered for the Library,—to commence with the volume for the current year.

An application for increase of Salary from Lawrence May the messenger, was read, but not deemed worthy of consideration.

The revised Rules of the Society were put seriatim from the Chair and after a few amendments, unanimously adopted. 100 copies were ordered to be printed for distribution among the Members.

Dr. Dill gave notice that he would move at the next monthly Meeting that the state of the Museum be enquired in to.

William McGee, Chairman, 2nd January, 54.

A List of Subscribers to the Belfast Medical Library re-organised on the 8th of June 1822 by

Dr. McDonnell	ob <sup>t</sup> . April 1845
Dr. Forcades	ob <sup>t</sup> . 20 <sup>th</sup> July 1835
Dr. R. Stephenson	
Mr. Moore	ob <sup>t</sup> . October 1847

Admitted	Retired
<b>1822</b>	
June 8 Mr. McCleery	ob <sup>t</sup> Sep <sup>t</sup> 1847
„ Mr. Coffey	ob <sup>t</sup> 1846
July 1 Mr. Bryson	
„ Mr. McKibbin	1 <sup>st</sup> December 1835
Aug <sup>t</sup> 5 Dr. Haliday	2 <sup>nd</sup> May 1825
Dec <sup>r</sup> 2 Dr. Young	2 <sup>nd</sup> December 1823
„ Mr. Mawhinney	ob <sup>t</sup> 4 <sup>th</sup> April 1840
<b>1823</b>	
June 2 Mr. A. B. Filson	1 <sup>st</sup> May 1825
<b>1824</b>	
May 1 Mr. Birnie	1 <sup>st</sup> May 1825
„ Dr. McGowan	1 <sup>st</sup> May 1825
May Mr. Officer	
July 5 Dr. Thomson	ob <sup>t</sup> 30 <sup>th</sup> April 1849
July 5 Mr. Millar	7 August 1825
„ Mr. Aickin	ob <sup>t</sup> April 1837
<b>1825</b>	
Feb <sup>y</sup> 7 Dr. Berwick	1 May 1828

Belfast Medical Society  
Session 1853–1854  
President William McGee

April 4	Mr. McClure		1 May 1829	<b>1832</b>	Jan <sup>y</sup> 2	Dr. Thos. Thompson		
May 2	Dr. Macabe		ob <sup>t</sup> 25 Nov. 1828	Jan <sup>y</sup> 2	Mr. Barnett		ob <sup>t</sup> 19 March 1832	
	„ Mr. McCullough		1 May 1827	July 2	Mr. John Aickin, Honorary Member			
	„ Mr. Douglass	Lurgan	ob <sup>t</sup> 8 May 1842	Sept 2	Dr. Hannay	Lurgan	1 May 1833	
	„ Dr. Wilson		1 May 1836	<b>1833</b>				
30	Mr. William Quin		1 May 1837	May 6	Dr. Scott		1 May 1841	
	„ Dr. Haliday, Hon. Member		ob <sup>t</sup> 4 June 1836	June 3	Dr. Leatham		1 May 1834	
July 4	Dr. Stephenson, Hon. Mem.		ob <sup>t</sup> 12 Jan <sup>y</sup> 1833	Oct <sup>b</sup> 7	Dr. Hawthorne		1 June 1835	
Aug <sup>t</sup> 1	Mr. Walkington			Dec 2	Dr. Johnson		1 May 1835	
Sept <sup>f</sup> 5	Mr. McClurcan		ob <sup>t</sup> Dec. 1846	<b>1834</b>				
Dec <sup>f</sup> 5	Mr. Wetherhed	Lisburn	ob <sup>t</sup> 7 Sept 1842	May 5	Mr. Taggart, Honorary Mem.		ob <sup>t</sup> „ 1840	
<b>1826</b>				June 2	Mr. Seagrave		1 May 1835	
Jan <sup>y</sup> . 2	Dr. Cupples		1 May 1827	„	Mr. McCluney		ob <sup>t</sup> March 1837	
9	Dr. Kidley		1 May 1826	Aug. 5	Mr. Lynch		ob <sup>t</sup> 1 May 1847	
	„ Mr. McBurney		ob <sup>t</sup> March 1851	Nov <sup>f</sup> 3	Dr. Burden			
Mar. 6	Mr. Scott		1 May 1829	Dec. 1	Mr. John Quin			
May 29	Mr. Fitzmaurice		29 May 1827	<b>1835</b>				
	„ Mr. Gowdy		1 May 1828	Feb <sup>y</sup> 2	Mr. J <sup>n</sup> . Cunningham	Ballyclare	1 May 1837	
	„ Mr. Latham		1 May 1832	Feb <sup>y</sup> 2	Mr. Dalway Bell	Glenavy		
July 3	Mr. Grattan			Mar 2	Mr. Phillips	Saintfield	1 May 1837	
Sept. 4	Mr. Stewart		1 May 1829	May 4	Mr. Stewart	Carrickfergus	1 May 1837	
Dec. 4	Dr. Drummond		1 May 1828	June 1	Dr. Gaussen	Crumlin	1 May 1841	
<b>1827</b>				Aug <sup>t</sup> 3	Dr. Rutledge		ob <sup>t</sup> 1 May 1836	
Jan <sup>y</sup> 1	Mr. Strain	Newtownards	ob <sup>t</sup> 1 Jan <sup>y</sup> 1836	Nov <sup>f</sup> 2	Mr. Cowan		1 May 1836	
	„ Mr. Murray		ret <sup>d</sup>	„	Mr. Kendall, Staff Surg <sup>n</sup>		ob <sup>t</sup> May 1850	
Feb <sup>y</sup> 5	Mr. Campbell		1 May 1829	Dec <sup>f</sup> 7	Dr. Collins		1 May 1838	
Mar. 4	Mr. McMaster		1 May 1828	„	Mr. Moffat	Crumlin	7 Aug <sup>t</sup> 1837	
	„ Mr. Edward Bryson		1 May 1829	<b>1836</b>				
May 1	Dr. Kidley		1 May 1839	Jan <sup>y</sup> 4	Dr. Sanders		ob <sup>t</sup> July 1846	
28	Mr. H. Purdon		2 June 1828	„	Mr. Marshall		1 May 1836	
July 2	Dr. Little		1 May 1840	Feb <sup>y</sup> 1	Dr. Francis Anderson	Bellaghy	2 Jan <sup>y</sup> 1837	
Aug <sup>t</sup> 6	Mr. George Welsh		1 May 1828	„	Mr. D. Murray		ob <sup>t</sup> 1847	
Sept 3	Mr. Thos. Wilson		1 May 1837	„	Dr. Drummond		1 May 1837	
Nov. 5	Dr. Stewart		ob <sup>t</sup> July 1828	May 2	Dr. Andrews			
	„ Dr. Duncan		1 May 1835	„	Mr. Rob <sup>t</sup> Gordon	Portstewart	1 May 1837	
Dec <sup>f</sup> 1	Dr. Thomson	Lisburn	5 July 1830	„	Dr. McCullagh	N <sup>t</sup> townards	ob <sup>t</sup> 1 Aug <sup>t</sup> 1837	
<b>1828</b>				Nov. 7	Dr. McCaldin		1 May 1837	
Jan <sup>y</sup> 7	Dr. Kirkpatrick	Larne	1 May 1830	Dec <sup>f</sup> 5	Dr. Forde		1 May 1837	
May 1	Dr. McCormac			<b>1837</b>				
<b>1829</b>				June 6	Dr. G. H. Adams		ret <sup>d</sup> 1843	
Jan <sup>y</sup> 5	Dr. McDowell		1 May 1830	<b>1838</b>				
July 5	Mr. Wales		1 May 1838	Jan <sup>y</sup> 1	Dr. Knox	Ballycastle	1 May 1840	
	„ Dr. McDonald	Crumlin	1 May 1832	Sept <sup>t</sup> 3	Dr. Mulholland			
<b>1830</b>				„	Mr. Birnie R.N.		ob <sup>t</sup> 1845	
Jan <sup>y</sup> 4	Dr. Smylie	Larne	1 May 1830	Nov 5	Mr. Moffat	Crumlin	ob <sup>t</sup> April 1852	
	„ Dr. McMechan	Whitehouse		„	Dr. Rob <sup>t</sup> Bryce			
Feb <sup>y</sup> 1	Mr. Wallace		1 May 1832	<b>1839</b>				
Feb <sup>y</sup> „	Mr. Taggart		1 May 1831	Jan <sup>y</sup> 7	Mr. Sturgeon	Portadown	1 May 1840	
May 4	Mr. Hurst			„	Dr. Hunter			
31	Dr. Burden		1 May 1833	Mar. 4	Dr. James S. Reid		2 May 1842	
July 5	Dr. Shaw		1 May 1831	„	Dr. Patterson	Comber		
Aug <sup>t</sup> 2	Mr. John R. McKibbin		1 May 1831	„	Dr. Reid	Ballybay	1 May 1840	
<b>1831</b>				May 6	Mr. Wales		1 July 1839	
Aug <sup>t</sup> 1	Dr. Bingham	Downpatrick	1 May 1834	„	Mr. W <sup>m</sup> Quin		ob <sup>t</sup> 1845	
Sept 5	Dr. Joseph Bryson			„	Mr. W <sup>m</sup> Johnson		1 May 1840	
	„ Dr. Mateer		1 May 1849	„	Mr. Rowan		ob <sup>t</sup> July 1846	
Nov <sup>f</sup> 7	Mr. James Anderson		1 May 1833					

Records of the Medical Societies of Belfast 1822–1884

„ Dr. Murray Ballymacarrett 1 May 1842  
 July 1 Dr. Kelso Lisburn  
 Sept. 2 Mr. McDonald Lisburn 1 May 1840  
 Dec<sup>r</sup> 2 Mr. Jeffares Newtownbreda 1 May 1846  
**1840**  
 July 6 Mr. Shaw Bryansford 1 May 1841  
 Aug<sup>t</sup> 3 Mr. Fr. O'Neill ret<sup>d</sup> 1842  
 Sept 7 Dr. Stewart Lunatic Asylum  
 Oct<sup>r</sup> 5 Mr. Large 1 May 1841  
 „ Dr. Christ<sup>f</sup> Black 1 May 1842  
**1841**  
 Jan<sup>y</sup> 4 Mr. Trotter Ballyatwood ret<sup>d</sup> 1843  
 Feb<sup>y</sup> 1 Mr. A. Harkin May 1852  
 „ Mr. John Clarke  
 May 3 Dr. Thos. Reade  
 July 5 Mr. Simpson Newtownards 1 May 1842  
 Aug<sup>t</sup> 2 Mr. Rob<sup>t</sup> Gordon Bellaghy 1 May 1842  
 „ Mr. James Mawhinney 1 May 1844  
 Nov<sup>r</sup> 1 Dr. Dill  
 Dec. 6 Dr. Hill Sloane ret<sup>d</sup>  
**1842**  
 Feb<sup>y</sup> 7 Dr. Horatio Stewart 1 May 1846  
 Sep<sup>t</sup> 5 Dr. Kirkpatrick Larne ret<sup>d</sup> May 1847  
 „ Mr. W<sup>m</sup> McCullogh Bangor ob<sup>t</sup> 1843  
 Oct<sup>r</sup> 3 Mr. M<sup>e</sup>Wen Glenarm withdrawn  
 Nov 7 Dr. Malcolm  
 „ Surg<sup>n</sup> McHarg Lisburn 1 May 1847  
**1843**  
 Jan<sup>y</sup> 2 Surg<sup>n</sup> Browne R.N.  
 Feb<sup>y</sup> 6 Dr. A. Gordon  
 „ Mr. A. Anderson ob<sup>t</sup> May 1844  
 May 1 Dr. J. W. Beck  
 „ Dr. J. S. Reid  
 June 5 Dr. Donnelly 1 May 1846  
 July 3 Dr. J. D. Marshall  
 „ Mr. W<sup>m</sup> Marshall May 1844  
 Nov<sup>r</sup> 6 Dr. Rich<sup>d</sup> Cooke ob<sup>t</sup> May 1847  
**1844**  
 Jan<sup>y</sup> 1 Dr. Catherwood Donaghadee 1 May 1848  
 Aug 5 Dr. Russell Portstewart 1 May 1846  
**1845**  
 Mar 3 Mr. Lamont Hospital  
 May 5 Dr. James Moore ret<sup>d</sup>  
 July 7 Dr. Hugh Pelan  
 „ Mr. Dan<sup>l</sup> Clark ret<sup>d</sup> 1845  
 Aug. 4 Dr. John Pirrie  
 Sept 1 Dr. Knox May 1, 1847  
 Nov<sup>r</sup> 3 Mr. Cunningham Mulholland  
**1846**  
 Mar 2 Dr. Garner Garnerville 1 May 1847  
 May 4 Dr. Collins ob<sup>t</sup> May 7, 1852  
 July 6 Dr. Ewing ob<sup>t</sup> 1847  
 Aug<sup>t</sup> 3 Surgeon Halliday  
 „ Surgeon Anderson ob<sup>t</sup> 3<sup>rd</sup> Sept. 1847  
 Sep<sup>t</sup> 7 Dr. Drennan  
 Oct<sup>r</sup> 5 Dr. Drummond 1 May 1847  
 Nov<sup>r</sup> 2 Surgeon Wheeler

**1847**  
 July 5 Dr. Bingham Downpatrick obt 1848  
 Aug<sup>t</sup> 30 Dr. McLaughlin Lurgan 1 May 1848  
 Oct 5 Dr. McClurg  
 „ Dr. H. Murney  
 Nov 1 Dr. Ferguson ret<sup>d</sup> May 1850  
 Dec<sup>r</sup> 6 Mr. W. Murphy ret<sup>d</sup>  
**1848**  
 May 1 Dr. S. Holmes ret<sup>d</sup>  
 „ Dr. C. S. Black  
 „ Surgeon J. W. Hamilton Union Hospital  
 Aug<sup>t</sup> 7 Surgeon Corry Belfast  
 Nov. 6 Surgeon Black (Rob<sup>t</sup>) „  
 „ Surgeon Heburn „ ret<sup>d</sup> 1850  
 Dec<sup>r</sup> 4 Surgeon J. Steele Dickson „ ret<sup>d</sup> May 1858  
 „ Surgeon W. J. Smith „  
**1849**  
 Mar 5 Dr. McGee „  
 „ Dr. H. Stewart „  
 May 7 Mr. Rea „  
 „ Mr. Wales „ ret<sup>d</sup> May 1856  
 June 4 Dr. Lynch „  
 Aug<sup>t</sup> 6 Dr. Dundee Carnmoney  
 „ Dr. McKibbin Belfast  
 Dec<sup>r</sup> 3 Surgeon John Smith „  
**1850**  
 Jan<sup>y</sup> 7 Dr. Blizzard „  
 7 Dr. Hodges „  
 June 3 Dr. Ferguson Queen's College  
 Nov. 4 Mr. McNiece Belfast  
**1851**  
 Jan<sup>y</sup> 6 Mr. Thos. Mawhinny „  
 May 5 Surgeon Hood „  
 June 2 Dr. McCaldin Coleraine  
 „ Dr. Russell Bangor  
 „ Surgeon Armstrong Belfast  
 Aug<sup>t</sup> 4 Dr. James Moore Belfast  
 Oct<sup>r</sup> 6 Dr. G. H. Young Hollywood  
 Nov<sup>r</sup> 3 Dr. Shiels Bangor ret<sup>d</sup> May 1852  
 3 Dr. Posnett Belfast  
 3 Mr. McMullan Belfast  
 Dec<sup>r</sup> 1 Dr. Babington Coleraine ret<sup>d</sup> June 1853  
**1852**  
 Feb. 2 Mr. Warwick Belfast  
 „ Dr. Heeny Belfast  
 Mar. 1 Dr. Kidd Ballymena  
 May 7 Dr. Fryer Belfast  
 Aug<sup>t</sup> 30 Mr. H. Thompson Ballylesson  
 Dec<sup>r</sup> 6 Dr. John Graham Belfast

Belfast Medical Society  
Session 1853–1854  
President William McGee

**January 2nd, 1854**

Present, Dr. McGee in the Chair—Drs. Stephenson, Heeney, Dill, Patterson, Browne, Gordon, R. Stewart, Bryce, Lynch.

Minutes of last Meeting read and confirmed.

With reference to the Psychological Journal, it was resolved that Mr. Browne be directed to procure the work from the commencement at a reduced rate.

Drs. Dill, Bryce, and Mr. Browne were nominated a committee to enquire into the state of the Museum, and report to next meeting.

A ballot for Dr. Deverell as Member of the Society was deferred, in consequence of that gentleman's name not having been duly inserted in the monthly circular; and the Secretary was requested to write to Dr. Deverell stating his regret that such an oversight had occurred, and that the ballot would take place at the meeting in February.

William McGee, Chairman, 6th February, 54.

**February 6th, 1854**

Present, Dr. McGee in the Chair—Drs. Patterson, Heeney, Stephenson, Gordon, Dill, Bryce, R. Stewart, Malcolm, Beck, Hamilton, Drennan.

Minutes read and signed.

Dr. Dill on the part of the Committee nominated at last Meeting reported that there are about 400 casts, specimens and portraits of disease in the Society's pathological collection; and that a few others have been added to these by the Pathological Society.

The latter body not having yet made any definite proposal for the transference to them of the collection, the committee recommend that the Medical Society should take no further steps at present on the subject.

The report was received, and the Committee requested to consider and report on any offer that the Pathological Society may make before the next night of meeting.

Dr. Deverell of Dromore was balloted for and unanimously elected a Member of the Society.

The following Works were ordered for the Library—

Stokes on Disease of the Heart and Aorta 18/s. Paget's Lectures on Surgical Pathology 28/s. The Dublin Hospital Gazette from the commencement.

Drs. Patterson and R. Stewart gave notice that they proposed, on the next night of Meeting, to bring the subject of Mr. Gay's dismissal from the Free Hospital, London, under the notice of the Society.

Dr. Beck announced that at the same meeting he would move "that the Council be instructed by the Society to draw up a List of such Works as are only to be taken from the Library on special application to the Society at one of its Meetings, and to distinguish such Works in the Catalogue".

Dr. Beck also applied for the loan of the second volume of "Quain and Wilson's Surgical Anatomy of Arteries" which was granted.

Samuel Browne, Vice-President, Chairman.

**March 6th, 1854**

Present, Drs. Gordon, Dill, Dixon, Browne V.P. in the Chair, Patterson, Beck, Heeney, Smyth, Pirrie, McGee, [P.?] T. Read, Halliday, Moore, Hamilton, S. Reid, R. Stewart, Drennan.

Minutes of last meeting read and signed.

Dr. Dill reported that he had been unable to get admission to the Pathological Museum, but that he expected to be able to furnish a correct List of its contents before next Meeting. It was resolved that Dr. Malcolm be nominated a member of the Museum Committee, and it was requested to continue its inquiries.

Dr. Patterson brought before the Society the subject of Mr. Gay's dismissal from the Surgeoncy of the Royal Free Hospital, London; and after detailing the chief circumstances of the case as given in the Medical Times and Gazette, moved the following resolution—"That we disapprove of the treatment which Mr. Gay received, and warmly sympathize with him on the occasion". Dr. Beck seconded the Resolution.<sup>1</sup>

Drs. Drennan and Pirrie while regarding Mr. Gay's dismissal by the Hospital Committee as an act of undue severity, considered his own conduct in reference to the publication of the personal memoir in the

<sup>1</sup> [A biographical sketch of Mr. John Gay of the Royal Free Hospital appeared in *The Medical Circular* for 30 March 1853. It had been written by Mr. Ross, the editor, who called Mr. Gay the "principal surgeon of the hospital" and said that "Mr. Gay was not indebted to the hospital for his reputation, but that the hospital was deeply indebted to him for his exertions and skill." The hospital committee took offence and enquired whether Mr. Gay had seen the manuscript or proof of the article, and whether he had supplied any of the material. Mr. Gay replied saying that he had given details of his places of birth and education and of his writings, and that he had not seen anything before the article was published.

The committee were not satisfied and stated that they had lost their confidence in him. Despite Mr. Ross confirming that he was entirely responsible for the opinions in the article, Mr. Gay was dismissed at a further meeting of the committee on 14 December 1853. This decision was confirmed at a meeting of the governors held on 30 December. Anybody could be made a voting governor on payment of £10, and it was suspected that some who voted had been appointed for the purpose. On the death of Mr. Gay's son in 1935, a friend suggested that Mr. Gay's removal gave a "step" to another surgeon at the hospital, a Mr. Wakley, son of Thomas Wakley, the proprietor and editor of *The Lancet*.

Mr. Thomas Wakley, the first to publish such biographical sketches, certainly had a deep antipathy to *The Medical Circular* as shown by a letter he wrote to Mr. Gay on 26 July 1854: "...You must have been perfectly aware of the vile nature of the publication with which you identified yourself by sending to it the details of your biography. You must have seen, from the first number that was printed, that the aim, object, and purpose of the despicable slanderer by whom it was published was, to assassinate the moral character and destroy the peace of mind of me and my sons, ...yet you have not shrunk from appearing before the Profession as the literary companion and helpmate of the malignant slanderer of me and my family..."

Medical Circular deserving of grave reprehension. The President, the Chairman, Dr. Moore and other members did not hold Mr. Gay responsible for the objectionable fact of the article in question. On the motion of the President the following additional Resolution was adopted. "We further express our surprise and regret that any Member of the Profession would have lent himself to the injury of a Medical Brother", and the Committee consisting of Drs. McGee, T. Read, Patterson and Browne, was appointed to convey the sentiments contained in the foregoing resolutions in an appropriate form.

Dr. Beck's proposition as to restricted Books, announced at last Meeting, was put and carried; and the Council were requested to make out a list of Works for restricted circulation.

The President laid before the Society a Copy of the proposed "Bill for the Registration of Medical Practitioners", and after some remarks by the Members on its provisions, it was resolved that for the further consideration of these a Special Meeting of the Society should be summoned for Monday, the 13th Inst. The Secretary was directed to convey the acknowledgement of the Society to Richard Davidson esquire MP for his attention in forwarding a copy of the Bill.

Dr. Hamilton detailed a very interesting case of Fracture at the base of Skull occurring in a female at an advanced period of pregnancy. The principal primary symptoms were contusion over left parietal bone; profuse hæmorrhage from nose and left ear; shakiness, and dilatation of pupil of left eye; laboured breathing; inability to swallow; and general insensibility. These were succeeded in about 34 hours by signs of reaction, when V.S. was practiced and mercurial inunction actively employed. Premature labour which threatened on third day was averted by an opiate enema. On the fourth the comatose and paralytic condition was less marked, but hemiplegia of left side and obtuseness to impressions still continued. On the following day mercurial action was maintained, and was soon succeeded by an abatement of the paralysis, and increased sensibility. Some uterine disturbance recurring on the seventh day, an opiate given to check it, seemed to induce a febrile condition, with considerable cerebral excitement, characterised among other things, by excessive obscenity of language. Leeches to the temples and cold lotions, and afterwards a blister to occiput, with antimonials,

☞ The matter rapidly turned into a battle between Mr. Wakley senior and the vast majority of the medical profession, with meetings in support of Mr. Gay being held in many places. A number of societies decided to give up *The Lancet*, allowing Mr. Wakley to claim that this was an attack on the freedom of the press. Mr. Gay was afterwards appointed surgeon to the Great Northern Hospital.

[The *Medical Times and Gazette*, 1854, v1 gives good coverage of the subject.]

and inunction at longer intervals were prescribed with good effect, and by the end of the second week recovery had made such progress that the woman was able to dress and walk with ease. Some weeks after she was safely delivered of a healthy child born at the regular period.

Several interesting remarks were elicited by the Paper—more especially in reference to the distinguishing features of the accident in question—the administration of mercurials during pregnancy, and the comparative power of opiates when given in enemata.

William McGee, President, Chairman, 3rd April, 1854

#### **Special Meeting, March 13th, 1854**

Present, Drs. McGee, Patterson, Dill, Browne, Pirrie, Armstrong, Drennan,

This meeting was called in conformity with the Resolution passed on the 6th Inst. for the consideration of the Bill at present before parliament for the registration of Medical Practitioners; and after its several clauses had been discussed seriatim, it was Resolved, That the following petition in favour of the Bill be adopted by the Society, signed by the President, Vice-Presidents and Council, and forwarded to Richard Davidson esquire MP with a request to present and support the same.

"To the Right Honourable and Honourable the Knights, Citizens and Burghers in the Commons House of Parliament, assembled. The petition of the President, Vice-Presidents, and Council of the Belfast Medical Society humbly sheweth That a Bill is now before your Honourable House entitled a Bill for the Registration of Qualified Practitioners, and for amending the Law relating to the Practice of Medicine in Great Britain and Ireland. That your Petitioners approving of the provisions of the aforesaid Bill, which they consider calculated to effect much good, pray that the same may speedily pass into Law, and your Petitioners As in duty bound, will ever pray."

It was also resolved That a similar Petition be submitted for the signature of Members of the Medical Profession in Belfast and its vicinity.

William McGee, President, Chairman, 3rd April 54

#### **April 3rd, 1854**

Present, Dr. McGee in the Chair; Drs. Patterson, Browne, Gordon, Graham, Hamilton, Dill, Halliday, Heeney, Pirrie, T. Read, Drennan.

Minutes of last Monthly Meeting, and of Special Meeting, read and signed.

Mr. Browne stated that in accordance with the resolution passed at last Monthly Meeting, the sentiment of the Society on the subject of Mr. Gay's

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dismissal from the Royal Free Hospital, had been conveyed to that gentleman in an appropriate form; and the following reply from Mr. Gay was read, and ordered to be entered on the Minutes.

“My dear Sir

I beg you to accept and to do me the favour to present on my behalf to the Members of the Belfast Medical Society generally, my heartfelt thanks for their support and sympathy under the painful circumstances in which the recent doings at the Free Hospital have placed me. My obligations to the profession at large for the attitude assumed on this occasion are unbounded, but whatever I feel for myself, I can say honestly, I feel still more for the cause that was outraged and perilled by these doings; viz. that of professional independence, and rejoice most sincerely that the Profession have shown the most unmistakable determination that this cause shall not be violated even in the right of one of the humblest of its Members.

For the kind manner in which you have conveyed the Copy of the Resolution referred to, to me, I beg you also to accept my best thanks. And believe me to remain my dear Sir, Yours faithfully

John Gay

Samuel Browne esquire”

The following note from Richard Davidson esquire MP to the Secretary, was also ordered to be inserted.

“Library, House of Commons  
20th March 1854.

Dear Sir

I had the honour of presenting the Petition from the President, Vice-Presidents, and Council of the Belfast Medical Society, in favour of the Medical Registration Bill, this evening to the House. The Bill seems to meet with general approval, and I shall have great pleasure in giving it my humble support. I am, dear Sir, very truly yours

R. Davidson.

Dr. Drennan esquire M.D.”

The Council submitted a List of Works which, from their great value or rarity, they recommended should not be lend out, but consulted exclusively in the Library; and of others to be issued only on special application. The list was ordered to be revised and brought before a subsequent meeting.

The proposal of Drs. Moore and Patterson “That the ‘Lancet’, having forfeited the confidence of the Society, should be excluded from the Library”, was taken into consideration; and after a short discussion the following amendment proposed by Dr. Gordon, seconded by Dr. Pirrie, was put from the Chair and carried. “That not withstanding the line of conduct

lately pursued by the Proprietor of the Lancet, this Society, taking into consideration the former service rendered to Medical Science by the Lancet will for the present continue to take it into its Library.”

The account of Messrs. Green and Agnew, amounting severally to £25. 1. 6; and £4. 5. 5 having been audited by the Secretary and Librarian, were ordered payment.

Dr. Dill read the report of a case of “Complicated Labour” occurring during the fourth accouchement of a strong healthy woman æt. 32. The pains, after continuing for 3½ hours having suddenly ceased, while the os uterus and passages remained fully dilated, and the head rested on the perineum; ergot of rye was, after an interval of 9 hours, administered without effect. Symptoms of weakness with general pains supervening on the mother’s part, while the child was ascertained to be dead, it was deemed advisable to accomplish delivery by means of the perforator; but on the application of the instrument the child receded beyond its reach and two quarts of fluid and clotted blood were discharged from the uterus. Turning was then resulted to, and effected the delivery of a dead but full sized and apparently healthily organised infant followed immediately by the placenta presumed to have been previously attached. For the succeeding fortnight the woman remained in a low feverish condition, with no marked pain of abdomen, and the uterine discharges appearing natural. She then, for a couple of days, seemed somewhat to improve. After this period a painful swelling 2 inches to right of umbilicus, made its appearance; and on the 19th day simulated an abscess. This was punctured, but nothing escaped but fetid air. It soon became a sloughing sore, and a second sore of the same kind having formed 2 inches below the umbilicus, fatal symptoms supervened, and the woman expired on the 26th day. A Post-Mortem examination was not allowed. The reporter concluded his interesting paper by an analysis of the case, and without attempting to account for all the anomalous circumstances it presented, he expressed his conviction that the fatal result was mainly attributable to the poisonous influence of the filthy locality and noxious vapour in which his patient resided.

A discussion followed, in which the cause of the detachment of the Placenta, with the consequent death of the child, and hæmorrhage; the connection of the uterine symptoms with the sloughing abdominal sores; and the respective merits of the Forceps and Perforator in such cases as the proceeding; afforded the chief occasions for remarks.

Dr. R. Stewart and Mr. Browne were nominated auditors of accounts. The Council were requested to examine and report upon the Library at the Annual Meeting of the Society.

Samuel Browne V.P. Chairman.

452<sup>1</sup> **Report of Council 1853–4**

The project of a change in the Society's place of meeting which had been adopted previously to the last Annual Report, was afterwards opposed by a majority of the members, and in consequence, ultimately abandoned. A payment of £10 released the Society from an engagement which had been contracted for rooms in a more central situation. It is to be regretted that differences of opinion in connection with this subject led to the withdrawal on one of your Vice-Presidents and several other members.

One new member has been admitted during the past year. Another candidate was rejected. The name of a third gentleman is proposed for your consideration this evening.

Notwithstanding some decline in the amount of subscription, the funds of the Society have sufficed to meet the expenditure, and there remains in your Treasurer's hands a balance of £1-17-0½.

The following papers have been read during the last year, each of them eliciting an interesting discussion.

"On the treatment adopted in the Epidemic Dysentery of 1852." by Dr. Malcolm.

"On the Aztec Children." Dr. Dick.

"On a case of Fracture at the base of the Skull occurring during pregnancy." Dr. Hamilton.

"On a case of complicated Labour." Dr. Dill.

The following works have been added to the Library.

Skoda on Auscultation and Percussion.

Stokes on Diseases of the Heart and Aorta.

Paget's Lectures on Surgical Pathology.

Annual Reports of the Belfast District Asylum for the Insane, and the Medical Benevolent Ireland Society, have been presented by Dr. R. Stewart; and the Nos. for January and May 1852, of the Monthly Journal, to replace lost ones, by Dr. Pirrie.

Two new periodicals viz. The Psychological Journal and the Dublin Hospital Gazette have been added to the list of journals.

Several matters of general professional interest have come under the Society's consideration since last Annual Report.

A petition to Parliament in favor of raising the standard of the professional education of naval medical officers, and improving their position, as to rank and pay, to an equality with that of army surgeons was adopted, and committed to presentation to the Borough Members.

The subject of Mr. Gay's dismissal from the Royal Free Hospital, London, engaged the attention of the Society at one of its meetings, and resolutions expressive of sympathy with Mr. G. and disapprobation

of the treatment he had received, were forwarded to, and gratefully acknowledged by that gentleman.

A Special Meeting was held for the consideration of the Bill introduced into Parliament by Dr. Brady for the Registration of Medical Practitioners, and a Petition in its favor from the Council on the part of the Society, was presented by R. Davison Esq. M.P. to the House of Commons.

The revision of the Laws of the Society, entrusted to the Council, occupied their attention during repeated meetings. The Revised Rules were adopted, and have been circulated among the members.

A List of Works to be absolutely restricted to the Library, or only given out on special application at the monthly meetings, has been under consideration of the Council, but is not yet completed.

The mode of circulating the Periodicals by messenger has been found to answer very satisfactorily, and your Librarian reports that but few Journals have been lost since it was had recourse to—and these at the period of a change of messenger.

The Council have been called on to adjudicate in two cases of differences on points of professional behaviour; and while their decisions were intended to afford correct rules of conduct, they were likewise meant to promote a restoration of friendly feeling between the dissentient parties.

17 Council meetings were held in the course of the year, of which 6 were Special. 3 others were convened, but not held for want of a quorum. The attendance of the several members is represented by the following numbers—

Dr. M'Gee 8; Dr. Ferguson 3; Mr. Browne 11; Dr. Pirrie 6; Dr. Moore 6; Mr. Lamont 3; Dr. Malcolm 5; Dr. H. Stewart 2; Dr. C. Black 1; Dr. Patterson 11; Dr. Dill (not appointed till August) 15; Dr. Drennan 17.

John S. Drennan  
on part of Council

April 28<sup>th</sup> 1854.

**Annual General Meeting**

**May 1st, 1854**

Present, Mr. Browne V.P. in the Chair—Drs. Patterson, Dill, McCleery, Beck, Halliday, Heeney, Gordon, Ray, Bryce, T. Read, Malcolm, Hamilton, R. Stewart, Pirrie, H. Stewart, Hurst, Moore, Corry, Drennan.

The minutes of the last Annual and Monthly Meetings were read.

Dr. Robert Stewart on the part of the auditors of Accounts reported that the Receipts of the Society during the past year had been £58. 11. 4½; its disbursements £56. 14. 4; leaving £1. 17. 0½ Balance in the Treasurer's hands.

Dr. Malcolm read a Report of the present state of the Library. The number of volumes it contains is 2266, properly labelled and in good order. Of the 32 volumes missing at the period of last year's Report,

<sup>1</sup> [Numbers such as this refer to items in the Correspondence and Document Book of the Belfast Clinical and Pathological Society. A few items from the Belfast Medical Society and many from the Ulster Medical Society have been stuck in later.]

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but one has been restored. 3 numbers of journals have been lost in the course of circulation. The Psychological Journal of London, and the Dublin Hospital Gazette have been added to the list of Periodicals, which now includes 9, at an annual cost of £10.

Thanks were voted to Dr. Malcolm for his Report, which the Secretary was directed to preserve.

It was also resolved that some volumes mentioned in the report as missing should be ordered from the Bookseller, and that the titles of the three numbers of journals lost during the year, should be inserted, with a view to their recovery, in the next Monthly Circular.

An abstract of the proceedings of the Society and Council during the past year was read by the Secretary. Dr. Dill reported that no fines had been incurred in the circulation of the Periodicals.

Dr. Stronge was balloted for and elected a Member of the Society.

The appointment of officers for the ensuing year was then proceeded with, Drs. Dill and R. Stewart acting as scrutineers, and the following gentleman were elected by ballot to their respective offices.

**President,** Dr. Thomas Read  
**Vice-Presidents,** Dr. Robert Stewart and Mr. Browne  
**Council,** Dr. McGee (as ex-President),  
Drs. Dill, Malcolm, Gordon,  
Horatio Stewart, Pirrie, Moore.

Drs. Patterson and Drennan received the thanks of the Society for their services as Treasurer and Secretary during the past year, and were requested to continue in the occupation of their several offices.

Drs. Patterson, R. Stewart, and Pirrie were nominated Stewards for the Annual Dinner to be held on 8th June.

Robert Stewart, Chairman

**June 5th, 1854**

Present, Drs. Reade, Patterson, Wheeler, Gordon, Drennan, Browne, R. Stewart, Young, Dill.

Minutes of last Meeting read and signed.

The Secretary was directed to convey the thanks of the Society to the Census Commissioners for their kindness in transmitting a copy of their Report on the "Status of Disease".

Dr. Patterson reported that 18 names had been given in for attendance at the Annual Dinner; and that the cost of a ticket had been fixed at 10/6.

Dr. Gordon read a portion of a Paper on "Foreign bodies in the alimentary canal", in which he detailed a multitude of cases selected from the first volume of the memoir of the French Royal Academy of Surgery, and a number of other publications. Some remarks were afterwards made on the same subject by the members present, and it was decided that the reading of the Essay should be proceeded with on the next night of Meeting.

Robert Stewart, Chairman, July 3, 1854

**July 3rd, 1854**

Present, Dr. R. Stewart V.P. in the Chair—Mr. Browne, Drs. Gordon, Patterson, Smyth, Drennan.

Minutes read and signed.

"Erichson's Surgery" ordered for the Library.

An application from the messenger for increase of salary was referred to the Council.

"The 24th Annual Report of the Belfast District Hospital for the Insane" was presented by Dr. Stewart, and thanks given to him for the same.

Few members being present in consequence of the wetness of the evening, Dr. Gordon consented to postpone the further reading of his Paper until the next night of Meeting.

Thomas Reade

**August 7th, 1854**

Present, Drs. T. Read, Patterson, Gordon, Malcolm, Rea, McGee, R. Stewart, Browne, Heeney.

Minutes read and signed.

Council's Report on increase of salary to messenger (from £2. 12. 0 to £3. 3. 0) confirmed.

The President proceeded according to notice to read a paper, being extracted from Statistical Results of the Irish Censuses of 1851, part third, and remarks thereon.

Robert Stewart, Chairman, September 4 '54

**September 4th, 1854**

Present, Drs. Patterson, Browne, Dill, Heeney, Drennan, R. Stewart Chairman, Gordon.

Minutes read and signed.

A missing Number of the Zoist (number 9) was ordered to complete the Work for binding.

Dr. Gordon proceeded with the reading of his Paper on Foreign bodies in the alimentary canal, confining his report of such cases to those found in the rectum.

The Meeting then separated.

[Initials] Chairman

**October 2nd, 1854**

Present, Drs. T. Reade President, Browne, Gordon, Drennan, R. Stewart, Patterson, Bryce. Minutes read and signed.

Dr. Gordon proceeded to read another portion of his Paper "on foreign bodies in the alimentary canal", and detailed a variety of cases occurring chiefly in the practice of French Surgeons.

The conclusion of the Essay was followed by some complimentary observations from the Members present, and the thanks of the Society were presented to the author for the labour and research he had expended in its compilation.

Samuel Browne V.P. Chairman

**November 6th, 1854**

Present, Mr. Browne V.P. in the Chair—Dr. Patterson, Mr. McMullan, Dr. Heeney, Dr. R. Stewart, Dr. Dixon, Drs. Gordon, Halliday.

Minutes of last meeting read and signed.

The Chairman on the part of the Council brought before the Society the subject of a Code of Medical Etiquette, and suggested the expediency of having such a code drawn up for the guidance of the Members of the Society in their professional relations with each other.

The Rules of the Huddersfield Medico-Ethical Society, a copy of which had been procured by the Secretary, were read and commented on; and various incidents and circumstances exhibiting the necessity of a body of ethical regulations to guide the conduct of medical practitioners, were cited by the members present as suggested by their own experience.

On the Motion of Dr. Heeney it was resolved that the Council, together with Drs. Stephenson, McCormac, Seaton Reid, Heeney, Bryce, Dixon, and Halliday, be a Committee to draw up an ethico-medical code, and that Dr. Halliday be the Secretary and convenor of said Committee.

Samuel Browne V.P. Chairman

**December 6th, 1854**

Present, Mr. Browne in the Chair—Dr. Heeney, Dr. Dixon, Mr. Frame of Comber, visitor; Drs. Halliday, Patterson, Dill, McMullan, Beck, Moore, McCormac, Reade, R. Bryce, Murney, Drennan.

Minutes of last meeting read and confirmed.

Surgeon Harkin was balloted for and unanimously elected a Member of the Society.

Dr. Drennan read the Report of a case which he had seen with Mr. Frame of Comber, in which fatal peritonitis ensued on the impaction of a concretion in the appendix vermiformis of the cæcum.

The patient, a young man of 23, was attacked 7 days previous to death, with what at first seemed ordinary colic; there were repeated and prolonged intermissions of abdominal pain; several of the usual concomitant symptoms of inflammation were throughout wanting; and those present were of a singularly subacute character. Mercurial action was induced easily without any obvious effect on the progress of the malady, and death took place in what resembled an epileptic fit.

On a post-mortem examination a large quantity of turbid serum was found in the abdominal cavity; coaguable lymph of soft consistence was smeared over and around the folds of intestine in the ileo-cæcal region; the vermicular appendix was of a dark red colour and contained a nodular mass, hard and gritty externally, of the size of a nut, by which it was distended, but not perforated. The chemical analysis

of this substance proved it to consist chiefly of phosphatic earths, with some vegetable matter, which had probably formed its nucleus.

The reporter concluded his paper by some remarks on the chief features of interest in the case, and afterwards read a letter he had received from Dr. Brabazon of Downpatrick referring to others of a similar description, more especially to one under his own care in which a piece of eggshell had become impacted in the appendix, and, after an uncertain interval, induced fatal peritonitis by its perforation.

A short discussion took place on this form of accident, in the course of which Dr. Murney stated that he had not infrequently, in the dissecting room, observed dietetic substances of various kinds loose in the appendix, without evidence of any ill-effects from their presence.

The thanks of the Society were given to Dr. Drennan and Mr. Frame for the interesting report they had furnished.

Some conversation took place in reference to the [?] gift of the late Dr. S. Thompson, and the most suitable position for it to occupy, and Mr. Browne and Dr. Moore were appointed a Committee to consider and report on the subject.

Robert Stewart, Chairman, January 1st 1855

**January 1st, 1855**

Present, Dr. R. Stewart V.P. in the Chair—Mr. Browne and Dr. Dixon.

Minutes of last meeting read and confirmed.

Mr. Browne reported that he and Dr. Moore were considering the best means of having a cast of the late Dr. Thompson from the mould piece in the possession of the Society.

Robert Stewart V.P. Chairman

**January 5th, 1855**

Present, Drs. R. Stewart, Patterson, Malcolm, Heeney, Drennan.

Minutes of last meeting read and signed.

Mr. William Galgey was balloted for, and unanimously elected a Member of the Society.

The Messrs. Agnew's account for printing Circulars etc. amounting to £1. 15. 3, was ordered payment.

Robert Stewart V.P. Chairman, 5th March '55

**March 5th, 1855**

Present, Drs. Dixon, Patterson, Halliday, Browne, R. Stewart, Dill, Drennan.

Minutes of last meeting read and signed.

Dr. Dill, as one of the Committee of the Jenner Testimonial, appointed March 5th 1853, was requested to ascertain the proceedings of the Central Committee since that period, and the present position of the project; and to report to the Society at their next meeting.

The Committee, appointed November 6th 1854, to draw up a medico-ethical code, were requested to report at next meeting.

Thomas Reade President

#### April 2nd, 1855

Present, Dr. Reade in the Chair—Drs. Gordon, Patterson, Dill, Malcolm, Wheeler, Drennan, R. Stewart, Rea, Graham, Dixon, Browne.

Minutes were read and signed.

The account of the Messrs. Agnew for printing amounting to £1. 10. 6, was ordered payment; as was also Mr. Greer's of £17. 15. 0 for books, periodicals and book binding, on being found correct by the Secretary. The Annual Premium on £500, assurance of the Society's property, was likewise directed to be paid. Dr. Malcolm read a portion of a correspondence he had had with the Honorary Secretary of the Central Committee for the Jenner Testimonial, from which it appeared that Mr. Calder Marshall had undertaken to complete the Testimonial for the amount of subscriptions raised, which was at present but £1500, being £500 under the estimated cost. A receipt from the Secretary, Mr. G. V. Irving, for £2, the sum forwarded from Belfast, was handed to the Treasurer.

On the part of the Medico-Ethical Committee Dr. Malcolm reported that their proceedings had been hitherto delayed by the want of copies of the Rules of other Societies, which they conceived would assist them in drawing up regulations for their own. These however they were likely soon to obtain. The Committee were requested to continue their deliberations, and to report again.

Mr. Browne stated that casts of the bust of the late Dr. Thompson would, he found, be procurable at 15s a piece.

Dr. R. Stewart and Mr. Browne were appointed auditors of the annual accounts, the Council were requested to have the Library examined and to report on its condition; and Drs. Dill and McCleery were nominated to enquire into the fines incurred during the past year.

Mr. Browne read a Paper "on Sympathetic" or as he preferred designating the disorder—"Irritative Inflammation of the Eye". Of this very serious form of ophthalmia he had seen numerous cases, arising after the loss of the eye primarily affected, by sporadic disease, as well as its destruction by injury, and his observations applied to the malady of either origin. He had found it supervene at various intervals from 4 or 6 weeks to as many years; and he attributed it to the presence of a low "smouldering" inflammatory action in the vascular tissues of the affected eye, induced by a sympathetic irritation communicated from the one that has been lost, through the nerves of common sensation and nutrition. The character and course of

the disease were graphically traced and the most advisable plan of treatment, as suggested by a consideration of the general and local symptoms, and approved by experience, was afterwards detailed in full.

This, based upon his views of the asthenic nature of the affection, and in opposition to the opinions of eminent ophthalmic authorities, Mr. Browne maintains should be mainly of a [?] toxic and invigorating character. Should one treatment of the primary injury or disease, and the prophylactic means to be afterwards adopted (both of which were considered), have proved ineffectual and this secondary inflammation has supervened, it is not to be subdued by depleting or antiphlogistic measures; but by improving the general health which is "below power [par?]", and allaying or diverting the morbid action by local applications. The first of these objects is, Mr. Browne conceives, best effected by means of nutritious diet, cold bathing, dry friction of the skin, and tonic medicines, especially the salts of Iron, of which he preferred the sulphate and ammonio-chloride. The second, by the use of Belladonna ointment, sedative lotions and fomentations, and counter irritants or derivatives, suitably applied. Special attention, he remarks, should be at the same time directed to the injured or atrophied eye so as to allay as speedily as possible, all irritation in it. Reference was made in conclusion to the place of laying open the eye of which the vision is destroyed, in order to protect or relieve the other, as recommended by Messrs. Wardrop and Baxter.

A short discussion followed the reading of this very interesting Essay.

The Report of a Case of "Night-Blindness", accompanied by some general considerations on the disease, was brought before the Society by Mr. Dixon. His patient was a lad of 18, employed in carrying heavy burdens of yarn up and down the stairs of a mill on his neck and shoulders. The complaint was slight at first, but for the last 10 days vision had been lost after sunset. The pupils were dilated, and very slightly contractile; the expression vacant and staring; nothing else obviously abnormal in the eyes. The general health was unaffected. An aperient, with blisters to the nape, followed by mild mercurials, were first prescribed, and proved temporarily successful. The disease however recurred, and was then finally and speedily removed by the administration, night and morning, in moderate doses, of castor oil and turpentine. There was no appearance of voided worms in the evacuations. A case was quoted from the Dublin Medical Press of May 10th 1843, occurring in the practice of Dr. C. Kidd, which presented similar symptoms, and was cured by the same remedy. The writer then referred at some length to the character, history, and mode of treatment of the malady as presented by Lawrence, Scarpa, Bampfield, etc.; and concluded by stating his own views as to the proximate and remote

causes. The former he conceives may be found in a deficiency of tone or partial paralysis of the iris; while he attributes the occurrence of this condition either to a disordered state of the digestive organs, or the debilitating effects of excessive light. Authorities were cited in evidence of each of these agencies, and the case of his own patient was referred, by Dr. Dixon, to the former.

In the remarks made after the reading of this instructive paper, the retina, in this disorder, was the part considered chiefly affected and the disease itself regarded as a modified form of Amaurosis.

[Initials], Chairman

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As regards the past year the Council have nothing of special interest to report in reference to the position and general interest of the Society. It has received an accession of three new members during that period, and has been deprived by death of one of its earliest supporters—the late Dr. Joseph Bryson. To evince the estimation in which Dr. Bryson was held, his funeral was attended by a large body of the members convened by the Council for that purpose.

The financial prosperity of the Society continues to be one, if not of brilliant prosperity, at least of complete solvency, and the Treasurer reports that a small balance remains in his hands above the annual expenditure (£12. 13s. 11½p.).

But one work, viz. “Erichsen’s Surgery” has been purchased for the Library, in addition to the ordinary List of Periodicals.

The Council cannot but regret that a due regard to the limited amount of the Society’s funds should have rendered it necessary of late to restrict the expenditure on its library department. The formation and adequate maintenance of a good consulting Library was one of the Society’s fundamental objects, and any measures that would increase or improve its collection of books, would alike coincide with the intention of its founders, and enlarge its sphere of utility and popularity.

Some suggestions on this subject will be submitted in the Report of the Library Committee.

The system of circulating the Periodicals by messenger continues to work satisfactorily, and the Librarian reports that no books or journal has been lost during the past year. In consideration of the messenger’s regularity and efficiency, his wages, according to a Resolution proposed last August, have been increased from £2. 12. 0 to £3. 3. 0 per annum.

A very extensive series of recorded cases of “Foreign bodies in the alimentary canal” was brought before the Society on successive evenings by Professor Gordon, and other interesting Papers with the following titles have been also read since last Annual Meeting.

“Extract from Statistical Results of the Census of 1851, with remarks”, by the President.

“Report of a case of peritoneal inflammation consequent on the presence of a concretion in the Cæcal Appendix”, by the Secretary.

“An irritative or sympathetic inflammation of the Eye”, by Mr. Browne.

“On Night Blindness” by Mr. Dickson.

A Committee was appointed in November composed of the Council, together with Drs. Stephenson, McCormac, S. Reid, Heeney, Dickson, and Halliday, to consider the subject of Medical Ethics with a view to the formation of a code of conduct for the guidance of the members in the professional relations with each other. The labours of the Committee have been hitherto retarded by several circumstances, but they expect to be soon in a position to submit their views and recommendations to the Society.

One case of difference of opinion as to the proprieties of professional conduct has been adjudicated upon by the Council during the past year.

A request addressed to the Council at their last meeting for the loan of some volumes from the Library to exhibit at the recent conversazione of the Clinical and Pathological Society, that Society guaranteeing the safe return of the same, was unanimously complied with.<sup>1</sup>

14 Council meetings have been held since last Annual Report, of which 12 were Ordinary and 2 Special. 3 others were convened but not held for want of a quorum, The following statement represents the number of times which each member of Council attended its meetings.

The Secretary	14	Dr. Patterson	11
Mr. Browne	10	Dr. Dill	10
Dr. Malcolm	6	Dr. R. Stewart	5
The President	4	Dr. Pirrie	4
Drs. Gordon	2	Moore	2
H. Stewart	2		

#### Annual Meeting

##### May 7th, 1855

Present, Drs. Patterson, Wheeler, Moore, Dixon, Gordon, Rea, Dill, McGee, Browne, McCleery, R. Stewart, Halliday, Reade S, Bryce, Pirrie, Smith, Malcolm, Harkin, Drennan.

The minutes of last Annual and Monthly Meetings were read.

The Report of the Council as to the position of the Society and its proceedings during the last year was read by the Secretary. Mr. Browne expressed his desire that some suggestion had been introduced into it, to secure for the future the more regular reading of Papers before the Society, and after some remarks by the President and others, it was Resolved, on the

<sup>1</sup> [See page 553 for a list of these books.]

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motion of Dr. McGee, seconded by Mr. Browne, that the subject of measures for securing such regular reading should be recommended to the attentive consideration of the incoming Council. The Report was then adopted.

Dr. Malcolm on the part of the Library Committee reported that no book or Periodical had been lost during the past year. He also moved that the new Council be instructed to make a selection of such Works as it may be considered desirable to dispose of, with the view of laying out the proceeds on the purchase of more eligible Publications. Objections were made to this proposal as involving a breach of the laws relating to the property of the Society, and the discussion of the matter was ultimately dropped, as not having been brought regularly before the Meeting.

A question having arisen as to the meaning of the term "current" in the 11th Rule, it was decided that it applied therein to the year commencing with, and including, the first Monday in May.

Mr. Browne, on the part of the auditors, reported that the balance in hand amounted to £12. 13. 11½.

Dr. Dill stated that no fines had been incurred during the past year.

The Society then proceeded to the election of Officers and the following appointments were made.

<b>President,</b>	Professor Gordon
<b>Vice-Presidents,</b>	Drs. Pirrie and Dill
<b>Council,</b>	Mr. Browne, Drs. R. Stewart, Halliday, McGee, Wheeler, W.T.C. Smith

<b>Treasurer,</b>	Dr. Patterson
<b>Secretary,</b>	Dr. Drennan

The two latter gentleman were nominated by acclamation and received the thanks of the Society for their official services.

Dr. Reade then left the Chair which was taken by Dr. Gordon as President, and the latter gentleman expressed his acknowledgement for the honour which the Society had done him.

On the motion of Dr. Pirrie, seconded by Dr. Bryce, a vote of thanks was passed to the retiring President.

Drs. Patterson, R. Stewart, and Pirrie were nominated Stewards for the Society's Annual Dinner on Thursday 7th June; and they were authorised to invite to it the Medical Officers of the Belfast Garrison.

Alexander Gordon, President

**June 4th, 1855**

Present, Drs. Patteson, Bryce, Dill, Graham, Drennan, Gordon, President. Galgey, Dixon, R. Stewart, Browne, Pirrie, W.T.C. Smith, Rea, Wheeler.

Minutes read and signed.

Mr. William Kennedy of Comber was balloted for, and unanimously elected a Member of the Society.

A note was read from Mr. John Clarke intimating his withdrawal from the Society.

It was resolved that the British and Foreign Medico-Chirurgical Review be added to the list of Journals taken by the Society, and the Council were requested to take measures to procure the part numbers which had been published during the present Editorship.

Dr. R. Stewart brought before the Society the subject of the official regulation affecting Naval Medical Officers, with a view to obtain its cooperation in the measures being at present taken for their amendment. After stating the nature of these, and enforcing the reasons for the Profession's interference in the matter he suggested the adoption of a Petition to the Legislature in favour of the necessary reform.

Mr. Dixon read a correspondence which he had had with the Secretary of the "Naval Medical Reform Association", accepting his services as local Secretary; and suggesting the presentation of Petitions with the support of Parliamentary Representatives, as affording the best means of forwarding the association's objects.

Mr. Browne recommended that a similar course should be pursued as on a previous occasion when the question had engaged the Society's attention; and after a short discussion it was

Resolved, that Dr. Stewart and Messrs. Browne and Dixon be a Committee to draw up Petitions and have them duly signed, presented and supported.

A subscription list was opened to defray the necessary expenses, with the understanding that the balance if any, should be remitted to the Generic Committee in London for the use of the Association.

J. M. Pirrie Vice-President, 6th August, 1855

**July 2nd, 1855**

Present, Drs. Patterson, Kennedy, Drennan, R. Stewart.

No meeting for want of a quorum.

J. M. Pirrie V.P., 6th August 1855

**August 6th, 1855**

Present, Dr. Pirrie V.P. in the Chair—Drs. Halliday, Heeney, Wheeler, Bryce, Dill, and Messrs. Browne, Officer and Dyas.

Minutes of the Meeting of June 4th were read and confirmed. There had been no meeting since for want of a quorum.

A letter from the Secretary of the "Irish Medical Association" was read, and it was resolved that Dr. Halliday on part of their Society write to the Secretary of the "Irish Medical Society" for further information, and report to next Meeting.

Copies of Reports of the Hospital for the Insane and of the "Benevolent Fund Society" were presented

by Dr. R. Stewart, and the thanks of the Society were presented to him.

Dr. Halliday then read a system of rules and suggestions from the Medico-Ethical Committee remarking that the report was merely the first draft. It was then Resolved that the consideration of the Report now read be deferred till the September Meeting; but in the meantime the M.E. Committee are directed to print and send a copy of the rough draft to each member of the Society at least a week before the next meeting. It was also resolved that notice of this matter being brought forward, should be inserted in the Circular calling the next Meeting.

J. M. Pirrie V.P., 3rd September 1855

### September 3rd, 1855

Present, Dr. Pirrie in the Chair—Mr. Browne, Drs. Halliday, R. Stewart, Drennan, Heeney, Galgey, Wheeler, McCormac, Bryce.

Minutes read and signed.

Dr. Halliday communicated a correspondence he had, since last meeting with the Secretary of the "Irish Medical Association", and it was Resolved, that the question of the Society joining the Association should be discussed at the next Monthly Meeting, due notice of the proposal being given in the Book for such purpose, and inserted in the monthly Circular. The Secretary was also instructed to write to Dr. Quinan for further particulars as to the subscription.

The reading of Dr. Young's Paper was deferred in consequence of the Writer's absence. Also that of Dr. Patterson.

A consideration of the Rules recommended for adoption by the Medico-Ethical Committee was entered upon and completed; and it was resolved that, in their revised state, they should be again submitted to the Society.

Samuel Browne Chairman

### October 1st, 1855

Present, Drs. Patterson, Halliday, Browne (Chairman), Heeney, McCormac, Young, Drennan.

Minutes of last meeting read and signed.

The Secretary stated that he had ascertained from Dr. Quinan that the subscription to the "Irish Medical Association" is £1. 1. 0, paid annually in advance on the 1st of June and accompanied, each year, in the case of subscribing Societies, with a list of their members. On the proposal of Dr. Halliday, it was Resolved that the Society should join the Association on these terms, and that the Secretary should transmit one guinea to Dr. Quinan as its subscription for the current year.

Seven volumes of Parliamentary Reports and other documents connected with medical subjects were presented to the Society by Richard Davidson Esquire MP, and the Secretary was directed to convey their

thanks to that gentleman for his valuable donation, and intimate the gratification with which they would receive all similar additions to their Library.

Dr. Young of Hollywood read the report of a case of diseased Prostate with peculiar complications and terminating fatally. His patient was an old gentleman of 78 who had previously enjoyed good health, and suffered no inconvenience connected with the urinary organs except some degree of irritability of bladder. He was suddenly seized with retention of urine, and after the ineffectual employment of those means for his relief by another practitioner, Dr. Young succeeded with considerable difficulty in passing a catheter, and drawing off a pint of dark and alkaline urine of muco-purulent character. Before the instrument could be passed, it was found necessary to reduce an enormous Prolapsus Ani, and for this purpose an enema-tube afforded the most efficient agency. In the course of a few days, under the administration of anodynes, mild aperients, a mixture of uva ursi, Tinct: Hyoscaine and Liq: Potassæ, together with light nutritious diet, the pulse fell from 120 to 84, the tongue cleared, and the water became clear. The bladder however never regained its power, and the use of the catheter had consequently to be persisted in. It was periodically introduced, as its continuance in the bladder could not be borne, and on withdrawing it on the 5th day it was observed to be blackened at the point.

On the 7th day the patient had passed a restless night; his pulse was quick and full, and a "bruit" was found to accompany the first heart sound. A diffused, hard and tender swelling had also made its appearance in the right iliac region. This was not diminished by evacuation of the bladder, and the existence of an abscess was diagnosed. The typhoid symptoms became aggravated, and death occurred on the 4th day from their invasion. A post-mortem examination revealed fatty degeneration and dilatation of the heart, with ossific vegetations on the semi-lunar valves, in the right iliac region the soft parts were extensively gangrenous, the gangrene involving the septum between the prostate and rectum, which however presented no appearance of perforation. The coats of the bladder were  $\frac{3}{4}$  inch thick; its lining membrane highly vascular, and covered in patches with a phosphatic deposit. The Prostate was the size of an orange—the middle lobe being specially enlarged—and the canal of the urethra through it extremely tortuous.

In conclusion Dr. Young directed attention to the fact that with a prostate of such increased size, and a bladder chronically diseased, his patient had suffered so little inconvenience till the period of the final attack. The Prolapsus Ani he considered the "fons et origo mali" as inducing an irritative and inflamed condition of the adjacent parts; whilst the weakened and

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diseased heart was also, in his opinion, specially influential in determining the gangrenous form of inflammation under which his patient sank. An interesting discussion of some length followed the reading of this instructive Paper.

The revised rules of the Medico-Ethical Committee were read and adopted, and Dr. Halliday was authorised to arrange with Mr. Wallace for the printing of the requisite number of copies.

The Secretary was instructed to order for the Library the Medical Directories of the Three Kingdoms for the year 1856.

J. M. Pirrie V.P., 5th November 1855

**November 5th, 1855**

Present, Drs. Heeney, Dill, Pirrie (Chairman), Drennan, Young, Malcolm, Browne, Corry, Beck.

Minutes of last meeting read and signed.

The Secretary reported that he had transmitted the subscription of the Society to the Secretary of the "Irish Medical Association", and had also conveyed its thanks to Mr. Davidson for his gifts of Parliamentary Reports.

A conversation took place as to the means to be adopted for securing the reading of Papers before the Society. Dr. Dill proposed that a certain number of members should be previously engaged to furnish the adequate amount of such contributions. It was suggested by Dr. Malcolm that a regular system should be organised for procuring the reading of periodical Reports on matters of interest to the Medical Profession in its several relations and departments. Of these latter he propounded what he conceived an eligible division, and after ably enforcing the advantages of the proposed plan, he concluded by giving a formal notice of his intention to submit it to the Society on the next night of meeting.

A desultory conversation followed as to the character of the Papers to be brought before the Society, the desirability of obtaining a more central place of meeting, etc.

A document emanating from a newly-formed Society entitled the "Ulster Medical Defence Association" was brought forward with some remarks by Drs. Heeney and Corry with the view of eliciting the Society's sentiments as to the association's principles and purpose and line of action; but after a short discussion, it was not deemed advisable to adopt any resolution on the subject.

J. M. Pirrie V.P., 3 December 1855

**December 3rd, 1855**

Present, Dr. Pirrie V.P. in the Chair—Drs. Patterson, McMullan, Bryce, Malcolm, R. Stewart, Wheeler, Heeney, Dixon, Beck, Smythe, Officer, Browne, Corry, Moore.

Minutes of last meeting read and confirmed.

Dr. McCormac's Work "on Pulmonary Consumption" was presented to the Society by the author, and a vote of thanks unanimously passed for the donation.

Jones and Sieveking's "Pathological Anatomy" was ordered for the Library.

The following propositions previously circulated in the Monthly Notice, were then brought before the Society and strongly advocated by Dr. Malcolm.

1. "With a view to ensure a regular supply of interesting material for discussion at the Monthly Meetings and to keep the Members in general conversant with the leading events in the Medical annals, it is proposed that three Members be appointed, whose duty it shall be to report, from time to time during the year "at least once a quarter", any important items in the Medical Literature and news of the day, according to the following arrangements:-

One reporter to report on anything important in 'State Medicine' and Medical Education, including Sanitary and Hygienic Medicine, and Medical Regulations of the Public Services, Civil and otherwise, and the curricula of Educational and Examining Boards. A *second*, on Medical Practice, public and private, including the subject of Fees and Salaries, and Medical Relations of Coroners and other Law Courts, Hospital, Dispensary, and other Medical Charities. And a *third*, on Medical Science, including Notices of inventions and Discoveries, and important original inquiries."

2. "That in order to facilitate the carrying out of these objects, the Reporters be privileged to receive the Journals and New Books of the Societies, the first on the list of Members".

3. "That each Reporter be provided with proper Books for entering the Reports; and that these Reports (which it is intended should be the briefest notices), when approved of, be signed by the President, and become the property of the Society."

Dr. Wheeler seconded the foregoing proposals, several other members spoke in their favour and it was ultimately Resolved on the motion of Dr. Patterson, seconded by Mr. McMullan, that a Committee consisting of Drs. Malcolm, Wheeler, Heeney, Mr. Browne, Dr. Beck, and the Secretary, be appointed to consider the best mode of carrying out the proposed plan, and report there suggestions at the next monthly meeting.

Signed Alexander Gordon, President

**January 7th, 1856**

Present, Dr. Gordon in the Chair—Drs. Patterson, Heeney, Drennan, Malcolm, Beck, Dill, Browne, Dixon, McCormac, Bryce, Wheeler, McMullan, Young.

Minutes read and signed.

Dr. Malcolm stated that the Committee appointed at last meeting to report on the propositions he had then brought forward had met, but not proceeded to

business in consequence of his unavoidable absence. He now proposed that the names of Drs. McCormac, McGee, Pirrie, Murney, and the President be added to the list of the Committee.

Dr. McCormac declined being nominated as he considered the project could not be effectively carried out by the Society, and was of opinion that each member should note the advance of Medical Science for himself. Dr. Malcolm recapitulated the particulars of his plan, Dr. Dill restated the one which he preferred, and after a prolonged conversation the proposition of Dr. Malcolm to add the foregoing members of the Committee was seconded by Dr. Patterson and adopted.

A Paper “on certain affections of the Cornea” was then read by Mr. Browne. He prefaced his essay by an exposition of the five different layers or structures of which this part consists, maintaining that a knowledge of these is indispensable to a correct appreciation of its pathological changes; and classifying, accordingly, such of the latter as he detailed according to the particular tissue affected.

The first morbid affection to which he referred was “chronic inflammation of the anterior epithelial layer”, generally originating in some form of conjunctival inflammation, and accompanied by “granular lid”, though occasionally existing as a simply injected state of the epithelium covering of the cornea, which, in an aggravated degree, is termed “Pannus”. In its early stage it obscures vision, and it may extend to the subjacent tissue or “anterior elastic lamina”. If dependent on a thickened condition of the palpebral conjunctiva, the removal of this should be our first object, and for this purpose the free and repeated application of Sulphate of Copper to the lids, with the introduction of red precipitate ointment at bedtime, and the use of astringent collyria are advisable as local remedies. Regarding the affection as of an asthenic character, Mr. Browne dissuades from depletory measures, unless active inflammation should supervene; and limits his general treatment to the exhibition of alternative and tonic medicines, and strict attention to the hygienic condition of the patient. The eye-douche in some of these cases, is of great service. So managed, the disease in its simplest form will be found very generally, though perhaps slowly, remediable.

The next lesion of the Cornea treated of was, “ulceration of any or all of its component structures”. Points of ulceration in the preceding tissue are frequently met with. These may present a formidable appearance, but readily yield to one or two touches of the nitrate of silver, an astringent collyrium, alterative aperients, and tonics. The seriousness of the affection however, and its possible implication of vision increase with, and in proportion to, the depth of the ulcer. Where this is limited to the “anterior elastic lamina”, it presents a level bottom, and sharp edges,

and looks deeper than it really is from the thickening of the epithelial layer. Such an ulcer may in general be readily healed without leaving any trace, by the application of a saturated solution of lunar caustic, with the use of alterative and tonic medicines. If the ulcerative processes have extended to the next or “laminated structure” of the Cornea, the bottom of the sore will present a very irregular surface until healing commences. Opacity is not the necessary cause of the penetration of the “anterior elastic lamina”, but where the ulceration extends into the cellular tissue of the “laminated structure” sight is generally endangered by the effusion therein of lymph or pus, or by sloughing. Local depletion and the application of caustic in conjunction with tonic medicines are the remedies suitable to such a case. The use of mercury is to be deprecated when there is the least tendency to sloughing, except perhaps in alterative doses of the bichloride in combination with [bark?], but that salt is of a special service in removing the consequent opacities of the cornea. Pus, if effused, cannot be evacuated by operation, which would only aggravate the inflammatory action. Mr. Browne maintains that opacity of the cornea—the ordinary cause of blindness—whether originating in purulent, gonorrhœal or variolous inflammation, may be almost certainly averted by the timely and judicious application of nitrate of silver.

For the removal of “Pannus”, in addition to more ordinary modes of treatment, he has tried the place of cutting of the vascular supplies of the thickened epithelium, by ligaturing the circumjacent conjunctiva with its included vessels.

In perforating ulcers of the Cornea where the Iris falls forwards into the aperture, one may endeavour to disengage it by means of a fine probe, and then maintain its reduction by effecting dilatation or contraction of the pupil—in the one case by Belladonna and Atropine, in the other by means of a strong light—according as the ulcerated opening occupies the centre or circumference of the cornea. The application of lunar caustic to the ulcer itself is also of essential service, and should be made as soon as possible.

A peculiar disease of the Cornea occurring generally in young persons of strumous habits was next referred to. With slight previous vascularity the membrane suddenly assumes a milky hue, the opacity depending, Mr. Browne conjectures, on effusion into the laminated structure, while the epithelial layer is unaffected.

Marked intolerance of light attends the affection, and is pathognomic of its character. If not arrested at first, well marked inflammatory action supervenes, and coaguable lymph is thrown out. The second eye is *certain* to take on the same diseased action sooner or later. Local depletion must here be practiced freely and repeatedly, and mercury given to gently affect the

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system. Afterwards the Iodide of Potash and small doses of the bichloride of mercury expedite the cure, and when all inflammatory action have ceased, local stimulants are of service.

Mr. Browne concluded his very able and interesting essay with some remarks on the dangerous character of inflammation of the “posterior elastic lamina”, and “membrane of Descemet”, and the active treatment which it requires.

A discussion of some length followed, in which a concurrence in Mr. Browne’s views of the pathology and therapeutics of the foregoing forms of ophthalmia was generally expressed.

Dr. McCormac narrated a case of Insanity associated with hallucinations. After some observations as to the intimate connection which subsists between mind and body, he stated that in the present instance his patient heard or conceived he heard himself constantly addressed in the French language. This hallucination caused him great annoyance and was ultimately followed by decided insanity.

Signed Alexander Gordon, President

**February 4th, 1856**

Present, Dr. Gordon, President—Drs. Heeney, Malcolm, Browne, Halliday, Dill, Patterson, Corry, Moore, Drennan.

After the minutes of last meeting had been read, Surgeon Alexander was balloted for, and unanimously elected a Member of the Society.

Dr. Malcolm communicated a statement he had received in reference to the Jenner Testimonial, from which it appeared that the statue was completed, but that additional funds were required to defray the cost of the pedestal, and expenses of erection. Subscriptions were received by him from most of the members present.

On the part of the “Medical Reports” Committee, Dr. Malcolm informed the Society that Dr. Heeney had undertaken the department connected with professional interests and public medicine, and would furnish a Report for next meeting. Other members had also agreed to act as reporters, and he expected each branch of enquiry would soon have its representative, and the plan be in complete working order. The Committee were requested to continue their operations.

R. F. Dill, Vice-President

**March 3rd, 1856**

Present, Dr. Dill, Chairman—Mr. Browne, Drs. Gordon, R. Stewart, Drennan, Halliday, Wheeler, Heeney, Dixon, Murney.

Minutes of last meeting read and signed.

A copy of Mr. Headlam’s “Medical Profession” Bill was brought under the notice of the Society by Mr. Browne, and after it had been partially read and dis-

cussed, a Committee consisting of the Chairman, Mr. Browne, Dr. Dixon, Dr. Heeney, Dr. R. Stewart, Dr. Wheeler and the Secretary were appointed to consider the proposed Bill and report to a special meeting of the Society.

Dr. Gordon read a portion of a Paper on extra-capsular fracture of the cervix femoris, and after discussing the anatomical characters and relations of parts in this form of accident according to Malgaigne and R. Swift, he proceeded to describe the modes of its occurrence, its causes, symptoms, diagnosis, etc. The further reading of the Essay was deferred till the next night of meeting.

**Special Meeting**

**March 8th, 1856**

Convened to receive and consider the Report of the Committee appointed at last Monthly Meeting to report on Mr. Heaslam’s “Medical Profession” Bill.

Present, Mr. Browne, Chairman—Drs. Heeney, Dixon, McMullan, Drennan, Halliday, Malcolm, H. Stewart, Murney.

The Report of the Committee was read, and on the motion of Dr. Dixon, seconded by Dr. Malcolm, received and adopted; and after some observations by Mr. Dixon and other members it was Resolved that a Petition to the Legislature be forwarded in favour of the Bill.

On the motion of Dr. Halliday seconded by Dr. McMullan it was resolved that a form of Petition be drawn up, and after receiving the signatures of the Members of the Society and other Practitioners, forwarded for presentation.

Dr. Malcolm moved and Dr. Horatio Stewart seconded the motion, and it was Resolved that the proceedings of the Society in reference to this measure be communicated to the Preventional Medical Association of England as a mark of courtesy to them as the originators of the Bill.

It was Resolved that the Members of the Borough be requested to take charge of the Petition to the House of Commons, and that the President, Dr. McGee, Mr. Browne, Dr. H. Stewart and Secretary be a deputation for the Society to communicate with them on the subject.

Signed A. Gordon, President

**April 7th, 1856**

Present, Dr. Gordon in Chair—Drs. Heeney, Moore, Bryce, Patterson, Halliday, Browne, Young, Wheeler.

Minutes of last meeting read and signed.

Mr. Browne and Dr. R. Stewart were nominated auditors of accounts for the past year, and Dr. Dill and Mr. McCleery were appointed to examine the fines of the same period.

Drs. Heeney, Bryce, Malcolm and Halliday were appointed to examine the Library.

Accounts viz Greers for £18. 13. 0; Agnews assignees for £2.10.3; and Wallace's for £2. 12. 0 were examined and ordered to be paid.

Mr. Ring was directed to send out the Annual Circular calling in the Books as usual before the 20th Inst.

The Secretary was directed to issue the usual Circular for Annual Meeting in May.

Dr. R. Stewart gave notice that at next Meeting, being the Annual Meeting, he would move that the Annual Dinner be held early in September, instead of in June as hitherto.

Letters were read from the Secretary and from Dr. Quinan on the part of the "Irish Medical Association" with a form of Petition.

This latter was referred to the Dispensary Officers, Drs. Halliday and Young, to bring it before their colleagues, and to communicate the result to the Secretary of this Society.

Dr. Gordon continued the reading of his paper "on extra-capsular fractures of cervix femoris" going particularly into the errors of diagnosis and also the treatment recommended by Malgaigne which he approved of, as also that of Dupuytren and others of which he did not approve. He detailed some experiments made by Malgaigne on the dead body to shew the injury that might and would occur by making forcible extension.

The Paper was highly approved of, and a vote of thanks to Dr. Gordon for his able and instructive Essay was moved by Dr. Patterson and passed by acclamation.

Signed Alexander Gordon M.D., President

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During the past year the Society has received an accession of but two new members, and their having withdrawn, a slight diminution of income had been experienced since last Annual Report. After defraying all expenses, however, your Treasurer reports a balance in his hands of £12.

##### **New Publications**

The following publications have been added to the Library.

Jones and Sieveking's Pathological Anatomy.

McCormac on Consumption, presented by the Author.

The Medical Directories for the 3 Kingdoms.

7 Vols. of Parliamentary Reports on subjects connected with medicine, presented by R. Davison Esq. M.P.

Reports of Hospital for Insane and Medical Fund Society from Dr. R. Stewart.

The British and Foreign Medico-Chirurgical Review has been added to the list of your Periodicals. Your Librarian reports that no Journal had been lost during

the past year, but more than one have been torn or otherwise defaced in the course of circulation.

To prevent a repetition of such discreditable occurrences, the Council would suggest that on receiving a Journal each member should note in its fly leaf any injury it has received before coming into his hands (unless previously remarked on); that the messenger be directed to examine each periodical as he transfers it, and report anything amiss therein to the Librarian; and that the latter be instructed to bring the matter under the notice of the Council.

##### **Papers Read**

Papers on the following subjects have been read before the Society on 4 of its nights of meeting.

On a case of diseased prostate with complications by Dr. Young.

On certain affections of the cornea by Mr. Browne.

On extra-capsular fractures of the cervix femoris by the President.

##### **Suggestion of Medical Reports**

It is to be regretted that more communications of a similarly instructive character to the foregoing have not been submitted to the Society. To supply in some degree this deficiency in original papers and increase the interest of our monthly meetings it has been suggested, by Dr. Malcolm, that periodical reports on the progress of medical science in its various branches should be occasionally read. The Society has adopted this proposal, and the requisite number of members having undertaken to furnish such reports, your Council think that this plan (for the conception and organisation of which Dr. Malcolm is entitled to the credit) will be found productive of the desired effects.

##### **Code of Medical Ethics**

A Code of Ethical Rules for the guidance of medical practitioners in their relations with each other has, after careful consideration, been adopted and printed copies have been circulated among the members of the Society.

##### **Public Measures**

In the course of last June the Society forwarded a petition to the Legislature in favor of naval medical reform. Mr. Headlam's "Medical Profession Bill" after being carefully considered and reported on by a committee was, with some modifications, approved of, and petitions in its favor, recently presented by our Borough Members.

The virtual withdrawal of this measure the Council consider a subject of regret, and they have but little expectation that any more eligible one will be speedily enacted. As to that proposed by Lord Elcho, which had now passed a second reading, and is at present before the committee of the House, your Council conceive that the fee it would impose on registration is of quite too large an amount, and they would suggest that the Society should instruct the incoming Council to watch the progress of this Bill,

and if necessary, to petition against this and others of its provision injurious by affecting the interest of the profession.

In accordance with an invitation received from the "Irish Medical Association" the Society forwarded a subscription to that body, thereby entitling each of its members to all the rights and privileges of membership with the Association. The chief object of the latter is understood to be to act as a representative body of the profession in Ireland in its communications with government and the public on matters connected with its interests.

A memorial which it recently presented to the Lord Lieutenant in reference to the position of Dispensary Officers, was referred by the Society to the consideration of such of its members (with their colleagues) as occupy that position, but these gentlemen did not deem it expedient to take part in the presentation.

#### **Professional Etiquette**

No breach of professional etiquette has been submitted for the Council's decision during the last year.

In conclusion Council would suggest the propriety of having your bookcases re-painted and the walls and ceiling of your Library coloured and cleaned, as the present appearance of them are presenting, they conceive, sufficient grounds for such recommendation.

13 ordinary Council meetings have been held and one special. The attendance of its members was as follows.

The Secretary 10; Dr. Patterson 8; Dr. R. Stewart 7; Mr. Browne 6; Dr. Dill 5; Dr. Wheeler 4; Dr. Halliday and Mr. Smith each 3; Dr. Pirrie 2; Dr. M'Gee 1.

#### **Annual Meeting May 5th, 1856**

Present, Dr. Gordon, President—Drs. Stephenson, Patterson, Dill, Heeney, Beck, Rea, Halliday, Pirrie, Drennan, Browne, Wheeler, W. T. Smith, Dixon, Harkin, McMullan, Corry, Officer, Murney, Moore, Young, R. Stewart, H. Stewart, McCleery, Bryce.

Minutes of last Annual and Monthly Meetings read and the latter received and adopted.

The Secretary read a Report of the proceedings of the Society during the past year, presented by the Council; and after some observations from Mr. Browne as to certain of the statements contained in it, it was approved of and adopted.

A Report from the Treasurer duly audited was given in, from which it appeared that the Receipts during the past year had been £56. 14. 11½; the Expenditure £44. 12. 2; leaving a balance in hand of £12. 2. 9½.

There was no Report from the Library Committee, but a statement was received from the Librarian that no books had been lost. The review of the Library was

referred back to the Committee to report on at next meeting. Dr. Dill stated that no fines had been incurred since last Annual Meeting.

Dr. Patterson read a letter from Dr. Lynch claiming an exemption from further payment of subscriptions, and his application was referred to the incoming Council to report on to the next meeting of the Society.

Dr. R. Stewart moved that the Anniversary Dinner should in future be held on the first Wednesday in September, instead of in June as heretofore. After some discussion, it was moved by Dr. Murney as an amendment that the period should remain unchanged; and on a division taking place, Dr. Murney's resolution was carried by a considerable majority.

Drs. Patterson, Dill and R. Stewart were nominated Stewards for the Dinner, to be held on the 10th June.

The Society then proceeded to ballot for the officers of the ensuing year, and, Drs. Dill and Dixon acting as scrutineers, the result of the votes were declared to be as follows:

President, Dr. R. Stewart; Vice-Presidents, Mr. Browne and Dr. Bryce; Council, Drs. Murney, Pirrie, Moore, Halliday, Smith and Corry. Drs. Patterson and Drennan were re-appointed by acclamation to the offices of Librarian and Secretary respectively.

The Chair was then vacated by Dr. Gordon and taken by the newly elected President, Dr. R. Stewart, who in appropriate terms acknowledged the compliment that had been paid him.

Mr. Browne moved, and Dr. Dill seconded, a vote of thanks to Dr. Gordon for his services as President during his term of office, and Dr. Gordon returned thanks.

A suggestion thrown out by Dr. Dill as to some mode of cooperation and interchange of privileges, more especially in regard to their respective libraries, between the Members of the Society and the Medical Professors of Queens College, elicited some conversation, and the subject was ultimately referred for further inquiry and elucidation to the Council.

Robert Stewart, President, Chairman  
June 2nd, 1856

#### **June 2nd, 1856**

Present, Dr. Stewart, President in the Chair—Drs. Wheeler, Dill, Dixon, Gordon, Halliday, Heeney, McMullan, Patterson, Bryce, Corry, Browne.

Minutes read and signed.

Mr. Browne brought before the Society a case of death from rupture of the heart. The man had been received into Hospital on the 20th ult. for disease of the hand after injury.<sup>1</sup> Some discussion followed, but the case will be further illustrated by members of the Society at next meeting.

<sup>1</sup> [Described in more detail on page 663 by Mr. H. M. Johnston.]

Dr. Cuming of Belfast was balloted for and un-animously elected a Member of the Society.

Dr. W. Aickin presented a copy of "Observations on Cholera" by Thomas Aickin M.D. of Dublin. The thanks of the Society were voted to Dr. Aickin for the donation, and the Secretary was requested to convey the same.

Relative to the Council's report on Dr. Lynch's application for exemption from further payments to the Society, it was resolved that his request be complied with on the conditions suggested by the Council.

A letter from Dr. Quinan was read relative to the meeting of the Irish Medical Council to be held in the Royal College of Surgeons on the 2nd June. Dr. Halliday reported that no person had gone as a deputation to the meeting.

It was resolved that Mr. Mould, assistant surgeon of the Londonderry Militia should be invited as a guest to the Annual Dinner on the 10th Inst.

R. Stewart, Chairman, 7th July 56

#### July 7th, 1856

Present, Dr. R. Stewart, President and Chairman—Drs. McGee, Patterson, Corry, Bryce, Cuming, Dixon, Murney, Drennan, Heeney.

Minutes read and signed.

The Secretary reported that Dr. Quinan had transmitted six copies of the Annual Report of the "Irish Medical Association" to the Society. Thanks were voted to Dr. Quinan, and it was Resolved that the Society's subscription to the Association for the current year should be forwarded by the Secretary.

The last edition of Pereira's *Materia Medica* was ordered for the Library.

Some conversation took place as to the reading of the Periodical Medical Reports, and Dr. Heeney indicated that he would be prepared with one on Medical Practise in its social and legal relations for the next night of Meeting.

The reading of Mr. Browne's case of Rupture of the Heart was postponed in consequence of that gentleman's absence.

The Council were authorised to have the Library and Bookcases cleaned and painted at an expense not exceeding 5 guineas.

Robert Bryce

#### August 4th, 1856

Present, Dr. Bryce V.P. in the Chair—Mr. Browne, Drs. Patterson, Heeney, Cuming.

Mr. Hanna was balloted for and unanimously elected a Member of the Society.

Mr. Irvine's estimate for painting the Library at £4. 10 was taken; and the work desired to be proceeded with.

In consequence of the small attendance, and notice of Dr. Heeney's Paper not having been inserted

in the Circular, it was deemed advisable to postpone the reading of said Paper to next meeting of the Society.

Robert Stewart, President, Chairman  
September 1, 1856

#### September 1, 1856

Present, Dr. Stewart, President—Drs. Dill, Bryce, Patterson, Heeney, Halliday, Pirrie Secretary pro. tem, T. Read, and Dr. Young.

Dr. Heeney read his Paper on the Practice of Medicine in its public relations, complaining of the manner in which the Profession is usually treated by the Poor-Law Guardians, Coroners and other official authorities.

It was moved by Dr. T. Read, and seconded by Dr. Young that Drs. Heeney, Dill and McGee be appointed a Committee to ascertain what are the legal rights of Medical Practitioners as to fees in the various Law Courts.

Dr. Murney exhibited a ruptured kidney and a large clot that had been effaced on the brain external to the Dura Mater, caused by the fall of a boy some 12 feet. The lad remained sensible for 50 hours and died in about 4 hours after becoming insensible.

Robert Stewart, President, Chairman  
October 6th, 1856

#### October 6th, 1856

Present, Dr. Stewart, President—Drs. Patterson, Pirrie, Wheeler, Young, Hamilton, Officer, Browne Secretary pro.tem.

Minutes of last meeting read and confirmed; also special minutes.

"Ricord on the Venereal Disease" price 16/- was ordered for the Library.

Mr. Irvine's account amounting to £4. 10. 0 for painting Library was passed and payment ordered.

Mr. Browne then in accordance with notice on the face of the Circular gave a brief detail of the features and progress of the last illness of Dr. Malcolm.

After a just testimony and tribute to that lamented gentleman's worth, he gave a brief résumé of his various labours for the benefit of the Profession and the Public, and then drew attention to the nature of the disease which terminated his useful career. From this it appeared that Dr. Malcolm had been labouring under heart disease for some time, together with structural change of liver; that about the middle of August urgent symptoms set in for which he was under treatment in Dublin; that about the 10th September the urgency of the complaint seemed to yield, as considerable improvement took place for several days; but that about the 15th, having caught cold, the symptoms returned with increased severity, and that effusion into the pericardium having taken

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place, he died somewhat suddenly on the morning of the 19th September.

A conversation then took place in which there was but one sentiment, namely, an expression of sincere sorrow for his premature decease along with profound respect for his memory.

The following Resolution was then moved by Mr. Brown, seconded by Dr. Pirrie, and unanimously adopted.

“That the Belfast Medical Society cannot separate upon this the first Meeting after the lamented decease of our much esteemed co-member Dr. Malcolm without expressing the deepest sorrow for the irreplaceable loss which this Society, the Profession at large, and the Public have sustained in the removal by death from amongst us, of one who was such a valuable citizen, so honoured and so estimable in every respect.

And while we would thus express our unfeigned regret and record our sentiments regarding departed excellence, we would beg most respectfully to tender our deep sympathy and condolences to his sorrowing widow and afflicted family”.

Resolved that a copy of the proceeding Resolution, signed by the President and Secretary be sent together with a letter of condolence to Mrs A. G. Malcolm.

Robert Stewart, President and Chairman  
1 December, 1856

**November 3rd, 1856**

Drs. Stewart, Heeney, Bryce and Browne only being present there was no meeting for want of a quorum.

**December 1st, 1856**

Present, Dr. Stewart, President—Drs. Heeney, Wheeler, Patterson, Drennan, Browne.

Minutes read and signed.

Mr. Browne reported that the President and he had conveyed to Mrs Malcolm the Resolution passed at last meeting of Society.

The 26th Report of the Belfast District Asylum for the Insane was presented by Dr. Stewart to the Library.

Samuel Browne V.P., Chairman

**January 5th, 1857**

Present, Mr. Browne V.P., Chairman—Drs. Heeney, Patterson, Wheeler, Drennan, Dixon, R. Stewart (President), Mr. Grattan, Dr. Moore.

Dr. John Moore was balloted for, and duly elected a Member of the Society.

The “Crania Britannica” by Dr. Davis and Thurnam was ordered for the Library.

Dr. Dixon suggested that the subject of Medical Reform was a proper one for the consideration of the Society, and assented to a wish of the Members pres-

ent that he should read a Paper thereon on the next night of Meeting.

Robert Stewart, President, Chairman  
February 2nd, 1857

**February 2nd, 1857**

Present, Dr. Stewart, President in Chair—Drs. Hamilton, Patterson, Moore, Halliday, Dixon, Bryce.

Mr. Hugh Moore was unanimously elected a Member of the Society.

Dr. Dixon stated that he had been prevented by illness from preparing a Paper on the subject of Medical Reform, but that he would have one to read to the Society on the next night of Meeting.

Dr. Bryce announced that he would read a Paper on Ergot of Rye at the first meeting in April.

Robert Stewart M.D., President, March 2/57

**March 2nd, 1857**

Present, Dr. Stewart, President—Drs. Dixon, Moore (John), Patterson, Moore (James), Halliday, Drennan.

Minutes of last Meeting read and signed.

The Secretary read a letter from Dr. Elliott of Waterford, Secretary of the South Eastern Medical Association requesting the cooperation of the Society in procuring certain amendments in the Medical Charities Act, and it was Resolved, that a Meeting of the Medical Profession of Belfast should be summoned for the 16th Inst. at 2 o'clock p.m. for the consideration of the subject, and that the Secretary should previously apply to Dr. Elliott for any additional information he could furnish with respect to it.

A Committee consisting of the President, Secretary, Drs. Dixon, Halliday, Browne, John Moore, and James Moore, with Dr. John Moore as its Secretary, was nominated to make the necessary preliminary arrangements for such Meeting.

Dr. Dixon read a Paper on the subject of Medical Reform. After adverting to the want at present experienced by the Profession of representative body for the expression of its wishes, and the promotion of its common interests, Dr. Dixon proceeded to advocate the establishment by legislative enactment of a Medical Council for the discharge of these functions. Such a Council he maintained would represent the Profession before the Government and the Country; would unite its apparently discordant elements, and give expression to its wants; and either conjointly, or actually amalgamated, with the Board of Health, would concentrate and develop sanitary measures. Its duties would be to ascertain and publish an authoritative list of qualified Medical Practitioners from year to year; to supervise medical education, and maintain it on a liberal plan; and to exclude from the Profession persons of disreputable character, or insufficient qualifications. As to the constitution of the Council, Dr. Dixon considered that the Crown, the Medical Corporations,

and the Profession at large should have each of them, the nomination of a third of its members.

“Nature and Art in the Cure of Disease” by Sir J. Forbes; and the Medical Directory of Ireland for the current year were ordered for the Library.

Robert Stewart, President, Chairman  
April 6th, 1857

**April 6th, 1857**

Present, Dr. Stewart, President—Drs. Moore (John), Patterson, Dill, Heeney, Browne, Bryce, Drennan, Dixon, Halliday, Cumings.

Dr. John Moore reported that no legislative measures for Medical Reform being at present before the Profession in consequence of the recent sudden dissolution of Parliament, the Committee appointed at last meeting had deemed it unadvisable to act on the instructions then given to them. After some observations from Dr. Dixon in reference to certain late proceedings of the Society of Apothecaries in Ireland which he considered of an obnoxious character, the Committee, on the motion of Dr. Dixon, seconded by Dr. Dill were re-appointed, with instructions to observe and report on the steps hereafter taken by that Society, and other matters affecting the interests of the Profession at large.

Mr. Greer’s account was directed to be referred back to him for explanation of the period it was intended to cover.

Drs. Heeney, Bryce, Halliday and Cumings were appointed to examine the Library previous to the Annual Meeting.

The former Auditors, Mr. Browne, and the President, were re-appointed; as were also the Examiners of fines, Drs. Dill and McCleery.

Dr. Bryce read a Paper on the *Secale Cornutum*, in reference chiefly to its action on the parturient uterus.

In explaining his views on this subject which differ from those generally entertained, he began by advertising to the confirmation and structure of the uterus, as composed of body, cervix, and os, and consisting of two sets of muscular fibres—the longitudinal and circular. The former effect the dilatation of the os; the latter the expulsion of the uterine contents, and they operate therefore respectively during the first and the second stage of labour. It is on the longitudinal or dilating fibres Dr. Bryce conceives the Ergot primarily to act. The pains which it excites are, he maintains, always slight, but nonetheless very effective in removing the obstacle presented by the contracted cervix and os. It is therefore while these parts are contracted, that Dr. Bryce differs from other practitioners in advocating the administration of the Ergot. The effects induced by it on the expulsive fibres is, he conceives, of an indirect kind; and is due to the circumstance that by the relaxation of the dilators, they

are placed, on mechanical principles, in a position to act with greater advantage.

Dr. Bryce has administered the Ergot in nearly 100 cases, and several instances of its utility were adduced from his private practice. He has never observed any ill-effects on the child from its use in an early period of labour. For checking hæmorrhage he considers it an inefficient agent.

Considerable discussion followed the reading of this interesting Paper, in the course of which, while the author was complimented on the ability with which he had maintained his original views, these views themselves, and the practice founded on them, were generally dissented from.

Robert Stewart, President, Chairman  
May 4th, 1857

**459 Report of Council 1856–7**

The Council have to report that since last Annual Meeting five new members have joined the Society, an accession to its numbers, which, however small, is considerably greater than took place during the preceding year.

Within the same period however a severe loss has been sustained by our body in the deaths of Dr. Malcolm and Mr. McMullan. The latter gentleman, though a comparatively young member of the profession, had attained in it a highly respected position; and he was a frequent attendant at our monthly meetings. Of Dr. Malcolm’s many admirable qualities, and of his special services to the Medical Society, its members expressed their vivid and grateful sense at a meeting held soon after his untimely decease. An address of condolence to his widow was, on that occasion, unanimously adopted; and a strong desire was intimated that some permanent memorial should be erected to his memory.

**Funds**

The Treasurer reports that the funds of the Society are at present in a satisfactory condition, and that, after defraying all expenses incurred during the past year, he has a balance of above £12 remaining in his hands.

**New Publications**

The following new books have been added to the Library.

Observations on Cholera by Thos. Aickin M.D.  
(presented by author)

Pereira’s *Materia Medica*. Last ed.

Ricord on Syphilis. Translated by Drummond.

Crania Britannica by Drs. Davis and Thurnam. 1<sup>st</sup> decade.

Nature and Art in the Cure of Disease by Sir J. Forbes M.D.

Annual Report of Irish Medical Association (6 copies) presented by Association.

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Report of Belfast District Hospital for Insane (presented by President).

The Librarian states that no periodicals have been lost in the course of circulation during the past year.

**Papers Read**

The following papers have been read at the monthly meetings.

On the Practice of Medicine in its Public Relations by Dr. Heeney.

Report of a Case of Ruptured Heart by Mr. Browne.

Report of a Case of Ruptured Kidney with Sanguineous Effusion on Brain in Consequence of a Fall by Dr. Murney.

On the Features and Progress of Dr. Malcolm's Last Illness by Mr. Browne.

On Medical Reform by Dr. Dickson.

On the Secale Cornutum by Dr. Bryce.

**Public Measures**

The Society have not taken part during the past year in any public proceedings bearing on the interests of the profession. In March last a communication from Dr. Elliot of Waterford, Secretary to the South East Medical Association, led to some preliminary arrangements for the holding of a general meeting of the medical practitioners of Belfast to deliberate on matters affecting their position, but the sudden dissolution of Parliament soon afterwards caused the postponement of further proceedings until some legislative measure should be again brought forward for consideration. A committee of the Society still exists however to observe and report on matters affecting the welfare and status of the medical profession.

**Medical Etiquette**

No breach of medical etiquette has been brought under the notice of the Council since last annual report.

**Council Meetings**

The meetings of Council have not been held with the same regularity as in previous years—partly in consequence of the absence of the Secretary from illness for some months, and latterly because there was nothing of special interest requiring the attention of the members.

Read and adopted R. Stewart, P. Chman  
May 4, 1857.

**Annual Meeting**

**May 4th, 1857**

Present, Dr. R. Stewart, President in the Chair—Drs. Halliday, Heeney, Rea, Wheeler, Dixon, McGee, Patterson, Moore (James), Lamont, McCleery, Murney, Dill, Hanna, Corry, Bryce, Moore (John), Drennan.

Minutes of last Annual and Monthly Meetings read and confirmed.

The Council's report of the Society's proceedings during the past year was read and adopted. Among

other particulars it stated that five new members had within that period joined the Society, and that its funds were at present in a favourable position—a balance of above £12 remaining in the hands of the Treasurer.

The Library Committee reported that having examined the Books and Periodicals they found none missing, and all in good order.

The Auditors reported that Mr. Greer had amended his account, having previously omitted to include in it the cost of the Stamped Publications received by Post. It now amounted to £18. 10. 10 and was ordered to be paid.

Dr. Smiley of Ballycarry was then balloted for and unanimously elected a Member of the Society.

The election of the Officers of the Society for the ensuing year was then proceeded with, and the following appointments were made.

<b>President,</b>	Mr. Browne R.N.
<b>Vice-Presidents,</b>	Drs. Heeney and Wheeler
<b>Council,</b>	Drs. Halliday, Lamont, McCleery, Pirrie, Rea, Dixon.

<b>Treasurer,</b>	Dr. Patterson
<b>Secretary,</b>	Dr. Drennan

The latter gentleman having intimated his desire to withdraw from the Secretaryship was requested to continue in its occupancy for the present, and on the motion of Dr. McGee, seconded by Dr. Dill, the thanks of the Society were voted to the Treasurer and to him for their past services.

The retiring President was then moved from the Chair which was taken by Mr. Browne, who acknowledged the honour conferred upon him.

On the motion of Dr. Bryce, seconded by Dr. Dixon, the thanks of the Society were then voted by acclamation to the late President, Dr. Stewart, and that gentleman suitably responded. Drs. Patterson, R. Stewart and Dill were nominated Stewards for the Annual Dinner of the Society, and it was Resolved that at least 8 days notice be required for the withdrawal from the Dinner List of the name of any member who has signified his intention of being present on that occasion.

Samuel Browne, President

**June 1st, 1857**

Present, Mr. Browne, President in the Chair—Mr. Dixon, Drs. Heeney, Murney, Moore (John), Wheeler, Dill, Lamont, Bryce, Patterson, McCleery, Stewart, Halliday, Drennan.

Minutes of Annual Meeting read and signed.

A letter from Dr. Quinan was read, in which, as Secretary of the Irish Medical Association, he invited the cooperation of the Medical Officers of Poor Law Unions, and their attendance at the Annual Meeting of the Association; but no resolution was come to by the Society on the subject.

The President read his Inaugural Address. After referring to the primary objects of the Society, and the merits of several of its former more distinguished Members, especially the three whom it had lately lost—Dr. Malcolm, Mr. McMullan, and Dr. Horatio Stewart, he adverted to certain points which, in his opinion, accounted for the comparative decline of interest in its proceedings, and urged upon the members the necessity of a more general and active co-operation in the preparation of Papers for reading at the Monthly Meetings. Notice of these, he suggested, should be given a week previously, to secure their more satisfactory discussion, and their subsequent publication would come, he conceived, raise the status of the Society, and greatly increase its utility. Mr. Browne proceeded to enforce some general ethical principles which should actuate Medical Men in their intercourse with each other, and direct the conduct of the Public in its relations with the Profession. He concluded his excellent address by urging the expediency of a union of the Medical and Clinico-Pathological Societies—the preliminary consideration of this, as of the other measures previously recommended, being left to the Council.

Paper:<sup>1</sup> *Gentlemen, Fellow members of the Belfast Medical Society,—I cannot, this evening, assume the chair in which your kindness has placed me, without expressing the deep sense I entertain of the honour conferred upon me, especially as the act is the spontaneous expression of your own good will—unsolicited on my part, and, I fear, undeserved. Since, however, you have deemed me worthy to be president of this old, honourable, and important society, I do not shrink from the responsibility of the station, but, depending upon your brotherly aid and professional esprit de corps, I shall endeavour to maintain its high character, and make it, as it should be, a rallying point, a focus of strength, if needs be, for the medical profession of this town and neighbourhood—indeed, for the entire province.*

Already, since my own connexion with it, this society has been the medium, on more than one occasion, of concentrating the strength, and of expressing the united opinion, of the profession in Ulster, on subjects materially affecting some of the best interests of our body. Should the necessity again arise, as it likely will, this association will still take the lead in contending for our common interests, and in arousing the spirit of our brethren to the assertion of our inalienable rights. It is, gentlemen, by our being thus united that we can alone hope to maintain our status in society. In no case is the apophthegm, that “a house divided against itself cannot stand,” more applicable than when it is used as relating to the medical profession; and, if it were only from a regard to our individual interests, this union should be

*earnestly upheld; for I hold that no isolated man can ever be successful in his profession, and be, at the same time, generally respected. But, when we come to see how much this harmony—this unitedness—tends to elevate the entire body, and to give it almost impregnable strength, we have an inducement to union much more honourable than the promptings of merely selfish feelings. Hence it is that we must ever regard, with sentiments of affection and respect, the names of those—our worthy predecessors—who first originated and cherished into mature being the society of which we are now the representatives—founded, as it was, “To afford its members increased facilities of consulting the best medical works and periodicals, by means of its library; of deriving mutual instruction on medical subjects, by means of its discussions and its pathological museum; and, as a collective body, protecting the interests of the medical profession.”*

*These were noble aims; and it must be very gratifying to the respected head of the profession in town—Dr. Stephenson—alas! the sole surviving founder of it—to see how fully the association has answered the expectations of its early promoters. On the 8th of June, 1822, the present society was inaugurated; and, during the 35 years which have since elapsed, it has ranked among its members very many able and excellent men—men who would have dignified human nature in any position to which they might have been called.*

*To these I need not more particularly refer, as their excellencies live in the memory of most of us; some are among us still—but one who was with us as but yesterday, “I would select from out that throng”—one to whom this society owes much. Yet did it owe less, my private friendship and partiality would not permit me, on this occasion, to pass by his name in silence.*

*Among the many able men who have adorned our profession in Belfast, no one has been more distinguished for zeal, earnestness, and uprightness in the pursuit of his calling, no one has laboured in a more self-denying spirit, for the general good, than my lamented friend and colleague, Dr. Malcolm. Never idle, never satisfied with anything that seemed to require improvement, he threw himself, body and spirit, into every movement calculated to benefit mankind; and whatever appeared likely to amalgamate his brethren and utilise their association had his untiring solicitude and earnest advocacy. In these latter respects, with which we are more immediately concerned, I may instance the remodelling of this, and the creation of the Pathological Society, and in both of which he took the lead, though with marked modesty and abnegation of his own claims, in bringing forward matters important and practical. He has gone; but he has left us an example of patience and industry, kindness of heart, and brotherly regard, well worthy the imitation of the best of us. His years have been few; but he has gained all that the longest lived should desire—he has left an*

<sup>1</sup> [Belfast Mercury, June 3, 1857.]

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honoured and unsullied name—he will long be remembered as “an honest man, the noblest work of God!”

To two others of our members, who have lately passed away from the realities of life, I may also briefly refer. Mr. Macmullan was a young gentleman of considerable promise; possessed of a kind and generous disposition, he had already gained several warm and attached friends, when premature disease carried him beyond the offices and sympathies of friendship. Still more recently has this society sustained a loss in the death of Professor Stewart; thus has another, snatched away in the prime of life, been added to the number of our early deceased members. Of him I can say that he possessed no ordinary talents and had a highly cultivated understanding; he was naturally of a retiring disposition, hence he seldom came prominently among us; but when he did address himself to any subject, he must have convinced his hearers that he had a clear and logical mind, and powers of expressing himself of a very superior order. He was a most excellent practical surgeon, whose accuracy of diagnosis and soundness of treatment I have often had cause to appreciate and admire; he was a careful and expert operator, always cool and collected, because he weighed well his likely difficulties before he seized the knife, and was quite certain of the anatomical relation of the parts on which he was about to operate. In his death, then, this society has sustained a great loss, and the hospital in which we are now met has a vacancy which, I may safely say, will not be easily filled up.

Having performed this melancholy duty, permit me now to direct your attention to one or two points in connexion with this society, by which its utility might be greatly increased. Previous to the year when we first met in the evening, the meetings were simply for the transaction of the ordinary business arising out of its progress; but as soon as the hour of meeting was changed, as it now stands, various members brought interesting papers upon important professional topics under our notice; and I can remember with what interest several of these papers were regarded. In the course of time, those members who had been most concerned in supplying these notices for discussion, having failed to induce others to take a share in the labour, began to feel that they were, perhaps, wearying their co-members, and might, possibly, be deemed intrusive, in occupying so much of the society's time—hence they withheld their wonted communications, and the practice nearly fell into disuse. This was, among other causes, one of the inducements that led to the formation of the Pathological Society. But, gentlemen, the existence of that society need not, in any way—should not, indeed, at all, interfere with the furthering of medical science in this the senior association. On the contrary, I think it behoves all of us, who have any regard for its progress, and who have any love for our profession, to unite with earnestness in once more reviving these dis-

cussions, which were formerly of such practical value, and the value of which has been fully illustrated in the other society. With this end in view, then, I would respectfully and earnestly urge upon my fellow-members, that two or three papers should be prepared for each of our meetings—I say two or three, as some one might be prevented, by engagements, from bringing forward his promised matter, and thus disappointment would ensue; and as there are really only ten meetings at which papers could be introduced during the entire year, as the time of the April and annual meetings are taken up in transacting indispensable business, we can easily procure the required number. I would also suggest that notice of the reading of these papers should be supplied to the members fully one week before the monthly meeting at which they are to be read. This I consider absolutely necessary, for the purpose of promoting healthy and sound discussion, as members will have had due time to consider the question to be submitted. Surely, gentlemen, after the evidence so many of our members have given of their ability in the Pathological Society, there will not be any difficulty in procuring several practical papers for every meeting. Again, you will please to remember that the time for reading and discussion, in this society, is not limited, due time being allowed for the fullest debate upon any topic that may be introduced. For my own part, I hope and intend to set an example of industry, and I have every confidence that several of you will not only emulate, but surpass me in that respect. Perhaps, in addition, I may remark the arrangement of this matter might be left to the Council, who will solicit, or obtain papers and cases; and, in the meantime, I shall be prepared to submit a topic for discussion at our next meeting.

Gentlemen, I leave this question with you, feeling assured that, when we have so many able and zealous members of a liberal and learned profession, this society will not be permitted to lapse into a mere book club, but will be sustained in its legitimate character, for the cultivation and promotion of medical science. Another point to which I would refer is the publication of the papers and cases, with the discussions thereon, that may be submitted; this is, in my opinion, a matter of very great importance, the carrying out of which would tend certainly to improve the status of this society, and utilize our meetings. There cannot be any question, gentlemen, but that a town of the magnitude of Belfast must afford cases of equal importance to those supplied by many of the provincial cities of the United Kingdom; and I am also quite satisfied that these cases can be as ably recorded by the members of this society, as by any of our brethren resident elsewhere; consequently, it becomes our bounden duty—a duty which we owe to ourselves and to the profession—to put upon record whatever of interest, or practical value we may meet with in our practice.

Hitherto the medical men of Belfast, with few exceptions, have been but little known beyond our immediate neighbourhood—we have moved, as it were, within a very limited sphere, contented, it seems, with local reputation; but that is no reason why we should continue so. We have within us the elements of advancement, and we should not permit either apathy or distrust of our capabilities to retard our progress. We have only to make the effort; we have only to embrace the opportunities every day presented to us, and put forth the powers we possess, and we need have but little difficulty in becoming better known and much more appreciated.

I have already referred to the bond of union which this society affords to the medical profession of Belfast for mutual support, and for individual improvement also; but these unquestionable advantages have not, I fear, been duly estimated. Now, what is the cause of this? For my own part, I believe it has naturally arisen out of the want of interesting matter, and the absence of intellectual excitement at our stated meetings. May we not hope, however, that the earnest adoption of the plans and views I have ventured to suggest will remedy our late inanition, and restore us to that vigour and harmonious action which are so essential to our professional interest, and to our individual advancement. If the members of the medical profession would calmly and dispassionately consider their relations to general society, and to one and other—if they could only duly estimate the advantage of being a united body—if they could believe that their internal divisions are the cause of most of the disabilities under which they suffer—and, believing this, could be brought to merge their selfish interests in the common weal, our profession, from being the most powerless, might be made a body possessing almost unbounded influence, and be the instrument of incalculable good.

There cannot be any question that we individually command, in our several spheres, a large amount of influence; but that, be it remembered, belongs to the individual and does not always extend, through him, to the benefit of the profession; on the contrary, how often does it happen that members of our body use the influence they obtained for their own advantage solely, and rather to the prejudice, than otherwise, of their brethren? Hence the community are too ready to form an unfavourable opinion of us, and to undervalue us, and sneer at what they are pleased to call our pretensions. It may be asked, however, how are these admitted evils to be remedied? I sincerely believe that many of the jealousies, the undervaluing of each other, the neglect of what is due to brethren, and the want of sound, professional esprit de corps, may be removed by our associating more than we are in the habit of doing, and that societies like this, if made attractive, not only have the tendency to remove false impressions and prejudices, but also, in their place, to excite the kindest and friendliest sentiments. For my own part, I never

join any re-union of my brethren without a sense of pleasure and improvement.

Gentlemen, the man who shuns his fellow-men is a misanthrope, and must, of necessity, be a comparatively useless member of society; and so, if one of us walks apart from his brethren, and affects to despise them, he is no lover of his profession, and his usefulness is limited within a very narrow circle. On the other hand, an earnest interest in whatever concerns the brethren exhibits one in a grateful light, while the exercise of the feeling is not at all incompatible with the progress of the individual. For it is quite consistent that, while each presses on in the exercise of an honourable calling—and that generous competition is laudable—that the hand of help and of fellowship should be held out to every worthy man who has started in the race! Nay more, it is our duty so to run that each may have a chance for a share of the prize. Each, contending to the utmost for himself, should be cautious not, in any respect, to infringe the principles of right, which are very easily understood—remembering that professional etiquette has two bearings—that whatever a man demands on his own part, he should proportionally and cheerfully concede to others. This is simply the rule of justice, which cannot, in any instance, throughout the whole compass of society, be underrated, much less violated. No man can raise a safe or reputable structure upon the ruins of another's character—for so surely as any one shall endeavour to establish himself by underrating—much less vilifying—his neighbour's—a reaction, often overwhelming in its effects, will set in, and just retribution will surely overtake him. No one can, at least in this free country, assume, with impunity, the character of an Ishmael! And if this be true as regards every persons in the community, it applies with increased force to the members of the medical profession.

These brief remarks, gentlemen, I have felt it my duty to make in connexion with this society, on the occasion of my being called to be its president. They contain, in my estimation, the primary elements of medical ethics, and may be summed up in a very few words. Union is strength—division is suicidal folly. Beyond these few sentiments, touching our duty one to another, I shall not venture. Each of you is fully as well aware as I am of the exact rules which should guide our Professional intercourse, for these have already been laid down in an excellent code issued under our collective authority; let us only be guided by these, and a solemn sense of what is due to ourselves and others, and we are not likely to wrong any man, much less the brethren. There is another matter, however, which deeply interests every one of us, and which may be ranked among the foremost questions of our ethics. What is the duty which we owe to ourselves in our professional intercourse with society? On this topic, with your permission, I will now venture, premising that what I shall say will be submitted not as an authorita-

tive opinion, but as my own solemn conviction, based upon a not very limited knowledge of the world.

In the exercise of our functions we are naturally called on to mix with all classes of men; it is our duty to minister to the wants of the humblest as well as the greatest of mankind, no class being exempt from the casualties of life, and the operation of those unchangeable vital laws, the violation of which brings disease—the unchecked issue frequently being death. It is our glorious privilege—the genius and noble spirit of our profession, to wait by the couch of suffering humanity, and endeavour to alleviate human ills. No one, possessing our common nature, appeals to us in vain: the charitable institution, the hospital, the pest-house alike find the medical man active in his warfare with disease. He wrestles with death, whether the grim foe

Assails the poor peasant who sinks in the dark  
Unseen, unrecorded his name,  
Or strikes the young hero—a glorious mark—  
Who falls in the blaze of his fame.

In the lonely cottage, or lordly palace, by the lone hillside, or on the embattled and ensanguined plain, his aid is promptly and cheerfully given. The pestilential epidemic stalks through the land, everywhere assailing the strongholds of man; the physician gallantly meets the assault—calmly he stands in the imminent and deadly breach, and, undaunted by dangers as great, and horrors as appalling, as those produced by the murderous cannon, he ministers to suffering humanity, and simply feels he is performing his duty. And how often is this done without any feeling but the desire to succour his fellow-being, without any prospect or desire of reward, save the approval of his own conscience and the gratitude of those he has relieved!

Yet, with all this philanthropy, these generous aspirations, the medical man, gentlemen, must endeavour to live. He cannot exist on air, though he does consider it the pabulum vita; he must also be clothed and warmed; he requires the occasional shelter of a house, though he often is a midnight wanderer. He, too, has ties of relationship and natural affections, which he may wish to cherish; and we may imagine he has sometimes a hope that, as he descends the hill of life, he may find a little resting spot—a brief repose, ere he finally sinks at its foot. But what provision can he make for securing all those? Well, he has a kind of belief—perhaps a weak faith—that, as the community desire his services, reap the benefits of his experience and skill, and take from him his capital—his time, they will feel, as it were, a commercial obligation to pay him for what he has to give and what they require. If so, he will frequently discover that the value placed upon his wares—to use a trading phrase—is very much below first cost; nay, more, he will find that some of his customers, like speculators in other callings, would rather not pay anything, although they have obtained what he had to dispose of.

I was very much amused, lately, by reading a paragraph which appeared in the newspapers. This, in treating of “Persian morality” spoke of the trick which a certain prince or noble in that land had played his physician, who had recently saved his life, to get rid of liabilities to him; he, in fact, had himself reported as dead, though the doctor saw him, soon after, in robust health. Now, the point in this paragraph which amused me was this—did it never occur to the writer of the book from which the sentence was taken that similar examples of morality are frequently seen in this very moral country. Oh, no; that had never certainly occurred to him. What beautiful simplicity! In this Christian land, however, he might have learned that men do not, on account of a medical man’s just fees, report themselves [dead?]. In Persia, it seems, the patients pretend to die—the doctor’s bill being unpaid; here, they merely “take the benefit of the Act!” I should like to know if there be here any so fortunate as not to have met with examples of this kind of gratitude for services the most untiring and successful, rendered when life and death have been vibrating in the balance for weeks and months together, or where existence depended upon the issue of a critical operation! If there be any such here, I congratulate him, and trust that he may long be spared the painful knowledge that there are men in this country who are unthankful even for the restoration of health or the preservation of life. The charitable way of viewing such conduct, I may remark, is to believe that such persons, knowing themselves best, estimate the truer value of their lives, and look upon them as just worth nothing! Likely enough they are right!

Now, some may inquire how it is that medical men are so frequently denied their just claims by the public; how it is that persons who would never dream of consulting a lawyer without the payment of his fee, have no hesitation whatever in calling in any medical practitioner and coolly turning him out again when his work has been completed, without even the acknowledgement of thanks for his attendance and trouble? The answer is very easy, and the cause rests with ourselves. If the principle were adopted and maintained that we should demand a fair remuneration, in all cases for our advice and attendance—if the public were fully impressed with a belief that no practitioner would afford his assistance to any but the poor without the payment of a certain fee—if a fixed tariff, as with lawyers, were agreed upon among our members, from which no one would depart, and if that sum were required either every visit, or at the end of every attendance, I am quite satisfied the practice would be of infinite service to us in a pecuniary point of view, would be gratifying to a large portion of the public, and would give us a better status also. So far as an individual can introduce a custom and carry it out, I have endeavoured to adhere to a fixed rule, and have generally been able to succeed; and what the individual can do,

the mass of the profession should be able to accomplish. This, however, can only be attained by united action, which must not be regarded as a combination, but simply the arrangement of a question which concerns both the public and ourselves, for the truth is, the absence of such an arrangement is frequently complained of by the portions of the community who do and are prepared to pay.

I will not here venture to state what I would consider the maximum or minimum of our standard of remuneration, but, of one thing I am convinced, that even a moderate sum for each visit, and that sum punctually paid, would be much more profitable to us than what arises out of the present loose and irregular system of payment. It is true that it is difficult to get the mass of our profession to join in any movement, though that would be most conducive to their own good. We are without a common bond of union, the want of which prevents our acting together; hence every one is compelled more or less, to act each for himself. Yet, as we see that it is possible for the members of the law profession to protect their common interests, by united action, although they have their jealousies and divisions as well as ourselves, I am led to believe that there does not exist any insuperable obstacle to our having a harmonious consent and concurrence in the matter of fees especially, and I am satisfied something of this kind, as well at many other useful reforms, would long ere this have been adopted had not our representative bodies—our corporations, the universities and colleges—been at variance with each other, and that their selfish churlishness and obstinacy had not blinded them to their own and the common welfare. May we not hope, however, that now there seems some prospect of these antagonising interests being united; that the first step is likely to be made to equalise, and, in a measure, amalgamate our several ruling and licensing bodies, and that the day is not very far distant when the medical profession shall cease to be a bye-word and a reproach; when we shall no longer be a mixture without any affinity, deprived of action, devoid of strength.

Gentlemen, while I submit that we should cherish the sentiments I have endeavoured to enunciate in the preceding part of this address, you will permit me to say that we must always remember we are citizens of the commonwealth, and that we cannot separate ourselves from the public interests. On the contrary, so far as our position, education, time, and abilities permit, we should be zealous in the extension of knowledge, the furthering of science, in the promotion, in fact, of whatever tends to improve and elevate mankind. Our influence and our opportunities should never be neglected. By mixing with our fellow-citizens in the public business of the day, apart from our professional pursuits, we not only make ourselves useful, but we gain in return a valuable amount of knowledge. We cannot, in truth, too diligently cultivate the kindly and social rela-

tions of society. Our desire should be to be friendly to every man—the enemy of none.

Some of you are aware, gentlemen, that, at our last meeting, I promised this evening to bring forward the subject of medical ethics. In fulfilling that promise, I have been merely able to glance at one or two points of that important and comprehensive question; for, when I came to consider its many and interesting features, I almost despaired of reducing my ideas to the necessary limits, and, at the same time, rendering them presentable. In dealing with the subject, I deemed it advisable to take one or two points only for discussion, and to embody in these such sentiments as I myself entertain, and work them out for a practical end. Whether I have been successful in the attempt rests with your judgment; but I can most unaffectedly say that I have given utterance to no single sentiment, regarding what I deem the well being of the profession, which I do not heartily feel and desire to see carried out.

I have long felt that society at large have a very false estimate of us as a profession—that we are almost powerless as a body, and that all of this, in a great measure, arises from our internal divisions. There cannot be a question but we have within us the elements of strength and almost illimitable power, for promoting the welfare of the human race. Yet our usefulness is greatly impaired, and, in some cases, nearly neutralised, by the absence of correct and compatible principles. The great desiderata seem to be unitedness, and a higher estimate of our professional position; and surely these are not beyond our reach? Let us to ourselves and to our brethren be true; let us cultivate those relations of forbearance and amity, which become the members of a liberal profession, and there cannot be a question but our usefulness, influence, and respectability will increase in proportion to the harmony which exists among ourselves.

On the motion of Dr. Patterson the President's address was, with the consent of the author, directed to be published in the Newspapers.

It was moved by Dr. Murney, seconded by Dr. Dixon, and Resolved "That the propriety of the President's suggestion as to the union of the Medical and Pathological Societies be referred for consideration to the Council, who will report to a future Meeting".

Dr. Murney read the report of a case of Popliteal Aneurysm. The patient was a young man who had served as a soldier in the Crimea, and afterwards worked in a foundry. The tumour had enlarged in the space of 8 weeks to the size of the third of a cricket ball, and presented on his admission to Hospital a pulsating prominence with well marked bruit de soufflet. He had been for some time subject to fainting fits. Pulse 96, hard and vibratory. Insomnia from pain of limb. Sedatives were administered, and in two

days Carte's compressors were applied with bandaging. Dullness over sternum with bruit at base of heart were noted, and these symptoms were followed, after an interval of some days, by the development of a pulsating tumour under the sternal "fourchette" the swelling in the ham became gradually firmer, and its impulse less. Its size however continued the same, the pain and tension, although temporarily relieved by a warm spirit lotion, were very distressing, and the œdema great. On the 14th day from the commencement of compression, the pulsation ceased, returned for a time, but finally disappeared on the 16th. The man's appearance however had by this time greatly changed for the worse; his face was sallow and sunken, and there were bullæ on his leg and instep. From these bloody serum was afterwards discharged. The pain of the limb continued great; its warmth was preserved, but there was extraordinary sensitiveness to external cold. The condition of the patient both general and local continued gradually to deteriorate for another week, when he suddenly screamed, and died from bursting of the popliteal tumour, and rupture of the artery above the sac. A Post Mortem examination was not allowed, but the coats of the artery were ascertained to be atheromatous. The very large coagulum that occupied the sac was exhibited to the Society.

Paper:<sup>1</sup> A man, twenty-five years of age, of middling stature, and of temperate habits, was admitted into the Belfast General Hospital on the 11th of April last. He stated that of late he had been an apprentice as moulder in a foundry; was previously a soldier for two years, fifteen months of which time he spent in the Crimea during the progress of the siege of Sebastopol, when he was exposed to the severity and hardships of trench duty: although imperfectly fed and clothed, he was never on the sick list.

On his return to England at the termination of the war he was sent with his regiment to Aldershot; about a month after his arrival there he had what he described as a "weak" or "fainting fit;" after the recurrence of two or three such "fits" he was discharged the service on a small pension. Eight weeks before admission into hospital the formation of a tumour in the left popliteal space attracted his attention; this rapidly increased in size, and ultimately became as large as a cricket-ball. The usual well-marked symptoms of aneurism were present. Examination of his chest indicated dulness over the sternum, stretching from the middle of the first bone downwards to a line corresponding to the cartilages of both fourth ribs; a coarse bruit de soufflet was heard over the track of the ascending aorta, becoming faint towards the apex of the heart, most intense about the junction of the first and second bones of the sternum. An anodyne draught of hyoscyamus and

solution of morphia at bedtime each night, and infusion of digitalis, were ordered.

On the 13th of April Carte's compressors, one for the groin, the other for the lower part of Scarpa's region of the thigh, were applied, and the patient was instructed how to manage the instruments. On the second day after their application the impulse in the tumour was less marked; on the fifth the diminution in the force was more decided; on the twelfth the pulsations in the ham were very much lessened, in fact, not more than distinctly perceptible; at the same time the tumour was quite hard, and of its original magnitude.

An œdematous condition of the foot and leg, which had existed for some time before admission, now became extremely troublesome; at first, relief was experienced from the application of a bandage, but in a little time he fancied it added to his sufferings, and requested it to be removed; afterwards a warm lotion of spirit and camphor mixture gave him some little comfort, but it also had to be abandoned. A pulsating tumour was now noticed at the upper extremity of the sternum, projecting between the origin of the sternomastoid muscles.

On the fifteenth day the impulse was scarcely perceptible in the popliteal region, and he stated all pulsation had ceased for about half-an-hour on the day before.

On the seventeenth day the circulation could no longer be detected.

On the twenty-first day of treatment several bullæ, which had formed upon the instep, different parts of the leg, and popliteal region, burst, and a large quantity of serum tinged with blood passed from the limb; more or less continued to ooze from various points for the next six days.

On the evening of the twenty-seventh day the case terminated fatally, with extreme rapidity, in the following manner:—During the evening he had been restless and fretful; after remaining perfectly quiet for a short time he screamed for the nurse, who ran to his assistance and found his bed deluged in blood; the house surgeon was instantly called, and although not more than two minutes could have elapsed from the first call of the patient until he was by his side, the man gave merely a few long-drawn inspirations, and ceased to live.

When the body was being removed to the dead-house, a large clot (which was shown to the Society) was observed hanging loosely from a jagged, irregular cavity in the ham; it was seven ounces in weight, and of firm consistence; the lower part of the popliteal artery could not be traced in it, but at its upper or proximal end a portion of the vessel, about an inch and a half long, was found; this piece of tube terminated in a cæcal extremity below; its upper margin was sharp and well defined, as if cut with a knife.

Unfortunately, the friends of the deceased would not permit the slightest examination of the body. It was

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p451.]

evident, however, from the atheromatous condition of the artery, that death had been caused by rupture of the diseased coats above the site of the aneurismal tumour, and that the extravasated blood had dissected the hardened mass which constituted the clot.

Dr. Murney had no doubt that a post-mortem examination would have shown an aneurism involving the arch of the aorta, and also an extensive amount of disease of the arterial coats in different parts of the body. From the first he looked upon the case as unfavourable; from the magnitude of the tumour after an existence of eight weeks; from the occurrence of the disease at the early age of the patient, viz., 25; and from the presence of disease in the trunk as well as in the extremity.

An interesting discussion followed the reading of Dr. Murney's instructive paper, the mode of rupture of the aneurysmal tumour, and its connection with the more general disease of the circulatory system being the chief subjects of remarks.

The President, on the part of the Council, presented a verbal Report of their views on Mr. Headlam's and Lord Elcho's Bills for Medical Reform at present before Parliament, and it was Resolved, that petitions in favour of the former Bill should be prepared for the signature of Members of the Society, and others, previous to the Annual Dinner.

The Secretary was instructed to draw up a letter of condolence to be signed by the President, and forwarded in the name of the Society, to the widow of the late Dr. Horatio Stewart.

Samuel Browne, President

#### July 6th, 1857

Present, Mr. Browne, President in the Chair—Dr. Heeney, Mr. Lamont, Mr. McCleery, Wheeler, Dr. Murney, Dr. Patterson, Dr. Stewart, Dr. Dill, Mr. Dixon, Dr. Young, Dr. Drennan.

Minutes read and signed.

The President reported that he had forwarded the Petition of the Society in favour of Mr. Headlam's Bill to Mr. Davidson and Lord Clarendon, and that Mr. Davidson had apprised him of the presentation of that to the House of Commons on the 15th June.

It was moved by Dr. Stewart, seconded by Mr. Lamont, and Resolved that the proceedings of the Society be reported through the Secretary for publication in the Dublin Quarterly Journal of Medicine.

The Secretary reported that, in compliance with the request of Dr. Quinan, he had forwarded a list of the members of the Society for publication in the Annual Report of the Irish Medical Association.

Mr. Archibold Dunlop, Union Hospital, Belfast, and Mr. Henry Johnson, Belfast, were balloted for and un-animously elected Members of the Society.

The President read the report of a case of Melanosis Oculi, in which he had removed the eye, and Dr. Wheeler related a case of diseased knee-joint in which amputation was resorted to. The diseased parts were exhibited and interesting discussions elicited. The Papers will be published in the Dublin Quarterly Journal of Medical Science.<sup>1</sup>

Mr. Browne's paper:<sup>2</sup> Before proceeding to detail the case of melanosis oculi which I am this evening to lay before the Society, I beg leave to make some observations upon the nature of the disease under consideration. There cannot be a question but that melanosis is closely allied, in some respects, to tubercular and cancerous deposits, or growths if you will, bearing some resemblance to both; like tubercle, it has not any trace of organization within itself which the cancerous growths have, but, like all of these, the deposit of which it consists, once commenced, goes on to invade and destroy the organization with which it is in contact, finally leaving a mere inorganic or foreign mass in the place of the vital structures which it had caused to disappear. Like these diseases, also, it is not a merely local morbid action, but depends upon a vitiated state of the system, the nature of which and the cause we do not comprehend. There is no appreciable sign by which the advent of such a development can be prognosticated, nor do we know what is really the first step in this fatal deterioration of the frame; hence in these so-called malignant affections we cannot adopt any means to prevent their origin and consequent progress. It must also be admitted by every one, that in all of these diseases, whether the system be or be not in the first instance affected, it very soon participates in the morbid action, and then the disease, no matter under what aspect or name, is no longer a local malady and removable. From this observation it will be seen that I consider these affections, or some of them, removable. I certainly do,—my own belief being that in all cancerous and analogous growths, regarded as malignant, the system has, in some way, imbibed the cause of diseased action, and has deposited in one or several localities the product; where it becomes the radicle of local morbid growth, where it increases, from day to day, superseding the normal structures, and from whence, after a time, germs of the same deposit are taken into the system,—so largely impregnating it, that no sooner is the local affection, the morbid depository, as it were, cut off, than the system takes steps once more to throw off the incompatible element, and forms a new deposit, from whence new germs spring, enter the system, and finally, so largely charge it with the morbid matter, that almost every organ becomes the recipient of this destructive product, and hence the disease is necessarily irremediable and fatal. I believe, also, that in the very early stage of many of these growths, before the

<sup>1</sup> [Dr. Wheeler's paper was not found.]

<sup>2</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p453.]

taint has been re-absorbed into the circulation, that the disease can be removed; that hence we have many cases of complete recovery after the excision of undoubted cancerous and analogous deposits. Now I consider that melanosis peculiarly illustrates the two positions I have assumed. It is an inorganic matter imbibed into the system, in some peculiar way, is deposited in some locality, very frequently in the eye, grows there, and not only destroys the sound structures among which it has been thrown, but, after a time, affords those germs which largely enter the system, the circulation, and, being incompatible elements, must be got rid of: hence they are deposited in several of the organs of the body—the eye, skin, and liver, being those in which, from some cause not to be defined, the deposit most usually takes place. Very early removal of the eye, when the disease has been developed there, has frequently preserved the constitution from contamination, and consequently has saved life; while late extirpation of the organ has nearly always been followed by an outbreak of the disease in several localities. Hence I feel satisfied that, whenever we are certain that melanosis has attacked the eye, for instance, the diseased part should be immediately removed; and I think the same remark may be properly applied to the cancerous and medullary forms of disease also, especially when the eye is the affected part. Melanosis, however, affords, I consider, the best hopes, because the disease is at first confined to the choroid coat, and does not affect the surrounding parts until the growth has made its exit by the ulcerative destruction of the cornea or sclerotic. It is true, it is occasionally seen to commence in the conjunctiva: that species of melanosis I am led to regard as not of the so-called malignant character. Now, true cancer or carcinoma always attacks the conjunctiva first, and very soon implicates the adjoining tissues both of the eye and orbit, and hence can scarcely be all removed by the knife. Medullary cancer—fungus hematodes of the eye—is usually found to begin in the retina, at the terminal portion of the optic nerve. Thence the disease spreads out into the globe, and probably, at same time, it extends back towards the brain in the structure of the optic nerve, rendering any operative proceeding more than doubtful as to its results. I have had some personal experience of each of these affections, and the sentiments I have just expressed are founded upon that experience. With regard to melanosis oculi I can refer to three cases: the first was in a servant who lived with a gentleman in Belfast some twelve years ago, and was under the care of the late Dr. Saunders; that gentleman advised early extirpation of the eye, in which view I fully concurred; but, unfortunately, the patient would not consent until the disease had greatly advanced. When the ulcerative process had gone on to destroy the cornea, a large black fungus protruded, and soon after, from the irritation, the patient's health began to fail. Then, and not till then, when her chances of recovery

were very greatly lessened, would she be persuaded to part with an organ that had long been quite useless. At length the operation of extirpation of the eyeball and contents of orbit was performed by Dr. Saunders; all went on well for about a week, when erysipelas attacked the face, and the patient sank under the attack. Dissection showed that the disease had become developed in the liver and the kidneys the result, according to my theory, of the delay of the operation, until the system had been deeply tainted by the entry into the circulation of the deleterious element.

The next case was one of my own: the patient was a man aged 57, who came to me from the country for advice in the year 1851. At that time he had lost the sight of his right eye for more than two years. When he applied he had an enlargement of the globe, with the cornea pushed forward, and the iris and lens lying close behind it; while the entire anterior portion of the sclerotic presented a dark bistre hue, and was nodulated; the diagnosis was very easily made, and I advised immediate extirpation. This the poor man would not consent to, especially as he was not suffering much pain. He returned home, and I did not see him for some nine or ten months, when he again presented himself: the disease in the meantime had greatly increased, the cornea had given way, and the front part of the globe presented a large dark fungous-like growth, but which was not vascular; the globe was also enlarged, and the patient had constant severe pain in the eye, along with excruciating headach. His general health had also considerably declined; he was then willing to submit to any steps that would likely relieve the pain he always had to endure.

I then pointed out to him the folly of having delayed compliance with my former advice, and the great uncertainty, in the then existing state of the disease, of a successful issue. However, he became most anxious to be relieved from the torture he had to endure, and entreated me to operate. I accordingly extirpated the eye and its appendages, being obliged to clear out the entire orbit, as I found traces of the melanotic deposit as I proceeded. The day after the operation he felt pretty well, and for about a week continued to improve, the headach having completely subsided; but on the eighth day signs of erysipelas manifested themselves, and soon spread over the entire head and face, the periorbital periosteum being also attacked. On the twelfth day he became comatose, and sank during that night. I was not allowed any post-mortem examination.

I now come to relate a more satisfactory case, at least as to its immediate results. Early in the month of October last I was consulted by Miss B., aged 19, a native of England, regarding disease of the left eye, with loss of vision. She complained of deep-seated pain in the eye and brow of same side, with severe headach, especially over the parieto-occipital region. On examining the eye I observed the conjunctiva consider-

ably congested, and large tortuous vessels, filled with dark-coloured blood, scattered through it. The sclerotic also presented a deep bluish tint, especially over the attachment of the ciliary body. The cornea was quite clear, the pupil slightly dilated, and acting rather slowly under the stimulus of light. When I had dilated the pupil by means of atropia, I observed that the front part of the lens was clear, but that either in its structure, or immediately behind it, there was a discoloration resembling that which is presented by the buff upon recently coagulated blood. On inquiring the history of the complaint, I found that my patient had first noticed some dimness of vision about the month of May, 1855; this being the only symptom present; in the June of 1856 she consulted Mr. Middlemore, of Birmingham, a distinguished ophthalmic surgeon, who at once told the patient that the eye was lost for the purposes of vision, and stated to her father that he feared it might be serious: from this I am led to infer that he suspected some development of medullary disease, or of melanosis. Upon summing up all the evidence I had before me, and duly estimating the features the case then presented, I arrived at a like conclusion. However, as there still existed a doubt, I felt disposed only to palliate symptoms by the use of sedatives externally and also internally; I also prescribed alteratives for my patient.

During the last winter and spring I occasionally saw the young lady, the disease seemingly making little progress. From February till June I did not see her. On the 19th of that month she came to me, stating that lately she had suffered more severely from headach than ever, and could not obtain any rest. On then examining the eye I observed a very marked change in its aspect: the globe had become enlarged, especially in its antero-posterior diameter, being much elongated; the iris, with the pupil greatly dilated, and the lens being thrust against the back surface of the cornea; the sclerotic over the ciliary body was very dark-coloured and nodulated from the unequal thinning which had taken place, and the entire globe presenting a very serious-looking condition. I had then little doubt that the case was one of melanotic deposit within the eye, and that the sooner the organ was removed the better. I determined, however, to proceed cautiously, and explained to her father the nature of the disease I suspected, and that while a simple operation, removal of the cornea and lens, might suffice, it was more probable I should, for the patient's safety, have to take away the entire eye. The matter having then been fully laid before the young lady herself—a girl possessing uncommon resolution and strength—she at once determined to submit to any means for her relief from pain, and as she felt convinced that the vision of the eye was long since extinguished beyond any hope of restoration, she did not care much what was to be done. Having prepared my patient by the exhibition of some aperient

medicine, and light diet, for three days, on Monday, the 22nd of June, I proceeded to operate, being kindly assisted by Dr. Halliday and Mr. M'Fall, the House Surgeon, General Hospital, in the manner I shall now describe. The patient was extended on a sofa before a good light, her head being well raised upon cushions; I then put her profoundly under the influence of chloroform. The first step in the operation was to make a section of the cornea, and to extract the lens; this having been done, we examined the interior of the eye by raising up the corneal flap, when it became evident that a dark abnormal mass occupied apparently the space behind that from which the lens had been removed. I then passed a curved needle with a strong ligature through the front part of the sclerotic, from without inwards, immediately behind the part which was enlarged and nodulated; I next excised this portion completely, which removed the iris and entire ciliary body, along with some of the sound sclerotic. Immediately there was an escape of a dirty thick fluid instead of the vitreous humour, leaving the globe empty and collapsed. Having carefully examined the part I had excised, I felt satisfied the case was one of true melanosis, and that the entire globe must be extirpated. This I did by dividing the conjunctiva with a sharp knife where it is reflected from the lid unto the eye, and then with a curved scissors dividing the muscles, vessels, and nerves, anterior to the suspensory ligament of the eye,—the fascia, which immediately surrounds the globe,—keeping close to the sclerotic in my progress. There was not much hemorrhage, except from the central artery of the retina, which bled freely after the front part of the eye had been excised and when it was emptied; but this soon ceased after the division of the optic nerve, and when I used some infusion of matico and cold water. Now it will be apparent that this operation of removing the globe of the eye and that of completely emptying the orbit are very different operations, as regards severity and the shock to the system. It will also be understood that it is only in a disease like melanosis, confined to the inner tissues of the eye, that it is applicable, or when cancer has just begun to be developed in the front part of the organ near the sclerotic. The patient has made an excellent recovery, has been quite free from pain ever since the operation, and has good rest, and feels happy in being clear of the torment she had suffered for some time.

On examining the eye after removal, we found, in addition to the large quantity of dark thick fluid, a considerable deposit of melanotic matter, especially in the ciliary body, towards its outer side; this was of a very dark hue, while a portion attached by a small pedicle to the choroid at its termination in the ciliary body, and of a bistre colour, had lain behind the lens, and it was this seemingly which had displaced the latter body. The choroid was thickened throughout, and darker than natural, having several small points of

melænic deposit in its structure. The retina had disappeared, and, as I have mentioned, the vitreous body was disorganized, its place being occupied by a melænic fluid. The ciliary body was completely charged with the diseased structure, and the sclerotic anteriorly was thinned, and of a dirty hue. The optic nerve, when cut through, was quite sound. This concludes my observations; and I will merely add, that I have every hope my patient will remain free from the disease.

The President also exhibited the tibia and fibula of a woman in whom fracture had extended to the knee-joint; and abscess formed up the back of the thigh necessitating amputation.

Paper:<sup>1</sup> The President then called the attention of the Society to two specimens of Fractured Bones on the table, and gave the history of the cases. He said:—The first specimen is the left tibia and fibula of C. O'N., a woman aged 40, who was admitted into hospital on the 26th of May last, having just sustained a compound fracture of both bones of the left leg, by falling from some height upon loose bricks. When admitted, the tibia protruded through a large ragged opening in the soft parts, to the extent of three inches; there was considerable hemorrhage, with great bruising of the structures along the leg; the fracture of the tibia was at its junction of the lower and middle thirds; the fibula was fractured about an inch higher up.

When I first saw the patient, the morning after the accident, the limb had been put up in the many-tailed bandage, and on Liston's inclined splint. I did not then disturb the appliances; but the day after, I examined the limb, and found it greatly swollen and discoloured, the temperature, however, being quite natural; the general aspect of the parts caused me to fear that the attempt to save the limb would not be successful. Very soon, enormous suppuration took place, and several openings had to be made to give exit to the matter. At the end of a week, after a consultation, amputation was proposed to the patient; this she would not hear of; and as she was a very robust, powerful woman, the proposition was not then further pressed; and it was not till the 20th of June, when the system had considerably succumbed, that she would consent to the operation.

On that day, after the patient had been brought under the full influence of chloroform, I removed the limb at the knee-joint, by making a semicircular incision across the centre of the patella, from either condyle; then, by dissecting the flap upwards, and cutting through the extensor tendons, close to the patella, the joint was laid open; the knife was then passed in behind the head of the tibia, and a good flap cut out of the calf. The operation was finished by sawing through the femur, immediately above the condyles; one vessel only, the popliteal artery, required ligature. These pro-

ceedings produced a capital stump, and the patient bore the operation very well, very little blood having been lost in the operation. The part was carefully put up with wetted straps of lint. On opening the stump on the 23rd of June, it was found that union had taken place at several points, but that the edge of the outer part of the posterior flap showed a tendency to slough; the stump was then dressed with a stimulating dressing, and warm poultices were applied three times a day; tonics and stimulants, with opium, being administered freely to the patient. During all this time the patient had improved in condition; and the slough, to the extent of two inches in depth from the outer part of the posterior flap, was thrown off; and now, the 6th of July, there is every appearance of the stump healing up rapidly.

N.B.—At a subsequent meeting of the Society the President, referring to this case, stated that the patient had done well till the 15th of July, when she became feverish and restless, with great irritability of stomach, and pain at the epigastrium; and although every likely means of relieving her were used, she sank on the 24th of July. The body was examined twenty-four hours after death, when it was found that the liver was much enlarged and softened; the mucous membrane of the stomach, especially at the pyloric end, much congested, and having many points softened and disorganized; and that there were some adhesions among the small intestines, the result of subacute peritonitis.

He also narrated a case in which Syme's operation had been practised after injury of foot from crush by steam carriage, and symptoms of pyæmia had supervened, but had disappeared under the use of mercury.

Paper:<sup>1</sup> J. S., aged 32, a railway official, while shunting a luggage-van, lost his balance, and one of the wheels passed over the right ankle-joint. When he was brought to hospital, immediately after the receipt of the injury, on the 27th of May, he was suffering great pain, and the system was much depressed from the shock. On examining the injured part, a small lacerated wound, about one inch in length, was observed on the outer side of the os calcis, and over its anterior portion; there was already great effusion around the joint, imparting a soft, puffy feel, and motion of the part imparted the sensation as if the calcis and astragalus were comminuted; I may remark also that there was smart hemorrhage.

I was quite aware that railway injuries, like cannon-shot wounds, may completely smash the bones, and destroy the muscular tissue, without making any great wound of the integument; hence I felt satisfied that, in the then present instance, the structure of the ankle-joint was injured beyond the hope of cure, although the wound of the soft parts was so inconsider-

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p458.]

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p459.]

able; consequently, I at once expressed my conviction to the patient that his only safe course was to submit to have the part removed at the joint, intending to perform Syme's operation; but he would not submit, and no reasoning could convince him of the risk he ran by persisting in his opposition. After some days, profuse suppuration ensued, the result of the very active inflammation that had taken place; still, a fortnight of great suffering was endured before the patient would submit to his now only chance for life—amputation of the limb.

On the 10th of June, the patient being under chloroform, I removed the injured part by amputating at the middle of the tibia. The wound was put up after three or four hours; there had been very inconsiderable loss of blood; and on the third day the dressings were removed.

On examination I found that union had taken place at two or three points, but that the general aspect of the stump was not satisfactory; the patient was also suffering from thirst, great heat of skin, and nervous irritation. I prescribed diaphoretics and full doses of opium; on the morning of the 14th of June the patient had several severe rigors, with an increase of all the febrile symptoms. I then directed for him wine and brandy, beef-tea, &c., and quina along with the opium every four hours. On the 15th the rigors came on three times, and the patient seemed decidedly worse; I then resolved to give him mercury, so as to rapidly affect the system, and on the 17th the system became decidedly affected by that medicine. On the 18th the mouth was pretty sore, and the rigors had not returned during the preceding twenty-four hours.

For several days the effects of the mercury continued, the rigors did not return, and the general aspect of the patient was somewhat improved; the stump, in the meantime, had been suppurating pretty freely. On the 24th I found that a chill, not amounting to a rigor, had taken place during the preceding night, and a rather smart shiver that forenoon. I then directed the mercury to be resumed, at the same time continuing the support of the system, and the use of the quina and opium. On the 27th the mouth was again sore, and the shiverings did not recur; the stump had then taken on the healing process, and looked pretty well, but the thigh was considerably swollen, without the slightest sensation of pain, however, in it, unless when strong pressure was applied along its inner side, and on the 6th of July the man was convalescing very well.

In concluding this part of the paper, I may remark that I was induced to exhibit the mercury by a belief that the rigors depended more upon a local phlebitis than on pyæmia; but whatever was the cause of these alarming symptoms, the mercury unquestionably produced a marked salutary effect.

Francis Heeney, Vice-President

### August 3rd, 1857

Present, Dr. Heeney V.P. in the Chair—Dr. Stewart, Dr. Patterson, Dr. Johnson, Dr. Dill, Mr. Lamont, Mr. McCleery, Drs. Corry and Dixon, Dr. Drennan, Dr. Halliday, Dr. Young, Dr. Murney.

The minutes of last Meeting read and signed.

An apology was read from the President for his compulsory absence.

Essays on State Medicine by W.H. Rumsey, Price 10/6, Budd on Diseases of the Stomach, Price 9/5, and Montgomery on the Signs of Pregnancy, last edition, Price 9/6 were ordered for the Library.

Dr. Corry related to the Society a case of Tetanus occurring in a man of intemperate habits, æt 35, in consequence of a wound in his foot received 10 days previously from a broken bottle. Trismus continued throughout, but there was a cessation of the tetanic spasms during the first night and greater part of the second day of Dr. Corry's attendance. They returned however with increased violence and he expired in one of five minutes duration about 48 hours after the development of the disorder. The treatment consisted chiefly, after free purgation, of the employment of mercurial inunction to salivation, and the internal administration of chloroform, with the use of counter irritants to the spine. Opiates and the inhalation of chloroform were also used, the latter with temporary relief.

Paper:<sup>1</sup> July 25th. At 11 A. M. I was called to see J. C., a man of intemperate habits, about thirty-five years old. On my arrival I found him labouring under symptoms of trismus, being unable to open his mouth to a greater extent than one-third of an inch; pulse 85; skin cool and moist; slight difficulty in deglutition. Upon inquiry I was informed that about ten days previously he had sustained a slight punctured wound in his foot from a broken bottle; the injury, however, was of so trifling a character that it attracted little or no attention, and on examination the wound appeared to be in a healthy state.

As his bowels were constipated, I ordered five grains of calomel, followed by a full draught of castor-oil and turpentine, twenty drops of chloroform to be also administered every hour, and a liniment, composed of cantharides, camphor, and turpentine, to be applied frequently. 3 P. M. Visited him in company with Dr. Sloane; symptoms much the same; bowels had acted freely; medicine to be continued. 7 P. M. Met Drs. Wheeler and Sloane in consultation. Symptoms continued unrelieved; increased difficulty in swallowing; considerable tenesmus; pulse 90; countenance anxious. A blister to be applied over the cervical and upper dorsal vertebræ, and afterwards dressed with mercurial ointment and extract of belladonna; three drachms of mercurial ointment to be rubbed in every four hours,

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p461.]

and a draught administered, containing forty drops of tincture of opium.

July 26th, 10 A. M. Visited the patient, in company with Drs. Wheeler and Sloane. Trismus still continued; tenesmus relieved; pulse 95. Slept well during night; has had no tetanic spasm; deglutition still more difficult. Mercurial ointment to be continued, and another draught administered, with beef-tea, and small quantities of whiskey and water. 3 P. M. Pulse 120; very restless; mouth slightly affected by mercury; has taken little or no nourishment. Treatment to be continued. 9 P. M. No improvement; has had several slight spasms in abdominal muscles. Ordered an enema, with one drachm of tincture of opium.

27th, 9½ A. M. Pulse 130, very small; countenance extremely anxious; voice nearly inarticulate. At 6 A. M. had a severe tetanic spasm, which lasted several minutes, since which he has been able to swallow a small quantity of lemonade through a sponge. 10 A. M. Was seized with another spasm, during which the muscles of the neck, back, and lower extremities, were violently contracted, producing opisthotonos, and the pulse ceased at the wrist, probably from muscular pressure on the arterial trunks. The inhalation of chloroform appeared to afford relief, and the attack subsided in about six minutes. He then fell into a quiet sleep, which lasted till 12 noon, when he was seized with another spasm, which terminated fatally in about five minutes.

A short discussion followed the reading of Dr. Corry's interesting Paper.

Samuel Browne

### September 7th, 1857

Present, Mr. Browne, President, in the Chair—Dr. Patterson, Dr. Murney, Mr. Lamont, Drs. Wheeler, Drennan, Halliday, Dill, Stewart, Heeney.

Minutes read and signed.

The 27th Annual Report of the Belfast District Asylum for the Insane was presented by Dr. Stewart.

Dr. William Aickin was balloted for and unanimously elected a Member of the Society.

The President read Reports of three cases of Gun-shot Wound, and one of Tumour of Neck. Two of the former occurred in boys shot each by the same discharge through the left leg. In one both bones were much shattered at the junction of their middle and inferior third, and it being likewise surmised that the fracture extended to the ankle joint, primary amputation was performed. In the other the wound was higher up; a portion of the bone was driven backwards by the bullet, but the boy is recovering with trifling exfoliation. The third case was of a girl shot through right eye by, as is conjectured, a slug which remains imbedded in the spongy bones. Vomiting of a pint and a half of extravasated blood was consequent on the accident.

Paper:<sup>1</sup> The late July riots have furnished some cases of gun-shot wounds, which I feel it my duty to bring under the notice of this Society, more from the happily rare occurrence of these injuries than from any peculiar features exhibited by the cases in question. The first to which I shall call your notice is that of Adam Ward, aged 13. On the afternoon of Saturday, the 18th of July, I was sent for to see two cases of gun-shot wounds which had just been admitted into hospital. On arriving there, and on examination, I found two lads, each of whom had been shot in the left leg; one of them the boy I have just named; the other will form the subject of our next notice. Ward lay on the bed, pallid and cold from the shock which usually attends gun-shot wounds, and also from the loss of blood; the wound had been plugged and dressed before his arrival in hospital, yet still considerable hemorrhage continued. Upon removing the dressing I found in the front of the left tibia, at the middle and lower thirds junction, a large wound made by a bullet of considerable size, likely of similar dimensions to the one which I now exhibit, and which was found in the leg of the other sufferer. The tibia was completely shattered, the fibula broken, and there was considerable swelling and ecchymosis about the ankle-joint. In tracing the course of the ball I found that it had passed through the bone, and then downwards, making its exit by a flap-like opening in the pulp and integument of the heel to its inner side. On consultation it was deemed right to amputate the limb, in consequence of the great amount of smashing of the tibia, and from the probability that the fracture extended into the ankle-joint, and that the posterior tibial artery was likely wounded, as shown by the active hemorrhage, and from the course of the shot. The bone, as here exhibited, will show the amount of injury, and that there would not have been any possibility of saving the limb with so much injury of the soft parts, and a torn tibial artery. The limb was accordingly amputated six inches below the knee-joint, and the stump afterwards healed rapidly, so as to admit of the patient being discharged cured on the 12th of August.

This case illustrates the advantage of primary over secondary amputations, when contrasted with two cases which occurred about the same time: one of crushing of the ankle-joint by a railway accident, and where the patient would not submit to the operation urged upon him until his danger became imminent, and where the operation was not performed till twelve days after the injury. This man has had many backsets, ending in extensive suppuration of the thigh, and will yet have a struggle for recovery<sup>2</sup>. The other case is that of a powerful man, suffering under compound fracture of both bones of the leg, and where the attempt was made for three weeks to save the limb; amputation then

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p462.]

<sup>2</sup> This refers to the case of J. S., read at the meeting of the Society on the 6th of July. [See page 187.]

became the only chance for saving life, in consequence of the drain and the irritation that had been set up. The operation was performed, but the system did not rally; symptoms of pyœmia set in, and the patient sank in four weeks after the limb had been removed.

This brings me to the second case. Pat Murphy, aged sixteen years, was walking in company with Ward, when he suddenly felt “the legs knocked from under him,” and on looking up saw Ward hopping on one leg with the blood streaming from the heel of the other; singular enough, Ward, though more severely injured, did not fall when struck. Both of these lads seem to have been hit at the same instant, and I am led to believe by the same discharge, the musket having been loaded with two balls, and both distinctly stated that they heard only one report. On examining Murphy I found a large bullet wound in front of the left tibia, an inch higher than the wound in his comrade; on introducing the finger it passed through the front of the tibia, and discovered that the back part of the bone was pushed out against the muscles of the calf; a steel director also struck against a substance which was either a leaden body, or a piece of bone bared of its periosteum; and I may here say that it is not very easy to determine between the sensation which these substances impart. On making firm pressure at the back part of the leg a projection could be felt, which was either the ball, or the bone pushed before it. The latter was my own view, and I determined to enlarge the opening in the front of the tibia, and thus endeavour to extract the shot without making any wound through the soft parts of the calf. This I effected by dilating the wound of the integument over the front of the tibia, and then with a cutting bone forceps enlarging the lesion of the bone. After a little trouble the bullet was found lying against the posterior wall of the tibia, which it had pushed before it. The finger detected afterwards one or two spiculæ of bone, which were also removed; the wound was then plugged carefully, and the limb put upon Liston’s leg splint, the part wounded being covered with a soft, warm poultice. The case has progressed very favourably; free suppuration soon set in, and shortly granulations sprang from the bottom of the wound. A few days back Dr. Murney, under whose care the case has been since the 3rd of August, removed some small portions of exfoliated bone, and the part bids fair to heal up very soon. If you will examine the ball, you will perceive that it was projected with great force, and the wonder is that it did not pass through the limb. Five years ago I had two cases of gun-shot wounds of the tibia under my care in the General Hospital, both of which were a long time in healing, probably from the fact that in both the shot passed through the bone not very far below the tubercle of the tibia. With regard to the distance at which the two boys were from the person who fired the shots, I imagine they were some two hundred yards, and that the projectiles were falling when they struck the limbs.

While we were attending to the two cases just related, a girl named Maria Tynen, aged 17, was carried into hospital, said to be shot through the head; and, certainly, her appearance indicated the receipt of a very serious injury. She was deadly pale and cold, and nearly pulseless, and throwing herself about in that restless, distressed manner that great exhaustion from loss of blood usually produces. Soon after her reception into my ward she vomited a large quantity of coagulated blood. On examining her carefully, after the exhibition of opium and stimuli had somewhat quieted her, we found that the right eye had been shot through, and that the cornea was hanging outside the eyelids, which were greatly swollen; no trace of the foreign body could be found in any direction; but as the bleeding evidently proceeded from the posterior nares, we surmised that she had probably been shot by a slug, and that it was likely lodged in some part of the spongy bone, and hence the bleeding into the pharynx. I may say that although the injury at first seemed so very serious, we soon had occasion to change our opinion, and she recovered completely, having been discharged on the 20th of August with loss of eye, but never having had a serious symptom after the first twelve hours following the wound. The foreign body was never discovered, though it will likely enough make its appearance some day. I am here reminded of a case of gun-shot wound of the neck, which occurred in the July riots of 1852, and which was under my care in the hospital. The sufferer was, as in the instance just related, a young girl: she received a bullet in the neck, which struck her two inches below the right ear; the ball then passed through the sternomastoid muscle backwards, and sloping a little downwards, making its exit at the median line. In this course it struck the transverse pieces of a cervical vertebra, which was injured, showing what a narrow escape the girl had from instant death. She recovered perfectly in less than three weeks.

The tumour of neck had existed two years, increasing rapidly during the last. It was of a fibrous nature, weighing when excised more than a pound, and the operation presented great difficulties from its bulk and extent, the closeness of its attachment to the acromial end of clavicle and vertebral processes, and the hæmorrhage consequent on its necessarily piecemeal removal. Chloroform was administered, but its advantages were somewhat questionable.

Paper:<sup>1</sup> Mrs. A. G., aged 34, a native of the county of Down, was admitted into the General Hospital, under my care, on the 22nd of July last, for treatment of a large tumour, seated on the back part and right side of the neck. The cast exhibited shows the size which the growth presented before removal. The patient stated that about two years since, when she was in America,

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p464.]

she first observed a small tumour, about the size of a hazel-nut; this occupied a point opposite the centre of the present growth. For more than a year the progress of the tumour was very slow, but within the last five or six months it had increased very rapidly in size. On examining its attachments, as far as practicable, it was believed to be adherent to the subjacent parts, and to pass deeply in among the muscles of the neck, particularly between the trapezius and sternomastoid of the right side, while it extended in length from opposite the second cervical vertebra to the right acromion, and in breadth from near the median line of the neck to a point beneath the centre of the sternomastoid muscle; still there was considerable mobility in the growth, leading me to believe that after the fascia was divided the tumour could be easily turned out.

On consulting with my colleagues, it was determined to remove the tumour by the knife; consequently, on the 25th of July, the patient being brought under the influence of chloroform, I proceeded to operate by making a longitudinal incision through the integument covering the central line of the growth; this incision was ten inches in length, extending from above the spinous process of the second cervical vertebra to the point of the coracoid process. I then rapidly dissected back the posterior portion of the integument; in this dissection several superficial but very large vessels were cut through, from which the blood gushed out, showing how freely the growth was supplied. After the posterior covering had been completely removed, I endeavoured to turn the tumour over from behind forwards, but from the depth to which it was found to extend, this could not be done without cutting away a part of the tumour, so as to exhibit its deep connexions; I therefore excised a large portion of it, and then succeeded in raising it partially from behind; I next turned off the integument covering the front part of the tumour, and then found that the growth passed beneath the sternomastoid, so as to encroach upon the carotid, also downwards under the clavicle, close to the subclavian, while it was likewise found to be adherent to the acromion and the acromial end of the clavicle; however, by a steady and persevering dissection I succeeded in removing the entire diseased structure, tying the several vessels which were of necessity divided in my progress. During the operation my patient became very weak and faint from the great loss of blood; besides, she was one of those large, fat women, with a feeble circulation, who bear the loss of blood so badly; this caused considerable delay, and gave us much anxiety. However, the exhibition of brandy and ammonia, and an occasional rest, during which time the wound was filled with dried sponges, brought the patient safely through, after a prolonged operation of some thirty minutes. The difficulties and danger of the operation can be easily estimated when it is stated that the tumour was firmly attached over the spinous process of the second cervical

vertebra, and to the transverse processes of the fourth and fifth; to the acromion and acromial end of the clavicle; a portion of the trapezius muscle was imbedded in its structure, while it was attached, though not firmly, to the splenius capitis and the sternomastoid, and rested on the scaleni muscles. The transversalis coli and suprascapular arteries, with minor branches, were divided, and the external jugular vein was with difficulty kept out of the way of injury. As I have already stated, the hemorrhage was very free, producing considerable collapse, from which the patient, however, recovered in a few hours. On the second day after the operation the wound of the integument was found to be united, except at one point; on the third and fourth a very large discharge of sero-purulent matter took place through the ununited part, but the judicious application of compresses, and a firm bandage, produced complete union of the entire wound before the twelfth day after the operation, on which day she returned home quite well.

I cannot close this paper without thanking my colleagues for their able assistance and counsel under the trying circumstances of the operation. I should have stated that we were obliged to suspend the exhibition of chloroform from the state of weakness into which the patient sank; and I feel very happy that no untoward result ensued in the case, as some persons would likely have placed the accident to the account of the chloroform which had been exhibited.

My own impression, nay, conviction, is, that the chloroform had nothing to do with the faintness of my patient, but that it arose entirely from the unavoidable loss of blood. And I may also state my belief that, had not chloroform been administered, a larger loss would have occurred in the early stage of the operation, as I am satisfied that the circulation is diminished when a person is profoundly under the influence of the vapour of chloroform.

Dr. Murney read the report of a case of fatal injury to the spine consequent on a fall on the back from a height of 22 feet. After the accident, the patient, a young man aged 22 walked to an adjoining house, lay down and slept for a short time. Numbness affected the feet within an hour, rapidly extended upwards, and had reached the arms before his admission to Hospital. The pulse when Dr. Murney saw him at 1am of the following day was 96. Respiration 21 and abdominal. There was priapism and retention of urine. No inequality of level in the vertebræ was to be detected, and hæmorrhage into the spinal theca was diagnosed. V.S. ad 3xij was practised. Mercury administered both by the mouth, the skin, and per anum; and the catheter passed night and morning—the urine not being alkaline, but reported on one occasion to be much colder than natural. The pulse never rose above 100, and sank to 60 becoming also weak before death,

which occurred on the 5th day after the accident. A Post Mortem examination which was instituted a few hours after death disclosed fracture of the lamina of the 5th, 6th and 7th cervical vertebræ, the bones being fissured without depression. Clots of blood were observable on the surface of the medulla at the cauda equina, and about its central portion. The medulla itself was soft and pulpy, presenting the appearance of red ramollissement from the 4th cervical to the 2nd dorsal vertebræ. During the dissection blood was emitted "per saltum" from a divided artery—a phenomenon attributable to the retention by the arterial coats of their tonic contractility.

Paper:<sup>1</sup> Patrick M'Whinney, a labourer, aged 22, residing at Gardiner-street, Belfast, a strong, well-made man, of healthy appearance; admitted to hospital at 1 A.M., August 27th. He states that being in the country, about three miles from town, while on a scaffolding about twenty feet from the ground, he missed his footing and fell, alighting on his back on a bank of sand; was able to rise; and with the assistance of two men, who supported him, to walk to a house in the neighbourhood, where he was put to bed; this was about 1 o'clock. About 3 o'clock he began to feel pain in his neck, and a sense of numbness crept over him, beginning in his back, and extending to his lower limbs, of which he gradually lost power and sensation.

He was placed on a car about 5 P. M., and brought to his own house in town; and while on his way lost power and sensation of his upper limbs also; when brought to hospital he was utterly unable to move, and complained of severe pain about the region of the third dorsal vertebra, while being turned in bed.

No displacement could be detected, and he could move his head, but with great pain to himself. He also stated that his penis had been erect from about 4 P. M., without being aware of it; pulse 80; bowels and bladder had been emptied about an hour previous to accident; respiration 21, carried on by the abdominal muscles and diaphragm. He was ordered a grain and a half of calomel and a third of a grain of opium every hour, and to have a drachm of strong mercurial ointment rubbed into the axilla every second hour. 10 A. M. Pulse 80; respiration 20, diaphragmatic. Catheterism was used, and about a pint of urine drawn off. Bowels not acted on. Continue the mercury; an enema to be injected; it acted slightly. 12½ P. M. Pulse 83; respiration 20; skin hot and dry; bowels not acted on; no further changes. Evening. Pulse 96, full and bounding; respiration 20; skin hot and dry. Catheterism; no mercurial action. Omit opium, and continue calomel and inunction. Venesection to twelve ounces; felt easier, and dozed during the night.

28th, 10 A. M. Pulse 94, softer; respiration 20; no motion from the bowels; skin hot. Catheterism; can

move his shoulders, apparently by action of the trapezii muscles only; no mercurial action. To have an enema at 5 P. M. if the bowels do not act before. The blood which was drawn the night previous buffed and cupped; complained of bed being hard; action of trapezii more marked. Evening. Pulse 96, full; respiration 21; skin hot. Enema was returned, with large quantities of flatus; bowels not acted on; no mercurial effect. Catheter passed; urine slightly ammoniacal towards the end; mercurial ointment to be rubbed into groins also.

29th. Pulse 88; skin hot and dry; tongue dry and parched; bowels very free during the night; motions involuntary; no mercurial action; catheterism. A grain of calomel and a third of a grain of opium to be taken every half-hour. Also a grain of opium to be taken immediately, and repeated every alternate hour. 6 o'clock P. M. Catheter passed at his own request; can move his shoulders and head; bowels too free; involuntary motions. 9½ P. M. Pulse 84, soft; bowels moved; respiration 21. A suppository of ten grains of mercurial ointment to be introduced.

30th. Pulse 90; skin hot and dry; respiration 20; bowels same; catheterism. No change in treatment. Evening. Pulse 88, soft; skin hot and dry; respiration 21; bowels same; no mercurial action; catheterism; urine cold; is wandering.

31st. 10 A. M. Pulse 77, weak; respiration 15, carried on by the action of the clavicular muscles; bowels same; no action from mercury; catheterism; when about to introduce the instrument, the urine jetted in full stream for an instant. 11¾ A. M. Pulse imperceptible; respiration 15; died at 2 P. M.

The post-mortem examination was made two hours after death. There was not any rigor mortis. In making the incisions to lay open the spinal canal several arteries were cut across, which threw out dark blood per saltum, in a full stream, and continued to do so, but in a less degree during the progress of the examination. When the vertebral column was laid bare it was found that the lamina of the fifth, sixth, and seventh cervical, and first dorsal vertebræ, were fractured, but not displaced, so as to cause compression. On removing the lamina of the cervical and dorsal vertebræ several clots of blood were found lying on the membranes in the lumbar, dorsal, and cervical regions, the whole being much congested.

On opening the membranes clots were found upon the surface of the spinal column, while a clot an inch in length occupied the substance of the medulla, splitting and causing softening of its structure. The head was not examined, as there had not been any cerebral affection during life.

The President in the ensuing discussion detailed a case of spinal injury occurring in a Hospital patient, which presented strong analogy with the foregoing.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p466.]

Paper:<sup>1</sup> In the discussion which ensued the President referred to a case of injury somewhat analogous to that related by Dr. Murney, and which had been under his care in hospital two years since.<sup>2</sup> The patient, a strong man, aged 40, in passing through a gateway arch when seated upon a bread-cart, incautiously raised his head; in a moment he felt himself precipitated to the ground; he was slightly stunned, but almost immediately desired the persons who had come to his assistance to look after his horse, believing himself not to have sustained any serious injury.

On wishing to arise, however, he discovered that he had completely lost the power of moving either his legs or arms, but still had almost complete “feeling” in all his limbs. He was admitted into hospital on the following day, twenty hours after the accident; sensation remained only in a very limited degree; the fæces were passed unconsciously, but the urine was retained, and was regularly drawn off every twelve hours by a large catheter.

The breathing was entirely performed by the diaphragm, and he was teased with the constant desire to expectorate without the power of relieving his chest. He had pain in the region of the fourth cervical vertebra, especially upon pressure being made over that region, or on any attempt at moving the head. Gradually the remaining sensation was extinguished, and he lay dead, as to motion and sensation, from below the neck.

In this state he existed for four days and a half, when he died comatose, having been delirious for twelve hours previously. During the progress of the case the urine changed very much in its character, and latterly deposited phosphates very copiously. The most distressing part of his suffering arose from the inability to expectorate. Deglutition was all along perfect. The pulse never rose above 100 beats in the minute until twenty-four hours before death; and the breathing was quite quiet until within the same period of his decease, when the pulse rose to 130, 140, and 160; and the breathing was 48. It should be remarked that, as the sensation was gradually extinguished, the left side was that first paralyzed. As a post-mortem examination could not be obtained, the exact nature of the injury could only be surmised; but it is pretty certain that motion was at once lost by the lesion of the posterior columns of the spinal cord; that sensation was lost probably through effusion having taken place, the result of inflammation, or from slow extravasation within the spinal theca from small lacerated vessels.

Fuller reports of the proceedings’ interesting cases will appear in the Dublin Quarterly Journal of Medical Science.

Samuel Browne, President

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1857, v24, p468.]

<sup>2</sup> [See page 594.]

#### October 5th, 1857

Present, Dr. Heeney V.P.—Mr. Rea, Dr. Patterson, Dr. Stewart, Mr. Browne President in the Chair, Dr. Bryce, Dr. Drennan.

Minutes read and signed.

The Society resolved, on the suggestion of the President, that copies of its Transactions as reported in the Dublin Quarterly Journal of Medical Science should be procured for the Members.

Acton on Diseases of the Rectum, and the Transactions for 1856-7 of the Cork Medical Society were presented to the Library, and the thanks of the Society voted for the donations.

A correspondence was read between Mr. Greer and Mr. Davis in reference to the non-receipt by the Society of the second Decade of the “Crania Britannica” edited by the latter gentleman; and the Secretary was directed to make further inquiries on the subject and report to the next Meeting.

Fuller on Rheumatism and Gout 2nd Edition, Price 12/6 and Chambers “on Digestion and its disorders”, Price 10/6 were ordered for the Library.

Samuel Browne, President

#### November 2nd, 1857

Present, Mr. Browne R.N., President—Dr. Heeney, Dr. Stewart, Dr. Pirrie, Dr. Young, Mr. Lamont, Dr. Murney, Mr. Rea, Dr. Bryce, Dr. Patterson, Mr. Johnson, Dr. Drennan.

The Secretary was directed to desire Mr. Greer to obtain the missing copy of “Crania Britannica”.

The President read the report of a case of sub-conjunctival tumours of a peculiar kind occurring in a young lad age 17. They were four in number and of cartilaginous, semi-cartilaginous, and osseous consistence. One occupied the angle of reflection of the conjunctiva, everting and protruding the lower eyelid; a second was adherent to the sclerotic coat; a third to the margin of the cornea; whilst the fourth, a bony pediculated excrescence, grew from behind, and pressed upon, the lacrimal sac, causing epiphora. The three former, after incision of the conjunctiva, were dissected out, the removal of that attached to the sclerotic being followed by considerable hæmorrhage. The exostosis was nipped off by a fine-pointed bone-forceps, and the patency of the lacrimal passage thus restored. These tumours were supposed by Mr. Browne to be congenital, enlarging at puberty; and he had neither seen nor heard of others of a precisely similar description; though an instance of cartilaginous growth about the size of a split pea at the margin of the cornea had previously come under his observation.

Mr. Browne also related a case of Cancer Scroti, in which the Penis also presented points of indurated structure; and nodules of dense carbonaceous matter were contained in the cutaneous follicles.

He concluded by exhibiting an Ophthalmoscope, and illustrating its use and advantages.

Papers (combined).<sup>1</sup> Although in several systematic works on ophthalmic medicine and surgery in our language the subject of subconjunctival tumours is referred to, I cannot find mention of any like the one I am about to bring under the consideration of this Society, and which, from its peculiarity, I wish to put upon record in our Transactions.

On the 21st of September last, a young man, aged twenty-one years, and from the neighbourhood of Ballynahinch, applied to me at the Ophthalmic Institution. On examining the case I found the lower lid of the left eye considerably everted, and pushed forward by a tumour which showed itself beneath the conjunctiva, where it is reflected from the lid unto the sclerotic. On further examination I found that more than one tumour existed, the largest being about the size of a small kidney-bean, while on the margin of the cornea and sclerotic a small hard growth existed on either side. All of these growths, with the exception of those on the margin of the cornea, were quite movable. The patient complained of the uneasiness which he lately felt from any movement of his eye, and of the constant flow of the tears at that side over his cheek. This state of the parts had only existed for some eighteen months, as, previous to that time, the tumour or tumours, though present as long as the patient could remember, had not enlarged so much as to cause any uneasiness, or the constant epiphora then present. Having come to the resolution to remove the growths, I proceeded, with the assistance of Dr. William McCormac, to do so in the following manner:—I pinched up the conjunctival covering of the first tumour, and with a blunt-pointed scissors cleared it fully away; I then seized the tumour with a hook-forceps and carefully dissected it out, and thus removed the other growths, one of which I found was adherent to the rectus muscle. On introducing the point of my finger into the cavity I had made, I found a small exostosis, or rather bony tumour, attached by a narrow neck or pedicle to the margin of the orbit, immediately behind the lachrymal sac. Having cleared away the soft parts, carefully guarding the lachrymal apparatus from any injury, I introduced a very fine-pointed bone forceps on the end of my finger, and then succeeded in dividing the bony neck or attachment. In the removal of the deepest tumour,—the one attached to the internal rectus,—an artery of considerable size was cut, the hemorrhage from which at first was quite furious, as the blood sprang to the distance of several feet; the free application of cold water, however, soon caused the vessel to contract and cease bleeding. Upon examining the several tumours removed, I found them all of analogous structure: one was semi-cartilaginous, one quite cartilaginous, one having bony deposits in it;

while the seeming exostosis proved to be one of those tumours which had become attached to the margin of the orbit, and then became ossified, a condition to which all of these growths would likely have come in time. It is very probable that these tumours were congenital, as the young man stated that they were discovered when he was an infant of less than one year old. For several years they had not increased in size, but some time back, about the period of puberty, they began to enlarge very much; so much had they increased latterly, that for about a year they had greatly impeded the free movements of the eye, and, as I have already stated, had produced a very disagreeable stillitium, caused by the pressure upon the derivative part of the lachrymal apparatus. On the whole, the case is interesting, but principally from its rarity: I am not aware of a similar one having been placed upon record, and I have not seen anything of a like character, out of some twenty thousand cases of eye disease. About a year and a half since I saw in a young gentleman a cartilaginous growth (congenital) upon the sclerotic, at the margin of the cornea; this was as large as a split marrowfat pea, and had the conjunctiva freely moving over its polished surface. As it had latterly increased in size, and was causing the patient some uneasiness, I removed it by slicing it away with a very sharp knife. These hard deposits, I may remark, are not unfrequently seen upon the margin of the cornea, and many cases of these and of subconjunctival growths are mentioned by the various authors who have written upon ophthalmic subjects.

The President also read a case of Cancer Scroti. The patient is a sweep, aged twenty-six years, who has been employed at his trade for about eighteen years. Two years ago he first observed a small warty-like growth upon the lower and front part of the scrotum, which latterly had increased very considerably in size, and had been painful, having a stinging sensation, very frequently when not even touched. At the time he entered the hospital, under my care, a fortnight since, the growth had attained the bulk of a horse-chestnut, was scabrous, hard, and had several points of ulceration upon its surface, from which a foul discharge was poured out. Besides the cancerous structure referred to, several hard points presented upon the scrotum and body of the penis also; these were very hard, and about the size of a large pea. The inguinal glands being free, and no doubt existing as to the propriety of removal, I extirpated the large tumour: by raising it up and cutting behind it with one sweep of the knife down to the tunica vaginalis, I at once disposed of it. The several hard points on the scrotum and penis to which I have referred were, upon slitting them across, found to be enlarged sebaceous follicles, containing the usual cheesy-like matter, and having in the centre of each a very hard nucleus of carbonaceous matter; these latter were larger than a No. 4 pickle of steel, and were round

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1858, v25, p239.]

and polished. The soot had evidently been admitted into the follicles, had there received frequent additions, and, finally, by causing considerable irritation, had caused the sebaceous matter with which the nucleus was surrounded to be poured out. Each of these little tumours was very easily turned out of the pseudo-capsule by which it was limited, and without causing the patient any pain. The principal wound in the scrotum was brought together by a few points of suture, and healed up kindly.

The PRESIDENT then exhibited the Ophthalmoscope to the Society, and explained its use. He especially referred to its value as a means of diagnosing those lesions of the retina, vitreous body, and choroid, which are fatal to vision; and thus in preventing the conscientious practitioner from submitting the unfortunate patient to a course of treatment which must, of necessity, not only fail in conferring any benefit, but most likely would materially injure the sufferer's general health. He also explained that considerable experience in its use must be had, before the aid which it unquestionably affords in diagnosis could be fully realized.

7th December, 1857  
Samuel Browne, President

#### December 7th, 1857

Present, Mr. Browne, President in the Chair—Drs. Stewart, Patterson, Dill, Drennan, Mr. Rea, Mr. Dunlop, Drs. Halliday, Murney, Heeney.

After the reading of the Minutes, a letter from the Editor of the *Crania Britannica* to Mr. Greer in reference to the missing Decade of that work was read, and on the motion of Dr. Patterson, seconded by Mr. Rea, it was Resolved that the Society should continue to take the Publication, and the President and Secretary were requested to communicate with Mr. Davis as to the missing No.

On the application of Mr. Dunlop for the loan of Quain and Wilson's anatomical plates from the Library, his request was complied with pending the decision of the Council on the subject of lending out such books; but it was Resolved on the motion of Dr. Stewart, seconded by Dr. Patterson, That the Council should be requested to take up the question of the Circulation of the books at the point where it was left at the Meeting of April 1854, and report upon it at the next Meeting of the Society.

Surgeon Breeze of Saintfield was balloted for and unanimously elected a Member. Wilde's Aural Surgery, Price 12/s was ordered for the Library.

The Secretary was instructed to thank Mr. Streatfield for the Copy he had presented of the first N<sup>o</sup> of the Royal Ophthalmic Hospital Reports.

The President was authorised to request Mr. Gill to forward forthwith the published proceedings of the Society.

Dr. Murney narrated a case of fatal injury to the Spine which had been recently under his care. His patient was a young man who had fallen from a height of 60 feet, striking two platforms in his descent and alighting upon his shoulders. When Dr. Murney saw him, within half an hour after the accident, his surface was cold; Pulse weak; pain with great tenderness were complained of about the third dorsal vertebra; sensation was unaffected over trunk and upper extremities, but there was partial paralysis of both arms, and priapism. The urine was drawn off, and mercury administered by mouth and inunction. On the second day, no evacuation of the bowels having taken place, free dejections were obtained by the use of enemata. Sensation ceased on this day; there was some motive power over upper limbs throughout; the respiration continued diaphragmatic and slow; the skin cool; the pulse was never hard, nor the urine alkaline. Death took place on the fifth day. Neither in this, nor in the former instance of spinal injury which Dr. Murney had brought before the Society, could mercurialisation be induced, as it is not uncommon he observed, in serious affections of the nervous system.

An animated discussion followed, more especially as to the mode of treatment of spinal injuries; the cause of the difficulty in mercurialising, and the best means of assessing it; the question of trephining etc; and much interesting matter was elicited from the various speakers.

Paper:<sup>1</sup> At the September Meeting<sup>2</sup> of this Society I reported a case of injury of the upper part of the spine terminating fatally. The particulars appear in the Transactions of our body, as furnished from the case-book by the house surgeon, Mr. A. H. Cooke, in consequence of my absence from town. Since then, with Mr. John Smyth, I attended another case of injury at the same part, caused in a similar manner, and, I regret to say, followed by a similar result.

I bring this second instance forward, as I consider it is interesting to note that, although in many features the cases were alike, still there were some points of dissimilarity.

On the 19th October, Mr. M. M., a master plumber, healthy and strong, but of spare habit, aged 34, while examining the progress of some work, fell from a height of fifty-five or sixty feet; in his progress downwards his body struck against projecting beams twice, which somewhat tended to diminish the violence with which he came to the ground. Parties ran to his assistance immediately. He was found perfectly sensible, even from the first, I am told, but totally unable to move his limbs. There was, of course, great prostration. Mr. Smyth saw him ten minutes after the accident, and ordered some stimulants to be administered, and as the sufferer's residence was some distance from town, he had him

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1858, v25, p242.]

<sup>2</sup> [See page 191 above.]

removed to his office. I saw him there at 3 P.M., about half-an-hour after the accident; he described his position prior to the fall, its occurrence, and the conduct of those around him afterwards; he appeared perfectly collected; he stated that the entire weight of the frame had been received on the spine between the shoulders, and that he suffered from pain in no other part; sensation over the surface of the body was perfect, and he was conscious of the application of a cold hand, of pinching the skin, &c., &c. None of the bones of the extremities were injured; several slight contusions and abrasions were observed on the trunk and limbs; there was marked deformity at the upper part of the back; a well-defined depression corresponding to about the last cervical and three upper dorsal vertebræ; examination of this produced intense pain, and he entreated us not to touch it. Complete loss of power of the lower limbs, also of the upper as far as the elbow; but there was slight power of flexion of the forearms; this was performed most imperfectly; priapism. The respiration diaphragmatic; bowels acted on during the morning; he also passed urine during the day. The treatment pursued was, the administration of two grains of calomel, with one-eighth of a grain of opium, every three hours; the application of mercurial ointment to the groins and axillæ every four hours, and the introduction of the catheter every eight or ten hours. At half-past 10 p.m., the pulse had somewhat improved, and there was diminution of the effects of the shock.

20th. Cutaneous sensibility completely lost below the clavicles; he still, however, possessed the same degree of motor power in the forearms. Pulse 96, soft; the secretion of urine scanty, in no instance, even to the termination, exceeding twelve ounces in the twenty-four hours.

21st. No alteration in symptoms; no effect of the mercury; abdomen becoming tympanitic, in the afternoon it was extremely tense; an enema of tincture of assafoetida, castor-oil, &c., was administered, but immediately returned; after some hours O'Beirne's tube was introduced, and a second enema thrown up; a large quantity of gas and fetid stools were expelled.

22nd. Less tympanitis; the bowels were acted on three or four times during the night; the pulse was weaker, about 84; if the terms could be applied under the circumstances, he was restless and dissatisfied. Not the least appearance of mercurialization; of course a larger quantity of opium was given with each dose of the calomel, in consequence of the condition of the bowels, which were acted on three or four times during the day.

23rd. Slept none; was peevish, evidently sinking. At noon it was apparent the fatal termination was close at hand. He died at half-past 4 p.m.

No post-mortem examination would be permitted.

On contrasting the last case I brought before you with this I have just detailed, we observe the injury was

received at nearly, but, I should say, at not precisely, the same part. In the first, examination showed the fifth, sixth, and seventh cervical and first dorsal vertebræ to be fractured, although not compressing the medulla. In the second, although we could not verify our opinion by a post-mortem, we knew some of the divisions of the brachial plexus were uninjured, and inferred that the fifth at least, and possibly the sixth, cervical bones had escaped.

Both were young and healthy men; and yet he who received fractures high up the column lived five days, while the sufferer of an injury somewhat lower lived only four days. Perchance, had we been permitted, we might have found more extensive lesions in the latter than existed in the former case.

Again, in the first there was a gradual accession of the symptoms of paralysis, involving the parts most distant from the seat of injury, and subsequently those nearer to that region, extravasated blood compressing the cord: reaction was not only completely established, but on the second day the pulse became full and bounding, the skin hot, &c., so that I believed there was inflammation of the cord (the effects of it were found at the post-mortem), and took some blood from him, with marked alleviation of the symptoms.

In the second, paralysis of motion existed from the moment the injury was received. At no period did the pulse become hard; it never was even full.

In both instances I was forcibly impressed with the clear and unclouded condition of the mind from the time of the accident until a few hours before death, when, from imperfect arterialization of the blood, stupor gradually supervened. Both were treated on the same plan, and in neither could the specific effects of mercury be produced, although the measures generally successful in bringing the system under that metal were adopted; and, in addition, in one the introduction of mercurial ointment into the rectum was tried without any satisfactory result. Similar torpidity of the absorbent system is often met in diseases of the nervous centres.

The free purgations which followed the necessary administrations of enemata, and which are to be ascribed to the mercurial course, must have weakened the sufferer, and thereby hastened the fatal termination.

Although I am not acquainted with any line of treatment which would hold out the least prospect of success, in cases of severe injury to the upper part of the spine, I certainly look with some doubt on the use of mercury when I balance the probable shortening of the patient's career with the possibility of producing the constitutional effects upon which only the last ray of hope must depend.

The PRESIDENT, having referred to Dr. Murney's clear account of the case just submitted, remarked that upon a review of similar injuries which had come

under his notice, he could not see that any other treatment but that adopted could have afforded the slightest benefit.

Unfortunately, the surgeon met with cases of injury that must of necessity prove fatal, in which all treatment would be quite useless; but so long as the exact nature and extent of the lesions were doubtful—as in the instance before the Society—the practitioner was called on to do all that his knowledge of anatomy and physiology, combined with experience, could do, and which gave any rational hope of averting a fatal issue; therefore he considered that in those injuries of the spine—the exact lesion being unknown—local depletion and the exhibition of mercury were the only means likely to be of benefit; and he would not be deterred from using the mercury, though it might produce a depressing effect upon the patient; for if the symptoms depended upon inflammation of the cord or its membranes, mercury afforded the only probable means of allaying it, and if the lesion proved to have been of a more serious nature, the practitioner would feel that no treatment could have prevented a fatal result.

Dr. Heeney remarked that where he found difficulty in producing mercurial action, as in cases similar to that under consideration, he was in the habit of introducing one or two drachms of the strong mercurial ointment into the rectum, and that he usually found the specific action very rapidly promoted.

From a question put by Dr. Halliday, a brief discussion incidentally arose relative to the propriety of any operative interference in these cases, with a view of raising the depressed portion of bone or bones; but the general feeling was that such a proceeding would not be justifiable in cases of such extensive injury as those lately brought under the notice of the Society.

Dr. Drennan remarked that counter-irritation might be found useful; but both Dr. Murney and the President considered that those cases usually gave no time for the action of such remedies.

Samuel Browne, President

#### January 4th, 1858

Present, the President in the Chair—Drs. Stewart, Pirrie, Patterson, Rea, McCleery, Dunlop, Harkin, Johnson, Lamont, Heeney, and Bryce.

After the Minutes were read and confirmed, it was stated that the subject of lending out Books with prints had not been discussed by the Council owing to a full meeting not having taken place.

Resolved that “Adam’s on Rheumatic Gout” 21/s be ordered for the Library; and that “The Distribution of Health and Disease” be deferred till Mr. Rea and Dr. Patterson with Dr. Drennan inquire from Greer as to the price of the whole Work.

Moved by Dr. Patterson and seconded by Dr. Pirrie that the Psychological Journal be continued.

Moved as an amendment by Dr. Heeney, That the Quarterly Journal of Mental Science be taken instead of the Psychological—not seconded.

Resolved That the Quarterly Journal of Mental Science be taken in addition to the Psychological Journal.

A valuable Paper was read by Dr. Pirrie “On Puerperal Convulsions”, in which he objected to the treatment by bleeding as generally recommended, considering these cases depending on and accompanied by symptoms of Anæmia and recommending Benzoic acid with acid drinks of Tartaric or Citric acid, and the use of Chloroform with occasional active purgation—at the same time inducing as soon as possible evacuation of the Uterus by Labour. The application of ice or cold wash to the head was also recommended.

Paper:<sup>1</sup> I have long been dissatisfied with the routine practice, and its results, in cases of puerperal convulsions. By routine practice I need scarcely say that I refer to bleeding, which in its various forms has been recommended most urgently by almost all of even our modern authorities in obstetrics. Thus, we everywhere meet with expressions such as the following: “Bleeding is our great reliance.” “The lancet is our sheet anchor; and blood may be taken to a very large extent” (Ramsbotham). “If there be a case in which the bold and daring use of the lancet is demanded, it is the case of puerperal convulsions” (Meigs). “The first thing to be done is to take away blood from the arm or temporal artery largely and in a full stream” (Churchill). “In the first rank both as prophylactic and curative are to be placed sanguine emissions” (Cazeaux). But that such was the universal practice, I need cite no authority, as I believe all of us have been in the habit of thus treating our cases of puerperal convulsions, as I was myself till some time ago, when I happened to have a case of convulsions occurring during the progress of Bright’s disease of the kidney in a male, and a case of puerperal convulsions in a pregnant female before labour, under my care about the same time. I was then most forcibly struck with the similarity of the signs and symptoms in the two cases: in both there was œdema of the face and upper extremities, accompanied by albuminuria, and the paroxysms of convulsion in both were absolutely identical. I treated them both on the same principles, of which bleeding formed no part, as being virtually different stages of the same disease, and had the satisfaction of seeing the case of puerperal convulsions recovering without a trace of remaining disease; and the case of Bright’s disease, although looked upon at one time as actually moribund, so far recovered as to be able to leave hospital in decidedly an improved state.

In the book just published by Herr Braun, Professor of the Imperial Midwifery Clinique at Vienna (the

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1858, v25, p245.]

chapter of which on convulsions has been translated by Dr. Duncan of Edinburgh), he formally protests against the practice of bleeding in cases of puerperal convulsions, and says that “general depletion of blood has very seldom any valuable effect on the symptoms, and generally produces irreparable injury.” The same author also affirms that every case of true puerperal convulsion, or *eclampsia vera puerperarum*, is dependent on uremia, that is, on the blood being contaminated by urea, and perhaps also by other excrementitious products which should have been excreted by the kidneys, had they been properly discharging their function.

This important fact in pathology, like almost all other discoveries in medicine, appears to have been arrived at by degrees. Thus, as early as the time of Hamilton it was observed that women who during pregnancy had œdema of the face or upper extremities, were very liable to have convulsions at the time of labour. Following this up, Simpson of Edinburgh, in 1843, found that these cases were associated with the presence of albumen in the urine; and in 1848 he demonstrated the presence of disease of the kidney at the post-mortem of a case of puerperal convulsions; and he also observed the presence of albumen in the urine of a child affected with convulsions, born of a mother similarly affected. But I believe it has been reserved for Professor Braun first publicly to declare that every case of true eclampsia arises from uremia, and thereupon to modify the treatment of the disease.

As the term eclampsia is generally applied to an acute affection of the motor function of the nervous system, characterized by tonic and clonic spasms, and insensibility, and as several different pathological states produce these phenomena, and yet have nothing further in common, and have not the same influence upon the life of the mother or offspring,—it becomes of the utmost importance to make a true and particular diagnosis of these different forms of convulsions.

Agreeing with Professor Braun, I would restrict the term true puerperal convulsions (which may occur during pregnancy any time after five months, during parturition or childbed, or even later) to those cases dependent on uremia. The term uremia is still retained, although it is admitted that the convulsions do not originate as was formerly supposed, from the blood being poisoned by urea, as filtered urine has been injected into the veins of animals without producing convulsions.

After a series of carefully performed experiments, Frerichs was led to the conclusion that the phenomena of uremic intoxication are not produced by urea or any other ingredient of the urine, but that they commonly arise from this circumstance, that the urea, accumulated in the blood, is transformed into carbonate of ammonia, under the influence of some peculiar ferment. For the production of uremic phenomena, it is therefore necessary to have in the blood urea in quantity, and

also some ferment, by means of which the urea may be changed into carbonate of ammonia. If the ferment be wanting, then the blood may for a long time be impregnated with urea without any convulsions appearing; in this way is accounted for the fact that in the bodies of persons dead of Bright’s disease, the blood may be found saturated with urea, without any uremic phenomena having been observed during life. Simpson has most ingeniously suggested that it may be to this principle of action that the beneficial effects of chloroform inhalations are due in uremic convulsions, as chloroform produces a temporary diabetes mellitus, and it has been demonstrated that sugar in minute quantities, added to the urine, prevents for a time the natural decomposition of urea into carbonate of ammonia.

Among other convulsive affections which may occur during pregnancy or labour, I would include hysteric, epileptic, and apoplectic convulsions, and convulsions arising from other impurities (bile, carbonic acid) retained in the blood, or from poisons admitted into the circulation (as lead, mercury, arsenic), and anemia. The possibility of any of these forms of convulsions (differing essentially in their prognosis and treatment) occurring during labour, amply shows that too much importance cannot be attached to the differential diagnosis in all cases of puerperal convulsions.

The true pathology of eclampsia (till 1848, when Simpson first showed the co-existence of granular degeneration of the kidneys) was unknown; the usual remark being, that post-mortem examination afforded but little information, there generally being no deviation whatever from the healthy state of the brain. But since attention has been directed to the renal origin of puerperal eclampsia, I believe that in almost every fatal case that has been minutely examined, one or other of the three stages of Bright’s disease has been constantly found, corresponding to the description given by Dr. Bright, and recently and more minutely by Frerichs, and by Dr. Johnson in his valuable work on Diseases of the Kidney.

It is not necessary that I should take up time describing these pathological changes, which must be familiar to all, from the many specimens of diseased kidney exhibited in connexion with Bright’s disease. I would rather direct attention to the signs of the existence of this disease during life: I mean those changes observed in the urine and the œdematous condition of the face and upper extremities, which, as I have already remarked, has long been observed as a precursor of convulsions; but dropsical swelling is not necessarily connected with albuminuria, just as, on the other hand, there occurs during pregnancy a dropsy in which the urine is found quite normal.

Hyperemia of one or both kidneys, caused by congestion of venous blood, is the primary stage of acute Bright’s disease. This is soon followed by fibrinous exudation into the Malpighian corpuscles, the albumen

only of this exudation at first passes off with the urine, while the fibrinous matter, coagulating in the tubuli of the cortical substance, and remaining in them for a longer or shorter period, is at length propelled from them, along with the exfoliated epithelium, in the form of cylindrical casts of the tubes. Hence we have, during life, first the urine charged with albumen, which may be discovered with the usual tests; and afterwards, the casts of the tubes, which can only be discovered by microscopic examination.

In testing for albumen we should be careful to use moderately diluted nitric acid, and not the strong fuming acid, as the latter decomposes and redissolves the albumen. And we should also bear in mind that it is only in urine having an acid reaction that albumen is precipitated in quantity by boiling; for in alkaline urine the ammonia, which is always present, retains the albumen in solution. I have known the presence of albumen to have escaped observation from the neglect of these simple precautions.

Different explanations have been given as to the cause of the renal hyperemia, the most plausible ascribing it to congestion produced by pressure of the gravid uterus on one or both renal veins. Of cases of eclampsia, above 80 per cent. (96 per cent. Collins) occurred in primiparæ, in whom, on account of the greater resistance of the abdominal walls, a more powerful counter-pressure is produced on the kidneys. Eclampsia, too, is frequently met with where there is increased pressure from plural pregnancy, dropsy of the amnion, deformed pelvis, or excessive obliquity of the uterus. Something also is, no doubt, due to the altered state of the blood during pregnancy.

Treatment.—Should albuminuria be diagnosed during pregnancy, something may be done by way of prophylaxis, by the administration of such medicines as will prevent the decomposition of the urea, or rather will neutralize the carbonate of ammonia. According to Frerichs, benzoic acid is the most efficient remedy, and the free use of drinks acidulated with lemon-juice or tartaric acid. If the secretion of urine be very scanty, the occasional use of purgatives will be useful as preventing local congestion. But as long as pregnancy continues, we can only expect the mitigation of the albuminuria, not its cure, the cause still being present; and should symptoms arise indicating immediate danger to life, or producing serious functional derangement of the heart, brain, or lungs, the propriety of inducing artificial premature labour should then be seriously entertained.

When convulsions have actually occurred, we have to consider the medical and obstetrical treatment.

The medical treatment will be the same whether the convulsions occur during pregnancy, labour, or child-bed,—the first object being to diminish as much as possible the reflex excitability of the nervous system, and to weaken the paroxysms so as to gain time. As the best

means of obtaining these results, all who have used chloroform inhalation speak of it in the highest terms, its success surpassing all expectations. It should be administered immediately upon indications of an impending paroxysm presenting themselves. The inhalation should be kept up till the premonitory symptoms of the paroxysm disappear—which is generally in the course of a minute or so—but, should it not be possible to cut short the paroxysm, the chloroform inhalations should be suspended during the paroxysm and supervening coma, for obvious reasons.

The beneficial effects of chloroform may be ascribed to its sedative effect on the nervous system, or to its peculiar action on the blood, as suggested by Simpson, in arresting the further decomposition of the urea.

In the interval of the paroxysms the direct medical treatment of the uremia should be proceeded with by administering five to ten-grain doses of benzoic acid, and cold acidulated drinks. If the bowels have been constipated, and the paroxysms severe, a bolus with five to ten grains of calomel, with a drop or two of croton oil, followed by turpentine injections, will generally be found useful. To moderate the secondary congestions of the head which come on after the paroxysms, the local application of ice or the cold douche will be found to have a more powerful and lasting influence than the use of leeches.

Sponging the skin with tepid vinegar is stated to be very useful in producing diaphoresis. As a rule, general depletion should be avoided, as it very seldom produces any valuable effect on the symptoms, and generally produces irreparable injury. If, however, a cautious selection of single cases be made, one moderate bleeding in strong, full-blooded women may not only not be injurious, but may much facilitate the action of other remedies.

Revulsive measures, as sinapisms to the calves of the legs and soles of the feet, and blisters to the nape of the neck, are generally recommended, but I do not think that any very marked benefit can be expected from them.

But whatever benefit may be derived from any of these measures, we must still hold the prompt and careful evacuation of the uterus to be a most essential and important point in the treatment of puerperal convulsions. How this is to be accomplished will, of course, depend upon whether uterine action has commenced or not, or upon the stage which the labour has reached. Should the paroxysms continue after the evacuation of the uterus, and the administration of benzoic acid and cold acidulated drinks, opium given in doses of one to three grains, or one-eighth to one-half grain doses of morphia, with opiate injections, generally acts most beneficially.

Remarks were made by the President, Mr. Johnson, and others in favour of the foregoing plan of treat-

ment, and by Dr. Harkin in favour of bleeding, which Dr. Heeney also recommended whenever the convulsions do not arise from the anæmic state mentioned. Dr. Bryce stated that he had not thought right to bleed in any case which had occurred in his practice; though he would not refrain from depletion in such as appeared to him likely to be benefited by it.

The question of change of hour of Council Meeting was referred to next meeting of Council.

Samuel Browne, President

#### February 1st, 1858

Present, Mr. Browne, President, in the Chair—Dr. Heeney, Dr. McCleery, Dr. Lynch, Dr. Drennan, Dr. Stewart, Dr. Bryce, Dr. Halliday.

Minutes read and signed.

“The Distribution of Health and Disease” from Johnson’s Physical Atlas was ordered for the Library.

Dr. Heeney read a Paper on Spermatorrhœa after some remarks as to the importance of the subject, and the propriety of qualified practitioners rescuing the subjects of this infirmity from the hands of mercenary quacks, he proceeded to say that he considered its etiology had been unduly extended and many circumstances assigned as causes which had nothing to do with its production. Its only official cause he considered to be onanism. He adverted to the moral consequences and diagnostic symptoms of this vice, among the latter of which he laid particular stress on the peculiar physiognomical expression it induces.

Great patience and perseverance, he observed, are essential for the cure both of the degrading habit and the physical evils it entails. The first case he referred to was of 8 months duration, and characterised by pains in the back and loins, constipation, dyspepsia, and debility.

Vegetable and mineral tonics were administered without benefit; blisters to the perineum were equally inefficacious and at length Lallemand’s caustic plan of treatment was resorted to. This caused great irritation of the urinary organs, with the discharge of blood “per urethram”.

When these effects had subsided, a large catheter was introduced into and left in the urethra during the night, with the effect of causing a complete cessation of the seminal emissions; and in two other cases the same mode of treatment had been followed by equally favourable results.

It was to this novel plan of cure in cases of general debility, and where the facts about the [vesc? latt?] may be conceived to be in a state of chronic irritation and relaxation, that Dr. Heeney begged to direct the attention of the Society. As to diurnal emissions he considered them generally attributable to Stricture, and the mucous discharge that sometimes attends evacuation of the bowels he did not regard as seminal

at all. For the cure of such cases tonics and astringents, general and local are the means to be adopted. A conversation of some length ensued, in which Dr. Heeney was complimented on his new and ingenious plan of treatment.

Samuel Browne, President

#### March 1st, 1858

Present, Mr. Browne, President in Chair—Drs. Heeney, Stewart, Cuming, Halliday, Pirrie, Bryce, Drennan, Mr. McCleery, Mr. Harkin, Drs. Patterson, Lynch, Gordon, Mr. Johnson, Drs. Moore, Dill, and Murney.

After the minutes had been read, Mayne’s “Expository Lexicon of Medical Terms” was ordered for the Library.

Resolved that a Special Meeting of the Council be summoned for Thursday week to consider the question of restricting the circulation of certain Works in the Library.

Professor Gordon gave in one of the Society’s books (“Alison’s outlines of Physiology”), which he had found on a stall, and was ordered repayment for the same.

Dr. Bryce read a Paper on Uterine Hæmorrhage. After alluding to the enlarged state of the vascular system of the womb which takes place during pregnancy, and the consequent necessity for contraction of its muscular substance in order to prevent “post-partum” hæmorrhage, he proceeded to classify the several forms and causes of this accident, as connected first with non-contraction, and secondly with irregular contraction of the Uterus.

Under the first head he considered hæmorrhages dependent either upon simple non-contraction from defect of muscular action; or upon mechanical causes, enunciating among the latter, retention of the placenta, the presence of hydatids, and the existence of clots of blood. Cases were cited in illustration of each of these sources. Irregular contraction he treated of under the various forms it presents, as the Hour Glass; the Roll or Turban-shaped; of which the Coco-nut is a variety; the Helmet; and, what may be considered an aggravation of some of these, inversion of the Uterus.

Of these forms also examples were quoted. Dr. Bryce then proceeded to consider the treatment of post-partum uterine hæmorrhage. In the form dependent on simple relaxation external pressure suffices but cold affusion may occasionally be of service. Where eversion is threatened external pressure should be avoided, and in irregular contractions, cold affusion is absolutely injurious, as relaxation is here the thing desiderated, and this is the effect which loss of blood tends to induce. The introduction of the hand, and its mode of action in arresting uterine hæmorrhage were points also referred to by Dr. Bryce.

A discussion followed the reading of his interesting Paper, in which most of the Members present took part, and severally expressed their opinion of the various measures to be adopted for the suppression of this formidable form of hæmorrhage.

Samuel Browne, President

#### April 5th, 1858

Present, Mr. Brown, President, in the Chair—Dr. Halliday, Dr. Patterson, Dr. Dill, Dr. Gordon, Mr. McCleery, Dr. Murney, Dr. Cuming, Dr. Drennan, Mr. Johnson, Mr. Harkin, Dr. J. Smith.

After the Minutes of preceding Meeting had been read, the Council gave in a list of Works the circulation of which they considered should be restricted either absolutely, or within certain limitations: and after some discussion it was moved by Dr. Murney, seconded by Dr. Patterson, that the following List as proposed by the Council should be received, adopted, and entered in the Minutes.

#### To be absolutely restricted:

Cruvellier's Pathological Anatomy.  
Rayer on Diseases of the Skin.  
Hunter on the Gravid Uterus (original copy).  
Cooper on Abdominal Hernia.  
Moreau's Icones Obstetrica.  
Bell's Great Operations (1 copy).  
Rayer on Diseases of the Kidneys.  
Quain's Anatomy of the Arteries.  
Hind's Fractures of the Extremities.  
Lassar's Anatomical Plates.  
Cooper on the Breast.  
Carswell's Pathological Anatomy.  
Acton's Atlas of Venereal Diseases.  
Cooper on Diseases of the Testis.  
Stanley's Plates of Diseases of Bones.  
Quain and Wilson's Anatomical Plates.  
Dilrymple on the Eye.  
MacLise's Surgical Anatomy.  
Smith's Treatises on Neuroma.  
Wilson on Diseases of the Skin.  
Albinus's Anatomical Plates.  
Fascicules of Anatomical Drawings (Army Medical Department).  
Distribution of Health and Disease (Johnson's Physical Atlas).

#### To be issued on permission.

Shaw on the Spine.  
Seymour's Plates of the Ovarium.  
Amesbury's Deformities of Spine and Chest.  
Morton's Crania Americana.  
Morton's Crania Ægyptiaca.  
Davis's Crania Britannica.  
Adam's Plates of Rheumatica Arthritis.  
Bell's Great Operations (on coloured copy).  
Hunter's Gravid Uterus (Sydenham Society).

Dr. Cuming proposed that no Work should be absolutely restricted, but that it should be competent to the Council to permit the loan of any book on such conditions as they think desirable. The Motion was seconded by Dr. Gordon, but on being put from the Chair as an amendment, was lost, and the original motion was then carried.

Drs. Heeney, Bryce, Halliday and Cuming were appointed to examine the Library previous to the Annual Meeting.

The President and Dr. Stewart were nominated Auditors, and Drs. Dill and McCleery Examiners of Fines.

The account for printing of Circulars in connection with the late Dr. Stewart's funeral as furnished by Dr. Murney was ordered payment.

Payment was likewise ordered of Mr. Wallace's account for circular (£3. 10. 0), and of Mr. Greer's Book and Binding account for the past year, £20. 0. 0.

Letters were read from Dr. MacKeasy and Quinan in reference to certain modifications in the proposed Medical Charities (Ireland) Amendment Act. They invited the Society to cooperate with a Deputation which had been appointed to wait on the Irish Secretary, Lord Naas, on the subject; and after some discussion, it was Resolved, on the motion of Dr. Patterson, seconded by Dr. Murney, That the President be deputed, as the Representative of the Society, to join the Deputation to Lord Naas on Wednesday next, and that his travelling expenses be defrayed by the Society. Mr. Harkin was requested to join Mr. Brown on the deputation.

The President gave the particulars of a case of diseased femur in which he had performed amputation at the hip-joint. All the circumstances will be fully explained in the Dublin Quarterly Journal. Difference of opinion existed both before and after the operation as to the precise nature of the disease, and the propriety of removing the limb; and in the discussion which followed the reading of the Paper, while the Reporter and Dr. Murney (under the care of both of whom the case had been), regarded the osseous malady as non-malignant and its removal by amputation as affording the sole chance of life, Professor Gordon maintained an opposite opinion on both points of pathology and practice.

Paper:<sup>1</sup> *The subject of the following brief remarks first came under my notice on the 1st of February, when I took charge of my wards in the General Hospital for the Spring Session, and when I obtained the short account of the case I now beg to submit to the Society.*

*H. C., aged twenty-one years, of strumous appearance, though possessing considerable muscular development, in the month of July, 1857, sustained a simple fracture of the left femur, at the junction of the upper*

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1858, v25, p479.]

and middle thirds, by falling over a cask on the quays at Liverpool; for this injury he was admitted into the South Hospital of that city, where he remained for nine weeks; at the end of that time he was discharged with the fracture united, and he was able to walk pretty well, and without pain, by the assistance of a crutch.

At the time referred to, there was considerable swelling around the injured part, and which remained stationary in size. He continued to move about, though still unable to work at his trade as a "moulder," till near the end of November, when one day, walking along the street here, he made a false step, and "perceived," as he expressed it, "a severe jerk in the seat of the former injury;" smart pain immediately after ensued, and he felt necessitated to remain in bed. In about a fortnight or three weeks after, when turning on his couch, he felt the fractured part again give way, and at once experienced inability to move the limb.

On the 24th of December he was admitted into the accident ward of the General Hospital under Dr. Murney; at that time there was complete mobility in the fractured part, but without any eversion or shortening of the limb; and there was a large hard mass about the seat of the injury, which was considered then to be an excess of the callus which in the reparative process had been thrown out. The limb was then carefully bandaged, and a Liston's long splint applied, extension and counter-extension being made in the usual way. During the six weeks which elapsed before I had charge of the case, the only visible change that occurred was the slow, progressive enlargement of the swelling at the point of fracture, which led to the belief that some disease of the bone had taken place.

On the 5th of February I took down the limb, and then carefully examined the affected part, and at once came to the conclusion that not only was there a want of union, but that considerable disease of the bone existed. Up to that time, I may remark, the patient had suffered scarcely any pain in the part; but on the occasion of the examination referred to, considerable handling and movement having taken place, he experienced a great deal of suffering for three or four days, during which time the tumour visibly increased, especially in front towards the groin. It is worthy also of note, that till this time, and when the patient learned that there was some disease of the bone, his general health had been excellent; appetite good; the circulation tranquil; and sleep natural.

Between the 8th and 14th of February several consultations were held by the attending and consulting surgical staff of the Hospital, when, although some difference of opinion as to the nature of the disease took place, there was, with one exception, an unanimous admission that the only chance for the poor fellow's life was amputation of the limb at the hip-joint. With regard to the views entertained relative to the character of the disease, the generality inclined to the belief

that the affection was then one of a non-malignant nature, an opinion which I strongly entertained from the characteristics of the tumour, the history and progress of the case, and the general aspect of the patient.

Previous to the examination on the 6th of February the swelling felt almost solid, without any signs of softening at any point; but at the period of the second consultation on the 10th, the tumour had not only increased considerably in size, but, upon pressure, conveyed to the touch a sensation of fluctuation produced by a deeply seated fluid, and this sign, I may here observe, was increased whenever the swelling was much moved or handled. At this time it was deemed judicious to explore the tumour by puncture; accordingly, I introduced into the most prominent point of it a fine exploring trocar, for some three inches in depth; from this puncture some blood alone flowed, and that very freely, as if from a large vessel or sac containing blood; about an ounce was permitted thus to escape, when the puncture was closed by a strip of adhesive plaster. This fluid was immediately placed in the field of the microscope by my colleague, Dr. Murney, when nothing but healthy blood globules were discovered. That was on the 14th of February. The circumstances of the case were then freely explained by me to the patient, and that his only chance, and that not a good one, rested on the operation at the hip-joint; and, in justice to myself, I must say that I did not speak by any means encouragingly of the result. The poor fellow, however, after some consideration, determined to take his chance, and I then made preparation to operate with all practicable safety.

On the day preceding that appointed for the operation it was considered advisable by my colleagues, who attended the final consultation, to make a still further exploration by means of an incision and the introduction of a long canula; this was done, and a canula, eight inches in length, was introduced by a small incision through the integuments; through this, fluid blood, which coagulated quickly and firmly, flowed quite freely; about four ounces were allowed so to escape; and on moving the canula about gently, it came in contact with the bone, which was felt to be rough and spiculated. On removing the canula, and closing the incision by means of a strip of plaster and compress, the swelling felt softer, and the sensation, to the touch, of fluctuation became more distinct. On the following morning, at half-past 9 o'clock of the 17th February, assisted by my colleagues, I proceeded to operate. That morning my patient had been prepared by taking an egg beat up with milk, and two ounces of brandy, and previous to his leaving the ward he had another ounce of spirits. Having been placed upon the table, and brought under the influence of chloroform, he was put in the proper position, and my assistants assigned their several posts. From the size which the swelling had attained upwards, encroaching on Poupart's ligament, and which increase had been very rapid for several days, it was considered

advisable, to avoid probably diseased structure, not to make the anterior flap, in the usual way, by transfixing and cutting from within outwards, but to make a flap of the integuments, and then divide the muscular structure by a circular sweep of the knife. All things being prepared, and the circulation in the femoral vessels fully commanded by pressure made upon the anterior iliac artery, which was ably done by Dr. Pirrie, I made a semicircular incision through the integuments by a rapid sweep of the knife; this incision commenced over the edge of the pectineus muscle, and terminated a little outside of the anterior spine of the ilium the greatest circumference of the flap being about eight inches from Poupart's ligament. This flap was raised by a few rapid touches of the knife, and perfectly healthy muscular structure exposed; having placed the point of my finger on the femoral, which was almost laid bare, and finding that the circulation in it was completely controlled, I at once cut right down upon the hip-joint and through the adductor muscles. The instant the knife made this incision an immense gush of blood took place, evidently from a large cavity which contained some pints of that fluid, and from the vessels of the limb below the incision, very little being lost directly from the femoral vessels, as Dr. Moore most promptly seized them, and as Dr. Pirrie still had command of the circulation. At this stage of the operation it was considered the safest step at once to secure the femoral vessels; consequently, ligatures were rapidly placed both upon the superficial and deep arteries, and also on the femoral vein. On then feeling for the head of the bone, to proceed to disarticulate, I found that the entire bone had disappeared from the point of fracture to the acetabulum; I at once, therefore, passed the knife behind the point of the remaining bone, and cut a large-sized flap from the back of the thigh: in this incision only one or two twigs, of no importance, were divided, the knife entering the soft parts far below the trunk or main branches of either sciatic or gluteal arteries. As the patient was now evidently greatly weakened by the loss of blood and shock, and as considerable venous oozing was going on, I applied a strong solution of matico to the face of the stump, which I then closed, and firm pressure was made over it by the hands of assistants, while restoratives and stimulants were exhibited to the patient, so soon as the diminished effect of the chloroform permitted him to swallow. After some time he was removed to a heated bed, and warmth was applied by means of hot-water pans placed around him. Beef-tea and stimulants were administered at intervals, as the stomach could bear them. The shock to the nervous system appeared to produce the greatest effect, for although considerable heat of body was restored, and the pulse greatly improved, he laboured under that depression which often follows severe injury without any loss of blood. Up to 8 o'clock in the evening he seemed likely to rally, but about a quarter to 9 greater depression ensued, and he

sank at half-past 9 o'clock, twelve hours after the operation.

Remarks.—The first matter to which I shall refer in my remarks upon this case is the nature of the swelling. I have already stated, that upon the first deep incision being made, an immense gush of fluid took place, as from a cavity that had been filled by it; but besides this a very large quantity of coagulated, or, what appeared coagulated, blood was detached from the cavity or cyst; this coagulum was at some points intermingled with lymph-like matter, and which I believe was lymph; this coagulum amounted to about four pounds.

On examining the face of the stump, both the front and posterior flap, but especially the latter, presented a lining membrane precisely like the usual pyogenic membrane, which had lined the cavity in which the mass of fluid and coagulum which escaped from the limb had been lodged, and this membrane was peculiarly well-developed around the part where the femur had been broken, and for some distance down the thigh, in a couple of pouches, one on either side of the limb. The bone was completely absorbed between the point of original fracture and the cartilage of incrustation on the head of the femur; this latter I picked out of the acetabulum after completing the incisions.

Before the operation, some difference of opinion arose as to whether the tumour was one of the encephaloid kind; my own opinion was in the negative, and in this I became confirmed after the examination I made by puncture the evening preceding the operation, and also from the rapid increase of the tumefaction upwards which took place during the night, and whence I was led to believe that the tumour was composed almost or entirely of blood; and the more especially when I remembered a case of acute necrosis of the femur in which I amputated at the trochanters, and in which, on the evacuation of a seeming abscess, situated on the inner side of the thigh, the fluid was found to be composed principally of blood, and where the sac filled again with blood in the course of a few hours after the first evacuation. On removing the limb in this case of necrosis, we found a large cavity along the inner side of the thigh, which was lined with a true pyogenic membrane, and it was this which had filled with blood shortly after the fluid it at first contained had been evacuated; this blood, we found, had been poured out from vessels that had become ulcerated in the progress of the disease. Something of a similar kind occurred, I am satisfied, in the case under consideration, as the swelling increased so rapidly after the limb had been moved about, and after the exploratory punctures; and at the time of the operation this fluid was pushing its way up under Poupart's ligament, and extending behind the sheath of the femoral vessels. That the great mass of the swelling which existed was composed principally of blood altered and unaltered in character, there cannot be any question; and while I am not pre-

pared to deny that the disease had assumed a malignant type—cancer-like cells having been discovered by some examiners under the microscope—I am clear that the growth did not present any of the characteristics of the encephaloid form of disease, as seen either in the soft parts or in bone; nor do we find in such growths the existence of the distinct lining membrane which was found in my case. In fact, as I said before, the mass consisted of blood unaltered in appearance, and of an oily red and grumous fluid, like what has been described as existing in osteomalacia. This grumous matter, Solly remarks, shows a cell-development, and is probably an adventitious morbid growth, and not simply fatty matter altered by the effusion of blood into it.

At all events, the case is one of great interest: a healthy, sober man sustains a simple fracture of the femur; this unites, seemingly all right; four months after, he slightly injures the part by making a false step, not by any direct blow; and a few weeks after, the union of the fracture gives way while the patient is turning in bed; and five months after the apparent sound repair of the fracture, the bone, on amputation, is found to have entirely disappeared from the point of original injury up to the cartilage of incrustation.

I believe we were right in attempting to save life by the perilous operation performed; for there cannot be any question but that the disease must have proved fatal within a very limited time. The nature of the tumour was a question of great obscurity, though its fatal tendency was one of equal certainty, and the appearance of the parts after amputation “fully justified,” as one of my colleagues remarked immediately after the removal of the limb, “the attempt made to save life, no matter what the issue of the operation might be.”

The patient, as I have already remarked, sank more from the shock to the nervous system than from the loss of blood, and this shock, the effects of which are so much greater in some persons than in others, we are not able either to anticipate, control, or avert. Some of the members may be desirous to know the statistics of amputation at the hip-joint; therefore I beg to say that 127 cases have been operated on, and 77 have died. In 47 amputations after injury, 85 proved fatal; in 43, for chronic disease, 24 recovered, and 19 died. All the cases of hip-joint amputation in the Crimea, 12 in number, died. I should say these statistics are taken from Mr. Erichsen's last edition of his *Surgery*, with my case added.

PROFESSOR GORDON stated that Mr. Browne should have noticed that he, Dr. Gordon, had dissented from the operation, on the ground that he had no doubts of the malignant nature of the tumour; and he wished it to be distinctly borne in mind that he had not been a consenting party, and had, consequently, not attended the two final consultations. He looked upon the complaint as one of true medullary sarcoma, and that any operation must prove worse than useless. He did not

observe the existence of any membrane lining the cavity.

DR. MURNEY remarked he had watched the progress of the case attentively, as it was one presenting many features of great interest. He believed, although there were several questions of considerable importance arising out of the history, and comparatively obscure progress of the patient, for the two months preceding the operation, yet there were two points on which he would occupy the attention of the Society for a few minutes:—1st. The nature of the disease; and 2nd. The propriety of operative interference. Before entering on these questions, he would refer to one remark which had fallen from the President, viz., “That the tumour on the upper part of the thigh was looked upon as a mass of callus.” Such opinion he did entertain from the patient's account of himself at the time of his admission, but when the man had been some little time under treatment, this mass had attracted his suspicions; it was no longer looked upon as a healthy deposit.

So long as the patient considered he laboured under a simple fracture of the thigh, he slept well, had an excellent appetite, and was, in fact, getting fat; but immediately after the first exploratory examination, when he was informed the disease would certainly deprive him of his limb, and perhaps destroy life, the anxiety of his mind caused him to become sleepless and nervous, with loss of spirits; and from that time, too, his appetite failed; but at no period had he symptoms which, in Dr. Murney's opinion, would indicate the presence of malignant diathesis; on the two occasions on which explorations were made, the microscope indicated merely the presence of blood. After the removal of the limb, he had examined the mass which formed the tumour; during the operation it was fluid, and entirely of the appearance of blood. One quarter of an hour afterwards there was a number of coagula, of the consistence of an imperfectly formed clot, surrounded by fluid, the mass appearing to be blood, with a number of fibrinous-looking spots and streaks scattered through it. On microscopic examination with a power of 300 diameters linear, the greater portion of the mass was blood; the fibrinous-looking material attracted considerable attention; and lest there might be any mistake, he had examined several specimens on three or four different occasions; on each or those a number of cells was seen presenting the usual appearance of such structures found in malignant growths, but re-agents certainly did not produce the effects noticed in such cases; for instance, there was no increase in the size of the cells on application of water, nor diminution on addition of syrup; acetic acid did not in any way alter the cell-wall or nucleus, and liquor potassæ did not produce the usual results.

From these circumstances he considered the mass of the tumour contained nothing but blood and cartilage cells; the latter might be looked for as normal elements

of the ossifying process at the site of a fracture. In their physical appearance, especially where met without the hyaline solid blastema, in which they are usually seen, as on articular surfaces, &c., they are not unlike cancer cells, and in some instances are only to be distinguished from them by the effects of re-agents. Finally, he was of opinion the case was to be looked upon as an example of the second form of sanguineous tumour of bone, as described by Mr. Stanley. Referring to the second question, viz., the propriety of operative interference, Dr. Murney said the obscurity of the symptoms prior to the operation had not enabled him to make up his mind whether the disease were malignant or not; he had often stated he thought the weight of evidence was in favour of a non-malignant character; and if such were the case, he was sure all would agree that the patient's prospect would be favourable if he survived the shock of that most serious operation, amputation at the hip-joint. If the affection were malignant, however, not to operate was to leave the sufferer to certain death; and in the absence of symptoms of carcinomatous disease in any other situation, by removal of the limb, a chance for life, however remote, was given. Under all circumstances, he believed the operation was fully warranted. Bearing on this question, he observed, in the second volume of Mr. Paget's *Lectures on Surgical Pathology*,<sup>1</sup> the following remarks, which he considered so directly applicable, he would take the liberty of placing before the notice of the members:—"A motive for operations in cases of supposed medullary cancers may often be drawn from the uncertainty of the diagnosis. This is especially the case with those of the large bones, for the removal of which the peril of the necessary operation might seem too great for the probability of advantage to be derived from it. I have referred to cases of cartilaginous and myeloid tumours of bone (pp. 181, 215, 219), in which, during life, the diagnosis from medullary cancers was, I believe, impossible. In all such cases—and I am sure they are not very rare—the observance of a rule against the removal of tumours, or of bones believed to be cancerous, would lead to a lamentable loss of life. All doubts respecting diagnosis are here to be reckoned in favour of operations."

The PRESIDENT begged to say that he was quite willing to admit that Professor Gordon had opposed the operation; but he must remind the Professor that there were four opinions against his, and each of which was as freely expressed as his own. He felt quite satisfied about the existence of the pyogenic-like membrane to which he had referred, and he also insisted that the great mass of the tumefaction was composed of blood. He was happy to hear the clear views entertained by Dr. Murney, and he fully agreed with all the remarks which he had made regarding the case.

Samuel Browne, President

### Special Meeting

April 19th, 1858

Present, Mr. Browne, President, in the Chair—Drs. Moore, Patterson, T. Reade, Halliday, Heeney, Bryce, Drennan.

The President stated that the Meeting had been convened at his request in order to afford Members an opportunity of considering the provisions of Mr. Cowper's Medical Profession Bill; and of conveying, through Dr. McGee, who was on the eve of departure for London, their views in regard to it.

After a cursory consideration of the several clauses, it was moved by Dr. Heeney, seconded by Dr. Patterson, and Resolved that a petition from the Society in favour of the Bill be forwarded for presentation to the Members for the Borough.

It was moved by Dr. Halliday and seconded by Dr. Moore, That our Members be requested to endeavour to obtain the omission or modification of the following portion of Clause 23—"provided always that the name of no person shall be erased from the register on the ground of his adoption of any theory in the practice of medicine or surgery".

Drs. Heeney and Drennan considered opposition to this particular provision inexpedient; but on a division Dr. Halliday's motion was carried, they alone dissenting. The President was requested to communicate to Dr. McGee the sentiment of the Society in regard to the Bill, and to solicit him to represent them in the proper quarters.

Samuel Browne

### 460 Report of Council 1857–8

Your Council have the satisfaction of reporting at the end of this, the 26<sup>th</sup> year of the Society's existence, that it continues to fulfil its original objects in a satisfactory manner, and exhibits no indications of senile decrepitude.

Five new members have joined it since last annual meeting, being the same number as were enrolled during the preceding year.

By the death of Dr. Horatio Stewart in May last it was deprived of one of its most esteemed supporters. His brother members testified their respect for his memory by attending his funeral in a body, and, at the subsequent monthly meeting, instructing your President and Secretary to transmit in their name a letter of condolence to his widow.

#### Finance

The financial position of the Society is, we are happy to note, of a prosperous character, the balance remaining in your Treasurer's hand after defraying all expenses being £17 . 7 . 0½.

#### Monthly Meetings

The monthly meetings have been more than usually prolific in communications of practical interest. The

<sup>1</sup> Page 410.

recommendations of the President in his address at the commencement of the session as to the more regular preparation of papers, together with, as also suggested by him, the publication of our transactions in the Dublin Quarterly Journal of Medical Science have apparently tended materially to increase the utility of our Association as an instrument of mutual instruction. Your Council see no reason why this improvement, as manifested in the subjoined contents list of papers read during the past session should not be maintained, and even as regards the character of the communications, carried considerably further.

Without in the least deprecating the acknowledged merits of the other local medical society, they claim for their own the possession of superior facilities for the promulgation of *general* and *systematic* views on medical and surgical subjects, as well as for the representation of the opinions of the profession on questions affecting its public position and internal economy. As it does not at present seem easy to devise any plan for the amalgamation of the two Societies agreeable to the members of both, it is satisfactory to believe that whilst in the promotion of medical science they profess a common object, they have likewise each its own special sphere of utility which it may effectively fill without touching on the province of the other.

Facies non omnibus una,  
Nec diversa tamen, qualem decet esse  
sororum.<sup>1</sup>

#### List of Papers Read (16)

Introductory address by the President.	
Case of Popliteal Aneurism	Dr. Murney.
— of Melanosis Oculi	President.
— of Diseased Knee-joint	Dr. Wheeler.
— of fractured tibia & fibula with consecutive abscess	President.
— of Syme's operation on foot	D <sup>o</sup>
— of Tetanus	Dr. Corry.
— of Gunshot Wound (3)	President.
— of Fatal Injury to Spine	Dr. Murney.
— of sub-conjunctival tumours	President.
— of Cancer Scroti	D <sup>o</sup>
— of Fatal Injury to Spine	Dr. Murney.
On Puerperal Convulsions	Dr. Pirrie.
On Spermatorrhœa	Dr. Heeney.
On Uterine Hæmorrhage	Dr. Bryce.
Case of amputation at Hip-joint	President.

#### New Publications added to Library &c.

Essays on State Medicine by W. H. Ramsey.  
Budd on Diseases of the Stomach.  
Montgomery on the Signs of Pregnancy (last Ed.)

<sup>1</sup> [The features were not the same in them all, nor yet are they quite different; but such as we would expect in sisters' (Ovid). *The Routledge Dictionary of Latin Quotations: The Illiterati's Guide to Latin Maxims, Mottoes, Proverbs and Sayings* by Jon R. Stone. Provided by Google.]

Acton on Diseases of the Rectum (presented by the Author).

Fuller on Rheumatism and Gout.

Chambers on Digestion and its Disorders.

Wilde's Aural surgery.

Adams on Rheumatic Arthritis, with Vol. of Plates.

The Distribution of Health and Disease (from Johnston's Phy. Atlas.)

Mayne's Expository Lexicon.

The Transactions of the Cork Medical Society for 1856–7; the 27<sup>th</sup> Annual Report of Belfast District Asylum for the Insane, and the 1<sup>st</sup> N<sup>o</sup> of Streatfield's Royal Ophthalmic Hospital Reports have been presented to the Library, and a lost copy of Alison's Physiology has been received.

The Society's published Transactions, as ordered by resolution of October 5<sup>th</sup>, will soon, it is presumed be in the hands of members.

The Librarian reports that no book or periodical has been lost during the past year. The present mode of circulating the journals continues to give satisfaction, and the Quarterly Journal of Medical Science has been added to their number.

By desire of the Society the Council drew up a list of works in the Library the circulation of which on account of their costliness, rarity, or liability to injury they considered should be restricted either absolutely, or within certain prescribed limits.

This list was approved of at last monthly meeting, and will be appended to future catalogues.

#### Public Measures

At the meeting in June the Society resolved, on the Council's recommendation, to forward petitions to Parliament in favor of Mr. Headlam's Medicine Bill, and such were accordingly transmitted. On the 15<sup>th</sup> ult. a special meeting of the Society was convened to consider the provisions of Mr. Cowper's Bill, now before Parliament, and it was resolved to petition in its favor, and to request Dr. M'Gee, then on the eve of departure for London, to communicate the Society's sentiments thereon to our Borough Members and other influential persons.

A deputation from various important bodies in the profession having been nominated to wait upon the Irish Secretary on the 7<sup>th</sup> ult. for the purpose of suggesting alterations in the amended Charities Act of Ireland, and your Society having been invited to co-operate, your President and Mr. Harkin were deputed to attend the conference, but from accidental circumstances neither of these gentlemen was able to do so. Our fellow member Dr. Halliday however, who was present as delegate from the Medical Officers of the Belfast Poor Law Union, adequately represented this Society also on the occasion.

#### Medical Etiquette

No breach of professional decorum has been brought under the notice of your Council during the past year;

*Belfast Medical Society*  
*Session 1858–1859*  
*President John Miller Pirrie*

and, in consequence of there being little other than formal business for transaction, at its ordinary meetings, these have been but indifferently attended.

**Annual Meeting**

**May 3rd, 1858**

Present, Mr. Browne, President, in the Chair—Dr. Patterson, Dr. Stephenson, Dr. Heeney, Dr. Gordon, Dr. Drennan, Mr. Rea, Dr. W.T.C. Smith, Dr. Pirrie, Dr. Dunlop, Dr. Moore, Dr. Bryce, Dr. Murney, Dr. Reade, Dr. Aickin, Dr. Halliday, Dr. Wheeler, Dr. Corry, Mr. Johnson.

Minutes of last Annual and Monthly Meetings and of Special Meeting read and signed.

The Council's Report for the past year was read by the Secretary, adopted, and ordered to be preserved. Among other particulars it stated that five new Members had joined the Society; and that the balance in the Treasurer's hands amounted to £17. 7. 1.

Dr. Halliday reported that no book was missing from the Library, and Dr. Pirrie that no fines had been incurred. On the part of the Auditors the President reports that the accounts had been examined and found correct.

A ballot then took place for the officers of the Society for the coming year, and the following gentleman were declared duly elected.

<b>President,</b>	Dr. Pirrie.
<b>Vice-Presidents,</b>	Dr. Murney, Dr. Bryce.
<b>Council,</b>	Dr. W.T.C. Smith, Mr. Johnson, Dr. Halliday, Mr. Rea, Dr. Heeney, Dr. Corry.
<b>Treasurer,</b>	Dr. Patterson.*
<b>Secretary,</b>	Dr. Drennan.*

\*Appointed by nomination, and thanked for their services.

Mr. Browne in vacating the Chair expressed the gratification he had derived from the proceedings of the Society during his year of office, and augured well for its prosperity under the Presidency of his successor. He alluded in respectful terms to the death of Mr. Officer, one of its oldest members, since last Annual Meeting.

He referred also to the secession of another member from the ranks of regular Practitioners, and suggested that the rules of the Society should be so modified as to exclude all persons whose conduct tended to its discredit.

Dr. Pirrie then took the Chair as President, and on the motion of Dr. Murney, seconded by Dr. Heeney, a vote of thanks to the retiring President was passed by acclamation.

Mr. Browne acknowledged the compliment, and Dr. Pirrie, as President, expressed his sense of the honour done him by the Society.

A note was read by the Secretary from Dr. Young requesting the Periodicals to be sent to him as a

Town-Member; and, on the motion of Dr. Smith seconded by Mr. Rea, it was proposed "That in case Dr. Young offer his subscription for the current year, the Treasurer be authorised to refuse it".

Dr. Bryce moved as an amendment, and Dr. Halliday seconded,

"That the Treasurer accept the subscription under protest pending the result of the Society's deliberation on the subject".

On being put from the Chair, the original motion was carried.

An application from Dr. Dunlop of Hollywood, to have the Journals sent for him to an address in town, was complied with.

Drs. Stewart, Patterson and Pirrie were appointed Stewards for the Annual Dinner on Tuesday June 8th.

F. Heeney

**June 8th, 1858**

Present, Dr. Heeney in the Chair—Dr. Patterson, Dr. Gordon, Dr. Wheeler, Mr. Browne, Dr. Stewart, Mr. Grattan, Dr. Bryce, Dr. Drennan.

The Minutes of Annual Meeting were read and signed.

The Secretary read a letter from Dr. Quinan inviting the Society to send a representative to the Annual Meeting of the Irish Medical Association, and was directed to reply to it.

Mr. Henry Whitaker, Belfast, was balloted for and unanimously elected a Member of the Society.

Billingham "on Diseases of the Heart"; Richardson "on the Coagulation of the Blood"; and Bennett's "Clinical Lectures on the Principles and Practice of Medicine", were ordered for the Library.

A letter having been read from Dr. Young insisting upon his right of Membership, and requesting the use of the Library, it was resolved

"That the Society refer Dr. Young to Rules 1 and 15 of the Belfast Medical Society, under which it is manifest that the Society cannot comply with the request contained in his letter".

The Secretary was instructed to communicate the foregoing resolution to Dr. Young.

On the motion of Professor Gordon, seconded by Dr. Wheeler, the following resolution, being a modification of one on the notice paper, was put from the Chair and unanimously passed.

"As the Medical Society believes that Homeopathy is founded in error, a delusion on the part of the practitioner; a deception on the Public; and as it is one of the main objects of this Society to defend the interests of the Public and Profession;—it therefore cannot permit or sanction any person professing or practising the empirical system of Homeopathy or Hydropathy to be or continue a Member of the Society".

J. M. Pirrie, President

**June 8th, 1858 (evening)<sup>1</sup>**

The thirty-fifth anniversary dinner of this influential and long-established professional society took place, on Tuesday evening last, at Mr. Thompson's Rooms, Donegall-place. It was presided over by Dr. Halliday and Dr. Murney, the president and vice-president, respectively, of the evening. The attendance was not so large on this occasion as usual, several causes conspiring to increase the number of unwilling absentees.

The following are the names of those members of the society who were present:—Dr. Halliday, president; Dr. Murney, vice-president; Dr. Patterson, treasurer of the society; Dr. Robert Bryce, Surgeon Browne, R.N.; Dr. William Aickin, Dr. Dunlop, Holywood; Dr. James Moore, Dr. Heeney, Surgeon Henry Johnston, Surgeon J. Smyth, Castle-place, and Dr. Robert Stewart, Resident Physician, District Hospital for the Insane. The medical officers of the garrison were invited as guests.

After the usual toasts of "The Queen," "The Prince Consort, and the rest of the Royal Family," "The Lord Lieutenant and Prosperity to Ireland," and "The Medical Departments of the Army and Navy" were duly honoured.

The President proposed the peculiar toast of the evening, "The Belfast Medical Society," which was ably responded to by Dr. Murney, on the part of Dr. Pierre, the society's president for the current year, but whose place was obliged to be vacant, owing to a recent domestic affliction.

"The Clinical and Pathological Society was coupled with the name of Surgeon Browne, its President", in giving which from the chair, The President, in feeling terms, referred to its founder, the late Dr. Malcolm, who was so bright an ornament of the profession, and whose premature removal they all continued so greatly to deplore. Surgeon Browne returned thanks; and, in the course of his excellent observations, in connection with the all important objects of the Pathological Society, he said, nothing should be left undone, during his year of office, to sustain the high position it had attained as a scientific body, or conduce to its increased usefulness, in the promotion of the reading of cases of interest at their weekly meetings and discussions, which were for their mutual improvement, and so productive of benefit to all parties.

"The Medical Charities of Belfast" was replied to by Dr. James Moore, on behalf of the General Hospital, in very suitable terms, who showed how great were the advantages of the pupils who attended the hospital, and the testimony which was borne by the public examining bodies to their great practical knowledge. Dr. Heeney replied on behalf of the "Dispensaries," in the absence of Mr. Johnson, who had previously left the room. In the course of his observations—which were very eloquent, and to the purpose—he said that he had frequent

opportunities of becoming well acquainted with the feelings of those parties who had recourse to dispensary relief, and he felt great pleasure in now stating to the assembled profession, that the attendance given by the dispensary surgeons, and the general system in operation in regard to the working of the dispensaries, were highly popular amongst the poorer classes, who always spoke of the medical attendants in the strongest terms of praise. Unconnected as he (Dr. Heeney) was with the dispensaries, he was thus enabled to speak his mind freely and disinterestedly, (hear, hear). Dr. Dunlop, of Holywood, in referring to the Belfast Union Hospital, with which he had been formerly connected, and the large advantages which Dr. Moore had stated—and that most truly—the pupils possessed who attended the General Hospital, said he could not let this opportunity pass by without doing justice, to the best of his ability, to one of the most pains-taking teachers he ever met with, as a sound clinical instructor. He alluded to Dr. Seaton Reid, the Physician of the Union Hospital, who most assuredly never spared himself in making the great resources of his hospital ancillary to the best interests of those pupils who availed themselves of its more than ordinary advantages for the making of a sound practitioner, (hear, hear).

"The Medical Benevolent Fund Society of Ireland, coupled with the name of Dr. Robert Stewart,"

Dr. Stewart returned thanks, and said it afforded him much pleasure to say, that the operations of this branch of the Society (the first one which had been established) had been more successful this year than any previous one, a large number of country practitioners—to their great praise be it spoken—having liberally and cordially responded to the appeal made to them on its behalf. He impressed on the profession the great necessity there was for united action in a cause which ought to call forth their warmest sympathies—that cause being no less than their poorer brethren, together with that of the widows and orphans of deceased practitioners, left without any means of support! (hear, hear).

"The Health of the Treasurer of the Society, Dr. Patterson," was received with loud applause, and responded to by that gentleman with his accustomed ability. He stated that the funds of the Society were never in a more prosperous state than at present (hear, hear), and that new blood was each year being infused into their ranks by the admission of new members, one of whom he was happy to see present; and, as the "worthy son of a worthy sire" he begged to propose, "The health of Dr. William Aickin."

Dr. Aickin returned thanks.

Dr. Patterson again rose, and proposed in glowing terms the health of Dr. Burden, regretting, at the same time, his absence (as also that none of the Medical Professors of the Queen's College attended to-day), which was the first time he had not been at their annual

<sup>1</sup> [Dublin Hospital Gazette, (N.S.) 1858, v5, p190.]

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President John Miller Pirrie

dinner, and which would not now have been the case but for ill health. The company drank the Professor's health with the greatest enthusiasm and all the honours. Surgeon Johnston (on his return to the room) proposed, "The Medical Association of Ireland," showing the great services it was rendering to the dispensary practitioners in particular, and its strong claim for the general support of the profession in Ireland. The toast was received and drunk with loud applause.

The healths of Dr. Halliday and Dr. Murney, the President and Vice-President of the evening, were warmly given, and suitably acknowledged; also that of Dr. Drennan, the respected and able Secretary of the Society, was proposed by Dr. Heeney in eloquent terms, his absence being greatly regretted.

In the course of the evening some further healths and toasts were given and replied to, and shortly after eleven o'clock the company separated, highly delighted and pleased with this reunion; and not less so with the exceedingly good attendance, and the general arrangements of the dinner, on the part of Mr. Thompson, together with the wines, which were, as usual, abundant, varied, and of excellent quality.

**July 5th, 1858**

Dr. Pirrie, President. Drs. Heeney, Dunlop, Wheeler, Murney, Mr. Browne, Drs. Patterson, Dixon, Drennan, Stewart, Halliday, Smyth (J.W.T.), Mr. Johnston.

The Minutes of last Meeting were read and signed.

The Resolution therein recorded in reference to Homeopathy was modified, and directed to be inserted on the Minutes in the following form. "As the Medical Society believes that Homeopathy is founded in error, a delusion on the part of the Practitioner, and a deception on the Public, and as it is one of the main objects of this Society to defend the interests of the Public and Profession, it therefore cannot permit any person professing or practising Homeopathy to be or continue a Member of the Society. The same rule will be applied to any person practising exclusively Hydropathy or any other system of Quackery".

The New Sydenham Society's Publications (£1. 1. 0 per annum); and Davey on the Ganglionic Nervous System were ordered for the Library.

Letters from Dr. Quinan and Sir Hugh McC. Cairns in reference to the Vaccination Bill were read; and also a communication from Dr. Faussett as to the "Quinan Testimonial", and after some discussion it was determined that the latter subject should be considered on the next night of meeting.

It was Resolved on the motion of Dr. Murney that a Committee of the Members then present, together with the Council, should meet on the following day at 1 o'clock p.m. to take into consideration the provision of the Medical Bill at present before Parliament.

H. Murney, Vice-President

**August 2nd, 1858**

Present, Dr. Murney, Vice-President, Chairman—Drs. Patterson, Dixon, Stewart, Browne, Drennan.

The Minutes of the Committee-Meeting as to the provision of the Medical Bill were read.

A letter was read from Dr. Young in reference to the Resolution as to Homeopathy passed June 8th, and confirmed at last Meeting of the Society, and the Secretary was instructed merely to acknowledge the receipt of Dr. Young's communication.

Five Reviews on Insanity and Lunatic Asylums from the Dublin Quarterly Journal, and the Annual Report of the Belfast District Asylum for the Insane were presented by Dr. Stewart, who received the thanks of the Society for the donation.

The Secretary was directed to return the thanks of the Society to Dr. Quinan for 12 copies of the Annual Report of the Irish Medical Association.

On the motion of Dr. Stewart, seconded by Mr. Browne, it was resolved that the Society contribute £5 to the "Quinan Testimonial" fund.

A recommendation of the Council for the printing of an appendix to the Library Catalogue, with revised list of Members, and a list of restricted books, was adopted, and the Council were authorised to carry out their suggestion.

J. M. Pirrie, President

**September 6th, 1858**

Present, Dr. Pirrie, President in the Chair—Drs. Patterson, Heeney, Drennan, Mr. Browne.

After the Minutes had been read, the Secretary reported that he had forwarded the Society's subscription to the "Quinan Testimonial Fund", and received a letter of acknowledgement, and receipt, from Dr. Faussett.

Two copies of the New Medical Act were ordered for the use of the Society.

An account for printing the Transactions of the Society, as furnished by Mr. Gill, was given in by Mr. Browne; and the amount of £2. 3. 3 was ordered payment by the Treasurer.

Dr. Michael McGee was balloted for and unanimously elected a Member of the Society.

The consideration of Watson's Lectures 4th edition for the Library, was postponed in the absence of proposer and from non-statement of price.

Samuel Browne, Chairman

**October 4th, 1858**

Present, Mr. Browne, Vice-President, in the Chair—Dr. Dixon, Mr. McCleery, Drs. Dill, Halliday, Patterson, Heeney, Moore, Bryce, Drennan, Mr. McGee.

After the Minutes had been read and signed, the 4th edition of Watson's Lectures on the Practice of Physic was ordered for the Library.

Dr. Moore gave the notes of a case of Tracheostomy performed on a boy, aged 9, who had swallowed a plum stone. On auscultation no respiratory murmur was audible in left lung, and less than natural in right. Reversal of the patient (as in Brunel's case) was first tried, and on this failing to evacuate the foreign body, and the boy becoming apparently asphyxiated, the trachea was hastily opened.

A blunt probe detected the stone in the upper part of the larynx but a forceps failed to extract it. The introduction of the latter was, however, immediately followed by an act of deglutition in which, it is presumed, the stone was swallowed, although it has not been discovered in the stools.

Dr. Moore also detailed the history of a fracture by railway carriage of both legs, the left being almost entirely severed, while the right foot was severely lacerated and dislocated. Great shock was the consequence.

Reaction was induced by the administration of whiskey and milk, and after removing the almost separated limb, Dr. Moore had the young man transported to Hospital, and performed amputation of both legs. Chloroform was given for the operation; it raised the pulse, and probably saved the patient's life. He went on well till yesterday (the 5th) when he had a rigor, and a slight erysipelatous flush was observable this morning on the surface.

The case of a boy who had swallowed a halfpenny a fortnight ago was also reported by Dr. Moore, its presence in the œsophagus was ascertained by a metallic sound, but the ordinary instruments had failed to extract it. Slight œdema of the supra-sternal space was observable. It was ultimately removed by a blunt silver hook attached to a flexible handle lent by Dr. H. Purdon for the purpose.

The Council were authorised to attend to the carrying out of the Registration Clause of Medical Act.

J. M. Pirrie, President

#### **November 1st, 1858**

Present, Dr. Pirrie, President—Dr. Moore, Dr. Patterson, Mr. McCleery, Mr. Dixon, Drs. Dill, Drennan, Stewart, Heenev, Smith, Murney.

After the Minutes had been read Dr. O'Hare of Belfast was balloted for and unanimously elected a Member of the Society.

A communication was read from Dr. Mackessy of Waterford enclosing a Resolution of the Medical Association of Ireland in reference to representation of the Medical Profession in Parliament; and the Secretary was desired to acknowledge the same.

Dr. Murney brought under notice of the Society the circumstances which had led to the removal of Dr. McLaughlin of Lurgan from his office of Medical Officer to its Union Hospital. He proposed that the Society should forward a Resolution to that gentle-

man expressing of their opinion of the harsh treatment he had received. After some remarks from Drs. Patterson, Dixon, and Stewart in coincidence with Dr. Murney's, a sub-committee was appointed consisting of the President, and Drs. Murney, Patterson and Dill to draw up and read to Dr. McLaughlin a Resolution of the kind suggested.

Dr. Murney, on part of the Council, reported that progress was being made in the preparation of the appendix to the Library Catalogue.

J. M. Pirrie, President

6th December 1858

#### **December 6th, 1858**

Present, Dr. Pirrie, in the Chair—Drs. Reade, Browne, Cuming, Dill, Murney (secretary pro temp), McCormac, Moore, Stewart, Bryce, Dixon.

A letter was read from Dr. McLaughlin of Lurgan thanking the Society for the resolution forwarded to him by the Sub-Committee appointed at last Meeting.

Communication read from Dr. Quinan relative to Bill about to be introduced by Lord Naas, proposing additional clauses.

Sinclair and Johnston's Practical Midwifery was ordered for the Library.

Letter read from Dr. Kelso of Lisburn as to the propriety of establishing a Medical Registration Association.

Mr. Dixon proposed and Dr. Bryce seconded That the Secretary be instructed to write to the Registrar for Ireland requesting information as to the steps to be taken by Members of the Profession in effecting Registration.

That the Secretary be instructed to call a Meeting of the Society as soon as he receives any information on the subject.

Resolved on the motion of Dr. Moore seconded by Dr. Dill "That in future the qualifications of all candidates proposed as Members of this Society be laid on the table previous to balloting".

Henry McCormac, M.D.

#### **Special Meeting**

##### **December 16th, 1858**

Society met to consider a communication from Dr. Maunsell, Registrar and Secretary of the Branch Medical Council for Ireland, in reference to registration. Present Dr. Bryce, Vice-President, in Chair—Mr. Browne, Drs. Dill, Heenev, Rea, Hamilton, Patterson, Dixon (secretary pro temp), Galgey, M. McGee, Corry, Halliday, Stewart, Grattan, McCormac, (W.) Smith, Read.

A desultory conversation arose as to the propriety of taking a united step in registering, when it appeared to be the mind of the Meeting that each one should act for himself.

Henry McCormac, M.D.

**January 3rd, 1859**

Present, Dr. McCormac in the Chair—Drs. Ross, Dill, Corry, Moore, Drennan, Mulholland.

Minutes of last Monthly, and of Special Meeting read and signed. An application was received from Dr. William Aickin for the loan of “Wilson’s Plates on Diseases of the Skin”, and the Secretary was instructed to direct Dr. Aickin’s attention to the Rule precluding its issue from the Library.

J. M. Pirrie, M.D., President

**February 7th, 1859**

Present, Dr. Pirrie, President, in the Chair—Dr. Patterson, Mr. Browne, Dr. Dixon, Dr. Dill, Dr. Drennan, Drs. Stewart, Harkin, Bryce, Moore, Johnson.

Minutes read and signed.

“A Manual of Psychological Medicine” by Drs. Buckmill and Tuke, price 15/s was ordered for the Library.

Dr. Harkin read a Paper “on the Treatment of Mammary Abscess”, in which he strongly advocated the employment of Tartar Emetic for the arrest of the inflammation.

Paper:<sup>1</sup> *The Female Breast in the virgin state, like the unimpregnated uterus, is not, to any remarkable extent, obnoxious to disease. No sooner, however, does the important process of utero-gestation commence, than, consentaneously with its initiation, does this delicate organ prepare to fulfil its peculiar duties: it ceases to be merely an ornamental appendage to the female bust, and becomes at once very liable to functional and organic disease.*

Soon after conception the gland begins to increase in size; fat is freely deposited between the digitations of the enveloping fasciæ; the hemisphere of the mamma begins to rise from the bosom; the nipple becomes protuberant; the areola enlarges and deepens in colour; nervous sensibility is greatly augmented; the mammary arteries increase in volume; the acini or secreting granules acquire a marked development; a milky fluid distends the lactiferous ducts; and long before the termination of utero-gestation, the organ in question gives indications of vigour and ability. With this augmented nervous and vascular development, the breast is naturally more prone to the incursions of disease. It is not, however, until about seven hours after delivery that the gland reaches its highest state of engorgement and distention, and, just as the child is transferred from the cavity of the uterus to the breast of the mother, so, by a sort of metastatic process the vital energy of the now contracted uterus appears to be precipitated upon this hitherto (at least in first labours) untried organ.

Under such circumstances, it need not surprise us that tension, pain, followed by rigors and sympathetic fever, should arise, constituting ephemera, or milk

fever, which usually terminates in twenty-four hours by a free perspiration. If, however, the vascular excitement should be very considerable, or any predisposing cause pre-exist, the areolar tissue, or the substance of the mammary gland itself, may inflame, and give rise to dangerous and even fatal results.

If we discover, then, on closer observation, that the symptoms of constitutional irritation have not subsided within a period of twenty or twenty-four hours after the first rigor; if the breast presents a hard tumour, hot to the feel, and tender to the touch; if the pain extend to the axilla, and the secretion of milk be suspended, we may feel satisfied that inflammation of the mamma, or mastitis, as it is technically called, has set in.

The type of inflammation is usually of the sthenic form, and the mildness or severity of the symptoms depends in a great degree upon the temperament, and also upon the seat of the inflammation, whether it be simply in the areolar tissue, or in the gland or surrounding fasciæ. Sir Astley Cooper enumerates three stages—the adhesive, the suppurative, and the ulcerative. The first continues for about four days, and is marked by swelling, pain, and the effusion of lymph; the second continues for ten days or a fortnight; in that period the skin assumes a blush on its surface, fluctuation is felt, and suppuration is established. In the third, ulceration takes place, and the matter is discharged, and its duration is very variable, depending upon the situation of the abscess, and the severity, or otherwise, of the inflammation.

I have been thus particular in recalling to your recollection the different stages of the disease, as it is in the first alone that the simple mode of treatment which I mean to submit to your notice to-night has, in my experience, been almost uniformly successful. Before I come to that point, however, permit me to allude to the plan of treatment in general use, or rather to the absence of any systematic plan, the consequences of which are those extensive suppurations, sinuses, sloughings, hectic fever, and occasionally death from debility, or the absorption of pus into the circulating system, which we occasionally see. In many cases, no doubt, the patient passes through the curative stage in the hands merely of the monthly nurse, who applies some specific of her own, and often hopes to remove all inflammation by active friction of some stimulating liniment, or, taking an opposite view, endeavours to keep down acute disease, and restore the secretion by the application of saturnine lotions, and the practice of pumping and drawing the breast. Failing in this, the medical attendant is called in; he applies leeches, poultices, hot stupes, or cold, as may occur to him; gives purgatives, opiates, suspends the breast, but in vain, for the second stage has come on, and the third, if the lancet be not used, is unavoidable. He has, no doubt, treated the affection more scientifically, but the result is the same; and, having failed, disappointment and irritation in the

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1859, v28, p469.]

family are the result, and even blame to the well-meaning practitioner.

I speak of what I have seen, and what, no doubt, every practitioner has witnessed. It is strange how unwisely some medical men, well informed upon every other subject, will act when treating a case of mammary inflammation. I have just terminated an attendance of six weeks upon a lady, now in the fifth month of pregnancy, in whom there were at once seven abscesses, distinct from one another, with large sinuses as well, all which might have been prevented by proper care on the part of her medical attendant at the period of weaning. It is not long since I had to visit a female in the country, whose medical adviser was applying sugar of lead in solution to prevent suppuration, and who, on introducing a lancet at my instance, drew off more than a pint of matter quite green in colour, and evidently lying there for many days. Later still, a lady consulted me, whose medical attendant, otherwise a very able young man, persisted in using the breast-pump every day until he brought away pure blood, hoping by this means to restore the secretion, when, in reality, suppuration was established, and the introduction of a lancet set free a large collection of pus. If we look to medical writers for instruction, the highest obstetric authorities afford us very little information, and the variety of remedies which they suggest is in itself an evidence of uncertainty and doubt. Dewees recommends stuping with vinegar for twenty-four hours; this failing, leeches. Burns says: "It is very difficult to prevent suppuration; it is to be attempted, however, by purgatives, tepid poultices of bread and milk, or cloths moistened with tepid water; gentle friction with warm oil." He condemns cold solutions of acetate of lead, alone, or preceded by leeches, recommends the breast to be supported, and has not had any experience of the internal exhibition of tartar emetic; recommends warm poultices in advanced stages, and evacuation by lancet. Ramsbottom says; "Leeches must be had recourse to, and repeated as often as occasion may require; brisk purgatives are exhibited, poultices, and warm fomentations, and the use of the lancet when the abscess points." He says "the child should be applied before suppuration even with more assiduity to the affected side than to the other, and, failing this, the pump or the breast-pipe." Drs. Hardy and M'Clintock allude to the advantage derived from the use of tartar-emetic: where the breasts have been distended for the first time; they say: "This painful state is best relieved by rubbing the breast very well with warm oil; and if any febrile excitement attend, small and frequently repeated doses of tartar-emetic are given, and the bowels freed. In treating the abscess, poultices, warm spirit dressings, and strapping, as in hernia humoralis."

And this, in fact, is the sum of the treatment recommended by our obstetrical celebrities; they advise, without much confidence, leeches, venesection, warm

applications, cold lotions, stupes, poultices, purgatives, straps for support; and, when the usual termination arrives, the use of the lancet. These remedies are, in my mind, only adjuncts in the treatment; they should never be elevated to the position given them; they are only capable of relieving symptoms, with, perhaps, the exception of venesection (not admissible in every case); and they cannot ever influence to a sufficient extent the derangement of vital energy which, in reality, constitutes inflammation. No doubt, saturnine lotions may diminish the redness and heat, warm stupes relieve the painful tension, and leeches, if repeated, may partially relieve congestion, although it is well known that their frequent application to the breast in amenorrhœa produces in a short time great congestion and enlargement of that organ, with the establishment of the menstrual discharge. Yet, while the attendants are hoping that the disease is checked from the apparent decline of those symptoms, inflammation is steadily pursuing its course, structural alteration succeeds to functional derangement, and abscess and ulceration are the natural results.

While denying the utility of the above-mentioned remedies, I cannot sufficiently reprehend the use of the breast-pump and tubes, so much relied on by some practitioners. I cannot understand how by mechanical means we can hope to restore secretion to a gland in the state of inflammation; the return of the lacteal secretion is an indication, or rather an accompaniment, of cure; but they gravely err who, in this case, mistake the effect for the cause; suspended secretion can only return after the subsidence of inflammation, yet many regard its suspension as the cause of the inflammation. Suspended secretion, however, like redness, heat, and pain, is very useful in directing our attention to the seat and progress of the disease. If we had a patient suffering from inflamed kidneys, with scanty urine, and, perhaps, peritoneal effusion, what but a false pathology could induce us to rely principally upon stimulant diuretics and hydragogue purgatives, overlooking altogether the changes in structure of the secreting organ; and yet it is not more false in theory or in practice to hope to restore the healthy state of the mamma by this strange application of hydraulic powers?

The mode of treatment which I propose to recommend, and which, within the limit of the first or adhesive stage, has almost uniformly proved successful, occurred to me in this way. I had a patient recently delivered of twins; she was of a very full, plethoric habit, and about four or five days after delivery presented all the marks of mastitis in a very violent form. The secretion was completely suspended, and there were present all the symptoms of great constitutional excitement. I felt that something decisive must be done, and that the ordinary diletante plan would not do; I was averse to bleeding from the arms; and having ob-

served the powerful effect of tartarized antimony in the treatment of orchitis, a gland of similar nature and organization, I resolved to give it a fair trial. It was administered in half-grain doses; and this was continued until it produced its full effect, nausea for several hours, free vomiting, moderate purging and diaphoresis. When visiting the patient twelve hours after, I was agreeably surprised to find the pain and swelling gone, the pulse restored to the natural standard, all headach and constitutional symptoms removed, and the breast pouring out the lacteal fluid. I should mention that along with this I caused her breast to be stuped with flannel wrung out of hot water every half hour for twelve hours, and every time covered over with a small wooden bowl, previously heated in hot water. The second case in which I tried it was equally successful, but with this unpleasant result, that the child, then a few days old, after partaking of the mother's milk, took convulsions and died, whether post hoc or propter hoc, I could not then say; but since that time I have been particular in directing that the first secretion of milk, after taking the tartarized antimony, shall be withdrawn, and the breast thoroughly emptied before it is restored to the infant. Facts are wanting upon the subject of the absorption and detection of active medical or chemical agents in the lacteal secretion. The science of Toxicology has done a certain amount of good in this way, and will probably further elucidate the subject; but, so far, an interesting field of observation is open to us. In reference to this point, however, I have had great difficulty in restraining mothers from yielding to the importunity of the infant. In many cases they have given the breast to the child with perfect impunity; but in others, free purging and vomiting, without any fatal effects, were the results. The usual formula I prescribed was four grains of tartrate of antimony dissolved in four ounces of camphor mixture, of which a tablespoonful was administered every fifteen minutes till vomiting was induced. This was usually more than sufficient for the purpose; but I have had occasionally, in peculiar constitutions, to give at least eight grains of the salt before any appreciable effect on the stomach was produced. It is well known what resistance disease offers to medicine, and that remedies which, in a healthy state, would prove injurious, in disease act a salutary part. For this reason I have never yet met a case of mastitis, in which tartar-*emetic* was contra-indicated, or in which it was productive of injury. I have even given it after weaning, when pregnancy was coexistent, without any bad result following; the mother having been ignorant of the fact, or having concealed it from me.

Fully eighteen years have passed since I first adopted this practice; and although I cannot even guess at the number of cases I have successfully treated, yet having had charge of the cases arising from more than 1200 labours, which I have since that time conducted, I

can speak with the confidence that experience has given me.

Within the limit of four days, then, after the onset of mastitis, that is, during the adhesive stage, I have scarcely ever failed in bringing on a cure by resolution. After that period, when suppuration has commenced, the controlling power of this remedy is lost, and the ordinary treatment applicable to all glands in a state of suppuration must be followed, viz., hot stupes, poultices frequently changed, the early use of the lancet when suppuration is established, and, after the abscess has been discharged, moderate and general pressure by straps of adhesive plaster having sufficient aperture for discharge of purulent matter. The indurations which often remain are best treated by friction with compound iodine ointment.

In the secondary abscesses which form after the first have run their course, this remedy is not so successful; the inflammation has then assumed the asthenic type, and in this case quina, opium, and change of air, with mildly nutritious diet, must be chiefly depended on; but, with the judicious use of the remedies above indicated, this second stage, with all its painful concomitants may, in almost every instance, be avoided, and the structure and important functions of the gland be preserved from injury.

To recapitulate: the treatment I have so successfully followed is, to administer tartar-*emetic* in half-grain doses every fifteen minutes till nausea and free vomiting is produced, and to maintain the sickness for several hours, if required; constant stuping for twelve hours; rest in the recumbent position; ablactation, or temporary weaning of the child; and, if the antimony do not happen to act on the bowels, then a saline purgative. Such has been my practice for more than eighteen years; and so great is my confidence in its efficacy, that I am accustomed to say to my patient, "Follow my advice in every particular, and I promise you complete relief in twelve hours." In thus occupying the attention of the Society, I do not lay claim to any discovery in medical science; all that I assume is the successful application to a particular affection of a principle well-recognised in the treatment of disease.

N. B.—Since reading the above, a friend has called my attention to the fourth volume of the Dublin Medical Journal (first series), published in January, 1834, in which Dr. Beatty has put forward similar views. The Doctor recommends smaller doses,  $\frac{1}{16}$ th, of the same remedy at longer intervals (an hour), omitting the medicine if vomiting be produced, and looks for improvement in twenty-four hours. This testimony of so very eminent an authority to the use of tartar-*emetic*, although overlooked by compilers of our modern textbooks, I am very proud to acknowledge; as, although not recommending the remedy in such large doses, it affirms the principle I wish to establish, and may encourage others to adopt this plan, which, although the

result of my own unaided observation, might not on that account obtain from the profession at large the attention otherwise justly its due.

J. M. Pirrie, President

**March 2nd, 1859**

Present, Dr. Stewart, Dr. Patterson, Dr. Cuming, Dr. Gordon, Dr. Heeney, Dr. M. McGee, Dr. Halliday.

No meeting in consequence of the Library being closed by a mistake of the Librarian.

J. M. Pirrie, President

**April 4th, 1859**

Present, Dr. Pirrie, President—Drs. Patterson, Wheeler, Whitaker, M. McGee, Drennan, Dill.

Secretary was authorised to get Todd's Cyclopaedia bound.

Wallace's account for printing of Circulars amounting to £3. 7. 6; and Greer's account for the last 15 months amounting to £35 net, were ordered payment.

Dr. Stewart and Mr. Browne were appointed Auditors, and Drs. Dill, Murney, McCleery, Smith, and Cuming were nominated Examiners of the Library and of Fines, for the past year.

Dr. Wheeler read a Paper on Puerperal Convulsions in support of Dr. Browne's principles of treatment.

Dr. Patterson gave notice of his intention to resign the office of Treasurer to the Society at ensuing Annual Meeting.

J. M. Pirrie, President

**461 Report of Council 1858–9**

But a brief retrospect is required for the proceedings of the Society during the past year.

It has received 4 new members, and lost none by death or retirement.

The present state of its finances as reported by the Treasurer may be considered satisfactory, there being a balance of £18/3 against the Society after all expenses are defrayed.

**New Works**

The following books, most of them standard works, have been added to the Library.

- Bellingham on Diseases of the Heart.
- Richardson on the Coagulation of the Blood.
- Bennett's Clinical Lectures or the Principles and Practice of Medicine.
- Davey on the Ganglionic Nervous system.
- Watson's Lecture on the Practice of Physic (last Ed.).
- Sinclair and Johnston's Practice of Midwifery.
- Bucknill and Tukes Manual of Psychological Medicine.
- 7 Nos. of Todd's Cyclopædia of Anatomy and

- Physiology (concluding the work)
- Diday on Infantile Syphilis. (New Syd. Soc.)
- Reviews from the Dublin Quarterly Journal on Insanity and Lunatic Asylums presented by Dr. Stewart.

12 Copies of Irish Medical Association Annual Report from Dr. Quinan.

2 Copies of New Medical Act.

Whilst there is reference to the number of its members, its finances, and the augmentation of its Library, the Society has undergone no decline, your Council regrets to report that during the last year one of its primary objects, that of affecting mutual instruction on medical subjects by means of the reading of papers and discussions, has been but imperfectly carried out.

**Papers Read**

On 3 nights of meeting only have original cases and essays been brought forward.

On October 4<sup>th</sup> 3 cases were read by Dr. Moore, of tracheotomy; fractures of lower extremities; and impaction of halfpenny in œsophagus, respectively.

On February 7<sup>th</sup> Dr. Harkin read a paper on the treatment of mammary abscess by tartrate of antimony, and on April 4<sup>th</sup> a case of puerperal convulsions treated in accordance with Dr. Browne's principles was read by Dr. Wheeler.

The foregoing list presents certainly but a very limited amount of original matter to emanate during an entire year from a Society occupying the position, and dignified with the title, of "Belfast Medical"; and contrasts but unfavorably with that afforded by our sister society of Cork. The immediately preceding year exhibited much greater activity on the part of our members, and the benefits then originating from a little additional stimulation may justify the belief that our current apparent infirmity is due alone to a state of suspended animation, and is not the result of permanent coma or an absolute defect of vitality. These lamentable conditions, nevertheless, will undoubtedly continue without some increased exertion on the part of our members, and the Society will in that case degenerate into a mere book club, instead of being as hitherto a source and promulgator of professional life and intelligence.

Soon after last annual meeting it was found incumbent on the Society to add to its fundamental rules one excluding from its membership professors of homeopathy, and other forms of empiricism; and such regulation was accordingly unanimously adopted at the meeting of June, and confirmed at the following one.

On occasion of certain proceedings of the Poor Law Commissioners against Dr. McLaughlin of Lurgan the Society deemed it proper to express their sympathy with that gentleman on the harsh treatment he had received.

The Society contributed £5 to the Testimonial pre-

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sented to Dr. Quinan Secretary to the Irish Medical Association for his exertions for the benefit of the profession.

Several communications have been addressed to the Society by Dr. Quinan and Dr. Mackesy President of the South Eastern Medical Association, on the subject of Medical Legislation, and representation of the medical profession in Parliament, and the Council would submit whether in future a more active co-operation of the body with other medical associations for the promotion of our common interests might not be advisable.

The revised Library catalogue is now ready for the printers.

The meetings of the Council during the last year were, we are compelled to state, very irregularly attended.

We cannot conclude this report without expressing our regrets that the Society is about to be deprived of the services of its excellent Treasurer, who has so long and so assiduously officiated in that capacity. We think however that in some other he will continue to promote its interests.

**Annual Meeting**  
**May 2nd, 1859**

Present, Dr. Pirrie, President, in the Chair—Dr. Patterson, Dr. Gordon, Mr. Hanna, Dr. Wheeler, Dr. Drennan, Mr. Browne, Dr. Halliday, Dr. Moore, Dr. Smith, Mr. Whitaker, Mr. Mulholland, Mr. Rea, Dr. Murney, Dr. Cuming, Dr. McGee, Dr. Dixon.

Minutes of last Monthly and Annual Meetings read and signed.

The Council's Report for the past year was read by the Secretary. It stated that 4 new members had joined the Society; and that its financial position might be considered a satisfactory one, in as much as although there was a trifling balance due to the Treasurer, this was in consequence of the Bookseller's account extending over a period of 15 months, instead of, as on former occasions, but one year; and there having been also an extra item of expenditure in the Society's contribution of £5 to the Quinan Testimonial.

A considerable number of standard works had been added to the Library, but there had been a lamentable deficiency of original Papers read at the Monthly Meetings. The Report suggested the desirability of a warmer cooperation in future on the part of the Society with other associations for the advancement of the general interests of the Profession. It concluded with an expression of the Council's regret for the retirement of the Treasurer, Dr. Patterson.

After some remarks from Dr. McGee as to the defect of communications brought before the Society, the Report was, on his motion, received and adopted.

Dr. Halliday suggested the formation of a sub-committee to consider matters connected with the public interests of the Profession; but after a short discussion it was Resolved that in future subjects of this sort should in the first place be referred to the Council, to be, by them, if necessary reported onto the Society. The Secretary was accordingly directed to lay communications which he has lately received from Drs. MacKesy and Quinan in reference to points of Medical Legislation before the incoming Council who would instruct him what to reply.

The Report of the Auditors of Accounts was given in by Mr. Browne who concluded his statement by moving the best thanks of the Society to Dr. Patterson for his long service as Treasurer. The Motion was seconded by Dr. Moore and carried unanimously, Dr. Patterson acknowledging the compliment.

Dr. Murney proposed and Dr. Patterson seconded the nomination of Dr. Smith as Treasurer, and it was carried by acclamation.

The Meeting then proceeded to ballot for officers of the Society for the ensuing year, and the following gentlemen were appointed:

<b>President,</b>	Dr. Patterson
<b>Vice-Presidents,</b>	Drs. Wheeler and Dill
<b>Council,</b>	Dr. Halliday, Dr. Moore, Mr. Mulholland, Dr. Stewart, Mr. Rea, Dr. Murney.

The thanks of the Society were given to the Secretary.

On the motion of Dr. Bryce, seconded by Dr. Moore, it was Resolved that in future the President and Vice-Presidents of the Society shall in future be respectively the Chairman and Vice-Chairman of the Annual Dinner. Drs. Stewart, Pirrie, and Smith were named Stewards for the Dinner of this year.

Mr. Browne proposed the thanks of the Society to their late President, Dr. Pirrie. The motion was carried unanimously by acclamation, and Dr. Pirrie returned thanks.

A communication was read by the President addressed by Mr. South of London to Professor Gordon in reference to the contemplated statue to John Hunter, and it was decided that application for subscriptions be made to the Members individually, Dr. Moore, consenting to act as joint treasurer of the fund with Dr. Gordon.

James Patterson, President

**June 6th, 1859**

Present, Dr. Patterson, President—Dr. Heeney, Dr. Moore, Dr. Halliday, Dr. McGee (M.), Dr. Stewart, Dr. Drennan, Dr. Wheeler, Mr. Whitaker, Dr. Pirrie, Dr. Smith.

After the Minutes of Annual Meeting had been read and signed, the Secretary reported that in accordance with the instructions of the Council, he had communicated to the Secretary of the Irish Medical Association, and to the President of the South Eastern

Medical Association of Ireland, that this Society is disposed to act in concert with these Bodies for the objects specified in their printed circulars. Other communications had since been received from Drs. MacKesy and Quinan requesting that the Belfast Medical Society would send a representative to the Annual Meeting of the Irish Medical Association, and, also inviting its President and Secretary to the Annual Dinner of the Association. This invitation they had been obliged to decline, but Mr. Browne, who had consented to act as delegate of the Medical Officers of our local Poor Law Unions, would also be an efficient representative of the Society at the foregoing Meetings.

A ballot for Dr. Clark of Newcastle was postponed in consequence of his professional credentials not having been seen by his proposer.

The President read his Inaugural Address on the subject of Experience in Medicine, and on the motion of Dr. Stewart, seconded by Dr. Pirrie, the thanks of the Society were given to him for his excellent discourse which he was requested to have published.

Paper:<sup>1</sup> Gentlemen, In occupying this chair for the first time as your President, I need not assure you how highly I appreciate the honour you so unexpectedly conferred on me. Succeeding, as I do, gentlemen so eminently qualified to preside over our deliberations, I feel confident that the same kindness which led you to impose on me the duties of office will induce you to regard with indulgence the many imperfections of which I am conscious. When I look over the list of distinguished and gifted men who established this society, a natural regret is excited that so few who fostered its infancy are now present to participate in the gratification of witnessing its maturity. But their spirit still lives among us. The pure devotion to medical science, which led to the establishment of this institution, still animates and inspires our labours—a devotion which, I feel assured, must naturally be augmented and strengthened, the more the objects we have in view become developed by the unerring light of experience. The value of experience is universally admitted. There was never, probably, any period in which a difference of opinion really prevailed as to the utility of experience, either in medicine or in any other description of human knowledge. But, as the “*experientia fallax*,” spoken of in the famous aphorism of Hippocrates, was an early discovery, so the minds of speculative men were naturally turned to the possibility of reaching, by hypothetical reasoning, some principles or rules by which such fallacies might be avoided. In such attempts we see the origin of those great systems of hypotheses, both in medicine and philosophy, which, from ancient times down to no very distant date, have followed each other in long succession.

It is a just subject for congratulation, both in general science and in medicine, that more enlarged views now prevail, whether as respects experience itself, or the systematic views that may be connected therewith. Medicine, now unequivocally acknowledged, like other branches of knowledge of similar character, to be dependent for its improvement exclusively on inductive investigation, there is, therefore, no principle, law, theory, or hypothesis, any longer to be tolerated for a moment in medicine which does not rest on experience—that is to say, on facts ascertained by observation. In a large sense, medicine is a part of physiology, in a more limited acceptation of the word physiology. Medicine rests on the principles of that science. Physiology itself is a science, the whole value of which to medicine depends on it having been reared to its present height of pre-eminence by the diligent observation of facts in the structure and composition of the human body, and of other animal bodies, and in the relations which the living frame holds to temperature, air, water, and aliment. The principles of physiology, therefore, now hold out to medical experience such a system of rules for its guidance as ancient physicians seem to have gone in search of when they left pure experience to embark in those fanciful systems of medicine which so long imposed their authority on the medical world.

But it will be said, does experience require any such guide? Is not experience of itself all-sufficient to conduct the medical inquirer to correct rules and principles both in the theory and practice of medicine? The authority of the great father of medicine still stands uncontradicted—that experience is deceitful. Nor is it likely that any modern of high name will put forward a contrary proposition. But if we can discover why it is that experience is deceitful, the knowledge of the evil will be the shortest way to the remedy. There are two kinds of knowledge, which are the fruit of observation—namely, what may be termed descriptive knowledge, in which appearances or qualities more or less addressed to the senses are observed; and events or occurrences in connection with the causes by which they are produced. In the first of these two kinds of knowledge observation is beset with comparatively few difficulties; in regard to the second kind of knowledge the sources of fallacy are very numerous. As respects medicine, the determination of the external features of maladies belongs to the first head, while under the second head fall the decisions of the physician as to the effect of curative agents in the course of diseases. The observation of sensible qualities such as is required for the description of the external features of diseases, is much more acute in some individuals than in others. Yet that culture does not require any high education or depth of mental training. It is the education of the senses on which a successful result depends—in short, a turn for this kind of observation is not infrequent in uneducated individuals, and among nations little advanced in the social

<sup>1</sup> [The Belfast Daily Mercury. 1859. June 8.]

state. Accordingly we find that the mere description of the outward features of such diseases as have a fixed character made a progress in ancient times such as to preclude any great additions among the moderns. The descriptions of ague, tetanus, and epilepsy, which have come down to us from ancient times, are unequalled for minuteness and accuracy of detail. It must be confessed however, that the descriptive talent required to seize the very prominent characters of such diseases as these cannot be pronounced to be of the very highest order, and that there is room for the cultivation of this kind of observation by every practitioner in a manner to secure a high place for excellence therein among the accomplishments of the medical character.

It cannot be doubted that the nice and refined acquirement of observation of this kind may be turned to essential service, in the diagnosis and prognosis of cases of difficulty, and that the far-famed *visus eruditus* of the old physicians is probably too much neglected in our times. It is true that the use made of the *visus eruditus* by some of the old physicians, savoured a little too much of quackery to deserve our commendation—as when they sought to create astonishment, by the nicety with which they could pronounce how many days or hours the patient could live. Nevertheless, there are many most useful purposes to which the accomplishment, *visus eruditus*, can be applied in the practice of medicine. It is, indeed, a two-edged sword, which may be employed either for good or evil. There are unquestionably many cases of disease, where a nice discrimination is required to distinguish a malady, from maladies of even a very opposite character, which are apt to put on a similar appearance, and here the medical man who has a natural turn for this kind of nice observation, or who has had unusual opportunities of cultivating whatever natural talent he has for it, will sometimes, by putting this kind of tact to use, acquire a decided advantage at the bedside over those who, proud of their pathological attainments, regard anything so empirical as external observation as beneath their notice. What so useful as this kind of tact in the diagnosis between inflammatory diseases, and that large tribe of hysteric maladies which Marshall Hall, in one of his earlier works, described as the “Mimoses!” What so useful in the detection of the obscure forms of mental derangement! What so useful in the discrimination of anæmier diseases, from those cases in which there is determination of blood to the head.

I proceed now to the consideration of the second kind of knowledge, which is the fruit of experience—that, namely, which concerns events, occurrences, or changes, in connection with their causes. Under this head, as I remarked already, the sources of fallacy are numerous. It is this kind of experience that was described by Hippocrates as deceitful. Almost universally do men, women, and children seek after a cause for whatever occurs before their eyes. Why? is almost the

first word in the mouth of every intelligent child. Why is this? Why is that? Why is this other thing? Every medical man has the why addressed to him every day much oftener than he can satisfactorily answer. It must be confessed, however, that men are much better at asking what is the cause of an occurrence than at finding a correct answer. All that multitude of errors which deform the early history of science, as well as the early history of medicine, plainly has its source in the disposition of mankind to regard things standing in immediate succession as being in the relation of cause and effect. The post hoc ergo propter hoc is, undoubtedly, the most fertile of all the sources of error among men. As long as man's attention is confined to cases which are plain and obvious, such as that fire is the cause of warmth, light the cause of vision, clouds the cause of rain, wind the cause of a tempest at sea, there is no difficulty met with. These are all familiar things. They fall within the experience of everybody so often, that if any fallacy had originally occurred to any one in regard to one or more of them, the fallacy could not escape being soon detected. But there are many events which fall within human experience less definite in their character, seldom occurring twice in exactly the same distinct form or condition, or else attended sometimes with one train of circumstances, and sometimes with another train of circumstances. If, then, a person, by the constitution of his nature, is obliged to consider whatever precedes an event on its cause, unless he were previously sufficiently acquainted with the general character of the event to be able to pronounce that that antecedent could not be its cause, he will be apt to run into error, as he sees things occurring in succession with the precise nature of which he is not acquainted.

For instance, an eclipse occurs, and soon after a pestilence arises. Persons, even in our time, who have made themselves but little acquainted either with what is known of eclipses or with what is known of epidemics, will hardly fail to ascribe the one event to the other. At the time of new moon there is a heavy fall of rain, and heavy rains occur during the whole time of that moon. Those who have paid little attention to the vicissitudes of the weather ascribe the subsequent rains to the rain which fell at the beginning of that moon. “If it rains on St Swithin's day,” says the popular saying. “it will rain every day for six weeks after.” If people attended more to the ordinary character of the weather at that season, they would find that in most years it rains almost every day for six weeks, whether it rains on St. Swithin's day or not. Some years ago, a popular notion arose that a single good dose of common salt is an effectual remedy for epilepsy. Numbers were found to bear witness to the truth of the assertion, had doubtless what they said they believed on good evidence, such as it was. An epileptic was seen struggling with the disease on the ground. Some one ran for a handful of salt, and threw the salt against his mouth. The spectators

were astonished at the effect—the convulsions were no longer observed. If they had known that the convulsions usually come in a moderately short time, they would hardly have been surprised to see an apparent connection between the application of the salt and the termination of the convulsions. So it seems hardly to occur to the patrons of the numerous systems of quackery which prevail at the present day, that, under rest and regimen, a considerable number of diseases pass away without any particular treatment, and hence, that the diseases which they think owe their cure to their universal panacea furnish excellent examples of the well-known fallacy—post hoc ergo propter hoc. What, then, is the remedy for this singular fallacy in experience? What has cured a great part of mankind of their old faith in astrology, sorcery, divinations, and similar fallacies? What but a better knowledge of the ordinary laws of nature, widely diffused by means of general education. A man who is well read in the history of nations, and who has, therefore become well acquainted with the causes which operate in the production of wars, commotions, revolutions, and all the striking vicissitudes of their innumerable incidents, will not think of seeking any farther causes for these than are to be found in the conflict of human passions and interests, and in the elements of discord necessarily generated in the progress of man's social condition. He will not think of calling in the influence of the stars to account for what he sees so likely to be produced by influences ever at work on the busy surface of the earth. A man who knows something of astronomy will not readily believe that the star in the ascendant at the moment of an infant's birth can have any power to determine the course of that child's nature in after life. A man who has studied the habits of birds will not readily believe that the appearance of a magpie on either side of his path will have any influence on the success of the journey on which he is setting out.

What, then, but the progress or knowledge in all the several departments of nature and of social life has caused the disappearance of these superstitions? And what is the interpretation to be put on this proposition? What but this—that knowledge is essential to render conclusions from experience free from fallacy. What, then, is the kind of knowledge which should be cultivated in order to secure to experience in medicine freedom from fallacy, and in order to render experience an effectual guide to medical skill in individuals, and to render it the means of improvement to the science of medicine? The sciences applicable to medicine come under the three heads of physiology, pathology, and therapeutics. It is, then, by a familiarity with the spirit of these branches of knowledge that the mind is to be fortified against the ever ready acquiescence in the conclusion that the circumstance which precedes an event is to be regarded as its cause. It appears to me that the necessity of knowledge to the successful use of ob-

servation and experience cannot be too much insisted on. The history of medicine and of surgery is full of instructive lessons on this subject. How many long ages elapsed before so simple a matter as the treatment of wounds and injuries came to be placed on a proper basis? Surely there was no want of experience in these amidst the wars and tumults of ancient times, and of the dark and middle ages of European history. What, then, prevented this vast experience from being more fruitful of beneficial results? The light of physiology had not then become a lamp to the path of the surgeon. It was ignorance of the causes of nature in the animal economy which made surgeons blind to the right conclusions to be drawn from their experience. The rise of exact surgery is coeval with the rise of sound physics. But I will not trespass on your time longer, by dwelling on illustrations of the necessity of cultivating the subjects of physiology, pathology, and therapeutics, if we would render our daily experience subservient to our own improvement in medical skill, and to the advancement of medicine as a science. In bringing this very imperfect address to a conclusion, I would strongly counsel that we should never yield to a despair of the fortunes of medicine. Of the usefulness of our exertions in fighting against the inroads of disease, under the many serious difficulties lying in our path, there is not room for the slightest doubt. Let us not impatiently turn aside from the straight path in search of novelties. Too many examples of the folly and fruitlessness of such a course have already occurred within the history of medicine. The medicine of our day is on a well-ordered plan, and there is no ground for doubt that a perseverance in its essential precepts will give one day to the pages of the history of medicine, a greater brilliancy than has yet been obtained.

It was Resolved that the Librarian be invited to the Annual Dinner of the Society.

James Patterson, President

#### July 4th, 1859

Present, Dr. Patterson, President, in Chair—Drs. Stewart, Pirrie, Heeney, Dunlop, Browne, Murney.

The ballot for Dr. Clark was again postponed in consequence of the absence of his proposer.

“Basham on Dropsy”, and “Brinton on Diseases of the Stomach” were ordered for the Library.

A letter was read from Dr. Lightburne of Brookboro' relative to the formation of an Annuity Society. The discussion of the subject was postponed until next Meeting, when it was suggested that Dr. McCormac should be requested to attend, as he had, on several occasions, expressed some special views on this matter.

Dr. Murney having brought forward the subject of amalgamating the Medical and Pathological Societies, it was directed that a Special Meeting of the Council

be called to consider the subject, and to report to the Society when prepared.

It was ordered that a Copy of the New Medical Registry be procured as soon as possible.

Dr. Gordon sent a letter stating his inability to attend to read his promised Paper.

James Patterson, President

#### August 1st, 1859

Present, Dr. Patterson, President—Drs. Gordon, Moore, Drennan, Heeney, Halliday, Aickin, Aickin W., Browne, Bryce, Dill, Mulholland, M. McGee, Stewart, McCormac, Murney, Dunlop, Pirrie, Smyth, McCleery, Ross.

After the Minutes had been read, some discussion took place as to whether the balloting for Dr. Clark should then be proceeded with, and it was ultimately determined that it should be deferred until the Rules for the admission of Member should be modified or rescinded.

Dr. Lightburne's letter in reference to an Annuity Society for the Widows of Medical Men was read, and the Secretary was instructed to inform him that the Society did not consider itself in possession of sufficient details to express any opinion as to the merits of his project.

Two other plans of Insurance were brought under notice by Drs. McCormac and Heeney, and the latter gentleman was requested to obtain further information as to the principles and operation of the Medical Provident and Benevolent Society.

Dr. Murney reported that in consequence of an insufficient attendance of Members, the subject of an amalgamation of the Medical and Pathological Societies had not yet been brought under the consideration of the Council.

The thanks of the Society were given to Dr. Stewart for his presentation of Reports and reviews on the subject of Insanity.

Professor Gordon read a Paper on Fractures of the Clavicle and lower extremity of radius, in which he proposed several new views as to the mechanism of the consequent deformities, and mode of rectifying them.

He also exhibited a new form of splint for application in the latter accident. After a short discussion, the President returned the thanks of the Society to Dr. Gordon for his very interesting and original paper.

Paper:<sup>1</sup> Sarah Willis, aged 16, a mill-worker, admitted into the Belfast General Hospital, May 31, 1859. She says "that, whilst at her work, she stumbled, and, falling on her elbow, injured her shoulder." On looking at her as she lay in bed, the nature of the injury was very evident. The right shoulder was directed more for-

wards than the left, and, relatively to the clavicle, depressed. The trapezius was visibly projected backwards, opposite to and by the outer end of the inner or sternal fragment of the clavicle, fully half an inch of which projected beyond the inner end of the outer or acromial fragment.

The fracture was oblique from behind forwards, and about two lines external to the commencement of the posterior convexity. The acromial fragment posteriorly was three-quarters of an inch in length, whilst along its anterior border it measured one inch. The distance between the acromio-clavicular and sterno-clavicular articulations on the left side was four inches, whilst that of the right or injured side was only three inches. The outer fragment rested against the anterior border of the sternal fragment.

This is the fourth example of fracture of the clavicle between the coraco-clavicular ligaments which I have met with in a period of six months. Two of them were of old standing, and two recent. The former I had an opportunity of dissecting, and the results have been recorded in the Transactions of the Clinico-Pathological Society.<sup>1</sup>

Although two of these instances have occurred subsequently to my first communication on this subject, they confirm fully all the observations then made. I shall now, however, give a summary of the conclusions at which I have arrived, and of the facts observed in the two cases in the living, and of the three specimens deposited in the Museum of Queen's College.

1. That, from the form of the clavicle, fracture in the posterior concavity, or in that part of it to which the coraco-clavicular ligaments are attached, is not a rare accident, having met with four cases within the short period of six months, two in the living, and two in the dead.

2. When the clavicle is broken between the coraco-clavicular ligaments, there is generally considerable displacement of the outer fragment forwards on the anterior border of the inner portion; and the attachments of these ligaments do not offer any important resistance to this displacement. If we dissect away all the soft parts, leaving the clavicle attached to the scapula by its ligaments alone, then saw through the clavicle, leaving the compact layer on its under surface untouched, and after that break it, it will be found that the coraco-clavicular ligaments do not offer any appreciable resistance to the outer fragment, being applied against the anterior border of the inner one.

3. We have fracture between the coraco-clavicular ligaments without displacement, and when that occurs it must be referred to some other cause than to the resistance offered by these ligaments.

4. The extent and nature of the displacement in fracture between the coraco-clavicular ligaments will

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1859, v28, p478.]

<sup>1</sup> [See pages 769 and 800 for descriptions of this and another.]

be found to be very variable. There may be scarcely any displacement, or, as in No. 1 specimen, the outer fragment may unite almost at a right angle with the inner one, the upper surfaces maintaining the same horizontal level; or, as in No. 2, with the acromial fragment somewhat above the sternal one, and the angle formed between the fragments somewhat less than a right angle; or, as in No. 3 and the case just related, where the outer fragment is displaced so much inwards as to leave half an inch or even a little more of the inner fragment projecting beyond the inner end of the outer fragment. No. 3 presents us with an example in which there was a false joint, the fragments being united by strong ligamentous bands, and, in addition, the outer end of the inner fragments was so rotated by the action of the trapezius muscle, that its upper surface looks forwards and upwards, instead of directly upwards.

5. The outer end of the sternal fragment seems to be displaced backwards and slightly upwards, but this is more apparent than real, from the shoulder falling downwards and inwards.

6. From the inclination forwards and inwards of the shoulder, the outer end of the sternal fragment comes in contact with the trapezius; hence, when pressure is made on that muscle opposite the fracture, it becomes applied against the end of the sternal fragment, causing a jagging pain, much more acute than when pressure is made over any other part of the fracture. The severity of this pain, however, will depend on the seat of the fracture, its nature, the form of the clavicle, and the tolerance of the patient to pain. Thus the pain on pressure in my first case, that of the carpenter, was most acute, whilst that of the girl Willis was not complained of.

7. From the form of the clavicle, fracture occurs most frequently at the centre of the posterior concavity, or a little more external, than between the trapezoid ligament and acromio-clavicular articulation. For, when we take into consideration the short space that exists between the extreme external attachments of the trapezoid ligament and the acromion, the greater transverse breadth of the clavicle here than half an inch or an inch more inwards, and the shorter lever, it is quite evident that fracture between the ligaments and acromion must be a very rare accident, and the result of some peculiar and direct force; whereas, in fracture between the coraco-clavicular ligaments we have a longer lever, lessened diameter, and the curve of the clavicle, all conducing or predisposing to fracture here rather than external to these ligaments.

8. From the attachments of the coraco-clavicular ligaments, from the three specimens exhibited, and the two cases related, I am of opinion that several of the cases of fracture of the clavicle described by Dr. R. W. Smith in his *Treatise on Fractures in the Vicinity of the Joints*, as external to the coraco-clavicular ligaments, are really between them, and that his observations on

this accident, and those of Mr. Erichsen,<sup>1</sup> apply more correctly to the fracture between than to those external to the coraco-clavicular ligaments.

On the Treatment of Fractures of the Clavicle.—I have not as yet made any reference to the treatment of fracture of the clavicle between the coraco-clavicular ligaments; but as this injury is to be treated on the same principles as fractures of the inner two-thirds of that bone, and as the views held by me are different from those generally entertained, I shall now briefly state them.

The main use of the clavicle is to keep the scapula outwards, and thus preserve the transverse breadth of the shoulder, giving to the upper extremity a greater freedom and scope of action. No matter what may have been the occupation of the individual, the upper surface does not change its form; but such is not the case with its anterior and posterior borders: they become curved just in proportion to the laborious occupation at which the individual may have been engaged. Hence, when the clavicle is fractured, the scapula, no longer held outwards by it, takes the direction which the physiological action of the muscles impresses upon the sound bone, that is, forwards and inwards. The thorax represents a cone, the transverse diameter of which rapidly increases from above downwards; it also slopes obliquely downwards and forwards; and besides its greatest transverse diameter, against which the base of the scapula and a small portion of its venter rest, is not in, but behind its centre. The external two-thirds of the venter and neck of the scapula are not in immediate contact with the ribs, but are held outwards by the clavicle. Now, if we place the scapula, supported by the clavicle, in its natural position, and then withdraw the clavicle, the venter or fossa subscapularis will become more extensively applied to the thorax, and although the posterior border or base of the scapula may still maintain its relative position on the ribs, its external or acromial angle will fall forwards and inwards. Hence, in fracture of the clavicle, this rotation or alteration in the direction of the scapula causes the outer fragment of the clavicle and acromial angle of the scapula to be depressed, though the scapula itself, in its vertical relation to the ribs, has not undergone any change.

If we observe carefully a person who has sustained a recent fracture of the clavicle, we see that he inclines towards the injured side, with the shoulder seemingly depressed; and if, at the same time, we examine the spinal column, it will present a concavity towards the injured side. If we now direct the patient to straighten himself until the curvature of the spine disappears, and then compare the two shoulders, in most recent cases we shall see that the shoulder of the injured side is no longer depressed, but actually raised; and the more it is elevated, the more will the scapula come into relation

<sup>1</sup> Science and Art of Surgery.

with a narrower part of the thorax, and the more, therefore, will its acromial angle fall forwards, inwards, and downwards, diminishing the distance between the sterno-clavicular and acromio-clavicular articulations.

The explanation hitherto given by surgeons of the displacements in fractures of the clavicle is, that the outer fragment is drawn forwards and inwards by muscular action, and mainly depressed by the weight of the extremity. That the outer fragment lies beneath the inner one, there cannot be any doubt; however, that it and the scapula are dragged downwards, relatively to the thorax, by the weight of the extremity is a statement the accuracy of which I cannot admit. Is such an explanation in accordance with the recognised influence of muscular contraction in causing deformity? The muscles in this fracture, as in others, are not passive, but active. The weight of the extremity being regarded as the chief agent in causing displacement, the treatment has been conducted so as to counteract it. The lower end of the humerus has been brought forwards, and used as a lever, to force, by its upper end, the scapula upwards, outwards, and backwards, and thus made to counteract the displacement downwards, forwards, and inwards. Have not the form of the thorax and the relations of the scapula to it been overlooked? Has this treatment been successful? All practical surgeons bear testimony that in fractures of the clavicle the treatment has not been very satisfactory. Overlapping of the fragments is the rule, and accurate adaptation the exception. The following seems to me to be the nature and cause of the displacement. When the clavicle is broken, the outer or acromial angle of the scapula, no longer held outwards, falls forwards, inwards, and downwards. The form of the thorax conduces to this movement, but the chief agents are the serratus magnus, lesser pectoral, and subclavius muscles; and whilst the scapula is in this position, the rhomboideus levator angulæ scapulæ, and the trapezius muscles elevate it, also assisted very much by the action on the humerus of the clavicular and upper sternal fibres of the great pectoral. The patient leans to the injured side, not to allow the shoulder to be depressed, but to relax the muscles excited to contraction by the irritation of the broken surfaces. To counteract the displacement that occurs, let a large pad, larger than that usually employed, be placed in the axilla, and fixed there by a figure of 8 or clavicular bandage, sufficiently tight not only to fix the pad steadily, but also to keep the shoulders well backwards; let the arm now be extended directly downwards and firmly fixed to the body by a bandage or belt carried horizontally around the body, and permanent extension maintained by passing a band around the perineum or upper and inner part of the thigh (the same as the perineal band used in fractures of the shaft of the femur when treated by the long splint), and extending around the upper end of the forearm, flexed at right angles with the arm.

When extension is thus made on the arm directly downwards with a large pad in the axilla, the outer fragment passes outwards, and comes into the most accurate apposition with the inner, and this is materially assisted by the form of the thorax, for, as we pull upon the arm, and thus drag the scapula downwards, it is forced outwards and brought over a wider part of the thorax, which counteracts very much the tendency to displacement inwards.

On Fracture of the lower end of the Radius.—Of all the bones of the body, none of them are, I believe, so frequently broken as the lower end of the radius. It is almost universally admitted that after this accident the concavity of the radius is seldom perfectly restored, and the utility of the upper extremity is often impaired for weeks, months, and sometimes permanently, notwithstanding the greatest care on the part of the surgeon. There is, therefore, a necessity for a more correct and satisfactory mode of treatment. The object of the present communication is to bring before the profession a splint which I think is better calculated to restore the natural concavity of the radius than those now in use.

Without entering into detail as to the anatomical characters of this accident, it will be sufficient for my purpose to say, that the broken ends of the bones undergo a double displacement. The upper end of lower fragment and the lower end of upper fragment are displaced forwards and inwards, causing a prominence in the front of the forearm, and a diminution of its transverse diameter. As a consequence of this displacement, the carpal end of the radius is directed downwards, backwards, and a little outwards, causing the styloid process of the radius to ascend, and also giving an appearance to the hand as if it had undergone a partial displacement backwards, and to the radial side of the forearm.

To counteract this deformity, the treatment usually adopted may be well illustrated by giving that recommended by Dr. R. W. Smith in his *Treatise on Fractures in the Vicinity of Joints*, page 167:—"The deformity having been, as far as possible, removed by extension and counter-extension, and the hand moderately adducted, a cushion is to be placed upon the posterior surface of the limb, of sufficient length to extend from the elbow to the fingers; the portion of this cushion which corresponds to the lower fragment of the radius and to the carpus should be thicker than any other part, and from its ulnar to its radial border should gradually increase in thickness. A transverse section of this portion of the cushion would represent an isosceles triangle, the base of which would correspond to the radial border of the limb.

The objects proposed to be attained by constructing the pad of this form are, to press the lower fragments of the radius forwards, and to direct its external border towards the side of pronation.... A second cushion,

thicker below than above, is to be placed upon the front of the limb, but should not descend below the margin of the superior fragment, for otherwise it would, to a certain extent, counteract the influence of the dorsal cushion, and would tend to maintain the displacement backwards of the inferior fragment. An anterior and posterior splint are then applied, each of which should be an inch broader than the forearm; the posterior should extend from the elbow to the fingers, and should be curved from the wrist downwards, to receive the adducted hand; the anterior need not descend below the palm of the hand; a roller is then to be carried around the splint in the ordinary manner.”

Is a simple cushion, thicker below than above, placed along the anterior surface of the forearm, and extending as low as the lower end of upper fragment, sufficient to maintain, with the assistance of the dorsal pads and splint, the convexity of the radius? Place a splint along the anterior surface of the forearm, and look at the relations of the radius to it: below, it is in contact with the splint, but as we ascend, we see the radius gradually inclining from the anterior to the posterior aspect of the forearm, leaving a triangular space opposite the termination of the fleshy fibres of the *supinatus longus*, of nearly an inch and a half in breadth between it and the splint. Besides, the cushion in front, thicker below than above, exercises its chief pressure on the ulnar side of the forearm, and is totally insufficient to re-establish the natural concavity of the radius, and the anterior splint descending as far as the palm of the hand, with the hand towards pronation, prevents the pad being pushed sufficiently backwards. The triangular-shaped cushion behind, supported by the dorsal splint, has a tendency to rectify the displacement, but it cannot do so effectively unless we have a firm support in front pressing the fragments backwards, whilst the carpal end of the radius is forced forwards. To fill up the concavity of the radius, and to preserve it during the consolidation of the fracture, something more solid than a cushion will be requisite.

Take a piece of common deal or pine, the length and breadth of the forearm, and three-fourths of an inch in thickness, having its lower end rounded off, that it may rest equally on the forepart of the carpus and upper part of the hand when flexed on the forearm; another piece of wood, one inch in depth, and one inch and a half broad, is to be attached to the piece just mentioned, about one-third of an inch from the radial border below; then cut it obliquely from without inwards, and also below and above, until it fills up and fits exactly the concavity of the radius. Take a third piece of wood, about two inches in depth, and four in length, cut it obliquely, so that, when attached to the back of the first piece, it may incline inwards, and also towards the ulnar side; make a notch in its radial border, to receive the ball of the thumb, and allow of the adduction of the hand. Having removed the deformity by extension and

counter-extension, and placed a soft cushion on the splint, let it be applied on the extremity; then place a small cushion over the back of the carpus and hand, and another on the upper and back of the forearm, near the elbow-joint; over these, a straight splint extending from the elbow to the hand. The notch below receives the ball of the thumb, and the piece in which the notch is cut, forming an obtuse angle with the body of the splint, permits adduction of the hand, and, as it also inclines inwards, it permits moderate flexion of the hand upon the forearm. The piece of wood on the radial border of the body of the splint, filling the concavity of the radius, serves as a fulcrum, pushing backwards the fractured ends of the bones; and the posterior splint, acting on the back of the hand, carpus, and carpal end of the radius, inclines them forwards in the direction of flexion. The piece of wood which is attached along the radial border of the body of the splint, being about one-third of an inch from its margin, is directly forced into the concavity of the radius. The outer margin of the body of the splint receives directly the pressure of the bandage, and protects the outer margin of the radius from it, and thus is the transverse breadth of the forearm preserved.

I am inclined to think that too much importance has been laid on the adduction of the hand in restoring the interosseous space; as I believe, if we succeed in restoring the natural concavity of the radius, we will also restore at the same time the interosseous space, just in the same way as we would a broken piece of wood, whose broken surfaces were not displaced, but formed an angle from pressure on both its ends. To remedy such an inclination, all that is requisite to do is to make such an amount of pressure at the seat of fracture as shall restore it to its straight position.

A short Paper was read by Dr. McCormac on “revivalism in its medical aspects” the present religious epidemic was regarded by him as strictly analogous to a great number of others occurring in different ages and countries, and like them, as mainly dependent on physical causes and the spirit of invitation. In the animated discussion which followed, while the nervous or hysteric element in the phenomena was freely admitted, their essentially religious origin and character were also, by many of the speakers strenuously maintained.

Paper:<sup>1</sup> The phenomena known under the term “revivalism” are confined perhaps to no nation or time. They extend to both body and mind, producing, among other results, in the former, catalepsy, convulsions, speechlessness, fainting-fits; in the latter, exaltation, wandering, and, in some cases, insanity. The medium of communication between revivalist and revivalist is certainly the mind; and through the operation of mind

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1859, v28, p474.]

on mind are all the phenomena appertaining to it, in the first instance at least, produced. Secondly, indeed, the mind of the affected person acts upon itself and upon the body likewise.

The great majority of sufferers are females, and these again are almost entirely confined to the humbler classes of society and to particular sects. These circumstances alone, if any proofs were wanted, show the artificial and partial character of the phenomena of revivalism.

It is quite unnecessary to describe the special cases and phenomena of revivalism. One case of hysteria, the mental pre-occupation apart, has a general family likeness to other cases of hysteria; catalepsy vies with catalepsy; and convulsion with convulsion. That these diseases, epilepsy even, in certain cases inclusive, are propagated by imitation, is matter of notoriety to medical men.

The revival movement at Cambuslang nigh Glasgow, in 1742, was like the various revivals that have since taken place in America, as well as the Belfast revival movement of 1859. One and all, on the part of those who take a share in them, assume a personal communication with the Deity, a special providence and a special inspiration, whereas it is the general impression of intelligent thinking men that they are the exclusive result of imitation.

The present outbreak of revivalism has worn all the characters of a real epidemic. It has attacked the spinners in their mills, the servants, i.e. the servant-maids, at their work. From some places of worship the smitten ones, it is said, could have been counted by scores. The same movement has gone from town to town, and from neighbourhood to neighbourhood. The unlearned teach, and the ignorant expound, while the educated and intelligent look on in silent wonder, or, in some instances, unhappily, lend their countenance to the work.

An able observer, a clergyman of the Establishment, wrote as follows to me from the country:—"The girls and boys who have been struck down are going about kissing one another in public. We have also had a new feature. A child of six months old took it, and its countenance and the way it held out its hands were, they said, quite heavenly."

I have been informed by trustworthy observers, that in those cases in which immoral, intemperate persons were attacked, an entire reform was very often observable in their conduct and bearing. The intemperate became temperate, the immoral moral, and evil speakers and loose livers, of correct deportment. That this was so in many instances, I have not a shadow of doubt. At the same time, there was very often a complete cessation of all habits of regular industry. Some few died of disease, brought on by over-excitement. Others became insane. And a few, there is every reason to believe, counterfeited the phenomena of revivalism, some to approve themselves more worthy, and others from motives yet

less creditable. The following three letters have already appeared in the local journals:—

I. The True Revival.—The true revival is nearness to God, the service of the heart, the habitual realization and the practice of those just and pure and generous affections which realize indeed heaven in this life, and secure its reversion in the next. Spasmodic shoutings, or cries, or writhings, or self-denunciation, or protracted melancholy, associated with whatever religious catchwords, are not a true revival, will not conduct us to God. They are but a temporary effervescence of overwrought feelings, sometimes, though rarely, leading to desirable results, but much oftener to self-deception, spiritual arrogance, bodily disease, and not very unfrequently the lazar-house for the insane.

The history of humanity, with the annals of self-imposture, in every sect almost, is rife with instances of this boiling-over of the religious element, which, in later years, now in America, now in Wales, and now here, bears the name of religious revivals. It is simply the perversion or misdirection of a sentiment else natural and needful to the soul of man. But the religious sentiment itself, like all others, demands the guidance and restraints of reason; else, the most ignorant and besotted often laying claim, false claim, to the immediate direction of Heaven, go astray themselves, and insult the faithful record of right convictions and a holier faith.

The kingdom of heaven is won by slow degrees, by effort, by truthfulness, the habitual practice of what is right; and not through spasms, and contortions, and grimace. The inspirations of the Most High follow closely on the development of the soul in affection, and intelligence, and goodness. The pure in heart indeed shall see God, but not the less true is it, from the world's beginning until now, that with whatever certainty the culture of the religious, the spiritual affections, leads to heaven, it must, in order to realize its fullest, fairest fruits, be associated with all the proprieties, the soundest reason, the loftiest, most unflinching development of the intelligence.

II. The Real Revival.—The Deity, through the mouths of all His servants, assures us that just deeds and pure affections are the avenue to His favour, and to the happy frame of mind which realizes heaven. Let us rescue, if we can, by direct and energetic culture, the greatly neglected children and youth of this large community, rendering them, indeed, good sons and daughters, and, presently, good husbands and wives and citizens. But it is not through religious empiricism that we shall do so, or by encouraging fainting-fits, or incoherent religious ravings and ejaculations, too often no more the evidence of a real religious influence than would be an attack of epilepsy or insanity. There is no such short-cut to heaven. Such influences are evanescent as they are unreal. No respectable religious teacher, no reflecting man, should lend them the

slightest countenance, unless to discountenance them. Very different are they in character and result from the sedulous, persistent culture of the heart and understanding, which, coupled, as I must again iterate, with just deeds and pure affections, is the only road to heaven.

“Revivals,” observes a writer in the *Edinburgh Review* for October, 1850, “are made up of all the arts of excitement, coupled with some of the arts of fraud, which mingle strangely together in spiritual zealotry. Religious madness is a form of insanity well known in lunatic asylums and out of them.”<sup>1</sup> “It is admitted,” says Sir Charles Lyell, in his work on the United States, second edition, “and deplored by the advocates of revivals, that after the application of such violent stimulants there is invariably a reaction, and it is creditable to the New England clergy of all sects that they have in general, of late years, almost discontinued such meetings.” The same judicious writer, speaking of the Millerites, followers of a man who announced the 23rd of October, 1844, as the end of the world, says that they advertised ascension robes for going up to heaven, and that some even “sat up all night in their shrouds,” in anticipation of that event. I heard much of the Millerites during a tour in the United States, and of their insane doings, and came myself, near Troy, north of Albany, in contact with an instance of fanaticism so revolting, that I hesitate to describe it in a public print.

III. The Only Revival.—The revival movement is a moral epidemic, an infection flowing from imitation, propagating itself at once through the minds and nervous systems of those affected. In many instances, indeed, it impairs the moral equilibrium, produces faintings, spasms, exhaustion, ejaculations,—too often no more a criterion of sound religious influences than were long since the excesses of the convulsionaries of St. Medardus or Loudun.

To the revivalist sufferer his revival seems a great fact. He ascribes it to the Spirit of God, whereas it is to be ascribed to the spirit of imitation, of whose potent influence he knows nothing.

It might be said—Even so, let us turn the revival movement to good. But the revival movement, so termed, is a morbid and impermanent one, that cannot well be so turned. It is not thus that the waters of life, the peace of God, the spiritual, the only revival, can be made to irrigate the barren wastes of man’s soul. For God’s sacred influence is peace; it is seen in the steadfast performance of every duty. Here, the experience of

<sup>1</sup> The notices in medical works on the results of perverted religious influences are almost countless. “The instances of religious excitement furnished by the revivals, the camp meetings, and field preachings in America and Scotland, the modern gift of tongues in this metropolis, are all forms of this kind of partial insanity, which often passes into more furious mania, or confirmed insanity.”—Copeland’s *Medical Dictionary*, Art. “Insanity,” §§ 122, 286. See also Dr. M’Cormac’s “aspirations from the Inner, the Spiritual Life.” (Now in the press.)

the physician avails as well as that of the spiritual teacher. If the latter foster a merely hysterical impulse of imitation, and look to it for realizing the sober, solemn fruits of permanent, well-reasoned culture, he will but disserve the object of his solicitude. God does not torment his followers. Love and belief, if spiritual teachers could but be made to see it, are indeed one. It is only by daily, reiterated, persistent culture that apathy is to be roused, ignorance superseded, and the soul brought into real relation with the truths of Heaven.

For every sacred, holy duty is consonant with the discharge of the daily task. The schoolmaster often is needed rather than the religious teacher, unless, indeed, the latter happen to be a wise and large-hearted man. And, even then, secular and religious culture should go together. The neglected, ignorant, suffering many, and not merely the subjects of a pretended religious movement, and, in reality, temporary, baseless excitement, should be attended to. In plain earnestness, there is abundant time for the worship of God in the morning and evening hour, ere the daily task, which is also holy, has begun, and after it is done. For to work, in very truth, is to pray. It is not right that the people should be induced to neglect their daily toil. And those who wish the multitudes well will do better by teaching the unclean to be clean, the immoral to be moral, the ignorant to get rid of their ignorance, realizing comfort, and order, and peace—for the empire of goodness is consistent in all things—than in running after pretended revivals, which, as all experience shows, and will also show here, have neither permanence nor fitness to recommend them.

Mr. Browne brought before the Society a proposal for presenting a Testimonial to Dr. Jacob of Dublin for the services he had rendered to the Medical Profession as conductor of the Dublin Medical Press.

James Patterson, President

### September 5th, 1859

Present, Dr. Patterson, President, in Chair—Drs. Stewart, Murney, Dill, M. McGee, Dixon, Browne.

Minutes of last Meeting read and confirmed.

Resolved “That the words—‘with the exception of those whose names appear upon the Medical Register’ shall be added to the Rule of December 1858, regarding the qualifications of Candidates”.

Dr. Murney read a Paper on a case of Popliteal Aneurysm.

Paper:<sup>1</sup> In 1857 I detailed the history of a case of Popliteal Aneurysm treated by compression, which terminated fatally by the bursting of the artery on the proximal side of the tumour, in consequence of the extensively diseased condition of the coats of the vessel.<sup>2</sup>

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1859, v28, p485.]

<sup>2</sup> [See page 182.]

To-day I place before you a brief record of another case of the same disease, treated in similar fashion, followed by satisfactory results.

A man, aged 26, of medium stature, and rather spare habit of body, was admitted into the General Hospital on the 9th of June last. By occupation a stable-boy, occasionally he exercised horses, but his duties were more those of a groom; his habits were at times dissipated, but he could scarcely be called a drunkard. The disease had existed for four months; when first noticed, the tumour was not more than half the size of a pigeon's egg; at the same time the superficial veins of the leg (which had been varicose for years) became much more swollen, and the limb generally was larger. The prominence in the ham steadily and regularly increased, and when he came under my care it was fully as large as a medium-sized cocoa-nut placed transversely, producing a somewhat flattened prominence on the inside, and a more spherical elevation on the outside of the knee.

In brief terms, the following points were noticed: the knee was, of course, semiflexed; pulsation was arrested by compression of the femoral artery, and at the same time a general diminution in the size of the swelling took place; a distinct bruit de souffle was heard; pressure on the proximal side, of course, arrested this sound; on its removal, a distinct bang or thump was heard as the blood resumed its course. There was no evidence of disease in any other part of the arterial system.

It was my intention to commence treatment in two or three days; unfortunately, however, on the second day he slipped when crossing the ward, and hurt or strained the tumour very much; the knee and leg became swollen, and he suffered great pain.

Evaporating lotions to the part, opiates, and other treatment considered advisable, were used, and on the fifth day after, viz., on the 16th, the swelling was gone, the pain subsided, and the stethoscopic symptoms were the same as on his admission. Carte's compressors were now applied, and he was instructed how to use them alternately, as the pressure would become painful. Twenty-four hours after, the report in my casebook is: "Tumour considered smaller to-day; no bruit can be heard at any part of the popliteal space."

On the 18th the report was: "On the most careful examination, neither pulsation nor murmur can be detected; size of leg and prominence of tumour distinctly less; the latter is also less hard." For the next day or two he was directed to screw down the compressors occasionally for half an hour at a time; a sense of numbness in the leg and foot, which was experienced after the first twenty-four hours of pressure, now began gradually to subside, and the temperature of the part, which was below that of the other limb for the same period, was gradually restored as the collateral circulation became established. When all treatment had ceased

for some days, he was seized with a mild febrile attack, which yielded after a time; and he was discharged from hospital on the 11th of July.

In this case I considered the pressure was successful in twenty-four hours; but, as a measure of caution, I thought it better to continue it for a short time longer; certainly, the most decided opponent of the treatment of aneurism in this way could not say the time required was more than forty-eight hours. A few cases of such prompt and satisfactory results are on record; I regret they are not more frequent.

I have not had an opportunity of witnessing the treatment by flexion as introduced by Mr. Ernest Hart, and practised by him, by Mr. Shaw, and others. I cannot, however, think of any case in which this new mode would be preferable to the older plan. It is said the appropriate cases for flexion occur in individuals of spare habit of body, and in whom the aneurism is small; this of course limits the number in which it can be tried.

It has been remarked, whether the treatment occupied a short or long term, the patient suffered very much at first from the constrained position, and at a later period from stiffness of the knee-joint. On the other hand, I have not observed any difficulty in the application of pressure; in some irritable individuals, no doubt, the surgeon's patience will be taxed to induce his client to persevere with the treatment.

I fear in such subjects any plan would be objected to. At present, I must say my opinion is, pressure is troublesome to the surgeon, but does not entail any danger or much annoyance to the patient; flexion, I expect, would require much less attention from the medical man, but would be more irksome to the sufferer.

As yet, a sufficient number have not been treated by it to warrant a comparison with the more established method, so as to show if it possesses the advantage of greater rapidity in attaining a cure.

James Patterson, President

### October 3rd, 1859

Present, Dr. Patterson in the Chair—Drs. Stewart, Lynch, Heeney, Mr. Browne, Drs. Moore, Murney, Dixon, Drennan.

After the Minutes of last Meeting had been read and confirmed, Dr. Dixon brought under the notice of the Society the frequency of failure observable of late in the operation for vaccination, as also numerous anomalies in the formation of the vesicles. Other members confirmed his remarks, and it was agreed that the subject should be further discussed at next Meeting.

Mr. Browne read the report of a case of "chronic or dry gangrene", and Dr. Murney stated the post-mortem appearances.

Paper:<sup>1</sup> The following interesting case I am desirous of submitting to the notice of the Medical Society, that it may be preserved among their Transactions. It illustrates a comparatively rare pathological condition, namely, chronic, dry, symptomatic, or, as it has been named, senile gangrene, occurring in a person of middle age; and it likewise shows the insidious nature of the disease, and the rapid progress of what may be strictly called a chronic affection. In the following brief notice I shall give a record of the history and progress of the case to its fatal termination; then the pathological condition, as revealed by post-mortem examination; and shall close with some reference to the opinions of pathologists on the nature and causes of the disease under consideration.

On Monday, the 8th of August last, Mrs. M'\_, aged 48 years, was admitted into the Belfast General Hospital, under my care. She then seemed weak, and was much emaciated, like a person suffering from lengthened indisposition, or from the want of proper nourishment. To the latter condition, I have reason to know, she had been exposed. Her statement regarding her previous state was to the following effect:—Up to the period of her last confinement (some eighteen months since) she had enjoyed tolerable health, though she never had been of robust constitution, and had menstruated regularly, unless when pregnant. She had never suffered from acute rheumatism, nor indeed had ever been very seriously ill. After the birth of her last child, the menstrual function entirely ceased. A few days after her last accouchement she had an attack of pelvic inflammation of some kind, but had not any symptoms whatever of phlegmasia dolens. Since that period she has been rather delicate in health, partly arising from the cares, privations, and vicissitudes of a soldier's wife; and latterly there cannot be a question that she had not been sufficiently nourished, and had slept in a miserable, damp, badly ventilated lodging,—had been subjected, in fact, to those conditions which would vitiate the healthiest system.

Under all these adverse circumstances, however, she felt nothing particularly wrong till the evening of Thursday, the 4th of August, when she experienced severe pains in the left foot and leg, and, during the night, in the thigh of same side. This pain was much aggravated in the morning, when she arose and bathed the parts in cold water; immediately after which she observed the limb became of a bright rose tint, and, shortly after, of a chocolate colour, the part feeling quite cold. About this time she was seen by one of the medical officers of the garrison, and afterwards by one of the Dispensary physicians, who sent her into the General Hospital. From these gentlemen I learned some of the preceding particulars, and also that on Saturday pulsation could be felt in the left femoral artery,

throughout its entire course, till it entered the popliteal region. On examining the limb the day after admission, it was found to be greatly discoloured and cold from the toes up to the junction of upper and middle thirds of the thigh, and that no pulsation whatever could be discovered either in the femoral or external iliac vessels. The discoloration was mottled of different tints: some parts of the foot were nearly black; on the leg there were blue, green, and violet-coloured spots, interspersed with patches of a nearly natural hue, and the thigh was of a dusky yellow. The temperature of the limb decreased from the groin downwards, the lower part of the leg and foot being deadly cold, except in those spots which retained the natural colour, and in which there was appreciable heat,—both evidence of lingering vitality in the midst of surrounding death. The temperature I tested by the thermometer. On the foot the temperature was that of water fresh from the cistern, 4° colder than the atmosphere of the open ward, which was 68°; at the knee the mercury rose to 70°; at mid-thigh it stood at 76°; and in the groin, 92° of Fahrenheit. The foot and front part of the leg were quite hard and shrivelled up, and the entire integument of the leg was dry, and without the least sensation,—indeed, sensation was lost from the mid-thigh downwards, save a feeling of pain about the knee. This, and a severe burning pain at the inferior part of the upper third of the thigh, were the only feeling she had in the limb. She had still some power of moving the thigh, but from the knee downwards all motion was lost. The pulse at the wrist was small, quick, and intermitting; the heart's action weak and irregular, with signs of valvular imperfection, and probably of dilatation of the left ventricle; the breathing was somewhat hurried and oppressed, unless when the patient had the shoulders well elevated—a position, I may remark, which had to be maintained throughout. The tongue was quite clean and healthy-coloured; the bowels acting naturally; the skin perspirable, but no profuse perspiration was present; and the general expression of the countenance was calm and hopeful, not indicating the dread state of the limb, and most unlike the expression which is so characteristic of acute gangrene of any extensive or important part. There was some, though not constant, irritability of stomach; the appetite was not good, and the desire for drink not urgent. I may state, however, that these symptoms varied greatly during the progress of the case, as on some days there was much greater depression and irritability than on others; and the pulse, sometimes weak and fluttering, at others was much stronger and less frequent, though at all times intermittent.

Matters continued much in the same way till the 15th, when a line of demarcation began to form about four inches below the trochanter. This line was very irregular, and not well defined; the part was red and swollen, and was the seat of acute pain. By the 20th the

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1859, v28, p486.]

line of separation was pretty deep, involving the integuments and muscular structure. From this there exuded a greenish fluid, of a very offensive odour. From the 17th the system began to be affected more markedly than before; the patient became restless and very thirsty, with nearly constant irritability of stomach; the expression of the countenance became one of great anxiety and distress, the heart's action very weak and fluttering, and there were occasional fits of impending syncope, with slight convulsive attacks, during which time the sufferer became, for a brief space, unconscious. When the line of separation had passed down to the bone, and the parts had nearly ceased to discharge the dark-coloured ichor, the poor patient seemed to rally a little for a few days.

On the 31st of August I examined the right limb, as I had frequently done previously, to ascertain the state of the circulation in it. On that last occasion I found the pulsation in the femoral artery quite distinctly; but on the 2nd of September I was informed that the patient, on the previous evening, had been seized with severe pain and spasms, or cramps, in the right foot, which, on examination, was found to be quite cold and blanched. When I examined the part on the 2nd, I observed the foot cold, and of a dusky hue; it was inverted, and the toes were firmly flexed. The patient complained of pain in the part and up along the limb, the heat and sensation of which were greatly diminished. The pulsation in the femoral, from below Poupart's ligament, was quite gone, and the right limb was evidently fast taking on the diseased condition of the left.

It is needless to trace this most distressing case through all its varied symptoms. Let it suffice to say, that increasing disease, bed-sores, constitutional irritation, and consequent exhaustion finally destroyed existence after thirty-eight days of protracted suffering; during one week of which time nearly one-half of the body was dead already, and, for three weeks, one entire limb had been completely disorganized.

The treatment consisted of beef-tea, wine, brandy, opium in large doses, camphor, and ammonia; while the limbs were kept rolled up in cotton wool, and pans containing hot water were constantly applied. Up to the time when the line of separation began to form, the parts affected were quite dry, and free from any disagreeable odour; but after the separation had passed deeply into the textures of the limb, the parts discharged a very offensive fluid. I then tried the deodorizing properties of the powder recently so much vaunted in the hospitals of France, and composed of plaster of Paris and coal tar. The proportions I used were six of the tar to about one hundred of the plaster. There cannot be a question that this mixture is a very good and very cheap deodorizer, and, in cases where it can be applied to all the parts yielding offensive gaseous products, will be found very useful; but in the case before the Society I found it necessary also to use the solution of

the chloride of zinc ("Burnett's Fluid"), and even with the liberal use both of the powder and the fluid—one part to twenty or thirty of water,—and free ventilation, the air in the ward was very disagreeable.

The following were the post-mortem appearances, the dissection having been carefully performed and recorded by Dr. Murney,—a sufficient guarantee that the inspection and record were accurately made:—"Body very much emaciated; right leg and foot of a reddish-brown hue, precisely the colour of the stained tops of hunting-boots; the left lower limb was shrivelled, dried, and mummified; colour quite black as high as the junction of the upper and middle thirds of thigh, at which point almost complete separation of the dead from the living parts had been effected. The femur was exposed at all parts of its circumference, the only structures not yet separated being portions of the aponeurosis of the rectus femoris, semi-tendinosus, and semi-membranosus muscles. The viscera of the abdomen were healthy. Some adhesions were noticed, but not of sufficient importance to require special description. The abdominal aorta was of much smaller caliber than usual; in other respects it was normal; there was nothing unusual about its various visceral branches. Immediately below the origin of the inferior mesenteric it was fully and firmly distended by a large clot, which also filled the common, internal, and three-fourths of the external iliac branches. It had been my intention to inject from the abdominal aorta, in order to examine the arteries of the lower extremities, but the presence of this clot compelled me to pass farther down, and strip the femoral, with the view of injecting the right limb from that vessel. It proved to be not of greater size than an average radial, and it was therefore after some trouble I was enabled to insert a small-sized femoral injection-pipe below Poupart's ligament. I used wax, coloured with vermilion, and thereby easily distended the main trunk, but the branches were not filled. This was caused by the presence of clots in nearly all the smaller arteries. Nothing peculiar attracted attention on the right side, although I followed the course, and removed for inspection the femoral, popliteal, and anterior and posterior tibial vessels to their terminations; except that the "vasa vasorum" were more distended than usual. The left thigh was not injected, but the trunks of the femoral and profunda, and the anterior crural and external circumflex nerves, were followed to where the living had thrown off the dead parts. For a short distance from their extremities the nerves were more vascular, and their terminal portions were pointed. The femoral artery and vein had become ligamentous cords for at least one inch and a half from the line of demarcation. The previous parts of the artery up to the common iliac showed intense congestion of the vasa vasorum, greater even than that on the right side; here also the caliber was a great deal less than natural. The aorta and its larger branches being laid open, remark-

ably firm fibrinous clots were found in the parts named, and also in the trunks of both limbs, at various points. The lining membrane was remarkably vascular in frequent patches. There was nothing peculiar about the vena cava ascendens, but the larger trunks which directly or indirectly terminate in it were with difficulty separated from the arteries they accompanied; indeed, it was quite impossible to disconnect the left femoral vessels for about two inches above the line of demarcation. Nearly the whole length of all the larger veins, so high as their termination in the cava, were filled with firm coagula. In the thorax tolerably extensive pleuritic adhesions were found; the lining substance was healthy. Before being taken out, the heart seemed greatly enlarged; but section of the cava and pulmonic veins permitted a large quantity of blood to pour from the cavities on both sides. The muscular tissue was healthy; weight, 9 oz. The openings, valves, &c., on the right side were normal. The left auricle was dilated so as to be fully one-half larger than natural, and the walls were thicker. The auriculo-ventricular opening was constricted, and its margin firm and cartilaginous. It was precisely of sufficient magnitude to admit the handle of an ordinary scalpel, which was  $1\frac{1}{8}$  inch in circumference. The mitral valves were healthy. The walls of the left ventricle were hypertrophied, and measured  $\frac{7}{12}$  th of an inch in thickness at the centre; this cavity was also dilated. The hydrostatic test showed the aortic valves to be incompetent. The opening from the ventricle into the artery was also diminished, and permitted the passage of an object  $1\frac{3}{8}$  inch in circumference. The three valves were studded with a soft, wart-like growth, in greater quantity on the posterior and left division. In the place of each corpus aurantii was found a body of bony hardness, as large as a flattened pea. The arch, thoracic aorta, and their branches were of an average size. On being laid open, several highly vascular spots were observed, and patches of atheromatous deposit, of varying size, were noticed beneath the living membrane."

Remarks.—The revelations of the scalpel in the case before us illustrate the pathology of symptomatic gangrene as laid down by Dupuytren, and show that some of the causes which the distinguished Baron considered as leading to the disease existed in a marked degree. Baron Dupuytren says that "in investigating the cases of individuals who are subjects of symptomatic gangrene, it will be almost always found that they have been addicted to spirit-drinking or gross feeding, or that they have been affected with some chronic disease of the heart, of the aortic valves, and of the great vessels; all of which are causes that operate most frequently in provoking irritation and inflammation of the arterial system,"—this inflammation, no matter how provoked, causing the coagulation of the blood in the vessels affected, consequent occlusion of them, and gangrene of the parts to which they are distributed. In

the present instance we have evidence of chronic disease of the heart, aortic valves, and great vessels; and clear signs of inflammation, and consequent occlusion of the vessels, as the gangrene ensued and progressed. M. Cruveilhier has established the fact, by direct experiment, that inflammation of the lining membrane of arteries causes coagulation of the blood, and exudation of plastic lymph, which glues the coagulum to the vessel, obliterates its caliber; and that mortification of the parts to which such arteries are distributed speedily ensues.

The amount of disease discovered in the heart and valves could not in life have been fully estimated from the sounds revealed by the stethoscope. There was some evidence of imperfection of the valves, and there was a bruit, but the latter was not very marked, and was more like that observed in an anemic state of the system than that attendant upon extensive lesion of the valves of the heart and aorta. The morbid condition of the left side of the heart and the congested state of the pulmonary veins account for the difficulty of breathing when in the recumbent position.

With regard to treatment, I imagine the only feasible one in such a case was adopted, namely, large doses of opium, as taught by Pott long ago, and stimulants. The Baron Dupuytren, in his essay on Symptomatic Gangrene, refers to general blood-letting in the disease, and points out the conditions which indicate that practice.

After asking, "Is this treatment applicable to all forms of this disease?" he says—"I think it may be advantageously adopted whenever the disease is accompanied with acute pain and much swelling, the pulse hard and full, and the face flushed." In my patient none of these indications, save the pain, were present; and any depletory measures in her case must have been followed by very speedy dissolution. The cases, indeed, adduced by Baron Dupuytren in support of his treatment do not appear to me to come properly under the denomination of dry gangrene; and are in every respect, save pain, most unlike that under notice.

With regard to amputating the diseased part, after the line of demarcation formed, there never seemed any favourable opportunity to have arisen; and from the state of the heart and vessels as seen on dissection, such proceeding must have been unsuccessful.

These very interesting Papers will be published in full in next N<sup>o</sup>. of Dublin Quarterly Journal of Medical Science. They gave rise to an animated discussion.

James Patterson, President

#### November 7th, 1859

Present, Dr. Patterson, President—Mr. Browne, Mr. Hanna, Dr. Bryce, Dr. Dill, Dr. Stewart, Dr. Dixon, Dr. Drennan, Dr. Halliday, Dr. Corry.

Minutes read and signed.

Dr. William Hanna was balloted for and unanimously elected a Member of the Society.

Dr. Bryce read a Paper on Vaccination, and some of the causes which interfere with the efficiency of the operation.

After an interesting discussion of the subject, it was Resolved on the motion of Dr. Dixon, that a Committee of the Society should be nominated on the next night of Meeting to make fuller enquires and report the results.

James Patterson, President

#### December 5th, 1859

Present, Dr. Patterson, President, in the Chair—Dr. Heeney, Dr. Dixon, Mr. Browne, Drs. Stewart, Bryce, Lynch, Drennan, Mr. McCleery.

After the minutes of last Meeting had been read and confirmed, Mr. Pring was balloted for and elected a Member of the Society. Mr. Savage also was unanimously elected a Member.

Dr. Stewart received the thanks of the Society for his Review of Insanity, and the Reports of the Benevolent Medical Society presented to the Library.

A copy of the new Library Catalogue was laid on the table, and the thanks of the Society were given to the Council, and specially to Drs. Murney and Smith for their labours in compiling the same.

Dr. Dixon, after some remarks on the importance of the subject of Vaccination, and the special reasons for instituting some enquires with regard to it at the present time, proposed as a Committee for that purpose Mr. Browne and Drs. Bryce, Harkin, Halliday, Lynch, Burden, Pirrie, Dill, and the Secretary. Dr. Stewart seconded the resolution, and the gentleman were nominated accordingly.

Mr. Browne brought before the Society a young woman in whom he had operated successfully for cleft palate, and afterwards detailed the case, and the various steps of the operation as he now performed it. A paper by him on the subject will appear in the next N<sup>o</sup>. of the Dublin Quarterly Journal of Medical Science.

Paper:<sup>1</sup> *In the twenty-fifth Number of this Journal, February, 1852, I published a case of cleft palate, in which I had operated with complete success.*<sup>2</sup> *In that paper I pointed out one or two peculiarities in the operation I had adopted, and which I regarded as improvements. Since that time, I have had experience of five additional cases, and I still believe that the method formerly referred to, by which the sutures are inserted and made fast, is unquestionably an improvement upon that adopted by others. With regard to the lateral incisions which I practised in my first case, and which I then considered improvements, I have modified my views, as the steps of the operation I now perform are*

*different, in many respects, from those I formerly pursued. From the period that Roux brought the operation for cleft palate into notice, up to the present time, several able papers have been written on the subject, and many eminent surgeons have modified and improved the method originally recommended: hence, I do not flatter myself that I can shed any new light upon it, or add anything of practical value to what is already well known; but as I hold that it is the duty of every practitioner to record his experience of rare or interesting questions in medicine and surgery, I venture to place before the profession the views which I now entertain regarding staphyloraphy.*

*To bring these clearly out, it will be necessary for me to go back to my early operations, and compare the plan I then adopted with that which I have recently put in practice. Although my first operation for cleft palate was perfectly successful, a review of the steps of that operation, and of the case as compared with the condition of the next patient that presented, led me to see that the comparatively simple operation I then performed could not possibly succeed in the second case that offered, and hence I learned that probably each case of cleft palate required to be carefully examined, so as to ascertain what modifications in the operative proceedings might be required. For instance, in one patient we shall observe that the fissured velum, when at rest, hangs down, the two margins of the cleft closely approximating; and that, even when the muscles are thrown into action, the margins are not drawn much apart; while in the next, perhaps, there may be a wide gap at all times in the velum; and when muscular action is excited, the separate portions are drawn outwards and backwards very far apart indeed. In another, we shall not only observe that the velum is fissured, but that the hard palate is cleft also. In each of these cases it is obvious that different steps will be required to afford an operation a fair chance of succeeding, and hence it will be necessary to adopt certain proceedings in the one case that would not be required in the other.*

*Thus, in my first case, the cleft velum had the margins of the fissure, when at rest, nearly in apposition, and I was enabled, after I had pared these margins, to bring them together with sutures, without any difficulty; while I practised extensive lateral incisions parallel and close to the margin of the bony palate, to overcome motion and to compensate for non-division of any muscular structure before introducing the sutures.*

*In my next case, I found it requisite to divide the levator and tensor palati muscles of each side, with Mr. Fergusson's knife, before I could succeed in paring the margins of the fissured velum properly; and even after the parts were brought into apposition, I had to make lateral incisions, as in my former case, to prevent some undivided fibres of the levatores palati muscles from drawing the velum upwards and backwards. This case did not succeed, probably from my having neglected to*

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p98.]

<sup>2</sup> [See page 111.]

divide the palato-pharyngei muscles. I again operated on this patient after the lapse of nine months, but the operation failed once more.

My third case required a double operation, as both the velum and bony palate were cleft. I first operated with the view of closing the fissure in the velum, and divided the palato-pharyngei and levatores palati muscles, and after the sutures had been inserted and fastened, I divided the fibres of the tensor palati on each side, by making incisions through the entire thickness of the soft parts; these incisions commenced on either side, exactly opposite the hamular process of the sphenoid, and extended forward along the border of the hard palate for about half an inch. I likewise found it necessary to free the soft parts from their attachment to the posterior portion of the cleft in the bony palate, so as to allow the apex of the fissure in the velum to be brought perfectly together. This operation required the insertion of five sutures, and turned out very well. After some months, I performed Mr. Warren's operation on the hard palate; the steps of this operation were, first, paring the entire margins of the cleft, including the part where the fissure in the velum had been united, and then, with a suitable knife, detaching the soft parts from the bone, all around the cleft, to the extent of fully half an inch; this I found to be a very difficult and painful part of the proceeding; having, however, succeeded in freeing the soft parts, to the extent I have named, I was enabled to bring their edges together with two points of suture; these sutures I allowed to remain in for five days, at the end of which time the parts seemed united; but on the next day I observed that ulceration had occurred at the anterior portion of the cleft, and that a small button-hole remained. This, after some weeks, contracted considerably, yet still an opening, a quarter of an inch in length by two lines in breadth, was left. I wished to attempt to close the aperture by a fresh operation, but the patient would not consent, especially as his powers of deglutition and speech were much improved, and he was quite content "to let well alone," and perhaps he was right, as, in another case, when I made the attempt to close a somewhat similar button-hole, remaining after staphyloraphy, I failed, and matters were anything but improved by my interference.

In my fourth case I followed exactly the instructions given by Mr. Fergusson in the last edition of his excellent "Treatise on Surgery," and divided the palato-pharyngei and levatores palati muscles, as he directs. I then inserted three points of suture, brought the parts into apposition, but did not divide any of the fibres of the tensor palati from the front. The parts opposite the anterior and posterior points of suture united firmly, but at the central point the union gave way after the removal of that suture on the fourth day, and that occurrence I attributed to the action of the undivided fibres of the tensor palati of either side. After some time

I pared the edges of this aperture, divided the fibres of the *tensores palati*, and brought the parts together by means of my double suture, and the case then succeeded very well.

In my last two operations on the palate, I took especial care that every muscular fibre that was at all likely to cause any motion in the soft velum after its separated portions had been brought together, should be divided; and this I deem essential to the success of staphyloraphy; for, while muscular action of the part can be continued, even in a very moderate degree, there must be reason to apprehend that union at every point of the joined fissure will not take place. Now, if we attentively consider the anatomy of the soft palate, and the action of the several muscles that principally constitute its structure, we shall see that in the act of deglutition and speaking the velum has a good deal of motion; and if we look into the fauces of a patient, the velum being in a normal condition, we shall observe that this little curtain is drawn somewhat upwards and backwards, and made tense, seemingly by an involuntary action of its muscles. Then, in the cleft condition, each half of the velum will be observed to have this involuntary muscular action greatly exaggerated, the separate parts being drawn backwards and a little upwards, while its edges are approximated, but principally in the divided uvula, this latter being caused by the action of the *azygos uvulæ*. The muscles which cause this motion seem to me to act in the following order of importance so far as the success of the operation for the cure of cleft palate is concerned, namely—the levator palati, the palato-pharyngeus, the tensor palati, the *azygos uvulæ*, and the palatoglossus of each side. The action of the *azygos*, while it interferes somewhat with the steps of the operation, exerts very little, if any, influence over the healing process; while the palatoglossii, I imagine, scarcely interfere with the cure. The muscles, then, to which we are principally to direct our attention, and which require to be divided, are the levator palati, the palato-pharyngeus, and the tensor palati on the right and left sides. The next question that arises is, in what manner can these several muscles be most satisfactorily divided? From my own experience, I believe that the levator palati, and the palato-pharyngeus can be most effectually divided by the method adopted by Mr. Fergusson; while the tensor palati, and, probably, some fibres of the levator, can be best divided by the incision from the front, as practised by Mr. Pollock. One thing, however, is quite certain, that motion of the part must be overcome, no matter what incisions the operator may deem it necessary to make! Next after the division of the muscles, and certainly of equal importance, comes the paring of the margin of the fissure; now, if this be not completely done, it is clear that union throughout cannot take place; hence the operator must see that no portion of the edge of the cleft has escaped his knife; from the point of the uvula,

on each side, to and around the apex of the fissure, the entire margin must be fully removed, and this can only be effected by a very careful use of the knife, so that a tolerably deep surface shall be left on both divisions of the velum, to be brought afterwards into apposition; consequently, a considerable breadth, fully one-sixth of an inch, should be removed.

The next matter of importance in the operation is, the suture which should be used, and this question embraces the material of which the sutures shall be made, whether they shall be single or double, and the best method of inserting and making them fast. On these several points my experience leads me to offer a decided opinion. In the first place, then, I consider that good white sewing-silk, that known as staymakers' silk, is the best material; this is made very strong and perfectly even, and, when waxed, can be knotted and fastened with the greatest facility. With respect to the next point, whether each suture should be used single or double, I am satisfied that the double suture is the better, and this I have used in all my operations on the palate. In my first paper on staphyloraphy, I drew attention to the method I adopted in using the double suture, and I then said of it, what lengthened experience has confirmed, in my mind, as true, namely, that after the double thread had been passed through both sides of the soft palate, the cut surface could be brought easily into apposition by passing a single end of the suture, on one side, through its duplicature, or "bight," on the other, and then, by pulling gently, the loop of the ligature would slide freely along its single portion, until the parts came closely together. It has been recommended to use a single thread for a suture, and to fasten it by running one end through a simple knot on the other, and thus, by drawing upon the running end, bring the parts into contact; but there is this objection, that, should the thread be uneven, it is likely the knot would jam too soon, and thus the suture would become useless; moreover, it appears to me, that the single ligature is very likely to tighten so much, in fact, before the proper time, as to require an injurious force to bring the cut surfaces of the velum together; while, on the contrary, the double thread, applied as I advise, must effect apposition of the pared margins of the palate without any injurious force having been required, and without any risk of tearing or cutting through its substance.

In inserting the sutures, great care should be taken that the entire thickness of the velum shall be included, both mucous surfaces being transfixed, as nearly as possible at the same distance from the edge of the wound; to effect this, it will be necessary to pass the needle from the front on both sides, so as to insure the insertion of the sutures in the way I recommend, and, when they have been so passed, the ends can be very easily secured by a common knot, as beads, perforated shot, or any appliances of the kind, are quite uncalled

for. The distance at which the needle ought to be entered in the velum should be fully one-sixth of an inch from the pared margin, and in some cases it might be well to include a quarter of an inch. While speaking of ligatures and the method of fastening them, I may mention that Dieffenbach used metallic sutures, and united the two parts by twisting them together. His mode of proceeding was evidently very clumsy, and the twisted wire knots must have surely caused great irritation by fretting the upper surface of the tongue. In thinking over the possibility of using metallic sutures in staphyloraphy, the idea has been suggested that the lead splint, with silver wires, as used by Dr. Robert Battey of Rome, Georgia, United States of America, for the closure of vesico-vaginal fistula, could be applied for the cure of cleft palate. When that gentleman visited Belfast, some months since, he did me the honour of explaining his method of applying his splint and sutures, and I have since thought that his little apparatus might answer very well in the operation of velosynthesis. I have already tried his splint and wire sutures in harelip with the most satisfactory results.

As it would be almost impossible to convey, in words alone, any clear idea of this apparatus, or the mode of using it, to persons who had not seen it, I shall not refer further to it now, but merely say that it seems well suited to fulfil the purpose which its accomplished inventor intended.

Having thus stated my views on the several important points of this interesting subject, I shall now proceed to mention, in detail, the steps I follow in operating for the cure of cleft palate. When I have determined that I have a case suitable for operation, I put my patient in regular training, causing him frequently during the day to open the mouth wide, and keep it so as long as possible without fatigue, and by manipulation, familiarizing, and, if I may so express it, reconciling, the fauces, uvula, and back of the tongue to the contact of instruments. During this time I endeavour to improve the general health of the individual by attention to the secretions, and by giving a full allowance of the most nutritious diet. A high condition having been attained, and the person free from cough or irritability of stomach, I usually proceed to operate about mid-day, and two or three hours after the patient has taken a full meal. Shortly before commencing I exhibit a couple of ounces of good wine, as also during the operation, I may remark, to sustain the sufferer under a painful and exhausting trial.

Having made all my arrangements, I place the patient in a clear light, with the head supported against the breast of an assistant. I then draw the uvula a little forward, and towards the central line, and with a strong, curved, and blunt-pointed scissors, divide the palato-pharyngeus on either side; this I do so deeply as to obliterate completely the posterior pillars of the fauces. I next take Mr. Fergusson's curved knife in my

right hand, and having placed the left index finger on the site of the hamular process, and behind the last molar tooth, I pass the instrument in above the velum, on the right side, and sink its cutting point into the pterygoid space by depressing the handle; the stem of the knife-blade then rests against the inner side of the point of the index finger, and the cutting part is about three-fourths of an inch beyond it; then, by giving the knife a slight lateral motion, I cause its point to divide the levator palati, and, probably, some portion of the tensor: changing the knife into the left hand, and using the right index as a guide and fulcrum, I divide the muscles on the left side. There must now be a pause in the operation, as the patient not only requires rest, but, from the hemorrhage, is obliged to gargle the throat freely with cold water. The bleeding having ceased, I seize the uvula of the left side with a curved, sharp-pointed, spring forceps, a little to the outer side of its point, and, drawing it down so as to make the velum tense, I pass a double-edged, narrow-bladed knife through the substance of the latter, opposite the base of the uvula, and about a sixth of an inch from the edge; having first divided the uvula perpendicularly through its point, I carry the knife by a steady cutting motion along the velum, keeping the proper distance from its margin throughout, till it arrives within a line of the apex of the fissure. I next treat the right division of the velum in a similar manner, and then, seizing together the nearly detached portions of the velum which are hanging loosely down, I complete the section by sweeping the knife carefully around the apex of the gap, and in this way I am quite certain that every portion of the margin of the cleft has been duly removed, and to the proper extent.

The next step is the insertion of the sutures. Having two or three curved needles, either mounted in handles or attached to a holder, and threaded, some with a single, and some with a double ligature, 10 inches in length, and of strong white sewing-silk, well waxed, I take one with a double thread, and pass it through the entire substance of the velum on its left division, about a third of an inch from the apex of the gap, and one-sixth from its margin; having seized the loop of the ligature, and removing the needle, I draw the thread gently forward and give it to the assistant to hold, while I pass a needle, with a single thread, through the right division of the velum in a similar manner.

I then take the single thread and attach it by a slip-knot to the loop of the double suture, and by this means draw the latter through the right side of the soft palate; the assistant then takes charge of both portions of the suture, and retains them along the sides of the face of the patient. I pass the successive ligatures in a similar way, leaving about the third of an inch between each. Having introduced the number of sutures I deem requisite, I proceed to make them fast in the following manner:—I take one of the ligatures, usually the upper

first, from the assistant, and pass a single end of the one side through the loop on the other; then, by drawing gently on the separate ends of the thread, the cut surfaces are brought together accurately, and without any risk of cutting through the structure of the velum. I next cast on a single slip-knot, and observe whether the edges of the wound are in true apposition, and that the part included within the suture is not compressed by the thread being too tightly drawn. If I discover that the suture is as I desire, I make it fast with a “reef-knot,” and cut off the ends. And thus I proceed until all the sutures have been secured. Should any one of the threads appear too tight before being finally fastened, I slacken it, and quite easily, as the loop of the double ligature renders with the greatest facility. Attention to this point is, in my opinion, of great practical importance, for, should the threads be drawn too tightly, there is great risk, when the parts swell, that the sutures may cut their way out, or that the healing process shall fail from the excessive inflammation likely to be produced. The suture I use is, therefore, I believe, the safest that can be applied.

Having given the patient some rest, and caused him to rinse out the mouth and throat, I desire him to open his jaws fully, while I observe if there be any motion in the soft palate, or any undue tension opposite the insertion of the tensor palati. If any such exist, I pass a double-edged knife, half an inch wide in the blade, and curved a little on the flat, through the velum from the front, inside the hamular process, and close to the bone; I then direct its point outwards, make some cutting motion, and thus divide the tensor palati between the point where it passes around its pulley, and where it expands in the velum, and also, probably, some fibres of the levator palati that may have remained uncut.

The after treatment should consist in giving, at regular and short intervals, good beef-tea, isinglass dissolved in new milk, and the like, for the four first days: indeed, immediately after the operation, a cup of strong soup and a little wine will greatly revive the patient, and strict silence should be enjoined.

The sutures should be removed on the third, fourth, or fifth day, just as the part may be observed to have united: of course, until union has taken place, they should not be taken out, but when there is evidence of union, I am satisfied that the sooner they are gently cut out after the third day, the better.

If any erysipelatous blush should arise about the wound, the part should be pencilled carefully with a twenty-grain solution of nitrate of silver, but not permitting any to touch the wound itself.

The subsequent training of the voice in speaking is a matter of very great interest and importance; for what is the advantage of the most successful operation, what benefit is there after all the patient's fortitude and suffering, if articulation be not improved? Immediately after the operation, and for several weeks, the improve-

ment in the speech is scarcely observable; and without careful education of the voice, a very long time may elapse before the organs of speech adapt themselves to the new condition of parts. If, however, the surgeon will take the trouble of seeing his patient frequently, and will teach him to pronounce those letters over and over again, in the sounding of which he finds him most imperfect, he will soon observe a marked improvement; then causing him to read or speak aloud, marking the words in which there is any defective articulation for correction, he will have the great gratification, within some months, of listening to a fellow-creature who, by his instrumentality, has regained a most useful organ, of which he had long been deprived through a congenital defect.

F. Heeney, Chairman pro temp

### January 2nd, 1860

Present, Dr. Heeney, in the Chair—Drs. Stewart, Gordon, Dixon, Whitaker and Mr. Savage.

After the minutes of last meeting had been read and confirmed, Dr. Stewart moved, and Professor Gordon seconded, the following Resolution which passed unanimously;

That this Society having now heard with deep regret of the domestic bereavement lately sustained by Dr. Drennan, their much respected Secretary, desire to sympathise with, and to offer him their sincere condolence upon so melancholy and distressing an occasion. That a copy of the foregoing Resolution be transmitted to Dr. Drennan.

Dr. Gordon brought before the Society a case of compound dislocation of the metacarpal bone of the thumb, in which he reduced the dislocation by removing the head of the bone; and made some remarks on the difficulty of reducing same with his views on the subject.

Paper:<sup>1</sup> On the 11th of December, 1858, I was requested to visit a woman, 70 years of age, who was supposed to have sustained a Compound Fracture of the Metacarpal Bone of the Right Thumb. On examination, instead of a fracture, I found the base of the first phalanx dislocated directly backwards on the metacarpal bone. The thumb was extended; above its base there was a well-marked depression, in which the extensors could be seen, and felt tense and resisting. On tracing the metacarpal bone from the trapezius downwards, it was felt to pass towards the palm of the hand, and to be on a plane anterior to the base of the first phalanx; opposite to its head there was a transverse wound, sufficiently large to admit the end of the little finger, and with which I felt easily its smooth cartilaginous surface. She says she was violently thrown down by a horse and cart, and that the injury was caused by the hand coming in contact with the street.

Extension was made in a direction forwards and upwards, and the head of the metacarpal bone, at the same time, pushed backwards. This procedure failing, the thumb was bent backwards, and the head of the metacarpal bone pushed in the same direction, but this also failed. I now introduced a tenotomy knife into the wound, and divided the lateral ligaments, and then attempted the reduction, but with no better success.

As violent attempts at reduction had been made for a considerable time before I saw the patient, and besides, dreading the serious consequences that might result from further injury to the softer textures, the wound was slightly enlarged, not more than a line, or at the utmost two lines in extent; then, bending the thumb backwards, the entire head of the metacarpal bone projected sufficiently to enable me to remove it with the cutting forceps. On extending the thumb, and pressing gently on the metacarpal bone, it slipped easily into its place, with a soft grating feel.

On the 24th of October, six weeks after the accident, the wound was nearly healed; slight swelling over the joint, which was scarcely painful on moderate pressure, or on passive motion.

On December 1, 1859, nearly a year after the accident, on visiting her and comparing the hands, the injured thumb is shorter by four lines, and the motions of the joint are almost as extensive on the right or injured side as on the left. She cannot sew as well as before the accident from the shortness of the thumb; but this is the only inconvenience experienced.

Without entering into detail as to the various opinions which have been from time to time promulgated as to the causes which render the reduction of this dislocation so difficult, I shall merely state the views now held, and which I have held for more than fifteen years. The circumstances which determined me to adopt them were experiments made in the dissecting-room.

Having removed all the soft parts, excepting the lateral ligaments and fibrous tissue on the palmar and dorsal surfaces of the metacarpo-phalangeal articulations, I then dislocated the head of the metacarpal bone by pushing it forwards, whilst at the same time the phalanx was bent backwards. During this movement the fibrous tissue on the palmar surface is first made tense, and ultimately violently distended; then bursting, the head of the metacarpal bone escapes and projects through it, and lacerated tissue becomes interposed between the bones. It is probable, in the living, when the force which caused the dislocation has ceased, that the flexor pollicis proprius, acting on the phalanx, inclines it towards the palmar surface, thus bringing the dorsal and palmar surfaces of the metacarpal bone and first phalanx into opposition, the fibrous tissue intervening.

Now when we make extension to reduce a dislocation of the first phalanx upon the metacarpal bone of the thumb, we cannot draw it directly downwards; the attachments of the lateral ligaments and heads of the

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p221.]

*flexor brevis* give a direction to this force; they cause the displaced bone to describe an arc of a circle around the head of the metacarpal bone. In this movement the fibrous tissue, being interposed, is caught by the head of the metacarpal bone, becomes fixed, and prevents the base of the phalanx passing into its normal situation.

In a dissection of this dislocation recorded by G. J. Adair Lawrie (*Med. Gaz.*, vol. xxi. p. 92), he says: "The sesamoid bones were not connected with the metacarpal bone. I have no doubt they were placed between the metacarpal bone and phalanx." In the case just related, I regret that, after the removal of the head of the bone, I did not introduce the end of the little finger into the wound to determine the position of the sesamoid bones.

However, if the displacement backwards be considerable, then the sesamoid bones will be locked between the respective surfaces. Extension will be of no avail, but positively injurious, by causing contusion of the interposed bones and tissues; and if it be possible to reduce the dislocation, it will be by extending the thumb backwards, at the same time rotating it gently, and having thus removed the interposed structures, we push the head of the metacarpal bone backwards, and the base of the phalanx downwards and towards the palmar surface.

Some authors (Mr. Stanley, *Med. Gaz.*, vol. xxxv. p. 100) suppose that the flexor tendon, being thrown on the inner side of the joint and turned on the dorsal surface of the metacarpal bone, offers great resistance to the reduction. If the first phalanx of the thumb be dislocated directly backwards, the flexor tendon cannot be interposed between the surfaces, and therefore cannot materially oppose the reduction.

However, if the phalanx be dislocated obliquely inwards, so as to rest on the dorsal and ulnar surfaces of the metacarpal bone, then it might happen, and it is highly probable, that the flexor tendon has slipped in between the bones, and it will offer an amount of resistance not to be overcome until that tendon has been divided by subcutaneous incision. However, it is an anatomical fact not to be questioned, that in this dislocation the tendon of the *flexor pollicis proprius* is displaced inwards, resting upon the inner side of the phalanx, and over the inner part of the dorsal surface of the lower end of the metacarpal bone.

He next brought forward the case of a working man having a sanguineous cystic tumour in inferior triangle of the neck which he cured by successive tappings and made some remarks on the diagnosis and treatment of such tumours.

Paper:<sup>1</sup> As the sanguineous cystic tumour is a rare disease, and as the following case was effectually cured by repeated evacuation of the cysts by the trocar and

canula, without any untoward event, or even without the patient discontinuing his laborious employment,—it is therefore practically interesting as assisting in establishing simple tapping as a mode of treatment, which should be fairly tried before we have recourse to more severe measures, in a tumour which could not have been extirpated with safety.

"A lad, about 16 years old, was under Mr. Stanley's care, with a large, oval, and somewhat pendulous swelling in the left side of the neck, which had existed many years, and appeared merely subcutaneous. It was punctured, and about sixteen ounces of fluid blood escaped, which soon coagulated. After this the cyst closed—a result more favourable than may generally be anticipated from such simple treatment; for usually these, like other cysts, are not obliterated unless after free incision."—*Paget's Surg. Path.*, vol.ii. p. 48.

Sept. 18, 1847.—Peter Muldoon, 48 years of age, a labourer, consulted me on account of a tumour of the neck. On examination I found in the inferior and lateral part of the right side of the neck a tumour almost as large as a cocoa-nut, projecting over and below the anterior surface of the clavicle to the extent of two inches; its surface is botryoidal; it is soft and elastic: and although it does not fluctuate, it has the feel of being made up of several tensely filled cysts. It is not painful on pressure or on being handled, and moves freely beneath the parts covering it, which are of no great thickness.

He says that his health has been always very good, and he first perceived the tumour about fourteen years ago, when it was about the size of a bean. On pointing to the situation where he first felt it, on the opposite side of the neck, it corresponded to the outer border of the sterno-mastoid muscle and the inferior lateral triangle of the neck.

At that time it was soft and free from pain. It remained almost stationary for a year; then it suddenly increased to the size of a pullet's egg. Four years from the present, it was not larger than a turkey's egg, but after that it has been gradually enlarging. It was formerly quite soft, and gave him no uneasiness, but latterly it has become harder and more painful, especially when he stoops much in making thorough drains. I passed a fine exploratory trocar into the tumour, and drew off about an ounce and a half of bloody fluid.

20th. On the morning of the 18th the trocar was introduced into the anterior inferior part of the tumor; but to-day I pierced the posterior inferior part, and in doing so experienced considerable resistance from the denseness of the walls of the cyst. Two and a half ounces of bloody fluid escaped, causing a considerable diminution in the size and tenseness of the tumour, which now feels quite flaccid, and moves very freely beneath the integument and superficial fascia, and seemingly consists of several cysts and firm nodules,

<sup>1</sup> [*Dublin Quarterly Journal of Medical Science*, 1860, v29, p223.]

united by dense fibrous bands. On examination of the fluid, twenty-four hours after its evacuation, it was found to have separated into a rusty, brownish, yellow-coloured fluid and a reddish grumous matter; when it was shaken, it presented the same appearance as when withdrawn from the tumour.

22nd. The tumour has regained its former size; a larger trocar was introduced, and a little more than four ounces of fluid was removed, part of which was of a florid hue. The external jugular vein is moderately distended, and seems to pass into the tumour. On examining the fluid four hours afterwards, it was found to have separated into a dark brown serous fluid and a loose clot, the bulk of each being nearly equal.

28th. Has been at his work, as usual, and enjoys good health, but last night the feeling of distention and pain returned; however, he went to his work this morning, but was obliged to leave off. Three ounces of fluid, as dark-coloured as treacle or tar, were removed, affording him, as usual, relief from pain and the feeling of distention in the tumour.

Oct. 4th. Has been following his usual work since the 28th of September. The tumour is not so painful nor so large as formerly; it feels more firm, is more movable, and its boundaries are better defined. Its chief attachments are behind and external to the outer border of the right sterno-mastoid muscle, which can now be traced very distinctly; the levator angular scapulæ forms its posterior, and the clavicle its lower boundary. Three ounces of fluid were removed to-day, after which it is much smaller than on any previous occasion, and it now feels as if composed of numerous firm nodules and cysts of various sizes connected with each other.

15th. Scarcely three ounces of fluid were removed to-day, after which it was much smaller than formerly. So decided is the diminution in size, not only before, but after being tapped, that there seems every prospect of the disease being cured by the treatment adopted.

Nov. 1st. The tumour is soft, relaxed, flabby to the feel, and free from pain. The external jugular vein seems more distended, but this is probably owing to the diminution of the bulk of the tumour.

11th. The tumour has progressively diminished in size. The external jugular vein looks even more distended.

Dec. 1. The tumour is now about one-half its original size, and about one-third less than the last time I saw it. It seems to be entirely composed of solid nodules and of the walls of the cysts.

On looking over the history of this case, we shall find that the patient was under observation for a period of 73 days, and during that time the tumour was tapped six times. At each tapping, excepting the third, the blood withdrawn was of such a character, and so altered, as to leave no doubt of its having been in the cyst for some time. After the fourth evacuation the tumour began to show unquestionable signs of im-

provement, being then not only smaller, firmer, and more movable than previously; after that it gradually diminished in size, until at length it felt as a firm nodulated tumour.

As the term “sanguineous cystic tumour” is of a generic rather than a specific signification, implying that the cyst contains decolorized blood, the question then arises—What was its specific character? Mr. Paget says: “Some of these cysts with blood are found in the same position and circumstances as the serous. Thus, in the neck, a series of cases of blood cysts might be collected, exactly corresponding with the serous cysts in that part, and like them, probably derived from various origins, some lying in the thyroid gland, some near it, some traceable to connexion with vascular nævi, some of proper origin.”—Surg. Path. vol. ii. p. 48.

The aqueous encysted tumour of the neck is a single cyst, whereas in this case there were several cysts and nodules. The tumour was too far removed from the thyroid body to render it probable that it was connected with it. It seems to me to be an instance of a vascular nævus; at least in comparing it with a tumour of this description which I removed from the scalp, and exhibited at the Clinico-Pathological Society,<sup>1</sup> the resemblance is very striking.

On examination, the tumour was found to be invested by a thin, fibro-cellular capsule, oval in shape, and made up of lobes or cysts. On making an incision into it, the knife grated through it, and on passing my finger along the cut surfaces, they felt rough, and this roughness was due to a large quantity of calcareous matter imbedded in numerous small cysts.

My first impression was that the tumour was sebaceous and had undergone calcareous and malignant degeneration. But, on examining it more carefully, with the object of determining the source of the hemorrhage referable to itself, I found it bore an exact resemblance to those cases of cystic tumours developed in nævi, and which have been described by Mr. Lawrence in the twenty-second volume of the Medical Times. There are two cysts, sufficiently large to admit the point of the finger, which contained blood alone; these communicated with several others, and with a large vessel divided in the first incision. There are several other cysts, one of them of the size of a large filbert, in which there was a slightly yellow serous fluid and a quantity of fibrine; a third set, of which the main bulk of the tumour consists, are entirely filled with cholesterine, granular, or molecular matter, free or irregularly aggregated, resembling corpuscles, and a paste-like and nodulated calcareous matter.

He also made some remarks on extra capsular fracture of the cervix femoris, a case of which he brought forward in which no shortening of the femur took

<sup>1</sup> [Probably that on page 795.]

place, and showed specimens of the femur which had been so fractured.

Paper:<sup>1</sup> During the session of 1858-9, I exhibited at the Clinical and Pathological Society<sup>2</sup> a specimen of extra-capsular fracture of the cervix femoris, in which the amount of shortening of the limb was so trifling as not to be capable of detection by the most accurate measurement; and besides, the same specimen afforded us an example of the same fracture, in which shortening might result from two different conditions: viz., impaction of the neck, and splitting off of the shaft of the femur from the trochanters.

The specimen which I now show is one of the preparations belonging to the Surgical Department of the Queen's College. The fracture is an old one, firmly consolidated, and its history is unknown. There is not only no shortening, but the angle formed by the neck with the shaft is actually increased instead of being diminished.

This latter circumstance must indeed be very seldom observed, for M. Malgaigne has never seen it:—*“Dans les fractures complètes, presque constamment la pénétration est plus forte en bas qu'en trant, ce qui atteste que la violence extérieure a agi de manière, a diminuer l'angle plutôt qu'a l'élargir, et jamais on n'a vu cet angle agrandi d'une façon quelconque.”*—*Traité des Fractures*, p. 690.

I have put the fractured bone and that of the opposite side in a box, the angles of which are right angles and the ends parallel to each other, and the only perceptible difference in the length of the two bones is, that the sound bone, when the box is overturned, remains in its place, whilst the fractured one falls out. On comparing the angles formed relatively between the necks and shafts of the two bones, it is quite apparent that the angle formed between the neck and shaft of the fractured bone is considerably more obtuse than that of its fellow.

The fragments are three in number: the first consists of the head and neck; the second, of the posterior and superior part of great trochanter; and the third of the shaft, lesser, and a part of the greater trochanter. The fracture through the base of the neck is that which usually occurs: viz., posteriorly at the junction of the neck with the posterior intertrochanteric ridge; above, internal to and beneath the digital fossa; and in front through the anterior intertrochanteric ridge; and below, immediately above the lesser trochanter. Superiorly posteriorly the neck is driven deep into the cancellated of the great trochanter, but below, immediately above the lesser trochanter, the neck, instead of penetrating, as is usually the case, started inwards and slightly downwards, resting upon, instead of penetrating, between the broken surfaces.

Hence, from the penetration of the trochanter above, and the inclination of the neck inwards below, have we the angle formed between the neck and shaft increased, and the shortening resulting from the impaction above compensated by the more vertical inclination of the head and neck.

The apex of the trochanter, the posterior intertrochanteric ridge, and about one inch in breadth of the trochanter, form one fragment, which is displaced slightly backwards. The neck of the femur, from the posterior penetration, forms with the shaft a salient angle in front, and hence, from this rotation, the foot was so much everted as to look directly outwards.

Mr. Wallace's account for printing amounting to £6. 8. 0 was ordered payment.

The following books were ordered for the Library  
Lyttle on Deformities

Thompson and Craigie's Life of Cullen

Garrard on Gout and Rheumatic Gout

Nightingale's Notes on Hospitals

James Patterson, President

#### February 6th, 1860

Present, Dr. Patterson, President in the Chair—Drs. Moore, Smith, Cuming, Halliday, Dixon, Bryce, Ross, Whitaker, Mr. Hanna, and Mr. Savage.

After the minutes of last meeting had been read and confirmed, Dr. Patterson, the President, read the following letter from Dr. Drennan—

Comber, January 5th, 1860

My dear Dr. Patterson,

I beg you will accept yourself, and convey to the Members of our Society, my grateful acknowledgements for the sympathy expressed resolution of the 2nd Inst.

I am, my dear Dr. Patterson,  
yours very sincerely,

John S. Drennan

Dr. Patterson President of the Belfast Medical Society.

Dr. Ross read a Paper on affections of the brain in which he brought under the notice of the Society his views regarding the origin, course, and mode of treatment of these diseases, illustrating them with several interesting cases which had occurred to him in practice. He also stated what divisions he would make of them, and called attention to the diagnosis and prognosis of the different forms.

Paper:<sup>1</sup> I do not intend to give even a cursory view of this subject; my purpose rather is to state what I know of it, from observing its course in a dozen or two cases.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p226.]

<sup>2</sup> [See page 780.]

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p458.]

In some of these the disease was primarily inflammatory, and were examples of acute or chronic idiopathic inflammation of the brain and its membranes; in others the affection was secondarily inflammatory, and were instances of acute hydrocephalus or softening of the brain from tumours, or injuries, or apoplectic clots, or syphilitic disease of cranium, &c.

*Semeiology of Cerebro-Meningitis.*—Convulsions were of frequent occurrence, rarely in the early, often in the advanced stages. In the following case they ushered in the attack:—A woman aged about thirty-five was suddenly seized, just after a menstrual period, with general convulsions and insensibility; after the bowels had been freely opened, they ceased, and consciousness returned; severe headache was now complained of, and her countenance presented a confused, stupid look. This state yielded partially to the free use of cathartics, mercurials, and leeching; but, after a few days of apparent improvement, coma, paralysis, and death unexpectedly supervened. Severe headach was invariably a prominent symptom, and continued till insensibility or recovery took place. In many it seemed to engross the patient's whole attention, and to be the chief cause of suffering. Delirium, tending to coma, was seldom absent, and was generally a mild, rather than a violent derangement of the mind.

Paralysis, with tonic convulsions of one or more limbs, sometimes preceded death; slow and deep breathing, or, as it has been appropriately termed, sighing respiration. This sign, no doubt, results from pressure on, or disordered state of the nervous centre, and appeared to me to correspond with the sluggish action of the heart and circulation, and bowels.

The pulse presented one or more of the following changes from its normal state:—Slowness, irregularity, frequent variations in its number and strength; as death approached, it became very quick; throbbing of the carotid and temporal arteries,—we see a corresponding change in the circulation of a finger which is the seat of whitlow. What appeared most remarkable in my cases was the combination of great constitutional disturbance, with a pulse under the natural frequency. How striking the contrast with fevers and other serious inflammations!

Nausea and vomiting, without any assignable cause, as gastro-enteric derangement, or nauseating medicine, of considerable duration, and obstinately resisting treatment, were the most constant and the most pathognomonic symptoms, and gave me the greatest assistance in the diagnosis of the obscurer cases.

Obstinate constipation I have often met with, and I consider it a symptom of much value.

Treatment.—I am not aware of any disease in which free general bleeding, followed by leeching, is so essential and so well borne.

Repeated active purgatives come next in importance, and by diverting the force of the circulation from

the head, and unloading the abdominal organs, they generally give more or less immediate relief.

The stomach is sometimes so irritable that it will tolerate no cathartic so well as calomel, which is a very good medicine to commence with; we should, however, follow it up, after a short interval with croton oil, or the saline aperients and a turpentine enema. When the nausea and vomiting were extreme, a mild emetic appeared to me to be useful in allaying it.

The controlling power of mercury in inflammation, as demonstrated in iritis, must not be forgotten; no time should be lost in introducing it into the system by the mouth, and by inunction locally; we must shave the head, elevate it on a hair pillow, and keep it cool by the application of pounded ice, and the occasional use of the cold douche.

Counter-irritation by blisters to the nape comes to our aid after the violence of the inflammation is subdued, and if our patient gets comatose, he must have a cap of blistering ointment applied to the scalp, or the croton oil liniment freely rubbed in at short intervals, till an abundant crop of pustules is produced.

Proper ventilation, quiet of mind and body, removal of everything that would be a source of irritation, as light and noise, are absolutely necessary for the welfare of the sufferer.

Low diet, as gruel, panada, and barley-water, should be the principal food, from which we must advance cautiously to more nutritious support.

*Acute Hydrocephalus.*—Its pathology corresponds with that of phthisis: in both, constitutional tuberculosis precedes local disease; there is unhealthy assimilation, and consequently diseased blood, marked by derangement of the vital processes. Instead of healthy and organizable, a depraved structure, incapable of organization, tubercle, is deposited in the brain in hydrocephalus; in the lungs in phthisis. This deposit acts as a foreign body, and, wherever placed, too often excites inflammation and effusion. I need not say how vitally important is a due recognition of these facts.

*Diagnosis.*—If a child of from one to two years of age gets emaciated, has a capricious appetite, and a tendency at one time to constipation, and at another time to diarrhœa; if the motions are unnatural; if there be restlessness and fretfulness at night, and perspirations on the face during sleep; if the face be pale, and the eyes preternaturally bright; if the mind be precocious; if any relative has been the subject of hydrocephalus, or phthisis, or chronic peritonitis—for I have as little doubt of the hereditary nature of tuberculosis as I have of the transmission of family likeness—I will not say that hydrocephalus will necessarily follow; but of this I am certain, that I have too often seen these signs its precursors.

When tubercle is deposited, and inflammation and effusion take place, the signs and symptoms will closely resemble those of cerebro-meningitis already detailed.

Treatment—If we are consulted before local is super-added to constitutional disease, our prognosis may be hopeful. For this stage, careful attention to the laws of hygiene—as healthful residence in the country, change of air, regulation of the food and of the bowels, open-air exercise, daily use of the bath, no over-excitement of the mind—should be attended to.

If there be diarrhœa, we must check it, and give the tincture of bark. Our best tonics are cod-liver oil, small doses of quinia, and the iron wine. The gums must be freely scarified, if necessary.

In the more advanced stages, when there are nausea and vomiting, constipation, variable pulse, cerebral respiration, retracted abdomen, squinting, and other convulsive motions, our chances of success will be almost, if not altogether, nil. I have tried the iodide of potassium without any advantage. I would be inclined to rely most on small repeated doses of calomel or gray powder; small blisters to the nape and behind the ears; regulation of the bowels by enemata; and support of the child's strength by a mild, unstimulating diet.

Primarily and secondarily, inflammatory softening of the brain presents one with so large a subject, that I can only glance at one or two of the salient points. It is now clearly proved that we may have ramollissement, quite independent of inflammation, from diseased heart and arteries, &c., and consequent deficient blood supply to the cerebrum. In a person so affected there is generally a loss of some of the mental faculties, paralysis of one or more limbs, or the constitution is aged or broken up, and the cornea presents the arcus senilis. Instead of the old and pernicious system of bleeding and reducing such cases, we now adopt with advantage a very opposite practice—namely, generous regimen, tonics and stimulants, and a moderately open state of the bowels.

Our chief guides in the diagnosis of inflammatory softening of the brain are manifestations of cerebral lesion, as mistaking one word for another in speaking or writing, loss of memory, confusion of ideas, despondency, headach, difficult articulation, paralysis, with early rigidity of the muscles, or permanent flexion of one or more limbs, or numbness of some portion of the body.

Treatment.—Antiphlogistic measures, as general or local bleeding, or both, free purgation, shaving and elevation of the head, application of ice, and counter-irritation. Perhaps no single remedy will give us so much satisfaction as a mild mercurial course; perfect relaxation from mental exertion and accustomed routine; and, when convalescence is established, travelling, involving, as it does, so much variety of scenes and circumstances.

In connexion with the subject of this paper, I cannot forbear alluding to one who took an active and successful part in the elucidation of cerebral diseases—the late Dr. Todd, of London. By his early removal from an almost unexampled career of success, honourably and

deservedly attained to, medical science has lost one of its ablest cultivators, and the medical profession one of its brightest ornaments. Altering the words of our greatest poet, we may apply them to him:—"The good he did lives after him, and is not interred with his bones." Bear witness, his anatomical and physiological works, his clinical and other lectures, his success in improving medical education, and in founding King's College Hospital, monuments of his fame more enduring than bronze.

James Patterson, President

### March 5th, 1860

Present, Dr. Patterson, President, in Chair—Drs. Stewart, Wheeler, Dill, Pirrie, Dixon, Browne, McCormac, Bryce, Corry, Rea.

Minutes of last meeting read and confirmed.

Todd's Clinical Lectures (three volumes) were ordered for the Library.

Dr. Pirrie read a Paper on the treatment of puerperal convulsions. After referring to his former paper<sup>1</sup> in which he stated the usual standard depletory measures, quoting the various authorities for such a course, he went on to read his very interesting observations regarding this subject; concluding with the following principles—first convulsions are not caused by plethora or congestion of the brain, but by anæmia or defective nutrition. Second depletion aggravates the tendency to convulsions. Third the cases of true puerperal eclampsia are associated with or caused by albuminuria. Fourth this albuminuria is most probably caused by renal congestion, the effect of direct pressure.

The indications for the rational treatment are—first to relieve pressure, the cause of congestion; second to eliminate noxious matter from the circulation; third to stimulate the kidney to healthy secretion.

Paper:<sup>2</sup> It is now about two years since I directed the attention of the members of this Society, and my professional brethren, to the modification of the usual routine treatment of puerperal convulsions based upon more distinct and clearer views respecting the true pathology and etiology of this frightful and heretofore so fatal a complication of pregnancy and labour. The following extract is from the introduction to that paper:—

"I have long been dissatisfied with the routine practice, and its results, in cases of puerperal convulsions. By routine practice, I need scarcely say that I refer to bleeding, which in its various forms has been recommended most urgently by almost all of even our modern authorities in obstetrics. Thus, we everywhere meet with expressions such as the following:—"Bleeding is

<sup>1</sup> [See page 197.]

<sup>2</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p461.]

our great reliance.” “The lancet is our sheet anchor; and blood may be taken to a very large extent.”—(Ramsbotham). “If there be a case in which the bold and daring use of the lancet is demanded, it is the case of puerperal convulsions.”—(Meigs). “The first thing to be done is to take away blood from the arm or temporal artery largely and in a full stream.”—(Churchill). “In the first rank, both as prophylactic and curative, are to be placed sanguine emissions.”—(Cazeaux). But that such was the universal practice, I need cite no authority, as I believe all of us have been in the habit of thus treating our cases of puerperal convulsions, as I was myself till some time ago, when I happened to have a case of convulsions occurring during the progress of Bright’s disease of the kidney in a male, and a case of puerperal convulsions in a pregnant female before labour, under my care about the same time. I was then most forcibly struck with the similarity of the signs and symptoms in the two cases; in both there was œdema of the face and upper extremities, accompanied by albuminuria, and the paroxysms of convulsions in both were absolutely identical. I treated them both on the same principles, of which bleeding formed no part, as being virtually different stages of the same disease, and had the satisfaction of seeing the case of puerperal convulsions recovering without a trace of remaining disease; and the case of Bright’s disease, although looked upon at one time as actually moribund, so far recovered as to be able to leave hospital in decidedly an improved state.”

Since that time it has fallen to my lot to see no less than six cases of true puerperal convulsions (including my hospital cases, and others which I saw in consultation with some professional friends), and as these would represent the average of cases occurring in more than 6000 cases of labour (Ramsbotham); and as in all these cases I have carefully satisfied myself of the true nature of the affection, and have, as far as possible in them all, endeavoured to carry out the line of treatment I then indicated; and as I have every reason to be more than satisfied with the result, I think I am justified in again calling your attention to this subject, especially when I recollect with what anxiety I watched the result of this practice in my earlier cases, opposed as it was to the teaching of almost all, if not all, of our British authorities in obstetrics. Dr. Ramsbotham, in a paper published the other day, on a case of convulsions, reiterated his opinion that puerperal eclampsia is merely a modification of cerebral apoplexy, and to be treated accordingly.

That there is more or less of cerebral congestion accompanying the paroxysms of puerperal eclampsia, no one who has seen anything of the disease can deny; and I admit the possibility of this congestion being followed in some rare cases by effusion, or even rupture of some of the cerebral vessels; but I assert, nevertheless, that this cerebral congestion is not the primary disease, but is entirely secondary, and a direct con-

sequence of the spasmodic action of the muscles of respiration interrupting the oxygenation and due circulation of the blood.

For the last twenty years it has been admitted, from the researches of Simpson, Lever, Cormack, Cazeaux, Blot, and others, that albuminuria was often associated with puerperal convulsions; but I believe we are now justified in going a step further, and maintaining that every case of true puerperal eclampsia is not only accompanied by albuminuria, but is caused by it.

Now, if we bear in mind that in albuminuria we have the kidneys permitting the exudation of an important constituent of the blood, (serum), while at the same time they retain within it excrementitious matters which should have been eliminated, and that the blood, thus depreciated and contaminated, circulates with difficulty through the systemic capillaries, giving rise to œdema, and affords to the brain and nervous tissues a supply insufficient and inadequate for their nutrition, and the healthy performance of their functions,—we must admit, that a condition very analogous, if not identical with anemia, is produced. This explanation of the mode of production of puerperal convulsions is remarkably corroborated by the most interesting researches of MM. Kussmaul and Tenner on “Epileptiform Convulsions from Hæmorrhage,” published in the last volume of the New Sydenham Society. They have demonstrated, from many experiments, that insensibility, unconsciousness, and general clonic and tonic spasms (constituting the essential phenomena of puerperal eclampsia), may be produced at will, by suddenly interfering with the nutrition of the brain, and could not be produced by any amount of congestion or plethora.

Cause of Albuminuria.—Simpson, who was one of the first to point out the very close connexion that exists between albuminuria and puerperal eclampsia, although he hesitated to place them in the relation of cause and effect, described them as, perhaps, simultaneous or successive effects of one common central cause, viz., a pathological state of the blood, to the occurrence of which pregnancy in some way peculiarly predisposes. I am more inclined to refer it to congestion of the kidneys, caused by a direct pressure of the gravid uterus, as suggested by Dr. Cormack. Many arguments may be adduced in support of this view of the mode of production of albuminuria.

1st. The vast preponderance in the numbers of primiparæ so affected, amounting to nine-tenths; in these the abdominal walls do not yield so rapidly, and, consequently, there would be greater pressure exercised on the renal vessels. This will also explain how excessive distention of the uterus, from plural pregnancy or dropsy of the amnion, is so often assigned as a cause of puerperal convulsions.

2nd. Another argument is, the rapidity with which the albumen disappears from the urine after delivery—“Sublatâ causâ, tollitur effectus.”

Sir Charles Locock, in the article "Convulsions," in the *Cyclopædia of Practical Medicine*, in assigning mental emotions, especially depressing ones, as possible excitants of the paroxysms, says: "It has long been remarked, that unmarried women are more particularly liable to be sufferers from convulsions, from the shame and distress under which their children are usually born."

Now, if we bear in mind, the efforts that these women are continually making to conceal their position from their friends and the public, we might, perhaps, conclude, that direct physical pressure had more influence in the production of the convulsions in these cases than mental emotions.

It will be also plainly manifest, how a stomach distended from over-repletion, and how constipated bowels, often assigned as causes of puerperal eclampsia, may really become so, by increasing the pressure upon the renal vessels. We may even adduce the results of treatment as an argument in support of this view of the etiology of the disease, viz., that no matter which treatment be adopted, once convulsions have occurred, they will in almost every case be repeated till the evacuation of the uterus effectually removes the pressure, and till the resulting effects of that pressure begin to disappear from the blood and urine.

The treatment I adopt, and would strongly recommend, is, if not based upon, at all events consistent with these views of the pathology and etiology of the disease. It is briefly, first, relieve the pressure, not on the brain, but on the renal vessels; second, eliminate noxious matters from the blood; third, stimulate the kidneys to healthy secretion.

These rules are applicable under all circumstances, whether the convulsions appear during pregnancy, or labour, or after childbirth. Suppose puerperal eclampsia to occur, say in the eighth month of pregnancy, without any appearance of labour, we should first attempt to relieve pressure by acting freely on the stomach and bowels, thus reducing the contents of abdomen, and at the same time fulfilling the second indication of eliminating noxious matters from the circulation; and we shall best restore healthy urinary secretion by the administration of the vegetable acids, say benzoic and tartaric acid, as recommended by Braun and Frerichs. Should these means fail, and the convulsions still continue menacing the patient's life, I have no hesitation in stating that we are more than justified in proceeding more effectually to fulfil the first indication—that of relieving pressure by bringing on labour, and carefully evacuating the uterus.

Should convulsions set in during the progress of labour, our object should be to hasten the termination of labour, and, by the use of the means suitable to each particular case, promote the prompt and careful evacuation of the uterus, and thus effectually meet the first indication, while, at the same time, by the administra-

tion of purgatives and vegetable acids, we attend to the other indications.

Chloroform has been highly spoken of by many as moderating the severity and frequency of the paroxysms. I have used it, and believe it to be a useful adjuvant when it is necessary to temporise in cases where delivery cannot be immediately accomplished; and may be safely used, as long as the patient retains any consciousness in the intervals of the paroxysms. In connexion with the administration of chloroform, I would direct attention to a most important fact, discovered by Kussmaul and Tenner, in the course of their experiments, viz., that convulsions could not be induced in animals that had been subjected to etherization.

I need not say, that I would entirely prohibit venesection, and would earnestly dissuade my brethren from resorting to general bleeding in albuminuria, either as a prophylactic or curative, as I firmly believe its tendency is to increase the severity of the paroxysms, to debilitate the patient, and to delay the recovery, by the promotion of secondary affections in cases where it does not directly tend to produce a fatal result.

Local bleeding, leeches to the temples, or cupping the nape of the neck, with cold lotions to the head, may possibly be beneficial in moderating the secondary congestion where it is excessive. I have tried them, but I cannot say with any direct benefit.

In lieu of the warm bath, which must in all cases be troublesome and difficult to administer, and in many impossible, I would recommend sponging the surface with warm vinegar and water.

With respect to the treatment adopted in the six cases which have come under my observation since I last addressed this Society, without entering into details, I will simply state the results. In three cases, venesection to a greater or less extent was used; one of these, occurring in a neighbouring village, was bled very largely before I saw her; the convulsions continued, and she died the next day. Another, who had but trifling œdema, and one slight convulsion before delivery, was also bled to the extent of sixteen ounces before I saw her; there was no return of the convulsions, but her recovery was slow.

In the third case, I, myself, while waiting for the forceps, took six ounces from the arm, with the view of moderating the secondary congestion, in a strong young woman from the country, in whom the paroxysms had been allowed to continue for several hours without interference, under the idea that she was suffering from simple epilepsy. She recovered well.

In the other three cases, the treatment I have endeavoured to inculcate in this paper was closely followed out, and with the best results, although two of them were of the most formidable character; one of them occurring under circumstances that could scarcely be aggravated.

Of the six cases, four were delivered by forceps, one child dead; one delivered naturally, child living; and one by version, child dead.

I will conclude by recapitulating the more important points in the form of distinct propositions:—

1. Convulsions are not caused by plethora or congestion of the brain, but by anemia or defective nutrition,
2. Depletion aggravates the tendency to convulsions.
3. All cases of true puerperal eclampsia are associated with and caused by albuminuria—
4. Which is most probably caused by renal congestion, the effect of direct pressure.

The indications for the rational treatment are:—

1. To relieve pressure, the cause of renal congestion.
2. To eliminate noxious matters from the circulation, and
3. To stimulate the kidneys to healthy secretion.

P.S.—Since writing the above, I have had an opportunity (through the kindness of my friend Dr. Corry), of seeing a case of albuminuria with œdema occurring as early as the second month of pregnancy, when, of course, the pressure exercised on the several vessels would not account for the albuminuria. I do not consider that this very interesting case in any way invalidates the statements I have made above. I look upon this case as an accidental complication of pregnancy with previously existing organic disease of the kidney. It is the woman's fourth pregnancy; the others were unaccompanied by convulsion or œdema. Should convulsions occur, as most probably they will, early, the case would present a combination of phenomena almost identical with those observed in true puerperal eclampsia, whilst at the same time there existed marked points of difference in the history of the cases, and in the causation and sequence of the symptoms, sufficient to modify materially the prognosis, and, in a measure, the treatment also.

A very interesting discussion followed.

James Patterson, President

#### April 2nd, 1860

**Present,** Dr. Patterson, President, in Chair—Drs. Browne, Dill, Whitaker, Moore, Smith, Drennan, Pirrie, Wheeler, Dunlop, Savage.

Minutes read and signed.

A copy of Dr. McCormac's Work entitled "Aspirations from the Inner, the Spiritual Life" having been offered as a donation to the Library, the proposal for its purchase was not adopted.

The Accounts of Messrs. Greer and Wallace, amounting respectively to £ ... and £ ... were ordered payment on being revised and audited by the Secretary and Librarian.

Dr. Halliday read a case of presumed Pyæmia, and Mr. Browne a Paper on Epiphora, and certain modifi-

cations in its treatment. Both communications were of a highly interesting character, and elicited instructive remarks from the Members present.

Dr. Halliday's paper:<sup>1</sup> MR. PRESIDENT,—My desire on the present occasion is not to propose any new theory, or to elicit any novel mode of treatment, but simply to relate the history of a case which, to my mind, is fraught with interest; which I felt to be difficult, at first, of diagnosis, and as it proceeded (the symptoms becoming more marked) very uncertain as regarded the prognosis. My patient was a young gentleman, aged 24, of strictly temperate habits, who had enjoyed good health up to the period of this attack, save that for the last four or five years he had been subject to headach, chiefly frontal, coming on at no particular time, but very much influenced by every change of weather. Up to Saturday, the 26th of November last, he was in the enjoyment of his usual health, only that the headach had become a little more severe; he stated that, ten days before, he had been exposed to cold upon an outside car.

On this day, the 26th, the pain in the head had much increased, and he complained of chilliness. I found him with a pulse slightly quickened, tongue a little foul, skin somewhat hot, in fact, apparently labouring under an attack of febricula; but there was severe vomiting. I prescribed some purgative and diaphoretic medicine.

On Monday, the 28th, the headach being severe, I leeches his temples, and again on Wednesday, the 30th, with some good effect; and on Thursday, the 1st of December, epistaxis set in. I now put him steadily under mercurial treatment, dreading the head affection.

Up to Wednesday, the 7th of December, there was little or no change in the symptoms; but on this night, after eleven days of illness, he had a well-marked rigor about 2 A. M.; a second on Friday, the 9th, at 7 P. M.; and a third on Saturday, the 10th, at 6 P. M.; all of which were accompanied by vomiting and perspiration after the attack.

I should have stated that he had never been abroad, but that, years ago, there was a little discharge from one ear, leaving behind a slight deafness, but so slight, that his father, residing in the house with him, was not aware of it.

On this day, Saturday, the 10th, Mr. Browne saw him with me. His pulse was then 100; respiration 18; system slightly under the influence of the mercurial. The pain in the head was much lessened, but there was slight rolling of it, accompanied by some pain or pressure over the mastoid process. Ordered a blister to the nape of the neck and to push the mercurial.

Sunday, the 11th: had a rigor during the night, with vomiting after, and complained of severe pain in the upper and back part of the left thigh, extending into the groin, which was painful on pressure.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p472.]

Monday, the 12th: rigor at 5 a.m.; vomiting after; no pain in the head; pain in the thigh also relieved. Had another severe rigor at 2 p.m. this day. Ordered two grains of opium twice daily; also citrate of iron and quinia, with beef-tea; and one oz. of wine every third hour.

On Wednesday night he rested badly, and in the morning, about 2 o'clock, the hour at which he generally became worse, he had a fearful rigor, which lasted for half an hour.

December 13th: was gabby during the night, probably from the opium; there is pain on pressure in the left groin; slight œdema of ankle; no well-marked cording of femoral vein.

From this on, the rigors were not well marked; the œdema in ankle increased, and passed up to the knee; but there was no redness of any part; no pain in any joint; nor formation of matter in any locality. He was ordered to continue steadily the nourishment, together with the opium and quinia, and the urgent symptoms gradually gave way, but two months elapsed before the swelling left the limb, and another month ere he regained his usual strength.

Dr. Browne's paper:<sup>1</sup> The subject to which I wish to direct the attention of the Society this evening, is the nature and treatment of the disease named Epiphora, or the watery eye. This condition of the eye depends upon two causes: either such a flow of the tears from the secreting apparatus as cannot be carried off by the derivative apparatus, the latter being in a healthy condition; or, being diseased, is unable to perform its functions, the supply of tears not exceeding the due amount of secretion.

Of the former condition we have a familiar example in the overflow which takes place under mental emotion, or any local stimulus; this state cannot be considered as one of disease, but, if there be an over-secretion of tears under ordinary and unexciting circumstances, we must regard it as one, at least, of disordered function. To this part of the subject it is not my intention on the present occasion farther to refer, but I would rather crave your attention to that condition of the derivative lachrymal apparatus, in which we find there is a constant overflow of tears—*stillicidium lachrymarum*, without any specially increased secretion.

Before entering, however, upon the pathological condition of the parts, I shall briefly remind the Society of the structure and anatomical relations of the apparatus in question. On looking at the eyelids, a slight elevation or angular projection will be observed upon either, about two and a half lines from the inner commissure; when the lids are everted, a minute opening will be seen on the apex of each little projection; these

are the *puncta lachrymalia*; the mouth of each is surrounded by an elastic ring, and is directed slightly backwards and inwards. The *puncta* are the open mouths of the canalicules; these latter, situated on the inner portion of the margin of either eyelid, and beneath its mucous membrane, are at first directed downwards, outwards, and forwards; then, making a sharp angle, they pass inwards and a little backwards into the lachrymal sac, describing a slight curve in their course, and terminating close together, their length being throughout about five lines, and their point of termination being exactly behind the inner tendinous attachment of the eyelids. The sac is the upper third of the lachrymal canal, and is formed by the lachrymal and superior maxillary bones, the cavity being completed by fibrous membrane; this canal, under the name of nasal duct, passes downwards, and a little backwards and outwards, from the perpendicular, and opens into the inferior meatus of the nose, under cover of the lower spongy bone; the canal, about one inch and a quarter in length, is lined with mucous membrane throughout, a fold of which, when the sac is laid open, may be remarked situated a little below the opening of the canalicules, partially separating the sac from the nasal duct, while another fold of the mucous membrane protects the mouth of the canal. In connexion with the apparatus just described, there is an arrangement of muscular fibres which is worthy of notice. Besides the fibres of the orbicularis muscle, which run in curves from the lower border of the tendon of the eyelids, passing along the lachrymal ducts, a thin strip of muscular fibres, about a quarter of an inch in breadth, arises from the vertical ridge in the lachrymal bone, passes forwards and outwards; at the lachrymal sac the fibres bifurcate, and pass on to the eyelids, to become blended with the orbicularis muscle; in this course some fibres are attached to the posterior surface of the lachrymal ducts, and some few fibres surround the ducts near their punctal openings. Immediately within the inner commissure of the eyelids the lachrymal caruncle is situated. This is composed of fibrous tissue, in which follicles are imbedded, secreting a fluid similar to that afforded by the Meibomian glands. A fold of the conjunctiva, of a crescentic form, and containing at the edge of the fold a strip of fibrous tissue, is connected closely to the base of the caruncle; while this membrane, where it forms the covering of the caruncle, is thrown into two minute wing-like processes, which extend from the sides of the caruncle to the upper and lower eyelids, where they are attached just behind the *puncta* and lachrymal ducts.

I trust the members will not deem me impertinent for dwelling upon these structural relations. I have, however, been thus minute in my description of the parts connected with the derivative lachrymal apparatus, that the Society may see the rationale of the treatment I pursue when those structures take on disease.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p466.]

Like all other parts of the system that have a mucous membrane, the lachrymal canals throughout are liable to a certain inflammatory action, in which there is thickening of structure, with an increase of the natural secretion; this is the common catarrhal inflammation, either commencing in, and confined to the lachrymal sac and canals, or spreading from the conjunctiva to those parts. This is the simplest form of morbid action, and can be usually removed by very simple means, such as a sedative and astringent collyrium. Of this complaint, too, we have a familiar example in the state of the eye and its lachrymal apparatus, from what is popularly known as “a cold in the head,” and which state arises from the parts participating in the general perverted action of the mucous membrane lining the nasal passages. One persistent symptom in the affection always is the overflow of the tears, and the mucous secretion which takes place, partly from the increased secretion from the lachrymal gland, consequent on the irritation of the conjunctiva, and partly from the thickened and obstructed condition of the lachrymal passage. As the cold in the head disappears, the conjunctiva is usually restored to its normal state, and the tears cease to overflow. Should, however, there be repeated attacks of catarrh, the lachrymal canals may become thickened, and take on a chronic perverted action. In this condition the canalicules and nasal duct may be nearly closed up, so that the tears are constantly flowing over the cheeks; and, should this state be permitted to remain without proper treatment, the entire canals may be almost, if not quite, obliterated.

Of course the nasal duct, lodged as it is in a long and unyielding passage, becomes first closed up, while the sac becomes distended with muco-purulent secretion, which constantly flows out by the pressure exercised by the orbicular muscle through the canalicules and puncta, and which secretion can be made to regurgitate in quantity, by making firm pressure upon the distended sac. We usually find that in cold, but especially damp weather, this affection becomes increased, while in the fine dry season it frequently almost disappears. The general health of the sufferer is mostly below par, and the patient is commonly of the strumous diathesis.

With this state of things, then, it is clear that the indications for treatment are evident. If the circumstances of the patient permit of a change to a dry, mild climate, I feel satisfied that such change should be advised. If, on the contrary, as is most frequently the case, the person be precluded from making the attempt, we are called on to do the best we can.

The course I generally pursue is, first, to improve the digestive and secretory systems, both of which will commonly be found to be deranged. Rhubarb, in powder, and soda, or infusion of rhubarb, with Rochelle salt, in moderate doses, given every night, with the syrup of the iodide of iron and the iodide of potassium com-

bined, exhibited after every meal, are the medicines I use; while I direct special attention to the diet, clothing, exercise, and modes of life. In fact, I endeavour to inculcate sound sanitary principles, since the non-observance of these would render any medicinal course almost useless. The local treatment I change according to circumstances, always observing to apply those medicaments which seem not to increase the irritation of the parts. These applications, consequently, vary. With one person the nitrate of silver applied in the solid form to the conjunctiva of the lower eyelid will prove most beneficial, will act in the most salutary manner, as an astringent, direct sedative and promoter of healthy action, while in another, though rarely, it will cause great irritation and increase of pain.

Before, however, making any local application, I explore the lachrymal passages carefully. With this view, I press out and examine the secretion or contents of the sac, and observe whether they are simply inspissated mucus, or contain any purulent matter; if the latter, I am rendered more cautious in my treatment, as there may be, nay, often is, some disease of the lachrymal bone. If I am satisfied that the sac merely contains mucus, I am led to infer that the disease is one of chronic inflammation of the lining of the sac and nasal duct, with more or less obstruction of the latter, and I act accordingly. Having slightly everted either lid, and having drawn it a little outwards so as to straighten the duct, I pass a fine probe into each punctum in succession and along the canal into the sac. If the probe be in the lower punctum, I usually move it gently about so as to touch the inside of the sac all around. If it have been passed through the upper punctum, I draw the lid upwards and inwards, and directing the probe downwards and a little backwards, I endeavour to pass it into the nasal duct, taking care not to use force, and so managing its point as not to injure the valve-like fold of the lining membrane which partially divides the sac from the duct. If in this manipulation the patient complains of much pain, it is better to desist, to direct warm fomentation of the part, a mild collyrium, and the application, over the cutaneous covering of the sac, of the tincture of iodine or the compound iodine ointment. After this local treatment has been carried out for a week, the probe may be again introduced, and probably it will be found to pass into the nasal duct. If it do so, one step in the treatment has been gained, and, by a careful continuance of it, the likelihood is that the disease will be remedied.

If, however, the obstruction persists, as evidenced by the constant overflow of the tears and by swelling of the sac from the retained fluid, and if all signs of acute inflammatory action have subsided, another means must be resorted to. It is clear that the puncta, without injury and tearing, cannot admit anything beyond the size of a minute probe to pass, and that this, even if carried through the nasal duct, cannot remove any consider-

able obstruction. It becomes, therefore, necessary to adopt measures by which the sac and nasal duct can be reached and explored by a larger-sized instrument. With this view, I am in the habit of passing a fine director into the upper punctum and along its canal to the sac, and then of slitting up the entire duct from its angle to its termination in the sac, and of opening the head of the sac; in this operation I intentionally avoid slitting the punctum, as I consider any interference with it is uncalled for, and the retention of its integrity may be of importance.

When the canal and sac have been fairly laid open, a full opportunity will be afforded for properly examining the condition of these parts. The first object should be to clear them of all obstructions caused by inspissated mucus and other secretions; this can be best accomplished by introducing the point of a small syringe—not Anel's, which is really of little use—and injecting tepid water freely. Should the water after some time flow into the nostril and through the lower punctum, it is evidence that there is not complete occlusion of either of these canals. The next step is to explore, by means of different-sized probes, the condition of the nasal duct. If the lining membrane of the sac and duct feel swollen or relaxed, the parts can be touched with nitrate of silver, or a solution of that salt can be injected into them. I introduce the nitrate, in the solid form, by having a platinum probe coated with it; an assistant separates the lids and raises the upper one; this displays the opening that has been made into the canalicule and sac, and I then pass in the probe and rapidly touch as much of the lining membrane as I can reach, after which I inject tepid water and order the use of a sedative collyrium.

I may here state that I consider this method of treatment much better than endeavouring to clear the nasal duct by means of Gensoul's sound, introduced through the nostril; that manipulation is not only very difficult, but is necessarily less effective than that by which water can be injected down the duct; therefore I now always open the lachrymal duct and sac, and, by the use of the probe and syringe, can always restore the pervious condition of the parts, where the obstruction has depended upon thickening of the lining membrane, or on the retention of vitiated secretions alone. During this treatment, I may state, I do not omit the external application of the iodine, as I have already mentioned. It may be, that, after the nasal duct has been explored, both it and the sac will be found pretty healthy; if so, a simple collyrium, continued for a few weeks, with tonic treatment internally, will probably remove all symptoms of the watery eye.

It sometimes happens that the epiphora, or stillicidium lachrymarum, depends upon obstruction in the puncta and lachrymal ducts; in either or both, this obstruction may be partial or complete. The exact site and extent of the obstruction can be determined by the use

of Anel's probe, or a strong bristle. One of these should be carefully introduced into each punctum in succession, and carried as far as it will go towards the sac; if the instrument reach the sac through the canals, a larger-sized probe may be used then, or at a future visit, and the parts may thus be cleared and dilated, and the dropping tears may be remedied. But if, on the contrary, the instrument cannot be made to enter the sac through the canalicules, or if, after repeated introduction of the probe, the stillicidium is not removed, other operative measures will be required. In those cases where the probe can be passed, the operation may be performed either by slitting up the duct along the probe as a guide, or by introducing a fine-grooved director, and sliding the point of the knife along it; in either case entering the knife into the canal at the point where it forms an acute angle with the margin of the lid, and avoiding all injury to the punctum.

If partial or complete occlusion of puncta and canals exist, the operation will be somewhat different. When I find that the puncta are open, and the ducts pervious for some distance, I take a No. 7 sewing needle, and mount it in a cedar handle; this instrument I introduce very carefully along the duct to be operated on as far it will go without any force, and then slit up the duct to its point. I next push it on into the sac, and continue the incision along it. In this operation I again avoid the punctum, as I believe that any injury of it is likely to interfere with its special adaptation for the absorption, or capillary-like attraction, of the tears. The reason why I do not wish to slit open the puncta is, that I believe, when the eyelids are closed in sleep, the sides of the canals, that are open during the motions of the lids, become shut, and that then the puncta, being in a normal condition, take up the tears as they do in the healthy condition of the eye. In fact, it is only in those cases where there is occlusion of the puncta that I interfere with them. In such instances—and they are very rare, unless from direct injury, such as wounds or burns—I find the papilla on which the punctum is placed, examine carefully for the closed orifice, pass the needle into it, slit up the duct as far as its angle, then depress the handle of the needle, and endeavour to push it on to the sac, and, having succeeded, I slit up the track. It was one of these cases, arising after a scald, that first drew my attention to the restoration of the canal, and in which, having proceeded as I have related, I was pleased to find that I had been enabled to remedy a very distressing condition. At the same time, I may mention that I had seen a case a short time before that just referred to, in which, after an injury or laceration of the lower lid, I observed that the canalicule which had been laid open continued patent long after the parts had healed around, and performed its functions satisfactorily.

Although operations somewhat similar to those I have mentioned were suggested long ago,—to Mr. Bow-



Repeated applications have of late years been made to this Society for its cooperation with other Associations in endeavour to promote the public interests of the profession. However willing all our members have shown themselves to unite in such efforts, it has yet been felt that our Body was not sufficiently large, nor its organisation well adapted to enable it to act efficiently in a representative capacity. Your Council considers it therefore a subject of congratulation that since our last Annual Meeting an association<sup>1</sup> of the necessary extent, and under able management, has been formed for the express purpose of expressing with authority the wants and wishes of the Medical Profession in Ulster on matters connected with its public position and interests.

Communications were received from Dr. Lightburne of Brookboro' on the subject of an Annuity Association, but the Society did not find his or others brought before it by Drs. McCormac and Heaney, sufficiently mature for adoption.

On occasion of a domestic bereavement a letter of condolence was addressed by the Society to their Secretary, and gratefully acknowledged by that gentleman.

No breach of medical etiquette has been brought under the the consideration of the Council.

The Council meetings have been very indifferently attended.

#### Annual Meeting, May 7th, 1860

Present, Dr. Patterson, President, in Chair—Dr. Burden, H. Moore, Wheeler, Browne, Moore (James), Pirrie, Drennan, McCleery, Gordon, McGee, Stronge, Halliday, Whitaker, Mulholland, Bryce, Corry, Rea, Hanna (H.), Hanna (W.), Ross, Aickin (W.), Harkin.

Minutes of last Annual and Monthly Meetings read and confirmed.

The Report of the Council for the past year was read by the Secretary, and on the motion of Dr. McGee, seconded by Dr. Mulholland, it was received and adopted. Three new members, it stated, had joined the Society since last Annual Meeting, one had retired, and several had become free of further payments. From the expense incurred in printing the new Library Catalogue there was a balance against the Society in the Treasurer's account of above £10. There had been a considerable number of new works of merit added to the Library, and Papers of interest read regularly in the Monthly Meetings. No breach of professional decorum had been brought under the notice of the Council. The formation of the Ulster Protective Association was referred to with satisfaction.

No report was given in by the Examiners of the Library, but from the Librarian's statement it

appeared that no books or Periodicals had been lost during the past year.

Mr. Browne read the Report of Auditors of Accounts. The receipts had been £39. 14. 6; the expenditure £49. 0. 0. He suggested that the number of journals should be diminished, and their cost be expended on Works of more permanent value. Dr. Ross suggested the purchase of some French Periodicals in lieu of some of the English. These proposals were referred to the incoming Council who were requested to report early on the subject. The Auditors Report was then adopted.

The balloting for Officers of the Society for the ensuing year was then proceeded with, and the following appointments made;

<b>President,</b>	Dr. Murney
<b>Vice-Presidents,</b>	Drs. Halliday and Corry
<b>Council,</b>	Drs. Wheeler, Harkin, Mulholland, Bryce, Ross and McCleery

<b>Treasurer,</b>	Dr. Smith
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<b>Secretaries,</b>	Dr. Drennan was reappointed Secretary and Dr. Whitaker associated with him.
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On the motion of Dr. Pirrie, seconded by Dr. Stewart, the thanks of the Society were given to Dr. Patterson for the very efficient manner in which he had acted as President during the past year, and Dr. Patterson acknowledged the compliment.

Drs. Stewart, Pirrie, Smith, and Patterson were appointed Stewards of the Annual Dinner.

Henry Murney, President

#### June 4th, 1860

Present, Dr. Murney, President, in the Chair—Drs. Patterson, Wheeler, Dixon, Corry, Aickin, Stewart, Mr. Pring, Drs. Cuming, Smith, Whitaker (Secretary).

Dr. Murney having taken the Chair returned thanks to the Members of the Society for his appointment as President and hoped that those present as well as their absent brethren would support him during his year of office more especially by bringing before the notice of the Society any interesting cases which may occur.

The Minutes of the last meeting having been read and confirmed, a desultory conversation ensued after which Dr. Corry brought under the notice of the Society a case of Tetanus successfully treated by Conium which he administered in the form of extract—5 grain doses every three hours. He also referred to the use of the Woorara, and gave an interesting account of the various remedies lately proposed for this disease with his opinion as to their relative advantages.

Paper:<sup>1</sup> March 26, 1860.—Was sent for to visit J. Russell, aged 55, manager of a spirit store, residing in Ballymacarrett. On my arrival I found him labouring under unmistakable symptoms of tetanus, which had

<sup>1</sup> [The Ulster Medical Protective Association. See page 925.]

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1860, v29, p503.]

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set in two days previously; the paroxysms were frequent and severe, there was decided opisthotonos, with precordial pain, and the trismus was so great that he could only open his mouth to the extent of half-an-inch; there was, also, considerable difficulty in swallowing, and for the last twenty-four hours he had been unable to assume the recumbent position, from an agonizing sense of suffocation. Pulse, 115; skin, cool; bowels constipated. Upon inquiry, I ascertained that, about ten days ago, his left hand had been crushed between two casks, by which accident a severe lacerated wound had been produced; the injury, however, had, to all appearance, progressed favourably, and was now nearly healed.

Having previously had charge of two cases of this fearful malady, which I had treated unsuccessfully by the usual remedies, and having subsequently read M. L. Vella's communication to the Academy of Sciences, in Paris, on the employment of woorara in tetanus, and a paper by Mr. Spencer Wells on the same subject, I was anxious to give the poison a fair trial in the present instance, and accordingly endeavoured to obtain some for that purpose; however, not being able to procure any in Belfast, I took advantage of the suggestion thrown out by Dr. Radcliffe, "that conium, the physiological action of which is almost identical with woorara, might prove a more manageable and suitable remedy;" I, therefore, ordered my patient five grains of the extract every three hours, dissolved in water, having previously evacuated the bowels by an enema of castor oil and turpentine. After the medicine had been administered for twenty-four hours, there was a decided improvement in the symptoms; he was now able to lie down, obtained a short sleep, and the spasms were less acute; the pulse, also, fell to 100. Forty-eight hours afterwards, the peculiar physiological effects of the conium began to manifest themselves; he complained of general debility, accompanied by numbness and loss of power in his lower extremities; the paroxysms occurred at long intervals, and were greatly diminished in severity; pulse 80. Ordered the medicine to be continued, with wine, beef-tea, and eggs, to support his strength. At the expiration of a week, complete paralysis of the lower extremities had been produced; the upper limbs were also much affected, and there was considerable difficulty in deglutition; the spasms and rigidity of the different muscles had now all but subsided; there was, however, still some trismus, and he slept but little; I had, therefore, to order him, in addition to the conium, an occasional night-draught of the solution of the muriate of morphia. By the end of a fortnight it was considered necessary to diminish the dose, and give it less frequently, as the muscles of respiration were becoming affected, the paroxysms had entirely ceased, and slight trismus alone remained. I now carefully watched the action of the medicine, and on the 21st day from its first administration was enabled to

discontinue its use, as every symptom of tetanus had disappeared. A stimulating liniment was now applied to the limbs, with quinia internally, and in another fortnight he was able to return to business.

Remarks.—Notwithstanding the attention which has of late been directed to pathological investigations, our knowledge of the true nature of tetanus is, as yet, far from satisfactory; the disease consists of a peculiar excitement of the medulla oblongata and true spinal system, occasioning severe continued spasms of the voluntary muscles, followed by imperfect relaxations. Our line of treatment should, therefore, consist in removing local irritation, and allaying nervous excitement.

So far back as 1811, Sir Benjamin Brodie demonstrated by experiments the powerful sedative effects of woorara in controlling muscular spasm; and in 1836, Mr. Curling stated, in his treatise on the subject, that the poison was deserving of a cautious trial in acute cases of tetanus in the human subject. However, the great drawback to its use is the impossibility of procuring it of uniform strength, and the consequent difficulty of regulating its action. In conium, we have a much more manageable agent, possessing all the sedative powers of woorara, without its disadvantages. During the treatment of the foregoing case, I watched its action carefully, and found, that by either increasing or reducing the dose, its effects could be proportionally augmented or diminished. It would, of course, be unfair to form a decided opinion of the curative powers of any remedy from the result of a single trial; but I must say, that, from the first, I found it so manageable and beneficial in its action, that I would have every confidence in again using it under similar circumstances.

Henry Murney, President

**July 2nd, 1860**

Present, Dr. Murney, President, in the Chair—Drs. Smith, Wheeler, Stewart, Dixon, Mulholland, Drennan, McGee (Michael) and Whitaker.

The Minutes of last meeting were read and confirmed.

A note from Dr. O'Hare, having been received by Dr. Drennan (Secretary), tendering his resignation of membership, same was accepted.

Dr. Davidson was unanimously elected a Member of the Society.

The 30th annual report of the Belfast District Asylum for the Insane, was presented to the Society by Dr. Stewart.

An account for printing the transactions of the Society, as furnished by Mr. Gill, was handed in by the President and amount £2. 17. 11 ordered payment by the Treasurer.

The President brought forward the following proposition from the Council, viz That the Subscrip-

tions to the New York Medical and Physical Journal (quarterly) and Quarterly Journal of Mental Science be discontinued.

The President then brought under the notice of the Meeting a case of imperforate vagina, occurring in a girl 16 years of age in whom the vagina about 2 inches deep, terminated in a cul-de-sac, closed by a thick membrane behind which the menstrual secretions appeared to have accumulated; an opening having been made through the membrane by means of a cannula and trochar, and the girl having been placed in a warm bath, was much relieved by a discharge through the opening of the thickened secretion. The President then detailed the treatment adopted by him which gave great relief to the patient, although he was precluded from further operative interference by his discovering on careful examination that a communication existed between the vagina and bladder owing to the non-closure of the posterior wall of the latter.

Henry Murney

#### **August 6th, 1860**

Present, Dr. Murney, President, in the Chair—Drs. Patterson, Bryce, Pirrie, Harkin, Stewart, and Whitaker.

The Minutes of last meeting having been read and confirmed, Dr. Harkin moved and Dr. Patterson seconded the following resolution which passed unanimously.

That the arrangement with regard to the circulation of the journals, as proposed by the President, be carried out, and that Mr. Pring be directed to keep a memorandum of the gentleman to whom each journal respectively is forwarded on its first leaving the Library.

Dr. Harkin brought before the notice of the Meeting a case of Uterine Hydatid occurring in a patient of his who, had, from time to time been troubled with uterine hæmorrhage, often to a large extent. After one of these attacks, a mass of Hydatid came away, which having been cleansed from the clotted blood which surrounded them, were preserved by Dr. Harkin and shown to the Meeting.

Dr. Harkin stated that on examination, having found the os patulous, he removed the remainder of the Hydatids, many of them being adherent to the walls of the uterus, and the patient has since then enjoyed good health.

He then made some remarks as to the origin and progress of such cases, which gave rise to a short conversation; after which, Dr. Bryce having brought before the Meeting one or two instances in which improper and untrue remarks had been written after the name of a Member in the list of names attached to the circulating journals, a conversation ensued, and a strong feeling of indignation was expressed by the Members present, after which it was resolved That

the Members of the Society be requested not to make any remarks, or writing, on the slip in front of the Circulating Journals containing the list of names, except the days of receipt and departure of same and their initials.

Henry Murney, President

#### **September 3rd, 1860**

Present, Dr. Murney, President, in the Chair—Drs. Pirrie, Patterson, McGee (Michael) and Whitaker.

The Minutes of last meeting were read and confirmed.

Mr. Henry Burden was unanimously elected a Member of the Society.

Herick's Atlas on Diseases of the Liver was ordered for the Library, subject to its price not exceeding £1. /. /.

It was unanimously resolved that the subscriptions to the New York Medical and Physical Journal, and Journal of Mental Science, respectively, be discontinued at termination of current year.

A short conversation ensued, after which, it was resolved "That on the next night of meeting, the propriety of discontinuing the subscription to the Pharmaceutical Journal be brought before the Society".

Henry Murney, President

#### **October 1st, 1860**

Present, Dr. Murney, President, in the Chair—Drs. Patterson, Corry, Wheeler, Aickin, and Whitaker.

A conversation took place relative to the propriety of discontinuing the Pharmaceutical Journal, some Members having expressed their wish to have same retained, it was unanimously resolved that subscription to it be continued.

It was proposed by Dr. Patterson, seconded by Dr. Aickin, and passed unanimously That the subscription to the Dublin Hospital Gazette and Dublin Medical Press, respectively, be discontinued at termination of current year.

Robert Stewart, Chairman, 5th November, 1860

#### **November 5th, 1860**

Present, Dr. Stewart, Chairman,—Drs. Smith, Wheeler, Dill, McGee (Michael), Patterson, and Whitaker.

The resolution relative to the discontinuance of the subscription to the Dublin Hospital Gazette and Dublin Medical Press, passed at last monthly meeting was confirmed. A conversation relative to the circulation of the journals having ensued, it was proposed by Dr. Patterson, seconded by Dr. Wheeler, and passed unanimously That a committee, consisting of the President, Drs. Patterson, Drennan, and Whitaker, be appointed to take into consideration the circulation of the journals and the means of continuing same.

Henry Murney, President

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**December 3rd, 1860**

Present, Dr. Murney, President, in the Chair—Drs. Pirrie, Stewart, Halliday and Whitaker.

Dr. Murney brought before the notice of the meeting, a case of diseased knee joint, upon which he had lately performed the operation of excision; and stated the history of the case, a synopsis of which is as follows. A few days ago, a little girl, 9 years of age, was admitted into Hospital suffering from diseased knee joint, the first appearance of which occurred some four years ago, when considerable pain was felt therein which passed off and gradual swelling recovered. When admitted, the joint was free from pain except when the limb was moved, the leg was greatly flexed, the joint entirely useless and she lay on her left side to avoid the great pain which the least motion of the part induced.

On consideration and consultation it was determined to endeavour to ease the limb by excising the joint which accordingly was performed by the President who detailed the different steps of the operation and his reasons for adopting same; he stated that he made his transverse incision above the patella with the view of having that bone retained in situ by its ligament, instead of as when performed lower down, its being drawn upwards by the muscle attached to its upper border, otherwise the operation was performed in the usual manner.

The President concluded his interesting remarks by stating his views as to the general expediency of the operation and the success which had hitherto attended it.

Drs. Pirrie and Halliday having stated their opinions on the subject, a conversation ensued, after which the President brought forward a beautiful specimen of an Ovum, with the membranes surrounding it, and made some observations as to the history of the woman from whom it had been obtained who aborted while under treatment for ulcers on the legs, supposed to be of syphilitic origin.

Henry Murney, President

**7th January, 1861**

Present, Dr. Murney, President, in the Chair—Drs. Browne, Pirrie, Cuming, Patterson, Moore, Dill, Hanna, and Whitaker.

The minutes of last meeting having been read and confirmed, the President stated that the result of the operation for excision of the knee joint, brought before the Society on last night of meeting was unfavourable as the little girl gradually sank and died in about a month after the operation.

The President then made some remarks on Wutzer's operation for the radical cure of inguinal hernia, detailing the steps of the operation and the points to be observed in performing it; he also stated the great success which had hitherto attended it; and after

calling attention to its usefulness and hoping that it would receive a fair and extensive trial from the Surgeons of this Country, produced a patient upon whom he had operated. An interesting conversation ensued, in which most of the members present joined, and thanks to the President for the trouble he had taken in bringing the matter before their notice.

Dr. Pirrie brought forward a report of case of premature labour induced for deformed pelvis, and stated that the patient was 28 years of age, and pregnant with her third child. She was, when admitted into hospital, in her eighth month; in both former deliveries craniotomy had to be performed. At first, injections of warm water were used, and a sponge tent introduced, electric shocks were tried but as the patient complained of them, their application was discontinued. Pills of Croton Oil and mixtures of Decoction Uva Ursi and Borax were administered. A bougie was then introduced between the membrane and the wall of the uterus and cut short and an air pessary was introduced and inflated; by these means labour pains, occurring every half hour, were induced, the head was found presenting, turning was then effected, and the child readily came away until the head reached the brim, where it became jammed owing to the projection of the promontory of the sacrum and required considerable force to bring the child, which was still born, past it.

Dr. Pirrie then stated his opinion that the bougie and the pessary were the best means of inducing labour, as thereby the uterine action was hastened, while the membranes remained unruptured until the os was fully dilated, and concluded his interesting paper by stating that the patient was too far advanced in her pregnancy when admitted into hospital to give birth to a living child, and by making some general remarks which gave rise to a desultory conversation among the members present.

Henry Murney, President

**4th February, 1861**

Present, Dr. Murney, President, in the Chair—Browne, Pirrie, Stewart, McCormac, Drennan, Moore, Smith, Corry, Hanna, McGee (Michael) and Whitaker.

The Minutes of last meeting having been read and confirmed, the President brought before the notice of the Meeting the subject of the fees payable by Life Insurance Companies to members of the profession, and expressed his opinion that the distinction made by some Insurance Companies as regards amount of fee and which is regulated by the sum for which the person examined is about to insure, is wrong in principle as the same care and trouble has to be taken by the Medical Examiner be the amount large or small, and that in every case, when an Insurance Company applies to a Medical Man, not officially connected with it, for information regarding a person about to

have his life insured, the fee for same should be a uniform one of £1. 1. entirely irrespective of the amount to be insured.

Some conversation having ensued; Dr. Browne moved, and Dr. Drennan seconded, That the best thanks of the Society be given to the President for having brought the subject of the fees payable in life insurance cases before the Meeting, and that a notice regarding same be inserted in the Circular for next Monthly Meeting so that the matter may then be fully discussed.

Dr. Stewart presented to the Library a review on "Insanity and Hospitals for the Insane", for which the thanks of the Society were voted to him.

Dr. Hanna then brought forward a paper on "Man, his Confirmation and Physical and Mental Development", in which he alluded to the peculiar characteristics by which man is distinguished from the lower animals, and after detailing his development both mentally and corporeally, concluded his paper by referring, seriatim, to the different races of mankind at present in existence, and giving an interesting ethnological account of their native countries, and their admixtures.

A conversation then ensued, in which several of the Members present took part, and discussed several of the points brought forward in Dr. Hanna's paper.

The President then brought forward the notice of a case in which he had performed Pirogoff's operation, and stated his reasons for preferring it, in many cases, to that of Syme, one reason being the greater ease with which the former is performed, another, the better leg which is left in this operation,  $1\frac{1}{2}$ –2 inches longer than in the latter. He also referred to an accidental complication occurring in this case, viz the secondary hæmorrhage which broke out on 5-6 occasions and was with some difficulty restrained. The President finished his interesting paper by stating that the patient was doing well and that he had no doubt the operation would be entirely successful.

Henry Murney, President

#### 4th March, 1861

Present, Dr. Murney, President, in the Chair—Drs. McCormac, Moore, Patterson, Dill, McCormac (William), a visitor, Drennan, Pirrie, and Whitaker.

The Minutes of last meeting having been read and confirmed, Dr. McCormac read a paper entitled "Metanoia, a plea for the Insane", in which he entered into the question as to the different causes of Insanity, stated that large towns were not more noxious to it, proportionally, than country districts, gave statistics of the number of persons who annually became insane, entirely disapproved of the idea that insanity is hereditary, stated his opinion that the soundness of the mind is entirely different from and independent of that of the brain, to a great extent, and after stating

that the Insane were so, because they could not be conscious of their own unconsciousness, finished his interesting paper by making some remarks on the treatment which he thought best adopted for such cases and which he held should always be of a moral character.

Henry Murney, President

#### 1st April, 1861

Present, Dr. Murney, President, in the Chair—Drs. Pirrie, Browne, Dill, Cuming, Bryce, and Whitaker.

The Minutes of last meeting have been read and confirmed, Dr. Cuming brought before the Society a paper entitled "Notes on Medical Electricity" in which he referred to the different forms under which Electricity had been applied to Medical purposes, and having given one or two instances of the dangers which have ensued from its incautious use, related two cases occurring in his own practice in each of which the patient derived great benefit from its use.

In the first case a man troubled with frequent attacks of lumbago, was much relieved by the application for five minutes of the Metallic brush to the skin, previously dried and dusted, and in four days there was an entire cessation of pain.

The second case was one of paralysis of the extensor muscles of the hand without any anæsthesia. In three weeks the patient was quite relieved and able to use his hand.

Dr. Cuming then stated that in his opinion the Voltaic was of more use than the Magnetic Electricity, and stated his reasons for arriving at that conclusion, and having exhibited the Metallic brush, and stated the mode in which he had applied it, finished his interesting paper by making some remarks on the different amounts of muscular contraction which occurs upon the application of the current, and stating that in many cases, the irritability present would preclude its useful administration.

The President having then called the attention of the Society to the following resolution adopted by the Members of the Profession in Belfast on the 20th April 1848 and suggested that same should be more explicit.

Dr. Browne moved and Dr. Pirrie seconded the addition to the resolution of the words enclosed in parentheses, and amended it now reads

"We, the undersigned members of the Medical Profession, resident in Belfast, disapproving of the principle and the practice usually adopted by Assurance Offices in requiring our opinion respecting the eligibility of parties about to assure their lives, to whom we are the ordinary Medical Attendants; and, also, impressed with the deep responsibility which attaches to the opinion, we may feel it our duty to express an opinion of great importance to the Assurance Company, and which may subsequently

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involve us in serious litigation, do hereby resolve, that in future, we will not attend to any such application, unless made directly to ourselves by the Assurance Agent or Company, enclosing the ordinary Consultation fee (of One Guinea).”

Passed unanimously and the President and Dr. Browne were requested to procure signatures to same.

The President brought forward the subject of the Assurance against Fire of the Property of the Society, and after some discussion he was authorised to effect a new policy for £300, the old one for £500 being about to expire.

Drs. Pirrie, Cuming, and McCleery, were appointed Examiners of the Library, and Drs. Stewart and Browne, Auditors of Accounts.

Henry Murney, President

**Annual Meeting  
6th May, 1861**

Present, Dr. Murney, President, in the Chair—Drs. Dill, Beck, Moore, Wheeler, Burden H, Patterson, Cuming, Stephenson, Browne, Rea, Drennan, Dixon, McGee (Michael), Bryce, Pirrie, Harkin, Reade (Thomas), Corry, Stronge, Warwick, Aickin W, Smith, Moore (Hugh), and Whitaker.

The President stated that in compliance with the wish of the Society, he had made arrangements with the Insurance Company's Agent and as he found that there was no rise in the premium payable for insurance against fire, has continued the policy for £500.

The Minutes of last Annual and Monthly Meetings were confirmed.

The report of Council for the past year was then read by the Secretary, Dr. Drennan, and on the motion of Dr. Browne, seconded by Dr. Patterson, it was received, adopted and entered on the Minutes. It expressed the regret of the Council that the affairs of the Society were not in a more flourishing condition, in as much as but one new member had joined during the past year, while one had died, another retired and three others would become free members during the ensuing year, but hoped that the measures taken during the year to better the financial affairs of the Society would be successful. The report of the Treasurer was then read. The receipts were £39. 18. – and the expenditure £50. 18. 8½ leaving a balance still due Treasurer £11. 0. 8½.

Dr. Warnock was unanimously elected a Member of the Society.

The balloting for Office Bearers having then taken place, the following gentleman were respectively elected:

<b>President,</b>	Dr. McCormac
<b>Vice-Presidents,</b>	Drs. Wheeler and Stronge
<b>Council,</b>	Drs. Browne, Dill, Harkin, Rea, Dixon and Drennan

<b>Treasurer,</b>	Dr. Smith
<b>Secretary,</b>	Dr. Whitaker

Dr. Dixon proposed a vote of thanks to the late Secretary Dr. Drennan and took occasion to remark concerning the ready courtesy which he had always displayed towards the members of the Society, and the zeal and attention which he had bestowed on its affairs during his Secretaryship—a period of eight years.

Dr. Pirrie seconded the motion which was passed by acclamation, Dr. Drennan having suitably acknowledged the compliment.

Dr. Patterson then moved that Dr. Stephenson do take the chair which having been done, he also moved and Dr. Dixon seconded a vote of thanks to the retiring president, Dr. Murney for his courteous and dignified conduct in the chair, and for the very efficient manner in which he had acted as president during the past year. Dr. Murney thanked the Society for their kindness.

Drs. Patterson, Browne and Pirrie with the Treasurer were appointed stewards of the Annual Dinner.

Henry McCormac, President

**3rd June, 1861**

Present, Dr. McCormac, President, in the Chair—Drs. Patterson, Stewart, Rea, Wheeler, Burden H, Cuming, McGee (Michael), Harkin, Moore, Drennan, Pirrie, Smith, Bryce, McCormac William, Moore (David), and Whitaker.

Dr. Murray, Falls Road, was unanimously elected a Member of the Society.

The President then delivered his inaugural address, which was listened to throughout with marked attention. In it he called attention to the conservatism of the great bulk of mankind, and how they disliked the setting forth of any idea which might war with their preconceived notions. He dwelt upon the difficulty with which innovators had to contend in making way against popular prejudice, and referred to the case of Jenner and other benefactors of mankind in support of his view. He then went on to refer to the necessity of a constant supply of fresh air for the healthy mammal, stated that air, in which four per cent CO<sub>2</sub> was present was unable to support combustion and showed an interesting experiment to prove that air once breathed would not do so either, and finished his address by stating that tubercle was effete tissue and that it was produced by imperfect oxidation of the air entering into the lungs.

Paper:<sup>1</sup> *It is a law of the human mind that thought, in whatever form, short of some strong awakening impulse, like motion, tends to perpetuate itself indefinitely. We daily see persons who actually pass through the longest terms of life without any attainment in*

<sup>1</sup> [Dublin Medical Press, 1861, July 3, p4.]

mental power or general knowledge to distinguish their most advanced age from their youth. The mill-horse round is an apt enough comparison for the manner in which their days are spent. It is only through mental effort within, or stimulus from without, that a change in the respects I have mentioned can be wrought. For knowledge will hardly come of itself. Mental power cannot be realised without mental effort. This law of mental inertia extends to all classes and conditions of men. It is a highly conservative law, since it preserves in its degree our knowledge and identity, which else might incur risk of impairment and loss. But it preserves error also—keeps things stationary and without advancement.

If you want to change the current of thought in yourselves or others, you must work to accomplish your purpose. The old thought will not give way to the new thought, or even keep company with it, without an effort. Any one cognisant of the progress of his own mind, when there has been progress, must recollect his adhesion to things which he very well knows to have been erroneous.

If mental inertia, however, have its uses, it also has its drawbacks. For, if we yield to it unconditionally, it puts a stop to all improvement or advancement whatever. Let us, indeed, hold fast by the old truth; but, then, let us also take on with the new, Let us not forswear inquiry, unless we desire to become as oysters. Unless we have the insane pretension of having arrived at all truth, we must be prepared to advance with the times. Nor is there much danger of advancing too fast. Nature has taken excellent care to prevent that. For the most part we prefer not to disquiet ourselves too much. We are all inert enough. It is so much easier to take matters for granted. Thought is so troublesome, so difficult. It is so much more convenient to sleep over it and be at rest.

Heaven preserve you, says the Spaniard, from novelty. We are all in our way Spaniards, if we would but own it. We hate everything new or unknown if it give us the trouble to think over it. Therefore it is that innovators were ever pestilent people. When the thing, indeed, is established, the innovator gains repute. We knew that he was right all along—should have made the discovery ourselves had we been in his place. But, then, we only find this out long after he has succeeded. Everybody is of his opinion now. We have not the trouble of thinking over the matter any longer. It is established truth. Until this period arrive, however, innovators have a trying enough time of it. Some have been burnt, and others thrown into prison. A good many have been banished; and stripes, confiscation, neglect, starvation, and abuse generally were not considered too bad for them. It is not necessary to enter into the personal history of successful innovators. Indeed, the greatest benefactors of our species have been treated with the utmost ridicule, contumely, and neglect. Every available means were employed to put

them down, and their innovations along with them. It would seem needless, did we not know from sad experience to the contrary, to insist on the extreme advantage it is to the community that thoughtful men should be afforded fair play. For thought, profound speculation, sooner or later govern the world. Fortunately, however, there is in the discourse a something—a sort of divine life or fire—an inspiration, that causes him to persevere. He must deliver himself of his thought, though all the conservators in the world were to wage war against him. For the true discoverer has God and right reason on his side; and, should he only prove true to himself, the truth must needs succeed, no matter what the amount of opposition may prove. Mankind, in respect of discoveries, are as children with phisic. The bitter draught—the discovery, namely—which, with so much reluctance and loathing they perforce swallow, they slowly—and, ah! how slowly!—discover was good for them after all.

If indeed, you want to know the strength of a fixed idea, require a steady sectary to take up with the opinions of some other sectary; ask a lawyer to abandon the precepts of the common law; tell a physician of some three hundred years ago, could we only revive him, to believe that blood, not air, coursed through the arteries; or, lastly, invite the Medico-Chirurgical Society of London, or rather the few who, on a late occasion, assumed to represent it, to endorse my views on tubercle.

Speaking of vaccination, I remember, when a boy, to have seen caricatures depicting children with sprouting horns and the faces of cattle. Behold, said the opponents of vaccination, to what you reduce your offspring. Indeed, no abuse was considered too unmitigated, or mis-statement unscrupulous, for the bold innovator, who, for so it was imputed to him, assumed to take the conservancy of human life out of the hands of Providence, and proposed, insensate man, to avert small-pox by so preposterous an expedient as the introduction into children's veins of matter from sickly cows. There are, however, doctors and doctors. The Imperial Academy of Medicine in Paris appointed a commission to inquire into my views on the production of tubercle. The Medico-Chirurgical Society of London, or some two or three in its name, not only refused to discuss these views, or to thank me for propounding them, but proceeded—hear it, ye shades of Harvey and of Jenner—very seriously to discuss the allowed production of idiocy from “fruitless sucking” in infancy. How is it possible for people to take in new views when they will not yield them the slightest attention, and when subjects thus handled take precedence of topics which bear upon the welfare of unborn millions?

But inertia must give way, whether it will or no. Indolence of thought, class prejudice, personal jealousy and animosity, all must yield in turn. If my views be true, they must secure universal acceptance. If they be otherwise, no efforts of mine can secure them perman-

ent currency. It is impossible for consumption, for tubercle, to ensue, without, so to speak, a well-ordered, efficient cause. Pulmonary and other forms of consumption, as depending on the presence of tubercle, are not natural states of the human organism. They are induced by artificial, and, therefore, preventable, causes. What that artificial cause is I have often stated. It is not bad feeding, hereditary influences, infection, inflammation. No; it is the deposit of non-oxidised effete tissue within the living organism. I have investigated, more or less carefully, the history of certainly some thousand cases of pulmonary consumption and scrofula, and in every instance found that the disease was preceded by the respiration of air fouled by repeatedly passing through the lung; for air fouled in any other way, however pernicious in itself, is entirely inoperative as respects the production of consumption and scrofula. When such air is more or less habitually respired during a sufficient period of each twenty-four hours, those disorders, one or both, ensue with the unvarying order of cause and effect.

As tubercle is deposited in every part of the living organism, the lungs, cellular tissue, serous, mucous, and, when they subsist, false membrane, lymphatic and other glands, spleen, bones, muscles, heart, brain, spinal marrow, spine, skin, joints and viscera generally, so also does it abound, the conditions being otherwise favorable to its production, in all breathing creatures. Very often it is the horse which is tubercle-stricken, and out of condition, to the great chagrin of dealers, who, understanding nothing of the matter, shut the poor brute up in yet closer, worse-ventilated stables, and so aggravate the evil which they desire to remove. Still oftener it is the cow, when kept, as she so frequently is, much within-doors. The silk crop is many times endangered by the prevalence among spinning-worms of a malady termed muscardine, which as I have elsewhere stated, I believe to be tubercle, induced by the close, ill-aired galleries in which these interesting insects are confined. For the silk-worm, living and spinning in the open air and on the tree-top, is quite exempt from muscardine. But the greatest and most frequent victim of all is man. He and his offspring are carried off in myriads. Yet, the more enormous the destruction, the more zealously does he avoid a pure, fresh atmosphere, the more frequently does he resort to useless and ridiculous, indeed wholly inoperative, if not injurious, remedies, to the prejudice or neglect of the great appointed means, so far as scrofula and consumption are concerned, of ensuring bodily health and welfare.

As regards the human economy, there is required for each adult man a solid food supply of some two pounds or so daily. The daily loss is likewise about two pounds. It is obvious enough that one process must balance the other, else the living frame would realise gigantic proportions or dwindle into nothing. Thus, the

body is integrated and disintegrated by reason of this interchange of constituents—*Stoff-Wechsel*, the Germans curtly term it—at the rate of two pounds, or nearly, each several day. The old or disintegrated portion is got rid of by oxidation principally, heating the body in the act. But, in order that oxidation should take place efficiently, the air must not have been inspired before. For air once breathed is quite unfit to breathe again, will not sustain combustion, or adequately oxidise effete tissue. And as the living flame is quenched when brought in contact with air but once respired, so also is the life of man quenched, sooner or later, when the lungs are supplied, when the organism is brought in contact with a pre-respired atmosphere. Without oxidation, life is at an end. Therefore is the effete tissue retained in the blood, and finally, by a sort of anticipated death, is laid down as tubercle in the living tissues.

The skin, kidneys, liver, lungs—in fine, all the emunctories—play each their several part in getting rid of the daily effete waste. But the lungs afford by much the most important single outlet, and it is through them that the blood in man discharges some eight ounces of oxidised carbon in the four-and-twenty hours. In the horse and cow the amount is greatly larger, rising, in the course of the period just named, to seventy ounces in the one and eighty ounces in the other. The carbon thus discharged, uniting with the oxygen of the atmosphere, is poured out in the form of carbonic acid gas, at the rate of four per cent. in every breath respired. But, if impure air—air impure in the sense of being pre-respired—be habitually breathed, the carbon waste does not adequately unite with oxygen, is, therefore, not adequately burnt off, and deposits of tubercle, sooner or later, are the inevitable result. These facts I have proclaimed and insisted upon in letters, essays, lectures, conversations, ever since 1855, the date of my presumed discovery as to the identity of effete tissue and tubercle, and of the publication of my work on the true nature and origin of phthisis and scrofula. And I venture to assert that it is impossible to arrive at any rational basis of treatment, or—what is yet more important—prevention as regards these maladies, until this theory, as to the retention of effete tissue in the blood in consequence of imperfect oxidation and its after-deposit in the form of tubercle, find universal acceptance at once among medical men and the community at large.

There was not, indeed, the slightest approach to a rational explanation of the origin of tubercle until now. That which I offer is complete in all its parts. It accounts satisfactorily for the disposal of the retained effete tissue—retained owing to insufficient oxidation. On the other hand, it accounts not less satisfactorily for the origin of tubercle itself. It shows, further, that tubercle-deposit is the invariable result of imperfect oxidation of the effete tissue—that without this there is, there can be, no tubercle. There never was even a color-

able attempt at explanation before—I mean no explanation in accordance with the physiology and pathology of the case, and the real, not fancied, metamorphosis of tissues, for tubercle, in fact, is effete—that is, dead matter within the living organisms, causing pain, irritation, fever, and finally death, of the entire structure. The question lies in a very narrow compass. Daily observation affirms it. Experiment confirms it. It is easy for the candid inquirer to satisfy himself. Any living breathing animal, if confined in a limited air-space, so as to constrain it, of course without the risk of suffocation, to respire over and over the same atmosphere, will, in some ten or twelve weeks, a little more, a little less, come to labour under tubercle. Tubercle, as thus, is, I assert, invariably induced, and under no other known circumstances or conditions whatever. The chemical processes of the living frame cannot well be submitted to actual inspection, as are those in the laboratory. But when we place an animal in a position such as to prevent the effete tissue from being properly oxidised, and when we find no other adequate outlet of escape for this effete tissue except that of tubercle-deposit, it needs very little power of imagination and ratiocination to identify tubercle and effete tissue as one.

The Creator intends us to live healthily. When diseases so extended, so persistent, and hitherto so inveterate, as those comprised under the terms consumption and scrofula, display themselves, generation after generation, among so many nations, over such wide-spread regions and in every class and condition of men, and breathing animals generally, it is certain that some law of health is co-extensively violated. I have pointed out what that law is. It is that a fresh, pure atmosphere should be respired continually. The violation is in respiring the same air oftener than once. If, indeed, we would secure health and avoid tubercle-deposits in ourselves and in our dependents, let us let them not respire the same atmosphere oftener than once. This is the very, the imperative law of any animal being. If at each respiration we breathe air freshly renewed, we cannot incur scrofula or consumption. If at each respiration we breathe air that has served for respiration before, whether in ourselves or others, we cannot eventually avoid scrofula or consumption. I believe that, by the practical adoption of the views here insisted upon, there would be approximate immunity from tubercular consumptive disease. As it is, many have been thus saved from the disastrous infliction.

Despite of every opposition, and, worse than opposition—indifference—my views are already to some extent appreciated, so, as long as I enjoy the privilege of respiring that air whose entire purity I have so earnestly advocated, must I persist in their diffusion. Assuredly a day will come when consumption and scrofula, those so dire scourges of our species, at least as at present prevalent, will disappear. And I should

desire no better epitaph than that it could be said I had been instrumental in inciting the profession, in the safe keeping of whose intelligence and philanthropy, after all, the matter mainly lies, to the successful eradication of both.

Robert Stewart, Chairman, 1st July, 1861

#### July 1st, 1861

Present, Dr. Stewart, in the Chair—Drs. Patterson, Smith, Moore, McGee (Michael), Murray, and Whitaker.

The Minutes of last meeting having been read and confirmed, Drs. David Moore, William McCormac and Brian Smith were unanimously elected members of the Society.

As there was no further business to be transacted, Dr. Moore brought before the notice of the Meeting, a case of intracranial neuralgia in which he had given large doses (say 15 grains) of Iod Potass with complete success, and made some general remarks on the treatment of such cases which gave rise to some discussion among the members present.

A desultory yet interesting conversation then ensued in which Medical and other subjects, especially Medical Topography were ably discussed.

Henry McCormac, M.D.

#### August 5th, 1861

Present, Dr. McCormac, President, in the Chair—Drs. Stewart, Bryce, Dixon, Smith, Bryce, Smyth, David Moore, and Whitaker.

The Minutes of last meeting were read and confirmed, and as there was no further business to be transacted, the meeting separated after some general conversation among the members present.

Robert Stewart, Chairman, 2nd September, 1861

#### September 2nd, 1861

Present, Dr. Stewart, in the Chair—Drs. Moore, Bryce, Smyth, Patterson, Browne, Dill, McGee (Michael), Corry, Rea, David Moore, and Whitaker.

The Minutes of last meeting were read and confirmed.

A copy of “Churchill’s Medical Directory” was ordered for the Library.

Communications were read from Dr. Kidd, Editor of Dublin Quarterly Journal relative to the reports of the papers read at the Society’s meetings; and from Dr. O’Rourke relative to the fees payable by Life Insurance Companies to Medical Men. The Secretary was directed to take the necessary steps in the former, and answer the latter communication.

A discussion then took place relative to the advisability of amalgamating the Medical and Pathological Societies, a notice calling attention to same having been placed on the Monthly Paper, when after the

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greater part of the Members present had expressed their opinion, Dr. Browne moved, and Dr. Pirrie seconded the following motion which was passed un-animously.

That the Matter be referred to the Council to confer with the Council of the Pathological Society and prepare a plan to be laid before the next monthly meeting of the Medical Society.

7th October, 1861, R. F. Dill, Chairman P.T

**October 7th, 1861**

Present, Drs. Dill, Murray, Harkin, Dixon, Moore, and Whitaker.

In the absence of the President and Vice-President Dr. Dill was called to the Chair.

The Minutes of last meeting were read and confirmed.

Dr. Harkin read a most interesting paper on the use of Chlorate of Potash in the treatment of tuberculous and scrofulous diseases. After referring to the views regarding the nature of tubercle which have been laterally put forward by the President (Dr. McCormac) and supporting same, he proceeded to bring forward a number of cases in which the use of Chlorate of Potash had been attended with marked benefit, and after stating that he did not put it forward as a panacea for all stages of phthisis, he concluded by stating his view of the rationale of its action.

Dr. Harkin then exhibited patients who had been under treatment and to whose cases he had referred in his paper.

Paper:<sup>1</sup> *THERE is not in the entire catalogue of human diseases a single malady that has received a greater share of attention than consumption. The subject appears to be exhaustless; year after year ushers in the pamphlet, or the octavo volume; new exploring instruments multiply almost too fast for comprehension, and special hospitals arise devoted to its study and its cure. No one could over-rate the information that daily accumulates on the etiology, the physical and rational signs, on the pathology and prophylaxis of tubercular consumption; but, we cannot equally congratulate ourselves that we have made progress commensurate in the treatment, or that the average annual mortality from this cause has sensibly declined.*

Our most reliable authorities only aim at maintaining a statu quo state, or at combating symptoms. Dr. Edward Smith, in his "Treatise on Chronic Phthisis Pulmonalis," regards the pretubercular stage as the only period for successful treatment; and Dr. Walshe, in his report on the Consumption Hospital at Brompton, can only claim 4.26 percentage of cures, and that in an institution established under the most favourable circumstances, supplied with every scientific appliance as to ventilation, temperature, medical comforts, &c.

No wonder, then, that fully one-sixth part of the gross annual mortality of these islands is due to consumption, and that many thousands besides annually sicken and die from the effects of its congener, scrofula. No doubt, we are informed on the authority of the Registrar-General, that since 1853 the deaths from consumption have decreased, and those from bronchitis have increased; but this only shows the adoption of a more scientific nomenclature by the district registrars and certifiers.

It is unquestionably true, however, that upon a proper knowledge of the etiology and pathology of a given disease, its ultimate cure will depend; out it is equally certain that scientific therapeutics reflect great light upon the nature of disease. For, as we shall see in the progress of this paper, when a remedy is equally successful in the cure of two diseases—as scrofula and consumption—the reasonable presumption is, that they are identical in origin and nature.

The injurious effects produced upon the human constitution by the habitual respiration of impure air, as exemplified in the production of scrofula and consumption, have been universally recognized by medical writers; but that imperfect æration is almost the sole cause of these maladies has been left to Dr. M'Cormac to demonstrate. Since the publication of his treatise on the "Nature, Treatment, and Prevention of Consumption," in 1855, and other minor papers on the same subject, my mind has been brought, through personal observation and reflection, to recognize the correctness of his theory, and at length, by a natural inference, to discover a remedy.

It was not, however, until a later period, the spring of 1860, that I commenced to carry my convictions into effect, when a 2nd member of a family residing in the neighbourhood of Belfast having become affected with hemoptysis and pulmonary disease, twelve months after the death of her elder sister by phthisis, I called to mind my previous impressions, and reasoned somewhat in this way:—"If it be true that when any warm-blooded animal breathes for a length of time air self-contaminated, or otherwise deficient in oxygen, the requisite excretion of carbonaceous matter diminishes, and it thus accumulates in the blood; that this substance, transmuted by degrees into tuberculous matter, becomes in time a materies morbi; that the blood is eventually affected with a dyscrasis denominated tuberculosis, and by its agency tubercles are subsequently deposited in different parts of the body, in the lungs constituting phthisis, in the joints and lymphatic glands, &c., as scrofula—further, if on a chemical analysis of crude tubercular matter by such experts as Preuss and Scherer, as quoted and approved of by Copland<sup>1</sup>, it is found to be an unorganized substance, composed in 100 parts,—of carbon, 53; hydrogen, 7; nitro-

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1861, v32, p338.]

<sup>1</sup> Medical Dictionary, vol. iii. p. 748.

gen, 17; oxygen, 21—practically, a hydrocarbon; then, I felt that to discover the remedy for such a state, but one step farther in advance was necessary, and that this desideratum would be found in that substance which, through the medium of the circulation, would impart to this hydrocarbon, primarily in the blood, and subsequently in the lung-tissue, that proportion of oxygen necessary for its conversion into carbonic acid.”

A moment’s consideration told me that in chlorate of potass this requisite would be found. If we turn to “Thompson’s Elements of Materia Medica and Therapeutics,” 1855, p. 527, we find that this substance “operates as a stimulant tonic by imparting oxygen to the system from the decomposition of the salt in the body; but in what part of the system the decomposition is effected is not easily ascertained.” I do not know whether subsequent observers have discovered the exact locality in which the decomposition takes place, but this difficulty equally applies to another recognized physiological change, viz., the place in which the carbon of the blood unites with the oxygen to form carbonic acid. If, however, Alison states correctly that this phenomenon actually occurs in the blood itself, then, by the administration of this remedy the circulating system is supplied with the material essential to the conversion of carbon into carbonic acid. Repeated observation has satisfied me that the blood, by the operation of this agent, is changed, and its qualities improved; and thus a factitious substance, the product of the laboratory alone, affords the best evidence of the soundness of the theory of causation by effecting the cure.

For a period of nearly eighteen months I have been prescribing this remedy for every variety of scrofulous disease, and for consumption in its various stages; and although, for a disease of such protracted character as consumption, the period of observation is too limited to allow of complete or extensive statistical results, yet, I consider that I am justified in stating that, with this simple remedy, in conjunction with the ordinary hygienic, dietetic, and moral means, a specific will be found for consumption in its first and second stages; and that, for the last, it will be found most potent in controlling the hectic symptoms and the colliquative diarrhœa, without increasing the perspirations, as in the administration of ordinary astringent remedies. When we have only tubercular deposition or softening to deal with, this remedy has a most powerful effect, when combined with judicious counter-irritation; but I do not mean to pretend that by any species of medication we could, in any instance, restore a patient with large cavities in the lung, with general tubercular infiltration, ulcerated trachea, and perhaps perforations of the pleura, any more than I would propose a universal remedy for the suppurative hepatization stage of pneumonia. It is needless to argue, that if the disease be removed in the first or second stage, we need not fear the last; and as these stages usually extend

over a lengthened period, and are those in which medical men are usually first consulted, the terrors and suffering of the last stage need not so much appal us.

The curative effects of chlorate of potass in scrofula are perfectly marvellous; for it appears to exercise double influence when aided by the assistance of lungs comparatively or wholly sound; fifteen or twenty days generally suffice to heal the most extensive ulcerations of the cervical and submaxillary lymphatic glands; strumous ophthalmia yields immediately to its internal use, and glandular enlargements and indurations of a scrofulous character in any part of the body appear to subside with wonderful rapidity. As to its mode of administration, I have generally given it internally in doses of from five to twenty grains, dissolved in pure water, four times daily; hot water takes up readily a scruple to the ounce without after-deposition, and this proportion is perhaps sufficient for any purpose, and as much as ordinary stomachs will tolerate. I have also used it as match-paper, burning it in the bed-room before the patient retires to rest; an ointment prepared by triturating two drachms of the powdered salt with an ounce of lard is also very serviceable in the removal of tumours, or for inunction over enlarged joints. On the occasion of first administering it internally, in the case of consumption afterwards to be detailed, I was very watchful lest it might produce bronchial irritation, or intercurrent pneumonia; I have never found any bad effects of that kind follow its use; and further than suspending it during the existence of hemoptisis, I have learned to give it without fear in every stage of the disease. The first effect apparent to the patient is an immediate diminution in the crepitation, and this is an invariable sign; then a feeling of tonicity and vigour imparted to the system; the colour of the skin, and particularly that of the nails, gradually improves; the cough diminishes, and diarrhœa, if present, gradually disappears. As the treatment advances, the physical signs become less marked; the area in which they have manifested themselves gradually narrows itself; the blood appears altered in character—its solid constituents, its fibrine, and red corpuscles increase; muscular energy gradually returns; and even, in some instances, a disposition to plethora of the system develops itself, insomuch that, in several cases, patients have begged of me to permit them to diminish the dose, or refrain altogether from the use of the medicine.<sup>1</sup>

I have mentioned already the impossibility, in a period of eighteen months, to present many striking absolute cures in consumption. Such results, I am happy to say, are however occurring in several instances now under my care. Through the kindness of the young

<sup>1</sup> In illustration of the flesh-producing power of the remedy, I may mention, that a young man, a patient of mine, some three months returned from America suffering from phthisis, and then much emaciated, has gained six pounds in weight within the last four weeks.

lady to whom I first administered this remedy, I was enabled to show to the Belfast Medical Society, at its last monthly meeting, on the 7th of October, the pleasing result of its operation in her case; two other patients were also in attendance, cured of scrofulous disease in the neck,—types of a large class relieved in a similar manner. The details of the cases are as follows.—

On 5th April, 1860, I was called to visit Miss M'M., aged 16 years, of bilious temperament, residing at Lagan Village, she had been in delicate health since her sister's death by phthisis, about twelve months previously. Her father had then a cavity in the right lung; her mother healthy. She complained of severe cough, and pain in the chest, with scanty expectoration. After obtaining some relief from these symptoms, she went to the country for fourteen days. Returned on 19th April, suffering from hemoptysis, troublesome cough, and great debility. Morning perspirations now set in; both feet swelled; the expectoration, after the disappearance of the hemoptysis, was flocculent, muco-purulent, suspended in water, and of the usual tubercular character; pulse, 110; much disturbance in digestive organs; menstrual discharge scanty. On examining the chest, there was not much evidence of flattening. Percussion produced a dull sound over the left clavicle, and in the supra and infra-clavicular regions, and one nearly as remarkable in the supra-spinal fossa of same side; and the dulness, anteriorly, extended as far as the upper margin of the fourth rib. The stethoscope detected feeble respiration at the apex, accompanied with moist crepitation, and bronchial respiration towards the sternal end of the left clavicle, and evidence of ordinary bronchial irritation from the clavicle to the fourth rib. After relieving the most pressing symptoms by the ordinary remedies, I set about to endeavour the cure of the disease. I inserted a seton over the left supra-spinous fossa, and maintained a discharge from it for several months; at the same time, upon 5th May, 1860, as I see by my note-book, I prescribed for the first time the chlorate of potass mixture in 5-grain doses. After a short interval, she informed me that the crackling in her lungs began to decline; the stethoscope told a similar tale. This sound diminished steadily; the abnormal dulness gradually retreated in the direction of the clavicle, and, with occasional checks to progress, the patient improved so much that she was enabled to go to the country for the month of August, in the same year. Since that date all swelling of the feet, morning perspirations, and pathognomonic sputa, have disappeared. Her cough, save on exposure to cold, is quite gone. She has gained very much in flesh.

She can travel any moderate distance as well as before her illness, and walks in every day to and from the model school—a distance of nearly two miles each way. Her respiration is full and easy; and, save at the posterior part of the apex of the lung, at the supra-

spinous fossa, where close observation may detect a slight evidence of large crepitation, she is to all intents and purposes quite cured. I still maintain the discharge, by a few peas over the site of the original seton.

The next case, that of Rose M'M., a factory-worker, is one of ulcerated cervical glands, cured in twenty days by the internal and external use of the mixture alone. This girl had suffered for five years from scrofulous ulcers in the neck and legs, and from strumous ophthalmia, for which she used in vain the ordinary remedies—cod liver oil, iron, tonics of various kinds, with collyria and lunar caustic for the eyes. She commenced the use of this medicine on 2nd September last, in the proportion of ten grains four times a day, and applied the solution locally by pledgets of lint: this soon sufficed to heal the sores completely. The cicatrices are yet red, and well marked. She is about a fortnight cured, the first dose having been administered five weeks since. Her eyes are now perfectly sound and clear; and, what is of very great importance to her, she can pay undivided attention to her work in the mill.

The third case is also that of a factory-worker. Jane A., aged 28, a flax-spinner, of pale anemic habit, called on me on 12th September last. Left work from inability; has a large cluster of tuberculous glands in her neck, about the size of the closed fist, and extending from her ear to the clavicle on the same side (the left); under the clavicle on that side there is evidence of tubercular deposit; she has a slight cough, and is much emaciated. Ordered the mixture. She returned on the next Saturday, after an interval of seven days, very much relieved; tumours reduced one-half; strength improved, and colour returning. After continuing the same mixture, without any frictions or other interference, the tumours have disappeared; and she has been able to work without intermission since that time, above three weeks since.

Before concluding, I may refer to a case proving the great controlling power of the remedy over the diarrhoea of phthisis. J. M'N., a medical student of four years' standing, sent for me on Saturday, 21st September last. He was then lying in bed, much emaciated, having suffered from hemoptysis for four winters. Complains much of morning perspirations and purging. The alvine dejections average twelve or fourteen daily; they amounted to fourteen on the previous day. Tubercular deposit beneath the lower part of right scapula, and in the supra-spinal fossa of same side; general debility, and depression of spirits. The first dose of the chlorate of potass mixture appeared to restrain effectually his most troublesome symptoms; on next day he had but two motions, on the succeeding day but one; and he has since continued, with scarcely an intermission, quite free from purging. His colour is improved, his appetite good, his muscular strength returning; and he is now able to walk about, and to start for the country, very much relieved.

*In publishing the above observations and record of facts, I am desirous of inviting attention to the peculiar effects of this remedy in scrofula and consumption, a remedy hitherto little described but for low fevers or throat affections.*

*Nor will it lessen interest in the subject, I trust, when I refer to the strange coincidence that, while I was thus carrying on an original and independent course of successful experiments, we are informed, on the authority of Mr. Turle, in the "London Medical and Surgical Journal" of 1st June last, that he himself, as well as an American physician, whose name I know not, were for about the same length of time similarly and as successfully engaged.*

Henry McCormac

**4th November, 1861**

Present, Dr. McCormac, President, in the Chair—Drs. Moore, Stewart, Dill, Moore (David), and Whitaker.

The Minutes of last meeting were read and confirmed.

Dr. Moore brought forward a case of Femoral Hernia, in which he had operated, recurring in an old woman, 60 years of age, and after giving an account of same from which it appeared that the hernia had been irreducible from Wednesday last, that strangulation had ensued, and that the patient refused to permit of operative interference previously to today; stated that although the pulse was favourable and the strength pretty good, he was afraid that the gut was too far gone to recover itself.

Dr. Moore then stated that you would scarcely ever find the layers of fascia covering the sac alike, and finished his remarks by stating the after treatment to be adopted in such cases.

Henry McCormac

**2nd December, 1861**

Present, Drs. McCormac, Patterson, Browne, Bryce, Stewart, and Whitaker.

The Minutes of last meeting were read and confirmed.

Surgeon A. Haldane Cooke was unanimously elected a Member of the Society.

Dr. Stewart kindly presented to the Society a review entitled "Insanity and Hospitals for the Insane".

Robert Stewart, Chairman, 6th January, 1862

**6th January, 1862**

Present, Dr. Stewart, in the Chair—Drs. Cuming, McGee (Michael), Moore, Bryce Smyth, Moore (David), and Whitaker.

Dr. Wilberforce Arnold was unanimously elected a Member of the Society.

There being no further business to be transacted, at the request of some of the Members, Dr. Moore

related the result of the operation for hernia, noticed by him at the November Meeting and stated that it had been entirely successful.

Henry McCormac

**3rd February, 1862**

Present, Dr. McCormac, President, in the Chair—Drs. Patterson, Stewart, Moore D, Browne, Wheeler, Bryce Smyth, Michael McGee, William McCormac and Whitaker.

The Minutes of last meeting were read and confirmed.

Dr. Browne made some remarks as to the changes proposed to be effected in the Society which led to some discussion.

The Secretary was desired to write to the Treasurer and ask him to attend the next Monthly Meeting in order to give some information regarding the financial position of the Society.

The subscription to the Dublin Medical Press was ordered to be recontinued, and the numbers published since its discontinuance to be obtained in order to complete the set of Volumes. The Secretary was directed to obtain a statement of the terms of subscription to Lewis' Medical Library, and to give notice that the propriety of subscribing to same would be brought before the next Monthly Meeting.

Robert Stewart, Chairman, 3rd March, 1862

**3rd March, 1862**

Present, Dr. Stewart (Chairman), Browne, Dill, Moore, Smith, Bryce Smyth, and Whitaker.

The Minutes of last meeting have been read and confirmed, the Treasurer gave a rather unfavourable report of the financial condition of the Society.

The report from Council regarding the advisability of amalgamating this Society with the Pathological, strongly approving of same was read by the Secretary. The report also referred to the terms upon which the amalgamation should be effected.

The Chairman, Drs. Browne and Dill having expressed their views on the subject, the report was remitted to Council with directions to have a Special Meeting called to consider same.

James Patterson

**21st March, 1862**

**Special Meeting**

Present, Drs. Murney (Chairman), Thomas Reade, Browne, Pirrie, Bryce, Smith, Moore (David), Dill, McCormac (William) and Whitaker.

The Chairman brought forward the subject of the amalgamation of the Society to determine this Special Meeting had been called, and entered very fully into the subject, explaining the object and aims of the Combined Society as also the terms of subscription and minor matters of detail. He also dwelt upon the

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advantages of having a central reading room and making the Meetings of the Society more interesting.

An animated discussion then ensued in which all present joined, and the general feeling being in favour of the project, Dr. Dill moved and Dr. Browne seconded "That a Committee be appointed to make the necessary Enquiries for a central room; to consist of the following gentleman—the President, Drs. Murney, Pirrie, Browne, William McCormac, and Dill, with the Treasurer and Secretary."

James Patterson, Chairman

**April 7th, 1862**

Present, Drs. Patterson (Chair), Moore, Smith, Smyth, Dee, Stewart, Warnock, and Whitaker.

The Minutes of last special meeting having been read and confirmed, report from Committee appointed at special meeting to make the necessary enquiries for a central room was then read. It recommended that two rooms, with water closet attached, be taken in the house No. 33 High Street at the rent of £12. 10. /. per annum, taxes included. Also, that a careful reconsideration of the expenses of the Society be gone into. And, finally, that one of the Bookcases filled with the most readable books, at present the property of the Society, be removed to the Central Room.

Dr. Stewart moved and Dr. Smith seconded, That the report be received and laid on the table, and that the Committee reconsider same, and bring it forward at a Special Meeting to be called on Thursday next, at 3 o'clock p.m. to consider same.

Drs. Pirrie, Cuming, and McCleery were appointed Examiners of Library and Drs. Stewart and Browne, Auditors of Accounts.

**April 10th, 1862**

**Special Meeting**

Present, Dr. Stewart (Chairman), Murney, Patterson, David Moore, Murray, William MacCormac.

Meeting specially summoned to receive a report from the Committee appointed to procure a central room, and to decide thereon definitely.

Dr. Murney read the report recommending the taking of a central room, the careful consideration of the expenditure, and the removal of one of the bookcases to this room if taken.

Moved by Dr. Murney, seconded by Dr. W. MacCormac and passed unanimously that the report now read be adopted.

Resolved, That a special meeting of the Medical Society be summoned for Saturday next (12th Inst) at 4 o'clock to confirm the resolution of today relative to the adoption of the report.

Resolved, That a meeting of Committee be summoned for tomorrow (Friday) at 3pm to revise the rules of the Society in order that a suitable

recommendation to that effect be made to the meeting on Saturday.

**12th April, 1862**

A special meeting held to confirm the resolution passed at the special meeting of the 10th Inst relative to the adoption of the report from Committee, present:

Drs. Murney (Chair), Patterson, Stewart, Dill, Browne, Reid, Mulholland, Moore (David), Smith (James), Moore (J.), Aickin, Arnold, Murray, William MacCormac, and Whitaker.

The report as adopted at the meeting of the 10th inst was received, taken up seriatim and confirmed, it was as follows:

The Committee appointed at the Special General Meeting of the Society, held on Friday 28th ult to seek for eligible rooms in a central situation, to consider the question of union of the Medical and Clinical and Pathological Societies, and to report thereon at the regular meeting of the Society on the first Monday in April beg to suggest;

That having examined various rooms in High Street, Castle Place and Donegal Place, they recommend the Society to take two rooms, a large and small one, with water closet attached, in the house No. 33 High Street, at the rent of £12. 10. /. per annum taxes included.

They recommend a careful reconsideration of the expenditure of the Medical Society as at present constituted.

They also suggest that if the rooms be taken for the Society one or two of the Bookcases be removed from the Library to the Reading Room and furnished with a selection of the most valuable books at present the property of the Society.

The proposed rules of the new Society were then gone over. Each rule being considered separately, after some discussion and trifling alterations had been made they were unanimously adopted.

**23rd April, 1862**

Special Meeting, held to meet the Members of the Belfast Clinical and Pathological Society with a view to the union of the two Societies, under the title of the "Ulster Medical Society".

Present, Dr. Stewart (Chair), Murney, Drennan, Mulholland, Patterson, McGee M, Cuming, Halliday, Moore John, Moore David, Smyth Bryce, Wheeler, Browne, and Whitaker.

Dr. Stewart having taken the Chair, Dr. Murney read two communications he had received, one from Dr. Scott, Aghnacloy, the other from Dr. McBride, Gilford, suggesting alterations in some of the Rules, the difference between their views and the rules as laid down being either trivial or arising from misconception, the Meeting did not act in the matter, but requested Dr. Murney to write to the gentlemen

thanking them for their communications and explaining the reasons for the rules referred to.

Dr. Patterson having then enquired as to whether circulars had been issued to all the Members of the Society, the Librarian was called in, when it appeared such had not been done, the Secretary was therefore directed, personally, to send a circular per post summoning each Member of the Society to a Special Meeting to be held on Saturday 26th inst at 2pm to make the final arrangements for amalgamating this Society, with the Pathological under the title of the "Ulster Medical Society".

**26th April, 1862**

**Special Meeting**

Present, Dr. Stewart (Chair), Browne, Patterson, MacCormac W, Arnold, B. Smyth, Moore David, and Whitaker.

Dr. Browne made a short statement in which he reviewed, seriatim, the steps which had already been taken to amalgamate the two Societies, and stated the reasons which had, heretofore, occurred to prevent same, moved the following resolution, which was seconded by Dr. Patterson and passed unanimously.

"That this Meeting having heard the report of the previous proceedings of the Society, and having read the alterations about to be made its rules, hereby approve of the proposed changes and desire to unite this Society with the Pathological under the title of the 'Ulster Medical Society'."

It was then agreed that a Special Meeting of the Society should be called for Wednesday 30th Inst at 3pm to confirm the union of the two bodies and that the Pathological Society be requested to call a Meeting of their body at same time and place.

**30th April, 1862**

**Special Meeting Medical and Pathological Societies**

Present, Dr. Stewart, Chairman, Browne, Smyth B, Cuming, Ferguson (P.), Wheeler, Patterson, Murney, MacCormac, Moore D, Johnston (P.) and Whitaker. (Those marked P. are members of Pathological Society only).

Dr. Browne moved and Dr. Patterson seconded the following resolution—"That this Meeting approve of the proceedings already undertaken for the amalgamation of the Medical and Pathological Societies, and hereby declare the union of the respective bodies under the title of the 'Ulster Medical Society.'"

**The Ulster Medical Society**

**Meeting 30th April, 1862**

continued

The new Society having then been formed, Dr. Murney moved and Dr. Cuming seconded the follow-

ing resolution "that the code of rules of which a copy had been sent to every Member of the Society be the laws of the Ulster Medical Society by which it shall be conducted"—passed unanimously.

The subject of the Annual Dinner having been then taken up, some discussion ensued, and the general feeling of the members being in favour of its taking place about the Commencement of the Winter Session, Dr. Murney moved and Dr. Patterson seconded—That the Annual Dinner be held on the first Saturday in November—passed unanimously. Dr. Murney moved and Dr. Ferguson seconded—That the resolution previously passed for the taking of central rooms for the use of the Society at 33 High Street be confirmed—passed unanimously.

Dr. Browne [moved] and Dr. Patterson seconded—that a subcommittee consisting of Drs. Murney, Patterson, MacCormac, Moore D., and Whitaker (three to be a quorum) be appointed to make the necessary arrangements for suitably furnishing the rooms—passed unanimously.

It was then arranged that the Annual Meeting be held on Saturday 3rd prox. at 3p.m. and that a Circular be issued summoning the members and signed by Drs. Whitaker and David Moore, as Secretaries pro tem, and that at that Meeting the reports and accounts of the two late Societies be brought forward and the office bearers of the "Ulster Medical Society" for the ensuing year duly elected.

COMPILER'S NOTE

The records of the Ulster Medical Society will be continued from page 965 onwards.

Belfast Medical Society  
Library Catalogue 1826

CATALOGUE  
OF  
THE BELFAST  
MEDICAL LIBRARY

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BELFAST:

PRINTED BY JOSEPH SMYTH, 34, HIGH STREET.

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1826.

*The copy of the catalogue of which this is the transcript, belonged to  
Surgeon William Strain of Newtownards who was elected to the Belfast Medical Society in January 1827.  
The catalogue was presented to the University Library, Belfast  
by RA Cohen Esq in May 1959.*

RULE 1st, “*The Belfast Medical Society*,” shall meet in the Hospital on the first Monday of every Month, at 11 o’clock, A.M. Five Members to constitute a quorum, and the fifth who enters the room shall act as Chairman, and shall have, in addition to his ordinary vote, a casting one, in case of an equality.

2d, The Society shall be open to the admission of all members of the Profession.

3d, Candidates for admission must be proposed and seconded at one regular monthly meeting, and balloted for at the next—*one black bean* in five to exclude.

4th, No person who has been rejected, shall be proposed again within six months.

5th, The Society may admit honorary members, on being proposed and seconded in the ordinary manner, one black excluding.

6th, Honorary Members shall enjoy all the privileges of the Society, except a share of the property, should a division of it take place, or a right of voting on the question of dissolution.

7th, The Society shall be specially summoned to meet, on the first Monday in May, in each year, to elect a Treasurer and Secretary for the ensuing year.

8th, The Subscription shall be one guinea annually, payable in advance.

9th, Members who withhold the subscription one month after the meeting in May, shall pay in addition, a penalty of one shilling a month while it remains due.

10th, A member whose subscription and fines remain due for one year, shall be considered as having withdrawn himself from the Society, and forfeited all his privileges and property therein, having been noticed by the Secretary one month previously. Such person shall again be eligible by ballot in the ordinary way, on having paid all arrears to the Society.

11th, Members entering on any month after May, shall be required to pay their proportion of the subscription for the current year unexpired.

12th, All persons who shall have continued Members during twenty years without intermission, shall be considered Members during life, without further subscriptions; gentlemen in the Navy or Army, to be entitled to this privilege after paying twenty years’ subscription, although the payment thereof may be interrupted by absence in the public service.

13th, The property of the Society shall not be disposed of for the benefit of the Members, nor alienated from the use of the profession, without the unanimous consent of the Society, given at a special meeting, summoned for that purpose, and called a month previously.

14th, Every work before admission, must be entered on the the proposal book 14 days before it can be ordered.

15th, No Member resident in Town, shall have the use of more than one volume at a time, under a penalty of six pence per day, for each additional volume removed.

16th, Members resident in the country, shall be allowed two volumes at one time.

17th, Any work detained from the Library longer than a month, shall be paid for at the rate of one penny daily, until returned.

18th, The new publications shall circulate, in rotation, through the Members in town, before they can be borrowed from the Library.

19th, Members not wishing to receive the publications in course of circulation, may give notice thereof to the Secretary, which shall exonerate them from all responsibility and fines arising therefrom.

20th, Each Member on the list, may retain the book circulating during 48 hours; but if delayed longer, and not sent to the next in succession, he shall pay a penalty of three pence per day, until forwarded.

21st, Any Member who may abuse or injure a book, shall be bound to replace the work, or pay such fine as the Society shall think expedient to impose.

22d, Members conducting themselves in a disorderly or refractory manner, or disgracing by immorality, the character of the Profession, may be expelled. Any proposal for the expulsion of a Member, must be made at a regular monthly meeting; notice of which shall be immediately given by the Secretary to the party concerned, and the Society shall be specially summoned, to take it into consideration at the next regular meeting. No vote of expulsion can be carried into effect, unless it be unanimous—the party concerned not being entitled to vote on the question.

CATALOGUE.

A

Acta Medicorum Berolinensium, 4to. vol. 1-6.	Berlin,	1720
Allan's Surgery, 2 vols.	Edinb.	1825
Alpinus Prosper. de Vita et Morte Ægrotantium Præsagienda, 4to.	Lugd. Bat.	1733
Astruc de Morbis Venereis, 4to. 2 vols.	Lutet. Paris.	1740
____ On Diseases of Children,	London.	1746
____ On Diseases of Women, Translated, 2 vols. 8vo.	London.	1761
<i>Abernethy's surgical works</i>		1825

B

Bailie's Morbid Anatomy, 8vo.	London,	1793
____ Works by Wardrope,	London.	1825
Bartholini Acta Medica et Philosophica, 4to.		
Beddoe's Medical Tracts	London,	1793
Bell's (Benjamin) Surgery, 6 vols. (1 wanting.)	Edin.	1785
Berkenhout's Pharmacopœia,	London,	1788
Boerhåave's Aphorisms, with Van Sweeten's Commentaries, 5 vols. 4to.	Lugd. Bat.	1745
Borelli P. Observationes Medicæ,	Paris,	1757
Bostock's Elementary System of Physiology,	London,	1824
Buchan's Domestic Medicine, 8vo.	Dublin,	1781
Burns on Diseases of the Heart	Edin.	1809
____'s Surgical Anatomy of Head and Heart,	Glasg.	1824

C

Chemist,	London,	
Chirurgical Pharmacy,	Dublin,	1761
Clanny on Mineral Waters,	Durham,	1817
Clinical Guide, (part third.)		
Codex Medicamentarius,	Paris,	1748
Coe, Dr. on Biliary Concretions, 8vo.	London,	1757
Cooke's Morgagni on Diseases, 2 vols. 8vo.	London,	1822
Cooper, Samuel on Diseases of the Joints,		1807
Cope, De Prognost. Hippocratis, 8vo.	Dublin,	1786
Copeland on Diseases of the Spine		1815
Crawford, Dr. on Animal Heat,	London,	1788
Crantz Materia Medica et Chirurgica,	Vienna,	1762
Croissant de Garengot Traite des Operations de Chirurgie,	Paris,	1731
Curry on Mercury,	London,	1809
<i>Cooper Astley on dislocations</i>		1824

D

De Graaf Opera Omnia.		
De Haen's Ratio Medendi, 2 vols. 8vo.	Lugd. Bat.	1741
Dewees's Midwifery, 2 copies,	London,	1824
Dewees on the Diseases of Children,	London,	1825

Records of the Medical Societies of Belfast 1822–1884

Dublin Hospital Reports, vol. 1, 1818, vol. 2, 1822.		
Dublin Pharmacopœia,	Dublin,	1805
Duncan's Hoffman, 2 vols.	London,	1783
_____ Medical Cases,	Edin.	1778
_____ Medical Commentaries, vols. 2 & 3,	Edin.	1789

E

Earl on Diseases of the Spine,	London,	1803
Edinburgh Dispensatory,	Edin.	1786
_____ Medical and Surgical Essays, 6 vols. (1 wanting)	Edin.	
_____ Medical and Surgical Journal, for 1822-3-4-5-6, vols. 18, 19, 20, 21, 22, 23, 24,	Edin.	
_____ Pharmacopœia,	Edin.	1774
_____ Journal of Medical Science, quarterly, commenced June 1826,	Edin.	

F

Falconer on the Pulse,	London,	1796
Ferriar's Medical Histories & Reflections,	Warrington,	1792
_____ do. do. vol. 3d.	London,	1798
Foreign, British, Medical & Surgical Review, vol. 4.		
Fuller's London Pharmacopœia,	London,	1714

G

Garngeot. Operations des Chirurgie, 2 vols.	Paris,	1731
Geoghegan on Ruptures, 8vo.	London,	1810
Gibbes, Dr. on Bath Waters, 12mo.	Bath,	1803
Gohl. Acta Medicorum Berolinensium, 2 vols.	Berlin,	1722
Good's (Dr. John Mason,) Study of Medicine, 4 vols. 8vo.	London,	1822

H

Hain. Ratio Medendi, 3 vols.		1768
Haller's Primæ Lineæ Physiologiæ, 12mo.	Gottingen,	1780
Hamilton's Midwifery, 8vo.	London,	1781
Harris de Morbis Infantium,	London,	1722
Hartman's Formulæ Remediorum,	Lovanii,	1772
Hillary on Epidemic Diseases,	London,	1759
Hoffmanni Opera Omnia Physico-Medice, 4 vols. folio,	Genevæ,	1740
Hoffman's Practice of Medicine, 2 vols. 8vo. (translated by Dr. Dunn,)	London	1783
Home's Clinical Experiments, 8vo.	London,	1782
Hunter's Plates of the Gravid Uterus,	London,	1774
Hunter's Preliminary Lecture on Midwifery, MANUSCRIPT, (presented by Dr. Drennan.)		
Huxham de Ære, 2 vols.	London,	1782

J

Johnson's Medical Chirurgical Journal, for 1820-1-2-3-4-5-6,	London,	
_____ do. do. New series, vol. 1, 1824,	London,	

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L

Lancet,	London,	
Laws of the Dublin College of Surgeons,	Dublin,	1802
Laws of the Physical Chirurgical Society,		1802
Le Dran's Observationes de Chirurgie, 2 vols.	Paris,	1731
Lewis's New Dublin Dispensatory, 8vo.	Dublin,	1768
_____ Edinburgh Dispensatory,	Edin.	1786
Lieutand's Synopsis Medicinæ, 2 vols. 4to.	Amstel.	1745
Lizar's Anatomical Plates, folio,	Edinb.	1825-6
_____ Letter Press Illustrations of do., 8vo.	do.	
Lommius Observationes Medicinales,	Amsterdam,	1720
London Medical & Physical Journal.		
Lower's Tractatus de Corde et Motu Sanguinis,	Amstel.	1671

M

Macartney on Luminous Animals,	London,	1810
_____ On Curvatures of the Spine,	Dublin,	1817
Mackenzie on Health,	Dublin,	1759
Mauriceau des Malades des Femmes Grosses et Accouchus, 4to.	Paris.	1648
McCabe's Thesis De Rubeola,	Edinb.	1812
Medical Botany, with Plates, 2 vols. 8vo.	London,	1821
Medical Communications from 1780 to 1790, 2 vols.	Lond.	1790
Medical Essays and Observations, 6 vols.	Edinb.	1747
Medical Pamphlets on various Subjects, 8vo. 2 vols.	Lond.	1774
Medical Tracts, vol. 3,	Edinb.	1768
Medical Chirurgical Transactions, vol. 4, 1820-1-2-3,	London,	
Medical & Surgical Journal, vols. 18, 19, 20, 21, 23,	Edin.	
Medical & Physical Journal, vol. 50, 51, 52,	London,	
Medical Repertory and Review, by Dr. Copeland, New Series, vol. 2, 1824	Lond.	
Medical Foreign & British Journal, quarterly, vol. 4, 5, 1822-3.	London,	
Medical Jurisprudence, by Dr. Paris, 3 vols.	London,	1823
Methodus discendi Artem Medicam,	London,	1734
McNevin on Mineral Waters,	New York,	1815
Monro, (Alexander) Anatomy of Brain & Nerves,	Dub.	1776
Monro, (Donald) on Military Diseases,	London,	1744
Morgagni on the Seat and Causes of Diseases, translated by Cooke, 2 vols. 8vo.	London,	1822
Morrisson's Pharmacopœia,	Dublin,	1807
Martinend Codex Medicamentarius, seu Pharmacopœia Parisiensis,	Paris,	1748
Musgrave, Dr. de Arthritide Anomala,	Amstel.	1790
_____ de Arthritide, Symptomata,	Etoniæ,	1703

N

Neisbitt's School of Medicine,	London,	1802
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P

Paris & Fonblanques Medical Jurisprudence, 3 vols. 8vo.	London,	1823
Person's Surgery, part 1st.	London,	1788
Pharmacopœia Collegii Medica in Hibernia,	Dublin,	1805
Phillips on Indigestion, 8vo.	London,	1823

Records of the Medical Societies of Belfast 1822–1884

Plenk de Arte Obstetricâ, 8vo. Vienna, 1781  
 Plumb on diseases of the Skin, London, 1825

Q

Quinn on Dropsy of the Brain, Dublin, 1790

R

Rush's Medical Inquiries, 2 vols. London, 1793  
 \_\_\_\_\_ do. do. vol. 4, Philadelphia, 1796  
 Russel, Dr. de Tabæ Glandulariâ, 8vo. London, 1750  
 \_\_\_\_\_ Dissertatio de Aqua Marina, London, 1750  
 Rogers on Epidemic Diseases, 8vo. Dublin, 1734

S

Sydenhami Opera, 8vo. Lugd. Bat. 1741  
 \_\_\_\_\_ Praxis Medica, 12mo. Lepsiae, 1695  
 Smellie's Midwifery, vol. 1-3, Dublin, 1765  
 \_\_\_\_\_ Thesaurus Medicus, 2 vols. Edinb. 1778

T

Tissot de Febribus Biliosis, 8vo. Lausanne, 1758  
 \_\_\_\_\_ Observations de Medicine Pratique, Lausanne, 1780  
 \_\_\_\_\_ Medical Essays, Edinb. 1772  
 Theses, 5 vols.  
 Tulpium Observationes Medicæ, Lugd. Bat. 1796  
 Tuomy, Dr. on Diseases of Dublin, 8vo. Dublin, 1810  
 Thesaurus Medicus in Acad. Edinensi, vol. 2, Edinb. 1798

U

Ure's, Dr. Materia Medica, Glasgow, 1813

V

Van Swieten's Description des Maladies des Armes, Amsterdam, 1741  
 \_\_\_\_\_ Commentaria in Boerhåave Aphorismos, 5 vols. 4to. Lugd. Bat. 1745  
 Vander Wriel Observationes Medicæ Anatomicæ, 2 vols. 12mo. Lugd. Bat. 1787

W

Wallace on Diseases of the Liver, 8vo. London, 1822  
 \_\_\_\_\_ on Sulphurous Fumigation, Dublin, 1820  
 Withers on Chronic Weakness, York, 1777  
 Whytt, Dr. on Dropsy of the Brain, Edinb. 1768

Belfast Medical Society  
Library Catalogue 1859

CATALOGUE

OF THE

BELFAST MEDICAL LIBRARY

WITH THE

**List of Members, Rules, &c.,**

OF

THE BELFAST MEDICAL SOCIETY

1st OCTOBER, 1859.

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BELFAST:

PRINTED AT "THE ADVERTISER" OFFICE,  
WARING STREET.

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1859.



Belfast Medical Society  
Library Catalogue 1859

LIST OF MEMBERS  
OF  
THE BELFAST MEDICAL SOCIETY  
ON 1ST OCTOBER, 1859.

1822			1846 (cont)
June 8,	Dr. Stephenson		Aug. 3, Dr. Halliday
1825			Sept. 7, Dr. Drennan
Aug. 1,	Mr. Walkington		Nov. 2, Dr. Wheeler
1826			1847
July 3,	Mr. Grattan		Oct. 5, Mr. M'Cleery
1828			Oct. 5, Dr. Murney
May 1,	Dr. MacCormac		1848
1830			May 1, Dr. Hamilton
Jan. 4,	Dr. M'Mechan, <i>Whitehouse</i>		Aug. 7, Dr. Corry
May 4,	Dr. Hurst		Dec. 4, Dr. J. W. T. Smith
1832			1849
Jan. 2,	Dr. Thomas Thompson		March 5, Dr. M'Gee
Sept. 2,	Mr. John Aickin ( <i>Honorary</i> )		May 7, Mr. Rea
1834			June 4, Dr. Lynch
Nov. 3,	Dr. Burden		Dec. 3, Mr. John Smith
1835			1851
Feb. 2,	Mr. Dolway Bell, <i>Glenavy</i>		June 4, Dr. Moore
1836			1852
May 2,	Dr. Andrews		Feb. 2, Dr. Heeney
1838			1853
Nov. 5,	Dr. Robert Bryce		Feb. 7, Mr. J. S. Dickson, <i>Ballysillan</i>
1839			Feb. 7, Mr. Dyas
Jan. 7,	Dr. Hunter		1854
March 4,	Dr. Patterson		May 1, Dr. Stronge
July 1,	Dr. Kelso, <i>Lisburn</i>		Dec. 6, Dr. Harkin
1840			1855
Sept. 7,	Dr. Stewart, <i>Lunatic Asylum</i>		Feb. 5, Mr. Galgey
1841			1856
May 3,	Dr. Thomas Reade		Feb. 4, Mr. J. A. Alexander
Nov. 1,	Dr. Dill		June 2, Dr. Cuming
1842			Aug. 4, Mr. Hanna
Dec. 5,	Surgeon Browne, R.N,		1857
1843			Feb. 2, Mr. H. Moore
Feb. 6,	Dr. Gordon		June 6, Dr. Dunlop, <i>Holywood</i>
May 1,	Dr. Beck		Sept. 7, Dr. William Aickin
May 1,	Dr. J. Seaton Reid		Dec. 7, Mr. Breeze, <i>Saintfield</i>
1845			1858
Aug. 4,	Dr. Pirrie		June 8, Mr. Whitaker
Nov. 3,	Dr. Mulholland		July 5, Dr. Ross
1846			Sept. 6, Dr. M. M'Gee
July 6,	Mr. Lamont		Nov. 1, Dr. O'Hare

LIST OF PRESIDENTS

From the Passing of Second Clause of Rule 3, in 1850.

DR. STEPHENSON, ...	...	...	...	...	...	...	...	...	...	4th November, 1850.
DR. STEPHENSON,	...	...	...	...	...	...	...	...	...	From May, 1851, till May, 1852.
DR. STEPHENSON,	...	...	...	...	...	...	...	...	...	From May, 1852, till May, 1853.
DR. M'GEE,	...	...	...	...	...	...	...	...	...	1853-54.
DR. READE,	...	...	...	...	...	...	...	...	...	1854-55.
DR. GORDON,	...	...	...	...	...	...	...	...	...	1855-56.
DR. STEWART,	...	...	...	...	...	...	...	...	...	1856-57.
MR. BROWNE,	...	...	...	...	...	...	...	...	...	1857-58.
DR. PIRRIE,	...	...	...	...	...	...	...	...	...	1858-59.

OFFICERS OF THE SOCIETY,

FOR THE YEAR 1859–60.

**President**

DR. PATTERSON.

**Vice-Presidents**

DR. WHEELER. DR. DILL.

**Council:**

DR. HALLIDAY. DR. STEWART.  
DR. MOORE. MR. REA.  
DR. MULHOLLAND. DR. MURNEY.

**Treasurer:**

DR. SMITH.

**Secretary:**

DR. DRENNAN.

**Librarian:**

MR. RING.

Belfast Medical Society  
Library Catalogue 1859

A LIST OF  
THE MEMBERS OF THE BELFAST MEDICAL SOCIETY,  
Who have Died or Retired since the Re-Organization of the Society,  
ON THE 8TH JUNE, 1822.

Admitted.	Names.	Residence.	Retired.	Died.
1822.				
June 8	Dr. M'Donnell	Belfast,		April, 1845.
"	Dr. Forcade	Do.		July, 1835.
"	Surgeon Moore	Do.		Oct. 1847.
"	Surgeon M'Cleery	Do.		Sept. 1847.
"	Surgeon Coffey	Do.		1846.
July 1	Mr. Bryson	Do.		1853.
"	Surgeon M'Kibbin	Do.	Dec. 1. 1835	
Aug. 5	Dr. Halliday	Do.	May 2, 1825	
Dec. 2	Dr. Young		Dec. 2, 1823	
"	Surgeon Mawhinney	Do.		April 4, 1840.
1823.				
June 2	Surgeon A. B. Filson	Portaferry,	May 1, 1825	
1824.				
May 1	Surgeon Birnie, R.N	Belfast,	May 1, 1825	
"	Dr. M'Gowan	Carrickfergus,	May 1, 1825	
July 5	Dr. S. S. Thomson	Belfast,		Apr. 30, 1849.
May	Surgeon Officer	Do.		1857.
July 5	Dr. Millar		Aug. 7, 1825	
"	Surgeon Aicken	Belfast,		April, 1837.
1825.				
Feb. 7	Dr. Berwick		May 1, 1828	
April 4	Surgeon M'Clure		May 1, 1829	
May 2	Dr. Macabe	Belfast,		Nov. 25, 1828.
"	Surgeon M'Cullough		May 1, 1827	
"	Surgeon Douglas	Lurgan,		May 8, 1842.
"	Dr. Wilson	Belfast,	May 1, 1836	
May 30	Surgeon William Quin	Do.	May 1, 1837	
"	Dr. Halliday, Hon. Mem.	Do.		June 4, 1836.
July 4	Dr. Stephenson, Do,	Do.		Jan. 12, 1833.
Sep. 5	Surgeon Maclurcan	Do.		Dec. 1846.
Dec. 5	Surgeon Wethered	Lisburn,		Sept. 7, 1842.
1826.				
Jan. 2	Dr. Cupples	Lisburn,	May 1, 1827	
"	Dr. Kidley	Belfast,	May 1, 1826	
"	Surgeon M'Burney	Do.		1850.
March 6	Surgeon Scott	Do.	May 1, 1829	
May 29	Surgeon Fitzmaurice	Do.	May 29, 1827	
"	Surgeon Scott		May 1, 1828	
"	Surgeon Latham	Antrim,	May 1, 1832	
Sep. 4	Surgeon Stewart		May 1, 1829	
Dec. 4	Dr. Drummond	Belfast,	May 1, 1828	
1827.				
Jan. 1	Surgeon Strain	Newtownards,		Jan. 1, 1836.
"	Surgeon Murray		1842	
Feb. 5	Surgeon Campbell		May 1, 1829	
March 4	Mr. M'Master		May 1, 1828	
Mar. 4	Surgeon E. Bryson	Antrim,	May 1, 1829	
May 28	Surgeon H. Purdon	Belfast,	June 2, 1828	
July 2	Dr. Little	Do.	May 1, 1840	
Aug. 6	Surgeon George Welsh		May 1, 1828	
Sep. 3	Surgeon T. Wilson	Belfast,	May 1, 1837	
Nov. 5	Dr. Stewart			July, 1828.
"	Dr. Duncan	Belfast,	May 1, 1835	

Records of the Medical Societies of Belfast 1822–1884

Admitted.	Names.	Residence.	Retired.	Died.
1828.				
Jan. 7	Dr. Kirkpatrick	Larne,	May 1, 1830	
May 1	Dr. Kidley	Do.	May 1, 1839	
Dec. 1	Dr. Thomson	Lisburn,	July 5, 1830	
1829.				
Jan. 5	Dr. M'Dowell		May 1, 1830	
July 5	Surgeon Wales	Belfast,	May 1, 1838	
"	Dr. M'Donald	Crumlin,	May 1, 1832	
1830.				
Jan.	Dr. Smylie	Larne,	May 1, 1830	
Feb. 1	Surgeon Wallace		May 1, 1832	
"	Surgeon Taggart		May 1, 1831	
May 31	Dr. Burden		May 1, 1833	
July 5	Dr. Shaw		May 1, 1831	
Aug. 2	Surgeon J. R. M'Kibbin	Belfast,	May 1, 1831	
1831.				
Aug. 1	Dr. Bingham	Downpatrick,	May 1, 1834	
Sep. 5	Dr. Joseph Bryson	Belfast,		1855.
"	Dr. Mateer	Do.		
Nov. 7	Dr. James Anderson.	Do.	May 1, 1833	
1832.				
July 2	Surgeon Barnett	Belfast,		Mar 19, 1832.
May 28	Dr. Hannay	Lurgan,	May 1, 1833	
1833.				
May 6	Dr. Scott	Belfast,	May 1, 1841	
June 3	Dr. Latham	Antrim,	May 1, 1834	
Oct. 7	Dr. Hawthorne	Belfast,	June 1, 1835	
Dec. 2	Dr. Johnson	Do.	May 1, 1835	
1834.				
May 5	Sur. Taggart, Hon. Mem.	Belfast,		1840.
June 2	Surgeon Seagrave		May 1, 1835	
"	Surgeon M'Cluney	Belfast,		March, 1837.
Aug. 5	Surgeon Lynch	Do.	May 1, 1847	
Dec. 1	Surgeon John Quin	Belfast		1853.
1835.				
Feb. 2	Surgeon J. Cunningham	Ballyclare,	May 1, 1837	
Mar. 2	Surgeon Phillips	Saintfield,	May 1, 1837	
May 4	Surgeon Stewart	Carrickfergus,	May 1, 1837	
June 1	Dr. Gausson	Crumlin,	May 1, 1841	
Aug. 3	Dr. Rutledge			May 1, 1836.
Nov. 2	Surgeon Cowner		May 1, 1836	
"	Staff Surgeon Kendal.			May 1850.
Dec. 7	Dr. Collins	Belfast,	May 1, 1838	
	Dr. Moffat	Crumlin,	Aug. 7, 1837	
1836.				
Jan. 4	Dr. Sanders	Belfast,		July, 1846.
	Mr. Marshall		May 1, 1836.	
Feb. 3	Dr. Francis Anderson	Bellaghy,	Jan. 2, 1837	
"	Surgeon D. Murray	Belfast,		1847.
Feb. 1	Dr. Drummond	Belfast,	May 1, 1837	
May 2	Surgeon R. Gordon	Portstewart,	May 1, 1837	
	Dr. M'Collough	Newtownards,		Aug 1, 1837
Nov. 7	Dr. M'Caldin	Belfast,	May 1, 1837	
Dec. 5	Dr. Forde		May 1, 1837	
1837.				
June 6	Dr. G. H. Adams	Belfast,	1843	

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Admitted.	Names.	Residence.	Retired.	Died.
1838				
Jan. 1	Dr. Knox	Ballycastle,	May 1, 1840	
Sep. 3	Dr. Mulholland	Belfast,		1853
"	Surgeon Birnie, R.N.	Do.		1845
Nov. 5	Dr. Moffat	Crumlin, <i>now</i> Belfast,		April, 1852
1839.				
Jan. 7	Surgeon Sturgeon	Portadown,	May 1, 1840	
March 4	Dr. J. S. Reid	Belfast,	May 2, 1842	
	Dr. Reid	Ballybay,	May 1, 1840	
May 6	Surgeon Wales	Belfast,		July 1, 1839
"	Surgeon Wm. Quin	Do.		July 1, 1849
"	Surgeon Wm. Johnston	Do.	May 1, 1840	
"	Surgeon Rowan	Do.		July, 1840
"	Dr. Murray	B.macarrett,	May 1, 1842	
Sep. 2	Surgeon M'Donald	Lisburn,	May 1, 1840	
Dec. 2	Surgeon Jeffares	N.townbreda,	May 1, 1846	
1840.				
July 6	Surgeon Shaw	Bryansford,	May 1, 1841	
Aug. 3	Surgeon F. O'Neill	Belfast,	1842	
Oct. 5	Surgeon Large	Do.	May 1, 1841	
Oct. 5	Dr. Christopher Black	Belfast	May 1, 1842	
1841.				
Jan. 4	Surgeon Trotter	Ballyatwood,	1843	
Feb. 1	Surgeon Harkin	Belfast,	May, 1852	
"	Surgeon J. Clarke	Do.	1855	
July 5	Surgeon Simpson	Newtownards,	May 1, 1842	
Aug. 2	Surgeon Robt. Gordon	Bellaghy,	May 1, 1842	
"	Surgeon J. Mawhinney	Belfast,	May 1, 1844	
Dec. 6	Dr. Hill Sloane	Do.	1845	
1842.				
Feb. 7	Dr. Horatio Stewart	Belfast,	May 1, 1846	
Sep. 5	Dr. Kirkpatrick	Larne,	May 1, 1847	
"	Surgeon M'Collough	Bangor,		1843
Oct. 3	Surgeon M'Ewen	Glenarm,	1844	
Nov. 7	Dr. Malcolm	Belfast,		Sept., 1856.
"	Surgeon M'Harg	Lisburn,	May 1, 1847	
1843.				
Feb. 6	Surgeon A. Anderson	Belfast,	May, 1844	
June 6	Dr. Donnelly	Do.	May 1, 1846	
July 3	Dr. J. D. Marshall	Do.	1852	
"	Surgeon Wm. Marshall	Do.	May, 1844	
Nov. 6	Dr. Richard Cooke	Do.	May 1, 1847	
1844.				
Jan. 1	Dr. Catherwood	Donaghadee,	May 1, 1848	
Aug. 5	Dr. Russell	Portstewart,	May 1, 1846	
1845.				
May 5	Dr. James Moore	Belfast,	1849	
July 7	Dr. Pelan	Do.	1851	
"	Surgeon Daniel Clarke	Do.	1845	
Sep. 1	Dr. Knox,	Do.	May 1, 1847	
1846.				
March 2	Dr. Gardner	Garnerville,	May 1, 1847	
May 4	Dr. Collins	Belfast,		May, 1852.
July 6	Dr. Ewing	Do.		1847.
Aug. 3	Surgeon Anderson	Do.		Sept. 3, 1847.
Oct. 5	Dr. Drummond	Do.	May 1, 1847	

Records of the Medical Societies of Belfast 1822–1884

Admitted.	Names.	Residence.	Retired.	Died.
1847.				
July 5	Dr. Bingham	Downpatrick,		1848.
Aug. 30	Dr. M'Laughlin	Lurgan,	May 1, 1848	
Nov. 1	Dr. Ferguson	Belfast,	May 1, 1850	
Dec. 6	Surgeon Murphy	Do.	1849	
1848				
May 1	Dr. S. Holmes	Belfast,	1849	
"	Dr. C. S. Black	Do.	1854	
Nov. 6	Surgeon R. Black	Do.	May, 1853	
"	Surgeon Heburn	Do.	1850	
Dec. 4	Surgeon J. S. Dickson	Do.	May 1, 1850	
1849.				May 14, 1857.
March 5	Dr. H. Stewart	Belfast,		
Aug. 6	Dr. Dundee	Carnmoney,	1853	
"	Dr. McKibben	Belfast,	May, 1853	
May 7	Surgeon Wales	Do.	May 1, 1850	
1850.				
Jan. 7	Dr. Blizzard	Belfast,	May, 1853	
June 3	Professor Ferguson	Do.	June, 1853	
Nov. 4	Surgeon M'Neice	Do.	1852	
1851.				
Jan. 6	Surgeon T. Mawhinney	Belfast,	Nov., 1852	May, 1856.
May 5	Mr. Hood	Do.	1853	
June 2	Dr. M'Caldin	Coleraine,	May, 1853	
"	Dr. Russel	Bangor,	May, 1853	
"	Mr. Armstrong	Belfast,	May, 1855	
Oct 5	Dr. G. H. Young	Hollywood,	May, 1858	
Nov. 3	Mr. Shiels	Bangor,	1852	
"	Mr. Posnett	Belfast,	1852	
"	Dr. MacMullen	Do.		
Dec. 1	Dr. Babington	Coleraine,	1853	
1852.				May, 1856.
Feb. 2	Mr. Warwick	Belfast,	May, 1853	
March 1	Dr. Kidd	Ballymena,	May, 1853	
May 7	Dr. Fryer	Belfast,	May, 1853	
Aug. 30	Mr. H. Thompson	Ballylesson,	April, 1854	
Dec. 6	Dr. Graham	Templepat.k,	May, 1858	
1853.				
Feb. 8	Dr. M'Laughlin	Lurgan,	1854	
1854.				
Feb. 6	Dr. Deverill	Dromore,	May, 1855	
1855.				
June 4	Mr. Kennedy	Comber,	May, 1858	
1857.				May, 1858
Jan. 5	Dr. John Moore	Belfast,	May, 1858	
May 4	Dr. Smiley	Ballycarry,	May, 1858	
July 6	Mr. H. Johnstone	Belfast,	May, 1859	

A CODE OF MEDICAL ETHICS  
AS DRAWN UP AND ADOPTED BY  
THE BELFAST MEDICAL SOCIETY

SECTION I.  
DUTIES OF PHYSICIANS TO THEIR PATIENTS.

*A Physician should ever remember that the health and safety of his patients depend materially upon his assiduity and skill; and should also study to unite kindness with firmness, being courteous while exercising due authority.*

1.—Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; the obligation of the former extends beyond the period of professional services. None of the privacies of personal and domestic life—no infirmity of disposition or flaw of character, observed during professional attendance—should ever be divulged, except when such disclosure is imperatively required.

2.—All unnecessary visits are to be avoided—yet, the patient is not to be abandoned because the case is deemed incurable; and, while a Physician should not be forward to make gloomy prognostications, he must not esteem any case of too trivial importance; nor should he fail to embrace the opportunity which he not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients.

SECTION II.  
DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

*There is no profession, from the Members of which greater purity of character and a higher standard of moral excellence are required, than the Medical; nor can any scientific attainments ever compensate for the want of correct moral principles. It is, therefore, incumbent on its Members that they should be*

1.—Temperate in all things—the practice of Physic requiring the unremitting exercise of a clear and vigorous understanding.

2.—Members should avoid, in the presence of non-professional persons, all remarks reflecting on the character of the profession, or those engaged in it.

3.—No Member should resort to public advertisements (except in case of removal), to the issuing of private cards or hand-bills, offering advice and medicine to the poor gratis, nor publish reports of cases or operations in the daily prints, nor suffer such to be made; he should not invite laymen to be present at operations, or boast of cures and remedies. Such is the ordinary practice of Empirics, and highly derogatory to the dignity of the profession.

4.—No Member should practice or countenance Homœopathy, Hydropathy, or Mesmerism.

5.—No Member should give testimonials in favour of any patent or proprietary medicines, or in any way recommend their public use.

6.—No Member should enter into compact with a Druggist or Apothecary to prescribe gratuitously, and, at the same time, share in the profits arising from the sale of the medicines.

SECTION III.  
DUTIES OF PHYSICIANS TO EACH OTHER.

*In cases of personal affliction, medical men are peculiarly dependent upon each other; and kind offices and professional aid should always be cheerfully afforded; therefore,*

1.—All Practitioners, with their wives and children, are entitled to the gratuitous services of any one or more of the faculty residing near them; if called to a distance, expenses should be paid.

2.—When, during sickness, affliction, or absence from home (not exceeding one month), one Practitioner has entrusted the care of his practice to a professional friend, the latter should not make any claim on the former, or the patient, for his services; but should, in all things, be the *locum tenens* of the absentee, save in cases of Midwifery, not previously arranged for.

3.—When a medical man has officiated for another, and the ordinary Practitioner has resumed his exclusive attendance upon the case, the former shall, on no pretext, make friendly calls upon the patient, without the consent of the ordinary medical attendant.

4.—A Physician, being a friend of the family, should avoid visiting, when aware that any member of the family is under the care of another medical man.

5.—When a Practitioner is called on an emergency, by a family usually attended by another, he should, when the emergency is provided for, meet the ordinary Practitioner, and after one consultation, resign the case into his hands; but is entitled to charge the family for his services.

6.—When a Practitioner is consulted by a patient whom he has previously attended, as the officiating friend of another, he should decline attendance, unless the patient has determined on changing his medical attendant; and, if so, he will be justified in taking charge—intimating, *in all cases*, the same to the former attendant.

7.—When a Practitioner is called to attend at an accouchement for another, he should in all cases, but the one provided for in Rule 2, Section III., be entitled to receive a fair proportion of the fee; and, when the delivery is completed, or on the arrival of the pre-engaged accoucheur, he should resign the further management of the case.

#### SECTION IV. DUTIES IN REGARD TO CONSULTATION.

*A Physician who is called upon to consult, should observe the most honourable and scrupulous regard for the character and standing of the Practitioner in attendance. No hints or insinuations are to be thrown out by the Consulting Physician; and he should also refrain from any extraordinary attention or assiduity, for the purpose of gaining applause, or ingratiating himself into the favour of families or individuals.*

1.—No Member should, on any pretext, meet in consultation persons practising medicine, who do not possess a legal qualification; nor can any one be considered a fit associate in consultation, whose practice is based on Homœopathy, Hydropathy, or Mesmerism.

2.—Where two Practitioners attend in consultation, and the period of meeting having been fixed, one of the two neglects punctuality—thus wasting the time of the other—the latter shall be expected to wait ten minutes, and may then visit the patient, provided a note or message be not sent.

3.—In consultations, the attending Physician should introduce the consultant, and, if necessary, be the first to examine the patient; and the ordinary attendant should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. No opinions or prognostications should be delivered, which are not the result of previous deliberation and concurrence; and, all discussions being held as confidential, neither by words or manner should any of the parties assert or insinuate that any part of the treatment pursued did not receive his assent; the responsibility must be equally divided, and the consultant should hold no conversation with the patient or his friends, with reference to the case, except in the presence of the usual attendant.

4.—When a Practitioner takes charge of a case for his friend, and it appears necessary to change the treatment, it should be done with the most scrupulous care, so as to avoid reflecting on the previous management.

5.—When a Practitioner is called to a patient already under the care of another medical man, he should not interfere, unless in case of decided emergency, but should request a consultation with the latter. Should a consultation be declined by the patient, the Practitioner last called in will be justified in taking charge of the case—a communication to that effect having been made to the former attendant.

6.—A consultant has no claim to be regarded as a regular attendant on the patient, and his attendance ceases after each consultation, unless otherwise arranged. The patient, therefore, or the Practitioner, is quite at liberty to call in another consultant, without the cognizance of the former, provided no appointment then exist; but in this, as in all other cases, remembering the position in which the consultant is placed, it becomes the duty of the ordinary attendant to see that the *honorarium* be not neglected.

#### SECTION V. ON THE ADJUDICATION OF DISPUTES.

*Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of the Council, which shall act as a COURT MEDICAL, with the distinct understanding that neither the subject-matter of such differences, nor the adjudication thereupon, shall be made public—as publicity in a case of this nature may be personally injurious to the parties concerned, and can hardly fail to bring discredit on the profession.*

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RULES OF THE BELFAST MEDICAL SOCIETY  
FOUNDED\_\_\_; REVIVED, 8TH JUNE, 1822

RULE 1.—To afford its members increased facilities of consulting the best medical works and periodicals by means of the Library; of deriving mutual instruction on medical subjects, by means of its discussions and its Pathological Museum; and, as a collective body, protecting the interests of the medical profession.

2.—The Belfast Medical Society shall meet at their Library, on the first Monday of every month at seven o'clock, p.m. Five members to constitute a quorum. The President, or, in his absence, one of the Vice-Presidents, to take the chair. The Chairman shall have, in addition to his ordinary vote, a casting one in case of an equality. Passed, June, 1822; August, 1826; December 2, 1844; 1850.

3.—The Society shall be specially summoned to meet on the first Monday in May, in each year, to elect a Treasurer and Secretary for the ensuing year.—September, 1826. A President and two Vice-Presidents, with a Council, consisting of six members, are elected annually, at same meeting, to superintend the affairs of the Library and Society.—October, 1850.

4.—That every proposition for the enactment of any new law, or for the repeal or alteration of an old law, must be confirmed at the meeting subsequent to that at which it was passed, previous to its becoming a law of the Society.—November, 1824.

5.—The property of the Society shall not be disposed of for the benefit of the members, nor alienated from the use of the profession, without the unanimous consent of the Society, given at a special meeting summoned for that purpose, and called a month previously.—July, 1822.

6.—The Society shall be open to the admission of all members of the profession, including those resident in the country, on condition that the member proposing such shall hold himself responsible for their conforming in all respects to the rules of the Society.—June and July, 1822.

7.—That no member can ballot for a person proposed to be a member if he has not paid his annual subscription.—May, 1831.

8.—That, when any individual be in future proposed as a member of this Society, his legal qualifications to practice medicine, surgery, or pharmacy, shall either be produced to the Society, or the proposer or seconder declare that they have seen such documents.—May, 1833.

9.—The subscription shall be one guinea annually, payable in advance.—September, 1826.

10.—That members joining the Society, between the months of May and November, shall be required to pay the full subscription of one guinea for the year unexpired; and that the sum of half-a-guinea be paid by all members admitted at or after November.—November, 1840.

11.—All persons who shall have continued members during twenty years, without intermission, shall be considered members during life, without further subscription; gentlemen in the Navy or Army, and other members who may have withdrawn from the Society, to be entitled to this privilege, after paying twenty years' subscription, although the payment thereof may have been interrupted by absence, provided that just cause be shewn for such absence.—October, 1850.

12.—Candidates for admission must be proposed and seconded at one regular meeting of the Society, and balloted for at the next, provided that the subscription for the current year be paid—one black bean in five to exclude. If excluded, the money to be returned.—December 7, 1846.

13.—No person who has been rejected, shall be proposed again within six months.—May, 1829.

14.—Members who withhold the subscription one month after the meeting, in May, shall pay in addition a penalty of one shilling a month while it remains due.—September, 1826.

15.—A member, whose subscription or fines remain due for one year, shall be considered as having withdrawn himself from the Society, and forfeited all his privileges and property therein, having been noticed by the Secretary one month previously. Such persons shall be again eligible by ballot in the ordinary way, on having paid all arrears to the Society.—September, 1826.

16.—Members conducting themselves in a disorderly or refractory manner, or disgracing, by immorality, the character of the profession, may be expelled. Any proposal for the expulsion of a member must be made at a regular monthly meeting, notice of which shall be immediately given by the Secretary to the party concerned, and the Society shall be specially summoned, to take it into consideration at the next regular meeting. No vote of expulsion can be carried into effect unless it be unanimous—the party concerned not being entitled to vote on the question.—September, 1826.

17.—The Society may admit honorary members, on being proposed and seconded in the ordinary manner,—one black bean excluding.—May, 1825.

18.—Honorary Members shall enjoy all the privileges of the Society, except a share of the property, should a division of it take place, or a right of voting on the question of dissolution.—September, 1826.

19.—That Surgeons in the Garrison, and Physicians in the Garrison, shall be admitted to consult and read books in the Medical Library; that the member introducing the visitor shall be considered accountable for his conduct while he enjoys this privilege; that the name of the visitor, with that of the member introducing him, be entered on the proposal book.—Dec., 1835.

20.—That any Veterinary Surgeon, possessing a regular diploma from any Veterinary College, on paying the usual subscription of one guinea per annum, may be allowed the use of the Library (but not the periodicals while circulating), after admission to such privilege, by ballot in the usual manner, but shall not be a member of the Medical Society, nor have any voice in its proceedings; he shall, however, be amenable to the laws of the Library.—June, 1841.

#### THE LIBRARY.

21.—Every work before admission, must be entered on the proposal book, and the price stated, fourteen days before the meeting at which it is to be proposed; and no book can be passed at any meeting unless the proposer or seconder be present.—April, 1841.

22.—No member resident in town shall have the use of more than one volume at a time, under a penalty of sixpence per day for each additional volume out of the Library.

23.—Members resident in the country shall be allowed two volumes at one time; penalty, if more than two be taken at the same time, the same as in Rule 22.

24.—The periodical publications shall be circulated in rotation through the members in town, before they can be borrowed from the Library—Oct, 1839—and that the monthly and quarterly periodicals shall lie upon the Library table for at least one week before being circulated.—May, 1849.

25.—Members not wishing to receive the periodicals in course of circulation, may give notice thereof to the Secretary, which shall exonerate them from all responsibility and fines arising therefrom; and all members who are six months in arrear of fines, shall not be continued on the circulation until they be paid, due notice having been given before expunging their names.—June, 1829.

26.—Any member on the list may detain the book circulating during forty-eight hours; but if it be delayed longer, and not sent within that time to the next in succession, he shall pay a penalty of three pence per day for the first week, and, if detained longer, a penny for every additional day until the work be forwarded, Sunday to be excepted, and not reckoned as part of the forty-eight hours allowed; the member detaining the work on that day, to mark the word “Sunday” opposite to his name in the circulation sheet, otherwise he shall incur the fine.—October, 1839.

27.—If a member receive a book on circulation after the date marked on it as sent forward, he shall not pass it on without sending a written notice of the error to the member who has so dated it. Any member neglecting to do this shall be answerable for the fine.—February 7th, 1842.

28.—That all books shall be called in, immediately after the meeting of the Society in April, annually, by a circular letter issued to each member, giving at least ten days’ notice previous to the day for sending them in. That any person neglecting to comply with this notice be fined five shillings.—December, 1829.

29.—That the Library shall be closed for one week in April, annually, and shall then be examined by a Committee of the Council, who are to report to the meeting in May on the state of the Library.—Dec., 1829; 1850.

30.—If any member should remove from the Library any work otherwise than through the Librarian, he shall be subject to a fine of ten shillings.—June 6th, 1842.

31.—Any member who detains a book longer than one month, shall be fined a penny a day until it be returned; but the loan of any work may be renewed at the expiry of the month, on making written application to the Librarian, provided the same work has not been applied for by any other member in the interim.—July, 1840.

32.—Any member who abuses or injures a book shall be bound to replace the work, or pay such fine as the Society shall think expedient to impose.—January, 1829.

33.—That a Librarian, at a salary, be appointed to take care of the books, and be responsible for the state of the Library, and also for irregularities in the entry of books on their return to the Library by members.—December, 1835, and August, 1837.

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34.—That the Rules relating to the circulation and taking out of books be printed and pasted inside of the binding of each volume, that no member may, hereafter, plead ignorance thereof; and that no fine incurred by the violation of them shall henceforth be on any account omitted.—Feb., 1829.

35.—That he shall give attendance at the Library every day, excepting Sunday, between the hours of twelve and three, and six and seven o'clock, P.M. Country members, however, may obtain books at all hours when the Librarian may be on the spot.

36.—That he alone shall be responsible for the correct entry or marking out of all books received from or given out to members.

37.—That the Librarian place the periodicals on the Library table immediately on receiving them from the Secretary; and that he do not remove them until the end of the period enjoined by rule 24. He shall send out regularly every month, on circulation, such periodicals as may be received, in the manner directed by the Society.

38.—That he shall issue circulars to all members of the Society, requesting their attendance at the monthly meeting, and in these monthly circulars shall furnish to each member, reported to him by the Treasurer, the amount of fine due by him.

39.—That the keys of the Library shall be in his keeping, and he alone shall be responsible for the proper preservation and regulation of the books, and that he shall report monthly (previous to the meeting) to the Council such books as may be injured or mislaid.

40.—That he shall require each town member to bring to the Library any book he may have out before it can be renewed; and shall observe that every book FINALLY returned into the Library be not again issued until one full day shall have elapsed.

41.—That he shall summon a meeting of the Council every quarter, on the Thursday before the monthly meeting, for the purpose of examining the state of the Library, and reporting thereon to the regular meeting of the Society.

42.—That the Librarian be allowed the use of the Library, on condition that he enters regularly any books he may remove therefrom, in a page of the entry-book devoted to himself.—Sept., 1837.

43.—As the Medical Society believes that Homœopathy is founded in error—a delusion on the part of the practitioner, and a deception on the public—and, as it is one of the main objects of this Society to defend the interests of the public and Profession, it therefore cannot permit any person professing or practising Homœopathy to be, or continue, a Member of the Society. The same rule will be applied to any person practising exclusively Hydropathy, or any other system of Quackery.—July, 1858.

44.—That in future the qualifications of all Candidates proposed as Members of this Society be laid on the table previous to balloting—December, 1858—with the exception of those whose names appear in the Medical Register.—September, 1859.

*Adams on Rheumatic Gout, London 1857<sup>1</sup>*  
*do do Atlas to*

*Aickin on Cholera, Dublin 1854*

*Anatomical and Surgical Plates*  
*Ancell on Tuberculosis, London 1852*

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<sup>1</sup> [The left-hand pages of the catalogue were blank when printed but have been filled in part by the Librarian's recording of new books purchased (and perhaps old books overlooked). These handwritten entries are displayed in a script font as can be seen above. The same font is used to signify handwritten additions and corrections in the printed text. The transcript adheres to the original pagination.]

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A

Abercrombie on Diseases of the Brain and Spinal Chord, 8vo,	Edin.,	1828
_____ on Diseases of the Stomach and Intestines, 8vo,	Edin.,	1833
_____ on the Intellectual Powers, 8vo,	Edin.,	1831
_____ Philosophy of the Moral Feelings, 8vo,	London,	1828
Abernethy's Surgical Works, 2 vols., 8vo,	London,	1825
_____ Surgical Observations,	London,	1814
Abrahami Scholæ Medicæ,	Lug. Bat.,	1647
Academy of Surgery, Memoirs of, (Sydenham Society, Ed.)	London,	1848
Acta Medicorum Berolinensium, 12mo, vols. 1-6,	Berlin,	1720
Acton on the Venereal & (plates),	London,	1841
Adams on the Eye,	London,	1812
Æsculapian Labyrinth Explored by Gregory Glyster, 8vo,	Dublin,	1789
Aiken's Biographical Memoirs,	London,	1780
Ainslie's Materia Medica, 2 vols., 8vo,	London,	1826
Aitken's Surgery,	London,	1771
_____ on Fractures,	London,	1790
Akesios, or Medical Ethics,	_____	
Albinus' Tables of the Skeleton and Muscles, fol,	London,	1749
Albini Explicatio, Tab. Anatomicarum Eustachii, fol,	Leid. Bat.,	1744
Alchymie Trumphie,	Franc,	1607
Alderson on the Contagion of Fevers, 8vo,	Hull,	1788
Alison's Outlines of Physiology, 8vo,	Edin.,	1831
_____ Outlines of Pathology, 8vo,	London,	1833
_____ Outlines of Pathology and Practice of Medicine,	Edin.,	1844
_____ on the Management of the Poor of Scotland, 8vo	Edin.,	1840
Allan's System of Surgery, 3 vols., 8vo,	Edin.,	1825
Allen's Synopsis, vols. 1 and 2,	London,	1729
Alleyne's Dispensatory,	London,	1733
Alpinus (Prosper) de Vita et Morte Præsagienda, 2 Copies	Lug. Bat.,	1733
American Journal of Medical Sciences, <i>from vol 17 to 39</i>		1849
Anatomy, Comparative, an Essay on, 12mo,	London,	1744
Anatomical Drawings in Chatham Museum,	London,	1824
Anatomy and Physiology, vol. 1, 2 & 3	Edin.,	1795
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Andree's Cases Of Epilepsy,	London,	1746
Andrew's Diseases Incident to Armies,	Dublin,	1767
Aneurism, Erichsen on (Sydenham Society),	London,	1844
Angeli Salæ Opera Omnia, 4to,	Francf.,	1682
Annalen der Chimie, <i>from B. 37 to 56</i>	Heidelberg.	1841
Annals of Medicine,	Edin.,	1796-1804
Arbuthnot on the Nature and Choice of Aliments,	Dublin,	1731
Archer on the effects of Oxygen, vols. 1,	Bath,	1798
Archives de la Medicine Belge, 15 Vols	Bruxelles.	1841
Aretæius Opera,		1603
_____ on the Causes and Signs of Diseases,	London,	1833
Armees des Maladies,	Amsterdam,	1761
Army Medical Board of Ireland, Instructions to Surgeons, 12mo,	Dublin,	1803
Armstrong on Typhus Fever, 8vo,	London,	1818
_____ on Diseases most fatal to Infants,	London,	1767
Arnott's Physics, 2 vols., 8vo,	London,	1833
Arnott on Stricture of Urethra,	London,	1840
Arnold on Insanity, vols. 1 & 2,	London,	1806
Artem Medicam,	London,	1734
Astruc de Morbis Venereis, 2 vols., 8vo,	Paris,	1740
_____ on Diseases of Women, 2 vols., 8vo,	London,	1742
_____ on Diseases of Children,	London,	1746
Ashwell on Diseases peculiar to Females,	London,	1844
Aymesbury on Deformities of the Spine and Chest,	London,	1840
_____ on Fractures, 2 vols.,	London,	1831

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Babington's Epidemics of Middle Age, 1st and 2d parts,	London,	1835
Bacher sur les Hydropsies et les Maladies Chroniques, 8vo,	Paris,	1776
Badham's Essay on Bronchitis,	London,	1814
Baglivi Opera Omnia,	Lug.,	1704
Baglivi on the Practice of Physic,	London,	1704
Baillie's Works by Wardrop, vols. 1 and 2,	London,	1825
_____ Morbid Anatomy, 8vo,	London,	1793
Baird's Rubeola,	Edin.,	1800
Baker's Opuscula Medica,	London,	1771
Ballingall's Military Surgery,	Edin.,	1838
Ball's Practice of Physic, 2 vols.,		
Ballonii Medici Opera, vols. 1, 2, 3,	Venet.,	1734-5
Balfour on the Influence of the Moon in Fevers,	Edin.,	1785
Barchusan (Johan. Conrad.) Pyrosophia, 4to,	Lug. Bat.,	1698
Barbettiana Praxis,	Lug. Bat.	
Bardsley's Hospital Facts, 2 Copies	London,	1830

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*Bellingham on Heart diseases, Dublin 1857*

*Bennett on the Practice etc. of Medicine, Edinbg. 1858*

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Barker and Cheyne on Fever, 2 vols., 8vo,	Dublin,	1820
Barth and Roget on Auscultation, by Newbigging,	Edin.,	1842
Bartholini Acta Medica, 4 Vols in two	Hafnia,	1673
_____ de Insolitis Partus,	London,	1740
_____ Anatomica Caspero Hoffmanno,	Hafnia,	1648
_____ Institutiones Anatomicæ,	Lug. Bat.,	1641
Barry on Digestion,	London,	1759
Bateman on Cutaneous Disease, Delineations of, 4to,	London,	1828
_____ Synopsis of do,	London,	1824
_____ on Contagious Fevers, 2 Editions	London,	1820
Bayle de Apoplexia, 24mo,	Hague,	1628
Baynton on the Treatment of Ulcers,	Bristol,	1799
Baudelocque Traite des Hemorrhagies,	Brux.,	1832
Beck's Medical Jurisprudence, 8vo,	London,	1836
Beddoes's Tracts,	London,	1793
Bell's (B.) Surgery, 6 vols., 8vo,	Edin.,	1785
Bell (B.) on Ulcers, 2 Editions	Edin.,	1778
Bell (George Hamilton) on Cholera,	London,	1831
___ on the Teeth,	London,	1829
___ (Benjamin) on the Venereal, 2 vols., 8vo,	London,	1793
Bell (Sir Charles) on the Hand,	London,	1837
_____ on the Nervous System, 4to,	Lon	1833
_____ Appendix,	London,	1827
_____ Great Operations in Surgery, 2 copies, fol,	London,	1821
_____ Operative Surgery, 2 vols., 8vo,	London,	1814
Bell's (Charles) System of Dissections, fol., 2 parts,	Edin.,	1798
___ (John) Principles of Surgery, edited by Charles, 4 vols., 8vo,	London,	1826
Bellini Opuscula, 4to,	Lug. Bat.,	1696
Bennet on Ulceration of the Neck of the Uterus,	London,	1845
_____ on Cancerous and Cancroid Growths, 8vo,	Edin.,	1849
_____ on Inflammation of the Uterus,	London,	1849
Berdmore on the Teeth and Gums,	Dublin,	1769
Berkeley's (Bishop) Virtues of Tar Water, and other Subjects, 8vo,	Dublin,	1744
Berkenhout's Medica Pharmacopœia,	London,	1788
Bertin's Maladies de Coeur,	Paris,	1824
Beughem's Bibliographia Medica et Physica, 24mo,	Anstel,	1681
Biglow's Sequel to the Pharmacopœia of the United States, 8vo,	Boston,	1822
Billard on Diseases of Infants, 8vo,	London,	1839
Billing's First Principles of Medicine, 8vo,	London,	1838
Blane's Medical Logic,	London,	1825
_____ on Diseases of Seamen,	London,	1789
Black's Lectures on Chemistry, (Manuscripts),	Edin.,	
Blackall On Dropsy, 8vo,	London,	1824
Blancardi Lexicon Medicum, 2 Editions	Lug. Bat.,	1735
Blasius Anatomes Variorum Animalium,	Anstel,	1776

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Blundell's Principles of Midwifery,	London,	1834
Boerhaave, Eloge Critique,	Cologne,	1747
_____ Tractatus de Viribus Medicamentorum, 8vo,	Paris,	1742
_____ Academical Lectures on the Practice of Physic, 2 Vols	London,	1746
_____ Consultationes Medicæ, vol. 1st,	London,	1744
_____ de Morbis Nervorum, 2 tomes, 12mo,	Lug. Bat.,	1761
_____ Institutiones Medicæ, 12mo,	Lug. Bat.,	1746
_____ Prælectiones Academicæ, by Haller, 7 Vols	Gotting,	1744
_____ de Materia Medica, 12mo, 2 Editions	Lug. Bat.,	1727
_____ Aphorismi de Cognoscendis et Curandis Morbis,	Lug. Bat.,	1737
Boivin and Duges on Diseases of the Uterus; plates, by Heming,	London,	1834
Borellis de Motu Animalium,	Lug. Bat.,	1710
_____ Observationes Medicæ, 12mo,	Paris,	1637
Bostock's Essay on Respiration, 8vo,	L.pool,	1804
_____ History of Medicine, 8vo,	London,	1835
_____ Physiology, 3 vols., 8vo,	London,	1824
Boyer on Diseases of the Bones, 2 vols., 12mo, by Farrell,	London,	1807
Boyle's Sanguinis Humani, 12mo,	London,	1684
Brackinhousin, Synopticus,		
Braithwait's Retrospect,	<hr style="width: 100px; margin-left: 0;"/>	<i>From Vol 1</i> 1840
Bree's Practical Inquiry into Disordered Respiration,	London,	1807
Brett on Cataract, Artificial Pupil, and Strabismus, 8vo,	London,	1847
Bright & Addison's Practice of Medicine, vol. 1,	London,	1839
Bright's Medical Reports, 4to, 3 vols.,	London,	1827
British and Foreign Medical Review, 8vo,		1836
Brodie on the Joints, 4th edition, 2 Editions	London,	1836
_____ on the Urinary Organs, 2d and 3d edition,	London,	1842
_____ Lectures on Pathology and Surgery,	London,	1846
_____ on Local Nervous Affections,	London,	1837
Brown's Religio Medici,	London,	1736
_____ Diquisitio Medica,	Edin.,	1751
_____ Myographia,	Lug. Bat.,	1687
Broomfield's Chirurgical Observations, 2 vols., 8vo,	London,	1773
Brookes' General Practice of Physic, vols. 1, 2,	London,	1763
Brunonis Elementa Medicinæ, 2 Vols	Edin.,	1784
Bryce on Cow Pox, 8vo,	Edin.,	1809
Bubbles from the Brunnens of Nassau, by Sir F. Head,	London,	1836
Buchan's Domestic Medicine, 8vo,	Dublin,	1781
	Dublin,	1774
		1832
Buchanan's History of the Glasgow Infirmary,		
Budd on Diseases of the Liver,	London,	1845
Bulletin de l'Academic Royale de Medicine,	Belg.,	1843-44
Burdach, Traite de Physiologie, 8vo, tomes 9,	Paris,	1837-184?
Burdin's Course of Medical Studies, 3 vols., 8vo,	London,	1803
Burke's Anatomy,	London,	1834

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Burns, Principles of Midwifery, 8vo,	London,	1832
_____ of Surgery, 2 vols., 8vo,	London,	1809
_____ on Diseases of the Heart, 18mo,	London,	1831
Burns, (Allan) on the Surgical Anatomy of the Head and Neck, 2 <i>Copies</i>	Edin.,	1809
Burns' (John) Anatomy of the Gravid Uterus, with Practical References, 8vo,	Glasgow,	1824
Burrowes on Insanity, 8vo,	Glasgow,	1799
Burlamaqui, Principles of Natural Law, 8vo, by Nugent,	London,	1828
Burserius Institutionum Medicinæ Practicæ, 4 vols., 8vo,	London,	1748
Burns' Practical Observations,	Leipsic,	1791
Burton's Criticism on Smellie's Midwifery,	London,	1807
_____ New System of Midwifery, 8vo,	London,	1753
Busby's Scourge, fol,	London,	1751
		1752

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Campbell's Midwifery, 8vo,	Edin.,	1833
Cardani Opuscula Medica,	Lug.,	1683
Carmichael on the Venereal, 8vo, 2 <i>Editions</i>	Lon.,	1825-42
Carus' Comparative Anatomy, 2 <i>Vols</i> with volume of Plates,	London,	1827
Carpenter's Human Physiology, 8vo,	London,	1842
_____ Comparative Physiology, 2vo, 1853	London,	1842
Carswell's Pathological Anatomy, fol, 2 <i>Editions</i>	Lon.,	1833-38
Catalogus Librorum Acad., Edinburgh	Edin.,	1798
Cavalla on Electricity, 2 <i>Editions</i>	London,	1782
Cazenave, Maladies de la Peau, 8vo,	Paris,	1838
Celsus de re Medica, 24mo,	Geneva.	
_____ de Medicina, 8vo,	Lug. Bat.,	1746
Chabert Reflexions Medicales Fievre Jaune,	N. Orls.,	1821
Chalmers on Fevers, 8vo,	London,	1769
Chapman's Midwifery,	London,	1733
Charras' Pharmacopæa,	London,	1678
Chelius' Surgery by South, 2 vols., 8vo	Lon.,	1845-7
Chemist, The, 8vo, vol. 1st,	London,	1824
Cheselden's Anatomy,	London,	1741
Chesneau Observationum Medicarum,	Lug. Bat.,	1719
Cheyne's Essay on Health and Long Life, 2 <i>Editions</i>	Dublin,	1725
_____ English Malady,	_____	1733
_____ Theory of Fevers,	London,	1722
_____ Pathology of the Larynx and Bronchiæ,	Edin.,	1809
_____ on Mental Derangement,	Dublin,	1843
Chirurgical Pharmacy, 8vo, 2 <i>Copies</i>	Dublin,	1761
Chitty on Medical Jurisprudence,		1834
Cholera, by the Society for the Diffusion of Useful Knowledge,	London,	1832

*Cooper (Sir A) Lectures on surgery, London 1830*

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Cholera Gazette, 2 <i>Editions</i>	London,	1832
Christison on Poisons, 8vo,	Edin.,	1829
_____ Granular Degeneration of the Kidneys,	Edin.,	1839
_____ Dispensatory, 8vo,	Edin.,	1842
Churchhill on Diseases of Pregnancy and Childhood, 8vo,	Dublin,	1848
_____ on Acupuncturation, 8vo,	London,	1821
_____ on the Diseases of Females,	Dublin,	1838
_____ of Children,	Dublin,	1850
Clanny on Cholera,	London,	1832
Clanny on Mineral Waters,	Durham,	1817
Clarke's Observations on Diseases of Females, 2 vols., 8vo,	London,	1821
_____ on Climate in Chronic Disease, 8vo,	London,	1829
_____ (Dr. Joseph,) Life of, 8vo,	London,	1849
_____ on the Diseases of Children,	London,	1815
_____ on Consumption and Scrofula,	London,	1835
Cleghorn on Epidemic Disease in Minorca,	London,	1751
Clinical Guide,		no date.
Codex Medicamentarius Sive Pharmacopæ Gallica, 4to,	Paris,	1818
_____ Medicamentarius,	Paris,	1748
_____ Pharmaceuticus,	Edin.,	1790
Coe on Biliary Secretions [Concretions],	London,	1757
Cole de Casu Quodam Epileptico, 12mo,	London,	1702
Collins' Midwifery, 8vo,	London,	1835
Colles on the Venereal,	Dublin,	1837
_____ Surgery, 2 vols.,	Dub.,	1844-5
Combe on Phrenology, 8vo,	Edin.,	1825
_____ Observations on Mental Derangement, 12mo,	Edin.,	1831
_____ Principles of Physiology applied to the Preservation of Health,	Edin.,	1825
_____ Principles of Physiology,	Edin.,	1836
_____ Moral Philosophy, 8vo,	Edin.,	1841
_____ on Digestion and Dietetics, 8vo,	Edin.,	1836
Commentarii de rebus in Scientia Naturali et Medicinæ Gestæ, <i>Index</i>	Leip.,	1770
Connolly on Insanity, 8vo,	London,	1830
Cooke on Nervous Diseases, 2 vols., 8vo,	London,	1820
Cooper (Sir Ast.) on Dislocations and Fractures, 4to,	London,	1824
_____ on Hernia, folio,	London,	1827
_____ on Diseases of the Breast, (lost),	London,	1829
_____ on Diseases of the Testis,	London,	1830
_____ Principles and Practice of Surgery, ? <i>Vols</i> by Lee,	London,	1836
_____ Lectures on Surgery, by Syder,	London,	1823
_____ Life by B. B. Cooper, 2 vols., 8vo,	London,	1843
_____ on the Anatomy of the Female Breast, & <i>Plates</i>	London,	1840
Cooper (Samuel) on Diseases of the Joints, 8vo,	London,	1807
_____ Dictionary, <i>1st &amp; 2nd Vol</i>	London,	1837
Cooper, B. B. Lectures on Anatomy, 4 vols., 8vo,	London,	1829
_____ on Near Sight and Aged Sight,	London,	1847

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Cope Demonstratio Medico-Practico, 8vo, 2 <i>Copies</i>	Dublin,	1736
___ Prognosticorum Hippocratis Demonstratio, 8vo,	Dublin,	1736
Copeland's Dictionary of Practical Medicine, 8vo, 3 <i>Vols</i>	London,	1844-58
___ on Diseases of the Spine, 8vo,	London,	1815
Corfe's Physiognomy of Disease, plates, 4to,	London,	1849
Cormack's Monthly Journal,	Edin.,	1841
___ on Fever, 8vo,	London,	1843
___ on Kreosote,	Edin.,	1836
Cornariues' Ætius,	Lug.,	1650
Coulson on the Bladder and Prostate, 3rd edit., 8vo,	London,	1842
___ on Deformities of the Chest, 2nd edition,	London,	1837
___ on the Hip Joint,		1837
Courtenay on Diseases of Prostate,	London,	1839
Cox's Illustrations of Cooper's Surgical Dictionary, 2 vols., 8vo,	London,	1831
Crawford, on Animal Heat, 8vo, 2 <i>Copies</i>	London,	1788
___ on the effects of Tonics,	London,	1816
Crantz Materia Medica, 8vo,	Vienna,	1762
Craigie's Elements of General & Pathological Anatomy,	Edin.,	1828
___ Elements of Anatomy, 4to,	Edin.,	1831
Crania Egyptiaca (Morton's),		
___ Americana,		
Crisp on Diseases of the Blood Vessels,	London,	1847
Crolii Basalica Chymica, 12mo,	Geneva,	1658
Crowther, on White Swelling, 8vo,	London,	1808
___ on the Brains of Maniacs,	London,	1811
Cruso Thesaurus Medicamentorum,	London,	1701
Cross' Sketches of the Medical Schools of Paris,	London,	1815
Crolly's Medical Directory,	<i>Dublin</i>	1846
Cullen's Nosology, 8vo,	Edin.,	1810
___ Practice of Physic by Cullen and Gregory, 2 vols., 8vo,	Edin.,	1829
___ Materia Medica, vols. 1 and 2,	Dublin,	1789
___ Institutiones Medicinæ,	Edin.,	1785
___ Synopsis Nosologiæ Methodicæ, 2 vols., 8vo,	Edin.,	1780
Cummin on the Proofs of Infanticide,	London,	1836
Curling on Tetanus, 8vo,	London,	1836
___ on Diseases of Testis, 8vo,	London,	1843
Curry on Mercury,	London,	1809
Currie's Medical Reports, 2 <i>Vols</i>	Lvrp.,	1797-1804
Curtis on the Ear, 8vo,	L.pool,	1826
___ Cases of Disease of the Ear, 8vo,	L.pool,	1822
Curveilhier's Anatomie Pathologique, folio, 2 <i>Vols</i>	Paris,	1828
Cyclopædia of Practical Medicine, 4 vols.,	London,	1833
___ of Practical Surgery, <i>Vol 1st and 4 Parts of 2nd Vol</i>		1841
___ of Anatomy and Physiology, Todd, 6 <i>Vols</i>		

*Dalrymple's Pathology of the Eye, London 1852*  
*Davey on the Nervous system, London 1858*  
*Davis' and Thurnam's Crania Britannica, 5 Parts*

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Dale's Pharmacologia, 4to,	London,	1737
Darwin's Zoonomia, <i>1st Vol</i>	Dublin,	1794
Daventer, the Art of Midwifery,	London,	1716
Davis's Operative Midwifery, 4to,	London,	1825
Davison's Observations on the Pulmonary System, 8vo,	London,	1795
Davy's Researches Physiological and Anatomical, 2 vols.,	London,	1839
Dawson's Cases of Rheumatism and Gout, 8vo,	London,	1781
Dease, on Wounds of the Head, 8vo,	Dublin,	1778
De Blegny, l'art de Guerir les Malad Veneriennes,	Haye.,	1683
Degnerus' Historia de Dysenteria Biliosa Contagiosa, 8vo,	Trajecti.,	1738
De Graff Tractatus de Virorum Organis Generatione Inserv, 12mo,	Delphi.,	1666
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_____ Tractatus Anatomico-medicus,	Lug. Batav.,	1671
De Haen Ratio Medendi, 4 tom., 2 Copies of 1st & 2nd	Lug. Batav.,	1741
De Haen Dissertatio Medica, 8vo,	Lug. Batav.,	1763
Dekker's Exercitationes Practicæ circa Medendi Methodum, 2 Editions	Lug. Batav.,	1695
De Loude, Dentistry, 8vo,	London,	1840
Dendy, on Cutaneous Diseases of Children,	London,	1837
Denman's Midwifery, 8vo,	London,	1832
_____ Aphorisms, 12mo,	London,	1838
_____ on the use of the Forceps and Vectus,	London,	1847
Derhin Historie des Sangsues, 8vo,	Paris,	1825
Deweese's Midwifery, 8vo,	London,	1825
_____ on Diseases of Children, 8vo,	London,	1826
Diary of an Invalid in Pursuit of Health,	London,	1835
Dictionnaire de Medicine, 21 tom., 8vo,	Paris,	1822-8
Directory, Medical, 1845, 56, 62, 3, 4, & 5, 6	London,	1845
Dispensatory (London),	London,	1747
Dispensatory, by Lewis, 8vo, 2 Copies	Dublin,	1768
_____ Edinburgh,	Dublin,	1786
Dissertationes Inaugurales, 5 vols.,	Edin.,	_____
Dissertationes Medicæ Variæ,	_____	_____
Dispensary, the, a Poem in 6 cantos,	_____	_____
Dodonæi Praxis Medica,	Anstel.,	1740
_____ Prima Pars,	Lug. Batav.,	1772
Dolæi Joh Encyclopædia Medicinæ, 4to,	Aurstel.,	1686
Douglas, Bibliographi Anatomica ab Hippocrate ad Harvæum,	Lug. Batav.,	1734
Douglas, Myographiæ Comparatæ Specimen, 12mo,	London,	1707
Downie, on Mineral Waters,	Franckfrt.,	1841
Drennan de Venæsectione in Febribus,	Edin.,	1778
Dublin Medical Press, Vols 1 to ?	_____	_____
_____ Journal, from Vol 1	_____	_____
_____ Hospital Reports, 5 first vols.,	_____	_____

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Dublin Pharmacopœia,		1807
___ Hospital Gazette, 7 Vols		1854
___ Pharmacopœia,		1850
Duncan's Medical Commentaries, 3 Vols		
___ Observations on Consumption, 8vo,	Edin.,	1820
___ Medical Cases, 8vo, 2 Copies	Edin.,	1778
___ Hoffman, 2 Vols		1783
___ Dispensatory, 2 Editions	Edin.,	1818
___ on the use of Mercury,	Edin.,	1772
Dupuytren on Diseases and Injuries of Bones, (Sydenham Society),	London,	1847
Duncomb's Remedia,	London,	1707
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Ferrier's Medical History and Reflections, 4 Vols? Copies 1, 2 & 3	Warrington,	1792
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Gazette, London Medical,	London,	<i>See</i>
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Geoffrey (St. Hilaire) Philosophie Anatomique, des Org. Resp., 8vo,	Paris,	1818
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_____ <i>Conspectus Medicinæ</i> , 2 vols., 8vo,	Edin,	1782
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___ <i>Opuscula Pathologica</i> ,	Lausan.,	1753
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Hoffmanni Opera Omnia Physico-Medica, 4to, <i>8 Vols in 4</i>	Geneva,	1740
____ Practice of Physic(by A. Duncan), 2 vols., 8vo,	London,	1783
Holland's Medical Notes and Reflections, 8vo	London,	1839
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Malpighii Opera Porthuma,	London,	1697
____ de Formatione Pulli in Ovo, 4to,	London,	1673
M'Neven on the Mineral Waters of Scoley's Mountain,	N. York,	1815
Manning on Female Diseases, and those most Incident to Pregnancy, 8vo,	London,	1771
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____ Aphorismata Medica,	London,	1756
Markham on the Surgical Practice of Paris, 8vo,	London,	1841
Martinii de Similibus Animalibus et Animalium Calore 8vo, 2 <i>Copies</i>	London,	1750
____ Commentarii in Eustachii Tabulas Anatomicas, 8vo,	Edin.,	1755
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____ Morbi Hypochondriaci Delineatio,	Hallis Saxonum,	1643
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Mathias on the Mercurial Disease, 8vo,	London,	1810
Maunsell's Political Medicine,		1839
_____ & Evanson on Diseases of Children,	Dublin,	1836
Mauriceau, des Maladies des Femmes Grosses, 4to, 2 Vols	Paris,	1712
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Mayo's Outlines of Physiology, 8vo,	London,	1833
_____ of Human Pathology, 8vo,	London,	1836
Mayow Opera Omnia Medica-Physica, 12mo,	Hagæ,	1681
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Mead's Præcepta Medica,	London,	1749
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_____ de Variolis et Morbillis,	London,	1747
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_____ Medical Works,	Dublin,	1767
_____ Essay on Poisons,	London,	1776
Mease on the Bite of a Mad Dog, 8vo,	Philad.,	1792
Medicine Theologique, La, 2 Vols & 2 Copies 1st	Paris,	1733
Medicine et La Chirurgie des Pauvres,	Paris,	1738
Medicina de Purganda, 18mo,	Paris,	1714
Medical and Surgical Journal, Edinburgh,	Edin.,	1804
_____ Annals of Medicine, 8 vols., 8 vo,	Edin.,	1796-1804
_____ Medical Commentaries, 20 vols., 6 Vols only		
8vo, 2 Copies of Vols 1 & 2	Edin.,	1774-95
_____ Essays, Physical and Literary, 3 vols.,	Edin.,	1764-65
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	Edin.,	1731
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Medical Repository and Review, by Copeland, 2 vols., 8vo,	London,	1824
Medical Essays and Observations, by a Society in Edinburgh, 6 vols., 8vo, 2 Copies of Vol 6	Edin.,	1747
Medical Communications, 2 vols., 8vo,	London,	1784
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Medical Facts and Observations, 3 vols., 8vo,	London,	1791
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Milnes' Essays and Observations on the Practice of Physic and Surgery, 2 vols., 8vo,	London,	1745
Mitcherlich's Chemistry, 8vo,	London,	1838
Monro's Lectures, in Manuscript, <i>6 Vols</i>		
_____ Comparative Anatomy,	Edin.,	1783
_____ Anatomy,	Edin.,	1741-1795
_____ Physiology, in Manuscript,		<i>1744</i>
_____ Essay on Dropsy,	London,	1765
_____ on the Small Pox, 8vo,	Edin.,	1818
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_____ Anatomy of the Brain,	Edin.,	1827
_____ (Donald) Diseases in Military Hospitals in Germany, 8vo, <i>2 Copies</i>	London,	1764
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Moore's Medical Sketches, 8vo,	London,	1786
_____ Midwifery,	London,	1777
Morellus Methodus Præscribendi Formulas Remed.,	Amst.,	1680
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_____ Pharmacopœia,	Dublin,	1807
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Morgagni Epistolæ Anatomicæ, 4to,	Lug. Bat.,	1728
_____ 2 vols.,	Venetus,	1740
_____ de Sedibus et Causis Morborum, fol.,	Venetus,	1761
_____ on the Seats and Causes of Diseases, by Cook, 2 vols., 8vo.,	London,	<i>1822</i>
Morgan's Principles of Medicine,	London,	1725
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Morton's Crania Americana, fol.,	Phila.,	1839
_____ Egyptiaca,	Phila.,	<i>1844</i>
_____ Exercitationes,	London,	1642
_____ Opera Medica,	Lugdani,	1718
_____ (Richard) Exercitationes de Pthisis,	London,	1689
Moseley on the Cow-Pox,	London,	1805
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Moreau Icones Obstetricæ, fol.,	London,	1843
Motherby's Medical Dictionary,	London,	1775
Mudge's Radical and Expeditious Cure for a recent Catarrhous Cough,	London,	1778
Muller's Physiology 2 vols., 8vo, by Dr. Baly,	London,	1840
Murray's Apparatus Medicaminum, 6 vols., 8vo,	Gottingæ,	1794
Murray on Heat and Humidity, 8vo, <i>2 Copies</i>	London,	1829
_____ on Consumption, 12mo.		1833
Musgrave de Arthritide, <i>2 Editions</i>	Amst.,	1690
_____ Symptomata, 12mo, <i>2 Copies</i>		1703

*Nightingale's (F.) Notes on Hospitals 1859*

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Neligan on Medicines, their Uses and Administration,	Dublin,	1844
Neill's Practice of the Liverpool Ophthalmic Infirmary, 8vo,	Lon.,	1835
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Nessel Traite des Eaux de Spa, 12mo,	Spa,	1699
Neville on Insanity, 8vo,	London,	1836
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Noguez de Statica Medicina,	Paris	1725
Nollet l'Abbe Lecons Experimentale de Physique, tomes 6, 8vo,	Amst.,	1745
Nunnely on Erysipelas,	London.	
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O'Connell, Maurice, Observationes Morb., &c.,	Dublin,	1746
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Osburne on Dropsies, 8vo,	London,	1835
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Pamphlets, various Medical, 8vo. 3 vols.,	<i>London</i>	<i>1762</i>
Paracelsus. Theoph. La Grand Chirurgie,	Lyons,	1603
Paris' and Fonblanque's Medical Jurisprudence, 3 vols., 8vo,	London,	1823
____ Medical Chemistry, 8vo,	London,	1825
____ on Diet, 8vo.,	London,	1827
____ Pharmacologia, 2 vols., 8vo, <i>6th Edition</i>	London,	1825
Parry, The Posthumous Works of, 2 vols., 8vo,	London,	1825
____ General Pathology, vol. 1,	Bath,	1815
Parkes on Asiatic Cholera,	London,	1847
Paulini, Nucis Moschatæ Descriptio, 12mo,	Lipsiæ,	1704
Peacock on Influenza, 8vo,	London,	1848
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Pechlini Observatione Physico Medicarum, 4to, 2 <i>Copies</i>	Hamb.,	1691
_____ de Purgantium Medica, 12mo,	Lug. Bat.,	1672
Pemberton on Diseases of the Abd. Viscera,	London,	1807
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_____ Materia Medica, 5 vols., 8vo,	<i>London</i>	<b>7839</b>
_____ on Food and Diet,	London,	1843
Percival's Medical Ethics, 12mo.,	London,	1827
_____ Essays, Medical and Experimental, 2 vols., 8vo,	London,	1772
Perry on the Stone and Gravel,	London,	1779
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_____ Coll. Reg. Med. Edin.,	Edin.,	1756
_____ Edinburgh,	Edin.,	1839
Pharmaceutical Journal, From <i>Vol 1</i>		<b>7847</b>
Phelan on the Medical Charities of Ireland, 2 <i>Copies</i>	Dublin,	1835
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<i>Phillip</i> (A P. Wilson) on the Means of Preserving Health and Preventing Organic Diseases, 8vo,	London,	1830
Phrenological Journal, <i>From Vol 1</i>		<b>7823</b>
Pinæus de Verginitatis Notis, Graviditati et Partu, 12mo,	Lug Bat.,	1650
Pisonis Selectionum Observationum et Consiliorum,	Lug Bat.,	1714
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Plague, Report on, French Academy, 2 vols,	London.	_____
Plateri Felicis Praxeos Medicæ Opus, 4to,	Bas.,	1666
_____ Observationum,	Bas.,	1641
Plenk de Arte Obstetrica, 8vo,	Vienna,	1781
Plumbe on Diseases of the Skin, 8vo,	London,	1824
Pole's Anatomical Instructor,	London,	1790
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_____ on Diseases of the Larynx, 8vo,	London,	1837

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_____ on the Stomach	<i>London</i>	<i>1840</i>
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Pulverini Medicina Practica, 7th edition, 8vo,	Lug. Bat.	<i>1749</i>

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_____ and Wilson's Anatomical Plates, fol., 2 vols.,		1842
_____ Surgical Anatomy of the Arteries, fol	_____	
_____ Commentaries on _____ Do., 8vo,	<i>London</i>	<i>1844</i>
Quetelet's Treatise on Man,	Edin.,	1842
Quincy's Lectures on Pharmacy, 4to,	London,	1723
Quin on Dropsy of the Brain, 2 Copies	London,	1790
Quincy's Dispensatory of the Roy. Col. Phy., Lond.,	London,	1721
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Raulin de la Conservation des Enfants, 2 vols., 8vo,		1770
Raspail's Organic Chemistry, by Henderson, 8vo, 2 copies	London,	1834
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Rees on Moles, Polypi, &c.,	London.	
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Retz, des Maladies de la Peau,	Paris,	1786
Revue Medicale et Journal de Clinique, 8vo, 20 Vols	Paris,	1829-33
Reynold's Midwife,		1545
Rhazes on the Small-Pox (Sydenham Society), 8vo,	London,	1848
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Ridley's Anatomy of the Brain,	London,	1695
Rigby on Uterine Hæmorrhage,	London,	1822
Riolani,	Paris,	1655
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_____ Opera Medica,		1674
_____ Praxis Medica,	Goudæ,	1649
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_____ Observationes Medicæ,	Delphis,	1651
Robinson on the Teeth, 8vo,		1846
_____ on Consumption and Decay,	London,	1727
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Robertson de Acido Atmospherico,	Edin.,	1786
Rodericus a Castro de Natura et Morbis Mulierum, fol,	Hamb.	—
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Roget's Animal and Vegetable Physiology, 8vo, 2 Vols	London,	1834
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Rolandi Observationes,	Bath,	1650
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Roupell on Fever, 8vo,	London,	1839
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Rucco's Science of the Pulse, 2 vols., royal 8vo,	London,	1827
Rulandus Curationum Empiricarum, &c.,	Basiliar.	
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Russell on the Use of Sea Water in Diseases of the Glands, &c.,	Edin.,	1760
_____ Economia Naturæ in Morb. Glandularum,	London,	1755
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Rutherford's Clinical Lectures, in Manuscript,		1751
Rutty's Essay on the Mineral Waters of Ireland, &c., 8vo,	Dublin,	1757
_____ on the Weather, 8vo,	London,	1770
Ruyschii Observationum Anat. Chirurg., 4to,	Ansteld.	
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Ryan on Prostitution, 8vo,	London,	1839
_____ London Medical Journal, 9 vols., 8vo,	London.	1832
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Sampson's Criminal Jurisprudence,		1843
Saunders on Mineral Waters, 8vo,	London,	1800
Sanders on Pulmonary Consumption,	Edin.,	1808
Sauvage's Nosologia Methodica, 2 vol., 4to,	Amstd.,	1768
Saviard Observations Chirurgicales	Paris,	1702
Scarpa on Diseases of the Eye (by Briggs), 8vo,	London,	1805
Scharling on Vesical Calculi (by Dr. Hoskins), 8vo,	London,	1842
Schenekii Observationum Medicinalium,		1695
Schrockio Historia Moschi, &c., 4to,	_____	
Schroder Thesaurus Pharmacologicus, 4to,		1662
Schwann on Schleiden's Researches (Sydenham Society).	_____	1847
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Shaw's Practice of Physic, 2 vols.,	London,	1745
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Simon's Chemistry (Sydenham Society), 2 Vols.	London,	1845-6
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Skeete's Observations and Experiments on Quilled and Red Peruvian Bark, 8vo,	London,	1786
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Southwell's Medical Essays, 4 vols., 8vo, 2 Copies 1st & 2nd	London,	1764
Spence on Ligature of the Carotid,		
Spillan's Semeiology, 8vo,	London,	1839
_____ Translation of the Pharmacopoca,	Dublin,	1828
Spurzheim on Insanity, 8vo,	London,	1817
_____ Anatomy of the Brain, 8vo, 2 Copies	London,	1826
Stack's Medical Cases, 8vo,		1784
Stafford on Stricture of the Urethra, 8vo,	London,	1829
Stanley on Diseases of the Bones,	London,	1849
_____ Illustrations of do., Folio		1849
Steward's Practical Notes on Insanity, 8vo,	London,	1845
St. Hilaire on Monstrosities. 3 Vols		
Stillingfleet's Natural History, &c.,	London,	1762
Stokes on the Chest, 8vo,	Dublin,	1837
Storer's Hints on the Constitution of Dispensaries, 2 Copies 12mo,	London,	1832
Storck de Cicuta, 8vo,	Vindobonæ,	1761
Stuart de Structura et Motu Musculari, 4to,	London,	1738
Strother's Critical Essays on Eevers, 8vo,	London,	1718
St. Yves on Diseases of the Eyes, 8vo, by J. Stockton,	London,	1741
Sutherland's Medical Doctrines, 8vo, vol. 1,	London,	1763
Swan's Translation of Sydenham's work,	London,	1742
Swediaur on the Venereal, 8vo,	Edin.	—

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\_\_\_\_\_ *Annals of Influenza 1852*

\_\_\_\_\_ *Atlas of Diseases of the Skin Vol 17*

\_\_\_\_\_ *Year Book of Medicn. etc. Vol 25, 1865*

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Swediaur's Observations on the more Obstinate Venereal Complaints, 8vo,	London,	1784
Swieten Commentaria in Boerhavii Aphorism, 5 tom, 2 <i>Copies</i> 4to,	Lug. Bat.	1745
_____ Maladies des Armees, 18mo, 2 <i>Copies</i>	Amstel.	1741
Syder & Jones on Sir Astley Cooper's lectures on Surg.	Boston,	1823
Sydenham (Th.) Opuscula Universa, 8vo,	Lipsiæ,	1695
_____ Opera Universa, 2 <i>Copies</i>	Lug. Bat.,	1741
_____ Works of, by Sydenham Society of London, 2 vols,		1848
_____ by Swan,	London,	1742
Sydenham Society, Publications of:—		
Erichsen on Aneurism.	_____	1844
Dupuytren on Injuries and Diseases of the Bones, by Le Gros. Clark	_____	
Feuchtersleben's Medical Psychology, by Evans, Lloyd, and Dr. Babington	_____	
Hervey's Complete Works, by Dr. Willis	_____	
Head and Neck, Surgical Diseases of, selected from the Memoirs of the Royal		
Academy of Surgery, by Dreury Ottley	_____	1848
Hecker's Epidemics of the Middle Ages, by Dr. Babington	_____	
Hewson's Works, by Gulliver	_____	
Hippocrates' Genuine Works, 2 vols., by Adams.	_____	
Hunter's Anatomy of the Gravid Uterus, plates.	_____	
Louis on Phthisis, by Walshe.	_____	
Paulus Agineta, 3 vols., by Adams.	_____	
Razes on the Small Pox and Measles, by Greenhill.	_____	
Roketansky's Pathological Anatomy, 4 vols.	_____	
Schwann's Microscopical Researches.	_____	
Simon on Animal Chemistry. 2 <i>Vols</i> .	_____	
Sydenham's Opera Omnia	_____	
Unzer's Principles of Physiology and Prochaska on the Nervous System	_____	
Women's Puerperal Fever, from the writings of British authors	_____	
Sylvester's Philosophy of Domestic Economy, 4to,	London,	1819
Sylvii Jacobi Ratio Medendi,		1620
Sylvii Opera Medica, 4to,	_____	
Syme's Principles of Surgery, 8vo, two editions,	Edin.,	1832-41
_____ on Diseased Joints,	Edin.,	1831
_____ on Diseases of the Rectum, 8vo,	Edin.,	1838
_____ Pathological Surgery,	Edin.,	1847

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*Thompson's Miscellanies, Lug. Bat 1705*

\_\_\_\_\_ *Life of Cullen 2Vols, London 1859*

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Tait on Prostitution, 8vo,	Edin.,	1842
Targioni Opere Miscellanee d'Agricoltura e di Medecina,	Lucca.,	1759
Taylor's Medical Jurisprudence, 8vo,	London,	1842
_____ on Poisons, 8vo,	London,	1848
Teale on Neuralgic Diseases, 8vo,	London,	1829
Theses, 30 vols,	Edin.	
Thesaurus Medicaminium,	London,	1804
Thompson (Alex.) Dissertationes Medicæ, 12mo,	Lug. Bat.,	1705
_____ (Thomas) on Heat and Electricity, 8vo,	London,	1830
_____ Chemistry of Inorganic Bodies, 2 vols., 8vo,	London,	1831
_____ Organic Bodies,	London,	1838
_____ (John) on the Life and Writings of Cullen, 2 vols.,	Edin.,	1832
_____ (A. T.) Materia Medica, 2 vols.,	London,	1832
_____ Outlines of Mineralogy, 7th edition, 2 vols., 8vo,	London,	1836
_____ (A. T.) on the Management of the Sick Room, 8vo,	London,	1841
_____ (Wm.) On Diseases of the Liver,	Edin.,	1841
_____ Animal Chemistry,	Edin.,	1843
_____ (A. T.) Atlas of Delineations of Cutaneous Disease,	London,	1829
_____ Clinical Cases, 3rd ed. (manuscript),	Edin.	1799
_____ London Dispensatory,	London,	1826
Thomas' Practice of Physic,	London,	1807
Thornton's Family Herbalist,	London,	1810
Threlkeld's Commentatio de Plantis Indigenis,	Dublin,	1727
Thruston de Respirationis usu Primario,	Lug. Bat.	
Thurnham's Statistics of Insanity,	London,	1845
Tiedeman's Comparative Physiology, by Gulley and Lane, vol. 1, 8vo,	London,	1834
Times, Medical,	London.	<i>See Medical</i>
Tissot de Febribus' Biliosis. 8 vo,	Lausan.	1758
___ Medicine Pratique, 2 Vols in one. <i>The 1st after the 2nd.</i>		1780
___ on Diseases of the People of Fashion, &c., 12mo,	Edin.,	1772
___ on Onanism,	London,	1776
___ Traite des Nerfs, 3 Parts	Paris,	1778-80
___ de la Sante des Gens,	Lyons,	1785
___ on Smallpox, Apoplexy, &c.,	Dublin,	1773
___ Advice to the People in general, by Kirkpatrick, 2 Editions	London,	1766
Todd on Gout and Rheumatism,	London,	1843
___ and Bowman's Physiology, in 4 Parts	London	1845
___ on the Organ of Hearing,	London,	1832
___ Cyclopædia of Anatomy and Physiology, 6 Vols	London	1836
Tommasini, Reserché Path, sulla Febre di Livorno, 2 Vols	Milan,	1825
Toulmin's Instruments of Medicine,	London,	1789
Tournefort's Materia Medica,	London,	1708

*Tuke on Insanity, London 1858*

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Trant's Deo Optino Maximus,	1733
Transactions of the Provincial Medical and Surgical Association, 12th vol.,	London, 1844
Transactions of the Dublin College of Physicians, 3 Vols 8vo,	Dublin. 1817-28
Transactions of the Medico-Chirurgical Society of Edinburgh, 8vo, 3 Vols 3rd in 2 Parts	Edin. 1824-8
Transactions of the Medico-Chirurgical Society of London.	1815 to 1822
Travers on Constitutional Irritation, 8vo,	London. 1827
_____ Further Inquiry on,	London, 1835
_____ Synopsis on Diseases of the Eye, 8vo,	London, 1824
_____ Pathology of the Nervous System,	London, 1834
_____ on Injuries of the Intestines,	London, 1812
Treatise on the Gravel and Gout,	London, 1787
Trotter on Scurvy,	London, 1792
_____ Medical and Chemical Essays,	London, 1796
_____ on Diseases of Seamen, 3 Vols	London, 1797
Tulpii Observations Medicæ,	Lug. Bat., 1716
_____	Anstel.
Tuomy on the Diseases of Dublin, 8vo, 2 Copies	Dublin, 1810
Turner on the Venereal Disease,	London, 1737
_____ Skin,	London, 1726
Turqueti Tractatus de Arthritide, 12mo,	London, 1676
Tweedie's Illustrations of Fever,	London, 1830
Tyrell on the Diseases of the Eye, 2 vols., 8vo,	London, 1840

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Underwood on Diseases of Children,	London, 1734
_____ by Merriman,	London, 1827
_____ by Marshall Hall,	London, 1835
Ure's Dictionary of Chemistry,	London, 1824
_____ Materia Medica,	Glasgow, 1813
Vallessii Methodus Medendi, 18mo.,	Paris, 1666
Valsalva de Aure Humana Tractatus, 4to,	1717
Velpeau's Anatomy of Regions, by Hancock,	London, 1838
_____ Medicine Operatoire, 3 vols., 8vo., with Atlas,	Paris, 1832
Venables on Diabetes,	London, 1825
Vesalius de Humani Corp. Fabrica, fol.,	Venet., 1568
Verheyen Supplementum Anatomicum, 8vo,	Anstel, 1731
Vetch on Ophthalmia,	London, 1807
Vincent's Surgical Practice, 8vo,	London, 1847

*Walton on Ophthalmic Surgery, London 1853*

*Wardop's Essays on the Eye, Eding. 1808*

*Watson's Principles & Practice of Physic, London 1857*

*Wedl's Rudiments of Pathological Histology, London 1855*

*Wilde on Aural Surgery etc., London 1853*

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Wadd on Corpulency,	London,	1829
Wagner's Physiology, by Willis, 8vo,	London,	1841
Walker on Ulcers, 8vo,	London,	1847
Wallace on Chlorine in Diseases of the Liver, 8vo,	London,	1822
_____ Sulphurous Fumigation in Cutaneous Disease,	London,	1820
_____ on the Venereal, 8vo, 2 <i>Copies</i>	London,	1833
Walshe on Diseases of the Lungs and Heart,	London,	1851
Wardrop on the Eye, 2 vols., 8vo,	London,	1834
_____ on Blood-letting,	London,	1835
_____ on Diseases of the Heart,	London,	1851
Ware on the Eye, vols. 1 and 2,	London,	1805
Warner's Account of the Gout,	Dublin,	1769
Warren on Tumours, 8vo,	London,	1839
Watson's Lectures on Medicine, 2 vols., 8vo,	London,	1843
_____ Chemical Essays, 2 vols.,	London,	1785
Webster on Epidemic and Pestilential Diseases, 2 <i>Vols</i>	London,	1800
Wedelius de Medicamentorum Facultatibus, 4to,	Jenæ,	
Wedelii Pharmacia,	Jenæ,	1677
Weil (Stalp. Vander) Observationes, 12mo.,	Lug. Bat.	
Wepferi Historia Apoplectorum,	Amst.,	1710
Westphalis Operum Medicorum, vol. 2,	Amst.,	1697
_____ Opera Medica, vols. 1 and 2.	_____	
Whately on Ulcers of the Leg,	London,	1799
Wharton (Thos.) Adenographia, 12mo,		1664
Whitehead on Sterility and Abortion,	London,	1847
White on Swelling of the Lower Extremities in Women,	Wrngtn.,	1784
_____ on Lying-in Women,	London,	1785
_____ Cases in Surgery, 8vo,	London,	1770
Whyte on Nervous Disorders	<i>Edin.</i> ,	<i>1765</i>
_____ Physiological Essays	<i>do</i>	<i>1761</i>
Whytt on Dropsy of the Brain, 8vo,	Edin.,	1768
_____ Experiments on Animals, with Opium, 8vo,	Edin.,	
_____ Essay on the Strength of Lime Waters, 8vo,	Edin.,	
_____ Cases of the effects of Blisters, 8vo,	Edin.,	
_____ Essay on the Motions of Animals,	Edin.,	1751
Wiel (St. V.) Observationes Rariorum, 2 <i>Vols</i>		1687
Wigan on the Duality of the Mind,	London,	1844
Wilcock on the Laws relating to the Medical Profession, 8vo,	London,	1830
Wilde's Austria—its Medical Institutions,	Dublin,	1843
Wilkinson's Elements of Galvanism, 2 vols., 8vo,	London,	1804
Williams on the Pathology and Diseases of the Chest, 8vo, 3 & 4 <i>Editions</i>	London,	1835
_____ Principles of Medicine,	London,	1843
_____ On Morbid Poisons, 2 vols.,	London,	1836
_____ On the Ear,	London,	1847
Willich on Diet and and Regimen,	London,	1800

*Wilson (E.) on Syphilis, London 1852*  
*\_\_\_\_\_ (A.) on Dysentery, London 1761*  
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*\_\_\_\_\_ Medical Critic 3 Vols 8vo 1861-3*

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Willis on Urinary Diseases,	London,	1838
___ Mental Derangement,	London,	1843
___ (Thomas) De Medicamentorum Operationibus in Humano Corpore,	London,	1674
___ (Thomas) Opera Omnia, 4to,		1776
Wilmer's Observations on Herniæ,	London,	1788
Wilson on Skin Diseases,	London,	1842
___ Portraits of do.	London.	
___ (James) Water Cure,	London,	1842
___ On the Local Application of Vapour, 8vo,	London,	1837
Winslow's Anatomy, by Douglas, vols. 1, 4to,	London,	1743
Winteringham on Epidemic Diseases,	York,	1718
___ Commentarium Nosologicum, 8vo,	London,	1733
Wiseman's Chirurgical Treatises,	London,	1686
Wishart de Scorbutico,	Edin.,	1748
Withers on Chronic Weakness, 8vo,	York,	1777
Wittichii Dissertatio Medica Inauguralis, 4to,	Lug. Bat.,	1736
Woodville's Medical Botany, 4 vols., 4to,	London,	1810
Wright on Diseases of the Ear,	London,	1829
___ on Cholera,	Dublin,	1832

Y

Young on Consumption, 8vo,	London,	1815
___ on Opium, 8vo, 2 <i>Copies</i>	London,	1753

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Zacutus Lucitanus, Historia Morborum Principum, lib. 1,		1622
Zypæi Medicinæ Fundamenta Reformata, 12mo.,	Brux.,	1693

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Vesalius,	Venet, 1568	Smellie's Anatomical Tables,	Ed. 1785
Morgagni's Letters,	Lug. 1628	Monro,	Ed. 1785
Bartholinus,	Lug. 1641 and 1673	Leber's Prelections,	Ed. 1790
Marchetti,	Heidelb, 1656	Pole (Instructor),	1790
Needham,	Lon. 1667	Edinb. System,	1795
Theo. Kerckringius Observ.	Amst. 1670	Bell's Dissertations,	1798-9
Blasio,	Amst. 1676	Burdin,	Lon. 1803
Glissonius,	Hagæ, 1681	Busk,	Lon. 1804
Ruysch's Observ.	Amst. 1691 & 1701-4	Lizar's Plates,	Ed. 1822-1825
Zypæus (Physico-anat.),	Brux. 1693	Bichat (Transl.),	Lon. 1824
Malphigi,	Lon. 1697	Bright,	Lon. 1824
Bonetus,	Genevæ, 1700	Carus' Plates,	1827
Gibson,	Lon. 1716	Quain,	Dub. 1828
Lancisius,	Romæ, 1728	Cooper, Bransby,	Lon. 1829
Verheyen,	Amst. 1731	Craigie,	Ed. 1831
Ludovicus Duretus Comm.		Cyclopædia, Todd,	Lon. 1835-58
in Coacas Hippocr.,	Lug. 1737	Velpeau (Transl.),	Lon. 1838
Fabricius,	Lug. 1738	Cruveilhier (Transl. in Lib.	
Cheselden,	Lon. 1741	of Med.),	Lon. 1838
Winslow (by Douglas),	Lon. 1743	Quain and Wilson's Plates,	Lon. 1842
Keill,	Ed. 1747	Owen (Comparative),	Lon. 1846
Haller,	Gott. 1751	Do. (Homologies),	do. 1848
Sanctorini	Venet. 1751	Kölliker (Manual of Human	
Hewson (Syd. Socy. Edit.),	Lon. 1846	Histology), Syd. Soc.	Ed. 1852-4
Hunter's Lectures,	Lon. 1784		

ANATOMY, *Special.*

Wharton (Glands),	1664	Spurzheim (the Brain),	Lon. 1826
De Graaf (Gen Organs and Pancreas),	Lug. 1671	Solly (the Brain),	Lon. 1836
Glissonius (the Liver)	Hagæ, 1681	Morton (Crania Am.	
Brown (Muscles),	Lug. 1687	and Egypt),	Phil. 1839
Ridley (the Brain),	Lon. 1695	Cooper, Sir A. (Female	
Douglas (Muscles),	Lon. 1707	Breast)	Lon. 1841
Valsalva (the Ear),	Traj, 1717	Quain (the Arteries),	Lon. 1844
Monro (Bones and Nerves),	Dub. 1776	Simon (the Thymus Gland),	Lon. 1845
Innes (the Muscles)		Hassall (Microscopic),	Lon. 1849
Geoffray St. Hilaire (Lungs),	Paris 1818	Davis and Thurnam (Crania	
A. Burns (Surgical),	Glas. 1824	Britannica),	1856-8

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Anatomical, In Scientia Naturali et Medicina,	Lug. 1734  Lips. 1770	Bengheim's, Haller, Forbes' Manual,	Amst. 1761 Bernæ, 1774 Lon. 1835
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By Lusitanus, Aickin's, Of British Physicians, Of Cullen,	Col. 1625 Lon. 1780 Lon. 1830 Ed. 1832	Of Jenner, Of Hope, Of Sir A. Cooper, Of Sir Jos. Clarke,	Lon. 1838 Lon. 1841 Lon. 1842 Lon. 1849
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BONES, *Diseases of.*

Glissonius (Rickets), Haller, Aitkin,	Lug. 1671 Laus, 1758 Lon. 1790	Boyer, Trans. Dupuytren, Syd. Society, Stanley,	Lon. 1807 Ed. 1847 Lon. 1849
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Morison, Prælud. Bot. Boerhaave, Miller's Herbal, J. Ray, Threlkeld (Flora of Dublin), Linnæus (Natural System), Stillingfleet (Natural History),	Lon. 1669 Lug. 1710 Lon. 1722 Lon. 1724 1727 Holm 1737 Lon. 1762	Haller's Bibliotheca, Woodville's, Thomson's Family Herbal, Keith, Smith, Mackay, Lindley's Introd., Mateer's Outlines of,	Lon. 1771 Lon. 1810 1810 Lon. 1816 New York, 1830 Dublin, 1836 Lon. 1848 Lon. 1848
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BRAIN AND SPINAL CHORD, *Diseases of.*

Bayle (Apoplexy), Wepfer (Apoplexy), Monro,	Hagæ, 1678 Amst. 1710 Ed. 1826	Abercrombie, Duke (Cerebral Affections),	Ed. 1828 Dub. 1849
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CHEMISTRY, *General.*

Labavius, Fabre, Oswald, Crolius, Hierni, Black, M.S., Watson, Lavoisier Lagrange,	Frankfort, 1607 Paris, 1636 Gen. 1658 Stockholm, 1753 Ed. 1782 Lon. 1785 Edin. Ed., 1793 Lon. 1800	Ure, Paris, T. Thomson, Mitscherlich, Trans., Simon (Syd. Soc. Ed.), Liebig and Kopp (Annual Report),	Lon. 1824 Lon. 1825 Lon. 1831, 1838, & 1843 Lon. 1838 Lon. 1845 1849-50
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CHEMISTRY, *Special.*

Robertson (De acido Atmosph.),	Ed. 1786	Raspail (Organic), Trans.,	Lon. 1834
Murray (Heat and Humidity)	Lon. 1822	Liebig (Organic), Trans.	Lon. 1840
T. Thomson (Heat and Electricity),	Lon. 1830	Liebig (Animal) Trans.	Lon. 1842
		Metcalfe (Caloric),	Lon. 1843
		Riadore (Electricity),	Lon. 1845

CHILDREN, *Diseases of.*

Ferrarius,	Leips. 1605	Quin (Hydrocephalus),	Lon. 1790
Harris (Acute Affections).	Amst. 1715 and Lon. 1722	Clarke,	Lon. 1815
Translations of Harris and others,	Lon. 1742	Yeates (Hydrocephalus),	Lon. 1818
Astruc,	Lon. 1746	Deweese,	Lon. 1825
Russell,	Lon. 1750	Underwood,	Lon. 1835
Armstrong,	Lon. 1767 and 1783	Evanson and Maunsell,	Dub. 1836, and 1842
Whytt (Hydrocephalus),	Ed. 1768	Billard (Trans.),	Lon. 1839
Raulin,	1770	Churchill,	Dub. 1850

CHOLERA.

Orton,	Lon. 1831	Clanny,	Lon. 1832
Hawkins,	Lon. 1831	Ch. Gazette,	Lon. 1832
Bell,	Ed. 1831	Ch. Reports,	Ed. 1833
Wright,	Dub. 1832	Parkes,	Lon. 1847
M'Cormac,	Lon. 1832	Knox,	Dub. 1849
Kennedy,	Lon. 1832	Aickin,	Dub.

DISPENSATORIES AND PHARMACOPÆIAS.

Zwelfer,	1653	Shaw's Ed. Ph.,	Lon. 1737
Schröder, J., Thesaurus,	Ulm. 1662	Codex Medicam,	Paris, 1748
Willis,	Lon. 1674	Codex Pharm. (Ed. Disp.;	
Wedelius,	Jenæ. 1677	Mil. Hosp.; and Surgical)	
Charros,	Lon. 1678	Dub. 1750 and 1794, and Ed. 1790	
Morelli, Formulæ,	Amst. 1680	The Elaboratory,	Lon. 1758
Lodovicus,	Gott. 1685	Chirurgical Pharmacy,	Dub. 1761
Barchusan,	Traj. 1696	Lewis's Dub. Pharm.,	Dub. 1768
Salmon,	Lon. 1707	Hartman,	Lon. 1772
Shipter,	Lon. 1711	Edin. Pharm.,	Ed. 1774
Leydensis,	Lug. 1713	Edin. New Pharm.,	Ed. 1786
Fuller,	Lon. 1714	Berkenhout,	Lon. 1788
Quincy,	Lon. 1721, 1723, and 1761	Edin. Codex,	1790
Lond. Pharm.,	Amst. 1722	Graves' Conspectus.	Sherbourne, 1796
	1746, and 1747	Duncan's Ed. Disp.,	Ed. 1804 and 1818
Alleyns,	Lon. 1733	Dublin Pharm.,	Dub. 1805
[Dublin] Transl.,	Dub. 1807	Thomson's Dispen.,	Lon. 1826
French Pharm ,	Paris, 1818	Spillan's Trans.,	Dub. 1828
United States Pharm.,	Boston, 1820	Christison's,	Ed. 1842
Magendie's Formulæ,	Paris, 1825	New Dublin Pharm.,	Dub., 1850

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Monro,	Lon. 1765	Osborne,	Lon. 1835
Bucher,	Paris, 1776	Seymour,	Lon. 1837
Blackall,	Lon. 1824		

EAR, Diseases of.

Duverney,	Lon., 1748	Todd,	Lon. 1832
Curtis,	Lon. 1822-26	Williams,	Lon. 1847
Wright,	Lon. 1829	Wilde,	Dub. 1853

EPIDEMICS.

Struther (Fever of 1727-8),	Lon. 1729	Thomasini (Fever of 1804)	Milan, 1825
Winteringham,	Lon. 1733	Hecker, Trans.,	Lon. 1835
Huxham,	Lon. 1752		and Syd. Society Ed. 1844
Hillary,	Lon. 1759	Holland (Influenza),	Lon. 1839
Sims,	Lon. 1773	Peacock (Influenza),	do. 1848
Webster,	Lon. 1800	Influenza (Annals of),	
Barker & Cheyne,	Dub. 1820	Syd. Soc.	Ed. 1852

EYE, Diseases of.

St. Yves,	Lon. 1741	Neill, Liverpool,	1835
Scarpa (Brigg's Ed.),	Lon. 1800	Franz,	Lon. 1839
Ware,	Lon. 1805	Guthrie (Operations),	Lon. 1840
Briggs,	Lon. 1806	Tyrell,	Lon. 1840
Vetch,	Lon. 1807	Jacob,	Dub. 1845
Wardrop,	Ed. 1808	Brett (Cataract),	Lon. 1847
Adams,	Lon. 1812	Cooper (Near Sight, &c.),	Lon. 1847
O'Halloran,	Lon. 1824	Jones, T. W.,	Lon. 1847
Mackenzie,	Lon. 1830	Lawrence	(Amer. Ed.), 1847
Wardrop,	Lon. 1834	Morgan,	Lon. 1848
Travers,	Lon. 1834	Walton (Ophthalmic	
Middlemore,	Lon. 1835	Surgery),	Lon. 1853

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FEMALES, Diseases of.

Des Maladies de Femmes,	Paris, 1668	Baudelocque (Menorrhagia)	Brux. 1832
Friend's Emmenologia,	Lon. 1729	Seymour (Ovary),	Lon. 1832
Astruc,	Lon. 1761	Boivin and Duges, Trans.,	Lon. 1834
Leake, (Chronic Diseases),	Lon. 1781	Churchhill,	Dub. 1838
Leake (Fatal Diseases),	Lon. 1784	Laycock,	Lon. 1841
Hamilton,	Ed. 1792	Lever,	Lon. 1843
Rees (Moles and Polypi)		Ashwell,	Lon. 1844
Cooper Sir A. (Breast),	Lon. 1829	Whitehead (Sterility and	
Gooch,	Lon. 1829	Abortion),	Lon. 1847
Hall, M.,	Lon. 1830	Meigs,	Philad. 1848
Clark, Sir C.,	Lon. 1831	Bennett (Uterus),	Lon. 1849

FEVER.

Morton, R.,	Lon. 1692	Balfour,	Ed. 1785
Friend's Comment,	Lon. 1717	Moore, J., in his "Medical	
Lommius,	Lon. 1718	Sketches",	Lon. 1786
Struther,	Lon. 1718	Alderson,	Hull, 1788
Mills (Typhus),	Dub. 1718	Jackson,	Lon. 1803
Cheyne,	Lon. 1722	Armstrong (Typhus),	Lon. 1818
Lobb (Therapeutics of),	Lon. 1739	Bateman,	Lon. 1820
Glass (Comment),	Lon. 1742	Clanny (Typhus),	Sund. 1820
Huxham,	Lon. 1750	Mills,	Dub. 1824
Munnercham (Febricula),	Lon. 1750	M'Cormac,	Lon. 1830
Tissot (Bilious),	Laus. 1751	Smith, Southwood,	Lon. 1830
Chalmers,	Lon. 1768	Tweedie,	Lon. 1830
James,	Lon. 1778	Roupell,	Lon. 1839
Drennan,	Ed. 1778	Cormack (of Edin.),	Lon. 1843

FEVERS, Eruptive.

Hillary (Small-pox),	Lon. 1740	Mosely (Cow-pox),	Lon. 1805
Glass,	Lon. 1742	Bryce (Cow-pox),	Ed. 1809
Mead (Small-Pox and		Monro (Small-pox),	Ed. 1818
Measles),	Lon. 1747	Macabe (Measles),	Ed. 1821
Kirkpatrick (Inoculation),	Lon. 1761	Gregory,	Lon. 1843
Haygarth (Small-pox)	Chester, 1784	Rhazes, Trans., Syd. Soc,	Lon. 1848
Baird (Measles),	Ed. 1800		

GOUT AND RHEUMATISM.

Turquetus,	Laus, 1676	Scudamore,	Lon 1823-33
Musgrave,	Amst. 1690, and Ox. 1703	Todd,	do. 1843
Oliver,	Lon. 1764	Gairdner,	do. 1849
Warner,	Dub. 1769	Scott,	do.
Dawson,	Lon. 1781	Fuller,	1856
Kenteith,	do. 1789	Adams,	1857
Johnson,	do. 1819		

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HEART AND BLOOD-VESSELS.

<p>Lower, Amst. 1671, and Lon. 1680 Hume (angina pectoris), Dub. 1804 Burns, Ed. 1809 Bertin, Paris, 1824 Hope, Lon. 1830 Williams, C, do. 1835 Porter (Aneurism), Dub. 1840 (Observations on Aneurism) Syd, Soc. 1844</p>	<p>Erichsen (Aneurism), Lon. 1844 Latham's Clinical Lectures, Lon, 1845 Crisp (Blood-vessels), do. 1847 Wardrop, Lon. 1851 Walshe, Lon. 1852 Dupuytren, Syd. Soc. Ed. 1854 Stokes, Dub. 1854 Bellingham, Dub. 1857</p>
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HERNIA.

<p>Wilmer, Lon. 1788 Geoghegan, do, 1810</p>	<p>Cooper, Lon. 1827 Lawrence, do. 1838</p>
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HYGIENE.

<p>Pisanellus (de Aliment.), Brux. 1662 Fuller (Gymnastics), Lon. 1705 Cheyne, Dub. 1725 Arbuthnot (Aliments), Dub. 1731 Mackenzie, Dub. 1757 Tissot, Lon. 1766 Tissot's Advice on Health, Trans., Dub. 1766 Gaudini dell arti Hyg. Gen. 1769</p>	<p>Lettsom (Sea), 1772 Murray, J., Lon. 1829 Hawthorn, do. 1830 Johnson, do. 1832 Combe, Ed. 1836 Sigmond (Tea), Lon. 1839 Pereira, do. 1843 Rumsey (State Medicine), 1855</p>
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INJURIES.

<p>Dease (Wounds of Head), Dub. 1778 Travers (of the Intestines), do. 1812 Cooper (Dislocations and Fractures), do. 1824</p>	<p>Amesbury (Fractures), Dub. 1831 Hind (Fractures), do. 1836 Smith (Fractures near Joints), do. 1847</p>
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INSANITY.

<p>Democritus on Melancholy James, Lon. 1760 Arnold, do. 1806 Crowther, do. 1811 Spurzheim, do. 1827 Burroughes, do. 1828 Conolly, do. 1830 Combe, Ed. 1831 Neville, Lon. 1836 Ellis, do. 1838 Millingen, do. 1840</p>	<p>Jacobi, do. 1841 Willis, do. 1843 Cheyne, Dub. 1843 Stewart, 1845 Thurnham, Lon. 1845 Report of Metr. Com., do. 1847 Morrison, do. 1848 Labatt, Dub. 1848 Bucknill and Tuke, 1858 Stewart (Reports of Belfast Asylum)</p>
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INSTITUTIONS AND LAWS, *Medical.*

Gregory (Duties of Physicians),	Lon. 1770	Lee (Continental Medical Institutions),	Lon. 1835
Hamilton (Duties of Regimental Surgeons),	do. 1794	Irish Medical Charities Bill,	do. 1837
Laws of Dublin Coll. of Surgeons,	Dub. 1802	Holland (Medical Evidence)	
Laws of Physico-Chirurgical Society,	do. 1802	Sheffield Medical Charities,	do. 1839
Nesbitt (Edinb. School of Medicine),	Lon. 1802, and 1822	Alison (Scottish Poor),	Ed. 1840
Crosse (Medical Schools of Paris),	do. 1815	P. L. Comm. Report on Irish Medical Charities,	Dub. 1841
Sylvester (Regs. of Derbyshire Infy.),	do. 1819	Croly (Irish Medical Directory),	do. 1843
Ratier (Hospitals),	Paris, 1827	Wilde (Austrian Institutions, &c.),	do. 1843
Percival's Medical Ethics,	Lon. 1827	Report of Inspectors of Asylums, in Ireland,	1844-5-6
Smyth's Forensic Medical Laws,	do. 1829	London Medical Directory,	1845
Wilcock (Laws),	do. 1830	Akesios, or Medical Ethics	
Storer (on Dispensaries),	do. 1832	Malcolm (Belfast General Hospital),	Belfast, 1851
Buchanan (Glasgow Infirmary),	1832	Directory (Medical),	England, 1856
Parliam. Report (on Medical Education),	do. 1884	Do. do.,	Ireland, 1856
		Do. do.,	Scotland, 1856

JOINTS, *Diseases of.*

Aitkin,	Lon. 1790	Brodie,	Lon. 1822 and 1836
Cooper, S.	do. 1807	Scott,	do. 1828
Crowther,	do. 1808	Syme,	Ed. 1831
Ford (Hip Joint),	do. 1810		

JURISPRUDENCE AND POLICE, *Medical.*

Short (Bills of Mortality),	Lon. 1750	Cummin (Infanticide),	Lon. 1836
Mead (Poisons),	do. 1759	Parliamentary Report—	
Paris and Fonblanque, Trans.	do. 1823	(Health of Towns),	do. 1840
Christison (Poisons),	Ed. 1829	Taylor,	do. 1843
Smyth,	Lon. 1829	Samson (Criminal Jurisprudence)	do. 1843
Hawthorne (Ventilation of Hospitals),	do. 1830	Reid (Ventilation),	do. 1844
Holland on Medical Evidence		Taylor (Poisons),	Lon. 1848
Chitty,	Lon. 1834	Malcolm (Sanitary State of Belfast),	1852
Beck,	do. 1836		

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LARYNX, Diseases of.

Rush's Works,	Phil. 1796	Ley,	Lon. 1836
Cheyne,	Ed. 1809	Porter,	do. 1837
Baillie,	Lon. 1825		

LIVER, Diseases of.

Coe (on the Bile),	Lon. 1757	Bright's Reports,	Lon. 1827
Wallace,	do. 1822	Thomson,	Ed. 1841
Baillie (Jaundice, &c. ),	do. 1825	Budd,	Lon. 1845

LOCALITIES, Diseases &c., of Particular.

Rogers, (Cork),	Dub. 1734	Chabert (New Orleans),	1821
Cleghorn (Minorca),	Lon. 1751	Harewood (S. Coast of	
Hillary (Barbadoes),	do. 1759	England),	do. 1828
Lind (Hot Climates),	do. 1768	Clarke (on Climate of	
Hendy (Barbadoes),	do. 1784	Europe),	do. 1829
Moseley (Tropics),	do. 1795	Johnson (Swiss and	
Rush (Philadelphia),	Phil. 1796	Highland Tour),	do. 1832
Maclean (St. Domingo),	Lon. 1797	Shapter (C. Devon),	do. 1842
Hardy (New York),	1805	Hong Kong (Transactions),	1846
Tuomy (Dublin),	1810	Mathews (Continental Tour)	
Johnson (Cities in general),	Lon. 1815	Macilwain (Boa-vista),	Lon. 1847
Johnson (Tropics),	do. 1818 and 1836	Forbes (Continental Tour),	do. 1849
Rogan (North of Ireland),	Lon. 1819	Johnston (Physical Atlas)	

LUNGS, Diseases of.

Floyer,	Lon. 1717	Laennec, Paris, 1826, and	
Robinson (Consumption),	do. 1727	Trans.	Lon. 1827
Mudge (Cough),	do. 1778	Scudamore,	do. 1829
Ryan (Asthma),	do. 1793	Murray (Phthisis),	do. 1830
Davison,	do. 1795	Andral (Clin. Med.),	Paris, 1830
Rush (Phthisis and		Ramadge (Phthisis),	Lon. 1834
Influenza),	Phil. 1796	Scudamore (Phthisis),	do. 1834
Bree (Asthma),	do. 1807	Williams, C.,	do. 1835
Sanders (Phthisis),	Ed. 1808	Forbes (Auscultation, &c.),	do. 1835
Duncan (Phthisis),	do. 1813	Little (Phthisis),	1836
Badham (Bronchitis),	Lon. 1814	Stokes (Part I.),	Dub. 1837
Young (Phthisis),	do. 1816	Barth & Roget	
Duncan,	Ed. 1820	(Auscultation, &c.), Trans.,	Ed. 1842
Louis (Phthisis), Paris, 1825		Walshe,	do. 1852
	and Trans., Lon. 1844	Skoda (Auscultation),	1853
Bright's Reports,	Lon. 1827	MacCormac (Consumption),	1855

MATERIA MEDICA, *General.*

Mercurialis,	Frank. 1591	Hartmann,	Lovan. 1772
Forestus,	Prod. 1602	Fouquet,	Amst.
Crolius,	Gen. 1658	Cullen,	Dub. 1789
Angelus Sala,	Frank. 1682	Murray,	Goett. 1793
Dekkers, Fred.,	1694	Farre,	Paris, 1812
Wedelius,	Jenæ, 1696	Ure,	Glasg. 1813
Barchusan,	Lug. 1698	Bigelow,	Boston, 1822
Cruso,	Jena, 1701	Paris,	Lon. 1825
Fournefort,	Lon. 1708	Ainslie (Indian),	Lon. 1826
Boerhaave,	Lug. 1727	Thomson, A. T.,	Lon. 1832
	and Paris, 1738 and 1742	Pereira,	Lon. 1839
Dale,	Lon. 1737	Neligan,	Dub. 1844
Crantz,	Jenæ, 1760	Pereira, 4th Edition,	1834
Lewis,	Lon. 1761, and Dub. 1769		

MATERIA MEDICA, *Miscellaneous Articles of, arranged Alphabetically.*

Antimony, Huxham,	Lon. 1756	Iodine, Lugol, Trans.,	Lon. 1841
Angustura, Brand,	1791	Iron, A. Thomson	
Holland		Lead, Tissot,	Laus, 1780
Alcohol, Rush,	Phil. 1796	Lime water, Whytt,	Ed. 1768
Alkaloids, New Vegetable,		Leech, The, Rawlin,	do. 1816
Bardsley,	Lon. 1830	Do. Price,	do. 1822
Bathing, cold, Floyer		Do. Derhin,	Paris, 1825
and Baynard,	do. 1706	Mercury, Curry,	Lon. 1809
Do. Russell (sea),	do. 1760	Do. Mathias,	do. 1810
Do. Currie,	Liverpool, 1797	Do. Holland,	do. 1839
Do. J. Wilson,	Lon. 1843	Do. Harris,	do. 1734
Do. Scudamore,	do. 1843	Do. Thomson, A.	
Blood-letting, Rush; Smith,	1761	Do. Duncan,	Ed. 1772
Do. Wardrop,	Lon. 1835	Musk, Schrokius	
Cicuta, Ant. Störck,	Vindoronæ, 1761	Opium, Young,	do. 1753
Cinchona, Skute,	Lon. 1786	Do. Whytt,	do. 1768
	Paris, 1689	Do. Bardsley,	Lon. 1830
Colchicum, Bardsley,	Lon. 1830	Do. Thomson, A.,	do. 1832
Creosote, Cormack,	Ed. 1836	Do. Holland,	do. 1839
Counter-irritation,		Purgatives, Nicolaus,	Amst. 1672
Granville,	Lon. 1838	Do. Pechlinius,	Lug. 1672
Do. Whytt,	Ed. 1768	Do. Rolpinus,	Gen. 1684
Chlorine, Wallace,	Lon. 1822	Do. Paulinensis,	Lug. 1704
Diluents, Jameson,	Ed. 1788	Do. Friend,	Lon. 1719
Holland		Do. Hamilton,	Ed. 1833
Digitalis, Holland		Do. Holland,	do. 1839
Ergot of Rye, Tissot,	Laus. 1780	Salt, Rush,	Phil. 1790
Do. Neill,	Lon. 1825	Sudorifics, Holland,	Lon. 1839
Emetics, Holland		Sponge, White,	do. 1762
Electricity, Cavallo,	Lon. 1782	Sea-voyages, Gilchrist,	do. 1757
Do. Riadore		Sea-water, Russell,	do. 1760
Do. Wilkinson,	do. 1804	Tonics, Crawford,	do. 1816
Fumigations, Ferguson,	do. 1775	Vapour, Wilson,	do. 1837
Do. Wallace,	do. 1820		

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MEDICINE, History of.

Le Clerc, Friend (from Galen. to 16th century), Rush (among N. American Indians),	Amst. 1702 Lon. 1727  Phil. 1796	Bostock, Royle (Hindoo Medicine), Renouard's Histoire Cyclopædia of Medicine (Introd.)	Lon. 1835 do. 1837  
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MEDICINE, General Practice of.

Hippocrates (Ed. by Auretius Faesius), Do. (Ed. by Kuhn), Dioscorides, Celsus, Geneva, and Amst. Galen, Leip. Ed. 1825, and Epitome, Ætius, Aretæus, Leips. Ed. 1825, and Ed. by Henischius, August, Paulus Ægin. Syd. Soc. Ed. Trans. Petrus Petitus, Dekkers, F., Lusitanus, Lidellius, Fabricius, Fernelius, Rulandus, Grulingius, Langius, C. J., Partes, No. 2 Vallesius, Platerus, Maynewaring's Complete Physician, Bonetus, Dolæus (Encycl.), Meade, Ettmuller, M., Sydenham, Riverius, St. Blancardus (Lexicon),  Baglivi, Martinius, Ballonius, Cope, Dodonaeus, Hoffman, Gen. 1740 and trans. De Haen, James' Medicinal Dictionary,	Gen. 1657 Leips. 1825 Leips. Ed. 1825  Ed. 1713 and 1746  1551 Lug. Ed. 1750  1360 Lon. 1844-5-6 Leips. Ed. 1825 Lug. 1569 Hamb. 1603 Hamb. 1607 Lug. 1641 Lug. 1645 Roth. 1650 North. 1665  Paris, 1666 Basil, 1666  Lon. 1668 Gen. 1668 Amst. 1686 Dub. 1687 Frank. 1688 and 1697 Leips. 1695 and Lug. 1741 Gen. 1696  Lug. 1702 and 1735 Lug. 1704 Lug. 1718 Venet. 1734-5 Dublin, 1736 Amst. 1740 Lon. 1783 Lug. 1741  Lon. 1743	Hieronymus, Shaw, Boerhaave, Lieutaud, Van Swieten (commentaries),  O'Connell, Rutheford (clin. lect.), Lommius, Jodocus, Fordyce, Motherby's Dictionary Gregory (Med. Theoret), Cullen's First Lines, Marryatt (Art of Healing), Frank, Burserius, Burdin, J., Edinb. Medical and Physical Dictionary, Thomas, Diction. de Medicine, Good, Gregory, J., Becheteau (Dictionary), Nysten (Diet.), Gregory, G., Cullen (trans.), Hufeland, Hooper's Vade Mecum, Bright and Addison, vol. I., Cyclopædia of, Copland (Dictionary), Mackintosh, Elliotson, Library of Medicine, M'Cormac, Graves (Clinical Lectures), Alison, Sydenham (Syd. Soc. Ed.),  Hippocrates (Ed. by Syd. Soc), Bennet (Clinical), Watson (Lectures), 4th Ed.	Lug. 1744 Lon. 1745 Lug. 1745 and 1746 Amst. 1745  Lug. 1745 and trans. Lon. 1762 Dub. 1746 1751 Ed. 1752 Lon. 1771 do. 1775 Ed. 1782 Ed. 1784 Bis. 1785 Vienna, 1792-1821 Leip. 1798 Lon. 1803  1807 Lon. 1807 Paris, 1821 Lon. 1822 do. 1822 Paris, 1824 do. 1824 Lon. 1825 Ed. 1829 Berol, 1831 Lon. 1833 do. 1835 do. 1835 do. 1835-52 do. 1836 do. 1837 do. 1841-2 do. 1842 Dub. 1843 Ed. 1844 Lon. 1844 and 1848 Lon. 1848 1858 1858
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MEDICINE, PRACTICE OF, (*Special Subjects.*)

Mortin (Phthisiologia),	Lon. 1689	Wadd (Corpulency),	Lon. 1829
Lister (Chronic Diseases),	do. 1694	Pereira (Physician's	
Mead, R. (Solar and Lunar		Prescriptions),	do. 1837
Influences),	do. 1704	Holland (Method of	
Winteringham (Endemic		Prescribing),	do. 1839
Diseases),	York, 1718	Thomson (Management of	
Russell, R. (Glands),	Lon. 1755	the Sick-Room),	do. 1841
London Hospitals (Practice		Corfe (Physiognomy of	
of the),	Dub. 1772	Disease),	do. 1849
Withers (Chronic		Johnstone (Kidney),	1852
Weakness),	York, 1777	Ancell (Tuberculosis)	1852
Pemberton (Abdominal		Forbes (Nature and Art in	
Viscera),	Lon. 1807	Disease),	1857

MEDICINE, *Miscellaneous Reports, Cases, Observations, and Dissertations in.*

Borelli,	Paris, 1637	Mihles' Essays and Obs.,	
Cardanus, H.,	Lug. 1638	abridged from	
Platerus,	Basil, 1641	Phil. Trans,	Lon. 1745
Sennertus,	Paris, 1641	Edinburgh Medical Dissertations	
Riverius,	Delph. 1651	Do. Medical and Surgical	
Bartholinus,	Hafnia 1673	Essays,	1747
	and Hagæ, 1740	Do. Theses,	1779
Pechlinius, J. N.,	Ham. 1691	Martinius, Commentaries,	Ed. 1755
Cole,	Lon. 1702	Home's Medical Facts, &c.,	Lon. 1759
Etmuller, M.,	Amst. 1702	Wiel,	Lug.
Edinburgh Medico-Chirurgical.		White,	Lon. 1762 and 1770
Trans		Brooke,	Lon. 1763
Thomson's do.,	1705	De Haen,	Lug. 1763
Piso, C.,	Lug. 1714	Macbride,	Lon. 1764
Tulpius,	do. 1716	Southwell,	Lon. 1764
Acta, Med.,	Berol. 1720	Baker,	do. 1771
Lommius,	Amst. 1720	Tissot,	Dub. 1773
Harris,	Lon. 1725	Duncan,	Ed. 1776, 1778, 1780, & 1796
Simpson,	Ed. 1726	Sylvius,	Amst 1779
Debates on Medical		Home's Clinl. Experiments,	Ed. 1780
Subjects,	Paris, 1733-7	Stack,	Lon. 1784
Theses, Miscellaneous,	from 1736	Moore's Medical Sketches,	do. 1786
	to 1749	Beddoes,	do. 1793
Martine's Medical and		Schenck,	Frib. 1795
Philosophical Essays,	Lon. 1740	Trotter,	Lon. 1796
London Medical and Phil..		Ferriar,	Lon. 1798 and 1813
Commentaries		Hall, M., Observations,	Lon. 1844
London Medical and		Keir's Medical Comment.	
Chirurgical Society's Trans.		Duncan,	Dub. 1849
Memoirs de l'Acad. Roy.		Dublin College Transactions	
de Chir.,	Paris, 1743		

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MEDICINE, *Principles of.*

Piso (De Cognos),	Frankfort, 1580	Mead's Precepta Med.	Lon. 1749-51
Hippocrates, Passim,		Manningham (Aph.),	Lon. 1756
Frankfort Ed.,	1624	Sutherland,	Lon. 1763
Frambesarius (Dialogues),	Lug. 1647	De Haen,	Lug. 1768
Anutius Foesius (Economia		De Sauvages (Nosology)	Amst. 1768
Hippocratis,	Genevæ, 1662	Home's Principia,	Ed. 1770
Hollerius,	Gen. 1675	Cullen's Synopsis,	do. 1780
Lexicon Medicum,	Nov. 1688	Rush (Etiology),	Phil. 1796
Harvey (Prognostics),	Lon. 1705	Heberden's Commentaries,	Lon. 1802
Hippolytus Obicius (de		Cullen's Nosology,	Ed. 1810
Statica Med.) Ferriar,	1713	Hunter, J. (Inflammation)	
Pitcairn,	Lon. 1717	Parry (Irritability, Inflammation, &c.)	
Morgan,	do. 1725	Abernethy (Const. origin of	
Sanctorini (de Statica Med).		Local Diseases)	
	Paris, 1725	Goupil (Nouvelle Doct.)	Paris, 1824
La Medicine Theologique,	do. 1733	Hawkin's Med. Statistics,	Lon. 1829
Winteringham,	Lon. 1733	Aretæus (Etiology), trans.,	Lon. 1830
Alpinus (Prognostics),	Lug. 1733	Philip, passim,	Lon. 1830
Meth. de art. Med.,	Lon. 1734	Hahneman's Doctrine,	Dub. 1833
Cope (Prognostics of		Hall, M. (Diagnosis),	Lon. 1834
Hippoc),	Dub. 1736	Palmer, Dict. of Terms,	Birm. 1836
Galen (in aph. Hippoc.),	Lug. 1733	Macartney (Inflammation),	Lon. 1838
Boerhaave (Aph.),	do. 1737	Holland, passim,	do. 1839
	and 1744, 1747, and 1766	Spillan (Semeiology),	do. 1839
Brown,	Ed. 1751, and 1784	Williams, C,	do. 1844

MIDWIFERY.

Raynold,	1545	Dewees,	Lon. 1809 and 1824
Mauriceau,	Paris, 1648, 1712, and 1715	Douglas (Spontaneous	
Pinœus (de Notis Virg.)	Lug. 1650	Evolution),	Dub. 1819
Essay (Premature Birth),	Ed. 1712	Rigby (Uterine Hœm.),	Lon. 1822
Daventer,	Lon. 1716	Davis (Operative),	do. 1825
Delanotte,	Leyd. 1724	Oke (Examinations),	do. 1831
Ould,	Dub. 1742	Burns,	do. 1832
Burton,	Lon. 1751 and 1753	Ingleby (Uterine Hœm.),	do. 1832
Smellie,	Dub. 1765	Campbell,	Ed. 1833
Hulme (Puerperal Fever),	Lon. 1772	Granville (Abortion),	Lon. 1834
Hunter, W., plates,		Blundell,	do. 1834
and Lecture in M. S.	do. 1774	Collins,	do. 1835
Smith (Letters),	Dub. 1771	Chapman,	do. 1835
Manning,	Lon. 1771	Montgomery (Pregnancy),	do. 1837
Moore,	do. 1777	Churchhill,	Dub. 1840
Plenc,	Vien. 1781	Ramsbotham,	Lon. 1842
Hamilton,	Ed. 1784 and 1836	Lee (Clinical),	do. 1842
White,	Lon. 1785	Lee's Lectures,	do. 1844
Denman,	Lon. 1788 and 1795	Icones Obstetricæ,	do.
	1832 and 1838	The Clinical Guide,	do.

MIDWIFERY (CONTINUED)

Burns,	Glasgow, 1799	Hardy and M'Clintock,	Dub. 1848
Hull (Phlegm. Dolens)	Manch. 1800	On Puerperal Fever,	Syd. Soc. 1849
Burns, J. (Uterine Hæm.)	Lon. 1807	Montgomery (Pregnancy), 2d Ed.	1856
Denman (on Forceps and Vectis.),	do. 1807	Sinclair & Johnston (Practical),	1858

MILITARY SURGERY, &c.

Van Swieten,	1741	Trotter (Seamen),	1797
Pringle,	1744	Larrey,	1815
Monro, D.,	1764	Hennen,	1829
Roupe (Seamen),	1764	Ballingall,	1838
Andrews,	1766	Tulloch (Reports),	1838-40
Blane (Seamen),	1789	Wilson (do.), Seamen,	1840-1
Hamilton,	1794		

MINERAL WATERS.

Nessel (Spa),	Spa, 1669	Scudamore (English),	Lon. 1828
Heers (Spa),	Lug. 1745	Head, Sir F. (Nassau),	do. 1836
Rutty (Irish),	Dub. 1757	Granville (German),	do. 1837
Saunders,	Lon. 1800		and Suppl. 1843
Gibbes (Bath),	Bath, 1803	Johnson, J.,	do. 1841
M'Nevin (New York),		Downes,	Frankfort, 1841
	New York, 1815	Granville (Spas of England),	1841
Clanny,	Durham, 1817	Knox (Ireland),	Dub. 1845

MODES OF LIFE, *Diseases Incident to.*

Ramazzini (Trades),	Lon. 1705	Ryan (Prostitution in London),	Lon. 1839
Des malades des Pauvres,	Paris, 1738	Tait (do. in Edinburgh),	Ed. 1842
Tissot (Gens du Monde),	Laus. 1770		
	and trans. Ed. 1772		

NERVOUS DISEASES.

Boerhaave,	Lug. 1761	Teale,	Lon. 1829
Whytt,	Ed. 1765	Hutchinson (Tic. Dol.),	do. 1829
Tissot,	Paris, 1778-1780	Bright's Reports,	do.
Hamilton (Hydrophobia),		Bardsley (Chorea)	
	Ipswich, 1785	Curling (Tetanus),	do. 1836
Mease (do.),	Phil. 1792	Brodie,	do. 1807
Rush (do. & Tetanus),	do. 1796	Hall, do. 1841 and 1843	
Morrison (Tetanus),	Newry, 1816	Laycock,	do. 1841
Cook,	Lon. 1820	Hunt (Tic. Dol. &c.),	do. 1844
Pritchard,	do. 1822	Hall, Marshall,	1850-2
Parry, passim,	do.	Romberg,	Syd. Soc. Ed. 1853
Abernethy (Tic. Dol.),	do.		

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OPERATIONS AND INSTRUMENTS, *Surgical.*

Scultetus,	Amst. 1672	Bell, Sir C.,	Lon. 1814
Daventer,	Lug. 1701		and illustrated, 1821
Garengéot (Instruments),	Paris, 1723	Churchhill (Acupuncture),	do. 1821
	and 1731	Abernethy (passim.),	do.
Dale (Lithotomy),	Lon. 1731	Heurteleup (Lithotrity) trans.	do 1831
Sharpe,	do. 1740	Velpeau,	Brux. 1832
Le Dran (trans.),	do. 1749 and 1757	Liston,	Lon. 1837
Toulmin (Instruments),	do. 1789	Little (for Club-foot),	do. 1839

PATHOLOGY.

Verhandeling (origin of Pus.),	Amst. 1746	Alison,	Lon. 1833
Haller,	Lans. 1755	Anatomie Pathologique,	1833
Gaubius,	Leyd. 1763	Carswell,	do. 1833-8
Morgagni, trans.		Travers (of Nerves),	do. 1834
Baillie,	Lon. 1793 and 1825	Hope (Illustrations),	1834
Parry,	Bath, 1815	Mayo,	do. 1836
St. Hilaire, G., (Monsters),	Paris, 1822	Langstaff (Catal. of Museum),	do. 1842
Tomasini,	Milan, 1826	Hasse,	Syd. Soc. Ed. 1845-6
Cruveilhier (Anatomy),	Paris, 1828	Brodie (Lectures),	do. 1846
Craigie (Elements),	Ed. 1828	Syme (Surgical),	Ed. 1847
Andral, trans.,	Dub. 1829-31	Rokitansky (Anatomy),	
Hope (Principles and Illustrations),	Lon. 1830	Syd. Soc. Ed.	1848-54
Monro,	1830	Smith (Neuroma),	Dub. 1849
Otto (by South),	1831	Paget (Surgical),	Lon. 1853
Histoire des Anomalies,	Paris, 1832-6	Jones & Sieveking (Anatomy)	do. 1854
		Wedl (Histology) Syd. Soc.	Ed. 1855

PHILOSOPHY.

Malpighi,	Lon. Ed. 1673	Combe, G. (Phrenology)	Ed. 1825
Willis (Natural),	Col. 1676	Abercrombie (Mental)	Ed. 1831
Keill, (do.)	Oxonia, 1705	Do. (Moral)	do. 1833
Hall (Statics),	Lon. 1733	Arnott (Natural)	Lon. 1833
Rohaultus, Jac. (Natural),	do. 1718	Holland (Mental)	do. 1839
Berkeley,	do. 1744	Combe, G. (Moral),	Edin. 1841
Hutcheson (Metaphysics),	do. 1744	Wigan (Duality of the Mind)	
Nollet (de Physique)	Amst. 1746	Medical Psychology,	Syd. Soc. 1847
Burlamaque,	Lon. 1748	Holland (Mental Physiology),	1852
Rush (Moral)	Phil. 1796	Oesterlen (Medical Logic),	
Paley's Evidences,	Dub. 1801		Syd. Soc. 1855

PHYSIOLOGY.

Mayow, J.	Hagæ, 1581	Todd (Cyclopædia)	1836-58
Henrius, J.	Raph. 1609	Davy,	Lon. 1839
Harvey,	do. 1651	Müller, trans.,	do. 1840
Bellinus,	Lug. 1696	Elliotson,	do. 1840
Keill, J.	do. 1730	Jones (Animal Kingdom),	do. 1841
Hoffman,	Gen. 1748	Carpenter	do. 1842
Haller,	Lug. 1766, and Gott. 1780	Pritchard (Nat. His. of Man)	do. 1842
Cullen's Institutes,	Ed. 1785	Quetelet (on Man)	Ed. 1842
Darwin's Zoonomia	Dub. 1794	Todd and Bowman,	1843-58
Richerand,	Lon. 1819	Pritchard (Phy. History of	
Bostock,	do. 1824	Mankind),	Lon. 1844
Combe, A.	1825-36	Harvey (Syd. Soc. Ed.),	Raph. 1846
Fletcher,	Ed. 1827	Schwann & Schleiden.	
Blumenbach, trans.	Lon. 1828	Syd. Soc, Ed.	Lon. 1848
Murray,	do. 1829	Smee (Electro-Biology),	do. 1849
Alison,	Ed. 1831	Monro's Lectures, in M.S.	
Mayo,	Lon. 1833	Carpenter (Human), 4th Ed.,	1853
Roget (Bridg. Treatise),	Lon. 1834		

PHYSIOLOGY, (*Particular subjects*).

Harvey (de generatione anim. et sang. circulat.),	Lon. 1651	Hunter, passim,	
Bayle (the Blood),	Lon. 1684	Parry (the Pulse),	
Thruston (Respiration),	Lug. 1705	Bostock (Respiration),	Lon. 1804
Borelli (de motu anim.),	do. 1710	Rucco (the Pulse),	do. 1827
Girter (Perspiration)	do. 1725	Murray (Heat and Humidity)	do. 1829
Stewart (de motu musc.),	do. 1738	Bell, Sir C. (Nervous System)	Lon. 1827 and Ed. 1830
Martinius (Animal Heat)	do. 1740	Edwards (Influence of Physical	
Boerhaave (de Viribus),	Paris, 1740	Agents), trans.,	Lon, 1833
Huxham (de ære et Epid.)	Lon. 1752	Kay (Asphyxia)	do. 1834
Whyte (motion of		Holland, passim,	do. 1839
Animals),	Ed. 1751 and 1761	Harvey (the Works of) Syd.	
Gardner and Robinson (Animal		Soc. Ed.	1846-7
Economy),	Ed. 1784	Do., (Mental),	1852
Crawford (Animal Heat),	Lon. 1788	Richardson (Coagulation of	
Falconer (the Pulse),	do. 1796	the Blood),	1858
Rush (Taste, &c.),	Phil. 1796	Davey (Ganglionic System)	1858
Hooper (Hygrology),	Lon. 1797		

THE PLAGUE.

Hodges (in London),	Lon. 1671	Henderson,	Lon. 1739
Busby.	do. 1752	Smith (Jail Distemper),	do. 1803
Inquiry into the Cause of		Report of French Academy on.	
Pestilence,	Ed. 1759		

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SCROFULA.

Farr,	Lon. 1822	Lugol, trans ,	Lon, 1841
Clarke,	do. 1835	Ancell. Tuberculosis,	1852

SCURVY.

Sennertus,	Witt. 1624	Macbride,	Lon. 1767
Wishart,	Ed. 1748	Trotter,	do. 1792
Lind,	do. 1753		

SKIN, Diseases.

Turner,	Lon. 1726	Dendy (of Children),	do. 1837
Retz,	Paris, 1786	Cazenaave,	Paris, 1838
Wallace,	Lon. 1820	Wilson,	Lon. 1842
Bateman, plates,	do. 1824-8	Erichsen (of Scalp),	do. 1842
Plumbe,	do. 1824	Nunnely (Erysipelas),	do. 1843
Thomson's Atlas,	do. 1829	Hunt,	do. 1847
Rayer, plates (Transl.),	do. 1835	Wilson's, E., Portraits,	do. 1851-54

SPINE, Diseases of.

Earle,	Lon. 1803	Shaw,	Lon. 1823
Copeland,	do. 1815	Holland,	do. 1839
Jarrold,	do.	Amesbury,	do. 1840
Macartney,	Dub. 1817		

STOMACH AND INTESTINES, Diseases of.

Hartmann, J. (Dysentery),	Traj. 1738	Monro	Dub. 1830
Essay on ditto,	Lon. 1761	Abercrombie,	Ed. 1833
Barry (Dis. of Digestion),	do. 1779	Syme (Rectum),	Ed. 1838
Rush (Worms),	Phil. 1796	Prout (Stomach),	Lon.
Hunter (Intus-susceptio and Dysphagia)		Harty (Dysentery),	Dub. 1847
Philip (Indigestion),	Lon. 1823	Seymour (Stomach),	Lon, 1847
Parry,	do.	Budd,	1855
Abernethy (Hæmorrhoids, &c.)	do.	Chambers,	1856
Johnson (Morbid Sensibility of the Stomach),	Lon. 1827	Ashton (Rectum),	1857
Johnson (Digestive Organs)	do. 1818	Küchenmeister (Parasites), Syd. Soc.	1857

SURGERY.

Fabricius,	Frankfort, 1592	Cooper, Sir A.,	Lon. 1823
Chalmetius,	Patavü, 1592		1830 and 1836
Paracelsus, P. A. Th., Darios trans.,	Lyon, 1603	Jones and Syder's Lectures,	Boston, 1823
Wiseman,	Lon. 1686	Abernethy (Surgical),	1824
Ettmuller,	Lyons, 1691	Burns, A.,	Glas. 1824
De la Notte,	Parte, 1732	Allan,	Ed. 1825
Heister,	Lon. 1748	Cox's Illustrations,	Lon. 1831
Goulard,	Brux. 1763	Syme,	Ed. 1832, 1842, and 1847
Sharpe,	Lon. 1769	Cyclopedia of,	Lon. 1837 to 1852
Pott, Lon. 1771 and 1790		Liston,	do. 1841
Aitken,	Lon. 1771	Ferguson,	do. 1842
Le Dran,	Paris, 1781	Miller,	Ed. 1844
Bell, B,	1785	Colles,	Dub. 1844
Pearson,	Lon. 1788 and 1808	Chelius, trans. by South,	Lon. 1847
Prosodia Chirurg.,	Lon. 1792	Brodie,	do.
Parry, passim		Vincent,	do. 1848
Cooper's, S., Practice,	do. 1807	Memoirs of French Academy,	Syd. Society, 1848
Hunter (general princ.),	do.	Miller (Practical), 2d Ed.,	1852
Bell, Sir C.,	do. 1816	Erichsen,	1854
Cooper's, S., Dictionary,	do. 1818	Velpeau (Breast), Syd. Soc. Ed.	1856
Burns, J.,	do. 1821		

SYPHILIS.

Maynwardingius,	Ed. Frank. 1575	Abernethy (Pseudo-Syphilis)	Lon.
Astruc,	Paris, 1640	Robertson,	do. 1811
De Begny,	Alahaye, 1683	Wallace,	do. 1833
Turner,	Lon. 1737	Judd, do. 1836	
Fabre,	Paris, 1758	Colles,	Dub. 1837
Morgagni,	do. 1761	Acton,	Lon. 1841
Falck,	Lon. 1774	Carmichael,	Dub. 1842
Swediaur,	Ed. and Lon. 1784 & 1788	Ricord, Trans.,	1842
Cheyne,	Lon. 1783	Wilson, E. (Eruptions),	1852
Bell, Dub. 1793		Diday (Infantile) New Syd. Soc. Ed.,	1859
Hunter,	Lon.		
Parry,	Lon.		

TEETH, Diseases of.

A Treatise,	Dub. 1769	Fox,	Lon. 1833
Hunter,	Lon. 1778	De Loude,	do. 1840
Bell,	do. 1829		

TESTIS, Diseases of.

Humpage (Hydrocele),	Lon. 1788	Cooper, Sir A.,	Lon. 1830
Parry (ditto),	do. 1825	Curling,	do. 1843

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TUMOURS.

Abernethy, Warren,	Lon. do. 1839	Bennet (Cancer and Cancroid growths),	Ed. 1849
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ULCERS.

Bell,	Ed. 1778	Baynton,	Bristol, 1799
Whately,	Lon. 1790	Skey,	Lon. 1837
Rush,	Phil. 1796	Walker,	do. 1847

URINARY ORGANS, Diseases of.

Groenevelt, J. (Calculi),	Lon. 1684	Guthrie (Urethra and Bladder),	Lon. 1836
Tissot (Onanism),	do. 1766	Christison (Granular Kidney),	Ed. 1839
Robinson,	do. 1774	Arnott (Urethra),	Lon. 1840
Perry (Stone and Gravel),	do. 1779	Rayer (Kidney),	Paris, 1837 & 1841
Rollo,	do. 1798	Willis,	Lon. 1838
Abernethy (Urethra),	do.	Courtenay (Prostate),	do. 1839
Parry (Dysuria, Diabetes, Calculus)	Lon. 1825	Coulson (Bladder, &c.),	do. 1842
Prout,	do. 1825	Scharling (Calculi)	
Venables (Diabetes),	do. 1825	Bird (Urinary Deposits)	
Bright's Reports (Granular Kidney),	do. 1827	Brodie,	do. 1842
Stafford (Urethra),	do. 1829	Lallemand (Spermatorrhœa)	do. 1848
Bardsley (Diabetes),	do. 1830	Rynd (Strictures),	do. 1849
Howship,	do. 1832		
Phillips, B. (Urethra),	do. 1832		

JOURNALS.

BRITISH.

London Medical Journal,	1784-9
Edinburgh Medical and Surgical Journal, from commencement, Quarterly,	1805
Dublin Hospital Reports, from 2d vol., Half-yearly,	1818
*The Medico-Chirurgical Review, Quarterly, from commencement,	London, 1820
The Quarterly Review of British and Foreign Medicine and Surgery, vols. 4 and 5,	Lon. 1822-3
London Medical and Physical Journal, 13 vols.,	1823-9
Copeland's Medical Repository and Review, 2 vols.,	London, 1824
*The Lancet, from 2d vol., Weekly,	London, 1824
The Chemist, vol 1,	London, 1824
The Glasgow Medical Journal, 5 vols,	from 1828 till 1832
Ryan's London Medical Journal, 9 vols.,	1832-5
*Dublin Journal of Medical Science, from 4th vol., every alternate Month. (Now Quarterly),	1834
The London Medical Gazette, Weekly, from 14th vol., 1834.	Ceased, 1850
The British and Foreign Medical Review, Quarterly, from commencement,	London, 1836
Guy's Hospital Reports, from commencement, Half-yearly,	London, 1836
*Dublin Medical Press, Weekly, from commencement,	1839
The Phrenological Journal, Quarterly, from 12th vol.,	1839
Braithwaite's Retrospect of Practical Medicine and Surgery, Half-yearly, from commencement,	London, 1840
*Edinburgh Monthly Journal of Medical Science, from commencement,	1841
*The Pharmaceutical Journal, Monthly, from commencement,	London, 1842

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The Zoist, Quarterly, from commencement,	London, 1843
The Medical Times, Weekly. Ceased, 1850.	
*The Medical Times and Gazette, Weekly,	from 1850
The London Monthly Journal of Medical Science, from commencement, 1850,	Ceased 1852
*The British and Foreign Medico-Chirurgical Review, from commencement.	1848
*Winslow's Psychological Journal,	from 1853
Dublin Hospital Gazette, from commencement,	1854
*Quarterly Journal of Medical Science,	from 1857

FRENCH.

Revue Médicale et Journal Clinique,	Paris, 1829
Encyclographie des Sciences Médicales, Monthly, from 17th vol.,	London, 1834
Archives and Bulletin de la Médecine Belge, Monthly,	Bruxelles, from 1839

GERMAN.

Annalen der Chemie und Pharmacie, Band xli.,	Heidel. 1842
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AMERICAN.

*New York Medical and Physical Journal, Quarterly,	from 1813
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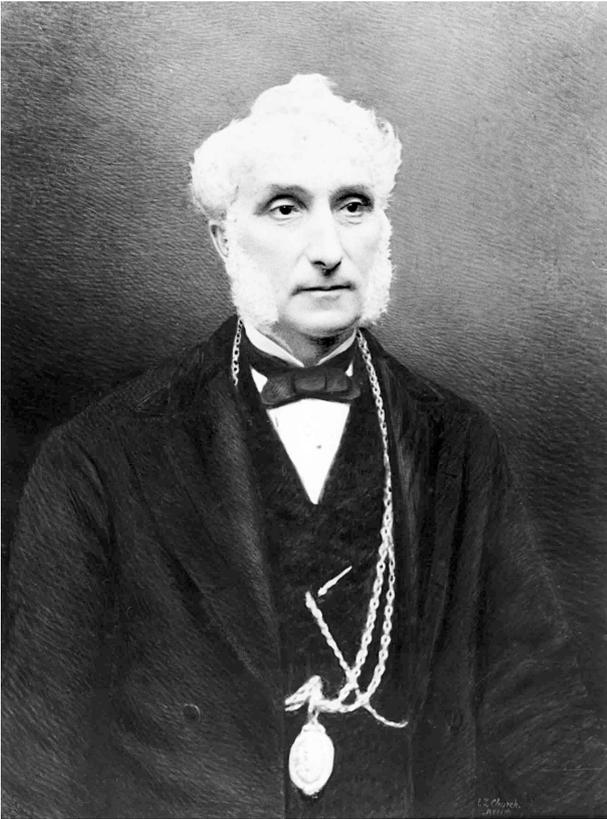
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\* These Journals are circulated among the Members resident in town.

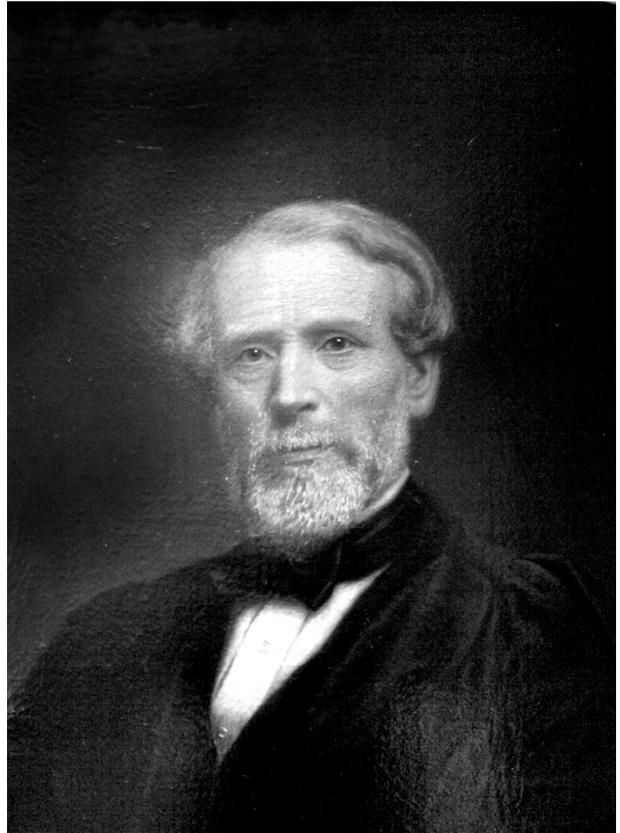
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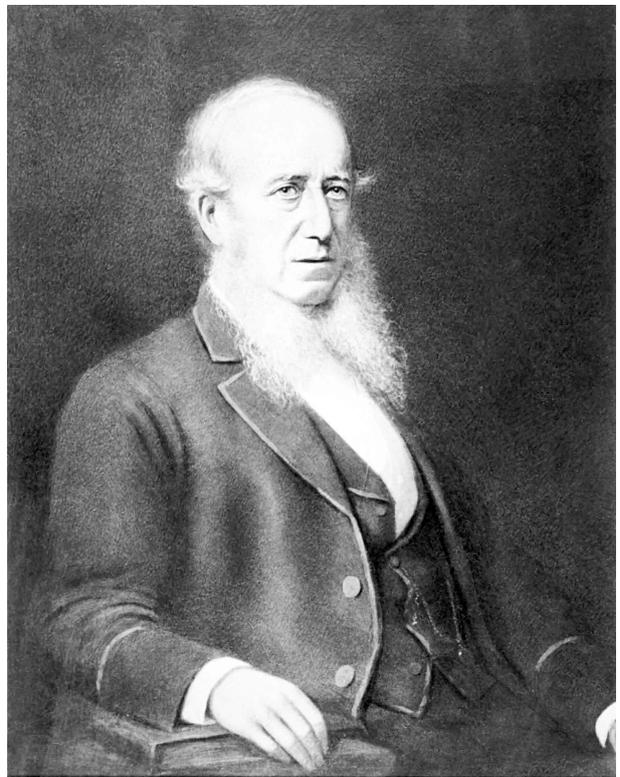
Samuel Browne



Alexander Gordon



Henry MacCormac

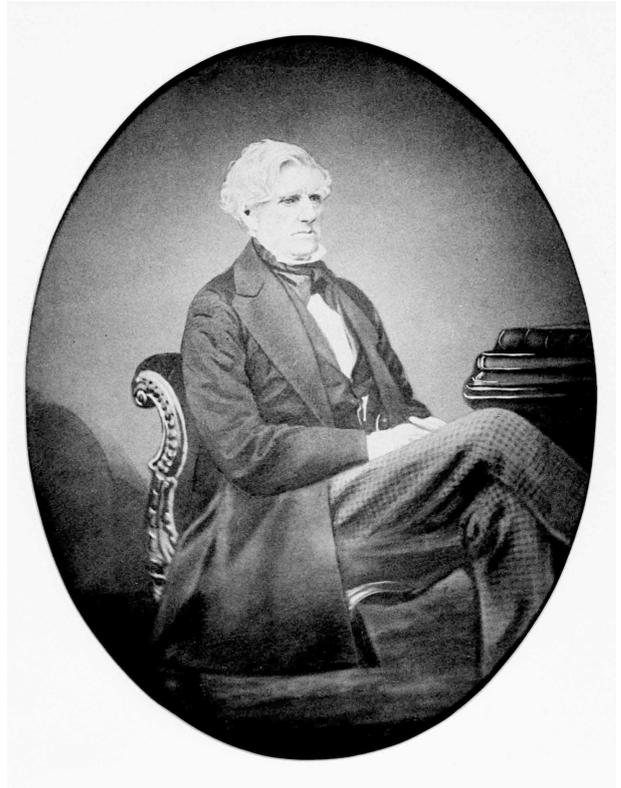


Henry Murney

Presidents' Photographs



John Miller Pirrie



Thomas Reade



Records  
Of the  
Belfast Clinical and Pathological Society

INTRODUCTION

The Belfast Clinical and Pathological Society was founded in 1853 largely through the efforts of Andrew George Malcolm. In December 1842 he had been elected to the Belfast Medical Society, a society whose main interest from the beginning was in building up and running a medical lending library. A few clinical cases had been read before it in 1822 and 1823 but this practice was not continued. Malcolm and others were interested in a scientific approach to medicine, research, and education and in 1844 it was suggested to the Belfast Medical Society that cases should be presented before it and a pathological museum started. These changes were approved and implemented but Malcolm must have remained dissatisfied and certainly he said in his presidential address on 27 October 1855 that "We are but in our third year, and we number the respectable number of 107 members and I believe I may add with every prospect of a considerable increase. This undoubted success can only be explained in one way, that is, simply the insufficiency of previously existing institutions to satisfy the wants of the profession in this locality."

In 1852 he wrote to the Dublin and London Pathological Societies asking for information and he received letters from both, the London one enclosing a copy of their Rules and Regulations.<sup>1</sup> It is interesting that the London secretary (George Pollock) said "it has never been contemplated by the Society to form any kind of Museum—or even a Library" indicating how advanced Malcolm's views then were.

In his presidential address to the Belfast Medical Society on 1 June 1857, Samuel Browne confirmed that Malcolm was the main mover both in the agreed changes in the proceedings of the Belfast Medical Society and in the launching of the Belfast Clinical and Pathological Society.<sup>2</sup> He said:

"Among the many able men who have adorned our profession in Belfast, no one has been more distinguished for zeal, earnestness, and uprightness in the pursuit of his calling, no one has laboured in a more self-denying spirit, for the general good, than my lamented friend and colleague, Dr. Malcolm. Never idle, never satisfied with anything that seemed to require improvement, he threw himself, body and

spirit, into every movement calculated to benefit mankind; and whatever appeared likely to amalgamate his brethren and utilise their association had his untiring solicitude and earnest advocacy. In these latter respects, with which we are more immediately concerned, I may instance the remodelling of this, and the creation of the Pathological Society, and in both of which he took the lead, though with marked modesty and abnegation of his own claims, in bringing forward matters important and practical."

In the summer of 1853, Malcolm and others ("the Promoters"), issued a prospectus requesting those who would be interested in starting a local pathological society to attend a meeting in his house at 49 York Street at 8 p.m. on Friday 12 August. The idea was well received and the Belfast Clinical and Pathological Society was constituted on 2 September 1853.

It was designed to complement, not replace, the Belfast Medical Society and its objects were:

The Cultivation of Practical Pathology, Diagnosis and Therapeutics, by means of the accumulation, and Analysis of appropriate Cases and Pathological Reports, and Public Discussion thereon;

The establishment of a Pathological Museum;

The keeping of Records, to indicate the progress of discovery in Medical Science.

The society was to meet weekly on Saturdays at 3 p.m. from the end of October to the beginning of May. All contributions were to be original, or were to be original translations from authentic foreign records. They were expected to fall into the following categories:

Cases of interest;

Statistical reports;

Novel modes of practice;

Morbid specimens of pathological or general interest;

Replies to medical queries posed by members;

Brief clinical facts of practical interest.

The society was to offer microscopical and analytical services, so that if a member excised a tumour or found an unusual sample of urine, he could post the specimen to the appropriate committee and receive a report on it in due course.

The society was immediately popular and forty-nine persons had joined by 30 September 1853 ("original members"), while another forty-seven joined by the end of the first year.

**Publishing the Transactions**

It is not clear whether it was the intention of the Society from the beginning to publish its transactions (in any form), but Council declared an interest in so doing in the annual report at the end of the first session when it was found that there was a "small bal-

<sup>1</sup> [See Items 2 and 3 on page 367.]

<sup>2</sup> [See page 178.]

ance in the hands of the Treasurer". Quotations were obtained from a number of printers and as Alexander Mayne's offered the best value for money (200 copies of 48 pages for £5), his was accepted. It was discovered, however, that 48 pages would be insufficient for the material that they wished to publish and so it was decided "That the Transactions be printed in full, including the debates; and that the additional expense be met by such means as the Council may hereafter consider expedient." The final number of pages was 156. A copy of the *Transactions* was free to those who had paid that session's annual subscription (postage of 6d was charged if not collected in town) and could be bought for 3 shillings by other medically qualified practitioners.

A similar but smaller volume was printed after the second session, and it seems to have been the intention to print another after the third but this never appeared. In November 1856 Mr. Mayne had got as far as having 16 pages up in type but then had to stop as further material was not forthcoming from the Society. It must be of relevance that Malcolm was alive when the first two *Transactions* were published and that the failure of the third to appear came after his death.

Copies of the annual transactions are known to exist for only two of the last six years.<sup>1, 2</sup>

	Ulster Medical Society	Queen's Medical Library	Linen Hall Library	Univ. Lond Library
1853-54	●	●	○	●
1854-55	○	●	●	○
1855-56	-	-	-	-
1856-57	○	○	○	○
1857-58	○	○	○	○
1858-59	○	●	●	○
1859-60	○	●	○	○
1860-61	○	○	○	○
1861-62	○	○	○	○

There is no mention of publication in the minutes of the fourth session (1856–57), but in the fifth session (1857–58) it was proposed at the annual general meeting on 1 May 1858 that "no transactions be published."

On 4 December 1858, Council agreed that "the present arrangements to be adhered to with regard to the distribution of the abstract [see below] and that a copy of the entire transactions be given to each member at the close of each session." The annual transactions did appear for that session (1858–59) and the

one following (1859–60) despite some attempt at backtracking by the Council on 26 May 1859 when it was proposed "that in future there be no reprints of the transactions at the end of the session".

Finally, as far as is known, no annual transactions were published for the last two sessions, the eighth and ninth (1860–61 and 1861–62 respectively).

It was agreed in February 1855 that on payment of 1d per week, non-resident members would receive a handwritten lithographed abstract of each weekly meeting (excluding discussion) in order to encourage their membership. The first abstract was of the meeting of 17 February 1855 and the idea proved so popular that a fortnight later the facility was extended to town members and to students. In the next session the cost was standardized at 2/6 per session. The lithographed abstracts were produced on flimsy paper and only thirty-seven examples are known to survive, the earliest being the first, and the last being that for the meeting of 11 March 1857.

On 1 December 1858, Council agreed that a bill of 16/6 for lithography "for the present session" was ordered paid so it is likely that lithographed abstracts were still being produced. At that same meeting, however, estimates for printing of two, three, or four pages (with fly leaves), and also "100 copies of every 12 pages" was received from Alexander Mayne, and at a special Council meeting three days later on 4 December 1858 it was agreed "That the transactions of the Society be henceforth printed ...."<sup>1</sup>

The move from lithography to printing was specifically mentioned at the annual meeting on 7 May 1859. The continued absence of the discussions was commented on and it was noted that the printed version was more expensive. There had been fears that the move to printing would be disadvantageous financially but it turned out to be well supported and over fifty members had subscribed by the time of the meeting. Eventually, at a special general meeting on 24 September 1859, it was agreed that the annual subscription should be increased by 2/6 and that everyone would receive the printed abstracts.

A proposal to enlarge the size of the type and paper was turned down in November 1859, and at a Council meeting on 31 October 1860 it was stated that "the Transactions" were being published monthly.

In contrast to the lithographed abstracts, no printed abstracts are known to exist.

Dr. W. Frazer, an editor of the *Dublin Hospital Gazette*, suggested to the Society as early as February 1854, that it should publish its transactions in that journal, but it was not until March 1856 (volume III) that this happened, the first case reported being from 5 Janu-

<sup>1</sup> [In 1988, Dr. J S Logan, Honorary Archivist, Royal Victoria Hospital, wrote to a number of libraries asking if they held copies of the Transactions but none did.]

<sup>2</sup> [Another copy of the 1859–60 Transactions was sold at auction in 2011.]

<sup>1</sup> [It is likely that here 'transactions' means 'abstracts'.]

ary 1856. (Very brief reports of two meetings had appeared in volume II.)

The transactions continued to appear until the journal closed down after the eighth session, and those for the ninth session then were printed in the *Dublin Quarterly Journal of Medical Science*.

#### **Notes on the Correspondence and Document Book.**

This bound "scrap-book" originally belonged to the Belfast Clinical and Pathological Society and letters, notices of meetings, etc., have been pasted in in rough chronological order. Some Belfast Medical Society and Ulster Medical Society documents were inserted later and their transcriptions will be found under the appropriate society.

The early pages of the book contain some faint writing underneath the glued-in papers but no effort has been made to transcribe it.

A number of words remain undeciphered and are indicated by square brackets and a question mark with a best guess if that was possible.

1. The item numbers shown in bold type are the original numbers which were written in ink.
2. Because the original numbering ceases after item 323, subsequent items have been allocated numbers, written in soft pencil, and shown here in plain type, commencing at "330".
3. Some original numbers were used more than once. These items are distinguished using a capital letter after the number ("172A" and "172B" for instance).
4. Some numbers were not used or their items are missing.
5. The items have been listed in this book in date order, not number order, which has led to many disruptions in the number sequence.
6. Some notices of meetings and the abstracts of the meetings are undated. It is assumed for the purpose of listing that notices were sent out two days before the meeting date, and abstracts have been inserted as soon as possible after their notices.
7. Other undated items are left in their numbered sequence.

Abbreviations were often used in the original letters, and addresses and dates could be found written at the beginning of the letters or at the end. Here abbreviations have been expanded and addresses and dates appear uniformly at the beginning.

The Belfast Clinical and Pathological Society came to an end in 1862 when it amalgamated with the Belfast Medical Society and the Ulster Medical Protective Association to form the Ulster Medical Society.



Belfast Clinical and Pathological Society  
Introductory General Meeting

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY

PRELIMINARIES

FROM THE CORRESPONDENCE BOOK

1<sup>1</sup> *Missing*

2 *To A. G. Malcolm*

27 Grosvenor Street [London]  
29<sup>th</sup> June 1852

Sir

I beg to forward you a copy of the Rules and Regulations of the Pathological Society of London,<sup>2</sup> and in reply to your question respecting the formation or possession of a Museum by the Society, you will observe that it has never been contemplated by the Society to form any kind of Museum—or even a Library. The formation of either would be entailed with considerable expense and annual outlay, and though the funds of our Society are in a most satisfactory condition yet our income is by no means equal, at present, to that amount, which would justify the immediate contemplation of forming a Museum.

If the reports of our last years proceedings will be of any value to you, I shall be happy to forward them to you, whenever you may find a convenient opportunity for so doing.

Believe me  
Yours faithfully  
George Pollock

3 *To A. G. Malcolm*

63 Eccles Street  
Dublin

Dear Sir

I send you the required information respecting the Pathological Society of Dublin founded in 1838 and also the 3<sup>rd</sup> Report (the last published).

I shall be happy to reply to any other queries you may raise.

Yours truly  
Robert W. Smith

4 *Printed circular*

3rd August, 1853

Dear Sir

The enclosed Prospectus is respectfully submitted to you for your private consideration. If you approve of the project, and desire to co-operate with the promoters towards its realization, you are requested to attend a preliminary Meeting, to be held at 49, York-Street, on Friday Evening, 12th instant, at Eight

<sup>1</sup> [Numbered items are from the Correspondence Book and have been arranged primarily in date order and then in number order.]

<sup>2</sup> [Included in the Correspondence Book but not transcribed.]

o'clock. If otherwise engaged, you will please intimate to the undersigned your opinion upon the subject.

(Signed on behalf of the Promoters),  
A. G. Malcolm, M.D.

9 *To A. G. Malcolm*

North Street  
Friday evening

My dear Dr.

I am sorry circumstances prevent me from attending the proposed meeting "for the formation of a clinico-pathological society" but I approve for the matter, as far as I understand it, and would willingly become a member of such a society.

I am, my dear Sir,  
Yours very truly  
John W. Beck

19 *To A. G. Malcolm*

Belfast  
August 12, 1853

My dear Doctor

I have been favoured with your Circular as to a proposed Clinico-pathological Society. There cannot be a shadow of doubt as to the importance of pathological inquiries and research, but I have long been of opinion that a more familiar acquaintance with, and better elucidation of, daily, ordinary cases, is what is of most importance and greatest usefulness.

The foundations of distinct societies, for special purposes, are apt to flourish for a time, under the zeal of their promoters, but after a time, fail and decline. The existing Medical Society, is to all intents and purposes, a clinico-pathological Society, ready to listen to, and entertain any proposals that may be laid before it. I am for few Societies, instead of many, and I conceive that if the different Societies in Belfast for the promotion and diffusion of knowledge were amalgamated, it would be a benefit conferred on all.

I remain My dear Dr.  
Yours most faithfully,  
H. MacCormac

If zealous individuals choose to form Societies, notwithstanding, I can see no objection.

5 *Printed circular*

August 16th, 1853

Sir

The second Meeting of the Promoters of the Belfast Clinico-Pathological Society will be held at 49, York-Street, on Friday next, 19th inst., at 8 o'clock, to consider the code of Rules already drafted, and arrange other preliminaries necessary to the realization of the Society.

Your attendance is particularly requested.  
(Signed on behalf of the Promoters),  
A. G. Malcolm, M.D.

10 Printed circular

August 24th, 1853.

Sir

The Third Meeting of the Promoters of the proposed Belfast Clinico-Pathological Society, will be held at 49, York-Street, on the Evening of Friday, 26th inst., at 8 o'clock, to arrange the final business preliminary to starting the Society, and consider a communication to be made to the "Belfast Medical Society."

(Signed on behalf of the Promoters),  
A. G. Malcolm, M.D.

26 To A. G. Malcolm

Donegall Square  
August 25 1853.

My Dear Sir

I have read the Conspectus of a Society to be named the "Belfast Clinico-Pathological".

As I do not perceive any mode in which I am likely to assist its objects it will be quite useless for me to attach my name to the list of its members.

For the compliment of having offered my enrolment, I beg to return you my thanks and Remain

Dear Sir  
Your obliged and obedient Servant  
Thomas Read

14 Printed circular

40 copies  
31st August, 1853.

Sir

The Members will meet for the despatch of business at the General Hospital, on Friday, Evening next, 2nd September, at Eight o'clock.

The Officers and Committee will be then appointed, and the day fixed for the Opening of the Session.

Herewith is sent a copy of the Laws, as approved at three preliminary meetings of the Promoters.

(Signed),  
A. G. Malcolm, M.D.  
G. F. Wales, Secretary, *pro tem*.

15 Printed circular

20 copies  
31st August, 1853.

Sir

The Members will meet for the despatch of business at the General Hospital, on Friday, Evening next, 2nd September, at Eight o'clock.

The Officers and Committee will be then appointed, and the day fixed for the Opening of the Session.

Herewith is sent a copy of the Laws, as approved at three preliminary meetings of the Promoters.

(Signed),  
A. G. Malcolm, M.D., G. F. Wales, Secretary, *pro tem*.

P. S.—Should you not have already joined this Society, an intimation of your desire to do so, forwarded to the undersigned, on or before 2nd September, will entitle you to a place on the *original* Roll of Members.

A. G. M.

17 To A. G. Malcolm

Friday

Dear Malcolm

I fear that I shall not be able to be with you this evening but you may consider me a member of the Pathological Society.

Yrs  
Saml. Browne

18 To A. G. Malcolm

Ballymacarrett  
Friday

Dear Malcolm

I shall be most happy to join your "New Society." Of its ultimate success and beneficial results to the medical profession, generally, I have no I fear great anticipations.

Being extremely unwell and in fact confined to bed all week, my presence at your meeting this evening may be excused.

I remain  
Yours faithfully  
Thos. W. Hamilton M.D.

22 To A. G. Malcolm

Friday

Dear Sir

I shall cheerfully become a member of the Clinico-Pathological Society. A consultation at 8 o'clock this evening will prevent my being at the meeting till half past eight.

Yours etc  
Joseph W. Bryson

23 To G. F. Wales

81 Donegall Street  
September 2, 1853

Dear Sir

I will feel obliged by your adding my name to the roll of members constituting the Belfast Clinico-Pathological Society. I had not previously been aware of the existence of such a Society or would have joined you sooner, but I perceive from your notification that I am yet in time.

Yrs truly  
Mawhinney

24 To A. G. Malcolm

10 Chichester Street  
2nd September 1853

My Dear Malcolm

I regret that other engagements prevented my at-

Belfast Clinical and Pathological Society  
Introductory General Meeting

tendance at your preliminary meetings of the Pathological Society. Of course I will join the body for the present at least. As yet I do not know who are the members with the exception of one or two. I cannot say therefore who would be the most useful members of the Committees proposed for formation but if I can be of any service or other I shall be most happy.

Believe Me Truly Yours  
Henry Murney

27 To A. G. Malcolm

10 Donegall Square South  
2 September 1853

Dear Malcolm

I have engagements for this evening which will prevent me from attending your meeting. I will have much pleasure in joining this Society (Clinico-Pathological) though I fear I can contribute little in the way of information. I remain

Yours faithfully  
William M'Gee



*Belfast Clinical and Pathological Society*  
*Introductory General Meeting*

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY

INTRODUCTORY GENERAL MEETING.

*2nd September, 1853.*

ANDREW MARSHALL, M.D., IN THE CHAIR.

ATTENDANCE OF FIFTEEN MEMBERS.

RESOLVED,

I.—That the “BELFAST CLINICAL AND PATHOLOGICAL SOCIETY” be now duly constituted, and that the Laws agreed to by the Promoters, and as now amended, be considered “the Laws of the Society, and be binding on all its Members.”

II.—That the Members now present, and all to whom the circulars summoning this Meeting were forwarded, who give in their adhesion on or before 30th. September, do constitute the *Original* Members of the Society, and that all practitioners desirous of joining subsequently, shall conform to the preliminary regulations laid down in the Laws, III and V.

III.—That the Session of 1853-4, be duly opened on the 8th October, proximo; and that the President elect be requested to give the Inaugural address.

IV.—That the subscription for the Session 1853-4, be due on the 8th October, proximo.

V.—That a general circular drawing attention to the Laws, and giving a list of Officers and Members, be forthwith issued to as many Practitioners of the North of Ireland as the Council may deem proper; and that a short advertisement be inserted in the Dublin Medical Journals, announcing the formation of the Society, and requesting co-operation.

VI.—That the Secretaries shall issue the weekly circulars to all Resident and Honorary Members, and such of the Non-Resident as shall defray the expense of postage.

LAWS OF THE

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY.

I.—NAME AND OBJECTS.—The Society shall be called “The Belfast Clinical and Pathological Society,” whose objects shall be the Cultivation of Practical Pathology, Diagnosis and Therapeutics, by means of the accumulation, and Analysis of appropriate Cases and Pathological Reports, and Public Discussion thereon; the establishment of a Pathological Museum; and the keeping of Records, to indicate the progress of discovery in Medical Science.

II.—MEMBERS.—The Society shall consist of Ordinary Resident and Non-Resident, and Honorary Members—the number unlimited.

III.—QUALIFICATION.—The Candidates for Membership shall be regularly qualified Physicians or Surgeons.

IV.—ANNUAL SUBSCRIPTION.—The Annual Subscription shall be *Ten Shillings* to Resident, and *Five Shillings* to Non-Resident Members, payable on the first day of Session, or, if a new Member, on the day of his election.

V.—ELECTION.—The Candidate for Membership shall be proposed by two Members at one Meeting and balloted for at the next; *one black bean* in *five* to exclude—and, prior to Ballot the legality of his Qualification shall be duly certified, and his Subscription paid.

VI.—HONORARY MEMBERS.—Honorary Members shall be elected only at the stated Annual Meeting; the names of Candidates to be entered on the *Minutes* at least one month previously, and proposed by four Members. When elected, they shall be free to all the privileges of Membership, except share in the property, without Subscription; and in the ballot for Honorary Members, *one black bean* shall exclude.

VII.—OFFICERS.—The Officers of the Society shall consist of a *President* to be elected annually by a majority of votes, not re-eligible for three successive years after expiration of office, but entitled, as *Ex-President*, to be placed on the *Vice-President* list; *Five Vice-Presidents* (two of whom shall be chosen from the Non-Resident Members), exclusive of *Ex-Presidents*, two *General Secretaries*, and a *Treasurer*, all to be elected annually by a majority of votes; and after expiration of office, eligible for re-election.

VIII.—THE COUNCIL—ITS FORMATION AND DUTIES.—The Council shall consist of the Office-bearers, and Members of “The Microscopical” and “The Museum” Committees. The duties of the former Committee shall be to report on any Specimens contributed to the Society by members for Microscopic Examination; and those of the latter shall be to take charge of the Museum, receive and put up Morbid Specimens, and report on same when required by the Society.

The duties of “the Council” shall be to make all the necessary preparations for the ordinary Weekly Meetings—to examine the contributions of Members, and select for reading such as may be eligible—to conduct the financial and ordinary business of the Society—make Bye-laws and other regulations not provided for in the stated *laws* of the Society—report at the Annual Meeting upon all the proceedings of the Session—and draw up the Annual Transactions.

IX.—DUTIES OF THE GENERAL SECRETARIES.—The General Secretaries shall keep a Record of Minutes, enter the Cases and notices received, or remarks furnished, in their respective Books, and summon and attend all meetings of the Council and Society.

X.—DUTIES OF THE TREASURER.—The Treasurer shall keep an account of all Receipts and Disbursements, and furnish his financial statement twice during the Session, also at the close, and whenever required by a vote of the Society.

XI.—CASE PAPERS.—Each Member shall be supplied with forms of “Case Papers,” having the annexed heading to guide him in drawing up the contributions which he may furnish. “The reporter is requested to note particularly the following points, in the reading of his case, viz.:—If from any author, the particular volume and age; if original, the place and date; in any case, the age, history, management, impressions regarding same at different periods, the termination, and P. M. Examination, if any.”

XII.—MEMBERS’ CONTRIBUTIONS.—The Contributions shall be of the following description:—

- 1.—CASES, shewing unusual sequence, or co-existence of diseases.
- 2.—Do. shewing any practical lesson, point, or caution, useful in practice.
- 3.—Do. exhibiting any rare form, complication, exception to the laws of Diagnosis, Pathology, or Therapeutics; or unusual interpretation.
- 4.—Summaries of Medical Statistics to prove frequency of type, average of age, and mortality, and effects of remedies in any disease, or other point susceptible of proof by Statistics.
- 5.—Reports on *novel modes of practice* in any disease.
- 6.—MORBID SPECIMENS of Pathological or general interest, with or without case, or for Microscopic or Chemical examination.
- 7.—Replies to *Medical Queries* proposed by Members.
- 8.—Brief *Clinical Facts* of practical interest.

All contributions to be original, or original translations from authentic Foreign records, not generally accessible to Members.

XIII.—THE SESSION.—The Session shall commence on the last Saturday in October, and terminate the first in May; and the ordinary meetings shall be held every Saturday, at Three o’clock Afternoon: and the *Annual Meeting*, the first Saturday in May.

XIV.—BUSINESS OF THE ANNUAL MEETING.—The Business of the Annual Meeting shall embrace the following subjects, viz.:—

- 1.—The Report of the Council.
- 2.—The Report of the Auditors.
- 3.—The announcement of the New Office-Bearers and Council Members.
- 4.—The closing address of the retiring President.

XV.—BUSINESS OF THE ORDINARY WEEKLY MEETINGS.—The ordinary sittings shall be limited to *One Hour*—five Members to form a Quorum. The following shall be the order of proceedings for the Current Session:—

- 1.—The Chair to be taken by the President: if he be absent, by the Senior V. P. present.

- 2.—The Minutes of the previous meeting read and signed.

- 3.—Announcements from the Council.

- 4.—The Proposal of Candidates and Election of new Members.

- 5.—The following in such order as the Council may direct, viz.:

- a.—The Exhibition of Morbid Specimens.
- b.—The Results of Microscopical and Chemical Examinations.
- c.—The Reading of Cases.
- d.—Brief Notices of Clinical Facts and Summaries of Medical Statistics.
- e.—The Exhibition of New Instruments and Medicines.
- f.—Papers on New Modes of Treatment.
- g.—Debates on Doubtful Points in Medical Practice.

XVI.—VISITORS.—Medical Students, of at least one year’s standing, shall be admitted as Visitors by Official orders of Members only.

Any Medical Practitioner, not being a Member, may be admitted as a Visitor *once only* during a Session, on being introduced by a Member who shall write the name of the Visitor in the Proposal Book of the Society.

XVII.—RESERVE FUND.—*One Fourth* of the Subscription money shall be set aside as a Reserve Fund, and deposited in Bank, in the names of the President and Treasurer for the time being, to the credit of the Society.

During the Recess, if the state of the ordinary finances permit, a volume of Annual Transactions shall be prepared and published for *free* distribution among Members only.

XVIII.—BOOKS OF THE SOCIETY.—The Books of the Society shall consist of the following:—

- General Minute Book
- Council’s do.
- General Proposal Book
- Treasurer’s Account Book
- Treasurer’s Receipt Book
- General Case Book
- General Note-Book for Record of Discoveries, Inventions, and interesting Medical notes
- Pathological Museum Record
- Microscopical Reports
- Document Book.

XIX.—PROPERTY OF THE SOCIETY.—The Property of the Society shall not be disposed of except by the unanimous vote of a Special Meeting. Due notice of intention to take such a vote shall be given in a Special Circular to all Members, one month previously.

XX.—DEFAULTERS.—No fines whatsoever shall be imposed on Members; but in case of Subscriptions more than two months due, and after two successive notices from the Treasurer, the names of the defaulters

*Belfast Clinical and Pathological Society*  
*Introductory General Meeting*

shall be struck off the Roll of Members, and they shall be ineligible for re-election during the remainder of the current Session.

XXI.—EXPULSION OF MEMBERS.—Members may be expelled for unprofessional conduct by a vote of the Society, provided that such vote be carried by three-fourths of a Meeting of at least twelve Resident Members, and that due notice of the intention to take such a vote, with grounds of the charge, be given to each Member eight clear days before meeting.

XXII.—PRIVILEGES.—It shall be a privilege exclusively granted to Members, to receive at any time Reports from “the Microscopical Committee,” upon any specimens which they may furnish for examination.

XXIII.—NOMINATION AND ELECTION OF THE OFFICE-BEARERS AND COMMITTEES.—All Members to be nominated for Office-Bearers and Committees shall be proposed by the Council, or a vote of the Society, eight clear days before election; and every Member shall receive due notice thereof, that he may be enabled to forward names for Nomination.

The election of Office-Bearers and Committees shall take place thus:—Each Member shall send forward to the Secretaries his Ballot-paper, properly filled with the names he shall select from the List of Nominees, which will be furnished to him. These names, so returned, shall be examined by the Council and Auditors, whose report thereon shall be submitted at the Annual Meeting.

XXIV.—AUDITORS.—Two Auditors shall be appointed on the last meeting in April, whose duties shall be to examine the Treasurer’s Books, and report on the state of the finances at the Annual Meeting; and also act in conjunction with the Council, in examining the Ballot-papers received from Members.

XXV.—FUNDAMENTAL LAWS.—No case shall be presented to the Society, and no specimen preserved in the Museum, without the previous sanction of the Council.

All new proposals shall be inscribed in the Proposal Book, and signed by at least two Members, before being considered by the Council or Society.

No new Rules or Alterations shall be made, except at the three meetings prior to the Annual one, or a special one summoned for the purpose, by the President and Two Vice-Presidents, and due notice of intention to propose such Rules or alterations, shall be given in the circular.

THE FOLLOWING MEMBERS WERE THEN DULY ELECTED AS  
OFFICE-BEARERS FOR THE SESSION, 1853-54:

President

\* T. H. PURDON, A.M., M.B. (T.C.D.), F.R.C.S. (I.)

Treasurer

\* J. H. HALLIDAY, M.D. (Glas.)

General Secretaries

\* A. G. MALCOLM, M.D., (Edin.)

\* G. F. WALES, L.F.Ph. and S. (Glas.)

Museum Committee

J. M. PIRRIE, M.D. (T.C.D.)

J. S. ARMSTRONG, M.R.C.S. (Eng.)

J. W. STRONGE, M.B. (T.C.D.)

H. M. JOHNSTON, L.R.C.S. (I.)

Secretary

\* RICHARD ROSS, M.D. (St. And.)

Microscopical Committee

T. H. PURDON, M.D.

A. G. MALCOLM, M.D.

Secretary

\* H. MURNEY, M.D. (Edin.)

The Council

*Members marked thus [\*] constituted the Council.*



Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY

FIRST SESSION  
1853–1854

20 To A. G. Malcolm

Hercules Place  
Sunday night

Dear Malcolm

I should have earlier replied to your circular and kind note but have been prevented by accident from so doing.

I do not know that it would be in my power to become an active member of a Pathological or other Medical Society at present although I should much desire it, but from the constant nature of my avocations I could not promise myself the leisure necessary to assist at your meetings other as a listener, or as a contributor to the general stock. With best wishes for the success of your projected society.

I am  
Sincerely Yours  
Alex. Harkin, Surgeon

21 To A. G. Malcolm

Monday p.m.

My dear Doctor Malcolm

I was unable to attend the meeting of the Clinical and Pathological on the evening you mention on the notice, and I have been from home since that time.

May I request you will add my name to the list of members.

In haste

Yours  
J. Patterson

8 Envelope pre-addressed to the Belfast Clinical and Pathological Society, General Hospital.

11 Committee attendance request form

Sir

The Members of the \_ Committee will meet at the General Hospital, on \_ at \_ o'clock, for the purpose of reporting on the following Specimens received:—

—  
—

(Signed), \_  
Sec. of \_ Committee.

13 Circular to Candidates

Sir

I beg to inform you that you were on \_ duly nominated as a Candidate for Membership, having been proposed by \_, and seconded by \_; and that the Election for Admission, will take place on \_ prior to

which, it is necessary that your Subscription for the current Session ( ), be forwarded to either of the Members above named, or the Treasurer, Dr. J. H. Halliday.

Your early attention will oblige

Your obedient Servants,  
A. G. Malcolm, M.D.  
G. F. Wales  
Gen. Secretaries

12 General Circular for New Members

\_ Session, 1853–54

Sir

We have much pleasure in informing you that you were duly elected a Member on \_ . Herewith is sent a copy of the Society's Laws, and List of Officers and Members.

In co-operating with the other Members to realize the important objects of the Society, it is earnestly requested that you will avail yourself of every opportunity for contributing to the general Stock, which your reading and your Practice may from time to time afford (See Laws 11, 12, and 13).

You will please observe that Contributions are to be written briefly on the Case-papers, (of which twenty copies are enclosed) and forwarded as directed to the Secretaries, early in any week during the Session.

All communications with the Secretaries must be post-paid.

Your obedient Servants  
A. G. Malcolm, M.D.  
G. F. Wales  
General Secretaries

6 Microscopical committee report form.

16 Standard agenda form

25 Standard Case Report Paper

31 To A. G. Malcolm

42 Upper Arthur Street  
5<sup>th</sup> September 1853

My dear Dr. Malcolm

I know I owe you an apology for my silence hitherto on the subject of your "Clinical & Pathological Society" of which I have had your circulars &c. in due course.

My reasons for absenting myself from your meetings & for still refusing to be one of your members are simply these.

First I am of opinion that the great objects of your new Society could be attained in connection with the old "Society" as I believe the Medical Profession in Belfast is not in a state yet to admit of even this division.

2<sup>nd</sup> I also hold that Members have been too freely admitted to the “Medical Society” and I fear you are pursuing a similar course in regard to the introduction of Members to the “Clinical & Pathological Society”, &

3<sup>rd</sup> you know I have considered it inconvenient for the majority of the Members of the “Medical Society” to attend the place of meetings and I need hardly add to my own inconvenience by joining a Society the meetings of which would be equally inconvenient.

4<sup>th</sup> Your Meetings are too frequent and & I do not like the idea of Students who do not understand the etiquette of the profession being admitted.

Excuse this hurried note and believe me as I am yours very faithfully

R. F. Dill

29 Printed circular with handwritten list on back.  
September, 1853

Sir

We are directed, by Resolution of Society, passed 2nd September, to transmit, for your perusal, a copy of the Laws (herewith enclosed), to which is added a List of the Office-Bearers and Members. If, on consideration, you approve of the objects aimed at, and the manner of realizing them therein detailed, it is respectfully requested that you will communicate with the undersigned, by letter, at your earliest convenience, before 1st October prox., and at the same time inform us whether you are desirous of joining the Society, as after this date Laws will be in force.

Any further information which you may require will be cheerfully furnished by,

Your obedient servants,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
Secretaries

Forwarded this Circular with Laws to practitioners whose names are on back leaf.

20 <sup>th</sup> September	21 <sup>st</sup> September
Antrim, Hall	Enniskillen, G. A. Nixon M.D.
Armagh, Cuming	Glenarm, G. S. Holmes M.D.
Aughnacloy, Scott W.	Keady, J. [obscured]
Ballibay, Robinson	[obscured]
Ballycastle, O'Conor	Kilrea, J. Clarke AA-D
Ballymena, Ross	Larne, C. Ferris
Ballymoney, Latham	Letterkenny, H. Thorpe AA-D
Ballinahinch, White	Lisburn, J. Campbell M.D.
Banbridge, Malcolmson	J. J. Kelso M.D.
Bangor, Russell	Musgrave M.D.
Blackwatertown, Martin	Derry, F. Rogan M.D.
Buncrana, Moorehead	A. Hamilton M.D.
Carrmoney, Dundee	Loughall, W. W. Leeper M.D.
Carrickfergus, Stewart	Maghera, J. N. Clarke M.D.
Carrickmacross, Fleming	Market Hill, J. AA-Lynn AA-D

Cavan, W. M. Bryce	Monaghan, W. Temple M.D.
Clones, Hoskins	Newry, J. Morrison M.D.
Coleraine, Carson	A. Erskine M.D.
Comber, Frame	W. Huntley M.D.
Cookstown, Graves	N'townards, D. Jamison M.D.
Crumlin, Hume	Portadown, A. Bredon M.D.
Donaghadee, Catherwood	<del>Ran'town, A. AA-Dowell AA-D</del>
Downpatrick, Brabazon	<del>Rosstrevor, W. K. Nesbitt</del>
	<del>AA-D</del>
Dundalk, Browne	Strangford, W. W. Thetford
3 Parcels 2/-	Fandragee, A. Patton AA-D
	Fynan, C. F. Huston AA-D
	Virginia, J. AA-Atkins AA-D
	Magherafelt, Vesey M.D.
	17-1/5
	41 Envelopes

30 Printed circular identical to 29 except handwritten date of 21st September and no list.

32 To A. G. Malcolm

Newtownards  
22<sup>nd</sup> September 1853

Sir

I have received the Laws of the Pathological Society & your Circular as secretary. In reply I beg to say I approve of the Rules of the society & heartily wish it success, & will be obliged if you admit me as a member.

Had you given your address in the Circular I would have sent a Post Office order for my subscription but I shall take the first opportunity to send it that occurs. As I will be very seldom able to attend the meetings of the Society it will not be necessary to send me the weekly summonses.

I am Sir your  
Very obedient servant  
David Jamison M.D.  
& Surgeon

23 September.  
Replied—Sent 10 copies “Case papers”

AGM

28 To A. G. Malcolm and G. F. Wales

Cookstown  
23<sup>rd</sup> September 1853

Gentlemen

I beg to acknowledge your circular and copy of the Laws of the Belfast Pathological Society.

Every Northern practitioner must rejoice that such has at last been established in Belfast. I will therefore feel great pleasure in offering myself as a candidate for Membership. My friends Mr. S. Browne and Dr. T. Hamilton will I am sure propose and second me at your next meeting.

I am your obedient servant  
Henry Graves

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

38 To A. G. Malcolm

Comber  
September 26<sup>th</sup> 1853

Dear Doctor

I beg to say that I have carefully read over the Laws of your intended Society and highly approve of its objects. I therefore would feel very happy in having my name added to the list of its members.

I find however that it would not be convenient to for me to be in Belfast but perhaps you could get it done for me if I would send my Diploma & the cash to you any time before the 1<sup>st</sup> of the month & oblige

Yours respectfully

James Frame

P.S. Please say where I should send the Diploma &c.

J.F.

34 To A. G. Malcolm

Larne  
29<sup>th</sup> September 1853

Dear Sir

I highly approve of the formation of a Clinical and Pathological Society in Belfast and beg you will have the kindness to enrol my name among the Members.

When the Annual Subscription becomes payable I shall have much pleasure in remitting it.

I am Dear Sir

Yours truly

C. Ferres

36 To A. G. Malcolm and G. F. Wales

Upperlands, Maghera  
September 29<sup>th</sup> 1853

Gentlemen

I acknowledge the receipt of your kind communication: but I shall not, at present, be able to avail myself of offering as a candidate, to become a Member of your worthy and honourable association.

Yours respectfully

Jackson N. Clarke M.D.

33 To A. G. Malcolm

Aughnacloy  
October 1<sup>st</sup> 1853

Sir

Circumstances which I need not detail prevented me replying earlier to a circular signed by you as Secretary to the "Clinical & Pathological Society of Belfast" requesting me to become a member. I beg to say I shall be happy to do so if the time has not elapsed in which it was competent for persons to join without being proposed &c. In the event of it still being possible to join I will on hearing to that effect send my subscription by return of post.

I am, Sir,

Your obedient Servant

William Scott

37 To A. G. Malcolm

Belfast  
5<sup>th</sup> October

My dear Sir

I hope to leave for Dublin tomorrow with Mrs. Stronge & do not intend returning until Tuesday next. Consequently I am denied the pleasure of attending the first meeting of the Society on Saturday next. I shall be happy either to give you the Instrument to shew to the society or if you don't think much of that, I shall produce it at the next meeting.

I am not prepared in any way for the approaching meeting, for weeks I have been hoping to get away for a few days.

Wishing success to your opening meeting, I am

My dear Sir,  
faithfully

J. W. Stronge

7 Printed circular

Sir

The Council will meet at the General Hospital on Wednesday evening, at Half-past Six o'clock, to prepare the Weekly Circular, and make other arrangements for the Meeting of the Society on Saturday.

If prevented from attending, you will please forward to the undersigned any Case-papers, Specimens, or Reports you may have ready for the meeting.

A. G. Malcolm, M.D.,

G. F. Wales,

Secretaries

Council for Session 1853-54<sup>1</sup>

Ex-officio

**President,**

T. H. Purdon, M.D.

**Treasurer,**

J. H. Halliday, M.D.

**Secretaries,**

A. G. Malcolm, M.D., G. F. Wales, M.B.

**Elected**

H. Murney, M.D., R. Ross, M.D.,

J. M. Pirrie, M.D., J. W. Stronge, M.B.

J. S. Armstrong, H. M. Johnston.

**Council Meeting October 5, 1853**

Present: Drs. Purdon & Malcolm & Wales

Circular prepared.

35 To A. G. Malcolm and G. F. Wales

Dundalk  
6 October 1853

Gentlemen

Your printed circular together with a copy of the Laws of the Belfast Clinical and Pathological Society came here in my absence and on my return I found the time mentioned in your note for a reply had so

<sup>1</sup> [All Council reports are taken from the Council Minute Book.]

nearly expired that I thought it better to defer writing to you until I had brought the proposal of your communication before the members of the Louth Medical Association thinking that some of them might feel a desire to connect themselves with your Society.

Accordingly on last Monday I brought the matter under their consideration when some of them seemed anxious to join you provided they could still do so on the original terms, and without the ordeal of the ballot.

With the nature and object of your society we all heartily concur, and for myself I beg to express to you my sense of obligation for your kindness in asking me to join you, and which I may say I would have signified my desire to this at once, but for the reasons above stated.

If I can therefore still be considered as a Member on the terms mentioned in your circular without being subjected to a ballot I shall most willingly join your society; but should the reverse be the case then I should prefer my name should not be brought forward.

I remain Gentlemen  
Your obedient and obliged Servant  
John Browne

**40** Notice of the First Meeting in the First Session  
Sir

The Members will meet for the dispatch of business at the General Hospital, on Saturday afternoon, 8th October, at 3 o'clock.

**Letters, etc.,**

From Drs. Jamieson, Scott, J. N. Clarke, H. Graves, H. Carlisle, & Stronge, and Messrs. Frame, Mawhinney, & Daly.

**Pathological Specimens to be Exhibited.**

1. Two Plaster Casts of Foot and Leg, extraordinarily deformed from a Burn-cicatrix.
2. A Wax Cast of Kidney, in Bright's Disease.
3. A Specimen of Farre's Tubera Circumscripta.
4. A Dried Specimen of Aortal Valves, extensively diseased.

**Result of Microscopical Examinations, with Illustrations, viz.**

1. The Achorion Schoenleinii.
2. Uric Acid and the Ureter.

**Cases to be Read:**

1. Co-existence of Phthisis and Chronic Cystitis.
2. The Blue Girl, or a deep purple tint of skin due to intense Pleuritis.
3. Protrusion of the Tongue, in a case of Worms and Scrofula.
4. A New Symptom in Perforation of the Stomach.

**New Inventions, &c.**

1. Sibson's Pleximeter;
2. A new Laryngeal Syringe;
3. Œsophageal Bougie and Brush.

The business will close with an Address from the President.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

N.B.—Your Subscription for the current Session ( ) is now due.

**39** List of Members who have paid

Dr. Bryson	Dr. Armstrong
— Patterson	— McGee
— Halliday	— Jamison Newtownards
— Scott Aghnacloy	— Murney
— Wales	— Hanna
— Frame Comber	— Johnston
— Hamilton	— Stronge
Dr. Young Holywood	— Marshall
— Aickin	— John Smyth

October 13<sup>th</sup>  
G.F.W.

THE FIRST ORDINARY MEETING.

8th October, 1853.

J. C. FERGUSON, M.B., in the absence of the President, was called to the Chair.

Attendance:—Members, 23; Students, 2.

I. Dr. ROSS exhibited two plaster casts of the foot and leg, modelled from an inmate of the Union Workhouse, which illustrated the permanent effects of an extensive burn received in infancy. The patient was a female, aged 35, who, when one year old, received the burn. In the course of a year afterwards, she was able to walk, and never after required crutches, though the deformity was exactly similar to that of a case of *talipes equinus*. The casts were taken in September, 1853, and were presented by Dr. J. S. Reid, physician to the Union Fever Hospital. Dr. Ross, in the course of his observations, recommended numerous small incisions, instead of one or two large ones, for the removal of deformities consequent on burns.

Dr. STRONGE drew the attention of the Society to the full and perfect development of the gastrocnemii muscles, and contrasted it with the condition so frequently found in congenital deformity of the lower limbs; in the latter, he observed, the gastrocnemii muscles present so poor a state of development, as to appear as if they had been sliced away by the stroke of a knife, commencing at the popliteal space, and ending where the *tendo achillis* begins to form. The casts before the Society resembled closely the natural deformities. They were taken from an adult, in whom the injuries occurred very early in life, and after growth and development had so changed the structures that the deformities might be mistaken for con-

genital. Dr. Stronge believed the condition to which he had alluded would aid surgeons in contra-distinguishing the affections.

II. Dr. MALCOLM exhibited *two wax casts*, modelled from the kidney of a patient who died at the General Hospital, with the symptoms of confirmed “Bright’s Disease.” The model presented a condition precisely similar to that illustrated in Bright’s Reports (Pl. ii., figs. 1, 2, and 3). In his remarks thereon, Dr. M. alluded to the various morbid appearances of the kidney observed in this disease, which precluded all idea of it being a single definitive lesion. Dr. Bright himself did not pretend to define it accurately. Since the date of his Reports, microscopical research had clearly shewn that several very distinct lesions had been included under the generic term; and, even yet, a difference of opinion exists as to the nature of the *gray deposit* (well illustrated in the cast) which supplants the natural tissue of the cortical portion. Johnson’s view, as being based upon recent careful microscopic and clinical observations, is perhaps entitled to the greatest regard. It certainly explains most satisfactorily the pathology of these lesions, and connects them with the diagnostic signs observable during life. He divides them into four great classes, viz.:—

1. *Acute Desquamative Nephritis*, characterized by these serial changes, viz.:—1st, morbid blood; 2nd, stimulation of the secreting cells of the kidney, producing rapid desquamation; 3rd, checked secretion; 4th, retarded circulation, distension of the malpighian vessels, and escape of serum and a fibrinous material which coagulates in the tubes, and escapes with epithelial cells, in the form of “epithelial casts,” and sometimes (from rupture of the over-distended malp. capillaries) “blood casts.” This form may exist without permanent organic change.

2. *Chronic D. N.*, characterized by chronicity of epithelial desquamation; arrest of the reproduction of epithelium; clearing away of the contents of the tubules, which leaves the basement membrane, for the most part, bare; the tubes eventually become atrophied, and surrounding tissue collapsed; the malpighian bodies become more distinct, their capillaries become thickened and opaque, the muscular coats of the arteries hypertrophied, and the condensed tissues give the appearance of the so-called “*granulation*.” Some of the tubes contain unorganised fibrinous or albuminous material, which appears in the urine, in the form of “large waxy casts,” having a diameter of the full calibre of the denuded tubules; and sometimes so abundant in the kidney as to give it the appearance, on section, of a mass of yellowish-white wax, a little variegated—the “waxy degeneration” of the author. Some tubes may dilate and grow into cysts, while others become the receptacles of oil cells in considerable quantity.

3. *Non-Desquamative Disease*.—This also occurs in an acute and a chronic form, and is characterized by a granular and opaque condition of the tubular lining, and the general *absence* of the desquamating process, save in a few tubules, (whose epithelium is still normally retained), from which “small waxy casts” issue and appear in the urine. It is under this condition that the more advanced anatomical appearances (such as are depicted in Bright’s Reports, pl. iv.,) may be observed, and which correspond to Gairdner’s “waxy degeneration.” The kidney rarely becomes atrophied in this form; but in general it becomes larger, paler, and more wax-like, in proportion to the duration of the disease.

4. *Fatty Degeneration*.—A not uncommon sequel to the third form, and distinguished during life by the presence of “oily casts and cells” in the urine. It sometimes supervenes upon the first form, but after an intermediate non-desquamative condition. (For illustration, see Bright’s Reports, pl. ii., and Rayer’s Work, pl. viii.) In addition to the character of the kidney under the third form, there is a certain amount of “characteristic granulations of a yellowish-white colour scattered through the cortical substance,” these being deposited in *certain sets* of tubes only. Hence this lesion has received the name of the “*granular fat kidney*,” another is designated by Johnson “*mottled fat kidney*,” and is characterised by a mottled appearance, and by the oil being almost *universally* deposited in the epithelial lining, or interior of the tubules themselves. The proportion of fatty matter in this form is larger than in the former, and it may exist a long time before any albumen in the urine, or other ordinary indications, can be observed.

These four conditions include all the changes usually due to Bright’s lesion; and hence the *deposit* referred to at the beginning of this notice, may be deemed an albumino-fibrinous substance—the basis of the cast, thickened malpighian bodies, and tubular walls, or oily matter, according as the degeneration is inflammatory or fatty.—(See *Catalogue of Museum*, No. 2.)

III. Dr. MALCOLM exhibited a good specimen of Farre’s *Tubera circumscripta* of the liver, which he had also examined microscopically, and found to contain ordinary “cancer-cells.” As one of the examples in which *enlargement* of the liver may be distinguished during life, Dr. M. pointed out the principal distinctive marks of this and other lesions characterized by the same feature, viz.:—*pure hypertrophy*, the results of hyperæmia; *the nutmeg liver*—hypertrophy of the secreting substance, or of the ordinary adipose tissue contained in the liver; *the fatty liver*, or morbid accumulation of fat in the liver, of which the so-called waxy liver is a variety; *the lardaceous liver*, characterised by the infiltration of the hepatic parenchyma

by a gray albuminous and lardaceo-gelatinous substance, whose nature has not been yet clearly ascertained; *abscess*; and *hydatids*;—the other affections of the liver do not increase its bulk.

IV. Mr. H. M. JOHNSTON exhibited a dry preparation of *calcareous aortal valves*, which presented a good illustration of *stenosis*.—(See *Catalogue of Museum*, No. 1.)

V. Dr. MALCOLM exhibited some *drawings of the Achorion schænleinii*, taken from a recent specimen of the crust, in a case of *porrigo favosa*; and pointed out the importance of distinguishing thereby this affection of the scalp from chronic impetigo, which occasionally resembles the former, more especially in the dry state.—(See Pl. 1,<sup>1</sup> and *Catalogue of Museum*, No. 3.)

**Council Meeting** October 12, 1853  
Present: Drs. Halliday & Malcolm & Wales  
Circular prepared.

**41** Notice of the Second Meeting in the First Session  
Sir

The Members will meet for the dispatch of business at the General Hospital, on Saturday afternoon, 15th October, at 3 o'clock. As it is desired that the proceedings should not, if practicable, occupy more than one hour, your punctual attendance is requested.

**Pathological Specimens to be Exhibited.**

1. A Coloured Cast, Illustrating "Pulmonary Apoplexy."
2. A Patient presenting Facial Paralysis.

**Microscopical Examinations.**

1. Specimen of Lithatic Urine

**Cases to be Read:**

1. A New Symptom in Perforation of the Stomach.
2. Deep Blue Tint of the Skin due to intense Pleuritis.

**New Inventions, &c.**

1. Sibson's Spring Pleximeter.
2. A new Laryngeal Syringe.
3. New Œsophageal Bougie and Brush.

**The President's Address**

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

N.B.—The Council request that due notice shall be given to the Secretaries of the intention of any Member to present a Case or Specimen, in order that such may be inserted in the Summons.

<sup>1</sup> [Page 459, plate I.]

**43** Memorandum

13 October 1853

Sent off "Council Circular" to

T. S. McCombe Antrim	G. Nixon M.D. Antrim
J. Colvan M.D. Armagh	A. Robinson M.D. Armagh
W. T. Wilson M.D. Armagh	A. Lane M.D. Aghadowey
W. McClean M.D. Ballibay	A. Smiley M.D. Ballycarry
M. Dill M.D. Ballykelly	A. Kidd M.D. Ballymena
J. O'Neill M.D. Ballymena	W. Moore M.D. B'money
N. Brownlow M.D. Banbridge	

**42** To A. G. Malcolm

Dundalk  
14 October 1853

Dear Sir

Since I received your note I have spoken to some of the medical men of this locality who had expressed a wish to join your Society. I have been requested to forward the names of the following—

Dr. Bruncker, Louth Infirmary  
Mr. Pollock, Surgeon, Baronston Dispensary  
Joseph Callan M.D.

I think I may also forward the name of Dr. Bradford of Meigh Dispensary. In the course of a few days, I will forward their subscriptions together with my own.

Wishing you much success  
Dear Sir, Yours faithfully  
John Browne

The first three above names live in Dundalk.

**46** To A. G. Malcolm

Ballymoney  
October 15<sup>th</sup> 1853

My Dear Sir

I received the Circular of the Clinical and Pathological Society, and if you will kindly propose me, I should be glad to become a member.

In the event of me being elected I shall remit my subscription, and should the Society think it worth its acceptance, I will be happy to present it with a preparation of a "polypoid tumour" which I removed sometime since, and at the same time will furnish you with notes of the case.

Believe me very truly  
Yours  
William Moore

**47** To The General Secretaries

Ballymena  
October 15<sup>th</sup> 1853

Gentlemen

I have had the honour to receive your circular, advising me of the the recent formation of a "Clinical & Pathological Society" in Belfast, & inviting me to become a member.

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

I now beg to say, that I shall be happy to avail myself of the opportunity to joining the Society, & my subscription will be remitted when it is required.

I am  
Gentlemen  
Your obedient Servant  
Abraham Kidd M.D.

THE SECOND MEETING.

15th October, 1853.

The President in the Chair.

Attendance:—Members, 21; Students, 3.

The PRESIDENT delivered the INAUGURAL ADDRESS of the Session, deferred from the First Meeting, in consequence of his unavoidable absence.

VI. Dr. MALCOLM exhibited a *coloured cast of a lung*, illustrative of the pathological effects of the *pulmonary apoplexy* of Laennec, and described the varieties and distinguishing features of the lesion; and particularly referred to its differential diagnosis, from merely bronchial hæmorrhage and the effects of rupture of the lung. Dr. M. also alluded to the interesting fact, that hæmoptoic infarctus very often occurs without hæmoptysis.—(See *Rokitanski's Path. Anat. Day's Trans.*, vol. iv., p. 67. *Catalogue of Museum*, No. 4.)

VII. Mr. HANNA introduced a patient presenting well-marked *facial paralysis*, and gave a slight history of the case.

VIII. The PRESIDENT read the following case of *perforation of the stomach*:—

Mrs. B., subject for several years to gastralgia, soon after eating, and continuing for some hours, at times very severe, was at length relieved by the use of nitrate of silver. After some months it returned: about this time she was suddenly attacked (immediately after taking tea) with intense pain in the left side of abdomen, spreading thence over the entire. She vomited once.

I saw her next morning, about twelve hours after, in the following condition: sunk expression in forehead, eyes clear, voice good, complaining of pain when asked; abdomen tender and rather tympanitic; *pain now more towards pubes*; little urine passed; bowels confined; nausea, but no vomiting; thirst, tongue whitish, not dry; pulse 130 compressible.

She gradually sank and died at six, p.m., twenty one hours after first attack. On a P.M. examination was detected a circular aperture close to cardiac orifice; the edges of opening thick and slightly inflamed. The stomach was otherwise perfectly healthy. Intense inflammatory appearances were observed over the whole peritonæum.

Pain, chiefly in pubic region, accompanied with enlargement of abdomen, was remarked by the late Dr. S. S. Thomson, to have been very prominent in all the cases he met with.

IX. Dr. MALCOLM read a case of *blue tinging of skin*, due to intense *Pleuritis*, which is recorded as having occurred in the practice of Dr. Marcet, of Guy's Hospital, London, in 1804.—(See *Ed. Med. and Surg. Journal*, vol. i.)

X., XI. Dr. MALCOLM exhibited and described Sibson's *springle percutor*; also, a *larynx-syringe*, for injecting nitrate of silver solutions.

The former of these has been tested in the General Hospital here, but found to be inferior to the hammer and pleximeter of Piorry and Bennett and not by any means so convenient as the stethoscopic percutor which is made by affixing a ring of india-rubber to the ear piece of our ordinary stethoscope.

XII. The PRESIDENT exhibited and described several *œsophageal bougies*, and a *brush* for the removal of foreign bodies.

44 To A. G. Malcolm

Belfast

20<sup>th</sup> October 1853

Dear Malcolm

I shall endeavour to bring before the Clinical & Pathological Society at next meeting a case of "Coma" or simulating "apoplexy".

Yours truly

P. Lynch

**Council Meeting** October 19, 1853

Present: Drs. Murney & Malcolm & Wales

Dr. Halliday sent apologies. Circular prepared.

45 Notice of the Third Meeting in the First Session

The Third Meeting will be held at the General Hospital, on Saturday, 22nd October, at 3 o'clock precisely.

**Candidates for Proposal:**

William Moore, M.B., T.C.D., Ballymoney.

Abraham Kidd, M.D., (Aberdeen), Ballymena.

*John Breakey, M.D. Q.Un. Belfast.*

**Pathological Specimens:**

1. Two Coloured Casts, illustrating "Capillary Apoplexy" of the Brain.
2. Specimens of Ossified Pericardium and Falx Cerebri.

**Cases to be Read:**

1. Hydatids, Mistaken for Ascites Paracentesis performed.
2. Ruptured Intestine.
3. Lumbar Abscess bursting into Intestine.
4. "Coma," simulating Apoplexy.

**New Inventions.**

1. A New Tracheotome.
2. Thompson's Improved "Porte Caustique."

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE THIRD MEETING.

22nd October, 1853.

The President in the Chair.

Attendance:—Members, 19; Students, 5.

XIII. Dr. MALCOLM exhibited two coloured casts illustrating *Capillary Apoplexy of the brain* (after Cruveilhier). The one (marked 51) represents a portion of the left hemisphere. Upon the surface we remark three small patches, presenting in one, slight capillary injection, and in the others, the well-marked anatomical characters. The margins are perfectly defined and separated from the adjoining tissue by small partial sanguineous effusions.<sup>1</sup>

The cast (marked No. 332) represents capillary apoplexy of the right hemisphere. Upon the surface of its convolutions we see a large injected patch, having a peculiar dotted appearance. The cerebral substance is destroyed partly by excessive congestion, and partly by rupture; and in the centre we find an enormous sanguineous clot.

This form of apoplexy is mostly met with in the gray part of the cerebrum, where the vessels of the pia are most numerous; and instead of the ordinary clot which we meet with in the internal parts, there are innumerable points of extravasation—ecchymoses, which, in the mass, presents a slightly elevated reddish appearance on the surface of the hemisphere. When, in the course of time, the venous tint becomes altered to a fawn hue, the state then presented has been named by Durand-Fardel and Cruveilhier "the yellow plates or patches of the convolutions." Cruveilhier compares the hue to that of chamois leather. The

<sup>1</sup> Dr. M. mentioned that the casts were once in the possession of Dr. Felix Thibert, the celebrated Pathological modeller to the Faculty of Medicine at Paris. They are prepared by a process hitherto unknown in this country. The material is unalterable, and the colouring indelible. In 1839, a medical commission (MM., Andral, Breschet, and Cruveilhier), reported upon them most favourably to the Royal Academy of Medicine at Paris. In 1843, MM. Dumeril, Roux, Majendie, and Larrey, presented a similar report; and in this and the following year, medals were awarded to Dr. Thibert for his valuable discovery. Since the death of Thibert, the establishment passed into the hands of M. Bourger, whose widow is the present proprietress.

mass varies in density, from a soft and pulpy to a dense indurated consistence. The convolutions become wasted, and *Ramollissement* frequently occurs in the substance beneath. There are many causes besides external violence for this affection; and among the most common (according to Hasse) is hypertrophy of the left ventricle of the heart. It is most frequent between the ages of 60 and 70.—(See *Catalogue of Museum*, Nos. 5 and 6).

XIV. Dr. MURNEY exhibited a specimen of ossified pericardium, and two of ossified falx cerebri.

The specimen of ossified pericardium was taken from a male subject, about 60 years of age. The body was plump, with considerable deposits of fat. The heart and all other principal organs were normal; a tendency, however, to ossific and calcareous degeneration was noticed in different situations. The arteries burst in many parts (from atheromatous and calcareous deposits in their coats), during the act of injection in the dissecting room.

The thyroid cartilage was almost completely ossified. The circumference of the intervertebral fibrocartilages, between the different dorsal and lumbar vertebræ, were also ossified for the thickness of a quarter of an inch.

The larger specimen of ossified falx cerebri was about two inches in length, and the full depth of the falx: it was evidently an extension of ossific deposit from the crista galli of the ethmoid bone; it was taken from a male subject about 65 years of age. The smaller specimen was met with in a male about 40 years of age; it occupied a similar position to the preceding, but was not more than one inch in length. In both cases the arachnoid membrane was opaque on the upper parts of the hemispheres of the brain; and the veins beneath the membrane were congested. No unusual ossific deposits were noticed in other portions of the bodies.

No information could be obtained as to the previous history of any of these cases.

The specimens were brought before the Society, as they were considered interesting from their comparative rarity, Dr. Murney remarking, that in the examination of considerably more than 300 subjects, he had not met any specimen of similar deposit in the *Pericardium* or *Dura Mater*.

XV. Dr. MALCOLM read the particulars of a case of *hydatids*, contained in an immense abdominal cyst connected with the mesentery, for which *paracentesis* was performed, under the idea that ascites existed.—(See *Ed. Med. and Surg. Jour.*, vol. i.) An interesting discussion ensued as to the diagnosis of such cases from ascites and pregnancy, the latter of which has also been occasionally supposed present under similar circumstances.

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

XVI. Mr. WALES read the notes of a case of *ruptured intestine*, from a fall after a meal, which was mistaken for the effects of metallic poisoning.—(See *Dub. Hosp. Rep.*, vol. for 1817.)

XVII. Dr. HALLIDAY read a case of *lumbar abscess*, which burst into the intestine.

Thos. C., aged 21 years, first visited on 26th April, 1853, stated, that eight days before he had been lifting a heavy weight, when he was seized with a severe stitch or pain in his back.

On examination, I found a large and nearly colourless swelling occupying the left lumbar region. On percussing the spine carefully, I could discover no tenderness whatever. There was, however, great constitutional disturbance, with intense local pain. Leeches, hot stuping, and alterative doses of sub. mur. hyd., with opium, were prescribed, which afforded some relief. Three days afterwards, he had well-marked rigors, and, on the 3rd of May, a tumour was observed in the left iliac region, extending into groin.

On the morning of the 4th, when he awoke from a short sleep, he found that this tumour had disappeared. During all this time, the swelling in lumbar region had been increasing in size, and becoming softer, and on the 6th, the bowels (which had been obstinately constipated for three or four days previously) relaxed, and a large quantity of pus was passed. *Immediately after*, the latter swelling also subsided. Visiting him on the 7th, I found the spot where the abscess had been level with the surrounding parts, and having a baggy, soft feel. All pain was gone, and, under a slight tonic treatment, the patient rapidly regained his usual health, which, I should have stated, was good.

XVIII. Dr. LYNCH read his notes of a case of *coma from uræmia simulating apoplexy*, which was remarkable from the suddenness of the cerebral symptoms, under circumstances not likely to excite suspicion of the real malady.

Mrs. \_\_, age 64, became suddenly comatose, or apoplectic, while in bed, on the 29th September last, about three o'clock in the day. Three hours after, I saw her for the first time. In the morning, she felt sudden and severe headache, and was unusually heavy and drowsy, but took breakfast, which she vomited, with some bile. For three or four days previously, she had been complaining of cold and cough of a bronchitic character. All her life, she had enjoyed good health, though subject to winter cough for many years. She was strictly temperate. She never had the slightest œdema, or trace of anasarca, nor any symptom of cardiac disease. The pulse 108, not forcible. The temperature of the skin and extremities diminished, and the coma very complete. The eye fixed and unwinking, and the pupil contracted to the size of a pin's

point. The respiration noisy and characteristic, with the expulsive flapping of the cheeks in expiration. In fact, the respiration became tracheal on the second day, and the body suffused with clammy perspiration. The face and limbs became livid, or of a dark leaden hue, relaxation of the sphincters and symptoms of approaching dissolution seemed rapidly advancing; yet, notwithstanding, she emerged from and survived this condition of circumstances, so as to give sanguine friends hope; became conscious, and was able, though feebly, to converse with and recognise relatives, for several days. During this interval, I was enabled to procure some of her urine, the examination of which revealed the true nature of the case to be Bright's disease. Tongue had a thick white creamy coat. Pulse rose to 116, weak. For the last two days, she gradually relapsed into the former state of insensibility, and sank, eleven days after the first seizure, without spasm or convulsion. Dr. Lynch since ascertained, from relatives, that she never had scarlatina, swelling of the face, ankles, or hands, double vision, numbness, or difficulty of speech, and made no complaint of weak back at any time. On the other hand, however, she had drowsiness, giddiness in head, singing in ears, and irritability of the stomach, as indicative symptoms.

XIX. Dr. STRONGE exhibited and described a *new tra-cheotome*.

XX. Dr. MALCOLM exhibited and described an *improved porte caustique*, for use in cases of spermatorrhœa.

48 To A. G. Malcolm

Bangor Co. Down  
October 24 1853

Sir

I send an abdominal tumour taken from a patient of mine last Saturday. It is rather an unusual one & would make a good preparation for the Museum. I have some notes of the case.

Yours  
Philip Russell

49 To A. G. Malcolm

Fever Hospital  
Wednesday

Dear Malcolm

I send a specimen of the discharge from the man's face.

There is no slough but the face (or what was the face) is a mass of very large, smooth, glossy granulations. This has the appearance of regular pus.

As the glasses are very bad I fear you will not have a good specimen, but if you are in this direction any

time after 2 o'clock tomorrow you might call and see the patient. The bones of the skull are gone in several places & you can see & feel the dura mater pulsating. No pain.

I remain  
Yours truly  
Thomas Clark

PS. If I don't see you tomorrow I shall send you a short description of the case. TC

**Council Meeting October 26, 1853**

Present: Dr. Malcolm  
Circular prepared.

**50** Notice of the Fourth Meeting in the First Session  
Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 29th October, at 3 o'clock precisely.

**Candidates for Election:**

Dr. Moore, Ballymoney; Dr. Kidd, Ballymena; & Dr. Breakey, Belfast.

**Pathological Specimens:**

1. A rare form of Abdominal Tumour.
2. Casts of a Carcinomatous Pelvic Tumour.
3. Large Congenital Tumour of Scalp.

**Results of 4 Microscopical Examinations.**

**Cases to be Read:**

1. Co-existence of Phthisis and Cystitis.
2. Aneurism of the Thoracic Aorta—difficulty in Diagnosis.
3. Protrusion and Enlargement of the Tongue, persisting 4 years, in a case of Scrofula.
4. Peculiar Case of Malingering in Medical practice.

**New Inventions.**

Apparatus for the local application of Chloroform.

Signed by order,  
A. G. Malcolm, M.D., G. F. Wales,  
General Secretaries

**51** To A. G. Malcolm

Dundalk  
27 October 1853

Dear Sir

You will have the goodness to hand the enclosed P.O. order to Dr. Halliday containing the amount of contributions due by the members in this locality to your Association.

I have included Dr. Bradford and you will please to have his name added to your list. His address is Meigh Dispensary Flurry Bridge, and the papers may either be sent to himself, or to me.

Please to say to Dr. Halliday I will feel obliged by his kindness on acknowledgements for the several

amounts, and that I would have written to him had I known his address.

Believe me Dear Sir  
Yours faithfully  
John Browne

THE FOURTH MEETING.

29th October, 1853.

The President in the Chair.

Attendance:—Members, 19; Students, 4.

XXI. Dr. MALCOLM exhibited a rare form of *abdominal tumour*, forwarded by Dr. Philip Russell, Bangor. The particulars of the case were these:—James H., aged 33, took ill with severe pain in the left hypochondrium and back, towards the end of May, 1853. This continued until a hard tumour, of the size of an orange, could be felt in the place where the pain originated, which latter became more aggravated as the disease progressed. There was no other disturbance of the digestive organs than occasional vomiting. The tumour rapidly increased; and, simultaneously, his health became greatly impaired. In the beginning of October, the tumour seemed almost to fill the abdomen, without much distending it; and, on examination, it was hard, and seemed divided by a sulcus, without fluctuation or impulse. Extreme debility, anorexia, and agonizing pain were the principal symptoms. In addition, there was some hæmaturia, and distension of the right testis, from effusion into its tunica vaginalis. A variety of treatment (principally anodyne) was employed, without avail; and he expired on 20th October.

A *post mortem* examination disclosed the following appearances:—The tumour occupied the epigastrium, and extended into the left hypochondrium, and downwards to the posterior brim of pelvis. On opening the abdomen, the colon formed a semicircular boundary *below* it; the omentum was strongly attached to the base of the tumour at the spine; the liver and stomach formed the superior boundary; and the small intestines were almost covered by the tumour and colon.

Within these limits, it appeared like a circular tumour, of a purple colour, and irregular on the surface. In order to remove the tumour, the anterior ligament of the spine had to be divided. The tumour encircled four inches of the aorta, and the commencement of the iliac arteries. The vessels, though small, were healthy, and sent their branches through the tumour to the colon. The kidneys had undergone a slight "fatty degeneration," and were intimately connected with the tumour. The anterior layer of the peritonæum adhered to the tumour at one point only, where, under the impression that matter was present, a practitioner had made a puncture, one month before the patient's death. The other abdominal

organs were healthy. The right testis was enlarged and soft, and, on section, some brain like fluid escaped. There was some bloody effusion in the left pleura.

The tumour was examined microscopically. (See Plate II.<sup>1</sup>) No cancer cells were detected. Small cells or nuclei,  $\frac{1}{3,000}$  inch in diameter, were noticed in great abundance. These, with a few oil-cells, and two or three compound cells, when viewed, *en masse*, presented a light yellow-gray aspect. Around this was an olive structure, somewhat like fibrous tissue, coloured; and, surrounding all, a blood-red mass, composed principally of vessels. The dimensions of the tumour were  $6\frac{1}{2} \times 5 \times 4$  inches, and weight, 2lbs.  $2\frac{1}{2}$  oz.; of irregular outline, lobulated externally, and of dark olive and purple hue, generally hard, but yielding on firm pressure.

XXII. Dr. MALCOLM presented several casts and drawings representing a *malignant tumour of the ilium in situ*; and gave the following history of this interesting case, which is a remarkable instance of the close simulation which carcinomatous disease, in its formation, may bear to ordinary acute inflammation:—

Eliza M'C., aged 50, married, was admitted into the Belfast General Hospital, February 11, 1851. Though of a spare figure, she had always enjoyed good health until about nine weeks previously; and her countenance was certainly not indicative of any constitutional disease.

The certificate of admission stated that she was suffering from rheumatism of the left hip. On the usual inquiry, she mentioned that she had taken ill with pain in this region, which also extended along the anterior aspect of the thigh, was not relieved by a change of position, and yet was not increased by moderate exercise.

Her pulse was 96, full and soft; the tongue furred, and white all over; the appetite was of late impaired; and frequent insomnia was induced by the severity of the suffering. On examination I detected a swollen and tender part, situated in the left iliac region. The tumour was indistinct; yet, from the tenderness, increase of temperature, and some degree of fulness, the fact of its existence was sufficiently made out.

A difficulty now arose as to the nature of this tumour. It presented all the appearance of an inflammatory swelling, likely to end in suppuration; and this view seemed confirmed by the absence of any indications of a chronic blood disease.

Leeches were, therefore, applied, with the effect of relieving the tenderness. Nevertheless its size steadily increased, so that, on the 6th of May, the circumference of the abdomen, including the tumour, measured thirty-four inches. In this interval the

patient became perceptibly emaciated, while the left thigh and leg gradually enlarged. At this time the tumour was dense, tender, and deeply fluctuating; and much pain and difficulty were felt in moving the limb. Soon a marked change occurred, both in the general and local condition.

The pulse rose; the emaciation rapidly progressed; she became at times delirious, and her memory defective. The most elevated part of the tumour assumed a purplish appearance, and the pain was constant, and occasionally agonizing. The contrast presented by the appearance of the two limbs was striking in the extreme, the circumference of the left thigh, at its upper third, being fully thirty-two inches, or about three times that of its opposite. The left ilium also greatly increased; and it was evident, on examination at this date, that the osseous structure was involved.

Complete prostration now ensued, and she expired early in the following month. A careful examination of the diseased structure was made shortly afterwards, when it was found that the entire cancelli of the ilium were hypertrophied to an enormous extent, and charged with soft gelatiniform cancer.

It is more than probable that, for some weeks after the commencement of the disease, there was no evidence of the existence of a tumour. It is not very wonderful, therefore, that the neuralgia was ascribed to local rheumatism, which the case was supposed to be by the practitioner whom she first consulted. Then, when the tumour did make its appearance, the difficulty was not much diminished, for there was no symptom at all indicative of the real disease. On the contrary, the febrile symptoms, and the result of local examination, seemed to place the inflammatory character of the case beyond all doubt. The progress, however, soon disclosed its real nature.—(See *Catalogue of Museum*, No. 24.)

XXIII. Mr. HANNA introduced a child—B. O'N., aged one year and ten months—with a large *congenital tumour* at the upper part of the cervical region. This is a case which very much resembles “*Spina bifida*,” but, from the history, and a careful examination, it would seem to be a congenital steatomatous growth.

I had an opportunity of seeing the child a few days ago, and I found him in excellent health. The tumour is still increasing and uncircumscribed, and communicates to the fingers that elastic and woolly sensation characteristic of steatomatous formations. I consider the case could not be “*Spina bifida*,” from the situation of the tumour, and the fact that he is nor was not subject to any convulsive or paralytic affection.

XXIV. The PRESIDENT exhibited and described *Hardy's apparatus* for the local application of chloroform.

<sup>1</sup> [Page 460, plate II, figure 2.]

53 To A. G. Malcolm

Ballymena  
2 November 1853

Dear Sir

I send you today per Railway a leg and thigh which Doctor Moore of Ballymoney, Doctor Moore of Loughguile & myself amputated yesterday. The patient living near Ballymoney & as I think the specimen is not without some points of interest I am induced to send it to you.

I do not at present know much of the history of the case but should you be desiring to be informed of it I shall make myself acquainted with it.

I believe however the disease has been going on for about 20 years & it is evidently of a scrofulous nature. To make the limb fit into the box that it is contained in for its conveyance I was obliged to saw off a portion of the femur. If you think it is worth a place in your new Pathological Museum you may present it to the Committee.

In haste  
Yours truly  
Abraham Kidd

54 To A. G. Malcolm

10 Chichester Street  
2<sup>nd</sup> November 1853

My Dear Malcolm

I had not time to examine the specimen of urine you forwarded to me until this morning and then my time was very limited. I subjoin the result.

Urine high coloured thick almost gelatinous odour extremely offensive and sickening. Colour restored to reddened Litmus paper.

Heat produced no effect save a slight increase in the transparency.

Addition of nitric acid caused considerable effervescence.

Liq. potass. produced no effect.

Under a power of 250 diameters linear a few epithelial cells are observed, also a number of granular bodied irregular shape of a reddish brown colour. Some about the size of a blood corpuscle others much larger. Addition of Liq. potass. or acid nitric does not produce any effect on these characters.

Truly Yours  
Henry Murney

**Council Meeting November 2, 1853**

Present: Drs. Malcolm & Mr. Wales

Ballot-box + 1000 case papers ordered. Circular prepared.

52 Notice of the Fifth Meeting in the First Session  
Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon,

5th November, at 3 o'clock precisely.

**Cases to be Read:**

1. Co-existence of Phthisis and Cystitis.
2. Aneurism of the Thoracic Aorta—difficulty in Diagnosis.
3. Protrusion and Enlargement of the Tongue, persisting 4 years, in a case of Scrofula.
4. Peculiar Case of Malingering in Medical practice.

**Pathological Specimens to be Exhibited:**

1. Cancroid Tumor of Leg.
2. Enormous Hypertrophy of Leg.
3. Recent Parts after Tracheotomy in a case of Foreign body in Trachea.

**Results of Microscopical Examinations.**

**New Medicines to be Exhibited.**

Koussou—Its History, and the result of recorded trials.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

58 To A. G. Malcolm

Bangor  
November 4

Dear Sir

I have to apologise for not replying to yours before now. I feel much gratified by your wish that I should belong to your Society & shall feel much obliged to you if you will propose me as a member.

I am obliged to you for the Microscopical report of the tumor. I was in hopes you could have preserved it.

Yours very Sincerely  
Philip Russell

61 To A. G. Malcolm

Newtownards  
5<sup>th</sup> November 1853

Sir

I make bold to offer you the accompanying case. If you deem it worth reading to the Pathological Society you will oblige me by laying it before them. If you think it not of value enough to occupy their time I will not be offended in the least by its rejection.

It may not be out of place to say that had the Society existed when this case occurred to me and had I become a member of it, in all probability I would have preserved the stomach and been more minute in my p.m. examination.

Of course if you think the case worth reading I can only expect it to be read when there is lack of better material.

I am Sir  
Your obedient servant  
David Jamison M.D.

P.S. My occupations are such as to prevent me attending the meetings of the society.

THE FIFTH MEETING.

5th November, 1853.

J. C. Ferguson, M.B., in the Chair.

Attendance:—Members, 15; Students, 6.

XXV. Dr. MALCOLM read the notes of a case presenting the co-existence of *phthisis and cystitis*.

This case was first seen by Dr. M. on January 28, 1851. Mary Patterson, aged 12, of slight frame, though of florid and healthy appearance, began to complain, three months previously, of pain and uneasiness of the loins, which she ascribed to cold. In two weeks' time, micturition became frequent and painful, and her general health became so much affected that she had to confine herself constantly to bed.

Since this, she has had variable health, but the dysuria and other symptoms of urinary irritation persisted. The dribbling of urine was incessant. She lay with legs flexed on pelvis. The pulse was 132, skin dry and hot, and face flushed. Over the abdominal surface, *chloasma* exists in a well marked form. Within the previous month has complained of her throat, and last two weeks of cough.

No physical signs of organic disease of chest at this time detected. The treatment was suited to the cystitic disease, accompanied by astringents, opiates, and tonics, as diarrhoea of a most obstinate character set in soon afterwards. She died on 23rd March. On a *post mortem* examination, the bladder was thickened and ulcerated, and the left lung presented extensive tubercular infiltration, and a cavity in the apex close to the posterior surface.

The case was supposed, at first, to have been one of simple chronic cystitis; then, when the appropriate treatment failed, the spine was looked to, but with no better result. An anterior examination of the chest was made, but the disease, being located in the posterior part, remained undetected.

The co-existence in this case is most unusual. *Louis* rarely found the urinary organs the seat of any lesion. In no case, among 120 analysed in his work, was the *bladder* diseased. The same is true of 60 other cases subsequently observed at "*La Charite*," and 200 subjects opened since, only furnished two instances.

The case shows the necessity of very careful, and even minute, examination of the lungs, in all cases of general debility and marasmus in young patients.

XXVI. Dr. MALCOLM read a case in which protrusion and enlargement of the tongue persisted for four years.

This case occurred in the practice of Dr. W. R. Clanny, of Bishop-Wearmouth, and is reported in the *Edin. Med. and Surg. Journal* for July, 1805.

R. H., a boy, aged 5, when first submitted to treatment, was suffering from worms, and had every appearance of scrofula, as indicated by op. tarsi, and

cicatrices under the chin. His tongue, which had begun to swell before he was a year old, was enlarged in all directions, and lolled out of his mouth, the point reaching considerably below his chin. It was rough and fissured. The incisors were gone, and the molars diseased. He could not articulate.

Vermifuge medicines acted effectually, and a large number of worms were expelled; but, though his health was benefited, the tongue remained unaffected. It could, indeed, by force, be pushed into the mouth, but, immediately on withdrawing the hand, it burst out as before. By keeping the jaws firmly fastened together after returning it, and, with few intermissions, keeping it so for five weeks, the tongue eventually assumed its natural size and appearance, and perfect articulation was gradually accomplished.

XXVII. Mr. H. M. JOHNSTON read the notes of a peculiar case of *malingering* in medical practice, in which it was attempted to substitute common earth-worms for intestinal.

XXVIII. Dr. MURNEY exhibited and described a specimen of *cancroid tumour of the leg*.

The tumour was circular, about two inches in diameter, of a light flesh-colour, projecting about three-eighths of an inch from surrounding skin.

On viewing some of the fluid portion under the microscope, a number of epidermic cells are seen, separate and in clusters, the latter surrounded by a considerable quantity of molecular and granular matter, with many oil globules, and a few compound granular corpuscles. There were, also, a number of circular and oval shaped bodies, transparent, unaffected by acetic acid, which I considered to be nuclei set free by the disintegration of their cells.<sup>1</sup>

XXIX. The SECRETARY exhibited an enormously hypertrophied leg, received from Dr. Kidd, Ballymena, and read the following notes supplied by that gentleman:—

Mr. R. B., aged 31 years, resident about a mile from the village of Cloughmills, on the road leading to Ballymoney, in the County of Antrim, where he follows the business of a linen manufacturer, consulted me about a fortnight since, in consequence of a disease which he had in his right leg, and which rendered him unable to follow his avocation.

He says that the first symptom of the illness attacked him in the year 1830, by his feeling, when getting out of bed one morning, an acute pain in his knee, but there was neither redness nor swelling at this time. In about a week, however, it became greatly swelled and painful; and in three weeks after, it was thought that an abscess had formed in or about the

<sup>1</sup> [SEE PAGE 462 FOR MICROSCOPY OF THE TUMOUR.]

joint. A puncture was therefore made, but no matter was discharged. In a few days after this, matter began to come away, and the limb above the joint continued to discharge for seven or eight years, at the end of which period many inches of the femur were removed from the thigh.

This part of the extremity then gradually healed up, but the leg below the knee remained extremely swelled and painful. I do not know the remedies that were applied, but, no doubt, both they and the medical men consulted, were many. At the time I saw the patient, the extremity was an immense size, and he was perfectly unable to make any use of it; he also informed me, that the pain was so severe in it, that he was almost entirely deprived of sleep. The disease appeared to have extended to the foot, as it was also greatly enlarged.

Seeing there was no hope of doing the patient good by any mode of treatment, except by amputation (an opinion which *Dr. Moore*, of Ballymoney, and *Dr. Moore*, of Loughgill, also formed), I recommended him to submit to the operation, to which he at once agreed; and on Tuesday, the 1st inst., the two gentlemen above-named, and myself, removed the limb, cutting it off very close to the body. Thinking the specimen possessed some points of interest, I have already sent it to the Society, who, I presume, have examined it.

I saw the patient once since he lost his leg; and I also heard of him on the 9th of November, and I am glad to say he is doing favourably. He says he sleeps well, and is, comparatively speaking, free from pain, and enjoying happiness that he has not experienced many years before.<sup>1</sup>

With reference to this case, I may now add that the patient continues quite well, and enjoys excellent health. October 2, 1854

A Kidd

XXX. *Dr. FERGUSON* exhibited the recent parts in a case of *foreign body in the trachea in situ*, for the removal of which tracheotomy was performed.

XXXI. *Mr. JOHNSTON* exhibited portions of *the intestine in a state of ulceration*, which occurred in the course of typhoid fever. The ulceration was limited to the lower portion of the ileum and the cœcum. The fever continued over a period of nine weeks. The tongue presented a persistent grey fur, unaffected by treatment. There was thirst, but no diarrhœa, nor tympanitis. Slight tenderness over right iliac region. Patient became greatly emaciated, and gradually sank.

<sup>1</sup> Upon a section of the soft parts, it was observed that the muscular tissue was atrophied but the adipose and cellular greatly augmented and in the interstitial spaces some infiltration of fluid. There was no appearance of tubercular matter or pus A G M—(See *Catalogue of Museum No 9*)

57 To A. G. Malcolm

Portaferry  
9<sup>th</sup> November 1853

Dear Sir

In reply to your circular I shall feel great pleasure in cooperating with the “Clinical and Pathological Society” and you will please have my name enrolled as a country member.

Wishing the Council much success in their praiseworthy effort.

I am dear Sir  
Yours very truly  
Samuel Boyd

**Council Meeting November 9, 1853**

Present: Drs. Ross & Malcolm

Circular prepared.

55 Notice of the Sixth Meeting in the First Session  
Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 12th November, at 3 o'clock precisely.

**Candidates proposed.**

Philip Russell, M.B. (T.C.D.) and L.R.C.S.I., Bangor.

Samuel Bond, L.R.C.S., Edin., Portaferry.

**Results of Microscopical Examinations.**

**New Medicines to be Exhibited.**

Koussou—Its History, and the result of recorded trials.

**Pathological Specimens to be Exhibited:**

1. Tibia, presenting a rare form of Exostosis.
2. Cancroid Tumour of Lip.
3. Fractured Humerus simulating Dislocation.

**Cases to be Read:**

1. Aneurism of the Thoracic Aorta—difficulty in Diagnosis.
2. Aneurism of the Innominate, for which the common Carotid was tied by the late *Dr. Sanders*, Belfast.
3. Rare Disease of Liver, attended with a peculiar adaptation of the Stomach to its altered relations.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

63 To A. G. Malcolm

Bangor, County Down  
November [10?] 1853

Dear Sir

I enclose 5/ my subscription to the Belfast Pathological Society. I hope I may be able sometimes to avail myself of the advantages of the Society. At all events it has my best wishes for its success.

Yours sincerely  
Philip Russell

THE SIXTH MEETING

12th November, 1853.

Andrew Marshall, M. D, in the Chair.

Attendance—Members, 23, Students, 15.

XXXII. Dr. MALCOLM exhibited several specimens of “Kousso” and read a report on its history, use, mode of administration, and the result of recorded trials, from which we extract the following—

ITS HISTORY—Dr. Brayer, a French physician, resident at Constantinople in the year 1823, sent a specimen of the flowers to the Prussian botanist, Kunth, who saw it was a new plant, and gave it the name of *BRAYERA anthelmintica*, which was afterwards adopted by De Candolle. Lamark (1811) had previously named it *HAGENIA*, in compliment to Dr. J. C. Hagen, Professor at Königsberg, and Bruce (1768), in his “Travels in Abyssinia,” had noticed it, and called it *BANKSIA*, after Sir Jos. Banks. Kosso, and Cusso, are synonymous terms.

Dr. R. Dickson, London, was the first to recommend its use in this country, which he did in these terms—“The utility of vegetable bitters (as a vermifuge) is proved by the fact that wherever the *bog bean* or the *tormentil* grows, however damp the pastures may be, the rot never infests the sheep.” \*\*\* “Scarcely any other article (than oil of turpentine) need be employed, unless the disagreeable smell and taste be objected to, when the *BRAYERA anthelmintica* should be given, as at once safe and efficacious.” “We might naturally expect this result,” he adds, “since it belongs to the same natural family tribe as the *tormentil*, viz, the *Rosacea*”—(See *Pen Cycl*, vol ii). Yet, in the face of this declaration, we find Pereira, in 1850, stating his opinion that, “As it belongs to the *Rosacea*, which are distinguished by astringency, *Kousso* presents a remarkable instance of a drug, whose peculiar effects could not be a priori known, by a knowledge of its botanical or chemical composition”—(See *Pharm JI*, for July, 1850).

DESCRIPTION—The *Brayera* is a tree which grows in Abyssinia, and attains an altitude of 20 feet. It is found everywhere on the table land of N. E. Abyssinia, and appears to require an elevation of between six and seven thousand feet for its growth. It has a small flower, of a greenish hue, which tint, in the tips and edges of the petals, eventually becomes reddish purple. The fragrant is similar to the combined odour of the leaves of tea, hops, and senna. The officinal plant is gathered for medicinal purposes before the seeds are quite ripe, and whilst a number of flowerets remain unchanged. The taste is feeble, senna like, acrid, and unpleasant, but not so, immediately when taken. Its peculiar property, as vermifuge, resides in the acrid resin, which is neutral and soluble in ether and alcohol. The odour is due to a volatile oil, to which, also, its anthelmintic property may be in part

ascribed. An infusion of *Kousso* strikes a dark olive tint, with a solution of the sesqui chloride of iron.

EFFECTS—All modern travellers in Abyssinia are agreed as to the great success of this drug with the natives, with whom it has been in great repute for upwards of 200 years. Its physiological effects are mild. Sometimes a sense of heat, nausea, and thirst, are excited, but, in general, it is necessary to follow up its use with a purgative, to insure decided results. It prevails against both the *Tænia solium* and the *Bothriocephalus lata*. In Switzerland, where the latter abounds, it has been most effectual.

A single dose may kill all the worms, but cannot prevent a recurrence. The Abyssinians resort to the medicine monthly. The restrictions on the use of common salt may be an agent in the propagation of the worm so generally in this country.

The drug is cheap in all parts of Abyssinia, except at Yangaro, whose sovereign retains the exclusive use of it. In Europe, however, its price reached the enormous sum of 35s per ounce, and at one time, one of the French pharmaciens had a monopoly of the entire European supply. It is now about 1s 6d.

MODE OF ADMINISTRATION—It should be taken in the morning, fasting, the only preparation necessary being that the last meal of the preceding evening should be slight, and the evacuation of the bowels by a mild purgative is desirable.

Half an ounce of the powdered flowers are infused for a quarter of an hour, in 10oz of lukewarm water, a little lemon juice is then added, and the whole swallowed at two or three draughts, at short intervals. The bitter taste is covered by lemon juice and cold water taken immediately afterwards, and its action is promoted by tea, without sugar or milk. After the lapse of three or four hours, should there be no alvine effect, a dose of castor oil, or a saline purgative, ought to be administered.

RESULT OF RECORDED TRIALS.—The drug has been employed with great success in France, by MM. Chomel and Sandras, and by Drs. Budd, Todd, and Gull, and others in England. An analysis of 24 recorded cases gives the following results:—The average duration of vermic symptoms was four years and four months, but varied from 16 months to 16 years. The average time of action was five hours, and ranged from three to seven. The average length of the worm was 16 feet, but varied from three to thirty feet. Fifteen of the reporters observed that the head came away; nine that it did not. Vomiting or other unpleasant symptom was rare—in general, the medicine acted without uneasiness.

Dr. LYNCH had used it in one case unsuccessfully; and 17s. 6d. was paid for the dose. Notwithstanding the failure, he was disposed to give a favourable opinion of its merits, from the accumulated *pro*-testimony adduced.

Mr. H.M. JOHNSTON tried it once, but unfortunately the medicine was almost immediately returned.

Dr. YOUNG, Holywood, has employed it with great success. The worm was brought away, and with immediate and permanent relief. He had great confidence in it.

XXXIII. Dr. STRONGE exhibited a specimen of a *rare form of exostosis of the Tibia*, which he had procured through the kindness of Mr. Mulholland, surgeon to the Union Workhouse, and said that the specimen was worthy of notice, inasmuch as that being found with an immense mass of diseased structures, superimposed exostoses were formed on it—some nodule-like in form, others drawn out, as it were, into fin-like processes. He believed the mass in which the bones (the fibula was also engaged) to have been malignant.

Aneurismal and other benign tumours resting on bone, usually produce absorption of the osseous structure, whereas, in the case before them, the effect was quite the opposite. In cases of doubt as to whether tumours are malignant where the bone can be felt, and this condition found to exist, this distinction might assist in diagnosis.—(See *Catalogue of Museum*, No. 10.)

XXXIV. Dr. ROSS exhibited a *cancroid tumour of the lip* recently excised; and insisted on the importance of using constitutional treatment for the cure of the cancerous diathesis, after surgical operations in such cases. He was satisfied that, if this rule were generally adopted, there would be fewer cases of a return of the disease.

XXXV. Mr. HANNA exhibited a cast of the elbow, taken from a patient, in whom a *fracture of the humerus simulated dislocation*.

XXXVI. Dr. MURNEY exhibited the brain of an idiot, aged 18, in which there was enormous enlargement of the lateral ventricles, from *hydrocephalus*. The quantity of fluid which poured forth on the removal of the brains, was stated to be nearly 40 oz. The early history of the case could not be accurately ascertained, farther than that it was known that the individual was subject to epilepsy.

60 To the Society

Bushmills  
15<sup>th</sup> November 1853

Gentlemen

I am very sorry that your circular having fallen aside has remained so long unanswered however as I feel a deep interest in the objects of the Belfast Clinical and Pathological Society I shall feel happy to be

enrolled as a member and will endeavour to contribute my mite to the clinical and microscopic departments. I will feel obliged by your sending me a copy of the laws and any further information you think requisite: please say when and where the subscriptions are payable and oblige

Your obedient servant  
James Macaw M.D.

83 To A. G. Malcolm

Thursday morning

Dear Malcolm

I shall try to have a remarkable case of ascites in which tapping was performed 62 times ready for Saturday if I can find time to transcribe from my notes. It was the result of ovarian inflammation leaving a tumour.

In haste  
Truly  
P. Lynch

**Council Meeting November 16, 1853**

Present: Drs. Halliday & Malcolm  
Circular prepared.

59 To A. G. Malcolm

Portaferry  
18 November 1853

Dear Dr.

Enclosed I forward my subscription to the 'Clinical and Pathological Society' for the present year.

Yours very truly  
Samuel Boyd

56 *Notice of the Seventh Meeting in the First Session*

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 19th November, at 3 o'clock precisely.

**Candidates for Election.**

Philip Russell, M.B. (T.C.D.), Bangor.

Samuel Boyd, M.R.C.S., Edin., Portaferry.

**Results of Microscopical Examinations.**

**Cases to be Read:**

1. Aneurism of Thoracic Aorta—difficulty in Diagnosis.
2. Aneurism of the Innominate, for which the common Carotid was tied by the late Dr. Sanders, Belfast.
3. Rare Disease of Liver, attended with a peculiar adaptation of the Stomach to its altered relations.
4. Ascites, for which Paracentesis was performed 62 times—Death from Phthisis.

**Pathological Specimens to be Exhibited.**

1. Brain, exhibiting remarkable examples of Hydrocephalus Internus.

2. Cast and Daguerreotype of a Fibrous Tumour of the Neck.

**Notes of New Treatment.**

Sulphuric Acid in Diarrhoea—History and Results.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE SEVENTH MEETING.

19th November, 1853.

The President in the Chair.

Attendance:—Members, 19; Students, 19.

XXXVII. The SECRETARY read the report of a case of *Hepatic disease*, contributed by Dr. JAMISON, Newtownards.

The patient was an inmate of the Newtownards workhouse, aged about 40, tall and emaciated, and had a remarkably rigid, erect gait. He never had an acute illness, and did not present himself for treatment till one week before his death; but he had been long remarked as having a most irritable temper, which was evidently morbid. His chief physical complaint was irritability of stomach, and, on examination, Dr. J. noticed a very great enlargement of the liver. He became jaundiced shortly before death, but at no time had he dropsy. On a *post mortem* examination, the liver was found extending to the spleen, and of great depth over the stomach, which was contracted, but with hypertrophy of its muscular coat. The surface of the liver was nodulated with white tumours, whose interior presented the appearance of lard. A few gallstones were found in a small gall-bladder, and he had an old and rather large hernia. The chest was not examined. The disease of the liver was evidently an example of Farre's tubercle, which, it is well known, may exist for a lengthened period without the usual indications of hepatic disease.

XXXVIII. Dr. H. A. STEWART read some particulars of the case of *aneurism of the ascending aorta*, for which the common carotid was tied by the late Dr. Sanders, Belfast, under the impression that the innominata was the vessel affected.—(Dr. S.'s MS. is dated April 8th, 1839.)

This case was supposed to be aneurism of innominata. The tying of the carotid on that side was proposed when all constitutional means had failed, and when certain death threatened the patient, and soon, from the rapidly increasing size of tumour.

The common carotid was tied about the usual place, and the patient bore the operation well. There was almost no blood lost. Considerable diminution in the bulk of the tumour almost immediately succeeded. When put to bed, the pulse was 98, and it after-

wards fell during the day to 80. He was bled twice within twenty-four hours after the operation. Next day he expressed himself as greatly relieved, and the pulsation of tumour had very considerably abated, as had also its size. This improvement continued for four or five days, and all appeared to be going on favourably enough, when a sudden change took place—evidently the result of the bursting of the sac, which carried him off in a few hours.

On a *post-mortem* examination, the aneurism was discovered to be one of the ascending aorta, not of the innominata, as supposed, and of great size. The part which gave way had been attenuated to the utmost degree, so that the exact spot could not be determined. It was on the anterior aspect of the tumour, however, and corresponded with the part which had produced absorption of portion of the first and second ribs, and protruded under and above the clavicle. The walls posteriorly were lined with thick layers of fibrine, which appeared to have been deposited in succession after the operation. They adhered tenaciously, and contributed greatly to fill up the cavity of sac.

The result of this case, though unsuccessful, is, I conceive, rather favourable to the operation; and I feel convinced that, had it been performed at an earlier stage in this, or were it tried in any smaller aneurism of the innominata, or even of the arch of aorta, it might be attended with better success.

I should have stated that the patient was bled once on the day previous to the operation, and that his pulse usually ranged from 80 to 96 in the recumbent position, but immediately on being raised to the sitting posture it became greatly accelerated, frequently numbering 140. It was generally intermittent.

XXXIX. Dr. PIRRIE read a case of *aneurism of the thoracic aorta*, contributed by the President.

I was requested to visit Mr. C, reported to have been three weeks ill with bronchitis, for which he had been bled. I found him suffering from very frequent cough, copious, frothy, mucous expectoration, pulse 90, face rather purplish, respiration distinct over entire chest, with slight cooing in both sides, clear on percussion. I could detect nothing abnormal in the circulating organs. He slept pretty well, but distressed with cough on lying down. He is a stout, healthy-looking man. He improved much for four days, with a sedative expectorant mixture, when one side of the sputum (which was occasionally muco-purulent) was streaked with dark-coloured blood, pulse 84, respiration quiet, but inspiration rather difficult, as in asthma. For this he was leeches and blistered, and felt relieved the next day. Hæmoptysis returned more copiously in two days. The chest was now clear in every part on percussion, respiration very feeble on left side, puerile on right, inspiration tracheal, no dys-

pnœa, no cooing, but slight mucous rale all over left side, voice unaffected, no pains in any part, nor dysphagia. Question: was it tracheitis or ulceration, tumour, or aneurism pressing on left bronchus? There was no bruit discoverable, nor dullness in region of aorta.

Suspecting the former, I ordered venesection to 8oz. Slight faintness followed. Next day hæmoptysis was lessened, but there followed a copious discharge of dark blood from bowels, to which he said he was subject.

He continued to improve till 13th day, when he said he felt "quite well." There was less tracheal sound in respiration, which he says he has observed for several weeks or months. About three hours afterwards, however, whilst washing himself, florid blood welled up his throat, and he died instantly.

No *post-mortem ex.* was obtained. Some friends told me that for months he complained of something wrong in his chest. The *sound* of respiration without dyspnoea, feeble murmur on one side, whilst clear on percussion, and the hæmoptysis, led me to diagnose aneurism; the carotids and superior veins, as also radials, presented nothing abnormal.

XL. Dr. HALLIDAY introduced a patient presenting *cancer of the breast*, in an open state, with one or two axillary glands affected.

**Council Meeting** November 23, 1853

Present: Drs. Halliday & Malcolm & Mr. Wales

Circular prepared.

**62** Notice of the Eighth Meeting in the First Session  
Sir

The Members will meet for the despatch of business at the Library General Hospital, on Saturday afternoon, 26th November, at 3 o'clock precisely.

**Proposed.**

Edward Y. Kellet, L.R.C.S.I., Ballinderry.

**Candidates for Election.**

James Macaw, M.D. (Edin.) M.R.C.S. (Eng.), Bushmills.

Robert McKibbin, M.R.C.S. (Eng.), Belfast.

**Pathological Specimens to be Exhibited.**

1. Brain, exhibiting remarkable example of Hydrocephalus Internus.
2. Cast and Daguerreotype of a Fibrous Tumour of the Neck.
3. One-half of Diseased lower Maxilla removed by excision.
4. Diseased Liver, weighing 16lbs.
5. Carcinomatous Tumour of the Breast.

**Notes of New Treatment.**

Sulphuric Acid in Diarrhœa—History and Results.

**Results of Microscopical Examinations.**

**Cases to be Read:**

1. Ascites, for which Paracentesis was performed 62 times—Death from Phthisis.
2. Empyema, in which Paracentesis was performed—perfect recovery.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE EIGHTH MEETING.

26th November, 1853.

William M'Gee, M.D., in the Chair.

Attendance:—Members, 20; Students, 14.

XL. Mr. ARMSTRONG exhibited and described Casts with Daguerreotypes of a *fibro-cartilaginous tumour of the neck*.

XLII. Dr. JAMES MOORE exhibited one-half of a *diseased lower maxilla*, affected with osteo-sarcoma, and gave the following history:—

A Norwegian sailor presented himself at the hour of visit, anxious to have two loose teeth (right first and second molars) extracted. Having observed an unusual appearance of the jaw, I examined as to the state of the bone, feeling apprehensive that it was diseased, which, upon further observation, I found to be the case. I recommended his immediate admission into Hospital, in order that he might be submitted to operation, which, upon the usual consultation, was performed after the following manner.

From the extent of the disease, it was found necessary to remove the entire right side of the jaw, from the symphysis to the condyle. A V-shaped incision, with the apex downwards, was made from the commissure of the lips to the angle of the jaw. The flap was dissected upwards, and the diseased bone isolated by dissection. The saw was now applied close to the symphysis, so as to divide the maxilla, and afterwards at the angle, where the forceps was used to make the division complete. The diseased portion was now removed from its internal muscular attachments.

In the course of the operation, there was considerable hæmorrhage, which interfered much with its progress. The soft parts were brought together in the usual way, and perfect union established, without any apparent deformity. He left the Hospital in the course of a fortnight, and I have since learnt that he continues well, with the power of mastication but little impaired.

XLIII. Dr. LYNCH exhibited a *diseased liver*, weighing sixteen pounds, which presented a good example of Farre's *tubera diffusa*.

XLIV. Dr. HALLIDAY exhibited a *Carcinomatous tumour of the breast*, recently excised from the patient introduced at last meeting.<sup>1</sup>

XLV. Dr. HORATIO STEWART exhibited and made some observations upon *an extensively ulcerated leg*, which he had recently amputated.

XLVI. Dr. YOUNG, Holywood, read a paper on the utility of *dilute sulphuric acid in diarrhœa and vomiting*.

This remedy was systematically introduced by Mr. Griffith in the "Lancet," in the month of October, 1851, and since that time there have been very many papers and letters on the subject in all the medical journals of the day. The moderate use of astringent mercurials, Hyd. c. eretâ and P. Dov., along with the remedy, is advocated by some, but the wholesale condemnation of chalk mixture and catechu is pronounced by all. Dr. Hill reports four cases in "Braithwaite's Retrospect," vol. 26, p. 98, treated by the acid alone. Its advantages are that it is a very grateful and agreeable remedy, that it is a very cheap one, and that it is more rapid in its action and less liable to be followed by secondary fever than any of the remedies in general use. Some say it ought only to be used in certain descriptions of the complaint, as, for instance, the violent form of English cholera, approaching to the Asiatic, but Mr. Shepherd, of Enfield, reports at length in the same No. of "Braithwaite's Retrospect," six of what he calls indiscriminate cases of diarrhœa; and, again, in 1852, in only one instance out of fifty cases of diarrhœa, many very severe, and some bad English cholera, did he notice a failure of the acid treatment. Mr. S. arrived at the following conclusions. 1. More efficient than alkalies, or astringents, or opiates. 2. More rapid. 3. Increases the tone of the mucous membrane. 4. Marvellous effects in the worst cases.

As to the rationale of the system, only one of the writers says anything on the subject. Mr. Shepherd says it seems to act in a more rational and scientific manner by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply constringing its pores. This I think a very vague, unsatisfactory, and doubtful explanation. I am not at this moment prepared to give any definite answer as to its *modus operandi*. There can be no question of its sedative properties, though how it acts as sedative is more difficult to say. I think it both astringent and refrigerant.

The following cases are selected as illustrations:—

1. Eliza L., aged 30, a labourer's wife, mother of six children, generally in robust health, was seized with severe cramps in the abdomen and extremities, followed by violent vomiting and purging, on the 21st of

July, 1852. I was sent for at five in the morning, and was told the woman had cholera. On visiting her, I found her tongue covered with a light bilious fur, countenance anxious, pulse feeble and frequent, extremities cold, evacuations very fluid but bilious, vomiting everything swallowed, and bringing up by painful retching quantities of acrid bile. I prescribed heat to the body and extremities, a little brandy and water, and gave a calomel and opium pill, with directions for one to be taken every hour. I paid a second visit at 9, a.m., and though I found the purging and cramps considerably relieved, the vomiting and constant nausea were in no way abated. I ordered the pills to be continued every third hour, and a table-spoonful of the following mixture to be taken every hour:—R. acid sulph. dil. Drs. duas. mixt. camph. unc. sex. M. I returned in the evening, and by that time every symptom had disappeared but a slight degree of nausea, which left her in a few hours. I have notes of six cases very similar to this, in all of which I used the acid with great success in allaying vomiting and nausea. I was rather timid about giving it by itself, and in all my cases I accompanied it with opium and mercury, in some of their forms. Without an exception, it was considered a most agreeable remedy, and the speedy subsidence of the retching made it a favourite medicine. I increased the dose from ten minims to twenty, and had no reason to regret the change, and I intend, when an opportunity offers, to give it a fairer trial and test its value unaided by any other medicine.

2. Mrs. H., a lady in excellent health, but very fanciful and nervous, after imprudently indulging in a very indigestible meal, was seized with sharp pains in the bowels, and diarrhœa. She took some castor oil, which, for a time, gave relief; but next day she was worse, and excessive nausea and vomiting, on attempting to sit up in bed, were added to the other symptoms. The tongue and pulse were not much affected; but the stools were very offensive, though full of bile, and in their glairiness and tenacity, were dysenteric. I gave her blue pill and opium in the hope that more healthy bile might come down, and, accordingly, on visiting her the next morning, there was a great improvement in the discharges, and the pains had almost gone, but, strange to say, the vomiting and nausea were as bad as ever, with this important difference, however, that, whereas she threw up large quantities of mucus charged with bile, she then only vomited any pill or drink she took. I prescribed twenty drops of acid sulph, dil. in a suitable vehicle every third hour, and to continue the pills. On my evening visit, there was not much improvement. She had only taken one dose of the acid, but found it very agreeable. On asking her reasons, she knowingly replied—"Oh, the acid, you know, it would make my bowels as bad as ever." After some difficulty, I persuaded her to allow me to judge what was best to be

<sup>1</sup> After the lapse of three months, there seemed no indication of a relapse. The cicatrix was apparently healthy.

done, and she promised to take the bottle regularly. Next morning she was quite well, and had taken four doses.

She was confined to bed but three days.

Dr. MALCOLM supplied the following additional particulars in reference to the introduction and use of this remedy:—Dr. Conwell, of the Madras establishment, in his work on the liver, London, 1835, says “the danger (in excessive secretion of bile) arises not from the increase of the secretion, but from the presence of that secretion in the intestinal tube; hence the first object is to destroy the acrid properties of the bile in the duodenum. A dilute solution of sulphuric acid will effect this object.”—*Medical Gazette*, Feb. 26. 1853.

Dr. Neligan (Ed. 1844) notices (p. 33) dilute sulphuric acid as useful to check excessive discharges generally when dependant on debility, and in the colliquative sweating and *diarrhœa* of phthisis.

Dr. Muller (Stoke-Newington), 1852, gives abstract of twenty-seven cases, some very severe cholera, and several of them infants. They were generally relieved after the first day. Three doses had effect in a case of *diarrhœa* of three weeks' duration.

Mr. Cox (Kensal-town, 1853), claims to have been the first who tried the acid in cholera. An Austrian remedy, however, analysed by Dr. Herapath, of Bristol, 1851 (“*Lancet*,” August 3), consisted mainly of sulphuric acid.

Mr. North, of the York Union, found the sulphuric acid valuable in that form of epidemic *diarrhœa*, characterised by *profuse watery evacuations, severe cramps in extremities, and consecutive fever*. He administers it in doses of half a drachm with tincture of cardamoms, at intervals of one to three hours, and the effects were cessation of the vomiting and purging, return of heat, and abatement of all symptoms. Six to eight doses sufficed, to ensure convalescence in two or three days. When it failed after a few doses, he gave it up.—*Med. Gazette*, Feb. 12, 1853.

75 To The Secretaries

Newtownards  
28<sup>th</sup> November 1853

Gentlemen

I take the liberty to send you another case which you will please use as you may think fit. To me it appears interesting but I may be mistaken. Perhaps I am forward in sending two cases so early in the season: you will perceive however that I have kept this last one a long time!

I am Gentlemen  
Your obedient servant  
D. Jamison

Council Meeting November 30, 1853

Present: Drs. Halliday & Murney & Malcolm

Circular prepared.

64 Notice of the Ninth Meeting in the First Session.  
Sir

The Members will meet for the despatch of business at the Library General Hospital, on Saturday afternoon, 3rd December, at 3 o'clock precisely.

**Proposed.**

John Campbell, M.D. (St. And.), M.R.C.S. (Eng.),  
Lisburn.

John Johnston Kelso, M.D. & C.M. (Glas.), do.

John Maccartney, L.R.C.S.I., do.

**Candidates for Election.**

Edward. Y. Kellet, L.R.C.S.I., Ballinderry.

**Pathological Specimens to be Exhibited.**

1. Fibrocystic Tumour of the Neck.
2. Recent parts, exhibiting Ulceration of Œsophagus at inferior third.
3. Ditto. Aneurism of the arch of the Aorta.

**Microscopical and Chemical Examinations.**

1. Of Diabetic Urine—New Test.
2. Of Open Cancer of Breast—the discharge and Tumour.
3. Of Farre's Tubercle of the Liver.

**Cases to be Read:**

1. Ascites, for which Paracentesis was performed 62 times—Death from Phthisis.
2. Empyema, in which Paracentesis was performed—perfect recovery.

**Notes of New Treatment.**

Tinct Sesquichl Ferri in Erysipelas.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

65 To A. G. Malcolm

Newtownards  
December 1853

Sir

In reply to your communication I have sent the only Pathological Preparation I at present have of any—the smallest value—a diseased testicle: its history is of no importance I imagine.

It will at least serve as good a purpose in your Museum as sawdust in a Laplander's breakfast or one of those wooden tomes in the midst of respectable *bona fide* volumes in the library, that is if it get a place at all.

As to the peritonitis case I felt tempted to send it after the other case, because it could be authenticated and was perhaps something of the contrast. The man could not bend, the woman could not straighten herself!

Dr. John gave me leave to make any use of the case I liked when he took me to see it, and, of course, I do not wish to attach the slightest blame to his treatment, but as he and I are not intimate at present I do not grieve at the case being as yet unpublished—I

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

should say unread—to the Society. I find it is not so novel as I thought, Burns Ramsbotham etc., have mentioned likewise.

May I trouble you to send it back to me and I include a crown for it. If you omit, draw a pen over *Improved 72 times* (making a mess of it if you please). I am sorry to increase unnecessarily the labour of your office.

I am your very obedient servant  
D Jamison M.D.

67 To Dr. J. Campbell

Hillsborough  
December 2<sup>nd</sup> 1850

Dear Dr. Campbell

I am much obliged for your note received this evening and am sorry I should have been from home when your messenger came. I will be very glad to join the Pathological Society and will feel obliged by your mentioning it to Dr. Malcolm who you say will be good enough to propose me, and I will pay the subscription the first time I am in.

Very truly yours  
G. Croker

74 To A. G. Malcolm

Lisburn  
December 2<sup>nd</sup> 1853

Dear Malcolm

I wrote to Dr. Croker and sent the letter by a messenger. He said he would reply by post. I fear it would be too late to write to you on the receipt of his which may not be until tomorrow morning.

Will you then be so good as to propose me as a member of your pathological society at your first meeting and oblige

Yours faithfully  
J. Campbell

THE NINTH MEETING.

3<sup>rd</sup> December, 1853.

H. Carlile, M.D., in the Chair.

Attendance:—Members, 13; Students, 19.

XLVII. Dr. LYNCH exhibited a recent specimen of *ulceration of the œsophagus* at the inferior third. At one part of the ulcerated portion, there is slight thickening of the coats to the extent of one-half inch square, and one-third inch in thickness. Section of this indurated part presents a gray, gristly appearance, with tubercular deposit in the centre which can be squeezed out. This deposit, and the juice from surface of the section, under the microscope, presented the usual features of cancrioid disease.

XLVIII. Dr. MURNEY exhibited the recent parts in a case of *aneurism of the arch of the aorta*. The patient

died with apoplectic symptoms, and a clot of blood was found effused between the parietal bone and the dura mater. The history was imperfect.

XLIX. Mr. DALY exhibited a blighted fœtus, or *monster*, which was considered so novel that the Professor of Anatomy was requested to examine and report upon it at next meeting.

**Council Meeting December 7, 1853**

Present: Drs. Halliday & Ross & Malcolm & Wales

Circular prepared.

Welsh's a/c £7.19/- ordered to be paid.

66 Notice of the Tenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the Library General Hospital, on Saturday afternoon, 10th December, at 3 o'clock precisely.

**Proposed Candidates for Election.**

John Campbell, M.D. (St. And.), M.R.C.S. (Eng.),  
Lisburn.

John Johnston Kelso, M.D. & C.M. (Gl.), do.

John Maccartney, L.R.C.S. Ir., do.

**Cases to be Read:**

1. Ascites—Paracentesis 62 times—Death from Phthisis.

2. Empyema—Paracentesis—recovery.

3. Cervical abscess, communication with the lung.

**Pathological Specimens to be Exhibited.**

1. Fibrocystic Tumour of the Neck.

2. Dissection of a Monstrosity (with Special Report).

**Notes of New Treatment.**

Tinct. Sesquichl. Ferri in Erysipelas.

**Results of Microscopical Examinations.**

1. Cholera Fluid.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

68 To A. G. Malcolm

Lisburn  
December 8<sup>th</sup> 1853

Dear Malcolm

Enclosed I send 5<sup>s</sup>/- as my subscription to the Pathological Society with thanks to yourself and Dr. Ross for proposing and seconding me.

I also enclose a letter which I had from Dr. Croker of Hillsborough which reached me on Saturday last. You will see that he is anxious to become a member. Perhaps you will be good enough to have him proposed.

Believe me  
Very sincerely yours  
J. Campbell

72 To A. G. Malcolm

Aghalee  
Lurgan  
9th December 1853

Sir

Would you be kind enough to enter my name as a member of the Pathological Society of Belfast. I will call and pay my subscription the first day I am in town.

Dear Sir  
Your obedient servant  
Bindon Burton  
Surgeon Aghalee Dispensary

THE TENTH MEETING.  
December 10th 1854.  
The President in the Chair.  
Attendance:—Members, 19; Students, 4.

L. Dr. LYNCH read the notes of a case of ascites, in which paracentesis was performed sixty-two times. Dr. ROSS adverted to Dr. Simpson's mode of performing paracentesis in cases of ascites, without a bandage.

The roller is not used until the water is drawn off, just as we do not think of bandaging a woman until the child is expelled.

Dr. R. has operated in this way several times, and he can strongly recommend Dr. Simpson's improvement. The patient of course, is placed on the side.

Dr. FERGUSON made some observations on the difficulty of diagnosis between ascites and ovarian dropsy.

THE PRESIDENT related some interesting analogous cases involving valuable practical hints. 1. In a case of ascites, the trocar was passed but no fluid came, until after penetrating four inches through the fat of the parietes, five gallons slowly flowed off. 2. A Planter afflicted with dropsy, while homeward bound, tapped himself on board by means of a lancet, with a large silver pencil case and tooth-scraper for a trocar. 3. Twenty-five years ago, in the Isle of Man, a case occurred in which the catheter was introduced and left (recorded in the *Lancet*). The case terminated favourably. 4. A case was examined by the late Dr. S. S. Thomson and himself. There was a fulness in the right iliac region, but no tumour. One month after a tumour was noticed in the right groin. The patient was sent to Dublin, and the practitioners there reported the tumour in the left side. On her return the tumour was still felt in the right side. It gradually increased, and at length suppurated and burst, giving exit to a quantity of hair. 5. A patient of the late Mr. J. Q., was seen by him. She had leucorrhœa. Nitrate of silver solution was applied and the disease disappeared. A tumour soon afterwards appeared in abdomen.

Another practitioner was consulted, who distinctly pronounced it ovarian. The operation of removal was decided upon. The patient consented, took leave of her friends, and went to the country under the apprehension of the worst result. Prior to the appointed day, however, she was delivered of the tumour by ordinary parturition.

LII. Dr. MALCOLM exhibited a cast of the anterior half of the chest, modelled from a patient ten years after recovering from *Empyema*, for which paracentesis was performed. The following is the history of this interesting case:—

Margaret M., aged 14, resident at Greencastle, Carrickfergus road, was attacked with pleuritis of right side, on 13th July, 1843. The early symptoms were headache, insomnia, and other febrile symptoms; a transient appearance of urticaria, followed by the vomiting of bilious matter; pain in right side, some dyspnoea and cough, while the usual frottement was detected on examination. She was bled on 24th, had calomel and jalap purgative, and a tartar emetic mixture. The pain continuing, though the general symptoms subsided, a blister was applied, and the administration of calomel and opium at once commenced (on 26th.) On August 1, in the course of five days she was under the influence of mercury, which seemed to have disagreed, as diarrhœa set in and continued for several days, and was accompanied by much tenesmus. On 7th September, it was reported that she had still some cough and dyspnoea, with pain; and had emaciated and was easily tired by a little exertion. At this date, the physical examination disclosed very considerable pleuritic effusion, which, with such symptoms as indicated the supervention of hectic, was evidently purulent.

The right side of chest was universally dull, and the respiratory murmur only heard at the root and apex. Its semi-circumference was fully an inch larger than its opposite. The respiration in the left lung was, as is usual, puerile. The pain was felt rather as a soreness. The pulse was quick and feeble, skin hot, and at times profusely perspiring; and she presented very much the general appearance of a case of phthisis. At this date, inunction, with the comp. ointment of iodine, with a very small proportion of ung. hyd., was directed to be used on the affected side. On 14th, fluctuation under the right mamma, in the intercostal spaces, was evident; and on the 17th, I performed paracentesis in the usual way and place. About one pint of fully formed purulent matter was discharged on the first day. A supporting roller was put on, and a poultice applied. The discharge continued very free for some days, then ceased, but again resumed, and so on alternately several times, till at length a sinus became formed, which continued discharging for five months after.

As she had left that part of the country a few weeks after the operation, I heard nothing of her till the following March, when it was reported that she was doing well.

On 17th May, of this year, I was surprised by a visit from her, and embraced the opportunity of making special inquiries and a minute examination, which I repeated several times since, up till 26th ult., the last day on which I saw her.

1853, May 17.—Called to-day. Countenance sallow, spare, but enjoying fair health. Says the discharge continued for five months; never any pain since; no cough of any consequence. *Examined*:—no dulness—H.S. propagated rather distinctly through right side—R.M. free, but less marked; menses frequently absent—very irregular—absent at times for several months; complaining lately of soreness at epigastrium and round right side. (Ordered a bitter infusion, and some iron and aloes pills.)

June 7:—Some colicky pains complained of on 5th. On 4th menses appeared, but disappeared on following day. (Ordered pills of rhubarb and iron.)

August 31.—(Ordered ol. jecoris aselli.)

November 26.—Found herself so much better after the oil, that she only consumed the 4oz. ordered; has remained well since, but menses absent two months; continued fresher and strength improved; has no pain in side or epigastrium; but, on walking quickly or over-exercising, finds herself very short of breath; appetite and sleep excellent; speaks of the habitual coldness of her feet; is nervous, and has occasional palpitation. *Ex*: R.M. free, but slightly less marked at right base. Semicircular measurement of right side, 13½ inches; of left, 14 inches. From spine to 5th—6th rib, on right side, 5<sup>9</sup>/<sub>10</sub> inches; left 6<sup>3</sup>/<sub>8</sub> inches; no bronchophony; dulness only from seventh rib down; E.M. at apex natural.<sup>1</sup>

Dr. MALCOLM, before concluding, noticed the following facts and opinions in connexion.

MODE OF OPERATION.—*Hippocrates* advised the perforation of a rib, which was revived in 1841, by M. Reybaud. *Lænnec* advises the puncture to be made between the 5th and 6th ribs, at the interdigitations of the external oblique and serratus magnus. The patient should lie upon the affected side afterwards, with the wound open, and a cupping glass applied, if necessary. *Blackiston* reviews the recommendation of *Scultetus* (1672), to use an exhausting syringe to relieve the lung and allow it to expand. *Davies* introduced the ground needle in operating. *Copland* recommends successive evacuations, and rather favours the old idea of operating upon the patient in a warm bath. *Crampton* recommends the digestion of the dis-

eased cavity; and *Williams* advises warm water to be so used.

It is not a little strange that *Louis* positively states that he never saw a case in which the operation was indicated.

STATISTICS AS TO RESULT.—*Watson* remembers only having seen two cases of perfect recovery. *Blackiston* observes that in the course of two or more years, the affected side may become nearly natural, and out of seventy-eight cases, there was a reduction by contraction of the affected side, by one inch, in eight cases only; a slighter diminution in fourteen; and an equality of measurements in the rest, (fifty-six.) The left side was affected in fifty-eight of these cases, the right in twenty; and, as to ultimate terminations, fourteen were still subject to cough, five of whom had this symptom previously. Fifty three were certainly not phthisical, fifteen were alive, but state of health not ascertained, and ten were lost sight of. *Lænnec* says the operation is rarely followed by success, and adds, that the “lung never returns to the original size.” *T. Davies* has noticed twelve recoveries out of sixteen cases, where recourse was had to the operation. *H. Roe* was of opinion that no case perfectly recovered when the operation was delayed after six weeks from the commencement of the effusion.

LIII. Dr. CARLILE exhibited the fœtus upon which he was requested to report at last meeting, consisting of a body without extremities, about six inches in length. On dissection, it was found to contain a rudimentary osseous system, formed by a spinal column, skull, pelvis, and a portion of a scapula. The spinal column and skull contained a spinal cord and brain, in a low stage of development. With the spinal cord were connected several pairs of nerves, supplying the trunk. No organ of sense, except the skin, and a minute rudiment of the tongue, could be discovered. The trunk contained a single cavity, in which no viscus was found, except a small body somewhat resembling, in colour and shape, a kidney. The cavity of the trunk was occupied by a plexus of arteries and veins, forming numerous anastomoses, and connected with a great number of small vessels, by which the various parts of the body were supplied. In front, the plexus was connected with two vessels which passed through an opening in the skin somewhat resembling an umbilicus, and formed an umbilical cord, which was probably conjoined to a placenta; but this part of the fœtal structure had not been preserved.

This fœtus afforded a striking example of a continuous movement of blood being maintained by capillary vessels, without the assistance of the heart's action. It appeared to be a fœtus in which, at about the age of three weeks, the further development of organs had been arrested, in connexion, probably, with the absence of thoracic and abdominal viscera,

<sup>1</sup> Abbreviations.—  
R.M.—Respiratory Murmur.  
E.M.—Expiratory Murmur.  
H.S.—Heart's Sounds.

and of the higher organs of sense; and that, in this imperfect condition as to type, it had continued to grow, until it had reached the size before-mentioned.

Its osseous system contained a very small quantity of calcareous substance, with the exception of the skull, which was hard, an eighth of an inch thick, and consisted, apparently, of a single bone. There was a rudiment of one-half of the lower jaw, in the state of cartilage.

LIV. Dr. MALCOLM exhibited a recent specimen and wax-cast of *cirrhosis of the liver*, and gave the following history:—

T. Q., aged 44, of sallow complexion, a labourer, was admitted on 1st December, with ascites. His legs and abdomen were greatly swollen. The history showed that he had had cough for a very long time previously to the supervention of ascites, which commenced three months before admission. The examination of the chest showed bronchitis simply, with elevation of the liver above its usual point, in consequence of the pressure of the fluid. The urine was scanty, but otherwise unaffected. The right hypochondrium was somewhat tender on pressure, but little or no complaint made. Pills of squill, digitalis and blue mass with hippo, were ordered every eight hours.

On 6th, he was tapped, but only a small quantity of fluid, of a clear amber hue, was got away (say two quarts); and on 8th, at 8 p.m., he sunk. On examination, the only disease discoverable was in the liver, which presented the appearance observed in the wax cast. The kidneys were healthy, and all the viscera examined. The sallowness assumed more of the jaundice hue on last three days.

69 To A. G. Malcolm

Strangford  
December 12, 1853

Dear Sir

Shall be happy to promote the objects of your clinical society as far as I can. Of course I cannot hope to take any practical part in your proceedings, but I shall be happy to become a correspondent member, and authorize you to propose my name.

Very faithfully yours  
Alex. Knox

P.S. I have to apologize for not having answered your letter.

70 To A. G. Malcolm

Dundalk  
12 December, 1853

Dear Sir

Although a considerable time has elapsed since I transmitted the several subscriptions for the mem-

bers of this locality to your Society I have never had any acknowledgement from your Treasurer.

May I request you to communicate with him on the subject, and say I should feel obliged by his sending me separate receipts for the several members at his earliest convenience.

Believe me, Dear Sir  
Yours faithfully  
John Browne

**Council Meeting December 14, 1853**

Present: Dr. Malcolm. Drs. Murney & Halliday sent apologies

Circular prepared.

71 *Notice of the Eleventh Meeting in the First Session.*

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 17th December, at 3 o'clock precisely.

**Candidates for Election.**

George Croker, F.R.C.S. (I.) Hillsborough.

Samuel Musgrave, M.R.C.S. (Ed.) Lisburn.

James C. M'Cleery, L.R.C.S. (L.) Belfast.

**Pathological Specimens to be Exhibited.**

1. Fibrocystic Tumour of the Neck.

2. Cast and Daguerreotype representing Facial Paralysis, from Disease of the External Ear.

**Results of Microscopical Examinations.**

Of Cholera Fluid.

**Cases to be Read:**

1. Cervical Abscess, communicating with the lung.

2. Aneurism of the Descending Aorta, mistaken for Rheumatism.

**Notes of New Treatment.**

Tinct. Sesquichl. Ferri in Erysipelas.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE ELEVENTH MEETING.

17th December, 1853.

The President in the Chair.

Attendance:—Members, 20; Students, 18.

LIV. Dr. JAMES MOORE exhibited a recent specimen of *Fibrocystic Tumour of the Neck*.

The subject of this operation was a man of 50 years of age. When he first consulted me, the tumour presented a globular appearance, about one inch and a half in diameter, and situated above the sternum, between the insertions of the sterno-mastoid muscle.

When in the recumbent position, he complained of difficulty of breathing, which caused him to incline his head forward and to one side for relief. He also experienced difficulty in deglutition. The surface presented a purplish hue, with numerous venules ramifying over it. To the touch, it was evidently a sac containing fluid, extending deeply between the muscles and behind the sternum. Auscultation presented distinct murmurs, which, to many who examined it, suggested the idea of aneurism; but Dr. Moore was satisfied, from manipulation, that it was a cyst totally unconnected with the vessels whose impulse, however, it transmitted. The operation was commenced by making two elliptical incisions, leaving an inch of skin between the sections; and the cellular connections were then dissected on the tumour itself, which was gradually drawn outwards, until it was everted in an entire state. Upon passing the finger down into the bed of the tumour behind the sternum, to the extent of two inches, the pulsations of the vessels were vividly and fearfully felt. The wound was brought together by a series of sutures, and healed by the first intention; and the patient left the hospital within eight days perfectly well.

Mr. H. M. JOHNSTON referred to a case which he had witnessed, and in which, during the dissection of the tumour, from beneath the angle of the jaw, such a volume of blood burst forth, that it was supposed the internal jugular had been opened. A piece of sponge was immediately inserted in the wound, and carefully retained by manual pressure for some days, ligature having been placed around the remainder of the cyst. The patient recovered; but the sponge never made its appearance.

THE PRESIDENT mentioned a case in which a wound in the neck was caused by a wooden sword, which transfixed the neck, entering behind the thyroid cartilage on the right side, and coming out under the left ear. The child recovered without a single unfavourable symptom, after the first violent gush of blood succeeding the removal of the wood. The wood was merely a fragment, the sword having been broken off, and the extremity about a quarter of an inch deep. It was so firmly grasped by the soft parts as to require a pair of tooth forceps to withdraw it. It passed behind the pharynx, and there was not the slightest dysphagia throughout the entire time he was in hospital.

LVI. Dr. MALCOLM exhibited a cast and daguerreotype, illustrative of the following case of *Facial Paralysis, from disease of the external ear*.

Edward M., aged 55, labourer, but formerly a gardener in Tyrone, nine years ago, first observed an eruption over right temple, which, in three to four years, extended to the ear. Suppuration and ulceration, attended with much pain supervened, which

resulted in loss of the lobe and a portion of the body of the ear, closure by lymph-deposit of the external meatus, and great induration of the neighbouring integuments. Three years ago, paralysis of the *portio dura* suddenly occurred, but without his consciousness. He has been treated in the Lisburn Infirmary, (July 1852) the Belfast Dispensary, this summer, and Union Hospital, lately; but the ulceration never completely cicatrized. He was mercurialized six years ago without success. The only points in the previous history worthy of mention are, that he was annually in the habit of getting himself bled, and had syphilis at 18 years of age. The sore bled on two occasions profusely, viz., two years ago, and about five weeks ago. The local treatment consisted of leeching once, various lotions, nitrates arg and iodine caustics, and poulticing.

The face presents a well-marked example of complete paralysis of right portio dura. The tongue is protruded to the sound side. The sensation is perfect. The right eye he cannot close, and epiphora on this side is frequent, with dryness of the nostril. He complains frequently of headache and tinnitus aurium. The deafness is very slight; the sight a little dim. Pains of neck, head, and back he frequently experiences. In sudden expiration, as in blowing the nose, he feels a sense of rattling in the right ear. He finds it impossible to continue his employment, in consequence of constant vertigo which attacks him when at work.

Dr. M. remarked that this was a good example of "Bell's Paralysis." From the enlargement of the mastoid process, it was probable that caries had commenced. There were no indications as yet, of cerebral complication.

In regard to the diagnosis of the engagement of the internal ear, *Arnold* has stated (1831) that the saliva from Wharton's duct, on the affected side, is diminished, if the nerve be injured when passing through the temporal bone: also, dryness of the mouth, with alteration and diminution of taste in the corresponding side of the tongue; and further, (according to *Bidder*, 1836) the *velum palati* is directed to the affected side. The deformity of the open eye, which is the cause of conjunctivitis, was proposed by *Dieffenbach* to be relieved by division of the *levator palpebrarum*.

Dr. STRONGE considered the case before them to be one of caries of the bones of the ear; and that its chronicity, the length of time, which had elapsed, and the brain remaining free, one of the strongest points in favour of the view which he had taken. In support, he alluded to the case of a lunatic, a specimen of whose disease he had seen, some years ago, presented at the Dublin Pathological Society, where the caries had existed for many years before the mischief extended to the brain—the patient eventually dying of abscess of the brain, with sloughing of the dura mat-

ter covering the petrous portion of the temporal bone.

LVII. Dr. MALCOLM submitted the result of a microscopic examination of two specimens of *cholera excretory fluid*, received on the 5th and 14th inst., respectively, and forwarded by Dr. Halliday. The objects presented to the eye were similar to those sketched in Plate V.<sup>1</sup> In both instances the so-called “cholera cell” was observed. In a report on the cryptogamic theory of cholera, given in the first volume of the London Journal of Medicine, it is noticed that a vegetable parasite had been observed in the perspiration of cholera in 1849, and in cholera evacuations, by Dr. Jenner, in the same year. The cryptogamic theory had been previously advocated by Dr. Wallace, of New York, 1845; Dr. Gowdell, 1848; Professor Mitchel, Philadelphia, 1849, and Dr. Scott Alison. In the autumn of 1849, Dr. Brittain and Dr. Swayne, of Bristol, examined the rice water evacuations, in which they observed peculiar bodies which they considered characteristic, if not the very agents causing the disease. Dr. Brittain afterwards discovered similar bodies in the atmosphere of an infected locality; and still more recently, Dr. Budd detected them in the water of several districts where cholera had prevailed.

The principal ingredients in the cholera evacuation, Dr. Swayne considers to be the following:—

1st. A large quantity of thin serous fluid which contains mucous cells in abundance. 2nd. Little or no tinging of bile. 3rd. The usual *debris* of organic matters from the food. 4th. Epithelium in small quantity. 5th. The presence of phosphates and lithates, more rarely uric acid and oxalic of lime, and seldom any chloride of sodium. 6th. The presence of the cholera bodies. These observations created considerable interest, and induced many observers to enter into the inquiry.

Mr. Busk, of the London Microscopical Society, on October 17th, demonstrated that the large bodies figured by Dr. Swayne, are nothing else than a species of *uredo*, a kind of smut frequently found on wheat, and specimens of which Mr. B. found in a loaf of brown bread, purchased at Greenwich. The smaller annular bodies, Mr. B. considers, are only starchy granules. In the *Lancet*, for Nov., 1849, appeared a report from a Sub-Committee of the College of Physicians, London, upon the same subject. This Committee (Drs., Baly and Gull) were charged with a commission to test the results published by Messrs. Swayne and Brittain. The conclusions they arrived at were as follows:—

1. That they could not find, either in the atmosphere or the water of infested localities, any bodies resembling the so-called “Cholera fungi.” 2. That Messrs. S. and B. have confounded under the name of

“annular bodies,” “cellules of cholera,” or “cholera fungi,” substances altogether distinct. 3. A great number of them appear to be matters taken as aliment or medicaments. 4. Those of them whose origin is doubtful, are evidently not fungi. 5. The most remarkable of them are found in the alvine discharges of the subjects of diseases, essentially different from cholera.

These conclusions have been since confirmed by many observers, amongst whom we may name Mr. Griffith, (*Med. Gaz.*, December, 1849) whilst Drs. Bennett and Robertson (*Edin. Monthly*, Nov., 1849) had, previously to the appearance of the London Report, impugned the accuracy of Messrs. S. and B.’s researches. These gentlemen, nevertheless, rejoined and reiterated the principal points which they at first endeavoured to establish. Charles Robin, in commenting upon this subject, in his recent work, “*Histoire Naturelle des Végétaux Parasites*,” Paris, 1853, brings forward fatal objections to the theory of Messrs. S. and B., derived from a criticism of the microscopic examination, furnished by these gentlemen; and concludes his notice by observing, with much confidence, that these bodies are not solely of vegetable origin, but that some are carbonates, and others, most probably, calcareous concretions, such as are met with in serous tissue; and some others resemble the eggs of certain hepatic parasites.

#### Council Meeting December 21, 1853

Present: Dr. Malcolm. Messrs. Wales & Johnston Dr. Ross sent apologies

Circular prepared.

The Laws of the Society were revised.

#### 73 Notice of the Twelfth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 24th December, at 3 o’clock precisely.

#### Candidates for Election.

Alexander Knox, M.D., (Edin.) Strangford.

Bindon Burton, M.R.C.S., (Eng.) Ballinderry.

Thomas Playne, M.D., (Q.U.I.) Dunmurry.

John Thompson, M.R.C.S., (Eng.) Ballylesson.

#### Notes of New Treatment.

Tinct. Sesquichl. Ferri in Erysipelas.

#### Cases to be Read:

1. Cervical Abscess, communicating with the lung.

2. Aneurism of Thoracic Aorta, mistaken for Rheumatism.

#### Pathological Specimens to be Exhibited.

1. Lung presenting Chronic Pneumonic Induration.

2. Exostosis of Lower Jaw.

<sup>1</sup> [Page 463, plate V.]

**Results of Microscopical Examinations.**

Expectoration in a case of Phthisis Pulmonalis.

Resolution passed 17th December, to which the attention of members is particularly requested:—

Resolved—“That, in accordance with the wish of Dr. Simpson, Edinburgh, as conveyed through our President, members be requested to transmit to the Secretaries particulars of any case of Cardiac Disease, characterized by the occurrence of sudden failure of the pulse in one or more vessels, from obstruction of the same by portions of vegetations detached from the Cardiac Valves.”

Signed by order,  
A. G. Malcolm, M.D., G. F. Wales,  
General Secretaries

77 To A. G. Malcolm and G. F. Wales

Culmore  
Londonderry  
December 22 1853

Gentlemen

I beg to acknowledge the receipt of your circular respecting the “Belfast Clinical and Pathological Society” and will afford me much pleasure to become connected with such a valuable association as I have no doubt it will prove to be.

I enclose a P.O. for the current year’s subscription and with best wishes for the success of the undertaking.

I am Gentlemen  
Faithfully yours  
James Forsyth

THE TWELFTH MEETING.

24th December, 1853.

The President in the Chair.

Attendance:—Members 17; Students 3.

LVIII. Dr. MALCOLM read some notes on the treatment of erysipelas, by the tincture of muriate of iron.

JOHN HUNTER distinctly recognises the peculiar character of erysipelatous inflammation. He says, “I suspect that this inflammation has very little of the adhesive in its nature.” If this be so, we may infer that other means than the so-called antiphlogistic measures may possess value in the treatment of erysipelas. It was not, however, until recently, that public attention was directed to the particular efficacy of the Tr. sesquichil Ferri, of which the only mention in therapeutic works, was in reference to its occasional use in the last stage of Erysipelas; or, generally, as a tonic in the decline of this malady. Its curative agency had not been suspected prior to the year 1825.

In April, 1851, a paper was read before the Medico Chirurgical Society of Edinburgh, by Mr. George

Hamilton Bell, upon this very subject. He considers the capillaries in erysipelas to be in an atonic state—and hence, accounts for the success which he has found to attend this peculiar treatment of erysipelas—a mode which, he says, he has resorted to in every case of the disease he attended, for upwards of a quarter of a century, without having failed in a single instance. In administering the iron, he premises a free action of the bowels, and commences with fifteen drops every two hours. If the case be particularly severe, he employs twenty-five drops, and perseveres in this plan, no matter how high the fever or delirium may be. The only local application he makes use of is cotton wadding, with a dusting of hair powder. In the paper referred to, he gives details of seven cases, four males and three females—one complicated with rheumatism, and another with gout.

Five had the head or face for its seat; one the ankle, and one the toe. The duration of the illness was respectively as follows: 5, 6, 7, 7, 8, 12, and 22 days. The diet was generous in all; and the only adjuvants were purgatives and occasional anodynes.

Dr. Charles Bell, 1851, suggests its use in puerperal fever, as being a kindred malady. His opinion of its value is also very decided. He says it is quick in affording relief, and rather improves the system and prevents relapse. He insists on the importance of bringing the system fully under its influence. His illustrations are 14 in number—eight males and six females; two infants, one child, eight adults, and three aged. Seven were of the head and face; three of the leg; two of the vulva; one of the ankle, and one of the toe. In all, the success was complete.

Dr. M. concluded by giving the results of his own experience, which was highly favourable to the treatment, and quoted the following cases which occurred in the practice of Dr. Christopher Black, Belfast, as corroborative evidence.

“A. B. and T. L., females of the ages of 38 and 22 respectively, were seized with phleg. erysipelas of face and head, accompanied with the usual febrile symptoms. The diseases, in both cases, were sthenic and idiopathic, and accompanied in the elder, especially, with great derangement of the digestive organs—a foul tongue, violent head-ache, &c. There was cellular infiltration in the elder female, which extended to one side of scalp and across forehead, with tendency to coma. The younger presented the disease in a comparatively mild form. I healed them both with scruple doses of the T. ferri, simply dissolved in water, and given every two hours. I premised this treatment, with a single mercurial purge, in the more severe case. I was greatly struck and gratified with the result after 24 hours’ use of the iron, the tongue had sensibly cleaned—swelling of parts subsided—tendency to coma lessened—and in two days they were both nearly convalescent.” (December 17, 1853).

Dr. YOUNG believed that erysipelas was constitutional and asthenic, and that, therefore, the treatment should be stimulant, rather than antiphlogistic, and threw out the idea that the action of this preparation of iron might be not merely constrictive, but also antiseptic.

Dr. ROSS had used the tincture of the muriate of iron in several cases of erysipelas, and with very great benefit.

Under its use he found the quantity and sp. gr. of the urine much increased. He attributed its usefulness in this disease to its action as a tonic and as a renal depurant.

The PRESIDENT observed copious diaphoresis produced, and particularly noticed its favourable influence in dysentery, retention of urine, and spasmodic stricture.

Mr. H.M. JOHNSTON adverted to the increase of strength of the preparation of iron referred to, according to the last Dublin pharmacopœia, as having been found inconvenient in practice.

LIX. Dr. MALCOLM read the history of a most interesting case of *aneurism of the thoracic aorta*, which was for years mistaken for rheumatism.

I saw the case which I am now about to submit to the Society, on 26th of June, 1845, in conjunction with Dr. E., of N. On that occasion there was a distinct pulsating tumour at the upper part of the left interscapular space. There was no murmur as distinct as we meet with in ordinary aneurism, but a slight roughness in the arterial stroke. There was neither tenderness nor pain in the tumour itself; but pain was felt and confined to the left lateral and cardiac regions, and assumed, thus, more the character of neuralgia than rheumatism. His appearance, though still that of a large frame of middle height, presented some degree of emaciation, compared with what it was a few months before. From this period, till 2nd August, when he suddenly expired, morphine and prussic acid were frequently administered to give relief from the repeated spasmodic paroxysms of pain.

Having known some of the particulars of the history of this case, which presents many points of great interest, I made special inquiries to elicit, if possible, details in *extenso*, and have been so far successful as to be enabled to present something like a connected view of the principal features.

The case was seen by the late lamented Carmichael and Graves, of Dublin; Dr. S. S. Thomson, of this town; Dr. K., of B., and Dr. S. of H.; besides Dr. E., of N.; Dr. M., of M.; Dr. D., of D., and myself.

There is a good deal of obscurity touching the commencement of the affection. It was believed by his friends, that a severe fall from a swing, in the year 1837, might have been to some extent a cause, more

especially as the injury was felt most severely at the region afterwards affected. At intervals, for some indefinite time, (which has not been accurately determined) but certainly prior to 1839, he complained of what was supposed to have been rheumatic pains, especially about the left scapula, and occasionally (say once or twice) in the right arm, and shoulder, and neck.

About the month of March, 1848, the pain became constant, and particularly severe at night, and resisted various means employed. Amongst these was the following prescribed by Dr. M. of M., viz.:—Dec. Sarzac co. uncias quat ter die. Tr. Guaiaci vol. unciam, et sp. Cætheris nit. semunciam, of which one drachm was ordered night and morning, and a pill, containing about two grains of blue mass, and three grains of Dover's powder, at same times. I cannot ascertain whether this last was persisted in to produce mercurialization, (though I am induced to believe it did) but certain it is this line of treatment, was attended with no good effect—for we find that, on 27th May following, he went to Dublin and consulted the late Mr. Carmichael, who ordered a mixture of colchicum with carb. magn. solution and tr. opii, to be taken night and morning, and a croton liniment to be applied to the painful part; at the same time advising exercise and a course of warm bathing.

With a view of carrying out Mr. Carmichael's instructions, he took a house at a watering place; but he was unable to continue the bathing, for, at the second trial, he was so ill that he felt apprehensive of worse results. Though he took this bath above 100°, he felt quite cold—and dreading inflammation, sent for his medical attendant, who bled him from the arm—and with Mr. C.'s concurrence (23rd June) put him under a course of mercury, which answered remarkably well; and, for a time, he remained perfectly free from pain; and he and his friends had every hope of enjoying a complete recovery. Soon after he resumed his business he began to feel the old enemy. This was in August, and in September, he visited Harrogate and Buxton, still under the impression he was labouring under rheumatism. Dr. E., an eminent physician, of B., prescribed iod. pot. and bicarb. pot in dec. sarz.; and Dr. S., of H., nearly the same, but without effecting any relief. He returned and spent the winter at his residence, N., in very indifferent health. Early in 1849, he visited Belfast, and put himself under the care of the late Dr. S. S. Thomson, who examined him most carefully, but was unable to make out any new indication for treatment.

At this time (February) it appears that the character of the pain seemed to change. The sensation had now more of the sharp and burning feeling experienced in neuralgia. Some time after this he returned home, and *one night particularly* he was seized with such excruciating pain, that all the usual remedies for

urgent suffering available utterly failed. A blanket, wrung out of boiling water, was wrapped over his back before the fire, and yet his nose and forehead were icy cold. At this juncture, his medical attendant arrived, who prescribed a stimulant and large opiate which gave some gradual relief. On the following day he felt much as usual, and in the month of May he was enabled to revisit Dublin; but on this occasion to consult the late Dr. Graves, who, after repeated and careful examination, yet, like all the others, viewed the case as one of rheumatism of the muscles of the side, which would gradually wear out, and most confidently told his friend that all his organs were as “sound as a bell.”

Dr. G. at first ordered dry cupping, which, indeed, was the principal thing directed. In the course of a few days he returned, and contented himself with corresponding with Dr. G., who, on 15th May, ordered strychnine  $\frac{1}{28}$  grain every 6th hour. In the letter prescribing this treatment, he says, “if duly persevered in, I have, I can assure you, very great reliance on its efficacy, and confidently hope that in the course of four or five days it will materially diminish the patient’s suffering.” He further advised the maintainance of a constant eruption on the skin, over the painful parts, by means of croton oil; and the use of morphine, if it should be deemed necessary. At the conclusion of his note he adds, “I have scarcely any doubt as to the success of the means; but, in case of their failure, I have no objection to a trial of *the water cure* under proper superintendence.” It is proper to mention that this last remedy was suggested by the friend of the patient, and Dr. Graves’ opinion asked as to its propriety. In consequence of hearing unfavourable accounts, Dr. G. wrote again, on 21st May. In this letter he expresses himself as disposed to try a course of mercury, and the application of a very large blister over the affected part. At the same time, the strychnine was stopped. This was fortunately not attempted, for it was just at this time that the true nature of the case became apparent. Dr. E., of N., who saw him about the months of February or March, 1848, was in close attendance, and having had, on several occasions, apprehensions that the case was not rheumatism, examined him carefully every few days during the progress of the tumour towards the surface. Towards the close, the torturing pain rather diminished, and the paroxysms, appeared at longer intervals, but in the last week his general health perceptibly broke up, his appetite failed, his stomach became irritable, his feet felt always cold, his nights more restless, and large doses of morphine were continually in use. On 2nd August he suddenly expired. About forty-eight hours before the fatal issue, he complained of a kind of smothering, his respiration became hurried, vomiting set in, but only a little blood was ejected. At intervals he seemed to sleep, and it

was out of a short sleep that he suddenly raised himself in bed, called for the Dr. and open air, and immediately sank back and breathed his last. On next day a *post mortem* examination was held, which disclosed the following particulars:—

“August 4, 1854.

On removing the sternum, a large coagulum of blood presented itself, occupying the left cavity of the pleura. It was found, on further examination, that this coagulum filled the whole cavity, the left lung being compressed and collapsed. On removing the blood, a large sacculated aneurism of the aorta was observed, with a considerable aperture communicating with the left pleural cavity. The aneurism was full of clotted blood, and on passing the hand into it, there was found to be a great destruction of the ribs and spinal column, large portions of three of the former, where they join the spine, were removed, so as to permit the aneurism to pass backwards, where it appeared during life, between the posterior margin of the left scapula and spine, covered only by the skin, superficial fascia and deep fascia, with some muscular fibres. The extremities of the ribs on both sides, as they occupied the aneurism, were externally sharp and uneven.

The disease occupied about four inches of the aorta, commencing below the left subclavian, and was divided into two portions, an anterior and a posterior, with a communication through the ribs. The posterior portion was much the larger.

There was some dilatation of the ventricles of the heart, and the lungs were healthy.”

A. E., M.D. AND SURGEON.

The following observations have been kindly furnished by the gentleman under whose care the patient was principally placed.

N\_y, 4th February, 1852. The diagnosis was, indeed obscure, in consequence of the tumour taking a backward direction, so as to cause absorption of some of the ribs and vertebra. The unyielding nature of these structures was the cause of protracting the sufferings of the patient, as well as obscuring the nature of the disease for a long time. From all I can determine, he must have laboured under the disease for a period of at least two years, and the prominent symptom was, severe, violent *pain* in the left side, extending round to the inferior angle of the scapula, and sometimes across the spine. The pain, however, came and went to such a degree, as sometimes to leave him easy for weeks together. No information could be obtained from the use of the stethoscope for a long time, and only when the aneurism approached nearer the surface.

In such a case, *the character of the pain* is, I think, at first, the only diagnostic symptom: and it is pecul-

iar; and, to one who has witnessed the sufferings of a patient so afflicted, a strong suspicion of the disease may be formed from this symptom alone. However, it requires to be confirmed by stethoscopic examination. I was able to diagnose a case of aneurism of the aorta, just below the diaphragm, since meeting the case referred to, and was the first to suspect the disease, on the first visit, by the character of the pain, and then by detecting a pulsating tumour by the stethoscope.

This case ended fatally and most suddenly.

In addition to this, and by way of further illustration, I may here append a brief abstract of the contents of a letter from a near relative.

Mr. S. was subject to attacks of what was termed and treated as rheumatism, for some time prior to 1839, and frequently since; but, excepting in a protracted or inflammatory illness, no physician was consulted. Dr. D—n (already referred to) saw him in one or two of these; and Dr. E—e first prescribed for him about 18 months prior to the fatal event. Dr. E—e had had very early misgivings as to the case being rheumatism, and rather discouraged violent exertion, or the use of electricity, for, the latter of which, Mr. S. was most anxious, in consequence of having heard such wonderful accounts of its utility. All Mr. S's friends agreed in thinking his residence unfavourable, and a main cause of his malady (it being in the immediate vicinity of a canal); but Dr. E—e did not, and from close observation, he felt convinced that the weather had no influence in his case, and that stimulating remedies were invariably injurious.

The stethoscope was resorted to on every seizure of pain. Dr. Graves used it each time they met, and on last May, in Dublin, when the burning sensation and palpitation were complained of, after an examination, Dr. G. remarked that "rheumatism was more painful than dangerous," and assured his friend "it would wear out of his strong frame."

Mercury was administered till ptyalism was induced, on three different occasions; and in his last illness, without any good result. Neither cough, hoarseness, nor dysphagia was observed at any time; nor indeed did the breathing become affected till the last few days prior to death, when there was a diminution of the pain. The appetite always remained unimpaired, save during the last eight days, when irritability of the stomach, with coldness of the feet, was complained of, and which was then ascribed to indiscretion in diet.

Dr. M., in his observations upon this remarkable case, stated, as his opinion, after duly considering the whole history, that the injury received in 1837 was the starting point. This injury probably set up a chronic, circumscribed aortitis, or such a state as permitted of the formation of aneurism, subsequent rupture, and the formation of false aneurism, in Feb. 1849. It

appears also that pleuritis had set in, in June 1848, and again in conjunction with the ulterior changes. Obscurity in the diagnosis of aneurism is by no means rare, and the case in this respect is only an additional illustration of the imperfection (as yet) of our diagnostic art. Nevertheless, important improvements have been recently announced, which will, doubtless, give us material assistance. Dr. M. here alluded to a remark of Dr. Walshe (1851), that there is frequently a diastolic, or basic impulse in cases of aneurism of the arch, which, with dull percussion-note, diminished respiratory murmur, vertebral gnawing, and intercostal neuralgia, might confirm our suspicions. Dr. Billing (1853) attaches much importance to the "resilient pulse," which he tested in two remarkable cases, where no external or any estimable symptoms of aneurism existed. One was only the size of a hen's egg—"the smallest aneurism of the aorta ever detected during life, and by the resiliency of the pulse alone." (p. 88.)

Dr. Stokes, in his recent admirable clinical work (1853), has made some pertinent and telling observations bearing upon the point in question, and based upon the unerring voice of nature herself. "The error of declaring the absence of organic disease," he says, "in consequence of the want of physical signs, has led many of our brethren into disagreeable positions; and it must not be forgotten that in physical examinations, *negative* results furnish significant indications; indeed, nothing should awaken our attention sooner than the occurrence of important symptoms, *without* there being signs to account for them." (p. 106.) Dr. S. further observes that aneurism should be suspected when we find well-marked forms of thoracic suffering co-existent with an unimpaired state of the general health, and notices the constriction of the diaphragm and dyspnoea from phrenic irritation, caused by aneurismal tumour, and that dysphagia may be expressed by pain, without there being any difficulty in deglutition. Dr. Law insists much on the character of the pain which, when in lancinating paroxysms of agony, and at other times of a dull *boring* description, he considers almost pathognomonic; but when this is found in conjunction with the expansile impulse, the diastolic pulsation, and the second sound heard most distinctly in the course of the aorta, all doubt may be silenced. Hope's diagnostic, the double jog in the descending aorta, with murmurs, is by no means a constant phenomenon. It is seldom, however, that we meet with a case presenting at an early stage sufficient indication of the existence of aneurism. Crisp, in his large experience and great researches, acknowledges that he has met with numerous examples of large aneurism in the chest, which were not discovered by the most experienced stethoscopists; the case of the celebrated surgeon, the late Mr. Liston, was a complete confirmation of this observation.

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

Statistics show that the descending aorta is engaged but rarely in comparison with the other parts of the thoracic portion. Bizot gives the following ratio of 87 cases:—40 were of the ascending aorta, 31 of the arch, and 16 of the descending. In 32 the heart was healthy, in 30 the walls were hypertrophied, and two were of the fatty description. Of 82 cases, 64 were false, 10 mixed, and 8 true. Of 108 cases, according to Hasse, 36 occurred between the ages of 50 and 60, and of 175 of Crisp's cases, 104 occurred in the same period of life.

76 To A. G. Malcolm and G. F. Wales

Portglenone  
28<sup>th</sup> December 1853

Gentlemen

Highly approving of the objects of the Belfast Clinical and Pathological Society I enclose five shillings worth of postage stamps to pay my first year's subscription as a country Member. I would have sent a post office order but not knowing any of your Christian names could not get it sent in this manner. Please send me some of the case papers and oblige

Yours truly  
T. Madden

78 To A. G. Malcolm and G. F. Wales

Newry  
30<sup>th</sup> December 1853

Gents

Having received a circular announcing the formation of the "Belfast Clinical and Pathological Society" on the 2<sup>nd</sup> September ult. and as "the Council are anxious to give every Member of the Profession in the North of Ireland an opportunity of joining the same" I beg leave to have my name entered as one of its members for the Session 1853 and 1854.

I send you a P.O. for the amount of subscription.

You will please send me a copy of the Regulations of the Society, containing the days of meeting etc.

I remain  
Your Obedient Servant  
Robert Johnston M.D.

79 To A. G. Malcolm

Thursday

Dear Dr.

Forde's name is Robert. He is a licentiate of the College Surgeons, Dublin, and M.D. Glasgow.

I have no doubt but your society will prosper and be of much use. When we get the backlog down here, you must come and give us a few statements on Sanitary Reform, a desideration much needed here.

In Haste for Post  
Yours  
A. [N.?] [E????]

80 List of Members, up to 31st December, 1853

Aicken, John, Surgeon, Belfast.  
\* Armstrong, J. S., Surgeon, Belfast.  
Beck, J. W., M.D., Belfast.  
Black, C. S., M.D., Belfast.  
Blair, C., M.D., Kells, County Antrim.  
Bolton, R. H., M.D., Dungannon.  
Boyd, Samuel, Surgeon, Portaferry.  
Bradford, William, Surgeon, Dundalk.  
Breakey, John, M.D., Belfast.  
Browne, John, M.D., Dundalk.  
Browne, Samuel, R.N., Belfast.  
Brunker, E. J., M.D., Dundalk.  
Bryce, R. J., M.D., Belfast.  
Bryson, J. W., M.D., Belfast.  
Burden, W., M.D., Queen's College, Belfast.  
Burton, Bindon, Surgeon, Ballinderry.  
Callan, Joseph, M.D., Dundalk.  
Campbell, John, M.D., Lisburn.  
Carlisle, Hugh, M.D., Queen's College, Belfast.  
Clarke, Thomas, Surgeon, Belfast.  
Croker, George, Surgeon, Hillsborough.  
Daly, Edward, Surgeon, Belfast.  
Dickson, J. S., Surgeon, Ligoneill, near Belfast.  
Ferguson, J. C., M.D., Queen's College, Belfast.  
Ferris, Charles, Surgeon, Larne.  
Forsythe, James, M.D., Culmore, Derry.  
Frame, James, Surgeon, Comber.  
Gelston, James, Surgeon, Comber.  
Graves, H., M.D., Cookstown.  
† Halliday, J. H., M.D., Belfast, TREASURER.  
Hamilton, T. W., M.D., Ballymacarrett.  
Hanna, H. H., Surgeon, Belfast.  
Hunter, Samuel, M.D., Belfast.  
Jameson, David, M.D., Newtownards.  
\* Johnston, H. M., Surgeon, Belfast.  
Kellett, Edward, Y., Surgeon, Ballinderry.  
Kelso, J. J., M.D., Lisburn.  
Kidd, Abraham, M.D., Ballymena.  
Knox, Alexander, M.D., Strangford.  
Lamont, Æ., Surgeon, Belfast.  
Lynch, P., M.D., Belfast.  
Macartney, John, Surgeon, Lisburn.  
Macaw, James, M.D., Bushmills.  
§† Malcolm, A. G., M. D., Belfast, GENERAL SECRETARY.  
Marshall, A., M.D., Belfast.  
Mawhinney, James, Surgeon, Belfast.  
Moore, James, M.D., Belfast.  
Moore, William, M.D., Ballymoney.  
Moreland, H., M.D., Belfast.  
§† Murney, H., M. D., Belfast, SEC. of Microscopical Com.  
Musgrave, Samuel, Surgeon, Lisburn.  
M'Cleery, James C., Surgeon, Belfast.  
M'Gee, W., M.D., Belfast.  
M'Kibbin, Robert, Surgeon, Ballymacarrett.

M'Laughlin, William, M.D., Lurgan.  
 Patterson, James, M.D., Belfast.  
 \* Pirrie, J. M., M.D., Belfast.  
 Playne, Thomas, M.D., Dunmurry.  
 Pollock, William, Surgeon, Dundalk.  
 §† Purdon, T. H., M.D., Belfast, PRESIDENT.  
 †\* Ross, Richard, M.D., Belfast, SEC. of Museum Com.  
 Russell, Philip, M.D., Bangor.  
 Scott, William, M.D., Aughnacloy.  
 Smith, J. T. W., M.D., Belfast.  
 Smyth, John, Surgeon, Belfast.  
 Snowden, Samuel, M.D., Belfast.  
 Stewart, Horatio, M.D., Queen's College, Belfast.  
 \* Stronge, J. W., M.D., Belfast.  
 Thetford, W. W., Surgeon, Strangford.  
 Thomson, Henry, Surgeon, Ballylesson.  
 Thompson, Thomas, M.D., Belfast.  
 Thomson, John, Surgeon, Ballylesson.  
 † Wales, G. F., Surgeon, Belfast, GENERAL SECRETARY.  
 Wheeler, T. K., M.D., Belfast.  
 Young, G. H., M.D., Holywood.

\* Members of the "Museum Committee."

† Members of the "Council."

§ Members of the "Microscopical Committee."

81 To A. G. Malcolm and G. F. Wales

14 Pump Street  
 Derry  
 January 4 1854

Gentlemen

I am in receipt of your communication enclosing "Extracts from the Laws" of your Clinical Society and as I think that a Society of this kind, if well conducted, will tend much to advance Pathology and Diagnosis, I will have much pleasure in being enrolled amongst its Members, if you will be good enough to let me know what steps are necessary.

Yours truly  
 W. Rogan

**Council Meeting January 4, 1854**

Present: Drs. Halliday & Malcolm, Messrs. Johnston, Armstrong & Wales.

Welsh's, Moore's, Ireland's and the postage a/c examined and passed.

Advertisement in the Dublin Medical Journal ordered.

Circular prepared.

84 To A. G. Malcolm

Wellington Place  
 Wednesday evening

Dear Malcolm

I was prevented at the last moment from attending the meeting today by a sick call.

Will you put my name in the circular to read "a case of ulceration and perforation of the small intestine".

faithfully yours  
 R. Ross

85 Notice of the Thirteenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 7th January, at 3 o'clock precisely.

**The Treasurer's Quarterly Statement.**

**Candidates for Election.**

C. S. Black, M.D. (Glas.) L.R.C.S. (I.) Belfast.  
 James Forsythe, M.D. (Glas.) M.R.C.S. (Ed.) Culmore, L.derry.

**Cases to be Read:**

1. Aneurism of Thoracic Aorta, (additional particulars).
2. Cervical Abscess, communicating with the lung.

**Pathological Specimens to be Exhibited.**

1. Lungs, presenting various forms of Induration.
2. Exostosis of Lower Jaw.
3. Fungous disease of Testis.

**Results of Microscopical Examinations.**

Expectoration in a case of Phthisis Pulmonalis.

**Notes of New Treatment.**

Chloroform in Delirium Tremens.

*Resolution of Council and Committees passed 4th January, to which the attention of members is particularly requested:—*

*Resolved—"That in order to promote the extension of the Society more generally amongst the Profession in the North of Ireland, each Member be requested to exert himself in his respective locality and circle of acquaintance to ensure this end."*

With this view, copies of a Circular, announcing the formation, objects, and advantages of the Society with the List of Members are herewith forwarded, which may be made use of in correspondence.

Country Members are reminded that all Communications, intended to be read at the Meetings of the Society, should be forwarded to the Secretaries, but, if preferred, to some Member in Town, whom they may depute.

Specimens for Microscopical Examination may be conveniently sent by Post; and Recent Parts for

Exhibition, by Rail direct, or by the “Parcels Delivery Company,” who have Agents in many towns in Ulster.

Signed by order,  
A. G. Malcolm, M.D., G. F. Wales,  
General Secretaries

THE THIRTEENTH MEETING.

7th January, 1854.

J. H. Halliday, M.D., in the Chair.

Attendance:—Members, 10; Students, 3.

Dr. MALCOLM gave additional particulars respecting the case of *Thoracic Aneurism*, read at last meeting, which are included in the report of that date.

LX. Mr. HANNA read the notes of a case of *Cervical abscess* communicating with the lung, as follows:—

My patient, J. B., was aged 42, about five feet eight inches in height, of a square-built conformation; his appearance indicative of a lymphatic temperament, a bleacher by occupation, and exposed to a variety of temperatures. A brother and two sisters had died of phthisis: another sister of dropsy. He was uniformly temperate in all his habits. He never remembered having taken any preparation of mercury, and had always enjoyed good health, except on one occasion, when a young man, he became affected with acute anasarca, caused by exposure to cold; but from which he recovered without the physician's care. About four years and a-half before death, his health began to fail; and, simultaneously, a small abscess formed over the wrist joint, which burst and continued discharging a white, thin, inodorous, flaky pus, until a small piece of bone came away, when it healed with a depressed cicatrix. Another formed over the tibia, which burst and discharged a fluid similar to the other, for two years, until a spicula of bone came away, when it, in like manner, healed. He now began to lose flesh rapidly; the appetite became impaired, and the bowels irregular. Two years before his death he was seized with rigidity of the muscles of the neck, the motions of which became subsequently imperfect, and pain extending up along the occipital region and between the shoulders, was complained of, and continued very constant until a small tumour formed at the posterior inferior triangle. After the formation of this tumour the pain diminished. He now began to experience frequent rigors. Six months before death, I saw him for the first time. He was thin, very much emaciated, had some cough and dyspnœa. Physical examination elicited dullness at the superior lobe of right lung; respiratory murmur quite inaudible; breathing tubular, with intense bronchophony, almost amounting to pectoriloquy. From a point opposite the inferior angle of the scapula, downwards, the chest was quite clear on percussion, and the respiration puerile.

The left lung was also clear on percussion, and respiration a little modified; but no prolonged expiratory murmur, in either lung, could be detected. He has noticed, for some time, a feebleness in the extremities, with some want of sensation. The abscess in the neck appeared about the size of a large orange, not perfectly circumscribed, nor painful on free manipulation, but fluctuating freely.

There was no discoloration of the skin. He felt some pain when the spinous processes of the fourth and fifth cervical vertebræ were percussed, and complained of dysphagia.

About three weeks after I first saw him, he came one evening and told me he had vomited, in the morning, about half a-pint of very green, fœtid pus. On examination, the abscess, by pressure, could be made level with the skin; but, when the pressure was removed, it became distended, and, to use his own language, “he heard and felt a glugging sensation.” It continued much the same for a period of about six weeks, when the cough and expectoration ceased; the abscess again became distended, and fluctuated freely for some time when it began to present an inflammatory blush, and eventually made its way to the surface. The discharge had a similar character to the matter expectorated. It was at this time that air could be felt and heard issuing from the external aperture. The discharge continued, more or less, until death, which took place from the exhaustion of hectic.

From the history of the case, it would appear that the cervical abscess resulted from a diseased state of the cervical spine, and the communication with either the lung or bronchial tube would seem very obvious, on account of the distension of the cavity on inspiration, previous to its opening externally, and perhaps on account of the scrofulous character of the disease. We are told by authors, that scrofula rarely or never commences after 32 or 35 years of age, but there are always exceptions to a general rule; and, taking into account, that a sister and a brother died of phthisis (which is only modified scrofula) the depressing occupation of the patient, and moreover, the insufficiency of nutrition, all these, I say, would conspire to lower the vital functions, and actively manifest the slumbering diathesis which in a more youthful state was undeveloped, simply in consequence of the vigorous action of the assimilatory functions.

LXI. Dr. MALCOLM exhibited several wet preparations representing various forms of *pulmonic induration*, and availed himself of the opportunity to make some remarks upon the different forms of hardening of the lung, which are met with in *post mortem* examinations. The following varieties are usually observed:—1. Induration around gangrenous excavations. 2. Do. after hæmoptysis, succeeded by pneumonia. 3. Do. around a tubercular cavity (Swett).

4. Do. after ordinary pneumonia (Swett) (Laennec).  
 5. Do. from pneumonia affecting the interstitial tissue, causing dilatation of the bronchial tubes and contraction of the lung, viz., Cirrhosis (Corrigan and Rokitan-ski). 6. Brown induration, with intermixed soft and yellow patches (Andral). 7. Gray do. (Andral and Chomel).

Laennec was acquainted with but a small number of cases of chronic pneumonia. Andral observed that, out of 112 cases of pneumonia, only one lasted more than 30 days. Chomel noticed only two cases of the disease in 200 dissections annually. Forbes considers it rare as a chronic disease, but common as a sequel. Swett, of New York (1852) speaks of its rarity, and recognizes the distinction between it and Cirrhosis. Hasse likewise notices its rarity. He states that it is scarcely ever due to acute pneumonia, but that it coincides most frequently with the formation of tubercle. He lays down three varieties:—1. Pneumonia primary, causing deposit of tubercle. 2. Tubercle primary and pneumonia combined in progress. 3. Tubercular cachexia first. The most usual appearances are the following:—“The lung is distended, preternaturally heavy, and completely impermeable to air. On section, the surface is gray, with yellow and white stripes, and arborescent patches of black pigment intermixed. The whole mass is hard, incompressible—yet fragile—dry, and not granulated.” Andral’s brown induration is comparatively rare—more acute and accompanied with moisture of the lung; the heart is also generally hypertrophied.

The preparations exhibited, represented forms 3, 4, 5, and 6, as above; and Hasse’s description accurately pertained to one of them.

**Council Meeting January 11, 1854**

Present: Drs. Halliday & Malcolm, Messrs. Johnston, Wales & Armstrong.

Mr. M’Liven’s (Downpatrick) letter considered. His qualifications considered not such as the Laws require.

Circular prepared.

**86 Notice of the Fourteenth Meeting in the First Session.**

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 14th January, at 3 o’clock precisely.

**Candidates for Election.**

William F. Rogan, A.B., M.B., (T.C.D.,) L.R.C.S., (I and E.,) L.derry.

Arthur Ross, M.D., and L.R.C.S., (Ed.,) Ballymena.

Thomas Madden, L.F., (Glas.,) Portglenone.

Robert Johnston, M.D., (Glas.,) and L.R.C.S., (I.,) Dromore.

**Results of Microscopical Examinations.**

Expectoration in a case of Phthisis Pulmonalis.

**Notes of New Treatment.**

Chloroform in Delirium Tremens.

**Pathological Specimens to be Exhibited.**

1. Fungous disease of Testis.

2. Lung, as it appeared in a case of Empyema with Subcutaneous Fistula.

**Cases to be Read:**

1. Fatal Hæmorrhage, after extraction of a Tooth.

2. Congenital Hydrocephalus—a source of difficult Parturition.

3. Chorea supervening upon Endocarditis.

Signed by order,  
 A. G. Malcolm, M.D.,  
 G. F. Wales,  
 General Secretaries

**88 To A. G. Malcolm**

Gilford  
 12<sup>th</sup> January 1854

Sir

Your circular regarding the formation of a Clinical and Pathological Society in Belfast to hand and in reply I beg to enclose a P.O. order value 5/- as my subscription for the current year.

And should any case come before me worthy of remark I will submit it to your Council.

I am sir  
 yours truly  
 H. McBride

**THE FOURTEENTH MEETING.**

14th January, 1853.

James Patterson, M.D. in the Chair.

Attendance:—Members, 20; Students, 13.

LXII. Dr. MALCOLM read the result of the microscopical examination of sputa, in a case of phthisis pulmonalis.<sup>1</sup> The matter was principally composed of pus cells and tubercle in the form of granules. Tubercular dust it might be called. Dr. M. took occasion to advert to the common opinion that it is an easy matter to diagnose tubercular expectoration by the unaided eye. He showed that, on the contrary, there is no such facility, as even with the aid of the microscope it will be occasionally impossible. Lebert (1845) says “La matière tuberculeuse ne s’y trouve ordinairement pas comme telle dans l’expectoration des phthisiques.” And again, “La matière tuberculeuse, ayant conservé ses globules, ne se rencontre que rarement, dans les crachats. Nous ne l’avons presque jamais observée d’une manière indubitable.” This author gives the following list of matters which may be found in the sputa of phthisical patients.

<sup>1</sup> [See page 464, plate VI, figure 1.]

I.—NON SPECIFIC, or common to many diseases. 1. Saliva, with mucus and buccal epithelium. 2. bronchial epithelium. 3. Mucus cells. 4. Vibriones. 5. Blood cells. 6. Crystals. 7. Pigment. 8. Large Globules. 9. Granular Globules. 10. Pus-cells, “fréquemment déformés et racornis.”

II.—PROPER. 1. “Des Grumeaux,” or small pellicular expansions—a basis for the tubercular deposit, probably false membrane, from cavities. 2. Masses similar in appearance to the foregoing, but composed of the molecular granules, which proceed from diffuent tubercle. 3. Amorphous mineral granules, which may proceed from cretaceous matter. 4. Tubercle itself—(doubtful). 5. Pulmonary fibres—diagnostic of the ulcerative stage, “et un indice certain de l’existence de cavernes.”

In summing up, *Lebert* concludes that he is forced to admit that microscopic examination does not aid us in facilitating the diagnosis, at least in the incipient malady. At the same time, he throws out this consolatory observation—“Il est bien possible que l’etat ulterieur prouvera que les masses granuleuses, les débris de fausses membranes, les globules de pus racornis, et les grains minéraux ont plus de valeur pour le diagnostic, que nous ne leur en attribuons pour le moment.”

LXIII. Dr. MALCOLM exhibited two wet preparations illustrating the effects of *empyema*.

One of these referred to a case which occurred at the Belfast General Hospital some years ago. A child, aged six years, was admitted, with an *apparent* abscess of the breast. *Empyema* was readily detected, and the communication with the supposed abscess indicated by the alternate expansion and falling in, induced by inspiration and expiration. The child died in the course of a few days. Paracentesis, or rather opening of the abscess, was contemplated, but the moribund state of the patient prevented its adoption. On examination, it was found that the communication was made by *several* openings, and that the matter had burrowed under and amongst the *Pectorales* fibres. The lung was exceedingly atrophied by pressure, and lay close to the posterior wall. Respiration was, of course, limited to the root, and even here must have been very imperfect. Two points of interest present themselves upon considering this case—the effort made by a natural process to evacuate the pus, thereby indicating the utility of paracentesis—and secondly, the unusual position of the intercostal apertures, which were much *higher* than is found to have been previously observed.

LXIV. Mr. ARMSTRONG read the notes of a case of *fatal hæmorrhage*, following the extraction of a tooth in a hæmorrhagic subject, as follows:—In the course of my practice, I have met with a case of hæmorrhage, in

consequence of the extraction of the second molar tooth of the lower jaw of left side. The patient was a labourer on the Co. of Down Railway, aged 28, *generally* healthy, with fair complexion, and eyes light-blue; height, about five feet nine inches, and conformation in proportion. He had been subject to most troublesome hæmorrhage from the slightest wounds. In October, 1851, having suffered much from a decayed tooth, he had it extracted, contrary to the advice of his friends, as they were aware of the difficulty experienced on former occasions, in stopping the bleeding, often from the slightest injuries. The tooth was extracted about two o’clock p.m. When he went home, he was still losing a good deal of blood, but as he said himself, “he thought little of that,” as he generally lost a great deal from the most trifling cut, before he could get it stopped. I was called in to see the case next day, about one o’clock, this being 23 hours after. His strength was much exhausted, the surface and the face blanched, the pulse scarcely perceptible, and the extremities cold. I examined the place from which the tooth was taken; I found the blood still oozing from it; I made a small pledget of lint, cone-shaped, dipped in Tinct. Matico, and placed it in the cavity with the apex down, which stopped the hæmorrhage *immediately*. I ordered him wine, an egg beat up with sugar and sweet milk, to be given as he could take it; also, warmth to the feet. I called about four hours after; no return of bleeding, but very much exhausted; no appearance of reaction; to continue the wine, &c. Called next morning; no improvement, but no return of hæmorrhage. The poor fellow died about 12 o’clock, noon, 46 hours after the tooth was extracted.

Dr. HALLIDAY suggested transfusion in these dangerous cases.

Dr. FERGUSON observed that death from hæmorrhage, after bleeding had been once stopped, was exceedingly rare.

Mr. H. M. JOHNSTON commended the internal use of acetate of lead in such cases, and related a case in point. He considered that, in the case read, there was no doubt of the existence of a hæmorrhagic diathesis.

Dr. MACLAUGHLIN, Lurgan, also detailed an interesting case in which the reinsertion of the tooth, plugging with cork, &c., and the actual cautery, all failed, but which ultimately yielded to a succession of two to three grain doses of acetate of lead, with opium.

Dr. YOUNG also mentioned an instance of its efficacy, in which the actual cautery and other means failed.

Dr. LYNCH had more faith in the dilute sulphuric acid, and latterly, in five grain doses of tannin, to arrest the hæmorrhagic tendency.

Mr. JOHN AICKIN had the greatest confidence in wet lint, sprinkled freely with acetate of lead powder,

with pressure, both in epistaxis and the case under consideration.

Dr. C. BLACK had used, with success, the tincture of muriate of iron.

Dr. FERGUSON said that it should be recollected, that as the last remedy employed seemed to be generally the most useful, so *time* may have had some efficacy, and should not be overlooked in our estimating the value of, and bestowing our commendation on, every particular remedy.

82 To A. G. Malcolm

Howard Street  
January 18

My dear Malcolm

I should like on Saturday to bring before the Pathological a case of “Measles, with unusual complications”, should it be wanting.

Excuse my correcting an error in your list of “Members”. I am not M.D. but “A.M. M.B. Hon: F.C.P etc.”

Ever yours  
J. C. Ferguson

94 To A. G. Malcolm

29 Corn Market  
January 18<sup>th</sup> 1854

Dear Doctor

I wish to say that I feel pleasure in presenting the Pathological Society on Saturday next with the arm of “Donnelly” the celebrated Irish Buffer.<sup>1</sup> However, I cannot promise any very satisfactory account of it having only heard a verbal statement concerning it and took no note at the time.

Yours Sincerely  
John Smyth

**Council Meeting** January 18, 1854

Present: Messrs. Wales & Armstrong.

Preparation of circular referred to Dr. Malcolm.

91 Notice of the Fifteenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 21st January, at 3 o'clock precisely.

**Candidates for Election.**

Philip E. Brabazon, A.B., F.R.C.S., (I.,) Downpatrick.  
Robert Forde, M.D., (Glas.,) L.R.C.S., (I.,) Downpatrick.  
W. N. White, M.D., (Glas.,) M.R.C.S., (Eng.,) L.R.C.S., (I.,) Downpatrick.

<sup>1</sup> [Dan Donnelly, a bare knuckle boxer who famously beat Tom Hall in 1814 at the Curragh. The arm was the centrepiece of the ‘Fighting Irishmen’ exhibition in Dublin in 2010. (Wikipedia)]

Henry M’Bride, C.M., (Glas.,) Gilford.

**Notes of New Treatment.**

Chloroform in Delirium Tremens.

**Pathological Specimens to be Exhibited.**

1. Recent Parts in a Case of Abdominal Aneurysm.
2. Wax Cast of Cirrhotic Liver.

**Cases to be Read:**

1. Congenital Hydrocephalus—a source of difficult Parturition.
2. Chorea supervening upon Endocarditis.
3. Measles, with unusual complications.
4. Ulceration and Perforation of the Small Intestine.

**Results of Microscopical Examinations.**

Calcareous Bodies in the Expectoration.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

87 To A. G. Malcolm

Donaghadee  
January 20

Dear Sir

I had the favour of your note and beg to say that I shall be happy to become one of the Pathological Society tho’ my opportunities won’t be great either in implanting or receiving instruction as I live at a considerable distance. I shall do myself the pleasure of calling when in Belfast and am

My dear Sir  
yours very truly  
W. H. Catherwood

89 To A. G. Malcolm

Rathfriland  
20<sup>th</sup> January 1854

Dear Doctor

Long ago I intended acknowledging the printed circular from you on account of the “Pathological Society” you have formed in your good town.

I asked Mr. William Marshall 100 High Street to pay you 5/- for me. If he has not please call the first day you are in his street and oblige

Yours truly  
J. Hay

THE FIFTEENTH MEETING.

21st January, 1854

The President in the Chair.

Attendance:—Members, 16; Students, 10.

LXV. Dr. LYNCH read some notes on *the treatment of delirium tremens by chloroform*, and related the particulars of two cases in which he had recently administered this drug. 1. J. M., aged 36, had been drinking to excess for three weeks, and was ill six days in delirium tremens, when he came under his (Dr. L.’s)

care. There had been constant wakefulness for the last six days and nights, and the delirium was becoming violent. It was a first attack. Dr. L. gave him 30 drops of chloroform, and repeated it in three hours. He did not require more. Sleep was induced, and he soon after quite recovered.

In the other case, which was a *second* attack of the malady, the same treatment was pursued, but the patient died suddenly on the second day. Dr. L. was inclined to place but little reliance upon its use in this disease, more especially as he had found other, and these the usual remedies, in general, quite successful.

Dr. PIRRIE considered its action beneficial as an adjunct to opium, which, therefore, need not be given in such large doses as when alone, and mentioned a case in which it had been necessary to continue the use of opiates for a lengthened period. In this case Dr. Pirrie found that a few drops of chloroform, added to the opiate draught, greatly increased its efficiency. Thus he found that 20 drops of chloroform, added to 20 drops of the liquor opii sed., had as much effect as 80 drops of the liq. opii given uncombined.

Dr. LYNCH, in reply to a question, stated that the form which he had found best adapted for the use of chloroform was exactly the opposite of that in which tartar emetic would be indicated.

LXVI. Dr. MALCOLM exhibited the recent parts in a case of *abdominal aneurism*, and related the following history:—R. E., aged 30, a moulder in a foundry, married, formerly intemperate, of a pale and anxious countenance, and latterly much reduced in weight (2½ stone since Oct.), was admitted on Jan. 11th ult., complaining of much lumbar pain, especially at left side. The pain was pretty constant, but at times very severe, particularly on turning himself. He could not ascribe any other cause than over-work, heavy lifts, &c., which may have strained his back. He was treated as for rheumatism, and was repeatedly blistered over lumbar region. The pain extended down thighs, anteriorly and posteriorly, and was frequently of a shooting character, but generally gnawing. Suspecting aneurism, from the character of the pain, I examined the course of the aorta, anteriorly and posteriorly, but could detect no murmur, impulse, or tumour. The tenderness over the lumbar region was very great. I then examined the urine, and found it highly albuminous, and afterwards, under the microscope, immense numbers of epithelial cells from the tubules and regular casts, such as we meet with in desquamative nephritis. He had some vomiting eight days before admission, and his pulse, on admission, was 96, and languid; and urine, besides being albuminous, was deeply charged with lithates. Believing that renal congestion existed at any rate, I had him cupped. On 11th, I ordered an alkaline alterative aperient. On 12th, the pain was still complained of; but on 13th, at

2 p.m., he became suddenly ill with intense suffering across his loins, and especially down thighs, and over abdomen. He actually cried out from the severity of the pain. Stupor relieved, but he became afterwards faint, and in this way remained till the hour of his death, which occurred at half-past nine on 14th. A *post mortem* examination was held, when the following was the result:—Upon laying open the abdomen, the several viscera presented quite a healthy appearance. Just over the *symphysis pubis*, a considerable amount of blood was observed between the muscles and peritoneum; and, on further examination, an immense tumour, of a dark mottled appearance, occupied the whole of the left lateral region of the abdomen, from the diaphragm to the ilium. This tumour was rather of an oblong shape—smaller above and below, and bulging at the centre, or corresponding to the umbilical region. There was no fluid in the peritoneal cavity, but on opening the sac it was found filled with clots of dark blood which had been poured out from an aneurism of the abdominal aorta, at the bifurcation, and dissected the parietal layer of the peritoneum from the muscles. On removing a large portion of the clots, the muscles of the affected part were found softened, and the fourth lumbar vertebra quite carious. On removing the left kidney, the renal arteries were so much diseased as to break across. The removal of the abdominal aorta was attempted, but only the part corresponding to the opening of the aneurism could be procured. The thorax was examined, but no lesion was discovered there.

Dr. M., in commenting upon this case, referred to the unusual site of the aneurism, which prevented the physical examination from being decisive. Statistics proved the most frequent site to be the celiac axis and adjoining portion of aorta. The renal symptoms might very readily mislead. At the same time, they were quite explicable by the result of the *post mortem* examination. Dr. Stokes notices psoas abscess as having been supposed present in a similar case, and refers also to one of apparent malingering, which really turned out to be the genuine malady—aneurism. Others have observed similar cases mistaken for tabes mesenterica, renal disease, rheumatism, and neuralgia, so that it is by no means an easy matter to detect abdominal aneurism when situated so low down as in the present instance.

Dr. HALLIDAY has noticed cramps in the legs as a symptom of abdominal aneurism.

The PRESIDENT remarked on the difficulty of diagnosis in some cases, and related two in point. 1. case of aneurism at the celiac axis; 2. case of pancreatic disease, which presented simulating symptoms.

LXVII. Dr. HALLIDAY read a report of two cases of *congenital hydrocephalus* as follows:—1. Mrs. T., aged 23, whose first confinement occurred on the 18th Dec.

last, up to which time she had enjoyed good health, was visited by Dr. A. at two o'clock on Sunday morning, when the membranes having ruptured, the nates were found to present. After some time one of the feet was brought down; and when the child was so far expelled that the cord could be felt, it was found not to pulsate, and a short time after, it ruptured without hæmorrhage. At this stage of the labour, great difficulty was experienced. No correct idea was, or could be formed, as to the nature of the obstruction; and as the head, from the amount of distension, was not permitted to pass fully down into the pelvis, it was with much difficulty that the forefinger of the left hand could be got into the mouth of the child.

After exerting some pressure in this direction, the child at the same time being doubled up upon the abdomen of the mother, the finger was got upon the upper lip, and from this on to the forehead, and so, after considerable tugging and trouble, the child was got away, when it was found that the head was greatly enlarged from hydrocephalus. As usually happens in this class of cases, the child was dead. The mother did well. 2. The second case occurred in the practice of Dr. R. B. Mrs. F., aged 25, in second confinement, was visited by him at 10 p.m. for the first time, when he examined and found the head presenting. From this time to 10 a.m. the following morning, the labour was exceedingly strong, and the head felt as if descending gradually, until the tumour, as it seemed, began to dip through the os externum; but at half past 12 o'clock, no advance having been made, the doctor determined to apply the forceps, by which, after they had slipped several times, he was enabled, partly by using their blades as levers, to extract the head, which was greatly distended by hydrocephalus. It was of an elongated form when got away, but immediately assumed the rounded, and was fully as large as a full grown adult's. The child was a male, of dwarfish length, but with all parts much developed, club-footed, and covered with nævi materni, which the mother attributed to a fright she received from a *big-headed man*, when she was about three months pregnant. Indeed she expected that the child would be marked, and asked, when it was born, if it was not so. It died a short time after birth. The mother did well.

Dr. BRYCE instanced a case of congenital hydrocephalus, in which ascites and anasarca existed. The child referred to lived about two minutes. It was born on the 13th May, 1853, and its mother was delivered again, nearly ten months after, (on 6th March, 1854,) of a six-and-a-half months' child, which was completely anasarcaous. It lived about twenty minutes. In this latter case, the placenta was diseased, and about three times the size of a placenta at the full period of gestation.

Dr. LYNCH related the case of a woman aged 22, whose first child was an interesting example. It was

reported that she was in labour ten days before delivery was effected, in consequence of the great size of the cranium from hydrocephalus. The case occurred at Carnlough, in 1842.

Mr. DALY related a case of congenital hydrocephalus, which occurred two years ago. Three quarts of fluid were drawn off. The cranium was entirely cartilaginous.

Mr. H. M. JOHNSTON had a similar case in May ultimo. The labour was tedious. Delivery was effected by the forceps. The chief difficulty in their application was owing to their slipping repeatedly off the head.

93 To A. G. Malcolm and G. F. Wales

Portglenone  
23<sup>d</sup> January 1854

Gentlemen

I beg to return my sincere thanks to the Belfast Clinical and Pathological Society for admitting me a member on the 14<sup>th</sup> inst. Such an institution was much wanted in the north, and I hope now that it is established that it will be of great use to the profession. I send you this day the report of a case that arrived here lately. If the Society thinks it of sufficient importance they may make what use of it they like.

I am Gentlemen  
Yours truly  
T. Madden

**Council Meeting** January 25, 1854

Present: Drs. Halliday & Malcolm.

Circular prepared.

90 To A. G. Malcolm and G. F. Wales

Newcastle, Co. Down  
January 26<sup>th</sup> 1854

Gentlemen

Having received your circular announcing the formation of the Clinical and Pathological Society, Belfast

As I wish to become a Member of said Society, I herewith send you a Post Office order for 5/- drawn in favour of your Treasurer J. W. H. M.D. Esq<sup>r</sup>.

Please acknowledge the receipt of this and send me a copy of the Laws of the Society and you will much oblige

Your Humble Servant  
John Smith

92 Notice of the Sixteenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 28th January, at 3 o'clock precisely.

**Candidates for Election.**

William Shaw, L.R.C.S., (I.) Ballinahinch.  
W. H. Catherwood, M.D., (Ed.) Donaghadee.  
John Smith, A.M., M.D., (Glas.,) Newcastle.  
Joseph May, L.R.C.S., (I.) Rathfriland.

**Cases to be Read:**

1. Chorea, supervening upon Endocarditis.
2. Measles, with unusual complications.
3. Ulceration and Perforation of the Small Intestine.
4. Uterine Hydatids mistaken for Pregnancy.

**Results of Microscopical Examinations.**

Calcareous Bodies in the Expectoration, with Case.

**Pathological Specimens to be Exhibited.**

1. Pericarditis, Endocarditis, and Hypertrophy combined.
2. Peculiar Mammary Tumour in a child, aged 10.

**Notes of New Treatment.**

Cinchonism in Fever.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

96 To A. G. Malcolm

Ballynahinch  
27<sup>th</sup> January 1854

Dear Sir

I beg to apologize to you for not answering your note in reference to Mr. Harrison sooner. I only received his reply a few days ago, which is not *decisive*. He states to me that he had a prior application from his friend Aickin, to whom he is bound to give an answer which I have no doubt you will be apprized of in due time.

I had intended being down tomorrow in Belfast, but circumstances have occurred (over which I have no control) to prevent me. However, I hope to be able to be present at your Pathological Meeting next week. Meantime please oblige me by paying my entrance fee of five shillings and I will settle with you then.

Your very truly  
William C. Shaw

THE SIXTEENTH MEETING.

28<sup>th</sup> January, 1854.

J. W. Bryson, M.D. in the Chair.

Attendance:—Members, 17; Students, 16.

LXVIII. Dr. FERGUSON read the notes of a case of *measles*, with very unusual complications.

Dr. BECK referred to two similar cases occurring in his practice, one in which the throat symptoms had all the appearance of scarlatina. The other had the symptoms of *muguet*,<sup>1</sup> well marked, and was charac-

terized by the sudden appearance of intestinal complication accompanied with fatal sinking. As every epidemic has a type of its own, it is of the utmost importance in practice to discriminate its peculiarities early.

LXIX. Mr. H. M. JOHNSTON read the history of a very interesting case of *rheumatic endocarditis complicated with chorea*, and terminating fatally, as follows:—Upon Thursday, Nov. 17<sup>th</sup>, 1853, I was asked to visit a little girl aged ten years, who had been complaining slightly for a day or two, and was not looking well. This was her first illness, and her friends considered her a healthy, hardy child. I found her rather feverish: skin hot: thirst: pulse above 100, not very full: tongue coated with a yellowish fur: bowels freed by domestic medicine. She was in bed, and unable to stand. Upon examination I found that she had severe pains in the ankles, which were œdematous, puffy, and somewhat swollen, with redness and tenderness over the lateral ligaments. There was no synovial effusion, but the child complained when I moved the joints. No other joints were at that time engaged. She complained of a catch in the chest, and of uneasiness about the cardiac region, but there was not much distress of countenance. At night she became more feverish. Upon examination of cardiac region, I could detect no friction sound, or any unnatural dulness; but there was increased action of the heart—the palpitation being quite visible, and a loud bruit de soufflet was heard most distinctly over the apex, and becoming less intense as you moved the stethoscope towards the base of the heart. The respiration was quiet and healthy, and I could detect no pleuritis. My diagnosis was—rheumatism with endocarditis. The rheumatism I considered of a fibrous character. I ordered a powder containing calomel and scammony, to be followed by a purgative saline draught. The next morning I found that the medicines had acted freely, but that the ankles were more swollen and painful, and that during the night she had complained of uneasiness, with a feeling of constraint in the chest. The heart's action was increased, and the bellows-murmur quite distinct over the mitral orifice. I ordered twelve leeches to be applied over the cardiac region, and put the patient upon calomel and opium. The leeches produced, I might say, the effect of a general bleeding, and after their application the *bruit* became less intense, and the constraint felt in the chest was relieved.

Upon Sunday, the 20<sup>th</sup>, the system acknowledged the influence of mercury; and, at the same time, there was a corresponding improvement in nearly all the symptoms, general and local. As the mercury was acting rather freely upon the bowels, I diminished the dose and increased the opium, giving one grain every third or fourth hour. During the ensuing week, up to Saturday, Nov. 26, the case progressed upon the

<sup>1</sup> [Candidiasis, seemingly.]

whole favourably, and appeared to promise a happy issue. I may mention that upon Tuesday, the 22nd, as I thought, there was an unnatural click with the heart's second sound, over the aortic valves, and as the *bruit* was still very audible and the urine scanty and high-coloured, I ordered a few more leeches over the heart, and a mixture with nitre and digitalis, and continued the mercury and opium according to circumstances. At this time the swelling and uneasiness in the ankle joints had almost disappeared.

Knowing that such attacks, although apparently recovered from, are often the groundwork of future heart disease, I thought it right to request Dr. Purdon to visit her with me upon Friday, the 25th. He did so, and having examined her carefully, expressed his concurrence with the view of the case previously taken, considering that the aortic valves were also engaged.

I may mention that there was no further development of any rheumatic symptoms in any other of the joints, except in one of the elbows. Dr. Purdon recommended me to keep up a gentle action of the mercury, to continue the opium also, to apply a blister over the cardiac region, and to give her a mixture hydrocyanic acid, and liq. potassæ in infusion of orange peel. Up to this period, our prognosis was favourable as regarded the present, guarded in respect to the present illness becoming the origin of future mischief.

Upon Friday and Saturday, the 25th and 26th, it was observed that when a powder was given to the child, she would give her head a very *curious shake*. This, I may say, was the first developed symptom of any spasmodic complication. I considered it voluntary at first, as if to assist in swallowing the powder; and did not think of its value as a premonitory symptom, until Sunday, 27th. Upon Saturday the child was going on so favourably that I did not think it necessary to see her more than once. Upon Sunday, I was requested to visit her early in the morning, when I found that she had passed a restless, sleepless night, had complained of seeing objects of varied colours in the room, and had constant jactation of head, arms, and limbs. The pulse beat 104, and I cannot say that there was any increase of fever. There was now no doubt but that the child had gotten *chorea*. She was quite conscious, but unable to retain her arms, head, or lower extremities in a state of quiet. All of these parts constantly tossed in the most unmeaning and fitful manner. The eyes rolled through the sockets. When asked to protrude her tongue, she would, as it were, hesitate for an instant, and then thrust it suddenly out, and as rapidly withdraw it. She complained of no pain except the uneasiness in the bowels of a griping character. The view I was now inclined to take of the case was, that the chronic affection was functional, that we had, as it were, "excitement of the nervous system without strength," and to allay this I thought it right to exhibit opium freely, and to omit

the mercury. Dr. Purdon suggested, in addition, the application of a liniment, composed of chloroform in compound camphor liniment, to the spine.

During Sunday, the poor child had no rest. I hoped, however, that the night would bring with it refreshing sleep, and consequent cessation of the spasms. In this, I was sadly disappointed. I remained with her myself, and gave her two grains of opium every third or fourth hour, watching the effect. This being a very large dose for a child of her age, I hourly expected that it would have had the wished-for anodyne influence. We only succeeded in obtaining for her two short sleeps, one of forty minutes, and a second of about one hour's duration. During sleep, the spasms ceased, if I except a subsultus in the muscles of the fore-arms which seemed to awake her. She complained of being sleepy, but she was unable to keep her eyes closed, owing to the spasms, and when she would awake from a short slumber, the spasms were as general and as severe as ever. Upon Monday morning at eight o'clock, I gave her the last dose of opium, which I felt justified in exhibiting; and notwithstanding having given it such a full trial, the choreic spasms seemed to me to be increasing in severity, and new sets of muscles were becoming engaged, especially those concerned in the functions of deglutition and articulation. Dr. Purdon saw the patient with me at nine o'clock, A.M. As the opium had so signally failed, and there being a fear of exhaustion from the constant jactation and want of sleep, he suggested a trial of chloroform. At this time her pulse was about 112, and after examination of the heart, Dr. Purdon remarked that the murmur was not so loud as upon Friday, but more of a whizzing character, and heard distinctly along the course of the aorta.

We gave her the chloroform, allowing her to inhale it from a handkerchief, Dr. Purdon watching its effects upon the pulse. He observed that just as she was coming under its influence, it suddenly rose in frequency, and seemed as it were to falter, but in a few seconds it again became steadier, fuller, and slower, coming down from 112 to 104. It had the happy effect of completely allaying the spasms, and the poor exhausted child enjoyed quiet repose during the greater part of Monday, the chloroform being occasionally administered according to circumstances. In the evening, we thought it well to suspend its use for a little, but were disheartened in finding the spasms almost as severe and as general as ever. The muscles of the eyes, mouth, larynx, and those of mastication, &c. being all engaged. At first, she was brought under the influence of chloroform with considerable ease, about half a drachm being used, after which she showed symptoms of awaking at intervals of about twenty-five to forty minutes, and then required its re-application for a very short period. Once or twice during the day we suspended its use for a little, in

order to let her have some nourishment and medicine. Upon Monday night, we thought it advisable to have the additional advice of Dr. Stephenson, when it was agreed upon to give colchicum and digitalis in moderate doses every second hour, also an assafœtida enema, and that the chloroform should be again given in case the child did not sleep without it. During the early part of the night, the spasms were more confined to the *upper* half of the body, and were not so violent, but there was no sign of her getting sleep. She complained occasionally of seeing images in various colours before her eyes; and being so very restless, I again tried the chloroform, but not with the same happy effect as before. She now resisted its influence, a much greater quantity being required to produce the anæsthetic influence. It seemed to excite her, and above all, it produced such an alarming effect upon the pulse, as to make me dread a suspension of the heart's action; and when I did succeed in getting her under its influence, she very soon awoke, suddenly and excited. I was afraid, therefore, to press it further, and merely continued the exhibition of the medicines we had agreed upon. She lay awake the greater part of the night, but the spasms were not so violent, and were more confined to the upper part of the body. At our consultation upon Tuesday at eleven o'clock, A.M., we thought her somewhat better, but the heart's action was very tumultuous, the *bruit* much louder than when last listened to, still of a whizzing character, and heard along the course of the aorta. At five o'clock, P.M. she was worse; the jactation was more severe and more general. She complained of her heart; the *bruit* was very loud, and the pulse smaller and quicker. (I may here mention, that we could not at any time detect evidence of any affection of the pericardium.) Our patient having been so much exhausted during the entire day by the spasms, with Dr. Purdon's assistance I gave the chloroform another trial, but it did not succeed. It excited the child. She resisted its influence, and the pulse rose to 140, and became very small and faltering. We now gave her an opiate enema, and five grs. of oxide of zinc every fourth hour. From Tuesday evening to Wednesday morning, various remedies were tried with the view, if possible, of abating the spasms and procuring rest; of these I may mention the internal use of tincture of Indian hemp, of camphor dissolved in chloroform, and the external application of ice to the spine, all however, without any permanent benefit. Though the pupils were contracted, and there was a wish to sleep, the constant movement of the muscles prevented it. It would be difficult to picture the painful scene upon Wednesday. Our remedies had failed one after the other in bringing relief. The choreic spasms were now general all over the body. The muscles of the orbit—those of deglutition, articulation, and even of respiration, being all affected. There was occasionally opisthotonos. The

patient was tossed from one side of the bed to the other. Frequently she was, as it were, obliged to utter a scream, and the arms and limbs were thrown carelessly and wantonly about. The pulse now became small and quick, 128 to 140, but neither intermittent nor irregular. The heart's action was tumultuous, and the *bruit* loud and whizzing. During this day we had the head shaved, and a liniment composed of croton oil and ung. hyd. fort, rubbed over the head and spine—all, however, to no purpose. Symptoms of exhaustion began to show themselves; the extremities became cold. The little sufferer continued conscious to the last, but the spasms unsubdued; until from exhaustion, death afforded that relief which our art could not procure. She died at ten o'clock upon Wednesday night, the choreic symptoms having existed about five days.

I have thus given the details of this melancholy, yet interesting case, faithfully and fully. In conclusion, I would suggest two or three points to which I would wish more especially to direct the attention of our society, and upon which to elicit their opinions: 1st, Is it not rare to find chorea supervening so early, as a complication of rheumatism or endocarditis? 2nd, Is it not still less frequent to find it terminating so rapidly fatal; and have any of our members met with a similar case? 3rd, Was the chorea a functional affection, or did it depend upon an organic cause? 4th, How far was it dependent upon the valvular obstruction destroying the balance of the circulation? or was it a concomitant effect of the same cause as the cardiac disease, viz. the rheumatic diathesis? 5th, What suggestions would our experience of chloroform in this case originate?

The connexion between rheumatism, endocarditis, and chorea, has of late years engaged the attention of some of our most eminent modern practitioners. There is still, however, considerable difference of opinion as to the relation they bear to one another. Out of an analysis of one hundred cases, Dr. Marshall Hughes concluded that rheumatism stood second as the exciting cause of chorea, and that it appears to operate by originating pericarditis, but he does not state how pericarditis operates in producing chorea. Dr. Todd in the Lumleian lecture for 1849, discusses the connexion between endocarditis and chorea. He considers that the mitral bellows-murmur heard in these cases, is always due to an organic lesion, and that both affections, namely, the endocarditis and the chorea, are concomitant effects of the rheumatic diathesis. That the three affections, viz., rheumatism, cardiac disease, and choreic complication, do often co-exist, we have no doubt, but to explain their relation to each other constitutes the difficulty. As far as I have been able to investigate the subject, I find that three explanations have been offered, one by Copeland and Watson, viz., that when

chorea supervenes, there is a marked disposition of the rheumatic affection to recede from the joints, and attack the internal fibro-serous membranes; and that, therefore, when we have chorea as a complication, we might infer the existence of an inflamed theca. This theory might appear to receive some support from the case narrated above, inasmuch as the joints were not so acutely affected as is usual, and the severity of the spasms causing even opisthotonos, led you to suspect the spinal cord to be considerably engaged. —The second theory is, that the cardiac affection may operate as an eccentric cause, producing irritation of the afferent nerves, and upon the principle of the reflex function, thus originate the irregular movements. The third, and I may say the latest theory, is that of Dr. *Begbie* of Edinburgh, who, regarding the chorea as a blood disease, advances the opinion in the Edinburgh Monthly Journal of Medical Science, for April, 1847, that the association of rheumatism, cardiac complication, and chorea, is owing to their being the concomitant effects of the same cause, namely, the specific disorder of the circulating fluids. This, in our consultation, appeared to me the view taken by Dr. Stephenson, and the basis of his suggestions, as he wished if possible to rid the system of the poison.

Dr. PIRRIE adverted to the existence, in a case of cholera treated by calomel, of spasms similar to those of chorea, and asked, could the action of the mercury given in this case have had any such effect?

NOTE TO CASE LXIX.—Since this case was read to the Society, strange to say, an elder brother of the patient was also seized with a slight rheumatic attack, complicated with valvular disease of the heart, under which, after a tedious illness, he sank. There was no development of any spasmodic affection. Upon a *post mortem examination*, fibrinous vegetations upon the mitral valve were observed.

LXX. Dr. HALLIDAY introduced a patient aged ten years, having a *mammary tumour* of an obscure character, which he deemed of the nature of varix. Several members examined the swelling, but no decided conclusion was arrived at.

95 To A. G. Malcolm

Carrickfergus

Wednesday February 1<sup>st</sup> 1854

My Dear Doctor

Please enrol my name as a member of the Clinical and Pathological Society and oblige

Yours sincerely

John McGowan

Council Meeting February 1, 1854

Present: Dr. Malcolm, Messrs. Armstrong & Johnston.

Circular prepared.

97 Notice of the Seventeenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 4th February, at 3 o'clock precisely.

**Proposal of New Candidates.**

**Candidate for Election.**

Robert Murray, L.R.C.S., (I.) Rockcorry, Co. Monaghan.

**Cases to be Read:**

1. Ulceration and Perforation of the Small Intestine.

2. Uterine Hydatids mistaken for Pregnancy.

**Results of Microscopical Examinations.**

Calcareous Bodies in the Expectoration, with Cases.

**Pathological Specimens to be Exhibited.**

1. Pericarditis, Endocarditis, and Hypertrophy combined.

2. Pericarditis and Atrophy combined.

**Notes of New Treatment.**

Cinchonism in Fever.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE SEVENTEENTH MEETING.

4th February, 1854.

The President in the Chair.

Attendance:—Members, 20; Students, 13.

LXXI. Dr. ROSS read a case of *ulceration and perforation of the small intestine*.

This person, a girl, aged nineteen, had first fever with intense, general bronchitis, which complication masked the intestinal affection, and it was not until several weeks after the fever, and at the subsidence of the bronchitis, that the enteric complication showed any evidence of its presence. Perforation of the intestine and an artificial anus near the umbilicus followed. The girl died extremely emaciated about seven months after the commencement of the fever.

LXXII. The SECRETARY read a case of *uterine hydatids mistaken for pregnancy*, contributed by Mr. MADDEN, Portglenone.

Ann Johnston, aged thirty, mother of two children, was seized on the 1st December, 1853, with severe uterine hæmorrhage. She had not menstruated for the previous three months, which, coupled with the presence of the usual symptoms, induced her and myself to believe that she was pregnant. Confinement to bed, and the usual appliances, were tried, but only with partial good effect. On the 8th, the discharge became very profuse. When I visited her, she appeared very nearly drained of blood. On examination, I found the os uteri dilated to about the size of a shilling. Believing that her safety depended on the speedy expul-

sion of the uterine contents, I infused two drachms of ergot of rye in eight ounces of water, and desired her to take two ounces of this every half hour until expulsive pains would be induced, which took place shortly after taking the second dose. On examination then, I found the vagina filled with what I believed at first to be coagulated blood, but what proved to be a large mass of hydatids—altogether, there was about two quarts. The hydatids were of various sizes, from that of a grape to some as small as coriander seed, and a great many of them adhered firmly to what appeared to be deciduous membrane, the others floating through mucus. The hæmorrhage ceased immediately after their expulsion, and she is since recovering as steadily as could be expected.

Dr. MALCOLM remarked that the subject of the foregoing case was particularly interesting on account of its practical bearing. The diagnosis of uterine hydatids prior to ocular demonstration, was a matter frequently of extreme difficulty, and hence the necessity of carefully noting the points most relied on whenever practicable, such as the following:—1. The disproportionate size of the abdominal tumor, which is sometimes as large as in a seven months' pregnancy, though menses may have ceased only three. 2. The touch gives a uniformly soft and fluctuating feeling. 3. The frequent gushes of water or blood. If the test by "ballottment," and the result of a stethoscopic examination in addition, give any decisive answer, the diagnosis may be certain. Obstetric authors differ as to the necessity of conception, Sir Charles Clarke and Dr. Blundell believing that it is not necessary, while Dr. Montgomery states that hydatids invariably result from impregnation.

This brings us to the *questio vexata*, What are these hydatids? Are they really animals, or are they morbid products, as fibrous or serous cysts? *Laennec*, *Owen*, and *Lallemand*, considered them the former. *Ashwell* and *Vogel*, the latter. This last author (*Giessen*, 1838), gives a very full account of them, and divides them into two classes, the genuine and the spurious. 1. The former is the *echinococcus hominis*, which consists of an external vesicle adherent to, and formed by the original structure. This external vesicle originates in coagulated fibrine, which becomes organised, and consists of fibrous tissue. The inner membrane is lined with epithelium; within this membrane is a second shut sac, transparent, structureless, but laminated, which behaves like coagulated fibrine also; inside this cyst, a fluid exists which encloses or deposits the animalcules which agglomerate like sand. Each animalcule is provided with a series of hooks at one extremity, and four suckers behind—the body tapers to a tail obtusely. These little animals are one-eighth to one twentieth line long, and one-sixteenth to one-thirtieth line broad, lie free in the cyst, or adherent, and sometimes in small vesicles floating

in the cyst. The detection of the hooks is diagnostic of the genuine hydatid. The principal organs wherein they are found are the liver, spleen, kidneys, brain, and lungs, and the effects of their presence are those of mechanical pressure—suppuration, abscesses, fistula, &c. 2. The acephalo cysts of *Laennec* are deemed spurious by *Vogel*. These vary in size from that of a millet seed to that of a large orange. They possess an external cyst which is organised; within this, a second cyst, and a clear fluid which includes smaller vesicles attached to the inner wall, solitary or multiplied. They contain no animalcules or hooks, and are eventually convertible into cretaceous concretions of this class. *Vogel* considers that hydatids of the peritoneum, cystic moles of the uterus, and encysted dropsies may be reckoned as examples.

The PRESIDENT observed, that the usual tests for the diagnosis of uterine hydatids as laid down in systematic works are frequently faulty in practice. The aqueous gushes not unfrequently occur in gestation; a few cases in point were adduced.

Dr. FERGUSON related the case of a lady who apparently went through her full time, yet the issue was nothing but hydatids. A curious case occurred in Sir Patrick Dunn's hospital, and had been the subject of a clinical lecture, in which pregnancy really existed, but was not discovered, (though in the eighth month,) before the detection of the stethoscopic signs. Dr. F. has heard the foetal sounds as early as the fourth month; the circumscribed character of the placental murmur is important to note.

Dr. BECK noticed a case of dropsy of the amnion, which simulated ascites; it was a case of twins. Labour came on in the sixth month—with the first came away four ounces of liquor amnii; with the second, two gallons. The case afterwards did well.

LXXIII. Dr. MALCOLM exhibited some *calcareous bodies which were expectorated*.

Dr. M. mentioned that these bodies were lately found in the sputa of one of two patients, with whose cases he had recently become acquainted, and some particulars of which he would now submit to the notice of the Society. He considered them particularly interesting in consequence of their comparative rarity, and of the difference of opinion which exists as to their value, as indications of the curability of phthisis. Dr. M. adduced the opinions of the chief Pathologists from *Laennec* down, whence it appeared that the majority are in favour of *Bennett's* view, briefly stated in the *Edinburgh Monthly* for October, 1847. These researches demonstrate not only that the calculi alluded to are evidences of degenerated tubercle, but have traced their formation in all its stages from crude tubercle into cretaceous and even calcareous formations of stony hardness. No pathologist can doubt that these latter are owing in the majority of

instances to the drying up of tubercular deposits in the lungs; and that they can be formed by themselves is an idea that does not merit any lengthened refutation. At the same time, it must be remarked with Swett (New York, 1852), that every little stone like or bone like concretion that is formed in the lungs, is not necessarily a converted tubercle. This condition may result also from a small deposit of lymph which passes gradually into a cartilage-like or bone like condition; or it may be owing, as some think, to a partial ossification and obliteration of the small bronchial tubes. From a review of the cases presenting this peculiar expectoration, it would appear, that they are chiefly characterized by chronicity, mildness of symptoms, and the maintenance of a comparatively fair share of health. Hæmoptysis has rarely occurred. The original deposit of tubercle was in general isolated and small in quantity.

To prove the rarity of these cases, it is only necessary to quote the opinion of Louis, (edition of 1825, Syd. Trans., 1844); "I have neither observed one in hospital nor in private practice; yet in private, as is well known, the persons in attendance upon patients preserve everything connected with their excretions with singular care."

The cases above referred to are briefly as follow:—  
1. Mr. W. H. B., aged twenty-six, short stature, somewhat florid complexion, and highly nervous temperament, had been in good health till the year 1840, when in a jumping feat, he received a severe injury of the right knee. This brought on synovitis, from which he suffered for a considerable length of time. Ulceration of the cartilages ensued, and at length partial dislocation, and eventually complete ankylosis terminated the case. His health was re-established, and remained so till 1844, when he observed for the first time some not very urgent pectoral symptoms, such as cough, pain, palpitation, &c., but especially the appearance of small chalky concretions in the expectoration.

He has observed these to the amount of four or five masses annually since. The largest did not exceed the size of a one-grain opium pill. The exterior was always rugged, and had the appearance of being detached from larger portions. In 1846, he was confined to bed for several weeks with symptoms of inflammation of the base of the left lung, for which he was bled and blistered. He made a slow recovery, hectic having appeared before convalescence was established. Since this period, though never confined to his room, he has been frequently annoyed with cough and sudden attacks of dyspnoea, with a marked disposition towards sensible perspiration, especially at night. His pulse keeps uniformly between eighty and ninety, and the temperature of the skin unusually high. As a musician, his exercise of the voice is attended with an unusual degree of fatigue.

From one of his former attendants in the south of Ireland (A. Wood, A.M. M.B.), I have ascertained that his constitution in 1846 was considered exquisitely strumous. Indeed, Dr. W. has not the slightest doubt that there is a considerable amount of scrofulous deposit in the bronchial glands in this case. Cretaceous and gritty matter he has seen often (?) in other subjects, in the expectoration, and always in the highly strumous constitution. From the same source I have heard that Mr. B's father died of Scarpa's diffuse aneurism of the aorta, and that on a *post mortem* examination, the aortal valves and the thoracic aorta were studded with calcareous and gritty deposits. Mr. B's mother died of an immense abscess of the right lung. Dr. W. is disposed to believe that the same tendency to this form of arterial deposit exists in Mr. B. himself.

2. H. W., a German, aged thirty six, of dark complexion, came under my care in small-pox, in January last; his height is five feet seven inches, and his weight averages ten stone. In his childhood, and up to the fourteenth year, Mr. W. had experienced repeated attacks of epistaxis, which occurred at times to a great and alarming extent. In 1837, whilst engaged in a college duel, a pistol-bullet struck him above the right ankle on the outer side, shattered the fibula, and lodged in the soft parts between the bones. With the effects of this injury he was confined to bed for eleven months, his recovery having been considerably delayed in consequence of having exerted himself too soon. His present fibula is almost entirely a new formation, as the old bone was removed in part, directly by the injury, and in part, by subsequent necrosis. A few years after, he was severely attacked with typhus fever, which confined him for a lengthened period; and in 1844, he was seized with intermittent fever. From this date he remained in fair health till July, 1852, when he became affected with rheumatism, which assumed a chronic form, and did not entirely leave him till the following year. He did not, however, enjoy respite long, for in April, 1853, he was attacked with bronchitic symptoms, and about the 6th of that month, with hæmorrhage of the lungs, to the extent at one time of half a pint. The hæmoptysis recurred in May, and again in August; and since that time, slightly, on several occasions, until the month of October ultimo, when there suddenly appeared, after a fit of coughing, a chalky substance in the expectoration. (*See Catalogue of Museum, No. 22*). Since this period he has had, occasionally, catarrhal cough, but has never observed a trace, either of blood or lime in the expectoration. From the small-pox he made an excellent recovery, and has continued to enjoy the best of health. His pulmonary vital capacity is now a hundred and sixty cubic inches.

Dr. M. in conclusion, expressed his opinion, that the bronchial glands in both instances, were the seat of the calcareous deposit.

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

Dr. FERGUSON had had very lately under his care a similar case, which simulated phthisis in some of its general characters, but the physical signs were absent. Has met them occasionally in the lung, but rarely in phthisis; in one case they were associated with dilated bronchial tubes. Is satisfied that they are not generated in the lung's substance, and not necessarily an indication of phthisis.

Dr. YOUNG suggested that they might spring from calcareous changes in the cartilages of the bronchi, resembling, perhaps, calcareous bodies in the neighbourhood of joints.

Dr. MURNEY, in the course of his dissections, has noticed them close to the bronchial tubes, and beneath the pleura on the parenchyma of the lung, but without any appearance of tubercular deposit in the rest of the lungs.

The PRESIDENT mentioned, as the result of his experience, that these bodies generally occurred in phthisical habits, and were rather a favourable indication; and he adduced cases in corroboration. He also mentioned an instance of the expectoration of the arytenoid cartilages.

104 To A. G. Malcolm

5 Adelaide Place

Dear Doctor

The subjects of the papers which I propose reading are The absorption of arsenic through the coats of the stomach after death and "The occurrence of two placentæ to one birth" also "A proposition of a new treatment in prolapse of the umbilical cord".

I will endeavour to have these papers ready for next Saturday. I am not very sure and may be prevented from that course but if disappointed next Saturday I will not neglect them for the next day.

Yours truly  
J. Aickin

108 To A. G. Malcolm and R. M'Donnell

194 Great Brunswick Street

Dublin

February 6<sup>th</sup> 1854

Gentlemen

I beg to acknowledge (yourself and Dr. M'Donnell) the receipt of your advertisement of the Belfast Clinical and Pathological Society which shall be duly attended to.

Should you think well of it, we shall be happy to publish the transactions of the Society or such papers as the members may select, in the Dublin Hospital Gazette in the same manner as similar transactions of the Belfast Pathological Society<sup>1</sup> were I believe, published in the former series of the Journal.

<sup>1</sup> [Presumably the Belfast Medical Society was meant.]

We shall feel at all times most happy to receive communications from the members of the Profession in Belfast, and would be indebted by your aiding in making this known amongst those composing the Belfast Clinical and Pathological Society.

I have the honor to be  
Gentlemen  
Your most obedient Servant  
W. Frazer M.D.

One of the Editors, Dublin Hospital Gazette  
P.S. The extra slips shall be forwarded. WF

**Council Meeting February 8, 1854**

Present: Drs. Pirrie, Halliday, Malcolm & Ross, & Messrs. Armstrong & Johnston.

Circular prepared.

98½ To A. G. Malcolm

Ballymoney  
February 9 1854

My Dear Sir

Will you kindly send me the earliest intimation, when the next meeting of the Clinical and Pathological Society will be.

Very truly yours  
William Moore

99 To A. G. Malcolm

Arthur Street  
9 February 1854

My Dear Doctor

I have a patient in the Country whom I am obliged to visit frequently, and as I am generally from home on Saturday for this purpose I must for the present defer the case of Placenta Prævia.

Yours faithfully  
J. W. T. Smith

100 Notice of the Eighteenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 11th February, at 3 o'clock precisely.

**Proposal of New Candidates.**

**Candidate for Election.**

John M'Gowan, M.D., (Ed.,) Carrickfergus.

**Pathological Specimens to be Exhibited.**

1. Pericarditis in a case of Phthisis.
2. Pericarditis and Atrophy after Fever.
3. Pleuritis—Death by Cerebral Effusion.

**Notes of New Treatment.**

Cinchonism in Fever.

**Cases to be Read:**

1. Case illustrating a source of error in medico-legal examinations for suspected Arsenic poisoning.

2. Case illustrating the use of Chloroform in injuries of the Eye in Children.
3. Laceration of Abdomen of New-born Child, with protrusion of Intestine, from Strain on Funis in Delivery.

**Results of Microscopical Examinations.**

Of the Mammary Secretion.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

98 To A. G. Malcolm

Ballymoney  
February 11<sup>th</sup> 1854

Dear Sir

Will you kindly let me know if I can read a paper on "pendulous tumours of the labium" on Saturday 18<sup>th</sup> at the Pathological Society? And if so will you put the proper notice in the circular?

Yours very truly  
William Moore

THE EIGHTEENTH MEETING.

11<sup>th</sup> February, 1854.

The President in the Chair.

Attendance:—Members, 18; Students, 10.

LXXIV. Dr. PIRRIE exhibited a recent specimen of *pericarditis*, which occurred *during the progress of phthisis*, without the production of any of the usual symptoms of that disease.

Mr. H. M. JOHNSTON mentioned two cases in which the disease was latent—one in particular, of which the principal phenomena were inflammatory fever, pain in the right lumbar region, and cerebral symptoms, without any complaint referable to the cardiac region. There existed hyperæsthesia of the surface, and the case was supposed to be one of cerebro-spinal arachnitis.

LXXV. Dr. MALCOLM exhibited a specimen of *pericarditis with atrophy*, occurring in the convalescence of fever. The particulars are subjoined.

A female, aged thirty-six, was admitted into the Belfast General Hospital (when I was a pupil), in the ninth day of fever. In the course of eleven days, she began to convalesce, and was doing very well up to the period of attack, which occurred ten days afterwards, or thirty days after the commencement of the fever. She was now suddenly seized with rigors, vomiting, and apparent prostration. The vomiting persisted in defiance of all treatment, and in eighteen days she expired. The heart affection was altogether undetected; the symptoms of gastritis, which were temporarily relieved by repeated doses of calomel and

opium having completely masked all other phenomena; and indeed, the usual pain and dyspnoea were not present in this case. Besides the interest of this case in a clinical point of view, it has features of importance, when considered pathologically. Dr. Stokes considers the connection with fever very rare; he has never met one case—though he says it is not unfrequent in *typhoid* forms of disease; and in all such cases it is generally *latent*. Dr. R. Smith (Dublin), says he has met *atrophy* equally with hypertrophy associated with pericardial adhesion.

An interesting discussion followed the reading of this paper, as to the cause of atrophy under the circumstances mentioned, and the physiological effect on the muscular development, from chronic pericarditis.

Dr. STRONGE, in accounting for atrophy being the occasional result in cases of pericardiac inflammations, suggested that when pericarditis so terminated, it would be found that not only the pericardium but that the heart itself and endocardium would be found involved, and that by the continuity and propinquity of tissue, the coronary arteries and nerves of the heart could not escape being implicated—and that thus from thickening of the coats of the arteries less blood would be received by the heart—and by the same process, the nervous power being diminished, atrophy would follow as a natural result of impaired vascular and nervous supply. He believed that an analogous effect of impaired nervous energy is to be found in the atrophied condition of the muscles of the thigh and leg, after an attack of sciatica, and of deficient arterial stimulus in brain-softening, the imputed result of diseased heart.

Dr. S. did not wish to urge this view of the case as the correct one, but thought that future investigations may throw more light upon a subject so interesting, where we have diametrically opposite results from apparently like causes. Where pure and uncomplicated pericarditis constituted the disease, he believed the result would be hypertrophy, but that on the other hand, where the heart's envelope, together with its substance, were involved in inflammatory action, atrophy would be the diseased condition present.

The PRESIDENT mentioned the particulars of a latent case in a man aged fifty, in which the pericardium was entirely and intimately adherent; the complaint was dropsy, for which he was treated by two eminent medical men in town, about twenty years ago. He was supposed to have had disease of the heart, and had laboured under rheumatic fever fifteen years before.

LXXVI. Dr. PIRRIE exhibited the recent parts in a case of *pleuritis*, in which death occurred by cerebral effusion.

Dr. P. mentioned that this case had been ill eight weeks. On a *post-mortem* examination, there was observed intense congestion of the pia mater, and in the thorax well marked pleuritis, with effusion of lymph and fluid. In this case there was also an abnormality of the pulmonic valves, which presented four segments, two of which were very small, as if subdivisions.

The PRESIDENT had attended a case in which the friction sounds were heard by a spectator standing at the foot of the bed; also a very slow pulse (only sixty five), in a case of phthisis and pleuritis combined. The co-existence of the two diseases is a fact of much importance, and to be remembered in attendance on pleuritic cases. Variety in the rational symptoms also requires to be remembered, as he has observed absence (as mentioned) of quick pulse, frequently of pain, sometimes cough, and occasionally for some days, of physical signs, when he suspected pleuritis to have been in existence either on the diaphragm or between the lobes of the lungs. He was led to infer this from the pain, cough, rapid breathing, &c. being present for two or three days before the stethoscope indicated it.

LXXVII. Dr. PIRRIE read a case illustrating *the utility of chloroform in treating injuries of the eye in children.*

In the early part of last summer, a child, *aged about six months*, received a foreign body in the eye, which afterwards turned out to be the point of a thorn of a rose-bush. It was imbedded in the cornea, and remained so for several days, having resisted various attempts, both domestic and professional, for its removal.

When I first saw the case, the eye was considerably inflamed, and the foreign body being exceedingly minute, and almost of the same shade of colour as the eye itself, it was with some difficulty, from the impatience of the child, and the impossibility of keeping the eyeball at rest that it (the thorn) could be distinguished; and any attempt to remove it as long as the child had the power of moving the eyeball would have seriously imperilled the safety of the eye. Under these circumstances, I suggested the use of chloroform, which being assented to by the parents, I had the pleasure of seeing the chloroform act most satisfactorily, and was thus enabled to remove the thorn without the slightest difficulty. The child was itself again in a few minutes, and the eye was quite well next morning.

The PRESIDENT mentioned an instance of injury by a thorn, which caused opacity of the capsule of the lens, which subsequently yielded to the use of mercury. It might be called a case of traumatic cataract.

Dr. ROSS instanced a similar case, in which the lens was dislocated by a blow on the eye by a stick. The lens became quite opaque in a day or two, and severe

ophthalmia supervened. Much benefit followed the use of leeches, calomel and opium, and belladonna.

LXXVIII. Dr. HALLIDAY read the particulars of a case (communicated by Mr. SAMUEL REA), in which *the abdomen of a newborn child was lacerated, and the intestines protruded*, in consequence of a strain upon the funis in delivery:—

Early on the morning of the 4th February, 1840, I was called in much haste to attend in her second confinement, Mrs. M—, the wife of a farmer three miles from town, in the county of Down. Upon entering the apartment, I found the woman upon her knees at a chair, and ascertained that she had, a few minutes previously, given birth to a healthy, full-grown female child. As it was crying and struggling vigorously, I immediately proceeded to tie and divide the funis, when to my surprise I discovered that a large rent had been made in the parietes of the abdomen of the child, through which a portion of the intestines had protruded. Before the child was separated from the mother, which was done as quickly as possible, the displaced portion of intestine, had by each successive scream and struggle of the child, increased to rather more than the size of a man's shut fist. With some difficulty, caused by the screams and struggling of the child, the intestines were replaced, and the rent about three inches long, being the segment of an irregular circle of about three inches diameter, was brought into close apposition by three interrupted sutures, secured by adhesive plaster, a compress and bandage. Union by "the first intention" took place within the first forty-eight hours, and the wound was quite healed by the end of the first week, when my attendance ceased, the child and mother doing well. I never afterwards saw the child, but on making inquiry, found that it had ceased to "thrive," and died when a month and three days old. The length of the funis in this case did not exceed sixteen inches. The child was expelled with much force, and in the absence of even an intelligent nurse, was allowed, without protection, to fall to the floor. Had the woman been in the recumbent position, even without medical or other assistance, it cannot be supposed that the shortness of the funis would have produced any inconvenience, and no doubt, this accident would not have occurred.

116 To A. G. Malcolm

Lurgan

February 14<sup>th</sup> 1854

Dear Malcolm

I send you a specimen of pericarditis. I was unable to reserve the heart myself in consequence of a sore finger so it has been done very roughly.

You can examine the interior and let me know the result. I have reason to think the girl had endocarditis

as well. The particulars of the case I shall send you before Saturday. What will be the most convenient hour to see you on Saturday. I think I will have a case for consultation.

Yours in great haste  
W. R. MacLaughlin

115 To A. G. Malcolm

15<sup>th</sup> February 1854

Dear Sir

I beg you will excuse me for not replying sooner to your communication. Upon reflection I find I could not attend conveniently on Saturdays for the present, so that I think it better to defer having myself proposed for membership in the Pathological Society till the commencement of the next Session.

With many thanks for your polite attention.

I remain Dear Sir  
Yours most truly  
F. Heeney

**Council Meeting February 15, 1854**

Present: Drs. Murney & Malcolm, Mr. Johnston.

Circular prepared.

102 Notice of the Nineteenth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 18th February, at 3 o'clock precisely.

**Candidate for Election.**

James Dickson, M.D., (Q.U.I.,) M.R.C.S., (Eng.,) Dromore.

**Notes of New Treatment.**

Cinchonism in Fever.

**Pathological Specimens to be Exhibited.**

1. Recent Pericarditis.
2. Ulceration of Trachea in Phthisis.

**Cases to be Read:**

1. Case illustrating a source of error in medico-legal examinations for suspected Arsenic poisoning.
2. Dropsy of the Amnion.
3. Pendulous Tumours of the Labium.

**Results of Microscopical Examinations.**

The Mammary Secretion in Abscess during Lactation.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

103 To A. G. Malcolm

Ballynahinch  
16<sup>th</sup> February 1854

Dear Sir

I beg to enclose you twelve postage stamps, as I am anxious to get a circular every week of the papers

to be read to the Pathological Society. Please say in the one you send me tomorrow what diagrams you have that would illustrate a lecture on the comparative physiology of circulation.

Yours very truly  
William C. Shaw

101 To A. G. Malcolm

Ballymoney  
Friday Night  
February 17 1854

Dear Sir

I regret very much that an unforeseen professional engagement will prevent me being present at the Pathological meeting tomorrow. Consequently I must avail myself of your offer of having my case deferred till the 25<sup>th</sup>.

Yours very truly  
William Moore

THE NINETEENTH MEETING.

18th February, 1854.

P. Lynch., M.D. in the Chair.

Attendance:—Members, 12; Students, 8.

LXXIX. Dr. MALCOLM gave a sketch of the clinical history of the use of *large doses of quinine in continued fever*, and read two cases from his own practice:—

Some time about 1640, the value of Peruvian bark was practically known in the treatment of *ague*, but its use in the continued fever, which we in these countries are accustomed to meet, has been of comparatively limited application. The general doctrine in our works on *Materia Medica* is, that it is valuable in all cases characterized by atony of the muscular fibre, by profuse discharges, in convalescence from fevers and acute disorders, and in periodic, febrile, and nervous affections. It is also stated by some, as extremely useful in the advanced stage of typhus; but as *Eberle*, of Philadelphia (Ed. 1847) mentions, it was considered *contra-indicated*, when the tongue and skin were dry, when delirium or convulsive twitches were observed, or any abdominal tenderness existed.

In 1843, on 17th January, *Louis* presented a report at the French Academy, on the essay of *Dr. Broqua*, relative to the employment of sulph. quinæ in typhus, in large doses. This is the earliest mention I can find of the subject under consideration. This report had a negative effect, and suggested fresh inquiry, as the conclusions did not seem at all decided.

In 1846, in the pages of the *Gazette Medicale*, *M. Boucher* gave the results of a series of investigations on the use of quinine in large doses in typhoid fever, or the form most usually met with in the Parisian Hospitals. While stating that no serious consequence

ensued in doses of thirty grains, that nausea, and sometimes vomiting, with some slight heat in the cesophagus, were about the worst symptoms produced—that the eruption was not modified—that the general state, and not the intestinal affection, is affected—that the headache disappears to be replaced by a feeling of heaviness—and that sleep is rather promoted than otherwise; he also mentions that the convalescence seems rapid, though the amendment is sometimes transitory—that the nervous phenomena and slowness of pulse which characterize the full action of the drug, cease when it is suspended, and that it is not a special treatment, but very often serviceable when combined with other means. In the following year (1847), Dr. Baldwin, of America, experimented on animals of various kinds (dogs, &c.) with a view to ascertain the special physiological results of large doses, and to determine its degree of danger. These effects were extreme restlessness, tremulous movements of head, partial paralysis of the extremities, oppression of breathing, convulsions, sometimes diarrhoea and vomiting, and frequently great excitement of the pulse. He observed that fifteen or twenty grains was a fatal dose; also, that the traces, *post-mortem*, were a dark defibrinous condition of the blood, congestion of the lungs, and a highly vascular state of the gastro-intestinal tract.

M. Brecquet in a memoir submitted to the Academy of Sciences, Paris, and reported on by MM. Andral, Rayer, and Lallemand, about the same time, observed the following results on the animals experimented on:—

1. Cerebral excitement and convulsions.
2. Vertigo, twitchings, apparent intoxication.
3. Respiration not affected.
4. Inflammation of the mucous membranes, but not severe.
5. Slight dysuria, &c.
6. Uterine hæmorrhage.
7. Numbness and coldness of surface, petechiæ, ecchymoses.
8. Blood-globules destroyed and fibrine diminished—which conclusions are not very different from the American account.

These experiments, and the statements of Trousseau, Duval, and other French authors, prove, however, that injurious effects may sometimes arise from the administration of large doses, even in intermittents (for which it was long used heroically), and might have damped medical enterprise in this direction. But no such thing. Dr. Dundas of the Northern Hospital, Liverpool, and author of "Sketches of Brazil," set to work, on the assumption that all fevers are identical, and tried the ague treatment in many hundred cases of the 1847 epidemic, with the greatest success. His plan was to give it early, say before seventh day, premising a free action of the bowels and an emetic. He gave ten to twelve grains every two hours, for the first twenty-four hours, and afterwards three grains thrice daily. If it disagreed, he omitted the remedy, repeated the emetic, and after twenty-four

or thirty six hours resumed. He puts in the proviso, however, that the cases must be *uncomplicated*. Dr. Dundas, it may be said, was the *first* who regularly introduced this treatment into these countries, and after five years experience, he is still of opinion that it is the most advantageous treatment, and is calculated to shorten the duration and mitigate the symptoms of fever. His followers have been numerous.

Mr. Steele (1847), in his extensive practice in the fever ships in the Mersey, never found any remedy which appeared to cut short the disease, or modify the symptoms, in the same decided manner as quinine, when fairly tried. Dr. Stevenson, of the Birkenhead Fever Hospital, noticed an improvement on the second day of treatment, and ultimate recovery even in such cases as presented the following alarming condition:—Face pale and shrunk, but occasionally flushed; delirium; convulsive startings; dull, heavy countenance; sordes; dry and brown tongue; rapid and small pulse; involuntary evacuations, and sometimes intestinal hæmorrhage. Mr. Fletcher, of the Manchester Fever Hospital, considered it of great use in all uncomplicated cases of typhus; but even in cases attended with bowel complaint, he observes that its early administration may check the progress of the disease. In eighty cases, he observed the following results:—1. Cinchonism established permanent convalescence in forty-eight hours, in the majority of cases. 2. Five-sixths of the typhoid cases became convalescent within fourteen days. 3. In young subjects, the proportion is raised to nine-tenths. 4. In the pneumonic complication, with rose-coloured spots, the eruption disappears under its use, but an active fever supervenes, requiring recourse to antiphlogistic means. 5. In all cases of well-established pneumonia, enteric, or cerebral complication, the treatment is unsuccessful.

Mr. Hayward, of Liverpool, tried it in eighty cases: all but three were successful. He employed opium and stimulants in conjunction, and gave doses varying from four to seven grains every two hours (generally four to five grains). Twenty-seven were in the first stage, fifty-three in the second. Three died. In seventy-nine there was improvement within twelve hours, and cinchonism was always produced. The following analysis of the symptoms will show the character of the cases:—In thirty-nine, diarrhoea or vomiting were the *first* symptoms—forty-one had headache—all had tenderness of the abdomen—seventy-three had delirium, of whom twenty-one very seriously—all had a dry, brown, and cracked tongue, with great thirst—and twenty-four were covered with petechiæ.

Dr. Goolden, of St. Thomas' Hospital, used it successfully in eight cases of typhus gravior. One case had as much as 180 grs. In another case, when the pulse was 140, and delirium and diarrhoea present,

after four doses (8 grs. every 2 hrs.), the pulse fell to 80, and perspiration came out freely.

The late *Dr. Graves* wrote most favourably of its use, in the *Dublin Quarterly Medical Journal* for March, 1852; and *Dr. Kelly*, of the *Drogheda Fever Hospital*, in April, 1852, used it in eight cases with the happiest results. One of them was a man, aged 55, who, on the tenth day, had delirium, quick respiration (40), pulse 120, dry and brown tongue, copious eruption, subsultus, involuntary evacuations, and a temperature of only 90 degrees. In two days, he was convalescent under the quinine, and was discharged on the 21st day.

*Dr. J. M'ivers*, in the *Dublin Quarterly*, writes that he used it in nine cases, of which only one failed. On the 13th day, in one very bad case, 100 grs. brought about convalescence in three days.

Were we to rely upon the clinical facts thus given, we might be led to view this remedy as an established treatment, but there is another side of the picture which must be shown before we can judge of its true value.

The opponents of the treatment who have published are *Professor Bennett* and *Dr. Robertson*, of *Edinburgh Infirmary*, *Dr. Barclay*, of *St. George's Hospital, London*, and *Dr. Corrigan*, of *Dublin*.

In the session 1851-2, *Dr. Bennett* tried it in eight cases, in seven of which there was no marked improvement, and, in one, the cerebral symptoms were aggravated.

*Dr. Robertson's* cases were all failures.

*Dr. Barclay* observed three separate effects: 1. Marked depression; 2. Reduction of the pulse without general prostration or sickness; and 3. Results entirely negative. Of 26 cases without eruption, the average duration was ten days before admission, and twenty-one after, but the quinine cases averaged eight days before admission, and twenty-three after.

Of fourteen cases spotted, but with doubtful intestinal lesion, the general average was eight days before, and twenty-two after; under quinine, it was ten and twenty-six respectively.

Of eleven cases spotted, and with undoubted ulceration of the bowels, the general average was seven and thirty-three, while, under quinine it was fifteen and thirty-seven; giving, it will be observed, a general conclusion that the quinine treatment, in place of cutting the fever short, actually prolonged it beyond the average.

*Dr. Corrigan*, in his recent work on fever (1850) objects to the use of quinine in large doses, because it is apt to produce great irritation of the mucous membrane, and depresses the pulse. He details two cases, both young males, aged twenty-three and thirteen respectively. On the sixth day, with pulse 88 in the former, after an aperient, he gave five grs. every three hours for two days; on eighth day, maculæ appeared,

with a dry skin and tongue, and diarrhœa. On the twentieth day, he was discharged to the convalescent ward.—In second case, on the second day, with a pulse 112, a dose of ten grains quin. (with cal.) was given, and, on third day, five grains every two hours, which, however, was discontinued in the evening (probably after three or four doses), tinnitus aurium having supervened; on fourteenth day, convalescence was established. He considers, however, that in the relapsing fevers, with creamy tongue and perspiring skin, it is useful in moderate doses.

I shall now give you, briefly, two cases in my own practice, and conclude with a few observations:—  
1. *James W.*, aged seventeen, a sailor, with fair complexion, and apparently in previous good health, was admitted 15th December, ult—then ill four days of fever. This case had had ague formerly, at *Montrose*, and the present illness commenced with a marked rigor. His pulse gradually rose till the eighth day, (but, even on the fifth day, when agitated, it rose suddenly to 156 from 108) when it numbered 160. There was some delirium, with attempts to get out of bed, a flushed face, moist tongue, and a peculiar craving appetite. Up to this date he had, been taking the ordinary diaphoretic saline, some wine, and, at bedtime, a dose of camphor, and pulv. dov. On the eighth day, I commenced the quinine, in five gr. doses every three hours. The first day he took six doses, when the pulse fell to 186, and he had more sleep; on next day, three doses, when it was omitted, but resumed on twelfth day. This time he had five doses in succession, with the effect of reducing the pulse to 124. On the twelfth day, four doses, and afterwards only two gr. doses thrice daily till sixteenth day, when the pulse numbered but 108. At this time the tongue was clean, and the general symptoms all improved, as in perfect convalescence. In a few days, however, the bowels became relaxed, and the pulse again rose, till, on the twenty-sixth day, it numbered 144, and the sounds of the heart, on examination, presented the fœtal character observable in typhus-softening. The diarrhœa was readily checked by ordinary means, and his general state was excellent, but the irritability of the heart's action was remarkably persistent. At this stage I used two-drop doses of the medicinal hydrocyanic acid, with some effect; but, though he got strong, and was most impatient on being confined to his ward so long, the irritability did not entirely subside while he was in hospital, which he left on January ultimo.

Here we observe one of the results noted by *M. Boucher*—viz. the temporary fall of the pulse; and, as to the after excitement of the heart, it is difficult to say whether it was due to *Dr. Stokes's* softening, or the unusual effect of the quinine. It is not improbable that idiosyncrasy may have had some influence. The following note appears in *Dr. Stokes's* recent volume, p. 517:—I once observed, in a case in which large doses

of sulph. of quinine had been administered, the sudden production of an extraordinary palpitation. The action of the heart was tumultuous, irregular, and to the highest degree vehement and distressing; a loud, bellows murmur attended the systole, but I cannot say whether it was propagated into the arteries.

2. One of the nurses of the hospital, aged 32, came under my care on the 2nd Feb., then ill of fever four days. The eruption was just appearing, the pulse 132, the skin hot, much thirst, and tongue loaded; and considerable debility was evidenced. On the following day, the prostration was more marked, and the respiration was anxious, with moaning and headache, injected and suffused eye, and hot scalp. After shaving the scalp, administering a refrigerant lotion, and clearing out the bowels gently, she was put under five grs. doses of quinine, in conjunction with ammonia and wine. This was repeated every six hours regularly for three days with a slow, but appreciable amendment after the first four doses, and she was out of danger by the tenth day, which is a shorter time than we are generally accustomed to meet with in typhus cases.

From what, then, I can gather as to the use of this remedy, I am led to believe that certain points are established on this question;—

1. The symptoms of cinchonism are chiefly nervous, characterized by vertigo, tinnitus, heaviness, and fulness of head; by a marked reduction in the pulse, and by depression, with nervous tremors and copious perspiration. 2. Early and uncomplicated cases seem best adapted for its use, more especially as the condition of the heart, and the blood in fever are hourly deteriorating. 3. There seems no ground for supposing that enteric lesion will be induced by cinchonism; but when this lesion is present, the effects of the remedy are manifestly injurious. 4. An inordinate excitement of the heart may be induced by cinchonism. 5. The old notion of a dry and brown tongue, delirium, subsultus, and dry skin, being contra-indications is not confirmed by recent experience. 6. Its effects are rapid, and remain some time after the omission of the medicine. Hence they require watching. 7. Headache disappears, and sleep is induced in the favourable cases. 8. Children and persons of nervous habits of body are very susceptible to its influence. 9. The mass of evidence is in favour of its utility.

As to my own opinion of the drug as a main treatment in continued fever, I think the opponents have failed to prove their case; yet I admit the trials, are too few to entitle us to a final verdict. *Dr. Barclay's* evidence is completely negative, while *Dr. Corrigan* has not fully tried its power. Comparative experiments on its use in the *three forms* of continued fever are yet desiderata.

*Dr. FERGUSON* had no experience of the use of this remedy in large doses in fever, and believed that

doses beyond two grains were rarely beneficial, and held strongly to the therapeutic opinion of *Cheyne* and *Barker*. It is anti-periodic in large doses, totally irrespective of fever; and neuralgia is the only disease wherein he would employ this heroic treatment with any confidence.

LXXX. *Dr. MACLAUGHLIN*, Lurgan, exhibited a recent specimen of *pericarditis*, which occurred during an attack of acute rheumatism.

*Sarah A. M'K\_*, aged thirteen, was admitted into the infirmary of the Lurgan workhouse. On the 9th February, 1854, she was moaning, and evidently suffering distress from difficulty of breathing. Her pulse could scarcely be felt, and she complained of great pain over the left side of the chest. She got a draught of aromatic spirits of ammonia in camphor mixture. Her mother stated that she had been working in a damp shop, and on the 31st January, was seized with severe pains in the head and back. The next night she complained of pain in her right knee and shoulder, which became very red and swollen; for this, she got purgative medicines from the dispensary doctor of the district.

On the 6th February, she was seized with an acute lancinating pain in the *left* side, confined chiefly to the region of the heart. The morning after her admission, her countenance was extremely livid, skin hot and dry, breathing rapid and laboured, (50 in the minute,) pulse 140, feeble and intermittent, tongue covered with a white fur, knee and wrist joints red, swollen, and painful. A *friction sound* was heard all over the right side, and a *bruit* with the first sound heard over the upper part of the sternum. The impulse of the heart could scarcely be felt; its action feeble.

The abdomen was tense, tympanitic, and very tender on pressure. (Eight leeches were applied to the region of the heart; two grains of calomel, and one sixth of a grain of opium ordered every three hours.) A turpentine enema removed the distension and afforded so much relief, that she was enabled to lie on her left side, which she had not done for some days previously.

On the 10th, she slept better, not moaning so much, and felt somewhat relieved, but the pulse was very irregular, and about a hundred and thirty. (To continue the pills.) On the 11th, she was very restless the entire night, moaning constantly; her countenance still very livid, and breathing very much hurried; great dulness over the region of the heart, and absence of friction sound; *bruit* very distinct at the top of sternum. (A blister to be applied to the cardiac region. To continue the pills. Half a drachm of mercurial ointment to be rubbed in every three hours.) On the 12th, her breath was slightly mercurial, but the gums not at all affected; pulse was more feeble

and irregular She had a barking cough without any expectoration; and dyspnoea became so urgent that she was obliged to be propped up in bed, and her expression at this time curiously enough was, "My heart is breaking!"<sup>1</sup> Death put an end to her sufferings at an early hour on the 13th.

In this case the heart presented different points of suppuration in the intermuscular structures; the valves were healthy, yet there was a systolic *bruit* during its entire progress. There was also effusion into the right knee joint; and the habit not being scrofulous, the case had altogether much the appearance of one of purulent absorption.

I have made several *post-mortem* examinations of both acute pericarditis and endocarditis, and never found ulceration as a result. Therefore, I am disposed to think it of extremely rare occurrence in such cases. In old chronic affections of the heart, I have seen slight abrasion of the membrane, which had some appearance of ulceration, but I never before met with ulceration in acute pericarditis.

**Council Meeting** February 22, 1854

Present: Dr. Malcolm.

Circular prepared.

**105** *Notice of the Twentieth Meeting in the First Session.*

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 25th February, at 3 o'clock precisely.

**Candidate for Election.**

William Evans, M.D., (Q.U.I.,) M.R.C.S., (Edin.,) Downpatrick.

**Pathological Specimens to be Exhibited.**

1. Ulceration of Trachea in Phthisis.
2. Aneurism of Ascending Aorta.

**Cases to be Read:**

1. Case illustrating a source of error in medico-legal examinations for suspected Arsenic poisoning.
2. Dropsy of the Amnion.
3. Pendulous Tumours of the Labium.

**Results of Microscopical Examinations.**

1. Secretary's Report of Business.
2. Recent Discoveries pertaining to the Mammary Secretion.

**Notes of New Treatment.**

Lemon Juice in Acute Rheumatism.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE TWENTIETH MEETING.

25th February, 1854.

J. C. Ferguson, M.B. in the Chair.

Attendance:—Members, 19; Students, 10.

LXXXI. Dr. MOORE, Ballymoney, exhibited a specimen with drawing of same, *in situ*, of a *pendulous tumour of the labium*, and related the following particulars:—

The patient, Mary G., aged forty-five, mother of three children, consulted me two years ago, about a tumour the size of an apple, with a pedicle about three inches and a-half in length, attached to the left labium externally, and to the wall of the vagina internally, and hanging down like the pendulum of a clock. She stated that it commenced about seven years ago. It was then of the size of a pin-head, but latterly had increased very much; and from its pendulous character, and the consequent annoyance the patient suffered on making the slightest exertion, her health was becoming seriously impaired. The "catamenia" were regular as regards their occurrence, but considerably in excess, and previous to each menstrual period, the tumour became irritable and painful. On the 21st April, 1852, I removed the tumour—having applied a ligature close by its base, and with the scalpel cut the pedicle about the middle. The patient lost only a few drops of blood, and on the 24th, I allowed her to return home. After the lapse of a few days, the remaining portion of the pedicle exfoliated.

This preparation of the growth will show its character, and the accompanying rude sketch will give you an idea of the parts as they were when I first saw them. The patient is now in the enjoyment of perfect health, and the only trace of the tumour is a slight thickening on the edge of the labium, scarcely distinguishable.

In the last number of the "Dublin Quarterly Journal of Medical Science," amongst the reports of the Metropolitan Pathological Society, I find a case bearing a close resemblance to the one I have just read, which was admitted into the Richmond Hospital under the care of Mr. Fleming.—(Vide "Dublin Quarterly Journal of Medical Science," page 225.<sup>1</sup>)

In this case, which is analogous in many respects, I think the attachments of the tumour must have been deeper seated than in my case, in which the wall of the vagina internally and the labium externally were alone implicated. As to the character of the growth, I cannot pronounce with certainty, inasmuch as I did not make a section of it, but I believe it to be fibrous.

At a recent meeting of the Dublin Obstetrical Society, Dr. M'Clintock exhibited a specimen of a large fibrous tumour in the right labium, the removal of which had been performed by Dr. BRUNKER, of Dundalk. In connection with this case, Dr. M'Clintock drew attention to the fact of its having been the right

<sup>1</sup> This she complained of more or less from the beginning, but not to the same extent as on this day.

<sup>1</sup> [1854, vol 17.]

labium in which the tumour was situated, adding, that in his own, and in the recorded experience of Dr. Robert Lee, the right, and not the left labium, had almost invariably been the one to which a preference was given by morbid growths, whether of a fibrous nature or of the encysted and much more common kinds. The case of the woman (G\_) is an exception to this rule, the abnormal growth being attached to, and having its origin in the left labium.

LXXXII. Dr. MURNEY exhibited a recent specimen (forwarded by Dr. R. F. DILL), presenting extensive ulceration of the trachea in phthisis.

The early history is unknown. The patient was admitted into the Military Hospital, Belfast, 1st Nov., and died Dec. 21st, 1853. Tubercle was deposited in all parts of both lungs and the bronchial glands—especially the apex of left, and the lower part of right lung. Dr. MURNEY mentioned, in the course of his remarks, that in 110 male cases examined by Louis, fifty-five presented ulceration of the trachea. According to that author, this pathological state is met in the proportion of one-half the male subjects of phthisis, and one fourth of the female; and the cause he considered to be due to the irritating influence of the sputa most commonly passing along the posterior wall of the bronchi and trachea. Dr. MURNEY considered a more satisfactory reason might be found in the presence of a considerable quantity of glandular structures in the course of the ulceration, and as these bodies are at all times highly vascular, inflammatory action would be most easily aroused.

Dr. FERGUSON differed from Louis as to the cause, judging from this and other cases, because the ulceration is not limited to, or always present in, the site mentioned; he believed that tubercular matter was deposited in the follicles generally, agreeably to the laws of tuberculosis.

Mr. AICKIN stated as his experience that these cases were generally rapidly fatal.

LXXXIII. Mr. AICKIN read a case, illustrating a source of error in Medico-legal examinations for suspected arsenical poisoning.

Having been called upon a few years since to examine the body of an infant supposed to have been poisoned by its reputed father, the symptoms so far as could be learned, were those resembling poisoning by laudanum. I proceeded to examine the body, in which I found no lesion of structure or appearance of inflammation.

I removed the stomach for analysis of its contents; and having been suddenly called away, I took a piece of room-paper (the room being papered), wrapped up the stomach in the inside of the paper and locked it in a cupboard until the next day, when, with Dr. Andrews' assistance, I proceeded to analyze its con-

tents. A trace of morphine was obtained, but not so much as enabled me to say that the child had got sufficient to cause its death; but on testing the fluid in the stomach for arsenic, it showed distinctly that arsenic was present in pretty large quantity. As the symptoms which I found the child had had, were not those of poisoning by that mineral, and finding no mark of inflammation, I felt that I could not go forward and prove that the child died in consequence of its exhibition.

Being at a loss to account for its presence, I immediately thought that the paper might contain arsenic. I brought a piece of it in, which had been thrown out in the yard; and found that a yellow colour in the printed paper contained a large quantity. It was at once evident that the stomach, though placed on the opposite side of the paper, had absorbed it during the night through its coats, and the fluid it contained had been thereby impregnated.

This is a case I conceive, of much interest in medical jurisprudence, as, first, exemplifying the great care that should be used in the chemical analysis in such cases.—Secondly, as proving that absorption of arsenic will take place after death, and that it may be found in the different viscera, thereby suggesting the plea that the arsenic was introduced after death with the view of inculpating an innocent person, which plea was actually set up some time ago in a case of poisoning in Armagh, prevented a prosecution, and led Professor Andrews of this town, and Dr. Kidd of Dublin, to institute special experiments on this point. The former of these gentlemen found arsenic in the kidney, and a trace of it in the liver of a dog, into whose stomach it was injected a few hours after death.

I think, in the absence of proof that the person had actually got the poison—medical evidence would not be complete had the person been affected with the usual symptoms of arsenical poisoning, and unless inflammation of the mucous membrane of the stomach which could not occur after death had been observed.

Dr. Kidd, I believe, published his experience in the "Dublin Quarterly Journal." Beck says, that when arsenic is introduced into the rectum of an animal after death, it has no chemical effect upon the texture, but leaves a deep red stain with a defined margin resembling extravasation, while arsenic introduced before death produced the regular appearance of inflammation, the red colour gradually subsiding into the healthy tint of the surrounding membrane.

LXXXIV. The SECRETARY read the following report of a case of dropsy of the amnion, communicated by Dr. W. F. ROGAN, Londonderry.

On February 7th, 1854, I was asked to visit Eliza P., a butler's wife, in tolerable circumstances. I found her

in bed, very weak: she said that she had dropsy, and was also seven months gone in pregnancy. On examination, I found her abdomen *enormously* swollen, very tense, and fluctuation evident over the entire surface. She was *much* larger than one pregnant with twins at the full time.

I could feel the movements of the fœtus distinctly at the upper part of the swelling; the shape of the uterus was preserved, and its fundus pressed against the end of the sternum without raising it. The cartilages of the ribs were not much pressed out, and the flanks did not bulge, when she lay on her back. There was no difficulty of breathing, and no anasarca till about five days before I saw her, when her legs became œdematous.

A vaginal examination showed the cervix uteri much expanded, and an impulse could be felt through it on percussing the abdomen; the os uteri was open, and the bag of waters could be felt. As she was daily increasing in size and the skin over the abdomen much cracked and fissured, and as she could not lie down, but slept in a chair with a handkerchief tied round her neck, suspending the abdomen, I determined to puncture the membranes; on doing this, I evacuated a large tub-ful of fluid. The uterus immediately contracted on the child, and after an interval of eighteen hours, it was expelled with but a few pains.

The child was not anasarcaous. It lived about an hour. The placenta was thrown off without hæmorrhage, and was fully double the circumference and thickness of an ordinary one. The mother continues to do well.

This woman was ever remarkable for her size when pregnant, and a very large quantity of water was always expelled; this was her tenth child.

LXXXV. Dr. JAMES MOORE exhibited a dried preparation of one-half of a *diseased lower maxilla*, removed by excision.<sup>1</sup>

The subject of this operation was a woman about nineteen years of age, who had a hard tumour about the size of a hazel-nut on left ramus of the jaw, which in four years gradually increased to the size of a hen-egg, and became very firm, and evidently of the character of bone.

A curved incision was made from the commissure of the lips to the angle of the jaw; the soft parts dissected off; and two-and-a-half inches of the left side of the jaw sawn through, leaving the articulating condyle. There was considerable hæmorrhage. The wound was brought together by sutures through the mucous membrane and through the skin, and healed by “the first intention.”

After two months, there was scarcely any difference in the appearance of either cheek. The macer-

ated bone presented a tumour about the size of a hen-egg, smooth on the surface but having spicula radiating to the centre, and either end, where the saw was applied, being perfectly healthy. Mastication and speech were unimpaired. The woman has since been married, and during courtship the husband was not aware of her defect.

106 To A. G. Malcolm

Ardglass  
Monday

My Dear Sir

I feel greatly obliged by your communication and gratified that you consider the preparation in the light I perceived it. The case appeared to me to be extremely interesting and I shall feel extremely obliged by your allowing me to talk over this case with you when I can call upon you which I regret to say cannot be for a week or so as my knowledge and indeed I may say the knowledge of the pathology of the cord is very obscure indeed.<sup>1</sup>

I think the case would interest you much and I shall be glad to account to you when we meet.

Yours very truly  
J. W. Harrison

107 To A. G. Malcolm

Ardglass  
Tuesday

My Dear Sir

It escaped me in my last to say how much I shall feel indebted by my involvement amongst you. With thanks for your kindness to

I am Sir yours very truly  
J. W. Harrison

**Council Meeting February 29, 1854**

Present: Dr. Malcolm & Mr. Wales.

Circular prepared.

110 To A. G. Malcolm

Strangford  
1<sup>st</sup> March

Dear Sir

The case to which you allude was under the immediate care of Dr. Harrison. I did not see the patient professionally during life and was only called on to assist at the P.M. and as I am at the present time ignorant of Dr. H. intentions I shall feel reluctant to bring the details before the Society.

Very truly yours  
William W. Thetford

<sup>1</sup> [See plate IX, page 467.]

<sup>1</sup> [Probably case XCI on page 431.]

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

109 To A. G. Malcolm

Ardglass  
March 2

My Dear Sir

I regret I cannot let you have the particulars of the case of chronic myelitis at present as it is likely to become the subject of judicial enquiry but will be happy to do so when it is decided.

I hope to see you in the meantime as I fear it will not be in my power to call on you at the hour you mention or partake of your hospitable offer as my business to Belfast is to meet a member of my family which I believe will be about that hour. However I hope to meet you often about the Hospital or elsewhere.

Yours very truly  
J. W. Harrison

112 Notice of the Twenty-first Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 4th March, at 3 o'clock precisely.

**Candidate for Election.**

George Nixon, L.R.C.S., (I.) M.D., (Gott.), Antrim.

Report of Mr. Aickin's Experiments with Arsenic.

**Results of Microscopical Examinations.**

Report of Business.

**Pathological Specimens to be Exhibited.**

1. Cast of an enlarged Arm in a case of Carcinoma of the Breast.
2. Rare example of Varicosity of the Upper Extremity.

**Notes of New Treatment.**

Lemon Juice in Acute Rheumatism.

**Cases to be Read:**

1. Two Placentæ to one Birth.
2. Case illustrating a new mode of managing Prolapsed Funis.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

111 To A. G. Malcolm

Carrickmacross  
4 March 1854

Sir

I beg leave to enclose postage stamps to the value of 5/- and will thank to have my name enrolled as a member of the Belfast Clinical and Pathological Society.

Your obedient servant  
Hans Fleming

THE TWENTY-FIRST MEETING.

4th March, 1854.

William M'Gee, M.D. in the Chair.

Attendance:—Members, 17; Students, 7.

LXXXVI. Dr. MALCOLM exhibited a cast of an arm of a lady exceedingly enlarged, the result of *carcinoma of the breast*, involving the axillary glands; and read a history of the case as thus communicated by Dr. THOMAS THOMPSON, R.N.:—

It is nearly twelve months since I first saw this case. It was then in the stage of open cancer, with a deep foul ulcer in the centre of the breast, from which blood occasionally flowed very profusely. The discharge of blood took place as a matter of course, just in proportion to the destruction of blood-vessels in the mamma during the progress or extension of ulceration. The glands of the axilla, too, were very much enlarged, and the same scirrhus hardness characterized them as well as those portions of the mamma which had not reached at that time a state of ulceration. Erysipelas in the arm next set in, but seemed to yield to treatment very readily. The attacks of it, however, became very frequent, and being always ushered in by a shivering fit, followed by general pyrexial symptoms, left her in a very weak, exhausted state, until it at length produced a permanent and very painful swelling of the whole arm, of which you have a cast. The treatment in this case consisted of those remedies, general and local, which possess most power of mitigating pain and supporting her strength, for I could not hold out, either to her relatives or herself, the least prospect of a cure.

LXXXVII. Dr. MALCOLM introduced a patient, presenting a rare example of *varicosity of the upper extremity*, and part of the parietes of the trunk.<sup>1</sup>

David R\_, of Carnmoney, aged forty five, was seen by me on 1st March, 1854. He is about 5 ft. 10½ in. in height, and weighs 12st. 5 lbs.; complexion sanguine; and has always enjoyed good health. The varicosity was noticed at birth, but then to a small extent, gradually enlarging till it assumed its present appearance when he attained his twenty-first year. Some twenty years ago, he complained of much pain in it. The late Dr. Purdon saw him at that time, and advised the constant application of cold water dressings, and a roller, under which the arm soon became free from all uneasiness. His only complaint since, has been the annoyance arising from the weight of the tumours, and their interference with the proper use of the hand and arm. The varicose tumours extend from the left hand to the right of the sternum along the inner side. There are nine clusters in all, four of which are very large. The maximum circumference of the fore-

<sup>1</sup> [See page 491 regarding a cast, and page 567 for an illustration.]

arm and arm is 13 and 14½ inches respectively. After walking some distance, the tint of the tumours at wrist assumes a reddish purple instead of the blue which prevails. It is easy by continued pressure of any one tumour, to empty it of the blood; and when by accident any of them is penetrated as by a thorn, the blood spurts out in a continued stream two yards distance. Phlebolites are distinctly felt in some parts of the tumours, the trunk, especially posteriorly, is covered with the eruption, called *Chloasma*, which appeared three years ago.

The PRESIDENT related the case of a girl aged four years, who had a similar tumour under the chin, and also mentioned the case of an old lady who had varicose veins in the neck.

Dr. BRYSON referred to a very interesting case of varicose aneurism of the ear, which was sent to him from “the Glens” to be extirpated, but which was successfully treated with the concentrated decoction of oak bark and alum, a remedy he had found efficacious in uterine hæmorrhage, in consequence of which, he keeps a quantity ready preserved with creosote always in the house.

LXXXVIII. Dr. MALCOLM submitted some notes upon the use of *lemon juice, citric acid, &c.*, in *acute rheumatism*, and read a case from his own practice.

A young man aged twenty five, requested my attendance on 16th January, ult. He was stout built, and apparently of good constitution. He stated he had been six days suffering from his present illness. For seven years past, he had been annoyed with symptoms of urinary irritation—dysuria, and pain of back, but not for many months latterly. All the joints are affected, red, swollen, and tender. He is quite unable to move without suffering.—Pulse 96; tongue much loaded, bowels free. (Ordered 10 grs. of Dover’s, and 2/3 gr. of tartaric emetic at bed-time; and of citric acid 2 drs., lemon juice, 3 oz. and lemonade *ad lib.* every day.) Second day,—pulse 88. Third day,—pulse 84. (Hyd. et rheum every alternate night.) Sixth day,—pulse 80, pains easier. Tenth day,—pulse quiet, pains quite better, can walk about the room. Sixteenth day,—pains gone, (quinine ordered).

1. This treatment was introduced by Dr. O. Rees, in 1849, who published a pamphlet thereon. The acute and gouty forms were the most benefited, but to the cachectic and syphilitic, it was not applicable. His dose was *semuncia ad unciam ter in dies*, but latterly he increased it considerably.

2. Dr. Babington, his colleague, has used it in doses of 6 oz. to 8 oz. thrice daily.

3. Dr. Golding Bird has given in his adhesion, and considers it *in modo operandi*, of the same class as *acetas potassæ*, cream of tartar, and alkalis generally.

4. Mr. Dalrymple, of Norwich, speaks warmly of its success. It reduces the pulse, abates the fever and

pains, and all without the depressing effect so common in convalescence under other treatment.

5. Mr. Hancock, of Charing Cross Hospital, in February, 1852 published in its favour.

6. Dr. Peltier of Montreal, advocated its claims in August, 1853, in the strongest terms. “Invaluable but simple mode,” “none has given me,” he says, “so much satisfaction as lemon juice.”

Dr. Perkins, of Brussels, and Dr. Pepper, of Philadelphia, have been also very successful in this particular use of the remedy. Indeed, I find no *evidence* of its inutility. Its *modus operandi* is unfortunately unknown; but we possess abundant proof as to the nature of its therapeutic effects, which are briefly—diminution of the pulse, promotion of the urine and diaphoresis, and the total absence of injurious effect, even in the largest doses.

Dr. BECK had used this remedy in two cases with iodide of potassium. The acute pains had ceased in three days, and the cases afterwards did well—one slowly. Both were entirely free from cardiac complication, either during the disease or since.

Dr. HALLIDAY had tried it successfully in acute rheumatism, in the case of a child aged eight years. The fever and pains subsided on the fifth day. His experience of it in chronic rheumatism was not favourable.

The PRESIDENT employed it in a recent case, but had to give it up early in consequence of colic having been induced. He instanced an interesting example of rheumatism in a child which occurred five times within a few years, and each time paralysis supervened. There was no heart complication.

The PRESIDENT also noticed as useful in certain forms of the malady, the most common remedies, *colchicum*, as advised by *Scudamore*, purgation by *Hamilton*, opium by *Corrigan*, *guaiacum* by Dr. Roots, and mercury and iodide of potassium, by various authorities.

LXXXIX. Mr. JOHN AICKIN read a case of *two placentæ to one birth*.

This case occurred in the subject of retention of the placentæ, on extracting which, with the hand, two placentæ came away; one about 3 inches in diameter, and the other 2½, connected by the membranes of only one funis. The presumption from such an occurrence is, that it had been a case of twins, and that one fœtus had been separated at an early period. It is not impossible that one of them might have been retained without the knowledge of the practitioner.

XC. Mr. AICKIN also exhibited *an instrument* of his own construction, for the support of the funis *in cases of prolapse of the cord*.

I had had in practice three cases of prolapsed funis. In the first case the labour went on with the

cord down: in the second, I endeavoured to introduce the cord over one of the extremities, but it still dropped down: in the third, turning was resorted to. In the three cases the lives of the children were lost.

Turning, though effectual, is not unattended with risk; accordingly, I bethought me of some such plan as the instrument exhibited, which is proposed for supporting prolapsed funis, and consists of a gutta percha ribbon about an inch broad, and two lines in thickness, with a forked extremity, about eighteen inches long, which may be allowed to remain after putting up the prolapsed funis, until the head would be so far advanced that the funis could not pass.

Dr. BECK had observed in two cases, the children saved by the rapidity of the labour, and believes it impossible to retain the cord above the head by any contrivance, that will not do more harm by retarding the labour than good by saving the cord from pressure.

In these cases, the object should be to expedite the delivery by *any means* necessary for that purpose consistent with the safety of the mother, as delivery is the only effectual means of removing that pressure from the cord, which in a very short time will inevitably destroy the child's life.

**Council Meeting** March 8, 1854

Present: Dr. Malcolm & Mr. Wales.

Circular prepared.

**113** Notice of the Twenty-second Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 11th March, at 3 o'clock precisely.

**Candidates for Election.**

Robert Stewart, M.D., (Glas.), Hospital for the Insane, Belfast.

John Graham, M.D. and L.R.C.S., (Edin.) Belfast.

J. W. Harrison, M.R.C.S., (Eng.) Ardglass.

**Pathological Specimens to be Exhibited.**

1. Wax Cast—Spinal Cord in a case of Chronic Myelitis.
2. Recent Parts—Aneurism of the Arch of the Aorta.
3. Patient with Brachial Aneurism.

**Results of Microscopical Examinations.**

1. Expectoration of a Gas-Singer of Muslin, resembling that of Pneumonia.
2. Calculus passed by Urethra with Case.

**Cases to be Read:**

1. Case illustrating the value of small and repeated doses of Calomel in the Pneumonia of Children.
2. Cases of Infantile Paralysis.

**Query for Discussion.**

What is the proximate cause of the Anasarca after Scarlatina?

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE TWENTY-SECOND MEETING.

11th March, 1854.

The President in the Chair.

Attendance:—Members, 14; Students, 6.

XCI. Dr. MALCOLM exhibited a wax cast of a spinal cord in its entire length, presenting an example of *ramollissement*, with intense congestion of the membranes, modelled from the recent parts, in a case reported by Mr. HARRISON of Ardglass, who kindly supplied the following particulars:—

Mr. \_\_, had been, for the last fifteen years, complaining of what at first was considered rheumatism, and for which he was under the care of the most distinguished practitioners in London. About twelve years ago, during a short walk at his residence in Ireland, he sprained his foot, as he thought; and, upon getting out of bed the following morning, he remarked—"I feel as if I had lost the use of my leg." From that time he experienced gradual loss of power of the left ankle and leg, which increased very slowly, and was accompanied occasionally with severe neuralgic attacks of the most excruciating character, particularly if the digestive or urinary apparatus were out of order. Indeed, it was most remarkable how quickly the symptoms were relieved by the mere action of the bowels or a burst of perspiration. To pass over years of suffering and anxiety—about one year and a-half ago, it was remarked by his friends, that frequently he misnamed places and persons; and much apprehension being felt, he went to Cheltenham in search of health. There, matters grew worse; the urine became retained; the speech impaired; and as he found no improvement, he returned home. On his arrival, I was surprised to find him so much altered—scarcely able to walk, and his powers of expressing himself nearly gone. The catheter had to be passed twice a day—an operation which he had been doing for himself for some months; but, finding that he constantly injured the urethra and produced much hæmorrhage, I latterly performed it myself for him. He was, in fact, in a state of dementia. All his powers failed. He became incapable of giving expression to his ideas. His memory was greatly impaired, particularly as to the recollection of recent events. His temper became very irritable when corrected for the mistakes into which this defect led him. Any indiscretion at his meals frequently brought on severe neuralgic attacks, with

jerking and rigidity of his limbs and in his sides, particularly his left. *He never complained of his head, and rarely of his back.* About two months before his death, he got into a violent rage, when once contradicted by some of his family, and to these paroxysms of passion he became latterly more subject. Matters went on in this manner up to the day of his final seizure, which occurred under these circumstances.—Having got up rather early one morning, he walked out; and dinner being on the table when he returned, he went in and partook of a hearty meal, with cheese and some plum tart. About two hours after this, he became very dull and incapable of speech, and suddenly became convulsed, with decided apoplectic symptoms, which continued for four days, until death closed the scene.

The *post-mortem* examination revealed the following appearances. The congestion and effusion in the brain were most remarkable; a large quantity of sub-arachnoid effusion occupied the surface of about two-thirds of the anterior lobes, where it terminated abruptly, leaving the posterior third untouched. A large amount of effused *blood* covered the surface, particularly on the right side, presenting in places the appearance of *rupture* of the arachnoid. The abdominal organs were healthy; the spleen very small; the iliac nerves had an atrophied appearance, and a tint of a dirty yellow colour.

Dr. STRONGE directed attention to a deposit of chalk on the theca vertebralis, and asked if the patient ever had symptoms of gout?

Dr. MALCOLM replied that Mr. HARRISON had not mentioned that he had.<sup>1</sup>

Dr. STRONGE believed the case was one of gouty inflammation of the cord and its envelope, which had resulted in ramollissement. Dr. S. has observed, in cases of softening of the cord, a peculiar jerking gait in walking, which he likened to the motion of horses when affected with “string halt.”

The PRESIDENT had seen the case in question. There was no coma, and the paralysis had set in after the other symptoms had subsided. There is a great variety, Dr. P. remarked, in the progress of these cases; some assume the form of creeping paralysis, extending gradually up from the extremities, occupying years; at length the bladder becomes paralyzed, then a form of insanity of a nervous character occurs, preceded by deafness.

The paralysis is rather a weakness of the limbs than complete loss of power, with an inclination to fall forwards in standing or walking. A strong suicidal tendency by starvation existed in one case. *Cline* (he believed) first distinctly described this form (see the “London Medico-Chir. Trans.” and mentions the sensation experienced by the patient as that of having the skin covered with chamois leather. These cases

<sup>1</sup> This gentleman (it has since been ascertained) was the subject of gout for many years.

were very unmanageable, but he had noticed the good effects sometimes from cupping the nape, and the use of small doses of bichloride of mercury and tincture of cantharides,—also sulphate of zinc, as recommended by Sir B. Brodie.

XCII. Dr. MACLAUGHLIN, Lurgan, introduced a patient with *brachial aneurism*. It was examined by several members; and compression of the artery high up recommended.

In reply to a question, he stated that he had thought of Bright's disease coexisting in this case.

Dr. LYNCH believed it to be of the utmost importance to ascertain whether the condition of the artery was primary or secondary, and hence to ascertain whether the kidneys were implicated, as organic cardiac disease was a frequent effect of renal lesion.

Dr. FERGUSON was inclined to deem the presence of albumen in the urine unimportant in influencing the diagnosis or treatment. There did exist in this case, extensive valvular disease of the heart, and it would be material to know what relation this and the aneurism bore to each other. As to the tissues engaged, he believed that the joint *was* affected.

Dr. ROSS recommended pressure at the upper part of the brachial artery out of reach of the inflamed tissues, which such management would immediately relieve. He thought this case exemplified the great merit of the treatment of aneurism by compression. Here we had a broken-up constitution, and could not venture upon the use of the knife; but by diminishing the current through the artery above the aneurism, we obtained all the advantages of the ligature without any of its disadvantages.

Dr. MACLAUGHLIN, in reply, stated that the pain of the arm was considerable, but was always relieved by pressure.

The PRESIDENT said there might be a coagulum. The disease of the artery was the same as the valvular affection. It was a case of false aneurism. As to treatment, pressure accurately applied was the best he could suggest under the circumstances.

As an example, he related the case of a gentleman who, from suicidal attempt, drew a razor deeply across the bend of the arm. The hæmorrhage was immediately stopped by ordinary pressure, but an aneurism formed. The pulse was absent in the ulnar artery.

General pressure was first applied without effect, then a tourniquet, but this rolled off the artery. At length a Dublin practitioner advised a grooved piece of wood to be accurately fitted over the artery, which sufficed after five days use, to block up the tumour. The pulse soon afterwards returned.<sup>1</sup>

<sup>1</sup> The aneurism was cured by compression of the brachial artery, which I was enabled to do by the circular clamp. The man afterwards died of Bright's disease of the kidney.—(W. R. MacL.)

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

114 To A. G. Malcolm

Arthur Street  
13<sup>th</sup> March 1854

My Dear Doctor

As I cannot well be present at any early meeting of the Clinical Pathological Society I shall feel obliged by your withdrawing my name from the list of those who are to read papers.

Yours faithfully  
J. W. T. Smith

**Council Meeting March 15, 1854**

Present: Dr. Malcolm, Messrs. Wales & Armstrong.

Dr. Halliday sent apology.

Circular prepared.

117 To A. G. Malcolm

Aughnacloy  
17<sup>th</sup> March 1854

My Dear Sir

I am happy to inform you that I have arrived safe here and am just beginning to feel myself again after the fatigues of my journey.

I am sorry that I am unable to send forth the names of those persons whom I expect will become Members of the Clinical and Pathological Society.

I thought it the most pertinent thing to apply to Dr. Scott to have the Circulars forwarded he being much better known to them than I am. He kindly conceded and will forward them at his first convenience.

I expect before the next meeting to be able to forward their money to you if I be successful.

To further the interest of the Society will always be the aim of

Yours very truly  
S. Blakely

118 To A. G. Malcolm

Ligoniel Villa  
Belfast 17<sup>th</sup> March 1854

My Dear Malcolm

Before the present Session of the Pathological Society closes, may I request you to express to the members my sincere regret that I have been unable to attend any of the meetings since the commencement. My distance from town, the occupation of my dispensary, especially on Saturday, the busiest day and other circumstances have conspired to interfere with my attendance.

I am fully conscious of the importance and practical utility of the Institution, and if spared to see the commencement of a Second Session, I anticipate that I shall have it in my power, if not to be a contributing, yet a learning and attending member of the Society.

Very truly yours  
J. Steele Dickson

119 To A. G. Malcolm

Lisburn  
March 17 1854

Dear Malcolm

I am afraid I will not be able to contribute any thing to the first volume of the Pathological. Most likely before the publication of another I will have something ready.

Believe me  
Very truly yours  
J. Campbell

THE TWENTY-THIRD MEETING.

March 18<sup>th</sup>, 1854.

J. W. Bryson, M.D., in the Chair.

Attendance:—Members, 13; Students, 2.

XCIII. Dr. ROSS introduced a patient labouring *cardiac disease*, which came on in the course of *syphilitic rheumatism*.

J. D., æt. thirty-one, a porter, having led a dissipated life, contracted syphilis seven years ago, which was followed in a year by syphilitic rheumatism of hips, ankles, and knees, which disabled him for three months.

Two-and-a-half years after the primary symptoms, he had syphilitic sore throat, cured by mercurialization. Cardiac symptoms became troublesome eighteen months ago, and some bloody expectoration occurred eight days since.

I will present the patient to you. He exhibits well-marked symptoms of regurgitant aortic disease, viz:—Visible pulsation of the superficial arteries, double *soufflet* over the aortic valves, besides very great hypertrophy of the heart.

I think the heart disease commenced during the attack of syphilitic rheumatism, but as often happens in such cases, it remained in abeyance for some time.

XCIV. Dr. LYNCH introduced a patient having a *peculiar stricture of the urethra*. He is aged forty, and four years ago had contracted gonorrhœa. It is situated near the orifice of the urethra, and is of the spasmodic form, as the urine stops suddenly at times, and at other times flows freely.

XCV. Mr. WALES introduced a patient with *indurated cervical glands*, over which the passage of the clavicle produced distinct crepitation. His age was eighteen. Three years ago, he began to complain of neuralgic pains of the left arm. Enlargement of the cervical glands soon after appeared. The clavicle seems to grate over the gland, and causes thereby a peculiar creaking sound.

Dr. LYNCH considered the sound due to muscular action (*tendons included*).

Mr. H. M. JOHNSTON thought the sterno-clavicular articulation affected, and in a state similar to chronic articular arthritis.

Dr. HALLIDAY deemed this only a part of the cause. He thought the glands also affected. A number of members retired to examine into this point more carefully, and on returning declared in favour of Mr. Wales's view.

XCVI. The SECRETARY exhibited the recent parts in a case of *Bright's kidney and diseased aorta*, contributed by Dr. MACLAUGHLIN, Lurgan.

Jane M., aged fifty, was admitted into the Lurgan Workhouse Infirmary on the 15th of February, 1854, affected with extensive general anasarca. She stated that she had been in the habit of selling apples on the street, and was frequently exposed both to wet and cold—to which she attributed her present ailment. She had been in good health till three months ago, when she was seized with pain in the lumbar region, accompanied by feverish symptoms, which terminated in a few days, but was followed by swelling of the feet and ankles. The swelling gradually increased, and became so great that, unable to follow her avocation, she applied for admission into the Lurgan Workhouse. On admission, she was generally anasarcaous; the surface of the body had a pale waxy appearance; she had cough and slight difficulty of breathing, and, on examination, diffused crepitation over the posterior part of right lung. Her tongue was clean, appetite good, and bowels regular. Her urine was pale, very abundant, and highly albuminous, as shown by heat and nitric acid.

A blister and expectorating mixture relieved the cough and difficulty of breathing. Small doses of elaterium and cream of tartar had the effect of removing the anasarca very materially. She was then put on Gallic acid, and iron. She continued to improve up to the 8th of March, when she was seized with violent vomiting—everything she ate or drank being immediately rejected. I gave her citrate of potash in effervescence, creosote, hydrocyanic acid, opium, &c., all without the slightest benefit. The only thing that appeared to give her relief was small quantities of iced water and brandy. She became worse every day, and died on the 13th of March, apparently from the exhaustion which the gastric derangement produced. There was no evidence of any cardiac affection throughout her disease, though there was some fluid in the pericardium after death (probably an ounce.) There was more or less effusion in all the serous cavities.

The PRESIDENT believed that the so-called Bright's disease is not inflammation. The deposit observed is not tubercular, and yet it is not inflammatory, though he could not otherwise designate the malady than "a phase of inflammation."

Dr. LYNCH ascribed great importance to the existence of this lesion, which is invariably characterised by the deterioration of the vital fluid.

Dr. BRYCE was induced to think that there was a good deal of "fashion" in medical theory, as well as therapeutics.

XCVII. Dr. MALCOLM introduced a patient with *extensive scrofulous ulceration of the tongue*. Mary A., aged fourteen, was the first of four children. The three others died at the ages—three months, fifteen months, and ten years, respectively—the last, of "decline." She has been in a spinning-factory for the last two years, and always complained more or less of irritative dyspepsia. Her present illness commenced one year ago as a sore throat. Ulceration set in at the base of the tongue on the right side, with little or no uneasiness, and gradually progressed until it involved at least one-third of the entire organ. Its appearance is that of an ordinary indolent scrofulous sore, with scarcely any sensibility. The lymphatics of the neck sympathise.

A discussion ensued as to the best means of relief, amongst which the oleum morrhuae was prominently referred to.

124 To A. G. Malcolm

Laboratory  
[?]  
March 24 1854

Dear Doctor

I have examined the calculus received yesterday and found that it consists chiefly of phosphate of lime with a minute amount of urate of ammonia.

Believe me  
yours truly  
John F. Hodges

**Council Meeting March 29, 1854**

Present: Drs. Halliday & Malcolm, Messrs. Armstrong & Wales.

Circular prepared.

122 Notice of the Twenty-fourth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 1st April, at Three o'clock precisely.

Dr. Lynch will submit a statement in proof of the frequent sequence of Organic Cardiac Disease, after Bright's Lesion.

**Pathological Specimens to be Exhibited.**

Specimen of Bronchial Polypi.

**Results of Microscopical and Chemical Examinations.**

1. Expectoration of a Gas-Singer of Muslin, resembling that of Pneumonia.
2. Calculus passed by Urethra with Case.

**Cases to be Read:**

1. Case illustrating the value of small and repeated doses of Mercury in the Pneumonia of Children.
2. Case of Infantile Paralysis.
3. Case illustrating a nice point in Medical Jurisprudence.

**Query for Discussion.**

What is the proximate cause of the Anasarca after Scarlatina?

**Clinical Facts.**

1. Opium in Acute Rheumatism.
2. Sulph. Quina. in Neuralgia.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

120 To A. G. Malcolm

Lisburn  
March 31<sup>st</sup> 1854

Dear Sir

I ought to have replied sooner to your note, but was most of the time from home.

If I could prescribe myself the time I might be able to give you something perhaps; but between one thing or another there is scarcely a minute to spare.

When does your F–S appear? Should I not be able to do anything this time perhaps I may the next, as nothing would give me more pleasure.

Excuse haste, and sorry for not having replied sooner.

Believe me Dear Doctor,  
Yours very truly  
J. J. Kelso

121 To A. G. Malcolm

Anatomical Room  
Thursday 1 p.m.

Dear Malcolm

I received your note late last night. Your [observation?] is quite correct for the [true Cancer?].

Look at the other specimen and say if it is [?]. I have not seen any exactly like it. I think it is malignant.

By the way I send you also the stomach of the individual from Co. Down.

The liver is taken. You will find a cauliflower growth attached to the lesser curvature near to the pylorus. I will be obliged if you will use the microscope and give me the result.

Yours  
Henry Murney

THE TWENTY FOURTH MEETING.

1st April, 1854.

The President in the Chair.

Attendance:—Members, 15; Students, 14.

XCVI.[sic] Dr. FERGUSON exhibited a specimen of a *bronchial polypoid formation*.

Dr. Patton of Tandragee, had sent him the specimen. A countryman in apparent good health, had been troubled with occasional cough; and one day brought up by expectoration, the substance here exhibited. The substance was not tubular, but consisted of concentric cylinders in close lamellæ and presented the character of lymph. The man never had hæmoptysis at any time. He was about thirty to thirty-five, tall, and phthisical-looking, pale, and with dark hair; there was very little sign of disease in the chest, except weak respiration in some points, and at others bronchitic rales—the latter not well marked. His cough was annoying at night. The specimens seemed to Dr. P. true bronchial polypi, or rather coagulable lymph, like the false membranes in diphtheritis or croup.

Paper:<sup>1</sup> *The patient was aged 30; tall, thin, but not unhealthy-looking; clear skin; light sandy hair and whiskers; a farmer, who was formerly very active, fond of athletic exercises, and dissipated.*

*Two years since he had a smart inflammatory fever, for which he was bled three times, (he says,) but had no pain in his side, rusty sputa, or cough. Six weeks he was ill from this attack, and as he recovered he began to cough and spit up pieces of plastic-lymph. His chest is broad and well expanded; perfectly resonant, except in the inferior posterior left, where there is slight dulness, but the respiration is in no point morbid or marked by morbid rales; it is only weak, the murmurs faint. He says, however, that he has always lain more comfortably on his right side, and if on the left he was wheezy and oppressed. He coughs violently when the masses of lymph are coming off, one or two each day; and at night if he awake, he spits a piece, and falls asleep again. He expectorates occasionally a tough mucus, which rises when the plastic pieces are removed for a few hours.*

*Once, in Liverpool, he spat up masses for a week or ten days, and there again lately, after a feverish cold for which he was bled. He was a good deal relieved by the bleeding, and had no return of the expectoration for some days. He had some for several days lately, during an attack of spontaneous diarrhœa, which lasted for some days, and which came on when he was taking iod. potass.*

*His pulse is ordinarily quick, upwards of 80: urine, scanty always; bowels generally regular; appetite good; no thirst of any consequence; general aspect rather strumous. He is a very intelligent fellow, and can give a*

<sup>1</sup> [Transactions of the Belfast Clinical and Pathological Society, 1854–55, p75 (Appendix 1).]

wonderfully good description of his case, more clear and lucid than the foregoing, as from his various conversations with members of the faculty, it is presumed, he has picked up the medical terms, and uses them with great propriety.—

The PRESIDENT considered it a bronchial exudation; and the existence of layers indicated that it might have been of the croupy character. *John Hunter* drew attention to this point—but in connexion with hæmorrhage. Croup sometimes extends to the bronchial ramifications and is to the bronchial mucous membrane what *muguet* is to the digestive tract.

XCVII. [sic] Dr. LYNCH read the notes of a case of a calculus passed by the urethra.

A man from Saintfield, aged fifty-eight, had been complaining some time of hæmorrhage and bronchitis. Then his bladder became irritable, and an abscess and fistula formed in the neighbourhood of the anus. His general health was such that an operation was not deemed advisable. After a time of suffering, he passed this calculus. Liq. potassæ and demulcents relieved the bladder. The fistula was ultimately operated on, and he left Belfast. He continues to enjoy good health, free from uneasiness of any kind. The late Drs. Henry Purdon and M'Donnell (Belfast) saw this patient.

XCVIII. Mr. H. M. JOHNSTON introduced a child presenting an example of *infantile paralysis*. The paralysis originated in an attack, characterized by many of the symptoms of cerebro-spinal arachnitis—the retraction and rigidity of the neck having been particularly well marked. Both lower extremities are paralysed—the child being quite unable to support itself. Treatment has been of little avail.

Dr. ROSS believed debility was a frequent cause, and suggested the more general use of tonics, as cod-oil, chalybeates, and good diet, with sea air and bathing. He thought that strumous children were, much more commonly than others, the subjects of this disease.

Dr. PIRRIE has noticed that this disease most generally affects but a single limb, and is associated with dentition.

Dr. YOUNG thought the prognosis of these cases generally unfavourable.

The PRESIDENT has observed them to occur most frequently in the strumous diathesis. He has also noticed much injury result to the nervous system from the injudicious use of electricity, whereby the little remnant of nervous force was unduly stimulated, and thereby weakened, He had much confidence in the administration of the sulphate of zinc.

127 To A. G. Malcolm

Ballymoney  
April 3 1854

My Dear Sir

I send you a preparation of a tumour which I removed from the breast of a female about three weeks ago, together with notes of the case which if you think it worth, I should feel obliged by your reading it at the Pathological Society meeting.<sup>1</sup> I should be very glad to hear from you whether it is *true schirrhus* and if you would have it examined with the microscope and let me know I will feel obliged.

I have left a space on the label which you can fill up with the word *schirrhus* if it deserves it.

If it turns out to be malignant disease, is not the absence of pain in such a part rather a *rare symptom*?

Hoping to hear from you at your leisure.

Believe me truly yours  
William Moore

**Council Meeting April 5, 1854**

Present: Dr. Malcolm & Mr. Wales.

Circular prepared.

123 Notice of the Twenty-fifth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 8th April, at Three o'clock precisely.

**New Candidates proposed.**

**Candidate for Election.**

William Greenfield, Surgeon, Holywood.

**Pathological Specimens to be Exhibited.**

1. Recent Parts—Unusual Course of Vena Cava.

2. Ditto. Rare Disease of Liver.

**Results of Microscopical and Chemical Examinations.**

1. Expectoration of a Gas-Singer of Muslin, resembling that of Pneumonia.

**Cases to be Read:**

1. Case illustrating the value of small and repeated doses of Mercury in the Pneumonia of Children.

2. Cases of Infantile Paralysis.

**Clinical Facts.**

1. Opium in Rheumatism.

2. Sulph. Quinæ in Neuralgia.

**Query for Discussion.**

What is the cause of the Anasarca after Scarlatina?

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

<sup>1</sup> [Case CVI.]

THE TWENTY-FIFTH MEETING

8th April, 1854.

The President in the Chair.

Attendance:—Members, 17; Students, 14.

XCIX. Dr. LYNCH submitted a statement in proof of the frequent sequence (*as effect*) of *organic cardiac disease after Bright's lesion of the kidney*.

He quoted the opinions of Dr. Lees and Sir Benjamin Brodie as to the frequency of death by renal disease after operations. Many cases of Bright's disease are frequently overlooked and treated for other maladies, as dyspepsia, &c. According to Dr. Watson, cardiac disease is a frequent sequent of Bright's lesion. From these statements and his own experience, he was firmly convinced of the high importance of ascertaining the state of the kidney, more especially in commencing to treat any affection of the circulatory organs.

Dr. MALCOLM believed that the weight of evidence was by no means so much in favour of Dr. L.'s view as his remarks would lead the Society to suppose. Thus Dr. Watson, (vol. ii. page 627.) speaks of disease of the heart as a very frequent accompaniment of the morbus Brightii, and of both as sometimes results of a common cause. In an analysis of one hundred cases, adduced by Dr. Bright, and on which Dr. L. lays great stress, it appears that thirty-four were instances of hypertrophy without valvular disease, and as of these eleven presented aortal lesion which was sufficient to induce hypertrophy, we can in fairness only ascribe a nett of twenty-three per-cent. due to the account of renal lesion. Again, Dr. Williams puts this point in the following terms:—"In time, the strong pulse accompanying hypertrophy of the left ventricle may cause an increased or modified deposition of nutriment in the different tissues which it reaches, particularly the parenchyma of viscera. The kidneys offered the best illustration of this, because they receive their blood only from the arterial system. In hypertrophy of any standing they are generally found enlarged and otherwise diseased, and often presenting the granular albuminous deposit which has been described by Dr. Bright."

In the second volume of the London Monthly Journal of Medical Science, page 469, he further calls the renal complication in the course of heart diseases, by the term "*secondary*;" and at page 502, employs the following more decided expressions:—"frequently observed albuminaria to result as a secondary affection from disease of the right side of the heart, causing a general congestion of the venous system."<sup>1</sup>

<sup>1</sup> I have long observed and taught that hypertrophy of the heart commencing occasions hypertrophy as well as change of structure in all the parenchymatous viscera. This has been most satisfactorily proved by Dr. Clendinning in a series of numerical observations of great value.—(See page 251.)

M. Rayer is still more firmly of opinion that the kidney affection is oftener the consecutive, and lays down the proportion of twenty per-cent. as representing the frequency with which the heart disease occurs in Bright's lesion; and lastly, Dr. Copland, vol. ii. page 650, distinctly declares that interrupted circulation through the heart and lungs favours remarkably the occurrence of the chronic states of Bright's disease.

Dr. FERGUSON did not consider that Bright's disease and cardiac disease stood in the relation of cause and effect, nor did he think that any of the facts adduced by Dr. LYNCH could be deemed evidence in favour of that view.

Dr. MACLAUGHLIN likewise did not consider the heart complication as an *effect*, though it may supervene upon the renal disease.

C. Mr. WALES read the notes of a case of *bronchitis* occurring in the person of a muslin gas-singer,<sup>1</sup> in which the *expectoration* was so charged with charcoal as to resemble that of *pneumonia*.<sup>2</sup>

The proprietor of an establishment for singing muslin, after having been ill some days, sent for me. I found him complaining of oppression; slight pain in the throat; headache; thirst; pulse 115; respirations 30; great prostration of strength; tongue perfectly dry, hard and brown, inclined to blackness in the centre, though *moist on edges and under surface*; teeth and gums thickly covered with sordes—cough frequent and painful, attended with difficulty of expectoration; the latter extremely viscid, very slightly ærated, and in parts black, brown, yellow, &c.—Percussion-note natural throughout, except below the eighth rib, at the right interscapular region, where the sound was of a doubtful character.—Vocal fremitus very distinct throughout on auscultation; occasional mucous rales: the sonorous and sibilant distinct only on quick inspiration or coughing.—Absence of respiratory sound, in the part doubtful on percussion. From the foregoing I feared the co-existence of pneumonia. On examining the sputa again, and enquiring as to the time it became dark, I was informed that such was the usual colour. I had frequently remarked the suddenness with which my patient's tongue became dry and brown when only slightly unwell, but never before observed the expectoration, and probably would not then, but for the bronchitis. Led to re-examine the chest at the suspected part, I succeeded in hearing the respiratory murmur there, after a severe coughing fit, which brought away the obstruction. The removal of all doubt as to the condition of the part suspected, together with the explanation of the apparently pneumonic sputa, enabled me to decide on the simplicity of the case.

<sup>1</sup> [The singeing of muslin was done to remove all "superficial knots and irregularities" from the finished cloth.]

<sup>2</sup> [See page 464 Figure 2. for microscopy of sputum.]

I have repeatedly attended this gentleman in numerous bilious and other slight attacks; and on all those occasions his tongue (though quite clean-looking in health) became dry and brown in a few hours, like one in typhus.

I have observed a similar occurrence in one of the workers, so that as to the cause there could be no doubt. It is usual for workers to expectorate the coloured matter after five or six weeks' absence from the cause. The hints derivable from this case are not valueless, nor are the effects of the inhalation of these carboniferous particles unimportant in the consideration of their semblance to pneumonia alone.

On the contrary, there are few diseases in which the diagnosis and prognosis might not suffer by the appearance of sordes on the teeth, and dry brown tongue, independently of the coloured sputa, which latter could scarcely be a stumbling block in the absence of an inflammatory state of the thorax.

This case serves to illustrate the importance of considering how far the avocations of the patient may influence symptoms; it is likewise interesting, showing with what impunity the respiratory mucous membrane will bear the continued contact of these particles without inducing a diseased condition—the workers, so far as I am able to learn, being as healthy and free from chest affections as any other class of operatives.

Dr. FERGUSON related a case of cardiac disease in which the expectoration, bore a marked resemblance to that of pneumonia.

The PRESIDENT observed, that several years ago the black tinging of the sputa of the workers in the English coal mines was the subject of discussion in the Medical Journals, and has been noticed in all systematic works since.

He instanced the case of a gentleman yet alive, who was accustomed to expectorate mucus tinged with black. Perhaps as analogous phenomena, he has noticed the tongue loaded with almost black secretion as if stained with ink, and also a rare instance of the rapid cleaning of the tongue after bleeding, in the person of a prisoner in the jail who was under his charge. It was a case of pleurisy; the tongue much loaded when the arm was tied up, but perfectly clean immediately after the vein was secured. The individual was bled almost to faintness.

**Council Meeting April 12, 1854**

Present: Drs. Murney, Halliday & Malcolm, Messrs. Johnston & Armstrong.

Laws of Society revised—alterations recommended.

Circular prepared.

THE TWENTY-SIXTH MEETING.

April 15th, 1854.

Robert Stewart, M.D. in the Chair.

Attendance:—Members, 13; Students, 10.

CI. Dr. JAMES MOORE exhibited a specimen of *Carcinomatous tumour of the femur*, removed by operation.

A female, aged twenty-seven, (but with the aspect of forty-five,) began to complain, two years ago, of a pain in the middle of the thigh at outer part. For this she had been repeatedly blistered, and was variously treated under the idea of its being rheumatic. In the course of some months a slight swelling appeared at the painful part. This was repeatedly leeches, blistered, and poulticed, without any good effect, as it continued to progress steadily and cause much uneasiness, for which she had recourse to opiates and other sedatives. When she came under my observation (about January ult.), the tumor had recently and rapidly attained the magnitude of the head of a newborn child. It was very firm, unyielding, of an irregularly globular shape, but broader at the base, and presented the usual characters of an osseous growth. Her general health was much impaired from the depressing effects of the pain; and she had the cachectic appearance of malignant disease. To the removal of the growth, by amputation, she at first objected, but after a fortnight's delay, she consented to enter the Hospital for the purpose. The operation was performed in the usual way, but the bone was divided near the trochanter, in order to secure a healthy section. No untoward circumstances occurred during, or connected with, the operation; but in consequence of constitutional debility, the stump healed with difficulty, and suppuration from the lumbar region, (where there was a bed-sore), traversed along the psoas, and discharged at one part of the stump, which was thus kept open; and after the lapse of some months, she succumbed. For the purpose of carefully examining the tumor, all the soft parts were dissected off the bone, leaving the tumor entire and exposing its structure, which consisted of cancerous matter deposited in the hypertrophied and expanded cancelli. After maceration the peculiar spiculated appearance was well shown.—(See figure in Plate.)<sup>1</sup>

CII. Dr. MALCOLM opened the debate on the question—*What is the approximate cause of anasarca after Scarlatina?* by remarking that there was still a considerable variety of opinion with regard to the share which the kidneys had in the production of scarlatinous dropsy. From the cases he had examined, he believed that these organs were always engaged, and that they were in the state, designated by Johnston, “desquamative nephritis.” In support of this view, he

<sup>1</sup> [Plate X, page 467.]

referred to the experience of *Dr. Prout*, who at page 129, thus lays down his opinion:—"The immediate cause seems to consist in an inflammatory state of the whole system, involving the kidneys in particular;" and *Dr. West*, a special authority on the maladies of children, states at page 429 of his admirable work, that albuminous nephritis, in by far the greater number of cases, is met with as a sequel of one of the eruptive fevers, generally of scarlatina.

*Dr. LYNCH* believed the essential cause to be a morbid state of the blood; and that to free purgation, the anasarca generally yields.

*Dr. FERGUSON* said the French practitioners view it as formidable, but in his experience treatment was generally successful. As to its pathology, there is no evidence to show that it is nephritis. There is, in his opinion, an inflammatory condition of the cutaneous textures, and he considered the serous effusion a sufficiently valid proof of at least sub-acute inflammatory action. The lungs are constantly congested.

There is no doubt a morbid state of the blood present, but the present affection is ulterior. With these views, he deemed the antiphlogistic treatment the only true, safe, and rational one. At the same time, he believed that the original disease, scarlatina, was asthenic in its nature.

*Dr. HALLIDAY* has observed both hydrothorax and cerebral effusion in cases of scarlatinous dropsy.

*Dr. PIRRIE* believed that renal congestion was always a precursor, and due to suppression of the cutaneous processes going on, and expressed his dissent from the opinion that it was produced by inflammation of the subcutaneous cellular tissue.

*Mr. H. M. JOHNSTON* deemed the evidence adduced in favour of there being cellular inflammation, quite insufficient to prove the allegation. He would certainly expect that if there existed even a slight degree of inflammation of a membrane so extensive, we would have much more constitutional irritation.

CIII. *Dr. FERGUSON* read brief notes of cases, showing the efficacy of *quinine in sciatica, and opium in acute rheumatism*.

*R*\_, æt. 60, suffering from sciatica for a year: wasted limb, almost paralysed; remissions but no intermissions of pain. After purgation, put on *Quinæ sulphas*, March 4; took, up to March 15, 168 grains; convalescent; and then, (in gradually diminished doses,) up to the 23rd, took 135 grains, in all 303 grains, without an unpleasant symptom except a sense of fullness in the head on the 23rd which entirely disappeared on the 24th, on which day he was discharged.

*M*\_, æt. 35, wrists, shoulders, and ankle joints highly inflamed. After a preparatory purgative, took from February 21st to 28th 30½ grains of *extract. opii. aquos.*; *diarrhœa* setting in on the 28th, caused the

dose to be reduced to three grains in the twenty-four hours. No relapse; for a few days put on *iodid. potass.*; and then discharged.

*F*\_, æt. 15, very acute rheumatism; from March 19th to 28th, took 39 grains of *extract. opii. aquos.*, with solely one enema; convalescent in nine days, and discharged.

*H*\_, æt. 40, intensely acute rheumatism; from April 1st to the 11th, took 72 grains of *extract. opii. aq.*; no other medicine. About 12th, convalescent.

In no case, narcotism; in all, bowels free save in *F*'s case; in one, smart *diarrhœa* which ceased on omitting *opium*; in no instance pericarditis.

*Dr. HALLIDAY* mentioned that *Dr. Corrigan*, Dublin, had employed this form of treatment so successfully many years ago, that his name has been generally associated with it in medical literature.

CIV. *Dr. JAMES MOORE* exhibited the contents of an *encysted tumour* recently excised from the neck at the junction of the sternomastoid and omohyoid.

This tumour presented a *bruit* on stethoscopic examination, and might have been readily mistaken for an aneurism of the carotid. The cyst was opened but not removed. The matter contained was cream like, and of the consistence of soft cheese. This case had been seen by other practitioners, but non-interference was recommended.

#### Council Meeting April 19, 1854

Present: *Drs. Halliday & Malcolm*, *Messrs. Johnston & Armstrong*.

Laws again revised.

Circular prepared.

128 To *A. G. Malcolm*

Lurgan  
April 20 1854

Dear *Malcolm*

I send you an enlarged heart for the Pathological Society and will give the particulars on Saturday. The person was only a few hours in hospital so that there will be no case to read.

Yours sincerely

*William R. MacLaughlin*

P.S. I will have the parcel left with *Ringland* at the *Ulster Bank* and you can send for it tomorrow.

*W. R. MacLaughlin*

125 Notice of the Twenty-seventh Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 22nd April, at Three o'clock precisely.

**New Candidates proposed.**

**Candidate for Election.**

William Greenfield, M.D., (Q.U.I.), L.R.C.S. L., Surgeon, Holywood.

**Pathological Specimens to be Exhibited.**

1. Recent Parts—Unusual Course of Vena Cava.
2. Ditto. Rare Disease of Liver.

**Results of Microscopical Examinations.**

1. Expectoration of a Gas-Singer of Muslin, resembling that of Pneumonia.

**Cases to be Read:**

1. Case illustrating the value of small and repeated doses of Mercury in the Pneumonia of Children.
2. Cases of Infantile Paralysis.

**Clinical Facts.**

1. Opium in Rheumatism.
2. Sulph. Quinæ in Neuralgia.

**Query for Discussion.**

What is the cause of the Anasarca after Scarlatina?

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE TWENTY SEVENTH MEETING.

22nd April 1854.

The President in the Chair.

Attendance:—Members, 14; Students, 14.

CV. Dr. LYNCH exhibited a femur and tibia which had been fractured, and in which *union with great distortion* had taken place.

CVI. Dr. MALCOLM exhibited a *tumour* which had been excised from the breast by Dr. WILLIAM MOORE, Ballymoney, who supplied the following particulars:—

(March 14, 1854.) Mrs. P., aged about 50 years, mother of six children, a healthy woman, of a spare habit of body, consulted me about a tumour of the right breast, which she stated had existed there for more than a year. On examination, I found a hard nodulated tumour with considerable lateral attachments: the skin over the tumour of a livid hue: glands in the axilla not implicated. The patient stated that she suffered no pain from the presence of the tumour, which, with this exception, partook of all the other characters of malignant disease. After a careful examination, I advised excision of the part before the adjacent structures would become more deeply implicated.

(March 18.) I removed this tumour with the cellular tissue surrounding the nipple, down to the pectoral muscle, dressed the wound with adhesive plaster, and prescribed an opiate.

(March 23.) Wound healed by the first intention. The case terminated most favourably.

The peculiarities in this case are, *lividity of the skin covering the tumour, and its extreme hardness*; in short, all the characters of malignancy *except pain*. I may also remark, that a considerable amount of mental uneasiness was a principal feature of the case.

The PRESIDENT related a case, in which the gland between the axilla and breast became first affected, then the nipple. It was originally fibrous, but ultimately assumed a malignant character.

The gland was removed, and no cancer cells discovered by the microscope. A few years afterwards, the malignant disease re-appeared, at first nearer the axilla; the cicatrix and breast became implicated, and the patient eventually died.

CVII. Dr. MACLAUGHLIN exhibited a heart, presenting *hypertrophy of both ventricles*.

The right ventricle was the part principally affected. There was a great quantity of fluid in the pericardium, also in the right pleura. The case was that of a female, aged 22, who was brought into the hospital moribund, and who lived but a few hours. Bronchitis, with intense lividity, was present. There was general œdema; and purpuric spots appeared where croton oil had been applied. The lungs were also emphysematous.

The PRESIDENT related a case of a gentleman who was attended by Mr. Hey, of Leeds. The heart was enormously hypertrophied and the aorta dilated. This gentleman was particularly fond of music. It was a remark made by the late A. Colles, as the result of some experience, that a large heart was indicative of an avaricious disposition.

CVIII. Dr. MALCOLM read some notes illustrating the value of *small and frequently repeated doses of mercury in the pneumonia of children*, and cited the following case from his own practice:—

James M'N\_, aged 18 months, was brought to me some time in June, 1848. The mother reported that he had taken ill three days previously with cough, dyspnoea, restlessness, hot skin, and other feverish symptoms. The pulse at this time was 140, tongue furred, skin intensely hot, respiration exceedingly difficult and catching, attended with frequent moaning. Upon examination there was a marked and fine crepitating rale at the left infra-scapular region, circumscribed, and limited to that part. There was exaggerated respiration elsewhere. No comparative dulness could be observed on percussion. I ordered three leeches to the side, and four grs. of calomel, with four of hippo, divided into 24 powders, one to be given every hour. (2nd day.) Pulse 126, skin moist, but still hot, respiration much easier, and child disposed to sleep. Upon examination, crepitus much coarser and mixed with vesicular respiration. (The powders to be given every three hours only.) (3rd day.) Pulse 120,

still improving, temperature a little lower, breathing same, crepitus slight and coarse, and vesicular murmur more marked. After this he gradually improved, and within a week was freed from all fever, slight cough alone continuing for a few days afterwards. Dr. Law, of Dublin was the first who directed attention to the mode of giving calomel in very small doses, in a paper in the Dublin Quarterly for 1839; and since, Professor Thompson, of Paris, Dr. Maclagan, of Edinburgh, and Dr. Alexander Fleming, of Cork, have used it with great success in various acute diseases. Trousseau divided one gr. of calomel into 24 powders, and gave one every hour, in rheumatic fever, peritonitis, iritis, &c., and continued it for two or more days till the gums were touched; and in children's cases, every three or four hours, which was found to bring the system under the mercurial influence in five to eight days. Hebra, of Vienna, was in the habit of ordering 1-24th gr. of the bichloride three times daily in syphilis, lupus, &c., which induced constitutional effects in eight to twelve days. As to the *modus operandi*, M. Mialhe has thrown out the idea that calomel in very minute doses undergoes transformation into the bichloride, in consequence of the contact of an alkaline chloride, and consequently, he says, it is immaterial whether 1 gr. or 1 dr. of calomel be administered, as only a very small quantity can possibly be converted into the bichloride. Accordingly, the addition of common salt has been recommended to aid in this conversion; and, *apropos*, seamen are, proverbially, readily affected by calomel.

Dr. FERGUSON made some observations upon the *modus operandi* of calomel, and contrasted the effects of it and the bichloride. He considered that too much stress was laid upon the necessity of mercurialization, and was of opinion that this result was by no means required in all cases. He suggested that the ipecacuanha may have had some influence in Dr. M.'s case. As to local depletion in infants under eighteen months, he believed it was more likely to do injury than good.

Dr. YOUNG had several cases of pneumonia lately, and had not leeches in a single case. Two had been given up. Blistering and small doses of calomel, with antimonial or James' powder had brought them all safely through. Salivation was not necessary. Hippo he considered a most valuable medicine; as, according to Dr. Budd, it increases the action of the mucous membrane, and tends to relieve the congested state of the air-cells. In corroboration of the efficacy of small doses of calomel, he mentioned a case of iritis, in which he had tried three grain doses, three times daily for a fortnight without effect. He then divided one grain of calomel into twelve powders, which brought on salivation in a single day.

Mr. WALES had had lately fifteen cases of capillary bronchitis in infants. Thirteen were leeches and recovered: two died. The latter were not depleted.

Dr. MACLAUGHLIN spoke favourably from experience, of the use of the 1-12th grain doses of calomel administered every hour in acute cases, in the chronic forms small doses failed. He never saw constitutional effects in children from the use of this medicine.

The PRESIDENT related a case of strumous hip joint in a child three years old, in which a very few doses of mercury salivated. He has known two to three grs. of Hyd. c. creta. produce this effect, when in others 100 grs. in 24 hours failed. Nevertheless has found the small-dose system fail as often as succeed. Minute doses of Pil. Hyd. he found useful in Phillips' duodenal Dyspepsia; and the same of the bichloride in scrofulous ulcer of the pharynx.

CX. Mr. ARMSTRONG exhibited a patient affected with *gonorrhœal ophthalmia*, in whom the cornea was sloughing. He remarked that these cases, when seen early, seldom failed to recover under the free application of the nitras argenti.

CXI. The PRESIDENT exhibited and explained the use of Hardy's *obstetric douche*.

130 To A. G. Malcolm

Aughnacloy  
April 25<sup>th</sup> 1854

My Dear Sir

You might be kind enough to examine the enclosed. It's about the one half of a calcareous looking substance which I found embedded in a tumour. The tumour was of three or four years standing and was situated under the tongue and to the left of the frenulum linguæ.

I am of opinion that it is a stone which has concreted at the extremity of Wharton's duct. However after applying the usual tests you will be able to inform me what it is. If you would after examination wish much to know particulars of case I shall be most happy to furnish such.

I have done all I could to obtain members for the B. C. and P. S. but I found here that parties are not much up to it.

I am  
Very sincerely  
S. Blakely

Council Meeting April 26, 1854

Present: Dr. Malcolm.

Circular prepared.

126 Notice of the Twenty-eighth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon,

29th April, at Three o'clock precisely.

**Notice to Members.**

Members are requested to take notice that Nominations for the Office-bearers or Council, will be received by the Secretaries up until 20th May, after which, the Ballot-papers will be immediately issued.

Office-Bearers:—President, five Vice-Presidents, (two of these to be selected from Country Members) Treasurer, Two Secretaries, and Members of the Museum and Microscopical Committees.

**Pathological Specimens to be Exhibited.**

1. Drawing—Excessive Œdema of Scrotum, &c.
2. Do. Nœvus of Lip.
3. Do. Extensive Ulcer of Leg.

**Results of Microscopical and Chemical Examinations.**

On five Specimens, Nos. 55 to 59 inclusive.

**Clinical Facts and Statistics.**

1. Statistics to show the amount of tendency to Phthisis, in cases of Diabetes Mellitus.
2. The associated Diseases in cases of Eczema.

**Query for Discussion.**

What should be the basis of our Treatment in Asiatic Cholera.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE TWENTY-EIGHTH MEETING.  
29th April, 1854.

Robert Stewart, M.D., in the Chair.  
Attendance:—Members, 8; Students, 8.

The CHAIRMAN gave notice that nominations for office-bearers would be received by the Secretaries up to 20th May, proximo.

CXII. The SECRETARY read a paper contributed by the PRESIDENT, involving a difficult point in Medical Jurisprudence. It ran as follows:—

I was directed, with the late Dr. Sanders, Belfast, to examine the person of a female who had died under the following circumstances:—Early on the preceding morning she had had a dispute with her husband, and about eleven A.M., was seen by, I believe, Dr. S., sitting up in bed in a very exhausted state with a *small* wound under the right breast. The pulse being feeble, she was allowed to take some spirits, after which she almost suddenly died, having conversed sensibly with different parties up to the last moment. She neither blamed nor exculpated her husband. His account at the inquest was, that he left a quarter-inch chisel on his hat, which was on a box at the door inside the sleeping room. They were disputing about a clean shirt which he wanted to put on. He shoved her out of the room into the kitchen, when she turned round

and said, "Oh, Robert," and fell in the floor, and then he saw the chisel in her hand.

A post-mortem examination twenty-four hours after death, elicited the following:—No bruises on the body; a *very small* punctured wound about two inches below the right nipple. On tracing the wound, it passed immediately under the skin transversely across the chest to the left side; stopped abruptly opposite the costal extremity of the cartilage of the fifth rib, where it turned back, pierced it, and entered both cavities of the heart within about an inch of the apex—of course, piercing the septum, but not the posterior wall. There was a large quantity of blood in the pericardium, but very little outside, and little or none along the course of the wound. Query—How was this wound made?

There could have been no struggle against a hand inflicting one with such an extraordinary course. The tool corresponded with the wound in the cartilage, and was only four inches long. Had there been a struggle at the angle of turning, there would have been a spreading of the canal in some manner, but there was none. It occurred to me that the woman had been holding the chisel—the point towards the side, had been driven against some resisting body, and then turned whilst the impulse was continued—thus altering the direction of the force. On examining the sleeping-room where the struggle was said to have occurred—upon the wall, close to the door frame, and about eighteen inches from the ground, were two jets of blood, indicating that the wound had been given near this; and this was the *only* trace of blood in the sleeping-room; and on scrutinizing the place more particularly, the white-wash was slightly rubbed off in a small patch from the casing or door frame, at the height of the wound on the right breast. Hence, it appeared to me, the whole mystery was unravelled, corresponding accurately with the lame and extraordinary story of the husband. In the struggle, the wife holding the chisel perhaps in a threatening manner, stood with her right side towards the door. Her husband endeavoured to push her into the adjoining room; in the scuffle which ensued the handle caught on the door-frame, entered and passed across the chest, when changing the direction of the impulse he turned her forwards, and with the shove, intending to send her possibly on her face, the cartilage, &c., were transfixed. At this moment, the two jets of blood gushed out along the tool, and struck the wall. The force being still continued, she staggered into the kitchen, and, there pulling out the weapon, fell.

The individual was acquitted, solely, I believe, on this evidence, as the crown lawyer considered it a "very bad case."

Mr. AICKIN remembered the trial of this man, and the general impression coincided with his own, viz., that he was guilty.

Belfast Clinical and Pathological Society

First Session: 1853–1854

President Thomas Henry Purdon

CXIII. Dr. MALCOLM submitted statistics to show the tendency to phthisis in Diabetes Mellitus.

No.	Sex	Age	P.M. Exam. Lungs	Authority
1	M.	Adlt.	Tubercular consolid. apices.	Am. Quarterly, 1853.—C. Frick, M.D.
2	M.		Lung healthy—adhesions.	Ditto.
3	F.	9	Adhesions, bronchitis, No tubercle.	Edin. Journal I., 314.
4	M.	—	Tubercle.	Lon. Med. Trans., IV—Warren.
5	—	—	Do.	Edin. Journal of 1818.
6	—	—	Do.	Do.
7	—	—	Do.	Do.
8	M.	9½	Lungs healthy.	Lancet, 1850—Becquerel.
9	M.	17	Tubercle.	Do. 1843.
10	F.	13½	Do.	Do. 1845.
11	M.	36	Lungs healthy.	Do.
12	M.	49	Do.	Dr. Watts, Nottingham.
13	M.	11	Do.	Lancet, 1846.
14	—	—	Tubercle.	„ 1847—Francis Manc.
15	M.	23	Do.	„ 1834—Hutchison,
16	M.	30	Pneumonia of left lung.	„ 1836—Elliotson.
17	M.	5	Lungs healthy.	„ 1826—Venables, Healy.
18	F.	50	Tubercle.	„ 1846—Vanqueler.
19	M.	62	Do.	Times and Gazette, 1854—Jones.
No.	Sex	Age	P.M. Exam. Lungs	Authority
20	—	—	Lungs healthy—pleuritis.	Dr. Bardsley.
21	—	—	Tubercle.	Do.
22	—	—	Do., and mesenteric glands affected.	Do.
23	—	—	Lungs healthy—mesenteric glands in 2 affected.	Do.
24				
25				
26	—	—	Tubercle.	MM. Dupuyten—Thenard.
27	—	—	Lungs healthy—mesenteric glands affected.	Dr. Bardsley.
28	—	—	Do.	Dr. Forbes.
29	—	—	Tubercle.	Marcet., Lon. vol. ii.
30	—	—	Do.	M'Intosh, Pr. of Phys. vol. ii.
31				
31			16 with tuber. 15 healthy.	

The manifest result of these statistics is to show that phthisis is almost the necessary consequence or cause of death in young adults; inasmuch as it appears that 50 per-cent. were phthisical; while it is well known that a large proportion of diabetic cases occur in advanced age, and consequently, die from other lesions.

Dr. M., in corroboration of this view, adduced the opinion and experience of several leading authorities.

Thus, Dr. Watson, (p. 602, vol. ii.) writes, “It (diabetes) often becomes associated in its progress with pulmonary disease, especially with tuber. phthisis. So common is this, that some persons have thought it universal, but it is not so. I have myself witnessed more than one or two dissections of persons dead of diabetes, whose lungs did not contain a single tubercle.”

Dr. Wood, United States, (p. 577-9. vol. ii.)—“Tubercles are often developed in the lungs.” “In the great majority of instances the patient dies of phthisis.”

Dr. Copland, in the article “diabetes,” p. 509—“I have never seen a case examined in which they (the lungs) were perfectly healthy.”

Dr. Prout, p. 31—“As the disease proceeds, disorganization of some important organ, particularly of the lungs, commences or becomes active.” P. 34—“Phthisis is the most frequent termination.”

Mr. Ansell, (p. 602)—“The greater number of cases of diabetes become complicated with tuberculosis pulm. before death.”

Dr. Elliotson, (1839, p. 980.)—“The most common terminations of diabetes are phthisis and mere exhaustion.”

From a consideration of these data, it will strike any reflecting mind, first, that the phthisical tendency should be anticipated in the treatment, for with Dr. Watt, of Glasgow, (1814)—“I must say I can hardly conceive anything more frivolous or puerile than to see men of common sense pleasing themselves, and building their hopes on drachms and ounces of urine, while death from every other quarter is staring them broad in the face.” And secondly, that in cases of suspected phthisis, the urine should be examined for sugar.

Dr. FERGUSON'S experience coincided with the result of these statistics. He had long viewed it as a disease occurring in the tubercular diathesis. Diabetes, nevertheless, is not unfrequent in old age, while we all know that phthisis prevails between the ages of fifteen and thirty-five.

Occasionally we meet with cases of phthisis, however, at advanced life. *Laennec* has seen it at the ages of sixty, seventy, and even ninety. In a practical point of view (which, it should be remembered, should be the aim of all our observations here), the connection established by Dr. Malcolm's statistics is of much importance, as phthisis is too frequently overlooked in the management of diabetic cases. We are too easily satisfied with noting the condition of the urine. Regarding the prognosis of veritable cases of diabetes mellitus, Dr. F. expressed his firm conviction that a perfect re-establishment of the health was exceedingly rare.

Dr. ROSS suggested the use of ol. jec. aselli, as a corollary to the pathological view which the tables indicated.

Mr. AICKIN many years ago observed carefully as many as ten to twelve cases, without any appreciable disease of the lungs being discovered.

CXIV. Dr. MALCOLM drew the attention of the society to a few clinical facts in connexion with cases of *eczema*, presenting unusual coexistent and secondary disorder; and in introducing the subject, referred to the erroneous but too prevalent idea that cutaneous maladies were an isolated class of diseases, and were only to be met by specifics, or at least some peculiar line of treatment. So far back as 1792, Jackson, of Edinburgh, held a more correct view. In his "Dermato-Pathologia," he very justly observes, "the skin ought no longer to be called a common integument, but should be looked upon as an organ of the first consequence to all the functions of human life, and connected with all its diseases." There are three points of importance to be remembered in treating a case of *eczema*, viz., the causes, the condition of system under which it may appear, and the consecutive affections. The two latter are of special moment. Inflammatory diseases of the mucous membrane, for instance, are common complications, and may alternate with the appearance of the cutaneous malady. As Bayer observes, "The interchange of internal and external inflammations is well worthy the attention of the pathologist and the therapist." And as for consequences, "when children and the aged are the subjects of *eczema*, it often proves a disease which it is dangerous to cure."

Alibert even more forcibly remarks, "The best advice which can often be given to patients advanced in life and of infirm constitution is, not to attempt the radical cure of such an infirmity as chronic *eczema*, if the disease be at all endurable." Without endorsing, *in toto*, such a sweeping assertion, Dr. M. related two cases which occurred in his own practice, which, in the main, bore out the justice of the French apprehension. In one, a child, pneumonia supervened almost immediately after the cure of a chronic *eczema* of the leg; and in the other, an elderly man who had had the same disease in the same part, hemiplegia was the consecutive. From these facts and opinions, Dr. M. submitted the following hints as manifest corollaries:—1. That in every case of *eczema*, a careful examination of other organs should never be neglected, and any disorder ascertained to co-exist, treated first. 2. In the event of a negative result from such an examination, we should anticipate cerebral and gastro-intestinal affections by establishing a drain in some convenient situation, and other appropriate treatment, in conjunction with the means used for removing the cutaneous affection; and 3rdly, we should remember the special danger to which the aged and the very young subjects of *eczema* are liable, and act with peculiar caution accordingly.

Dr. ROSS has observed that the disease has been allowed to run on, through a mistaken idea, that the patient would suffer by attempting the treatment. In children, in whom the relations of organs are so close and so readily manifest, it is of importance to guard against the engagement of any internal organ while treating the disease.

He deprecated the sole use of local remedies, but he had never seen injurious effects following the cure of *eczema* by judicious constitutional and local treatment.

Mr. JOHNSTON observed that amongst the more difficult cases to manage, were the forms connected with varicose veins and ulcers.

**129** Notice of the Twenty-ninth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 6th May, at Three o'clock precisely.

**Candidate to be Proposed.**

Samuel Rea, Lic. Fac. Phys. and Surg. (Glas.) Belfast.

**Notice to Members.**

Members are requested to take notice that Nominations for the Office-bearers or Council, will be received by the Secretaries up until 20th May, after which, the Ballot-papers will be immediately issued.

The Revision of the Laws of the Society will be commenced at this Meeting. A copy with the proposed alterations and New Rules is enclosed. The suggestion of Members who cannot attend, will be duly considered.

**Pathological Specimens to be Exhibited.**

**Query for Discussion.**

What should be the basis of our Treatment in Asiatic Cholera.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

**Council Meeting May 3, 1854**

Present: Dr. Malcolm & Mr. Wales.

Circular prepared.

THE TWENTY-NINTH MEETING.

May 6th, 1854.

Robert Stewart, M.D., in the Chair.

Attendance:—Members, 12; Students, 12.

The SECRETARY read the list of NOMINATIONS for Office bearers and Members of Council brought up to this date.

CXV. Dr. JAMES MOORE exhibited a coloured sketch representing *excessive œdema* of the scrotum, &c., in a case of anasarca, and briefly adverted to the history. The patient was a man, aged sixty, who had been in Hospital lately in the physician's ward, whose scrotum, &c., were so infiltrated with aqueous fluid, that his interference by operation was requested. He accordingly made a few free incisions, and a wash-hand basin was soon filled with the liquid. It was the most extraordinary case of the kind he had met with for enormity of proportions. There is great danger from the risk of gangrene in these cases, unless the tension be removed sufficiently early, and it is yet an undecided point, whether this relief should be afforded by mere puncture or free incisions.

Dr. FERGUSON stated that it is also a questionable point how far such manual interference is of utility. In the case before the meeting, (which was under his care,) a certain amount of diffuse inflammation of the cutaneous texture ensued, which was attended with marked depression, hiccup, and other serious symptoms. From this perilous condition, however, he recovered and left the hospital, and is still alive at this date.

Dr. BRYSON remarked that pressure has hitherto sufficed with him to relieve anasarca swelling of the scrotum, particularly that which follows scarlatina. This can be best accomplished with wadding stuffed into a bag attached to a suspensory bandage.

Dr. HALLIDAY had always made small punctures, and never observed any bad effects.

Mr. JOHNSTON has seen in the Dublin hospitals incisions one inch in length made over and above each malleolus in such cases.

CXVI. Dr. JAMES MOORE exhibited a coloured drawing representing *nævus of the upper lip*,<sup>1</sup> in a patient aged twenty, enjoying good health. The surface occasionally ulcerated, and on several occasions the tumor had the usual appearance externally, but when the finger was introduced to make an internal examination, it felt precisely like a bag of earth worms, pressing upon the teeth and gums and three-fourths of an inch in depth. It bled, and that profusely at times. The tumor engaged the upper lip and angle, and especially the internal or gingival portion, the cheek and a small part of the lower lip. In this case, he tried the injection of the *perchloride of iron*, as recommended by *Collingwood*. The patient became faint at the moment of injection: the tumor swelled immediately afterwards, and a clot was distinctly felt. In eight days' time, it swelled again, and appeared extending. The operation was repeated. Faintness ensued as before. The tumor enlarged, and a second clot was formed. These clots disappeared, but the tumor re-assumed its former

appearance. D. M., then, recommended the ligature to strangle all the parts engaged, and described the mode of performing this procedure as follows:—A pair of polypus forceps is to be introduced—thus, one blade into the inside of the mouth, and the other externally; thereby pressure could be made so as to command the circulation through the tumors. Another pair should be introduced at the opposite side of the tumor and similarly fixed. An incision is then to be made right across the tumor to the commissure of the lip through the skin, which should be dissected off the tumor. An ordinary pile-ligature needle, provided with handles, is introduced continuously at several points, so as to include about half-an-inch, and this procedure to be repeated all round the tumor. In this way the diseased structure would slough off and leave the skin intact. This operation was not performed, in consequence of the patient leaving the neighbourhood.

Dr. J. MOORE in reply remarked, that heated needles had been recommended for coagulating the blood; but he had not had any experience of this plan.

CXVII. Dr. LYNCH exhibited a patient suffering two months from *lumbar* (and probably *psoas*) *abscess*, which manifested itself by a fluctuating tumor, not coloured, and but little sensitive, in the lumbar region.

Upon the recommendation of the COUNCIL, the revision of the LAWS of the society was now proceeded with, and the alterations suggested by them severally considered.

131 To A. G. Malcolm and G. F. Wales

Portglenone  
9<sup>th</sup> May 1854

Gentlemen

I have perused your lately revised Laws but cannot offer any suggestions as to their further improvement.

I am Gentlemen  
Yours truly  
T. Madden

**Council Meeting** May 10, 1854

Present: Drs. Halliday & Malcolm, Messrs. Johnston & Armstrong.

Advertisement a/c passed.

Circular prepared.

133 Notice of the Thirtieth Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 13th May, at Three o'clock precisely.

<sup>1</sup> [See plate XI, page 468.]

**Candidates to be Proposed.**

Thos. Read, A.B., M.B., (T.C.D.,) L.R.C.S., (I.) Belfast.

John Clarke, M.R.C.S., (Eng.,) Belfast.

**Candidate for Election.**

Samuel Rea, Lic. Fac. Phys. and Surg. (Glas.) Belfast.

**Pathological Specimens to be Exhibited.**

Recent Parts.—Brain, &c., in a case of Cerebral Disease.

**Results of Microscopical and Chemical Examinations.**

Specimen (No. 60) examined.

**Query for Discussion.**

What should be the basis of our Treatment in Asiatic Cholera?

**Notice to Members.**

Members are requested to take notice that Nominations for the Office-bearers or Council, will be received by the Secretaries up until 20th May, after which, the Ballot-papers will be immediately issued.

Office-Bearers—President, five Vice-Presidents, (two of these to be selected from Country Members), a Treasurer, Two Secretaries, and the Members of the Museum and Microscopical Committees.

The Revision of the Laws of the Society will be resumed at this Meeting, when the suggestion of Members who cannot attend, will be duly considered.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE THIRTIETH MEETING.

13th May, 1854.

J. C. Ferguson, M.B., in the Chair.

Attendance:—Members, 15; Students, 5.

CXVIII. Dr. LYNCH exhibited the recent parts in a case of a cerebral disease. There was decided *meningitis*. Ten oz. of effused fluid in the arachnoid, with some lymph deposit, were observed. A few notes are sub-joined.

Richard M'A\_, aged 16, a clerk, was admitted into the General Hospital on the 9th inst. It was reported that he had been fourteen weeks ill, suffering from severe headache and pains in sides, with much accompanying debility.

The headache was principally referred to the left temple. On the 6th, he began to wander slightly, and complained excessively of the headache. On 7th, symptoms were aggravated, and an incipient comatose state set in, with occasional clutching and picking at the bed-clothes. On admission the coma was complete. The pulse full, 98; skin hot and dry; pupils dilated; and bowels confined. The usual treatment was fruitlessly put in force. He died on the 10th inst.

CXIX. Dr. MALCOLM exhibited a specimen of *diabetic urine*, and took occasion to allude to some points recently ascertained in connexion therewith, and also to a new test for sugar, which had been lately proposed. Three kinds of sugar are found in the animal system—viz., 1. *Glucose*, or grape sugar, the ordinary element of diabetic urine; 2. A tasteless sugar, sometimes observed in cases of diabetes insipidus; and, 3. *Inosite*, a new form, discovered by Scherer in the juice of flesh.

The first is the one in question, and differs from cane sugar by being only half as soluble, less disposed to crystallize, and in health removed out of the system by combustion. *Bence Jones* places the animal sugars in the digestive series of chemical transformations thus:—Starch, dextrine (elimination of *insipid sugar*); sugar (diabetes); vegetable acids (excessive acidity). Hence diabetes is a disease characterised by an arrest of the process of digestion, and the passing off of the saccharine element. Dr. M. referred here to *M. Bernard's* interesting and novel experiments, which throw much light on the pathology of this disease.—(–*Vide Gazette Medicale*, 1850.) These were performed on seventy-one animals, three times on man (one on the body of an executed criminal, a second on a man killed by a gun-shot wound, and a third in a case of sudden death), seventeen species of mammalia, fourteen birds, fourteen fishes, eleven reptiles, ten mollusca, and two articulata. All of these were in full health, and during or immediately after digestion. The hepatic veins were invariably found to contain glucose. When fed upon a diet exclusively *animal* for three to eight months, and after a complete abstinence of seven to eight days, sugar was still found, having the characters of glucose. He further found that section of the pneumo-gastric caused the sugar to disappear, while simple irritations of its origin at the medulla oblongata restored it to the urine.

His general conclusions are the following:—1. That sugar is constantly present in the animal organism, and is indispensable for the purposes of nutrition. 2. That sugar is formed in the *liver* by a special function, and does not absolutely depend upon the kind of food supplied. 3. That the production of sugar is dependent upon certain conditions of the nervous system. Dr. M. next alluded to the practical tests for detecting sugar in the urine, and the cautions necessary to be remembered in using them. Thus the presence of *uric acid* and *albumen* delayed the process of the COPPER test. The POTASS test acts by producing decomposition of the sugar and forming saccharine acids, but a deepening of the urine tint may take place without the presence of sugar at all. The MICROSCOPIC test is uncertain, as the *torulæ* are not peculiar. The SILVER and the old YEAST tests are, perhaps, the most certain. In the Chemical Gazette for March 18, 1850, a new test is proposed by M.

*Maumene*, which is founded on the fact that chlorine acts upon sugar, and in all cases a brown tint is produced, which becomes a *brilliant black* when dried. All sugars are thus affected, and such substances as are analogous in composition, such as lignin, paper, hemp, flax, cotton, and starch. Hence it was necessary to find a substitute which was not acted on by chlorine. *White merino* was selected, and prepared, thus:—It is dipped in a strong solution of bichloride of tin for three or four minutes (100 parts to 200 parts water.) Drain off, and dry, on a piece of the same material, in a water bath, and it is prepared. One drop of the urine suspected, dropped on a slip of the prepared merino, and held over a piece of incandescent charcoal, or a spirit-lamp flame, will instantly exhibit a dark stain, if it contain the saccharine element. This may be named the TIN test. It possesses the advantages of simplicity and facility of use.

CXX. Dr. MALCOLM opened the debate on the question, “*What should be the Basis of our Treatment in Asiatic Cholera?*” by observing that it would be most desirable if the profession were in possession of data respecting this fatal scourge, which would enable them to adopt a uniform plan of treatment. At present there existed the greatest possible variety in the use of remedial agents—a variety due to conflicting theories and empirical experience. The etiology of Asiatic cholera is still, and, perhaps, will ever remain, unsettled; and at least six different opinions respecting its nature have found advocates, thus:—1. A peculiar epidemic constitution of the atmosphere. 2. A poison, propagating itself solely by emanations from the bodies of the affected. 3. Dr. Snow’s theory—a peculiar poison, received into the system by the alimentary canal, and disseminated by contaminated water, &c. 4. An atmospheric poison, reproduced only in the air. 5. Cholera matter, or poison, produced in the atmosphere by a species of ferment, and distributed, by human intercourse, through the medium of clothes, ships, &c.; and 6. A combination of opinions two and four. It is plain, then, that nothing settled in the management of cholera can be deduced from a contemplation of these opposing theories. The fact is, there is nothing about which a unanimity prevails in the profession, excepting the bare features of the disease, its symptoms, and its morbid changes and results. It is, then, from these alone that we can hope to arrive at anything like uniformity, or at least plain views of *what is to be done* in commencing our plan of treatment. Even the proximate cause fails to elicit uniform views. Thus the phenomena presented have been, by several writers, likened to a *fever*, of which the cold and hot stages will be resembled by the collapse and reaction of cholera. The analogy seems, to say the least, far-fetched, inasmuch as reaction is but secondary, and collapse the exception in cholera. Again,

the phenomena presented have been considered, by some authors, as due to a gastro-intestinal phlegmasia; but we need not delay upon this, as no uniform pathological evidence exists in its favour. Others consider that the blood is the part vitally altered, by the loss of its essential salts; and a fourth view is content with an indefinite engagement of the ganglionic system, as the solution of its pathology. Now, it is plain, deliberation upon these opposing views cannot assist us in laying down our plan of treatment with confidence. We must, then, again resort to the bare facts or *natural history* of the disease, not, however, omitting to employ all the aid which thorough examination of the fluids and solids may supply. There cannot be a question that the gastro-intestinal tract is in a state of irritation, and that the blood loses its watery element, mainly from this source. Secondly, that the secretions are suspended or greatly diminished, and that certain excretions are retained in the blood. Thirdly, that the circulation in all the capillaries is greatly obstructed, and a stasis produced favourable to the present elimination of albumen and productive of collapse, and ulterior reactive congestion; and 4thly, that death may result in reaction after many days, from uroemia.

Using then these facts as *basis*, Dr. M. should deem the following plan of management to be a legitimate deduction therefrom;—1st, To apply a sedative in the first instance by way of counteracting the irritation set up in the gastro-intestinal tract. 2nd. To promote secretion or capillary action, to counteract the tendency to stagnation of the circulation, and consequent arrest of secretion; and 3rdly, To moderate the violence of the reaction, and prevent its tendencies, by appropriate eliminative remedies; not omitting to remember the necessity of restoring the impaired tonicity of the system by tonics, &c. in convalescence. In the realization of this view, a variety of remedies may be of course employed as the same object may be gained by different means. There is no specific.

Dr. M. concluded his observations by adverting to the result of his experience in the epidemic of 1849, as embodied in a paper published by him in the “*Medical Times*,” (vol. xx. p. 157.)

Dr. MACLAUGHLIN (Lurgan), observed many cases in the last epidemic (1849), and had employed various treatment. The large opiate plan (Dr. Hawthorne’s, Liverpool,) he had tried in six successive cases: four died, and all had consecutive fever. He then resumed the mercurial treatment, and fancied that, single-handed with this medicine, he had had a less mortality than with any other. He never saw a case of true collapse without previous evacuations, and on *post-mortem* examination never observed any distinctive morbid appearances.<sup>1</sup>

<sup>1</sup> (Aug) I still think the mercurial treatment mostly to be depended on.—(W. R. MACL)

Dr. LYNCH had had a long experience in Asiatic cholera, as he practised in the Cholera Hospital so far back as 1832, yet he still wished to know something of its pathology. His view might be concisely expressed by stating that there was a redundancy of the function of excretion, and a suspension of that of secretion, and as a natural consequence, prostration and the other characteristics of a true case of the disease. There was a great analogy to typhus cases. The renal and hepatic apparatus were especially obstructed; and the indication, therefore, he believed to be to arrest the excretory process and promote secretion, which he thought could not be better accomplished than by calomel and opium in combination judiciously administered.

Dr. HALLIDAY was less and less disposed to trust to any remedies. He said so from much experience. He believed there was a poison generated which, acting upon the nervous system, produced the phenomena called Asiatic cholera, and agreed with Dr. MACLAUGHLIN, that previous discharges are necessary ere collapse can occur, at least in the great majority of cases. He gave opium largely at first, and afterwards, amongst a host of remedies, he preferred the use of turpentine in half-drachm doses every half hour; and related a case of a patient who was pulseless for eight hours after one day's illness, who recovered completely in forty hours, with very slight consecutive fever. In the cold stage, calomel he could not rely on; and astringents were utterly useless in the confirmed disease.

Dr. ROSS would treat cholera according to its stages. In the first stage, or that of premonitory diarrhoea, he would give opium, sulphuric acid, and other astringents. In the second stage (collapse) he relied on the free use of turpentine externally, and on small doses of calomel frequently repeated, until there were free bilious evacuations from the bowels, on the principle that Dr. Corrigan gives mercury in fever. The third stage (consecutive fever) he considered analogous to typhus fever or erysipelas, and he relied on stimulants in its treatment, combining them with nitre, if the kidneys be inactive; and with cordial aperients, if there be constipation. If the head be much affected, cold lotions or ice to the shaven scalp will be grateful and beneficial.

Dr. YOUNG, Holywood, considered the saline theory the most reasonable of any that had been offered. Dr. Stevens has clearly shown that the salines of the blood are intimately associated with electric vitality, and that the cholera poison deranges the electric equilibrium of the body, and so causes the escape and loss of the serum (water?) of the blood and its saline contents. Dr. Y. had no personal experience of the peculiar remedies, but he would unquestionably try them if an opportunity offered. He was aware that Dr. Seaton Reid, Union Hospital, Belfast, had tried the

plan and that it failed, but he was under the impression it had not got a *satisfactory* trial. However, of one thing Dr. Y. was certain, that alkaline drinks should be given *ad libitum*, and that the best stimulants were camphor, ammonia, chloric ether, or chloroform.

Mr. H. M. JOHNSTON thought it best to leave the collapse cases to nature. His experience led him to place reliance in the early and free exhibition of calomel and opium. He was in the habit (if he saw a case in the first stage) of giving a powder containing 3 grs. of opium, 10 grs. of calomel, and 3 grs. or 4 grs. of camphor. If soon rejected, he repeated it. As regarded remedies, he believed their efficacy was in direct ratio to their early exhibition. If he failed in checking the disease in the first and mature stages, he had little faith in medicinal agency afterwards, excepting the assiduous application of warmth and external stimulation, with permission to the sufferers to freely satisfy their insatiable thirst. Stimulants, in his opinion, were invariably injurious in the consecutive fever. He would prefer giving small and repeated doses of calomel, with diuretics.

With regard to Dr. Young's observations in reference to the saline theory, he would remark, that according to recent examination by Dr. Robertson, of Edinburgh, the amount of salines in the blood was still considerable even in the algid stage. He considered the theory a pretty one, but in practice in this town it had proved a failure. In fact, according to Dr. R., the relative proportion of salts is smaller during the period of reaction than at the commencement or during the violence of the disease. "This result," says Dr. Robertson, "is, I think, fatal to any theory which proposes to explain the phenomena of the stage of collapse by reference to the deficiency of the salts, and holds out no encouragement for the practice of injecting saline solutions into the veins during the algid stage."

Dr. FERGUSON considered that the basis of our treatment should be a knowledge of its pathology. In 1832, he went to Sunderland to observe its character; and from his experience in that epidemic, and since, he was of opinion that the disease is a poisoning, engaging the organic system of nerves, in the same way that fever is, in his opinion, a poisoning of the animal or cerebro-spinal system. The facts in the now-extended history of the disease seem to establish a remarkable analogy to fever, and like the treatment of the latter, here there is *no specific*. His view, then, was simply this—to check the diarrhoea with a full opiate, and repeated, if necessary, every half hour; and in collapse he would rely upon stimulants externally and internally, and the free use of iced water—a wine glassfull at a time. The assiduous employment of turpentine stupes to the extremities was, in his opinion, essential. He was opposed to large doses of calomel, though this remedy in moderation he found some-

times useful in reaction. Quinine in this stage might also be a safe tonic.

**Council Meeting** May 17, 1854

Present: Dr. Malcolm, Mr. Johnston.

Circular for Annual Meeting prepared.

**132** Notice of the Thirty-First Meeting in the First Session.

Sir

The Members will meet for the despatch of business at the General Hospital, on Saturday afternoon, 20th May, at Three o'clock precisely.

**Candidates for Election.**

Thos. Read, A.B., M.B., (T.C.D.,) Belfast.

John Clarke, M.R.C.S., (Eng.,) Belfast.

The Appointment of two Auditors to be made.

**Pathological Specimens to be Exhibited.**

1. Patient—after Excision of part of Lower Jaw.

2. Ditto. with Nœvus.

3. Recent Parts—Scirrhus of the Stomach.

**Query for Discussion.**

The Debate on the management of Asiatic Cholera to be resumed.

**Notice to Members.**

The Revision of the Laws of the Society will be resumed and finished at this Meeting. The suggestions of Members who cannot attend, will be duly considered.

The Ballot-Papers containing the names of the Nominees for the several Office-bearers, with instructions, will be forwarded to all Members on the 22nd instant, to be returned to the Secretaries on or before 26th instant, *after which no Papers can be received.*

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

THE THIRTY FIRST MEETING.

20th May, 1854.

John Aickin, M.R.C.S., in the Chair.

Attendance:—Members, 14; Students, 2.

CXXI. Dr. JAMES MOORE introduced a patient in order to show the successful result of some operations which he thought necessary to perform to relieve a *permanently closed state of the jaws*, and a loss of substance of the greater part of the right cheek, which supervened upon a sloughing of the cheek, during and after fever. The patient was a young man, aged 18. When Dr. M. first saw him, the greater portion of his cheek had been lost by ulceration; the teeth pro-

jected outwards; the gums of both jaws and the side of the tongue were exposed.

Any fluid taken into the mouth, on the effort of swallowing being made, gushed from the opening, to prevent which, he was in the habit of placing the palm of his hand as a covering during each act of deglutition.

About four years previously he had had fever, had been badly cared for, living in a poor cottage in the neighbourhood of Newtownards with his mother, a widow, who also was stricken down by the same disease, during the time that his was in progress.

The teeth projecting more outwards than usual, pressed upon the cheek, produced ulceration and the loss of substance, which occasioned the exceedingly disagreeable appearance and annoyance to the patient himself. He applied to have the opening in the cheek closed.

Dr. Moore proposed in the first instance, to cut out about an inch of the ramus of the right side of the lower jaw, (as the structures at the articulation had been so agglutinated, altered, and contracted by the healing of the ulceration as to render it perfectly immoveable, and seemed as though the bones had united to each other at that articulation,) and thereby to allow of motion of the rest of the bone—having belief that the other articulation was not affected except perhaps from want of use. To this the patient would not submit, stating that he was only anxious to have the opening in his cheek filled. The patient was put under the influence of chloroform, and Dr. Barnett having extracted five of the projecting teeth, an incision was made, commencing about the centre of the upper part of the opening in the cheek, and carried round, down to the lower jaw, thereby leaving a fresh cut in the healthy parts, of the breadth of an eighth of an inch, and about five inches in length.

The lower incision was then carried down under the jaw, and a nearly circular portion of skin, and sub-jacent tissue, rather better than two inches in diameter, was dissected off, then turned round upwards, and by a series of sutures to its inner surface and the mucous membrane, and also by a number applied through the skin of the cheek to that of the transplanted portion, it was retained *in situ*. The skin of the wound below the jaw was then brought together by some sutures and adhesive plaister. There was considerable hæmorrhage during the operation, owing to the difficulty of restraining the patient when the influence of the chloroform had subsided, of which he required an unusually large quantity.

The wound was dressed with wet lint. Two days afterwards, the threads were removed—union having taken place by “the first intention.” Some months after this, the edge of the transplanted portion, and also the portion adjoining the lower lip, were made raw to two inches in extent, and brought together with

sutures as before. This also healed by “the first intention.”

About a year afterwards he again presented himself, and expressed a desire to have a portion of the lower jaw removed, and an unseemly angular deficiency at the commissure of the lips supplied.

This deficiency was caused by the portion transplanted from the neck having contracted to about half its original superficial surface, and by accumulated fat, which presented somewhat the appearance of an elevated tumor.

At his request, he was again put under the influence of chloroform, and the operation proceeded with as follows:—A semi-circular incision was made from the commissure of the lips to the angle of the jaw, from which the tissues were dissected, exposing its surface to the extent of an inch. There was considerable hæmorrhage, and great difficulty in constraining both it and the patient, owing to his excessive restlessness and energy. Having been subdued by more chloroform, a portion of the jaw, about three quarters of an inch, was sawn out, its internal attachments separated, and the bone removed. (It was now remarked by Dr. Moore, that the respiration had stopped, and that the pulse was feeble; whereupon he opened the mouth, and with a pair of polypus forceps forcibly seized the tip of the tongue, drew it forwards, and so retained it, as in its former position it pressed upon the epiglottis, and thereby prevented the entrance of air. The respiration in a short time became natural.)

It was now found that the diagnosis was correct as to the opposite articulation being free, as the teeth could now be separated to the extent of an inch. The mucous membrane was attached by a number of sutures and the external skin in the same way. Wet lint was applied about two hours afterwards; from the exertion of vomiting, some of the lower stitches gave way, and a quantity of bilious matter ejected from the stomach was forced through the wound, thereby preventing its union. It afterwards healed up by granulation.

A month afterwards the angular distortion at the commissure was repaired by the edge being made raw, and about three-quarters of an inch of the crest of the lower lip detached by an incision into the commissure, twisted upwards and joined by sutures to the upper lip, thereby making the red external mucous surface of the lips continuous. This united, and he left the Hospital, with his appearance vastly improved, and the power of mastication completely restored.

CXXII. THE SECRETARY exhibited the recent parts in a case of *scirrhus of the stomach*, forwarded by Dr. MACLAUGHLIN, Lurgan.

Maurice B., aged 40, was admitted into the Lurgan Workhouse Infirmary on 2nd April, 1854. He

stated that he had always been temperate and healthy, and that about 18 months previously he was seized for the first time with sickness and vomitings which occurred an hour after taking food. He had medicine from the Dispensary which relieved him of the sickness and improved his appetite, and he continued in tolerably good health for three or four months; when the sickness and vomiting returned, accompanied with pain, which he referred to a point two inches below the ensiform cartilage, and a little to the right side. On admission there were presented extreme wasting and great debility; skin most anæmic, and in many places covered with large patches of chloasma. His appetite was very good, but he was afraid to eat in consequence of the pain and sickness. On examining the abdomen, I detected a small hard tumour about the size of a walnut, at the point to which he referred all his uneasiness, This tumour I only distinctly felt on *one* occasion, and a difficulty in diagnosis was the consequence, as about a fortnight previously, a medical man of considerable eminence pronounced the case to be one of *melæna*, not having been able to detect the tumor at all. His general health improved very much under arrow root and beef tea for food, which he was enabled to retain by taking a small quantity of opium a short time previous to each meal. He continued to eat well until two days before his death, when he was seized with convulsions, which proved fatal in 18 hours. *Autopsy* 24 hours after death; abdomen very much collapsed and concave; the stomach much contracted, and entirely covered by the liver; on raising which the lesser curvature of the stomach was found completely united to the liver and gall-bladder by a large cancerous mass, which, as it was *in situ*, I have forwarded for exhibition at the Society.

Dr. BRYSON observed—I have in my possession the stomach of a Mrs. \_ who died of *scirrhus* of the stomach. The disease was of fifteen years' duration. A considerable portion both of the large and small curvatures of the stomach was involved. The pyloric orifice became ultimately impervious. She vomited every article of food, and eventually died of inanition. The disease at first was considered to be gastritis. Bleeding, opium, and calomel were employed, and under this treatment she experienced relief for several months. Subsequent attacks were treated with calomel and opium alone. In the course of four years, a correct diagnosis was made; beef-tea and milk formed her diet, and half-grain doses of opium were used as required to relieve pain.

CXXIII. Dr. JAMES MOORE exhibited a small *warty tumor* which he had removed from the extremity of the penis. The prepuce had also to be removed. For this operation he recommended the use of the sharp-pointed bistoury in opening the prepuce, and then

curved scissors to cut round the neck of the gland. In this way the skin and mucous membrane are cut equal, and should be joined together by a series of sutures; but by the knife alone the mucous membrane is only cut away to half the extent of the external skin, leaving a raw surface at least half-an-inch in breadth.

CXXIV. Mr. AICKIN exhibited a *polypus* after its removal from the nose. The tumor was of the encysted variety—duration, 15 years, and occurred in a man aged 60. This was the first time any operation had been attempted.

THE DEBATE on the management of the Asiatic cholera was here resumed.

Mr. ARMSTRONG had no dependence on opium in collapse. Indeed, it was injurious when reaction occurred. He used it, however, freely at first, and afterwards depended upon stimulants, which he found useful even in collapse, especially in children.

Dr. BECK believed that the disease was the effect of a poison whose nature is unknown. He considered it contagious, but by no means so communicable as some other infectious disorders. He has observed a great number cured by half-drachm doses of tr. opii. and 5 gr. doses of calomel in pills, given at the very onset. A little later he would prefer giving the calomel (with a minute quantity of opium, perhaps), every quarter of an hour, in 2 gr. doses. Dry heat and plenty of turpentine externally. Had no faith whatever in any other treatment. As to “collapse,” you may treat it as you please.

Mr. AICKIN fully believed in its contagious character. He instanced the first case which occurred in Belfast. A man arrived from Paisley, where the cholera then prevailed. From this man it spread to his relatives in different parts of the town. He remembered a memorable example which occurred in Ballymacarrett in 1832, in the person of the late Dr. Buchanan, who was a decided non-contagionist. This gentleman boasted that he would lie on a bed from which a fatal case of cholera had been recently removed, and escape unharmed. He tried, and fell a victim.

At Ardglass, forty cases originated in the infection brought by the clothes of a sailor.

At Portaferry, the disease was equally severe, and yet, in consequence of a strict quarantine, not a single case occurred at Strangford. The disease spread to Downpatrick by clothes sent from Belfast.

In 1832, at the Cholera Hospital here, he remembered that Dr. M'Cormac treated the cases pretty generally by bleeding, and calomel in large doses, and the mortality was very small. His own idea was to give opium, in large doses, at first, and restore the heat by stimulants externally and internally. The acetate of lead he considered of much benefit for arresting the premonitory diarrhoea. The action of calomel, in large

doses, he believed was rather sedative than irritant, and depressant rather than stimulant.

The revision of the Laws of the Society was resumed and concluded. (See page 7 {371}.)<sup>1</sup>

The CHAIRMAN announced that the Ballot papers would be issued to all Members on the 22nd instant, to be returned on or before the 26th instant.

Drs. R. STEWART and BRYSON were appointed Auditors.

#### Council Meeting May 26, 1854

Special Meeting of Council and Auditors.

Present: Drs. R. Stewart & Bryson (Auditors). Drs. Halliday, Murney, & Malcolm, Messrs. Wales, Johnston & Armstrong.

The ballot papers examined.

The Treasurer's a/c examined and audited.

Register of the attendance of the Council members.

Dr. Purdon once                      Dr. Ross 3 times

Dr. Halliday 13 times              x Dr. Pirrie twice

Dr. Malcolm 30 times              x Dr. Stronge not once

Mr. Wales 17 times              x Mr. Armstrong 17 times

Dr. Murney 4 times              x Mr. Johnston 14 times.

N.B. The members marked x were not summoned till 14th December, 1853.

#### 135 Notice of the Annual Meeting in the First Session.

Sir

The Annual Meeting will be held at the General Hospital, on Saturday afternoon, 27th May, at Three o'clock, precisely.

The following business will be transacted:—

#### I. The Report of Council on the proceedings of the Session.

#### II. The Report of the Auditors.

#### III. The announcement of the New Office-bearers and other Members of Council.

#### IV. The Closing Address of the retiring President.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

<sup>1</sup> [In “See page x {y}”, x = page number in the original transactions; {y} = page number in this book.]

THE FIRST ANNUAL MEETING.

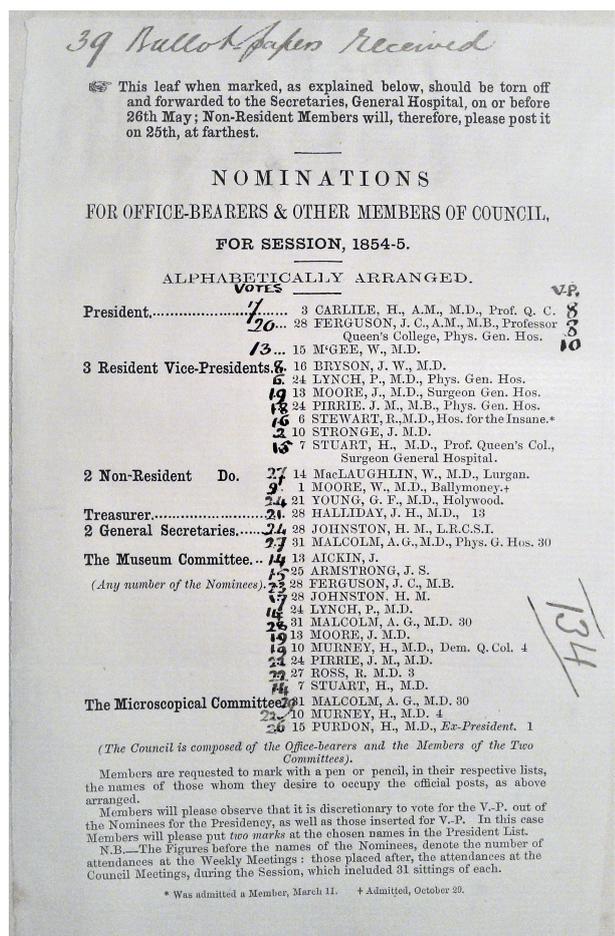
27th May, 1854.

The President in the Chair.

Attendance:—Members, 18; Students, 4.

The SECRETARY read the Report of the COUNCIL on the proceedings of the Session, which was unanimously adopted. (See page 12 {452})

The PRESIDENT announced the result of the Scrutiny of the Ballot-papers according to the report of Council and Auditors. (See page 3 {481}.)



134 Nomination paper for Council election 1854-5 with total votes cast.

The Auditors submitted the result of their examination of the Treasurer's books. (See page 132 {476}.) after which,

The PRESIDENT delivered the closing ADDRESS of the Session.

PROFESSOR FERGUSON, the President-elect, was now called to the chair, upon which unanimous and cordial votes of thanks were successively accorded to Dr. MALCOLM, as originator of the Society; Dr. T. H. PURDON, the first President, to whom much of the success which characterised the past session is justly due; Dr. J. H. HALLIDAY, the Treasurer, and Mr. WALES, Joint-Secretary, for their valuable services in their

different official situations; after which the Society adjourned till the last Saturday in October, 1854.

REPORT OF THE COUNCIL,  
AT THE CLOSE OF THE SESSION, 1853-54.

The COUNCIL beg to submit to the Members, the following Report of the proceedings of the Session just closed.

After some preliminary Meetings of the Promoters, the "Belfast Clinical and Pathological Society" was duly constituted on the second of September, 1853: and, by a Resolution of that date, Members of the Profession who gave in their adhesion to the new Society on or before the 30th September, were considered *Original Members*. These were forty-nine in number. Since that date, 47 other Practitioners have been admitted by Ballot, in accordance with the Regulations, in the following order, viz.:—

In October, 3; November, 4; December, 11; January, 15; February, 4; March, 7; April, 1; May, 2.

Of the total ninety-six Members, forty-three are resident in Belfast, and fifty-three non-resident; the latter located as follows:—

In County Down, 25; County Antrim, 15; County Louth, 5; County Tyrone, 2; County Derry, 2; County Monaghan, 2; and in County Armagh, 1.

Of the entire number, one resignation only has been received; but we regret to be obliged to record the death of ROBERT MURRAY, L.R.C.S., (I.) Rockcorry, County Monaghan, who promised to be a most valuable member of the Society and of the profession.

The Society held thirty-one meetings, commencing on the 8th October, and continuing till 27th May, with the exception of December 31st, and March 25th, on which dates, at the request of several Members, no meetings took place. They were regularly held every Saturday at Three, P.M., and were attended by an average of seventeen Members out of forty-two, who were in the habit of attending, viz.:—thirty-six from Town, and six from the Country.

By an original Rule of the Society, Medical Students of at least one year's standing, were admissible by Tickets signed by Members. Thirty-five Students availed themselves of this important privilege, of whom sixteen have received Certificates of attendance from the Council. The average attendance was about ten, weekly.

The Business of the Society consisted in the exhibition and explanation of Pathological specimens, generally of recent disease—the exhibition of new Medicines and new Instruments—the reading of interesting original Cases—the reading of the results of Microscopical and Chemical examinations, submitted by Members for analysis—brief statements of Clinical facts and Statistics—the reading of short

papers on new modes of treatment, and the discussion of particular subjects for debate. From these different sources, 179 items of business were transacted by the Society.

The Pathological specimens exhibited were sixty-eight in number, and the lesions illustrated, included the most important diseases of nearly every tissue and organ in the body.

Nine Instruments of recent invention, and one new Medicine were exhibited, and their uses described.

Twenty-eight Clinical cases were contributed by seventeen of the Members.

Six papers, on new Modes of Treatment, were read; and three subjects were submitted to debate: and lastly, a few brief notes on interesting points in practice, under the designation of “Clinical facts and Statistics,” were occasionally brought under the notice of the Society.

The Microscopical Committee examined sixty Specimens of Morbid products forwarded by twenty Members, including seven from the country. The majority consisted of specimens of urine and tumours. The results were submitted to the Society from time to time, as well as to the individual Members who forwarded the specimens for examination.

The Council have had it in contemplation, in accordance with the promotion of the objects of the Society, to commence the formation of a MUSEUM. TO the furtherance of this object, they have received, during the Session, thirty-four Donations, consisting of plaster and wax casts, paintings and coloured drawings, and dried preparations.

Their desire is, to make this the nucleus, and to limit the specimens for the Museum to the kinds of preparations mentioned, as the maintenance of such, when once prepared, will not entail any additional expense. The Council would therefore recommend that no wet preparations be received into their Museum.

From the experience of the past Session, the Council have, from time to time, observed several defects and omissions in the Laws of the Society, to remedy which, they submitted several alterations and new rules to three successive Meetings of the Society. These, they trust, will be of service in rendering more efficient the working of the Society.

As there is a small balance in the hands of the Treasurer, exclusive of the Reserve Fund, the Council recommend that it be expended in the publication of a small pamphlet of Transactions—the expense of which shall not exceed the balance aforesaid. and that a copy be supplied to each Member. The Council believe that this step will be conducive to the prosperity of the Society in the coming Session.

In conclusion, the Council beg to congratulate the Society upon the undoubted success of their first

Session. The numbers, and the standing, of those who have joined your ranks, distinctly prove that some such association was a *desideratum*; and the fact that the Membership has been sought for, even at the closing weeks of the Session, likewise proves the high appreciation in which it is held. Though the original objects of the Society are manifestly unattainable by the work of a single Session, the Council trust that a sure foundation has been laid, and that it is not too much to expect that it will eventually assume considerable importance among the Societies of Ireland, towards the promotion of Medical Science.

#### THE GENERAL NOTE-BOOK.

*Subjoined is a list of the SUBJECTS to which the References inscribed in the Society's Note-book for the past year pertain:*

*Any member desirous of procuring a copy of any particular reference may receive the same by communicating with the Secretaries, and enclosing a postage stamp.<sup>1</sup>*

#### Abortion

- 14 from Mammary Irritation
- 117 from Syphilis on Male Side
- 362 New Inst. for.

#### Ague

- 297 Quinine and Tartaric Acid in
- 139 Common Salt in.

#### Albuminaria

- 249 Diet in.

#### Alcohol

- 194 Action of, and Fermented Liquors generally.

#### Amaurosis

- 74 from Worms.

#### Anæsthesia

- 178 Use of the Lycopodium for.

#### Anchylosis

- 45 Treated by Rupture, &c. (Frank.)

#### Aneurism, (Treatment of)

- 20, 38 Compression for
- 82 Perchloride of Iron Inj.

#### —275 Galvanism in

- 286 Chloride of Zinc Paste in.

#### Aneurism, (Diagnosis of)

- 63 Abdominal. (See page 68 {411}.)<sup>2</sup>

#### Antrum

- 52 Fibrous Tumor of.

#### Arteries

- 91 New Forceps for securing.

#### Arthritis

- 113 Appl. of Nit. Arg. in Strumous.

<sup>1</sup> [See page 571 for an example of its use—the only one recorded.]

<sup>2</sup> [In “See page x {y}”, x = page number in the original transactions; {y} = page number in this book.]

- Ascites  
 –314 Iodine Injections in.
- Atmosphere  
 –43 Iodine in.
- Bed  
 –360 For Invalids, and Surgical Cases especially.
- Bladder  
 –391 Galvanism for Paralysis of  
 –147 Puncturing through Sym. Pubis.
- Blindness  
 –40 Colour  
 –25 Uræmic.
- Bone  
 –33 Pedunc. Exostosis  
 –135 Mollities preceded by Degen. of Muscles.
- Brain  
 –161 Scrof. Tumors of  
 –358 Cellulose in  
 –359 Starch in  
 –364 Cysticercus in  
 –46 Sarcinæ in  
 –224 Compl. with Bright's disease.
- Bronchial Glands  
 –219 Asphyxia in connexion with.
- Bronchial Casts  
 –128 Expectored. (See page 78 {417}.)
- Burns  
 –319 Collodion for.
- Calculus  
 –4 Lachrymal  
 –126 Mistaken  
 –149 New Inst. for.
- Cancer  
 –49 Inoculated  
 –193 With Tubercle  
 –241 Congelation for  
 –73 Nomenclature of.
- Cataract  
 –70 At Age of 88  
 –64 Diagnosis of Incipient.
- Catalepsy  
 –246 Case of.
- Cerebellum  
 –111 Abscess of.
- Chloroform  
 –368 Statistics  
 –80 Local Application  
 –335 In Midwifery  
 –28 comp. with Ether. (See page 67 {410} and page 82 {421}.)
- Chloroma  
 –287 Case.
- Cholera (Asiatic)  
 –349 Iodine in  
 –213 Chloride of Calcium in
- 212 Chloric Ether  
 –189 Nitrate of Silver  
 –77 Nitrous Acid  
 –42 Sulphuric Acid. (See page 46 {393}.)  
 –177 Inj. into Peritoneum  
 –17 Brandy Blister  
 –18 Croton Oil  
 –13 Saline Injections  
 –19 Nitro-Muriatic Acid  
 –148 Sugar. (See page 117 {447}.)
- Cholera  
 –232 Histology of Evacuations (See page 54 {400}.)  
 –208 Exanthem of  
 –152 Morbid Anatomy  
 –170 Affections resembling.
- Chorea  
 –293 Fatal Uncompl. Case  
 –187 From Diseased Brain  
 –68 Iodide of Zinc in. (See page 71 {413}.)
- Cirrhosis  
 –366 In Youth.
- Climate  
 –396 Tropical (effect on Europeans)  
 –231 North Turkey  
 –36 Cork  
 –9 Malaga.
- Colic  
 –72 Strychnine in.
- Colon  
 –44 Accumulation in, simulated by renal tumor.
- Combustion  
 –173 Effects on different parts of Body.
- Cornea  
 –156 Removal of Opacities by Operation.
- Croup  
 –252 Ice to the Neck in.
- Cucumbers  
 –280 Ointment and Tincture of.
- Cystitis  
 –233 Co-existing with Tuberculosis. (See page 32 {387}.)
- Deafness  
 –160 Tonsillitic.
- Delirium Tremens  
 –41 Belladonna in  
 –134 Fatty Degeneration in Connexion with. (See page 67 {410}.)
- Diabetes  
 –92 New Copper Test for Sugar. (See page 117 {446}.)  
 –100 Treatment  
 –225 Yeast in  
 –389 Gangrene  
 –390 Intermittent  
 –205 Creosote in.
- Diarrhœa  
 –313 Adiposa

–204 Sulphate of Bebeerine in.  
Dislocations  
–12 Skey's Observations  
–277 Of Thumb  
–281 Of C. Vertebrae  
–331 Of Humerus on dors. Scap.  
–3 Of Femur into Thyroid Foramen<sup>1</sup>  
–434 Of Last Lumbar Vertebrae forwards.  
Dropsy  
–102 Barclay's Observations.  
Drowned  
–58 Floating Period of the  
–355 New Apparatus for Inflating the Lungs of the.  
Dysentery  
–395 Iodine Injections in  
–85 Non-recurrence of.  
Ear  
–325 New Polypus Inst.  
–256 Artificial Memb. Tympani.  
Electro-Cautery  
–165 Uses of.  
Emigrants  
–133 Diseases of.  
Emphysema  
–230 Cutaneous and Interlobular combined.  
Epidemic  
–207 Disease of Alim. Canal  
–50 Infant. Leucorrhœa  
–401 Dysent.  
Epiglottis  
–16 Polypus of.  
Epilepsy  
–119 Treatment  
–132 Cotyledon Umb.  
–263 Tracheotomy for.  
Epistaxis  
–27 New Mode of Arresting. (See page 67 {409}.)  
Erysipelas  
–385 In Infants. (See page 56 {401}.)  
Excision  
–108 Of Head of Femur  
–181 Of entire Ulna  
–280 Of Scapula  
–274 Of calcis  
–182, 71 Of Knee Joint successful.  
Eye  
–172 Arachnoid Hæmorrhage from Injury of.  
  
Fever  
–79 Slow Pulse in  
–81 Remittent in Ireland  
–266 Iodine in Typhus  
–298, 299 Cinchonism in. (See page 83 {422}.)  
–296 Beberine in Yellow  
–300 Chloroform in.

Fœtus  
–15 Variola in  
–167 New View of the Circulation in.  
Fractures  
–21 The Gum Bandage for  
–67 Of Base of Skull  
–88 Ditto, with Escape of Subarachnoid Fluid  
–159, 144 Ununited  
–37 The Starch Apparatus  
–201 Plaster of Paris Bandage  
–284 Bray's New Splint for Fractured Thigh.  
  
Galvanism  
–29 In Midwifery.  
Gangrene  
–131 Treatment of Spontaneous  
–225 Of Lung treated with Turpentine  
–154 Spontaneous in an Infant  
–240 Of Arm with Malignant Tumor of Lung  
–155 Of the Nose  
–32 Of Brain after Decubital Mortification.  
Gastric Mucous Membrane  
–104 Degenerations of.  
Gastrostomy  
–217 For Strangulated Jejunum.  
Glanders  
–138 Successfully treated by Ammonia.  
Gold  
–251 Therapeutics of.  
Gout  
–303 Spirits of Wine Externally.  
Gonorrhœal Rheumatism  
–196 Addison's Observations.  
Gums  
–352 Peculiar Margin of, in Phthisis.  
  
Hæmorrhage (Uterine)  
–69 Partial Separation of the Placenta  
–183 Treated by Double Compression  
–367 By Chloroform  
–339 New Instrument for.  
Hæmorrhage (Renal)  
–112 Passive Form.  
Hæmorrhage (Intestinal)  
–153 In a New Born Infant. H.  
–197 Ergot of Rye in  
–374 In Affections of the Liver.  
Hall's Theory  
–245 Objections by Dr. Davey, Bristol.  
Hæmorrhoids  
–384 M. Amussat's Treatment  
–127 H. Lee's Operations.  
Headache  
–115 Its Varieties.  
Heart  
–222 Murmurs without Valvular Disease  
–353 Mercury in Dilatation

<sup>1</sup> [Otherwise known as the obturator foramen of the pelvis.]

- 371 purulent Cysts in
- 397 Causes of Dilatation
- 195 Weight and dimens. of.
- Hernia
- 279 Obturator
- 255 A New Pad for
- 218 New Operation for reducible
- 206 Masked by an Enlarged Gland.
- Hooping Cough
- 171 Gibb's Treatment
- 400 Chloroform in
- 184 Sulph. Acid in.
- Hydrocele
- 387 Injection of Pure Tincture of Iodine
- 330 Lunar Caustic Applied to the Sac.
- Hydrocephalus
- 385 Statistics of Paracentesis for
- 373 Compression successf.
- Hydrophobia
- 229 *Five Years* after the Bite.
- Hypochondriasis
- 306 Chloroform in.
  
- Iliac Abscess
- 243 Commun. with Cæcum.
- Inflammation
- 60 Low Forms of
- 61 Chronic.
- Insanity
- 264 Large Doses of Opium in
- 304 the Question of Bleeding in
- 234 the Brain in.
- Intestines
- 279 Perforation of Duodenum
- 311 Opium in Obstruction of
- 185 Concretions with Obstruction,
- Iron
- 322 mode of preparing the perchloride.
  
- Jaundice
- 103 Epidemic in Children.
- Jaw
- 282 new plan of treating fractured.
- Joints
- 350 treatment of gouty
- 34 Solly's obs.
- 124 Coulson's obs.
  
- Keloid Tumor
- 317 true and spurious.
- Kidney
- 105 Cancer of
- 31 Gastric relations of the.
- Knock-knees
- 276 treatment of.
  
- Lachrymal sac
- 101 new Inst. for injecting.
- Lactation
- 306 tetanoid spasm during
- 334 effects of menstruation.
- Lactic Acid
- 200 in Dyspepsia.
- Lameness
- 250 intermittent from Urethral stricture.
- Laryngeal disease
- 328 vocal exercise in.
- Laryngo-tracheal inflammation
- 164 Turner's obs.
- Leucocythemia
- 302 case.
- Leucorrhœa
- 270 discharges of
- 338 Ergot of Rye in
- 223 Iodine Injections in
- 267 Creosote Injections in.
- Lips
- 143 Restoration of *entire*
- 386 Malignant pustuloid aff.
- Liver
- 248 Abscess of, opening into Lung
- 118 Cyst of, opening into Peritoneum.
- Lupus
- 2 Steel with Lot. nig. in
- 95 on.
- Lymphorrhœa
- 285 Case of.
  
- Mammæ
- 253 Acute hypertrophy (fatal case)
- 86 Hydatids in.
- Menorrhagia
- 7 Cinnamon internally in.
- Measles
- 110 ushered in by Collapse.
- Milk
- 24 Infusoria in woman's
- 346 Abscess in the new born child.
- Mouth
- New speculum for.
  
- Nævus
- 321 Perchloride of Iron Inject, in
- 259 Lactate of Iron do. (*See page 115 {445}.*)
- Nails
- 247 Confervoid production under
- 141 Alum for onychial Ulcers.
- Necrosis
- 264 Sequestrum of entire shaft of Tibia removed.
- Neuralgia
- 209 Cod-liver oil in.

- Esophagus  
–89 Diseases of.  
Ophthalmoscope  
–176 uses of.  
Ovaries  
–99 Diseases of Kidney resembling Tumor of  
–343 Iodine Injections in Dropsy of.  
Oxaluria  
–54 Treatment.
- Parotid gland  
–377 Metastasis to Brain of infl. of.  
Parturition  
–87 Rupture of Pulmonary artery during  
–98 Dry cupping to hasten  
–332 Twins born at 15 days' interval  
–333 Inversion of Uterus in  
–57 Turpentine to excite contractions  
–272 Spontaneous version.  
Percussion-note  
–292 Clear, over partially condensed lung.  
Pericarditis  
–30 By Bellingham  
–56 on Hæmorrhagic.  
Peritonitis  
–394 Simulating Perforation.  
Perspiration (profuse)  
–210 a symptom of congested Liver  
–145 Oxide of Zinc and. Hyosy. in phthisical.  
Pessary  
–341 Churchill's new  
–388 Intra-uterine.  
Pharynx  
–237 Abscess behind.  
Phlegmasia dolens  
–336 in a virgin.  
Photography  
–138 for Pathological Illustrations.  
Phthisis Pulmonalis  
–6 external use of oil in  
–375 Proportion of Carbonic acid exhaled in  
–262 sugar of milk in.  
Plaster  
–48 Nickel's *Elastic* adhesive.  
Pleura  
–11 New Instrument for Paracentesis  
–399 Iodated Injection in Empyema.  
Pneumonia  
–290 Intermittent.  
Pneumo-thorax  
–97 in an infant, aged 10 months.  
Poisoning  
–75 and 312 Iodide of Potassium, and strychnine in  
  Lead  
–198 Slow Copper, cases of  
–186 by muriate of Antimony  
–235 by 1-26 gr. opium.
- Pregnancy  
–75 Jaundice during  
–162 Retention of menses simulating  
–221 Apoplexy in 9th mo, of  
–365 Paralysis during  
–340 Partial Chorea during  
–376 Its relations to disease  
–236 Hysteria and Spurious.  
Prostate  
–142 Coulson's new catheter.  
Psoriasis  
–59 Acetas Potassæ in.  
Ptyalism  
–238 Nervous-  
–5 Belladonna in.  
Puerperal State  
–96 Arteritis in  
–180 cases of Mania in  
–188 yeast in P. Fever  
–270 Chloroform, in P. convulsions.  
Pulse  
–398 Permanently slow.
- Rectum  
–116 Uterine origin of diseases of.  
Reproduction  
–191 Relative influence of Male and Female in.  
Respiration  
–Sighing  
–140 in a case of Cardiac eccentric Hypertrophy.  
Rheumatism  
–114 Signs from the Excretions  
–121 Use of Nitre  
–295 Veratria in acute  
–345 in Children. (See page 107 {439})  
Ringworm  
–260 Sulphurous acid in.
- Sarcinee  
–93 in conn, with Fatty diseases of Liver  
–310 cases of 8. Vent  
–363 in the Lungs.  
Scabies  
–318 Rapid means of cure.  
Scarlatina  
–1 Tart, ant. in S. Nephritis  
–382, 192 S. Rheumatica.  
Sciatica  
–130 Quinine in. (See page 107 {439})  
Skull  
–283 Depressed part raised by a cupping-glass.  
Small-pox  
–227 Zinc preparations to prevent pitting  
–301 Tinct Iodinii ditto.  
Spasms  
–47 Chloroform used for.

Spermatorrhœa  
 –278 New Instrument for cases of.  
 Squill  
 –174 Experiments on action of.  
 Stethoscope  
 –381 a new Percussor-S.  
 Stomach  
 –94 Budd's obs,  
 –309 use of Ipecac, in.  
 Strabismus  
 –65 Prismatic Spectacles for.  
 Stricture (urethral)  
 –151 a new Inst. for urethrotomy  
 –254 Syme's mode  
 –new work on, by H. Thompson, London.  
 Strychnia  
 –66 Therapeutics of.  
 Syphilis  
 –10 Bichromate of Potass in  
 –107 varied manifestation of the poison of  
 –239 Meningitis and Paralysis from. (See page 99  
 {433})

Tannin  
 –203 Solution of, in Glycerine.  
 Tenesmus  
 –315 Chloroform vapour for.  
 Testis  
 –63 Diagnosis of Rheum. orchitis.  
 Tetanus  
 –26 Statistics  
 –308 peculiar cases: absence of pain &c.  
 Tremors  
 –78 case of Mercurial.  
 Trephining  
 –321 Question of, in intracranial suppurations.

Ulcers  
 –23 treated by incision of adjoining integument  
 –258 by Galvanism.  
 Umbilicus  
 –122 Ovarian abscess discharging at.  
 Urine  
 –83 Oxalate of lime  
 –136 new test for excess of Uric Acid  
 –265 Differences of, in Typhus and Typhoid fevers  
 –288 Hydatids in  
 –392 Indigo in  
 –316 use of alkalies in Acid.  
 Urticaria  
 –216 Quinine in chronic.  
 Uterine disease  
 –125 Transient tumours  
 –150 Vaginal Cystocele mistaken for. Prolapsus U.  
 –311 Treatment of Procidentia  
 –242 use of Potassa fusa in  
 –268 use of Collodion in

–269 Desgranges' operation for Prolapsus.

Vaccine

–39 Lymph preserved in capillary tubes  
 –175 Vaccinia and Varicella co-existent  
 –323 New V. Scarificator (Dryer's).

Varicose veins

–320 Perchloride of Iron Injections for.

Veins

–90 Fibrinous plugs in  
 –369 Urate of lime in the coats of, in Gout.

Worms (Tape)

–293 Male Shield Fern (Christison's obs.)  
 –361 case of Malingering with  
 –370 Tannin for.

Water (hydropathic treatment)

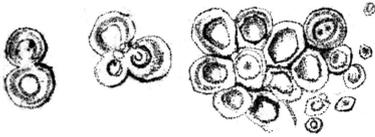
–351 obs. of T. S. Wells.

NOTE.—The pages referred to above, are those of the TRANSACTIONS: the other figures, the Nos. of the References in the NOTE-BOOK.<sup>1</sup>

<sup>1</sup> [In "See page x {y}", x = page number in the original transactions; {y} = page number in this book.]

**ACHORION SCHÖENLEINII.**

*Fig 1*



*Fig. 2.*

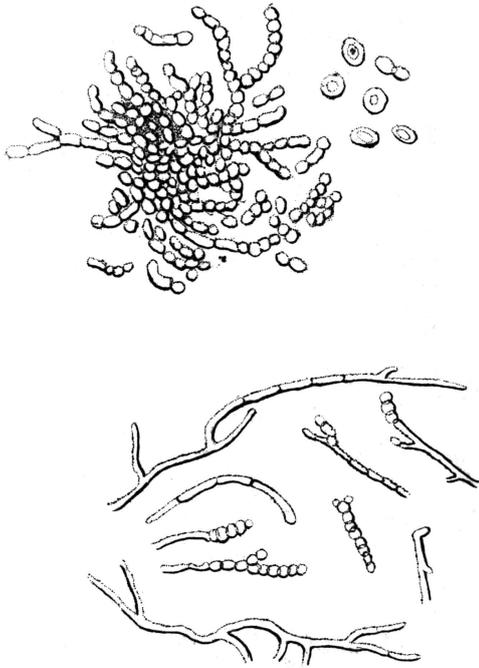


PLATE I. (AFTER BENNETT).

(See Page 23 {473}, No. 1 in List.)

Small portions of the crust taken from the scalp of a boy affected with FAVUS DISPERSUS.<sup>1</sup> It presented a dirty yellow hue, was homogeneous in appearance, and evidenced some tenacity in structure. A little of the powder presented, under the microscope, the forms as sketched in Figs. II. and III. Fig. I represents the appearance of the peculiar form which the yellow crust, or rather secretion, assumes.

Exhibited by A. G. Malcolm, M.D.

<sup>1</sup> [See page 380.]

PLATE II.

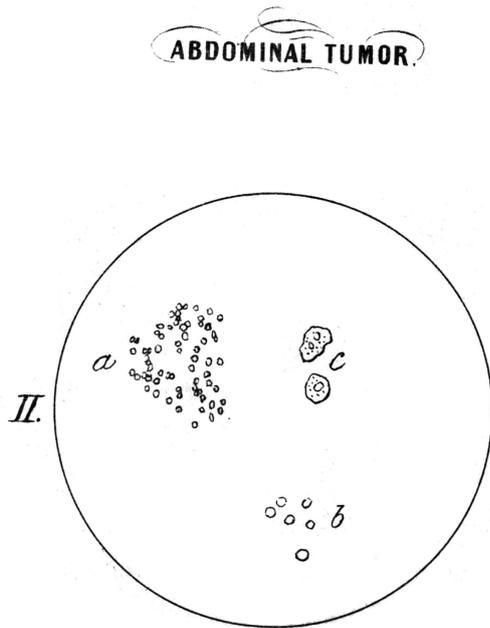
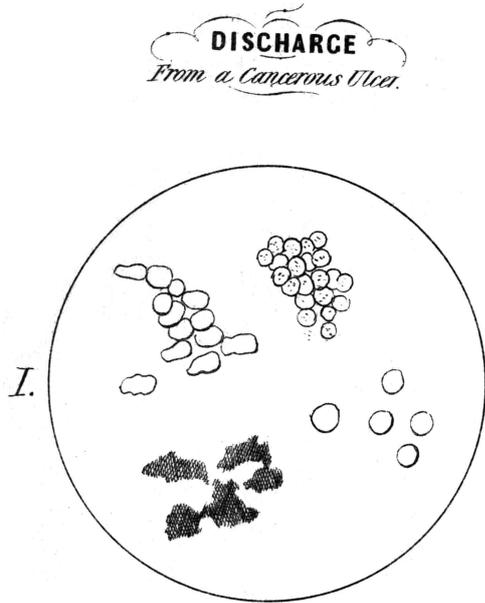


Fig. 1 represents the microscopic appearance of the discharge from an ulcer which formed after removal of a CANCEROUS BREAST. Nothing peculiar was observed, as the objects represented (pus cells, fat cells, and pigment), are common to ordinary ulcerous discharge. The result of this examination is of merely negative value, and it may be analogous to what is observed in analysing the expectorated matters in phthisis pulmonalis, in which, even in the advanced stages, it frequently occurs that little or no tubercular matter can be detected.

Fig. 2. (See p.35-6 {384}.) Represents the objects observed on the examination of a MALIGNANT TUMOR, situated across the aorta and displacing the colon. a.=cells or nuclei,  $\frac{1}{3,000}$  in. in diameter, in great abundance; b.= oil cells; c.= epithelial cells, very few.

Exhibited by A. G. Malcolm, M.D.

**URINARY DEPOSITS.**

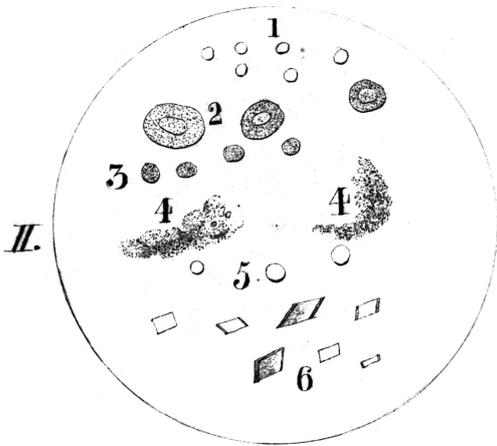
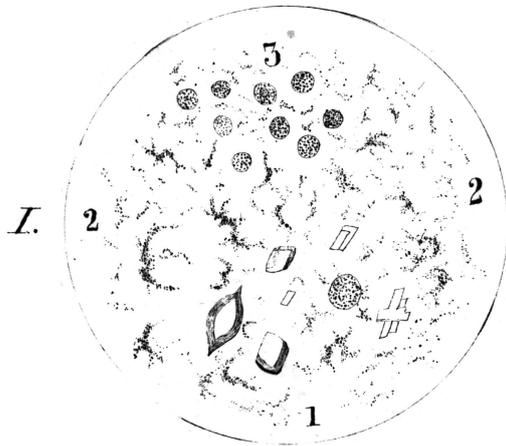


PLATE III.

Fig. 1. (See Page 23 {473}, No. 9 in List.) This deposit was from a specimen of urine in a case of TYPHOID FEVER. The urine was of a reddish orange hue, clear at the top—but very turbid below, from the presence of a copious deposit. It was slightly acid; sp. gr. 1,023; heat to 212°, partly clarified. Nitric acid darkened the tint: Aq. pot. partly clarified and gelatinized the residue. Under the microscope the deposit shewed: 1. Crystals of uric acid; 2. urate of ammonia; and, 3. numerous pus cells.

FIG. 2. (See page 23 {473}, No. 16 in List.) Represents objects observed in a deposit from urine, in a case of BRIGHT'S DISEASE, as follows:—1. Blood cells; 2. vesical epithelium; 3 mucus cells; 4. granular tube-casts; 5. oil cells; 6. crystals of uric acid.

Exhibited by A. G. Malcolm, M. D

PLATE IV.

**CANCROID TUMOUR  
&  
URINARY DEPOSIT.**

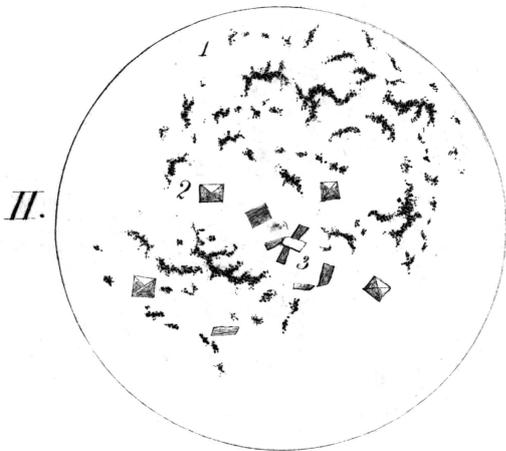
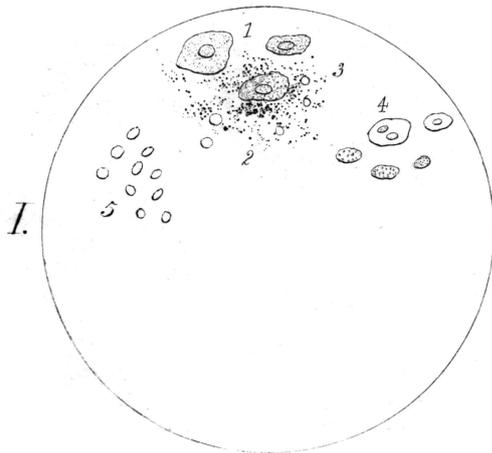


FIG. 1. (See page 23 {473}, No. 17 in List.) Represents the microscopic appearance of a CANCROID TUMOR OF THE LEG, which was about two inches in diameter, of a light pink or flesh colour, and projecting about  $\frac{3}{8}$ -inch from the surrounding skin.<sup>1</sup> Some of the fluid portion presented a number of (1) *epidermic cells*, separate and clustered, the latter surrounded by a considerable quantity of (2) *molecular and granular matter*, with many (3) *oil cells*, and (4) a few *compound cells*. There were also a number of (5) *oval-shaped bodies*, unaffected by acetic acid, and most probably *nuclei set free*. Generally a single nucleus was seen in each cell—some had two. The cells were irregular in shape, and the addition of acetic acid slightly increased their transparency.

Exhibited by H. Murney, M.D.

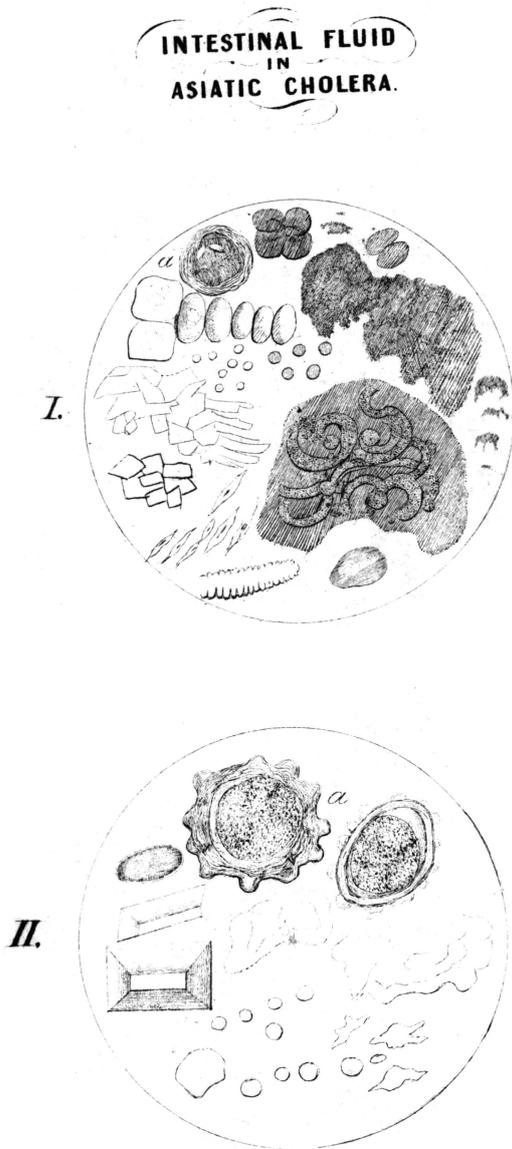
FIG. 2. (See page 23 {473}, No. 21 in List.) Represents the microscopic appearance of a deposit from urine in a case of RHEUMATISM. The specimen was pale and slightly acid, with a gray-white deposit, which consisted of (1) *pale urate of ammonia*; (2) *octohedral crystals of oxalate of lime*; and (3) a few crystals of *uric acid*.

<sup>1</sup> [Case is described on page 387.]

PLATE V.

(See page 23 {473}, Nos. 35 and 36 in List, and page 54 {400}.) The figures in this plate represent the objects observed under the microscope in the intestinal rice-water fluid of two cases of genuine ASIATIC CHOLERA.<sup>1</sup> The peculiar "annular bodies" of Swayne and Brittain are figured as seen at (a) in each drawing. The general tint of the fluid, when the solid part was commingled, was a light madder. The other subjects sketched are frequently met with in the ordinary evacuations, and consist of mucus and oil cells, some fibre cells, fungi, phosphates, and various forms of vegetable epidermis and fibre. No epithelium of the mucous membrane was detected.

Exhibited by A. G. Malcolm, M.D.



<sup>1</sup> [See page 400 for discussion.]

PLATE VI.

EXPECTORATION.

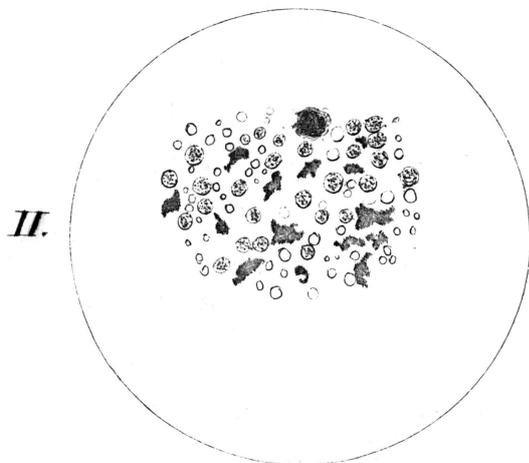
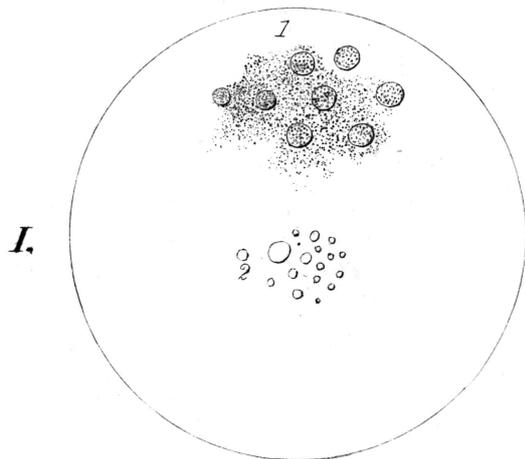


FIG. 1. (See page 23 {473}, No. 25 in List.) Represents the microscopic appearance of matter expectorated in a case of PHTHISIS PULMONALIS. The specimen was, for the most part, grayish-yellow and opaque, with some normal frothy mucus, and here and there a fawn coloured small mass. Under the microscope was observed in the former numerous *pus cells*, lying amidst a mass of granules, with a few oil cells, and in the latter a cluster of oil cells large and small. The granular matter was most probably tubercular dust, as it is in this form most usually observed.—(See page 65 {408}.)

FIG. 2. (See page 24 {474}, No. 52 in List.) Represents the appearance of matter expectorated in BRONCHITIS occurring in the person of a muslin gas-singer. The particulars of the case are given at page 104 {437}. The black pigment in the figure was carbonaceous, and was mixed up very closely with pus and oil cells, as sketched.

Exhibited by A. G. Malcolm, M.D.

PLATE VII.

CARCINOMA.

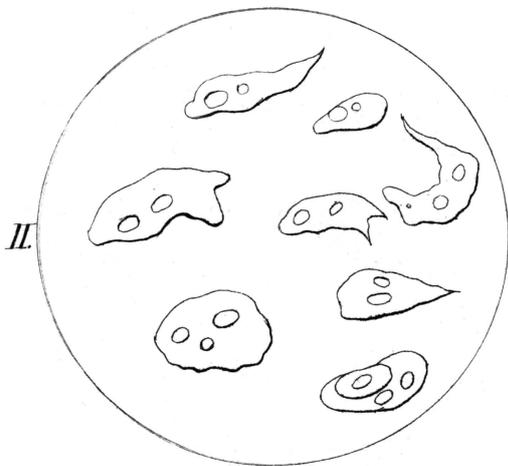
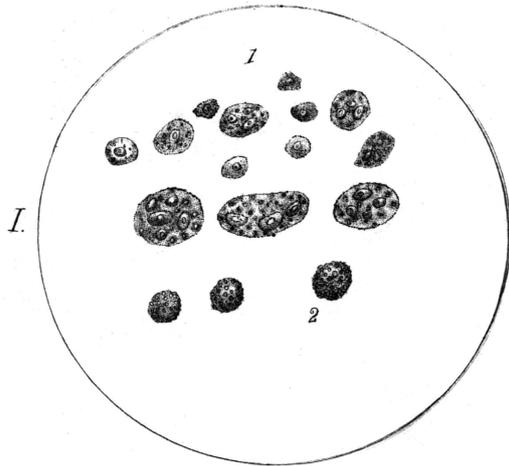


FIG. 1. (See page 23 {473}, No. 21 in List.) Represents the cells as observed during the microscopic examination of a diseased liver affected with Farre's Tubercle. The organ weighed 17 lbs., and presented a good example of the *circumscribed* and *diffuse* forms commingled. The medullary part under examination presented—(1), the characteristic cells of cancer, and (2), some granular masses of a globular form. The appearance is exactly similar to what is represented in Lebert's work, plate xx., fig. 10.

FIG. 2. (See page 23 {473}, No. 48 in List.) Represents the outline of cancer cells observed in a specimen of a MALIGNANT TUMOR OF THE CERVIX UTERI.

Exhibited by A. G. Malcolm, M.D.

URINARY DEPOSITS.

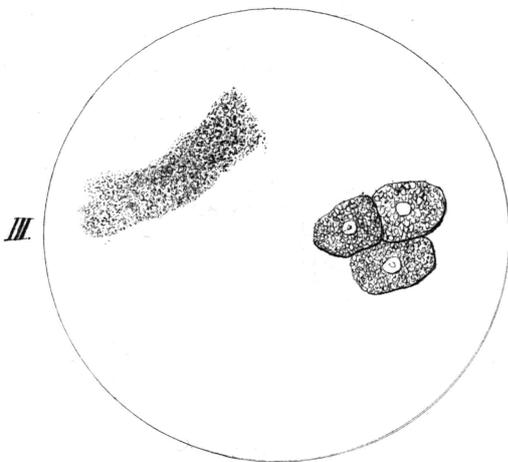
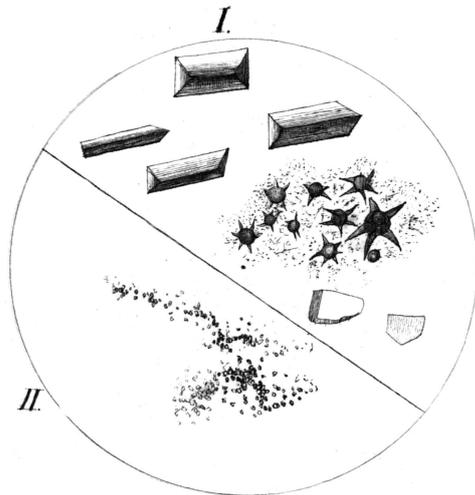


PLATE VIII.

FIG. 1. (See page 24 {473}, No. 29 in List.) Represents the appearance of a deposit microscopically examined from a specimen of urine. The specimen had a strong yellow tint, with a gray earthy sediment, and of sp. g. 1,013. The figure shews the *prismatic phosphates*, which were in great abundance; *superurates of ammonia* and crystals of *uric acid*.

FIG. 2. (See page 24 {473}, No. 31 in List.) Represents a peculiar form of *urate of ammonia*, which occurred as deposit in a specimen of urine in a case of *Bright's Disease*. The circular bodies were uniform, showed little disposition to coalesce or cohere, and resembled *vibriones*. They formed, when *en masse*, a very copious deposit.

FIG. 3. (See page 24 {473}, No. 44 in List.) Represents a granular tube-cast, and some epithelial cells, which appeared in the deposit, from a specimen of urine in a case of *BRIGHT'S DISEASE*. The urine was highly albuminous, and contained blood in small quantity.

Exhibited by A. G. Malcolm, M.D.

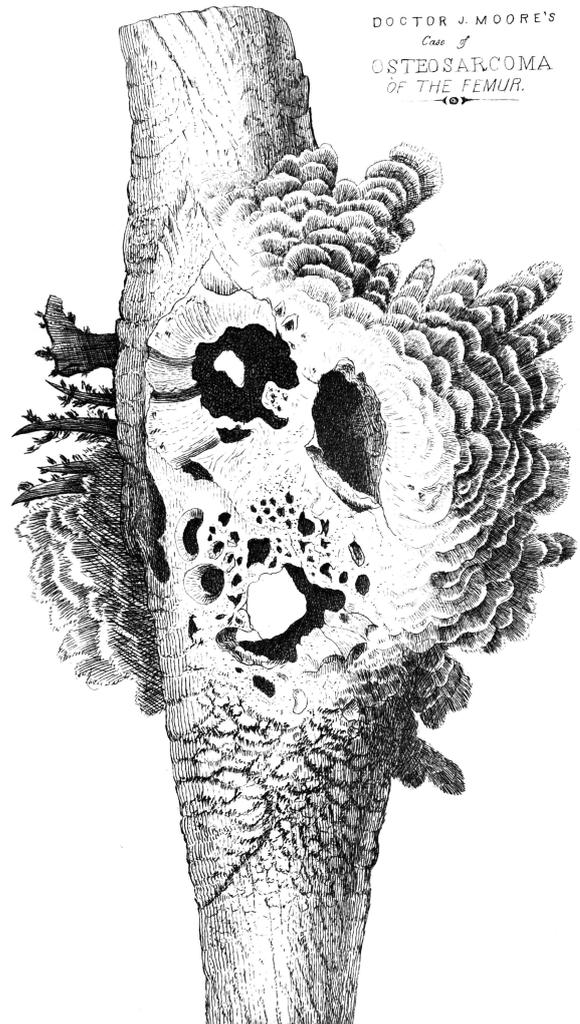
DOCTOR J. MOORE'S CASE OF  
OSTEOSARCOMA OF LOWER MAXILLA.



PLATE IX.

Represents a sketch of a macerated portion of the lower maxilla affected with OSTEO-SARCOMA. Particulars are given at page 93 {428}.

Exhibited by James Moore, M.D.



DOCTOR J. MOORE'S  
Case of  
OSTEOSARCOMA  
OF THE FEMUR.

PLATE X.

Represents a sketch of a diseased portion of the FEMUR in a case described at page 105 {438}.

Exhibited by James Moore, M.D.

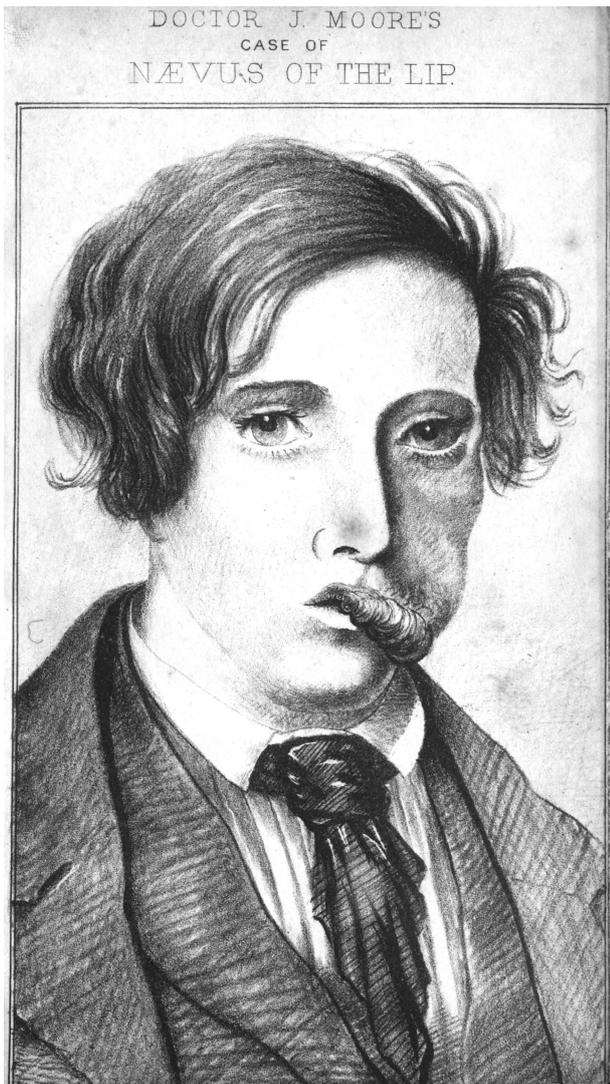


PLATE XI.

Represents the appearance of the patient with Nævus of the lip, referred to at page 115 {445}.

Exhibited by James Moore, M.D.

*Belfast Clinical and Pathological Society*  
*Cases and Specimens Presented*

**LIST OF SIXTY-EIGHT PATHOLOGICAL SPECIMENS EXHIBITED.**

Recent Parts, 35.	Patients, 13.
Plaster Casts, 12.	Wax Casts, 5.
Dried Preparations, 7.	Wet Preparations, 3.
Daguerreotypes, 3.	Drawings, 3
= 81. <sup>1</sup>	

**I.—NERVOUS SYSTEM.**

- 1853.
- Oct. 15, Facial Paralysis, in a Patient, exh. by Mr. HANNA,
- „ 22, Capillary Apoplexy, Two Coloured Casts, exh. by Dr. MALCOLM.
- „ „ Ossified Falx Cerebri, Dried prep. exh. by Dr. MURNEY.
- Nov. 12, Hydrocephalus in an Idiot, Recent parts, exh. by Dr. MURNEY.
- Dec. 17, Facial Paralysis, Cast and Daguerreotype, exh. by Dr. MALCOLM.
- 1854.
- Mar. 11, Ramollissement of Spinal Cord, Wax Cast, exh. by Dr. MALCOLM,
- April 1, Infantile Paralysis in a Patient, exh. by Mr. H. M. JOHNSTON.
- May 13, Meningitis—10oz. effusion, Recent parts, exh. by Dr. LYNCH,

**II.—CIRCULATORY ORGANS.**

- 1853.
- Oct. 8, Diseased Aortal Valves, Dried prep. exh. by Mr. JOHNSTON
- Oct. 22, Ossified Pericardium, Dried prep. exh. by Dr. MURNEY.
- Dec. 26, Aneurism of Arch of Aorta, Recent parts, exh. by Dr. MURNEY.
- 1854.
- Jan. 21, Aneurism of Abdominal Aorta, Recent parts, exh. by Dr. MALCOLM.
- Feb. 11, Pericarditis in a case of Phthisis, Recent parts, exh. by Dr. PIRRIE.
- „ „ Do. in a case of Fever, do. exh. by Dr. MALCOLM.
- „ 18, Do. Recent parts, exh. by Dr. MACLAUGHLIN.
- Mar. 4, Excessive Varicose state of upper extremity in a Patient, exh. by Dr. MALCOLM.
- „ 11, Aneurism of the Brachial Artery in a Patient, exh. by Dr. MACLAUGHLIN.
- „ 18, Valvular disease of Heart after Syphilitic Rheumatism, in a Patient, exh. by Dr. ROSS.
- Apr. 22, Hypertrophy of the Heart, Recent parts, exh. by Dr. MACLAUGHLIN.
- May 6, Nævus of Lip, Drawing exh. by Dr. J. MOORE.

**III.—RESPIRATORY ORGANS.**

- 1853.
- Oct. 15, Pulmonary Apoplexy, Coloured Cast, exh. by Dr. MALCOLM.
- Nov. 5, Foreign body in Trachea, Recent parts, exh. by Dr. FERGUSON.
- 1854.
- Jan. 7, Varieties of Pulmonary Induration, Recent parts exh. by Dr. MALCOLM.
- „ 14, Empyema, Cast of Thoracic wall, taken Ten years after cure by Thoracentesis, exh. by Dr. MALCOLM.
- Feb. 11, Pueritis, fatal from cerebral effusion, Recent parts, exh. by Dr. PIRRIE.
- „ 25, Ulceration of the Trachea in Phthisis, Recent parts, exh. by Dr. MURNEY.
- Apr. 1, Bronchial polypoid deposit, Recent parts, exh. by Dr. FERGUSON.
- May 20, Cystic nasal polypus, Recent parts, exh. by Mr. AICKIN.

**IV.—DIGESTIVE ORGANS.**

- 1853.
- Oct. 8, Farre's Tubercle of the Liver, Recent parts, exh. by Dr. MALCOLM.
- Nov. 14, Ulcerated Intestine in Fever, Recent parts, exh. by Mr. H. M. JOHNSTON.
- Nov. 26, Farre's Tubercle of Liver, Recent parts, exh. by Dr. LYNCH.
- Dec. 5, Ulceration of Œsophagus, do. exh. by Dr. LYNCH.
- „ 10, Cirrhosis of the Liver, do. exh. by Dr. MALCOLM.
- 1854.
- Mar. 18, Extensive Ulceration of the Tongue, Patient, exh. by Dr. MALCOLM.
- May 20, Carcinoma of Stomach, Recent parts, exh. by Dr. MACLAUGHLIN.

**V.—URINARY AND GENITAL ORGANS.**

- 1853.
- Oct. 8, Bright's Kidney, Two Wax Casts, exh. by Dr. MALCOLM.
- Nov. 19, Carcinoma of the Breast, Patient, exh. by Dr. HALLIDAY.
- „ 26, Carcinoma of the Breast, Recent parts, exh. by Dr. HALLIDAY.
- 1854.
- Jan. 28, Peculiar mammary tumour, Patient exh. by Dr. HALLIDAY.
- Feb. 25, Pendulous Tumour of the Labium, Recent parts, and Drawing, exh. by Dr. W. MOORE, Ballymoney.
- Mar. 18, Peculiar Stricture of the Urethra, Patient, exh. by Dr. LYNCH.
- „ „ Bright's Kidney, with Disease of the Aorta, Recent parts, exh. by Dr. MACLAUGHLIN.
- Apr. 22, Carcinomatous Tumour of Mamma, Recent parts, exh. by Dr. W. MOORE, Ballymoney.
- May 20, Warty Tumour of Penis, Recent parts, exh. by Dr. J. MOORE.

<sup>1</sup> 13 of these were Supplementary Illustrations

**VI.—JOINTS AND BONES.**

1853.  
 Oct. 8, Foot and Leg extraordinarily deformed by a Burn Cicatrix, Cast, exh. by Dr. ROSS.  
 „ 29, Carcinomatous disease of Ilium, Two Plaster Casts, and Two Drawings, exh. by Dr. MALCOLM.  
 Nov. 12, Peculiar Exostosis of the Tibia, Dried prep. exh. by Dr. STRONGE.  
 „ „ Elbow with obscure fracture of Condyle, Cast, exh. by Mr. HANNA.  
 „ 26, Osteo-sarcoma of Lower Maxilla, Dried prep. exh. by Dr. J. MOORE.  
 1854.  
 Feb. 25, Osteo-sarcoma of Lower Maxilla, Dried prep. exh. by Dr. J. MOORE.  
 Apr. 15, Carcinomatous Tumour of Femur, Recent parts, exh. by Dr. J. MOORE.  
 „ 22, Distorted Union, after fracture of Femur and Tibia, Dried prep. exh. by Dr. LYNCH.  
 May 20, Disease of Lower Maxilla, Patient, after operation, exh. by Dr. J. MOORE.

**VII.—THE SKIN, AND SUBCUTANEOUS TEXTURES.**

1853.  
 Oct. 29, Congenital Tumour of Scalp, Patient exh. by Mr. HANNA.  
 Nov. 5, Cancroid Tumour of Leg, Recent parts, exh. by Dr. MURNEY.  
 „ 12, Enormous Hypertrophy of Leg, do., exh. for Dr. A. KIDD, Ballymena.  
 „ „ Cancroid Tumour of Leg, Recent parts, exh. by Dr. ROSS.  
 „ 26, Fibro-cartilaginous Tumour of Neck, Cast and Daguerreotypes, exh. by Mr. ARMSTRONG.  
 Nov. 26, Extensive Ulceration of Leg, Recent parts, (after amputation) exh. by Dr. H. STEWART.  
 Dec. 17, Encysted Tumour of the Neck, Recent parts, (after excision) exh. by Dr. J. MOORE.  
 1854.  
 Mar. 4, Enormous enlargement of Arm, from Carcinoma of Breast, and axillary glands, cast exh. for Dr. THOMAS THOMPSON.  
 „ 18, Indurated Lymphatic Glands of neck, which, by the passage of the clavicle over them, produced a peculiar crepitation upon movement, Patient exh. by Mr. WALES.  
 Apr. 15, Encysted Tumour of Neck, Recent parts, exh. by Dr. J. MOORE.  
 May 6, Excessive Œdema of Scrotum, &c., in a case of Anasarca, Drawing, exh. by Dr. J. MOORE.  
 „ 20, Encysted Submental Tumour, Recent parts, exh. by Dr. MALCOLM.

**MISCELLANEOUS.**

1853.  
 Dec. 3, Monster-foetus, exh. by Mr. DALY.  
 „ 10, Dissection of same, by Professor CARLILE.  
 1854.  
 Apr. 22, Gonorrhœal Ophthalmia, Patient exh. by Mr. J. S. ARMSTRONG.

**LIST OF TWENTY-EIGHT CASES READ.**

**THE NERVOUS SYSTEM.**

1853.  
 Oct. 22, Coma simulating Apoplexy; by Dr. LYNCH.  
 1854.  
 Jan. 21, Congenital Hydrocephalus, Two Cases; by Dr. HALLIDAY  
 „ 28, Chorea supervening on Rheumatic Endocarditis; by Mr. JOHNSTON.

**THE LUNGS.**

1853.  
 Nov. 5, Phthisis and chronic Cystitis co-existing; by Dr. MALCOLM.  
 1854.  
 Mar. 10, Bronchitis with Pneumonic-like Sputa, in a Muslin Gas-singer; by Mr. WALES.

**THE DIGESTIVE ORGANS.**

1853.  
 Oct. 15, Perforation of the Stomach; Dr. T. H. PURDON.  
 „ 15, Blue tinging of the Skin from Pleuritis; *on record.*  
 Oct. 22, Ruptured Intestine; by Mr. WALES.  
 Nov. 5, Protrusion and enlargement of the Tongue, continuing Four years in a case of Scrofula; *on record.*  
 „ 19, Hepatic Disease; by Dr. JAMIESON, Newtownards.  
 1854.  
 Feb. 4, Ulceration and Perforation of the small Intestines; by Dr. ROSS.

**THE BLOOD VESSELS.**

1853.  
 Nov. 19, Aneurism of the Innominata, for which the common Carotid was tied; M. S., of the late Dr. SAUNDERS, read by Dr. H. A. STEWART.  
 „ 19, Aneurism of the Thoracic Aorta; by Dr. T. H. PURDON.  
 Dec. 24, Aneurism of the Thoracic Aorta, long undiscovered read by Dr. MALCOLM.

Belfast Clinical and Pathological Society  
Cases and Specimens Presented

**CASES IN MIDWIFERY.**

1854.  
Feb. 4, Uterine Hydatids, mistaken for pregnancy;  
by Mr. MADDEN, Portglenone.  
" 11, Laceration of Abdomen and protrusion of  
Intestines, in a new-born child from strain on  
Funis;  
by Mr. REA.  
Feb. 25, Dropsy of the Amnion;  
by Dr. W. F. ROGAN, Londonderry.  
Mar. 4, Two Placentæ to one Birth;  
by Mr. AICKIN.

**ABSCESS.**

1853.  
Oct. 22, Lumbar abscess bursting into Intestine;  
by Dr. HALLIDAY.  
1854.  
Jan. 27, Cervical abscess communicating with the lungs;  
by Mr. HANNA.

**MEDICAL JURISPRUDENCE.**

1853.  
Nov. 5, Malingering in Medical Practice;  
by Mr. H. M. JOHNSTON.  
1854.  
Feb. 25, Case, illustrating a source of error in  
medico-legal examinations for suspected  
arsenical poisoning;  
by Mr. AICKIN.  
Apr. 29, Punctured wound in the Thorax, involving a  
difficult point in Medical Jurisprudence;  
Dr. T. H. PURDON.

**DROPSY.**

1853.  
Oct. 22, Hydatids mistaken for Ascites;  
*on record.*  
Dec. 10, Ascites for which Paracentesis was performed  
Sixty-two times;  
by Dr. LYNCH.

**HÆMORRHAGE.**

1854.  
Jan. 14, Fatal Hæmorrhage from extraction of a tooth;  
by Mr. ARMSTRONG.

**FEVERS.**

1854.  
Jan. 22, Measles with unusual complications;  
by Dr. J. C. FERGUSON.

**MISCELLANEOUS.**

1854.  
Feb. 11, Case, illustrating the use of Chloroform in  
injuries of the eye in children;  
by Dr. PIRRIE.

**NEW INSTRUMENTS AND  
MEDICINES EXHIBITED.**

1853.  
Oct. 15, Sibson's Spring Percutor,  
exh. by Dr. MALCOLM.  
" " A new Larynx Syringe for injecting Nitrate of  
Silver Solution,  
exh. by Dr. MALCOLM.  
" " Cesophageal Bougies, and Sweepers,  
exh. by Dr. PURDON.  
Oct. 22, A new Tracheotome,  
exh. by Dr. STRONGE.  
" " An improved "Porte Caustique," for cases of  
Spermatorrhœa,  
exh. by Dr. MALCOLM.  
" 29, Hardy's apparatus for the local application of  
Chloroform,  
exh. by Dr. PURDON.  
Nov. 12, Kouso: its History, and the result of recorded  
trials,  
by Dr. MALCOLM.  
1854.  
Mar. 4, Instrument for supporting Prolapsed Funis,  
exh. by Mr. AICKIN.  
" 11, Tourniquet for applying compression in  
Aneurism,  
exh. by Dr. H. STEWART.  
Apr. 22, Hardy's Instrument for injecting the Uterus,  
exh. by Dr. PURDON.

**CLINICAL FACTS AND STATISTICS.**

1854.  
Apr. 15, Quinine in Sciatica;  
by Dr. J. C. FERGUSON.  
" " Opium in Acute Rheumatism;  
by Dr. J. C. FERGUSON.  
Apr. 29, Statistics to shew the tendency to Phthisis in  
Diabetes Mellitus;  
by Dr. MALCOLM.  
" " Notes of Peculiarities in cases of Eczema;  
by Dr. MALCOLM.

**PAPERS ON NEW MODES OF TREATMENT.**

1853.  
Nov. 26, Sulphuric Acid in Diarrhœa and Cholera;  
by Dr. YOUNG, Holywood.  
Dec. 24, Muriated Tincture of Iron in Erysipelas;  
by Dr. MALCOLM.  
1854.  
Jan. 21, Chloroform in Delirium Tremens;  
by Dr. LYNCH.  
Feb. 18, Large doses of Quinine in continued Fever;  
by Dr. MALCOLM.  
Mar. 4, Lemon juice in acute Rheumatism;  
by Dr. MALCOLM.  
Apr. 22, Small doses of Mercury in Infantile Pneumonia;  
by Dr. MALCOLM.

**QUERIES DISCUSSED.**

1854.

- Apr. 8, "Is organic Cardiac disease a frequent effect of Bright's lesion?"  
Introduced by Dr. LYNCH.
- " 15, "What is the proximate cause of the Anasarca after Scarlatina?"  
Introduced by Dr. MALCOLM,
- May 13, "What should be the basis of our Treatment of Asiatic Cholera?"  
Introduced by Dr. MALCOLM.

**ANALYSIS OF SIXTY SPECIMENS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION.**

Specimens of Morbid Urine and Urinary deposit,	9
Tumours of Bone,	2
" External Organs,	5
" Internal Organs,	4
Crust in Cutaneous Disease,	1
Gastric Fluids,	4
Mammary Secretion,	1
Matter expectorated,	3
Calculus, ...	1

[See next two pages for the list of specimens.]

Belfast Clinical and Pathological Society  
Cases and Specimens Presented

LIST OF SPECIMENS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION.					
No.	Date.	Specimens.	Origin.	Result of Examination.	Remarks.
1853.					
1.	Oct. 5,	Crust of Scald Head,	Town,	The Achonion Schœnleinii	
2.	" "	Urinary deposit,	"	Lithate of Ammonia	
3.	" 25,	Abdominal Tumour,	Country,	A Cancroid growth	Was mistaken for an abscess.
4.	" "	Urinary deposit,	Town,	Lithate of Ammonia	
5.	" "	" "	"	Pus-cells	
6.	" 29,	Tumour of left Ilium,	"	Gelatiniform Cancer	The left leg and thigh were enormously swollen.
7.	" "	Urinary deposit,	"	Lithic Acid and Lithates	
8.	" "	" "	Country,	Albumen, Renal Epithelium, Blood-cells	
9.	" 31,	" "	Town,	Lithic Acid, Lithates, and Pus-cells	Case of Typhoid Fever.
10.	" "	" "	"	Vesical Epithelium, and Lithates	
11.	Nov. 1,	" "	"	Blood and Mucus-cells	
12.	" "	" "	"	Lithate of Ammonia	
13.	" "	Urine,	"	Saccharine, Diabetic	
14.	" 3,	Urinary deposit,	Country,	Purpurate of Ammonia	
15.	" "	" "	"	Renal Epithelium & Granular tube-casts	
16.	" 5,	" "	Town,	Blood & mucus-cells, Lithic acid, Renal Epithelium and tube-casts	
17.	" 1,	Tumour of Leg,	"	A Cancroid growth	
18.	" 9,	Tumour of Finger,	"	Fibro-cartilage and Bone	
19.	" "	Tumour of Lip,	"	A Cancroid growth	
20.	" 11,	Urine,	"	Albumen and Lithates	
21.	" 12,	Urinary deposit,	"	Lithic acid, Lithates, and oxalate of lime	
22.	" "	Urine,	Country,	Albumen, Granular tube casts	
23.	" "	Urinary deposit,	"	Vesical epithelium & mucus, lithate of ammonia	Case of Herpes zoster.
24.	" 16,	" "	Town,	Prismatic Phosphates and Lithates	" Syphilitic Paralysis.
25.	" "	Matter expectorated,	"	Tubercle, Pus and oil cells	" Phthisis.
26.	" 17,	Urinary deposit,	Country,	Oil cells, (Milk?)	
27.	" 21,	Diseased Liver,	Town,	Farre's Tubercle, cancer cells	
28.	" 24,	Urine,	"	Saccharine, diabetic	
29.	" 26,	Urinary deposit,	Country,	Phosphates, Lithic acid and super-urates	
30.	" "	" "	Town,	Lithic acid, Lithates and pus cells	Chronic Hip joint disease, suppurative.
31.	" "	Urine,	Town,	Albumen and Lithates	Bright's Disease, and Pneumonia.
32.	" "	Tumour of Mamma,	"	Cancer cells and Epithelioma	
33.	" 29,	Ulcerated Œsophagus,	"	Cancroid	
34.	Dec. 2,	Disease of external Ear,	"	Cancer cells and fibrous circles	Two years' duration.
35.	" 5,	Cholera discharge,	"	"Cholera bodies" of Swayne, &c.	Asiatic Cholera.
36.	" 14,	" "	"	" and Phosphates & Oil	Ditto.
37.	" "	Urinary deposit,	"	Pus cells	
38.	" 25,	" "	Country,	Blood and pus cells	Chronic Cystitis.
39.	" 30,	" "	Town,	Mucus, phosphates	Symptoms of acute Nephritis.
1854.					
40.	Jan. 12,	Matter expectorated,	"	Pus cells, striped muscular tissue	
41.	" 15,	Urine from pelvis of kidney,	"	Albumen, epithelial cells and tube casts	Aneurism of Abd. Aorta pressing upon Kidney.
42.	" 20,	Gastric fluid,	"	Starch grains, oil cells and pigment	Supposed to be Cancer of the Stomach.
43.	" 29,	Urinary deposit,	"	Lithate of Ammonia	
44.	" "	" "	"	Blood, mucus, epithelium and tube casts	
43.	" "	" "	Country,	Blood, pus cells and lymph	
48.	Feb. 8,	Mammary secretion,	Town,	Normal	Inflammation of Breast.
47.	" "	Urinary deposit,	"	Phosphates, mucus & granular tube casts	
48.	" 9,	Tumour of cervix uteri,	"	Compound fusiform and caudate cells	
49.	" 10,	Urine,	"	Saccharine, diabetic	
50.	" 16,	Urinary deposit,	Country,	Lithate of Ammonia	Diffuse Inflammation of the Neck.

Records of the Medical Societies of Belfast 1822–1884

LIST OF SPECIMENS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION. (Continued)					
No.	Date.	Specimens.	Origin.	Result of Examination.	Remarks.
51.	Feb. 16,	Urine,	"	Albumen	
52.	Mar. 10,	Matter expectorated,	Town,	Oil, & mucus cells & charcoal fragments	Bronchitis in a Muslin Gas-singer.
53.	April 4,	Gastric fluid,	"	Oil & blood cells & vegetable epidermis	Ulceration of Stomach.
54.	" "	Urinary deposit,	"	Prismatic phosphates	
55.	" 22,	Urine,	Country,	Normal	
56.	" 21,	Urinary deposit,	Town,	Lithates, prismatic phosphates & oil cells	Valvular Disease of Heart.
57.	" 22,	" "	"	Prismatic phosphates	
58.	" "	Mammary tumour,	Country,	Oil cells, aggregated nucleated cells and fibrous stroma	
59.	" 29,	Calculus, (sub-lingual)	"	Phosphate of Lime; oxalate, a trace	
60.	May 9,	Urine,	Town,	Saccharine, diabetic	

CATALOGUE OF MUSEUM.

1. Two PLASTER CASTS of extraordinarily deformed feet and legs, caused by a Burn-cicatrix in infancy. A donation from Dr. J. S. Reid, Belfast.

2. Two WAX CASTS of Kidney in Bright's Disease. A donation from Dr. Malcolm, Belfast.

3. DRAWING: The Achorion Schoenleinii (after Robin). A donation from Dr. Malcolm.

4. COLOURED FRENCH CAST illustrative of Pulmonary Apoplexy. A donation from Dr. Malcolm.

5 and 6. Two COLOURED FRENCH CASTS illustrative of Capillary Apoplexy of the BRAIN (after Cruveilhier). A donation from Dr. Malcolm.

7 and 8. Two PLASTER CASTS: Carcinomatous Tumour of the Ilium; Cancelli were enlarged and charged with cancerous matter (gelatiniform). A donation from Dr. Malcolm.

9. PLASTER CAST illustrative of Hypertrophy of the Leg: the original was forwarded by Dr. Kidd, Ballymena. A donation from Dr. Malcolm.

10. DRY PREPARATION: Remarkable specimen of Exostosis of the Tibia, to which was originally attached a fungoid Tumour. A donation from Mr. C. Mulholland, M.R.C.S. (Eng.), Belfast.

11. PLASTER CAST of part of arm and fore-arm in which Fracture of the Humerus simulated Dislocation. A donation from Mr. H. H. Hanna, M.R.C.S. (Eng.) Belfast.

12. Two DAGUERREOTYPES presenting views of a Fibro-cartilaginous Tumour of the Neck, removed by Surgeon Browne, R.N., Belfast. A donation from Dr. Malcolm.

13. WAX CAST of a recent specimen of Cirrhosis of the Liver. A donation from Dr. Malcolm.

14. PLASTER CAST of Face, presenting Hemiplegia from disease of the External Ear. A donation from Dr. Malcolm.

15. PLASTER CAST presenting the appearance of the Thorax ten years after an attack of Empyema, for which paracentesis was performed. A donation from Dr. Malcolm.

16. WAX CAST illustrative of Recent Pericarditis which occurred during the progress of Phthisis; original by Dr. Pirrie, Belfast. A donation from Dr. Malcolm.

17. DRAWING: Pendulous Tumour of the Labium in Situ. A donation from Dr. W. Moore, Ballymoney.

18. PLASTER CAST: Enlargement of upper extremity, which occurred during the progress of carcinoma of the Breast; original by Dr. T. Thompson, Belfast. A donation from Dr. Malcolm.

19. PLASTER CAST: Extraordinary varicosity of upper extremity. A donation from Dr. Malcolm.

20. WAX CAST presenting the Spinal Cord in a case of Myelitis and recent congestion. A donation from Dr. Malcolm.

21. WAX CAST of a Bronchial Polypus expectorated. The original exh. by Dr. Ferguson. A donation from Dr. Malcolm.

22. CALCULI; Calarious bodies expectorated in a case of supposed Phthisis. A donation from Dr. Malcolm.

23. DRAWING representing Nœvus of the Lip. A donation from Dr. James Moore, Belfast.

24. DRAWING representing a malignant Tumour of the Ilium in Situ. A donation from Dr. James Moore, Belfast.

25. PLASTER CAST of diseased Thumb, caries of the last phalanx. A donation from Dr. Malcolm.

26. PLASTER CAST of fore-arm, representing Scrofulous ulcers and abscess. A donation from Dr. Malcolm.

27. PAINTING representing Lipoma of the Nose. A donation from Dr. Malcolm.

28. PAINTING representing Carcinomatous Tumour of the Neck. A donation from Dr. Malcolm.

29. PLASTER CAST of Abdomen in a case of Ovarian Dropsy. A donation from Dr. Malcolm.

30. DRAWING representing enormous Carcinomatous Tumour of the Neck. A donation from Dr. James Moore, Belfast.

31. Two PLASTER CASTS of Nates, representing Morbus Coxa. A donation from Dr. Malcolm.

32. PAINTING representing Encephalocele in the Occipital Region. A donation from Dr. Malcolm.

33. PAINTING representing Epulis. A donation from Dr. Malcolm.

34. PAINTING representing Polypus Nasi. A donation from Dr. Malcolm.

BALANCE SHEET.

The Treasurer in Account with the  
BELFAST CLINICAL and PATHOLOGICAL SOCIETY,  
for the Session, 1853-54.

Dr.				Cr.
		£	s.	d.
To Amount of Subscriptions	By Printing Laws, Circulars, Case-papers, Tickets, &c.	14	17	2
	By Postage,	3	6	6
	By Advertising,	1	15	9
	By Society's Books,	1	12	11
	By Ballot-box,		7	6
	By Gratuity to Porter,		5	0
		22	4	10
	Balance in Treasurer's hands	13	1	2
£ 35 6 0		£ 35	6	0
<p>N.B.—Of this sum, £8 15s was set apart as a "Reserve Fund" for this Session, agreeably to LAW XVII.</p>				

NOTICE TO MEMBERS.

THE ANNUAL SUBSCRIPTION is due on the last Saturday in October. Defaulters will be noticed according to Rule XX.

MEMBERS, desirous of exhibiting PATHOLOGICAL SPECIMENS, or otherwise contributing their quota of information, will please communicate with the Secretaries some time before they submit their Contributions to the Society: and Country Members, who may not find it convenient to attend, are reminded that all communications intended to be read at the Meetings of the Society, should be forwarded to the Secretaries, or some Member resident in town whom they may depute.

ANY Member who may be apprised of the desire of any Medical Practitioner to join the ranks of the Society, is requested to intimate the same to the Secretaries.

SPECIMENS for MICROSCOPICAL EXAMINATION, from Country Members, may be conveniently forwarded by Post, enclosed in gutta percha or oiled silk; and RECENT PARTS for EXHIBITION, by Rail direct, or the "Parcels Delivery Company" who have agents in several provincial towns.

*Belfast Clinical and Pathological Society*  
*Reviews of the Transactions for the First Session*

REVIEW 1<sup>1</sup>

*Transactions of the Belfast Clinical and Pathological Society, for the Session 1853-54; with List of Members, Laws of the Society, and Report of the Council; to which is added a Catalogue of the Pathological Museum.*  
Belfast: Alexander Mayne; 1854.

The desire for a knowledge of the causes of disease, and its effects on the textures and fluids of the body, is spreading fast; nor need we go farther for proof of this than the volume which now lies before us. We are glad to meet it, for it is the first in this country which has been issued; and, as might almost have been expected, it has come from that city whose rapid increase and progress is behind none other in the British empire. Belfast is fast going ahead, and as it is the first in mercantile pursuits, so has it been the first to send forth a volume of Transactions like the present. We know the Dublin Pathological Society existed for years before there was any other of the kind in Europe; we know, too, that its proceedings are reported in scraps, and, if we be rightly informed, are supplied to its members; but we have been looking, and for so far in vain, for any volume of Transactions, and now precedence has been taken not only by London but also by Belfast, on this important point.

How is this? How is it that the Belfast Society, whose numbers are ninety-six, and the subscription only half what it is said to be in Dublin, has been able to publish its proceedings? We presume it cannot be from want of thought. Have its funds anything to say to it? how have they been managed? or will anyone be kind enough to inform us? Whilst we see some of its business details, we have never seen an account of its income, and how it is expended. The volume before us gives ample details on these points, and we think every society should do so.

But to come to what is more in hand. The Belfast Society was founded in September, 1853, its first president being Dr. Purdon, and its second Dr. J. C. Ferguson, now Professor of the Practice of Medicine in the Queen's College. We think it a high honour that a gentleman who left Dublin within the last six years, should have been placed in such an honourable position, and we congratulate him on it. The objects of the Society are thus set forth, and we copy them verbatim, as they seem to us to embrace a wider range than those of any other similar society:—

“The Society shall be called ‘The Belfast Clinical and Pathological Society,’ whose objects shall be the cultivation of practical pathology, diagnosis, and therapeutics, by means of the accumulation and analysis of appropriate cases, and pathological reports

and public discussion thereon; the establishment of a pathological museum, and the keeping of records to indicate the progress of discovery in medical science.”

This is a most comprehensive scheme, and so far seems to have been carried out with great energy and exactness. Including specimens, as recent, dried, casts, &c., we have a total of eighty-one brought forward in the first session. All these, too, are classified, and admit of easy reference; and in addition to all this, we have valuable remarks—debates, in fact—on many of the subjects brought forward.

One of the fundamental rules of the Society, we observe, is that every member shall be a qualified physician or surgeon. This is as it ought to be: there never was a time when such a rule was more necessary. No man can be either physician or surgeon without a knowledge of the various changes which disease causes in our frames; and this knowledge belongs especially to physicians and surgeons. We are great advocates for the division of labour; we believe it is the only plan by which science can be advanced, and every year, more particularly in London, we know is adding to what are known as the specialities. Thus we have special hospitals for the study of consumption, cancer, diseases of the skin, diseases of children, deformities, affections of the eyes, mental maladies, &c. We have men who devote themselves solely to the use of the microscope, and we have every kind of societies for the cultivation of medical science; amongst the rest we have a Pharmaceutical Society, which publishes its Transactions. This latter subject—we mean pharmacy—has, we regret to say it, been allowed to die out in Dublin. We do hope, however, that the body entrusted with the special management of this important branch will bestir themselves. In Dublin, medicine and surgery are being now pursued with a zeal which we believe to be behind none other in Europe. We trust we may soon have the same to say of pharmacy. We notice that in the Society there is both a microscopical and a chemical committee; this we regard as a very decided improvement. Without having any reasons for doubting the truth of the observations of any one individual, we do think these investigations, and more particularly those connected with the microscope, demand all the weight which numbers can give. We have long been of opinion that too much importance has been attached, in the investigation of structure, to what the microscope discloses; and that the existence of caudate and other cells has been spoken of in a way that is anything but conducive to the advancement of science. We are firm believers in the great advantages the microscope is capable of affording; but we believe its use is attended with difficulties which seem to be made light of, and owing to which erroneous conclusions are certain to have been arrived at.

<sup>1</sup> [Dublin Medical Press 1853; 33:151-152.]

Lastly, and as a subject of general interest, we would notice the fact of the considerable number of what we may call country members who contributed to the proceedings of the Society by sending specimens to be exhibited or papers to be read. This augurs well for its future life, as well as for the zeal of its members.

Our limits forbid us to do more than glance at the contents of the volume. Where all is valuable, it is no easy matter to select; we may, however, direct special attention to a few of the more interesting cases brought forward. At page 35–6 are the details of two cases of abdominal tumours, each in its way of much interest. The first, sent by Dr. Philip Russell of Bangor, was an instance of a tumour of rapid growth, first detected in the left hypochondrium. It occurred in a man of 33 years of age, caused much suffering, and death in a few months. On examination with the microscope, it is stated no cancer cells were found. Now this is exactly one of those cases we have alluded to above. We believe that in many such the naked eye is a surer criterion to go by than the microscope. We incline to the opinion that though it detected no cancer cells, yet still that the tumour was malignant. We have seen no cases of abdominal tumours of such rapid growth and intense suffering that were not malignant; besides, too, brain-like structure is described as being found in one of the testes—a strong proof, we take it, of the view we hold of the case. The second case is given by Dr. Malcolm. It was the case of a woman, aged 50, married. She was attacked with severe pain, which was at first supposed to be rheumatism of the left hip. On admission into hospital, however, a tumour was detected in the left iliac region; this being attended with inflammatory symptoms, caused a difficulty in its diagnosis, which was only cleared up after some time, when its rapid growth and the constitutional symptoms attending it showed that, it was most probably of a malignant character, which it proved to be. It was an example of gelatiniform cancer, taking its origin in the ilium itself, the cancelli of the latter being very much hypertrophied.

No. 26 is an interesting case, also given by Dr. Malcolm, of a boy of 5 years, in whom the tongue, when he was about one year old, began to protrude from the month. This increased to such an extent, that the point reached below the chin, and so continued out of the mouth for 4 years; when, by pushing it back, and keeping the jaws closed by main force, the organ gradually resumed its normal size, and the boy was cured. His constitution was, in a marked degree, strumous. At the sixth meeting, the Society was chiefly engaged by hearing an account of the history and effects of the koussou, from Dr. Malcolm. This led to an interesting discussion on this important drug. At the eighth meeting, Mr. Armstrong exhibited casts with Daguerreotypes of a fibro-cartilaginous tumour of the neck. From the powers of this latter, we are

sure it may be used to delineate disease with great effect, though we have not ourselves seen anything of the kind. At the same meeting, Dr. Young of Holywood read a paper on the utility of dilute sulphuric acid in diarrhoea and vomiting. This is one of those remedies which has passed through various phases like so many others. Though much used formerly it fell into disrepute, but only to be employed again, and as now asserted with the greatest benefit. We know it to be a valuable remedy, but, like too many others, we have found it fail. The great mistake about every remedy seems to us to be, in expecting that it will cure every case; and when we hear persons state that such a remedy has never once failed in their hands, we are sure that their experience is but very limited.

At the ninth meeting, Dr. Murney exhibited an example of aneurism of the arch of the aorta; the patient, however, died of sanguineous apoplexy. At the tenth meeting, Dr. Ferguson made some observations on the difficulty of diagnosis between ascites and ovarian dropsy. Several very interesting cases and practical points are detailed in connexion with this subject, and we can recommend it to the special notice of our readers. At the twelfth meeting we have an interesting discussion on the use of muriate of iron in erysipelas. One gentleman, Mr. George Hamilton Bell, stated in Edinburgh, in 1851, that in a quarter of a century he had not lost a single case, and all due to this medicine! Truly, this must be the long-looked for elixir of life. How we are to explain such an astounding success—unless by supposing that this gentleman had few or no patients—we are at a loss to say. Once for all, we must repudiate the idea of any single medicine being invariably successful in any single disease, as this is asserted to have been. Such an assertion has with ourselves always the contrary effect. We believe that no such success attends medicine under any circumstances, and that it never will do so. As to the medicine itself, we would make one remark, that it is not iron alone which is given, but also a powerful acid, which has long enough been known as a valuable agent in some fevers, and to which we would be inclined to give some of the credit which the iron has got. At this meeting, likewise, Dr. Malcolm detailed a case of aneurism of the thoracic aorta. We know not that in the whole volume, a more valuable case is given. We cannot refer to it at length; but merely state that, literally, for years the case was mistaken for rheumatism; and this by a number of gentlemen, including the names of Carmichael and Graves. Its whole detail will amply repay perusal. At the thirteenth meeting, an interesting case of cervical abscess, which communicated with the right lung, is given by Mr. Hanna; the abscess formed above the clavicle. The patient was in a marked degree of strumous constitution. We have seen exactly similar cases; and in one hæmorrhage from the transversalis colli artery occur-

red, which proved fatal. At this same meeting, Dr. Malcolm made some valuable remarks on the varieties of chronic induration of the lung. At the sixteenth meeting, after the details of an interesting case of measles by Dr. Ferguson, we observe a very interesting, and ultimately fatal, case of chorea, complicated with endocarditis. The case is very well given by Mr. H. M. Johnston, and will amply repay perusal.

At the eighteenth meeting a case is given where a mother was delivered in such a way that her child fell forcibly toward the floor; this caused a large rent in the abdominal parietes of the child, from which, however, it recovered completely. It only lived five weeks subsequent to this. This curious case was sent by Mr. Samuel Ray. The nineteenth meeting was occupied with a very elaborate statement from Dr. Malcolm on the use of Quinine in continued fever. This, like so many other points in practical medicine, seems to be still anything but settled. Our own experience is against it, at least till the height of the disease be over. We know that it may then be used, and much sooner than is generally done. The late Dr. O'Brien, who was for many years connected with the Cork-street Hospital of Dublin, used it in this way, and published a very able paper on it. At the twenty-first meeting, Dr. Malcolm detailed a case of varicose veins of the upper extremity. There were signs of this state at birth, and this had gradually increased till the patient reached 21, when he was liable to attacks of severe pain, and the movements of the limb were much impeded, apparently by the weight of the tumours which the veins had then formed. Phlebolites could be distinctly felt. Then we have a notice on the treatment of acute rheumatism by lemon juice, and a notice of the several writers who have used it. We have used it ourselves, and with benefit; but not in every instance, and we are not sure that other treatment is not equally successful.

At the twenty-fourth meeting an example of bronchial polypus was exhibited by Dr. Ferguson, being sent by Dr. Patten of Tanderagee. The case was remarkable in this respect, that there does not appear to have been any hæmoptysis whatever; the appearance of the patient was, however, delicate. At the thirtieth meeting we have a very full discussion on the treatment of cholera, which has prevailed in Belfast since then—very much longer than, we believe, occurred in any other town in Ireland. We do not observe that anything was advanced which throws new light on this much disputed question. The general opinion seems to be, that the mercurial treatment holds out the best prospect of success. At the thirty-first meeting a patient was introduced by Dr. James Moore. The patient had suffered, during an attack of fever, from sloughing of the cheek, which had gone on to such an extent as to cause great deformity from loss of substance, and subsequently

total inability of opening the jaw from the process of healing which had taken place. The patient was operated on by Dr. Moore on three different occasions, chloroform being used in each, and the result was that he left very much benefited, and the deformity greatly lessened. It is worthy of notice that, on one of the occasions, the chloroform caused very threatening symptoms; which, however, were promptly met, and the patient shortly recovered. This case on the whole, surgeons will read with much interest.

This concludes our necessarily hasty sketch of some of the contents of this valuable volume. We congratulate the members of the Society on so soon being able to publish such a volume, and we trust they will continue to do so each year. It must have a material influence on the medical school of Belfast, and on the status of its members amongst the profession at large. One point, and only one, we would venture to suggest—we think it is due to such a Society that the next volume should appear in somewhat of a different garb. When the present volume was put into our hands, we really thought it was a "Reading Made Easy," or, at the worst, a National School-book. But we were pleasantly deceived. We do think, however, that valuable contents should have a good outside. First impressions are not always easily effaced. We feel, however, that the point has only to be noticed, and that it will be remedied in the next volume, the appearance of which, we must say, we look forward to with pleasure.

REVIEW 2<sup>1</sup>

*Transactions of the Belfast Clinical and Pathological Society, for the Session 1853–54; with List of Members, Laws of the Society, and Report of the Council; to which is added a Catalogue of the Pathological Museum.*  
Belfast: Alexander Mayne; 1854.

WE have rarely been more gratified at the receipt of a work than when the “Transactions of the Belfast Clinical and Pathological Society” was placed upon our editorial table. A proof of the energy, talents, and perseverance, of our professional brethren in the northern capital of Ireland we needed not: of this our own pages afforded abundant evidence for years past; but the result of their conjoined labours to advance medical science and literature, as exhibited in this well-got-out and carefully edited little volume, shows that their newly established Society may fairly take its place alongside the Pathological Societies of Dublin (the first established), and of London. It is really highly creditable to the officers, and to every member who has furnished his contribution to so excellent a repository of rare and interesting cases. The beginning is, in this instance, more than half the battle, and from such a commencement we augur many valuable additions for years to come to the literature of our profession.

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<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1855, v19, p225.]

Belfast Clinical and Pathological Society  
 Second Session: 1854–1855  
 President John Creery Ferguson

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY

SECOND SESSION

1854–1855

COUNCIL

EX-OFFICIO MEMBERS.

**President**

\* J. C. FERGUSON, A.M., M.B., (T.C.D.) Professor  
 Queen's College, Belfast.

**Vice-Presidents**

† T. H. PURDON, A.M., M.B., (T.C.D.) F.R.C.S., (I.)  
 Ex-Pres.

\* JAMES MOORE, M.D., (Edin.) M.R.C.S., (Eng.) Belfast.

† JOHN M. PIRRIE, A.B., M.D., (T.C.D.) L.R.C.S., (I.)  
 Belfast.

ROBERT STEWART, M.D., (Glas.)

District Hospital for the Insane, Belfast.

W. R. MACLAUGHLIN, M.D., (Edin.) L.R.C.S., (I.)  
 M.R.C.S., (Eng.) Lurgan.

G. H. YOUNG, M.D., (Glas.) L.R.C.S., (I.)  
 Holywood, near Belfast.

**Treasurer**

J. H. HALLIDAY, M.D. (Glas.) L.R.C.S., (I.)  
 Belfast.

**Secretaries.**

\* † A. G. MALCOLM, M.D., (Edin.) Belfast.

\* H. M. JOHNSTON, L.R.C.S., (I.) Belfast.

ELECTED MEMBERS.

\* RICHARD ROSS, M.D., (St. And.) L.R.C.S., (I.) Belfast.

\* † HENRY MURNEY, M.D., (Edin.) M.R.C.S., (Eng.)  
 Demonst. Queen's College, Belfast.

\* JOHN S. ARMSTRONG, M.R.C.S., (Eng.) Belfast.

\* HORATIO A. STEWART, M.D., (Glas.) L.R.C.S., (I.)  
 Prof. Queen's College, Belfast.

\* JOHN AICKIN, M.R.C.S. (Eng.) Belfast.

\* PATRICK LYNCH, M.D., (Glas.) M.R.C.S., (Eng.)  
 Belfast.

\* Members of the Pathological Museum Committee.

† Members of the Microscopical Committee.

The ordinary Meetings of the COUNCIL are held every  
 Wednesday, at Half-past Two o'clock, during the Ses-  
 sion.

The SOCIETY meets every Saturday, at Three o'clock,  
 during the Session, which commences on last Satur-  
 day in October, and ends on the first Saturday in May.

Place of Meeting,—The GENERAL HOSPITAL, Belfast.

147 To G. F. Wales

General Hospital  
 August 29th 1854

Sir

We beg to inform you that agreeably to Resolution  
 of Society at the annual Meeting in May ult. we are  
 engaged in drawing up the *Transactions* for the past  
 Session. Your aid is requested. We enclose your  
 report of your papers and your remarks at certain  
 discussions (*see headings in pencil*) for corrections or  
 amplifications.

You will please examine the same at your earliest  
 convenience and return the papers in same envelope  
 to Dr. Malcolm York Street without delay.

A. G. Malcolm, M.D.  
 and H. M. Johnston  
 Honorary Secretaries

Council for Session 1854–55

**Ex-officio**

**President**

J. C. Ferguson M.B.

**Vice-Presidents**

T. H. Purdon, M.B.

James Moore, M.D.

J. M. Pirrie, M.D.

R. Stewart, M.D.

**Non-Resident**

W. R. MacLaughlin, M.D.

G. H. Young, M.D.

**Treasurer**

J. H. Halliday, M.D.

**Secretaries**

A. G. Malcolm, M.D.

H. M. Johnston.

**Elected**

R. Ross, M.D.

H. A. Stewart, M.D.

H. Murney, M.D.

J. Aickin

J. S. Armstrong,

P. Lynch, M.D.

**Special Council Meeting September 16, 1854**

Present: Drs. Ferguson, Lynch, Murney, Pirrie, Moore,  
 Malcolm, Ross & Mr. Johnston.

Secretary stated that estimates had been received  
 from several printers viz. so many pages (small 8vo.)  
 for £5.

Read 40 pages for 300 copies      48 for 150 copies

Mercury 16 pages      „

Welsh 40 pages      „      49 for 150 copies

Reid 32 pages      „

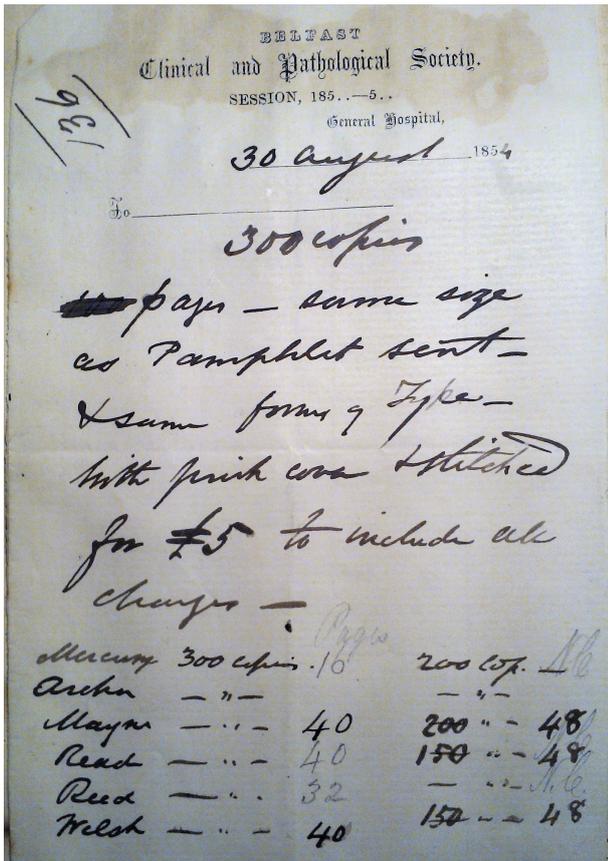
Mayne 40 pages      „      48 for 200 copies

Accordingly Mayne's was accepted.

It was ascertained that of the 48, only 20 remained  
 after inserting Laws, list of members, specimens,  
 cases, &c. Accordingly it was resolved

“That the *Transactions* be printed *in full*, including  
 the debates; and that the additional expense be met  
 by such means as the Council may hereafter consider  
 expedient.

That new members be charged 2/6 for the vol-  
 ume.”



136 Note regarding the printing of the first number of the Annual Transactions with estimates from various printers and prices.

145 Template council attendance request form

Sir

You are requested to attend a Meeting of  
THE COUNCIL

at the General Hospital, on \_ day, the \_ for the  
purpose of \_.

A. G. Malcolm, M.D.  
H. M. Johnston  
Honorary Secretaries

340<sup>1</sup> Template agenda form for ordinary meetings in  
the second session.

341 Pre-printed envelope addressed to the Honorary  
Secretaries at the General Hospital, Belfast.

146 Template circular confirming candidacy. The  
wording of this circular is very similar to Item 13.

<sup>1</sup> [The original numbering in ink of the Correspondence Book items ended at 323. All subsequent items have been recently numbered in pencil starting with 330, and these numbers are shown here in roman (non-bold).]

148 Template circular for New Members

— Session, 1854–55

Sir

We have much pleasure in informing you that you were duly elected a Member on \_ . Herewith is sent a copy of the Society's Laws, and List of Officers and Members.

In co-operating with the other Members to realize the important objects of the Society, it is earnestly requested that you will avail yourself of every opportunity for contributing to the general Stock, which your reading and your Practice may from time to time afford (See Law 12).

You will please observe that Contributions are to be written briefly on the Case-papers, (of which a few copies are enclosed) and forwarded as directed to the Secretaries, early in any week during the Session.

All communications with the Secretaries must be post-paid.

Your obedient Servants  
A. G. Malcolm, M.D.  
H. M. Johnston  
Honorary Secretaries

342 Circular for New Members for the session 1854–55. The wording of this circular is very similar to that of Item 148 above with the following added:

P.S.—Should you desire a copy of the Transactions already published (price 2s. 6d.), you will please inform us of your wish without delay.

345 Extract from the Laws

EXTRACTS FROM THE LAWS.

Law. IV.—Annual Subscription.—The Annual Subscription shall be Ten Shillings to Resident, and Five Shillings to Non-Resident Members.

XII. Members' Contributions—The contributions shall be of the following description:—

1. Cases, showing unusual sequence, or co-existence of diseases.
2. Do. showing any practical lesson, point, or caution, useful in practice.
3. Do. exhibiting any rare form, complication, exception to the laws of Diagnosis, Pathology, or Therapeutics; or unusual interpretation.
4. Summaries of Medical Statistics to prove frequency of type, average of age and mortality, and effects of remedies in any disease, or other point susceptible of proof by statistics.
5. Reports on novel modes of practice in any disease.
6. Morbid Specimens of Pathological or general interest, with or without case, or for Microscopic or Chemical examination.
7. Replies to Medical Queries proposed by Members.
8. Brief Clinical Facts of practical interest.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

All contributions to be original, or original translations from authentic Foreign Records, not generally accessible to Members.

XIII.—The Session—The Session shall commence on the last Saturday in October, and terminate the first in May; and the ordinary meetings shall be held every Saturday, at three o'clock, afternoon; and the *Annual Meeting* the first Saturday in May.

XVI.—Visitors.—Medical Students, of at least one year's standing, shall be admitted as Visitors by Official orders of Members only.

Any legally-qualified Medical Practitioner, not being a Member, may be admitted as a Visitor *once only* during a session, on being introduced by a member who shall write the name of the Visitor in the Proposal Book of the Society.

XVII Annual Transactions.—During the Recess, if the state of the ordinary finances permit, a volume of Annual Transactions shall be prepared and published for *free* distribution among Members only.

XX.—Defaulters.—No fines whatsoever shall be imposed on Members; but in case of Subscriptions more than two months due, and after two successive notices from the Treasurer, the names of the defaulters shall be struck off the Roll of Members, and they shall be ineligible for re-election during the remainder of the current Session.

XXII.—Privileges.—It shall be a privilege exclusively granted to Members, to receive at any time Reports of "the Microscopical Committee," upon any specimens which they may furnish for examination.

346 *Envelope pre-addressed to the Society*

347 *Two double-paged, doubled-sided leaves with Laws of Society and List of Members. Loosely bound together. Possibly a proof or off-print from one of the Transactions. Not transcribed.*

142 *To The Honorary Secretaries*

Warrenpoint  
October 7<sup>th</sup> 1854

Gentlemen

I have this morning received your circular relative to the "Belfast Pathological Society" and shall be happy indeed to accept your kind invitation to become a member of that society—also if possible to attend its meeting on 28<sup>th</sup> Inst.

At any time the subscription may be required I will remit it to the Treasurer when I receive notice.

Thanking you for your kindness in forwarding the circular.

I have the honor to be  
Gentlemen  
Your very obedient servant  
R. M'Gowan

**Council** Meeting October 11, 1854

Present: Drs. Pirrie, Halliday & Malcolm, & Mr. Armstrong.

Resolution of last meeting confirmed.

Resolved that an advertisement announcing the opening of the session be inserted in the Belfast papers of 26<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> next and Dr. Halliday be charged with the matter.

That advertisements also inserted in the Dublin Medical Journal.

Circular prepared.

152 *Advertisement clipped from the Dublin Hospital Gazette for Oct. 15, 1854.*

141 *To A. G. Malcolm*

Insane Hospital  
October 23 1854  
Monday Night

My Dear Doctor

I was unable to call upon you this evening as I had intended simply to say that as the treatment of the cases of Cholera has been not solely in my hands I should on that account, as well as for other reasons, hesitate—in fact decline altogether—putting myself forward in bringing the subject formally before the ensuing commencement sessional meeting of the Pathological Society much as I would desire to act in conformity with your suggestions on the matter.

We have now had 35 cases altogether since its irruption on the 1<sup>st</sup> instant with a mortality of fifteen; but six at least if not other cases I should say were nothing greater than simple diarrhoea mainly, or at the most, common English Cholera, which no doubt might have merged into the malignant type if not specifically subjected to treatment. Suppression of urine was not invariably present in the fatal cases, neither was purging to any great extent. In fact in some of the deaths these were comparatively minor attendants upon the attack—extreme prostration of strength was what all complained of, some unvaryingly replying to the question "how they felt"? "I feel as if I was fainting".

I hope the worst of the attack is now over and if so we may consider ourselves very fortunate, as circumstanced as we are in crowded dormitories, and suffering from other very adverse causes in a hygienic point of view, owing to the new buildings interfering so seriously with our existing accommodation, we were only too ripe for a most serious thinning of our ranks.

I had a letter from our friend Mr. Mayne on Saturday who said he was worked heavily both night and day at present with the Journal which he said would be out on the 26<sup>th</sup>.

Ever yours most truly  
R. Stewart

140 To A. G. Malcolm

Lisburn  
October 25 1854

Dear Sir

I am sorry that I cannot continue a member of the Belfast Clinical and Pathological Society during the coming session as I find it impossible to attend its meetings.

I am sincerely  
Samuel Musgrave

143 To A. G. Malcolm

25<sup>th</sup> October 1854

My Dear Malcolm

I shall have the Eye-douche to exhibit. The optometer I cannot have for some weeks, but hope to have it early in the session.

I have desired a patient on whom I operated for disease of malar bone two or three years ago to be at the hospital on Saturday at half past 2 o'clock: I have a cast of his face before the operation: the disease was supposed to be malignant and there are some interesting features in the case.

Yours very sincerely  
Samuel Browne

144 To A. G. Malcolm

Tamna Cottage  
Lisburn  
October 25<sup>th</sup> 1854

Sir

I would feel obliged by your forwarding to me a copy of the Prospectus of the Belfast Clinical and Pathological Society.

Your Servant  
Augustus Johnston

149 To A. G. Malcolm

Derry  
October 25 1854

Sir

Enclosed I send you postage stamps to the amount of 5/- being my subscription to the Clinical Society.

I also send short notes of a case to be read at the meeting which may perhaps lead to some useful discussion.

Yours truly  
W. Rogan

139 Notice of the First Meeting in the Second Session.

Sir

The First Meeting of the Session will be held at the General Hospital, on Saturday, 28th October, at Three o'clock precisely.

**Candidates to be Proposed.**

George Smyth Holmes, M.D. (Glas.), L.R.C.S. (Edin.), Glenarm.

Robert M'Gowan, Lic. F.P. & S. (Glas.), Warrenpoint.

The President, Prof. Ferguson, will deliver the Inaugural Address.

**Pathological Specimens to be Exhibited.**

1. Patient, with Aneurism of the Aorta.
2. Preparation, shewing Caries of the Vertebrae.

**Exhibition of New Instruments.**

1. Walton's Improved Eye-douche.
2. Smee's Optometer.

**Notice to Members.**

The Subscription for the Session, 1854–55, 5/- is now due. Treasurer, Dr. J. H. Halliday, 49, Donegall-Street, Belfast.

The Transactions of the Society for the past Session are being prepared; and it is expected that copies will be ready for distribution to Members in December, prox.

Those Members who may desire to exhibit Pathological specimens, read Cases, or offer other contribution, are requested to intimate their wishes to the Secretaries *in due time*, that a Notice may appear in the Weekly Circular: and it is particularly desired by the Council, that Members generally, in their different localities and departments of practice, will avail themselves of all fitting opportunities to *preserve notes of interesting Cases*, and submit the same to the Society from time to time, as it is only by accumulated variety that the objects of the Society can be fully realized.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (2s. 6d. for the Session) must be prepaid.

Signed by order,  
A. G. Malcolm, M.D., G. F. Wales,  
General Secretaries

N.B.—The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

165 To A. G. Malcolm

11 Lower Pembroke Street  
Dublin  
October 28<sup>th</sup>

Sir

Wishing to become a Member of your Clinical and Pathological Society I enclose what is I believe the proper subscription for a Non-Resident in Belfast.

May I ask if you have any copies of your paper "On the proportion of Carbonic Acid exhaled in Phthisis Pulmonalis" which I have just read with much interest in the Dublin Journal.<sup>1</sup>

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1854, v18, p320.]

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

If you have I take the liberty of asking you to let me have one to forward to a German friend to whom I send such communications especially those of interest in a physiological point of view.

I remain  
Sir  
Yours etc.  
Robert McDonnell

THE FIRST ORDINARY MEETING.

28th October, 1854.

The President in the Chair.

THE PRESIDENT opened the Session with an Inaugural address:—

Paper:<sup>1</sup> GENTLEMEN,—I would wish to preface the few observations I shall to-day trouble you with by an attempt to give expression, however faint, to the feeling of gratification with which I am impressed. First, by that mark of confidence and kindness which your placing me in my present position has conferred; and next, by that which I feel must be a mutual pleasure to us all—our meeting to-day to inaugurate our Second Session of the Belfast Clinical and Pathological Society.

And whether we estimate our circumstances and position by a retrospective or a prospective process, I feel we have nothing to offer each other save congratulations on the past, and in the prospect pleasure and improvement. Who of us that served in the past winter's campaign does not look back upon its weekly forays with reminiscences as pleasurable as profitable? and, moreover, replete with this very satisfactory feeling, that, though we were engaged in what might be truly designated "war to the knife," yet that we could "fight and run away," and are here "to fight another day." We are now, gentlemen, but in the second session of a career which I trust will outlive us all, and yet I am happy in being able to report that our numbers reach ninety-six—a success which I may truly say was hardly anticipated by the few who constituted the first meeting of this Society, convened now only twelve months since by our indefatigable secretary, to whom is due not only its very nativity but in a great measure its now full-grown maturity. Nor do I recognize a more pleasing feature in its constitution than that it includes so large a proportion of non-resident members, whose contributions to our transactions, and frequent attendances during the past session, give ample assurance for the future. I may here state that, with a view to their convenience, our weekly meetings on Saturdays open at three and close at four o'clock precisely.

The objects we propose to ourselves, gentlemen, are by the very name of our Society sufficiently indicated. I may, however, briefly state that they include the con-

sideration of every topic which the term pathology, in its most comprehensive sense, embraces. And here assuredly we have a most extensive—an almost unbounded flight! Matters, however, of practical import, and such as are of every day's occurrence, constitute the more ordinary topics. A glance at the "Transactions" of the past session (which I hope will soon be in the hands of every member), or at the headings and order of precedence of the various subjects, as arranged in the weekly notice, will perhaps convey the best idea upon this point, and, I may add, dispel the erroneous notion wherever it may have been entertained that mere specimens of morbid anatomy formed the staple of our subject-matter. Disorganization of tissue, no doubt, occupies its proper place, but we must be ever careful to discriminate between morbid anatomy and pathology; the former referring merely to appreciable disorganization of tissue or organ, the latter including not only these but far more important still—every phenomenon that differs from what is considered the standard of health, or that may be viewed in the light of disease, whether it be functional or organic.

Whatever the subject-matter brought forward here, expression of opinion and discussion are sought, and by the interchange of ideas and facts, information is mutually imparted, and knowledge necessarily elicited. This much at least I may assert of our experience of the working of our Society during the past winter, that few indeed were the weekly meetings from which its members departed without the pleasing feeling of having learned something. For myself I must say, that the opportunity of meeting my brethren, and interchanging professional courtesies at the Pathological, was looked forward to and enjoyed more than any other hour of my professional work; and I feel that I may confidently predict of the session on which we are to-day entering, that it will not fall short of its predecessor, nor disappoint the hopes of those who are sanguine in their anticipations of its success and their gratification.

Truth to say, on this point, I have but one doubt—but one misgiving, and that arises irrepressibly when I reflect on the so successful occupancy during the past session of that chair which I now so unworthily fill. Were this the place, or the time, for indulging in panegyric, I might easily, in gratifying my own wishes, strike a chord that would but echo your feelings; but I must forbear and content myself with giving expression to the hope that while I emulate my predecessor's example, my efforts may not be altogether fruitless, and that at least they may obtain for me your kind and indulgent consideration. Success in our object, gentlemen, and gratification in obtaining it, I do confidently anticipate. To secure this "consummation most devoutly to be wished," we must admit, that much, nay all, depends upon ourselves. We must, one and all, work; we must each, senior and junior, bring before the Society his facts, nay, even his theories; we must be prepared,

<sup>1</sup> [Dublin Medical Press, 1854, 22 November.]

as best we can, to establish our facts and to maintain our opinions, ever with a view and desire to impart or obtain knowledge—the grand object which this Society proposes to its members; and I need scarcely add, with that delicate feeling and gentlemanlike demeanour which I hope will ever characterize medical discussion. Differences of opinion, wide as the poles, may and will rise. Happily we may each hold, and fearlessly express his own, making it our boast that:

*Nullius addictus jurare in verba magistri.*

We around this table at least may

Agree to differ.

The sneers that had too often and too long been cast at the indefatigable labours of the pathologist, as well of the Continent as of our own country, have long since subsided, and the question of “*Cui Bono*,” so foolish in connexion with this subject, has been even hooted out of medical society. If it were true, and we believe it to have been, that by some physicians too much attention has been devoted to the effects or products of diseases, and too little to the causes and treatment, is that a reason why we should run into the opposite error, and neglect or despise one of the only two means we possess of investigating the nature, and subsequently the more successful treatment of diseases? To say that it is no use to determine whether disease exists in the pleura or in the parenchyma of the lung, because in both cases we must employ similar or analogous treatment, is a melancholy specimen of ignorance or laziness, or of both. Ignorance, for the seat of diseased action must ever make a difference, save to the routinist, in both the nature and amount of treatment; laziness, because accuracy of diagnosis must always be gratifying to the inquiring mind, ever useful in practice, and highly conducive to a habit of accurate observation. What but a knowledge of pathology can fortify us against errors as well of diagnosis as of prognosis?—errors which are far more disgraceful to him that commits them—far more than the “*opprobria medicorum*,” than mere failures in treatment. Simply because a knowledge of the former is within most men’s reach, whilst the latter too often baffle human power. In fact, the pathologist’s grand object should be to combine the phenomena of disease presented in the living, and collate them with the physical alterations detected in the dead body. Hence alone can we deduce certain data for rational treatment. In this pursuit the warping influence of theory must be carefully guarded against. For example, whilst we admit the influence of the solids in the production of morbid phenomena, let us accord also its due importance to the alteration of the fluids. Whilst we admit that local disease is capable of producing constitutional disturbance, we would also maintain that those more general agents, the blood and nervous system, may be, and often are, primarily affected, and that thus general disease may precede the existence of any local affection. In short, we should select what is of real value from every

theory that may be presented to us, wedding ourselves to none, but profiting when we can by it all—in matters medical being pure eclectics.

If ever there was a time, gentlemen, in the history of medicine which loudly called for a close investigation into the truth or falsity of opinions and facts, daily promulgated, it is the present; and for such inquiries our society offers a fair field, where I hope all such analyses will be candidly conducted, and the dross separated from the genuine ore. And here, if I might offer counsel without seeming to lecture, which, gentlemen, whilst I occupy this chair it shall be my study to avoid, I would caution all, especially my younger friends, to guard against a blind and indiscriminating incredulity on the one hand, and on the other against that credulity which receives too easily as facts, without sufficient careful investigation of them, what may have been the workings of a wandering and disordered imagination. We must steer well our bark, equally remote each vortex of ignorance—from this Scylla and that Charybdis. Both are alike pernicious in their effects, and unless men endeavour to free their minds from their baneful influence, in vain will they attempt to store them with knowledge which may serve themselves individually or advance the interests of science. The history of the researches and discoveries of the true friends and labourers in the field of medical science, affords us numberless examples of how, by the exercise of industry the most labourious and indefatigable, of learning and talents possessed by few of his confreres, how by observing certain facts with precision and accuracy, a man may have established a new truth, or may have thrown light on points previously obscure, when forthwith the pen of rancorous criticism or the tongue of envious incredulity have been roused to all their ill-directed energy, deprecating the worth, too oft even the motives, of the man, bringing into doubt and discredit his most brilliant discoveries. Hence a powerful obstacle to the more rapid advancement of knowledge, not only clogging the revolving wheel of improvement, but too often turning it from its progressive to a retrograde course. “I have always remarked” (writes one of the brightest ornaments of modern medicine) “that they who were the most ignorant of any science were the those who believed the least in it.” Nor could it be otherwise, for it is not the man who has observed a number of facts, who has attentively examined and, as far as it is given to man, verified them, who will deny their truth or validity, but far more probably he who may never have given himself the trouble of ascertaining even their existence.

And if incredulity arising, as it often does, in presumptuous ignorance, checks the advance of science, an unbounded credulity, or placing implicit belief in all one hears or reads, thus making us adopt, without sufficient inquiry into their truth, errors often the most absurd, is certainly productive of no less pernicious or

less lamentable consequences. He who acts so is not only not likely to advance a single pace in the improvement of the science he may be cultivating, but he retards its progress by all the wandering dreams of his own fertile imagination, and by the adoption of every phantom that meets him in his erratic career. These two extremes, then—a blinded confidence or an unmeaning distrust in the opinions of others—are, I conceive, alike tests of mediocrity of intellect; in reality the effect of ignorance, and undoubtedly the cause of still more. Doubt, or that rational hesitation, which consists in neither implicitly believing nor positively denying anything before we shall have satisfied our better judgement of its rationality and truth, or actually applied some one of our senses to its investigation. This cautious doubt I take to be the characteristic of a truly philosophical mind—the source of knowledge and the mainspring of improvement.

In illustration of this I would instance the immortal Lænnec, who with industry the most indefatigable, with talents for observation and induction granted to but few men, worked during a period of full ten years before he ventured to put before the world his theories and facts. And in vivid contrast with this truly philosophical spirit, would I point to the baseless unmeaning phantasies which the late epidemic has elicited from too many of our profession—theories opposed to reason and to knowledge, facts unsustained by experience or truth, affording grounds occasionally, alas! but too well founded, for the boldly expressed doubt whether medicine had actually benefited the human family or not.

Pardon me, then, gentlemen, if I forcibly impress upon all the necessity of examining with care everything, especially theoretical, that may be proposed at the meetings of our Society. Let us not submit too hastily, nor bow too implicitly to

The paltry jargon of the schools, where Pedantry gulls Folly,

We have eyes—.

Yes, and I may add, other senses too; and let us use them, ever holding in mind that though our science be not a physical one, yet that we should make every effort to reduce it as nearly as may be to physical certainty. Would that this great desideratum could be more frequently attained! Would that our knowledge of this universally admitted difficulty, made no less dogmatic in our acceptance or rejection of problems emanating either from ourselves or others!

I have thus, gentlemen, briefly and faintly touched upon a few topics, allusion to which our present meeting seemed to me to justify. These, however, have had reference solely to our professional pursuits and our relations to each other. Now, some may think, and it may be wisely, that I should here, frank and mindful of “*Ne sutor ultra crepidam*,” make my bow and sit down. Nevertheless, I feel strongly impelled, and perhaps unwisely, if I trespass not too much on your time and

patience, to crave the privilege of making one or two observations not altogether irrelevant I hope, nor unsuited to our present circumstances; and I shall confine myself to such as bear upon our relations to, and intercourse with, the public.

If there be a profession, gentlemen, whether we view it in the abstract or its daily, hourly applicability to man’s wants and circumstances, which should secure for its votaries the esteem and respect of their fellow men, assuredly that profession is ours. In what quarter of the globe, civilized or savage, from the eternal snows and crushing icebergs of the polar regions, to the burning plains and deadly jungles of sunny India, does our country not ask and have our willing service? Where nations have been menaced by, or are suffering from, the fearful scourges, pestilence and war, has medicine ever shrunk from her perilous post, or deserted the hallowed path of duty? To whom when “the noisome pestilence” stalks through the land, dealing dismay and death around, to whom have the people turned and looked “for safety and for succour?” Mid the carnage of the deadly sea-fight, and the slaughter of the ensanguined battle-field but yesterday at Bomarsund, on the banks and heights of the Alma, and around the bastions (and I trust ere now in our hospitals) of Sebastopol, has she not done her part? Has she not been deservedly praised and honoured? Do not passing events well illustrate the truth of old Homer’s panegyric—

The learn’d physician, skilled our wounds to heal,  
Is more than armies to the public weal.

Or, to view our position in another light, will it be denied that a just estimate of the extent and importance of the knowledge which medicine requires and imparts, would have the effect of elevating our profession to the very highest rank in the world’s estimation? What department of mental philosophy is there that medicine has not availed herself of, or that medical men have not successfully cultivated? And yet we cannot, we must not, close our eyes to the fact that, as a profession, medicine is not held in that high estimation to which she is entitled, at least by the general public, whom we may well regard as—

Monstrum horrendum, informe, ingeus, cui  
lumen ademptum.

That public—

Whose pleasure is as great,  
In being cheated as to cheat.

Although medicine, as a science, has made rapid and extensive progress, her sons have never reaped rewards proportionate to their labours and to their sacrifices in behalf of the community. Whilst the sister professions of law and divinity are upheld and defended in their rights and privileges by the strong arm of the legislature, and by codes of ethics and of etiquette, no doubt self-imposed by their members, medicine, which surely is inferior to neither in the extent and variety of its studies, or in the grandeur of its aims and objects, has

been left to struggle as best it may against apathy, too often even contumely from without, and unhappily (and this, gentlemen, is our great reproach) against angry dissensions and jealous bickerings from within. This state of affairs, as unfortunate as notorious, has been long admitted and deplored, and numberless have been the remedies proposed to palliate or remove the canker. Yet, though their name be “Legion,” an antidote supplied through them seems still remote and problematical.

For my own part, without entering at length into this difficult and vexed question, I would expect that benefits greater than from any other source would accrue to our profession from a good understanding and perfect union amongst ourselves—from self-reliance and from self-esteem. Let there be no mysterious assumption of superiority, nor affected air of condescension on the part of any; but on the contrary, let there ever subsist amongst us the most amicable relations, the most cordial coöperation, the most punctilious observance of the dictates of unflinching probity and honour, and the strictest attention to the requirements of decorum and professional etiquette, our ruling principle being “to do as we would be done by.” May we never forget, for we never can with honour, that “Good name in man and woman is the immediate jewel of their souls; who steals my purse steals trash; ‘tis something, nothing; ‘twas mine, ‘tis his, and has been slave to thousands; but he that filches from me my good name, robs me of that which not enriches him, but makes me poor indeed.”

Should we ever find cause to be dissatisfied with, or openly to prefer a charge against, a professional brother, be it ours, prompted by the “still, small voice of conscience,” whispering “*humanum est errare*,” to try and have our differences arranged, and amity restored, if not by the interposition of mutual friends, at least within the pale of the profession. But, above all, be it ours religiously to avoid, as well in word as deed, as well in look as gesture, the insidious innuendo, the crafty, base insinuation; these let us shun even more scrupulously than we would open accusation. The solemn oath imposed by “my Lord Hamlet” on his “good friends,” would not be very inappropriate, me thinks, to us:—“Never with arms encumbered thus, or this headshake, or by pronouncing of some doubtful phrase, as ‘well, well, we know,’ or ‘we could, an’ if we would,’ or ‘if we list to speak,’ or ‘there be, an’ if they might,’ or such ambiguous giving out to note that you know aught.” Oh! gentlemen, many be the ways of doing the vile, the noxious deed, but to us let them be anathema. Mutual confidence, respect, courtesy, and good feeling should characterize the intercourse of all the members of our profession.

Such conduct on our parts will lay the firmest foundation for that esprit de corps, that close bond of union, which we see with such beneficial effects per-

vade other professions so very much more spiritedly than our own; the want of which in our body, I firmly believe, in point of fact, to lie at the root of many of the evils we complain of. Doubt there can be none, gentlemen, that that man will ever secure for himself the most lasting and sincere respect who contemns every word and deed that has even the semblance of littleness or meanness, and who eschews every act that is unworthy of an honourable, manly, and exalted mind. Let us, then, laying aside our petty, selfish jealousies, our paltry, party struggles for ephemeral preëminence, evidence our self-esteem and self-respect by union amongst ourselves, and by proper esprit de corps. Let us establish our claims on the high consideration of the public, as well individually as collectively, by adopting a lofty standard of education, both literary and medical; and, above all, making it our pride and boast, “*nil conscire sibi, nullâ palleescere cupâ*,” let our professional morality be without taint, above suspicion, and strong am I in the conviction that, though we may not accomplish all we may desire, yet that then, and not till then, we shall have put ourselves in a position most likely to promote and secure our individual good, and advance the best interests of our noble profession.

Following this the ordinary business was commenced.

I. Dr. MALCOLM exhibited two plaster casts, each representing the anterior thoracic wall, in a case of aneurism of the ascending aorta. The tumour had, by pressure, produced absorption of a portion of the sternum, and a considerable protrusion of the remainder, causing a considerable elevation. (See Plate I., figs. 1 and 2.)<sup>1</sup> Dr. M. supplied the following particulars of the case:—M. A.

M’C\_, aged 58, resident at Belfast, of sallow and worn aspect, and looking older than her actual age would indicate; stated that she enjoyed good health until about three years ago, when she first noticed a prolapsus uteri, which was occasionally attended with difficult micturition. Her general health did not, however, become seriously affected till one year afterwards, when she began to complain of unusual debility, palpitation, and some degree of pectoral oppression, and fleeting thoracic pains. About one year subsequently (that is a year since), she first noticed a swelling at the upper part of the sternum, which gave her little or no uneasiness. Gradually, dyspnœa set in, latterly attended with dysphagia, and pains of the neck and shoulders, and, at times, when attempting to lie on the left side, she suffers much from cough, and a choking sensation. The pains of the neck extend along the left arm. On the 15th ult. I examined her. The tumour then presented the appearance represented in the cast, No. 1. The impulse is great, and the

<sup>1</sup> [See page 566.]

pulsations are synchronous with the heart's action. Last week, a secondary tumour, between the sternomastoid muscles at their inferior attachment, appeared. There is no bruit. The pulse is regular. The respiration is quick and easily accelerated; palpitation frequently distressing, and her nights are sleepless. On 19th inst., (after the lapse of thirty-four days), I re-examined her. The tumour, in size and appearance, is represented by the cast, No. 2. The semi-circumference is about four inches, and it has a firm but elastic and pulsating feel. The dyspnoea is increasing in direct proportion to the increasing size of the tumour. Over the base of the heart there is well heard a systolic murmur, but this is not properly due to the tumour itself; it is rather to direct aortal disease. The impulse of the heart is heaving and forcible, while the sounds are dull and muffled. The pulse is regular, and eighty four.

II. Dr. MURNEY exhibited a specimen (wet preparation) of *caries of the vertebræ* attended with tubercular deposit in the bodies of the same. The patient was a man aged 27, who having complained of persistent pain in the dorsal region, and other symptoms evidencing inflammatory action, was treated in the usual way, and the gums touched with mercury. There co-existed, however, tubercular deposit in the lung. Dr. M. remarked upon the infrequency of this deposit in the spinal osseous structure, and observed that Louis, Nelaton, and most writers, are silent on this head.

III. Mr. BROWNE, R.N., reported the particulars of a case of *exostosis of the malar bone*, in which he had performed the operation of excision, the patient being under the influence of chloroform. The bone was found to be extremely vascular, and the actual cautery was required.

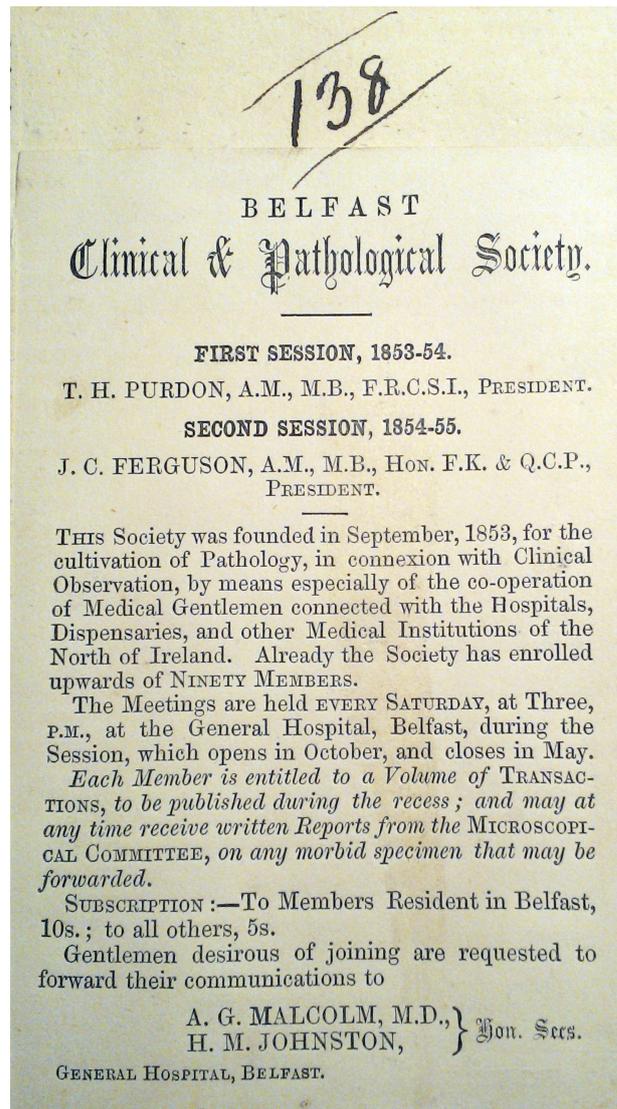
IV. Mr. BROWNE exhibited and explained an improved *Eye-douche*, recently recommended by Haynes Walton,<sup>1</sup> Esq., London.

**137** Newspaper clipping of the inaugural address by J. C. Ferguson delivered at the first meeting in the second session of the Belfast Clinical and Pathological Society on the 28<sup>th</sup> October 1854.<sup>2</sup>

<sup>1</sup> [Browne and Walton were brothers-in-law, Browne having married Charlotte Walton, sister to Haynes Walton, on 23 August 1843.<sup>1a</sup> In the first edition of his book, *A Treatise on Operative Ophthalmic Surgery*, H. Haynes Walton thanked 'my friend Mr. Browne, of Belfast, who has assisted me by many important suggestions'; and went on to dedicate the second edition to 'Samuel Browne, Esq., ... a zealous teacher of ophthalmic surgery, and a successful practitioner ... as a high mark of esteem for his professional attainments and his moral worth ...']

<sup>1a</sup> Staton Family Tree on ancestry.co.uk; accessed 18 December 2019.]

<sup>2</sup> [Address will be found above on page 485.]



**138** Advertisement for the Society. No date. [See image above.]

**157** Advertisement for the Society clipped from the *Dublin Medical Press* for October 18 1854. Same wording as **138** but different setting.

**156** Receipted invoice [dated 7 March 1856] from *Dublin Medical Press* for advertisement for the Society inserted 18 October 1854 [item **157**] and Dr. Ferguson's address inserted 22 November 1854. [item **137**]

**166** To A. G. Malcolm

Bushmills  
30<sup>th</sup> October 1854

Dear Sir

Enclosed you have a P.O. order for 5/- my subscription to the Clinical and Pathological Society for the present session. When acknowledging this; will

you be so kind as to let me know whether the *Transactions* will be sent by post, if not where they may be called for in Belfast; also when they will be ready and you will very much oblige

yours etc.  
James Macaw

**Council Meeting November 1, 1854**

Present: Drs. Halliday & Malcolm, Johnston & Armstrong.

Circular prepared.

**150 Notice of the Second Meeting in the Second Session.**

Sir

The Second Meeting of the Session will be held at the General Hospital, on Saturday, 4th November, at Three o'clock precisely.

**Candidates to be Proposed.**

R. F. Dill, M.D. (Edin.), M.R.C.S. (Eng.), Belfast.  
Robert McDonnell, M.B. (T.C.D.), F.R.C.S. (I.), Dublin.  
T. K. Wheeler, M.D. (Q.U.I.), L.R.C.S. (Edin.), Belfast.  
John Davidson, M.D. (Glas.), Belfast.

**Candidates for Election.**

Alexander Gordon, M.D., and L.R.C.S. (Edin.), Professor of Surgery, Queen's College, Belfast.  
John H. Clarke, A.M., M.B. (T.C.D.), L.R.C.S. (I.), Newcastle.

G. S. Holmes, M.D. (Glas.), L.R.C.S. (Edin.), Glenarm.  
Robert M'Gowan, Lic. Fac. P. & S. (Glas.), Warrenpoint.

**Pathological Specimens to be Exhibited.**

1. Patient, aged 10, with Congenital Cataract under cure.
2. Recent Parts, Tumour of Breast, recently excised.

**Cases to be Read.**

1. Vesico-vaginal Fistula, cured by the Actual cautery.
2. Traumatic Tetanus cured, symptoms lasted 5 weeks.

**Notice to Members.**

The Subscription for the Session, 1854–55, ..... is now due. Treasurer, Dr. J. H. Halliday, 49, Donegall-Street, Belfast.

The Transactions of the Society for the past Session are being prepared; and it is expected that copies will be ready for distribution to Members in December, prox.

It is particularly desired by the Council, that Members generally, in their different localities and departments of practice, will avail themselves of all fitting opportunities to *preserve notes of interesting Cases*, and submit the same to the Society from time to time, as it is only by accumulated variety that the objects of the Society can be fully realized.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (2s. 6d. for the Session) must be prepaid.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

N.B.—The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

**151 Advertisement clipped from the Dublin Quarterly Journal for November 1854.**

SECOND MEETING.

4th November, 1854.

The President in the Chair.

V. Mr. BROWNE, R.N., presented a patient affording a good example of *congenital cataract*, and read the history and particulars of the case, as follows:—

The patient, Margaret P., aged 10, was admitted on the 9th of August last for operation. The history is, that when about a month or six weeks old, her mother observed that there was something wrong with her eyes, and perceived that the pupil presented a dull whitish appearance, and that as the child grew up she was evidently blind. When admitted it was clear that her amount of vision only enabled her to distinguish light from darkness, or the illuminated from the darkened part of a room. As is usual in such cases, her eyes were unsteady in their movements, evidently seeking for the natural and grateful impression of light, while the pupils were very active under its stimulus. When dilated by dropping one or two drops of a solution of sulphate of atropia—four grains to the ounce of water—the pupils presented, immediately behind them and occupying the posterior chamber, completely opaque greyish lenses, the anterior capsule in each being streaked and dotted with pure white striæ and points, depending upon calcareous deposition—a very common occurrence in cases of congenital cataract, when the eyes have not been interfered with till the sixth or seventh year of age. The operation I perform in congenital cataract, at first, is gently breaking up the anterior surface of the lens, through a pretty extensive laceration of the anterior capsule. The instrument I use is a fine straight needle, and I invariably operate through the cornea; of course in this, as in *all needle operations*, the pupil is fully dilated by means of extract of Belladonna applied around the eyes, or a drop or two of the solution of atropia placed upon the conjunctiva. This case was again operated on at the end of three weeks, to hasten the absorption, and the progress is now visible after a lapse of eight weeks.

REMARKS.—Now, as regards the cause of congenital, or indeed any spontaneous cataract, we are still in the dark; were we to judge of the effect we witness in cases of wounds of the capsule of the lens, we would infer that inflammation is the exciting cause; and it is likely that in every species the change in the structure of the lens, or of its transparency, is preceded by some inflammatory action of an asthenic type. In some cases of congenital cataract it has been observed that the pupillary membrane had become adherent to the face of the anterior capsule, remaining there after the other portions had been absorbed before birth, and if so, adhesion must have followed inflammation in utero; I have seen this central additional membrane on the centre of the capsule, but I am not prepared to say that such was the remains of the pupillary membrane. It might be a deposit of lymph; but if so, that is evidence of inter-uterine inflammation. However, as we have many cases in which something of the kind is presented, either deposition of lymph or pupillary remains, the question of the cause of congenital cataract remains to be proved. With respect to the best period of life for operation, the recorded experience of authors is in favour of an early one; if it be deferred to the age of eight or ten years, some imagine that the eyes not only acquire a rolling, unsteady motion in their search for their natural and most grateful stimulus, but lose sensibility from the want of that stimulus. There are cases that such arguments apply to; but again there are others, in which no such doctrine holds good, and some of my best cures have been in cases of complete congenital cataract existing up till the twelfth or thirteenth year.

I have heard it lately asserted that the very early operation is likely to be followed by injurious waste of the eye, the absorptive process having once been set up. I believe the assertion to be incorrect.

VI. Mr. BROWNE, R.N., exhibited the recent parts of an excised *tumour of the breast* which occurred in a patient under 30, and which he considered to be of a scirrhus character. The operation had been early, and therefore presented a most favourable case.

VII. Dr. MALCOLM exhibited a cast of an upper extremity, affected with extraordinary varicose condition of the veins. (*See plate.*)<sup>1</sup> The tumours gave little uneasiness, save from their weight and size interfering with the ordinary use of the limb. Sometimes, when any part of the skin became abraded, he has observed a difficulty in arresting the bleeding. The subject of this case is at present about 45 years of age, and in perfect health. He has noticed this varicose condition as long as he can remember. It is not increasing.

<sup>1</sup> [Plate III, page 567. This is likely the arm described on page 429.]

VIII. Dr. ROGAN, Londonderry, forwarded the following successful case of *vesico-vaginal fistula*:—

M. B., aged 20, applied for advice, in consequence of not being able to retain her urine, which was constantly dribbling away. A vaginal examination discovered a fistulous opening between the bladder and vagina, about an inch within the vaginal orifice; the point of the forefinger could be passed into the bladder. She stated that about a month previously she had been confined; her labour was a very bad one, and the child had to be destroyed before delivery. About a week after, she first perceived that her water came away without effort, and that she was constantly wet. A trial of the actual cautery was decided on. The patient was placed on her back, and a three-bladed speculum being introduced, the opening became apparent, and a silver catheter passed into the bladder through the urethra was easily seen. The cautery was applied by means of an iron rod, bent towards the end, with a button on the extremity, the patient being placed on her back, with the knees drawn up. Ten days after, no improvement being manifest, the cautery was again applied, and, in the course of another fortnight, there still being no improvement, it was decided to give the cautery another trial. On this occasion the patient was placed on her hands and knees—this position gave much greater facilities for the application of the heated iron, and the part was carefully cauterised. In about five days after, she complained that she was much worse; but in about a fortnight the flow of urine through the fistula was much diminished, and in about a month from the last application of the cautery she was quite recovered. An examination showed a firm cicatrix on the site of the former opening.

**Council Meeting November 8, 1854**

Present: Drs. Halliday & Malcolm, Messrs. Johnston & Armstrong.

Circular prepared.

**155 Notice of the Third Meeting in the Second Session.**

Sir

The Third Meeting of the Session will be held at the General Hospital, on Saturday, 11th November, at Three o'clock precisely.

**Candidates to be Proposed.**

**Candidates for Election.**

R. F. Dill, M.D. (Edin.), M.R.C.S. (Eng.), Belfast.

Robert McDonnell, M.B. (T.C.D.), F.R.C.S. (I.), Dublin.

T. K. Wheeler, M.D. (Q.U.I.), L.R.C.S. (Edin.), Belfast.

John Davidson, M.D. (Glas.), Belfast.

Thomas Andrews, M.D. (Edin.), Vice-President and Professor of Queen's College, Belfast.

John M'Mechan, M.D. (Edin.), L.R.C.S. (Ed.), Whitehouse.

Robert S. Hannay, M.D. (Edin.), M.R.C.S. (Eng.), Lurgan.

**Pathological Specimens to be Exhibited.**

Preparation:—Dilated Heart, with disease of Aortal Valves.

**Results of Microscopical and Chemical Examinations.**

1. Tumour of Breast.

**Cases to be Read.**

1. Traumatic Tetanus cured, symptoms lasted 5 weeks.

2. A case of Recto-Vaginal Fistula.

**Notes of New Treatment.**

Dilute Nitric Acid in Pertussis.

**Notice to Members.**

The Subscription for the Session, 1854–55, ..... is now due. Treasurer, Dr. J. H. Halliday, 49, Donegall-Street, Belfast.

The Transactions of the Society for the past Session are being prepared; and it is expected that copies will be ready for distribution to Members in December, prox.

It is particularly desired by the Council, that Members generally, in their different localities and departments of practice, will avail themselves of all fitting opportunities to *preserve notes of interesting Cases*, and submit the same to the Society from time to time, as it is only by accumulated variety that the objects of the Society can be fully realized.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (2s. 6d. for the Session) must be prepaid.

Signed by order,

A. G. Malcolm, M.D., G. F. Wales,  
General Secretaries

N.B.—The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

**158 To The Honorary Secretaries**

Warrenpoint  
November 9<sup>th</sup> 1854

Sirs

You will please be kind enough to enter my name as a subscriber for a copy of the Transactions of the past session of the Society.

Your obedient servant

R. M'Gowan

THIRD MEETING.

11th November, 1854.

The President in the Chair.

IX. Dr. MALCOLM read the notes of a case which was under the care of Dr. PIRRIE, in the General Hospital,

of gangrene of the foot, in connexion with diseased heart.

J. W., aged 17, a mill-worker, of lymphatic constitution, was admitted into the General Hospital on the 7th of August, 1850. He never suffered from rheumatism, but occasionally for the last two winters has been annoyed with cough, which was so severe last winter as to be accompanied by expectoration of blood. He has latterly complained of palpitation on using more than the most ordinary exertion. On admission, his principal complaints were troublesome cough, and a painful tumour situated at the lower part of the left ham. This tumour, which obliges him to keep the leg closely flexed, was hard and tender and without pulsation, and its external appearance red and inflamed. After a few days the tumour completely disappeared, and nothing remained for complaint, save the slight cough, which soon also ceased without any particular treatment. He was now about to leave the hospital, when, at the physician's (Dr. Pirrie's) visit on the 15th, he directed attention to the toes of his left foot which were exceedingly painful. On examination the little toe was found to be quite black, while the others, and the dorsum of the foot, presented a mottled appearance. Lesion of the organs of circulation was now suspected, and, on examination, there were discovered extended dulness over the cardiac region, feeble pulse, a distinct murmur with the first sound, increasing in intensity towards the carotids; the pulse was 100, and soft. Opium, stimulants, and nourishing diet were administered, but on the 21st it was evident that a portion of the foot must be lost. The gangrene, however, seemed to have stopped, sloughs were being detached, and the surfaces underneath began to assume a healthy aspect, when, one evening, while sitting up at his supper, he suddenly expired.

P. M. EXAMINATION.—Unfortunately the heart and lungs were the only organs examined, so that the condition of the arteries in the left leg cannot be positively declared. The lungs were healthy. The left ventricle of the heart may be seen in the specimen to be extremely dilated, without hypertrophy of the substance of the walls, while the aortic valves are completely covered with small lymph vegetations, the evident result of chronic inflammation.

(For particulars of cases showing the effects resulting from detached fibrinous deposit from interior of heart blocking up arteries, see the following references:—*Edin. Monthly*, for March, 1854 (Prof. Simpson); *Trans. of Lond. Path. Society*, vol. iv. (Dr. Crawford, and Mr. Shaw, Middlesex Hospital); *Trans. of Medico-Chirur. Society*, vol. xxxv. (Dr. Kirker); *Medical Times and Gazette*, vol. v., p. 412.)

X. Professor STEWART read the notes of a successful case of *traumatic tetanus*. The principal treatment

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was mercurialization, and the repeated use of chloroform by inhalation, and a stimulant regimen. The symptoms lasted five weeks.

**Council Meeting** November 15, 1854

Present: Drs. Halliday, Ross & Malcolm, & Mr. Armstrong.

In reference to Dr. Read's claim for exemption from subscription in consequence of entering late in the session, it was resolved

That Dr. Read be granted time for payment.

**160** Notice of the Fourth Meeting in the Second Session.

Sir

The Fourth Meeting of the Session will be held at the General Hospital, on Saturday, 18th November, at Three o'clock precisely.

**Candidates for Election.**

Joseph M. Lynn, M.D. (Glas.), L.R.C.S. (I. and Ed.), Markethill.

George Alexander Hume, M.D. (Glas.), L.R.C.S. (Edin.), Crumlin.

William Warwick, M.R.C.S. (England.), Belfast.

**Notes of New Treatment.**

Dilute Nitric Acid in Pertussis.

**Cases to be Read.**

1. A Case of Recto-Vaginal Fistula.
2. Disease of the Gall-bladder, simulating Scirrhus of the Pylorus.

**Pathological Specimens to be Exhibited.**

1. Drawing: Hydrocele—Testis excised.
2. Patient: with Goitre.

**Exhibition of New Instruments.**

Uterine Compressor.

**Query for Discussion.**

What has the experience of the recent Epidemic contributed to our knowledge of the Pathology and Treatment.

**Notice to Members.**

Members in arrear, will please forward their Subscription for the Session, 1854–55, without delay to the Treasurer, Dr. J. H. Halliday, 59, Donegall-Street, Belfast.

The Transactions of the Society for the past Session are being prepared; and it is expected that copies will be ready for distribution to Members in December, prox.

It is particularly desired by the Council, that Members generally, in their different localities and departments of practice, will avail themselves of all fitting opportunities to preserve notes of interesting Cases, and submit the same to the Society from time to time, as it is only by accumulated variety that the objects of the Society can be fully realized.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (2s. 3d. for the Session) must be prepaid.

Signed by order,  
A. G. Malcolm, M.D.,  
G. F. Wales,  
General Secretaries

N.B.—The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

**170** To the Secretaries

Portglenone  
17<sup>th</sup> November 1854

Gentlemen

Believing the enclosed report may be interesting to your very useful Institution I beg leave to enclose it and am Gentlemen

Yours faithfully  
T. Madden

**154** To A. G. Malcolm

Lisburn, 16 Bow Street  
November 18<sup>th</sup> 1854

Dear Sir

I enclose P.O. order for 10/- being my own subscription (Augustus Johnston, Lisburn) and that of my brother (Benjamin Johnston, Ramelton) to the "Belfast Clinical and Pathological Society". I shall feel obliged by receipt for same.

I would also be glad of the list of Members and the Laws in detail if published yet.

I remain  
Yours truly  
Augustus Johnston

FOURTH MEETING.

18th November, 1854.

The President in the Chair.

XI. Dr. YOUNG, Holywood, introduced the subject of the *treatment of Pertussis by dilute nitric acid*.

In consequence of a very extensive epidemic of Hooping Cough in Holywood and the surrounding district, I have had a favourable opportunity of trying the effects of the new remedy, nitric acid, in that disease. As to its *nature*, I entirely agree with Dr. Todd, who pronounces it a disease depending on some peculiar irritation of the vagus nerve, the irritation being quite as complete as when the nerve is mechanically stimulated; and that, as far as present knowledge enables us to speak, it is a disease which runs a certain course, can be communicated from one person to another, and is probably due to the influence of a poison which gets into the system, and produces its local manifestations on the vagus nerve. It is not an

inflammatory affection of any part, being simply dependent on a morbid state of the blood, caused by the introduction into it of some poison from without, and whatever inflammation may occur in the course of it must be regarded in the light of a complication of the disease.

It appears that the mortality from Hooping Cough is greater than any of the eruptive diseases that occur under five years of age, and it is supposed that in the sixteen years ending in 1853, there were not fewer than 130,662 deaths. Now, a remedy that would successfully combat such ravages as these must certainly be a great boon to the whole human race, and the assertion that at last such a specific has been found, deserves our most serious consideration.

Hooping Cough seldom attacks *very young* infants, yet I have seen a child three weeks old ill with it, and escaping too, when another child of the same family died. But I am not equal to *Dr. Watson* in experience of this kind, who says in his lecture, that a woman came under his notice who, while in the last week of her pregnancy, lived in a house where the disease was prevalent, and whose infant hooped the very day it was born. It is also rare in advanced life, though *Dr. Todd* has seen it in an old couple of 80 and 72 respectively, who did well and got safely over it; and a friend of mine recently informed me of a case occurring in an old gentleman of 75, who, when taking his daily exercise, used to astonish the public by running to a lamp-post when the fit came on, and holding tight till the attack had subsided.

As to the average duration of hooping cough, *Dr. West*, a high authority in diseases of children, says, that out of 25 cases watched from the time the cough first assumed a paroxysmal character, until the final cessation of all cough, he should be disposed to estimate the average duration of hooping cough to be ten weeks; two for the first stage, four for the second, and four for the third.

Since the commencement of the present epidemic of hooping cough in my neighbourhood, I have had abundant opportunities of putting the new treatment to the test. I have notes of cases in all stages, and they were all cured in less than a month. In the cases treated from the commencement of the attack, before the characteristic hoop was heard, I found that the acid reduced the violence of the paroxysm to a minimum, if I may so speak. In one of these cases, unless I had heard the whoop, I might have supposed I was dealing with a simple bronchitis, although I am aware pertussis, like scarlatina or rubeola, may run its course without the presence of some of the important symptoms which usually mark the disease. Of one case I may give a few particulars. A gentleman's child, aged 9 years, coughed mildly for a week, and not being supposed to have anything but a common cold, got merely a little simple pectoral mixture. At

the beginning of the second week it was evident she had hooping cough, and I then prescribed the nitric acid. I gradually increased the dose from five minims every third hour to fifteen minims every second hour, of the dilute acid. Here the disease was divided into three distinct stages, each stage occupying about a week; the first week catarrhal, the second spasmodic, and the third the period of decline. By the end of the third week the disease had entirely disappeared, with the exception of an isolated cough now and then for two or three days. I need hardly add that in this case, and in every other, where practicable, I employed every adjuvant that I considered useful, such as regulation of temperature, bowels, diet, and clothing; and strict confinement to bed when the cough was at the worst, gave very decided relief.

From having had the charge of a Poorhouse where hooping cough was prevalent some years ago, I took a great interest in this hitherto intractable disorder, and used varied and numerous methods of treatment, viz.—prussic acid, counter-irritants, laurel water, touching the pharynx with a solution of lunar caustic; alum as recommended by the late eminent *Dr. Golding Bird*, for checking the copious secretion from the bronchi, and the cochineal potash mixture, which last, I must confess, I never found to fail in *alleviating* the urgent symptoms. The cochineal is believed to be anodyne, and the carbonate potash counteracts the supposed tendency to acidity in the stomach and bowels. I have not tried chloroform, as lately recommended and insisted on by *Dr. Churchill*, but I think that moderate inhalations in conjunction with the nitric acid would be of great service.

The *ratio medendi* of the new remedy, as given by its author, *Dr. Arnold*, of Montreal, is supposed to be “to introduce the elements of the atmosphere into the blood by the process of gastric digestion, so as to enable the lungs to outstand the stage of temporary asphyxia which is induced during a severe paroxysm.” *Dr. Gibb* believes that an antidote has been discovered in nitric acid. My own view is similar. I believe that nitric acid is almost as effectual a remedy in pertussis, as quinine in ague. The therapeutical properties of the remedy are admirably fitted to counteract the pathological effects of the disease. It is anti-spasmodic in its nature, a powerful tonic, antiseptic in a high degree, and it allays the dyspepsia and the usual tendency to sickness and vomiting. *Dr. Gibb* says he has no doubt that its chief use is in supplying the blood with an element, *nitrogen*, which neutralizes the excess of fibrine that exists in the blood in hooping cough.

I shall merely add *Dr. Gibb's* formula for a child under two:—Acid nit. dil., 12 drs. Tinct. card. co., 3 drs. Syrup. simpl., 3½ oz. Aqua, 1 oz.<sup>1</sup>

<sup>1</sup> [See letter from *Dr. Charles Halpin* (Item 409, page 642) regarding possible error in formula.]

Of this a teaspoonful every hour or every second hour. Children from two to five, and so on, may take increased quantities. It is of some importance to bear in mind the necessity for a soda gargle immediately after taking the medicine.

XII. Dr. HALLIDAY read the particulars of a successful case of *recto-vaginal fistula*.

XIII. Dr. MOORE exhibited a specimen of *diseased scrotum and tunica vaginalis*, and a drawing of the part before excision, which was required. The testis, though only atrophied, could not have been saved. The scrotal tumour was composed altogether of inflammatory products, as ascertained by microscopical examination. The *tunica* had been tapped twice; the last time the fluid removed resembled that of hæmatocele.

XIV. Dr. MALCOLM read the following notes of a case of *inflammatory cystic formations of the gall-bladder*:—

The subject of this case was a woman, aged 50, who had suffered for the last ten or twelve years from dyspepsia, which, during the last two, was greatly aggravated and characterized by repeated paroxysms of pain, referred to the epigastrium, and—the constitution having been unaffected—were ascribed to the passage of gall-stones, which, however, were never observed in her stools.

During the last four months she was constantly confined to bed, and was reduced to a state of great debility, from the increasing irritability of the stomach. Two months ago she became slightly jaundiced, and then the pains became more settled in the region of the liver.

Latterly the pain and irritability were so persistent, that scirrhus of the pylorus was diagnosed. During the presence of the paroxysms, the occurrence of large tumours in the curve of the colon was remarkably deceptive, their size and dense hardness indicated retained and hardened fæces so perfectly. They were always, however, dispersed by the administration of enemata of turpentine and assafœtida, which frequently brought away scybalous masses. The tumours, however, were constantly co-existent with the paroxysms. The adhesions of the colon may account for the hardness felt when this gut was inordinately distended.

P. M. EXAMINATION.—The liver is greatly enlarged and very friable, and has contracted adhesions to the colon, which is diminished in calibre. The gall-bladder is greatly contracted, and its walls thickened to such an extent as to occupy a considerable space, are converted into a cartilaginoid structure, containing cysts filled with gall-stones of large size. These cysts had no communication with the ductus choledochus. In the immediate neighbourhood of this mass a small

portion of the liver had suppurated. The stomach and intestines, and other abdominal organs, were healthy.

XV. Mr. MADDEN, Portglenone, submitted (per Secretaries) the following case of *protracted amenorrhœa*:—

Mrs. C., now aged 50, was married about the age of 20. Ten years afterwards, she fancied and hoped she was in that state in which “ladies like to be who love their lords:” and so confident was she of this being the case, that she had procured the baby things, and all other requisites generally had by farmers’ wives on such blissful occasions. At last, labour pains apparently coming on, I was hastily summoned, and found her calling out most lustily; in fact, she had every appearance of a person likely soon to give birth to a child.

On making an examination I was a little surprised at not finding the os uteri, the vagina being totally closed up. The abdomen presented no enlargement, more than might be expected in a person of her appearance, being rather *enbonpoint* at the time. On making inquiry into her history, I found she had never menstruated. For some time after her marriage, she suffered the embraces of her husband with great pain; but through time, the roof of the vagina got stretched by the long-continued attempts at coition, and matters afterwards got on as well as if no malformation existed.

A few years after I had discovered this state of affairs, she removed from this place, and again fancied she was *enciente*. A neighbouring professional gentleman was called on to attend her; but he observed nothing different from what I had experienced on the former occasion. What makes this case remarkable, are the facts, that up to this period she never menstruated, never had any vicarious discharge, and always enjoyed excellent health, with a tendency to obesity. The mammæ are perfectly developed: her face is rather florid, and presents a small moustache.

167 To A. G. Malcolm

Lisburn

November 21 1854

Dear Dr. Malcolm

I ought to have said to you sooner perhaps that from my inability of deriving any advantage from your very excellent society, or the prospect of being able to do so, it will be useless in me renewing my subscription for this year at least, otherwise I should have sent it to you now. Wishing the Society every success, and begging to congratulate you on your becoming one of us.

Believe me to be, Dear Sir

Very faithfully Yours

J. J. Kelso

169 To A. G. Malcolm

8, Grafton Street  
Dublin

21 Day of November 1854

Sir

Your letter was handed to my printer on the day of its receipt, and I was under the impression that he would have paid the same attention to the Cards as on a former occasion. His excuse to me is that he handed it to his foreman whose business it was to attend to it. He has since fallen sick and the matter was neglected.

The cards shall be forwarded to you by tomorrow's post.

Your obedient servant  
for W. B. Kelly  
[undecipherable signature]

**Council Meeting** November 22, 1854

Present: Dr. Malcolm, Messrs. Johnston & Armstrong.  
Circular prepared.

162 To A. G. Malcolm

Portadown  
25 November 1854

Dear Doctor

I am sorry to say that the same accident I met with precludes the possibility of my joining your society. Moreover, the fact of our market day being on Saturday would put it out of my power to attend any of the meetings of your praiseworthy and valuable meetings.

Yours respectfully  
P. M'Loughlin

I apologise for delaying a reply.

FIFTH MEETING.

25th November, 1854.

The President in the Chair.

XVI. Dr. MALCOLM exhibited the recent parts, in a case of *scirrhoid thickening of the pylorus and colon*; and observed as follows:—

The recent parts here exhibited are portions of the colon and stomach. The pylorus is thickened considerably, and its calibre much diminished. On section of the mass, the structure seems to consist of white fibro-cartilaginous tissue having the appearance of scirrhus; there is distinct thickening of the short curvature in the sub-mucous tissue. The stomach, generally, was contracted; the transverse colon is observed adherent at one end to the pylorus, and at the other contracted, with thickening of its coats at the inner margin; besides these changes, there was considerable amount of fluid in the peritoneum, turbid, and of

a brownish tint, amounting to 24 ounces. The cæcum and the ascending colon were enormously distended, with natural discharges. The subject of this examination was a man, aged 37, who was seen by Dr. MALCOLM, in consultation with Dr. BRYCE. He had laboured under symptoms of indigestion for a period of 14 years; these symptoms were vomiting, pyrosis, acidity, flatulence, and torpor of bowels. He never complained of pain until last six months. This pain was first felt in right side and shoulder, and afterwards at various points over the abdomen; the vomiting generally occurred about six hours after a meal, and it was always preceded by a peculiar taste like oatmeal cake. He never observed a sensible perspiration, and the skin appeared always dry and scaly. The matters vomited were of varying colour and consistence; when not the ingesta, they were sometimes of a greenish tint, sometimes white, and effervesced; and at others, exactly similar to strong black tea. The constipation was latterly a source of great misery, as to it were due the shifting abdominal pains and obstinate flatulence, which gave him so much distress on some occasions. The intestine would remain obstinately obstructed for a period of two to three weeks, and frequently repeated enemata were absolutely necessary, to produce the slightest relief.

Medicine of various kinds had been unsuccessfully administered by different practitioners, and he gradually became more and more exhausted till the period of his death.

XVII. Dr. M'CORMAC exhibited portions of a *tuberculous lung*, in the advanced stage. A discussion originated as to the treatment of phthisis, and the alleged efficacy of *ol. je. aselli*. It was resolved to hold a formal debate thereon at some future meeting, to be fixed by the Council.

XVIII. Mr. BROWNE introduced a patient affected with *goitre*, and read the following paper thereon:—

The subject of the following brief remarks, and whom I have had the pleasure of exhibiting to the Society, is a native of the County Down; has resided for many years in the neighbourhood of Whiteabbey, and has never been out of this country, save for a few months in Glasgow, three years ago.

She first observed the swelling of the thyroid gland some six years since, and considers that the increase was not great after it had attained to about half its present size, until within a few months back, when it attained its present dimensions. The tumour measures, semi-circumferentially, four inches by four; and is more especially marked on the right side, occupying the position of that portion of the thyroid gland.

The tumour is evidently composed of thin lobes, or cysts; it is soft, elastic, and smooth; and the lobular

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President John Creery Ferguson

character can only be detected by close examination. The cause of this growth the patient cannot account for, as her health and functions have always been good and regular.

The only discomfort she has suffered is, latterly, that she has felt occasionally some difficulty of breathing, and on exercise or excitement, some pain, or rather a sensation of fulness and uneasiness, in the head. From the number of cases of simple goitre that have been reported as cured (so many as 75 per cent.), by treatment, I was induced to take this patient into the hospital; and I have put her under the following system of medicine:—She took for some six days, three-fourths of a grain of the protoiodide of mercury, night and morning, in the form of a pill, made up with extract of hyoscyamus; this quantity was reduced to one pill daily, when the gums exhibited the first trace of the system coming under the influence of the mercury.

She has also taken, for the last twelve days, five grains of the iodide of potassium three times a day; and since this day week the tumour has been painted every second morning with a concentrated solution of iodine. The medicine, hitherto, has not in any way disagreed with her, and I can perceive a decided diminution in the volume of the tumour, of which the patient herself is quite sensible. My intention now is to omit the iodide of mercury, and to substitute half grain or grain doses of iodide, with the iodide of potassium, continuing either the painting with solution of iodide, or substituting for it the ointment of the iodide of lead, to be applied by repeated frictions, the method that, has been very useful in promoting absorption of this species of tumour.

The question that I now wish to put to this Society is—What would the members recommend, provided the treatment I have adopted fail? Would they advise puncture and injection of the tissues of the tumour, or the passing of a seton through its substance? For my own part, seeing that I believe the tumour to be composed of a complete cyst, or cysts, communicating freely, I would be disposed to puncture and throw in a solution of iodine, not so strong as to run the risk of much irritation, or any tendency to sloughing of the part. Of course, the step of puncturing would be a guide for further proceedings; for if I found that the cyst, or separate cysts, if they exist, could not be emptied by the opening, or openings, I would not think of forcing any fluid into the cells of a hypertrophied gland. For if the tumour in question be not of the cystic character, I think the attempt at injection would be wrong.

XIX. Dr. MALCOLM exhibited a new *uterine compressor* which he had found useful in some cases of post partum hæmorrhage. It is simple, and easy of instant application. (*Sold by Pratt, London.*)

153 To A. G. Malcolm

Lisburn, 16 Bow Street  
27<sup>th</sup> November 1854

Sir

On Saturday the 18<sup>th</sup> inst. I sent you a P.O. order for 10/- being my own (Augustus Johnston) and my brother's (Benjamin Johnston, Ramelton) subscriptions to the Belfast Clinical and Pathological Society requesting at the same time the favour of receipts for same and also if published a list of the Members and the Rules in full but as I have not heard from you since I presume that by some mischance it has not reached you: pray say whether such is the case.

I remain  
Yours truly

Augustus Johnston

*replied 28<sup>th</sup>*

164 To A. G. Malcolm

Tandragee  
27<sup>th</sup> November 1854

Dear Sir

I regret to say I have heard nothing since about the Polypus case and fear I am very unlikely to do so as he lived at a distance.

I shall add my sister to your society and beg you will propose her as a member.

Yours very truly  
A. Patton

163 To A. G. Malcolm

Lisburn, 16 Bow Street  
November 29<sup>th</sup> 1854

Dear Sir

I am in receipt of your favor of yesterday with its accompanying enclosures for which I feel obliged: in reply to your question I am the same whose name is enrolled in the Directory for current year with a *Dublin* residence at this time.

in haste  
Yours faithfully  
Augustus Johnston

**Council Meeting** November 29, 1854

Present: Dr. Malcolm & Mr. Johnston.

Circular prepared.

182 *Notice of the Sixth Meeting in the Second Session.*

Sir

The Sixth Meeting will be held at the General Hospital, on Saturday, 2<sup>nd</sup> December, at Three o'clock precisely.

**Attendance at last Meeting:**

Town Members, 18; Country do., 6; Students, 27

**Candidates to be Proposed.**

Alex. Patton, M.B., (T.C.D.), L.R.C.S.(I.), Tandragee.

**Candidates for Election.**

Augustus Johnston, A.M., M.B. (T.C.D.), M.R.C.S. (Eng.), Lisburn.

Benjamin Johnston, A.M., M.B. (T.C.D.), F.R.C.S. (Eng.), Ramelton.

**Pathological Specimens to be Exhibited.**

Preparation:—Malignant disease of femur.

Recent Parts:—Placenta charged with Calcareous deposit.

**Query for Discussion.**

What has the experience of the recent Epidemic contributed to our knowledge of its Pathology and Treatment?

*Replies from Members who cannot attend are earnestly solicited.*

**Clinical Facts and Statistics.**

1. An analysis of 900 cases in the Private Obstetric practice of a Member.
2. Unusual physical signs in a case of Pleuritic Effusion.

**Case to be Read.**

Convulsions and Paralysis followed by Dementia, in a case of Pertussis.

**Notes of New Treatment.**

The Topical Medication of the Larynx.

**Notice to Members.**

Members in arrear, will please forward their Subscription for the Session 1854–55, without delay to the Treasurer Dr. J. H. Halliday, 59, Donegall-Street, Belfast.

The Transactions of the Society for the past Session are being prepared and it is expected that copies will be ready for distribution to Members in December, prox.

Any Member in possession of a Cast or other Pathological Specimen of interest, or the notes of interesting cases in his own or others' practice, is requested to communicate with the Secretaries.

Members are informed that, by using the gutta-percha sheeting, they can take excellent Models of Tumors, &c., which may be forwarded any distance without risk of injury.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (2s. 1d. for the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

SIXTH MEETING.

2nd December, 1854.

The President in the Chair.

XX. Dr. MOORE exhibited a dried specimen of *malignant disease of the femur*.

XXI. Dr. MALCOLM exhibited a recent specimen of a *placenta charged with calcareous deposit*, and adverted to the views lately published on diseased placenta by Professor Simpson, Rokitanski, Drs. O. Ward, H. Jones, Burnes, Druitt, Ollivier, &c.

An interesting discussion ensued as to the alleged influence such changes might induce on the nutrition of the foetus; as to their cause; and, lastly, as to the connection of "fatty degeneration," atheromatous and calcareous deposits, and such like states of the placenta, and the "cessation of function"—a relation strongly advocated in the *Medico-Chirurg. Trans.* for 1851.

XXII. Dr. ROSS opened the debate on the query—"What has the experience of the recent epidemic (*Asiatic cholera*) contributed to our knowledge of its pathology and treatment?" as follows:—

As there is every reason to fear that cholera may eventually become an endemic disease of this country, I am sure you will approve of the query proposed for discussion to-day—"What has the experience of the recent epidemic contributed to our knowledge of its pathology and treatment?"

This epidemic commenced in Belfast about March, 1854, and ended about the following October, during which time there were 1,025 dispensary cases, and I calculate that private cases, and those not reported, would make the total number about 1,100. The disease was almost confined to the poorer classes, and was much less severe in point of numbers than in the epidemics of 1832 and 1849, but not in virulence, as far as I know.

The filthy parts of the town suffered most, and in those districts in which the cases were most numerous, there also, generally speaking, the fatality and the severity of the cases was greatest.

I have been confirmed in the opinion that cholera, like typhus fever, is the effect of some poisonous agent received into the system, and that diarrhoea, exhaustion, bad drainage, situation, &c., merely act as predisposing causes.

From what I have seen, I am satisfied that cholera is propagable by infection, but that as malaria develops age, so the choleraic poison derived from the earth or the atmosphere develops cholera, and that it is in this latter way the disease generally spreads.

I consider the vomiting and diarrhoea efforts made by nature to get rid of the *materies morbi*; why it should seek egress by the alimentary canal is nothing

more remarkable than the fact that tartar emetic injected into the veins seeks elimination in a similar way.

But we must take a proper view of this eliminative action, and certainly not, in order to promote it, purge our patient to death by full and frequently repeated doses of castor oil; recollecting that, although by the efforts of nature we get rid of the poison partly or entirely, unfortunately it is not it alone that is poured out; the blood is almost drained of its aqueous constituents, producing extreme depression of the vital powers, and rendering the blood almost incapable of circulation.

What is the cause of death in hanging or drowning? The entrance of air into the lungs is prevented, the chemical changes cease to take place, the blood becomes loaded with carbonic acid; in this unnatural state it will not pass through the capillaries, and, consequently, it stagnates in the lungs, the heart's pulsations becoming weaker, until they cease altogether. So in cholera—though from a different cause, viz., the non-fluidity of the blood—the circulation flags, and, finally, too often ceases.

I think, then, that to consider cholera the effect of a poison introduced into the blood, will best account for the immense gastro-intestinal evacuations, these, in turn, causing the extreme depression, the craving for fluids, and the interruption of the circulation. The blueness, the loss of temperature, and the cramps are direct consequence of the non-arterialization of the blood.

In the consecutive fever there is real weakness from the loss of albumen in the previous stages, and the depurating organs are more or less paralysed, probably because the blood is so much deficient in serum.

As to the portion of the query relative to treatment, still further evidence has been obtained of the importance of arresting diarrhoea when cholera is epidemic, and of the utility of house to house visitation.

The astringents I prefer for this purpose are opium (with calomel if there be vomiting), sulphuric acid, tincture of krameria, and acetate of lead, with opium.

The free use of opium in the fully developed choleraic seizure, I consider highly injurious. I think this epidemic will impress this opinion still more strongly on the members of our profession.

In this stage I put most confidence in small doses of calomel, 2 grains every hour, or if the vomiting be urgent 5 grains of calomel and one of opium every hour until bilious evacuations appear; in astringents (and the mixture I prefer is composed of sulphuric acid, tincture of krameria, chloroform, capsicum, and Hoffman's anodyne); in the free use of fluids; and in turpentine epithems and bandages.

The more general use of frequently-repeated small doses of calomel, instead of the very large ones formerly used, is a very great improvement.

The removal of patients in collapse to hospital at a distance, has, to say the least, in many cases, hastened the fatal termination, and should, if possible, be avoided.

In the consecutive fever, the system having been weakened by the loss of albumen, etc., in the previous stages, and the blood being in a very unhealthy state, the indications are, to support our patients' strength, to administer fluids freely (which is in all stages necessary, but more particularly so in this), and to depurate the blood through the lungs, liver, skin, and kidneys.

I have used the sulphuric acid mixture as a prophyllactic with much success, but I have experienced no benefit from quinine or silver in any stage of the disease.

When, Mr. President, I see around me some who have treated cholera in three epidemics, and so many who have, like myself, in two, I do hope that we shall be mutually benefitted by the discussion on "What has the experience of the recent epidemic contributed to our knowledge of its pathology and treatment?"

The PRESIDENT—The choleraic diarrhoea washes away the constituents of the blood, hence our duty is to arrest it. Diarrhoea is a predisposing cause.

Dr. M'CORMAC did not think Asiatic cholera would become endemic. It is brought here by *infection*. Seasoned individuals are not very liable. The constitution of the individual is the cause of *variety* in the case, as regards severity. Treatment advised:—Opium and sulphuric acid at first; vomiting relieved by iced water, prussic acid and creosote, sinapisms. In collapse all means uncertain.

Mr. GELSTON, Comber, submitted the result of his experience at Ballymacarrett, in 1849, as follows:—

In the early stages, when the patient has not been exhausted by profuse serous evacuations, the disease may be arrested by a purgative of the bitter class, as

Tinc. Rhei., 1 oz.

Tinct. Aloet., 2 drs.

Aqua Menthæ, 2oz., M.; or,

Pulv. Gregorii, 2 drs.

Aqua Menthæ, 2 oz.

Tinct. opii, 20 guttæ, M.

Ad effectum.

An emetic of hippo, previously exhibited, if tongue foul, as in drinkers. When much prostration, and evacuations profuse and watery, by tinct. opii, 1 dr., in raw spirits or strong hot brandy and water, repeated if necessary, with tinct. catechu, sinapisms, &c. If the discharges persistent, large doses of tinct. kino, catechu, or tannin; or if these be inefficient, by strong solution of alum. In collapse, reaction may be pro-

cured by warm bath, the emetic system as before-mentioned, &c.

The object, in the first instance, being to assist nature in discharging the poison from the stomach and bowels, by means calculated to counteract the disordered action therein, this may be attained by such agents as arrest fermentation and expel it from the system; to this end are applicable bitter purgatives, absorbents, and aromatics. In the second case, the disordered action having induced a relaxation of the exhalents, powerful astringents are indicated; the process of exosmose may be arrested by preparations of opium, astringents, &c. In the third case, the patient must be plunged immediately in a hot bath or enveloped in hot air or vapour, taken out and wrapped undried in blankets. An emetic of half a drachm carb. ammon., and two tea-spoonfuls of mustard administered in hot water or chamomile-tea; this produced active vomiting and profuse perspiration succeeded.

In a few cases, vomiting was not induced, but notwithstanding, sweating was produced. Beef-tea or meal-tea occasionally; the thirst allayed by a saline drink of nit. potass., carb. soda, and tart. acid in solution; diluents were plentifully allowed. If the watery purging returned, a strong solution of alum was found the most prompt means of arresting it; the vomiting combated by large sinapisms. The reaction, and consecutive fever soon became violent, especially in those who had taken large quantities of stimulants; leeches to the head, and venæsection frequently required; the bowels obstinately constipated, for which calomel and ext. coloc, followed by inf. senna, was found the best purgative; the milder aperients, as castor oil and rhubarb inefficient. In cases out of hospital, where a bath cannot be procured, jars of hot water to the feet, hot bricks, wrapped in wet cloths, to the body, and the emetic as above, produced the same good effects.

Mr. BROWNE believed in the preponderating operation of *local* causes, and advocated chiefly the mercurial treatment.

Dr. THOMAS THOMPSON drew an analogy to yellow fever of the West Indies, and referred to his experience there as to the influence of season, quoting the following pithy distich:—

July stand by, August you must;

September, remember, October, all over.

He believed that there was a great tendency here every July and August to choleraic disorders. In his treatment he relied chiefly on opium and stimulants.

Dr. BECK had seen much of cholera in 1832, and lately. He considered the cholera poison was *imported* here. Sanitary defects may spread, but cannot produce it. The discharges, though common, he did not deem essential. The spasms observed are the result of a vitiated or poisoned state of the blood. As to treat-

ment, calomel is the chief, though he was not favourable to it in 1832. Opium in the early stages.

Dr. PATTERSON'S experience in several epidemics led him to believe that it was not contagious.

Dr. MALCOLM advocated the sanitary view of the cause of cholera. No doubt there is a certain condition of the atmosphere favourable to the propagation of Asiatic cholera, but *local* agencies determined its presence in particular localities. It was a poison of the most virulent description, which manifested itself principally on the intestinal tract, and afterwards on the nervous and circulatory systems. Arrest the diarrhoea and debility of the early stage by full doses of opium, or, if this fail, calomel and opium; and, in general, collapse will be prevented. Save temporarily to raise the temperature, stimulants are hurtful, as also ordinary astringents. Fluids, especially saline drinks, are of great service. In reaction, a small cupping over the loins will be found useful in restoring the renal secretion.

The PRESIDENT believed that the pathology of Asiatic cholera was yet a desideratum; morbid anatomy threw no light. He considered its influence bore most heavily on the ganglionic system.

Mr. JOHN THOMSON had seen many cases in the Union Hospital, last epidemic. He related the case of a hemiplegic patient, who was attacked, and passed into collapse, in whom the paralysed limb was decidedly *warmer* than the other. All the cases had premonitory diarrhoea; a few only, the "rice-water stool." Opium in the early stage, and opium and calomel afterwards, was the usual treatment adopted by the physician, *Dr. Seaton Reid*.

Mr. HANNA suggested (having found utility in) the application of ice to the throat, to relieve the inordinate thirst; and cupping the epigastrium for the vomiting. He also recommended the administration of iod. pot. internally.

Dr. HALLIDAY advocated large and full opiates at the commencement; calomel only in reaction. Found in almost hopeless cases, the greatest benefit from half drachm doses of turpentine every half hour.

Mr. ARMSTRONG employed calomel and stimulants.

Dr. DILL spoke of the inhalation of oxygen; a proceeding, however, which received a fair trial at Sunderland in 1832, and was found wanting.

Mr. CROKER, Hillsborough, had seen benefit from use of tinct. cantharides in restoring the renal secretion; but not having seen much of the epidemic, did not like to give an opinion.

161 To J. H. Halliday

Aughnacloy  
5<sup>th</sup> December 1854

Sir

I enclose to you as Treasurer of the Belfast C. and P. Society a P.O. order to the amount of my subscrip-

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

tion for the present session and also for the *Weekly Circular* which I wish forwarded to me.

Yours etc.  
S. Blakely

168 To A. G. Malcolm

Tandragee  
December 5<sup>th</sup> 1854

Dear Sir

I enclose post office order for 5/- as my subscription to the Belfast Clinical and Pathological Society.

Yours very truly  
A. Patton

**Council Meeting** December 6, 1854

Present: Drs. Halliday, Ross & Malcolm, Messrs. Armstrong & Johnston.

Circular prepared.

183 Notice of the Seventh Meeting in the Second Session.

Sir

The Seventh Meeting of this Session will be held at the General Hospital, on Saturday, 9th December, at Three o'clock precisely.

**Attendance at last Meeting:**

Town Members, 18; Country do., 2; Students, 20.

**Candidates for Election.**

Alex. Patton, M.B., (T.C.D.), L.R.C.S. (I), Tandragee.

Æneas Lamont, F.R.C.S. (I), Belfast.

John Clarke, M.R.C.S. (Eng.), Belfast.

Charles Clarke MacMullan, M.R.C.S. (Eng.), Belfast.

**Pathological Specimens to be Exhibited.**

Recent Parts:—In a case of Laryngitis after a burn for which Laryngotomy was performed.

**Query for Discussion.**

What has the experience of the recent Epidemic contributed to our knowledge of its Pathology and Treatment? In order to allow of the usual business being conducted, the Subject of Discussion for this meeting will be limited to the Pathology.

*Replies from Members who cannot attend are earnestly solicited.*

**Case to be Read.**

Convulsions and Paralysis followed by Dementia, in a case of Pertussis.

**Clinical Facts and Statistics.**

1. An analysis of 900 cases in the Private Obstetric practice of a Member.

2. Unusual physical signs in a case of Pleuritic Effusion.

**Exhibition of New Remedies and Instruments.**

1. Smee's Optometer.

2. An improved Eye-Douche.

**Notes of New Treatment.**

The Topical Medication of the Larynx.

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(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

172A To the Honorary Secretaries

Warrenpoint  
December 8<sup>th</sup> 1854

Gentlemen

In reply to your circular I beg to state that not a single case of Cholera occurred in this neighbourhood during the past year and consequently. I am unable to give any opinion relative to its pathology founded on experience.

Enclosed are stamps for the weekly circular.

Yours etc.  
R. M'Gowan

SEVENTH MEETING.  
9th December, 1854.

XXIII. Mr. BROWNE presented a patient affected with *malignant disease of the eye and orbit, also engaging lymphatics of neck*. (Particulars of origin and progress, as given in subsequent reports,—to save repetition—are here given, though the case did not terminate till 21st instant.) R. D., aged 38, was admitted into the Hospital, 9th December, 1854. States that about eighteen weeks ago a small tumour appeared in front of the ramus of the lower jaw, on the right side. About a fortnight afterwards there was a slight protrusion of the right eye occurred, with an imperfection of vision. There was also a difficulty in the closing of the eye.

During the fourteen subsequent weeks the tumour increased but slightly in size. About a fortnight before

admission, both the tumour and protrusion of the eye became much greater, and appeared increasing rapidly.

On admission, the swelling includes the whole of the parotid gland on right side, together with the sub-maxillary and cervical glands, and extends from the clavicle below, to the mastoid above.

The eye appears much protruded, the eyelids are red and swelled, with effusion of serum. Pupil rather dilated, irregular, also insensible to light.

He was ordered the proto iod. hyd., also leeching and poultices to the eye and tumour.

On the 16th an incision was made into the tumour, from which a small quantity of pus and blood exuded.

From this time he gradually grew worse, and died on the 21st December.

P.M. EXAMINATION.—Upon removing the cranium, the membranes and surface of the brain presented a natural appearance. The brain substance was of a natural consistence.

After raising the anterior lobe of the right hemisphere of the cerebrum from its seat upon the anterior fossa of base of the skull, it was observed that the orbital plate of the os frontis was in a state of caries, and that the diseased action had extended through the roof of the orbit. The tissues about were evidently infiltrated with the morbid brain-like matter.

In the substance of the anterior lobe of the right cerebral hemisphere, we found the cavity of an abscess. In respect to size, it might contain a walnut. The brain substance in its neighbourhood was healthy in appearance and consistence. The walls of the abscess presented a dotted bloody appearance, and one could scrape off portions of the same morbid product as that mentioned above.

Upon reflecting the integuments from off the tumour in the neck, we found the sterno mastoid expanded over its surface. The tumour occupied the greater portion of the posterior, superior, and anterior triangles of the right side of the neck. The tissues in its neighbourhood were very much involved in it. It had no distinct cyst. It seemed to take its starting point from the glands about the angle of the jaw, and did not appear to have any intimate connection with the parotid, as healthy portions of this gland could be dissected out. Upon making a section of the diseased mass, it presented an appearance very similar to semi-putrified brain, and the outline of the different lymphatic glands presenting this appearance were plainly visible, as forming portions of the tumour. Different points of suppuration had occurred, chiefly near its surface. Upon tracing its extent and ramifications, we found it to extend downwards to a point upon a level with the circoid cartilage, inwards to the sides of the cervical vertebræ, larynx, and pharynx, and upwards to the base of the skull, where it seemed

to be connected with the diseased orbital mass. (See plate<sup>1</sup> and Museum Catal.)

XXIV. Mr. BROWNE exhibited the recent parts (larynx) in a case of *fatal scald from drinking boiling water*.

The case was most urgent: laryngotomy was performed, and there was a respite for the space of one week. Indeed, until the seventh day, no bad symptom occurred. The epiglottis was much congested.

**Council Meeting December 13, 1854**

Present: Drs. Halliday & Malcolm, Messrs. Johnston & Armstrong.

Circular prepared.

(Recess for Xmas Holidays.)

**184 Notice of the Eighth Meeting in the Second Session.**

Sir

The Eighth Meeting of this Session will be held at the General Hospital, on Saturday, 16th December, at Three o'clock precisely.

**Attendance at last Meeting:**

Town Members, 17; Country do., 3; Students, 32.

**Candidate for Election.**

Francis Hainey, M.D., (Univ., Glas.), Belfast.

**Query for Discussion.—The Asiatic Cholera.**

What has the experience of the recent Epidemic contributed to our knowledge of its Pathology and Treatment?

*Replies from Members who cannot attend are earnestly solicited.*

**Cases to be Read.**

1. Convulsions and Paralysis followed by Dementia, in a case of Pertussis.
2. Case of Ileus.

**Clinical Facts and Statistics.**

1. An analysis of 900 cases in the Private Obstetric practice of a Member.
2. Unusual physical signs in a case of Pleuritic Effusion.

**Exhibition of New Remedies and Instruments.**

1. Smee's Optometer.
2. An improved Eye-Douche.

**Notes of New Treatment.**

The Topical Medication of the Larynx.

**Notice to Members.**

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The Transactions of the Society for the past Session are being prepared and it is expected that copies

<sup>1</sup> [Plate not found.]

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

will be ready for distribution to Members in December.

Any Member in possession of a Cast or other Pathological Specimen of interest, or the notes of interesting cases in his own or others' practice, is requested to communicate with the Secretaries.

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Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (1s. 11d. for the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

EIGHTH MEETING.  
16th December, 1854.

The CHOLERA DISCUSSION was resumed and concluded.

**Council Meeting** December 27, 1854

Present: Drs. Stewart, Halliday & Malcolm, Mr. Johnston.

Meeting of Society postponed till January 6 when it is expected that copies of the Transactions will then be ready.

The Transactions to be bound in stamped cloth at Mr. Hays estimate of £2. 2/.

Resolved that in consequence of the additional expenses in getting up the Transactions, copies be disposed of to new members at 3/<sup>s</sup> each instead of 2/6 as formerly passed.

Circular prepared.

**172B** To the Secretary

15 Georges Street  
Cork  
January 2<sup>nd</sup> 1855

Sir

I have the honor to inform you, and, through you, the Members of the "Belfast Clinical and Pathological Society" that I am collecting the Statistics and Status of Prostitution and Syphilis in Great Britain and Ireland.

For this purpose I have written over 1,000 letters to, the House Surgeons of Hospitals, and Head Constables of Towns, throughout the Kingdom.

Therefore, I trust, that each of the Members of your learned Society who are interested in such investigations, will kindly fill and return one of the annexed schedules; thereby materially assisting me in the preparation of a work, on Prostitution and its Remedy.

By reading this letter at the next meeting of the Society

You will much oblige  
Your obedient servant  
Thomas S. Holland M.D.

P.S. I shall be most happy to forward any number of Schedules required.

**Council Meeting** January 3, 1855

Present: Dr. Malcolm, Mr. Johnston.

Circular prepared.

**185** Notice of the Ninth Meeting in the Second Session.

Sir

The Ninth Meeting of this Session will be held at the General Hospital, on Saturday, 6th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 27; Students, 31.

**Pathological Specimens to be Exhibited.**

1. Recent Parts:—Apoplexy in a Hemiplegic case.
2. Recent Parts:—Hypertrophy of Heart, with case.
3. Do. with Cast of Face:—Malignant Tumour of the Orbit and Neck, with the Post-Mortem appearances.

**Cases to be Read.**

1. Convulsions and Paralysis followed by Dementia, in a case of Pertussis.
2. Case of Ileus.

**Clinical Facts and Statistics.**

1. An analysis of 900 cases in the Private Obstetric practice of a Member.
2. Unusual physical signs in a case of Pleuritic Effusion.

**Exhibition of New Remedies and Instruments.**

1. Smee's Optometer.
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**Notes of New Treatment.**

The Topical Medication of the Larynx.

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The First Volume of the Society's Transactions is now ready for distribution to Members of the past Session.

Non-Resident Members will, therefore, please intimate to the Secretaries *where in town* their copies

should be left; or, should they prefer them by Post, remit the required postage (6d.)

New Members of the present Session may receive copies on payment of Three Shillings.

Any Member in possession of a Cast or other Pathological Specimen of interest, or the notes of interesting cases in his own or others' practice, is requested to communicate with the Secretaries.

Members are informed that, by using the gutta-percha sheeting, they can take excellent Models of Tumors, &c., which may be forwarded any distance without risk of injury.

Country Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (1s. 10d. for the remainder of the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

174 To the Secretaries

Dundalk  
5<sup>th</sup> January 1855

Gentlemen

I will thank you to send me, by post, the first volume of the Transactions of the Belfast Pathological Society. I enclose 6 stamps.

Your obedient servant  
E. J. Brunker  
M.D.

175 To A. G. Malcolm

Bushmills  
6<sup>th</sup> January 1855

Gentlemen

Please send my copy of the Society's Transactions to Mr. Marshall's 100 High Street to be forwarded by McLoughlin carrier and you will oblige

Your obedient servant  
James Macaw

Please to send it early on Wednesday else I will not get it this week. J.M.

176 To the Honorary Secretaries

Carrickmacross  
6<sup>th</sup> January 1855

Sir

When I became a member of the Belfast Clinical and Pathological Society last year I hoped that it would in my powers occasionally to avail myself of the undoubted benefits of such an institution to those who are able to attend its meetings. The greater distance, however, as well as several other circum-

stances will I fear prevent me from attending any of the meetings of the Society and I see no advantage therefore in my continuing to be a member and you will have the goodness to excuse my removal from the list of your members.

I enclose six pence in postage stamps for the Transactions of the Society last year.

I am Sir  
Your obedient servant  
Hans Fleming

180 To A. G. Malcolm

7½ High Street Belfast  
6 January 1855

Dear Sir

I have your account of the printing of the Transactions. The alterations of the book from the character of that shown when the estimate was given has been a cause of serious loss to me, and the charge by compositors to me for the authors' corrections has been above two pounds. Not to avoid any misunderstanding I only charged the society with one-fourth of that amount.

I trust it may be in your power by other work to enable me to cover what is really a *direct* loss in this.

Your obedient servant  
Alex Mayne

NINTH MEETING.  
6<sup>th</sup> January, 1855.

XXV. Dr. MALCOLM exhibited the recent parts in a case of *apoplexy supervening upon a paralytic seizure some four months previously*.

The patient was a female, aged 45, and had had dropsy one year ago, from which she perfectly recovered. In this case there were found an organized cyst on the left hemisphere, and a recent extravasation of blood in the substance of the *medulla oblongata*. The vessels were diseased—atheromatous and calcareous deposit here and there. Rokitanski considers the occurrence of rupture in the medulla "quite exceptional;" and observes that "there is no single cause that will account for the frequent repetition of attacks of apoplexy in many individuals, and its simultaneous appearance at several spots in the brain, but the presence of *disease of the vessels*."

XXVI. Dr. HALLIDAY presented a patient whose right upper extremity afforded an extraordinary example of *varicosity of the veins*.

XXVII. Mr. H. M. JOHNSTON read a paper upon a case of *pertussis, complicated with convulsions, coma, and paralysis, and followed by dementia*. The patient was presented to the Society.

Paper:<sup>1</sup> Sunday, January 15th, 1854, I was requested to visit J. P., a child aged three years and four months. About three weeks before my seeing him, he had an attack of measles, and the cough, from which he then suffered, had gradually assumed the character of hooping-cough. He had always been a fine, healthy, smart child. When I saw him, he was passing through the inflammatory stage of pertussis, being feverish, cross, oppressed with sickness, and disinclined to take part in any amusement. The paroxysms of coughing were very frequent, prolonged, and severe; the expectoration scanty; and there were bronchitic rales heard over both lungs. He was treated with emetics, and repeated small doses of chloroform, to allay the spasms; for a little the child seemed to improve, and obtained some sleep. About the 28th January, he became more feverish, the paroxysms being very frequent and prolonged, and he was occasionally delirious after an attack. The secretion of urine was scanty, and his face, eyelids, and lower extremities were œdematous. One night, about this period, he seemed to his parents to be slightly convulsed after a paroxysm, the eyes being turned up under the eyelids.

I saw him upon Friday, February 3rd. He was then about one month ill with the hooping-cough; and, so far as regarded the bronchitic complication, a decided improvement had taken place; his breathing was, however, still very quick; he was inclined to lie, in a half drowsy state, upon his mother's knee during the intervals between the attacks of coughing; and these latter were now not only very frequent and prolonged, but they were of a suffocative character, the hoop not being so distinct. About three o'clock on the morning of the 4th February, he was seized with an attack of convulsions, after a very severe and very prolonged paroxysm. I saw him at nine o'clock, a.m., and found him almost constantly labouring in convulsions. The left side was specially affected, the thumbs of both hands were bent in upon the palms, and there was a degree of rigidity of some of the muscles of the left upper extremity. He was quite unconscious, the pupils were widely dilated, and did not contract, the eyelids being kept wide open; his pulse was about 130, and his respiration rapid. I saw him again in the evening; the convulsions had continued to recur during the entire day; he frothed at the mouth, and there was no return of consciousness. At intervals of half an hour, there was an attempt at coughing, but the hoop was suppressed. Heart's action was rapid and tumultuous, pulse being about 150, and much smaller than in the morning; there was a clammy perspiration over the body, and exhaustion of the vital powers seemed rapidly approaching. My prognosis was unfavourable, more especially as his sister, a child nine months old, who was teething, and had been suffering from hooping cough, was also, upon the 1st February,

seized with convulsions, after a paroxysm of coughing, and died in a few hours. In her case, prior to the convulsive seizure, the hoop had become quite indistinct, and for two days, there were frequent attempts at vomiting.

J. continued in the state described above for a period of forty-eight hours from the first seizure. The convulsions then abated, recurring only slightly, and at much longer intervals; the pupils were less dilated, and more sensible to the stimulus of light. There was, however, no return of consciousness, and I now discovered that there was a paralysed condition of almost the entire body. There were slight movements of the right foot and hand, but the left side was completely paralysed, both as regarded motion and sensation. The cerebral lesion seemed to be of such an extensive nature as completely to cut off all cognizance of the brain over the bodily functions or the world without. He lay in his cradle in whatever position he was placed, passing his motions and his urine without giving the least notice. He did not seem at all annoyed when the soles of his feet were tickled. He neither asked for food nor showed any desire for it, until the spoon was brought into actual contact with his lips, when they were immediately opened, the food admitted, masticated, and swallowed. There was a constant automatic motion of the lips; the eyelids were kept widely open, the pupils being much more dilated than natural, and the expression vacant. In fact, he seemed neither to see, nor bear, nor feel; his intercourse with the external world, through the medium of the senses, being thus entirely closed. His pulse continued high, ranging from 130 to 150 in the minute; his respiration was rapid; tongue clean and moist; bowels rather confined. As regarded treatment—after the convulsive seizure, his temples were leached, and he was freely purged with calomel and scammony; when the convulsions abated, his head was shaved and blistered, and he was put upon mercury, the blistered surface being dressed with mercurial ointment.

Upon Saturday, February 11th, he was ordered powders with calomel and antimony, instead of grey powder, and, in addition, a diuretic mixture, with tincture of digitalis. Sunday, February 12th, he continued to lie in much the same state as described; the attacks of coughing were more frequent, and the hoop more distinct; skin cooler, pulse quieter, and the secretion of urine more copious; there were slight convulsive seizures, after the paroxysms the face becoming congested and swollen.

Saturday, February 18th. Some days since I had to omit the digitalis, as it caused intermission of the pulse. The evacuations are greenish coloured. He is becoming very much emaciated, and bed sores are forming. Pulse has come down to 123, and has lost its intermittent character. Dr. Seaton Reid saw him with me to-day. He considered the case as one of a very peculiar nature, and in respect to its pathology, he believes that an effu-

<sup>1</sup> [Transactions of the Belfast Clinical and Pathological Society, 1854–55, p72 (Appendix 2).]

sion of blood took place from the violence of the paroxysms at the time of the convulsive seizure. He advised me to persevere in the steady use of mercury. Already there seems a slight improvement in the power of motion, especially in the right upper extremity. He still lies in the same comatose state. It would be tedious to detail at much greater length the progress of this case.

Upon February 26th, his gums were somewhat red and swollen; he was ordered a mixture with iodide of potassium. From about this period a very gradual, but very steady, improvement began to take place; he first regained complete power over his right upper extremity, and in a little time he kept up a constant motion of his right hand to his mouth and face.

March 22d. The improvement in his state is very marked. He has now acquired complete power over the right side, and in great part over the left also, there being but a slight degree of weakness; and sensation is also re-established.

The paroxysms of coughing are diminished in frequency and severity. He eats well, and is rapidly gaining flesh; as yet, however, he does not appear either to see or hear. If any object is placed in his hand, he immediately brings it to his mouth; he frequently utters an incoherent cry, but cannot be said to speak. About the end of March, there was some evidence that a gradual, but slow, recovery of the functions of the special senses was taking place, and that his mental powers were being in part regained.

It was observed that he was attracted by the glare of the candle, and that when his attention was strongly roused, he could answer a question, or finish a sentence. Previous to his illness, his parents had taught him to repeat hymns; and, much to their delight, one evening about this time, he repeated the greater part of a favourite one.

He continued to improve; by degrees he quite recovered, so far as regarded his physical powers and bodily health. He regained his flesh, and is now (October 1850) a fine, healthy, robust child. During his recovery, he was frequently seized with peculiar convulsive fits, during which his face would flush, his breathing become hurried, and his left side slightly convulsed. Such attacks would continue for about one minute and a half, and when they ceased the child would fall, if not supported. These occurred more frequently on the approach of wet weather, or about the change of the moon. He still occasionally has such attacks.

Had there been an equal improvement in his mental as in his physical powers, it would have been indeed well; but here there still exists a sad blank. It is now (October 1856) above two years and a half since his illness. All his organic functions are duly performed, but the mental are far from perfect. He gives no notice either when evacuating the contents of the rectum or bladder. If allowed to go out he would continue to run

on, and on, and if not stopped, he would not think of returning, nor would he avoid danger. However, if forbidden to do anything, he will obey for the moment, and dread punishment, but he will almost immediately return again, and do what he was desired not to do. He cannot be made to fix his attention for any length of time; and though, previous to his illness, he was quick in learning, it is now impossible to teach him anything, he so soon forgets. When lying upon the floor, he will occasionally repeat portions of hymns he had formerly been taught.

There seems of late to be no improvement in the state of his intellectual powers. His memory, his judgment, and his power of associating ideas, being all very imperfect.

His is therefore almost an idiotic existence, but he seems perfectly contented, expressing his happiness by clapping his hands, kissing his parents, and uttering unmeaning cries. He is not passionate, and never becomes angry. Before concluding, I may mention that during his recovery, he frequently passed large numbers of lumbrici. Anthelmintics were administered; but there did not seem to me to be any connexion between the existence of the worms and the illness of the patient, as no improvement was consequent upon their expulsion.

173 To A. G. Malcolm

Ballymoney

Tuesday 9<sup>th</sup> January 1855

Dear Dr. Malcolm

At the eleventh hour I enclose you a Post office order for 5/6 – 5/ for being admitted a Member of your Society and 6<sup>d</sup> for the Transactions of the last year—as advised by my friend Dr. Moore of here.

I am one of the old school and learnt need to glean all I could from the young and rising talents which are quarely [i??] forth in your rapidly advancing city and with none more than yourself in matters of public usefulness.

Excuse this liberty from one only known to you by your own works in the great object of levelling upwards the humble classes of your people.

If you cannot send me the Transactions by post you could send me them by one of Knox's carriers from Frames Yard Talbot Street.

I have often been going to trouble for the copy of some of your lectures to the weekly classes.

Yours very truly

William Taylor

Surgeon

Ballymoney

N.B. If you canny decipher my servants Dr. William Marshall or Mr. Collins will help you to read it as it is often seriously illegible from haste—W T.

N.B. I believe the Post Mistress has made other plans.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

**Council Meeting** January 10, 1855

Present: Drs. Halliday & Malcolm, & Mr. Armstrong.

Hay's a/c for binding passed.

**171** To the Secretaries

Dromore

12 January 1855

The Secretaries of the Belfast Clinical and Pathological Society will please forward a copy of the Society's Transactions to Messrs. Dyas and Cantrell Castle Place for Dr. Deverell.

**186** To A. G. Malcolm

Culmore Derry

January 12, 1855

Dear Sir

I enclose my subscription to your Society with 6 additional, the postage of the Transactions. I made a mistake in getting the P.O. order payable to you instead of Dr. Halliday. Wishing the Society every success.

I am Dear Sir

Truly yours

James Forsythe

TENTH MEETING.

13th January, 1855.

The President in the Chair.

XXVIII. Dr. BECK read the following paper, being *analysis of 900 cases of midwifery* attended by himself personally:—

I have been more or less actively engaged in the practice of midwifery since 1835. Since 1840 I have on the average attended 100 cases each year. In 1835 I commenced to register the particulars of each case I attended, but, as it had been imperfectly kept, I destroyed it, and in January, 1845, commenced a new register, which has been correctly kept, and contains every case I had charge of since that period. They amounted to 900 on the 11th December, 1854, and were attended during the last eight years of *active practice*. The register contains the following particulars of each case, with a very few omissions—The number, the name, the date, the residence, the sex, the number of hours ill, the treatment, if any, the hour when delivery took place, the day of the week, the number and sex of the previous family, if any, and anything considered at the time worthy of remark, in relation to either the mother, the foetus, the labour, or its effects, &c.

Sex.—The children born amount to 917, of these there are males 474; females, 423, and not marked, 20, showing a preponderance of males over females of 51, or nearly one-seventeenth of the whole number. I

may also remark that the number of males is greater than that of females in every complete year of the register, with one exception, and that was last year, 1853, in which the males were 53 and the females 55, showing a bare majority of 2.

*Cases in which the full term of gestation was not accomplished.*—There are 55 cases in which the contents of the uterus were expelled before the full time, i.e., little less than one sixteenth of the whole number. *Causes*—Some occurred from no traceable cause, others from a variety of causes, among which are mentioned fever, fright, muscular exertion, falls, and last, though not least, a syphilitic taint. With regard to the *periods* at which the miscarriage, abortion, or premature labour took place, we have, from a few weeks to 3 months, 14 cases; above 3 months, and up till 6 months, 18 cases; above 6 months, but under the full time, 23 cases. With regard to the *sex* in these cases, there were 26 males and 17 females, which seems to favour an opinion very popular among old women, that males are more frequently lost in this way than females. As to *treatment*, there is little worthy of remark. Secale was given in three cases, and the plug was used once for hæmorrhage. Two had peritonitis. They were treated in the usual way, and recovered. One child at 7 months (No. 271) was born *alive*, and lived 9 days. The same occurred in only another of these cases, twins, at 4 months (No. 303). They were both born *alive*, and one lived 20 minutes. Three of the mothers *died*. The first (No. 136) was seized with a fit of convulsions at 8 months and a quarter; was bled, blistered, &c., became comatose, and in that state had three energetic pains, which brought the child's head to the perineum; the forceps were then applied; she was very easily delivered; the placenta came away readily; no hæmorrhage; she died the same evening, having been 3 days ill altogether. I had not seen her till after she had become insensible, but I learned she had complained much of head-ache before the convulsive fits set in. The second death (No. 173) was from hæmorrhage. She had the spots of typhus fever on her, when I first saw her, and was lying with a bed-pan under the pelvis, which some thoughtful attendant had placed there to catch the hæmorrhage. This I saw, at a glance, was so large as to be, under the circumstances, fatal. I emptied the uterus as soon as was possible, and applied a bandage, which proceeding completely arrested the hæmorrhage—but the work was already done, and she sank 20 hours afterwards. The third and last death (No. 770) has already been mentioned to the Society,<sup>1</sup> by Dr. LYNCH, who had tapped her for ascites a few days previously. In fact she was in *articulo mortis* at the time I was sent for; was easily delivered of a 7 months' foetus; had remarkably little, indeed I may

<sup>1</sup> [Occasion not identified.]

say, no hæmorrhage; expressed herself greatly relieved at getting rid of her burden, and yet breathed her last in less than 2 hours afterwards. I may remark that 8, or one in 7 of these cases, must have been dead some time, as they are marked “putrid.” With regard to the *presentations*, one is marked “face to pubes,” one “foot,” and one “hips.”

*Twins*.—The number of twin cases is 17, or about 2 per cent, of the whole number; of these nearly a half, or 8 in the 17 cases, were *unusual presentations*. The first twin “head,” and second “foot,” 1. The first twin, “foot,” and second “face,” 2. First twin “foot,” and second “face to pubes,” 1. The first twin, “hips,” and second “arm,” 1. The first twin, “feet and hand,” and second “head,” 1. Both “head,” 9. Not marked, 2. Three in the 17 were *premature*—2 at six months and 1 at four. *Secale* was used once for a “face” presentation for the second twin, and the *forceps* once in a like case, for the same reason. These cases were the ninth and eleventh births respectively, and consequently there was a want of energy in the uterine action. The arm case was of course *turned*, and then all did well. With regard to *sex* in the twins, there were two males, 8 times; a male with a female, 5 times; and two females, 4 times—in all 21 males and 13 females, or 3 males to 2 females nearly. In one case at the full period the twins were *dead*. The mother had had three dead born children before. In one case at 4 months, they were both born *alive*, and the last one lived 20 minutes. Indeed the old woman in attendance unwittingly killed the first by filling its mouth full of salt, for some inscrutable reason of her own. I interfered just in time to save the second one from a like fate, and had it rolled up in cotton wool and kept in a warm place, just to see how long it would live. The *mothers* all did well.

*Presentations*.—With regard to presentations, though I made it a point of first importance in every case, to ascertain, as soon as possible, and as accurately as circumstances would permit, the exact position, not only of the fœtus as a whole, but of the presenting part in particular; yet I have not registered, nor do I see any utility in registering, the head as being in the 1st, 2nd, 3rd, 4th, or 5th position. Indeed, while it is one of the most necessary, it is one of the most puzzling things, in some cases, to make out what you have under the *tactus eruditus*. In turning I have had exceeding difficulty to assure myself I was in contact with a foot, and not a hand. In two cases of hydrocephalic head, I was for a long time at a loss, owing to the pressure, to know whether I was touching the head or some other part of the body through the unruptured membranes. I was twice completely non-plussed to make out the presenting part, while carefully examining the place where the cranium should have been in, in each case an acephalous fœtus. In another case (No. 884) which occurred on the 18th of October last, I was very near making a fatal blunder,

by permitting a tumour to descend before the child's head. It was a first case; the mother aged at least 40; and I can assure you that it was no easy matter to keep the tumour above the brim of the pelvis, until what I knew to be a fœtal head had entered. The patient told me afterwards she wondered what I was about, but submitted, as she supposed what I was doing was necessary. In fact I was not sure, until after the child was born, that it was *not* the hips of another fœtus I held back. Still, I had determined, if it had been a Pharez, he should neither have an arm nor a leg out until his brother Zarah had fully come forth.

I have registered the following peculiarities of presentation: The face towards the pubes, 20 times, or 1 in 45; the hips, 8 times; the knee, feet, or foot, 9 times; the cord, 7 times; the face, 5 times; the arm, 3 times; the placenta, twice; the back, once; the arm and leg, once; the feet and hand, once; the side of abdomen, once; and lastly, one born *double*. The presentation had been the shoulder; an officious attendant had pulled out the arm, and, when I first saw the case, the process of spontaneous evolution, which was going on, had brought the child's lumbar region to near the os externum; and, as the pelvis was roomy, and the pains energetic, it was expelled *exactly double*, with the feet on the face, in about five minutes. Of course it was dead.

With regard to the 20 cases of *face to pubes*, they were, as is usual, more difficult than when the head was in the ordinary position. Six required the *forceps*, and one *secale*. One child was *dead*. It was one of the *forceps*' cases. The mother had hepatitis and jaundice afterwards. The *mothers* all did well in these cases.

Of the *hips, foot, feet, and knee* presentations, they are all together 17, of which nearly a fourth—four—were dead. One a “leg and an arm out for some hours” before seen; the second was “feet and hand,” a twin; the third was a hip, and the fourth required the *forceps* for the head. Had I had the instruments at hand at the moment, it would have been saved. It died struggling for breath before me, while the messenger was away for them, notwithstanding all my efforts; first, to accomplish the delivery without breaking its neck, and second, to make a communication between its mouth and the external air, but I could neither bring Mahomet to the mountain, nor the mountain to Mahomet till it was too late. I may remark that I had delivered this mother of her previous child with the *forceps*.

The *cord* presentations are 7 in number, and two of the children were dead, one (No. 801) in which the cord was out 4 hours, and pulseless before I saw it. In the other, I used every effort in vain to expedite the labour. It was too slow. I had no room to turn, and the child perished during the few minutes necessary to free the os externum. In these cases there is no possibility of effectually returning the cord, or keeping it

above the brim of the pelvis. The best chance of having a living child is to expedite the labour by *secale*, or terminate it by turning, if there is room, or the forceps, if not.

The five *face* presentations all did well; vesications formed on the cheeks, nose, and lips of one of the children (No. 277) when it was a day or so old, from the effects of the pressure, and though the face looked frightful for two days, they healed without any scar; this one, a first, and another, required *secale*, and one the *forceps*. The two last were each the last of two twin cases noticed before.

The 3 *arm* cases were turned. These were cases in which the arm had been out some hours before my having charge of the case, and were perhaps shoulder presentations at first; the officiating midwife thinking she had done very cleverly in getting the arm down. I remember one case in which this feat was told as a boast. The back presentation and the abdomen, with cord out, were turned. The feet were brought down in all 8 times, for various reasons.

There is one case in which the *placenta* was the presenting part. I remember having charge of another, not in the present list. There is also a case in the present list, in which it presented its detached edge along with the head. In all, the mother was saved; in the last the child was saved. I made a note in the register at the time, which I shall read:—"No. 46, 20th Dec, 1845.—Mrs. Q.; 11 A.M.; hæmorrhage all night; no pains; edge of placenta (detached) and head presenting; let 16 oz. liq. amnii escape and plugged; gave 1½ dr. *secale* at three doses. Eleven P.M.—Withdrew plug, when the umbilical cord fell out pulsating; unable to return it; thought of the forceps; but child still-born in five minutes, and revived in ten minutes afterwards, with hard work; both did well. P.S.—Plug arrested hæmorrhage completely." The treatment I adopted in cases of *placenta previa*, was to plug the vagina so as effectually to arrest the hæmorrhage, and give *secale* to excite uterine action, until matters were so far advanced that I could either turn or apply the forceps—the turning preferred, though I have done both successfully.

*Hæmorrhage*.—There are 6 cases marked "hæmorrhage," after parturition, and 4 cases of the same unpleasant accompaniment before it was accomplished. These were at the full time, as I exclude the premature cases, in which more or less hæmorrhage, of course, always occurred. The only means found effectual for arresting hæmorrhage, after parturition, was to cause the uterus to empty itself by contracting; and there is no machine that will accomplish this like a good pair of strong hands and arms, judiciously applied; both to compress the uterus and to arrest the flow of blood in the aorta, by pressing it against the spinal column. That this last is a very effectual means—particularly in severe cases—I know. Its *modus*

*operandi* I leave to be discussed; but I practised it, and had my own reasons for so doing, long before I had seen it recommended by anybody. I have been warned by patients that they flooded violently at every previous confinement, and have surprised them by using no cold water, and no spirits, or other stimulant, and by having no flooding. One patient, delivered on the 17th October last of her sixth child, had always flooded violently. As soon as the child was born she cried—"Now, Doctor, I'm over—get the whiskey—Doctor so and so had always to feed me with it for two days, to keep the life in me with the flooding." I countermanded her order—gave her no spirits—removed the placenta, bandaged her up, and left her perfectly well; and perfectly astonished that there was no flooding. Nor had she more than the average discharge afterwards, and this, by the judicious use of a pair of hands. In no case but one, was there such hæmorrhage, after parturition, as to put the patient's life in any danger; and in the case which forms the exception, I was called solely on account of the hæmorrhage. The patient's mother had pulled the cord off the placenta, which was partially separated from, though still entirely within, the flaccid uterus. When I arrived she appeared to be dead. I threw the window up to its full height—pulled all the coverings off the bed—and at once introduced the hand, through a large quantity of clots, into the uterus. I then, for the first time, knew she was not dead, by feeling a very faint pulsation in the abdominal aorta. The circulation through this vessel I immediately arrested with the very best effect. I got the uterus empty and contracted, in a short time, and she gradually recovered her usual health and strength—a few moments longer, and it would have been all over. To illustrate its fearfully rapid fatal effects, I may mention another case, attended by pupils of the class of Midwifery many years since, whom I promised to assist if sent for. As the patient was advanced in life and feeble, I was summoned, but was not at home. The woman died about five minutes after the delivery, of a violent hæmorrhage. The labour had not been severe. One of the pupils told me afterwards the details of the case, and of a well-meant attempt he had made to arrest the hæmorrhage by grasping, with his hands, the labiæ, so as to close the os externum. In no case of uterine hæmorrhage, connected with the parturient state, are you safe until you have obtained an empty and contracted uterus. Before leaving the subject of hæmorrhage, I will mention another rather remarkable case. I was called hurriedly, in the evening, to see Mrs., who had just been seized with uterine hæmorrhage. When the hæmorrhage occurred, she sat down on an ordinary sized chamber-vessel. In about five minutes she fainted, and fell on the floor; she was laid in bed, and I was sent for. I found about two quarts of florid, *coagulated* blood in the pot, which had come

away during the five minutes she sat, and produced the syncope. She had now rallied, and informed me she was between five and six months pregnant. The hæmorrhage had ceased. I prescribed acids, opium, &c. The hæmorrhage did not return. She went to the full time, and was delivered in her ordinary easy way.

*Convulsions.*—There are 5 cases of convulsions mentioned. The greater number of these cases I had not seen until after the convulsions had set in. 3 of these cases recovered, and 2 died. I have more than once been called to a patient, working in strong convulsions, requiring three or four to hold her in bed, and prevent her from injuring herself. I have bled her, conversed with her, delivered her with forceps, partly with her consent, partly without—given her medicine, which she swallowed—given her directions, which she promised to follow—and left her. A day or two afterwards I found her perfectly herself again, but with no recollection of having seen me so lately, or of how she obtained the child, which, on the evidence of her friends, she accepted as her own. This is the happy termination of this fearful affection. In fatal cases, the patient sinks into coma and dies rapidly. There is one case, in which, though the only remark made is, that the “head threatened,” yet I remember she told me next day that she had no recollection of the birth of the child, nor of anything that occurred for some time before it.

*Secale.*—Secale was administered 99 times, and generally with good effect. In a few cases it was of little or no use; and these were cases in which the labour had passed its height, and was on the decline, before it was administered. In such cases, I would not expect any benefit from it. The uterus, in its efforts to expel the fœtus at the full time, appears to be capable of a certain amount of action, and of keeping it up for a certain length of time, when, if it has not accomplished its task, the pains become irregular in regard to their strength, and uncertain as to the length of the intervals of rest. Now, this average amount of muscular effort may be called *par*; and when the labour has made some progress, and the muscular efforts of the uterus keep *below par*, I would say, as a general rule, secale is indicated; on the contrary, if the uterine action is up to, or *above par*, and no progress made, or if it has passed its acme, and is in a state of decline, and even then, little or no progress has been made, I consider secale not only to be not indicated, in either case, but it will do harm in the former, and produce no effect in the latter case. I have given secale in the latter case, when I have been deceived as to the duration of the labour, from a fear that I would not take charge of the case, if informed beforehand that it had been tedious, and was likely to be a bad one; but it produced no effect, except to delay the application of the forceps another hour. There is another method adopted in these tedious cases, where energetic

labour is long in setting in, and that is to give opiates, to keep away the pains when they are trifling, and comparatively worthless, in the hope that they will ultimately become strong and fit for their work. This method does very well *if no progress has been made*; but if any progress has been made, and particularly if the membranes are ruptured and the “waters” away, I disapprove of it altogether. In one case (No. 891) this plan was followed for three days. She was kept under the influence of opium. She gave me the box of opium pills given her by her dismissed attendant, who was not qualified. I never thought of giving secale in this case, but applied the forceps. The child’s head was swollen and œdematous, and formed a very pretty mould of the cavity of the pelvis. In this case, I consider that the child would have had a very fair chance of life, had either the forceps been applied about the time the first opium pill was given, or secale given instead of opium.

With regard to the *effects of secale on the child*. I have seen nothing that would lead me to believe that it had any injurious effects on the child, farther than that which may be, or rather must be, produced by the increased pressure arising from the increased muscular action induced by its use. In no case but one, where *only* secale was used—and these cases amount to 71—was the child dead; and in that case, the first born, a boy, the heart beat for half an hour after birth. I exclude two cases in which the children were dead; because in the one (No. 700) it was given after turning, and delivering an arm presentation, and could, consequently, have had no effect on the child; and, in the other, the child was born putrid, after being, as the mother most positively asserted, *carried by her ten and a half months*.(?) She should have known something about it as it was her seventh child. 50 of these cases, or more than the half, were cases of first labour. The sex of the child does not seem to have much influence in rendering the use of secale necessary. 54 were males and 42 females. In 3 cases the sex of the child is not marked. In 28 cases, the *forceps* were used after the secale; of these 16 were males and 12 females; 8 of them dead—5 males and 3 females. In two other cases, perforation was had recourse to afterwards. In all, these 99 cases, where secale was given, with one exception, which will be mentioned hereafter, the mothers did well; though pneumonia, peritonitis, and hepatitis, followed in 3 different cases.

*Instrumental cases.*—The forceps were used successfully in 58 cases, the perforator (after failing with the forceps) in 3 cases, and the crochet in 1. 19 of them, however, I had not in charge from the commencement of the labour, and few or any of which I would have seen, had some instrumental interference not been necessary. 7 of these are marked “face” or “face to pubes” presentations. In 6, the mothers were

old, with their first children; the ages, in these cases, (marked only when confessed,) were from 36 to 43 years. There are others, I know, equally old, who did not confess it. 3 were cases of convulsions. In 3, the children were enormously large, and these cases were, respectively, the 10th, the 13th, and the 18th births. One of these was fifteen pounds weight. The forceps were used once when the placenta was the presenting part, and once for the head in a hip presentation, mentioned before. They were tried three times before perforation, without success. In the other cases, the reasons for the application are not particularly mentioned. It may be remarked that 29, or nearly a half of these cases, were first cases. In 8 cases the forceps had been applied more than once to the same patient. There were 13 of the children, 7 males and 6 females, *dead*—nearly a fourth, excluding the two perforated. There were 2 mothers dead; one (No. 136) mentioned before among the premature cases, from convulsions, &c., for three days before their application. The other (No. 649) was above forty years of age with her first child. She was delivered by the forceps, with great difficulty, of a putrid child, and sunk in four days from phlebitis and the absorption of the purulent or putrid matter, into the circulation. She had control of the bladder and rectum. The lochia was much as usual, except its putridity. The symptoms were febrile, with rigors, anxiety, vomiting, extreme prostration, typhoid symptoms, coma, death. In some cases the forceps slipped over the head—so often, in one case, as six times, and succeeding the seventh. In this case (No. 140) the child was dead. In one other case (No. 848) though they slipped four times, and nearly ruffled the ears off one of the enormously large children mentioned before, it lived, though animation was suspended for fifteen minutes after its birth.

With regard to the *perforation* cases little need be said. Secale and forceps were tried previously. They were the 6th, 7th, and 12th births; and they had forceps applied or children perforated before, in, as far as I remember, all their previous confinements. The mothers recovered well. I believe all these cases might have been delivered by the long, heavy, powerful forceps, generally used in France, as they are capable of reducing the size of the head by pressure, from the length and strength of their blades, giving a powerful, and, in ordinary cases, I would say a dangerous, leverage.

In one case (No. 280) was the *crochet* used. It occurred two miles out of town. The head was born easy. I expected the body to follow next pain; several smart pains produced no effect. I got out the arms, pains continued, but no effect; I pulled, gradually increasing the force, until it was as great as I supposed the child could bear with safety, still no effect. Made a more careful examination. Found a hole in the

cranium, surrounded by a translucent membrane; this was evidently the remains of a tumour, or bag, which had contained fluid—the arachnoid secretion—and had been ruptured during the progress of the labour. Its internal surface was continuous, with the arachnoid through the foramen, into the cranium. On examining the child, as well as I could in the capacious and well-formed pelvis, I came to the conclusion that it had ascites, or some other tumour in the abdomen. Acting on the former supposition, I endeavoured to make an opening into its abdominal cavity, unsuccessfully with a sharp-pointed pair of scissors, but successfully with a small blade of a knife, guided on the finger; still, not the slightest effect, though the labour in the meantime continued good. I next pulled on the child as much as I could, without breaking or dislocating bones, still no effect. I then informed the mother that the child would have to be brought away piecemeal, and sent her husband to town, on the car, for a medical man. The labour now flagged through fear, though she said her chief fear was that we would do something that would prevent her having any more family. After the arrival of the late Dr. J. W. BRYSON, with fair, steady, constant pulling with the hands, I separated and brought away the head, and arms, and thorax. I then introduced the *crochet*, and brought away, from the child's abdomen, what Dr. B., the moment he saw it, very naturally called the placenta. I introduced the *crochet* again, and another just such tumour was brought away. The *crochet* was now fastened on the pelvis, and it, with the lower extremities passed easily, and she was delivered; the placenta, &c., soon followed, and she recovered rapidly in the usual way. With regard to the two tumours, they somewhat resembled placenta; but when freed from blood on the surface, and laid with their flat sides together—for they had pressed each other flat—they exactly resembled, in size, shape, and colour, the two hemispheres of a large adult brain. They were a pair of hypertrophied, lobulated kidneys.

*Removed Placenta.*—The placenta is noticed as having to be removed twelve times, and marked “fatty degeneration” twice. In these cases a portion of the placenta was converted into a solid, a most cartilaginous yellow substance, resembling adipose tissue, and this portion was particularly adherent to the uterine surface, though its solidity enabled it to be cleanly peeled off. In one case (No. 561) the child (it was the 12th) was dead; the placenta was enormously large and very soft, almost as soft, in all its parts, as a clot of blood, and resembled more, when I succeeded in getting it scooped out, a ragged mass of hydatids than anything else. It all but filled a very large chamber vessel.

*Deformities and Monstrosities.*—One of the children had one foot inverted by talipes varus; one had harelip, with cleft palate, the mouth and left nostril

forming one cavity; two were acephalous; and three had those tumors called “spinal bifida.”

In one case (No. 828) the umbilical cord was wanting; the placenta was adherent to the abdomen over the hypogastric region, from which up to the centre, and including the half of the sternum, the parietes of both abdomen and thorax were wanting. Their place was supplied by a transparent membrane, which formed a kind of hernial tumour, in which I saw the stomach, spleen, liver, colon and small intestines. There appeared to be no diaphragm. In the second case, (No. 828,) the brain and spinal cord were wanting. The bones of the cranium, and spinous processes of all the vertebræ, were also absent. From the top of the face, and extending in a sulcus down the back, over the place the brain and spinal cord should have been, was observed a dark purple integument, resembling mucous membrane, injected, or rather ecchymosed, through its substance. The fœtus was in other respects perfect.

*Deaths.*—With regard to the number of children born dead, at the full period, there were 37 single children and twins, in all 39,—15 male, and 24 females. 13 of these, or about a third, was the produce of first labours. As to the causes of death, 6 were born putrid; 2 with hydrocephalus; 2 acephalous; 1 from diseased placenta; and 1 from hæmorrhage from the placenta; in all 12; leaving 27 cases in which death appeared to have been caused by pressure during the labour, or instrumental or other interference. In 17 cases were instruments used—the forceps 13 times, perforation three times, and the crotchet once. In one case (No. 300) the 6th child, a female, was born easy, breathed about 30 times, and died without any obvious reason. In all, except No. 649, referred to before, the mothers did well.

*Mothers, deaths of.*—There were 3 deaths of the mothers, in the premature cases (Nos. 136, 173, and 770, referred to before), and 4 in the cases at the full time. The first, (No. 649,) the only one in which instruments were used, has already been referred to. The second (No 187) had an “easy” labour—she had had typhus, when 6 months pregnant, was very low, and gradually sunk till the 5th day, when she died. In the third case, (No. 294,) though the labour was “easy,” convulsions, and coma, and death, followed each other rapidly; she died 58 hours after delivery. The last case (No. 655) was “very easy” in the labour; she fell into coma, suddenly and unexpectedly, on the fourth day, and died the same night.

There were many cases in which the *perineum* was more or less torn, during the passage of the head, but in no case but one, as far as I know, was the slightest inconvenience produced afterwards. The exception was one in which the perineum was not at all torn during the passage of the first child, at the full time: but the second, and not a larger one, caused the per-

ineum to be torn; the commissure, however, keeping entire, and causing the left labium to tear a piece out of the right one. It formed a disagreeable appendix which, at the urgent request of the patient, I afterwards removed with the scalpel, much to her comfort, and with no inconvenience to the subsequent births.

*Length of labour.*—With regard to the length of the labour, they are marked all lengths, from a few minutes to some days. I have been astonished at the rapidity of some cases, and at the tedious slowness of others.

*Number of each labour.*—As to the number of each birth, I have taken the trouble of counting them. They are as follows:—251 first; 159 second; 112 third; 93 fourth; 66 fifth; 67 sixth; 44 seventh; 33 eighth; 25 ninth; 23 tenth; 11 eleventh; 6 twelfth; 3 thirteenth; 4 fourteenth; 1 sixteenth; and 1 twentieth. (An error of 3.)

*Days of Week.*—I long fancied that there were more children born on some days of the week than on others. However, there is very little difference. After counting, we have Monday, 122; Tuesday, 128; Wednesday, 120; Thursday, 138; Friday, 119; Saturday, 131; and Sunday, 140. (Error of 2.)

At the suggestion of a Member of the Society, I counted the number born each month; they are as follow:—January, 78; February, 70; March, 70; April, 78; May, 79; June, 84; July, 67; August, 83; September, 73; October, 73; November, 74; December, 71.

Two children had each a knot very neatly tied on the umbilical cord. The joint of the cox was ankylosed in two cases, (not first ones;—one was the ninth,) and was fractured with a crack that alarmed, from its loudness, all who heard it.

The following remarks have a medico-legal bearing. In two cases the child would have been strangled, so tight was the cord about the neck, which became more so as the child advanced. In one of them the cord was but once round the neck, and very short. I had the greatest difficulty in getting it over the shoulders. I had written this remark, when I discovered that I had written the same thing five years before with regard to another child born of the same mother, the only difference being, that the cord was five times round the neck in that case. In both it was impossible for the child to have been born unless the cord had been either broken, or turned over the shoulder. In two other cases would the children have been drowned, one from an immense flood of liq. amnii, which followed the child, though only about 1 drachm came before it; the other, still more remarkable, from being born in the amnion, *whole and entire*, and it took some strength of fingers to break and tear it open.

There is little more I see worthy of remark. I remember one case, when an abscess formed in one

labium, from inflammation, consequent on engorgement, and perhaps rupture of a small vessel. There have been cases in which the bladder required the catheter for a time or two after the delivery; but no case of sloughing, or of recto-vaginal or vesico-vaginal fistula, as far as I know. Chloroform was not used in any case I met with; but of two patients who had used it, one told me she had breathed it—I suppose only for the purpose of amusing herself—as she not only felt every pain as acutely as usual, but it made her “feel her head as if a coach and six were going through it, and nearly put her deranged.” She would not try it again for any consideration during her labour. She had been told that there was no danger in breathing it, and that she would not feel her labour pains, or know when the child was born, if she used it. She was afterwards greatly surprised, when told by a friend that patients had died from breathing it. The other had been made insensible by it, and was unconscious of the delivery, but complained of head symptoms, occasionally alarming, ever since, and is fully persuaded it did her much permanent harm.

**Council Meeting** January 17, 1855

Present: Drs. Stewart & Halliday, & Mr. Armstrong.  
Preparation of circular referred to Dr. Malcolm.

**187** Notice of the Eleventh Meeting in the Second Session.

Sir

The Eleventh Meeting of this Session will be held at the General Hospital, on Saturday, 20th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 18; Students, 25.

**New Candidates proposed** [handwritten].

**Candidate for Election.**

William Taylor, C.M., M. Univ. (Glas.), Ballymoney.

**Cases to be Read.**

1. Case of Ileus. *Dr. Malcolm*
2. Placenta Prævia. *Dr. Beck*

**Pathological Specimens to be Exhibited.**

1. Recent Parts:—Hypertrophy of Heart.  
*Dr. MacLaughlin Case read for him by Dr. Malcolm*
2. Do. and Cast:—Malignant Disease of Orbit and Neck. *Mr. Browne R.N.*

**Exhibition of New Remedies and Instruments.**

1. Smee's Optometer.
2. An improved Eye-Douche.

**Notice to Members.**

The First Volume of the Society's Transactions is now ready for distribution to Members of the past Session.

Non-Resident Members will, therefore, please intimate to the Secretaries *where in town* their copies should be left; or, should they prefer them by Post, remit the required postage (6d.)

New Members of the present Session may receive copies on payment of Three Shillings.

Non Resident Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (1s. 8d. for the remainder of the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

**181** To A. G. Malcolm

7½ High Street Belfast  
19 January 1855

Dear Sir

To enable you to understand the pressing necessity of my getting in my accounts, I have sent you herewith a letter I have received from London, and with which I can do nothing unless your society can assist me with at least a portion of my account. I can assure you that from the peculiar nature of the work I did not derive the slightest profit on my wages outlay, and it is therefore more peculiarly hard to want the money.

I am, Sir  
Your obedient servant  
Alex Mayne

ELEVENTH MEETING.

20th January, 1855.

Dr. R. Stewart, V.P., in the Chair.

XXIX. Dr. M'CORMAC made some remarks upon the generation and propagation of the *cystocercus* in man; and exhibited some specimens from the flesh of a “measled pig.”

XXX. Dr. M'CORMAC read the following case, illustrative of the use of *electro-magnetism in ileus*:—

The subject of this case was a native of Scotland, a man of about 50 years of age, and of a spare adust temperament. His bowels were generally costive, but the arrest of the alvine discharge, with the consequent pain and suffering, seemed more immediately consequent on the adoption of a drier sparer regimen than usual. The symptoms were of the ordinary character, only that there was no vomiting. The accumulation, which was obvious to both sight and touch, was in the ileo-cæcal region.

Most of the remedies usual in such cases, were resorted to. Castor oil and turpentine, by the mouth and rectum, were exhibited in repeated and energetic doses, alternated with, calomel, croton oil, black

draught, and the ordinary saline aperients. Towards the fourth day, injections, repeated several times, were thrown up through a tube introduced about two feet into the gut.

The patient's condition becoming rather alarming, I had recourse to the ordinary electro-magnetic apparatus. I passed the current, alternately, from the belly to the back, and from one side to the other, at various points of the dorsal and abdominal surfaces. The apparatus was in excellent order. Hardly had it been resorted to, when smart contractions of the abdominal muscles could be observed, along with deeper seated undulations, which I ascribed to active peristaltic movements. I had recourse to the apparatus twice, allowing the patient respite at short intervals. When I had done enough, as I conceived, I administered a moderate black draught, perhaps unnecessary, and in the course of the afternoon and night, the patient was completely relieved by the passage of a copious, repeated, feculent discharge, of various degrees of consistency. I gave him many charges as to the regulation of his bowels, and directed the compound decoction of aloes, along with the wine of aloes, whenever he observed any tendency to returning costiveness.

XXXI. Dr. BECK read the following case of *placenta prævia*, which illustrated his mode of management in such circumstances:—

As I did not make myself clearly understood at the last meeting with regard to the treatment I adopted in the cases of placenta prævia, I give you the following new case, (No. 917 on my register,) which will illustrate my views on that subject.

At 7 P.M. on Monday last (15th January, 1855), I was called to visit Mrs. M\_. I found a surgeon in attendance, who informed me that she had flooded for many hours, that the placenta was the presenting part, and that he had introduced a plug. On entering the room I was struck with the death-like pallor of the patient's countenance. On addressing her, I found, that from the loss of blood, she had dulness of hearing, and was unable to speak above a whisper. She said the hæmorrhage had come on suddenly and without pain, and had continued, sometimes in gushes and sometimes in a regular flow, for the previous twenty-four hours.

During all this time she had no pains, though there was a slight bearing down. On examination I found the quantity of blood lost immense—her attendant said “gallons.” The bed and a large heap of clothes had been completely saturated with it. The first thing the hand encountered was the plug, lying between the patient's thighs. It had come away without her knowledge. On introducing the fingers through a very moderately dilated, but very soft, os uteri, I found the placenta presenting, but, owing to its thickness, could

not ascertain what part of the foetus was above. As the patient was *in extremis*, I advised immediate delivery by turning. The os uteri was not sufficiently dilated to admit the hand, but was very soft, and, in the then state of the patient, I judged very dilatible. As this advice was deemed good, I was requested to proceed to put it into practice. I introduced the hand, with the intention of separating and bringing away the placenta entire, but finding that this was very difficult to do, and that I could not reach its edge from any point of the os uteri, I changed my determination, and went through the centre of the placenta, when the head was discovered to be the presenting part. I passed the hand (right) gradually up through the os uteri, which, as I had anticipated, dilated easily, seized the left foot and brought it down through the placenta to the os externum. I then gave it up to my *confrere*, who pulled lustily at it for about two or three minutes, when he gave it up to me again. I now endeavoured to reach the other foot, but being unable to do so, I fastened the blunt hook over the right groin, or rather round it, and by a little steady pulling at the hook and leg together, delivered the hips and legs. The arms were over the head, and gave me very considerable trouble to extricate; but, after they were extricated, the rest was easy. The placenta followed immediately. The uterus was contracted well, and there was no more discharge afterwards than was expected. The whole process did not occupy more than from five to ten minutes, and when it was finished, a dose of secale was given. It is unnecessary to remark that the child was dead. The mother is, so far, progressing favourably.

This case will illustrate very well my ideas on the use of the plug. It was *not used* here. The thing applied was no *plug*. It was laid in the vagina, not plugged in; and, as a matter of course, it fell out; I should perhaps rather say it floated out unperceived. The plug I would apply would not be thus easily removed; and, lest it should be removed by coughing or any other muscular effort, I would apply a T bandage.

With regard to the use of the plug, I use it only when the os uteri is so undilated and undilatable as to prevent me doing anything else. In this case, as in every other, it would, *if properly applied*, have saved the loss of perhaps three-fourths of the “gallons” of blood lost, and this would have been no small matter for the ultimate safety of the patient. I think it is a matter of convenience more than anything else, whether you remove the placenta first, or go through it. I would recommend whichever the hand found on trial to be easiest done.

XXXII. Dr. MACLAUGHLIN, V.P., Lurgan, forwarded for exhibition the recent parts in a case of *hypertrophy of the heart, and cardiac murmurs without valvular disease*, and related the following history:

W. M., aged 21, a weaver by trade, was in perfect health in June last; in the latter end of that month he was seized with feelings of oppression, weight, and distension of the abdomen, considerable uneasiness over the liver, and complete loss of appetite. He was awakened early in the morning with an inclination to go to stool; he passed an immense quantity of dark-coloured blood—nearly the full of a chamber vessel. The next day all his symptoms were much improved. He was then removed to the infirmary of the Lurgan workhouse. His appearance was pale and sallow, just like a case of chlorosis. The only thing he complained of was violent action of the heart, which prevented him sleeping. He said that in other respects he was quite well. On examining the heart, distinct murmurs were heard over the aortic and mitral valves, and similar sounds in the vessels of the neck. With the exception of the heart, all the other organs appeared healthy. At first I was disposed to think that the bruit was owing to his anemic condition, but latterly I had reason to suspect the existence of organic disease. I gave him different preparations of iron, and with considerable benefit. He improved very much up to last Thursday, when he was seized with convulsions, which continued the greater part of the day. Towards evening he became comatose, and died the next day. He never had any but the one attack of melæna, yet he was as completely blanched as if he had lost every drop of blood in his body.

The following quotations from two esteemed authorities are in point:—

Dr. Latham (Clin. Med. ii. 338). “The heart, by the simple vehemence of its action, has the power to kill, through cephalic insomnia, delirium, mania, convulsions, and nervous exhaustion.”

Dr. Walshe (p. 468). “A systolic blowing murmur, basic, and audible at the second right cartilage, is sometimes heard in cases of *pure hypertrophy*, nor can it be positively ascribed in all instances to co-existent spanæmia.” “Hence excess of force of propulsion of naturally constituted blood would seem capable of generating *direct* murmurs.”

XXXIII. Mr. BROWNE read the report of the post-mortem examination held in the case of the patient presented at the meeting of the 9th of December ult., for which see proceedings of that date.

XXXIV. Mr. BROWNE exhibited and explained “*Smee’s optometer*,” and “*an improved eye-douche, by Cooper*.”

**Council Meeting** January 24, 1855

Present: Drs. Stewart & Malcolm, Messrs. Johnston & Armstrong.

Resolved that Mayne’s a/c being considered very moderate and reasonable, be paid in full. See 16 September.

177 To the Secretaries

Ballymoney

Monday evening, 25 January 1855

Gentlemen

I beg leave to thank you for your electing me a member of your Society and would have replied earlier but was suffering a little from the Prevailing Epidemic Influenza. I hope it is not the forewarning of a more serious visitation.

I enclose 3/- worth of postage stamps, Old Queen’s Head—rather a Royal enclosure. Hoping at your convenience you will forward me the Transactions already published and help further oblige

yours very truly

William Taylor

Surgeon

188 Notice of the Twelfth Meeting in the Second Session.

Sir

The Twelfth Meeting of this Session will be held at the General Hospital, on Saturday, 27th January, at Three o’clock precisely.

**Attendance at last Meeting:**

Members, 18; Students, 28.

**Candidate for Election.**

James Gibson, Lic. Fac. P. and S. (Glas.), Killileagh.

**Notes of New Treatment.**

The Topical Medication of the Larynx, as practised by Green, Trousseau, and Watson.

**Cases to be Read.**

1. Case of Abscess of the Tibia.

2. Case, exemplifying the use of Rennet in Diabetes.

**Clinical Facts and Statistics.**

Peculiar Phenomenon resulting (?) from the use of Chloroform.

**Query for Discussion.\***

Under what conditions in Syphilitic cases should Mercury be proscribed?

**Notice to Members.**

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(Signed by order),

A. G. Malcolm, M.D., H. M. Johnston,

Honorary Secretaries

\* Members who cannot attend are requested to communicate their views to the Secretaries, on this question.

TWELFTH MEETING.  
27th January, 1855.  
The President in the Chair.

XXXV. Dr. MALCOLM reviewed the subject of the topical medication of the larynx, as practised by Trousseau and Belloch, H. Green, and Watson.

He adverted to the ancient origin of topical medication, by means of the insufflation of powdery substances and vapour, which, it appears, had been practised in the time of Aretæus.

MM. Trousseau and Belloch in their work on "Laryngeal Phthisis," speak of the result of a long experience of such medication. They used, *in powder*, bismuth, calomel, zinc, copper, lead, alum, and silver; *in vapour*, chlorine, iodine, and sulphuret of mercury; *and in solution*, nitrate of silver, corrosive sublimate, sulphate of copper, and nitrate of mercury.

Of all these they preferred the *nitr. arg.* (strength, dr. ii. ad oz. i.), and they employed it thus:—1. By *expressing* the solution into the larynx; 2. By means of a syringe; and, 3. By the direct application of a sponge filled with the solution to the interior of the larynx.

Sir C. Bell used the nitrate solution in cases of laryngitis by means of a sponge.

Dr. Horace Green had experimented with the same, years before MM. Trousseau and Belloch, and employed a strength of scr. ii., scr. iv., ad oz. i. He used a curved piece of whalebone, with sponge fastened to its extremity. He has tried this method successfully 1. In follicular disease of the larynx and pharynx; 2. In chronic laryngitis (*concentrated solution*); and, 3. In croup. In this last disease it has been strongly recommended by M. Bretonneau, MM. Dupuytren, Guet (1843), Bouchut (1845), and Guersent (1843.) In the early stage of croup (before exudation) it has been more useful. 4. The bronchial and laryngeal complications of phthisis.

Dr. E. Watson, of Glasgow, has lately written a work in advocacy of this form of treatment. He has largely employed it in acute and chronic laryngitis (strength, grs. xxx. ad l.); aphonia (do., grs. xx ad xl.); pertussis (grs. xv.); spasmodic asthma (grs. xx.); stomach and hysteric cough, laryngismus, epilepsy, and laryngeal complication of phthisis.

Dr. Watson has given some idea of its *modus operandi*, as thus:—1. It protects eroded surfaces. 2. It stimulates the capillary circulation. 3. It produces osmotic currents. 4. It removes nervous excitability.

In the discussion which ensued, the merits of this special treatment were generally considered by the members *limited*, and none endorsed the enthusiastic views of Green or Watson.

XXXVI. Dr. M'CORMAC exhibited a *tape worm*, which came away after the exhibition of a dose of turpentine; the kousso having been previously unsuccessfully tried.

179 To the Secretaries

Culmore, Derry  
January 30<sup>th</sup> 1855

Gentlemen

I forward today a sample of urine, and I would feel obliged by your having it examined by the Chemical and Microscopical Committee and favouring me with their report on it. It was passed this morning by a patient about 30 years of age who has long suffered from dyspepsia which he fancies proceeds from inflammation. I wish to know if there is any seminal bodies in it. I could not perceive any myself.

I am Gentlemen  
Truly yours  
James Forsythe

178 To A. G. Malcolm

Aughnacloy  
1 February 1855

My Dear Sir

The enclosed is a small sample of urine which I wish examined. I am of opinion that it is quite healthy although some of the symptoms connected with the case are suspicious. You will oblige me by giving it a *through* examination. I hope you are enjoying good health. The last time I had the pleasure of seeing you I think you promised to write me but if you did it must have gone astray in the P.O.

I have been laid up since Sunday last with a severe attack of Lumbago. Nothing strange here. I received the copy of B.C.&P. Society Transactions for which I [need?] to return you my thanks. I should send my compliments to Mrs. M. but I believe I have never had the pleasure of being introduced. Hoping I am to hear from you.

I remain with great respect  
S. Blakely

I should not trouble you for this examination were it not that I believe I am at liberty do so being a member of the B.C.&P.S. S.B.

189 Notice of the Thirteenth Meeting in the Second Session.

Sir

The Thirteenth Meeting of this Session will be held at the General Hospital, on Saturday, 3rd February, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 18; Students, 23.

Proposal of New Candidates

**Pathological Specimens to be Exhibited.**

Lungs representing Pneumo-phthisis

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

1. Emphysema of Lungs, with disease of Tricuspid Valves. Dr. Malcolm
2. Ankle-joint, illustrating Pulpy Degeneration of the Synovial Membrane. Mr. Browne

**Cases to be Read.**

1. Case of Abscess of the Tibia.
2. Case, exemplifying the use of Rennet in Diabetes. Dr. Halliday

**Candidate for Election.**

James Gibson, Killileagh.

**Query for Discussion.\***

Under what conditions in Syphilitic cases should Mercury be proscribed? Dr. H. Stewart

**Notice to Members.**

Non-Resident Members who have not yet received their copies of the Society's Transactions, will please intimate to the Secretaries *where in town* their copies should be left; or, should they prefer them by Post, remit the required postage (6d.)

New Members of the present Session may receive copies on payment of Three Shillings.

Non Resident Members are reminded that, if they desire the Weekly Circular to be forwarded, the postage (1s. 6d. for the remainder of the Session)

[Rest of page torn off.]

THIRTEENTH MEETING.

3rd February, 1856.

The President in the Chair.

XXXVII. Dr. MALCOLM exhibited a recent specimen of *tuberculous lung with intercurrent pneumonia*.

XXXVIII. Professor STEWART exhibited a recent specimen of *diseased ankle joint, shewing degeneration of synovial membrane, and ulceration of cartilages*.

XXXIX. Also, *an encysted tumour of the scalp, or wen*. Upon section it was found to contain about 8oz. of a milky fluid.

XL. Dr. HALLIDAY opened the discussion as to the *treatment of diabetes*, especially by rennet, as recommended by Dr. Gray.

Professor STEWART had used *barm* with some benefit, and *carb. ferri* (administered before meals) with much more.

Dr. BRYCE found some utility in the employment of *quinine* in one case, which was, however, complicated with mucous catarrh of the bronchi and intestines. The quantity of sugar in this case was so great that a single drop of the urine falling accidentally upon the dress would leave a hard saccharine crust. Dr. B. considered that the cases of diabetes should be viewed as simple or complicated acute, or chronic, as nothing definite regarding treatment can be predicated when such analysis is not made.

195 To A. G. Malcolm

Wellington Place  
February 6 1855

Dear Dr.

I propose a few remarks next Saturday, on a case of euthanasia.

Yours faithfully  
Henry M'Cormac

196A To A. G. Malcolm

Rathfriland  
February 7 1855

Gentlemen

I never was in Belfast except once and I might never be in it again.

I cannot therefore enjoy the advantage of membership of the "Pathological Society".

I see more cases reported in the "Lancet" than I have time to read.

Your most obedient  
J. Hay

**Council Meeting** February 7, 1855

Present: Dr. Malcolm & Mr. Johnston.

Circular prepared.

190 Notice of the Fourteenth Meeting in the Second Session.

Sir

The Fourteenth Meeting of this Session will be held at the General Hospital, on Saturday, 10th February, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 9; Students, 15.

**Pathological Specimens to be Exhibited.**

1. Patient:—Exquisite example of Favus.
2. Wax Cast:—Gangrene of the Lung in a recent case.

**Query for Discussion.\***

Under what conditions in Syphilitic cases should Mercury be proscribed?

**Cases to be Read.**

1. Case of Abscess of the Tibia.
2. Case of Euthanasia.
3. Some cases of Syphilitic Bronchitis.

**Clinical Facts and Statistics.**

Dislocation of the Jaw under peculiar circumstances.

**Notice to Members.**

Non-Resident Members who have not yet received their copies of the Society's Transactions, will please intimate to the Secretaries *where in town* their copies should be left; or, should they prefer them by Post, remit the required postage (6d.)

New Members of the present Session may receive copies on payment of Three Shillings.

Non Resident Members are reminded that, if they desire the Weekly Circular to be forwarded, the post-

age (1s. 5d. for the remainder of the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,

Honorary Secretaries

\* Members who cannot attend are requested to communicate their views to the Secretaries, on this question.

FOURTEENTH MEETING.  
10th February, 1855.  
The President in the Chair.

XLI. Dr. M'CORMAC submitted the chief points of a case illustrative of the state, termed *euthanasia*.

The paper was as follows:—Medical men seldom describe the manner of death, unless incidentally. When death arrives, the medical man considers his business at an end. Few are required to witness the last moments of life. Nevertheless, there is in the manner of dying very much of deep interest to us all. Many, I conceive the great majority, leave this life without much apparent, and I believe real, pain or suffering, while to some, the last agony is long and painful. There may be a euthanasia of the mind as well as of the body. It is most desirable doubtless, when body and mind are alike at ease. The causes which determine a painless death or the opposite, are very imperfectly known. One sees the strongest men perhaps, die easily; while delicate, weak women endure long suffering.

The occasion of these remarks was a young girl. She had experienced protracted general indisposition. She had suffered much both in body and mind. Her final indisposition, if not entirely occasioned, had been greatly aggravated by a long journey during cold, inclement weather.

There had been bronchitis, and to some extent pneumonia, as I learned on consultation with the medical attendant. Her indisposition, however, did not prevent her from sitting up to the last. At the very last indeed, she was sitting up leaning on her attendant, the sick girl's languid head supported on the nurse's breast. This attitude was maintained for a protracted interval. No one moved, neither the sufferer nor her attendant. At length, a sister of the sufferer came in. She spoke to her sick sister, asked her how she did, but there was no reply. Looking closer, she perceived that the sufferer was dead, quite dead, without the slightest plaint or struggle to signify the change, or even to derange the position she had assumed.

XLII. Mr. H. M. JOHNSTON adverted to a case of *dislocation of the inferior maxilla, occurring during the progress of fever*.

XLIII. Dr. YOUNG exhibited a *detached fœtus with membranes and placenta*, supposed to have reached the seventh week.

XLIV. Dr. MALCOLM presented a patient who afforded an exquisite specimen of the mature *favus dispersus*.

XLV. Dr. MALCOLM exhibited the recent parts of a case of *gangrene of the lung*, and submitted the following particulars:—

Thomas W., aged 52, a porter, was admitted into the hospital on 15th January, ult., having then been ill five weeks. His habits were intemperate, and he was habitually exposed to much privation. He ascribed his illness to a severe cold. On admission his chief symptoms were *bronchitic*, but soon "fine crepitus" was detected at the right base, and the other indications (rusty expectoration, etc.) followed. On the 20th, the tinging of the expectoration had disappeared, but the pulse continued frequent (104). He was now troubled with diarrhœa, and almost immediately afterwards symptoms of sinking set in, which resulted in his death on the 23rd.

At no time was there any indication of a cavity, much less of a gangrenous one, and the sputa were not even foetid.

On a post-mortem examination, a large irregular ragged broken down mass of sphacelated lung tissue was found occupying the base of the right lung, bounded superiorly by a stratum of consolidated lung; and beyond this, a congested portion.

The absence of the gangrenous fœtor in gangrene of the lung has been noticed by several authors, though its presence is generally laid down as the most characteristic sign. *Craigie* says: "A peculiar gangrenous inflammation may exist, and have proceeded to a considerable extent, yet without giving rise to fœtor of the breath and expectoration."

Then as to the insidious character of the incipient symptoms, most authors are agreed. Thus, *Walshe*—"The evidences of this affection of the lung at first are commonly extremely obscure." *Skoda* (Trans.)—"An examination of the thorax is rarely made in the first stage of the disease, on account of its insidious nature." *Laennec* (Forbes' Trans.)—"Nothing but the general debility strikes the attention of the physician, and nothing seems to announce a severe affection of the chest."

**Council Meeting February 14, 1855**

Present: Drs. R. Stewart & Malcolm.

Resolved that a brief lithographed abstract of the weekly proceedings be supplied to each non-resident

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

member who will pay the postage, Dr. Malcolm guaranteeing that for this session no additional expense shall be incurred.

**191** Notice of the Fifteenth Meeting in the Second Session.

Sir

The Fifteenth Meeting of this Session will be held at the General Hospital, on Saturday, 17th February, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 15; Students, 25.

**Pathological Specimens to be Exhibited.**

1. Recent Parts:—Pneumonic Abscesses, etc.
2. Do. Loose Calcareous bodies in the Pleural Sac.

**Clinical Facts and Statistics.**

Dislocation of the Jaw under peculiar circumstances.

**Query for Discussion.\***

Under what conditions in Syphilitic cases should Mercury be proscribed?

**Cases to be Read.**

1. Case of Abscess of the Tibia.
2. Some cases of Syphilitic Bronchitis.
3. Masked Typhus Fever, mistaken for Apoplexy.

**Notice to Members.**

The Council are gratified in being able to state that they have made weekly arrangements to supply every Non-resident Member, who receives the Weekly Circular, with a brief Resumé of the previous week's Proceedings, without any extra charge. The Council trust that this new privilege will meet, in part at least, the objection of some, that distance from Belfast prevents them from enjoying the principal benefits of the Society.

Non-Resident Members who have not yet received their copies of the First Volume of the Society's Transactions, will please intimate to the Secretaries *where in town* their copies should be left; or, should they prefer them by Post, remit the required postage (6d.)

New Members of the present Session may receive copies on payment of Three Shillings.

Non Resident Members are reminded that, if they desire the Weekly Circular, *including the "Abstract of Proceedings" above-mentioned*, to be forwarded, the postage (1s. 4d. for the remainder of the Session) must be prepaid.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),

A. G. Malcolm, M.D.

H. M. Johnston,

Honorary Secretaries

\* Members who cannot attend are requested to communicate their views to the Secretaries, on this question.

**231** To A. G. Malcolm and H. M. Johnston

Gilford

16<sup>th</sup> February 1855

Gentlemen

I beg to enclose herewith 1/5 worth of postage stamps hoping that you will be kind enough to send me the weekly Circular regularly.

I am Gentlemen

Your humble Servant

H. M'Bride

**193** To the Secretaries

Portglenone

17<sup>th</sup> February 1855

Gentlemen

Enclosed some postage stamps amount 1/10, to pay for the weekly circular from this forward, and the First Volume of the Society's Transactions. By Post.

I am Gentlemen

yours truly

T. Madden

**196B** Business proceedings of the fifteenth meeting.

Present, the President in the chair, Drs. Beck, Davidson, Dill, Browne R.N., Hainey, Johnston, Malcolm, MacCormac, MacMullan, M'Mechan, Pirrie, Lynch, Read, Ross, Warwick, Young, and 17 Medical Students.

Surgeon John Barnett, Moneymore, was proposed for Membership by Dr. Malcolm, seconded by Mr. H. M. Johnston.

FIFTEENTH MEETING.

17th February, 1855.

The President in the Chair.

XLVI. Dr. BECK exhibited a recent specimen of a *fœtus with membranes, &c., of the seventh week.*

XLVII. Dr. MALCOLM exhibited a *lung presenting several pneumonic encysted abscesses, having no communication with the bronchi*, and gave particulars of the history. *Hope and Sieveking* consider this form of abscess extremely rare; and *Walshe* remarks that "in consequence of want of ready communication with the bronchi, the signs are of necessity extremely obscure."

XLVIII. Dr. MALCOLM exhibited a *dense fibro-calcareous body which was found lying loose in the pleural cavity*; and explained the origin of such, as given by Rokitanski, thus:—

These "fibroid and cartilaginous tissues are developed without inflammation. We first observe a whitish circumscribed opacity and condensation of the serous tissue—a development of tissue resulting in the formation of a smooth, or nodular, elastic plate; or a group of granulations of fibrous and fibro-carti-

luginous tissue, or of irregularly shaped masses, which vary from the size of a pea to a nut, and finally ossify. They sometimes become liberated, and are found *free* in the cavity of the thorax, in the form of round nodular masses.”

XLIX. Mr. BROWNE exhibited an osseous specimen, showing the excavation in a case of *abscess of the tibia*, and detailed particulars:—

J. A., aged 50, had suffered for six years. The knee-joint was supposed disorganized, as there was no distinct evidence of abscess. He walked about till very lately. The bone was sound all around the cavity. Pain, deep-seated, was the chief and constant symptom. The limb was removed.

194 To A. G. Malcolm

Ballynahinch  
February 20<sup>th</sup> 1855

Dear Dr.

Would you be kind enough to forward me the “weekly dispatch” of the Clinical and Pathological Society till the end of the present session.

Enclosed are 16 postage stamps.

Yours very truly  
James Dickson

204 To A. G. Malcolm

Culmore Derry  
February 21<sup>st</sup> 1855

Dear Sir

I enclose postage stamps (15) for the weekly abstract; the plan of which I think is excellent; but I hope the issue of it will not interfere with the publication of a Volume of Transactions at the end of the Session, as I consider the one already sent to be most valuable.

I am dear Sir  
Truly yours  
James Forsythe

**Council Meeting** February 21, 1855

Present: Drs. Stewart, Malcolm & Mr. Johnston.

Circular prepared.

197 Notice of the Sixteenth Meeting in the Second Session.

Sir

The Sixteenth Meeting of this Session will be held at the General Hospital, on Saturday, 24th February, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 16; Students, 17.

**Candidate for Election.**

John Barnett, M.R.C.S. (Eng.), Moneymore.

**Case to be Read.**

1. Masked Typhus Fever, mistaken for Apoplexy.

**Query for Discussion.\***

Under what conditions in Syphilitic cases should Mercury be proscribed?

**Clinical Facts and Statistics.**

Remarks upon some Cases of Syphilitic Bronchitis.

[Rest of page torn off.]

200 To A. G. Malcolm

Ballymoney  
Morning  
Thursday 22<sup>nd</sup> February 1855

Dear Sir

Enclosed is 1/4 worth of postage stamps for the abstract of weekly proceedings etc.

Yours very truly  
William Taylor

Private etc.

N.B. I wish you could instruct me *how* and by latest means I could take a cast of a rare case of excrescence on the genitals of a female a cauliflower excrescence inside the right labium about the size of an orange.

Yours truly WT

198 To the Secretaries

Bushmills  
24 February 1855

Gentlemen

Enclosed I send sixteen stamps as postage for remainder of Session and with thanks for your attention in sending the “Abstracts of Proceedings”.

I am etc.,  
James Macaw

199 To A. G. Malcolm

Rathfriland  
February 24 1855

Dear Sir

It is not my intention to continue a subscriber to the Pathological Society.

Your obedient servant  
J. Hay

Abstract of Proceedings, 17<sup>th</sup> Feb. 1855.—PRESENT, The President in the Chair, D<sup>r</sup>. Beck, Davidson, Dill, Brown, W. Haining, Johnston, Malcolm, MacLennan, Mac-  
Mullan, M. Meckan, Pirie, Lynch, Read, Ross, Warwick, Young, and  
17 medical Students.— Surgeon John Barnett, Monymore, was proposed  
for Membership by D<sup>r</sup>. Malcolm, seconded by Mr. H. M. Johnston. 1. D<sup>r</sup>. Malcolm  
exhibited the recent parts of an interesting case of Encysted Abscess<sup>s</sup> of the  
Lung. The pathological condition was almost unique. The cavities were 4 in  
number, 2 large & 2 small: all encysted, without any communication with  
the bronchial tubes. The walls were composed of 'false membrane' tolerably  
smooth on internal surface, and of considerable thickness. The contents  
were distinctly purulent, of a dirty gray hue. No traversing bands, (as is  
usual,) existed. The larger cavities were oval & of the size of a small egg:  
the smaller, roundish, would have held each a marble. They occupied  
the upper lobe, and upper part of inferior lobe of the left lung. The tissue  
intermediate was partially hepaticized, & studded with numerous 'gray  
semitransparent granulations'. The base was deeply congested, and  
the borders emphysematous. The right lung was darkly engorged, and  
its middle & inferior lobes in part exceedingly friable & almost pulpy.  
In this lung, also, large portions were emphysematous. The bronchial mem-  
brane was generally red & swollen, & the pleura exhibited firm adhesions  
on both sides. The bronchial glands were large, but did not seem diseased. The  
heart was enlarged, from eccentric hypertrophy of the Right Ventricle. The  
valves were healthy.—The Patient, a man at 35 or 40, had been labouring under sym-  
ptoms of Chronic bronchitis for 3 years, prior to his adm. into Hospital about 10  
days since. His appearance &c. evidenced an admixt<sup>n</sup> Emphysema and Capillary  
bronchitis. The physical signs concurred: and no clue to the hidden abscesses  
existed. The general condition indicated unusual depression, and prostration.  
The Discussion was chiefly occupied with the exact nature of the Abscesses—most  
arguing for the pneumonic, but some, for a tubercular origin. 2. D<sup>r</sup>. Malcolm ex-  
hibited 3 calcareous concretions which had been found lying loose in the pleural  
cavity of a body received for dissection at the Anatomical School. They were of the  
size of small beans, and consisted of phos: calcis with carb: calcis covered by a fibrous  
investment. They are extremely rare, but are well described by Rokitsanski. 3.  
Mr. Brown, R.S. exhibited a portion of the head of a Tibia, in which, deu Abscess had  
formed, osteal vegetations had sprung out around the head. The principal symptom  
was permanent pain; but the case was so obscure that amputation was performed under  
the impression that the joint was principally engaged. The Patient was aged 50, and 6 yrs. ill. *H.H.*

SIXTEENTH MEETING.  
24th February, 1855.  
Dr. R. Stewart in the Chair.

**201** Business proceedings of the sixteenth meeting. Present, Dr. Stewart, V.P., in the chair, Drs. Beck, Browne, Boyce, Dill, Graham, Halliday, Hanna, H. Johnston, Lynch, MacMullan, Malcolm, Moore, Patterson, Ross, Warwick, and 21 Medical Students.

Mr. John Barnett, Moneymore, was unanimously elected a Member of the Society.

L. Dr. LYNCH read the notes of a case of masked typhus, presenting, at one stage, strongly marked apoplectic symptoms. This case is reported at length in the *Dublin Hosp. Gaz.* 1855.

Paper:<sup>1</sup> The following very interesting case of typhus fever presents some peculiar symptoms:—A farmer, aged fifty-nine, very tall and athletic, but not fat, had always enjoyed good health till about three weeks before his present illness, when he began to complain of wandering pains about his back and loins. He then began to droop in his health, and complain of general languor, “malaise,” and incapacity to walk as usual without a sense of fatigue; and for three days before his attack, some headache, with a sense of chilliness, but no marked rigor. His habits were occasionally rather intemperate. The present illness commenced rather suddenly while in bed, with a supposed seizure of apoplexy, about thirteen days before Dr. Lynch saw him. At the end of eight days, he had a second similar attack, after which he wandered and raved occasionally, but on being roused, he answered rationally. Dr. L. found him on his first visit (6th Feb.), occupying a very close and small apartment, lying prostrate on a feather bed and curtained. His breathing was heavy and cerebral, of variable frequency, at times very slow; pulse about 96 to 100, feeble; tongue soft at edges, but rough in centre; skin rather cool and soft, with cold extremities; no impulse of heart; hiccough, and occasionally catching at imaginary objects. Besides, he had a general bronchitic affection, with difficult expectoration of thick mucus, tinged with exuded blood. On the following day he became bathed in a general perspiration, and the skin assumed a leaden hue. There was a manifest tendency to coma, all the other symptoms were greatly aggravated, and the powers of life sinking into the moribund condition, with complete relaxation of the sphincters, and failure of the power of deglutition. From this alarming condition, he emerged within the next twenty-four hours; consciousness and speech returned; the crisis was manifested by copious perspiration and sleep, and in the course of the next few days, convalescence was fairly established, and he is now (24th February) quite well. The treatment, from the thirteenth

day, consisted of a variety and abundance of stimuli, both externally and internally, with nourishing enemata of chicken-broth; wine and arrow root every three hours. It was remarked that, during convalescence, though the frosty air was freely and constantly admitted, the bronchial affection rapidly declined. Dr. L. considered the case an admirable example of the severer congestive typhus, in which, as described by Dr. Corrigan, “the function of circulation is almost suddenly struck down.”

LI. Mr. HANNA read a paper, illustrated by cases, confirmatory of the existence of syphilitic bronchitis as a distinct disease.

Among the various bronchitic affections there is one species which seems to depend upon pulmonary irritation, connected with a venereal taint of the system. Drs. Graves and Stokes were of opinion that syphilis may attack the pulmonary mucous membrane as well as the cutaneous, osseous, or mucous tissues of other parts of the body. Pathologists have investigated accurately the various morbid changes to which the pulmonary tissue is subject, but they have withheld the inquiry of examining into states of constitution which may originate these changes. Systematic authors have indeed investigated scrofula with attention, but how silent they seem about rheumatism, syphilis, and scurvy, the prolific sources of many chest affections. The most important point in this disease is the diagnosis, as on this all depends. The importance attached to it arises from the circumstance of this disease being frequently considered phthisis. A patient comes to consult you, and you find he has cough; is pale, feeble, and emaciated; he sleeps badly, and is disposed to sweat at night. If this case were phthisis, would he be benefited by mercury? All must acknowledge, the result would be fearfully bad. I hope I shall be able to prove that the cases I intend to bring before your notice had almost all the symptoms of phthisis, and that one of them was pronounced phthisis by a practitioner who has obtained some celebrity. We can only recognise this disease by its history. If a patient's sufferings have commenced after sores on the genitals, and when secondary symptoms generally make their appearance, along with emaciation, night sweats, debility, disturbed nocturnal rest, accompanied with sore throat, and an eruption over the skin, or any other marked secondary symptoms, we may then consider that his constitution is saturated with the venereal poison, the lungs as well as other parts.

First case.—J. M., aged 28, of a slender conformation, and of moderately temperate habits, had gonorrhœa on two occasions, and had suffered a great deal of fatigue and privations a few years before, having been one of the unfortunate followers of Lopez, at the invasion of Cuba, and was there taken prisoner by the

<sup>1</sup> [*Dublin Hospital Gazette*, 1855, v2, p71.]

Spaniards, who treated him cruelly. Last March, three weeks after connection, a bubo formed without any previous sore (which is not very rare) in the left groin, below Poupart's ligament, for which he was treated by some practitioner. I saw him for the first time in the latter end of June, 1854. He was then affected with sore throat and rupial ulcers; one situated on right thigh, and two on outer surface of left leg, for which I gave him four grains of blue pill and one of quinine, night and morning, till the sores assumed a healthy appearance.

With some tonic treatment, he became apparently convalescent. I again saw him in the month of September; he was now affected with pain in right shoulder and knee; his body all covered over by a lichenous eruption; and a harassing cough annoyed him so much as to prevent rest at night. Examination of the chest elicited nothing posteriorly, excepting a few bronchial rales; but under the right clavicle there was dulness of percussion, suppressed respiratory, prolonged expiratory, and evident bronchophony; respiratory murmur all over the left lung free, excepting a few scattered bronchial rales.

My attention was principally directed to the chest affection, for which I directed him to use ung. iod. cum ol. croton, to be rubbed anteriorly and posteriorly over the right side of chest; of 8 oz. ol. morrhœa, with two grains of iodine suspended in it, a dessert-spoonful three times a day; with soothing cough mixture, and country air.

My reason for uniting the iodine with the oil was, that it might have some effect on the systemic syphilis. Having gone to the country, I did not again see him until Nov. His cough was then no better; had expectoration, was losing flesh, and had night sweats. The lichen disappeared after he was about a fortnight in the country. Living but a short distance from Lisburn, he consulted a practitioner there, who considered his case to be incipient phthisis.

I now began to think that he might be labouring under systemic syphilis, for which I gave him ten grains of iod. potassii three times a day, in an infusion of chireta, with the cod liver oil, and to stop in the country. I have seen him once a fortnight since. The cough and pains have all disappeared, and he has improved very much in flesh, and expresses himself never to have enjoyed better health than the last time I saw him, and that was yesterday. Some dulness still remaining under right clavicle, with prolonged expiration. But might not the pain he complained of in the right shoulder, proceed from thickening of the periosteum of the internal surface of the first rib or clavicle? and would not that account for the dulness and prolonged expiratory murmur?

*Second case.*—J. F., mechanic, aged 22, of a stout athletic form, and of irregular habits. From his own account, he contracted syphilis in summer, 1852, be-

came better after a period of three weeks' treatment of himself, which consisted in the use of black wash, and red precipitate ointment.

About four months after the primary symptoms had disappeared, he was attacked with sore throat, pains, and a severe cough, for which he consulted me. On examination of the throat, there were two excoriations, one on the side of the palatine-arch and one at the back of the pharynx. The cough was very severe for about an hour or two after lying down at night, and in the morning, before and after rising, accompanied by profuse expectoration. Examination of the chest elicited nothing of any importance more than the ordinary signs of bronchitis. The chest affection became so very severe that he was unable to attend, after treating him for about five weeks. He was gradually losing flesh, his hair began to come out, and a papular irruption appeared over the body. Since this eruption began to come out, the cough seemed to be alleviated.

Having considered that he might be labouring under a syphilitic cachexia, and that the bronchial mucous membrane might be as liable to the poison as any of the other mucous membranes, I gave him small doses of calomel and opium and tart. emetic, three times a day, for about a week, until the mouth became tender, and kept up the irritation by rubbing half drachm doses of strong blue ointment along the course of the femoral artery, night and morning, every other day, until cough and other symptoms disappeared. His health began to improve rapidly under tonic treatment, and he has had no return of any secondary affection for a year, as I had an opportunity of knowing. He has since gone to America.

#### **Council Meeting February 28, 1855**

Present: Drs. Stewart, Halliday & Malcolm.

Resolved that students and resident members be supplied with the "Abstract" on the same terms as the non-resident members i.e. at the rate of 1d per sheet.

Resolved that a *final* notice signed by Treasurer be furnished to defaulters according to Rule XX.

#### **202 Notice of the Seventeenth Meeting in the Second Session.**

Sir

The Seventeenth Meeting of this Session will be held at the General Hospital, on Saturday, 3rd March, at Three o'clock precisely.

#### **Attendance at last Meeting:**

Members, 16; Students, 21.

#### **Candidate to be Proposed.**

Mr. Anderson, Kilkeel

#### **Clinical Facts.**

Inky Expectoration in a case of Hæmoptysis.

**Query for Discussion.**

Under what conditions in Syphilitic cases should Mercury be proscribed?

**Notice to Members.**

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The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),

A. G. Malcolm, M.D.

H. M. Johnston,

Honorary Secretaries

203 To J. H. Halliday

Dundalk  
2 March 1855

Dear Sir

I beg to enclose you a post office order for 5/- being amount of my subscription to Belfast Pathological Society for this session. Have the goodness to carry my respects to Dr. Malcolm, and say I shall probably hand him a contribution shortly.

Yours faithfully  
John Browne

SEVENTEENTH MEETING.

3rd March, 1855.

Dr. Moore, V.P., in the Chair.

LII. Mr. GELSTON, Comber, submitted the history of a case of (alleged) *aneurism of the abdominal aorta*.

LIII. Dr. MALCOLM related the particulars of a case of pulmonary disease, in the course of which *the expectation assumed all the appearance of ink*.

W. J. M'K., aged 20, a sawyer; ill since Christmas; began to expectorate blood on 29th; ascribes attack to over work; admitted 30th Jan. Pulse, 108; respiration hurried a little; anorexia; thirst; skin dry; bowels regular; tongue clean; weak.

Illness commenced with influenza at Christmas. On admission had a saline purgative, and following day an infusion of ipecacuanha to act as emetic and nauseant.

Return of hæmoptysis during night of 30th. Continued the mixture till Feb. 2, when it was omitted, as all bleeding had ceased. On 4th, there was a relapse, and I then put him under the gall. acid, gr. v. *bi-horio*. This was continued regularly on 5th, 6th, and 7th, and on 8th reduced to gr. v. *ter in dies*.

The expectoration became inky on or about 7th and 8th. On 9th, was ordered pil. plum. gr. iii., *ter in dies*., which was continued till about 16th, when bleeding ceased; and on 20th, ol. jec. as.; and 24th discharged.

In commenting upon this case, Dr. M. alluded to the following records, which notice a similar phenomenon:—On November 3, 1853, at the Med. Chir. Soc. of Brighton and Sussex, Dr. W. Bayes, of the Brighton Dispensary, read a paper on "Gallic Acid and its Remedial Power in the Hæmorrhagic Diathesis, &c.," and in the course of his remarks stated that, while pushing the remedy in a case of hæmorrhage, he observed that the colour of the blood poured out "becomes darker and darker, until it is often perfectly inky."

When this occurs it shows a *complete saturation* with the acid which may then be given at much longer," &c. On February 7th, ult., at the Med. Chir. Soc. of Edin., Dr. W. T. Gairdner read a paper on "the Administration of Gallic Acid in Hæmoptysis and Albuminaria," and remarked, in reference to Dr. Bayes' observations, that, in one case, hæmoptysis repeatedly occurred *after* the sputum became inky. "The inky tinge he thought was due to an alteration of the mucus, and not the blood." (See p. 180.)

LIV. Dr. MURNEY exhibited the recent excised parts from a case in which he had performed *resection of the elbow joint*.

The joint, when examined, presented pulpy degeneration of the synovial membrane. The patient was 30 years of age, not scrofulous, and 11 months ill.

LV. Dr. MOORE exhibited *an arm most terribly mangled* at a hackling mill in the neighbourhood. During the amputation, but a single vessel required ligature. Chloroform was used, as usual.

It was generally admitted by the members that cases of severe injury, with depression from hæmorrhage or shock, bore chloroform well, in corroboration of Mr. Guthrie's view.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

207 To A. G. Malcolm

Lisburn, 16 Bow Street  
March 7<sup>th</sup> 1855

Dear Sir

The weekly report of the Clinical and Pathological Society which you have hitherto sent to the above address, you will oblige by addressing henceforward to "Hawkshead, Windermere, Lancashire" where I have come to an anchor. I shall be glad still to continue membership if not contrary to rules, being in England.

I had promised myself the pleasure of calling on you and must apologise for not having done so but my time was really so taken up between one thing and another that I could not find opportunity and must ask you to accept of that as my excuse.

In haste

Very truly yours  
Augustus Johnston

**Council Meeting** March 7, 1855

Present: Drs. Stewart, Murney & Malcolm.

Advertisement in Hospital Gazette passed.

206 *Notice of the Eighteenth Meeting in the Second Session.*

Sir

The Eighteenth Meeting of this Session will be held at the General Hospital, on Saturday, 10th March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 17; Students, 21.

**Candidate for Election.**

Mr. Anderson, Surgeon, Kilkeel.

**Query for Discussion.**

Under what conditions in Syphilitic cases should Mercury be proscribed? To be introduced by Dr. H. Stewart.

**Pathological Specimens to be Exhibited.**

Disease of Testis, with Hydrocele: Removal.

**Case to be Read.**

Purpura and Latent Phthisis co-existing.

**Notice to Members.**

THE WEEKLY ABSTRACT

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(Signed by order),

A. G. Malcolm, M.D.

H. M. Johnston,

Honorary Secretaries

210 *No addressee, place or date*

With respect to the Query for Discussion next meeting I am not aware of any cases of syphilis for the cure of which mercury is contraindicated, unless in Phthisical or strongly [miasthed?] strumous cases. There are also cases where erethismus is apt to be developed under the use of mercury, but that cannot be known until a trial is made.

J. M.

EIGHTEENTH MEETING.

10th March, 1855.

The President in the Chair.

213 *Business proceedings of the eighteenth meeting.*

Present, Professor Ferguson, President, Drs. Beck, Bryce, Dill, Halliday, Hailey, H. M. Johnston, Lynch, Malcolm, Moore, Graham, M'Cleery, MacMullan, Patterson, Ross, R. Stewart, H. A. Stewart, Warwick, Young, and 17 Medical Students.

A ballot was taken for Mr. Anderson, Surgeon, Kilkeel, who was unanimously elected.

LVI. Dr. YOUNG, Holywood, related the history of a case of *retroversion of the uterus*.

The female was three months pregnant, and had complained but two weeks. The chief symptom was retention of urine. Six and a-half pints were drawn off by the catheter. He reduced it effectually by firm pressure and manipulation.

LVII. PROFESSOR STEWART introduced the subject of discussion, viz.: *under what conditions in syphilis should mercury be proscribed?*

In his remarks, Dr. S. dwelt upon the following conditions as being contra-indicatory of mercurial-

ization: Peculiar idiosyncrasy; a decidedly scrofulous diathesis; debilitated constitution; peculiar phase of the disease, as the inflammatory form, gangrene, &c.

Under other circumstances, mercury is our sheet-anchor. The poison should be, if possible, expelled. Mercury increases all the secretions, and hence is rationally indicated. But it should be remembered that, unless persisted in for a lengthened period, the full elimination cannot be expected.

Mr. BROWNE considered that mercury may be much more frequently used with benefit by attending to the *form* of administration. So far from the bichl. hyd. being a depressing agent, it is in small doses a most admirable tonic.

Dr. BRYCE did not think that secondary syphilis could be cured without the use of mercury. There is no greater mistake, in his opinion, than that mercury is injurious in scrofula; but he condemned the old system of administration, and argued that the *mere touching the gums* was sufficient. He confessed he had unlearned much of what he was taught at the schools concerning mercury.

Dr. MALCOLM referred to the effects, as laid down by therapeutic authors, as some guide in coming to a decision. *Christison*, for example, considers it capable of producing or predisposing to the following long list of maladies, viz: Hysteria, gangrene, tremors, serous inflammations, eczema, impetigo, erethismus (*Pearson*), chlorosis, dysentery, dropsy, sloughing ulcers of the throat, diseases of the bones. Further, Dr. S. Wright believes that mercury renders the blood watery and septic, and diminishes fibrine, albumen, and the colouring matter. Then, as to its effects on the syphilitic constitution, *Christison* thinks “in no circumstances does mercury so often give rise to troublesome and severe disease of the glands, and bones, and skin, as when it is administered in a strumous constitution, tainted also by the venereal poison.”

Almost all writers are agreed as to the injurious consequences of mercury, under the following circumstances in syphilis, viz:—violent local inflammation, pustular, rupial, and tubercular forms. Notwithstanding the bold opinion of *Pearson*, who having administered mercury in 20,000 cases, felt himself “authorized to assert that it is a remedy always to be confided in *under every form of lues venerea*,” the foregoing facts are conclusive as to the necessity for *care* in the exhibition of this drug. Dr. Malcolm concluded by expressing his concurrence with the views of the late eminent *Liston*: “In any case, I would never think of ordering it, unless the progress were tedious, the ulcer being indolent and contumacious.”

Dr. ROSS argued that *the kind of primary sore* gave definite indications; and if this be “indurated,” mercury was indispensable. He considered the remedy as much a specific as any other medicine of this class.

Dr. YOUNG, Holywood, spoke in favour of mercury under the limitations advised by *Acton* and *Ricord*.

Mr. WARWICK mentioned two instances of indurated chancre, in whom he excised the hardened part without any bad consequences, all other treatment (including mercury) having failed.

Mr. H. M. JOHNSTON stated, that the non-mercurial plan had been fairly tested in the Dublin Hospitals, and completely failed.

The character of the sore is not a true guide. The mode of administration is all-important. The drug should be insinuated (as it were) into the system. He concluded his remarks by asking whether we should mercuralize a case of secondary syphilis, in a pregnant female.

Professor STEWART observed that almost every such case in the Lock wards *aborted*.

Dr. HALLIDAY considered that there was scarcely any syphilitic case in which mercury might not be beneficially employed.

Dr. DILL also advocated the mercurial treatment.

The PRESIDENT was strongly convinced that the tubercular diathesis contra-indicated the use of mercury. We should also not employ it, when we cannot command the proper adjuncts in the administration of the mineral.

211 To A. G. Malcolm

Hawkshead, Windermere  
Lancashire, March 12<sup>th</sup> 1855

Dear Sir

I enclose 1/2<sup>d</sup> in Postage Stamps as pre-payment for “Abstracts” and I should have done so before but it was only the *cream* of the thing I took so I had not read or at least had not taken special notice of the conditions attached to transmittance of same.

I am  
very truly yours  
Augustus Johnston

**Council Meeting** March 14, 1855

Present: Drs. Halliday, Malcolm & Mr. Johnston.

Treasurer to submit first report of finances at next meeting.

Circular prepared.

208 Notice of the Nineteenth Meeting in the Second Session.

Sir

The Nineteenth Meeting of this Session will be held at the General Hospital, on Saturday, 17th March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students, 17.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

The Treasurer will submit his First Report of the Finances, according to Law X.

**Candidate to be proposed.**

William Black, C.M. (Glas.), Ballymena.

**Pathological Specimens to be Exhibited.**

Disease of Testis, with Hydrocele: Removal of the Gland.

**Cases to be Read.**

1. Cases of Purpura, Phthisis supervening.
2. Cases illustrating the utility of Quinine and Opium (in combination) in Dysentery.

**Queries for Discussion.**

1. Under what conditions in Phthisis is Cod Liver Oil most beneficial?
2. What is the best Treatment for Inflamed Bursæ?

**Notice to Members.**

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(Signed by order),

A. G. Malcolm, M.D.

H. M. Johnston,

Honorary Secretaries

223 To J. Moore

Larne

Friday night March 16<sup>th</sup> [1855]

My Dear Moore

If I had been at home in time for post today I would have sent you these two cases to read for me if you think them worth the trouble at the Pathological tomorrow.

They are merely corroborative of the fact which your case read a fortnight ago went to prove.

Yours very truly

C. Ferres

NINETEENTH MEETING.

17th March, 1855.

The President in the Chair.

LVIII. Dr. MOORE exhibited a recent specimen of *diseased knee-joint*, of 14 years' duration. The patient was aged 30. There were sinuses communicating with the joint, and evidence of caries of the articulating surfaces, whose cartilages had ulcerated. There was partial ankylosis, and slight displacement of the tibial head backwards, which increased the deformity. The limb was removed by the flap operation, during which 11 arteries were secured.

LIX. Dr. YOUNG, Holywood, mentioned the case of a child, aged 2 years, who had, it was alleged by the parents, swallowed a cube of wood two-thirds inch on the square, without injury.

A discussion ensued as to the capacity of the œsophagus at such an age, and the best means to be adopted when such an accident occurs. Repeated doses of *ol. ric.* and the ingestion of a large meal of wheaten porridge, were recommended.

LX. Mr. HANNA read the notes of two cases of *purpura*—one in which phthisis had supervened, and the other associated with cerebral disease—after premising the following observations:—

Among the various forms of *purpura* there is one which has been termed *purpura hæmorrhagica*, which is specially worthy of attention, as there is always something in disease, accompanied by loss of blood, calculated to arouse our sympathies.

Hæmorrhage, besides its immediate effects, is likely to produce changes which are long felt by the system. Persons having had profuse loss of blood are liable to suffer *long after* the occurrence; although the functions go on as before and the loss repaired, a certain debility generally remains. Almost the same may be said about chlorosis, in which the blood is in a depraved condition, and is formed slowly. This condition differs from the former, for it can be rectified by the ferruginous part of the liquid being restored to its natural element. But a person who remains some time pale from the loss of that fluid, we are told, seldom or never attains the hue of health. And where there is any predisposition to specific disease, there is nothing more calculated to awaken the lurking latency than its after results.

In *purpura hæmorrhagica*, the petechiæ are pretty large, and are mingled with livid stripes resembling marks left by violent bruises. They generally appear

on the extremities first, and trunk secondarily: their first appearance is of a florid hue; they then become of a livid, and, lastly, yellow, when they disappear altogether. The cuticle appears smooth, and is not generally elevated; in some cases the cutis has been raised into a sort of vesicle with its blood contents; the gentlest pressure will produce an ecchymosis.

*Rayer*, on dissection, has found that the ecchymoses do not confine themselves to the same texture of the skin; some are situated on the surface of the rete mucosum, others occupy the areolæ of the cutis, and the largest have generally their seat in the cellular tissues, in which the blood is coagulated; but in the smaller it remains semi-fluid.

There is one alarming symptom in this affection, viz.:—hæmorrhage, from mostly all the mucous outlets, or sometimes from serous surfaces, which is enough to make us fearful of the consequences. This symptom is often preceded for some time by weakness and pains in the limbs, which incapacitates the patient for any exertion, who not unfrequently appears in robust health; in some there are deep-seated pains about the præcordia, chest, loins, and abdomen; in other cases, previous to the eruption, syncope has occurred. Although all these are alarming features, experience has not proved it very often a fatal disease.

Dr. Watson asserts in the *Medical Gazette*, vol. x. p. 599, that in all cases where the blood has been chemically analysed, as well as its qualities which are sensible to the eye examined, it has undergone a change. On post-mortem examinations, the meninges of the brain have been found spotted; ecchymosed and extravasated blood has been found on the convolutions, and in the substances and ventricles of the brain, from the size of a pin head to a pigeon's egg, and also on and in the cerebellum. In all patients where this has occurred, they have generally died comatose, after headache. In the chest, *Rayer* has observed the following appearances:—The outer-surface of the lungs spotted; beneath each of these spots the lung is firmer in its texture than the healthy lung, and presents a circular engorgement, from which, on pressure, black blood excretes a morbid hæmoptysical engorgement, such as has been described by *Laennec*. Some have been also found on the heart, pleura, pericardium, and tissue of the lungs. In the abdomen, similar spots have been found scattered over all the hollow viscera, with enlargement of the liver, spleen, and softening of those organs, the kidneys not excepted.

The predisposing and exciting causes of purpura are mere hypothesis, but *Williams*, *Bateman*, and *Bayer*, seem to think that it chiefly occurs in persons of delicate habit, or enfeebled by their occupations or mode of life; they also think that confinement, low and damp habitations, scanty food, hard labour, anxiety,

grief, or fatigue may produce it. Still, purpura does occur where no causes of a debilitating or depressing nature can be supposed to have existed—as in persons in the vigour of youth, and the prime of life, and in easy and comfortable circumstances, breathing a pure air, enjoying all comforts. Of the pathology of purpura very little also is known, but it is considered to arise:—First, from an attenuated state of the blood, allowing it to escape from the extremities of the capillaries. Secondly, dilatation of these vessels. Thirdly, tenderness of the coats of the vessels, giving way from the ordinary impetus of the blood. Fourthly, obstruction of the vessels, causing rupture. Fifthly, two or more of these causes acting simultaneously or successively. The most striking peculiarity of purpura is its universal hæmorrhagic tendency, whereby blood is poured out not only from the various mucous surfaces, but is effused into the texture of the skin, cellular membrane, serous cavities, and solid viscera, or hollow viscera. It is therefore probable that the immediate cause of these phenomena is one affecting the whole system, and none seems so well to accord with that phenomena, as an alteration in the composition and vital properties of the blood. When we take into consideration the analogy which subsists between the phenomena of purpura, and of maculated fever on the one hand, and the cachexia of passive hæmorrhage on the other, it is highly probable that a similar cause is in operation in all these cases. In scorbutus, it is admitted that the composition of the blood is vitiated. That a change in its properties is intimately concerned in the production of fever is now generally admitted. We have, therefore, strong reason for believing that a like cause is productive in some cases of that assemblage of symptoms to which is given the name of purpura.

Case 1. H. K., aged 19, of a bilious temperament, a printer by trade, very temperate in his habits, subject from childhood to neuralgic headache. His appetite never would continue any length of time good. His principal diet was tea, which he took three times a-day. His bowels were always loose. His residence might be termed unhealthy, having to sleep in a small damp room, the floor being unboarded. At three years old, the cervical glands suppurated, but though they healed up after discharging one year, they have still remained more or less indurated. Had three attacks of purpura. First commenced at 11 years; got better in a week by treatment. Second time at 17; recovered at the end of a fortnight.

At about the beginning of last June, he complained of a chilliness and trembling of cold, great weakness and feebleness, so much so as to have to discontinue his work.

About the 13th of June I first saw him; the extremities were covered, as well as the trunk, tongue, and mucous membrane of the mouth, with purpuric spots;

some on the arms were evidently elevated, the gums were swelled, and he said his mouth was full of blood this morning. I saw him on 17th. He was lying in bed. Pulse 60; small and weak. All around him was saturated with blood. His mother told me that, for the last two days, he had bleeding from the nose and mouth. The bowels had been twice moved, and each time was filled a large chamber-pot with dark blood. She thought he had lost about seven quarts altogether. I then ordered him the following:—R. sulph, quinae, gr. xii.; tinct. ferr. mur., dr. ii.; aq. font. oz. ii. M.; ½ oz. ter die. Also, thirty drops of turpentine every third hour, and cold beef tea for a drink.

After the 18th, the bleeding began to cease from nose and mouth, the spots to fade, and the secretions in the course of a week afterwards to present a natural appearance, when he slowly recovered from the purpuric disease.

In the month of July, he took ill with cough, difficulty of breathing, and shivering, which occurred every day at irregular times. Examination discovered dulness under both clavicles and in right axilla, the vesicular murmur suppressed in the apices of both lungs, prolonged expiratory, and sub-crepitating rale. He continued to grow worse, dying with all the symptoms of hectic in the month of November.

Case 2. C. R., aged 13 months, an apparently healthy child, took ill on the 6th March, with vomiting, hot skin, and general irritability, tossing of the head, pulse very quick. I then gave him a quarter of a grain of calomel every two hours, a blister to the nape of the neck, and applied a leech to each of the mastoid processes of the temporal bone.

He became worse that evening. I was awakened about twelve o'clock, when I visited him; vomiting had continued, pulse still quick, pupils contracted, and cornea buried in the underlids; extremities cold, and the surface covered over with large purpura patches which had come out since I had last seen him but a few hours before. He continued still worse, when he went off in convulsions at three o'clock in the morning.

LXI. Dr. MOORE presented a patient with *pharyngeal abscess*, and related some particulars of the case.

215 To A. G. Malcolm

Warrenpoint  
March 20<sup>th</sup> 1855

Dear Sir

Enclosed is what I imagine to be a Uterine Hydatid.

History—On Saturday evening last I was summoned in all haste to see a woman who was supposed to have an abortion about the 10<sup>th</sup> week of pregnancy. I found she had had a good deal of hæmorrhage. That

thing had come away which was supposed to be a fetus. At the nodulated extremity you will observe a sack cut open which contained only a watery fluid.

What can the membrane be? and what is your opinion of the whole?

I may state the woman had been as she supposed menstruating for two days previous to its discharge and at the time she had strong labour pains.

I understand she had a sort of heavy feeling or oppression in the uterine region during her supposed pregnancy. She is progressing favorably.

I am Dear Sir  
Yours very truly  
R. M'Gowan

Council March 21, 1855

No meeting

212 Notice of the Twentieth Meeting in the Second Session.

Sir

The Twentieth Meeting of this Session will be held at the General Hospital, on Saturday, 24th March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students, 12.

**Candidate for Election.**

William Black, C.M. (Glas.), Ballymena.

**Pathological Specimens to be Exhibited.**

1. Patient:—Peculiar Cardiac Affection in a child, aged 2½ years.
2. Uterine cyst supposed to be fœtal.
3. Chronic Tonsillitis—gland excised.

**Case to be Read.**

1. Cases illustrating the utility of Quinine and Opium (in combination) in Dysentery.

**Clinical Facts and Statistics.**

Two cases showing the utility of employing Chloroform as an Anæsthetic, in operating on cases of injury with marked Prostration.

**Queries for Discussion.**

1. Under what conditions in Phthisis is Cod Liver Oil most beneficial?
2. What is the best Treatment for Inflamed Bursæ?

**Notice to Members.**

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(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

TWENTIETH MEETING.

24th March, 1855.

The President in the Chair.

LXII. Dr. MALCOLM exhibited a patient aged 19, presenting an extraordinary mass of indurated enlarged glands at the side of the neck. The patient was of the scrofulous diathesis. A discussion ensued as to the treatment, and especially as to the utility of setons or issues in such cases. (See plate.)<sup>1</sup>

LXIII. Mr. BROWNE, R.N., presented a patient who had suffered great loss of the scalp from injury. In the healing, considerable exfoliation of the bone had taken place, yet such was the restoration, that eventually there would be no appearance of such destruction.

LXIV. Dr. MALCOLM exhibited a child aged two and a-half years, presenting a slight appearance of cyanosis, with peculiar cardiac signs.

This child had been partially cyanosed (with dyspnoea), since birth, and complained constantly of cold. About one year ago, he was ill three months with bronchitis.

On now examining the cardiac region, the "dull space" was considerably increased, as also the "impulse." The pulsations were but 48 in the minute, and the heart-sounds resembled a rough pronunciation of "durr rup"

Dr. M. made some remarks regarding the pathology of cyanosis in general, and this case in particular. The following tabular statement he submitted in proof of the prevalence of narrowing or obstruction of the pulmonary artery as a cause.

Author.	Cases of Cyanosis	No. due to the Cause assigned.
M. Guitrac,	50	26
M. Bouillaud,	15	10
M. Louis,	19	10
M. Stillé, U.S.	62	53
	146	99

LXV. Mr. M'GOWAN, Warrenpoint, submitted (per Secretaries) a recent specimen of *uterine mole*, with some particulars as to the origin of these formations, which, according to Dr. Ashwell, includes the following varieties:—

1. Ovum blighted. 2. Part of retained placenta. 3. Dysmenorrhœal clots. 4. Polypus uteri. 5. Fibrine of coagulated blood. 6. Hardened mucus.

LXVI. Mr. BROWNE, R.N., exhibited a recent specimen of a *chronic tonsillitic tumour*, which he had removed, after a protracted treatment by medicine had been ineffectually tried. He explained the plan of the operation.

LXVII. Mr. BROWNE also exhibited a patient with *contracted fingers, supervening upon injury of the palmar tendons*, and explained the mode of procedure in the treatment.

216 To A. G. Malcolm

Cookstown  
27<sup>th</sup> March 1855

Dear Sir

If I can get away from home on Saturday next it is my intention to be present at the meeting of the Belfast Pathological Society and probably will trouble you with a case of "Intestinal Concretions" with a specimen.

I am in haste  
truly yours  
Henry Graves

Council Meeting March 28, 1855

Present: Drs. Stewart & Malcolm.

Circular prepared.

214 Notice of the Twenty-first Meeting in the Second Session.

Sir

The Twenty-first Meeting of this Session will be held at the General Hospital, on Saturday, 31st March, at Three o'clock precisely.

Attendance at last Meeting:

Members, 19; Students, 18.

<sup>1</sup> [Plate II, page 566.]

**Cases to be Read.**

1. Cases illustrating the utility of Quinine and Opium (in combination) in Dysentery.
2. Attempted suicide—Supposed death—Recovery after 40 minutes' suspended animation.

**Pathological Specimens to be Exhibited.**

1. Recent Parts:—Scirrhus Tumor, extending from the Neck along the Carotid Canal to the Orbit and Base of the Brain.
2. Intestinal Concretion, with case.

**Clinical Facts and Statistics.**

Two cases showing the utility of employing Chloroform as an Anæsthetic, in operating on cases of injury with marked Prostration.

**Queries for Discussion.**

1. Under what conditions in Phthisis is Cod Liver Oil most beneficial?
2. What is the best Treatment for Inflamed Bursæ?

**Notice to Members.**

THE WEEKLY ABSTRACT

The Council have made arrangements to supply every Non-resident Member, who receives the Weekly Circular, with a brief *Resumé* of the Society's Proceedings, without any extra charge. The Council trust that this new privilege will meet, in part at least, the objection of some, that distance from Belfast prevents them from enjoying the principal benefits of the Society.

THE TRANSACTIONS

New Members of the present Session may receive copies of the First Volume of the Society's Transactions, on payment of Three Shillings, or if by post, sixpence additional.

THE WEEKLY CIRCULAR

The Weekly Circular, with the "Abstract of Proceedings" above-mentioned continues to be forwarded on receipt of the postage (10d) for the remainder of the Session, as usual, to Non-Resident Members. Resident Members are supplied with the "Abstract," on prepayment of the same charge.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

TWENTY-FIRST MEETING.

31st March, 1855.

Dr. Pirrie, V.P., in the Chair.

**219** *Business proceedings for the twenty-first meeting.*

Present, Dr. Pirrie, V.P. in the chair, Drs. Moore, Halliday, Malcolm, Johnston, Lynch, Murney, Browne,

MacMullan, M'Mechan (Whitehouse), M'Gee, Graves (Cookstown), M'Cleery, Dill, Read, Ross, and 17 Medical Students.

LXVIII. Dr. MOORE presented some specimens of *hydrocele fluid*, which was highly charged with the usual "cholesterine," with a little blood. In one case there was double hydrocele and double hernia. There had been previous injury.

LXIX. Dr. MURNEY submitted the particulars of a case of *stricture of the urethra, treated successfully by Syme's operation of perinæal section*. There were three false passages, and no catheter was passable. The wound closed up in two days, and the cure was complete, though the false passages still remain an obstacle.

LXX. Dr. MURNEY exhibited the excised portions of the articulating bones removed by the operation of *resection of the elbow-joint*. The original disease was chronic pulpy degeneration of the synovial membrane.

LXXI. Dr. MOORE presented a patient who had been the subject of *popliteal aneurism*, for which he had used Carte's clamp apparatus. The patient was altogether six months in hospital.

The clamp was applied for twenty minutes or so at a time; but the application was not well borne, and, in fact, was given up in consequence of the suffering. However, the tumour gradually hardened, and after some time disappeared. Dr. MOORE expressed some doubts as to the alleged superiority of the *pressure plan*.

Dr. GRAVES, Cookstown, had seen four cases treated thus, in Steevens' Hospital, Dublin. It was noticed that the solidification took place more completely when the circulation was not entirely arrested. He noticed one *fatal* case under Dr. Cusack's care. The tumour disappeared in about 14 days, but the patient died suddenly, having had "mitral disease."

LXXII. Dr. TAYLOR, Ballymoney, submitted (per Secretaries,) an interesting case of "*very protracted (40 minutes suspended animation from hanging, during a maniacal suicidal attempt,*" as follows:—

"I was called on to see a young man, now under the care of our excellent friend, Dr. Robert Stewart, of the Hospital for the Insane.

On Tuesday morning, the 27th of February last, he had laboured under the idea that he was the victim of a conspiracy to kill him and his friends.

A party of the 15th Regiment of Foot passing through, made an excitement here which attracted his relations' attention, when he ran up to a dark garret, cast his handkerchief over a beam, and suspended

himself for 5 or 6 minutes, when he was discovered by his brother. He was taken down, supposed to be quite dead.

A young medical man, resident about one eighth of an English mile from the place, was sent for, who pronounced him dead, and said his neck was dislocated, and the spinal marrow injured.

About 15 minutes after the accident, I was called in, and found him extended on the floor, apparently dead; no pulse; no apparent respiration; and a deep mark round the neck, above the *os hyoides*.

I had his head raised, the window thrown open, strong stimulants held to his nose; friction used; attempted bleeding, but failed; but in about 5 to 10 minutes could see a motion in the neck; in 10 minutes more, breathing, and in a short time he was able to swallow. After this, violent reaction—the patient requiring three stout men to prevent him from leaping out of the window; power of speech not properly restored for 10 or 12 hours afterwards.”

LXXIII. Mr. BROWNE, R.N., exhibited a lime-cast of a patient's head and neck, presenting an unusual example of *scirrhus tumour of the neck and orbit*.

The disease was of one year's duration; the patient had been sent into hospital to be treated for “eversion of the lower eyelid”, and “*polypus of the nose*.”

LXIV. Dr. GRAVES, Cookstown, exhibited *an intestinal concretion*, one of several which had been passed by an old woman (aged 70) whose chief complaints were constipation (two to ten days at a time) and constant tenesmus.

Ol. ric. gave most relief; she passed “lumps” similar to one exhibited, for several months. He (Dr. G.) had carefully examined the abdomen, but could detect nothing morbid. Dr. Graves referred to Monro's cases in the *Edinburgh Quarterly Journal*, and made some remarks upon the kind of nucleus most frequently discovered. (See plate.)

LXXV. Mr. FERRES, Larne, submitted (per the Secretaries) the notes of some cases of severe injury, in which capital operations had to be performed. There was very marked prostration in both instances, and in both the utility of chloroform, under such circumstances, was well illustrated.

The following are the examples referred to. The one from a severe gunshot wound, the other from a similar wound, viz. that produced by a quarry-blast:—

1. On the 23rd ultimo, a lad, aged 18, whilst carelessly lifting down from a hook in a wall, a gun loaded with duck shot, received the contents in his left knee-joint, fracturing the patella, and opening up the joint, part of the charge having passed into the tibia. There was considerable hæmorrhage, and the shock to the system was necessarily great.

I amputated above the knee, whilst the patient was under the influence of chloroform, with the happiest effects, the pulse improving considerably during the anæsthesia.

2. On the 6th inst., whilst a lad, aged 19, was ramming a charge for blasting limestone at the Whitehead limeworks, the explosion took place prematurely, lacerating his right hand frightfully, and shattering the bones into many fragments: the radius was also fractured between its lower and middle third.

He was brought to the Union Hospital at Larne much prostrated. From the close contact of the hand and arm with the gunpowder, the integuments were so blackened they presented the appearance of gangrene in its last stage. I amputated at the middle of the forearm. The patient, under chloroform, improved amazingly, the pulse becoming quiet, round, and full. The chloroform acted as a good diffusible stimulus. The lad became jolly, singing and whistling at the close of the operation.

These cases are adduced as adding to the many proofs that the objections urged by Dr. Hall, of the Army Medical Department, against the use of chloroform, in operations after gunshot wounds, are not tenable.

217 To A. G. Malcolm

Newtownards  
29<sup>th</sup> March 1855

Dear Sir

I take the liberty to convey to you an observation calculated to strengthen an opinion you have expressed at the Pathological Society's meeting on the 3<sup>rd</sup> instant.

I have a patient called John Cammrek—an old man once a National School teacher—now an inmate of the Newtownards Union workhouse. He has chronic cough and mucopurulent expectoration, and he has occasional attacks of diarrhœa.

On several occasions I gave him Gallic acid and on several occasions corresponding as I believe to the times at which the acid was given he had inky expectorations. Last week and the week before he was taking gallic acid and had a good deal of inky expectoration.

This week I substituted acet. Plumbi. for the acid and the sputum has returned to its preliminary character. As my attention has been directed to the matter by your case I propose to give and withhold the Gallic acid and observe the results.

I am Sir  
Your obedient servant  
D. Jamison

P.S. He was using Copper on the last occasion of the inky expectoration.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

218 To J. M. Halliday

Newcastle  
March 29<sup>th</sup> 1855

Sir

Enclosed is a Post Office order payable to you as Honorary Treasurer of the Belfast Clinical and Pathological Society.

	s
As Non-Resident Member	5 - 0
Postage of Weekly Abstract	1 - 2
Postage of 1 <sup>st</sup> Volume of the Society's Transactions	<u>0 - 6</u>
	6 - 8
	1 - 2
	- 6
Dr. Anderson Kilkeel for Transactions	<u>4 - 0</u>
	5 - 8

Please direct to me at Newcastle Co. Down.

I am your  
Obedient Humble Servant  
John Smith

222 To A. G. Malcolm

Barracks  
Depot 2 or Queens  
Waterford  
April 3 1855

Sir

I beg leave to acknowledge the receipt of your favor enclosing me the Rules and Report of the Belfast Pathological Society for which I feel thankful.

I am an old Medical Reformer and have been a member of the Central, Northeastern and Armagh Medical Associations. Having had ample opportunities of knowing the general discontent of Dispensary Medical Officers respecting the low figure at which their salaries were fixed at the commencement of the Medical Charities Act. I took the liberty of addressing the medical gentlemen of the Co. Antrim and made some plain observations—that we should be just to ourselves and remonstrate with the Poor-law officials who had the power to remove our grievance and thereby extend the usefulness of the Medical Charities but my humble remarks met no response from any quarter except the Ballymoney Board of Guardians who increased my salary from £60 to 75. I feel highly honored by your kind communication and shall forward my subscription the first opportunity. I feel deeply obligated to the Medical Faculty of Belfast and most especially to the late Staff of the Hospital whose memories shall ever be revered by me.

I have the honour to be  
Dear Sir

Yours Sincerely  
J. Maxwell M.D., M.R.S.C.E

**Council Meeting April 4, 1855**

Present: Drs. Stewart, Ferguson, Malcolm & Mr. Johnston.

Treasurer to submit his second report at next meeting.

Drs. Stoke & Smith of the Dublin Pathological Society to be proposed Honorary Members.

Copies of the Transactions to be disposed of to practitioners not members on same terms as other, 24 copies being reserved.

**220 Notice of the Twenty-second Meeting in the Second Session.**

Sir

The Twenty-second Meeting of this Session will be held at the General Hospital, on Saturday, 7th April, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 16; Students, 17.

The Treasurer will submit his First Report of the Finances, according to Law X.

**Pathological Specimens to be Exhibited.**

1. Patient:—Melanoid—Tumour of Lip.
2. Daguerreotypes Illustrative of the Physiognomy of Disease.

**Queries for Discussion.**

1. Under what conditions in Phthisis is Cod Liver Oil most beneficial?
2. What is the best Treatment for Inflamed Bursæ?

**Cases to be Read.**

1. Cases illustrating the utility of Quinine, Opium and Grey Powder (in combination) in Dysentery.

**Notice to Members.**

HONORARY MEMBERS

The Council request attention to Law VI., whereby it is competent for any four Members to propose an Honorary Member for election at the Annual Meeting in May.

THE TRANSACTIONS

New Members of the present Session may receive copies of the First Volume of the Society's Transactions, on payment of Three Shillings, or if by post, sixpence additional.

THE WEEKLY CIRCULAR AND ABSTRACT

The Weekly Circular, with the "Abstract of Proceedings" continues to be forwarded on receipt of the postage (9d) for the remainder of the Session, as usual, to Non-Resident Members. Resident Members are supplied with the "Abstract," on prepayment of the same charge.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D., H. M. Johnston,  
Honorary Secretaries

TWENTY-SECOND MEETING.

7th April, 1855.

The President in the Chair.

221 Business proceedings of the twenty-second meeting.

The President in the chair, Drs. Lynch, Halliday, Dill, R. Stewart V.P., Moore V.P., Johnston, Malcolm, Browne, M'Gee, M'Cleery, Ross, and some students.

Dr. Maxwell, Waterford, and Dr. Clugston, Doagh Dispensary, were proposed Members of the Society.

It was resolved, on the recommendation of the Council, that the Secretary be authorized to dispose of Copies of the *Transactions* to practitioners, not being Members, on the same terms as to new Members of the present Session (viz 3/8s.).

Two Honorary Members were duly proposed according to Law VI, viz, Professors Stokes and Smith of the Dublin Pathological Society. A Ballot will be held at the Annual Meeting.

LXXVI. Mr. H. M. JOHNSTON introduced a patient with *necrosis of the acromion*.

There was an abscess in the neighbourhood of the joint, and sinuses existed down along the arm at the posterior region of the axilla.

LXXVII. The PRESIDENT introduced a patient having evidence of *regurgitant aortal disease*.

He was a shoemaker, and had been ill 18 months. He had had syphilis, and was mercurialized 18 years ago. The peculiarities in the case were the replacement of the usual signs by two distinct "bruits," systolic, and diastolic, heard best at the base. He has pain in the upper part of the back, which prevents him lying down at night. There was no dyspnoea. A discussion ensued as to the cause of the sounds of the heart, as deduced from clinical observation.

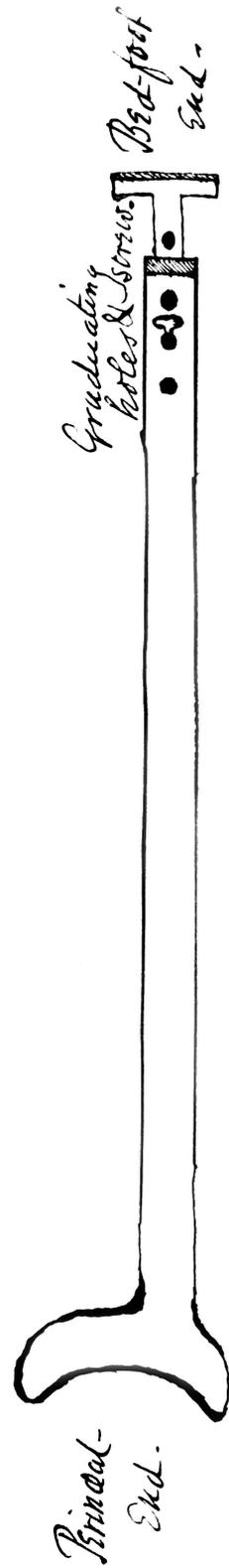
LXXVIII. Dr. MALCOLM exhibited a series of *daguerreotypes of disease*, taken at the General Hospital, and remarked upon the utility of the photographic art in facilitating the study of morbid physiognomy.

LXXIX. The PRESIDENT exhibited a new form of *perineal crutch*, the invention of the late Lord Antrim, which he had found useful while suffering from fractured femur. The instrument was considered by the members very ingenious, and suitable for the purpose aimed at.

227 Sketch of A Perineal Crutch, the invention of the late Earl of Antrim, exhibited by Professor Ferguson at the twenty-second meeting 7th April 1855.

227

Perineal Crutch



A new form of perineal crutch, the invention of the late Lord Antrim.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

228 To A. G. Malcolm

Waterford Barracks

April 12 1855

Dear Sir

I am in receipt of your favor enclosing me an abstract of the proceedings of the Belfast Clinical and Pathological Society, and also informing me of my being proposed by you a Member of said Society—an honor for which I have to return you my grateful thanks.

I have had several very interesting cases here but one in particular which terminated fatally a few days ago; I have a Post-mortem examination of same in presence of Drs. Carroll and Croker of the Militia here and William Lavett my predecessor in Medical charge of the Depot of 2 or Queens Royals whose case it in fact had been.

I shall give the details to your Society at some future time as I am very busily employ at present.

I am Dear Sir  
yours faithfully  
J. Maxwell

**Council Meeting April 11, 1855**

Present: Drs. Stewart, Halliday, Malcolm & Mr. Johnston.

Laws of Society examined.

Nominees for President and Vice-Presidents entered.

224 Notice of the Twenty-third Meeting in the Second Session.

Sir

The Twenty-third Meeting of this Session will be held at the General Hospital, on Saturday, 14th April, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 13; Students, 3.

**Candidates for Election.**

James Maxwell, M.D. (Glas.), L.R.C.S. (Ed), Waterford.

William Clugston, M.D. L.R.C.S. (Ed), Ballyclare.

The Council propose the following alterations of the Laws,—(agreeably to Rule XXV.)\*

Law VIII. First Section.—To insert after “shall consist of the Office-bearers, and,” six other members to be elected by Ballot at the Annual Meeting, by such members as may be then present: and to omit rest of section.

Law VIII. Second Section.—To insert after “eligible,” to report by aid of Sub-committees upon any Morbid Specimen which may be forwarded by Members, or examination of which may be specially requested by vote of Society.

Law XIV. To insert after “Office-bearers, and,” election of.

Law XV. Instead of “by the Senior V.P. present,” to substitute, by one of the V.P. present, if possible, in rotation.

Law XVI. To omit “of at least one year’s standing.” To add, Surgeons of the Garrison, also of the Militia and Navy connected with Belfast, may be admitted as Visitors to any Meeting on Members’ orders.

Law XVII. To add, of the previous Session, and shall not be drawn thence except by a vote of the Society, at the Annual Meeting.

Law XX. To add, The last day allowed for payment of the Subscription, for old Members, shall be New-Year’s day, each Session.

Law XXII. To add, also, Non-Resident Members shall be entitled to receive a brief abstract of the proceedings of each Meeting, weekly, during the Session, on payment of the requisite Postage. All other Members may enjoy a like privilege on payment of the same amount.

**Notes of New Treatment.**

1. Cases illustrating the utility of Quinine, Opium and Grey Powder (in combination) in Dysentery.

**Queries for Discussion.**

1. Under what conditions in Phthisis is Cod Liver Oil most beneficial?

2. What is the best Treatment for Inflamed Bursæ?

**Case to be Read.**

Malignant disease of the Ilium, simulating Morbus Coxæ.

**Pathological Specimens to be Exhibited.**

1. Head of Femur from a case of Fracture of its Neck.

2. Recent Parts: Disease of the Bones of Hand and Wrist.

3. Fatty Tumour excised from the shoulder.

**Clinical Facts and Statistics.**

Results of a Series of P.M. Examinations of the Insane.

**Notice to Members.**

NOMINATIONS FOR OFFICE-BEARERS AND COUNCIL. Members are requested to observe, that according to Law XXIII., they are now called upon to nominate suitable parties for the following Offices:—

President, three Resident and two Non-Resident Vice Presidents.

Treasurer, two Secretaries and six Members of Council.—All existing officers, save the President, who becomes *ex officio* V.P., are re-eligible.

Nominees will be received by the Secretaries up to 28th inst., immediately after which the Ballot Papers will be issued.

HONORARY MEMBERS

The Council request attention to Law VI., whereby it is competent for any four Members to propose an Honorary Member for election at the Annual Meeting in May. Professor Stokes and Smith of the Dublin Pathological Society, have already been proposed.

THE TRANSACTIONS

The Secretaries are authorized to dispose of a certain number of copies of the First Volume of the Society's Transactions, to any Qualified Practitioner, Member or not, on payment of Three Shillings, or if by post, sixpence additional.

THE WEEKLY CIRCULAR AND ABSTRACT

The Weekly Circular, with the "Abstract of Proceedings" is forwarded on receipt of the postage (8d) for the remainder of the Session, as usual, to Non-Resident Members. Resident Members are also supplied with the "Abstract," on prepayment of the same charge.

The Pathological Museum is open to Members from 2 to 3 o'clock every Saturday, on application to the Porter.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

\*The written proposals of suggestions of Members who cannot attend will be duly considered at this and the two subsequent Meetings.

TWENTY-THIRD MEETING.

14th April, 1855.

The President in the Chair.

225 Business proceedings of the twenty-third meeting.

The President in the chair, Drs. Moore, Young, Malcolm, Johnston, Browne, Hanna, McGee, Patterson, Greenfield, M'Cleery, Read, Ross, Pirrie, Warwick, and fifteen Medical Students. Dr. Maxwell of the 2<sup>nd</sup> or Queen's Regiment, Waterford.

The alterations in the laws proposed by the Council were considered. Dr. Young proposed that the meetings of the society be extended to one hour and a half, instead of one hour.

LXXX. Dr. MOORE presented a fatty tumour of the shoulder, which he had just removed from the person of a female, aged 17. The tumour was about 3 inches square, and 1 inch in depth, and had existed one year.

LXXXI. Dr. MOORE also exhibited a hand and wrist removed in consequence of disease of the wrist joint. The bones were also engaged, and the synovial membrane presented the usual pulpy degeneration. The case was of three years' duration, and the muscles had already assumed a pale gelatinous appearance.

LXXXII. Dr. YOUNG, Holywood, read a paper upon the treatment of an asthenic form of dysentery by the exhibition of a combination of quinine, opium, and hyd. c. cretâ.

The typhoid and hæmorrhagic phases were particularly amenable to this mode of management, which he had not found elsewhere recommended.

Paper:<sup>1</sup> THE discussion of a subject like dysentery has peculiar interest at the present moment, when the fearful mortality of our troops in the East is so fresh in our recollection. It has ever been the scourge of armies, and a necessary accompaniment of war, and generally counts more victims than the most ingenious method of slaughter practised by man. In the Peninsular campaign, during thirty-one months, there were 23,000 cases of dysentery and diarrhœa, and we have it on the authority of Sir James Macgrigor, that dysentery was the disease which produced the greatest mortality in the army. However skilfully conducted modern warfare may be, dysentery will be sure to take its part in the campaign. There must be fatigue, cold, and wet, or burning and sultry heat; we must sometimes march through pestiferous jungles, and pitch our camps in a malarious atmosphere; we cannot always have pure water and the most wholesome food:—these are often unavoidable circumstances; and however well clothed and temperate the men may be, there will still be a long sick list and a high mortality.

Now, to my mind, it does not require a very vivid imagination to see that the dysentery which we sometimes meet is in all essential respects a similar disease to that of a besieging army in winter time. Do our poor not suffer from a scanty and unwholesome supply of food? Are they always warmly and comfortably clad? and do they not often pine away and die from exposure to the inclemencies of the weather?

In fact, there are few conditions of an epidemic like this, in any army, that may not find their parallel among the poor at home; but I will go farther than this, and express my conviction, that the identity of dysentery, in every quarter of the globe, is much greater than is generally supposed, and my belief that (with some rare exceptions) the mode of treatment found successful here would be, *ceteris paribus*, equally so everywhere else.

It is true that abscess in the liver is a more common complication in India than in this country, but it would be a mistake to suppose that it is present in every case; thus Dr. Morehead states, that of 30 fatal cases (of chronic dysentery), 12 were attended with hepatic abscess; Dr. Paries, that out of 25 cases at Moulmein, in 7 there were abscesses; Dr. Innes, 84th Regiment, mentions 7 out of 39 fatal cases;—but although reasons of a climatic and dietetic nature would sufficiently account for the liver being so often and so seriously affected in India, yet we need not suppose that the same organ entirely escapes in our climate. Abscess is certainly a rare complication, but not so softening and congestion. Speaking of postmortem appearances in chronic dysen-

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1855, v20, p70.]

tery, Dr. Mayne says:—"The liver alone, of all the glandular organs, was invariably diseased."

In the seventh and tenth volumes of the present series of this Journal may be found two papers on acute and chronic dysentery, which, conjoined, form the best essay on the subject that I know. I have carried out the treatment there recommended, and having had peculiar opportunities for testing its efficacy, I can truly say that I have seldom been disappointed, and that in simple sthenic dysentery the mercurial plan, as advised by the author of these papers, is the safest mode of treatment with which I am acquainted. However, at page 370, vol. x., he says:—"Some cases, undoubtedly, there are, where the disease, from the very outset, is of so bad a type that the most judicious management fails to be of the slightest avail."

Now I presume he refers to that class of cases characterized by the asthenic, typhoid, or malignant type (a less violent amount of pain, more copious evacuations, of a less viscid and tenacious description, are generally present in asthenic dysentery); it is to this description of dysentery that my present remarks have particular reference. The two plainest divisions of dysentery are, undoubtedly, the sthenic and asthenic, both of which have many and various degrees of severity. I believe dysentery is infectious in exact proportion to its virulence; and though this is opposed to the views of some of our best writers, Harty among the rest, I feel justified in recording my decided opinion of its infectious nature. That simple sthenic dysentery may not only propagate itself in one case, but also give rise to asthenic dysentery in an unhealthy subject in another, is not more extraordinary than that a mild attack of typhus should in one man be followed by, perhaps, a milder case than itself, and in another by a most deadly and malignant affection; and the cause of the apparent anomaly in this, as in every other infectious disease, is too evident to acquire elucidation.

Asthenic dysentery may, as I have often seen, give rise to sthenic dysentery; and as to the complication with typhus or continued fever, I cannot do better than quote Dr. Copeland's observations:—"Many writers conceive that the asthenic varieties described above are complications of simple dysentery, with different kinds of fever, and that when they are infectious, it is not the dysentery, but the fever, which possesses this property. Some authors suppose that the typhoid variety, especially, is a complication of this description; but if such be the case, wherefore should the disorder which is communicated be always dysentery, and not fever? Moreover, this form of dysentery is often present where a case of typhus cannot be found. The fact is incontrovertible, that the asthenic forms, some of which are considered as complications by many writers, are direct and necessary, and uniform results of certain diversified but concurrent causes, and not contingent associations of two diseases capable of separate exist-

tences." These causes are: "Cold and moisture, unclean, unwholesome food and water, or emanations contaminating the fluids." With regard to the opinion held by many, that dysentery always arises from a specific malarious origin, I may say that three-fourths of all my cases are unquestionably of this nature, and the symptoms are very frequently remittent in their tendency. Over a large part of the district under my care, the noxious exhalations from a mud bank, several miles in extent, covered by the tide for only a few hours out of every twenty-four, extend their dangerous influence; and the westerly winds which prevail saturate the atmosphere for miles with poisonous emanations. The dysentery that arises under these circumstances is, for the most part, simple and easy of cure; but, owing to extreme poverty and filthy habits, or a cachectic state of body, very bad cases now and then occur.

In the early part of the winter of 1853 I was attending a poor but respectable family, consisting of three sisters and a maidservant, living in a damp and malarious locality. The first sister had a very severe attack of simple sthenic dysentery; the second sister died of a most malignant form of the disease, being only ill for three days; the third escaped altogether, and the servant had a very mild attack, hardly requiring treatment. On the 1st of November, 1854, at 11 P. M., I was sent for suddenly, to see a member of this family, who was described to me as being in a dying state<sup>1</sup>. On my arrival I was greatly concerned to find the third sister, who had escaped on a former occasion, in precisely the same condition as that in which I found the one who had died so rapidly, in spite of the most energetic treatment. Her bowels had been slightly disturbed and pained two or three times during the previous twenty-four hours, but she had gone about minding her usual business until the evening, when she was suddenly seized with vertigo, a violent pain in the lower part of the abdomen, and a desire to evacuate the bowels. On examination, the stool was found to consist of pure blood, dark in colour, and about a pint in quantity. The face was livid, and covered with cold sweat; pulse 140, weak and small; tongue whitish and clammy; some tenderness on pressure in the hypogastric region, great nausea and anxiety about the præcordia, and a remarkable degree of apathy and tendency to stupor. Having seen many examples of this form of dysentery, both in this country and in India, I believed, if the ordinary routine treatment were pursued here, the result would be fatal; accordingly, I began to reflect seriously whether a new and rational method might not be tried in this apparently hopeless case:—Gallic acid to allay the hemorrhage, quina to support the sinking powers of life, and opium as the sine qua non in any treatment of dysentery.

<sup>1</sup> This case was read at a meeting of the Belfast Clinical and Pathological Society.<sup>1a</sup>

<sup>1a</sup> [Occasion not discovered.]

The following medicine was then ordered to be taken every third hour, with a little weak brandy and water to wash it down:—Sulphate of quina and gallic acid, of each two grains, with one grain of opium. Having desired a bran poultice to be applied over the abdomen, I left her, with directions to be sent for, if any change for the worse took place during the night.

15th. 9 A. M. Bowels only twice disturbed through the night; the contents were grumous and muddy-looking, and fearfully fetid; pain on pressure increased; vomits everything swallowed; pulse firmer, 130; tongue with a deeper fur, urine scanty, and thirst great. A marked change had commenced: the countenance, from being listless and apathetic, was becoming more clear and lively. As I had no longer the same dread of the hemorrhage (which, if it had returned, might have terminated the case at once), I substituted gray powder for the gallic acid.

9, P. M. Says if she had a sleep she might awaken quite well; bowels five times disturbed, with great tenesmus; a blister to be applied over the seat of pain, and effervescing saline draughts to check the nausea and allay the thirst.

16th. Tenesmus less; streaks of bile in the evacuations; had some, but not refreshing sleep; pulse 120; tongue more loaded; ordered the powders to be given every six hours.

17th. A wonderful improvement; nausea entirely gone; pain abated; pulse 120; tongue moist; evacuations not nearly so offensive, though their characters are various. Four different motions were shown me today; the first something like gruel in colour and consistence; the second reddish; the third greenish; and the fourth gelatinous and bilious; all more or less fetid.

18th. No motion from the bowels since yesterday; she was ordered one drachm of castor-oil, which was followed by a healthy stool; the powders to be discontinued, and quina and laudanum to be given in their place, in doses of one grain of the former and ten minims of the latter, three times daily, in water acidulated with muriatic acid: she continued taking this medicine for ten days, when she was quite convalescent, though several months elapsed before the system entirely recovered from the debilitating effects of this very formidable malady.

Such is a meagre outline of the first case in which I used the threefold combination given above, and since then I have employed it in thirty cases of asthenic dysentery, of various degrees of severity, but all presenting symptoms of an adynamic type. However, out of these thirty cases there were only six as severely affected as that I have just narrated. In no instance was there a fatal result. This will not appear very extraordinary to those who remember what Reid (one of the earliest advocates for the treatment of dysentery by bark) says. He informs us that out of nearly 300 cases of dysentery treated by himself during his residence in the West

Indies, there was but one fatal, and that one where bark was not employed. I would not be understood as wishing to claim the title of a specific for the mode of treatment I now advocate; I publish it with the simple intention of pointing out a method which, to say the least of it, has been, in my hands, more successful than any other. I have no doubt, however, that, sanguine as I may be about the matter, fatal cases will take place even under my own eye; but I can hardly think that the principles involved in the application of these remedies to dysentery characterized by decided asthenic symptoms can ever be called in question. Dysentery is, for the most part, of a remittent and often of an intermittent type. I have already stated that the great majority of my cases partook of the former symptom. That it is also most frequently of a malarious origin my own experience, as well as that of the highest authorities, abundantly confirms.

On this point Dr. Baly says:—"I infer that dysentery is always produced by a poison introduced into the system from without, and that in most instances this poison is venerated by the decomposition of matters contained in the soil."

Dr. Watson says:—"The remarkable decline of dysentery in this metropolis has been contemporary with that of other serious disorders, and is due to the same combination of causes." "To the better construction of houses in the rebuilt city, to the increased means of ventilation, to the more general formation of drains and sewers, to the more copious supply of water, and to the more temperate and cleanly habits of the people, we may fairly ascribe our present exemption from dysentery, from ague, and continued fever, which are often the parents of dysentery, and from the plague itself."

That the form of the disease of which I am now speaking is attended with a dangerously low set of symptoms, in which all the powers of life are withered and depressed, needs no illustration here. What remedy, may I ask, is so well adapted to fulfil the indications so plainly set forth in such a complaint, as bark? This question might fairly arise, supposing there was no precedent for the use of bark in dysentery; out the names of those who have employed it are legion, and may be seen in the pages of Copeland or Harty. As to the use of opium to subdue the pain and soothe the shattered nervous system, procure sleep, and counteract the tendency to inflammation or irritation,—what so likely to serve the end, in conjunction with a mercurial preparation? what remedy so powerful and efficacious in so many disorders?

Harty says that the obvious effects of opium, when employed to an adequate extent in dysentery, are the temporary alleviation or cessation of its most distressing symptoms, and the production of costiveness. Could, he says, the former object be attained without the latter, no medicine could be more valuable; but as that cannot be, few articles in the *Materia Medica* have

done more mischief than the intemperate or untimely use of opium in dysentery. Now that opium is uniformly followed by such effects, I deny, and I beg to refer the reader to the published observations of Drs. Graves and Stokes in confirmation of my views on this point. It is true that they were writing principally on inflammation of the external coats of the bowels, and that I am now speaking of a disease attended with inflammation of the internal coats; but, from what I have seen, there can be no doubt that opium plays very nearly the same part in one affection as the other. Gallic acid I have only given in those rare cases of asthenic dysentery attended with profuse hemorrhage, of which I have already related an example, and a continuance of which I would dread so much. Cheyne says that it is surprising the relief that is sometimes afforded to the dysenteric patient by profuse hemorrhage from the bowels, and this, as illustrating the value of venesection, which he says was certainly the remedy the least equivocal in its effects, the most uniformly useful of any which we employed. This was, no doubt, quite true of the disorder as it manifested itself in that period; but could the same be said of the form of the disease we see now? For my part I look upon every variety of hemorrhage from the bowels in the most serious light, except when its source is due to piles. The advantages of exhibiting gallic acid in melæna and hematuria are forcibly pointed out by more than one writer in the pages of this Journal.

I come now to the use of mercury, a medicine which, more than any other, has been relied on for the cure of dysentery in every part of the world. I have already said that, as the main element in the treatment of the disease in its acute or sthenic aspect, it is our mainstay, but to rely on it as the chief agent in the low or typhoid forms would be attended with disappointment and vexation. But there can be no objection to its taking a secondary part in the performance, and employing it in its mildest and safest shape. Hydrargyrum cum cretâ, by its alterative and sedative properties, and given till healthy bilious evacuations are brought down, in conjunction with quina and opium, will, I am sure, stand the test better than any other preparation of mercury. I do not think it necessary to carry the administration of any of these remedies to the extent of showing their specific action, such as cinchonism, narcotism, or salivation. With regard to salivation I may here express my opinion, that it is a state to be avoided, if possible, in any variety of the affection, particularly the typhoid<sup>1</sup>.

<sup>1</sup> The combination of quina and opium, and occasionally gallic acid, was used by me in the epidemic of 1862; and Dr. Playne of Dunmurry says:—"As regards treatment, when great prostration existed, and that was the stage in which I found nearly all my cases, I gave opium, quina, and camphor, together with mercurials and astringents, at the same time applying counter-irritants. My opinion is strongly in favour of mercurial preparations." See the Number of this Journal for August, 1853.

I do not claim any more novelty for this mode of treatment, than prominently bringing forward a combination of remedies, any two of which have been long known to the profession; and though, as a general rule, I prescribe quina and opium in large doses, and gray powder in a moderate dose, as two grains of quina, one of opium, and two of the latter, every third hour, I can easily believe that it might be desirable to change these proportions from time to time.

It is also important that I should observe, I was led to adopt this treatment from the extreme urgency of a particular case, and not from any preconceived theory or notion derived from the experience of others; it was only when examining the recorded opinions of those who had the most enlarged and extended knowledge, that I find so remarkable a verification of my own ideas and thoughts, based on the pathology and etiology of the disease. It struck me that quina was likely to meet one set of symptoms, opium a second, and mercury a third; and if, in addition to the success I met with, I add the fact, that each of the remedies has got its own powerful advocate, it will not seem extraordinary that I should with some confidence propose the combination of all three, as the most likely means we yet possess of conducting asthenic dysentery to a favourable termination.

Blisters, hot stupes, bran poultices, effervescing draughts, suppositories, and anodyne injections, suitable diet, &c., &c., will be required, and a continual effort will be needed to guard against a relapse from indiscretion in getting up too soon, or overloading the stomach.

I append the notes of a few cases to show more clearly the form of dysentery to which this treatment is applicable, and to illustrate some of the preceding observations.

Martha Huxley, aged 40, a delicate woman, had been ailing for a few days with chilliness, loss of appetite, pain and slight disturbance in the bowels, when she was suddenly seized with excessive prostration, and inclination to go frequently to stool, with little or no relief. When I visited her, the tongue was only slightly furred, but the pulse was 160, and weak, though steady; there was great thirst, but the stomach rejected everything that was swallowed; pain on pressure not great; the evacuations were rather copious, reddish, gruel-like, and floating on the top were a great number of lymph-looking matters, not unlike burst barley. I ordered a blister to the epigastrium, to diminish the nausea and irritability of the stomach, and quina, opium, and gray powder, in the usual way. On my second visit, next day, every symptom was improved, but the tongue looked as if covered with wet clay. She was ordered to continue the powders thrice daily, this woman was quite well in a week.

Henry Montgomery, aged 45, a labourer, a few days after visiting his sister (whose case has just been men-

tioned, and who lived at a distance of a mile from her brother), had a smart attack of acute dysentery, for which he took castor-oil, but this having failed to give relief, in four days after he applied to me.

He was now greatly prostrated, had a brown, dry tongue, a quick and feeble pulse, and a burning skin; urine very scanty, and dark red; great nausea and thirst; evacuations in colour and smell not unlike the expectoration which I have seen from fetid abscess of the lung. This man felt relief from the first powder, and after using them every third hour for the first day, and three times daily for the next three days, he was quite convalescent.

The third case was the best-marked example of the intermittent variety of the affection which I have seen. A policeman, with symptoms of ordinary sthenic dysentery, took three powders of calomel and Dover's powder, when he reported himself as quite well.

Next day, however, he said that he had a sharp attack at 3 o'clock in the morning, and that he felt very weak, having passed a great deal of blood, and been up twenty times, he supposed, at the night-chair. I ordered him three more powders, and on my visit next day he informed me that he had experienced great ease from the powder, and slept until 4 o'clock in the morning, when he became as bad as ever.

I ordered a turpentine stupe, and the quina powder every third hour. Next day I found that the attack had returned, but in a very slight degree; the powders were continued every eighth hour. Convalescence followed almost immediately.

It will thus be seen that on four successive mornings this man had a severe paroxysm of dysentery, while during the day he was quite free from pain or uneasiness, with a pulse at 90, and a tongue rather brownish.

The fourth case I will bring forward was one that I treated for a week as acute sthenic dysentery, on the ordinary principles, namely, leeches, fomentations, calomel, and Dover's powder, &c., until the tongue became absolutely black, and the pulse 140. Having prescribed the quina, opium, and gray powder, she soon showed signs of improvement: her eye became clear, her aspect more lively, the black coating came off in patches from her tongue, and the pulse fell.

In four days I omitted the opium and the gray powder, and gave her quina alone; this she took for a few days longer, when she was able to resume her usual avocations.

LXXXIII. Mr. BROWNE, R.N., introduced the subject of the query—*What is the best treatment for bursal swellings?*—and advocated the puncturing and injecting the sac in chronic cases. He recommended a trial of a saturated solution of muriate of ammonia, and lime water as a discutient, as he had had experience of its efficacy.

**226A** List of Members of the Belfast Clinical and Pathological Society.

45 RESIDENT:—Doctors J. Aickin; Andrews (Prof.); Beck; Black; Browne; Bryce; Bryson; Carlile (Prof.); Clarke; Davidson; Dickson; Dill; Ferguson (Prof. and President); Gordon (Prof); Graham; Hainey; Halliday (Treasurer); Hamilton; Hanna; H. M. Johnston (Jt. Secretary); Lamont; Lynch; M'Mullan; Malcolm (Jt. Secretary); Mawhinney; Moore (Vice-President); Moreland; Murney; M'Cleery; M'Gee; M'Cor-mac; Patterson; Pirrie (Vice-President); T. H. Pur-don (Vice-President); Read; Ross; Smyth; R. Stewart (Vice-President); H. A. Stewart (Prof.); Stronge; T. Thompson; J. Thomson; Wales; Warwick; Wheeler.

(The names in *Italics* above are those of Members of Council.)

59 NON-RESIDENT;—16 in Co. Antrim—Doctors Nixon, Antrim; Burton, Ballinderry; Clugston, Ballyclare; Ross, Kidd, and Black, Ballymena; Moore and Taylor, Ballymoney; Macaw, Bushmills; M'Gowan, Carrickfergus; Hume, Crumlin; Playne, Dunmurry; Holmes, Glenarm; Marshall, Green-island; Ferris, Larne; M'Mechan, Whitehouse.

5 in Co. Armagh—Doctors M'Laughlin (Vice-President), and Hannay, Lurgan; Lynn, Markethill; Lochrane, Middleton; Patton, Tandragee.

1 in Co. Donegal—Dr. B. Johnson, Ramelton.

26 in Co. Down—Doctors Thomson, Ballylesson; Dickson, Ballynahinch; Russell, Bangor; Frame and Gelston, Comber; Catherwood, Donaghadee; Brabazon and Forde, Downpatrick; Deverell, Dro-more; M'Bride, Gilford; Croker, Hillsborough; Young (Vice-President) and Greenfield, Holywood; Anderson, Kilkeel; Campbell, Lisburn; Clarke and Smith, Newcastle; Jamison, Armstrong and Gibson (North Down Rifles) Newtownards; Johnston and Savage, Newry; Boyd, Portaferry; Knox and Thetford, Strangford; M'Gowan, Warrenpoint.

1 Co. Dublin—Dr. R. M'Donnell, Dublin.

4 Co. Londonderry—Doctors Forsythe, Culmore; Rogan, Derry; Barnett, Moneymore; Madden, Port-glenone.

2 in Co. Louth—Doctors Browne and Pollock, Dun-dalk,

3 in Co. Tyrone—Doctors W. Scott and Blakely, Aghnacloy; Graves, Cookstown.

1 in England—Dr. A. Johnston, Windermere.

**Analysis of Changes in the Roll of Members.**

Total Members remaining on Roll at October, 1854, 95. Admitted during Session, 30 (thus in Nov., 15; in Dec., 7; in Jan., 2; in Feb. 1; in March, 2; in April, 3). Tended resignation, 6; Resigned by default, 8; Went abroad, 6; Died, 1; Remaining as Nett Number on Roll, at end of Session, 104.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

**Council Meeting April 18, 1855**

Present: Drs. Stewart, Pirrie, Malcolm & Mr. Johnston.

Resolved "That the Council recommend that the Society hold a *Conversazione* on the evening of the day of the Annual Meeting; and that members generally be invited to send any object of medical interest, [?], work or antique to aid in getting up an exhibition of an attractive nature."

**233** To W. Mayne

11, New Burlington Street, London  
(Removed from Princes Street, Soho)

19 April 1855

Sir

We want a book published by you but which we cannot hear is to be got in London.

"Transactions of the Belfast Pathological Society"

If you published the book and can advise us of a London Agent we will get the book of him, or if you will send it, *if not too large, or a book likely to be damaged*, by Post prepaid we will send the amount of your Invoice on receipt.

I am Sir

Your Obedient Servant  
for Mr. Churchill  
[signature]

*In a different hand on a blank page of the same letter*

Tract Depository  
Donegall Square  
Monday 7 May

Dear Sir

I sent a copy some time ago to a Medical Man in London. I am now written to for the work again and as I have not got it you will perhaps be so good as to communicate with the writer as I am rather harried.

Yours truly

Alex. Mayne

*Gave a copy to W. Mayne April 23<sup>rd</sup> 1855.*

TWENTY-FOURTH MEETING.

21st April, 1855.

Dr. Young, V.P., in the Chair.

**230** *Business proceedings of the twenty-fourth meeting.*

Dr. Young, V.P., in the chair, Drs. Moore, Halliday, Malcolm, Lynch, McMechan, Whitehouse, Graham, Dill, Read, Ross, McCormac, Messrs. Johnston, Brown, Hanna, and four students.

Mr. Lochrane of Middletown, Co Armagh, was proposed a Member.

Resolved that Law 15 be amended thus: The ordinary sittings shall be limited to one hour but at the discretion of the President may be extended to one hour and a half. Resolved unanimously that a

*Conversazione* be held on the evening of the fifth proximo, to which a limited number of non-professional gentlemen shall be invited as *guests* and that the expense shall be defrayed in equal shares by the members who may be present.

LXXXIV. Dr. JAMISON, Newtownards, exhibited (per Secretaries) portions of the bones from a case of "fracture of the neck of the thigh-bone," and submitted the following notes:—

The head of the femur was taken from a woman called Margaret M'C., aged 76. She fell off her feet on the 12th March, 1855, and was admitted to the Workhouse Hospital nine days afterwards; on admission she was in a state of semi-starvation and dotage, and gradually sank on the 6th April. There was no constitutional fever: the foot was *never everted*: crepitus could be felt.

She was permitted to place the limb as she pleased, and she generally kept it semiflexed, with a pillow under the knee. She inclined the knee inwards at all times, and the position of the limbs resembled that in luxation on the dorsum of the ilium. On opening the capsular ligament, no adhesive matter was found in it, nor any increase of synovia; there was a very little coagulated blood between the head and the socket. The other end of the fracture was in precisely the same state as this.

LXXXV. Mr. BROWNE, R.N., exhibited a recent specimen of *scirrhous mammary tumour*, which he had removed. The patient was aged 44, and had suffered from the tumour about three years.

LXXXVI. Dr. M'CORMAC introduced the subject of the query—

*Under what conditions in phthisis is cod liver oil most beneficial?* Dr. M'C. considered that its utility, under any condition, was problematical. The mortality had not diminished since the oil was introduced.

In the discussion which followed, the great majority advocated the free use of the oil, and appeal was made to the authority of Dr. Bennett, Edinburgh, and the decided statistical results of the Brompton Hospital, London.

**226B** *Council attendance request form*

General Hospital  
185\_

Sir

The Council (of which you are a Member) meet Tomorrow (Wednesday), at Three o'clock, for the transaction of \_ business.

A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

**Council Meeting** April 25, 1855

Present: Drs. Ferguson, Stewart, H. Stewart, Moore & Malcolm.

Secretary reported that the Corn Exchange Directors had agreed to let the Society have the use of their room for the holding of the conversazione.

A list of names of parties for invitation made out but not determined on.

**229** Notice of the Twenty-fifth Meeting in the Second Session .

Sir

The Twenty-eighth [sic] (last Ordinary) Meeting of this Session will be held at the General Hospital, on Saturday, 28th April, at Three o'clock precisely.

Two Auditors to be Appointed, According to Law XXIV

**Candidates for Election.**

Edward Lochrane, L.R.C.S. (Ed.) Middletown.

**Pathological Specimens to be Exhibited.**

—All Recent parts.

1. Necrosis of the Tibia.
2. Necrosis of the Scapula.
3. Tumour of the Neck.

**Cases to be Read.**

1. Malignant disease of the Ilium, simulating Morbus Coxæ.
2. Dislocation of Femur into Ischiatic Notch, with remarks.
3. Retroversion of the Uterus, with peculiar symptoms.

**Clinical Facts and Statistics.**

1. Results of a Series of P.M. Examinations of the Insane.
2. A Suggestion in Reducing Dislocations into the Axilla.

**Notes of New Treatment.**

1. Cases illustrating the utility of Quinine, Opium and Grey Powder (in combination) in Dysentery.

**Notice to Members.**

NOMINATIONS FOR OFFICE-BEARERS AND COUNCIL.

Members are reminded that Saturday, the 28th instant, is the last day for nominating suitable parties for the following Offices:—

President, three Resident and two Non-Resident Vice Presidents.

Treasurer, two Secretaries and six Members of Council.—All existing officers, save the President, who becomes *ex officio* V.P., are re-eligible. The Ballot Papers will be issued on the evening of the 28th inst.

THE CONVERSAZIONE

Agreeably to a unanimous resolution of the Society, passed on the 21st inst., it is intended to hold a Conversazione on the evening of the 5th May, the day of the Annual Meeting, at the General Hospital, at 8 p.m., of which all Members are now requested to take

notice. The Council Members have been requested to act as Stewards on the occasion, viz.:—Prof. Ferguson, President; Dr. T. H. Purdon, Ex-President; Pirrie, Moore, and R. Stewart, MacLaughlin (Lurgan), and Young, Holywood, Vice-Presidents; Dr. Halliday, Treasurer; Dr. Malcolm, and Mr. H. M. Johnston, Secretaries; Professor H. Stewart, Drs. Lynch, Ross, Murney, and Messrs. Aicken and Armstrong.

With a view to render the Meeting additionally attractive, it is intended to hold at the same time and place an EXHIBITION of a select number of rare, novel, and ancient objects of Medical and Surgical Interest. For this purpose, Members, generally, are earnestly solicited to forward to the Secretaries any such they may have, on or before 4th prox. The objects contemplated should comprise—

Rare old Medical and Surgical Works,  
New and Ancient Instruments,  
Novelties in the Materia Medica and Pharmacy,  
Pathological Models and Drawings.  
Illustrations of the use of the Microscope, and  
Photography in Medicine.  
Mechanical and other Appliances in Sanitary and  
Hygienic Science.  
Medical Portraits of Distinguished Physicians and  
Surgeons, past and present, &c., &c.

N.B.—Parcels should be addressed as per enclosed envelope, and the Council engage to preserve carefully whatever may be sent, and return same on the Monday following.

GUESTS.

It is further resolved to invite a limited number of Gentlemen as Guests, on this occasion; the additional expense thus incurred to be equally borne by the Members who may be present. Members are entitled to propose for the consideration of the Council the names of those Gentlemen whom they may wish to be invited.

THE TRANSACTIONS

The Secretaries are authorized to dispose of a certain number of copies of the First Volume of the Society's Transactions, to any Qualified Practitioner, Member or not, on payment of Three Shillings, or if by post, sixpence additional. Members will please let this be known as opportunity offers.

THE ANNUAL MEETING

Will be held on Saturday, 5th May, at 3 o'clock. The Pathological Museum is open to Members on Saturday, on application to the Porter. Donations of good dry Preparations, Drawings, or Casts, will be thankfully acknowledged.

(Signed by order),  
A. G. Malcolm, M.D.  
H. M. Johnston,  
Honorary Secretaries

232 To A. G. Malcolm

[undated]  
Kilkeel, Co Down

Dear Sir

On looking over the regulations of the B. Pathological Society I find that I omitted to send 6<sup>d</sup> for the postage of the 1<sup>st</sup> Volume of the “Society Transactions”. I now enclose it and will feel obliged by your letting [...]

I am yours truly  
Charles J. Anderson

TWENTY-FIFTH MEETING.  
28th April, 1855.  
The President in the Chair.

LXXXVII. Dr. MOORE exhibited a portion of *necrosed tibia*, taken from a child aged 13, who had suffered several years.

Also similar specimen of *necrosed scapula*, removed from the person of the patient presented to the meeting of 7th April.

LXXXVIII. Dr. MOORE also exhibited *an encysted tumour of the neck*.

The tumour felt hard, firm, and moveable. It was easily turned out, being free of the great vessels. There was no hæmorrhage after the first artery was tied. The contents resembled Indian meal porridge. The tumour had resisted numerous applications for discutient purposes.

LXXXIX. Dr. JAMISON, Newtownards, submitted (per Secretaries) the notes of a case of *dislocation of the femur into the ischiatic notch*.

W. M'K., aged 14, large and strong for his years, was driving a horse and cart on the 19th December, 1854. The horse took fright and ran away with him; the cart was upset and fell on him, dislocating his left hip, and otherwise injuring him. He was received into the Newtownards Union Hospital on the 28th December, 1854, late in the evening, nine days after the accident. I saw him soon after his admission, and found he had sustained a dislocation of the femur into the ischiatic notch. The leg was about one inch shorter than the other, the foot was a very little inverted, the knee was a little advanced. The position of the trochanter major, the limited mobility of the limb, &c., sufficiently indicated the character of the accident. But the symptom, which Mr. Syme says, is diagnostic of this accident, was also present—the lumbar vertebræ were drawn forward, and the abdomen prominent in every position in which the patient was put. He could neither lie nor stand straight, though the abnormal position of the spine was most perceptible when he was standing. In standing on the right leg,

the great toe of the left foot toward the ground, was indeed, neither turned out nor in, but kept straight, (the right foot was naturally turned out a little), the hollow state of the lumbar vertebræ was very remarkable when he was on his feet, and he could not stand without help.

On the morning after his admission, I gave him two grains of emetic tartar, and in half an hour, upon applying the pulleys, and while traction was going on, I endeavoured to lift the head of the bone from its position by a handkerchief put under the upper part of the thigh: the first application of the pulleys did not succeed. Ten minutes after they were removed, my patient got very sick, and I put them on again, and this time I put my hand on the trochanter major, to aid and observe the operation. (I applied the pulleys in the same way merely as for dislocation on the *dorsum of ilium*.) In about fifteen minutes the bone was reduced with a snap, and at the same time I was quite conscious of feeling a *double succussion* with the hand on the trochanter. I deem this fact worth notice.

About a week after, I was called to aid Dr. Whitlaw of this town, to reduce a luxation on the *dorsum of the ilium*; Dr. Whitlaw, during the operation, kept his hand on the trochanter major, and on the snap accompanying the reduction, he felt quite distinctly the *double succussion*.

Perhaps double succussion is not the term I should use. What I mean to describe, is the slight double slide *from* the hand, produced by the contractility of the muscles in replacing the head of the bone. I have not seen this fact noticed before. As there are cases of hip dislocation where reduction is effected without a snap or shock, might it not be well for the surgeon in all cases where it is practicable for him to do so, to keep his hand on the trochanter major, and watch for this double feeling communicated by the head of the bone passing over the edge of, and into, the socket, as this is a distinct matter from the snap?

My patient, M'K., was able to walk a little on a crutch on the third day after the reduction, and he left the hospital on the 27th January, 1855, well able to walk without a stick, and believing himself competent to resume his occupations of labouring on a farm.

XC. Also, a case of *dislocation of the humerus into the axilla*, for which he suggested a novel mode of procedure, as follows:—

David M., a labourer, and muscular, about 50 years of age, was admitted to the hospital a fortnight ago. Eight days before his admission, he received a number of injuries while drunk. On examining him I found his right humerus dislocated into the axilla. I applied the pulleys in the way recommended by Mr. Skey, but did not succeed in reducing it. Next day I tried twice

to reduce it by using traction at a right angle to the body, and failed. On removing the bandages the last time, for the purpose of applying the pulleys in a new direction, I put the fingers of my left hand into the axilla, and pressed a little up with them, while I brought the elbow down to the side rather *quickly*. I used no force in this manoeuvre, which was done merely to learn the position of the head of the humerus, when, to my surprise, the head of the bone bounced into the socket—a force not more than adequate to lift a dead humerus effected the reduction, the muscles being so fatigued, and I suppose the head of the bone being partly dislodged. As the best way to reduce dislocation into the axilla is yet undetermined, it has occurred to me that a mode of applying the pulleys similar to that used in dislocation of the femur into the foramen ovale might be worth consideration—i.e., to apply the pulleys close up to the head of the bone, and to use traction at a right angle to the body, the elbow being fixed to the side by a bandage. There is no mention of any such plan in any work I have looked at. There is, certainly, some analogy in the dislocations. I very respectfully mention the suggestion for the opinion of the Society.

I should have stated that while the traction by the pulleys was last being used in M\_’s case, I put a bandage of calico under the upper part of the arm, and endeavoured by lifting at the head of the humerus to dislodge it from the axilla with no perceptible effect.

**234** *List of Members of the Belfast Clinical and Pathological Society.* [Copy of Item 226A.]

**235** *Blank Ballot Paper*

**236** *List of Laws altered in Session 1854–55*

VIII.—The Council—Its Formation and Duties.—The Council shall consist of the Office-Bearers, and six other members, the latter of whom shall be elected by ballot at the Annual Meeting by such Members as may then be present

The duties of the Council shall be to make all the necessary preparations for the ordinary weekly meetings; to examine the contributions of members, and select for reading such as may be eligible; to report, by the aid of sub-committees, upon any morbid specimen which may be forwarded by members, or examination of which may be specially requested by a vote of the society; to conduct the financial and ordinary business of the Society; to make bye-laws and other regulations not provided for in the stated laws of the Society; to report at the Annual Meeting upon all the proceedings of the session, and draw up the annual transactions.

XIV.—Business of the Annual Meeting.—The business of the Annual Meeting shall embrace the following subjects, viz.:—1. The Report of the Council. 2. The

Report of the Auditors. 3. The Announcement of the New Office-bearers. 4. The Election of the New Council. 5. The Closing Address of the retiring President. 6. Installation of the President elect.

XV.—Business of the Ordinary Weekly Meetings.—The ordinary sittings shall be limited to *one hour*, but, at the discretion of the President, may be extended to *one hour and a-half*: five Members to form a quorum. The following shall be the order of proceeding:—

1. The chair to be taken by the President; if he be absent, by one of the Vice-Presidents present, if possible in rotation.
2. The Minutes of the previous meeting read and signed.
3. Announcements from the Council.
4. The Proposal of Candidates and Election of New Members, &c. For the rest, see old Rule.

XVI.—Visitors.—Medical Students shall be admitted as visitors by official orders of Members only. Any Medical practitioner, not being a member, may be admitted as a visitor *once only* during a session, on being introduced by a member, who shall write the name of the visitor in the Proposal Book of the Society.

Surgeons and Assistant-Surgeons of the Garrison, also of the Militia and Navy on active service, may be admitted to any meeting on Members’ orders.

XVII . Reserve Fund: Transactions.—*One-fourth* of the subscription money shall be set aside as a reserve fund, and deposited in bank in the names of the President and Treasurer for the time being, to the credit of the Society, and shall not be drawn thence except by a vote of the Society at the annual meeting.

During the recess, if the state of the ordinary finances permit, a volume of Annual Transactions shall be prepared and published for *free* distribution among members of the previous session only.

XX.—Defaulters.—No fines whatsoever shall be imposed on members; but in case of Subscriptions more than two months due, and after two successive notices from the Treasurer, the names of the defaulters shall be struck off the Roll of Members, and they shall be ineligible for re-election during the remainder of the current session. The *last* day allowed for payment of subscriptions for *old* members shall be New Year’s Day each Session.

XXII.—Privileges.—It shall be a privilege exclusively granted to Members to receive at any time reports from the Microscopical Sub-Committee upon any morbid specimens which they may furnish for examination.

Non-Resident Members shall be also entitled to receive a brief Abstract of the Proceedings of each meeting weekly during the session, on payment of the requisite postage. All other Members may enjoy a like privilege, on payment of the same amount.

XVIII.—Nomination and Election of the Office-Bearers and Council.—All Members to be nominated

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for Office-Bearers and Council shall be proposed eight clear days before election; and every member shall receive due notice thereof, that he may be enabled to forward names for nomination.

The Election of Office-Bearers shall take place thus:—Each Member shall send forward to the Secretaries his Ballot paper, properly filled with the names he shall select from the list of nominees which will be furnished to him. These names, so returned, shall be examined by the Council and Auditors, who shall determine, by the highest number of votes, who are to fill the vacant offices.

The Election of Council Members shall take place according to the mode laid down in Law VIII., and none but Nominees shall be eligible in either case

**237** To The Honorary Secretaries

Middletown, Tyrone  
April 23<sup>rd</sup> 1855

Gentlemen

I sent you, a few days since a post Office order for my subscription to your Society. May I request you will have the goodness to send me as soon as possible whatever ticket or notice of being enrolled a Member you are accustomed to give.

I have the honor to be  
Your obedient  
Edward Lochrane  
L.R.C.S.E.

**Special Council** Meeting April 30, 1855

Present: Drs. Ferguson, Stewart, Ross, Halliday & Malcolm.

List of 50 names for invitation agreed to.

**238** Notice of the Annual Meeting in the Second Session.

ANNUAL MEETING.

Sir

You are requested to take notice, that the Annual Meeting of this Session, will be held at the General Hospital, on Saturday, 5th May, at Three o'clock, when the following business will be transacted:—

Minutes of Last Annual Meeting read and signed.

Report of Out-going Council submitted.

Auditors' Report.

Announcement of the President-Elect, and the Vice-Presidents, for the Session 1855-56.

Election by Ballot of the New Council (6 members.)

Address of the retiring President.

Inauguration of the New President.

Vote of Thanks to Ex-President, and other Office-Bearers.

THE CONVERSAZIONE

And Exhibition of *Materia, Medica et Chirurgica*, as formerly notified, will be held at the Corn Exchange,

in the evening, at 6 o'clock. The objects selected for Exhibition are distinguished for rarity, novelty, or antiquity, and will, it is believed, add much to the interest of the occasion. It has been resolved to issue invitations to a select number of Gentlemen connected with the Literary and Scientific Societies of the town.

Resolved at last meeting of Society that, in addition to the number invited by the Council, Members be at liberty to introduce a friend each to the *Conversazione*, at his own expense, subject to the approval of the Council, who will receive proposals from Members up to the 5th May.

NOTICE TO MEMBERS.

Each Member is requested to use his privilege of Voting for President and Vice-Presidents, by filling up the blank space, on the accompanying Ballot Paper with the names of such of the Nominees as he deems most eligible for these offices, and returning same to the Secretaries, on or before 3rd May, the latest day allowed for forwarding them.

THE TRANSACTIONS.

The Secretaries are authorized to dispose of a certain number of copies of the First Volume of the Society's Transactions, to any Qualified Practitioner, Member or not, on the payment of Three Shillings, or if by post, sixpence additional. Members will please let this be known as opportunity offers.

THE PATHOLOGICAL MUSEUM

Is open to Members from Two to Three o'clock on Saturday, on application to the Porter. Donations of good dry Preparations, Drawings or Casts will be thankfully acknowledged.

(Signed by order),

A. G. Malcolm, M.D.

H. M. Johnston,

Honorary Secretaries

**239** To A. G. Malcolm

Library, General Hospital  
May 3<sup>rd</sup> 1855

My Dear Malcolm

The request of the Pathological Society for the loan of some volumes from the Library for the purpose of exhibition at the approaching *Conversazione*, was brought before the Council this morning and un-animously complied with. The Council would request you to leave with the Librarian a list of the books you borrow.

Believe me

Yours very truly

John S. Drennan

Secretary of Medical Society

*Dr. Malcolm and Dr. Pirrie to select the books for the conversazione: R. S.*

241 *Draft Invitation to the Conversazione*

253 To A. G. Malcolm

Culmore  
May 3 1855

My Dear Sir

As I don't know the parties who are most suitable for filling the offices of President etc., etc., I send you my Ballot Paper & request you will fill it up for me. Of course you know who are well adapted for the situations, or who are most deserving of the compliment. I am sorry that I cannot attend the meeting on Saturday as I am sure it will be a very interesting one. I consider the volume of the transactions which was published last year, a most valuable little book, & I hope nothing will prevent another being issued for the current Session.

I heard from my Father a few days ago & he reports very favourably of himself. M'Gowan also wrote to me lately and he concurred in thinking him better.

With thanks for your attention

I am My Dear Sir  
Very Truly yours  
James Forsythe

**Special Council Meeting May 3, 1855**

Present: Drs. Stewart, Dill (Auditors), Pirrie, Halliday Malcolm & Mr. Johnston.

Report of Council submitted by Mr. Johnston and agreed to.

Some more names added to the invitation list, on payment.

Subcommittee appointed to make out a list of works from the Library for the conversazione, viz. Drs. Pirrie and Malcolm.

REPORT OF THE COUNCIL, AT THE CLOSE OF THE  
SESSION, 1854-55.

In closing the Second Session of the "Belfast Clinical and Pathological Society," the Council feel it an agreeable duty to present to its members the following Report.

In accordance with Law XIII., the Annual General Meeting of the present Session was held upon Saturday, October the 28th, the President, Professor Ferguson, in the Chair.

The Society have continued to meet regularly every Saturday, except during the Christmas recess.

Twenty-six meetings in all have been held.

Of the enrolled members, 53 have, upon one occasion or other, been present; 13 of this number being Country Members.

The average attendance has been 19.

Our Members upon the roll at the opening of the Session numbered 95. Thirty have been since admit-

ted, viz.:—In Nov., 13; in Dec, 7; in Jan., 2; in Feb., 1; in March, 2; in April, 3; six have tendered their resignation; five have retired by default; six have gone abroad, and one has been removed by death. There now remain, therefore, 107 Members: of these, 45 are resident and 62 non-resident. Of the non-resident, 16 reside in County Antrim; 5 in County Armagh; 1 in County Donegal; 26 in County Down; 1 in County Dublin; 4 in Londonderry; 4 in County Louth; 3 in County Tyrone; 1 in County Waterford, and 1 in England.

Our Society have to record its sincere sorrow at the sudden removal of one of its original Members, in the person of Dr. Bryson. He took a deep interest in the success of the Society. About the year 1833, he was appointed to fill the situation of House Surgeon in the Belfast General Hospital. He was therefore engaged in the practice of his profession in Belfast for a period of above 22 years. Possessed of a considerable amount of original talent, untiring energy of mind and body, combined with great perseverance, he soon acquired, by his own personal exertions, a large field of practice. He always sustained a high character for uprightness and honour in his intercourse with his brethren, and his sudden removal in the mid-day of his professional career, cannot but be deeply regretted both by the Profession and the public.

In accordance with Law XVI., Medical Students of at least one year's standing, have been admitted to the Meetings of your Society after the transaction of private business. The Council have been gratified in observing that such opportunity of improvement seems to be prized by the Students, as manifested by the increase in the number of those who attend, and by their attention and gentlemanly conduct when present. Forty-three have availed themselves of the privilege of attending, and certificates have been granted to twenty-five, showing a considerable increase upon last Session.

The business of the Society, during the past Session, has continued as before to embrace the following subjects, viz.:—The Exhibition and Explanation of 49 Pathological Specimens: four new Instruments have been brought before the notice of the Society: twenty interesting and original cases have been read: the results of thirty Microscopical Examinations have been submitted, the Specimens having been forwarded by Members: some peculiar and rare Clinical facts and Statistics have been noted: five papers upon new modes of treatment were read: and three discussions upon particular subjects for debate have taken place.

The Council would congratulate the Society upon the good feeling and order which have pervaded all the meetings and discussions of the Session. The mutual improvement and gratification of each Member, being the desire of all.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

A considerable number of additions of interest have been made to the Museum.

Some changes in the Laws, suggested by Members as beneficial, have been adopted.

The Reserve Fund continues to increase satisfactorily, and at present amounts to about £18.

The first volume of the Transactions was issued in January, and has been favourably reviewed by different Medical Journals.

Two hundred copies were printed, and it was resolved to dispose of extra copies to Members of the profession, not in connexion with your Society. Twelve copies have been already thus sold at 3s. each; and if the remainder of the copies were disposed of, the expense of the publication would be defrayed without any cost to the general funds of the Society.

The Council would recommend the Society to continue to issue a volume of Transactions, for the following reasons:—First, because you are thereby enabled to place upon record many interesting, and rare Pathological facts and Clinical observations. Secondly, —they consider that such publication adds weight to your body, and cements the union of its Members, resident and non-resident; and, lastly, other Societies adopt with benefit a similar plan; and, as previously mentioned, your first volume has met the approval of the profession.

With a view to encourage the adhesion of country Members, it was resolved on the 8th of February, to publish weekly an Abstract of the proceedings. This has been highly approved of; twenty-three Members have taken it, besides Students. It is worthy of note that if forty Members subscribe for the Abstract, the expense of its publication would be covered.

According to rule sixth, two Members of the Dublin Pathological Society have been nominated for

Honorary Membership, viz., DR. STOKES, distinguished for the zeal, energy, and success, with which he has pursued his Clinical researches in connexion with, and based upon, sound Pathological principles; and PROFESSOR SMITH, whose eminence as a Pathologist is world-wide, and who still continues to pursue his investigations with unremitting care. These candidates for Honorary Membership, are now to be balloted for.

It has been considered desirable to close the present Session with a *Conversazione*, for two reasons specially:—1st. To give greater publicity to the Society; and to afford our President an opportunity of placing more prominently before the profession, its claims to their support. 2ndly. With a view to bring us into closer communication with the other learned bodies, whereby scientific objects in general may be advanced and promoted.

Having thus placed before the Society a short report of its progress and business during the past Session, the Council feel warranted in believing that the objects of the originators of the Belfast Clinical and Pathological Society have been largely realized, and that the study of Pathology in connexion with Clinical Medicine and Surgery has been advanced.

Our Pathological Museum has received many interesting and valuable contributions, and promises soon to attain an extent worthy of the status of the Society, and of the notice of the profession at large. The interests and position of Medical Science, and of the Medical Profession in the North, have been promoted.

Good feeling amongst the Members of your body has been uninterrupted; and our Weekly Meetings have been anticipated with pleasure, and enjoyed, both as a relaxation after the anxious and laborious

The Treasurer in Account with the Belfast Clinical and Pathological Society, for the Session, 1854-55.

				Dr.	£	s.	d.					
								Cr.	£	s.	d.	
To	Balance in Treasurer's hands,			4	6	2		By	Unpaid Subscription,	0	10	0
„	Reserve Fund,			8	15	0		„	Printing Transactions, Reports,			
„	Members' Subscriptions,			38	0	0			Circulars, &c., Binding, and			
„	Cash for "Transactions," 1853-54,			1	16	0			Advertising,	26	16	8
	sold,							„	Postage,	3	11	9
								„	Messenger,	2	2	0
								„	Reserve Fund in Bank,	18	2	6
								„	Balance in hand,	1	14	3
				£5	17	2				£5	17	2
				2						2		

Audited and found correct,

ROBERT STEWART.  
R. F. DILL.

May, 1855.

duties of our profession, and as an agreeable, and profitable opportunity for the interchange of our views upon Medical topics, and discoveries. The Council would therefore urge upon all the Members to continue their support to the Society, and to seek to advance its objects, elevate its position, and extend its beneficial influence, by enlisting new supporters, and by each individually carrying out, and promoting the objects and aims of the Belfast Clinical and Pathological Society.

NOTICE TO MEMBERS.

THE ANNUAL SUBSCRIPTION IS due on the last Saturday in October.

MEMBERS, desirous of exhibiting PATHOLOGICAL SPECIMENS, or otherwise contributing their quota of information, are requested to communicate with the Secretaries, and Country Members who may not be able to attend, are reminded that all communications intended to be read at the Meetings of the Society, should be forwarded to the Secretaries, or some Member resident in town whom they may depute.

ANY member who may be aware of the desire of any qualified Medical Practitioner to join the ranks of the Society, is requested to intimate the information to the Secretaries or other Office Bearers.

A weekly abstract of proceedings (lithographed) is regularly issued, principally for the advantage of Country Members who are generally prevented by distance from attending the Meetings of the Society. Prepayment of the entire postage for the Session (viz, 2s. 6d ) secures this privilege, which has, by a recent regulation, been extended to other Members, and Students of Medicine, as visitors.

SPECIMENS of morbid fluids and solids forwarded by members are examined and reported on by the Microscopical Committee without delay or charge. Reports are furnished to non members on prepayment of half a crown per specimen to the Society.

THE new regulations of the Post Office afford great facilities to Country Members for the transmission of morbid specimens for exhibition at the Meetings of the Society.

ALL Members are entitled to admit (once only for each visitor during the Session), by written orders, qualified Practitioners to any of the Meetings.

THE Secretaries are authorized to dispose of copies of the Transactions already published, to any qualified Practitioner, on prepayment of Three Shillings.

THE Pathological Museum of the Society is open every Saturday during the Session, between the hours of Two and Three o'clock, and at other times on application to the Secretaries.

THE ANNUAL MEETING.

5th May, 1855.

The President in the Chair.

After reading the Minutes of the last Annual Meeting, Secretary submitted the "Report of the Outgoing COUNCIL," (see p. 12 {546}) and the "Report of the AUDITORS," (see p. 76, {above}) which were unanimously adopted.<sup>1</sup>

It was then resolved, "That the Transactions of the Society for the past Session, be published, provided the funds (in ordinary) in the hands of the Treasurer permit."

THE PRESIDENT next announced the "Office-Bearers for 1855-56," as ascertained by an examination (by the Council and Auditors) of the ballot-papers. (See p. 3 {569}.)

Professors STOKES and SMITH, of Dublin, were elected Honorary Members.

The following six members of the NEW COUNCIL were then elected by the ballot of the members present:—

Dr. MURNEY.	Dr. DILL.
Dr. PIRRIE.	Dr. LYNCH.
Dr. R. STEWART.	Dr. PATTERSON.

Dr. ROSS was unanimously elected (by vote) Joint Secretary, in room of Dr. MALCOLM, elected PRESIDENT.

Thanks were cordially voted to the Treasurer, Dr. HALLIDAY, and the Secretaries, and their continued services for another year solicited.

The PRESIDENT elect having now assumed the chair, the warm thanks of the meeting were passed by acclamation to the retiring President, Professor FERGUSON. Votes of thanks were also passed to the retiring Council.

CONVERSAZIONE<sup>2</sup>

A conversazione was afterwards held in the spacious rooms of the Corn Exchange in the evening, and was attended by upwards of one hundred gentlemen. The proceedings were very interesting, and the display of objects connected with medical science exceedingly valuable and extensive. Refreshments were supplied by Mr. Thompson, Donegall-place, in a manner well calculated to uphold the high character of the establishment.

The members of the society present were:—Professor Ferguson, president; Dr. H. Purdon, Profs. Andrews, Carlile, and H. Stewart; Dr. M'Gee, Surgeon Browne, R.N., Dr. Malcolm, Dr. Moore, Dr. Pirrie, Dr. Halliday, Dr. R. Ross, Mr. H. M. Johnston, Dr. Dill, Dr. Patterson, Dr. Lynch, Dr. M'Mechan, Whitehouse; Dr. Bryce, Dr. Wheeler, Mr. M'Mullan, Mr. John Smyth, Mr. John

<sup>1</sup> [In "See page x {y}", x = page number in the original transactions; {y} = page number in this book.]

<sup>2</sup> [The Belfast Daily Mercury May 8, 1855.]

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

Thomson. The guests and others invited were: \*<sup>1</sup>The Bishop of Down, Right Rev. Dr. Denvir, \*The Mayor, \*R. Davison, Esq., M.P., Rev. Dr. Henry, President of the Queen's College, Revs. J. S. Porter, \*Dr. Cooke, Dr. Edgar, W. Bruce, John Porter. William M'Ilwaine, J. C. Flood, W. Johnston, D. M'Affee, Dr. Bryce, I. Steen, Professors M'Cosh, Tait, Stevelly, Hodges, & Dickie, \*W. S. Tracy, Esq., R.M., Robert Patterson, Esq., Robert M'Adam, Esq., G. C. Hyndman, Esq., \*J. Grainger, Esq., James MacAdam, Esq., F.G.S., \*S. G. Fenton, Esq., J.P., J. Clarke, Esq., J.P., C. Lanyon, Esq., C.E., J. J. Murphy, Esq., the Editors of the Local Press, \*W. H. Malcolm, Esq., George K. Smith, Esq., Alexander Mitchell, Esq., C.E., \*Dr. Gaussen and N. Hunter, Esq., Royal Antrim Militia Regiment, T. H. B. Crosse, Esq., 15th. Regiment; Gordon Thomson, Esq., James Alexander, Esq., W. Dunville, Esq., J. Godwin, Esq., C.E., J. G. Smith, Esq., G. H. Strype, Esq., C.E., R. Wilson, Esq., \*J. Grattan, Esq., S. Brace, Esq., J. A. Henderson, Esq., James M'Intyre, Esq., James Macnamara, Esq., J.P., Newton Williams, Esq. C.E., D. Shannon, Esq., C. Davis, Esq., R. Hook, Esq., T. Pring, Esq., D. Ferguson, Esq., W. M'Ilwrath, Esq., W. Young, Esq., J. Simms, Esq.

1. Among the articles exhibited were an extensive series of pathological models and wax casts, by Dr. Malcolm. These beautiful models are from the factory of Madame Bourgery, Paris, the relict of the celebrated modellist, Dr. Thibers. Their composition is not known in this country. They are much superior to ordinary plaster casts, and possess great advantages over the wax, as they can be freely handled and washed, when soiled, without injury. The wax models were made by Mr. H. Tuson, London, the chief in this line in England. They are the most faithfully executed specimens we have ever seen.

2. A series of Anatomical and Pathological Drawings. A considerable number of these were original drawings, by Dr. James Moore, characterized by vigour of touch and graphic delineation. Others were from the splendid portfolios of such Pathologists as Albers, Gluge, and Lebert abroad, and Quain's and Wilson, Bell, Morton, Lawrence, &c., at home.

3. Models of papier mache, illustrative of the anatomy of the eye, with accompanying diagram, supplied by our local Ophthalmologist, Surgeon Browne.

4. A series of crania and casts illustrative of one type of Irish head, procured by Mr. Grattan, from ancient sepulchral mounds at King's County, Armagh Cathedral, Buttevant, County Cork, and Aghadoe, County Kerry; and 3 casts from crania, found in and among several ancient canoes embedded in the Blackwater,

County Armagh, when that river was being deepened in September, 1852.

5. Messrs. Dyas & Cantrell, Ulster Medical Hall, Castle-place, contributed a unique and tasteful collection of chemicals, pharmaceuticals, medical and surgical accessories, selected with much judgment, and many of which were quite novel in the profession. The collection comprised probably the most select assortment of Dispensatory rarities ever exhibited in Ireland.

6. A collection of surgical instruments, furnished by Mr. Bell, which presented a varied and choice selection of highly-finished articles in the extensive department of medical and surgical appliances.

7. A complete assortment of utilia, manufactured in gutta percha and vulcanized caoutchouc, sent by Mr. MacIntosh, Bridge-street. This collection attracted considerable notice, in consequence of its novelty, and the numberless applications of this material to domestic and scientific use.

8. Several magneto-electric machines and galvanic batteries, by Mr. G. H. Strype, C.E., and Mr. Pring. The application of these instruments in the process of electro-typing and the working of Morse's (American) telegraph, was fully demonstrated during the evening to a large circle of admiring spectators.

A very ingenious application of clock-work we noticed as the original design of Mr. Strype, C.E.

The object of this is to regulate the duration of the exposure in photographic operations. It performs with unerring accuracy the closing of the camera to any time it may be previously set to. It will also open the camera as well as close it, so as to enable an operator to take his own portrait after having set the instrument.

9. A portable field photographic apparatus was exhibited by Mr. Pring; and several excellent drawings, taken by the wax paper process, were also on view; as, also, some excellent stereoscopic drawings, which attracted much attention.

10. A number of articles more or less bearing on medicine, were supplied by the Council of the Natural History Society, from their admirable museum, at the request of the Society. These included objects from the three kingdoms of nature which furnish our materia medica. Amongst these we noticed two beautiful specimens of virgin gold, one from Australia, and the other from the mines of Peru.

11. On the President's table, we noticed a few microscopes, whose surprising powers were fully tested during the evening under the superintendence of Dr. Purdon.

<sup>1</sup> \* These gentlemen forwarded letters of apology.

12. A collection of rare and ancient medical works of the most distinguished authors of the past ages.—The most of this collection was kindly granted by the Council of the Belfast Medical Society, who possess an excellent and select medical library. The volumes exhibited represented the principal epochs in medical science. Some rare works we also noticed, sent by Dr. McGee, Dr. Jamieson, Newtownards, and Mr. Ferris, Larne. In connexion with this, we noticed a small but valuable assortment of modern medical works, supplied by Mr. Henry Greer, of High-street.

A few sanitary mechanical appliances, including Arnott's ventilating valves, patent traps for sewers, Gribben's window sash &c., were on view from the establishment of Messrs. Riddell and Co. Besides the above, which formed the bulk of the vast collection—which occupied twelve long tables placed in three rows—we observed some very handsome tableaux indicative of Mexican manners and customs, kindly granted for the occasion by Gordon Thomson, Esq., of Bedeque House. One of these groups of figures represented the process of extracting the aloe gum from the plant.

We also noticed a large number of portraits of distinguished members of the profession, both ancient and modern, which added not a little to the interest of the scene; but of the objects not strictly professional which came under our eye, a volume of autograph letters, the property of William H. Malcolm, Esq., seemed to us decidedly the most valuable and recherche. We observed many of the distinguished guests particularly noticing the unique volume, which contained the letters of many celebrated, remarkable and eminent persons, and formed altogether a highly valuable and interesting collection. We subjoin a list of the principal portion: David Garrick—letter; General Washington—long letter, dated Mount Vernon, to Sir Thomas Newenham; Duke of Marlborough—letter; Robert Burns—the poem “The bonnie lad that's far awa',” all in the poet's own handwriting; Lord Nelson—letter dated from on board the San Josef, 1801; Napoleon I.—signature; Empress Josephine—letter; Edmund Kean—do; Right Hon. W. Pitt—do; Right Hon. Sir Robert Peel—do; Mr. Wilberforce—do; Daniel O'Connell—do; Richard Brinsley Sheridan—do; George Frederick Cooke—do; Mrs. Charles Kean—do; Lord Byron—promissory note; Mrs. Billington—letter; Cherubini—do; Weber—do; Paganini—a few bars of music; Thomas Moore—letter; Sir John Moore—do; Marshal Ney—do; Marshal Desaix—do; Duke of Wellington—letter to Right Hon. Robert Peel, 1823; Thomas Campbell—poem (all in the poet's handwriting); Barry Cornwall—love song, do; Canova—letter; L. E. Landon—do; Jane Porter—do; Sir Thomas Lawrence—do; &c., &c. But it were totally impossible to even allude to all the varied objects which the society exhibited on this interesting occasion. We have only presumed to give a bare outline of the principal, leaving it to our readers' imag-

ination to fill up a great deal of the real scene, which, we only echo the general voice by saying, elicited the unqualified admiration of every one who had the privilege of being present.

After tea and coffee, Dr. MALCOLM, president elect, called attention, and Dr. FERGUSON, outgoing president, having taken the chair, proceeded to deliver the following address, which was heard throughout with the greatest attention, and occasionally elicited general applause:—

Gentlemen, guests, and members of the Belfast Clinico-Pathological Society, on me has devolved to-night an onerous and a double duty; in one respect the most gratifying and pleasing that could be imposed, bidding you, our guests on the present occasion, a sincere and hearty welcome to this our closing reunion of the session; and in another, exciting feelings not less intense, though of an opposite tendency, and calling on me imperatively, though reluctantly, to say to you, my fellow-members, in vacating your presidential chair, a respectful and grateful farewell. And though in good truth I could have wished that this duty had fallen to the lot of one more capable of doing justice to such a theme, and more eloquent in conveying the thanks of the society for the honour conferred on us by the presence of our guests, yet to none will I yield in the warmth and sincerity of feeling that prompts both greeting.

We have to-day, gentlemen, reached the close of the second session of the Belfast Clinico-Pathological Society, and in accordance with one of its laws, I necessarily vacate the office of president, I avow it not without feelings of regret, no doubt greatly modified by the conviction that in my successor the society will discover many qualifications for the office in which I am fully conscious of my own deficiency. Yet the uniformly kind consideration and support which I have received from every member of the society, the actual amount of information I have gained, and the pleasing interchange of professional courtesies which the possession of it secured me, naturally make me happy and proud of having been the occupant of this chair, and proportionably engender regrets at my retiring from it. The few remarks with which I am about to trouble you, gentlemen, were intended for the annual meeting held this morning for the transaction of the society's more immediate business, but at the eleventh hour it has been deemed expedient that they be inflicted on you here; consequently, they will possess, I fear, but few attractions and little interest for an audience not strictly professional.

One subject, however, I hope to effect—be not startled at the announcement—I mean to extend the sphere of your knowledge; for I am persuaded that many who hear me will leave this room informed on what they were before ignorant. It is more than probable that

many of my audience date their knowledge of the very existence of the Clinico-Pathological Society from the hour of their entering this room; and I would wish to lay before the meeting a general outline of its objects and machinery, with a view to inform our non-professional visitors on a subject with which they could scarcely be expected to be familiar. If I but succeed in this I shall deem myself as *functus officio*. For we all know that the public interest themselves but little about matters connected with our profession; or when they do, are too apt to associate the idea with the ills and disagreeables of life. Now, assuredly, this should not be so. On the contrary, I feel satisfied that from more frequent opportunities of meeting, as on the present occasion, for the interchange of ideas and courtesies, between those within and those without the pale of the profession, great mutual advantages would accrue to each, and much prejudice and ignorance would be dispelled.

For what is there interesting or important in the whole sphere of natural knowledge which directly or indirectly the science of medicine does not embrace? What can be a more worthy or more lofty theme than her first and more immediate object, to study and learn the construction of that noblest work of the all-wise Creator, man?—man for whom this teeming world was called into being; for whom such wonders have been lavishly spread out by the great first cause. What more intellectual occupation than to contemplate the means by which we “live and move, and have our being?” Is it not ours to investigate the nature and operation of the various influences by which health is interrupted and restored—to apply the means by which, to the honour of medicine be it told, disease, suffering, and even death itself may be averted? The study of nature, and the search after the truth which she teaches, are the leading objects of our pursuits. Is there not here much neutral ground where all can meet and profit by each other’s labour? We, of this society, hold this opinion strongly, and feel that we have sufficient ground for it in the great variety of matters of value and interest by which we are to-night surrounded, all more or less intimately connected with medicine. We therefore seek a closer and more intimate alliance with our fellows, labouring though they be in a different field. We believe that reunions such as, I hope, the present may prove, are well calculated to promote this

Consummation most devoutly to be wished—

And we trust that they may be as frequent, as mutually instructive and interesting. When I addressed the society at the opening of the session, it was in terms congratulatory of our success. First—on what is and should be its paramount object—the endeavour to elicit and diffuse professional knowledge; and secondly—on the number of our members. In both these respects it gives me sincere pleasure to state that our present position is equally if not more satisfactory. As regards the former

point, I would appeal to the abstracts of our proceedings, lithographed and distributed to our members after each weekly meeting, in which even a cursory glance will discover evidence of the society having, during the past Winter, addressed itself to many of the most interesting and novel points of clinical medicine and surgery, of pathology, therapeutics, physiology, histology, new and improved mechanical appliances connected with our art, &c.; nor have the specialities been overlooked. I may particularize midwifery, ophthalmia and aural surgery; and I might add the many individual cases illustrative of various and anomalous forms of disease which have been supplied either from the private practice of members, and kindly communicated, or selected from the prolific wards of our hospital. I feel I may safely assert that such consultations as these cases have given rise to have ever been productive of instruction to ourselves and suggestive of good to our patients.

And as regards the second point, our numbers—that far from despicable test of progress and success—I am happy to say they are most cheering and satisfactory. In the first session of our infancy—the Winter of 1853 and 1854—we boasted, and with reason, our 96 members—43 resident and 53 non-resident in Belfast; whilst in the closing session of 1854 and 1855 our numbers have risen to 105—45 resident and 60 non-resident members. It is not for me to enter into an analysis of the composition of this society—a subject I feel satisfied better understood by many of those whom I address than by myself; but I will hazard the expression of my individual opinion, that neither in professional erudition, intellectual endowments, nor social position, are its members surpassed by their brethren of this great community, whence is supplied one of its constituent parts, not of the Province of broad Ulster, which chiefly, though not exclusively, supplies the other.

As may be readily inferred from a mere glance at the objects by which I find myself surrounded, the almost endless variety of topics that have presented themselves to my mind as worthy of being brought before the notice of the society on the present occasion, has rendered selection as well as omission a necessary, though not an easy, task. In fact, my difficulty has been *l’embarras des richesses*. But the fast failing sand in old Time’s hourglass reminds me that I must be brief: and for only one or two points, connected with the working of our society, would I for a moment claim your indulgent attention.

It seems by common consent to have been admitted that the facts brought forward at our meetings merited something more than a mere ephemeral existence, and that our theatre should not be alike their cradle as their mausoleum. We have the recognition of this principle in the publication of our “Transactions” of the former session, and its flattering reception by the profession. The same idea has suggested during the late session the

publication of the weekly "Abstract," which, I have reason to think, has given very general satisfaction and pleasure, but, for obvious reasons, to non-resident members more especially. The "Abstract," I should hope, however, will not interfere with our volume of Transactions. In fact, I feel that in this matter we have committed ourselves; that the profession expect it from us; and I confidently trust they shall not be in any way disappointed. Nor can I leave this subject without giving expression, however faint and inadequate, to what I, in common I am sure with every member of our society, so strongly feel—our deep sense of the obligations in the accomplishment of these objects that we all have incurred to our zealous, our indefatigable hon. secretary, whose presence alone checks my indulging in eulogy farther than what, in candour, must be admitted, nay proclaimed, that his is the master mind that not only projects, but works the most of our machinery.

But besides the press, there is another means by which much that is interesting in our labours may be rendered useful and available for our purposes—I allude to our museum. This, I think, is a subject well worthy the serious consideration and attention of the society. Morbid specimens, dried or preserved in spirits, or—what I am inclined to consider better still—those exquisitely beautiful and truthful models which we have seen occasionally through the session, and of which specimens are in the room, together with casts and drawings, as each individual case may require, should be eagerly sought for and carefully collected, with a view to the formation of a museum, which, I have little doubt, would in a short space of time prove not only most instructive and interesting, but actually of intrinsic value, and highly creditable to our society. Few will deny the great value of both these means in rescuing from oblivion our weekly labours. Therefore would I anxiously solicit from all their aid and assistance in achieving these objects, as also impress upon members the importance of each of us communicating cases and facts of particular interest, in order that thus a record of them, accessible to all, may be obtained and preserved. Such a volume, and such a museum, by placing the experience of the profession before individuals, must prove almost invaluable. Which of us does not often feel the want of such a guide midst the doubts and difficulties of practice? But to our professional brother of the rural district, who may not enjoy the daily or hourly interchange of thought and converse with his peer, must not the possession of such a record on practical points be a "decus et tutamen?" Hence do I indulge the hope, that not only will every hospital and dispensary attendant in the province join our ranks, but that each will aid us by his practical contributions. I would next direct attention to a source of information in our art, becoming daily more interesting and important. I mean the microscopic investigation, and the chemical analysis of morbid tissues and secretions.

For such investigations our society presents many facilities. Nor during the past Winter have instances been wanting illustrative of the great value of such inquiries.—For example—the practitioner in a remote district wishes for assistance to determine whether or not an excised tumour be malignant; or he may desire a chemical analysis to ascertain the morbid condition of any of the secretions. He corresponds with our committees and his doubts are at once dispelled. I know that already many have availed themselves of this privilege, and that it has proved a very great boon.

Nor should I omit to mention that, in accurately portraying morbid appearances, as well as those remarkable alterations in the expression of "the human face divine," given by disease, not only the artist's pencil, but in the wondrous products of photography, the very sun's rays have been made subservient to our purposes; many interesting illustrations of which you will have an opportunity this evening of inspecting.

And to what, gentlemen, do all these different objects tend? And perchance the reply, though it may not alike interest, yet equally concerns my non-professional as my professional hearers. Obviously they are but means to an end; that end accuracy of diagnosis, or, in other words, the means of ascertaining the presence or absence and the nature of any morbid affection. Is there a quality in the medical practitioner more deservedly prized, or by the enlightened and educated medical mind more anxiously and laboriously sought for than the capability of forming an accurate diagnosis? If he possess not the means of determining the seat, nature, extent, and intensity of the disease he may be called on to treat, how can he be qualified to direct such curative means as may be best calculated to counteract or remove it?—Would that we could boast that the days were gone by when, in utter disregard, perhaps ignorance, of the change of structure or derangement of function which gave rise to them, mere symptoms were regarded as diseases, and treatment directed solely against them.

We all know how much in our profession what is called experience is prized and vaunted. But what, gentlemen, are the proofs, what are the tests of its value? If, as I fear is often the case, it can be measured by or inferred from a man's years, heterodox though the opinion to some may seem, for my part I reject the standard, and I ignore the validity of the inference.—If it be founded on a close observance of symptoms at the bed-side, whilst I appreciate the value and importance of such knowledge, I deny its sufficiency for the object; and I maintain that post-mortem investigations, and the results there obtained, collected and compared with living signs and symptoms (in other words, pathology) constitute the only safe and valid foundation for the great superstructure of accurate diagnosis. If time permitted, it might be interesting to inquire how some of the more modern and vaunted (misnamed) systems of

medicine would bear the application of this test. But of most of them, I fear, may be said that “what is new is not true, and what is true is not new.” What force and point we recognise in that pithy exclamation of Rostan, “All medicine consists in diagnosis.” Nor does he stop there; but so great stress does he lay on the worthlessness of that practice which is based on symptoms, irrespective of pathology, that he adds, “The medicine of symptoms is the worst of all medicines.”

Let us then, gentlemen, members of the Pathological Society, persevere in our efforts to spread a taste for and knowledge of pathology. The field is yet an open and a widely spread one. The labourers no doubt are many and fully equipped for their work. We must not lag behind, but rather spiritedly, and I hope successfully, keep our place in the van. A mere feather thrown up clearly enough shows how the wind blows. “Verbum sat sapienti.” A “pathologist” to the hospitals of Scutari has been sent out by the Government—an ample though a tardy recognition of the vast importance of this subject. Nor could a better or more judicious selection have been made than my former distinguished pupil, Dr. Lyons. On his appointment I would together congratulate him and the profession of which he is an ornament. Are we to accept this as an omen of better days? Are the errors, the horrors, and fatalities of routine and red-tapeism in the medical department of our Government at an end?

Are the snows of age ever to be a necessary qualification for the onerous and important duties of office? Loth though I should be to found an objection on their possession, yet holding with the prisoner of Chillon, that

My hair is grey, but not with years;  
Nor grew it white  
In a single night,  
As men's have grown from sudden fears.

I must take leave to question their being indispensable. Are “three score years and ten” the greatest recommendation of a public servant? The truth and force of “Solve senescentem maturè sanus equum” were never more displayed, though, perhaps, never more overlooked in certain quarters than at the present moment. Hence that dismal “cloud” that just now “lowers upon our house;” but let us remember “aide toi et le ciel t'aidera,” and soon shall it be “in the deep bosom of the ocean buried.”

But I fear I have trespassed on your patience; and though the theme be one on which I might dwell at greater length, yet must I restrain the cacoethes, however impulsive, I hasten to a close. But before doing so, I would again tender you, gentlemen, who have favoured us with your presence this evening, our best thanks and grateful recognition of your kindness. We pray you overlook the many defects and imperfections of our “youth and inexperience,” but two years' old, and this is our first essay! We deprecate hypercriticism, and we

promise to improve. And, gentlemen of the Pathological Society, deeply impressed as I am with the utility, the intrinsic value, the growing importance of our undertaking, satisfied with its present, and secure of its future, success, with feelings sincerely and deeply grateful for all the kind assistance and support I have ever received from the office-bearers and members of this society, I now restore to you, I hope unsullied, the honours with the chair of your president. (Loud cheering.)

After the conclusion of the learned president's address, the company resumed conversation and inspection of the various objects of interest, in which, and in discussing the characteristics of each collection, a considerable time was spent profitably and agreeably. Few reunions have ever taken place in Belfast that gave more gratification to those who had the pleasure of being present.

**240** Report of the *Conversazione* held on 5<sup>th</sup> May 1855 in the Corn Exchange, Belfast, being an off-print of *The Belfast Daily Mercury* May 8, 1855. See above for the text of this event.

**242** List of Books lent by the Belfast Medical Society for exhibition at the *Conversazione*. [Note: titles and authors' names are mostly as written. The preliminary characters were, presumably, part of the classification system of the Medical Library.]

- A.a. 1 Decas prima Actorum Medicorum Berolinensium by Johann Daniel Gohl
- A.a. 2 Acta Medicorum Berolinensium
- A.a. 3 Sydenham's opuscula Universa
- A.a. 8 Vander Wiel observation
- A.a. 9 Vander Wiel Observatio
- A.a. 24 Haller Physiologia
- A.a. 25 R. de Graff Opera Omnia
- A.a. 27 Edinburgh Pharmacopeia
- A.a. 28 Tissdt's Medical Essays
- A.a. 31 Rulandi Observatio
- A.a. 33 Martini Morbi Hypochondriaci
- A.a. 34 Oswaldi Crollii Basilica Chymica by John Hartmann
- A.a. 47 Alchymic Triumphiy by Libavius
- A.a. 46 Musgrave de Arthritid.
- A.a. 48 Tractatus de Scorbutus by Sennertus
- A.a. 49 Hartmann, Formulæ
- A.a. 50 Observations by Borelli
- A.b. 1 Diseases of Women by Astruc
- A.b. 2 Diseases of Women by Astruc
- A.b. 3 Diseases of Children by Astruc
- A.b. 4 De Morbis Acutis Infantium by Harris
- A.b. 5 Dissertatio de usu aquæ Marinæ by Russell
- A.b. 11 Sydenham Opera

- A.b. 12 Linnaei Systema  
 A.b. 15 Falck on the Venereal Disease  
 A.b. 16 Elementa Artis Obstetriciæ by Plenck  
 A.b. 17 Demonstratio Medico-practica  
 prognosticorum Hippocratis by Cope  
 A.b. 18 Huxham de Ære  
 A.b. 19 Huxham de Ære  
 A.b. 20 Chirurgical Pharmacy  
 A.b. 22 Pearson's Surgery  
 A.b. 28 Coe on Biliary Concretions  
 A.b. 31 Haber [Haen] Ratio Medendi  
 A.b. 32 Haber [Haen] Ratio Medendi  
 A.b. 35 Lectures by John Hunter  
 A.b. 36 Acta Medica, Bartholini  
 A.b. 37 Acta Medica, Bartholini  
 A.b. 38 Mead on Poisons  
 A.b. 44 Materia Medica by Ure  
 A.b. 45 Dublin Pharmacopœia  
 A.b. 43 Royle on the Antiquity of Hindoo Medicine  
 A.c. 37 Lewis' Dispensatory  
 A.c. 38 Lewis' Dispensatory  
 A.c. 39 Morison's Pharmacopœia  
 A.d. 3 Baillie's Morbid Anatomy  
 A.d. 4 Monro on Diseases of Military Hospitals  
 A.d. 19 Laennec on Diseases of the Chest  
 A.d. 40 Pharmacopœia Leidensis  
 A.d. 41 Johnston on the Medicinal Leech  
 A.f. 6 Lieutaud's Synopsis universæ praxeos medica  
 A.f. 7 Lieutaud's Synopsis universæ praxeos medica  
 A.f. 9 Astruc de Morbis Venereis  
 A.f. 10 Astruc de Morbis Venereis  
 A.f. 8 Paris Pharmacopœia  
 A.f. 11 Mauriceau, Maladies des Femmes  
 A.f. 12 Bateman on cutaneous Diseases  
 A.f. 17 Woodville's Medical Botany  
 A.f. 18 Woodville's Medical Botany  
 A.f. 19 Woodville's Medical Botany  
 A.f. 20 Woodville's Medical Botany  
 A.f. 38 Marshall Hall on the Nervous System  
 B.a. 38 Description des Maladies des Armées  
 B.a. 9 Ludovici de pharmacia moderno seculo  
 applicanda  
 B.a. 1 Traite des Eaux de Spa by Nessel  
 B.a. 2 Pharmacopœia Londinensis  
 B.a. 3 Pharmacopœia Londinensis  
 B.a. 4 Ceruso, Opera  
 B.a. 12 Pharmacopœia Londinensis  
 B.a. 13 Pharmacopœus Synopticus by Barckhausen  
 B.a. 14 Methodus Medendi  
 B.a. 15 Nicolai Tulp̄ii Observatio  
 B.a. 16 Louisinii Observatio  
 B.a. 17 Pharmacopœia Externponduea  
 B.a. 18 Tractatus de Corde  
 B.a. 22 Boerhaave, Viribus Medicam  
 B.a. 26 Pestis Nupera by Hodge  
 B.a. 45 Prout on Stomach & Urinary Diseases  
 B.c. 28 Cholera Gazette  
 B.c. 49 Larry on Military surgery  
 B.c. 52 De Loude, Mechanical Dentistry  
 B.b. 18 Lewis' Materia Medica  
 B.b. 19 Lewis' Materia Medica  
 B.b. 20 Rogers Essays on Epidemic Diseases  
 B.b. 13 Essay on Comparative Anatomy  
 B.d. 27 Works of John Hunter by Palmer  
 B.c. 25 Connolly on Insanity  
 B.f. 28 Diseases of the Uterus by Madame Boivin  
 C.f. 2 Medicine Operatoire  
 C.f. 3 Medicine Operatorie  
 C.f. 5 M. Hall on Nervous System  
 C.f. 7 Granville on Abortion  
 C.f. 14 Bell's Nervous System  
 C.f. 8 Works of John Hunter by Palmer  
 B.a. 37 Marchetti's Anatomy  
 B.a. 40 Opera Rulandi  
 B.a. 42 Pharmacopœia R.C.P.Edinburgh  
 B.a. 53 Sigmond on Tea  
 B.b. 31 Knox's Irish Watering Places  
 B.b. 32 Crantz Materia Medica  
 B.b. 57 Hierne, Acta Chemica Holmiens  
 B.b. 52 Index Plantarum, Boerhaave  
 A.f. 28 Johnston's Diseases of the Kidneys  
 B.d. 28 Hunter's Surgical Works  
 B.d. 29 Hunter's Surgical Works  
 B.d. 30 Hunter's Surgical Works  
 B.c. 40 Hope on the Heart  
 B.a. 34 Life of Jenner  
 B.a. 35 Life of Jenner  
 B.a. 39 Ratio Medendi Morbis by Sylvius  
 C.b. 27 Wedelius' opera  
 C.b. 32 Schiödere opera  
 C.b. 33 Couradi opera  
 C.d. 26 Rhazes on the Small-pox & Measles  
 A.g. 3 Hoffmanni Opera  
 A.g. 2 Hoffmanni Opera  
 A.f. 1 Von Swieten Commentaria  
 A.g. 15 Fractures of the Extremities by Hind  
 A.g. 14 Icones Obstetrics, Moreau  
 A.g. 12 Anatomical Drawings  
 A.g. 7 Shaw's Distortions of the Spine  
 A.g. 11 Sir Astley Cooper's Abdominal Hernia  
 A.g. 10 William Hunter's Gravid Uterus
- 243A** *List of exhibits at the Conversazione.*  
 i Stereoscopic Stands  
 ii Photography Table  
 iii Magneto-electrical  
 Telegraph  
 Electro-type  
 iv Sanitary Architecture and Engineering  
 v.vi.vii Pathological and Anatomical Models  
 Skulls  
 viii Pathological and Anatomical Drawings  
 ix Surgical Instruments  
 Splendid specimen of Printing

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

- x [Martina McQu\_\_\_?]  
Splendid Specimen of Building
- xi Natural History Museum  
Drawings for wall
- xii Mexican Table  
Preserved Meats etc.
- xiii Microscopes and Camera and Drawings
- xiv Medical Portraits
- xv Gutta percha and Caoutchouc articles  
[?] utilia
- xvxi Medical Classics—old and modern

Includes a plan of the layout of the tables and the categories of exhibits on each.

**243B** Invoice from the Belfast Mercury for 200 copies of the Report of the *Conversazione*.

**244** Invoice from William A. Ross & Co, Ballymacarrett, Flint Glass Warehouse, for hire of 6 large shades.

**245** Invoice from Andrew Mearns, Paper Hanging Manufacturer, for 1 [Pair?] Plum Blue.

**246** Invoice from S. Ramsey, [undecipherable].

**247** Invoice from James Rutherford, Ornamental and Plain House Painter etc., for papering stand.

**248** Invoice from William Harvey of McLaughlin & Harvey, for making 5 stands for holding pictures, 2 stands for holding scope, 14 little frames for packing pictures, 1 table stand for holding phials.

**252** List of members who agreed to underwrite the *Conversazione*

The Members undersigned agree to bear in equal proportion the necessary expenses attendant on holding the proposed *Conversazione* on the evening of the 5<sup>th</sup> May—such expenses not to exceed 2/<sup>s</sup> per head on all present. The more members who attend the less the proportionate expense.

- |                       |                        |
|-----------------------|------------------------|
| J. C. Ferguson,       | Henry M. Johnston,     |
| William M'Gee,        | A. G. Malcolm,         |
| John M'Mechan,        | James Patterson,       |
| Robert Stewart,       | John H. Halliday,      |
| Sam. Browne,          | P. Lynch M.D.,         |
| Horatio A. Stewart,   | Richard Ross M.D.,     |
| James Moore,          | C. C. M'Mullan,        |
| G. H. Young,          | John Smyth M.R.C.S.I., |
| W. Greenfield,        | J. Steele Dickson,     |
| Mawhinney M.R.C.S.L., | Robert Bryce,          |
| J. S. Armstrong,      | Christ. S. Black,      |
| John Thomson          |                        |
| for Mr. Johnston,     | J. M. Pirrie,          |
| John Clarke,          | T. K. Wheeler.         |

List of members' payments

J. C. Ferguson	6/—	paid
Carlisle	4/—	paid
H. Purdon	6/—	paid
Andrews	4/—	paid
J. Halliday	8/—	paid
R. Stewart	6/—	paid
Malcolm	8/—	paid
Lynch	6/—	paid
Black	4/— 2/	paid
Patterson	6/—	paid
Ross	4/—	paid
M'Gee	4/—	paid
M'Mechan	4/—	paid
Browne	4/—	paid
H. Stewart	4/—	paid
Moore	4/—	paid
Young	4/—	paid
Greenfield	4/—	
Johnston	4/—	paid
MacMullan	4/—	paid
Smyth	4/—	paid
Dickson	4/—	paid
Mawhinney	4/—	paid
Bryce	4/—	paid
Armstrong	4/—	paid
Thomson	4/—	paid
Pirrie	4/—	paid
Clarke	4/—	paid
Wheeler	4/—	paid

**252g** Expenses of *Conversazione* 5 May 1855

Invitations Cards and Envelopes	3·6
Tea &c. for 67 persons @ 1/6	100·6
Messenger (extra pay)	5·0
Martin, Billy, & Thorn	3·0
[?] 2/. [?] 1/6 5/.	8·6
Loan of glass shades	3·5
100 copies Reprint of Report	5·0
Postage to country [members]	5·0
	136·5

or 4/0 on each of the Guarantee Members

Extra	
5 Stands for drawings	15/ <sup>s</sup>
Show frame for Bell (½ price)	5/6
Label Tickets	/5 <sup>d</sup>
2 stereoscope stands	6/ <sup>s</sup>
100 copies extra reprint	5/ <sup>s</sup> 31/11

**254** To A. G. Malcolm

S. Hellewells  
12 Bridge Street, Belfast  
May 7<sup>th</sup> 1855

Dear Sir

The following is a list of the articles we had the pleasure of exhibiting to the inspection of the Mem-

bers of the Pathological Society of Belfast on Saturday evening last.

Portable Air proof Bed and Inflating Bellows  
do Baths Square and Circular  
Circular air Cushion  
Reeded air Cushion  
Plain Pillows  
Neck Pillows  
Life Belts  
Invalid Cushions  
Injection Bottles—Vagina, Clyster, Urethra & Ear  
Breast Bottles  
[Enemas?]  
Valve Urinals  
Umbilical Belts  
Accouchement Belts  
Bed Sheeting for Invalid  
Pillows or Cushions (Hot or Cold Water)  
Elastic Stocking for Varicose Veins &c.  
„ Leggings „ „ „  
„ Knee Caps „ „ „  
„ Armlets „ „ „  
Nursing Aprons & Children’s Bibs  
Sponge Bags  
Bathing Caps  
Dress Preservers  
Bonnet  
Chest Expanders  
Gum Rings  
Corals  
Nipples Plain & with Shield  
Finger Stalls  
Corn Protectors  
Jar Covers  
Braces & Body Belts Patent Buckles  
Caouchoue Dressings Combs eight designs  
Cinderella & Back Combs “caouchoue”  
Ladies, Gentlemen’s and Children’s Goloshes  
English, French and American Manufacturers  
Heel & [Canegea?] Coats for Tropical Climates  
Single and Double Texture Waterproof Coats Caps  
Cradles &c.  
Dressing G. Cones  
Canteens & Drinking Cups [Omaco?] Sheet &c.  
Crimean Camp [\_\_\_quing?]  
Cloaks  
Gutta Percha Frames for Paintings &c.  
„ Watch Rests  
„ Ear Trumpets  
„ [?] Stands  
„ Acid Bottles  
„ Stethoscopes  
„ Thin Sheet  
„ Flasks & Drinking Caps  
„ Funnels  
„ Toilet Service

„ Speaking Tube, with Mouth Pieces and Whistles  
„ Railway Conversation Tubes  
„ Carboys  
„ Acid Paper  
„ Curtain Rings  
„ Life Preservers  
„ [Bastlet?]  
„ Bread Tray  
„ Biscuit „  
„ Fruit „  
„ Counter „  
„ Snaps „  
„ Tooth Brush „  
„ Shaving „ „  
„ Small „ „  
„ Pen Tray  
„ Chest [?] &c.

Francis Mills  
per Sidney Hellewell & Co

250 To A. G. Malcolm

Dundalk  
9<sup>th</sup> May 1855

Dear Sir

I have received the 1<sup>st</sup> number of the Transactions of the Belfast Pathological Society, which I think highly creditable to that Body, and augurs favourably for the future.

I beg to continue my subscription, and only regret that circumstances have prevented my attending the meetings heretofore. I fear it may be some time before I can do so.

However I think such a Society deserves and should receive support.

Believe me  
Yours faithfully  
E. J. Brunker  
M.D.

**Special Council Meeting May 9, 1855**

Present: Drs. Pirrie, Ross, Halliday, Johnston, Malcolm.

Dr. Malcolm submitted statement of a/c of the conversazione from which an allotment for each member was struck viz. 4/— and 2/— for each guest especially invited and paid for by members.

Dr. Ferguson requested to convey the thanks of the Society to the Directors of the Corn Exchange for their handsome offer of the free use of their rooms.

Also to each contributor.

Resolved “That the thanks of the Council be conveyed to Dr. Malcolm for the efficient and zealous manner in which he made all the arrangements for the conversazione.”

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

Register of Attendance  
of the Council Members

Dr. Ferguson 3 times	Dr. Malcolm 25 times
Dr. H. Purdon 0	Mr. H. M. Johnston 20 times
Dr. Pirrie 2 times	Mr. J. Aickin 0
Dr. Moore once	Dr. H. Stewart once
Dr. R. Stewart 10 times	Mr. Armstrong 10 times
Dr. MacLaughlin 0	Dr. Lynch once
Dr. Young 0	Dr. Murney twice
Dr. Halliday 14 times	Dr. Ross 4 times

249 To A. G. Malcolm

63 Eccles Street  
Dublin  
May 25 1855

Dear Sir

Will you have the kindness to convey at the earliest opportunity to the Members of the Belfast Clinical and Pathological Society the expression of my thanks for the honor they have conferred in electing me one of their first Honorary Members. I have in conjunction with Dr. Stokes laboured hard to establish and support the Pathological Society of Dublin, and it is most gratifying to find that their reports have not passed unnoticed or unappreciated by my fellow labourers in the North.

I shall shortly send you a copy of our own late transactions.

Believe me my Dear Sir  
Yours very truly  
Robert McDonnell

256 Invoice from C. Thompson, Cook and Confectioner.

2 Donegall Place  
June 12th 1855

To Account of [?] furnished 3-6-6

251 To A. G. Malcolm

Blackwatertown  
June 22<sup>nd</sup> 1855

Dear Sir

I beg to thank you for your "Report on Epidemic Dysentery", as well as for the space you have afforded to my communication of the purgative and alkaline treatment of that disease. I have had many cases of Dysentery since my reply to your queries, but have had no reason to change that mode of treatment.

You do not, however, seem fully aware of my only objection to opium in the early stage, which is its tendency to arrest the secretions and constipate the bowels: for when given with a diaphoretic, and a mercurial followed by an appropriate aperient, I can readily appreciate its advantages. My strong objection to opium was and is, together with the above, that it arrests the aperient action of the Rhubarb which,

even without such a potent antagonist, I frequently found unavailing to effect a fecal dejection without the addition of calomel, for your mention, an antimonial powder. I have no objection, whatever, to the use of opium "per anum", but it is not adopted in Dispensary practice, nor did I find it necessary.

I fear, from my own observation, as well as from reading your admirable report, that a few of our brethren, actually, do not know the difference between Dysentery and diarrhoea! Can this be possible?—e.g. "Purgatives I never use—their great object, as in cholera, is to arrest the disease" he means alveal secretions "as soon as possible and to prevent a relapse by keeping the patient throughly 'bunged up'". In conclusion I have only to say that in chronic cases where astringents are indicated, I believe decoction of Dogwood to be the best medicine. I have never seen alvenic hæmorrhage, a dangerous symptom, except where astringents had been too early exhibited, and which was in fact their direct consequences.

This report reflects very great credit on you and the Committee, and I much regret that such competent and able hands did not institute a similar inquest on the late Typhus epidemic. Fever we have always with us in this quarter, but Dysentery never, unless when epidemic.

I am, Dear Sir,  
Yours very truly and  
Much obliged,  
T. Martin

LAWS OF THE BELFAST CLINICAL AND  
PATHOLOGICAL SOCIETY.

I. NAME AND OBJECTS.—The Society shall be called "The Belfast Clinical and Pathological Society," whose objects shall be the cultivation of Practical Pathology, Diagnosis and Therapeutics, by means of the accumulation and analysis of appropriate Cases and Pathological Reports, and public discussion thereon; the establishment of a Pathological Museum; and the keeping of records, to indicate the progress of discovery in Medical Science.

II. MEMBERS.—The Society shall consist of Ordinary Resident and Non Resident, and Honorary Members—number unlimited.

III. QUALIFICATION.—The Candidates for Membership shall be regularly qualified Physicians or Surgeons.

IV. ANNUAL SUBSCRIPTIONS.—The Annual Subscription shall be *Ten Shillings* to Resident, and *Five Shillings* to Non-Resident Members, payable on the first day of Session, or, if a new Member, on the day of his election.

V. ELECTION.—The Candidate for Membership shall be proposed by two members at one meeting, and

balloted for at the next; *one* black bean in *five* to exclude, and prior to ballot, the legality of his qualification shall be duly certified, and his subscription paid.

VI. HONORARY MEMBERS.—Honorary Members shall be elected only at the stated annual meeting; the names of candidates to be entered on the *Minutes* at least one month previously, and proposed by four members. When elected, they shall be free to all the privileges of membership, except share in the property, without subscription; and in the ballot for honorary members, *one* black bean shall exclude.

VII. OFFICERS.—The officers of the Society shall consist of a *President*, to be elected annually by a majority of votes, not re-eligible for three successive years after expiration of office, but entitled, as *Ex-President*, to be placed on the *Vice-President* list; *five Vice-Presidents* (two of whom shall be chosen from the *Non-Resident Members*), exclusive of *Ex-Presidents*, two *General Secretaries*, and a *Treasurer*, all to be elected annually by a majority of votes, and after expiration of office, eligible for re-election.

VIII. THE COUNCIL—ITS FORMATION AND DUTIES.—The Council shall consist of the *Office Bearers*, and six other members, the latter of whom shall be elected by ballot at the annual meeting, by such *Members* as may then be present.

The duties of the Council shall be to make all the necessary preparations for the ordinary weekly meetings, to examine the contributions of members, and select for reading such as may be eligible; to report, by the aid of sub-committees, upon any morbid specimen which may be forwarded by members, or examination of which may be specially requested by a vote of the Society; to conduct the financial and ordinary business of the Society; to make bye-laws and other regulations not provided for in the stated laws of the Society; to report at the annual meeting upon all the proceedings of the session, and draw up the annual transactions.

IX. DUTIES OF THE GENERAL SECRETARIES.—The *General Secretaries* shall keep a record of minutes, enter the cases and notices received, or remarks furnished, in their respective books, and summon and attend all meetings of the Council and Society.

X. DUTIES OF THE TREASURER.—The *Treasurer* shall keep an account of all receipts and disbursements, and furnish his financial statement twice during the session, also at the close, and whenever required by a vote of the Society.

XI. CASE PAPERS.—Each member shall be supplied with forms of “*Case Papers*,” having the annexed heading to guide him in drawing up the contributions which he may furnish. “The reporter is requested to note particularly the following points, in the reading of his case, viz.:—If from any author, the particular volume and page; if original, the place and date; in any case, the age, history, management, impressions re-

garding same at different periods, the termination, and *P. M.* examination, if any.”

XII. MEMBERS’ CONTRIBUTIONS.—The contributions shall be of the following description:—

- 1.—Cases showing unusual sequence or co-existence of diseases.
- 2.—Do. showing any practical lesson, point, or caution, useful in practice.
- 3.—Do. exhibiting any rare form, complication, exception to the laws of *Diagnosis*, *Pathology*, or *Therapeutics*; or unusual interpretation.
- 4.—Summaries of *Medical Statistics* to prove frequency of type, average of age and mortality, and effects of remedies in any disease, or other point susceptible of proof by statistics.
- 5.—Reports on *novel modes of practice* in any disease.
- 6.—Morbid Specimens of *Pathological* or general interest, with or without case, or for *Microscopic* or *Chemical* examination.
- 7.—Replies to *Medical Queries* proposed by members.
- 8.—Brief *Clinical facts* of practical interest.

All contributions to be original, or original translations from authentic foreign records, not generally accessible to members.

XIII. THE SESSION.—The Session shall commence on the last Saturday in October, and terminate the first in May; and the ordinary meetings shall be held every Saturday, at three o’clock, afternoon; and the *annual meeting* the first Saturday in May.

XIV. BUSINESS OF THE ANNUAL MEETING.—The business of the annual meeting shall embrace the following subjects, viz.:—1. The Report of the Council. 2. The Report of the Auditors. 3. The announcement of the *New Office-bearers*. 4. The Election of the *New Council*. 5. The Closing Address of the retiring *President*. 6. Installation of the *President elect*.

XV. BUSINESS OF THE ORDINARY WEEKLY MEETINGS.—The ordinary sittings shall be limited to *one hour* but, at the discretion of the *President*, may be extended to *one hour and a-half*: five *Members* to form a quorum. The following shall be the order of proceeding:—

1. The chair to be taken by the *President*: if he be absent, by one of the *Vice-Presidents* present, if possible in rotation.
2. The *Minutes* of the previous meeting read and signed.
3. Announcements from the Council.
4. The proposal of Candidates and Election of *New Members*, &c. For the rest, see old Rule. TRANS. Volume I.

XVI. VISITORS.—*Medical Students* shall be admitted as visitors by official orders of *Members* only. Any *Medical practitioner*, not being a member, may be admitted as a visitor *once only* during a session, on being introduced by a member, who shall write the name of the visitor in the *Proposal Book* of the Society.

Belfast Clinical and Pathological Society

Second Session: 1854–1855

President John Creery Ferguson

Surgeons and Assistant Surgeons of the Garrison, also of the Militia and Navy on active service, may be admitted to any meeting on Members' orders.

XVII. RESERVE FUND: TRANSACTIONS.—*One-fourth* of the subscription money shall be set aside as a reserve fund, and deposited in bank in the names of the President and Treasurer for the time being, to the credit of the Society, and shall not be drawn thence except by a vote of the Society at the annual meeting.

During the recess, if the state of the ordinary finances permit, a volume of Annual Transactions shall be prepared and published for *free* distribution among members of the previous session only.

XVIII. BOOKS OF THE SOCIETY.—The books of the Society shall consist of the following:—General Minute Book; Council's do.; General Proposal Book; Treasurer's Account Book; Treasurer's Receipt Book; General Case Book; General Note Book for Record of Discoveries, Inventions, and interesting Medical Notes; Pathological Museum Record; Microscopical Reports; Document Book.

XIX. PROPERTY OF THE SOCIETY.—The property of the Society shall not be disposed of except by the unanimous vote of a special meeting. Due notice of intention to take such a vote shall be given in a special circular to all members, one month previously.

XX. DEFAULTERS.—No fines whatsoever shall be imposed on members; but in case of Subscriptions more than two months due, and after two successive notices from the Treasurer, the names of the defaulters shall be struck of the Roll of Members, and they shall be ineligible for re-election during the remainder of the current session. The *last* day allowed for payment of subscriptions for *old* members shall be NEW YEAR'S DAY each Session.

XXI. EXPULSION OF MEMBERS.—Members may be expelled for unprofessional conduct, by a vote of the Society, provided that such vote be carried by three-fourths of a meeting of at least twelve resident members, and that due notice of the intention to take such a vote, with grounds of the charge, be given to each member eight clear days before meeting.

XXII. PRIVILEGES.—It shall be a privilege exclusively granted to Members, to receive at any time reports from the Microscopical Sub-Committee upon any morbid specimens which they may furnish for examination.

Non-Resident Members shall be also entitled to receive a brief Abstract of the Proceedings of each meeting weekly during the session, on payment of the requisite postage. All other Members may enjoy a like privilege, on payment of the same amount.

XXIII. NOMINATION AND ELECTION OF THE OFFICE-BEARERS AND COUNCIL.—All members to be nominated for Office-Bearers and Council shall be proposed eight clear days before election; and every member

shall receive due notice thereof, that he may be enabled to forward names for nomination.

The Election of Office-Bearers shall take place thus:—Each Member shall send forward to the Secretaries his Ballot paper, properly filled with the names he shall select from the list of nominees which will be furnished to him. These names, so returned, shall be examined by the Council and Auditors, who shall determine, by the highest number of votes, who are to fill the vacant Offices.

The Election of COUNCIL Members shall take place according to the mode laid down in Law VIII., and none but Nominees shall be eligible in either case.

**LIST OF PATHOLOGICAL SPECIMENS  
EXHIBITED DURING THE SESSION 1854–55.**

Recent Parts, 29. Drawings, 4.  
Lime Casts, 5. Daguerreotypes, 16.  
Wax Casts, 3. Collodions, 2.  
Dried Preparations, 4. Patients, 10=76<sup>1</sup>  
Wet Ditto, 3.

**I.—NERVOUS SYSTEM.**

1855.  
Jan. 6, Apoplexy, Recent parts,  
exh. by Dr. MALCOLM.

**II.—CIRCULATORY ORGANS.**

1854.  
Oct. 28, Aneurism of the Thoracic Aorta, Two Plaster  
Casts of the Thoracic Parietes,  
exh. by Dr. MALCOLM. (*See plate.*)  
Nov. 4, Remarkable Varicose Tumours of the Upper  
Extremity, a Plaster Cast,  
exh. by Dr. MALCOLM. (*See plate.*)  
„ 11, Dilatation of the Left Ventricle, with  
Diseased Aortic Valves, Recent parts,  
exh. by Dr. MALCOLM.  
1855.  
Jan. 6, Varicose Veins of the Arm, Patient,  
exh. by Dr. HALLIDAY.  
„ 20, Hypertrophy of the Heart, Recent parts,  
exh. by Dr. M'LAUGHLIN, Lurgan.  
Mar. 31, Popliteal Aneurism, cure by compression,  
Patient,  
exh. by Dr. J. MOORE.

**III.—RESPIRATORY ORGANS.**

1854.  
Nov. 25, Tubercular Lung, very large cavity, Recent  
parts,  
exh. by Dr. M'CORMAC.  
1855.  
Feb. 3, Pneumo-phthisis, or inter-current  
Pneumonia, Recent parts,  
exh. by Dr. MALCOLM.  
„ „ Emphysema, with Diseased Tri-cuspid  
Valves, Recent parts,  
exh. by Dr. MALCOLM.  
„ 10, Gangrene of the Lung, Recent parts,  
exh. by Dr. MALCOLM. (*See Catalogue of  
Museum.*)  
„ 17, Encysted Abscesses of the Lung, Recent  
parts,  
exh. by Dr. MALCOLM. (*See Catalogue of  
Museum.*)

„ „ Loose Calcareous Bodies in the Pleura,  
exh. by Dr. MALCOLM.  
Mar. 24, Congenital Cardiac Disease, with Peculiar  
Physical Signs, Patient,  
exh. by Dr. MALCOLM.  
Apr. 7, Regurgitant Disease of Aortal Valves,  
Patient,  
exh. by Professor FERGUSON.

**IV.—DIGESTIVE ORGANS.**

1854.  
Nov. 18, Diseased Gall Bladder, wet preparation,  
exh. by Dr. MALCOLM.  
„ 25, Scirrhus of the Pylorus, and of the Colon, a  
wet preparation,  
exh. by Dr. MALCOLM.  
Mar. 31, Intestinal Concretion,  
exh. by Dr. GRAVES, Cookstown. (*See Plate  
and Catalogue of Museum.*)

**V.—URINARY AND GENITAL ORGANS.**

1854.  
Nov. 18, Inflammation of the Scrotum and Tunica  
Vaginalis, Recent parts and Drawing,  
exh. by Dr. J. MOORE.  
Dec. 2, Calcareous Degeneration of the Placenta,  
Recent parts,  
exh. by Dr. MALCOLM.  
1855.  
Feb. 10, Fœtus, with Membranes and Placenta at the  
seventh week,  
exh. by Dr. YOUNG, Holywood.  
Feb. 17, Fœtus of six weeks,  
exh. by Dr. BECK.  
Mar. 24, Uterine Cyst, Recent parts,  
exh. by Mr. M'GOWAN, Warrenpoint.  
„ 31, Hydrocele, the fluid removed,  
exh. by Dr. J. MOORE.  
Apr. 2, Cancer of the Mamma, Recent parts,  
exh. by Mr. BROWNE  
Nov. 4, Scirrhus tumour of the Breast, Recent  
parts,  
exh. by Mr. BROWNE.

**VI.—JOINTS AND BONES.**

1854.  
Oct. 28, Caries of the Vertebrae, Wet preparation,  
exh. by Dr. MURNEY.  
Dec. 2, Malignant disease of Femur, Recent parts,  
exh. by Dr. J. MOORE.  
1855.  
Feb. 3, Disease of Ankle Joint, Recent parts,  
exh. by Professor STEWART.  
„ 17, Abscess in the Tibia, Dry preparation,  
exh. by Mr. BROWNE. (*See Catalogue of  
Museum.*)

<sup>1</sup> 11 of these were Supplementary Illustrations.

Belfast Clinical and Pathological Society  
Cases and Specimens Presented

- Mar. 3, Excised Elbow Joint, Recent parts,  
exh. by Dr. MURNEY.  
 „ „ Shattered Forearm, Recent parts,  
exh. by Dr. J. MOORE.  
 „ 17, Disease of Wrist Joint, Recent parts,  
exh. by Dr. J. MOORE.  
 „ 31, Disease of Elbow Joint, Excised parts,  
exh. by Dr. MURNEY.  
 Apr. 7, Necrosis of the Acromion, Patient,  
exh. by Mr. H. M. JOHNSTON.  
 „ 14, Disease of the Knee Joint, Recent parts,  
exh. by Dr. J. MOORE.  
 „ 21, Fracture of the Cervix Femoris within the  
Capsule, Dry preparation,  
exh. by Dr. JAMISON, Newtownards. (*See  
Catalogue of Museum.*)  
 „ 28, Necrosis of the Tibia, Dry preparation,  
exh. by Dr. J. MOORE.

**VII.—THE SKIN, AND SUB-CUTANEOUS TEXTURES.**  
1855.

- Feb. 3, Encysted Tumour of the Scalp, Recent parts,  
exh. by Professor STEWART.  
 „ 10, Favus, in a Patient,  
exh. by Dr. MALCOLM.  
 Mar. 24, Glandular Tumours of the Neck, of  
remarkable size, Patient,  
exh. by Dr. MALCOLM. (*See plate.*)  
 „ „ An instance of Scalping, Patient,  
exh. by Mr. BROWNE.  
 Apr. 14, Fatty Tumour of the Shoulder, Recent parts,  
exh. by Dr. J. MOORE.  
 „ 28, Encysted Tumour of the Neck, Recent parts,  
exh. by Dr. J. MOORE.

**MISCELLANEOUS.**

1854.  
 Nov. 4, Congenital Cataract, Patient,  
exh. by Mr. BROWNE.  
 „ 25, Goitre, a Plaster Cast,  
exh. by Mr. BROWNE. (*See Catalogue of  
Museum.*)  
 Dec. 9, Malignant Tumour of Orbit, Patient,  
exh. by Mr. BROWNE. (*See Catalogue of  
Museum.*)  
 1855.  
 Jan. 20, Cystocerci in the Muscles, diseased parts,  
exh. by Dr. M'CORMAC.  
 Mar. 24, Chronic Tonsillitis, Excised part,  
exh. by Mr. BROWNE.  
 „ 31, Malignant Tumour of the Orbit, Plaster Cast,  
exh. by Mr. BROWNE. (*See Catalogue of  
Museum.*)  
 Apr. 7, The Physiognomy of Disease, a series of  
Daguerreotypes,  
exh. by Dr. MALCOLM.

**LIST OF CASES  
READ DURING THE SESSION 1854-55.**

**THE NERVOUS SYSTEM.**

1854.  
 Nov. 11, Traumatic Tetanus, successful under the  
exhibition of Mercury;  
by Professor H. STEWART.

**THE LUNGS.**

1855.  
 Jan. 6, Pertussis complicated with Convulsions,  
Paralysis, and coma, followed by Dementia;  
by Mr. H. M. JOHNSTON.  
 Feb. 24, Syphilitic Bronchitis, two examples;  
by Mr. H. HANNA.  
 Mar. 3, Inky Expectoration;  
by A. G. MALCOLM, M.D.

**THE DIGESTIVE ORGANS.**

1855.  
 Mar. 17, Foreign Bodies swallowed;  
by G. F. YOUNG, M.D., Holywood.

**THE BLOOD VESSELS.**

1855.  
 Mar. 3, Aneurism of the Abdominal Aorta;  
by Mr. GELSTON, Comber.  
 „ 17, Purpura, with Phthisis supervening;  
by Mr. H. H. HANNA.

**CASES IN MIDWIFERY, &c.**

1854.  
 Nov. 4, Vesico-vaginal Fistula, cured by the  
application of the actual Cautery;  
by W. F. ROGAN, A.M., M.B., Derry.  
 „ 18, Recto-vaginal Fistula, treated successfully;  
by J. H. HALLIDAY, M.D.  
 „ „ Amenorrhœa protracted to the age of 56;  
by Mr. T. MADDEN, Portglenone.  
 1855.  
 Jan. 20, Placenta prævia;  
by J. W. BECK, M.D.  
 Mar. 10, Retroversion of the Uterus;  
by G. F. YOUNG, M.D., Holywood.

**THE URINARY ORGANS.**

1855.  
 Mar. 31, Stricture of the Urethra, cured by Syme's  
operation;  
by H. MURNEY, M.D.

**FEVERS.**

1855.  
 Feb. 24, Masked Typhus simulating Apoplexy;  
by P. LYNCH, M.D.

**MISCELLANEOUS.**

1855.  
 Feb. 10, Euthanasia;  
 by H. M'CORMAC, M.D.  
 Mar. 31, Suspended Animation 40 minutes after  
 attempted suicide;  
 by Mr. TAYLOR, Ballymoney.  
 „ Capital operations successfully performed  
 „ with the aid of chloroform, in cases of  
 marked prostration;  
 Mr. FERRES, Larne.  
 Apr. 28, Dislocation of the Femur into the Ischiatic  
 notch;  
 by D. JAMISON, M.D., Newtownards.

**NEW INSTRUMENTS EXHIBITED.**

1854.  
 Oct. 28, Walton's Eye-Douche,  
 exh. by Mr. BROWNE.  
 Nov. 25, Uterine Compressor,  
 exh. by A. G. MALCOLM, M.D.  
 1855.  
 Jan. 20, Smee's Optometer,  
 exh. by Mr. BROWNE.  
 „ „ Cooper's Eye Douche,  
 exh. by Mr. BROWNE.  
 Mar. 31, Cartes' Compression Apparatus for  
 Aneurism,  
 exh. by J. MOORE, M.D.  
 Apr. 7, A Perineal Crutch, the invention of the late  
 Earl of Antrim,  
 exh. by Professor FERGUSON.

**CLINICAL FACTS AND STATISTICS.**

1855.  
 Jan. 13, An Analysis of 900 Obstetric Cases  
 occurring in private practice;  
 by J. W. BECK, M.D.  
 „ „ Peculiar Nervous Phenomenon, resulting  
 from the exhibition of chloroform;  
 by Mr. H. M. JOHNSTON.  
 Feb. 10, Dislocation of the Jaw, occurring in fever  
 during violent delirium;  
 by Mr. H. M. JOHNSTON.  
 Apr. 28, A suggestion on the mode of reducing  
 Dislocations into the Axilla;  
 by D. JAMISON, M.D., Newtownards.

**PAPERS ON NEW MODES OF TREATMENT.**

1854.  
 Nov. 18, The Use of Nitric Acid in Pertussis;  
 by G. F. YOUNG, M.D., Holywood.  
 1855.  
 Jan. 27, The Topical Medication of the Larynx, as  
 practised by Trousseau, Green, and  
 Watson;  
 by A. MALCOLM, M.D.  
 Feb. 3, The Employment of Rennet as a Curative  
 Agent in Diabetes;  
 by J. H. HALLIDAY, M.D.  
 Apr. 14, A combination of Quinine, Opium, and Grey  
 Powder in Asthenic Dysentery;  
 by G. F. YOUNG, M.D., Holywood.

**QUERIES FOR DISCUSSION.**

1854.  
 Dec. 2, "What has the experience of the cholera  
 epidemic contributed to our knowledge of  
 its Pathology and treatment?"  
 Introduced by R. ROSS, M.D.  
 1855.  
 Mar. 10, "Under what conditions in syphilis should  
 mercury be proscribed?"  
 Introduced by Professor STEWART.  
 Apr. 14, "What is the best treatment for bursal  
 swellings?"  
 Introduced by Mr. BROWNE, R.N.  
 Apr. 21, "Under what conditions in Phthisis is Cod  
 Liver Oil most beneficial?"  
 Introduced by H. M'CORMAC, M.D.

*Belfast Clinical and Pathological Society*  
*Cases and Specimens Presented*

DONATIONS TO MUSEUM, 1854-55.

Two Plaster Casts, Bronchocele, Mr. Browne.  
Two Plaster Casts, Aneurism of Aorta, Parietes of Chest, Dr. Malcolm.  
One Coloured Cast, Elephantiasis of Arm, Dr. Malcolm.  
Two Coloured Casts, Elephantiasis of Leg, Dr. Malcolm.  
One Coloured Cast, Chronic Erysipelas of Leg, Dr. Malcolm.  
One Plaster Cast, Scrofulous Lupus of Leg, at heel, Dr. Malcolm.  
One Plaster Cast, Contracted Fingers, after injury of wrist, Dr. Malcolm.  
One Model in Wood, Perinæal Crutch, Earl of Antrim.  
Two Poisoned Arrows, from South Sea Islands, Dr. M'Gee.  
One Plaster Cast, Exostosis of Malar Bone, Mr. Browne.  
One Coloured Cast, Herpes of Labia, Dr. Malcolm.  
One Coloured Cast, Psoriasis Inveterata, Dr. Malcolm.  
One Dry Preparation, Tibia, Cavity of Abscess, Mr. Browne.  
One Plaster Cast, Cancer of Orbit, &c., Mr. Browne.  
One Plaster Cast, Fibro-Cartilaginous Tumour of Neck, Mr. Browne.  
One Wax Cast, Gangrene of Lungs, Dr. Malcolm.  
One Wax Cast, Abscess of Lungs, Dr. Malcolm.  
One Wax Cast, Pleuro-Pneumo Thorax, Dr. Malcolm.  
One Coloured Cast, Pleuritis, Dr. Malcolm.  
One Coloured Cast, Pneumonic Congestion, Dr. Malcolm.  
One Coloured Cast, Favus of Scalp, Dr. Malcolm.  
One Gutta Percha Cast, Arteries, Veins, and Nerves of Face and Scalp, Dr. Malcolm.  
One Coloured Cast, Hyperæmia of Brain, Dr. Malcolm.  
One Coloured Cast, Hæmorrhage at Base of Brain, Dr. Malcolm.  
One Coloured Cast, Retro-Laryngeal Abscess, Dr. Malcolm.  
One Plaster Cast, Head and Neck, shewing Muscles, Dr. Malcolm.  
Four Coloured Casts, Muco-enteritis, Dr. Malcolm.  
One Coloured Cast, Ulceration of Os Uteri, Dr. Malcolm. One Coloured Cast, Aneurism of Aorta, Dr. Malcolm.  
Forty-four Photographs and Daguerreotypes. Dr. Malcolm, viz.:—  
One Emphysema.  
Three Heart Diseases.  
Two Phthisis.  
Two Bright's Disease.  
Three Favus.  
One Cicatrix of Burn of Cheek.  
One Scrofulous Abscess of Forehead.

One Scrofulous Abscess and Sores of Neck and Cheek  
Two Diagrams of Viscera, anterior view.  
One Scrofulous Tumour of Neck (enormous size).  
One Scrofulous Abscess of Foot.  
One Ichthyosis.  
Two Facial Paralysis.  
One Tuberculosis (Mesenteric).  
One Melanosis of Eyeball.  
One Stearrhœa Nigricans (from a drawing).  
One Cicatrix of Burn of Neck.  
Two Lupus non-exedens of Face.  
One Erysipelas of Cheek.  
One Uric Acid Crystals.  
One Rheumatic Endocarditis.  
Two Gastritis Chronicus.  
One Scrofulous Lupus of the Face and Neck.  
One Psoriasis Guttata.  
One Anthrax of Nape.  
One Appearance of Elbow after excision of Joint.  
One Morbus Genu (white swelling).  
One Sycosis.  
One Morbus Coxæ.  
One Malignant Tumour of Ilium (from a cast).

ANALYSIS OF THIRTY SPECIMENS OF MORBID FLUIDS AND SOLIDS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION.

Morbid Urine and Urinary deposit,	...	...	...	...	21
Tumours,	...	...	...	...	3
Calculi and Concretions,	...	...	...	...	2
Fluid of Tunica Vaginalis,	...	...	...	...	2
Gastric Fluid,	...	...	...	...	1
Ulcerous Discharge,...	...	...	...	...	1
					30

LIST OF SPECIMENS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION.					
No.	Date.	Specimen.	Forwarded from.	Result of Examination.	Remarks.
	1854.				
1.	May 18,	Gastric Fluid,	Country	Cells, simple and compound, pris. Phosphates, Oil, on a Granular base	Cancer of the stomach.
2.	June 7,	Urine,	"	Albuminous, Oil Tube-casts, Epithelium	Bright's Disease.
3.	" 9,	"	Town,	Do. Deposit contains Phosphates	Ditto
4.	" 9,	"	"	Uric Acid and Urates	Spermatorrhœa & spinal disease
5.	" 9,	Fluid in Tunica Vaginalis	"	Pus, Oil, Exudation Granules	Inflammation of Tunica Vaginalis
6.	" 13,	Urine,	"	Specific Gravity, 1006; no Sugar	?
7.	Aug. 3,	Morbid Discharge,	Country	Granular Base, Vessels, Fibres	Carbunculoid Affection.
8.	" 3,	Tumour	Town,	Large Granular Dark Bodies, Oil, Blood, and compound cells	Disease of Mamma.
9.	" 31,	Urine,	"	Mucus, Oil, Oxalates, Spermatozoa	Spermatorrhœa.
10.	Sept. 1,	"	"	Slightly Albuminous	?
11.	" 8,	"	"	Uric Acid, Oxalates, Granular Flakes	Gouty Cerebral Affection.
12.	" 11,	"	"	Uric Acid, in cylinders and lozenges	?
13.	Oct. 11,	"	"	Lithates only	?
14.	Nov. 14,	"	Country	Spe. gra. 1009, Amorphous Granular Lithates, Epithelium	?
15.	" "	Tumour,	"	Numerous Lymph Cells, or imperfect pus	Malignant (?) Furunculoid dis.
16.	" 21,	Urine,	Town,	Blood, Granular tube-casts, vesical Epithelium	Bright's Disease.
17.	" 29,	" No 1.	"	Specific Gravity 1018, Lithates	
18.	Dec 2,	" No. 2.	"	" " 1026, Oxalates	
19.	Nov. 30,	"	"	" " 1025, Deposit, Lithates	

Belfast Clinical and Pathological Society  
Cases and Specimens Presented

LIST OF SPECIMENS SUBMITTED TO MICROSCOPICAL AND CHEMICAL EXAMINATION. [Continued]					
No.	Date.	Specimen.	Forwarded from.	Result of Examination.	Remarks.
20.	Dec. 4,	Urine,	Town,	Prismatic Phosphates	
21.	" 9,	"	Country	Lithates	
22.	" 9,	"	Town,	Lithates, Pus, Epithelium	
23.	Nov. 29,	"	"	Thick Lithates	
24.	Dec. 16,	Calculus,	"	Albuminous Matter, (Salivary,)	
25.	" 18,	Urine,	"	Specific Gravity 1025, pale Lithates	
	1855.				
23.	Feb. 1,	"	Country	Alkaline, Oxalates, Phosphates	
27.	" 4,	"	"	Specific Gravity 1026, Lithates, Milk?	Milk, accidental addition.
28.	April 3,	Fluid of Hæmatocele,	Town,	Blood, Cholesterine, Oil, Coloured Granular-cells	
29.	" 3,	Tumour,	"	Granular (gravelled) base, circles with Nuclei and Fibrous Tissue	Epithelioma of Lip
30.	" 7,	Intestinal Concretion,	Country	Alternate layers of Phosphates and Vegetable Fibre	

SCROFULOUS TUMOUR.

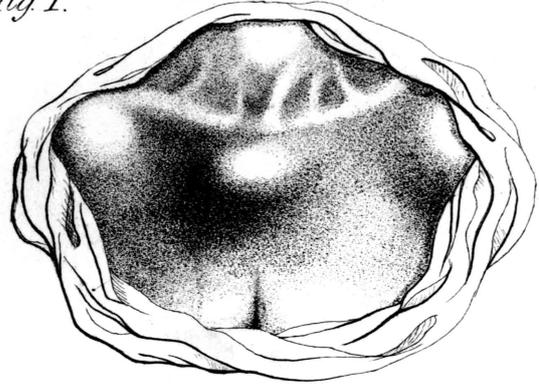


Plate I  
SCROFULOUS TUMOUR.<sup>1</sup>

<sup>1</sup> [See page 530 for case.]

ANEURISMAL TUMOUR.

*Fig. 1.*



*Fig. 2.*

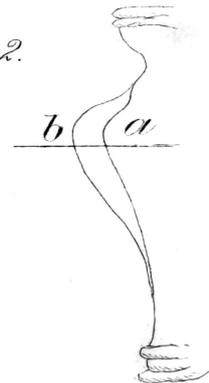


Plate II  
ANEURISMAL TUMOUR.<sup>1</sup>

<sup>1</sup> [See page 488 for case.]

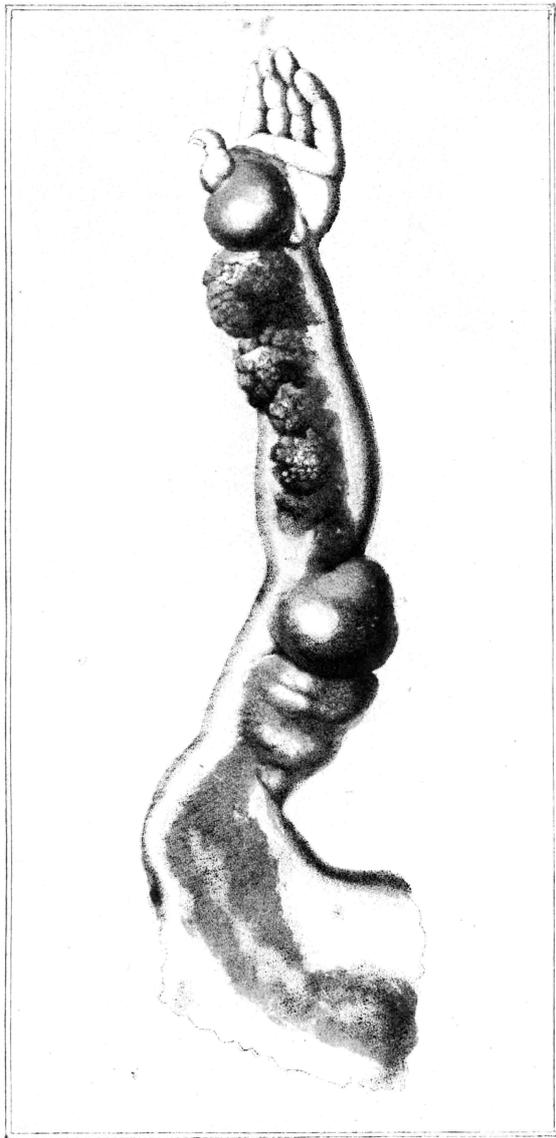


Plate III  
VARICOSE TUMOURS<sup>1</sup>

<sup>1</sup> [See page 429 for case, and page 491 regarding a cast of the arm.]



Belfast Clinical and Pathological Society

Third Session: 1855–1856

President Andrew George Malcolm

BELFAST CLINICAL AND PATHOLOGICAL  
SOCIETY

THIRD SESSION  
1855–1856

List of Office-Bearers for the Session of 1855–56

President—Dr. Malcolm.

Vice-Presidents—Dr. M'Gee, Dr. M'Cormick, and Mr. Browne (Resident), and Dr. Young, Holywood, and Dr. MacLaughlan, Lurgan (Non-resident). Dr. H. Purdon, and Dr. Ferguson (Ex-Presidents).

Treasurer—Dr. Halliday.

Secretaries—Dr. Ross, and Mr. H. M. Johnston.

Council-Members—Dr. Murney, Dr. R. Stewart, Dr. Pirrie, Dr. Dill, Dr. Lynch, and Dr. Patterson.

343 *List of Members of the Belfast Clinical and Pathological Society.*

A COMPLETE LIST OF MEMBERS  
FROM THE ORIGIN OF THE SOCIETY  
TO THE PRESENT DATE.<sup>1</sup>

Original Members.

Aickin, John, M.R.C.S., (Eng.) Belfast  
Armstrong, J. S., M.R.C.S., (Eng.) Belfast  
Beck, J. W., C.M., and M.D., (Glas.) Belfast  
Bradford, W. J., Surgeon, Dundalk  
Browne, John, M.D., and L.R.C.S., (Edin.) Dundalk  
Browne, Samuel, R.N., M.R.C.S., (Eng.) Belfast  
Brunker, E. J., M.D., (Edin.) L.R.C.S., (I.) Dundalk  
Bryce, Robert, M.D., (Glas.) Belfast  
Bryson, J. W., M.D., and L.R.C.S., (Edin.) Belfast,  
(Died 8th March, 1855.)  
Burden, W., M.D., and C.M., (Glas.)  
Professor Queen's College, Belfast  
Callan, Jos. M., M.D., (Glas.) L.R.C.S., (I.) Dundalk  
Carlile, Hugh, A.M., M.D., and T.C.D.,  
Professor Queen's College, Belfast.  
Clark, Thomas, L.R.C.S., (I.) Belfast  
Daly, Edward, L.R.C.S., (Edin.) Belfast  
Dickson, J. S., L.F., Ph., and S., (Glas.) Belfast  
Ferguson, J. C., A.M., and M.B., (T.C.D.)  
Professor Queen's College, Belfast  
Ferres, Charles, L.R.C.S., (Edin.) Larne  
Frame, James, L.F., Ph., and S., (Glas.) Comber  
Gelston, James, L.F., Ph., and S., (Glas.) Comber  
Graves, Henry, A.B., and M.B., (T.C.D.) F.R.C.S., (I.)  
Cookstown  
Halliday, J. H., M.D., (Glas.) L.R.C.S., (I.) Belfast  
Hamilton, T. W., M.D., (Glas.) F.R.C.S., (I.) Belfast  
Hanna, H. H., M.R.C.S., (Eng.) Belfast.

Hunter, Samuel, M.D., (Edin.) F.R.C.S., (I.) Belfast  
Jamison, David, M.D., L.R.C.S., (Edin.) Newtownards  
Johnston, H. M., L.R.C.S., (I.) Belfast  
Lynch, P., M.D., (Glas.) M.R.C.S., (Eng.) Belfast  
MacLaughlan, W. R., M.D. and L.R.C.S., (I.) M.R.C.S.,  
(Eng.) Lurgan.  
Malcolm, A. G., M.D. and L.R.C.S., (Edin.) Belfast  
Marshall, A., M.D., (Glas.) L.R.C.S., (Edin.) Belfast  
Mawhinney, James, M.R.C.S., (Eng.) Belfast  
Moore, James, M.D., (Edin.) M.R.C.S., (Eng.) Belfast  
Moreland, Hugh, M.D., and L.F., Ph., and S., (Glas.)  
Belfast  
Murney, H., M.D., (Edin.) M.R.C.S., (Eng.)  
Dem. Queen's College, Belfast  
M'Gee, W., M.D., (Edin.) Surg. R.N., Belfast.  
Patterson, James, M.D., and L.R.C.S., (Edin.) Belfast  
Pirrie, J. M., A.B., and M.D., (T.C.D.) L.R.C.S., (I.) Belfast  
Pollock, W., M.R.C.S., (Eng.) Dundalk  
Purdon, T. H., A.M., and M.B., (T.C.D.) L.R.C.S., (I.)  
Belfast  
Ross, Richard, M.D., (St. And.) L.R.C.S., (I.) Belfast  
Scott, W., M.D., and F.R.C.P., (Edin.) M.R.C.S., (Eng.)  
Aughnacloy  
Smith, James W. T., M.D., (Q.U.I.) and L.R.C.S., (I.)  
Belfast  
Smyth, John, L.R.C.S., (I.) Belfast  
Stewart, Horatio A., M.D., (Glas.) L.R.C.S., (I.)  
Prof. Queen's College, Belfast  
Stronge, J. W., A.B., and M.B., (T.C.D.) L.R.C.S., (I.)  
Belfast  
Thetford, William W., M.R.C.S., (Eng.) Strangford  
Thompson, Thomas, M.D., (Glas.) Surg. R.N., Belfast  
Thompson, Henry, M.R.C.S., (Eng.) Ballylesson  
Young, G. H., M.D., (Glas.) L.R.C.S., (I.) Holywood  
Wales, G. F., L.F.P., and S., (Glas.) Belfast

Members Elected During the Session 1853–54.  
T. H. PURDON, M.B., President.

**1853.**

**October 29**

Breakey, John, M.D., (Q.U.I.) M.R.C.S., (Eng.) R.N.,  
Belfast  
Kidd, Abraham, M.D., (Aberd.) M.R.C.S., (Eng.)  
Ballymena  
Moore, William A. B., and M.B., (T.C.D.) L.R.C.S., (I.)  
Ballymoney

**November 19**

Boyd, Samuel, L.R.C.S., (Edin.) Portaferry  
Russell, Philip, M.B., (T.C.D.) L.R.C.S. (I.) Bangor

**November 26**

Macaw, James, M.D., and L.R.C.S., (Edin.) Bushmills  
M'Kibben, Robert, M.R.C.S., (Eng.) Belfast

**December 3**

Kellett, Edward Y., L.R.C.S., (I.) Ballinderry

<sup>1</sup> [Date not actually given.]

**December 10**

Campbell John, M.D., (St. Andrews) M.R.C.S., (Eng.)  
Lisburn

Kelso, J. J., M.D., and C.M (Glas.) Lisburn

M'Cartney, John. L.R.C.S., (I.) Lisburn

**December 17**

Croker, George, F.R.C.S., (I.) Hillsborough

Musgrave, Samuel (Edin.) L.R.C.S., Lisburn

M'Cleery, James, L.R.C.S., (I.) Belfast

**December 24**

Burton, Bindon, M.R.C.S., (Eng.) Ballinderry

Knox, Alexander, M.D., (Edin.) Strangford

Playne, Thomas, M.D., (Q.U.I.) M.R.C.S., (Eng.)

Dunmurry

Thomson, John, M.R.C.S., (Eng.) Belfast

**1854.**

**January 7**

Black, C. S., M.D., (Glas.) L.R.C.S., (I.) Belfast

Forsythe, J., M.D., (Glas.) L.R.C.S., (Edin.) Cullmore

**January 14**

Deverell, W. P., M.D., (Glas.) L.R.C.S., (I.) Dromore

Johnston, Robert, M.D., (Glas.) Newry

Madden, T., L.F., Ph., and S., (Glas.) Portglenone

Rogan, W. F., A.B., M.B., (T.C.D.) L.R.C.S., (Edin.) and (T.)

L.derry

Ross, Arthur, M.D., and L.R.C.S., (Edin.) Ballymena

**January 21**

Brabazon, Philip E., A.B., (T.C.D.) F.R.C.S., (I.)

Downpatrick

Forde, Robert, M.D., (Glas.) L.R.C.S., (I.) Downpatrick

M'Bride, Henry, C.M., (Glas.) Gilford

White, W. M., M.D., (Glas.) M.R.C.S., (Eng.) L.R.C.S., (I.)

D.patrick

**January 28**

Catherwood, W. H., M.D., (Edin.) Donaghadee

May, Joseph, L.R.C.S., (T.) Rathfriland

Shaw, William, L.R.C.S., (I.) Ballynahinch

Smith, John, A.M., M.D., (Glas.) Newcastle

**February 4**

Murray, Robert, L.R.C.S., (I.) Rockcorry.

(Died 7th February, 1854.)

**February 11**

M'Gowan, John, M.D., {Edin.) Carrickfergus

**February 18**

Dickson, James, M.D. (Q.U.I.) M.R.C.S. (Eng.)

Ballynahinch

**February 25**

Evans, William, M.D., (Q.U.I.) M.R.C.S., (Eng.)

Downpatrick

**March 4**

Nixon, George, M.D., (Gott.) L.R.C.S., (I.) Antrim

**March 11**

Graham, John, M.D., and L.R.C.S., (Edin.) Belfast

Harrison, J. W., M.R.C.S., (Eng.) Ardglass

Stewart, Robert, M.D., (Glas.)

Dist. Hosp. for the Insane, Belfast

**March 18**

Blakely, Samuel, L.F., Ph. & S., (Glas.) Aughnacloy

Fleming, Hans, M.D., (St. Andrews) L.R.C.S., (I.)

Carrickmacross

Savage, John, M.R.C.S., (Eng.) Newry

**April 8**

Greenfield, William, M.D., (Q.U.I.) Holywood

**May 13**

Rea, Samuel, L.F., Ph., and S., (Glas.) Belfast

**May 20**

Read, Thomas, A.B., and M.B., (T.C.D.) L.R.C.S., (I.)

Belfast

Members Elected During the Session 1854-55.

J. C. FERGUSON, M.B., President.

**1854.**

**November 4**

Gordon, Alexander, M.D., and L.R.C.S., (Edin.)

Prof. Q.C., Belfast

Clarke, J. H., A.M., M.B., L.R.C.S., (I.)

Newcastle, County Down

Holmes, G. S., M.D., (Glas.) L.R.C.S., (Edin.) Glenarm

M'Gowan, R., L.F.P., and S., (Glas.) Warrenpoint

**November 11**

Dill, R. F., M.D., (Edin.) M.R.C.S., (Engl) Belfast

M'Donnell, R., M.B., and F.R.C.S., (I.) Dublin

Wheeler, T. K., M.D., (Q.U.I.) L.R.C.S., (Edin.) Belfast

Davidson, J., M.D., (Glas.) Belfast

Andrews, T., M.D., (Edin.) M.R.I.A., Y.P.Q.C., Belfast

M'Mechan, J., M.D., and L.R.C.S., (Edin.) Whitehouse

Hannay, R. S., M.D., (Edin.) M.R.C.S., (Eng.) Lurgan

**November 18**

Lynn, Jos. M., M.D., (Glas.) L.R.C.S., (Edin. and I.)

Markethill

Hume, George A., M.D., (Glas.) L.R.C.S., (Edin.) Crumlin

Warwick, W., M.R.C.S., (Eng.) Belfast

**November 25**

M'Cormac, H., M.D., (Edin.) Belfast

**December 2**

Johnston, Aug., M.B., (I.) M.R.C.S., (Eng.)

Hawkshead, Windermere

Johnston, Benjamin, M.B., and F.R.C.S., (I.) Ramelton

**December 9**

Patton, Alexander, M.B., and L.R.C.S., (I.) Tandragee

Lamont, Pineas, F.R.C.S., (I.) Belfast

Clarke, John, M.R.C.S., (Eng.) Belfast

MacMullan, C. C., M.R.C.S., (Eng.) Belfast

**December 16**

Hainey, F., M.D., (Glas.) Belfast

**1855.**

**January 20**

Taylor, W., L.F.P., & S., (Glas.) Ballymoney

**January 27**

Gibson, J., L.F.P., & S., (Glas.) Killileagh

**February 24**

Barnett, J., M.R.C.S., (Eng.) Moneymore

Belfast Clinical and Pathological Society

Third Session: 1855-1856

President Andrew George Malcolm

**March 10**

Anderson, J., L.R.C.S., (I.) Kilkeel

**March 24**

Black, W., C. M., (Glas.) Ballymoney

**April 14**

Maxwell, J., M.D., (Glas.) L.R.C.S., (Edin.) Waterford

Clugston, W., MrD., and L.R.C.S., (Edin.) Ballyclare

**March 28**

Lochrane, Edward, L.R.C.S., (Edin.) Middletown

Members Elected During the Session 1855-56.

A. G. MALCOLM, M.D., President.

**1855.**

N.B. Gentlemen desirous of joining the Society will please communicate with the President, or the Hon. Secretaries.

**Council Meeting September 27, 1855**

President, Moore, Patterson, Pirrie, Ross, Murney.

Resolved that Dr. Malcolm's circular be printed and sent to members calling the first meeting for 27 October 1855.

Also that this circular be sent to the members of the profession in Ulster.

That the first meeting of the Society be advertised in the local journals.

That the next meeting of Council be held the Wednesday before the first general meeting at 2½ P.M.

**263**

13 Pump Street  
Londonderry  
15 October 1855

Dr. Babington's compliments to the Honorary Secretaries of the Belfast Clinical and Pathological Society and acknowledges their circular with enclosures which was directed to Coleraine.

Dr. Babington does not at present wish to become a member of the Society.

**258** To the Secretaries

Killyleagh  
17<sup>th</sup> October

Gentlemen

I have to thank you for a copy of weekly abstracts and other papers connected with the "Belfast Clinical and Pathological Society", and beg you will have my name proposed as a Member.

If at all possible I will be down at the introductory address on the 27<sup>th</sup> and am

Yours truly  
R. G. Sheil C.M. M.D. (Glas).

**Council Meeting 17 October, 1855**

Meeting for 29 October 1855 confirmed.

Present, Drs. Browne, Johnston, Halliday, Dr. A. Stewart, Ross.

**257** To R. Ross

Newcastle  
Co Down  
23<sup>rd</sup> October 1855

Dear Sir

As I perceive that you are one of the Secretaries of the Clinical and Pathological Society, of which I am a member.

Would you have the goodness to send me by return of post, or at your earliest convenience, an extract from the General Notebook of the Society, in a case marked Hooping-cough

171 Gibb's treatment

400 Chloroform

184 Sulph Acid in

As I have a few patients at present ill with Hooping cough I wish to see the opinions of the Society on Gibb's treatment &c. &c. I remain Dear Sir

Your Most Obedient Humble Servant  
John Smith

*171 The Prov. Journal July 28, 1854. or Gibb's Work*

*400 The Medical Times & Gazette March 4 1854 by Churchill*

*184 Association Journal August 4 1854 by Dr. G. King, Bath.*

**259** To J. H. Halliday Esq M.D.

Culmore Derry  
October 25 1855

Dear Sir

I enclose a P.O. order for 7<sup>s</sup>/6<sup>d</sup> being my subscription to the Belfast Pathological Society for the entering session and for the Weekly Reports. I am

Dear Sir  
Truly Yours  
James Forsyth

**260** To R. Ross and H. M. Johnston

Ballymoney  
Thursday  
October 25<sup>th</sup> 1855

Gentlemen

I have written to my friends Dr. MacCormac to propose and Dr. Reade to second my nomination as Member of the "Belfast Pathological Society", at its next meeting.

I wish to obtain the weekly abstract and circular with the first volume of the Transactions, and be good

enough to let me know what I shall be in your [books?] for subscription.

I remain Gentlemen  
Yours faithfully  
William Thomas Latham

261 To A. G. Malcolm

Carrickfergus  
October 26<sup>th</sup> 1855

Dear Doctor

I request you will have the goodness to mention my name as a candidate for election to be a member of your Pathological Society in Belfast.

I am M.D. and C.M. from Glasgow.

Believe me Dear Doctor  
Sincerely Yours  
G. Forsyth

266 Circular regarding the opening of the Third Session.

**OPENING OF THE THIRD SESSION, 1856-56.**

PRESIDENT—Dr. Malcolm.

VICE-PRESIDENTS—Dr. M'Gee, Dr. M'Cormac, and Mr. Browne (Resident), and Dr. Young, Holywood, and Dr. MacLaughlan, Lurgan (Non-Resident) Dr. H. Purdon, and Dr. Ferguson (Ex-Presidents).

TREASURER—Dr. Halliday.

SECRETARIES—Dr. Ross, and Mr. H. M. Johnston.

COUNCIL-MEMBERS—Dr. Murney, Dr. R. Stewart, Dr. Pirrie, Dr. Dill, Dr. Lynch, and Dr. Patterson.

Sir

The Council beg to announce that the Meetings of the Society will be resumed on Saturday, 27th October, at the General Hospital, when the President will deliver the Introductory Address, after which the ordinary business will be transacted.

*Chair to be taken at Three o'clock.*

Members are entitled to admit Visitors by written order which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

**Subscription.**

The Subscription for the Session 1855-56, becomes due on the 27th October, amounting to Ten Shillings per annum for Town Members, and Five Shillings per annum for Country Members. For the Weekly Abstract and Circular Two Shillings and Sixpence additional, being the Postage in full for the Session, which

should be paid to the Treasurer, Dr. Halliday, 91 Donegall-Street.

**The Transactions.**

The First Volume of Transactions may be Obtained by any qualified practitioner, on payment of Three Shillings. The Second Volume is being prepared, and will be ready for issue in December.

**The Museum.**

The Pathological Museum, considerably enlarged, is open to the inspection of Members every Saturday, from Two to Three o'clock, on application to the Porter.

(Signed by order),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

262 To the Secretaries

Dunlady Dundonald  
26<sup>th</sup> October 1855

Dear Secretaries

Will you be kind enough to propose my name as a member of the "Belfast Clinical and Pathological Society" at the next meeting and oblige your very truly

Francis M'Minn M.D.  
&c.

The third Session of this Society was inaugurated, on Saturday, October 27th, 1855, in the Library-room of the Medical Society, upon which occasion a very large and influential muster of members and others was present, by an animated and eloquent address from the President, Dr. Malcolm:

Paper:<sup>1</sup> *Gentlemen, it is with some diffidence that I proceed to execute the task which my position enjoins. Called to the important office of President by your, I must say, too flattering suffrages, it becomes my duty, according to official custom, to inaugurate the labours of a new Session. I do with some misgivings as to how far my address may become the importance of the occasion, or the credit of our Society.*

*This feeling is not diminished, I assure you, when I recall to memory the previous occasions, when you were addressed from this Chair, by men so deservedly eminent and accomplished as my predecessors. I rely, however, notwithstanding these influences, upon your forbearance and a hope that any imperfections which you may observe will be kindly pardoned.*

*Gentlemen, it is with no small feeling of pride, that I have it in my power to congratulate you on the prosperity of this young Society. We are but in our third year, and we number the respectable number of 107 members and I believe I may add with every prospect of a considerable increase. This undoubted success can*

<sup>1</sup> [Kindly supplied by Professor R S J Clarke, Honorary Archivist, Royal Victoria Hospital, Belfast.]

only be explained in one way, that is, simply the insufficiency of previously existing institutions to satisfy the wants of the profession in this locality.

The desideratum, referred to, your Society has been the means of affording; and you will remember, as a complete confirmation of what I now state, that, on the very first day when our standard was raised, upwards of fifty adherents were enrolled as original members.

To you amongst this audience who are in membership it is of course unnecessary for me to go over beaten ground, and point out the different objects at which we aim, or to explain the means by which we hope to attain them; but, for the sake of those strangers who have honored us with their presence and who are not so informed, I would beg to premise the expression of the few thoughts with which I intend to trouble you on this occasion, by advertising for a moment to the principles of our Society.

The cultivation of pathology in connection with clinical observation constitutes the grand basis of our operations. Pathology in its widest sense, as a theoretical science of disease based on physical, chemical and anatomical facts and a clinical observation, which shall ever associate the morbid indications in life, with the traces which are detected in death. But further, in our view of the domain of clinical study, we include all therapeutic data, which may tend to throw light on pathology, restore the normal conditions of the system under disease or arrest the tendency to death.

In this wide field there are several departments which more especially attract our attention. Such are the study of Pathological Anatomy, Pathological Chemistry, Pathological Histology, the study of rare and difficult Cases noted at the bedside and the examination of them in the person of actual patients introduced to our meetings for inspection, the observation of interesting, though they may be isolated, Clinical facts,—the results of medical statistics—the history and results of new and special modes of treatment, including the exhibition of new instruments, and new articles of the *Materia Medica*,—and lastly, the open discussion of debated points in practice.

Such is the scope of our transactions, and none can doubt, that in it, we possess “ample room and verge enough” to satisfy almost every form of professional predilection.

It may be worthy of more particular mention, as a distinguishing feature of this, in comparison with the metropolitan Pathological Society, that we encourage free discussion after the introduction of every subject and we do this on the good old fashioned principle that in numbers there is wisdom. For it does not unfrequently happen, that “as all looks yellow to the jaundiced eye”, so the perverted apprehension of one, may lead to an erroneous view of a subject, which can only be satisfactorily be corrected by an appeal to the common sense of many.

I am quite aware that some have made material objection to discussion, on account of their tendency to overstimulate the forward and ready speaker and discourage the diffident and slow, though it may be superior, member. A posteriori, however, we have found this objection to be groundless. Hitherto our debates have been generally conducted in a temperate and gentlemanlike manner, though I must say, much of this happy result is to be ascribed to the Steadfastness and Adroitness in handling the reins, for which my predecessor was so happily distinguished. Besides it must not be overlooked that the friction of mind with mind, like the flint and steel, is calculated to elicit scintillations of genius, which unimpassioned occasions would ever fail to produce. Indeed discussion when tempered by reason cannot but have a suggestive influence fraught with valuable results. It is only thus, that many fallacies especially those coming from a warped judgement can be cleared away, and the virgin ore of truth be separated from the surrounding mass of error. I consider that in this respect our own particular department of Knowledge more imperatively calls for some such winnowing process than perhaps any other. So much is taken for granted—so easily are we apt to be content with half proofs—so entangled are our minds by foregone conclusions—so defective is our science in solid first principles and the true nature of the most elementary of our foundations that it is little wonder that almost any enquiry undertaken to advance our Art is beset with innumerable difficulties: and it is only by looking at the subject from different points of view by a variety of minds, that anything like a clear method for arriving at true solutions can be ever gained.

Gentlemen, were it in my power I should desire that one and all on this the opening of a new session should be inspired with feelings akin to my own, which I need not say, are ardent and zealous for the welfare of our Society.

When deeply impressed with the importance of a particular pursuit we enter upon it with a buoyancy which removes half the burthen incident to the prosecution. We go forward with an unfading trust that good and nothing but good to ourselves individually and the body at large, can result from every step we take; and we feel stirred up to a capacity for increased exertion, exactly in proportion to the amount of enthusiasm we experience. Now, is there anything in the nature of our Society which can supply this desired zeal? I think there is. I think, if we reflect upon the great objects we all have in view, upon the important fact so well put by Stokes of Dublin, whom we are proud to call our honorary member,—that every new fact in pathology or pathological anatomy may be regarded without exception as either immediately or ultimately fruitful in its application to practical Medicine. Nothing can be observed in vain. Even the very treatment of diseases is, as Latham in [support?] of a truth so well known to

Hippocrates himself (another name dear to every scientific physician) so justly writes, a part of their pathology. “What they need and what they can bear, the kind and strength of the remedy and the changes which follow its application are among the surest tests of their nature and tendency.”

Westl, the great histologist of Vienna, has well remarked that the method of research at present followed in the cultivation of pathology has opened out a rich mine of results. And in an excellent remark of (Sin- ion?) we find it laid down that Pathology has been the referring and rationalizing principle of Medicine and not the least of its immense advantages has been its invaluable tendency to counteracting mischievous practice, teaching us to refrain from doing harm and I will venture to add as the unanimous impression of the present time its capability in numerous cases of pointing out the only rational and safe mode of conducting a case to a happy termination. I need only mention the present management of diseases of the organs of the Lungs and Heart, and ask you to compare it with the treatment of the same maladies but three years ago, to prove the inestimable value of the aid which pathological science has afforded.

Now I say gentlemen that that mind which is not improved and stimulated into fresh energy by participating in the information and reflection which our meetings here from week to week so abundantly afford, and which pertains to topics such as those I have alluded to, cannot be other than insusceptible of improvement.

Ours, gentlemen, is a noble aim. While we are directly benefitting ourselves, we are not the less advancing the causes of our profession. Though none of us may attain the glory of a great discovery or an invention, still the materials we are gathering with patience and assiduity from the countless stores of nature must undoubtedly tend to hasten the period when accumulated experience will have placed the practice of our art upon an irrefragable basis. Let but nature be our only guide, whether speaking to us from the pallet, the dead-house or the laboratory—

Unerring Nature, still divinely bright,  
One clear, unchang'd, and universal light  
Each motion guides, and every nerve sustains  
Itself unseen, but in the effects remains.

And here, gentlemen, I would bring to your recollection the important advances which Medicine has made by the introduction of the pathological element as affording data for improved medical reasoning without which no hope of real progress in our science can be entertained.

In the pre-scientific age of the profession, medical knowledge was limited to the limited results of unguarded experience on the one hand, or groundless hypotheses on the other. In point of fact it is only of late years that a truly scientific era has commenced.

Though for upwards of 250 years the domain of pathological anatomy has to a certain extent been cultivated, yet we find that not till 1767 when Morgagni's “*De sedibus et causis morborum*” appeared, can we say that its culture was conducted upon anything like scientific or rational method.

Our own Baillie followed and laid the foundations of British Pathology. But for the unfortunate want of a correct idea of the intimate structure of the human body physically and chemically, which has only been supplied within the last 15 or 16 years, the advance of the study referred to could not be else than imperfect and unsatisfactory.

We cannot it is true but acknowledge with the deepest gratitude the great services which discoverers in anatomy, both healthy and morbid have rendered the profession from time to time. Need I particularly allude to the undying names of Harvey, Hunter, Bell, Hall, Laennec, Hole, Cooper and many others which will at once spring to your attention. But the observations which these were enabled to make must be deemed comparatively isolated and fragmentary, when we look forward to the brilliant field, rich in mental wealth, which lies before the vision of the present generation.

It is impossible that it could have been otherwise. Indeed until lately the very data on which any practical conclusions could have been founded were in great part a mystery. The pioneers of medical science may be divided into three classes,—those who brought to light new facts, those who facilitated the discovery of new facts by improving the methods of observation and lastly those who, perceiving the hidden chain that binds these facts in indissoluble union, can exhibit to the world one or more of the laws of the Great Physician Himself. Now until the present age the discoverers in scientific Medicine have been perhaps without exception limited to the two former classes, and consequently the proper materials for generalization have only now sufficiently accumulated; and it is reserved for succeeding time to reveal those great and doubtless simple laws (not theories) which truly regulate the morbid phenomena of animal organisation. “In point of factual knowledge” says Osterlein of Heidelberg—“even a Celsus or Hippocrates, a Boerhaave or a Sydenham would be as [?] in comparison with any practical physician or physiologist of the present day.”

Since the days of the father of our art then, there has existed no more favourable opportunity for realizing the advances of medicine than the present and we should esteem it a privilege of no common kind to be enabled to take our part in contributing even in a small degree to this momentous result. Why, even the simple accurate observation of a single remarkable case at the present day may command an important influence on future medicine, while parts of similar reports in writings anterior to the present age will necessarily pass into oblivion. The reason is obvious. The observations of

the past age may be compared to the perceptions of a youth while those of modern times are the experience of the man.

Is it not therefore a wise step for individuals of the present generation to bind themselves together in societies such as ours? For it is only by such means that we can hope for the full value of the resources within our reach and which as I have mentioned transcend all the boasted appliances of former times can be attained.

Individual exertions may it is true occasionally be attended with invaluable advantage to the profession at large; but this is rare compared with what a number of minds in council have it in their power to bestow. Individuals are frequently prejudiced—they cannot divest themselves of the slowly formed but inveterated influences of education and especially educational authority. Their capacity, their skill, their inclinations vary so indefinitely that most probably no two could separately conduct the same enquiry or make the same observations in the same manner or with the same result.

When however the many are brought together as one assembly with definite objects in view, their varied powers are found to radiate towards the one centre and the happy result is the discovery of truth. Not that I deem truth always lies in numbers but I believe that where difficulties exist in the search for truth they can be best overcome by the varying influences of a multitude of educated minds.

There is yet another point of view in which I would desire the operation of this society to be viewed. In our prospectus issued in 1853 amongst the inducements held out to the profession, was one which I deem of great moment namely the collection and analysis of semeiological phenomena, more especially the recording for future reference of all unusual interpretations of the signs and symptoms of disease.

In our every day practice we meet with some case, which from some peculiarity arrests our attention. We cannot on the moment give a true signification of, interpret or solve the mystery. It is an unusual, let us say and as far as we know a unique circumstance. On reference we do not find it noticed in our accustomed authors. We perhaps hold a consultation. Still the mystery remains and nought but surmises or hypothetical reasonings is our resource. Now, it may be in our present condition most probable indeed that a similar case and with this interpretation too lies buried in some corner of one of that vast multitude of reports which are scattered up and down the literature of our profession in every conceivable shape, monograph, compilation, cyclopædia, dictionary, essay, lecture or other work to be found on the shelves of medical libraries.

Members of a sister profession can, with the greatest facility, refer to the counterpart of any given case that may come before them in the legal archives of the Kingdom and thus render the experience of the past at

once available for almost any emergencies. Now we in numerous instances have no such command. The information we want to arrive at may be accessible to one perhaps among ten thousand; but for the mass of the profession it is practically sealed. To accomplish this desideratum the powers of association is necessary. Doubtless in any circumstances it would be a work of time and entail considerable labour, but I see nothing insurmountable in it.

A body such as ours, in the course of a few years might form such a nucleus as would be easy of future development. Let us but continue to accumulate case after case in our general note-books, always keeping in view the semeiological element to which I have adverted, and the most obtuse amongst us would soon perceive the value of the undertaking.

In bringing these few remarks to a conclusion I would desire briefly to epitomise the advantages which members of this Society derive from their connection with it. 1st—Our meetings at this board tend to refresh our already acquired knowledge upon every variety of disease, New ideas, New facts, New analogies, are thrown up in the interchange of thought. Suggestions often for immediate practice are offered from hand to hand and that good feeling which inspires mutual confidence and respect and without which there can exist no real union of interest, becomes gradually strengthened amongst us. 2nd—Our country friends of whom I am happy to see so many here to-day are for the most part debarred from attending our meetings. Nevertheless they are not forgotten. The “Abstract” of our weekly proceedings informs them of the principal subjects brought before us; and in our annual volume of “Transactions” we supply the additional information derivable from papers published in extenso, and members’ remarks. 3rd—Further it is a privilege to which every member is entitled, to receive an authorized report of the result of chemical, microscopical examination of any morbid specimen he may choose to forward; and in our pathological museum which is being gradually formed he has the opportunity of referring at his leisure to many objects of great pathological interest and value. It not infrequently happens that the recent specimens exhibited at our meetings are reproduced by the artist in a permanent form on the shelves of our museum, as for example during the very last session there were exhibited some morbid remains of remarkable interest and rarely modelled which are in the specimens now lying before you in a state completely imitative of vivid freshness and reality.

The examination of such specimens when taken in connection with the detail of their respective cases in our “Transactions” supplies everything that can reasonably be desired from such a source; while in other instances again we employ the unerring pencil of the photographic process to stamp with lifelike accuracy the passing features of an important case.

And last though not least amongst the advantages must I mention the smallness of the annual subscription which places them at once within the reach of every member of the profession who may desire to avail himself of them.

And now, Gentlemen, I have only to add that the success of this Society depends much upon your co-operation, not simply as subscribers, but as working members. I would, therefore, urge you to contribute each your quota of information, either by forwarding objects of pathological interest, or reports of cases of clinical value, or personally imparting such information as you may have from time to time collected from your valuable experience. I conceive that every member of the profession is in some measure conscientiously bound to advance the interest of the body; but members of this Society established for the very purpose of gathering and disseminating the knowledge which constitutes true experience are still more imperatively called on to improve their opportunities for its benefit.

Much good is also in our power individually by using our influence in our respective localities to induce every hospital and dispensary attendant to join our banner. It is such men that are calculated to promote our objects in the highest degree, and I would further express a hope that the senior members of our body in particular would attend the meetings as often as practicable, not so much perhaps for the sake of deriving as of supplying information to the less experienced brethren. May I indeed ask this on my own behalf as well as that of the Society, for I am well aware of the difficulties with which the office I have the honour to hold is surrounded.

At the same time while I would feel grateful for the countenance of my seniors I shall yield to none in zeal and interest for the prosperity of the Belfast Clinical and Pathological Society.

The address having terminated, the following candidates for membership were proposed for election, by ballot, at the next meeting, viz.:—Dr. Leatham, Ballymoney; Dr. Robert Herd, Dr. Forsythe, Dr. Frasers, M'Minn, Dr. Sheal, Killyleagh; Dr. Murray, Ballymacarrett; Mr. Weir, Dromore; and Dr. Seaton Reid.

Dr. M'CORMAC then read a paper, on an anomalous case in practice, which having elicited remarks, from its unusual nature, from Drs. Ferguson, Pirrie, M'Mechan, &c., was postponed for further discussion at the next meeting of the Society.

Dr. ROSS, one of the Secretaries, next read a very interesting paper on "The best and safest Mode of administering Hydrocyanic Acid," which was well received, from its practical value; after which the meeting separated.

264 To R. Ross

Crumlin Place  
October 30 1855

My Dear Ross

I do not intend renewing my subscription during the present session of the "Pathological Society"

Very truly yours  
J. Steele Dickson

**Council Meeting 31 October, 1855**

Present, Malcolm, Halliday, Ross, Johnston.

Circular prepared.

Finlay's account for advertising in the Whig 6/6 passed.

That in the next circular to the Council it be mentioned that no further summonses will be issued for ordinary meetings of Council herewith from that notice as the meetings will be held every Wednesday at 2½ P.M.

**267A Notice of the Second Meeting in the Third Session.**

The Second Meeting of this Session will be held at the General Hospital, on Saturday, the 3rd November, at Three o'clock precisely.

**I.—Candidates to be Elected.**

Heard, R. L., M.R.C.S. (Eng.), Belfast.

Murray, James, M.D., C.M. (Glas.), F.R.C.S. (I) Belfast

Reid, J. S., M.D., L.C.R.S. (Ed.), Belfast

Weir, Marshall, M.R.C.S. (Eng.), Dromore

Forsyth, George, M.D., C.M. (Glas.), Carrickfergus.

Latham, W. T., M.D., F.R.C.S. (I.), Ballymoney.

M'Minn, Francis, M.D., L.R.C.S. (Ed.), Dundonald.

Shiel, R. G., M.D., C.M. (Glas.), Killileagh.

**II.—Pathological Specimens to be Exhibited.**

1. Syphilitic Tumour of the Genitals, with Case.

2. Recent Parts—Case of Chronic Peritonitis, &c.

3. Photograph—Cancer of the Tibia.

**III.—Results of Microscopical and Chemical Examinations.**

Of Pathological Specimens, Nos. 1 & 2, above.

**IV.—Cases to be Read.**

1. Functional Disorder of the Nervous System simulating Serious Organic Disease.

2. A Case of Internal Carcinoma.

**V.—Clinical Facts and Statistics.**

**VI.—Query for Discussion.**

Under what circumstances is the Administration of Secale Cornutum, in Midwifery Practice, injurious to the Child in *utero*?

**VII.—Exhibition of New Remedies and Instruments.**

**VIII.—Notes of New Treatment.**

**Notice to Members.**

Members are entitled to admit Visitors (in accordance with Rule XVI.) by written orders, which must be pre-

sented to the Porter on entering. Members who may desire to propose Candidates for Membership will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

**Subscription.**

The Subscription for the Session 1855–56 is due on the 27th October, amounting to Ten Shillings per annum for Town Members, and Five Shillings per annum for Country Members; and for the “Weekly Abstract” and Circular, Two Shillings and Sixpence additional, being the Postage in full for the Session, which should be paid to the Treasurer, Dr. Halliday, 92, Donegall-Street. Members are requested to state whether they will take the “Abstract” or not, in order that the List of Subscribers may be made out at once. A specimen is herewith sent.

**The Transactions.**

The First Volume of Transactions may be obtained by any qualified Practitioner, on payment of Three Shillings. The Second Volume is being prepared, and will be ready for issue in December.

**The Museum.**

The Pathological Museum, considerably enlarged, is opened to the inspection of Members every Saturday, from Two till Three o'clock, on application to the Porter.

(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

**268** *Abstract of the proceedings of the Second Meeting, held at the General Hospital on Saturday November 3<sup>rd</sup> 1855.*

The President in the chair. Drs. Young, Halliday, Ross, Dill, Murney, Beck, Heeney, Warwick, Greenfield, Aicken, M'Mechan, Patterson, Prof Ferguson, Johnston, Pirrie, Brown, Lynch, Bryce, R. Stewart, McConnell, and several students were present.

The Ballot was taken for Drs. Seaton Reid, Murray, Weir, Latham, R. L. Heard, and Drs. Forsythe, M'Minn, and Shields who were unanimously elected as Members.

Mr. Brown proposed, and Dr. Halliday seconded the nomination of Mr. Harkin of Belfast. Dr. Halliday proposed, and Dr. Ross seconded the nomination of Dr. William Aickin.

Mr. Warwick exhibited an interesting pathological specimen, viz. “a syphilitic tumour of the genitals”. The patient from whom he had removed the tumour had suffered from a severe attack of primary syphilis prior to his being consulted. During his treatment for the primary sore, it had been necessary to divide the

prepuce. Sometime after, the growth of the tumour (now presented) commenced upon *the under-surface* of the penis. It was hard, circumscribed, and deeply attached to the urethra, so that it was considered necessary to introduce a catheter during the operation. The canal however was not opened. The patient had *no* development of *any secondary symptoms* and has enjoyed good health since being operated on. Mr. Warwick was inclined to think that the tumour was of a syphilitic nature; but that the removal of an induration of such a size was not likely to be obtained by the mercurial treatment, and that the happy result of the case had justified his treatment.

The President called the attention of the meeting to *two points* of interest, 1<sup>st</sup> as to the nature of the tumour 2<sup>nd</sup> the treatment adopted. Dr. Dill remarked that it might possibly be of a scirrhus character. Dr. Beck did *not* consider it to be of a syphilitic nature. He thought it was the contracted remains of the prepuce, which had been divided, but that it was quite right to remove it. Mr. H. M. Johnston did *not* consider it to be a syphilitic nature, because *if it were*, there would, most probably have been a development of secondary symptoms.

Mr. H. M. Johnston presented to the Society the gall bladder, large intestine, the uterus, and subcutaneous induration, all of which had been removed from the body of a patient who had come under his observation upon the 8<sup>th</sup> September. When he visited her, he found her suffering from obstinate constipation, constant nausea, and vomiting with severe pain and sourness in the abdomen. The pain was more acute in paroxysms, and was confined chiefly to the region of the umbilicus. The pulse was quicker than natural, skin hot, and complete loss of appetite. Indeed owing to the nausea and vomiting, the stomach would receive neither food, nor medicine. The symptoms were unrelieved by treatment. The patient became rapidly emaciated, the abdomen enlarged. About three weeks before death the right eye was observed to be protruding, and patient felt as if “a band was being pressed against the brow”. Several small indurated tumours now developed themselves in different localities over the body. About Monday or Tuesday October 23<sup>rd</sup>, she became much worse and complained severely of the vomiting and pains in the abdomen. She sank rapidly and died upon Saturday October 27<sup>th</sup>. Upon making a *post mortem* there found decided evidence of recent acute peritonitis, which was no doubt the immediate cause of the rapid termination of the case. There was a considerable amount of recent serous effusion. There were also evidences of chronic peritoneal inflammation. The gastro-colic omentum had also entirely disappeared, the convexity of the stomach being adherent to the transverse colon. Pounds of lymph passed from one sac of the colon to another. The cæcum was enlarged

and distended, the liver of a dark bluish colour, the gall bladder adherent to the liver, was distended and on being opened found to be filled with healthy [creamy?] bile containing also about 20 gallstones. In the course of the large intestine *were three indurated contracted points*, at the points the calibre of the gut was very much diminished, and small scybala were found in the interior. The lips of the os uteri were enlarged and indurated, and in the right wall of the uterus was an indurated tumour about the size of chestnut. No examination of the orbit was obtained. Query, were the contractions and indurated deposits in the different organs of a scirrhus nature? or were they the result of chronic inflammatory action?

Professor Ferguson, the President, and Dr. Pirrie attributed them to the latter cause. Dr. Malcolm, Mr. Browne, and Dr. Ross considered that they were malignant depositions. November 7<sup>th</sup> 1855.

**265** To the Honorary Secretaries

Tandragee  
November 3<sup>rd</sup> 1855

Gentlemen

I beg to state that being appointed to the Tandragee Dispensary my residence has changed and instead of sending to the Warrenpoint for the future you will please address as above.

I would also beg to state that I have not received any communication from you this season yet.

Yours &c. &c.  
R. M'Gowan

**Council Meeting 7 November, 1855**

Present, Drs. Malcolm, Browne, R. Stewart, Dill, Ross, Johnston.

Circular prepared.

**267B** Notice of the Third Meeting in the Third Session.  
Sir

The Third Meeting of this Session will be held at the General Hospital, on Saturday, 10th November, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 21; Students, 8.

**I.—Candidates to be Proposed.**

**II.—Candidates for Election.**

Harkin, Alexander, M.R.C.S. (Eng.), Belfast.

Aickin, William, M.D., (Q.U.I.), Belfast.

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts, Photograph and Patient—Cancer of the Tibia.

2. Ditto. Old Cyst in the Brain.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

1. Functional Disorder of the Nervous System simulating Serious Organic Disease.

2. A Case of Internal Carcinoma.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

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**IX.—Notes of New Treatment.**

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(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

**269** Abstract of the proceedings of the third meeting of the Clinico-Pathological Society held at the General Hospital upon Saturday November 10<sup>th</sup> 1855.

The President in the chair—28 Members were present and a large attendance of students. After minutes were read, the following gentlemen were nominated as candidates for election.

Dr. Drennan of Belfast by Dr. Pirrie and Professor Ferguson, Dr. Cuming, Belfast, by Dr. Lynch and Dr. Patterson, Mr. Devlin of Bellaghy by Dr. Heeney and Dr. Ross, Mr. Corry of Belfast by Dr. Ross and Dr. Halliday.

The Ballot was taken for Mr. Harkin and Dr. W. Aickin, both of Belfast. They were unanimously elected.

Mr. Browne exhibited to the Society the tibia &c. removed by amputation from a patient in Hospital about 4 months since. He was admitted with extensive malignant ulceration of the lower half of the leg from which he had been suffering for a period of above 2 years. At the time of his admission he presented a wretched, haggard, emaciated appearance; there was a great amount of irritative fever present and the case in all its aspects was most unpromising. A photograph taken shortly after his admission, and shown to the Society, conveyed a faithful idea of his condition *at that time* and *contrasted strongly* with the appearance of health and vigour which the patient (who was himself present) now presented. Amputation was performed at about the junction of the upper and middle third of the thigh and in a few hours after the operation there was a decided improvement in the state of the patient. Mr. Browne considered that this was a case of cancerous ulceration of the tibia, and that it had commenced in the canuli of the epiphysis. There was no evidence of any general contamination of the system, and the healthy condition of the patient at this present time afforded the best proof of the success of the treatment adapted and carried out. The patient was over 30 years of age.

Dr. Murney presented an interesting pathological specimen viz. a brain with the remains of an old apoplectic cyst upon the surface of the right hemisphere covered only by arachnoid and pia mater and containing a little serum. It communicated with the right lateral ventricle.

The patient was 40 or 50 years of age and had a paralysis of the left upper and lower extremities, the same parts being atrophied. An instructive contrast was afforded between *this* a specimen of an old apoplectic cyst, and *another* brain shown by the President which presented an example of *recent* cerebral apoplexy the clot being unabsorbed in the latter specimen.

Dr. Pirrie read the continued history of the case of the patient to whom Dr. McCormac had made reference at the first meeting of the present session. From the appearances and symptoms presented by the patient at the period when Dr. McCormac was attending him, he thought that there existed organic disease of the nervous centres and that the result of the case was likely to be unfavourable. Patient was afterwards admitted into the General Hospital where he was treated by Dr. Pirrie and in a comparatively short period recovered. He may at present be met in Belfast, in very good health, and capable of discharging the functions of his profession which requires mental effort and physical energy. An interesting and animated discussion ensued as to what we might consider the pathological condition of the nervous

centres in this case. Professor Ferguson advocated the view that all the symptoms were owing to mere functional derangement. November 14<sup>th</sup> 1855.

255 To A. G. Malcolm

Magherafelt  
12<sup>th</sup> November 185[5?]

Dear Sir

Your letter received some time ago should have been answered ere this. I am happy to say the girl you wrote about is much improved in health. Still she is far from well and suffers from the palpitations daily. They are all an exceedingly delicate family and highly scrofulous. I hope their lungs will keep safe. I do not see any better method of treatment than what you kindly suggested. I would be delighted to join your Pathological Society were I situated nearer Belfast which I am unable to visit often.

If our railway communication was perfected it would be a vast convenience and would enable the country practitioners to join so valuable a Society.

Believe me  
Yours very truly  
John Stuart Vesey

**Council Meeting** 14 November, 1855

Present, Malcolm, Johnston, R. Stewart, Ross.  
Circular prepared.

270 *Notice of the Fourth Meeting in the Third Session.*

Sir

The Fourth Meeting of this Session will be held at the General Hospital, on Saturday, the 17th of November, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 28; Students, 16.

**I.—Candidates to be Proposed.**

John S. Drennan, M.B. (T.C.D.) L.R.C.S. (I.) Belfast.

John Devlin, L.F.P.S. (Glas.), Bellaghy.

James Cuming, M.D., (Q.U.I.), Belfast.

T.C.S. Corry, M.R.C.S. (Eng.), Belfast.

**II.—Candidates for Election.**

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts, Abscess in the Neck.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

1. A Case of Internal Carcinoma.

2. Placenta Prævia, with Rupture of the Uterus.

**VI.—Clinical Facts and Statistics.**

Results of a series P.M. Examinations of the Insane.

**VII.—Query for Discussion.**

Under what circumstances is the Administration of *Secale Cornutum*, in Midwifery Practice, injurious to the Child *in utero*?

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

**Notice to Members.**

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Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

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**The Transactions.**

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**The Museum.**

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(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

272 *Abstract of the proceedings of the fourth meeting of the Belfast Clinico-Pathological Society held at the General Hospital upon Saturday November 17<sup>th</sup>.*

The President in the Chair. Drs. M'Laughlin (Lurgan), Ross, Halliday, Dill, Heeney, Warwick, Heard, C. Mulholland, W. Aickin, John M'Mechan, Patterson, R. Stewart, Young, Murney, Mess<sup>rs</sup>. H. M. Johnston, S. Browne, Drs. Cuming, T. Thompson, Lynch, T. Reade, Murray (Ballymacarrett), Pirrie, and about 20 Students were present.

After the minutes were read, the following Gentlemen were nominated as Candidates for Membership: Dr. William Gordon of Saintfield by Mr. Browne and Dr. Ross, Mr. Cunningham Mulholland of Belfast by Dr. Young and Mr. M'Cleery.

The Ballot was taken for Dr. J. Drennan of Belfast, Dr. Cuming of Belfast, Mr. Devlin Bellaghy, and Mr. T. C. Corry Belfast, who have been entered as Members.

An interesting communication from Dr. Graham of Templepatrick was read to the Society by Dr. Ross, detailing the history and treatment of a case of *placenta previa complicated* with ruptured uterus, a combination almost unparalleled in the records of obstetrics. "Upon the 24<sup>th</sup> of October 1855 (writes Dr. Graham) I received an urgent summons to visit Mrs K. aged 35 years, said to be in labour of her third child. A medical man was already in attendance who from the alarming condition of the woman urged them to have additional advice. On my arrival about one of p.m., I learned that for the last three or four months she had been subject to frequent attacks of hæmorrhage and that she had general anasarca which was still present. On reaching the bed I found her lying upon her left side, countenance sunk, eyes closed, frequent retching, *pulseless*. The body was deadly cold, and presented an anæmic, anasarcaous appearance. The extremities bedewed with a clammy moisture. There was constant moaning *and the uterine pains had ceased*. The hæmorrhage had abated but it was so copious in the morning that she had fallen in a fainting fit, since which she had never been quite sensible. With difficulty we got her to swallow a quantity of whiskey punch, which had very little effect. Upon making a vaginal examination, I found the external parts were dilated, the vagina cool and under lubricated; the os uterus dilated to the size of a crown and dilatable. Upon introducing my finger within the os, I found a soft spongy substance which I ascertained to be the placenta *attached all round the os*. Believing the hæmorrhage was still going on internally, I advised immediate delivery by turning, and with the assent of her ordinary medical attendant proceeded to the operation. I found very little difficulty in introducing my hand and I separated the one side of the placenta from the os, to which it was firmly attached, before reaching the cavity of the uterus. I felt *for the first time the head of the child*. There were two or three clots of blood in the uterus, and towards the fundus I felt what at first I *thought were the membranes*, but which after a little examination I discovered to be the intestines; and upon introducing my hand still further, I found *a rent in the fundus* through which they had descended. I passed the intestines through the rent into the abdomen, and found that the child had passed entirely out of the uterus into the abdominal cavity. The rupture was large enough to admit my three fingers with ease. As the patient was evidently dying, I thought it useless to attempt delivery by bringing down the feet, and indeed had I attempted it I am afraid it would have been a failure as I am of opinion that had the woman's strength admitted of it, delivery could only have been effected by *the Cæsar-*

ian operation. She expired in a few minutes after. No post mortem could be obtained.”

Dr. Pirrie remarked that this was a case in which Professor Simpson would adopt the practice of removing the placenta before the child. The occurrence of the rupture however rendered the case hopeless. A conversation ensued amongst the members as to the probable cause of the rupture. They considered the case a very anomalous one, and painfully interesting. They felt deeply indebted to Mr. Graham for his kindness in communicating it, and considered that he had acted very judiciously under such difficult circumstances.

The President called the attention of the Society to the treatment of certain cases by the inhalation of opium.

Mr. H. M. Johnston nominated the history of a case of a child aged 3 years, in whom endocarditis had ensued, as a complication in measles.

November 20<sup>th</sup> 1855. H. M. J.

**Council Meeting 21 November, 1855**

Present, Murney, Ross, R. Stewart, Malcolm, Johnston, R. Stewart, Ross, H. M. Johnston.

Circular prepared.

**271 Notice of the Fifth Meeting in the Third Session.**

Sir

The Fifth Meeting of this Session will be held at the General Hospital, on Saturday, the 24th of November, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 23; Students, 19.

**I.—Candidates to be Proposed.**

**II.—Candidates for Election.**

William Gordon, L.R.C.S. (I.), Saintfield.

Cunningham Mulholland, M.R.C.S. (Eng.), Belfast.

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts:—Hæmorrhage, with Gangrene of the Lung.

**IV.—Results of Microscopical and Chemical Examinations.**

Of the Sputa in the above case.

**V.—Cases to be Read.**

1. A Fatal Case of Abscess in the Neck. 1.

2. A Case of Internal Carcinoma.

**VI.—Clinical Facts and Statistics.**

Results of a series of P.M. Examinations of the Insane.

**VII.—Query for Discussion.**

Under what circumstances is the Administration of *Secale Cornutum*, in Midwifery Practice, injurious to the Child *in utero*?

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

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(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

**Council Meeting 28 November, 1855**

Present, Drs. Malcolm, R. Stewart, Halliday, Ross, Johnston.

The Treasurer to write his first notice to members to pay their subscriptions immediately.

Dr. Dill's motion to change the hour of the weekly meeting was received—for consideration.

Circular prepared.

**273 Notice of the Sixth Meeting in the Third Session.**

Sir

The Sixth Meeting of this Session will be held at the General Hospital, on Saturday, the 1st of December, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 19; Students, 28.

**I.—Candidates to be Proposed.**

**III.—Pathological Specimens to be Exhibited.**

1. Uterine Polypi—with Remarks.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

1. A Case of Internal Carcinoma.

2. A Case of Abscess in the Neck, ending Fatally.
3. Case of Alcoholic Poisoning simulating Apoplexy.

**VI.—Clinical Facts and Statistics.**

1. Series of P.M. Examinations of the Insane.

**VII.—Queries for Discussion.**

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

The Medical Uses of Electricity.

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H. M. Johnston,

Honorary Secretaries

**274** *Abstract of the proceedings of the sixth meeting of the Clinico-Pathological Society held at the General Hospital upon Saturday December 1<sup>st</sup>.*

The President in the chair. Drs. M’Laughlin (Lurgan), Halliday, Dill, William Aickin, Heeney, C. Mulholland, McCormac, Barnett (Ballyclare), McMechan, Lynch, Moore, Murney, Johnston, Pirrie, Browne, Ross, Young, Ferguson, Corry, Bryce, R. Stewart, Cuming, and Thirty four Students were present.

Dr. R. Stewart proposed and Professor Ferguson seconded the nomination of Dr. Tyrrell of Banbridge.

Dr. Ross read a paper on uterine polypi and gave the cases in which he operated by deligation. Although both cases at the time he operated were anasarcaous and bedridden they made good recoveries.

One polypus was about the size of an orange and the other of a pear. Dr. Ross opposed Dr. Simpson’s preference of excision to deligation chiefly on account of the danger of hæmorrhage.

He also stated that the use of the plug which Dr. Simpson advised in all cases would render the treatment nearly as tedious and troublesome as the operation by ligature.

A discussion followed on the relative value of the two operations.

Mr. Barnett R.N.D. Rifles exhibited to the Society a very large encysted tumour which he had removed from the interscapular region.

He detailed the history of the case and described the manner in which he removed the growth. It appeared that the patient from whom it was removed was a farmer aged 66 who was of a robust appearance and had enjoyed good health.

He had first observed the tumour about two years and a half since. It was about the size of a walnut. His attention was first drawn to it by a dull aching pain in the past.

He applied to Mr. Barnett in August who advised to removal. Several of the members were disposed to think the tumour malignant.

Dr. Moore exhibited a small encysted tumour containing a watery fluid. It was removed from near the outer angle of the eye.

He also exhibited a loose cartilage which he had removed from the knee joints and described the operation. It was about the size of a bean and contained osseous matter. A short discussion ensued and the mode of operation.

Dr. Murney submitted the result of 18 P.M. examinations of the insane in the courses of which he observed that the condition of the grey matter as regards cohesive property was almost always deficient, but as regards density his experience went to shew that the brains of lunatics were better subjects for demonstration. With this exception he found no lesion that has not been frequently met with independent of insanity.

**Council Meeting 5 December, 1855**

Present, Dr. Malcolm, Ross.

Circular was prepared.

Upon consideration of the services of John McCann the messenger the members present recommended him to be paid 5/— per week for the future.

**275** Notice of the Seventh Meeting in the Third Session.

Sir

The Seventh Meeting of this Session will be held at the General Hospital, on Saturday, the 8th of December, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 23; Students, 34.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

George Tyrell, M.D. Banbridge.

**III.—Pathological Specimens to be Exhibited.**

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

1. A Case of Internal Carcinoma.
2. Case of Abscess in the Neck, ending Fatally.
3. Case of Alcoholic Poisoning simulating Apoplexy.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

5. The best Local Treatment for the Sore Throat in  
Scarlatina Anginosa and S. Maligna.

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

4. The Medical Uses of Electricity.

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H. M. Johnston,

Honorary Secretaries

**277** Abstract of the seventh meeting of the Belfast Clinico-Pathological Society held at the General Hospital upon Saturday December 8<sup>th</sup>.

Professor Ferguson Ex-President in the chair. Drs. Young, R. Stewart, Dill, Heeney, Barnett (North Down Militia), Greenfield, McCormac, McCleery, Patterson, Johnston, Ross, Pirrie, Browne, Lynch, Warwick, William Aickin, Murney, Boyce, Thomas Reade, and 32 students were present.

After the minutes were read the ballot was taken for George Tyrrell Esq. M.D., Banbridge. He was unanimously elected.

1. Mr. Browne exhibited a forearm which he had just removed three inches below the elbow joint in consequence of laceration of all the soft tissues, and comminution of the bones of the ulna and radius, with displacement of the bones of the carpus. The accident was produced by the "Devil" in a felting mill. He also showed an arm which Dr. Horatio Stewart had removed at the shoulder joint in consequence of laceration of all the tissues of the upper third of the arm with comminution of the humerus.

2. Dr. McCormac read the history of a case of internal carcinoma. The patient E. G. was aged about 38 years. She was of a cheerful, equable temperament and had apparently inherited an excellent constitution, but the habitually sedentary occupations of 20 years in a close and heated atmosphere must have proved, and in fact did prove unfavourable to the preservation of health. About three years since E. G. was seized with acute abdominal pains, coupled with tenderness upon pressure, hot skin and quick pulse, in short all the phenomena of what seemed to be an attack of acute idiopathic peritonitis, without effusion. Under treatment this group of morbid symptoms disappeared without any other unusual occurrence. In about six months E. G. experienced an attack in many respects similar though less severe and after an interval of 12 months a third attack. After this last attack the recovery was imperfect, anomalous pain, abdominal and otherwise annoyed her. At a yet later period, coming from Dublin where she had been to visit the exhibition, she fainted in the railway carriage on the way. The vital powers it seemed plain were assailed in some low insidious fashion. About 12 or 15 months since E. G. was staying at Antrim and feeling unwell sent for Dr. Nixon.

Upon examination he found that there was a certain amount of persistent uterine enlargement and

upon E. G.'s return to Belfast the enlargement was unequivocally obvious, and my diagnosis was that there was carcinoma of the uterus. There was however no ulceration or other affection of the mouth or neck of the uterus, not were the menstrual discharges interrupted until towards the latter periods of the disease. Dr. Stronge and Dr. Montgomery of Dublin who were consulted concurred in every respect in my view of the disease. The body and fundus of the uterus were first affected, afterwards the left ovarium. With the uterine and ovarian enlargement the abdomen became gradually though irregularly and largely distended. The complexion assumed the yellow sallow cancerous hue while abdominal pain occurred at unequal intervals with much severity. Now the lymphatic glands of the groin and other regions became hard and swollen; gradually excessive œdema of the trunk and extremities appeared and after a period of great restlessness and sinking such as is usual towards the termination of such diseases, E. G. expired. The treatment of course palliative. There was no p.m. examination.

3. Mr. Browne narrated the particulars of an interesting case which had been lately treated by Dr. Horatio Stewart in the hospital. The patient aged about 48 years was admitted labouring under a deep abscess of the neck. When admitted he was in a state of collapse and suffered from intense dyspnoea. Upon the evening of his admission owing to the urgency of the symptoms Dr. Horatio Stewart cut down beneath the fascia of the neck by the side of the larynx and evacuated the matter, which was of a foetid character. Great relief followed this operation, and for a period of four days the patient promised to progress favourably. At that time he had a rigor and shortly, deposits of pus showed themselves in the joints and other parts of the body. It was now obvious that the system was poisoned by the absorption of pus. He rapidly sunk and died at the end of nine days. Upon examination after death the lungs were found *very much* congested, and deposits of purulent matter in several of the joints and other parts of the body were detected. H. M. J.

**Council Meeting December 12<sup>th</sup>, 1855**

Present, Dr. Malcolm, Halliday, R. Stewart, H. M. Johnston, Browne, Ross.

Moved by Dr. Browne seconded by Dr. Ross that John McCann receive from the 1<sup>st</sup> of December 1855 until the end of the session 5/— per week which motion was confirmed by the meeting.

Moved by Dr. Ross seconded by Dr. Browne that the 1<sup>st</sup> circulars requiring payment from members merely request payment of their subscriptions but that 2<sup>nd</sup> notice threaten the withdrawal of the member's name if his subscription be not immediately found after receiving the notice

That the publication of session 1854–5 transactions be deferred until after 1<sup>st</sup> January 1856.

That the subscription of country members be 7/6 which will include weekly abstract.

That on the 29<sup>th</sup> of December there be no meeting of the members.

**276 Notice of the Eighth Meeting in the Third Session.**

Sir

The Eighth Meeting of this Session will be held at the General Hospital, on Saturday, the 15th of December, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 22; Students, 32.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts:—Compressed Lung from extensive Pleuritic Effusion, &c.
2. Ditto. Brain in a case of Hemiplegia.
3. Ditto. Necrosed Bone, &c.
4. Ditto. Carcinoma of the Breast.

**IV.—Results of Microscopical and Chemical Examinations.**

5. Of the Fluid of an Encysted Tumour of the Neck.

**V.—Cases to be Read.**

6. Case of Alcoholic Poisoning simulating Apoplexy.
9. Case of Acute Farcy.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

8. The best Local Treatment for the Sore Throat in Scarlatina Anginosa and S. Maligna.

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

7. The Medical Uses of Electricity.

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Belfast Clinical and Pathological Society

Third Session: 1855–1856

President Andrew George Malcolm

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Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

283 To J. H. Halliday

c/o 41 Kildare Street  
December 17 1855

Sir

In reply to your "Treasurer's Official Notice" which has been forwarded to me here, I beg leave to say that having joined the Metropolitan, I shall cease to continue a subscriber to the Belfast Clinical and Pathological Society.

Your obedient servant  
William Moore

290 To J. H. Halliday

Newcastle  
Castlewellan  
December 17 1855

Sir

I beg leave to inclose you my subscription to the Pathological Society, for the present session, and have to apologize to you for not having remitted it to you before this, but being daily in hopes of being in Belfast, I deferred paying it, until I could do so personally.

I remain  
Yours obediently  
John H. Clarke

**Council Meeting 19 December, 1855**

Present, Drs. Malcolm, R. Stewart, Halliday, Browne, Murney, Ross, Johnston.

Weekly abstract and circular prepared.

289 To J. H. Halliday

Portsmouth  
December 22<sup>nd</sup> 1855

My dear Doctor

I received your circular and had I remained in Ireland it is probable I would have continued a sub-

scriber to your Society, but circumstanced as I am now, I would beg to be excused for the present.

Believe me  
Yours faithfully  
J. M. Lynn

280 26<sup>th</sup> December 1855. *Abstract of the proceedings of the Clinical and Pathological Society held at the General Hospital upon Saturday December 22<sup>nd</sup>.*

The President in the chair. Drs. McLaughlin. Johnston, R. Stewart, McMechan, Heeney, Dill, Halliday, Lynch, Young, Ross, McGee, Moore, Bryce, H. Stewart, Messrs. McKenna and King V. L. and Mr. Strype C.E. visitors, were present.

After the minutes were read Surgeon Charles Diamond was proposed by Dr. Heeney and seconded by Dr. Halliday.

The President presented an ovum which had been expelled from the uterus of a woman who was about two months pregnant and miscarried on the 10<sup>th</sup> day of fever without the usual pains or hæmorrhage.

Dr. Ross read a paper on the medical uses of electricity. The diseases in which he recommended its use were 1<sup>st</sup> lead paralysis, 2<sup>nd</sup> paralysis after rheumatism, 3<sup>rd</sup> paralysis of portio duræ, 4<sup>th</sup> paralysis from local injury, 5<sup>th</sup> hysterical paralysis, 6<sup>th</sup> anomic paralysis, 7<sup>th</sup> local anæsthesia, 8<sup>th</sup> chronic paralysis the sequel of apoplexy, or of softening congestion or inflammation of the nervous centres after the active morbid states have been removed, 9<sup>th</sup> chlorosis, 10<sup>th</sup> fæcal obstruction, 11<sup>th</sup> choreic paralysis.

The instruments Dr. Ross recommended were a Cruickshank's battery and Dr. G. Bird's single current machine.

Mr. Browne R.N. read a case of acute farcy glandus. John Clarke aged 56 years was brought into hospital 24<sup>th</sup> November 1855 for an abscess on the right mid thigh. On the 25<sup>th</sup> he complained of general soreness, he was greatly "cut up". Tongue foul, pulse 120 and feeble, bowels confined. The abscess in the thigh was an oblong flattened swelling without morbid heat or discolouration save at its centre where there was a dark red pustule discharging ichor. On the left fore arm there was a somewhat similar swelling. On 3<sup>rd</sup> December after a restless night the left knee and elbow joints presented an erysipelatous appearance. On the 7<sup>th</sup> December his voice had become snuffling, he had tremor of hands, diarrhœa, and pustule on the left side of nose and left knee and elbow joints. On 8<sup>th</sup> December the pustules were more numerous, his throat was sore and covered with foul ulcers, the pustules were of a red dusky hue, were surrounded at first by a white areola and had a hard base.

The symptoms after the 8<sup>th</sup> became worse. Delirium and laboured breathing supervened and he died on the 12<sup>th</sup> December 1855, 30 days after the com-

mencement of the disease and nine after the first appearance of inflammation of the areolar tissue.

The treatment consisted of stimulants, opiates, and nourishing diet and Bark.

Paper:<sup>1</sup> I shall now briefly state the case of John Clarke, aged fifty-four years, who was admitted into one of my wards in the General Hospital, on the evening of the 24th of November, 1855, suffering from an abscess situated on the middle of the outer side of the right thigh. When I saw him, for the first time, on the morning of the 25th, he complained of general soreness over the body, but especially round the seat of the abscess, and about the middle of the left fore-arm. He seemed very depressed and greatly cut up, as I may express it; his tongue was foul; pulse 126, and feeble; bowels confined; and skin of a dusky jaundiced hue. On examination, I observed in the part of the thigh mentioned an oblong flattened swelling, without any morbid heat or discoloration, save at a small point in its centre, where there was a dark red pustule discharging a thin ichor, such as we see in an unhealthy phlegmon. On the left fore-arm a somewhat similar swelling, but without any pointing, was observed. On questioning him relative to his state of health for some time back, I found that about three weeks since he first felt indisposed, feeling weak and languid, without appetite, and troubled with frightful dreams; up to that time he had been well; he attributed his illness to cold caught from severe wettings, to which he had been lately exposed. On the 26th November I opened the abscess of thigh, and gave exit to about two ounces of very unhealthy pus. I learned that he had been delirious in the night, and had not slept. He complained of pains in all of his joints, and many other parts, especially of the neck and shoulders, with general malaise. I remarked at the time to the students in the ward, that his general aspect, the appearance of the abscess, and its discharge, the foul and tremulous tongue, with the weak and quick pulse, indicated either the effects of animal poison, or a very broken-down state of the system. I closely questioned if he had been working among diseased horses; he steadfastly maintained the negative.

Though I still had very grave doubts of the true cause of the disease, I then treated the case as one of rheumatism occurring in a system broken down by hardship, exposure, and drink, and prescribed accordingly a warm bath, and a grain of opium every two hours, in the form of Dover's powder, along with a diet of milk, beef-tea, arrow-root, &c. Up to the 3rd of December this treatment was pursued, attended with a diminution of the pains, and a trifling improvement of the general aspect; on that day, however, I found that he had passed a very restless night, had been delirious, and was evidently much worse; he showed me his left knee and elbow, both of which were swollen, and very

painful; these joints exhibited a dusky, erysipelatous hue, but did not present any appearance of pustules. I then ordered for him tonics,—the compound infusion of bark, with carbonate of ammonia, and continued the Dover's powder, three grains every three hours, with a grain of calomel. I also directed him to have four ounces of wine and two of whisky daily. On the 5th he seemed and expressed himself as feeling somewhat better again. During all the time in hospital, until this date, I may remark that he took nourishment pretty freely. On the morning of the 7th, however, I observed a very marked change for the worse: his voice had become hoarse and snuffling, the tremor of hands had increased, he was more restless, had diarrhoea, and profuse perspiration and loss of appetite. Upon the left knee and elbow, I observed several pustules in various stages of development, and on the left side of the nose, a large pustule.

By the next day, these several pustules had greatly increased in size, while others were observed on the limbs and body. He complained of his throat, and on examining it, I found it covered with foul ulcers. During all this period, the abscess of the thigh was poulticed, and continued to discharge the same unhealthy matter as at first, but the tumour of the fore-arm, which, at one time, gave signs of fluctuation, had disappeared. The pustules then formed rapidly; at first a small hard point, with a speck of matter or lymph in the centre, showed itself,<sup>1</sup> then the base spread, and each pustule became of a dusky red hue, and was surrounded by a hard, whitish ring, with a rose-coloured areola. In the course of twelve hours the size of each was equal to the disc of a six-pence, was flattened, and had irregular edges; the cuticle over each was elevated by a dirty serous fluid which being soon discharged, the sores became covered with an uneven scab, fissured in many places, and of a chocolate colour. Of course, at this stage of the disease, there could no longer be any doubt as to its true nature; and strict inquiries made among the car-drivers on the stands gained information that the unfortunate man, Clarke, had been working for some time—months, I believe—with a horse known to be labouring under chronic glanders; and, moreover, that at least one other horse had been infected by this animal, and had died of the acute disease.

From the 8th till the 12th December the symptoms increased in severity, and pustules were rapidly appearing on almost every point of the body, and in every stage of development. For two days he took no nourishment, save the wine and whisky, and had constant low, muttering delirium; the breathing became very hurried and laborious, and he finally succumbed to the malady on the evening of the eighteenth day after admission to the hospital, about thirty days from the first exhibition of illness, and nine from the appearance

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1856, v21, p319.]

<sup>1</sup> The hard points had quite the feel of "farcy buds" in the horse.

Belfast Clinical and Pathological Society  
Third Session: 1855–1856  
President Andrew George Malcolm

of the inflammation of the areolar tissue around the joints. I did not make any post-mortem examination.

This case, as will be seen, presents several points of interest, to only one or two of which, however, I shall allude. The first point of interest is the seeming long time that elapsed before the disease became fully developed, some three weeks from the earliest day of sickening; in this respect it differs materially from several of the cases on record, in which, as in Dr. Henry Graves' cases, for instance, the disease followed almost immediately upon the inoculation with the glandermatter. In the case before us, the disease at first seemed merely a febrile condition arising in an unhealthy system, and the result of exposure to wet and cold, along with the formation of a "cold" or chronic abscess; then we had several of the symptoms of absorption of pus from this abscess, producing, seemingly, the usual results; and next, suddenly the marked features of acute farcy supervening. During three weeks, or perhaps a much longer period, the poison must have been working its insidious and deadly course, by effecting mortal changes in the fluids of the body. The next point of interest is the fact, that while the right thigh was the seat of the primary abscess, the left side alone was attacked with pustules, until a day or two before death, when, as I have already stated, they began to appear over the entire superficies. This confinement of the eruption, at least at first, to one side of the body, is usually observed in acute farcy in horses, and, I believe, the left or "near" side is that most commonly affected. It will be observed, that I have not mentioned any discharge as having taken place from the nares in Clarke's case; none had appeared, but it is pretty certain that if he had lived a few days longer, the mucous surfaces would have been fully affected, and the discharge established, and, besides, that the pustules would have broken down into gangrenous sores.

With regard to the treatment of this dire complaint, I fear that little can be done: however, there can be no doubt that tonics, especially the preparations of iron, offer the most likely means, along with stimulants, of arresting the destructive action of the poison, or of supporting the patient until it had been eliminated from the system, on the same principle that these means are used in erysipelas, and in cases of animal poisons being received, as in dissecting wounds.

It is remarkable, that between the 27th of November and the 3rd of December, my patient actually improved! Did the Dover's powder, and the warm baths, with the nourishing diet, effect this? Was the abscess on the right thigh a part of the diseased state, or merely an accidental accompaniment? Did the poison of glanders only begin to work its course at the period of his relapse?

An interesting discussion followed the reading of this paper. R. R.

291

Kilkeel

December 26<sup>th</sup> 1855

Dear Sirs

I beg leave to enclose a P. office order amount 5<sup>s</sup>/\_ being my subscription for the present session to the "Belfast Clinical and Pathological Society".

On the 15<sup>th</sup> of March last I forwarded to you a P. o order for the 1<sup>st</sup> volume of the Society's Transactions prepaying the postage. I never received it or any account of it. Perhaps you will kindly inform me the reason of it.

I am yours &c.

Charles James Anderson

292 To J. H. Halliday

Ballymena

December 27<sup>th</sup> 1855

Dear Sir

I beg to notify to you that it is not my intention to subscribe to the Belfast Clinical Society for the present year.

& I am

Yours truly

William Black

295 To J. H. Halliday

Newcastle

Castlewellan

December 28 1855

Sir

Illness has hitherto prevented my replying to your communication of some days since notifying to me for the 2<sup>nd</sup> time that my subscription to the Pathological Society is in arrear.

In reply I beg leave to inform you that on the receipt of your former communication, announcing such facts received by me (I believe) on the 15<sup>th</sup> December I obtained on [?] in Castlewellan a money order for the amount which I forwarded to your address "92 Donegall Street, Belfast" on the following Monday the 17<sup>th</sup> the post leaving here at such an inconvenient hour on Sunday as not to availed of.

My health prevents me getting up to Castlewellan to make enquiries in the matter but the notification must appear in the Belfast money order office.

In conclusion, as soon as this matter is settled, I beg leave to decline the honour of continuing a member of the Society, the trouble entailed in paying the subscription, being too great for the advantage (to me, nil) derived.

I have the honour

to remain

your [very truly?]

John Henry Clarke

Excuse this as it is written in bed and with an arm made troubled with rheumatism.

300 To A. G. Malcolm

Queen's College  
Belfast, January 2 1856

My dear Malcolm

Mr. Parnell is willing to pay the subscription for the journal. He is very anxious to write to his friend in January informing him that he has been elected. Will you therefore have the kindness to propose him at the next meeting of the Society and oblige

Yours very truly  
Dr. Andrews

**Council Meeting** 2 January, 1856

Present, Drs. Malcolm, R. Stewart, Halliday, Browne, Murney, Ross, Johnston.

Circular prepared.

Moved and seconded that the transactions of 54 & 55 be not published at present, but be deferred until those of 55 & 56 be published and that one volume contain the transactions of these two sessions.

278 *Notice of the Tenth Meeting in the Third Session.*  
Sir

The Tenth Meeting of this Session will be held at the General Hospital, on Saturday, the 5th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students, 10.

**I.—Candidates to be Proposed.**

Dr. Franz Berthold, Teplitz, Bohemia.

**II.—Candidate for Election.**

Charles Diamond, L.F.P.&S., (Glas.) Rasharkin.

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts—Uterine Mole.

2. Patient—Hydro-pneumo-thorax.

3. Ditto. Extensive Ulceration of the Scalp.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

4. Fatal Case of Injury to the Cervical Vertebrae.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

7. The best Local Treatment for the Sore Throat in Scarlatina Anginosa and S. Maligna.

**VIII.—Exhibition of New Remedies and Instruments.**

5. Prospectus of Robinson's Patent Invalid's Bed.

6. Acton's Syringe for cases of Spermatorrhœa.

**IX.—Notes of New Treatment.**

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Members who may desire to propose Candidates for Membership will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological

Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

Members who cannot attend are requested to forward *parallel* cases to those in the List above, when convenient.

**Subscription.**

The Subscription for the Session 1855-56 was due on the 27th October, amounting to Ten Shillings per annum for Town Members, and Five Shillings per annum for Country Members; and for the "Weekly Abstract" and Circular, Two Shillings and Sixpence additional, being the Postage in full for the Session. Treasurer, Dr. Halliday, 92, Donegall-Street. Any Member who wishes for the "Abstract," must prepay the full postage, 2s. 6d.

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(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

ORDINARY MEETING

January 5th, 1856.

The President, A. G. Malcolm, in the Chair.

Mr. WARWICK presented a uterine mole. Occasionally, during three months previous to its expulsion, the patient had abdominal pains, but the catamenia recurred regularly until three weeks before it was thrown off by the uterus. On opening the mole the membranes were seen, and a clot of blood, but no ovum.

Dr. LYNCH presented a patient affected with pneumothorax with effusion. The patient had, for nine months, been conscious of a splashing sound on giving a jerk to the upper part of his body. He repeated this jerk before the members, and the splashing sound was heard distinctly by those about him. He had been in bad health for two or three years, but his history shows no hereditary taint; his age is twenty-seven;

his aspect phthisical; he is emaciated; there are the signs of a cavity in the apex of the left lung, and amphoric respiration with metallic tinkling, and the signs of effusion in the right side. An interesting discussion followed the reading of this paper, in which Prof. Ferguson, the President, Dr. Lynch, Dr. Heeny, and Dr. Ross took part. [See page 594 and following.]

294A

N<sup>o</sup>. 5 Nelson Street  
Belfast  
January 8<sup>th</sup> 1856

Sir

I propose to execute the above as specified providing all material and workmanship in a substantial and workmanlike manner for the sum of one pound seventeen shillings and six pence sterling—£1.17.6

William Anderson

293 To Surgeon Malcolm

42 York Street  
9<sup>th</sup> January 1856

Sir

I propose to make three forms according to the written description given by you, of 1½ inch pine timber each 16 feet long, by 9 in. broad with 3 supports of 1½" pine to each form; the front form to be 18" high from floor, the other two to rise each 6" higher in succession with foot boards 6" x 1½" at 18" down from top of seat, each form to have a back leaning rail 2½" x 1½" framed to uprights which are to be screwed to the feet—for the sum of Two pounds ten shillings £2..10..0

H. McLaughlin

**Council Meeting** 9 January, 1856

Present, the President, Drs. Ferguson, Pirrie, Ross, Halliday, R. Stewart, Dill.

Dr. Malcolm's account for postage &c. passed amount £6=16=4 and [Lapin?] account for £1:17=2,

Dr. Ferguson proposed that the meetings of the Society should be held in the Society's Museum room.

Circular prepared.

279 Notice of the Eleventh Meeting in the Third Session.

Sir

The Eleventh Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 12th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students, 6.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

**III.—Pathological Specimens to be Exhibited.**

1. Patient:—Aneurism of the Thoracic Aorta.

2. Recent Parts:—Tuberculous Lungs.

3. Photograph:—Extensive Ulceration of the Scalp.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Case to be Read.**

4. Fatal Case of Injury of the Cervical Vertebrae.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

7. The best Local Treatment for the Sore Throat in Scarlatina Anginosa and S. Maligna.

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5. Prospectus of Robinson's (Manchester) Patent Invalid's Bed.

6. Acton's Syringe for cases of Spermatorrhœa.

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Plaster Models, and of which specimens may be seen at the Museum.

(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

308 To J. H. Halliday

Newcastle  
Castlewellan  
January 12<sup>th</sup> 1856

Dear Sir

In the latter end of December last, I addressed a letter to you with a post office order for five shillings as my Subscription to the Clinical and Pathological Society.

I wish to know by return of post if you have received my letter with the order &c.,

I am Sir  
Your obedient servant  
John Smith

ORDINARY MEETING  
January 12, 1856

Mr. H. M. JOHNSTON introduced a patient who had that morning presented himself at the Dispensary, with a well-marked partial dislocation of the shoulder forwards, complicated with fracture of the acromial extremity of the clavicle, and rupture of the acromio-clavicular ligament. He was a bricklayer, and eight days previously had fallen from a scaffold. Upon rising, he found that he had completely lost the power of raising the right arm; but hoping that he would gradually recover its use, he had delayed applying for advice. The features of the accident were well marked, and after being examined, the patient was admitted into hospital, where the reduction was effected, but not without considerable difficulty and the aid of chloroform.

The PRESIDENT presented specimens of diseased lungs taken from A. K., aged eighteen, a printer, admitted into hospital 4th. January, 1856, moribund; and ill for three months with pulmonary symptoms. He had been suddenly attacked on 2nd. January, 1856, with extreme dyspnoea, and died on the 4th. The *post-mortem* examination revealed a very large cavity in the left pulmonary apex, in other parts of the left lung there were hepatization, suppuration, and grey miliary tubercles. The right lung was emphysematous, had a small cavity in apex, contained tubercles, and was congested. The body was œdematous throughout, and the pericardial sac contained a considerable quantity of fluid. The chief points of interest were the great amount and extent of disease in so short an

interval, and the co-existence of emphysema and tubercle. An interesting discussion followed.

The PRESIDENT also read notes of a case of ulcer over the right temple, which had resisted many modes of treatment. The patient was a pensioner, æt 37; received a blow on the site of the ulcer seven years ago, and had contracted syphilis eight years previously. The pain was intermittent at first, but for the last twelve months it has been constant, and of a dull, aching character. The President considered that the persistence and character of the ulcer were due to syphilitic disease engaging the periosteum.

Mr. Browne considered the ulcer malignant; Dr. Dill thought that the chronicity of the case showed that the disease was not so; Dr. Murney concurred in the latter view.

Dr. ROSS presented the central portion of the frontal bone, weighing upwards of an ounce and a-half, and measuring four and a-half inches by three and three-quarters, taken from a woman, aged about 39, who had got syphilis from her husband ten years previously; the ulcer healed after the removal of the bone, but a cicatrix and a deep depression still remain. Dr. Ross had no doubt that this was a case of syphilitic necrosis. The principal treatment consisted in the prolonged use of hydriodate of potass, with sarsaparilla, linseed meal poultices, and nitric acid, and solution of chloride of soda lotions.

**Council Meeting 16 January, 1856**

Present, Dr. Malcolm, Murney, R. Stewart, H. M. Johnston.

Dr. R. Stewart moved and Dr. Murney seconded the following motion viz. "That the Council recommend the future meetings of the Society be held in the Pathological Museum, and that a sum not exceeding £5\_0\_0 be appropriated for the necessary fittings."

Moved by Dr. Murney and seconded by Mr. H. M. Johnston "That a copy of the abstract be sent to the editor of the Dublin Hospital Gazette for publication." Such resolution being passed in consequence of a letter from the editor being referred to the Council.

The circular was passed.

**281 Notice of the Twelfth Meeting in the Third Session.**

Sir

The Twelfth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 19th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 23; Students, 25.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

**III.—Pathological Specimens to be Exhibited.**

1. Patient:—Aneurism of the Thoracic Aorta.
2. Do. Serpiginous Ulceration of Thigh.
3. Specimen of Gastric Fluid, containing the *Sarcinae Ventriculi*.
4. Recent Parts:—Kidney in Bright's Disease.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Case to be Read.**

4. Fatal Case of Injury of the Cervical Vertebrae.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

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(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

297 To Dr. Stuart

My dear Dr. Stuart

I'm obliged for your nomination and beg to enclose postage stamps for 7<sup>s</sup>/6<sup>d</sup>. I trust your Society will continue to prosper.

I am my dear Sir  
very truly yours  
George Tyrrell

298 To J. H. Halliday

Ballymena  
January 18<sup>th</sup> 1856

Dear Sir

I have received a circular telling me I owe the Belfast Clinical and Pathological Society the sum of five shillings. I now enclose P. S. for this amount. I beg you will discontinue my name as a subscriber to the Institution—and I am

Yours truly  
William Black

294B

Cookstown  
19<sup>th</sup> January 1856

My Dear Sir

Herewith I beg to enclose you 5/- worth of postage stamps my subscription for the year 55-56 to the Belfast Pathological Society.

I hope in a week or two to read a paper on "A peculiar form of disease of the toe-nail"

I am  
Very faithfully yours  
Henry Graves

ORDINARY MEETING  
January 19 1856.

Mr. BROWNE presented a patient with fibrocystic disease of the right breast.

The PRESIDENT introduced a patient presenting a large pulsating tumour, situated in the right mammary region. He was *æt.* 46, pale and emaciated; the right arm was *oedematous*. The tumour measured, in semi-circumference, eleven inches by nine and a-quarter,

its longest diameter being transverse. The semi-circumference of right side, including the tumour, measured twenty-one and a-half inches; of the left, sixteen and a-half; immediately underneath the tumour, the corresponding measurements were eighteen and three-quarters, and sixteen. The veins of the abdomen and left shoulder were distended and tortuous. There was dulness on percussion, with absence of respiratory murmur over every part of left side of thorax, save the scapular region, where bronchial respiration was heard. The impulse of tumour was heaving and uniform at all points, and the diastolic pulsation marked; but there is no bruit. A murmur is heard, however, at midsternum and along the spine.

The history of this case was briefly thus:—He had become a pensioner seven years ago, having served the full time—twenty-three years; and had experienced no serious illness till two years ago, when he was seized with cough and dyspnoea, which have ever since affected him. Two months ago, for the first time, he observed a swelling in the region of the tumour commencing, which has, particularly of late, rapidly progressed, and within the last eight or ten days the right arm has swollen and the axillary glands enlarged. After examination by several members, a very animated discussion arose as to the exact nature of the tumour, about which it was felt there was some obscurity.

The President gave it as his opinion that the evidence afforded indications of an aneurism of the ascending aorta, but there were signs and symptoms in the case, which also showed that this was complicated either with malignant disease or extensive pleuritic effusion in the right side of the thorax.

Professor Ferguson reviewed the chief points in the case, and brought forward some objections against the idea of aneurism, but was unwilling to give a decided opinion until he had an opportunity of a careful examination.

Dr. Young was inclined to view the case as one of malignant tumour of the thorax.

Some other members addressed the Chair, but seemed unwilling to diagnose; all, however, admitting the very great interest and value of the case.

The President stated that he would, at some future meeting, report further on the case. [See page 598.]

Mr. WALES presented a child, aged eight months, the subject of spina bifida; the tumour was quite translucent, situated between the dorsal and lumbar vertebræ, and about the size of a melon.

Dr. J. W. T. SMITH presented a man, aged about 26, affected with a serpiginous syphilitic ulcer of the right groin, extending towards the ilium, and of a horse-shoe outline. The patient had syphilis twelve months ago, for which he was mercurialised; while

under the influence of the mercury an abscess formed in the fold of the groin, which was the starting point of this remarkable ulcer. Dr. Smith had found no benefit result from the use of iodide of potassium in 10-grain doses three times a-day; and he was now treating him with small doses of mercury, as recommended by Ricord, who, in his work on syphilis, gives a case corresponding to the above.

The case of dislocation of the right shoulder, referred to in last week's abstract, was reported on by Mr. Johnston, having been reduced under the influence of chloroform.

**Council Meeting 23 January, 1856**

Present, the President, Dr. R. Stewart, Ross, Halliday, Mr. Johnston.

The circular was prepared.

The estimates were read for 3 forms from McLaughlin, York Street £2=10, Anderson, Nelson Street £1=17:6.

Anderson's was accepted.

One lake coloured table cloth at 4/6 per yard, and matting 15 yards cocoanut at £1=9=2 and rush matting 23 yards £1=6=10 were ordered.

**282 Notice of the Thirteenth Meeting in the Third Session.**

Sir

The Thirteenth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 26th January, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 24; Students, 25.

**I.—Candidates to be Proposed.**

G. Dickie, M.D., Prof. Nat. Hist. Queen's College, Belfast.

Treasurer's First Report to be submitted.

**II.—Candidate for Election.**

**III.—Pathological Specimens to be Exhibited.**

1. Specimen of Gastric Fluid, containing the Sarcinæ Ventriculi.

2. Case of Supernumerary Fingers.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Case to be Read.**

4. Fatal Case of Injury of the Cervical Vertebræ.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

3. The best Local Treatment for the Sore Throat in Scarlatina Anginosa and S. Maligna.

**VIII.—Exhibition of New Remedies and Instruments.**

5. Prospectus of Robinson's (Manchester) Patent Invalid's Bed.

6. Acton's Syringe for cases of Spermatorrhœa.

**IX.—Notes of New Treatment.**

**Notice to Members.**

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(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

ORDINARY MEETING

January 26th, 1856

Dr. HALLIDAY introduced a person with a supernumerary thumb. His father, grand-aunts, and sisters had either supernumerary fingers, or were web-footed.

Dr. J. MOORE exhibited a lower extremity removed

above the knee-joint this morning. The patient's history was this:—He had for some years a loose cartilage in the joint, which gave him so great uneasiness as to prevent him following his business. About six weeks ago, Dr. Moore removed this cartilage, and the patient went on very well for a week, when he was seized with erysipelatous inflammation of the joint, which ended in abscess, dislocation of the head of the tibia backwards, and ulceration of the cartilages. Dr. Moore had now operated upon three cases of loose cartilages of the knee joint; the first two were successful, and the third was the case now given.

Mr. BROWNE exhibited a limb amputated above the knee, for disease of the knee-joint, of two years' standing; the cartilages were ulcerated. He also exhibited a mammary tumour, recently removed, of a conical form, presenting a fungous ulcer at apex.

Dr. Malcolm made a microscopical examination of this tumour and considered it fibro-cystic.

Professor STEWART presented to the Society a knee-joint, removed for acute ulceration of the cartilages, of six weeks' duration, following an attack of erysipelas.

The PRESIDENT introduced for discussion, "The best local treatment for severe scarlatinal sore-throat," and advocated the local use of nitrate of silver solution, strength, ℥i. to ʒss. to the ounce of water, by injection through the nares, as well as directly to fauces. This treatment, which was specially applicable to the diphtheritic forms, he advocated on the principle of preventing the (secondary) absorption of the morbid secretions and facilitating respiration, by the clearing of the passages, in addition to the well known effects of the nitrate in this particular kind of inflammation.

Professor Ferguson varied his local treatment in each case, and thought that we should rely chiefly on the constitutional treatment of the disease. Professor Stewart, Dr. Patterson, and Mr. Browne confirmed the value of the strong solution of nitrate of silver, as recommended by the President. Dr. Moore preferred a dilute solution of nitric acid; Dr. Lynch used a syrup made with lemon juice and sugar; Dr. Young preferred a linctus of muriatic acid and honey; Dr. Pirrie had successfully used the tincture of iodine, but he had not much faith in local applications.

**Council Meeting 30 January, 1856**

Present, the President, Dr. R. Stewart, Halliday, Ross, Mr. Johnston.

Circular prepared. Abstract prepared.

The Treasurer to pay weekly postage of abstracts.

The Treasurer to pay 25/— for [??feltings?].

**302** To H. M. Johnston

The Dublin Hospital Gazette  
11 Hume Street, Dublin  
January 31 1856

My dear Johnston

I have deferred answering your last until I could refer you to the present number of the Gazette where you will see an *index* to our Societies' meetings. I am really most anxious to make the Journal an *Irish Hospital Gazette* and which I think you are quite right to use your own judgement as to what form your transactions en masse shall be published in. I should imagine you would be most anxious to give their announcement all the publicity possible.

I am trying to make arrangements for a course of lectures as you describe. I am sure they would be very valuable.

I will manage to send you likely next our list of *North men*. Dr. Patterson and Dr. [Harrison?] have both just retired yet our list is enormously increased this year. I think quite sufficient to establish the Journal.

Did you read my last case of fever.

Yours my dear Johnston  
very truly  
[Joseph Gardner?]

ORDINARY MEETING  
February 2nd, 1856.

Professor Ferguson in the Chair.

Surgeon BROWNE read a case of *fatal injury of the cervical vertebræ*. The patient, a man aged 40, was struck by a beam over the lower cervical vertebræ, while driving a bread cart through a gateway, on the evening of 22nd. December, 1855.

He immediately fell from his seat, but did not think himself seriously injured, until he attempted to rise, when he found himself much paralysed, and unable to do so.

On the 23rd. December, 1855, he was admitted into hospital, and presented the following symptoms: partial anæsthesia, and complete paralysis of motion of all parts supplied with nerves from the spinal cord below the sixth cervical vertebra; pulse 86; respirations 30, and diaphragmatic; constant inclination to cough, but inability to do so; mucous râles over the chest, much swelling on the seat of injury, and a prickling sensation all over the body.

The catheter was passed, and three ounces of turbid urine were drawn off. A turpentine enema, which was administered, brought off a large quantity of fæces, but without the consciousness of the patient.

24th. December.—Pulse 100; respiration 38; attempts to cough frequent and distressing; thirteen ounces of urine were drawn off by the catheter.

25th.—Worse; anæsthesia increased; ten ounces of

urine were drawn off, sp. gr. 1.037, and loaded with phosphates; respiration laboured; deglutition perfect. 26th.—Pulse 160; respiration 48; delirium followed by coma, tracheal rale, and death at 2 p.m., ninety hours after the injury. The treatment was leeching on the seat of injury, two grains of calomel every third hour, and a blister to nape of neck. No *post-mortem* examination could be obtained.

Surgeon BROWNE also presented a part of the petrous portion of the temporal bone which had been broken by a blow, which left but a slight contusion externally. The case was of course fatal. A discussion followed the reading of these papers.

Dr. LYNCH presented the recent parts of the case of pneumothorax, with effusion, referred to in the abstract of the 5th. of January, 1856. The *post-mortem* appearances confirmed Dr. Lynch's diagnosis. There was a tubercular cavity in the apex of the left lung.

The right lung was compressed against the vertebral column to about the size of the kidney. There were about two or three quarts of seropurulent pleuritic effusion; a large fistula connected the bronchial tube with the pleural cavity. A small collection of softening tubercles was detected in the apex of the compressed lung.

ORDINARY MEETING  
February 9th, 1856.

Mr. JOHNSTON introduced a patient, æt. 23 years, with enlargement of the lower end of the tibia. Thirteen years since he received a blow upon the leg, from which period he dates the commencement of the disease. The circumference of the extremity of the tibia is fully three times that of the other leg. The shaft of the bone seems elongated, skin over the affected portions is of a dusky red appearance; but there are no fistulous openings. The ankle joint is perfectly free. The patient complains chiefly of pain of a very severe character, frequently depriving him entirely of sleep. Taking into consideration the symptoms complained of, and the appearance of the part, Mr. Johnston was led to suspect the existence of an abscess in the cancellated structure, and believed the case to be a fair one for drilling the bone.

The PRESIDENT exhibited gastric fluid, containing the *sarcinæ ventriculi*, which occurred in a case of chronic disease of the stomach. The patient was a young girl, æt. 15. Her illness commenced gradually about eight months previously. The principal symptoms were periodic gastric pain after meals, followed by vomiting of frothy grey acid fluid to the amount of one pound and more, and great distention of the stomach. The appetite and the general state are unaf-

fect. The President had used the bisulphite of soda with much temporary benefit; but he feared organic disease of the pyloric extremity. In his observations on this case, he referred to the history of this curious vegetable growth, and to the recorded cases of it, which proved that there was no necessary connexion between its appearance and any special disease, as it has been observed in very different lesions, and detected in various fluids and organs. The practical indications afforded by its presence in the gastric fluid, the President remarked, were, first, that pyloric contraction, or atony of the muscular coats, or fermentation is most probably present; and, second, that antiseptic remedies will be found of most service.

The PRESIDENT also exhibited the heart, lungs, and aorta of a patient affected with aneurism of the descending aorta. This was a case of a young man, æt. 28, who was admitted into the General Hospital on 29th. December, ult., labouring under well-marked pleuritic effusion of the left side, complicated with aortal obstructive disease. The systolic murmur was heard also all along the thoracic aorta. His illness commenced fourteen months previously, and the symptoms were those of ordinary pleuritis. The usual symptoms and signs of aneurism were wanting, excepting the evidence of aortitis. There was no murmur or impulse. Death ensued, suddenly, on February 1st, from the sudden bursting of the sac into the left bronchus. On a *post-mortem* examination two aneurisms were detected, both small, one connected with the bronchus, and another with the bodies of the eighth and ninth vertebra, the eroded part forming the posterior wall. The aorta itself presented the marks of chronic aortitis.

Dr. ROSS introduced for discussion: Should we bandage immediately after delivery? He supported the affirmative for the following reasons:—1st. The abdominal vessels and viscera had been accustomed for months to the pressure of the enlarged uterus and its contents, and this pressure was suddenly removed by delivery. He would therefore apply the bandage immediately after delivery, upon the same principle that he would use it after the removal of the fluid by paracentesis abdominis in ascites.

2nd. The pressure on the womb, by the bandage, acts as a gentle stimulant to that organ, and so favours its tonic contraction, which is so important in preventing post partum hæmorrhage and the lodgment of clots in the uterus.

3rd. The abdominal walls having been so much distended during utero-gestation, they frequently do not recover their natural tension after delivery without proper treatment, and disfigurement from pendulous belly, and disorders of the abdominal viscera, from their being imperfectly supported by the pari-

etes of the abdomen, result. These consequences are generally prevented by the immediate and somewhat prolonged use of the abdominal bandage.

**Council Meeting February 13<sup>th</sup>, 1856**

Present, the President, Drs. R. Stewart, Halliday, & Mr. Johnston Dr. Ross.

Circular prepared.

Abstract prepared.

**299 Notice of the Sixteenth Meeting in the Third Session.**

Sir

The Sixteenth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 16th February, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students, 26.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

**III.—Pathological Specimens to be Exhibited.**

3. Cast: a Rare Case of (Idiopathic) Cranial Depression.

4. Patient—Case of Deficiency of Three Metacarpals, &c.

5. Recent Parts:—Tubercle in the Spleen.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Case to be Read.**

6. Case of Placenta prævia.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

7. What is the nature of Tubercle?

**VIII.—Exhibition of New Remedies and Instruments.**

1. Prospectus of Robinson's (Manchester) Patent Invalid's Bed.

2. Acton's Syringe for cases of Spermatorrhœa.

**IX.—Notes of New Treatment.**

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(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston  
Honorary Secretaries

ORDINARY MEETING  
February 16th, 1856.

The President, A. G. Malcolm, M.D., in the Chair.

Surgeon CORRY presented a patient (a boy 5 years old) with congenital deficiency of three metacarpal bones of the right hand, the corresponding fingers existing in a mere rudimentary state. It appeared, on inquiry, that there had been no malformation in any other member of the family; and his mother attributed the deformity to a fright she had received from a lobster, when in the third month of pregnancy. The appearance of the hand certainly resembled that of a lobster's mandibles.

Surgeon ARMSTRONG, R.N.D. Rifles, exhibited specimens of the lung and spleen of a patient who was admitted into the Belfast Regimental Hospital, on the 17th. December, affected with measles. He was in good health previously to this attack. He appeared to be going on favourably through the disease until the 20th. January, when profuse sweating was noticed, and, shortly after, symptoms of general bronchitis supervened; he died on 15th. inst. The lungs, liver, and spleen were congested, and miliary tubercles were largely diffused through their substance. On the motion of Dr. Pirrie it was directed that a wax cast of the specimens be ordered for the Society's Museum.

301 To A. G. Malcolm

Downpatrick  
19 February 1856

Dear Sir

I have received yours and beg to thank you for your attention and promise I shall be proposed on 23 inst.

I am a graduate of Glasgow and the Queen's University in Ireland, but my name cannot appear in the Directory as I have been practising in Italy for the last 3 years.

I am Sir very truly yours  
R. Crothers

**Council Meeting 20 February, 1856**

Present, the President, Dr. R. Stewart, Ross, Johnston, Dill.

Ordered that a receipt book be purchased for Dr. Halliday.

That additions to the museum be inserted in the circular.

That Mr. Walsh's account for printing circular be paid.

Circular prepared.

ORDINARY MEETING  
February 23rd. 1856.

Mr. JOHNSTON exhibited Acton's syringe for injecting a solution of nitrate of silver in cases of spermatorrhœa; the piston and tube were made of glass attached to a silver catheter, which is passed down to the membranous portion of the urethra. Mr. J. also showed an artificial boot, suited for cases upon whom Chopart's or Syme's operation had been performed. It was constructed by Mr. Biggs, of London, and had been presented personally, by the Queen, to a soldier who had lost both feet in consequence of frostbite. The boot is constructed so as to supply an artificial ankle joint, capable of flexion and extension, and also to bear off, to a great degree, the weight of the body from the stump.

Dr. MOORE exhibited a portion of the lower lip, removed from an old woman. The affection appeared to be of a cancerous nature, and had been greatly aggravated by the applications of a quack. Dr. M. also exhibited the Prepuce of a man, aged 25 years, who had attempted mutilation.

Surgeon ARMSTRONG, R.N.D. Rifles, narrated the rare case of a patient having a third attack of measles, as follows:—The subject of the case was a lady, aged 35. The previous seizures had occurred at the ages of 4 and 18 years. During the first attack her brothers and

sisters also took the complaint. At this time she was very ill, and, as far as I could learn from her friends, who saw her at that time, she had the usual catarrhal affection. When 18 years of age, this lady, who, while on a visit, was engaged in nursing a friend's child who had measles, on her return home became similarly affected; and, at the same time, two young friends, who had been staying at her father's, and who, when they ascertained that the complaint was measles, immediately left, soon afterwards sickened of the same. Prior to her present, third, attack, I attended her son in measles, and it was during his convalescence that she became ill; she is now herself convalescent, but another son and daughter are still suffering from the same disease. An interesting conversation followed.

Dr. HALLIDAY read a case of cirrhosis of the liver, communicated by Dr. Maxwell, Surgeon to the 2nd. Foot. The patient, a private in the 22nd. Regiment, of intemperate habits, on admission into hospital, laboured under general dropsy, for which it became necessary to resort to tapping. 156 pints were drawn off from 12th December to 5th. February. Death occurred on the 6th. On *post-mortem* examination being made, the thoracic viscera were all found to be healthy. In the abdominal cavity the entire peritoneum was considerably inflamed, and the liver was entirely granulated, having the appearance of a pine apple. The spleen was much enlarged, but healthy. The cause of the enlargement of this latter organ gave rise to an animated discussion.

**Council Meeting 27 February, 1856**

Present, the President, Dr. Halliday, Ross.

Circular prepared.

The Council recommended that any member may become a life member on the payment of ten pounds.

**305 Notice of the Eighteenth Meeting in the Third Session.**

Sir

The Eighteenth Meeting of this Session will be held at the General Hospital, on Saturday, the 1st March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 30; Students, 23.

**I.—Candidates to be Proposed.**

**II.—Candidate for Election.**

R. Crothers, M.D. (Glas.), Royal Tyrone Artillery, Downpatrick.

**III.—Pathological Specimens to be Exhibited.**

1. Recent Parts, with the result of a Post-Mortem Examination of Dr. Malcolm's case of Thoracic Aneurysm, exhibited to the Society January 19th ultimo.

2. Cast: a Rare Case of (Idiopathic) Cranial Depression.  
3. Large Calculus passed per Urethram, by a Child aged 3 Years.

**IV.—Results of Microscopical and Chemical Examinations.**

**V.—Cases to be Read.**

4. Cases of Puerperal Convulsions.

**VI.—Clinical Facts and Statistics.**

**VII.—Query for Discussion.**

6. What is the nature of Tubercle?

**VIII.—Exhibition of New Remedies and Instruments.**

**IX.—Notes of New Treatment.**

**X.—Recent Additions to the Museum.**

Wax Model:—Tubercular Spleen, Original, forwarded by J. S. Armstrong, Esq., Surgeon, R.N.D. Rifles, Belfast.

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(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

ORDINARY MEETING  
March 1st, 1856.

Mr. H. M. JOHNSTON exhibited a portion of the aorta, in Dr. Malcolm's case of thoracic aneurism, referred to in the "Abstract" of 22nd. January, 1856.<sup>1</sup> The necroscopy was held on 27th. February, thirty-four hours after the patient's decease (which was sudden), and disclosed the following morbid appearances:—The body presented an anæmic condition, and the tumour had collapsed considerably. The latter was found to consist of a confused mass of coagulated blood, surrounded externally by the fibres of the great pectoral muscle (and partially by the integument alone) and cellular tissue, and communicating with a false sac in the middle mediastinum, which was composed in part of the cellular tissue of the region, and bound behind by the descending vena cava, and root of the right lung, externally and to the right, by the right mediastinal layer of the pleura, and in front by the right margin of the sternum, and its junction with the cartilages of the second and third ribs. This immense false aneurism communicated with the ascending aorta (about 1¼ inch above the valves), by a well-defined, smooth-edged opening of an oval form, and measuring about 2 inches by 1½ inch. There was partial absorption of the second, third, and fourth ribs, at a point just external to their cartilages, and perforations existed in the corresponding intercostal spaces.

The aorta was dilated and diseased; plates of cartilaginous deposit were observed in several places. The aortic and mitral valves were indurated at their edges, but their bodies appeared healthy. The left ventricle was dilated and hypertrophied. The left lung was emphysematous; the right was much compressed against the vertebral column; and the corresponding pleural space was quite filled with serous effusion and coloured coagula. The former, probably passive, accounted for the *dull percussion note, laterally and posteriorly*, noted in the history of the examination of this interesting case, and the coagula were the result of rupture of the false sac into the pleural cavity immediately prior to death. There was no appearance of any regular deposit of fibrinous layers. An animated discussion followed the reading of the above, chiefly in regard to the diagnosis of the case, in which Dr. Thomas Reade, Professor Ferguson, the President, and others took a part.

<sup>1</sup> [Perhaps the case presented on 19 January 1856.]

Dr. LYNCH presented a patient, whose thumb had been almost cut off with a saw; a small strip of integument alone connected the divided ends. Though this case was so unpromising, he placed the parts in connexion, applied a small splint, and used the water-dressing; perfect union took place, and the man has now a very useful thumb.

**304** Notice of the Nineteenth Meeting in the Third Session.

Sir

The Nineteenth Meeting of this Session will be held at the General Hospital, on Saturday, the 8th March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 27; Students, 26.

**III.—Pathological Specimens to be Exhibited.**

1. Cast: a Rare Case of (Idiopathic) Cranial Depression.
2. Large Calculus passed per Urethram, by a Child, aged 3 Years.
3. Recent Parts:—Aneurism of the Ascending Aorta.

**V.—Cases to be Read.**

4. Cases of Puerperal Convulsions.

**VII.—Query for Discussion.**

5. What is the nature of Tubercle?

**X.—Recent Additions to the Museum.**

Wax Model:—Tubercular Spleen, Original, forwarded by J. S. Armstrong, Esq., Surgeon, R.N.D. Rifles, Belfast.

A Series of Specimens of Osseous Disease.

**\* XI.—Selections from the General Notebook.**

401. Use of Decoct. Urticæ in Chronic Skin Diseases.
403. Syphilitic Disease of the Placenta.
404. Cancer of the Lungs, simulating Laryngeal Phthisis.
406. Fatal Strangulated Hernia, masked by an Inguinal Tumour.
409. On Green Vomit.
410. General Emphysema from Rupture, in the act of pulling off the boots.
414. Cases of Malignant Pustuloid Disease.
418. Poisoning by Aconite.

\* This is a continuation of the List of Subjects from the Society's General Note-book, given in the First Vol. of the Transactions. Members desirous of having any of the References are requested to intimate the particular Number of the Subject as above.

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Belfast Clinical and Pathological Society

Third Session: 1855–1856

President Andrew George Malcolm

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(Signed by order of the Council),  
Richard Ross, M.D.  
H. M. Johnston,  
Honorary Secretaries

309 To A. G. Malcolm

Edinburgh 79 Princes Street  
March 6 1856

Sir

Nothing will give me greater pleasure than to respond to your suggestion of sending a display of obstetric or any other instruments for your Conversation, properly ticketed and arranged for an intelligible inspection. All that I would ask would be to give me all the time you possibly can for the collecting together and arranging of them, for this purpose please let me hear from you without delay, with any instruction you may consider necessary for my guidance, state any setts, or particular instruments that you may be interested in and such will receive extra attention, with best thanks for the remittance.

I remain  
Sir

Yours very Respectfully  
Archibald Young

310 To A. G. Malcolm

Hawkshead, Ambleside  
Lancashire  
March 8<sup>th</sup> 1856

Dear Sir

I should feel obliged if at your convenience you would have the enclosed examined microscopically and report thereon: it was voided per anum (after the

action of a turpentine and foetid enema) in mucus of considerable length, (although from want of consistence its continuity cannot be preserved,) by a female who for 2 or 3 months past has been the subject of what we have looked upon as Anomolous Hysteria, if such a term can be considered justifiable as applied to this affection.

I am  
Yours very truly  
Augustus Johnston

ORDINARY MEETING

March 8<sup>th</sup>, 1856.

Mr. BROWNE presented a patient, fourteen months old, affected with hydrocephalus. The mother of this child had contracted syphilis four years before its birth; another child had been born in the interval, but died in a few days from the effects of the disease. She was kept under the influence of mercury for some months previous to her conception. This child, when born, had syphilitic eruptions on the body especially about the scrotum and nates, and on the mucous surfaces of throat and nostrils. Symptoms of hydrocephalus appeared when it was three months old, and general paralysis, deafness, and blindness shortly ensued.

These symptoms have all nearly vanished, and the head has diminished in size. It had convulsions lately, but is better. Mercury, in the form of grey powder, one-fourth of a grain thrice daily, has been the treatment.

Mr. BROWNE also introduced a man, aged 80 years, on whom he had operated for cancer of the lip, two weeks ago; the union was quite perfect, and the cicatrix scarcely noticeable.

Mr. CORRY introduced a man, about 60 years old, in whom a hydrocele of long standing had been radically cured by the supervention of hæmatocele terminating in ulceration.

The patient had frequently submitted to the operation of tapping, without, however, any attempt having been made to produce a permanent cure, by injection or otherwise. On the last occasion of the operation being performed, he suffered considerably more pain than usual, and, in about six days afterwards, applied to Surgeon Corry at Barrack-street Dispensary, in consequence of the tumour having increased to its former size. On examination, the scrotum (which was of a dark livid colour) was greatly distended, tender to the touch, but presented no sign of fluctuation.

Leeches, evaporating lotions, and strict antiphlogistic regimen, were prescribed. A week afterwards,

the patient was visited at his own house, when it was discovered that extensive ulceration had taken place, producing hernia of the testicle, which had completely escaped from the scrotum; it was reduced, the edges of the ulcer brought together by sutures, and dressing applied.

The wound healed rapidly by granulation. Six months have now elapsed without return of the hydrocele.

Dr. MURNEY presented a portion of the jejunum, ileum, and descending colon, which had been lacerated by shot accidentally discharged from a gun. The man died seven hours after the injury.

The hæmorrhage from branches of the mesenteric artery was considerable, but the shock seemed to be the immediate cause of death. The external wound was on the left side, midway between the crest of the ilium and the last rib.

Dr. STRONGE exhibited a cast of a cranium presenting a remarkable symmetrical depression on each side of the sagittal suture. The depressions commenced, he believed, ten years before death, and their development was not accompanied with any symptoms of cerebral disease. The patient was a female, who died about the age of 70 years.

The PRESIDENT presented a calculus, about the size of an almond, passed by a female child, aged three years, a patient of Dr. Russell's, Bangor.

It consisted of the phosphate and carbonate of lime, with two centres and alternating rings of uric acid.

Mr. H. M. JOHNSTON exhibited an interesting specimen of a large aneurism of the ascending aorta, an account of which will appear in next week's abstract.

**303** *Printed proceedings of the Society from January 5, 1856, to March 8 1856, cut from the Dublin Hospital Gazette, No. 3, v3, March 1, 1856. The contents are available in this volume.*

**311** *List of instruments with red wax seal on reverse bearing initials "A Y"—presumably the seal of Archibald Young of Edinburgh (see 309).*

**Council Meeting 12 March, 1856**

Present, the President, Dr. R. Stewart, Ross, Halliday, Murney, Surgeon Johnston.

Circular prepared.

Ordered that a notice be posted to say that no student be admitted after the commencement of the proceedings of the Society.

**306** *Notice of the Twentieth Meeting in the Third Session.*

Sir

The Twentieth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 15th March, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 25; Students, 24.

**V.—Cases to be Read.**

2. Cases of Puerperal Convulsions.

**VII.—Query for Discussion.**

1. What is the nature of Tubercle?

**X.—Recent Additions to the Museum.**

A Series of Specimens of Osseous Disease:—

Cranium.—Carious Foramina (*Lizars' Surgery*, Vol. I., page 32).

„ Cast of.—Peculiar Symmetric Depression. A Donation from J. W. Stronge, M.B., Belfast.

Lime Cast.—Exostosis of Fingers.

„ Peculiar Malformation of Hand, etc.

**\* XI.—Selections from the General Notebook.**

420. The Use of the Ash in Gout and Rheumatism.

421. Aneurism of the Abdominal Aorta, simulating Lumbago and Sciatica.

423. Ditto, ditto, [simulating] Lumbar Abscess.

422. Ditto, Thoracic Aorta do. Ulceration of the Larynx.

431. Chronic Abscess above Knee, simulating a Solid Tumour (Paget).

433. An almost hopeless Case of Alcoholic Poisoning resuscitated by the use of Electricity, applied with Needles, &c.

435. Small Moveable Tumours in the Abdomen (Birkelt).

\* Members desirous of having any of the References are requested to intimate the particular *Number* of the Subject as above.

**Notice to Members.**

Members desirous of having a Report from the Microscopical Committee, on any Morbid Specimen, are requested to forward the same to Dr. Malcolm, General Hospital, or Dr. Murney, School of Medicine, Queen's College, Belfast. Members are entitled to admit Visitors (in accordance with Rule XVI.) by written orders, which must be presented to the Porter on entering.

**Subscription.**

Ten Shillings per annum for Town Members, and Five Shillings per annum for Country Members; and for the "Weekly Abstract" and Circular, Two Shillings and Sixpence additional, being the Postage in full for the Session. Treasurer, Dr. Halliday, 92, Donegall-Street. Any Member who wishes for the "Abstract," must pre-pay the full postage, 2s. 6d.

**The Transactions.**

The First Volume of Transactions may be obtained by any qualified Practitioner, on payment of Three Shil-

lings. The Second Volume is being prepared, but will not be issued till next Session, when it and the Third will be published together.

**The Museum.**

The Pathological Museum, considerably enlarged, is opened to the inspection of Members every Saturday, from Two till Three o'clock, on application to the Attendant, Mr. John M'Cann, who also attends every Monday, Thursday, and Saturday, at 11 o'clock, and receives and executes orders for Pathological Photographs, Wax and Lime Models, of which specimens may be seen at the Museum.

(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

ORDINARY MEETING

March 15th, 1856.

The President, A. G. Malcolm, M.D., in the Chair.

*Aneurism of the Thoracic Aorta.*

Dr. LYNCH introduced a patient, æt. 45, affected with aneurism of the thoracic aorta near its origin. It commenced about twelve months ago with pain in the right side of the chest, extending through from above the nipple to the back of the right shoulder, which persisted for above eleven months. He has lost flesh to the amount of three stone—there is a double pulsation with strong impulse, and a distinct bellows murmur, with considerable dulness on percussion over the right mammary region; some dyspnœa, but no pulmonary affection. He is pale and anæmic. His sufferings have been greatly mitigated by rest from his trade (a house carpenter) and the internal use of sesquicarbonate of ammonia, and ammonio-citrate of iron, with mild nourishing food.

Dr. L. saw him two weeks ago for the first time. At an earlier period mercury and blistering were employed.

The President, Professor Ferguson, and others, agreed in the view taken of the case, &c.

*Puerperal Convulsions.*

Surgeon HANNA read a paper on puerperal convulsions, basing his observations upon three cases in his own practice, which he detailed:—

1st. The first case, a primipara, was of a pale complexion, and had œdema of the ankles for two months before delivery, the urine being albuminous. The convulsions occurred suddenly on the removal of the placenta, and were attended with a partially comatose state. Timely bleeding, and the rapid introduction of mercury, were followed by complete recovery.

2nd. The second case was also a young plethoric primipara, who was seized half an hour after parturi-

tion. In this case, there was also œdema of the feet. The same treatment was adopted, but unsuccessfully—the patient having died on the fifth day.

3rd. The third case, also a primipara, æt. 28, had been long subject to headach, dysmenorrhœa, and hysteria. After the fourth month of pregnancy her legs began to swell. She was seized with convulsions just when the head was pressing on the perinæum; and, before the attack was over, the child and placenta were simultaneously expelled. The seizure was attended with partial coma. After the use of the lancet, and a brisk purgative of calomel and croton oil, consciousness was restored, and her health was soon re-established. Albuminous urine was observed in all the cases. Mr. H., in commenting upon these cases, referred to the fact first noticed by Drs. Simpson and Lever, that in a large proportion of the cases of puerperal convulsions, albuminuria holds a first causal rank. The latter authority especially insists on the connexion. The cases, Mr. H. considered, corroborated this view, and treatment calculated to remove congestion would therefore seem primarily indicated.

*Aneurism of the Ascending Aorta.*

Mr. H. M. JOHNSTON exhibited an interesting specimen of aneurism of the ascending aorta. He had seen the patient first, February 26th, and found a pulsating tumour situated between the cartilages of the third and fourth ribs of the right side. The pulsation was double, and there was a single murmur, less distinct as the heart was approached. There was also a rough, single murmur heard, extending from the epigastrium along the margin of the ribs upon the left side. The heart's pulsations were very low down. She stated that her illness had commenced above one year since with cough, dyspnœa, and epigastric pulsation, and that she had some pains in her right arm, but none between the shoulders. There was no difficulty in swallowing, no stridor in breathing, no aphonia, nor any difference in the pupils. The pulse was ninety-six, equal in both wrists. There was marked dulness upon percussion over the right side of chest, laterally and posteriorly. The patient, when I saw her, presented an anæmic aspect, was extremely debilitated, and had slight anasarca. She gradually sank, and died in three days after her admission into the Belfast Union Hospital, without, however, any evidence of any rupture having taken place. Through the kindness of Dr. J. S. Reid, Physician to the hospital, I was permitted to make a *post-mortem* examination, and found the ascending aorta dilated to fully four times its normal size, its lining membrane very much diseased, and studded with small osseous plates. About one inch and a-half above the aortic valves, on the right side, there was a well-defined circular opening, considerably larger than a crown piece, forming the medium of communication with a false aneurismal sac, the lat-

ter about the size of a large sized orange, or a small melon, lying in the middle mediastinum, formed of the cellular tissue of that region, and of the muscular structure behind the sternum, and having deposited in its interior a series of layers of fibrine. Its direction was external and anteriorly. Absorption of the third rib, at its junction with its cartilage, had commenced, and the protrusion appeared between the third and fourth right intercostal spaces. The right ventricle was dilated, but the mitral and aortic valves were quite healthy, as was likewise the muscular structure of the heart. The lungs were emphysematous, and there was a large amount of serous effusion in the right pleural cavity.

**Council Meeting 19 March, 1856**

Present, the President, Dr. R. Stewart, Halliday, Moore, and Surgeon H. M. Johnston.

The circular prepared &c.

ORDINARY MEETING

March 22<sup>nd</sup>, 1856.

The President in the Chair.

*Fistulous Communication between the Urinary Bladder and the sigmoid Flexure of the Colon.*

The PRESIDENT presented the recent parts of a rare and very peculiar case of chronic disease of the bladder and colon, complicated with tubercular disease of the lungs, incipient cirrhosis of the liver, and recent fistula in ano. The patient had died with purpuric intestinal hæmorrhage, supervening upon erysipelas of the nates, which occurred during the treatment (by operation, &c.) of the fistula. The cystitis was of old standing, the mucous membrane of the bladder presenting several ulcerative spots, and a *fistulous communication between the bladder and the sigmoid flexure of the colon.*

This fistula was valvular at the vesical end, and hence, while it permitted of the escape of gas from the intestine into the bladder, it prevented any risk of extravasation of the urine; the intestinal extremity presented a wide aperture with sloughy edges. This portion of the colon was bound close to the posterior wall of the bladder by firm old adhesions. In the lung were found numerous small cavities at each apex, surrounded by much tubercular "grey granulation;" the liver was uniformly pale, and in the state already mentioned. The President, in commenting upon this case, alluded especially to the rarity of the pathological lesion noticed, and to the difficulty, during life, of ascertaining the course of the gaseous excretion which escaped immediately after the urine, at almost every occasion of micturition, during upwards of three years.

*Nature of Tubercle.*

The PRESIDENT opened the debate on the subject, "What is the nature of tubercle?" He first noticed its physical characters, as they pertain to:—1. The various forms of the semi-transparent grey granulations, nascent tubercle of Lænnec, or the simple fibrinous tubercle of Rokitanski; 2. The yellow, or crude tubercle; 3. The gelatiniform, infiltrative or albuminous tubercle, which is supposed to merge into the first form.

The resemblances, phases, and changes, which these varieties present, were next stated. Then the chemical composition of tubercle, from which Dr. M. showed that tubercle could on no account be deemed a highly carbonaceous substance, as had been confidently alleged, as it really contained less of this element than other proteinous compounds. Dr. M. then noticed the usual site of the deposit in various organs, the nature of the softening process, the transformations and disappearance under favourable circumstances, and dwelt at considerable length on the results of microscopical examination, which he believed tended to prove that nascent tubercle was an *organized* substance, but that the cells and nuclei developed in the blastema were incapable of forming any definite tissue, and, consequently, that all ulterior changes in the tubercular mass were due to the vascular action of the original structure, in which it was first deposited.

When considering the circumstances under which the deposit is most usually observed, Dr. M. referred to the chemical character of the blood at different stages, and showed how it materially differed in the proportion of hæmatosin, albumen, and fibrine, and that the variations of *advanced* tuberculosis were owing to the accompanying (secondary) morbid states of which tubercle became a cause. He especially noticed also the result of some chemical experiments, which he had made some years ago on the expired air, in cases of confirmed phthisis, with a view to ascertain the average amount of carbonic acid exhaled. These experiments went to prove that the decarbonizing function was in excess in tuberculosis. At this stage of the proceedings, in consequence of the lateness of the hour, the debate was adjourned.

**Council Meeting 26 March, 1856**

Present, the President, Dr. R. Stewart, Dr. Dill, and Surgeon H. M. Johnston.

Circular prepared.

With reference to the corresponding members it was agreed their term of office should be three years, and that they should then be eligible for reelection. That they should be free to all the privileges of the Society without subscription, and that their nomination be vested in the Council.

It was agreed to send a circular to a member of the profession in the principal towns in Ulster informing them of the advantages of joining the Society at this time.

ORDINARY MEETING

March 29th, 1856.

The President in the Chair.

*Operation for Permanent Flexion of the Knee Joint.*

Mr. BROWNE introduced a patient on whom he had operated for flexure of the knee-joint. This girl, now aged fourteen, when eight years' old received a severe injury of the knee, followed by acute inflammation, and ending in permanently flexed joint. In November last, she came under Mr. Browne's care; the heel was then drawn up nearly to the hip, and the limb could be extended very slightly. She was put under the influence of chloroform, and subcutaneous section of the ham-string tendons was made; ten days after, the popliteal fascia was likewise divided. Forcible extension was then made, when the patella, which had been partially ankylosed to the head of the tibia, separated. The limb was then secured to a double-inclined-plane splint, and by means of an extension screw and graduated slide, very gradual extension was daily made.

In the month of January she was discharged with a limb nearly straight, and very little shorter than the other, and she is now beginning to use it with some freedom. The knee is not quite stiff, though the motion is very limited; but a completely ankylosed joint is obviously the best and safest for the patient. Mr. Browne remarked that during the process of extension no inflammation had taken place.

*On the Nature of Tubercle.*

The PRESIDENT resumed the discussion on the nature of tubercle, by referring to the chemical composition of the blood in tuberculosis, and observed that the evidence of the first chemists showed, that, while the albumen and aqueous element were in excess, the fibrine, red globules, and salts were diminished; and as to the fatty element, its presence was very limited indeed, not amounting to more than 2.3 per 1,000, while in the lymph of the thoracic duct, according to L'Heritier, the proportion in health amounted to 5 per 1,000.

He admitted that in ancient tubercle, fat, in the form of cholesterine, is in considerable quantity; but this occurred just as often in the curative process of tubercle as the destructive stage, and, besides, the presence of fat is by no means uncommon in the later changes of cysts and other benignant tumours. The President further objected to the carbon theory of tubercle, by referring to the well-known pathological

influence of alcoholic diet. "A careful consideration of all the facts brought forward by the best-informed pathologists, and of all the direful effects of intemperance, leads to the conclusion, that tubercles, or other formation of tubercle, is not one of the effects of alcohol." See Ancell., p.456. After noticing some other points, especially in reference to the prevailing seats of tubercle (concerning which he showed that the *blood-forming* organs were the chosen depositaries), he stated briefly the conclusions which a careful consideration of the whole evidence induced him to form:—

1. Tubercle is an organized substance when first deposited as tuberculous blastema, which, however, is incapable of forming any definite tissue.
2. Tubercle is produced from nascent blood.
3. This blood is charged with the extra waste of tissues (albumen modified) which supplies the requisite blastema; and is only influenced indirectly by the character of the supply or nourishment.
4. The treatment arising from this view would comprise all that would tend to purify the blood, especially in its incipient, forming stages, and especially promote the formation of extra fibrine and hæmotosin.

Professor Ferguson, Drs. Cumming and Ross took part in the debate that followed.

**Council Meeting 2 April, 1856**

Present, the President, Drs. Halliday & Ross.

Special meeting to be summoned for 9 April.

John McCann to provide the circulars at the expense of the Society.

Agreed that the conversazione be held this year, and if the Society agree be received, that a sum not exceeding of £5 be expended for the purpose out of the funds of the Society.

That members should be admitted free to the conversazione and that a certain number of free tickets be issued to non-professional persons selected by the Council, and that members be charged to ask friends with the sanction of the Council the additional expense to be defrayed by such members.

**317 To the Honorary Secretaries**

Portaferry

4 April 1856

Gentlemen

You will oblige me by having me proposed as a Member of the Belfast Clinical and Pathological Society at the first regular meeting so that I may, if elected, become a Member at May.

I am Gentlemen

Yours truly

Alexander B. Filson

318

Omagh  
April 4 1856

Sirs

I shall be obliged by your enrolling my name as a Member of the Belfast Clinical and Pathological Society.

Your obedient servant  
Henry Thompson M.D.  
Surgeon to the Tyrone Infirmary

I have one or two mounted specimens, which I could give the Society if they wish for them. One of enlargement of 3<sup>rd</sup> lobe of prostate, 1 of fungus of bladder, 1 of encysted hydrocœle of chord—hydrocœle of tunica vaginalis and hernia on the same side.

ORDINARY MEETING  
April 8th, 1856.

Dr. MOORE exhibited a foot which he had removed by Chopart's operation, upon account of *scrofulous disease of the tarsus*, and gelatinous degeneration of the synovial tissues.

He also exhibited a moveable *fibrous tumour*, in size about that of half an orange, which he had removed from the upper and outer part of a lady's breast.

She went home, a distance of twenty-five miles, the day after the operation. In operating, he removed no portion of the skin. The wound healed by the first intention.

**Council Meeting** 9 April, 1856

Present, the President, Dr. MaGee, Ross, R. Patterson, Murney, Browne, Dill, Johnston, Pirrie.

In reference to the election of corresponding members it was moved by Dr. Magee, seconded by Dr. R. Stewart that the term for which corresponding members be elected be limited to one year, and that they be eligible for reelection, that the President be requested to prepare a schedule of their duties.

Resolved that the conversazione be held on Wednesday April 30<sup>th</sup>.

The Secretary to write to Dr. Thomas Read requesting that he would bring forward his motion in reference to the admission of students to the debates of the Society.

In reference to a communication received by the President from the students, it was resolved that the notice of it in the possession of the students, be left in the hands of the President.

321 To the Honorary Secretaries

Coleraine  
April 10<sup>th</sup> 1856

Gentlemen

Be good enough to enroll me as a member of the Belfast Pathological Society.

I am gentlemen  
Your obedient servant  
J. MacAldin

307 Notice of the Twenty-Fourth Meeting in the Third Session.

Sir

The Twenty-Fourth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 12th April, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 26.

**II.—Candidates for Election.**

Alex. B. Filson, M.D. (Glas.), L.R.C.S. (Edin.), Portaferry.  
John V. Bindon, F.R.C.S. (I.), Coalisland, Dungannon.  
John Davidson, M.D. (Glas.), Richhill.

**V.—Cases to be Read.**

Case of Hysterical Trismus.

**VIII.—Exhibition of New Remedies and Treatment.**

A new Instrument for Measuring Microscopic Objects.

**Nomination for Office-Bearers, &c.**

Members are requested to take Notice, that Nominations for the under-mentioned Offices may be handed in any time before the 24th inst., immediately after which the Ballot Papers will be issued:—

President, Three Resident Vice-Presidents, Two Non-Resident Do.,  
Treasurer, Two Secretaries,  
A Council of Six.

**The Annual Conversazione.**

The following Resolutions were passed on April 5th:—

1. "That the present Session be closed with a Conversazione similar to that held last year."
2. "That all Members who intimate their wish to attend the Conversazione on or before 19th April be charged the sum of Half-a-crown each; and that all Members attending the Meeting without such intimation be charged Four Shillings each."
3. "That Tickets of Invitation (not exceeding 50) be issued, in the name of the President and Council, to the principal Non-Professional Gentlemen of Belfast who are connected with Literary and Scientific pursuits."
4. "That each Member be entitled to admit one or more Friends by Ticket, for which he shall be charged at the Rate of 2s. 6d. each: such Tickets to be applied for at least Three Days before the day of Meeting."

In accordance with these Resolutions, the Council will keep the List of Members desirous of attending the *Conversazione* open till Saturday, 19th inst., after which the increased charge will be put on. The *Conversazione* will be held at the Corn-Exchange, on Wednesday, 30th April, at Seven o'clock, p.m.

**The Exhibition.**

As last year, the Council purpose to have on view on the occasion, a collection of objects of interest pertaining to the Science and Art of Medicine, and with this view earnestly request the Members to exert themselves in contributing from their own private collections, or those of their friends, any of the following:—

Rare or Ancient Medical Works.

Rare or Ancient Surgical and Pharmaceutical Instruments.

Splendidly-Illustrated Medical Works.

Drawings and Paintings connected with Medicine and Surgery.

Anatomical and Pathological Models.

Herbaria, especially Illustrations of *Materia Medica*.

Rare Chemical Preparations.

Magneto-Electric and Galvanic Apparatus.

Illustrations of Medical Photography.

Microscopes, Ancient and Modern, and Microscopic Illustrations.

Recent Inventions in Medicine and Surgery.

Illustrations of the Ancient Medicine of any country; and any novel object calculated to interest the Medical Profession.

Parcels of any of the above, consigned to the President or Secretaries, will be carefully preserved, and returned as soon as possible after the day of Meeting, free of all charge.

**Life Members.**

Proposed by Dr. Pirrie and seconded by Dr. R. Stewart—

“That any Member may, by paying to the Treasurer the sum of £5 in a single payment, become a Life Member, and exempt from further subscription.”

(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

315

Newtownards

11 April 1856

Sir

I beg to inform you that I propose to attend the “*Conversazione*” of the Pathological Society on 30<sup>th</sup> April.

I am your  
Obedient Servant  
D Jamison M.D.

ORDINARY MEETING

April 12th, 1856.

Surgeon JOHNSTON introduced a child whom he had exhibited to the Society about twelve months since,<sup>1</sup> in order that members might form a comparison between its state then and at present. The appearance of the patient was altogether fatuous. His mother stated, that he had frequent *convulsions*, and is disposed to be somewhat mischievous; the health was otherwise excellent. Professor Ferguson considered the case incurably epileptic. Drs. Stronge and Magee would recommend the employment of mercury, under the impression that a chronic inflammatory state of the meninges might exist. Dr. Bryce would suggest the ammoniuret of copper. Mr. Johnston, in reply, stated, that the recovery from the paralytic condition, in the early stage of the disease, occurred after the use of mercury for four or five weeks.

Dr. DILL reported a case of *hysteria*, which for a considerable period assumed a variety of phases, and simulated various diseases. At one time the patient would pass through an ordinary hysterical paroxysm; at another would be seized with a violent motion in the right hand and arm, as if using a hammer and knocking upon the knee; again, retention of urine, to such an extent as to demand the repeated use of the catheter, would be the chief feature; afterwards she would be found suffering from trismus, which has lasted for days; and again, attention would be exclusively directed to the occurrence of general and complete anæsthesia of the surface of the body. The symptoms in this Protean case yielded ultimately to a long-continued course of tonics, particularly steel, with small but frequently repeated doses of ext. belladonna, the cold bath, and out-door exercise.

Surgeon CORRY exhibited a boy, aged 7, affected with well-marked *rachitis* of the lower extremities. The deformity was very considerable in the tibial shafts, and altered position of the right patella.

Professor FERGUSON exhibited the heart taken from the body of a boy, aged 13, who was admitted into the General Hospital on 9th inst., and died on 11th. He was anasarcaous, and evidently labouring under *cardiac disease*, but the peculiarity of the physical signs was a source of peculiar attraction while he remained in hospital. There was a perfect absence of impulse, and all cardiac sounds were replaced by a distinct systolic bruit, heard best at the apex, and not continuous along the aorta. On examination (*post-mortem*) it was found that the aortal semilunar valves

<sup>1</sup> [See page 504.]

were one mass of induration, of irregular wart-like outline, which must have been a great obstacle to the flow of blood, and the aperture of the mitral was extremely contracted. The size of the organ was not changed.

Dr. MOORE presented three specimens of *cholesterine* fluid taken from the bodies of different patients. One from the neck, the contents of an encysted tumour; the others the fluid of ordinary hydrocele. The scales of cholesterine displayed a vivid brilliancy on agitating the fluid.

314 To A. G. Malcolm

3 Donegall Place

Dear Sir

Doctor Taylor of Ballymoney wishes you to put his name along with a friend for the *Conversazione* on the 30th.

And perhaps you will have the goodness to leave a [?] line with one for him.

A. P. Mackintosh

316

Downpatrick  
14 April 1856

Gentlemen

I beg to enclose the accompanying sketch of a case of *variola in utero* which if you think worthy of occupying the attention of your Society for a few minutes, you will please submit to it.

I am Gentlemen  
Yours very truly

R. Crothers M.D.  
Royal Tyrone Artillery

319 To the Honorary Secretaries

Killyleagh  
16<sup>th</sup> April

Gentlemen

I beg to intimate, that I intend being at the Annual Meeting on the 30<sup>th</sup>. Be kind enough to enter my name.

Yours truly  
R. G. Sheil

**Council Meeting** 16 April, 1856

Present, the President, Drs. R. Stewart & Johnston. Dr. Halliday.

The list of guests revised, and selected.

The President requested to communicate with the Secretaries of the Natural History Society for a selection of specimens from their Museum for exhibition at the *conversazione*. Ditto with the Council of the Medical Society.

ORDINARY MEETING

April 19th, 1856.

Professor FERGUSON introduced a patient (on a litter), affording a remarkable example of the articular effects of *chronic rheumatism*. Almost every joint presents an apparent ankylosed condition. The patient (now aged nineteen) enjoyed good health till ten years of age, when he began to complain of pains, which were very acute at times, and it may be truly said, never left him since. He has been bed-ridden for the last four years. Dr. M'Mechan, Whitehouse, had seen him some five years ago, when he presented all the symptoms of acute rheumatic arthritis. Dr. Malcolm examined a specimen of the urine, which afforded an abundant precipitate of the lithate of soda. Dr. M. viewed the case pathologically as an instance of rheumatic gout. Professor Ferguson spoke rather against the idea of either gout or rheumatism. Mr. Browne, R.N., considered the joints in this case presented examples of true bony ankylosis. He had seen cases of such general ossific growths. Dr. M. objected to this last view, as in such circumstances we have osteal deposits more frequent on the *shafts* of the long bones, which in this patient were untouched. Dr. Ross concurred in Dr. Malcolm's view, and was doubtful of the existence of real ankylosis in this case.

The following case of *variola in utero* was contributed by Dr. R. CROTHERS, now stationed with his regiment at Downpatrick:—"Mrs. K., aged 24, has one child, and is again pregnant. When on the march hither, and passing through Portadown, on the 25th. November last, she was exposed to the contagion of *variola*. About the 8th. December she felt unwell. I saw her on the 11th., when the eruption was appearing. The following notes I made at the time:—"Dec. 16. Face much swollen, particularly about the lips, where the pustules almost cohere. She complains much of soreness of the tongue. The pustules on it are broken, and appear as round indurated spots, slightly elevated at the margin, and depressed in the centre.' The disease ran the ordinary course. There was but slight consecutive fever. On the 20th. she sat up for a little, and in three or four days was convalescent. On the 23rd. January ult. she applied at the hospital, saying she thought herself nearly five months pregnant, and was now threatened with abortion, which occurred same evening. The *fœtus* had evidently died from *variola*. There were numerous traces of pustules on it over the back and sides, also some on arms and legs, exactly resembling those on the mother's tongue. Dr. Brabazon, of the County Infirmary here, saw the case, and was satisfied as to its being *variola*. The disease had proceeded as far as the maturation of the pustules; and as the *fœtus* appeared to be recently dead, I am inclined to think that the disease must have almost

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run its course with the mother before it suffered. The fœtus was sent to the Inspector General, who intends forwarding it to the Army Museum at Chatham. Mrs. K. had been vaccinated when a child, but I think imperfectly. She is wife of a private of the Tyrone artillery.”

An interesting conversation ensued as to the amount of immunity afforded by vaccination.

Dr. MOORE exhibited a portion of a corn which he removed, in the centre of which he found a strong hair with bulb complete. He had not seen any similar case mentioned.

**Council Meeting 23 April, 1856**

Present, the President, R. Stewart, Halliday, Patterson, Ross, Johnston.

That  $\frac{2}{3}$  attendance on the meetings of the Society entitle the students to be certified of the Society.

But of 44 students testimonials were given to 22 students.

*Medical students' attendance record for the session 1855–56, with the date of first attendance, number of available meetings thereafter, number of days absent, and a grade (good = '\*'; fair = '+'; poor = no mark).*

1855				
First Attended	Name	Potential Attendances	Days Absent	Grade
Oct. 27 <sup>th</sup>	Mr. Arnold	26	8	*
Jany. 26 <sup>th</sup>	Mr. Adams	17	4	*
Dec. 1 <sup>st</sup>	Mr. Black	20	5	*
Nov. 10 <sup>th</sup>	Mr. Connolly	24	19	
Dec. 8 <sup>th</sup>	Mr. J. Campbell	20	6	*
Oct. 27 <sup>th</sup>	Mr. Callahan	26	11	+
Nov. 10 <sup>th</sup>	Mr. Conway	24	7	*
Oct. 27 <sup>th</sup>	Mr. Dunlop	26	15	
Nov. 24 <sup>th</sup>	Mr. Denvir	21	5	*
„ 17 <sup>th</sup>	Mr. R. B. Davison	23	10	+
„ 17 <sup>th</sup>	Mr. Dickson	23	12	
„ 3 <sup>rd</sup>	Mr. Hays	25	12	+
„ 17 <sup>th</sup>	Mr. Hunter	23	16	
„ 10 <sup>th</sup>	Mr. Hawthorne	24	11	+
„ 10 <sup>th</sup>	Mr. E. Kearney	24	7	*
„ 3 <sup>rd</sup>	Mr. R. Kearney	25	7	*
„ 3 <sup>rd</sup>	Mr. Little	25	7	*
„ 24 <sup>th</sup>	Mr. D. Moore	22	9	+
„ 24 <sup>th</sup>	Mr. Morrison	22	10	+
„ 24 <sup>th</sup>	Mr. McFall	22	8	+
Oct. 27 <sup>th</sup>	Mr. McAfee	26	9	*
„ 27 <sup>th</sup>	Mr. M'Cormac	26	8	*
Nov. 3 <sup>rd</sup>	Mr. M'Cred	25	4	*
„ 10 <sup>th</sup>	Mr. J. Matthews	24	7	*
Dec. 1 <sup>st</sup>	Mr. M'Clement	20	6	*
Nov. 10 <sup>th</sup>	Mr. P. Matthews	24	4	*
Oct. 27 <sup>th</sup>	Mr. Orr	26	9	*
Nov. 17 <sup>th</sup>	Mr. O'Hare	23	3	*
„ 17 <sup>th</sup>	Mr. Rea	23	15	+
„ 24 <sup>th</sup>	Mr. Parker	22	17	

„ 10 <sup>th</sup>	Mr. R. Stevenson	24	20	
„ 10 <sup>th</sup>	Mr. Simpson	24	4	*
„ 24 <sup>th</sup>	Mr. R. Stewart	22	10	+
„ 10 <sup>th</sup>	Mr. A. B. Thompson	24	15	
Dec. 1 <sup>st</sup>	Mr. J. Wallace	20	6	*
Nov. 10 <sup>th</sup>	Mr. Wilson	24	5	*
„ 10 <sup>th</sup>	Mr. Watters	24	11	+
„ 17 <sup>th</sup>	Mr. H. Whitaker	23	12	
„ 24 <sup>th</sup>	Mr. Taggart	22	6	*

331 *List of names, some ticked and others crossed out. Probably a list of those invited to the second Conversazione held on 30 April 1856*

**323** *Notice of the Twenty-Sixth Meeting in the Third Session.*

Sir

The Twenty-Sixth Meeting of this Session will be held at the Museum, General Hospital, on Saturday, the 26th April, at Three o'clock precisely.

**Attendance at last Meeting:**

Members, 20; Students 19.

**II.—Candidates for Election.**

R. B. M'Clelland, M.D. (Glas.), L.R.C.S. (Edin.), Banbridge.

J. J. Macaldin, M.D. (Berl.), F.R.C.S. (I.), Coleraine.

Henry Thomson, M.D. (Glas.), F.R.C.S. (I.), Omagh.

**Honorary Member Nominated.**

J. Moore Neligan, M.D. (Edin.), Hon. M.D., T.C.D., Fell. King's and Queen's Coll. of Phys. (I.), Hon. Fell. Soc. Phys., Sweden; Editor of the *Dublin Quarterly Journal of Medical Science*; M.R.I.A., Dublin.

(Members will receive with this Circular Their Ballot-Papers for the election of President and Vice-Presidents for 1856-7, which they will please fill up and re-post without delay.)

**The Annual Meeting.**

The Annual Meeting of this Session will be held on Wednesday, 30th April, at Three o'clock, when the following business will be transacted:—

1. Minutes of last Annual Meeting to be read and signed.
2. Report of the out-going Council submitted.
3. Auditors' Report submitted.
4. Announcement of the names of the President-Elect and Vice-Presidents, &c., for the Session, 1856-7.
5. Election by Ballot of Honorary Members and the New Council (6 Members').
6. Installation of the President-Elect.
7. Votes of Thanks.

N.B.—The Address of the retiring President will be delivered at the Evening Meeting.

**The Annual Conversazione.**

The present Session will be closed with a Conversazione similar to that held last year, to be held

at the Corn-Exchange, on Wednesday, 30th inst., at Seven o'clock, p.m. Chair to be taken at Eight o'clock.

Each Member is entitled to admit one or more Friends by Ticket, for which he shall be charged at the Rate of 2s. 6d. each: such Tickets to be applied for at least Three Days before the day of Meeting.

**The Exhibition.**

The Council purpose to have on view, on this occasion, a collection of objects of interest pertaining to the Science and Art of Medicine, and with this view earnestly request the Members to exert themselves in contributing from their own private collections, or those of their friends.

Parcels consigned to the President or Secretaries will be carefully preserved, and returned as soon as possible after the day of Meeting, free of all charge.

(Signed by order of the Council),

Richard Ross, M.D.

H. M. Johnston,

Honorary Secretaries

ORDINARY MEETING

April 26th, 1856.

Dr. MOORE exhibited a recent specimen of *cancerous mamma* which he had excised from a patient aged 45.

Professor Stewart also presented a similar tumour.

A discussion ensued as to the comparative utility of removal of such tumours, and the leading points which should guide us in deciding.

The PRESIDENT introduced a young girl aged nine, whose nasal organ was completely lost by *lupus*. It appeared that in 1851 this patient had scarlatina (her mother states two attacks), which was followed by a bronchitic affection, and ophthalmia of the scrofulous form.

The latter malady was extremely obstinate, and for two years there was but little real improvement. In 1854, while in the country, she met with an accident which injured her face and nose slightly; after this she contracted small-pox, and had a mild seizure, but it was immediately followed by the appearance of an impetiginoid eruption all over face, for which she received various and prolonged treatment. It was at this time that the ulceration of *lupus* appeared, and committed the disfigurement referred to. The countenance is now very repulsive from the crusted state of the eruption and the loss of the nose.

Dr. MOORE gave a short account of an instance of *rupture of the perinæal tendon*. There was a distinct depression an inch and a-half between the ends. The case was rare compared with division of the *tendo achillis* and *plantaris* due to injury.

336 Dr. A. G. Malcolm's notes of the case of the nine-year-old girl presented by him at the meeting on April 26th, 1856. [See previous column.]

1851 Scarlatina—2 attacks  
3 weeks interval Dr. Moore

1852 Cough }  
Sore eyes } A.G.M.  
Mr. Browne  
Dr. Smith—Dispensary

1854 Fall on nose in country

April Small-pox—mild

1854–5 Lisburn Infirmary (5 months) Impetigo after hosp.

Dr. J. Baillie 9. Valentine St.

320 To A. G. Malcolm

[undated]

My Dear Malcolm

You will oblige me by examining this specimen of urine. It contains a considerable amount of oxalate of lime, with urea and urate of ammonia. Specific Gravity = 1035.

The oxalate is mainly confined to the mucous-like tufts which you will see floating through the urine when the urate is dissolved by heat. I want to know what these tufts are? They are evidently not mucus—nor do I think they are casts of tubes. I hope to be able to go to the conversazione on the 30. I got Carpenter's book, and am rather disappointed that it is not at all a Pathological work. We want much a book on Microscopic Pathology—do you know of any such.

Yours sincerely

Philip Russell

P.S. I could let you have a sick specimen of *Sarcina* from the same patient you had it from before. PR

332 To A. G. Malcolm

Friday Evening

Bangor

Dear Malcolm

I have not had any notes of the calculus case. I saw the mother today—she tells me the child suffered extremely from abdominal pain for a fortnight before passing the calculus, but previously they did not remark anything wrong with him. I send you some of his urine passed today. Could you work out what is the chemical composition of the nucleus or nuclei as from your details there seem to be two. I am sorry I cannot attend tomorrow, at the Pathological, but Saturday is a busy day with me. What was the essence of the book you on the Microscope you mentioned? and does it give drawings of the diseased microscopic appearances? Could you lend me Budd on the Stomach?

Yours very sincerely

Phillip Russell

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334 To J. H. Halliday

Coleraine  
April 30<sup>th</sup> 1856

Dear Sir

I enclose P.O. stamps for 5/- with my apologies for the delay.

I have noted the [place?] and the [condition?] of admission to the conversazione of which I regret I shall not be able to avail myself.

Yours very truly  
J. MacAldin

CONVERSAZIONE.  
April 30<sup>th</sup>, 1856.

The Second Conversazione of the Society was held on the 30th April in the Corn Exchange. The Members and Guests began to arrive at 7 p.m. The guests numbered 106 and included the Mayor, both bishops of Down and Connor, members of the academic staff of Queen's College, Chas. Lanyon the architect of the college, many clergymen, shipping and mercantile leaders, lawyers, military gentlemen, artists and schoolmasters. The members present numbered 45.

The room was decorated in an impressive and pleasing manner. From the ceiling several flags depended, the French tricolor and the Union Jack being appropriately placed together. The banners and flags of Turkey, Spain, Prussia, Russia, Greece, Mecklenburgh, and of the cities of Dantzic and Hamburgh were along the walls. The tables were conveniently disposed, so as to permit of promenading around each, and, altogether, the arrangements were excellent.

Stand I: Some admirable photographic views taken in the Crimea by Mr. Robertson were displayed. The clearness of outline and accuracy of these "sun-pictures" were the theme of universal commendation. A group of officers of the 19th Regiment before Sebastopol attracted much interest from the fidelity with which it represented Colonel McGee (he was present as a guest). Many who had known the gallant colonel recognised him at once. As illustrative of the advance of one of the collateral sciences, these pictures were well entitled to a place in the collection.

Table 1: There was a splendid array of Surgical and Philosophical Instruments from Young of Edinburgh, comprising all the latest inventions—a case of instruments which was specially fitted up for the French Exposition of 1855, including the designs of Professor Syme; a set of Syme's perineal instruments, of Simpson's instruments for gynaecological operations, lithroties, Dupuytren's bistoury for lithotomy, Spence's instruments for extracting musket balls, Dr. Alexander

Wood's Opiaye Syringe for injecting Batteley's Liquor into the cellular tissue, Liston's double inclined plane splint etc.

Table II: A very good collection of similar instruments was exhibited by our townsman Mr. Thos. Bell whose work will bear favourable comparison with any specimens we have yet seen.

Table III: Mr. William McKenna a veterinary surgeon (for the first time we believe in Belfast) exhibited a collection of surgical instruments and preparations illustrating hippo-pathology. Legs of horses with the blood vessels injected and the nerves and ligaments were shown also preparations showing joints. The instruments on display included dental forceps and rasps, trocars and cannulae, lancets, catheters, instruments for neurotomy, improved castrating knife, bronchotomy tube, cupping instruments and a tobacco smoke enema apparatus.

Table IV: Mr. G. H. Strype exhibited an apparatus for controlling the duration of exposure in photography. This opened and closed the lens. An operator could take his own portrait without assistance. The time of exposure could be any length up to ten minutes. Mr. Strype also showed a magneto-electric machine capable of yielding shocks or carrying out electrolysis or electro-silvering.

Stand II: This stand was crowded with choice specimens of Mineral and Vegetable Materia Medica. Messrs. Dyas and Cantrell had on show a great variety of medical appliances and medicinal extract of great rarity, some introduced for the first time to the medical profession. Scarc and costly alkaloids were on view. They also showed domestic and surgical appliances in India Rubber. Feeding bottles on a new and improved principle and respirators of a light and simple construction were also seen. Mr. Wakington "now the oldest druggist firm in town" exhibited a selected series of vegetable medicinal preparations with tickets explanatory of their nativity and circumstances attending their introduction into practice were appended to each article.

Table V: Messrs. Grattan & Co. Apothecaries and Chemists displayed pure vegetable alkaloids and also cheap and expensive preparations which could not be told apart except by an expert. The cheap ones had been adulterated. Examples were: Scammonies from 5s. 6d per lb. to 50s.; Rhubarbs from 6d to 20s.; Musks from 24s. per oz. to 74s., Iodine and its Salts; Salts of Bismuth; Preparations of Sulphur etc., manufactured especially for the low priced market, and only to be distinguished from the genuine by the educated eye or chemical and microscopical examination, although

occasionally containing so much as 75 per cent. of inert or foreign material.

Stand III: A collection of portraits of celebrated English and Irish physicians and surgeons; a volume of autograph letters the property of William H. Malcolm (Dr. A. G. M.'s brother). It contained letters from David Garrick, George Washington, the Duke of Marlborough, a poem by Robert Burns in his own handwriting, and a letter from Lord Nelson of 1801, from Empress Josephine, Edmund Kean, William Pitt, Robert Peel, Wilberforce, Dan. O'Connell, R. B. Sheridan, from Lord Byron a promissory note, Cherubini—letter, Weber do., Paganini—a few bars of music. Thomas Moore, Sir John Moore, Marshal Ney, Duke of Wellington—letters; Thomas Campbell—poem in his own writing, Edmund Burke and Wordsworth—letters, Joseph Haydn—2 leaves of music with his signature, signatures of Alexander Pope, Laurence Sterne, W. M. Thackeray, Charles Lever, W. C. Macready, Joseph Hume, Charles Dickens, Mendelssohn, S. T. Coleridge and Lord Belfast. Lastly Oliver Cromwell's signature to a commission in the Parliamentary army dated Whitehall, 28th May, 1655.

Table VI: A number of trophies of travel, principally collected in Mexico, by the contribution of Gordon A. Thompson, Esq., of Bedeque House. Also some reminiscences of the late war, in the shape of Crimean trophies consisting of helmets, coat, sword, musket, bayonet, sabre boots, spurs etc. which were secured as booty from the Russian slain, and kindly procured for the occasion by Mr. John Bell.

Near this collection were a pair of stout boots (sent by Mr. H. M. Johnston, Secretary of the Society) adapted for the use of those who had lost the foot from frost-bite, and which, we were told, were manufactured by Her Majesty for the use of our disabled soldiers.

Stand V: A portable wheel barometer invented by Joseph Cappo, Chemical & Philosophical Instrument Maker, 145 Millfield, Belfast, also a "very neat rotatory steam engine of glass" which could be used in fumigating rooms etc. during sickness.

Stand VI: Modern articles of sanitary value—a full sized warm bath heated by gas, ventilators, plans for the drainage of Belfast by R. Young, Esq., C.E., plans of model dwellings for the poorer classes and illustrations from the Parliamentary Inquiry "The Health of Towns" (presented by Dr. A. G. Malcolm).

Table VII: Microscopic demonstrations by members of the Society, such as the polarization of light, and the circulation of the blood in a frog's foot; and in some novel experiments illustrating the physiological ef-

fects of strychnine by Dr. Hall's frog-test. None of these could be viewed with indifference, even by those accustomed to such spectacles, while to the uninitiated they were productive of surprise and amazement.

At another part of the hall we observed spirometers adapted for measuring the "vital capacity" of the lungs.

Stand VII: A collection of models illustrating the various forms of Crystallography and pathological drawings and models in lime and wax were furnished from the private collection of the President (A. G. M.) and in part from the Society's museum.

Stand VIII: Dr. Moore, Belfast contributed from his collection a number of photograph portraits of the leading medical and surgical celebrities of Gt. Britain and Ireland and a series of pathological drawings "the production of his own truthful and powerful pencil."

Table IX: A selection of ancient works in medicine printed in the 16th. century and a number of splendidly illustrated folios from the library of the Belfast Medical Society. An assortment of modern medical treatises (1850 to 1856) were exhibited by Mr. H. Greer, Bookseller, Belfast.

Stand IX: Coloured drawings of botanical and zoological subjects (especially physiology and anatomy) by Professors Dickie and Stewart of Q.C.B.

Table X: Coloured and most life-like gutta-percha models of the heart and eye, and appendages by Dr. Murney, Demonstrator at Queen's College and Mr. Browne, R.N. "our able local ophthalmologist."

Stand XI: An array of botanical and other drawings by Mr. A. Nicholl "our accomplished townsman" made during his residence in Ceylon. The Palmyra palm represented possesses interest from the fact that its trunk is in the Belfast Museum, having been presented by Sir James Emerson Tennent.

Stand XII: Mr. Magill, Fine Arts Repository, Donegall Place exhibited a series of photographs—the majority stereoscopic. (The programme report contained a very full account of the marvels of stereoscopy. "Though but a discovery of yesterday, the stereoscope has already proved the means of prolific enjoyment to many.... Not only has it brought within the reach of all such treasures as those of the Crystal Palace but views from Paris, Vienna and Rome... and from Swiss Alpine scenery. By its agency all that is grand in nature may be collected from every quarter of the globe, and nationalized to sweeten leisure, to

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charm society, to educate youth, and to shed the most refined enjoyment around the domestic hearth.”)

The beautiful appearance of the hall was enhanced by a number of objects of statuary from the studio of Messrs. Venturelli, Corporation Street, consisting of casts of a suit of armour, “Bacchus”, the Neapolitan Girl, Hebe, Prometheus chained to the rock, Helen & Paris, William Tell, Napoleon III and “a well executed Phrenological Head.”

After completing the circuit of the room Members and Visitors stopped at a well-furnished refreshment table, where tea and coffee and confections were liberally dispensed by Mr. Thomson, Donegall Place.

ADDRESS DELIVERED BY DR MALCOLM  
At the Second Conversazione

Shortly after nine o'clock Dr. Malcolm rose, amid general applause and proceeded to deliver his presidential address as follows:—

Paper:<sup>1</sup> Gentlemen,—However much I might have wished to occupy, this evening, the position of a spectator or a listener, instead of the office which the partiality of my professional brethren has thrust upon me, I shall not shrink from fulfilling, to the best of my ability, the task which my situation, as retiring President of the Belfast Clinical and Pathological Society imposes; because I feel assured, that the same indulgence which has sustained me throughout the labours of the Session, which this evening terminates, will not be withheld on this—to me, at least—trying occasion.

I must say, that were my audience composed exclusively of my professional brethren, I should feel much more at ease, as the observations with which I would, under those circumstances, have occupied their attention, would naturally and genially flow, as from one medical mind to another, without the most distant risk of being misinterpreted or misunderstood. But, as it is, when I see around me gentlemen, eminently distinguished in other walks of knowledge—gentlemen, whom I may, in all truth, regard as the representatives of science and literature in this city, whose proudest boast was, and is, that it contained such men—I cannot conceal the difficulty of the position I hold. I would, however, trust, that in the remarks which I purpose to offer this evening, I shall steer clear of deserving the imputation that the medical element has been too strongly infused to render them palatable to a mixed audience.

Before proceeding to the principal subject of this address, I desire to express my feelings of heartfelt congratulation to the members of our Association on its past progress, its present position, and its future pros-

pects. My non-medical friends will bear with me, when I tell you I am proud—confessedly proud, of the standing of the Belfast Clinical and Pathological Society amongst the Medical Associations of Ireland. But three short Sessions have passed over our heads, and we already number in our ranks upwards of one hundred and sixteen Members. When, three years ago, its foundations were laid, I little thought how far beyond my first anticipations would be the result of the work. In that little space of time our Society has extended its operations into all parts of the province of Ulster; and its most distant members feel its improving influences almost as vividly as if they were resident, and enabled to join directly in its proceedings. This pleasing result of our weekly lithographed “abstract” is but a slight indication of what I trust may yet be accomplished, in the way of placing the resident and non-resident members more on an equality. The time may come when we may have our medical reporters, who will give our brethren at Letterkenny or Culmore full reports weekly of the doings and sayings of our medical parliament in Belfast.

Gentlemen, I am happy in having it in my power to state that, on last Saturday, we elected the thirtieth new member for this session—an evidence at once of our strength and of an evergrowing interest in the objects of the Society. However anxious and doubtful I might have felt as to the issue of its early struggles, the experience of each successive session has more and more confirmed me in my impression that the stability of our Society is real, inherent, and permanent; and that its existence has filled a vacuum which had been forming for many years past, especially in the midst of our local brethren. In the attainment of its present triumphant position, I would be doing an injustice were I to omit making the most honourable mention of the labours of my predecessors in this chair. The first volume of our “Transactions” is a sufficient index to the ability and zeal of the one;<sup>1</sup> and I have only to mention the name of Professor Ferguson to intimate to you the peculiar qualifications for the office which the other enjoys. (Hear, and cheers.) And need I add that, in your selection this day of my respected successor, there is afforded the best guarantee of a prosperous future. (Renewed applause.)

You will naturally suppose, gentlemen, that this language, in reference to our Society, savours rather much of the sanguine temperament. I confess I must yield to the soft impeachment. But I believe no new undertaking was ever yet projected into permanence without a large infusion of the element referred to amongst its promoters. And I know that those amongst my audience, who are acquainted with the incipient stage of this Society, will pardon me for any exuberance of feeling which the occasion has elicited.

<sup>1</sup> [Dublin Hospital Gazette, 1856, v3, No. 9, p134.]

<sup>1</sup> Dr. T. H. Purdon.

Gentlemen, the guests of the Belfast Clinical and Pathological Society, permit me to wish you a hearty welcome to our second conversazione. Many of you will, doubtless, recognize amongst the various objects of interest which are this evening displayed before you, some which will remind you of a similar occasion this time last year; and, from what I know of the general impression which was expressed on the last occasion, I am not apprehensive as to the result of our present efforts to form a meeting which will be not altogether unattractive to the distinguished savans whom I see around me. On this occasion, however, it is my desire to draw your particular attention to the elements of advanced science, which may be gleaned by an inspection of the contents of this Hall. One impression which such examination must, I think, elicit in the minds of all, will be that of surprise; for you will meet with here, on almost every table, objects of scientific interest which do not seem, to a non-medical understanding, to be very intimately associated with medical practice. On the contrary, the devotee of pure science, who had never so much as opened a medical volume, would recognize in the great majority of the objects here presented, his most familiar acquaintances. Now, when I have shewn you that the medical mind considers all these same objects as equally interesting to him, it will not be too much to infer that there is an indissoluble connexion between science and true medicine. But I go further, and I state without any hesitation, that the progress of medicine has advanced, and will continue to advance, in a direct ratio with the advancing strides of science. We do not, therefore, consider ourselves as diverging from the path of strict professional duty, when we issue our annual invitations to many whose knowledge of medicine is limited to the painful experience of the *armamenta medicinæ*. On the contrary, in summoning you to our annual gathering, and in placing before you on these occasions objects of equal interest to us both, we do so with a view to impress upon one and all the grand presiding fact, that science, in all its divisions—in all its apparently varying characters—call it by what title you will—is one and the same—the discovery and interpretation of the laws of our common Creator.

Gentlemen, I deem the present a fitting occasion for illustrating this truth. The subject admits of endless amplification. It is not my intention, however, to do more than touch the salient points; for this will be quite sufficient to render manifest the validity of the proposition, that medical progress only became real when science became the pioneer and guide of medicine. Like to the benighted traveller, who walks on and on in the vain hope of reaching his destination, but who, in reality, has lost the true path, so medical knowledge, in the early times, endeavoured to advance by the changing light of *ignes fatui*, which successive hypotheses had engendered from time to time. It was reserved for sci-

ence to light the traveller on his way, to dissipate the clouds which hovered o'er the road to truth, and to remove, with a single touch, obstacles to onward progress which seemed colossal to a prescientific age.

The progress of human knowledge, in any of its numerous departments, seems, in my view, to include three stages. In the earliest period, the mind of man was bewildered with the number, variety, and extent of the objects in nature submitted to his contemplation. Man, under such circumstances, may be compared to a child; his observing powers are over-taxed, and his perceptions are necessarily intermixed, and almost shrouded in the inward imaginings, which the objects suggest. He is at this time incapable of true observation. The immensity overwhelms his feeble understanding; and in the attempt to describe what comes within the range of his senses, he loses himself in the vain endeavour to grasp the entire phenomena presented to him. In no department of human knowledge is this more evidently manifested, than in that of medicine. Truly, may the first steps here be deemed, the impress of conjecture and superstition. It seems to us of the present day passing strange, that the early writers in medicine displayed such gross imperfection with regard to the structure and functions of the human frame. Is it not surprising that for a long period subsequent to the time of Hippocrates, the veins and arteries were undistinguishable; that nerves, and sinews, and ligaments, were designated indiscriminately by the same terms; that Aristotle's arteries contained only air, which the wind-pipe conveyed from the atmosphere to the heart, and at a later period, in the time of Galen, that the veins were supposed to originate in the liver, and the arteries in the heart, and that that large muscle which separates the thoracic from the abdominal cavity was, in some way or other, connected with mental emotions? It does seem strange, indeed, that even up to the fourteenth century of the present era, the only movement which the blood was supposed to possess was that of flux and reflux, and it was only about this time that any rational ideas were beginning to be entertained as to the action and uses of the valves which are observed at the origin of the two great arterial trunks, those situated between the chambers of the heart and the delicate semivalves of the veins. Does it not, I say, strike us with amazement that Berengarius and Vesalius were the first to show the instability of the ancient doctrine, that the intermixture of the two kinds of blood, which the most ordinary ocular demonstration was sufficient to discriminate, was effected by means of a filtering process through the septum ventriculorum, or the partition between the right and left chambers of the heart? But it is, perhaps, still more curious to reflect, that the very first step towards a solution of the great problem of the circulation of the blood, sprung directly from the agitation on the question, at this time widely debated in the medical world, viz. if the septum (referred to) be, as was

proved, impervious, where can the meeting of the arterial and venous blood be accomplished? And it is certainly a fact, of equal interest, that the individual who had the honour of proposing a clue to remove the difficulty, was no other than a theological writer, the unfortunate Servetus, who was the first to suggest the transit of the blood through the lungs from the right side of the heart to the left. Here I must diverge a little to state, that I am quite aware that Servetus' claims as a discoverer have been questioned, and that his views have been deemed, by some, as a mere hypothetical proposal for getting over a difficulty; but a reference to some passages from his work, entitled, "Christianismi Restitutio" (of which, by the bye, it appears only two copies have come down to us), abundantly proves that he had reasoned upon the facts presented to him, and inferred the truth therefrom. Some short time later, Andrew Cesalpinus, having observed the swelling of the veins below ligatures, bethought him that the blood must have a movement in these vessels, in a direction from the extremities towards the heart; and this idea was still further corroborated by Fabricius, who, having more carefully examined the disposition of the valves of the veins, which Sylvius had previously discovered, ascertained that they were all turned towards the heart, and thereby became obstacles to the return of the blood to the extremities. Here was the first light shed upon the nature of the general circulation; and it does seem an object of great wonder to us at the present day, that it was reserved for a later than Fabricius to unfold the true character. Reasoning upon the facts thus ascertained, and believing that the movement of the blood in its vessels was fully established, HARVEY, in the year 1616, conceived the happy idea of instituting a series of experiments to determine the exact course of the blood. He compared the different effects, when a ligature was thrown round a vein, and an artery; and he placed the results in conjunction with the known direction of the valves, and, in a comparatively short time, was enabled to satisfy himself that the blood is impelled by the left side of the heart, in the arteries, to the extremities, and thence returns by the veins into the right side of the heart; and he further proved, that the pulmonic circulation is but a continuation of the larger. In this manner he gave a complete theory on the circulation.

Now, let us pause a moment to inquire how it was that this, the most important physiological discovery up to his day, was effected. It was impossible for Harvey to see the current in its entire course. It is, therefore, an inference—but an inference so based upon a series of acknowledged facts that the demonstration becomes complete. Harvey was asked, on one occasion, What induced him to think of the circulation? And he replied, that when he took notice that the valves in the veins, in so many parts of the body, were so placed that they gave a free passage to the blood towards the heart, but

opposed the passage of the venal current the contrary way, he was incited to imagine that, so provident a cause as nature had not placed so many valves without design; and no design seemed more probable than that the blood should be sent through the arteries and return through the veins, whose valves did not oppose its course that way. Whewell, in commenting upon this discovery, states that Harvey must have possessed clear views of the motions and pressures of a fluid circulating in ramifying tubes to enable him to see how the position of valves, the pulsation of the heart, the effects of ligatures, of bleeding, and other circumstances, ought to manifest themselves in order to confirm his view; and that he had referred to a multiform and varied experience for the evidence that it was so confirmed. The simple fact is, the elements of this great discovery were previously well and generally known. Fabricius, as I have observed, was upon the very verge, yet missed it. He supplied, however, the last link in that chain of evidence which put Harvey upon the track. Harvey discovered the circulation, not in the manner that a new mineral or a new plant might be casually observed for the first time, but solely as an inductive truth. He had the same facts to deal with as many of his predecessors. In their hands they were isolated, unproductive, and non-suggestive. He was the first to place them in relation, harmony, and mutual dependence. And, in the true philosophic spirit of Baconian reasoning, he cast aside the unsupported imaginings of ancient medicine, seized the facts actually observed, constructed others with his own hands, and raised that immortal structure which the progress and the test of time have only tended to consolidate. Harvey was a true disciple of nature. Whatever, before his time, had had her sanction, he was satisfied with. He himself questioned her eagerly, and carefully noted her replies; and, though totally and necessarily unacquainted with the modern facts of natural philosophy or physiology, he unveiled to an astonished world the beauty and simplicity of the Creator's design.

This reference to one of the great eras in physiological history leads me to my second proposition, that the second stage in any department of knowledge is distinguished by the prevalence of a rational observation, or, in other words, the acquisition of philosophic truth by a process of inductive reasoning.

Though Bacon was the first to insist upon this particular method of investigation, though he was the first to throw this yoke upon the ardent labourers of the mental world, still we find in the circumstances connected with the growth of the grand discovery to which I have just drawn your particular attention, there is abundant evidence to prove that Harvey had anticipated the very system with which the name of Bacon will be for ever associated.

As another memorable instance of the power of rational observation, I may here allude to the splendid

discoveries of Sir C. Bell, and later still, of Dr. Marshall Hall. In this particular department of physiological research, the conjectural age seems to have been unusually protracted. Galen taught that the nerves are the channels of perception, but he, and for a long time his successors, not unfrequently confounded nerves and tendons. The division of the nerves according to their connexion with the nervous centres, the examination of the different ganglions or knots which occur upon them, and the unravelling of the brain according to its proper structure, was the work of Willis in 1664. But all this came far short of the views which Bell and Hall for the first time propounded to the world, and these, be it remarked, were simply the result of the most careful, but at the same time ordinary observation and experiment as a basis, and of a calm judgment upon the data thus laboriously established. It must be remembered, however, that there is a considerable difference in the character of these two discoveries. Sir C. Bell dissected the nervous ramifications, and at the conclusion of his work was enabled to say with the utmost confidence, this is a nerve of motion, and this other is a nerve of sensation.

On the other hand, Marshall Hall predicates certain functions of a portion of the nervous system, based chiefly if not entirely upon clinical observation, and the result of systematic experiment. The object of both, nevertheless, is ultimately attained in the same way. In this and the preceding example, it will be observed, that most important advances were made in medical knowledge without other aid than what a well-regulated observation was sufficient to impart. But even these, great undoubtedly as they are, were but a small portion of that knowledge of the circulation and the nervous system which even the merest tyro of the present day possesses. We are now cognizant of the most intimate nature of the vital fluid, and its actions in the minutest vessels, and also of the nervous substance wherever situated.

These considerations bring me to the last stage through which our own knowledge has passed, namely, that which is characterized by the result of rational observation, aided by scientific instruments. I allude especially to that vast increase of knowledge which is mainly due to the careful use of the MICROSCOPE, the employment of chemical analysis, and the result of electric agents, in health and disease. Wherever these agents have had the proper field to labour in, the yield has been unprecedented; though it must be admitted that all are as yet in an infant condition, but such as promise for the future the brightest prospects. (Hear.)

It were totally impossible, in the brief space which I intend to occupy, to refer in a particular manner to these immense results. I shall, therefore, confine myself to a notice of that new world which the revelations of the microscope have unfolded to the medical practitioner. We are accustomed to speak of the immensity of

space; and, indeed, the successive improvements in the means for discerning the countless worlds that surround us have even yet barely enabled us to possess the faintest idea of the infinity of Providence. When astronomers tell us that stars are visible, by means of instruments, whose light must have occupied a period of many hundred years in traversing that vast interval of space between them and us, we cannot but feel the awfulness and majestic sublimity of the “ways of the Almighty.” But if such be our impression when contemplating nature upon her grandest scale, let us remember that there is another extreme wherein we have worlds, which, though invisible to unaided vision, present a perpetual succession of objects to excite our wonder, and teach us the great truth of the unfathomable depth of the wisdom of the Infinite. In the successive improvements from the time of Seneca, who, in the first century, wrote for the first time that small and indistinct objects become larger and clearer in form when seen through a globe of glass filled with water, down to the present year, when objects are magnified hundreds of thousands of times, a succession of improvements has enabled us to state, that as each step made towards the present perfection of the instrument has opened up new conditions of existence unknown to previous observation, so there is every reason to believe, that we are still far from being in possession of the highest capabilities which the instrument is calculated to afford. Just as the hazy nebulae in the time of Herschel have been clearly analysed by the six-foot parabolic speculum of Lord Rosse, so it is not unphilosophical to assume, that there are still wonders in the microscopical existence which some future microscopist will be yet enabled to discern. (Hear.)

In regard to the influence which has been felt, through the whole domain of physiology, by the use of the microscope, I believe I may say, without fear of contradiction, that it has been the means of completely revolutionizing the knowledge of animal structures which prevailed prior to its introduction. What modern chemistry has done in elucidating the composition of the materials concerned in secretion and nutrition; what the stethoscope has effected towards the detection of thoracic disease; what our knowledge of electricity has enabled us to predicate concerning the phenomena of the nervous system, have, I would say, been far excelled by the mass of facts in anatomical, physiological, and pathological knowledge, which is due to the scientific use of that queen of instruments, the microscope.

We may date the commencement of micro-anatomical study, in the year 1660, when the celebrated Marcello Malpighi commenced his inquiries upon the blood, which have been the foundation of all subsequent knowledge upon this subject. It is recorded that he was the first individual who was favoured with that most wonderful sight—a view of the capillary circulation in the living animal; a spectacle which even at the present

day, and though often observed, ever excites our greatest wonder. Indeed we can scarcely imagine the intensity of the emotion it must have originally called forth in the mind of the celebrated discoverer. It proved in him the strongest stimulus to extended research; and we find that on the nature of almost every tissue, in both the animal and vegetable world, he has thrown so much light, and by means of what would be now regarded as very imperfect instruments, as to have anticipated much of the boasted knowledge of many of his successors.

I must pass over the names of Leuwenhoeck, whose untiring industry in minute anatomy the Transactions of the Royal Society sufficiently establish; also the names of Ruysch, Sömering, Prochaska, and Lieberkhun, all of whom have left imperishable names in the history of microscopic anatomy. I can also but merely mention the name of our celebrated countryman, William Hewson, in whose experimental inquiries, the results of his anatomical investigations were so accurate, notwithstanding the imperfection of the means at his command, that subsequent observers have been only enabled to confirm them.

The “observations” hitherto referred to, it must be remembered, were made by means of unachromatic instruments, and no steps were taken to remedy this great defect, till about thirty years ago, when the first compound achromatic was presented to the French Academy of Sciences, and shortly afterwards, in 1826, the first of this kind was constructed in this country. Amongst those to whom we are indebted for this highly important improvement, without which, indeed, the best compound instrument would give less perfect results than the commonest single lens, must be mentioned the names of Dr. Goring, Dr. Hodgkin, and Mr. Lister.<sup>1</sup> This last-named gentleman is, perhaps, the most deserving of renown, for his combination of lenses, constructed in 1829, has, to use the words of Mr. Quekett, “tended more than any other to raise the compound microscope from its primitive and almost useless condition, to that of being the most important instrument ever yet bestowed by art upon the investigator.” Now, who think you was this Mr. Lister? A London merchant, who, in the midst of a large and pressing business, was yet enabled, by his great talents and untiring energy, to lay the foundation of the true principles of achromatism, and in his spare moments to carry those principles into practical realization.

There have been many instances in the history of discovery of similar manifestations of genius in the persons of those who were never permitted to indulge in “learned leisure.” Indeed, it seems to have been a favourite system which nature has ever adopted, to disclose her secrets to those who have laboured in the pursuit of truth amidst the greatest obstacles and difficult-

ies; and this fact, for illustrations of which no one need be at a loss in the history of British science, should be an encouragement to all who enjoy the taste for scientific research in all the varied occupations of the world. (Hear.) There is no business so engrossing as not to leave many valuable moments for calm reflection or experimental inquiry, and no one can predict what may be the result in any individual instance of a devotion to some particular branch, of these leisure hours.

The important improvement in the instrument to which I have just referred, it is to be presumed was not without its immediate practical results. Every object previously observed was subjected to the new test, and thus many of the errors of previous imperfect observations were corrected, and novel phenomena for the first time established. Amongst this latter class none has exceeded in importance the new facts due to the labours of Schleiden in the vegetable, and Schwann in the animal kingdom. Their researches have eventuated in the establishment of, probably, the greatest attempt at generalization ever made in physiological science: I allude to the “cell theory;” a theory which owes its origin to the suggestions which sprung out of a contemplation of the cells of cartilage, and a comparison of this observation with what was previously noticed in the vegetable world. It is difficult to conceive what may be the result of further developments of this grand theory, but I have no hesitation in stating my belief, that if we are ever to possess any more distinct knowledge than we already enjoy as to the growth of tissues, or the intimate phenomena of secretion and assimilation, it will come through the instrumentality of some development of this theory.

I might here appropriately draw your attention to some of the leading advantages which the use of the microscope offers to the medical practitioner. I might state what important aid in the detection of disease and its stages it can supply, and also what indications of treatment it affords; but recollecting the mixed character of the audience I have the honour to address, I shall consult my own convenience and yours by omitting particular mention of it altogether, further than to allude to the striking utility which this instrument has displayed in the detection of poisons and the adulteration of food.

It will be in the recollection of many that a few years ago a very complete investigation was instituted in London, by the Editor of the *Lancet*, in regard to the latter, the result of which has been to draw the attention not merely of the public, but also of the authorities, to this ruinous evil, an evil which presses too most severely upon the most unprotected classes of society. It has been fully ascertained that the effect of inordinate competition in the sale of articles of diet has been to lead to the systematising of many forms of adulteration, the detection of which was hitherto almost impossible, until the aid of chemistry and the microscope was

<sup>1</sup> [Father of Sir Joseph Lister, Bt., an Honorary Fellow of the UMS.]

resorted to. And well did they accomplish the object. Nothing was too complex or too minute for their united analysing power. This is more especially the case in reference to vegetable productions, which the most advanced knowledge of chemistry alone was frequently unable to satisfactorily distinguish, when mixed up in various pulverulent combinations. The nature of these compounds, the microscope, in the hands of Quekett, Hassall, and Letheby, has established in a single trial almost without the slightest risk of failure. The time is, therefore, fully arrived when legislative interference is imperatively called for, to protect the masses of the community from becoming the prey of fraudulent dealers, and when every constituted authority should deem at least as necessary as the protection of property, the maintenance of the lives and health of the community. The subject of poisoning has lately presented itself to us in a fearfully revolting aspect. (Hear.) The rapid succession of these horrible cases recalls to our memories the records of ancient times, when scarcely any public character was safe. Fortunately, however, we, in the present day, are not without redress. I am glad to have it in my power to say, that the detection of almost every animal and vegetable poison is now so sure, that there is little chance of a failure of evidence on this score. Strychnine and hydrocyanic acid, hitherto deemed inaccessible to post-mortem tests, in consequence of the minuteness of the fatal dose, are now readily detected a considerable time after death. I can refer you to some experiments which will be submitted to you in the course of the evening, which will abundantly satisfy the most sceptical as to the practicability of this statement. It is by such triumphs of science that life is really rendered secure. The fear of death under the old system was shorn of half its terrors by the strong impression on the mind of the assassin that the law could not be enforced from want of conclusive evidence; so that in this respect, as well as the other points of view which I have brought under your notice this evening, well may it be said that the progress of science in general is fraught with the blessing of perpetually increasing prosperity to the whole human race, both as individuals and as communities. (Hear, hear.)

As I have set out with asserting the indispensable connexion between general and medical science, so must I conclude with reiterating the spirit of my proposition. There is none amongst us here this evening, who could not, I feel assured, assist in the great work of human amelioration—all, I trust, are more or less acquainted with some branch of scientific research; none of us is so absorbed in the duties of our respective callings, as not to have some moments of leisure daily, to occupy in pursuing some scientific object; and none, I am satisfied, can direct his energies assiduously and continuously on any one worthy object of study, without being, sooner or later, enabled to educe from amidst the multitude of interesting phenomena which his pur-

suit will elicit, some practical truth hitherto unobserved. Well, then, this is the first great step in discovery—the foundation on which, when aggregated, the superstructure of a “Law of Nature” may be ultimately erected. Here, then, we have an ennobling object to stimulate our endeavours after scientific truth. Well has it been said by Galen of old, that “the study of physiology is a hymn in honour of the Deity.” But he might, with similar effect, have stated the same of the study of nature in general. There need be no rivalries amongst her votaries: their reward is in the study itself, and the reflection that they are agents in the hands of Providence for disseminating “His praise through every land.”

And now, gentlemen, before I resign my trust into the hands of my respected successor, whom the voice of the Society at large has this day elected to the honourable office of its President, I would ask the members to accept of my very best thanks for the support which they have afforded in strengthening and consolidating the Society during the past session. Never were meetings better attended than our weekly reunions at the General Hospital; never was displayed so much enthusiasm in the transaction of the regular business, which engaged us from week to week; and never, I believe, was there a more auspicious prospect for the session which is now about to open. It is, gentlemen, my most earnest wish that you will, one and all, continue to cherish this common bond of union established for purely scientific purposes, and the common benefit of our profession and the public at large. May the spirit of improvement and of progress never die within us, but, on the contrary, may we continue to emulate each other in striving after the acquisition of that rational scientific knowledge of medicine, which, when chastened by practical experience, is the surest test of the accomplished practitioner, and the best safeguard of the common weal.

The learned Doctor resumed his seat amid general applause.

Dr. Malcolm then vacated the chair, which was taken by Dr. M’Gee, the President elect.

Mr. Browne, Senior Vice-President, moved, and Dr. Stewart V.P. seconded, a vote of thanks to Dr. Malcolm for the learned address that he had delivered.

Dr. M’Gee put the motion, which passed with acclamation, and in conveying the thanks of the meeting to the Ex-President, said, that the approbation of such a meeting was no mean tribute, and, he should add, that never, in his opinion, were thanks better deserved. (Hear.)

Dr. Malcolm acknowledged the compliment in appropriate terms. The assembly then rose and again dispersed through the room, inspecting the several collections, and the *conversazione* ended about eleven o’clock.

Belfast Clinical and Pathological Society

Third Session: 1855–1856

President Andrew George Malcolm

339 Invoice from C. Thompson, Cook and Confectioner.

2 Donegall Place  
April 30 1856

To furnishing refreshments for 145 Gentlemen at 1/6 each £10 17 6

333 To A. G. Malcolm

Pump Street, L'derry  
2 May 1856

Dear Sir

By this post I send you a small box containing, for your examination, half of a tumour which I removed yesterday, from a patient in the County Infirmary here.

The tumour was firmly attached to and growing from the metacarpal bone of the little finger of the right hand. It had been of one years growth and was rapidly encroaching.

On examination it was very hard, the integuments were loose and moveable over the tumour. There was not pain in it nor did it interfere with the use or mobility of the hand but from its unsightly appearance the patient was anxious for its removal.

It was removed by making an incision on each side down to the bone cutting through the metacarpal bone and removing the finger with the tumour attached. I made a section of the tumour this morning, and send you the half. The other portion has the metacarpal bone attached to it, this I shall preserve.

When writing on this subject will you kindly do me the favour of having me elected a member of your Pathological Society. I received a communication some weeks since from the secretaries but I put it by so carefully that it was forgotten.

I may be able occasionally to send you a specimen or a case.

I am dear Sir  
Faithfully yours  
Thomas H. Babington  
M.B.

**Council Meeting 6 May, 1856**

Present, Drs. Malcolm, R. Stewart, Murney, Johnston, Halliday, Ross.

Votes of thanks to the Corn Exchange proprietors, to the exhibitors, to Dyas and Cantrell, James Girdwood. Accounts passed.

That the contributors be allowed to publish at their own expense, a list of their contributions.

330

Dundalk  
7<sup>th</sup> May

Dr. Bruncker presents Compliments to the Secretaries of the Belfast Pathological Society—regrets he was not able to attend the late meeting.

335 To A. G. Malcolm

Pump Street  
Londonderry  
May 7 1856

Dear Sir

I am much obliged for your letter of the 6<sup>th</sup>. I thought myself the tumour was osteosarcoma and I beg to thank you for your report on the subject.

I will gladly co-operate with your Society as one of your Corresponding Members and feel much obliged by your kindly enrolling me amongst the Members. Anything interesting which I can glean and gather you shall have share of and I will report as required.

Should business or pleasure bring you this way during the summer I shall be glad to see you.

I am Dear Sir  
Faithfully yours  
Thomas H. Babington

**Council Meeting 10 May, 1856**

Present, Drs. M'Gee, Young, Dill, Malcolm, McMechan, Browne, R. Stewart, Ross, Johnston.

Dr. Malcolm's making appointment of Dr. Babington, Coleraine, corresponding member for the Londonderry district. Ask this gentleman above mentioned in order to supply funds to treasurer to pay expenses of correspondence agree to pay their subscription for the current year 1856 and 1857.

It was passed that the treasurer be empowered to pay the deficiency in the funds for defraying the expenses of the conversazione.

That John McCann be continued in the pay of Society until the commencement of next session at his usual salary.

Robert Stewart, V.P. Chairman  
June 24<sup>th</sup> 1856.

**Council Meeting 24 June, 1856**

Present, the President, Drs. R. Stewart, Dill, Murney, Ross, Malcolm.

Minutes of last meeting signed and confirmed.

Dr. Stewart moved that 2/6 be expended on the purchase of reports of the conversazione.

Passed.

Dr. Malcolm laid estimates for printing transactions from Dublin Quarterly, Dublin Medical Press, Dublin Hospital Gazette, and Mr. Mayne.

337 To W. McGee (*written over [Malcolm?]*)

June 28 1856

Dear Doctor

Having gotten an estimate from the "Whig", also from the Newsletter and Banner, for printing a volume such as the enclosed and supplying 200 copies, I beg sending it to you as arranged upon, for such fur-

ther estimates as you may find it convenient to obtain to lay before the Council at its advertised meeting on the 3<sup>rd</sup> proximo.

Very truly yours  
R. Stewart

**Council Meeting July 8, 1856**

Present, the President in the chair, Drs. Malcolm, Halliday, Patterson, Murney & Browne R.N., Ross, Johnston.

That the transactions of the past 2 years be published and the cost do not exceed fifteen pounds.

That a subcommittee be appointed Dr. R. Stewart, Dr. Malcolm, Mr. Johnston, Ross, Dr. Halliday, to decide on the to carry out the foregoing resolution.

338 *To the Council*

7½ High Street  
Belfast  
11 July 1856

Estimate

I undertake to print report of Clinical and Pathological Society 200 copies at £1-3-0 per half sheet of 12pp same as specimen. Tables and lists in small type to be charged for extra.

The binding, if in same style and quantity as last report to be £1-2-6 per 100.

Alex Mayne

**Council Meeting July 15, 1856**

Dr. R. Stewart in the chair. Present Drs. Malcolm, Halliday, R. Stewart & Mr. H. M. Johnston.

The estimate from Mr. Mayne read.

“Resolved that Mr. Mayne’s estimate be accepted £14..18..0 upon condition that tables and list in small type be not charged for extra. If such terms can not be accepted that the printing be given to the Newsletter.”

344 *Blank Case Paper*

**Contributed by \_\_  
Short Heading for the Case \_\_**

The Reporter is requested to note as many of the following points in his record of the case as possible, viz. —“If from any author, the particular volume and page; if original, the place and date. In any case, the age, history, management, impressions regarding same at different periods, the termination, and p.m. examination, if any.”

For the description of Cases desired, see Law XII.

Communications for the “Note and Query Book,” may also be inserted on this paper. These may com-

prise notices of any Medical Discovery, Invention, or Novelty in practice and Solutions of doubtful but interesting points, requiring for their decision, access to rare authorities, a knowledge of medical statistics, or a new series of experiments.

RECORD OF THE CASE

351 *To A. G. Malcolm*

6 Chester Street Liverpool  
September 13<sup>th</sup> 1856

Dear Malcolm

I have left Comber and have just commenced business here. I had intended settling in Manchester but coming down to look at Liverpool I decided on selecting it.

I read your conclusion today and hasten to return it corrected. I think it might have been useful to have noted the remedies tried and found unserviceable, but doubtless many would hesitate in accepting the conclusions and as curtailing was needful I defer to your judgement.

The Society owes you many obligations for your untiring interest and confidence for its success.

If Mr. John Smith sends for you, he is well able to pay, being very wealthy but is that parsimonious, he doesn’t like being charged £1 for every call he gives you. “Sam. Thomson allowed *two* or *three*.” Times are changed.

Believe me dear Malcolm  
Yours very truly  
J. Gelston

OFFICE-BEARERS FOR THE SESSION 1856–7.

*President*—Dr. M’Gee.

*Vice-Presidents*—Mr. Browne, R.N.; Dr. Stewart; Professor Stewart; Dr. M’Meehan (Whitehouse); and Dr. MacLaughlin (Lurgan).

*Ex-Officio V.P.s.*—Dr. Purdon, Professor Ferguson, and Dr. Malcolm.

*Council*—Drs. Murney, Dill, Moore, Pirrie, Patterson, and Young (Holywood).

*Analytical Committee*—Drs. Purdon, Malcolm, Murney, and Cuming.

*Treasurer*—Dr. Halliday.

*Rec. Secretaries*—Dr. Ross and Mr. H. M. Johnston.

*Gen. Corr. Sec.*—Dr. Malcolm, 81, York-street, Belfast.

THE BELFAST CLINICAL AND PATHOLOGICAL  
SOCIETY

Numbering upwards of 120 Members, and now the largest Provincial Medical Association in Ireland, is distinguished by the following attractive features:-

1. The very moderate Annual Subscription.
2. The Members’ Privilege of receiving Reports of the Microscopical and Chemical Committee, on any morbid specimens sent.

*Belfast Clinical and Pathological Society*

*Third Session: 1855–1856*

*President Andrew George Malcolm*

3. The Members' Privilege of receiving (after each meeting) a lithographed abstract of the Weekly Proceedings—and a copy of the annual Transactions (postage being prepaid).
4. The Members' Privilege of access to the Reference to any of the Subjects in the General Note-Book of the Society.
5. The Members' Privilege of admitting Visitors—and inspecting the Contents of the Pathological Museum of the Society.
6. The Members' Privilege of VOTING for the offices of PRESIDENT and VICE-PRESIDENTS (two of whom are non-resident) annually by sealed letter
7. The Members' Privilege of admitting Visitors to the Annual Conversazione held at the close of the Session.

All communications from Gentlemen intending to join this Body to be addressed to

Dr. Malcolm  
81, York Street, Belfast,  
Gen. Corr. Sec.

N.B. The Session (1856-7) will be opened on the last Saturday in October proximo, at the General Hospital, under the Presidency of Dr. McGee.

352 To R. Stewart

Wellington Place  
25 September 1856

My dear Stewart

As the success of the Pathological Society depends so much—now that Dr. Malcolm is removed from us—upon the Secretaries, and as I feel that I am less able to devote the time or the labour necessary, I beg through you to resign into the hands of the President and Council of the Society the appointment of Secretary which they so kindly honoured me with.

I remain  
Yours faithfully  
Richard Ross



## Andrew George Malcolm

### Death of A. G. Malcolm, Esq., M.D.<sup>1</sup>

As though one of our charitable institutions had been suddenly destroyed, the sad news of Doctor Malcolm's death spread over this town on Saturday morning, producing a strong and general feeling of commingled surprise and sorrow. The melancholy event of his demise, so unexpected, at least by the public, took place in Dublin, on Friday morning. He was a benevolent and most useful citizen; one of the men of the age, fond of everything that marks the progress of the times; a warm promoter of all kinds of sanitary reform, of education and self-culture, especially amongst the artisan section of society; an unobtrusive worker, not easily wearied in well-doing; reflective and calculating, he had strong faith in the power of application, and with much less talent than he really possessed, had his days been prolonged; must have attained by his extraordinary industry a high position in the medical profession, to which he was ardently attached. With an intellect of a utilitarian cast, he had an appreciation of artistic feeling and the poetic faculty in others, rarely manifested by the Coke and Cobbett class of thinkers. He had an admirable sanguineness as to the success of any work in which he engaged himself, and, like Jeremy Bentham, possessed "a passion for improvement in those shapes in which the lot of mankind is ameliorated by it." He has left behind him results of his industry, which must "long keep his memory green in the souls" of those for whose advantage he laboured. The loss of such a man—so clever, accomplished, and philanthropic—is, indeed, deplorable—and we fear, to a large section of society, irreparable.

Doctor Andrew George Malcolm was born at Newry, about the year 1816, and was, consequently, in the 38th year of his age at the time of his death. His father, the Rev. Mr. Malcolm, was a Presbyterian minister officiating at Newry, where he died. After his demise, the family removed to this town; and his son, the late Doctor Malcolm (how strange this phrase sounds!) was placed at the Royal Academical Institution, where he received the rudiments of his medical education. In the year 1842, he graduated at the University of Edinburgh, having chosen the subject of fever for his required thesis, his mind having been, it is stated, directed to that form of disease from having suffered by it a short time previously. His success was very decided at the University, whence he carried off one of the three gold medals, besides receiving the thanks of the professors for his "able treatise." Having taken up his residence in this town, he commenced his professional career by qualifying himself to become connected as a physician with the General Hos-

pital. This was done, according to a custom then existing, by attending on the poor for two years gratuitously—a work which Doctor Malcolm's disposition led him to enter upon and go through. Becoming thus connected with the General Hospital, his feelings of attachment never cooled towards that excellent institution. He regarded it not as a place where practice and profit might be derived, but with the eye of a Howard, as a charitable house of relief to suffering humanity.

Dr. Malcolm had no intention of settling down in a professional position of mediocrity. He contemplated an exalted standing, and the production of works that would endure, and advance the knowledge of the healing art. His contributions to medical works were numerous and valuable. They will be found principally in the *Dublin Quarterly Journal of Medical Science*, in which he was also the historian of interesting cases that came under his notice or treatment, as well as several reviews of medical books.

It is, however, in connexion with "The Society for the Amelioration of the Condition of the Working Classes" that Dr. Malcolm will be remembered in Belfast. This society was established in Feb., 1845. Its objects were "the advancement of such measures as may conduce to the physical, intellectual, and moral improvement of the working classes." Amongst the measures contemplated for these purposes, two were selected as being most readily susceptible of being carried into effect—the creation of public baths and wash-houses, and the establishment of an Athenæum.

We are inclined to believe Dr. Malcolm was the original projector of this "association." Certain it is, he took a most active part in its formation, and whilst the bath houses were being erected, he had a commencement made of what we hope will eventuate in a complete Athenæum—the newsroom and library, now in a flourishing condition, in connexion with the Belfast Working Classes' Association for the promotion of general improvement. Whilst he was secretary for the more comprehensive organisation above-mentioned, he became president of this society, assisted it with his means, wrote for it, delivered lectures for the benefit of its members, and promoted its welfare with his interest from the evening of the 22nd of June, 1840, when it was founded, till the day of his lamented decease.

He left Belfast for the last time, on the evening of the half-yearly meeting in connexion with the Association, expressing his regret that he was unable to attend it, and promising that, on his return, he would exert himself with a view to carry out the original idea of an Athenæum. But, to use the language of the devout Burke, "A Disposer, whose power we are little able to resist, and whose wisdom it behoves us not at all to dispute, has ordained it in another manner;" and the working men of Belfast have lost an earnest bene-

<sup>1</sup> [Belfast News-Letter 22 and 23 September 1856.]

factor. The Committee of the Working Classes' Association feel deeply the loss of their steady friend, and will, no doubt, take some steps to put on record their sense of his eminent services whilst, for more than ten years, he discharged zealously the duties of their President, and watched over their interests with parental kindness.

Always anxious to forward the interests of the General Hospital, Dr. Malcolm, in the summer of 1851, turned over in his mind how he could best contribute to the success of the *fete* on Queen's Island, got up for the benefit of the establishment in Frederick Street, and determined to write its history. In order to commend the work to the attention of the general reader, he enlarged his plan, so as to embrace the other medical institutions, and to those he added chronological notes and biographical reminiscences connected with the rise and progress of the town. We have a lively recollection of the history of this work. Dr. Malcolm and his assistant toiled at it literally night and day, so as to have it ready in time for the *fete*. It is a handsome book, valuable as a work of reference, and will be useful to the future historian of our town and neighbourhood.

The last appearance that we remember of Doctor Malcolm, in public, was at the elegant and intellectual *conversazione*, which took place a few months ago, in the Corn Exchange-room. It was a meeting of "the Belfast Clinical and Pathological Society," which, we believe, owes its existence to his exertions. The members had invited the principal literary and scientific gentlemen of the town and vicinity. Doctor Malcolm, as president, delivered an address on the occasion. He was much applauded. He was the centre of attraction in that enlightened throng, and earned the golden opinions of those most capable of appreciating his worth and professional attainments. We saw him not many weeks ago at the General Hospital, and were much struck by the sight of his prematurely grey hair. It reminded us of Doctor Moffat, to whom, with the lamented Dr. Sanders, the subject of this article bore no little resemblance in many respects, besides his early and lamented death. Doctor Malcolm, it is believed, had been suffering from a chest disease for some time and proceeded on the 7th of the last month to Rathmines for the benefit of the air and medical treatment, and there terminated his useful existence. What he said of another will apply aptly to himself. The name of Doctor Malcolm will long stand high on that distinguished roll, which Belfast citizens will ever love to honour.

The remains of this lamented gentleman reached town on Saturday night, at half-past nine o'clock, and were conveyed to his residence in York Street. In the course of the day, a special meeting of the medical profession was held in the library of the Hospital, at which it was resolved, "That, as a mark of respect, the

members shall walk in procession at the funeral of the late esteemed and lamented Doctor Malcolm." The profession will accordingly meet at the Hospital to-day, at a quarter before three o'clock, and form four deep in the following order;—First, the attending staff of the General Hospital; then the consulting staff of the Hospital; and, in the third place, the Dispensary attendants, followed by the members of the Medical and Pathological Societies; and, lastly, the members of the profession generally, all wearing crape half-depth on their hats. The body will be removed, at three o'clock, for interment in Dunmurry graveyard.

#### Funeral of Dr. Malcolm.

Yesterday, at three o'clock, pursuant to arrangement the remains of Doctor Malcolm were removed from his residence, York Street, for interment in the graveyard at Dunmurry. All the medical gentlemen in town assembled at the Hospital a quarter of an hour before the time appointed for the funeral, and settled the form of their procession, according to the resolution previously come to. The Working-Classes Library and Newsroom were closed for some hours, as an indication of respect for the memory of the late President of the Association. There was a very large muster of the most respectable inhabitants in the neighbourhood of York Street, and as the procession moved along, a solemn sadness seemed to be impressed on every countenance, and a deep sensibility as to the loss which had been sustained by the death of Doctor Malcolm seemed generally manifested.

The hearse was drawn by four black horses, and immediately followed by William Malcolm, Esq., and friends and relatives of the deceased gentleman.

Then came the attending staff of the General Hospital, who were succeeded by the consulting staff; then again by the dispensary attendants, who were followed by the members of the medical, and lastly in the arrangement of the faculty, the members of the profession generally. The doctors, who all wore crape, were followed by the members of the Hospital Committee, after whom came the Committee of the Working-Classes Association. Besides the above-named gentlemen, who walked in procession directly after the hearse, there was a very large attendance of the general inhabitants. There were twelve mourning and other coaches, and twelve or fourteen miscellaneous vehicles. The *cortège* passed up York Street, down Donegall Street, through Bridge Street, along Donegall Place, and by the usual routes to the Dublin Road. On arriving at Dunmurry, the coffin was taken into the church, several members of the Working-Classes Association assisting to carry it. The Rev.

# Andrew George Malcolm

William Bruce then read the 4th chapter of Thessalonians, commencing at the 13th verse. He then delivered a suitable address, and offered up an appropriate prayer, after which the coffin was carried out, and committed to the grave, where rest the remains of the late Doctor Malcolm's mother, and, we believe some of his other relatives.

## Andrew George Malcolm

Malcolm was born in Newry in 1818 but in 1829, six years after the death of his father, the Rev. Andrew George Malcolm, the family moved to Belfast.<sup>1</sup> He entered the schools department of the Belfast Academical Institution in 1829 and the faculty of arts in its collegiate department in 1834 where initially he was a member of the logic and rhetoric class. A year later he joined the moral philosophy class. The faculty also had at this time a department of anatomy and physiology and Dr. Calwell has suggested that Malcolm, perhaps wishing to go into the ministry, may have elected to study these subjects just as his father had done in his own training in Glasgow in 1801.<sup>2</sup> Whether he did, and whether this gave him his interest in medicine, is unknown but Malcolm became a medical student and graduated from the University of Edinburgh Medical School in August 1842.

At that time the medical course lasted four years which means that he would have started his medical training in 1838 at the latest. Students were allowed to undertake part of their training elsewhere (in approved institutions), and it is clear from two items that he spent some time in Belfast. Firstly, in a letter written in 1849 in support of Dr. Henry MacCormac,<sup>3</sup> he said that he had been a pupil of "the Belfast Medical School". This must refer to the faculty of medicine of the Belfast Academical Institution as it was the only one of its kind in Belfast from when it opened in 1835 until the founding of Queen's College in 1849. Secondly, in the course of presenting Case LXXV in the Belfast Clinical and Pathological Society's first session<sup>4</sup> he specifically says that he was a pupil when

the patient was admitted to the Belfast General Hospital (though he gives no date).

The Wellcome Library, London, possesses two small notebooks kept by Malcolm as a medical student.<sup>1</sup> The first begins at the Meath Hospital in Dublin, but although the inscription below might suggest he intended spending his entire second year there, the last Dublin entry is dated 27 February 1840, and there is no mention of any other institution until

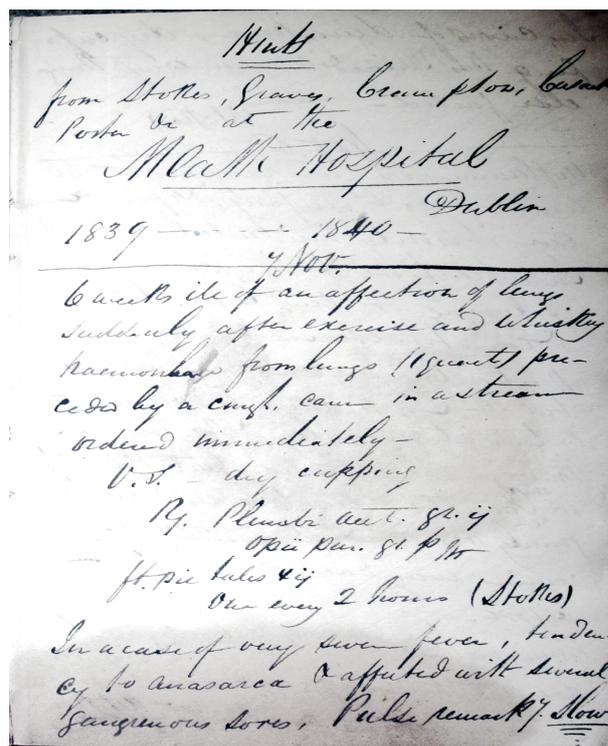


Image of the first page of Malcolm's report book N° 1  
Reproduced with the kind permission of the Wellcome Library.

he was at the Royal Infirmary, Edinburgh in November of the same year. A transcript of these notebooks should be available in later 2020.

On graduation from the University of Edinburgh he was awarded one of the three available gold medals, was recommended to publish his thesis, and was presented with a case of instruments by Sir Charles Bell, a man whom, Malcolm said, was one "usually chary of commendation to his pupils".

Details of his life's work as compiled by himself start on the next page.

Malcolm died of rheumatic heart disease in his 38th year, in September 1856, just a few months after he completed his year as President of the Belfast Clinical and Pathological Society.

<sup>1</sup> [Details of Malcolm's life can be found in: Calwell, H. G., *Andrew Malcolm of Belfast*. Belfast: Brough Cox & Dunn Ltd., 1977.]

<sup>2</sup> [R. W. M. Strain pointed out in his paper *The Foundations of Belfast Medicine* (*Ulster Medical Journal*, 1971, v40, p31) that J. Jamison noted in his book *The History of The Royal Belfast Academical Institution 1810-1960* (Belfast: William Mullan and Son, (Publishers) Ltd, 1959) that "It was a common thing for students preparing for the presbyterian ministry to acquire a little medical knowledge along with their more academic studies and the Joint Board at Inst had made provision for this part of ministerial education by establishing in 1818 a Chair of Anatomy and Physiology which it was hoped would also lay the foundation of a Medical School."]

<sup>3</sup> [Calwell, H. G., *ibid.*]

<sup>4</sup> [Page 420.]

<sup>1</sup> [Location: Wellcome Library, closed stores WMS 3; Shelfmark: MS.8791. The records were purchased in 2011 from an antiquarian bookseller who retired a few years later and shredded his files. The earlier history of the books is unknown.]

*Mems. of Public Matters*

or

*Record of A. G. Malcolm's Life  
Written by Himself*

This little work, entitled by the author *Mems. of Public Matters*, bears no signature but Dr. H. G. Calwell, Malcolm's biographer and late Honorary Archivist of the Royal Victoria Hospital, who had been given access to many of Malcolm's papers by a family member<sup>1</sup> and who deposited copies of them in the Public Record Office of Northern Ireland, has called the booklet *Record of A. G. Malcolm's Life Written by Himself*. It seems not to have been a diary but to have been written all about the same time and the months were not always in chronological order. (Corrected in the version below.)

The last entry was for June 1856 and as he was then ill with rheumatic heart disease,<sup>2</sup> and he and his wife were expecting their first child,<sup>3</sup> it is not surprising that they might have wanted recorded for posterity the significant events in his life.

The Deputy Keeper of the Records of the Public Record Office of Northern Ireland, has kindly given permission for the reproduction in print and online of the contents of the item numbered D3784/2/2.

**1842**

August

- Obtained Degree of M.D. Edinburgh.
- Obtained one of the three Gold Medals.
- Obtained Diploma of Royal College of Surgeons.
- Opened Extern Department at the General Hospital.
- Appointed District Attendant New Lodge Road Locality.

December

- Elected Member of Medical Society.

**1843**

- Attended Whitehouse Dispensary for Dr. M<sup>c</sup>Mechan 4 months.
- Acted as House Surgeon at General Hospital in place of Mr. Lamont.
- Wrote paper on amount of Carbonic acid expired in Typhus for *Edinburgh Monthly*.<sup>4</sup>

<sup>1</sup> [Miss M H Malcolm, his great-niece.]

<sup>2</sup> [Malcolm died on 19 September 1856.]

<sup>3</sup> [A son, also named Andrew George Malcolm was born on 31 August 1856 and died on the 13 February 1857.]

<sup>4</sup> [*London and Edinburgh Monthly Journal of Medical Science*, 1843, page 1.]

**1844**

Appointed Medical Examiner of Scottish Provident Institution.

Acted as House Surgeon General Hospital 1 month.

**1845**

April

Elected Physician to Hospital.

Commenced with Drs. Moffet and Browne Agitation for Dispensary Reform.

August

Instituted the Pathological Museum in connection with the Medical Society.

October

Appointed Unsolicited Secretary to the Baths and Washhouses Committee.

**1846**

January

Magazine for the Working Classes started.

Elected Member of Dispensary Committee.

February

Elected Dispensary Attendant under New Regulations.

Founded the Belfast Working Classes Association.

March

Travelled in England to inspect the Bathing places etc. for the Committee of the Baths and Workhouses.

May

Baths and Washhouses opened.

General Meeting of Hospital Subscribers.—Read Medical Report.

June

Peoples Cheap Reading Room opened.

The Dispensary agitation ended in the public recognition of Dispensary Attendants claims—new Constitution adopted. Salary £50 per annum.

Subscribed to Sydenham Society.

Appointed Inspector of Steamers to Glasgow and Liverpool.

**1847**

June

Introduced plan of ventilating Hospital during the press of Fever.

August

General Meeting of Baths and Washhouses. Read Report.

September

Introduced new plan of Water Closets and Sewage Pipe into General Hospital plan of Mr. Rowan.

Received £48 from Board of Health for attendance on Fever.

**1848**

March

Founded with Dr. Browne etc. the Belfast Sanitary Committee.

Prepared Sanitary Report of the Town.

April

Appointed Medical Examiner of Royal Insurance Co.

Elected "Officer of Health".

May

Annual Meeting of Bath and Washhouses. Read Report.

July

Revived The Belfast Cutaneous Institution.

November

General Meeting of Hospital. Read Circular Report.

December

Opened revived Extern Department for the Treatment of Injuries and Cutaneous Diseases and Affections of Children at the General Hospital. This department had been closed 2 years.

**1849**

January

Initiated Special Lectures at the General Hospital.

March

Annual Sanitary Meeting. Read First Report.

Appointed Member of Baths Committee.

April

Annual Meeting of General Hospital. Committee Report.

Elected Physician under new regulations—and won the largest number of votes.

Commenced Hospital Reports for Medical Times.

May

Presided at Annual Meeting of Northern Sunday School Association.

Received £28.16.10 from the Poor Law Guardians for attendance on Cholera cases in General Hospital.

Appointed Medical Officer to Falls Foundry Benefit Society.

November

Purchased large collection of Thibert's Wax Models of Cutaneous Disease for about £15.

**1850**

January

Delivered a full Course of Lectures on Cutaneous Disease at the Hospital (2<sup>nd</sup>. Course).

March

Read 2<sup>nd</sup>. Report of Sanitary Committee.

May

Commenced a Course on Diagnosis—(1<sup>st</sup>. half 12 lectures) at Fever Hospital.

June

Presided at Annual Dinner of Medical Society.

August

Got a Consignment of Pathological Museum from Edinburgh—Professor Lizar's. By a Ballot had most of it secured to the Medical Society and put properly up in a suitable room adjoining the Theatre of the Hospital.

Purchased a Microscope from Messrs. Smith and Beck, London—price £12 odd.

September

Commenced a Subscription to liquidate Debt of the Working Classes Association with the co-operation of Messrs. W. Coates, W. xx, G.K. Smith, J. Simms, I. Campbell, etc., etc. Debt is £440 odd of which £380 due me, and £33 for debts unsettled.

October

Purchased a Daguerreotype apparatus and had John McCann taught to use it. Paid £15 to take a series of Portraits of Disease.

November 4

Elected one of the two Vice-presidents of the Belfast Medical Society.

**1851**

February

Got up a Course of 10 Lectures at the Working Classes Association by Messrs. Browne, Johnston, McAdam, Patterson, Knox, O Clenenshaw, Steen, and self.

Commenced writing for the Dublin Quarterly.

April

Delivered 2 Lectures on Respiration to the Working Classes Association.

May

Elected a second time one of the Vice-Presidents of the Medical Society.

Commenced a Course on Practical Diagnosis at the General Hospital. Full course—see Card.

July

Sent Paper on Clinical Instruction in Hospitals to Dublin Medical Press.

July 29

Delivered a Lecture at Whitehouse on "Animal Heat," to the Working Classes.

August

Wrote Review of "Beale's Laws of Health" for Dublin Quarterly.

Continued General Hospital Reports in Medical Times.

September 4

Completed a Quarto work on the History of the General Hospital and other Medical Institutions of Belfast etc. Price 2/6.

November

This Session (1851.2) carried out a regular system of practical Clinical Teaching in the Wards; by practically explaining all matters connected to

each Case and supplying Pathology Cards in illustration.

Put up a steam bath for Scalp-Diseases which (December) works well at the General Hospital.

November 27

Delivered a popular Lecture on the Structure and Uses of the Lungs at Banbridge.

December

Joined Professor Hancock and others in the formation of the “Belfast Statistical Society.”

December 16th

Received a Present of a Gold Watch from Miss Montgomery, Queen Street, Belfast.

### 1852

January

3<sup>rd</sup>. Course of Lectures on Cutaneous Diseases. Charge Pupils 10/6. 16 Lectures. See Syllabus.

February

Wrote Review on Rowland’s work on Softening of the Brain. See Dublin Quarterly.

May

Commenced 3<sup>rd</sup>. Course of Lectures on Practical Diagnosis at Hospital (see Syllabus). Pupils paid 2/6 for expenses.

Wrote Review on Neligan’s work on Diseases of the Skin for Dublin Quarterly.

May 3

Elected for 3<sup>rd</sup>. Time Vice-President of Medical Society.

September

Read a Paper on the Sanitary Conditions of Belfast etc. before the Statistical Section of the British Association for the Advancement of Science which was published by request.

Examined Pupils on Cases by printed Queries.

Went to London for benefiting Health. Stayed 3 weeks.

September

October

Wrote Letters in “Mercury” on the Hospital and Sanitary Matters.

September

October

November

Originated an Inquiry into the Nature and Treatment of the Epidemic Dysentery of Autumn 1852 which was warmly supported. This was published in Dublin Quarterly Journal.<sup>1</sup>

November

Delivered the Introductory Address to the Pupils of the General Hospital on the occasion of the opening of the Session 1852.3 which was published.<sup>2</sup>

Commenced issuing Diagrams to Pupils.

Commenced a Course of Demonstrations at the Hospital. Entrance 5/-. (See Prospectus and Syllabus.)

December

Extern Department for Treatment of Cutaneous and Children’s Diseases re-opened at the Hospital. £20 per annum granted by Committee.

### 1853

February

Continued Pathological Reports in Dublin Quarterly.

4<sup>th</sup>. Course of Lectures on Diseases of the Skin.

Got up a course of 18 Lectures at the Working Classes Association.

May

Delivered Lectures on Diet at Belfast, Holywood and Lurgan.

Wrote out report on Epidemic Dysentery of 1852. Had 150 copies published by direction of Committee.

August

Got Type for J. McCann and [Brother?].

Several German and French Pathology and Physics works purchased.

Continued “Difficulties in Diagnosis.”

Wrote review of “Ansell on Tuberculosis.”

Commenced series of experiments on “Carbonic acid expired in Phthisis.”

Commenced preliminary meeting for the formation of the Clinical and Pathological Society.

Commenced furnishing for the Mercury copy for the “Medical News” department. This was for [6 xx?] weeks—became drudgery and interfered with [major?] commissions.

September

Clinical and Pathological Society formed. Every promise of success. 90 members eventually.

Wrote letter in Whig and Mercury on Hospital.

September 2

[Clinical and Pathological Society] duly formed and 34 members. Acted Secretary.

October

Went to Chester and London. 10 days.

Appointed Medical Advisor to “The Minerva Company”.

### 1854

January

Delivered lecture at Ballinahinch on “The Great Epidemics”.

February 15

John McCann leaves my service.

February 16

An important event.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1853, v16, p81.]

<sup>2</sup> [Belfast Mercury. 1852, November 15, p1, c5.]

March 22

My mother died at 8am, being 10<sup>th</sup>. day of an attack of dysentery.

June 27

Married M. G. Home. Went to London for 3 weeks.

September

Began to publish Transactions of Pathological Society. 96 members.

October 4

Delivered lecture at Newtownards on "The Great Epidemics".

November

Published paper on "The Proportion of :C in Phthisis" in Dublin Quarterly.<sup>1</sup>

Portion of Pupils' fees appropriated to Medical Staff on proposition of Professor Ferguson.

December

Class of Pathological Anatomy at Hospital.

Reviewed several works in Dublin Quarterly this year.

### 1855

February

Elected Honorary Member of the Medico-Chirurgical Society of Cork.

Course of lectures and demonstrations on Diseases of the Skin.

Wrote review of Watson on Surgery.

March

Commenced inquiry into physical influence of mill-life.

Appointed Medical Advisor of "The Crown" and "Standard Assurance" companies, previously of "The Minerva"—"Scottish Provident"—"Royal".

April

Wrote reviewing Jones and Sieveking: Pathological Anatomy.

May

Elected President of the Belfast Clinical and Pathological Society.

Elected Corresponding Member of the Manchester Medico-ethical Association.

[May?]

Got up the new arrangements at the Lying-In Hospital. Appointed Surgeon and Registrar the Medical Staff.

Commenced Courses and Lectures on Diseases of Women and Children.

September 18<sup>th</sup>.

Read a paper before Statistical Section of British Association at Glasgow on the Influences of Factory Life as Affecting Health.

November

Commenced a work, to be published in Parts, entitled "Introduction to Clinical Study on the Medical Wards", being assembly of papers on Practical Diagnosis etc., designed expressly for the use of Medical Students.

Course of lectures on Pathological Anatomy resumed at General Hospital.

December 26

My brother James died at Christchurch after 4 days illness. Congestion of brain and fever after Scarlatina sore throat.

### 1856

January

Reviewed Budd on Stomach. Heller on Urine.

February

Course of Lectures on Diseases of the skin.

April 30

Delivered closing address of the session as President of the Clinico-pathological Society.

June

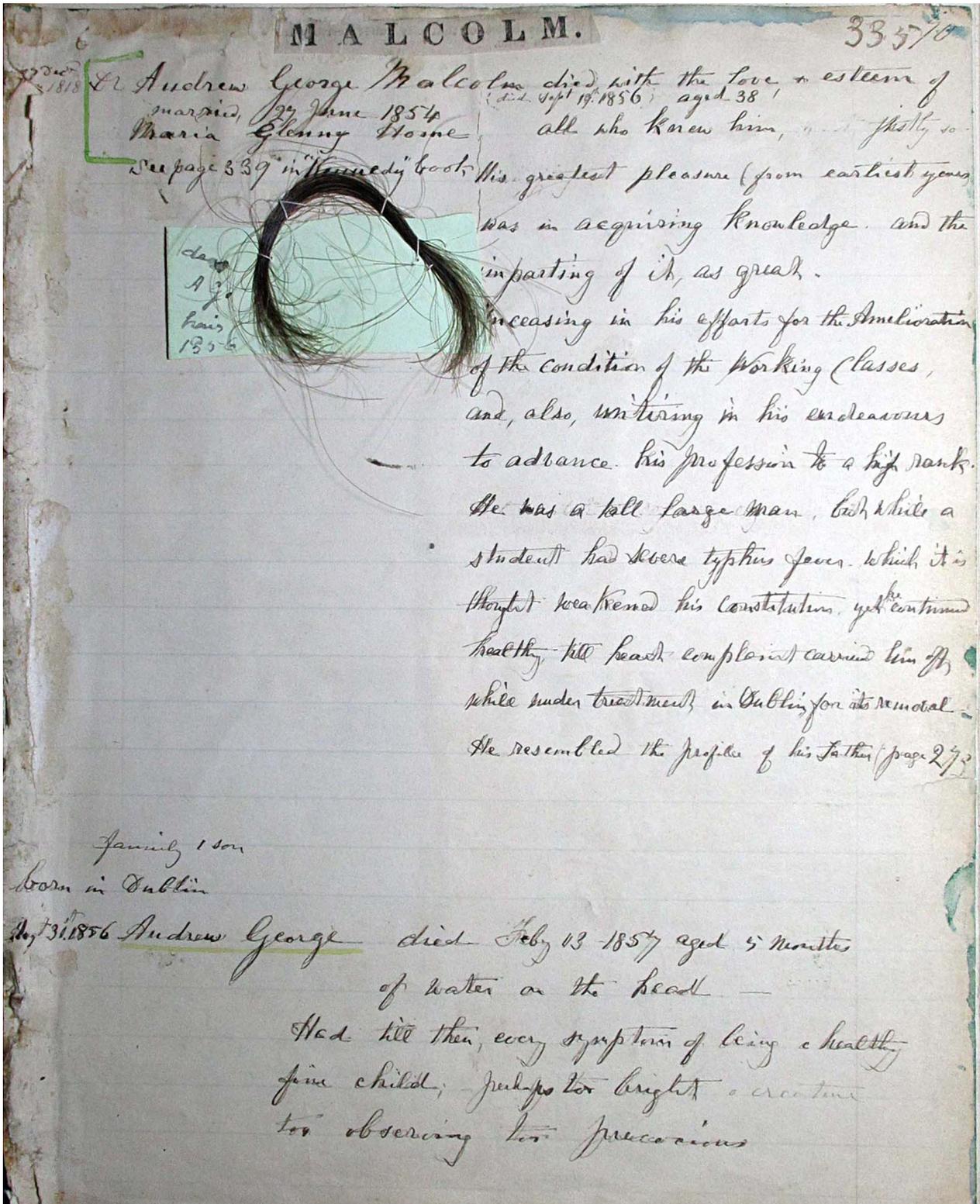
Received sanction of College to deliver a Course of Lectures on the "Institutes of Medicine" next Winter to include general physiology and Pathology—3 times weekly during session of 6 months.

Paper on Factory Life published in London Statistical Journal. 24 copies received.

### September 19 [in a different hand]

Hath closed all his labours in this world.

<sup>1</sup> [Dublin Quarterly Journal of Medical Science, 1854, v18, p320. Full title "The Proportion of Carbonic Acid exhaled in Phthisis Pulmonalis".]



Page 335 from the Malcolm family album.  
 Reproduced courtesy of the late Very Reverend William McMillan MBE.

Belfast Clinical and Pathological Society

Fourth Session: 1856–1857

President William M'Gee

BELFAST  
CLINICAL AND PATHOLOGICAL SOCIETY

FOURTH SESSION  
1856–1857

PRESIDENT—Dr. M'GEE.

VICE-PRESIDENTS—Mr. Browne, Dr. R. Stewart, Dr. H. Stewart (Resident), Dr. MacLaughlan, Lurgan, and Dr. M'Mechan, Whitehouse (Non Resident), Dr. H. Purdon, and Dr. Ferguson (Ex-Presidents).

TREASURER—Dr. Halliday.

SECRETARIES—Mr. Johnson, and Dr. Murney.

COUNCIL-MEMBERS—Dr. Pirrie, Dr. Dill, Dr. Patterson, Dr. Moore, and Dr. Young.

**Council** First meeting of the Council of the Clinico Pathological Society held at the General Hospital upon Saturday September 27<sup>th</sup> 1856.

The President, Dr. Magee, in the chair. Drs. Pirrie, Dill, Murney, Halliday, M'Mechan, Young, Professor Ferguson, Mr. Browne, and H. M. Johnston were present.

It was moved by Professor Ferguson, and seconded by Halliday, "That the President and Secretary be requested to write a letter, expressing of the sympathy of the President and Council of the Clinico Pathological Society, with Mrs. Dr. Malcolm, under her sad bereavement in the removal of our valued Ex-President."

The motion was unanimously adopted.

A letter was read from Dr. Ross resigning the office of Joint Secretary.

It was moved, and seconded, and unanimously adopted "That his resignation be accepted."

It was next moved by Mr. Browne, and seconded by Professor Ferguson, "That Dr. Murney be appointed to the office of Joint Secretary, with Mr. Johnston."

The motion was unanimously passed.

It was next agreed, "That Dr. Browne in conjunction with the Secretaries should wait upon Dr. Malcolm's friends, and ascertain their wishes in regard to the publication of Dr. Malcolm's book upon 'The Signs and Symptoms of Disease.'"

393 To W. M'Gee

Pump Street  
Londonderry  
2 October 1856

Dear Sir

I was very sorry to see the death of Dr. Malcolm in the paper. Cut off at so early an age, in the middle of a

career of usefulness, highly creditable to himself and honorable to our profession of which he was indeed an ornament.

In May last I had written to him to have me proposed as a Member of the Pathological and Clinical Society, but he informed me the season was then over and there would be no meetings until October.

He subsequently wrote to say that he had accepted me as Corresponding Member for this district.

Will you kindly inform me when you require my report. I will readily cooperate with the Council in any way I can being a Corresponding Member. Is it necessary I should be elected an ordinary Member to receive the privileges of reports &c. If so will you kindly have me proposed.

Please excuse the trouble I am giving you, and oblige

Yours faithfully

Thomas H. Babington

Mr. John Semple (Medical Officer of Glendermott Dispensary) [Echecleau?] Millbrook Londonderry has requested me to have him proposed as an ordinary Member. To whom are we to send our subscriptions.

**Council** Meeting Wednesday October 15<sup>th</sup>.

The President, Dr. McGee, in the chair. Drs. Robert Stewart & Halliday, Mr. Browne. Johnston & Murney Secretaries.

The circular of first meeting was arranged.

Mr. Mayne printer had an interview with the Council on the present condition of the transactions for the past two years now being printed by him. He stated the proceedings of session 1854–55 are now ready for publication but that those of session 1855–56 cannot be put in type for a considerable period. He was ordered to bind up the transactions of the former year and hold over those of the latter for some time.

It was moved, seconded and resolved that Mr. Mayne get the printing of the circulars etc., etc., for this year provided he do it upon the same terms as our former printer.

Messrs. Browne, Johnston & Murney were appointed to arrange with John McCann for his services during the winter.

No advertisements to appear in the newspapers respecting our first meeting.

394 To H. Murney

Pump Street  
L.Derry  
20 October 1856

Dear Sir

I am in receipt of your kind note and enclosures. I think our communicating or rather my Report to the Secretary passed yours on the way.

You will observe I mentioned the name of Dr. Browne L.Derry, be proposed in addition to Dr. Semple.

I have pleasure in sending 2/6 in Postage Stamps as you desire.

Faithfully yours  
Thos. H. Babington M.D.

348 *Notice of the Opening Meeting in the Fourth Session.*

OPENING OF THE FOURTH SESSION, 1856-57,  
President—Dr. M'Gee.

Vice-Presidents—Mr. Browne, Dr. R. Stewart, Dr. H. Stewart, (Resident), Dr. MacLaughlan, Lurgan, and Dr. M'Mehan, Whitehouse, (Non-Resident), Dr. H. Purdon, and Dr. Ferguson, (Ex-Presidents).

Treasurer—Dr. Halliday.

Secretaries—Mr. Johnston, and Dr. Murney.

Council-Members—Dr. Pirrie, Dr. Dill, Dr. Patterson, Dr. Moore, and Dr. Young.

Sir

The Council beg to announce that the Meetings of the Society will be resumed on Saturday, 25th October, at the General Hospital, when the President will deliver the Introductory Address, after which the ordinary business will be transacted.

*Chair to be taken at Three o'clock.*

A Paper of Dr. Neligan's, with reference to the last illness of the lamented Dr. Malcolm, will be read.

**Candidates to be Proposed.**

A. Dunlop, M.R.C.S., (Eng.) Belfast.

John Semple, M.D., Glendermott Dispensary.

**Pathological Specimens to be Exhibited.**

Recent Parts, Malignant Disease of Orbit, and Base of Brain.

**Case to be Read.**

Acute Rheumatism with unusual Complications.

Members are entitled to admit Visitors by written order, which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them.

Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

SUBSCRIPTION.

The Subscription for the Session 1856-57, becomes due on the 25th October, amounting to Ten Shillings per annum for Town Members and Five Shillings per annum for Country Members. For the Weekly Abstract and Circular Two Shillings and Sixpence additional, being the Postage in full for the Session, which should be paid to the Treasurer, Dr. Halliday, 91, Donegall-Street.

THE TRANSACTIONS.

The First Volume of Transactions may be obtained by any qualified practitioner, on payment of Three Shillings. The Second Volume is now ready, and will be issued to the Members at the First Meeting. The Third Volume is in course of preparation.

THE MUSEUM.

The Pathological Museum, considerably enlarged, is open for the inspection of Members every Saturday, from Two to Three o'clock, on application to the Porter.

(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

FIRST MEETING

October 25th, 1856.

353 *Business proceedings of the first meeting.*

The President Dr. M'Gee in the Chair. 26 Members were present.

The following gentlemen were nominated as candidates for election; Dr. Bowden, Portaferry, Mr. Dunlop, Belfast, Mr. J. Semple, Glendermott, Mr. J. Moore, Belfast, Mr. Graham, Dundrod, Dr. Shearing, Antrim, Dr. J. Dundee, Carnmoney, & Dr. William Brown, Derry.

The President delivered the introductory address.

Paper:<sup>1</sup> GENTLEMEN,—*In taking this Chair, hitherto so ably filled, I have to tender you my sincere thanks for the honour you have conferred on me, by my election to the office of President of the Belfast Clinical and Pathological Society.*

*Some of you have already passed many years in practice, and have deservedly attained to eminence;—others are but commencing that course in which you can reach the goal of success only after many a rude cross and jostle; and, as I myself have had some hard experience, it may not be altogether out of place if I address, especially to our younger brethren, some observations on the medical practitioner and his mission, in relation to his duty to his patient, to his brethren, to society, and to himself.*

*In other professions, men may draw a boundary or separation line between their professional and personal character; but the duties of the medical man are too closely identified with the man himself to permit, with impunity, excepting in rare instances, any wide departure from the strict, though conventional, rules of society as to manner, deportment, dress, &c., &c.—rules which your own common sense will soon teach you.*

*Between the patient and his medical attendant there should be the strictest confidence: see that on*

<sup>1</sup> [Dublin Hospital Gazette, 1856, v3, p326.]

your part it suffer no breach. You will, at times, be entrusted with secrets by your patient, on which may depend his standing in society, perhaps his worldly prosperity; you should, therefore, preserve all he may tell you as a sacred trust not to be abused.

In giving evidence in courts of law, you may, however, be compelled to disclose secrets entrusted to you in professional confidence: the privilege of professional secrecy is extended only to the case of facts stated to a legal practitioner to enable him to conduct his client's case, and perhaps also to secrets revealed to clergymen in their official capacity. If then the Bench give an express order that you shall answer, you have but to obey, and such a mandate will fully exonerate you from all blame for your revelations.

Once more, I say, be studiously secret; of old, loquacity has been reckoned as one of a physician's faults that should be punished by law, and in the present day, the tattler is feared and shunned because of his talking.

On visiting your patient, always bear in mind that you have claims upon you, far beyond the consideration of self; that you are called on to give relief to the suffering; that on you depends, perhaps, the safety of the patient; therefore, in the sick room, give your undivided attention to the patient; let it be evident that he is your chief, indeed your sole object of consideration. Be careful that no appearance of haste mark your proceedings, no matter how much you may be pressed for time. Be attentive, be patient, and, above all, be gentle; for though some have made their fortune by rudeness and roughness, those rare exceptions are not models to be copied. I do not say to you be temperate: sobriety is a virtue, the value of which is so well known to you, that I need not urge it on you.

Despise not small details, nothing is trifling or unimportant that can hasten recovery or alleviate suffering; therefore be not laughed out of using every means that can aid you in forming a correct diagnosis. Situated as you will often be, with symptoms entirely, or as far as may be, concealed from you, or incorrectly reported, or exaggerated, you nevertheless must not despair of unravelling the truth. Do not jump hastily to a conclusion, hear with attention the patient's account of his ailments; marking, but not trusting implicitly to his statement of his feelings and impressions; then, taking nothing for granted, till verified, if possible, by your own observation, proceed cautiously and deliberately in forming your diagnosis; a question of vital importance to your patient.

In your inquiry pursue a regular and connected course; letting your questions follow, each its predecessor, in a natural sequence.

Thus your patient and his family will soon perceive that you are familiar with the subject, and will have confidence in your judgment, which is a very important element of success. But, if you wander about in your inquiry, or appear to hesitate, or to be in doubt, or at a

loss, distrust of your ability is sure to follow. Ever remember that "people do naturally trust those that trust themselves." Though many sources of difficulty may spring up,—as hereditary constitution, local circumstances, changes in the cycles of disease, the question of fictitious or of factitious disease, and such like, yet attention will often enable you to overcome these difficulties.

Accustom yourself to observe closely and to reason on your observations, so that your clinical pathology may guide you to a correct diagnosis, and thence to a rational treatment.

For your conduct to your brethren, you may safely consult Percival's Ethics, and the code published by the Belfast Medical Society; you cannot wander far astray from the right path, if you adopt the golden rule, "Do unto others, as you would that they should do unto you."

If in any instance you shall differ in opinion from your co-attendant as to the nature of your patient's disease, or as to the treatment, whether you be the consultant or the ordinary attendant, do not estimate your own abilities as being far superior to those of your adjunct:—admit to yourself that you may perhaps be wrong in your views, and your brother right; and, with that feeling, quietly discuss the subject. If, however, you shall believe a continuance of the treatment to be fraught with danger, it will then be your duty to press for a change, and, if unsuccessful in your endeavour for change, you being the consultant, it may be necessary for you to retire from attendance on the case, unless a third practitioner be called in.

When called on to visit a patient in the absence of the ordinary attendant, or in consultation with him, be not anxious to make a change in the treatment, for the mere sake of appearing to do somewhat, and, perhaps, thereby filch away the credit from your brother; rather continue even the same formulæ, if it may be done consistently with your duty to the patient. Do not unnecessarily multiply your visits, nor by alarming the friends, when you are the consultant, induce them to request your too frequent attendance; but rather arrange with the ordinary attendant, the times at which you should return.

On the other hand, if the patient shall have requested, either through you, or with your knowledge, the attendance of another practitioner in consultation with you, be not over anxious that the consultant should discontinue his attendance; but let every suggestion on that subject come either from the consultant himself, or from the patient or his family, unless your opinion be asked for. It may happen that the consultant, however careful he may be, cannot avoid holding conversation with the relatives of the patient, concerning the case, when the ordinary attendant is not present. He may be followed out of the house, or be waylaid in the streets, or called on at his own dwelling, and it may be sought to obtain an opinion from him. If you find

yourselves so placed, it will be your duty to say as little as possible; avoiding, however, any innuendo against a brother, whether by significant silence, or shake of the head, or shrug of the shoulders, or an expression of regret that you were not sooner consulted, or that you fear it is now too late. In his absence, do your brother full justice, not grudgingly, nor damning him with faint praise. Avoid yourself questioning the friends of a patient, on whom you are not in attendance, as to his state. To do so, or to declare uninvited, that you take a great interest in his case, or that you have made such cases your especial study, is of very doubtful propriety, and might be deemed a not very indirect mode of seeking to be called in.

In any misunderstanding with a brother-practitioner, be slow to get into print: let newspaper warfare be the last resource; few come unscathed out of such a skirmish. In Belfast, with its Medico-Ethical Society, there can be no excuse for such a proceeding. The kind advice and interference of a senior may do much; but neither to the Ethical Committee, nor to any friend should reference be made, till an explanation shall have been first asked from your supposed offending brother.

Attacks made, in your presence, on the profession in general, or against a member of it, in his absence, should be promptly repelled. You may, and perhaps should leave the defence of individuals to themselves, if present on the occasion of attack; but if it involve a charge against the profession generally, you, as a party accused or attacked, are called on for your defence.

It has been said, with truth, that the public is a hard taskmaster, and that society makes demands, often most unreasonable demands, on all who will admit such claims. It so happens that this said Public is pleased to consider medical men as bondmen, who are or should be but too happy to do its bidding. Much of this evil, for evil it is, is owing to ourselves, and we have little right to complain, if we suffer for our own weakness. This state of things will and must continue, till the profession shall act unitedly in asserting and defending their rights and privileges; but when will that day arrive? I may hope, but I scarcely expect to see it.

In former days, and of late there is no great change, medical men were considered fair game, whom it was good service to run down; and those novelists, and dramatists, and poets have been most lauded who, in the battue, succeeded in bagging the greatest number—you all are aware of the writers to whom I refer.

Of the high position which our profession has attained in literature and in science, it is not my province here to speak, but if any shall talk slightly as to the position medical men hold, let us tell such men "it is very true, that distinctive rewards have not been showered with a lavish hand on doctors." True, that, in the distribution of honours for services rendered during the late war, the allocation has at times been in the inverse

ratio of merit: true, that an enormous amount of labour fell to the share of the medical officers, and that the labour was most faithfully performed, though death was too often the result of their devotedness: yet they flagged not:—

Their loyalty was still the same,  
Whether it won or lost the game,  
True as the dial to the sun,  
Although it be not shined upon.

Society has, however, claims upon you that you should not ignore; amongst others, the right to call on you to aid in every good and charitable work, having first set an example; but even though the public may have failed to do its duty, you will not, therefore, be excusable for the non-performance of yours. The question of remuneration I leave in abeyance. Among the onerous and painful duties required, and fairly required of you, there is none demanding more patience, and entailing greater anxiety and sacrifice of time, than the being obliged to give evidence on medico-legal inquiries. You may be called suddenly and unexpectedly to give evidence, where there will be no opportunity for preparation, therefore neglect not the study of forensic medicine. While there is a legal obligation on all to give evidence, if subpoenaed, society holds that there is, in addition, a moral tie or compact by which medical men are bound, and by virtue of which the public claim a vested right to the time, attendance, and skill of the medical practitioner. Percival, to a certain extent, admitted the claim, though neither you nor I can go the entire length of that eminent ethical authority.

Never volunteer your evidence, nor attend to give evidence, unless legally required. Witnesses, obliged to give evidence, have little or no power of controlling, or even directing it; they are subject to the examining barrister, who will promptly check any wandering that may not serve his client. Smith has compared the witness in our courts to "a harnessed horse in the hands of an able driver, whose duty it is to keep him in the direct road, and who will check and correct him if he wander from the right course."

The witness can depose only to facts, excepting in what regards matters of science, when he, perhaps, may be permitted, or even called on to tender opinions; but some judges are opposed to such evidence, as being an usurpation of the rights of the jury.

In the witness box, avoid even the appearance of levity, no matter what may be the occasion. In giving your evidence, let not personal considerations have any weight; impartiality should be your guiding star:—Truth, no matter what the consequence may be, the one only thing to be elicited. Justice requires, at your hands, that the innocent shall go forth free and unstained, and that the guilty shall meet due punishment. On your evidence may depend, whether or not the murderer shall be loosed, still longer to infest society;—whether the innocent shall be restored to his family, or doomed to

the hulk or the scaffold: when you remember your responsibility, so awful, you will be cautious.

On a late occasion (Palmer's trial), Lord Campbell said:—"A witness should not be turned into an advocate, nor an advocate into a witness." Be careful, therefore, that neither by speech nor gesture, you even appear to have a leaning to one side. Never fence nor endeavour to avoid a question; if the question be not clearly understood by you, quietly ask the questioner to repeat it. To questions of fact, answer briefly, if possible, yes or no, explaining afterwards, if needful; but state nothing unnecessarily. Give your evidence in plain terms, so as to be easily understood, avoiding obscure or very learned technical terms. If you be anxious to display your knowledge, you may easily do so; but you may get out of your depth, or you may be laughed at. Have a large stock of patience, you may, perhaps, require it all. Keep your temper, and display proper decorum, for though the examining counsel, by impertinent questions and an overbearing manner, may have forfeited all claim to your respect, yet your duty to the court should restrain ill temper, and cause you to avoid all skirmishing or intellectual warfare with the examining barrister, even though he may have left himself open to severe rejoinder. In reply to queries, state such facts as come within your own knowledge, and do not, unless required by the court, draw any inferences from the evidence given by others; if, however, having been present and heard the evidence given, you shall be asked your opinion as to the conclusions to be drawn therefrom, then give your opinion, which should spring only from well-grounded belief; be ready, if called on to state "the why and because."

Addressing the medical scholar on the duties which he owes to himself, I speak to old as well as to young, students and practitioners, for none are too old to learn. Remembering that "knowledge is power," be earnest in the pursuit of science, which is the knowledge of the truth; and while you make medical science your chief aim, do not neglect general science, unless you are content to be outstripped in the race for distinction.

The spread of knowledge is now so universal that ignorance cannot hope for concealment. Think for a moment of the torture to which an ignorant man, in the witness box, may be subjected under the licensed rack of the cross-examining barrister, and then you will never permit the idea of contented mediocrity to cross your mind.

All your promptings should be onward, and if a stimulus be necessary to spur you forward, think how some have attained to eminence, notwithstanding every possible difficulty; not only do we know of men struggling upward in spite of poverty; but of others, ardent votaries of science, whose progress not even mental and bodily sufferings have arrested. If time permitted, what a crowd of illustrious names might I not

parade before you. Need I remind you of Milton, and his blindness; of Prescott, the learned author of so many historical works; he also became blind, but continued his labours unabated; or is there any one here that has not read of the perseverance against difficulties, which led Franklin higher and higher till he reached the pinnacle of his greatness?

Again, some of you may have enjoyed the lectures of the late Sir W. Hamilton, Professor of Logic and Metaphysics in the Edinburgh University: he, though struck by paralysis of one side, affecting, to some extent, his speech also, nevertheless continued his labours, lecturing and writing almost till the close of his brilliant career.

But how far do all those examples fall short of the devoted zeal of the French historian Thierry, the author of the Conquest of England by the Normans, and of the Merovingian era. Afflictions, the result of his too intense study, were heaped upon him; he became blind, then paralysed, so that he could not even hold the pen, and he was quite incapable of motion; yet, as he himself said, never was his march over the difficult ground of history firmer or more assured than when he was guided onward by the brightness of the inward light alone. In the midst of his sufferings he preserved his cheerfulness, and his conversational powers, which were of the first order, continued unflinching to the end. Hear him speak in the preface to one of his works:

"Si j'avais à recommencer ma route, je prendrais celle qui m'a conduit ou je suis. Aveugle et souffrant, sans espoir et presque sans relache, je puis rendre ce témoignage, qui de ma part, ne sera pas suspecte; il y a au monde quelque chose qui vaut mieux que les jouissances matérielles, mieux que la fortune, mieux que la santé elle-même; c'est le dévouement à la science."

Let the faineant, the sluggard, read this and blush.

After such examples, who would not strive? "You cannot all command, but you may deserve success," therefore would I advise you to compete for every one of the few prizes our profession has to offer, and though unsuccessful, your labour will not be altogether unprofitable, as you will have acquired knowledge, and have had an opportunity of making your value known.

To the observant physician, there is no such thing as chance; he knows that every effect or symptom has its cause; it is his duty to ascertain that cause, and to trace out the necessary sequence of cause and effect. Unless he do this, his practice will be mere empiricism; but if he observe accurately, inquire minutely, and reason coolly on what he has observed, he will do well. Some physicians, even in our days, owed much of their success to their powers of observation and their shrewdness in balancing probabilities. But on the correctness of his prognosis will the reputation of the practitioner, at least with the public, mainly depend. You should therefore be cautious in forming, still more in pronouncing it. To the family and friends it should be guarded,

not gloomy; to the patient your prognosis should be as cheering as a strict adherence to truth will permit.

The young practitioner, just entering on his career, full of hope and trust, believes that medicine is all powerful, and that every disease must and will yield to his remedies; till, after sundry grievous disappointments, to him strange and unaccountable, he perhaps loses confidence in his own judgment, or becomes a sceptic as to the effects of medicine; avoid both these errors and success will crown your honest endeavours.

Be not anxious to cultivate one branch or department of medical or surgical practice, to the neglect of others; but make yourself familiar with all. On the question of specialities, much has been already, and more may yet be said, both for and against, and while some urge that specialties are apt to lead the practitioner to take a narrow or even a microscopic view of the favourite department to the neglect of others, perhaps more important, we can here point to examples of men, eminent in special branches, who are not behind their brethren in the other departments of medical science.

Avoid quackery, and discountenance it under whatsoever form it may appear, all advertising and other puffery included. As regards mesmerism, homœopathy, hydrophathy, kinesipathy, and all the other pathies, which have for some time been distracting or amusing the public, I will not for a moment detain you by arguments, as I feel satisfied that your love for true science will not permit you to be led astray by such ignes fatui.

The physician should not have any pecuniary interest in directing his prescriptions to a favourite establishment; but should ground on merit alone any recommendation he shall give; else his motives for prescribing may be suspected or misinterpreted.

In your converse with your brethren, be modest and unassuming, not prone to take offence, and to construe into intended insult every unguarded word or look. Men will avoid you if you be fretted by every trifle.

In conclusion, above all, do not go motive hunting, nor attribute to the jealousy of your fellows every disappointment you may experience:—Wait patiently—time is a great physician, and works wonderful cures in bringing every one to his proper level. I offer this as a brief and imperfect outline, leaving for abler hands to fill in much that I have left untouched.

As regards the prosperity of the Clinico-Pathological Society, we have reason to feel confident: already we have above 120 members, and you will find on your notice paper the names of many candidates for admission. Since the close of our last session, however, death has made a sad inroad among us, and we have lost more than mere numbers can replace. It appears but as yesterday since our late President, Dr. Malcolm, commenced his career among us, in the morning of his life, so bright and sunny, full of hope and promise: and we have seen the hope and the promise disappointed, and

his sun set; but it set unclouded and in full meridian brightness. The voice that addressed us so eloquently, but a few months since, is now for ever stilled, and the wise counsel, that aided, is lost to us; and yet we have much to cheer us, and to assure us that this society, of which he was one of the founders and chief supports, will go on prospering: for I hope and believe that his spirit still animates you, my friends, and that you will consider it a tribute due to his memory to take care that this institution, to which he was so devoted, and to which he gave so much of his energies, shall still flourish. On the other hand, if, through the apathy or wilful neglect of any of its members, its reputation should sink, or its usefulness be lessened, think how it would grieve him, were he present with us. Let us, then, all join in the determination, communicated to me by some of our members, that the loss of our late much loved President shall stimulate us to increased exertions, so that the Belfast Clinico-Pathological Society shall remain a lasting testimony of his exertions for the improvement of our profession and the spread of medical science. With a mind like his, and with such energy, had he been spared, what bounds could we put to his career? Ever pushing onward, difficulties never discouraged him, never arrested his progress; they served but as incitements to increased exertions, and he preferred to wear out rather than to rust out. Ardent himself in the pursuit of knowledge, he had the rare faculty of infusing the same spirit into those with whom he came in contact.

To you, our younger brethren, I would say, take him as your model. His watchword was persevere—“*Nil actum reputans, si quid superesset agendum.*”

Mr. BROWNE read a very interesting paper from Dr. Neligan, of Dublin, with reference to the last illness of the late Dr. Malcolm. Dr. M. was under treatment for a period of about two months before his death, which was caused by disease of the mitral and aortic valves, followed by enlargement of the liver, congestion of the lungs, effusion into the pericardium, and general dropsy.<sup>1</sup>

353 First Abstract in the fourth session. Entire first meeting and beginning of the second. See meetings.

396 To the Honorary Secretaries

26 October 1856

7½ High Street

Gentlemen

I found this day 200 of the Transactions, in the account. I also send in an account for printing done last Session, which was furnished to Dr. Malcolm previ-

<sup>1</sup> [Item 353 adds “This paper will be published at length upon a future occasion” but it has not been found so far. However, also see page 174.]

Belfast Clinical and Pathological Society

Fourth Session: 1856–1857

President William M'Gee

ously. With this I send some of the file copies of the jobs done, as none here.

Your obedient servant  
Alex Mayne

**Council** Special Meeting Wednesday October 27 1856.

Present, Dr. Browne in the chair, Drs. Patterson & R. Stewart. Secretaries Mr. Johnston & Dr. Murney.

Proposed by Dr. Stewart seconded by Dr. Patterson and resolved That the Secretaries call upon Dr. Ferguson and request him to wait on Mr. Malcolm and convey to him the wish of the Council viz. to permit the wax models of pathology and Thibert's models of pathological anatomy to remain in the museum as a gift to the Society or if he wish to name a price for them.

Messrs. Browne and R. Stewart were appointed to call upon Dr. McGee and ask him to publish his introductory address to the Society in the medical press.

350 To W. M'Gee

October 28 1856

My dear Doctor

Would you do me the favor to propose 1<sup>st</sup>. Class Staff Surgeon R. Templeton, Fellow Royal College of Surgeons of Dublin, M.D. of Edinburgh a member of the Clinical and Pathological and oblige

Ever truly yours  
R. Templeton

**Council** Meeting Wednesday 29 October.

Present, Dr. McGee in the chair, Drs. Robert Stewart, Patterson, Ferguson, Moore, Dill, Mr. Browne. Secretaries Johnston & Murney.

Dr. Ferguson reported that upon explaining to Mr. William Malcolm the wish of the Council as expressed at the special meeting he most readily acceded and presented the wax models of Pathology to the Society.

Dr. Ferguson was requested to convey to Mr. Malcolm the thanks of the Council for his donations.

Dr. McGee read a letter of condolence to Mrs. Malcolm on the death of our esteemed Ex-President. He proposed to send this letter with a copy of the resolution passed at the first meeting of the Society.

The letter was approved of.

The circular of 2nd meeting was arranged.

It was decided that no abstract of the first meeting be published but that the business of that day be embodied in the abstract of the second meeting.

As it is deemed expedient that members of the Society shall enjoy the privilege of having wax models, casts etc., etc., taken by John McCann free of expense when intended for the Society and as John's help will

entail additional labour and some cost to him, it was moved by Dr. Ferguson seconded by Dr. Moore and resolved

“That the pay of John McCann be 7/6 per week from this time till the end of the session and that all necessary [?] wax, plaister etc., etc., be provided at the expense of the Society. In order to avoid unnecessary labours he be not required to take any cast etc., etc., unless when specially ordered by the Council.”

397 To H. Murney

Lifford

31<sup>st</sup> October 1856

Dear Sir

Herewith I send you my Annual Report as Corresponding Member of the “Belfast Clinical and Pathological Society” also 2/6 worth of postage stamps, and shall feel much obliged by your letting me have the Weekly Abstract of your proceedings. Wishing the Society every success.

Believe me Dear Sir  
truly yours  
Robert Little

399

Tandragee

October 31<sup>st</sup> 1856

Gentlemen

Be kind enough propose Mr. R. F. Hawthorne L.R.C.S.Ed. at your meeting tomorrow and thus oblige me. Also please forward the weekly circular &c. as I hope to be in Belfast tomorrow week or fortnight when I shall pay the subscription.

Enclosed are 6d. P. stamps to defray postage of my copy of Transactions which you will please have the goodness to forward.

Yours &c.  
R. McGowan

349 *Notice of the Second Meeting in the Fourth Session.*

President—Dr. M'Gee.

Vice-Presidents—Mr. Browne, Dr. R. Stewart, Dr. H. Stewart, (Resident), Dr. MacLaughlan, Lurgan, and Dr. M'Mehan, Whitehouse, (Non-Resident), Dr. H. Purdon, and Dr. Ferguson, (Ex-Presidents).

Treasurer—Dr. Halliday.

Secretaries—Mr. Johnston, and Dr. Murney.

Council-Members—Dr. Pirrie, Dr. Dill, Dr. Patterson, Dr. Moore, and Dr. Young.

Sir

The Second Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 1st November.

*Chair to be taken at Three o'clock.*

**Candidate to be Proposed.**

Doctor Templeton, R.A.

*George Bowden, M.D. Glas., L.R.C.S.I., Portaferry*

**Candidates for Election.**

A. Dunlop, M.R.C.S., (Eng.) Resident Surgeon, Union Fever Hospital, Belfast.

John Semple, M.R.C.S., (Eng.) Glendermott Dispensary.

John Moore, M.D., M.R.C.S., (Eng.) Belfast.

Robert Graham, M.R.C.S. (Eng.,) Dundrod. —Shearing, M.D., Antrim.

J. Dundee, M.D. Carnmoney.

*H. Brown, M.D., (Edin.) L.R.C.S.I.*

**Pathological Specimens to be Exhibited.**

1. Recent Parts, Malignant Disease of Orbit, and Base of Brain.

2. Acephalous Fœtus.

**Cases to be Read.**

1. Acute Rheumatism with unusual Complications.

2. Notes of a Second case of Acephalous Fœtus.

Members are entitled to admit Visitors by written order, which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

SUBSCRIPTION.

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THE MUSEUM.

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

SECOND MEETING

November 1st, 1856.

**353** *Business proceedings of the second meeting.*

The President in the Chair.

The Ballot was taken for the gentlemen mentioned above, [This refers to those proposed at first meeting, viz: Dr. Bowden, Portaferry, Mr. Dunlop, Belfast, Mr. J. Semple, Glendermott, Mr. J. Moore, Belfast, Mr. Graham, Dundrod, Dr. Shearing, Antrim, Dr. J. Dundee, Carnmoney, & Dr. William Brown, Derry] who were all elected as Members of the Society.

R. Templeton Esq. first class staff Surgeon M.C.S.I. & M.D. Edin. was nominated as a candidate for election.

Mr. BROWNE exhibited the recent parts in a

*Case of malignant Disease of the Orbit and Base of the Brain.*

The patient, a female, æt. 26, had been under observation for nearly three years. At first she complained of dimness of vision of the right eye, with a sense of pain in the temples and head on the same side; but the eye presented nothing remarkable, except a peculiar and very slight flickering motion of the globe and lids; the pupil acted under the stimulus of light, and the eyeball was natural in appearance. Sight was, however, very imperfect. After some time she complained of giddiness, when she attempted to walk, and of a throbbing or pulsating sensation over the right ear, which she described as being of a most painful character, and which she referred to a spot within the head, just corresponding to the central point of the squamous portion of the right temporal bone. Mr. B. diagnosed either an aneurism, or a malignant or other tumour, within the cranium. She continued to suffer severely from neuralgic pains in the right side of head and face, and the right eye became gradually very large and prominent, the cornea becoming opaque, the conjunctiva swollen, red, and œdematous—the whole globe at last forming a large red, fleshy tumour, which occasionally bled, and which totally disfigured the face.

Early in the present year, a medical gentleman urged the propriety of being permitted to extirpate the eye, and thus cure the disease, but the operation was declined. In May last she was admitted into the General Hospital, her sufferings were alleviated by anodynes, and she died upon the 26th. of October. Latterly, the left eye had become very sensitive, so that she could not endure the admission of any degree of light; and, indeed, her existence was more animal than intellectual. Upon a *post-mortem* examination, the tissues of the eyeball were found to be atrophied, but quite free from disease. The orbit was filled with a growth of scirrhus character, being

hard, yellow, and fibrous; the bones of the orbit were soft and degenerated. This growth extended backwards to the base of the brain, forming a tumour beneath its anterior and middle lobes, and engaging the bones of the roof of the orbit, and those of the middle fossa of the base of the skull. The cerebral substance of the lower surface of the middle lobe was somewhat softened, but the optic nerve was not diseased, its fibres being expanded over the new formation.

Dr. Seaton REID brought before the Society the following

*Case of Acute Rheumatism with unusual Complications.*

A girl, aged thirteen, was sent into the Union Fever Hospital, apparently suffering under the early symptoms of fever; these continued for three days after her admission, when the right ankle joint became red, swollen, and painful, then the metacarpal joint of the left little finger, then the left ankle joint, and lastly the metacarpal joint of the right fore-finger; the febrile symptoms were rather intense, the pulse varying from 114 to 132.

On the eighth day of her illness, and the fourth of the affection of the joints, some lividity and vesication appeared on the left hand which rapidly passed into a gangrenous state as high as the wrist, where, in a few days, a line of demarcation formed. On the second day of the gangrene no pulse could be felt in the left radial artery, but it was still distinct in the brachial.

The cause of her illness was referred to frequent bathing in the sea when heated by carrying a child to the seaside; she lived in rather a comfortable family, and appeared to have been properly fed. Her death took place on the eleventh day of the joint affection. The most careful and repeated examinations during her illness failed to detect any signs of an affection of the heart, so that the gangrene could not be ascribed to the detachment of any inflammatory deposit on the endocardium, and consequent stoppage of the circulation by it in any of the smaller arteries. Dr. Seaton Reid consequently considered the cause to be an extension of the inflammation from the smaller to the larger vessels of the hand and wrist, and consequent plugging up of the artery. This view he considered all but certain, from his finding, a few weeks afterwards, that the posterior tibial artery was closed for a short distance by an adherent plug in a rheumatic patient whose limb was apparently passing rapidly into a state of gangrene, when he died with head symptoms associated with pericarditis, the *post-mortem* finding no trace of endocarditis.

The only extent to which the *post-mortem* examination in this girl could be made, was to ascertain that the ankle joint was filled with bloody pus; pus had previously been found by others and by Dr. Reid in the joints of rheumatic patients, but he could not find any

record of mortification as one of the possible results of rheumatism.

Dr. R. BRYCE brought before the Society

*A remarkable Example of an Acephalous Fœtus.*

The mother, unmarried, quickened about the usual period, and the movements of the fœtus were felt until within three or four days of her confinement, which took place about the seventh month. Dr. Murney had kindly undertaken to examine the anatomical peculiarities of the specimen, and the following is the report:—"The head presented a very remarkable appearance, it was perfectly flat from the roofs of the orbits backwards; there was no appearance of any attempt at development of the bones of the sides or roof of the cranium. There was no trace of any of the nervous centres. The bony portion of the spine was very imperfectly formed, showing only the bodies and transverse processes of the vertebræ; the nerves in the upper and lower extremities were largely developed, and upon careful dissection, were found distributed in the normal manner; those of the limbs were traced to their so-called origin, which proved to be the lower part of the cauda equina. The semilunar and lumbar ganglions of the sympathetic were well formed and natural. The heart and other viscera of the thorax were healthy and normal. The contents of the abdomen were also healthy, the only point worthy of notice being the site of origin of the duodenum. The stomach was of the usual shape, the pyloric extremity was well formed, but had not the duodenum attached to it; this latter sprung from the posterior part of the middle of the great curvature."

Dr. BECK showed some slices from the

*Uterine Surface of a Placenta, covered with a thin Layer of apparently crystallised calcareous Matter.*

From the effects of tests, he concluded that these concretions consisted of phosphate of lime, and he was of opinion that nearly 7 per cent. of placenta at the full term will be found to contain crystals of such nature.

Dr. BECK also read a paper detailing the history of another

*Case of Acephalous Fœtus.*

A very large quantity of liquor amnii was evacuated. He had some difficulty at first in making up his mind as to the nature of the presentation, but after careful and repeated examinations, he was enabled to make a correct diagnosis. When expelled, he found that the brain and its bony covering were entirely wanting, and the site occupied by a purple membrane, resembling in appearance the membrane of the placenta. The eyes were wide open, and appeared to project very much, as there were no sockets. The body, limbs, genitals, &c., appeared to be perfect. It was a female, and

the patient's third child, the full period of utero-gestation was completed. This was the third acephalous foetus Dr. Beck had met with in about two thousand cases, and all were females.

356 *Second Abstract in the fourth session. Second meeting continued. No business recorded. See the meeting for the clinical reports.*

401 To J. H. Halliday

Pump Street  
L.Derry  
4 November 1856

Dear Sir

I have pleasure in enclosing 5/ in postage stamps cost of subscription of Dr. John Semple, Glendermott L.Derry who I conclude was admitted a Member of Pathological Society at last meeting.

Can you send me the 2<sup>nd</sup> volume of your Transactions note how much am I to pay you for it.

Yours  
Thomas H. Babington M.D.

**Council** Regular Meeting Wednesday 5<sup>th</sup> November. Present, Dr. Robert Stewart in the chair, Drs. Halliday, Johnston & Murney.

The abstract for the first and second meetings were read and approved of.

The weekly circular was prepared.

354 *Notice of the Third Meeting in the Fourth Session.*

President—Dr. M'Gee.

Vice-Presidents—Mr. Browne, Dr. R. Stewart, Dr. H. Stewart, (Resident), Dr. MacLaughlan, Lurgan, and Dr. M'Mehan, Whitehouse, (Non-Resident), Dr. H. Purdon, and Dr. Ferguson, (Ex-Presidents).

Treasurer—Dr. Halliday.

Secretaries—Mr. Johnston, and Dr. Murney.

Council-Members—Dr. Pirrie, Dr. Dill, Dr. Patterson, Dr. Moore, and Dr. Young.

Sir

The Third Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 8th November.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidate for Election.**

Doctor Templeton, Royal Artillery. *M.D. Edin. F.R.C.S.I., 7<sup>th</sup> Class Staff Surgeon*

**Pathological Specimens to be Exhibited.**

1. Dissection of Acephalous Foetus.
2. Kidneys of a patient who died of Uremia.

**Cases to be Read.**

1. Case of Retroversio Uteri.
2. Six Cases of Urethral Calculi.
3. Congenital Cataract.
4. Steatomatous Tumour.

**Clinical Facts and Statistics**

Members are entitled to admit Visitors by written order, which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

THIRD MEETING

November 8th, 1856.

The President in the Chair. There was a large attendance of Members.

Dr. R. Templeton, 1<sup>st</sup> Class Staff Surgeon Royal Artillery was balloted for and admitted. Dr. Murney proposed Mr. R. F. Hawthorne L.R.C.S. Edin.<sup>1</sup> Tandragee, as a candidate for election. Dr. Carson (Corres-

<sup>1</sup> [Probably Samuel Francis Hawthorne of Dromore who is listed in the *Medical Register*, the *Medical Directory*, and in Professor Clarke's *Directory of Ulster Doctors*.]

ponding Member), Coleraine, proposed R. Sharpe M.D. & L.R.C.S. Edin. and Dr. McKeag M.D. & C.M. Glas., both of Coleraine.

The Secretary read a communication from Dr. BABINGTON, containing the account of an interesting

*Case of Epithelial Cancer of the Hand,*

accompanied by the pathological specimen. The following is the abstract of the case:—"Hand of Harper, æt. 55, amputated in County Londonderry Infirmary, on 27th. October. The disease commenced eighteen months since, by a warty excrescence which soon ulcerated, and spread. Previous to his admission into hospital, he was treated, first, with poultices, latterly with what he describes as burning plaster. He has lost much flesh and strength. The pain of the hand is of a burning character, and very severe; it quite prevents his sleep. The smell from the surface of the sore is very peculiar, offensive and nauseating. The glands in the axilla or at the bend of arm, are not engaged or enlarged. He earnestly requested amputation. Since the operation he has gone on satisfactorily. The stump is nearly healed. Dr. B. inclined to look upon the disease as Epithelial Cancer." See Paget's Surgical Pathology, vol. ii. pp. 415, 416, 417.

Dr. MURNEY stated that he had examined portions of the diseased structure under the microscope, and from the appearances there seen, in conjunction with the history of the case, there was no doubt the opinion of Dr. B. was perfectly correct.

Dr. Seaton REID exhibited the kidneys of a man who had been a patient in the Union Hospital, with a very small amount of

*Ascites and Anasarca.*

His urine was of sp. gr. 1,011, and contained albumen. A few days after admission he began to vomit in the morning, his sight was impaired, and he became daily more drowsy and oppressed, and finally quite comatose, dying about the fifteenth day after vomiting commenced, but without any convulsion. Dr. Reid considered it a good case to test the opinions of those who consider that the symptoms of poisoning in albuminuria are dependent on carbonate of ammonia in the blood, rather than on urea, and who state that carbonate of ammonia can be detected in the expired air, when a rod dipped in muriatic acid is brought near the mouth; but in this case he had failed, as on some previous occasions, to detect any. The noise made during the comatose state in this patient by the air passing in through the lips, had a most marked resemblance to the noisy inspiration in the consecutive fever of Asiatic cholera.

The kidneys were found greatly contracted; the tubular structure almost entirely destroyed; the surface of the kidneys quite rough, and the substance under the microscope showing a great amount of fat.

Two or three small cysts were found immediately underneath the capsule containing an amber-coloured fluid.

Dr. PIRRIE read the history of a

*Case of Retroversion of the Uterus.*

Mary M'Cullagh, æt. 45 years, mother of eleven children; after the birth of the first child she had prolapsus uteri. She ceased to menstruate three or four months ago, and, after some time, from certain sensations in the breasts, morning sickness, &c., she was satisfied that she was pregnant. She is accustomed to hard, out door work. Upon Sunday, October 26th, she found that she was unable to pass water, and upon the following day had above five pints drawn off at the dispensary. As it was discovered that the retention depended upon retroversion of the uterus, and that a similar accident had happened during a former pregnancy, she was sent to the General Hospital, where she was admitted about the 30th. of October, suffering from retention of urine. Upon examination it was found that the vagina was almost obstructed by a large tumour, and that the os uteri could not be felt at all; on a second examination, by placing the patient on her hands and knees, and introducing two fingers into the vagina, the lower tegument of the cervix and os uteri was felt above and behind the symphysis pubis. On Thursday, November 5, some efforts were made to restore the retroverted uterus to its normal position, but owing to the opposition of the woman from nervous terror, they were not persisted in. November 6, M'Cullagh reported this morning that she passed water naturally, and on examination it was found that the uterus had resumed its natural position. The os uteri could now be easily felt. Nov. 18, the patient has since aborted.

The PRESIDENT related the history of a

*Case of Steatomatous Tumour of the Breast.*

On examination he found a flattened oval tumour two and a-quarter by one three-quarters inches. The patient stated that she had, about fifteen years ago, felt a small, hard, painless tumour, in size less than a large pea, which slowly increased to the size of a nutmeg, and this remained stationary for eight or ten years. That about two or three months ago it again began to increase, until it attained the size of a walnut; a few days before his seeing her, the tumour became painful, but the pain was not of a lancinating character. The tumour was freely moveable, and not hard nor nodulated. Tincture of iodine was painted over its surface, and other treatment adopted. In a short time, however, it was evident that suppuration was taking place. Poultices were applied and the matter evacuated, after which, a white membrane-like substance was observed at the bottom of the wound, which latter had an unhealthy appearance. A director

was introduced, as a scoop, and he was then enabled to remove piece-meal what proved to be the sac or capsule of a steatomatous tumour, with its dirty yellow granular contents, leaving a deep cavity. In this case suppuration had taken place between the sac and the neighbouring tissues; such a result the President believed to be rare, except in steatomatous tumours of the scalp.

Mr. BROWNE referred to a case of *Congenital Cataract*, which he will again bring before the notice of the Society.

359 *Third Abstract in the fourth session. End of second meeting and beginning of third. See the meetings for the reports.*

400 *To the Honorary Secretaries*

Hawkshead: Ambleside  
Lancashire  
November 7 1856

Dear Sirs

I enclose 1/6 in postage stamps and shall feel obliged by your sending me the 2<sup>nd</sup> volume of the Transactions of your Society. I remit by same post to Treasurer my Annual Subscription together with postage of weekly abstract and circular.

I am  
truly yours  
Augustus Johnston

405

Cavan  
November 8 1856

My dear Sir

May I beg that you will be good enough to forward me your weekly abstract of proceedings of Society. I enclose postage stamps.

I have what I consider a very interesting case to bring before your Society—a case of an abnormal condition of the superficial veins of the abdomen. I have made a cast of the patient's abdomen from the pubis to the mammæ, which I will forward at an early day if you can point out which is the best way of doing so. In this case I consider that the ascending cava has been obliterated for some months.

I should be glad to have the 2<sup>nd</sup> volume of your Transactions and will pay any expenses concerned with proceedings.

Yours faithfully  
Charles Halpin M.D.

403

Dundalk  
10 November 1856

Dear Sir

I beg to send you the enclosed "Annual Report"

agreeably to your desire and have to apologise for not forwarding it sooner.

I hope to take an early opportunity of speaking to my medical confrères relative to the claims of the Clinical Society, and shall endeavour to persuade medical men to join.

I shall not trouble you at present to send the weekly abstracts as the annual transactions will suffice. Pray have the goodness to give my brother Dr. S. Browne the last volume as he will forward it to me.

Believe me  
Yours faithfully  
John Browne M.D.  
Corresponding Member

**Council** Wednesday 12 November. Regular Meeting Present, Dr. McGee in the chair, Drs. Robert Stewart, Dill, Halliday, Johnston & Murney.

A letter was read from Mr. Welsh printer asking payment of an account of \_ for printing done for the Society. Payment ordered.

A letter was read from Dr. Halpin of Cavan enclosing his annual report as corresponding member and proposing to send a cast and history of a case of interest which had come under his notice. The Secretaries were instructed to communicate with him.

A letter was read from Dr. Browne of Dundalk corresponding member enclosing his annual report.

A letter was read from Mr. Tuson<sup>1</sup> of London, *modeller in wax*, sending forward an account for the sum of £1\_14\_6. The Secretaries were instructed to make due examination and report at next meeting.

The second abstract was read and confirmed.

The circular for Saturday the 15<sup>th</sup> inst. was prepared.

404 *To H. M. Johnston*

Portaferry  
13 November 1856

My Dear Sir

You will oblige me by having Doctor Samuel Rankin of Kircubbin proposed as a member of the Pathological Society at your first meeting, and my nephew Mr. William [M<sup>c</sup>Callace jnr?] will give you 15/- to pay his subscription and my own for the present year. I thought I might have had an opportunity of being present myself at one of the meetings during the present month but now find it will not be in my power. Mrs. Filson desires to be kindly remembered to you and regrets that you have not been able to visit us at Portaferry.

We would be happy to see you at any time.

Believe me, Yours very truly  
Alex. B. Filson

<sup>1</sup> [William Tuson was wax modeller to University College.]

Belfast Clinical and Pathological Society

Fourth Session: 1856–1857

President William M'Gee

355 Notice of the Fourth Meeting in the Fourth Session.

Sir

The Fourth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 15th November.

*Chair to be taken at Three o'clock.*

**Candidate to be Proposed.**

Dr. Charles Purdon, Belfast.

**Candidate for Election.**

R. F. Hawthorne, L.R.C.S., (Edin.) Tandragee.

Robert Sharpe, M.D., (Edin.) L.R.C.S., (Edin.) Coleraine.

Daniel M'Keag, M.D., C.M., (Glas.) Coleraine.

**Pathological Specimens to be Exhibited.**

Recent Parts, Fatty Tumour.

**Cases to be Read.**

1. Six Cases of Urethral Calculi.

2. Two „ Obstruction of the Bowels.

3. Novel Mode of removing a Lumbricus.

4. Remarkable Case of partial loss of sensation.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston, H. Murney, M.D.

Honorary Secretaries

FOURTH MEETING

November 15th, 1856.

The President in the Chair. There was a large attendance of Members and students.

Dr. Halliday nominated Dr. Purdon as a candidate for election, and Dr. Filson (Portaferry) nominated Dr. Rankin (Kircubbin). The ballot was taken for Mr. R. F. Hawthorne L.R.C.S. Edin. (Dromore), R. Sharpe M.D. & L.R.C.S. Edin. (Coleraine) and for Dr. McKeag M.D. & C.M. Glasgow. These gentlemen were all admitted as Members.

The Secretary read the reports of Dr. Browne (Dundalk) and Dr. Halpin (Cavan) Corresponding Members. After some conversation, it was resolved by the Society "That its weekly reports should be sent to the Editor of the *Dublin Hospital Gazette* for publication."

Mr. H. M. JOHNSTON introduced a patient affected with

*Paralysis of Sensation over the cutaneous Surface of the greater Portion of the Thorax.*<sup>1</sup>

Henry Lackey, æt. sixty years, presented himself at the Dispensary, on Wednesday, November 12th, complaining of severe neuralgic pains, shooting from the right side around the chest, and felt most severely at the angle of the left scapula. In addition, he complains of a numbness, and absence of feeling over the mammary, inframammary, and scapular regions. In the same localities, he has a feeling of itchiness, but this is considered by him to be beneath the skin. He often feels as if hide-bound. On examination I could detect no appearance of any skin disease; but no sensation of pain can be roused by pinching the skin in the regions mentioned above; you may even pass a knife through the skin, or pinch the nipples, without the patient being cognizant or making any complaint; when, however, you pinch him deeper than the skin he is sensible of pain; and as stated above, he believes that the sensation of itchiness exists beneath the surface. He has a pale, anæmic look; but he always enjoyed good health until about three years since, when he found, at the angle of the right scapula, a patch of skin about the size of a half-crown, numb and devoid of feeling. This gradually extended itself entirely around the chest, until it now engages the regions referred to. About two years since, the itchiness and neuralgic pains attracted his attention, and from these symptoms he now seeks to be relieved. At times the pains are very severe, causing sickness of the stomach, and preventing him from continuing his work. His pulse is about sixty, regular. Digestive functions healthy; in fact, no evidence of organic disease of any of the viscera or cerebro-spinal system exists.

<sup>1</sup> [See page 701 for further report.]

A discussion ensued in respect to the pathology of this case; some of the members thought it was a form of neuralgia, others, that the seat of the disease was in the spinal marrow, there being some slight tenderness over the ninth or tenth dorsal vertebra. The patient is daily engaged weaving.

Dr. James MOORE introduced a patient upon whom he had performed

*Excision of the Elbow Joint,*

some four months ago, on account of gelatinous degeneration of the synovial membrane and its sequences. Prior to the operation the joint was enlarged, stiff, and painful. The arm was nearly straight. At present she possesses a healthy joint, capable of almost perfect flexion, pronation, and supination, and she can use her hand with perfect freedom. Dr. Moore believed that the want of success in such operations depended upon the too free incisions of the skin, and the removal of too small a quantity of bone.

Dr. M. exhibited a *fatty tumour*, about one pound and a-half in weight, nodulated with finger-like projections around its margins; it was taken from the superior surface of the deltoid muscle, on which it was placed, immediately beneath the skin. Before removal, it presented a roundish form. An incision being made, the bands of cellular tissue were divided, and thus he enucleated *seriatim* its several processes, which extended themselves deeply on either side of the shoulder, and close to the joint. The growth was of some eight months' duration. Dr. MOORE referred to the usual location of such tumours in the neighbourhood.

Dr. CORRY exhibited a button with a *lumbricus* entangled in its eye. A patient had accidentally swallowed the button, which had thus acted as a novel anthelmintic.

Dr. BECK exhibited the gizzard of a fowl, with a nail imbedded in its muscular substance. Surrounding the nail there was apparently a gangrenous slough, but there were no evidences of any inflammatory process.

362 *Fourth Abstract in the fourth session. End of third meeting and beginning of fourth. See the meetings for the reports.*

409 To H. Murney

Cavan  
November 19 1856

My dear Sir

I got your note and will forward the cash so soon as an opportunity presents.

I omitted to report to you the death of one of our Medical Men Dr. Coyne, Cavan Dispensary which took place on the 19 December 1855.

Many thanks for the copy of the Transactions. It appears to me that in the formula for the acid mixture in Hooping Cough, Page 29, there is an error. 12 drachms of dilute nitric acid in, a mixture containing but 57 drachms, is in excess—nearly one fourth of the entire mixture is consists of Acid Nit: dil: Whereas in another place, the dose is spoken of as from 5 to 15 minims. If this is an error it would be well to correct it.

Yours faithfully  
Charles Halpin

**Council** Wednesday 19 November. Regular Meeting.

Present, Dr. McGee in the chair, Drs. Halliday, Dill, Browne, Robert Stewart, Johnston, Murney.

The minutes of last meeting were read.

Payment of Mr. Tuson's account was ordered.

The weekly abstract was read and confirmed.

The circular of Saturday 22<sup>nd</sup> inst. was prepared.

357 *Notice of the Fifth Meeting in the Fourth Session.*

Sir

The Fifth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 22<sup>nd</sup> November.

*Chair to be taken at Three o'clock.*

**Candidate to be Proposed.**

**Candidate for Election.**

Dr., Charles Purdon, Belfast.

Dr. Rankin, Kirkcubbin.

**Pathological Specimens to be Exhibited.**

Hypertrophied Heart.

**Cases to be Read.**

1. Six Cases of Urethral Calculi.
2. Two Cases of Obstruction of the Bowels.
3. Case of Internal Strangulation.
4. Anasarca and Puerperal Convulsions, terminating fatally before delivery.
5. Account of P.M. in case of Disease of Brain, with symptoms observed during life.

**Clinical Facts and Statistics**

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THE MUSEUM.

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

FIFTH MEETING

November 22nd, 1856.

The President in the Chair. There were present about 28 members and a large attendance of students.

The Ballot was taken for Dr. Charles Purdon (Belfast) and Dr. Rankin (Kircubbin). They were both admitted as Members.

Dr. PIRRIE placed before the Society a very interesting *Specimen of Hypertrophied Heart*, weighing 21 oz., the normal weight being about 8 oz. The patient, Martha Clarke, aged 57 years, a cook, was first admitted into Frederick-street hospital in December, 1855, suffering from hæmoptysis, at that time supposed to be connected with hypertrophy of the heart. She was again admitted in July, 1856, labouring under dyspnœa, with thirst, sickness of stomach, and great debility. The points of middle and little finger were gangrenous, the radial artery was enlarged and tortuous, its pulsations were visible; there was considerable dulness over the cardiac region; the heart's action was increased in force, but not in frequency, no valvular murmur, or other evidence of disease of valves, the sounds were loud and distinct; no dropsy. The gangrene extended until it engaged the hand, the lungs became very much congested, dyspnœa urgent, and patient died rather suddenly, on November 22nd, 1856. No history of any rheumatic attack could be traced. Dr. Murney, who made the *post-mortem* examination, stated that the

heart weighed 21 oz., that the valves were healthy, that no trace of atheromatous deposit could be detected on the coats of the aorta, brachial, or upper parts of radial or ulnar arteries. The right hand was injected from both radial and ulnar vessels. On dissection, the digital trunk for the supply of the ulnar side of the little finger was found much smaller than usual, that which supplied the radial border of the same finger was a good deal larger than natural, so that we might infer an ample supply of blood could be received from the single trunk, even suppose the small vessels were obliterated. He considered there were no evidences of arteritis, and that we must attribute the affection to a debilitated condition of the part, which, when subjected to inflammatory action, was unable to pass through the grades of that process, but immediately perished.

Dr. YOUNG read a

*Case of Obstruction of the Bowels.*

M. D., a farmer, was a martyr to constipated bowels, for which he was in the habit of dosing himself with blue pill, salts, and senna; he was occasionally subject to slight pain in the descending colon; and a severe attack, which resisted the usual remedies, was the cause of Dr. Young's being sent for. There was neither constitutional irritation, nor pain on pressure, nor any evidence of a tumour. The symptoms were relieved by a dose of castor oil, combined with antispasmodics; the medicine did not affect the bowels, which had not been opened for 24 hours. The following day the pain was as severe as before, the bowels being still confined. Enemata of oil and turpentine were administered, but were returned; and mercurial purges failed to produce any effect upon the bowels. Leeches were applied to the seat of pain; 12 hours elapsed, the pain became much more severe, and the whole of the affected region tender to the touch, pulse frequent, tongue foul, and urine passed every ten minutes; during a paroxysm some relief was afforded by using O'Beirne's tube, but the bowels were not moved, and in a little time his sufferings again were so intense, that his friends anticipated his death. The enema was repeated, leeches applied anteriorly, and a blister posteriorly, blue pill steadily continued, and anodynes administered. The urine was examined, and found healthy. Upon the fourth day there were some evacuations from the bowels, which were almost white, but no appearance of scybalæ or gall-stones. The paroxysms of pain now recurred at longer intervals, and were still confined to left side; being somewhat periodic in their recurrence, quinine was prescribed, in conjunction with opium. Great relief was obtained by putting the feet into warm water. In ten days the patient was convalescent; the obstruction here only lasted three and a half days; the bile did not appear in the stools for a week. Dr. Young regarded the case as

one of spasmodic irritation of the colon, produced by the passage through the bowels of undigested food. The suppression of bile, he believed, was owing to the patient's injudicious system of stimulating the liver by blue pill and aperients, this being followed by a temporary suspension of its functions.

Dr. Seaton REID thought gall-stones were the cause of the attack.

Prof. FERGUSON coincided in this opinion, adding, that not finding gall-stones in the evacuations is no proof of their absence.

Dr. DILL related the history of a

*Case of Internal Strangulation.*

G. M'C., æt. 17, a stout healthy-looking ship carpenter, was admitted into Frederick-street hospital, on the 17th. September, for obstruction of the bowels. He was quite well until the evening of the 11th, when he was seized with a severe pain in his bowels, shortly after having partaken, rather heartily, of a meal of potatoes. Vomiting commenced during the night, and continued at intervals until morning; he was then visited by Dr. James Smith, who found him with a pulse about 80, no fever, tongue coated with a thick white fur, very slight tenderness upon pressure over the abdomen, and not much distention. He ordered pills of colocynth and calomel, to be followed by a castor oil draught; turpentine stupes to abdomen. Sep. 13th. Dr. S. found that the pills and draught had been rejected, the bowels were still unopened. Patient's state was much the same as yesterday. Pills of calomel and opium were prescribed, sinapisms over the abdomen, and the oil draught repeated. Sep. 14th. For a little the vomiting ceased after he had taken the pills, but it had returned, and the symptoms were rather aggravated. The abdomen was now becoming tympanitic, but not tender; expression anxious; pulse 80. The pills were continued, stupes applied, and enemata administered; these latter were returned, and the symptoms were unrelieved, and there being now little doubt but that some obstruction of the bowels, of an obscure but grave character, existed, he was sent to hospital, where a large blister was applied over the abdomen, and much the same plan of treatment followed as before admission. No relief was afforded, the vomiting continued, the abdomen became more distended, the pulse frequent and weak; and he died exhausted, upon Sep. 19th, the third day after admission into hospital, and the seventh of his illness. A *post-mortem* examination was made a few hours after death, when the peritoneum was found very much congested, but no lymph or fluid effused, or other evidence of inflammation. The upper portion of the small intestine was greatly distended, and formed a striking contrast with the lower third, which was small, contracted, and had a dark congested appearance. Upon close examination, this portion was

discovered to be tightly encircled by a band which entirely prevented the transit of the contents of the canal. This band was narrow, resembling very much a thin piece of omentum. It was attached above in the right hypochondrium, and after constricting the intestine was found tied down in the left iliac fossa. Such being the cause of the obstruction, it was evident no medicinal agents could have been of any avail.

Dr. James MOORE showed

*Six Specimens of Urethral Calculi,*

which he had removed upon different occasions. He referred to the history of the cases, and to the mode by which he effected their removal.

365 *Fifth Abstract in the fourth session. End of fourth meeting and beginning of fifth. See the meetings for the reports.*

408

7½ High Street  
21 November 1856

Dear Doctor

There are about 16 pages up of the Transactions for the year 1855–56, and I am greatly in need of the type which is blocked up in them. If I had the copy of rules, of the Clinical and Pathological Specimens, and that part might be printed off and need not be paid for till the Society determined to complete the volume. On the other hand; I will have to take down the type, and then the Society may have to pay twice for the same thing. I would be very much obliged (if the state of the funds would admit) by the passing of my furnished account at tomorrow's meeting, as I am in great want of money.

Your most obedient servant  
Alex Mayne

407 *To the Honorary Secretary*

Ballycastle  
22<sup>nd</sup> November 1856

Dear Sir

I have been very remiss in not forwarding the enclosed return at the proper time. The fact is it was put out of my head at the time and I did not think of it since.

I enclose postage stamps for the weekly abstract and beg to thank you for so kindly having it sent to me.

I am dear Sir  
Yours very truly  
George M. O'Connor M.D.

**Council** Wednesday 26 November. Regular Meeting. Present, Dr. McGee in the chair, Drs. Murney & Johnston.

Belfast Clinical and Pathological Society

Fourth Session: 1856–1857

President William M'Gee

The minutes of last meeting were read.

The abstract was confirmed.

The circular of Saturday 29<sup>th</sup> inst. was prepared.

358 Notice of the Sixth Meeting in the Fourth Session.

Sir

The Sixth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 29th November.

*Chair to be taken at Three o'clock.*

**Candidate to be Proposed.**

John Hamilton, M.D., F.R.C.S., (I.) Surgeon, Union Workhouse, Omagh.

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Recent Parts, Apoplectic Clot in Brain.

**Cases to be Read.**

1. Anasarca and Puerperal Convulsions, terminating fatally before delivery.
2. Account of P.M. in case of Disease of Brain, with symptoms observed during life.
3. Anasarca, and Puerperal Convulsions.
4. Premature delivery of Twins—Recovery.

**Clinical Facts and Statistics**

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from Two to Three o'clock, on application to the Curator.

(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

SIXTH MEETING

November 29th, 1856.

The President in the Chair.

A numerous attendance of Members and students were present.

*Case of Apoplexy.*

Dr. DILL presented a brain removed from the body of a patient, A. B., aged 72 years, who was found lying insensible and collapsed at a late hour, being a night watchman. He was removed to hospital, where he remained in a state of complete unconsciousness for 36 hours. Under the use of stimulants, &c., &c., he gradually recovered his mental and physical powers. He continued to improve for six days, when coma suddenly supervened, and he died in six hours after.

On examination, 24 hours after death, a very large quantity of serum escaped from the arachnoid cavity; a large clot of blood was found lying upon the upper and posterior surface of the right hemisphere of the cerebrum. Extending from this point, anteriorly, there was a more superficial extravasation, as seen in the specimen. An animated discussion followed, in regard to the propriety of bleeding in cases of apoplexy, the opinion of the majority of the Society being, that at present such practice should be adopted with great caution, and in very few cases.

The Secretary read a paper communicated by Mr. GRAHAM (Templepatrick), upon a

*Case of Anasarca and Puerperal Convulsions, terminating fatally before delivery.*

March 20th, 1855, Dr. Graham visited Mrs. A., æt. 22 years. She was then in the end of the eighth month of uterogestation, being her first pregnancy. She had enjoyed very good health until about two months before being seen by Dr. G.; at that time her feet and limbs began to swell, and now there was anasarca of the entire body. The eyelids were so distended, that she was unable to open them. For two weeks past she had been much annoyed with headache, and the bowels were constipated. The urine was secreted in very small quantity, and upon being tested afforded no evidence of albumen. She was treated with diuretics and purgatives, and there was a decided improvement in her symptoms until the morning of the 27th, when Dr. G. was called to see her, as she had been seized with "a fit." He found her seated at the fire,

complaining of severe headache, and rather incoherent.

He bled her freely, after which she expressed herself relieved. The hair was cut, cold water constantly applied to the head, and a draught of castor-oil and turpentine administered. At this period the movements of the child were strong, and the foetal pulsations distinct, but on examination there was no evidence of labour having commenced. Dr. G. saw her again at three o'clock, p.m.; she had five attacks during his absence, and was now unconscious. He bled her again, but not so freely, after which she answered questions that were put to her. An enema was administered, which acted satisfactorily. There was great restlessness and tossing, and the tongue had been very much lacerated. In a little time another strong convulsive attack occurred, in which she died. The child was alive for some minutes after the respiration and circulation of the mother had ceased, but no interference would be permitted.

Dr. FERGUSON did not think that this case could come properly under the category of puerperal convulsions. He considered it one of albuminuria; and he wished to draw attention to the fact, that towards the close of such cases it often happened that the albumen disappeared, neither heat nor nitric acid affording any evidence of its presence. The sp. gr., however, continued low, and he attached much weight to this.

Dr. BECK read a paper on a

*Case of Puerperal Convulsions.*

March 7th, 1856, he was called to visit M. M. C., æt. 20 years. He was informed that she had dropsy, and had been working in convulsions for 16 hours. He found his patient to be a muscular, stout woman. She was strongly convulsed; her face was gorged with blood, and her features distorted. Her lower extremities were enormously swollen; the abdomen was larger than usual at the full time of gestation. She was unmarried, and having concealed the fact of her pregnancy, had been under treatment for "dropsy" for two months past; and even since the convulsive seizure, a blister had been applied to the nape of neck. Dr. B. suspecting that there was an eccentric cause, at once proceeded to make a vaginal examination, and was not surprised to discover a soft os-uteri, pretty well dilated, with the membranes tense and projecting. He bled her to about 30oz., and ruptured the membranes: in a few minutes she was delivered of a male child of about eight months. On again examining, he found a second bag of waters, which being ruptured, the feet of a second foetus came into his hand. This passed easily; both were dead.

The convulsions had now ceased, but she was comatose. A large dose of calomel was given, and the blister dressed with mercurial ointment. The convulsions did not return; the œdema disappeared; and in a

few days she became quite sensible, but had no recollection of what had taken place.

368 *Sixth Abstract in the fourth session. End of fifth meeting and beginning of sixth. See the meetings for the reports.*

**Council** Wednesday 3 December. Regular Meeting. Present, Drs. McGee—Robert Stewart, Dill, Halliday, & Johnston.

The Secretary Dr. Murney was absent unavoidably and as the minute book was not sent the meeting was adjourned.

360 *Notice of the Seventh Meeting in the Fourth Session.*

Sir

The Seventh Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 6th December.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Recent Parts, Result of P.M., and account of a Case of Acute Rheumatism.

**Cases to be Read.**

1. Account of P.M. in case of Disease of Brain, with symptoms observed during life.
2. Interesting Specimen of a Deformed Skeleton.

**Clinical Facts and Statistics**

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H. Murney, M.D.

Honorary Secretaries

SEVENTH MEETING

December 6th, 1856.

The President in the Chair. A large attendance of Members and Students.

*Case of Disease of Right Side of the Heart.*

Dr. PIRRIE exhibited a heart removed from the body of Margaret Murphy, æt. 24 years, a sempstress, who was admitted into the General Hospital on the 28th. of October. She had been ailing for about 10 days before admission, and was evidently labouring under an attack of acute rheumatism. She complained of pain in the cardiac region, and had some dyspnoea. At this time the affection of the joints was not very acute. A loud bruit was heard, most audible at the base of the heart.

From the history of the case, and other symptoms, Dr. P. inferred that there had been pre-existing heart disease; however, shortly after her admission, an acute attack of endocarditis supervened, as evidenced by rational symptoms, and by a modification in the tone and intensity of the pre-existing abnormal sounds. Under treatment she gradually improved, and was considered convalescent, when a sudden attack of difficulty of breathing seized her, attended by great prostration, and followed by death, after six hours' agony, on 28th. November, one month after admission.

On making a *post-mortem* examination, the right side of heart was found much distended with venous blood; there was considerable hypertrophy, with dilatation, especially of the right ventricle and pulmonary artery. The tricuspid and pulmonary semilunar valves were thickened, and covered with fibrous vegetations. The margins of the aortic semilunar valves were also roughened by fibrous deposit, but not to the same extent as the pulmonary and tricuspid. The mitral valves were smooth and perfect. Dr. P. considered that the interest of this case lay in the fact, that the right side of the heart was found to be the chief seat of disease, which we know is contrary to the general law.

Dr. Seaton REID referred to a case with which he had met some years since, and in which he believed the pulmonary semilunar valves to have been those solely affected. Under mercurialization the symptoms were removed, and the patient recovered.

Mr. HARKIN read the following interesting history of a  
*Case of Cerebral Disease.*

D. C., æt. 47 years, by profession an architect, had been suffering from general paralysis for several months before I saw him. The disease manifested itself at first by a *severe pain in the tongue*, for which, having been unsuccessful in obtaining relief in this town, he consulted Mr. COLLES. That gentleman immediately pronounced the ailment as a symptom of incipient cerebral disease, and described to his ordinary medical attendant the future symptoms most accurately, just as they afterwards occurred, terminating at length in mental aberration, paralysis, and death. The first symptom of derangement which he exhibited happened while superintending the erection of the savings bank in Waterford, several of his Belfast friends having been favoured every week, for some time, by a present through the post of "hat almanacs;" and this circumstance led his friends to pay more attention to his state, and finally to put him under strict surveillance. His symptoms gradually increased: constant headache, occasional epileptic attacks, paralysis of upper and lower extremities, loss of hearing, of voice, &c.; ending in complete mental imbecility. When I first saw him, he had been ill for 18 months; all his senses absent but those of touch and vision. He uttered piteous moans when anyone approached him, was suffering from bed-sores which he could not bear to have examined, voided all his evacuations involuntarily, and died at last in a complete state of marasmus. On removing the cranium, a few hours after death, the dura mater was found attached to it in several places by bony deposits, particularly in the vicinity of the frontal eminences; their shape was circular, and their diameter about an inch in extent. The arachnoid appeared much thickened, and was separated from the pia mater, throughout its whole extent, by serum and coagulated lymph. The substance of the brain was flabby, and much softer than natural, and the distinctions between the cortical and medullary substances almost entirely obliterated. The spinal marrow was very much reduced in size, but firm. The serous fluid measured fully 12 ozs., and had penetrated between every convolution of the cerebrum and cerebellum, extending even to the spinal canal. The ventricles were quite distended with serum, communicating with the general mass of effused fluid through the infundibulum. The inner surface of the ventricles was highly vascular, and the corpora fimbriata were studded over with small hydrated-looking vesicles. The nerves and their origins

appeared in a perfectly normal condition, with the exception of the fifth of the right side, which was considerably wasted and softened. The basilar and other arteries were unusually developed, and contained numerous coagula, but whether cadaveric or not was not apparent. There was great engorgement and congestion of all the vessels, more strongly marked in the vicinity of the pineal gland and corpora quadrigemina. There was not any opportunity afforded of weighing the brain.

371 *Seventh Abstract in the fourth session. End of sixth meeting and beginning of seventh. See the meetings for the reports.*

413

Antwood  
9<sup>th</sup> December  
Dromore  
6<sup>th</sup> December 1856

Dear Sir

As I have not received the abstract of the last two or three meetings of the Clinico-Pathological Society, I am beginning to think I am marked off as a defaulter. If such be the case you could be kind enough to let me know, in order that I may not forward my subscription. I think the time for payment continued last year up to 1<sup>st</sup> January.

With a change of government, however, there may be a change of laws.

I have the honor  
to be Yours faithfully  
Marshall Weir

**Council** Wednesday 10<sup>th</sup> December. Regular Meeting. Present, Dr. McGee in the chair. Drs. Dill, Johnston & Murney.

Circular for Saturday 13<sup>th</sup> was prepared.

361 *Notice of the Eighth Meeting in the Fourth Session.*  
Sir

The Eighth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 13th December.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Recent Parts, Fœtus extracted under complicated difficulties, with account of the Case.

*Fatty Tumour—4<sup>lbs</sup>.*

*Dysentery and its pathology.*

**Cases to be Read.**

1. Interesting Specimen of a Deformed Skeleton.
2. Injury of Scrotum, with protrusion of Testis.
3. Puerperal Convulsions followed by Mania.

**Clinical Facts and Statistics**

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H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

EIGHTH MEETING

December 13<sup>th</sup>, 1856.

The President in the Chair.

After the minutes were read the following gentlemen were nominated as candidates for election. Mr. Stewart L.R.C.S. E. (Donaghadee), Mr. Thomas Getty L.R.C.S.E. Donaghadee, & Mr. Thomas Kennedy L.R.C.S.I. (Comber).

*Case of Suspected Abdominal Aneurism.*

Surgeon HARKIN introduced a patient, R. K., æt. 27 years. The nature of his disease he considered ob-

scure, and he wished to have the opinion of the members as to whether an abdominal aneurism existed or not. Since July 17th. he had attended him repeatedly, owing to his being seized with sudden fits of fainting and debility. On examination Mr. Harkin discovered a strongly marked abdominal pulsation, and a loud bruit de soufflet, which was heard most distinctly to the extent of three inches from the umbilicus, in a direction towards the right costal cartilages. Though there were no indications of anæmia, he was decidedly of an hysterical temperament. The opinion of the Society generally was, that no organic disease existed, but that the case was one of a functional derangement, probably depending on gastro-intestinal irritation.

The Secretary presented, from Dr. HANNAY, of Lurgan, a series of engravings of pathological specimens in the Military Hospital. The Secretary was directed to convey to Dr. Hannay the thanks of the Society for his contribution to the Museum.

Mr. BROWNE exhibited a

*Fatty Tumor removed from the region of the Axilla.*

It weighed four pounds, and was of four years' growth. He was of opinion that the disease originated in a fatty degeneration of the glandular structure, the outline of a number of these being still distinct in the morbid mass.

Dr. Seaton REID exhibited

*Diseased Ovaries, Kidneys, and Bladder,*

recently removed from a patient who died in the Union Hospital. The patient had been sent in suffering under dysenteric symptoms of eight days' duration, associated with vomiting, and frequent calls to pass urine, with much pain in the region of the bladder. At the first visit the dysuria was looked upon as sympathetic with the irritation in the rectum, but on being much complained of on the next day, it led to a more minute examination of the region of the bladder, where an elastic tumor, evidently containing fluid, and partially moveable, was discovered. As it was possible to be a distended bladder, the catheter was passed, but failed to obtain any urine, and it was then considered to be ovarian.

The patient's age was near 40, and she stated that she had been pregnant five or six times, that she had ceased to menstruate at the age of 31, and that for the last year she had suffered much from frequent calls to pass urine, and pain in the hypogastric region. The catheter was passed a second time, but failed to obtain any urine for the purpose of examination. The vomiting continued, the evacuations, which at first were yellow and fluid, became now bloody and rather viscid, and she died at the end of 48 hours more, without convulsion, and remaining sensible till near the close.

On *post-mortem* examination both ovaries were found diseased, the right was considerably the larger, and on its being laid open, a band with a rugged edge was found encircling the interior, most probably the remains of a cyst that had burst at some former period, and there was also found a small sessile cyst, containing a reddish fluid; the left ovary was changed into one cyst, containing a clear fluid. The uterus had become reduced in size to that of a very small virgin uterus. The bladder was found contracted, greatly thickened, and rough internally, and containing a small quantity of bloody purulent fluid; the ureters were widened and thickened, the pelves of both kidneys enlarged, and containing a fluid similar to that in the bladder, the lining membrane of the right was found granular, and had numerous bloody points on an ash-coloured surface; the membrane of the other pelvis, although thickened, still remained smooth. Dr. Reid considered that we were justified in supposing that the cessation of the catamenia at the age of 31 was indicative of the commencement of the ovarian disease, as she was then too young to suppose it had ceased in the ordinary course of events. The well known sympathy of the bladder, with an irritated rectum, caused him to overlook at first the serious vesical disease, which had been in existence for the previous year, and the exhaustion and irritation of which were no doubt the cause of her death. He also suggested whether the vomiting and dysenteric symptoms were not indicative of an attempt to establish a vicarious discharge from the stomach and bowels, for the purpose of eliminating the urea, which the diseased state of the kidneys prevented from passing off in the usual way.

This view he considered supported by a case recently published by Dr. M'Dowel, of Dublin, in which urea was detected in the vomited matters; and also by the fact that dysenteric symptoms are not uncommon in the advanced stage of Bright's disease, and that in this patient no ulceration was found on either the small or large intestine, the lining membrane being only intensely engorged, or perhaps inflamed.

Dr. Reid also considered some interest was connected with the withering effect the ovarian disease had exercised upon the uterus, reducing it to so small a size, after giving birth to five or six children, and when the female had only reached the age of 40.

Dr. T. C. CORRY, presented the

*Dismembered Remains of a full-grown Fœtus,*

the history of the case conveying a sad lesson of obstetric practice in the hands of uneducated midwives. December 10th, he was requested to visit a poor unmarried and unfortunate woman, æt. 35 years, who had been 48 hours in labour. This was her first confinement; and on enquiry, Dr. Corry found that there

had been an arm presentation, but the midwife, in her anxiety to effect delivery, had torn it from the body; he subsequently discovered that one of the thighs was fractured, the body having been forcibly brought down, and from the extractive force which had been applied, that the body was now barely attached to the neck by but a slender fold of integument, which giving way, the uterus contracted upon the head and neck. Dr. Corry now obtained the valuable assistance of Dr. Dill, and with difficulty they succeeded in emptying the uterus of its contents. Craniotomy having been first performed, the common blunt hook was found too short to be of any service. Dr. Dill suggested the use of an extractor made for the occasion, resembling somewhat the crochet, only longer. The operation was performed when the patient was under the influence of chloroform. She never rallied, but died from exhaustion in about 48 hours after.

374 *Eighth Abstract in the fourth session. End of seventh meeting, entire eighth meeting and beginning of ninth. See the meetings for the reports.*

**Council** Wednesday 17 December. Regular Meeting. Present, Dr. Robert Stewart in the chair. Drs. Halliday, Johnston & Murney.

Minutes of last two regular meetings read.

Communications from Drs. Halpin (Cavan) and Thomson (Omagh) were laid before the the meeting.

Circular for Saturday 20<sup>th</sup> inst. was prepared.

No abstract read.

363 *Notice of the Ninth Meeting in the Fourth Session.*

Sir

The Ninth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 20th December.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

William Cavin, A.M., M.D., L.R.C.S., (Edin.) Coleraine.

George Mahood, M.D., (Glas.) L.B.C.S., (Edin.) Enniskillen.

Samuel Stewart, Surgeon, Donaghadee.

Thos. Getty, Do. Do.

William Kennedy, Do. Comber.

**Correspondence**

**Pathological Specimens to be Exhibited.**

**Cases to be Read.**

1. Interesting Specimen of a Deformed Skeleton.
2. Injury of Scrotum, with protrusion of Testis.
3. Puerperal Convulsions followed by Mania.
4. Paracentesis Vesicæ, (Dr. Thomson, Omagh.)

5. Cast of Abnormal condition of Superficial Abdominal Veins, (Dr. Halpin, Cavan.)

6. Cast of Foot, after removal of Astragalus for Compound Dislocation, (Dr. Halpin, Cavan.)

**Clinical Facts and Statistics**

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**SUBSCRIPTION.**

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**THE MUSEUM.**

The Pathological Museum, considerably enlarged, is open for the inspection of Members every Saturday, from Two to Three o'clock, on application to the Curator.

(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

**NINTH MEETING**

*December 20th, 1856.*

The President in the Chair.

After the minutes were read Dr. James McKee M.R.C.S.L. L.K.Q.C.P. (Randalstown) was nominated as a candidate for election. The ballot was taken for Dr. Cavin (Coleraine), Dr. Mahood (Enniskillen), Surgeons Stewart and Getty (Donaghadee) and Surgeon Kennedy (Comber). These gentlemen were all admitted as Members.

Dr. HALLIDAY brought before the Society a young female aged 13 years, having a

*Tumor in the Hypogastric Region,*  
the nature of which was very obscure. Her mother stated that she had observed it for the first time, about two months ago, since which period it had continued to increase, until it had now attained the size of a melon. There were no evidences of puberty, the menses had never appeared, and her health seemed good, urine was passed freely, and the bowels were acting. The tumor, however, was somewhat painful, without any discoloration. The Members were divided in opinion as to whether it might arise from obstructed menses, impacted fæces, or be of a malignant nature.

Dr. MURNEY exhibited a

*Specimen of a Deformed Skeleton,*  
and gave some account of its peculiarities. About three years ago, the subject of this notice, a man about 40 or 45 years of age, was admitted into the hospital, labouring under bronchitis. From his inability to speak any but the Irish language, his place of birth, precise age, &c., could not be ascertained. After remaining some time in hospital he succumbed to the bronchitis.

Among the peculiarities described were the following: About the base of the skull, the different muscular impressions were remarkably prominent; the spine presented the unusual arrangement of a sixth lumbar vertebra, the adjacent dorsal and sacral regions being composed of the usual number of parts. The axis, or second cervical bone, was well shaped in every respect, save that there was no development of the odontoid process. It could not be ascertained if the ligaments which connected the head to the spine presented any peculiarity, as the absence of this process was unknown until the complete maceration of the specimen had been effected. All the bones of the extremities were, as nearly as possible, about half the average length, considerably curved, and presenting the muscular impressions in a most exaggerated form. The head of the femur and humerus were almost completely flattened out, and the trochanters and insertion of the deltoid were enormously developed. Some of the long bones of a tiger were shown, and the many points of resemblance between those and the skeleton were dwelt upon; Dr. Murney remarking, that this but corroborated the frequently repeated observation, that in cases of variation from the normal standard in the human subject, we have the natural condition of some other portion of the animal kingdom assumed; he also directed attention to the remarkably curved condition of the bones in both forearms, more particularly the radii, the appearance naturally suggesting the idea of ostio-malacia, or molities ossium; this he considered of some little interest, as all the cases which have been described of that disease have occurred in the female.

The Secretary read a communication from Surgeon M'GOWAN (Tanderagee), detailing the history of a

*Case of injury of the Scrotum,*  
caused by the horn of a cow. The testicle protruded, the tunica vaginalis being quite exposed. Under judicious treatment, the wound healed in a few days, without a bad feature, no symptoms of inflammation of the testicle having been manifested. Dr. MURNEY narrated the history of a similar case.

The Secretary read a paper contributed by Dr. H. THOMPSON (Omagh), on a case of

*Paracentesis Vesicæ.*

William Elkin, æt. 80, affected with symptoms of prostatic disease for some years, was seized with complete retention on the 31st. January, 1856. I saw him on the 4th. of February. Many vain attempts had been made to pass an instrument, and the urethra was riddled with false passages; in order to give these a chance of closing, I deferred any attempt at relieving him until the following day, having prescribed a hot bath and a purgative, which he required. On the 5th. I tried to get in an instrument, but could not succeed; so I had no alternative but to tap the bladder, which was accordingly done by means of a long curved trocar and canula, above the pubis. A gallon of high-coloured urine flowed away, with complete relief. I left in the canula for two days, and then replaced it by a gum-elastic catheter, to the free end of which I attached a large-sized Indian rubber ball, fitted with a quill and a peg, by way of a stopcock, which acted as an artificial bladder, and succeeded perfectly in keeping him dry and comfortable; he went on in this way very well until the 25th. February, when I made another attempt to pass a catheter per urethram, and with great difficulty got through No. 6; the prostate was much enlarged laterally, and the passage through it seemed to be very narrow and tortuous. The instrument was left in for a few hours, but finding that he could not bear it, that its presence, whenever attempted, produced a tendency to urinary fever, and considering the extreme difficulty of passing the instrument, and the determination of the old man not to leave his home, which was at too great a distance to admit of his being regularly attended, even supposing the use of the instrument had been unattended by any bad consequences, I had no other course open to me but to leave him as he was. He has been ever since in the state described above, with the catheter constantly in the bladder, through the opening above the pubis, and the ball receiving the urine as it flows away. He suspends it to one of his buttons, and walks about his farm, much more at ease than he had been for some months before the operation. I certainly never saw, and I do not remember to have read of, a case in which an instrument was retained in the bladder for so long a time. It tends to prove that the bad

effects which so frequently follow the continued use of an instrument in these cases depend more upon irritation of the prostate than on the coats of the bladder, and that in cases similar to this, there is a better chance of prolonging life by the proceedings here adopted than by persevering in the use of the catheter in the usual way. The catheters are of course changed as they wear out.

377 *Ninth Abstract in the fourth session. End of ninth meeting. See the meetings for the reports.*

**Council** 31 December.

Present, Dr. McGee in the chair. Drs. Dill, Robert Stewart, & Murney.

Minutes of last meeting read.

An account from James Coleman amount £1\_5s for spirit supplied to the Society was passed.

The circular for Saturday the 3<sup>rd</sup> January was prepared.

No abstract was read.

364 *Notice of the Tenth Meeting in the Fourth Session.*

Sir

The Tenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 3<sup>rd</sup> January.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Pneumo-thorax, with P.M.

**Cases to be Read.**

1. Puerperal Convulsions followed by Mania.
2. Cast of Abnormal condition of Superficial Abdominal Veins, (Dr., Halpin, Cavan.)
3. Cast of Foot, after removal of Astragalus for Compound Dislocation, (Reported by Dr. Halpin, Cavan.)
4. Vaccinia concurrent with Measles.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

TENTH MEETING

*Saturday, January 3<sup>rd</sup>, 1857.*

The President in the Chair.

After the minutes were read, Dr. Robert Gordon (Castledawson) was nominated as a candidate for election.

Dr. HEENEY read the history of the following

*Case of Puerperal Convulsions, followed by Mania.*

About nine o'clock, on the morning of the 3<sup>rd</sup> September last, I was called to visit Mrs. I., a young woman of 19 years of age, and in the ninth month of her pregnancy. I found her just recovering from a fit of convulsions. Upon inquiry, I learned that she had been suffering from them during the whole of the previous night, with intervals of about half an hour between each attack; I learned also that for the preceding three days, she had suffered greatly from a very severe pain in the head and occasional vomitings, and I found that her tongue had been rather extensively injured during the fit; pulse 126. Before I had finished my inquiries, she was again seized with an epileptic fit of great severity, during her struggle, in which bloody froth issued from her mouth, and her lips and face assumed a congested and purplish appearance. She did not shriek, but there was evident spasm of the muscles of the larynx. I immediately proceeded to draw blood from her arm, not only with a curative, but also a prophylactic view; I took away about 24 oz. of blood; this appeared to produce but little effect, as she had another fit of equal severity in

the course of half an hour. On examination per vaginam, I found the head of the child pretty low down, but the os uteri undilated. In a little time further she had another fit equally severe, after which I untied the arm, and drew off about 16 oz. more of blood, after which I administered a turpentine enema. Notwithstanding the prompt administration of these remedies, the fits continued to recur at irregular intervals. It was impossible to administer any medicines by the mouth, owing to her total state of unconsciousness. I apprised her friends of the dangerous condition in which she was placed, and it was determined that additional advice should be obtained. An expert accoucheur was called in; and as the os uteri had now dilated to about the size of a shilling, and its margins were thin and soft, we determined to await its more perfect dilatation, and, if possible, apply the forceps. Cold applications were applied to the head, and turpentine fomentations between the shoulders; the latter with a view to arouse her to a state of feeling, and act as a derivative from the brain and spinal cord. The convulsive motions were now accompanied with strong uterine action; and in about one hour from the arrival of my colleague, I was enabled with ease to effect delivery with the forceps. The child was still-born, and the placenta shortly followed. The convulsions, however, continued for 32 hours after, the intervals gradually getting longer, about eight hours, before they finally ceased. I was again induced to bleed her to 10 oz., there being symptoms of an increased determination of blood towards the head. When the power of swallowing was restored, 10 grains of calomel were administered, followed by a draught of castor oil and boluses of camphor, tartar-emetic, and hyoscyamus. The urine was examined, but no albumen was found present. On visiting my patient on the second day after delivery, I found that her intellect was completely deranged, the derangement resembling the symptoms of "*mania a potu*," except that there were no tremblings; she fancied that she had been speaking with the dead, and she was constantly looking to various parts of the room, where persons were supposed to be assembled, plotting mischief against her. It was with the greatest difficulty she could be persuaded to take either food or medicine. I directed the continuance of the cold applications to the head, and epithems of turpentine on flannel, wrung out of hot water, to the abdomen, as the lochia had ceased to flow. I ordered a mixture of the spiritus mindereri and spirits of nitre. These means, with the occasional use of calomel, castor oil, and turpentine enemata, were the principal means that were adopted for the course of four days, when she was again restored to her proper senses, and afterwards made a very good recovery, and at the present time is perfectly well in every respect. The chief peculiarity in this case, was the supervention of

the mania on the termination of the convulsions; and the question that may arise, whether the bleeding, in all, to the extent of 50 oz., may have had any influence in producing the mania; in my opinion, it had not; and (even if it had) I think the bleeding was more than justifiable, taking into consideration the concurrent testimony of almost all the best obstetrical authors and practitioners, as to the propriety and necessity of a free and copious bloodletting in puerperal convulsions, and that there is less risk of life from this form of mania (even were it possible to foresee it,) than there would be from extreme congestion of the nervous centres, or from apoplexy, a result not uncommon in this disease.

The PRESIDENT reported, as occurring in his practice, the following

*Case of Vaccinia and Rubeola running their course together, and followed by Lichen Lividus.*

In a patient, five months old, the arm, on the fifth day after vaccination, showed a very minute but distinct vesicle; the child was somewhat feverish, and had been restless and fretful during the preceding night, which the nurse referred to dentition. On the seventh day the vaccine vesicle was progressing, though slowly; the fever continued, and catarrhal symptoms had set in, with a rash over the back and chest, not well defined. The children in the adjoining premises were, at the time, passing through an attack of measles. On the following day, the eighth, the measles were well out; the vaccine vesicle arrived at maturity on the tenth, and on the twelfth was surrounded by the usual erythema, or roseola vaccina of Willan. Under mild cooling treatment, the measles rash began to fade away on the third day from its appearance, and was soon entirely gone, viz., on the twelfth from vaccination. Five days after, viz., on the seventeenth, a distinct eruption of lichen lividus appeared over the face and chest, and continued to come out in successive crops for the space of eight days, attended by itching, and leaving behind minute flea-bite-like spots, which after a week disappeared. The other children in the house, three in number, were, at the same time, attacked by measles, and in every one of them, also, the measles were followed by the lichen rash; in one of these there was much swelling of the face.

The President remarked on these cases as bearing on the opinion of Devergie, who is inclined to consider lichen lividus contagious. Some discussion arose as to the opinion of Hunter, Cazenave, and others, who believe that one eruption always suspends the march of any other with which it may be complicated. In the foregoing case, the vaccinia was merely rendered more slow in its progress, not suspended. Some of the members were of opinion, that, as a general rule, the rapidity of development and maturity of the vaccine

vesicle was in the inverse ratio of the age of the patient, being more rapid in the very young.

Dr. MOORE exhibited

*A Hand shattered by a discharge of a pistol,* the palm being completely lacerated. Amputation was performed above the wrist, about one hour and a half after the accident. The wound healed by the first intention. Dr. M. recommended an early operation, to avoid the risk of tetanus, which is more likely to follow the laceration of such tendinous structures.

He also exhibited a

*Phalanx of the Great Toe, removed in consequence of the non-union of a compound fracture.*

In this case, shortly after the occurrence of the accident, there were muscular twitchings along the limb, as far up as the hip, which ceased when suppuration set in.

The SECRETARY presented from Dr. HALPIN, of Cavan, a cast of the abdomen of a patient in Cavan Union Hospital, in whom there was an

*Abnormal Enlargement of the Superficial Abdominal Veins.*

The patient had a severe attack of dysentery in 1852, from which he recovered. As yet the cause of the enlarged and varicose veins is a matter of surmise.

Dr. HALPIN also sent for exhibition the cast of the foot of a man who had the

*Astragalus removed, in consequence of Compound Dislocation.*

Dr. H., in his communication says:—"I also send a cast I made, of an extremely interesting case, that occurred in the Co. Cavan Infirmary, about 24 years back, compound dislocation of the astragalus. Reduction was found impracticable, and the dislocated astragalus was extirpated. It is upwards of 20 years since I made the cast. The man is alive still. The motions of the foot are imperfect. There is no spring in the arch of the foot. It will be observed that the foot is forelengthened; the opposite doctrine is maintained by some practitioners, that the foot is foreshortened after this accident."

**Council** 7<sup>th</sup> January. Regular Meeting.

Present, Dr. McGee in the chair. Drs. Robert Stewart, Halliday, Johnston & Murney.

Minutes of last meeting were read.

The circular for Saturday 10<sup>th</sup> January was prepared.

Dr. Halliday presented a number of accounts forwarded by Mr. Bowman solicitor to the executors of the late Dr. Malcolm. It was moved by Dr. Murney seconded by Mr. Johnston and resolved "That the Presid-

ent, Dr. R. Stewart, and the Treasurer be appointed sub-committee to investigate these accounts and report to the next meeting."

Dr. Murney proposed that in future the regular meetings of the Council be held on Thursday at 2½ p.m. It was agreed that circular to that effect be issued to each member of the Council.

380 *Tenth Abstract in the fourth session. Beginning of tenth meeting. See the meeting for the reports.*

366 *Notice of the Eleventh Meeting in the Fourth Session.*

Sir

The Eleventh Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 10th January.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

Dr. Robert Gordon, Castledawson.

**Correspondence**

**Pathological Specimens to be Exhibited.**

1. Recent Parts, Pneumo-thorax, with P.M.

2. Do. Kidneys of a Patient who died of Diabetes.

**Cases to be Read.**

1. Scarletina occurring during the Puerperal State.

2. Hemiplegia in a young Subject, with rapid recovery.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

ELEVENTH MEETING

Saturday, January 10th, 1857.

The President in the Chair.

After the minutes were read, the ballot was taken for Surgeon Gordon (Castledawson) who was elected a Member.

Mr. BROWNE introduced a patient presenting an example of

*Congenital Malformation of both Irides,*  
a deficiency existing in the lower margin of each. He referred the Society to Mr. Wilde's interesting paper on such malformations.

Mr. B. also exhibited a

*Tumor of a Scirrhus character,*  
removed from the breast of a female aged 62 years.

Mr. H. M. JOHNSTON presented a

*Specimen of Perforating Ulcer of the Ilium.*  
The patient, a sailor, had been for weeks suffering from diarrhœa. On arriving in port he was admitted into hospital for a frostbitten condition of the feet. On the evening of his admission he was suddenly seized with symptoms of perforation of the intestines, and died in about 15 hours after. When the abdomen was opened gas escaped; there was a large amount of seropurulent effusion, and other evidences of intense peritonitis. The perforation was discovered in the upper third of the ilium. The ulcer occupied the site of one of the glandulæ solitariae, and had a well defined margin.

There were several other ulcers, similarly placed, in the tract of the ilium. The mucous membrane in the intervening space appeared healthy. Mr. Johnston was of opinion, that during his passage he had been labouring under typhoid fever; and he regarded the ulcerated state of the glands as the pathological result of that disease.

Dr. Seaton REID exhibited the

*Kidneys of a patient who had recently died of Phthisis,*  
in the Union Hospital, and who had been diabetic for

six or seven years. She had visited the hospital on several occasions; the urine, during her stay, varied from four to five quarts daily, and had a specific gravity of from 1,034 to 1,040; and always gave indications of sugar, on the application of Heller's test. Two days before death the urine was reduced to three pints daily, but still was distinctly saccharine. Rennet, opium, iron, cod-liver oil gave but temporary relief; her death being caused at last by a profuse diarrhœa, which was probably the cause of the diminished amount of the urine. The kidneys, on removal from the body, were found intensely congested, rather smaller than usual, but the tubular structure apparently healthy. Dr. Reid having remarked that he did not present them as showing the pathological seat of diabetes, noticed briefly the entire change in our views of this disease that had been caused by the experiments of Dr. Claude Bernard, of Paris, who had proved that one of the natural functions of the liver was to secrete sugar; that this was always capable of detection in the blood, after it had passed through the liver, and till it reached the lungs; that it was formed irrespective of the digestion of vegetable substances, being found even in the chick, before it had escaped from its shell. Dr. Reid then referred to the very interesting and almost fabulous results that followed the irritation of different parts of the fourth ventricle, in the experiments of Dr. Bernard. One point, on being irritated, caused the animal to suffer under saccharine diabetes; another point producing simple diuresis; and a third, the secretion of sugar, without any increase in the amount of urine. These results caused him to look with much interest to the examination of the brain in this patient, with a view of ascertaining whether, in the human diabetic patient, any morbid state existed in the fourth ventricle, that could be looked upon as producing this fearful disease.

Anxious, therefore, for a careful examination of the brain, Dr. Murney, Demonstrator in the Queen's College, kindly consented to dissect it for him, after its removal from the body; but after a most careful and cautious examination of the region of the fourth ventricle, he found nothing to indicate that in this patient there had existed any kind or amount of disease in that part of the brain to which her attack of diabetes could be referred.

Dr. MOORE exhibited an example of

*Pulpy Degeneration of the Synovial Membrane of the Knee-joint, and Ulceration of the Cartilages.*

Also a *Tumor of a scirrhus character, removed from the breast.*

Dr. MOORE introduced a patient on whom he had operated for *Talipes Equinus* six weeks previously. The

patient had walked on his toes, his heel elevated from the ground above four inches. Dr. M. cut the tendo Achillis, and applied a bandage; some days afterwards he divided the plantar fascia and the opposing tendons; a bandage was again applied. The patient now was able to walk well on the sole of his foot, and the muscles of the calf were becoming developed. Dr. M. used no splints, and recommended that the knife should be inserted beneath the skin, and its edge merely pressed against the stretched tendinous structures, which are readily severed; thus nerves and arteries escape being injured. Dr. M. never met with hæmorrhage, tetanus, or any unfavourable result, by such mode of operating. Dr. M. had formerly operated on a girl (the patient's cousin) for a similar defect, with equal success.

Dr. MOORE exhibited

A Cyst containing an oleaginous fluid, about the size of a goose's egg, which he had removed from the lumbar region.

Dr. MOORE also related the history of

A case of Abscess of the Pharynx, which, pressing forward the uvula and tonsils, and resting on the epiglottis, caused suffocative and other urgent symptoms. With the long bent trocar and canula, he evacuated about three ounces of foetid pus, affording immediate relief.

Dr. PIRRIE presented the Lung, &c. &c., of a patient who had died with

*Pneumothorax,*

and related the following history of the case and *post-mortem* examination. Thomas Campbell, æt. 18 years, was admitted into Frederick-street Hospital, on the 18th. of August.

He stated that he had been ailing for a period of 18 months, but much more so for the last six. On examination, the heart was found beating to the right of the sternum, and there were the other decided evidences of pneumothorax of the left side. The patient lingered on until the 29th. of December. *Post-mortem.*—The body was much emaciated; on opening the left side of the thorax, air gushed out. The heart was found lying to the right of the sternum, the left margin of the left ventricle being fully half an inch to the right of the right margin of the sternum. The left side of the thorax had the appearance of an enormous cavity, containing about half-a-pint of foetid purulent matter, and was lined throughout by a soft, pulpy false membrane, about quarter of an inch thick. The lung, which was firmly compressed, and bound down to the spinal column, contained indurated tubercles. The right lung was universally adherent to the thoracic walls, and filled throughout with tubercular matter in all its various stages.

383 *Eleventh Abstract in the fourth session. End of tenth meeting and beginning of eleventh. See the meetings for the reports.*

**Council** 13 January Special Meeting.

Present, Dr. McGee in the chair. Drs. Robert Stewart & Murney.

Minutes of last meeting were read.

The circular for Saturday 17<sup>th</sup> January partly prepared.

The sub-committee (appointed at last meeting) reported that in making due examination of the accounts submitted to them, it was found only a small sum was due by the Society.

The proposal that the day of meeting be changed from Wednesday to Thursday was confirmed.

367 *Notice of the Twelfth Meeting in the Fourth Session.*

Sir

The Twelfth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 17th January.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

A Communication from Dr. Halpin, (Cavan,) on *Retroversio Uteri.*

**Pathological Specimens to be Exhibited.**

1. Recent Parts, Disease of Ankle Joint.
2. Do. Hypertrophied Labium.

**Cases to be Read.**

1. Scarlatina occurring during the Puerperal State.
2. Carcinoma, with History.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

TWELFTH MEETING

January 17th, 1857.

Professor Ferguson V.P. in the Chair.

Dr. Halliday as Treasurer gave his statement of accounts.

Dr. John MOORE read the history of a

*Case of Scarlatina occurring during the puerperal state.*

On Sunday, November 16th, 1856, I attended Mrs. M'L., æt. 28 years. It was her first confinement, and she gave birth to a female child, after about 10 hours' illness. There was nothing unusual in the labour, except that the cord was only a span long. On Monday her pulse was 110. Tuesday, I found that she had spent a restless night; pulse 120. There was a considerable degree of feverishness present; there was, however, no abdominal tenderness; the lochia continued to flow; she had passed urine freely, and the bowels had acted.

I ordered her powders containing *hydrarg: c. creta*, and *Dover's powder* night and morning, with nitre during the day. Thursday I found her covered with the eruption of scarlatina. The attack seemed a very mild one, as there was a total absence of any tendency to sore throat. The uterus manifested no signs of being implicated, and at this period my prognosis was favourable. She was nursing the infant, which manifested no symptom of the disease. Friday morning I found that the baby (which I had left in good health on the evening previous) was dead. At twelve o'clock it had been placed in bed with the mother; in about two hours the nurse was awake by her in a state of delirium, and found the child dead where the mother had overlain it. Dr. Halliday visited my patient in consultation, and from the absence of any throat or uterine

complication, was also inclined to take a favourable view of the case. Saturday there was little change in the symptoms, but on Sunday she sank into a comatose state, and died the eighth day after her confinement, and the fourth after the appearance of the eruption.

On the Thursday preceding her confinement she had gone to visit a family where she had lived as a servant, and where one of the children had been ill. She remained all night, and slept with the child, which afterwards turned out to be suffering from scarlatina, though at this time the eruption had not appeared, and she did not see it afterwards. As scarlatina is a disease of so frequent occurrence in children, and as parturient females are most frequently to be found where children are, it is a complication which we ought to be prepared to meet with. There are several points in the case which appear to me interesting. 1st.—The period at which the disease was communicated, viz., before the eruption had appeared. Patients are said to be much more likely to communicate scarlatina in the latter than in the early stages. 2nd.—The period of incubation—from Thursday until the appearance of the eruption on the following Wednesday. 3rd.—The absence of what we might *a priori* expect, any uterine affection. The fatal termination, notwithstanding the absence of what, in this disease, is the most fatal of its symptoms, viz., the throat affection. And last, but not least, the freedom of the child from the disease; for on the evening of its death there was not a trace of it, although it was nursed by the mother, who was at the time covered with the eruption; showing that those poisons which, when introduced into the system either by inhalation or inoculation, act injuriously, will, when taken into the stomach, prove harmless. But I cannot tell how the infant escaped, with the mother's blood circulating through its veins, charged with the combustibles that were so soon to explode and destroy her.

Mr. BROWNE introduced a patient on whom he had operated for

*Congenital Cataract.*

He was 21 years of age at the time he presented himself to Mr. B.; since then he had undergone two operations—one with the needle, and the second with the canula forceps—to remove a piece of the capsule. The result has been very satisfactory, as he can see near objects very well by the aid of  $2\frac{1}{4}$ -inch glasses, and distant objects by means of a 4-inch focal power. The patient already begins to know surrounding objects, of which he had hitherto been quite ignorant. He intends to learn to read and write. Mr. Browne also presented a patient, aged 66 years, from whom he had *extracted* a cataract. The patient had been operated on a fortnight previous to his appearing before the Society. The section of the cornea had healed so com-

pletely, that the cicatrix was scarcely discernible. The cornea, Mr. Browne remarked, was quite healed on the fifth day. Vision, in this case, was good, and improving rapidly.

Dr. MOORE introduced a patient suffering under  
*Cancer, engaging the Breast, Axilla, and  
Scapular Region.*

The arm and hand were swollen to a great degree. The patient concealed the existence of the disease in the breast for more than nine months, and when she first sought advice, there was a tumor the size of a turkey egg. At that time (above one year since) she was urged to allow an operation, but refused; and since then the disease increased to its present extent.

Dr. PATTERSON referred to the treatment of cancerous ulceration by the application of finely powdered sulphate of zinc, as recently suggested by Professor Simpson. The following is the formula:

Zinci Sulph: Exsicc: ʒj.  
Axungiæ ʒii.  
Misce et fiat ungt.\_

Or,

Zinci Sulph: Exsicc: ʒj.  
Glycerinæ ʒi.  
Misce et fiat ungt.\_

Either of these being applied and renewed, until a healthy surface is obtained.

Dr. MOORE also exhibited a  
*Diseased Ankle Joint,*  
affording an example of gelatinous degeneration, with ulceration of cartilages, which he had removed from a girl 23 years of age. Patient has gone on satisfactorily, the wound having healed by the first intention.

He presented a morbid mass, about 1 lb. weight, removed from the labium of a prostitute. The disease had its origin, some 12 years since, in a hardened extensive syphilitic ulcer, and had increased until it attained its present dimensions.

The SECRETARY read the following communication from Dr. HALPIN, of Cavan, on

*Retroversion of the Uterus.*

“In the Abstract for 1st. November there is a report of a case of retroversion of the uterus, read by Dr. Pirrie. As this is a subject to which I have devoted a good deal of attention, I felt very much interested in that case. If I might offer an opinion, from impressions derived from similar instances in which I have been engaged, I would say that the woman might have been relieved at the earliest stage at which we have her history, and probably the process of gestation would have gone on to the full period. I do not know whether you ever met with a paper that I read on this subject before the Dublin Obstetrical Society, January

2nd, 1840. It is reported in the *Dublin Journal of Medical Science*, vol. xvii. page 67 (old series). The method I had recourse to was extremely simple—inflating the pelvis. It restored the uterus immediately to its normal position.

I have had very many communications from medical practitioners who have tried the means I recommend with the happiest results. Should any member of your Society meet with cases of retroverted uterus, he will find no difficulty in relieving them by this method. I had a case of anteverted unimpregnated uterus, in which I was enabled to restore the organ to its natural position without difficulty, by inflating the vagina.”

Dr. Charles Purdon described the mode of inflating—viz, by placing an Indian-rubber bag, with a tube attached, in the vagina, and then distending it with air.

Dr. BRYCE related the history of a case of retroversion. The uterus was not restored to its normal position. The period of uterogestation was prolonged for nearly 12 months, when the patient died, delivery not having been effected.

386 *Twelfth Abstract in the fourth session. End of eleventh meeting and beginning of twelfth. See the meetings for the reports.*

411 To H. Murney

Coleraine

17 January 1857

My Dear Sir

Please accept my special thanks for your very kind note, and give me leave, through you, to tender my very best thanks to the Belfast Clinical and Pathological Society for the honor they have kindly conferred on me, by electing me one of their number.

I had been from home when your kind favor was left at my house and have to regret that I was prevented from replying to it in proper time.

Will you have the kindness to address the enclosed to Dr. Browne? I am not quite sure of the name of the locality in which he resides.

Believe me, My Dear Sir,

Yours very sincerely

William Cavin

**Council** 20 January 1857. Regular Meeting.

Present, Dr. Robert Stewart in the chair, Johnston & Murney.

Minutes of last meeting read and confirmed.

No circular prepared as there was a scarcity of pabulum.

No abstract read.

412

Coleraine  
January 21 1857

Dear Sir

Will you have the goodness to take the necessary steps for having Dr. Taylor elected a member of the Pathological Society.

His name is William Taylor. He is an M.D. and M.R.C.S. both of Edinburgh. He is Medical Officer to the Articlave Dispensary near Coleraine. I have much pleasure in recommending him. I gave his subscription of 7/6 to Dr. Robert Bryce in the railway carriage one day lately.

Yours truly  
James C. L. Carson

369 Notice of the Thirteenth Meeting in the Fourth Session.

Sir

The Thirteenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 24th January.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Recent Parts, Encysted Tumour of the Penis.

**Cases to be Read.**

1. Result of Case of Serpiginous Ulcer, formerly brought before the Notice of the Society.
2. Case of Stabbing, presenting features of interest in a Medico-Legal point of view.
3. Case of Abscess of Liver.

**Clinical Facts and Statistics**

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THE MUSEUM.

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(Signed by order),  
H. M. Johnston,  
H. Murney, M.D.  
Honorary Secretaries

THIRTEENTH MEETING  
Saturday, January 24th, 1857.

The President, Dr. M'Gee in the Chair.

After the minutes were read, Dr. HALLIDAY introduced a patient, the subject of

*Hepatic Abscess,*

and related the following history of her case. Rebecca Carvel, aged 26 years, about two years since applied at Dispensary, stating that up to three months previously she had enjoyed good health, when the catamenia ceased to appear—from what cause she could not state. She now complains of œdema of the lower extremities. This, notwithstanding that she remained under treatment for some months, went on to general dropsy.

She sought admission into Union Hospital, where she remained but a fortnight, the urgent symptoms passing off. She returned to her work at the mill, at which she continued only three days, the swelling having reappeared. Again she came to Dispensary; and finding she improved under the treatment adopted, resumed her work, at which she continued for five months, taking no medicine whatever. At this time she became much worse, and in addition to her former symptoms, complained of frequent chills, with cough, and pain in the right side, shooting up to the shoulders.

She now passed into Frederick-street Hospital, where she was cupped and blistered over the affected side. Here she remained nearly three weeks, and finding no improvement, left. About five weeks ago Dr. H. was again called on to visit her, and found the liver very much enlarged, extending up into the thorax, protruding across the epigastrium, and downwards near to the umbilicus. She had also general dropsy. Posteriorly the right side of the chest, for two-thirds up, was dull on percussion, with almost total absence of respiratory murmur. She had never expectorated blood, nor was the sputa at all pneumonic. At this

time the pain, a little to the right of the epigastrium, was intense; and here the enlarged liver assumed somewhat a dome shape. The bowels were regular. She had no rigors, nor could fluctuation be detected. About one week after, on the 24th. December, when dozing in her mother's arms, in the evening, she awoke, saying she had neither pain or ache; and on next morning she passed, by stool, a quantity of slimy matter, mixed with dark blood and pus. Up to the present the stools are of the same character, but not to the same extent. Her general health is improving rapidly. The enlargement in the right hypochondrium has almost disappeared; her dress now meets upon her, which before it would not do; but the dulness of the chest posteriorly remains in pretty much the same state. There is still, also, some cough, with slight œdema of the legs. The menses have not returned.

Professor FERGUSON drew attention to the contracted state of the lower part of the right side of the chest. He accounted for the dulness still existing posteriorly, by the presence of some amount of pleuritic effusion.

Mr. BROWNE presented a patient who had been introduced to the society about two years since,<sup>1</sup> as affording a well marked example of an

*Extensive Serpiginous Syphilitic Ulcer.*

Great difficulty had been found in healing it. Fumigations of cinnabar directed to the ulcerated surface by means of vapour baths, and ten grain doses of iodide of potassium, had at last proved effectual.

Mr. B. also exhibited a portion of the *lower extremity of the Humerus*, removed in performing the operation of excision of the elbow joint. The origin of the disease was attributed to injury, and a small cavity was detected in the diseased portion of bone, the probable seat of an abscess.

Dr. MOORE presented

*A Cyst removed from the side of the Frænum.*

It was about the size of a nutmeg, and was removed with a portion of loose skin. He remarked that he had never before seen a tumor of such a nature removed from the penis. It contained a clear glairy fluid, and was of six years' growth.

Dr. M. also exhibited a small body about the size of a pea, removed from the anus. It had caused a gnawing uneasiness both before and after stool, which was quite relieved by the operation.

389 *Thirteenth Abstract in the fourth session. End of twelfth meeting and beginning of thirteenth. See the meetings for the reports.*

<sup>1</sup> [Perhaps that on page 592.]

**Council** 27 January 1857. Regular Meeting.

Present, Dr. McGee in the chair, Drs. Halliday, Johnston & Murney.

No business done as we had no pabulum.

370 *Notice of the Fourteenth Meeting in the Fourth Session.*

Sir

The Fourteenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 31st January.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

William Taylor, M.D., (Edin) Medical Officer of Articlave Dispensary.

Thomas M'Combe, Surgeon, Antrim.

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

**Cases to be Read.**

1. Case of Stabbing, presenting features of interest in a Medico-Legal point of view.
2. Interesting Case of Poisoned Wound, complicated with Delirium Tremens.

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Honorary Secretaries

FOURTEENTH MEETING  
Saturday, January 31st, 1857.

The President Dr. M'Gee in the Chair.

After the minutes were read Dr. William Taylor, Medical Officer of Articlave Dispensary, was nominated by Dr. Carson, Corresponding Member, and Surgeon M'Combe, Antrim, by Dr. Moore.

Surgeon HARKIN gave the following history of a

*Case of Punctured Wound of the Thorax,*  
presenting features of great interest in a medicolegal point of view.

J. S., æt. 20, was knocked down in a quarrel; when he rose he found that he had been stabbed in the chest. His wounds were dressed, and he was then removed to the General Hospital. His adversary was arrested, and committed to jail; and my connexion with the case arose by the solicitor for the defence requesting me to watch the progress of the case in the interest of the prisoner. On more careful examination, it was found, that out of four punctured wounds of the left side of the chest, at least three were penetrating. In hospital the patient passed through the inflammatory stage very safely; and although there was evidence of effusion, it was rapidly disappearing. The external wounds had closed; the patient was removed into the convalescent ward, and allowed to sit up at the fire and walk about the ward. The beginning of another month brought with it a change in the medical attendant. The new medical officer finding some pleuritic pain persistent, applied a blister over the seat of pain. This application relieved the pain, but opened the wounds anew. Dysentery was then epidemic, and the patient partook of a bowl of soup along with some dysenteric patients in their convalescent ward. The immediate result was an attack of acute dysentery, under which the patient died in about 12 days. The question then arose—what was the cause of death? Was it the result of the injury to the chest and thoracic viscera, or of the dysentery?—and if of the dysentery, was that disease the natural consequence of the wounds—a symptom of hectic fever, in fact—or was the dysentery caught in the convalescent ward? If the former, then the man was murdered; if the latter, he died of disease caught in the hospital—a conclusion widely different, and of vital importance to the man who inflicted the wounds. To remove these doubts a *post-mortem* examination was

held in presence of the medical men connected with the hospital, and others concerned for the next of kin. The following is from my notes taken on the occasion:—The body was very much emaciated. There were found on the left side of the chest the marks of four punctured wounds—one completely cicatrized, two partially healed, one quite patent. On removing the sternum and portions of the ribs, we found a perforation between the third and fourth ribs corresponding with the cicatrized wound; further down, a second opening, between the seventh and eighth ribs, corresponding with the open wound; and again, opposite one of the partially healed wounds, a third perforation, complicated with caries of the ribs. The knife, in this instance, had pierced a fold of the diaphragm, without entering the cavity of the abdomen. The left side of the chest contained about eight ounces of purulent matter; the pleura of that side was thickened, and covered with coagulable lymph, partially organized, and red. That portion of the pleura lining the left side of the sternum had been removed by ulceration, and a layer of thick pus deposited in its place. The left lung was, almost to its whole extent, solidified; near its apex we found a scar, as if where the knife had entered, but it was healed up. The inferior part of one of the lobes presented an open wound, looking towards the ribs, and evidently much contracted in size, the result of the wound in that part of the chest. There was not any evidence of pneumonia, the solidification having been the evident effect of the effusion. The right lung was quite sound; the right pleura contained scarcely any fluid. The pericardium contained about two ounces of fluid; no adhesion, or other indication of disease. The heart itself perfectly healthy. The bronchial tubes were rather congested, but the redness, &c., was cadaveric. On opening the abdominal cavity, the omentum wanted its usual supply of fat; the liver and spleen were healthy, the latter slightly adherent to the diaphragm. No renal disease; the stomach and abdomen very healthy; they contained a little yellowish fluid. The small intestine, for about 18 inches above the cœcum, presented every symptom of acute inflammation of the mucous membrane. The large intestine was distended through its whole extent, and on being slit up, exhibited the appearance of extensive ulceration of the mucous membrane, most highly intensified in the cœcum, and gradually declining, yet still well marked to within two inches of the anus. The lining membrane was completely honeycombed, and the whole looked much more like tripe than human intestine. The mucous membrane between the ulcers was covered with layers of lymph, and the glands much enlarged; but no complete perforation existed. No effusion into the peritoneum, nor any adhesion of the intestines. As there had not been any sign of head symptoms, the brain was not examined. The conclu-

sion I came to was, that the symptoms during life, as well as the pathological appearances, fully justified a favourable prognosis up to a certain point; that the reparatory process was steadily progressing, up to the period of the patient's visit to the dysentery ward; and that he then contracted the disease of which he subsequently died. At the Coroner's inquest I gave evidence to this effect. The medical men connected with the hospital concurred with me in every particular; one medical man, however, who did not believe in the infectious nature of epidemic dysentery, delivered a contrary opinion; but the weight of medical testimony having been on one side, the jury returned a verdict of "death from natural causes."

Dr. C. PURDON read the following

*Case of Poisoned Wound, complicated with  
Delirium Tremens.*

A. B., æt. 33 years, stout and able-bodied, of a healthy constitution, was attacked with delirium tremens, after above three weeks' drinking. He became slightly jaundiced, and had vomiting and hiccup. These latter complications were removed by appropriate treatment; and as he was progressing towards recovery, he suddenly jumped out of bed, and before he could be prevented, plunged a dagger-shaped knife, about six inches long, into his abdomen, about one inch below the ensiform cartilage: this he did *three* times, driving it up to the hilt. Very little blood issued from the wounds. The knife *had been used for cutting tobacco*. When visited immediately after, he was lying on his back, breathing calmly; pulse, 84, and good. The wounds were dressed, and he was kept under the influence of opium, which soon produced sleep; and he awoke quite recovered from the delirium tremens. The opium was continued; and for the next six days there was no tenderness, on pressure, over the wounds, nor any hardness in the hepatic region. His pulse varied from 76 to 80, and was steady. He slept well each night. The wounds cicatrised; and he was so far recovered as to be able to remain down stairs for some hours. In two days after he became worse; he ceased to sleep, and the opium was resumed, and continued in large doses, without any effect for 36 hours; at the expiration of this time he slept for a little. Pulse 84; no nausea or vomiting; tongue creamy and moist; no tenderness; no hardness over the liver. He now became suddenly collapsed; pulse barely perceptible and fluttering, about 130

After much trouble he was restored from this state, and the pulse fell to 108. Violent hiccup super-vened, which was removed, at first, by warm applica-tions; but returned again and again, for 36 hours, and was only checked by a horse-shoe-shaped blister, applied over the insertion of the diaphragm. The heart at this time was beating very irregularly, and

would sometimes stop. The treatment consisted in the exhibition of opium and mercury; the latter by inunction, as well as internally. The system resisted its influence very much.

After a short time, the patient's state seemed to improve; the tongue became clean; and the opium alone was now continued. The heart's action still continued irregular; and he had at this time two severe attacks of colic, with slight tympanitis; these were easily relieved at first; but after one of these seizures, for which his brother had given him some ether and laudanum, the vomiting recurred, he again became jaundiced, his feet œdematous, and the hiccup also returned at intervals, though he had been free from it for seven days. It now continued for 24 hours, when he suddenly felt something give way in his back, at the right side; He obtained immediate relief from the hiccup, and the heart's action became regular. *The next day he passed a considerable quantity of matter from the bowels.* The œdema became less, and the jaundice almost disappeared. Some hardness could now, however, be felt over the liver, and it began to enlarge, and continued to increase, at its left side particularly. Leeches were applied, followed by a blister. Shortly after this he had a rigor; the œdema again increased, and he suffered under frequent attacks of hectic fever. He became sleepless, and frequently delirious; there was a good deal of nervous agitation, with picking of the bedclothes. The muscles at the back of the neck became rigid and contracted. There were frequent attacks of rigor; and a crepitus was heard over the right lung, with dulness on percussion. The supervention of these symptoms was attributed to a poisoning of the system—pyæmia. On the 12th of November, after an attack of delirium, he became agitated in a peculiar manner, like one stuttering, and afterwards was not able to pronounce the letter "I," and instead of saying "I want," would say "me want." For a day or two he was free from any fresh attack; the hectic however continued, his voice became changed, and he again had several attacks of a similar nature to that described above; before each, the pulse rose, and he complained of pain at the epigastrium. The left lung now became similarly affected to the right one; as regarded the hepatic symptoms, he seemed to improve. Nov. 16th.—Had a severe attack, during which the arm became quite rigid, the jaws locked, and the speech affected. 17th.—Twitching of the muscles of the face; opisthotonos delirium. 18th.—Eyes suffused; opisthotonos, subsultus, and picking at the bedclothes. 19th.—Comatose; and died quite typhoid.

392 *Fourteenth Abstract in the fourth session. End of thirteenth meeting and beginning of fourteenth. See the meetings for the reports.*

Belfast Clinical and Pathological Society

Fourth Session: 1856-1857

President William M'Gee

**Council** 3<sup>rd</sup> February 1857. Regular Meeting.

Present, Dr. McGee in the chair, Drs. Robert Stewart, Johnston, Halliday, & Murney.

Circular for Saturday 7 February prepared.

372 Notice of the Fifteenth Meeting in the Fourth Session.

Sir

The Fifteenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 7th February.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

William Taylor, M.D., (Edin) Medical Officer of Articlave Dispensary.

Thomas M'Combe, Surgeon, Antrim.

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Recent Parts of Strangulated Hernia, with observations on two cases of interest.

**Cases to be Read.**

Syphilitic Ulcer in a Boy under 10 years.

**Queries for Discussion.**

1. Can a Disease become Epidemic, without being Contagious.

2. The Tests for Diabetic Urine.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

**FIFTEENTH MEETING**

7<sup>th</sup> February 1857

Present, the President Dr. M'Gee in the Chair. Patterson, Halliday, John Moore, Templeton, Wales, Hanna, McCleery, Dunlop, J. Murney, Dr. James Moore, Thomas Read, H. M. Johnston, Daniel Murray, Bryce.

After the minutes were read the ballot was taken for Dr. William Taylor, Medical Officer Articlave Dispensary, and Surgeon M'Combe, Antrim. These gentlemen were both admitted as Members. Dr. Moore nominated Surgeon Smyly, Ballycarry.

Dr. Murney introduced a boy under 10 years with

*Chancre on glans penis.*

The history of the case was that he had been induced by a prostitute to have connection and in a few days after, the present symptom developed itself. The case was brought forward from the rarity of syphilis being so contracted in such a young subject.

Dr. H. M. Johnston presented a specimen of

*Rupture of the left ventricle of the heart near its apex.*

The patient was in hospital to have his finger removed but died suddenly a few hours before the time appointed for operation. He had made no complaint of any cardiac uneasiness, and yet there was evidence of intense pericarditis. On removing a layer of lymph near the apex of left ventricle the rupture was discovered, the lymph lying in direct contact with a coloured clot which lay in the ventricle and had apparently prevented the effusion of blood into the pericardium.

Dr. Moore exhibited the recent parts in a

*Case of femoral hernia,*

on which he had operated some months previously. The patient was admitted under the care of Dr. Malcolm for constipation when a hernial tumour was discovered. The sac was opened. It contained no fluid but a portion of gut, very much discoloured being of a dark brown chocolate colour. The canal in which it was contained was much longer than usual. The intestine was returned. The bowels were acted upon but at the end of the fifth day she sank from peritonitis. The recent parts displayed a canal one inch and a quarter long and very much indurated. Dr. Moore referred to a second case on which he had operated in

the same week in hospital and in which there was great difficulty of diagnosis. When the sac was opened and nearly one ounce of clear fluid discharged, he naturally sought for the intestine, but was unable to detect it, having in fact opened what is rarely met with—a false sac. There was still the tumour but no appearance of an opening into the abdomen. After slight manipulation, and when about to open the true sac, the gut was returned and the sac collapsed. The bowels then acted naturally and the patient made a good recovery.

Dr. Moore also presented the matrix of a nail, removed in a

*Case of "onychia maligna".*

In operating he recommended the matrix to be entirely cut out, as the most successful means in these troublesome cases.

Dr. BRYCE objected to any operation for the cure of onychia maligna, having invariably found that he could cure such cases by removing the dead portion of nail, and strapping the toe.

Dr. MOORE also presented tonsils, removed in consequence of their enlargement causing impairment of the functions of deglutition, articulation, and respiration. In operating, he recommended that the tonsil, being seized with a double hook, the incision should be made from below, upwards, inasmuch as we may thereby complete the operation should any interruption occur, as the tonsil would remain "*in situ*," by its upper attachment.

The PRESIDENT did not consider that there was a pressing necessity for the removal of the tonsil. He preferred attending to the general state of the constitution; and he had found that the enlargement disappears as the system becomes developed.

395 *Fifteenth Abstract in the fourth session. End of fourteenth meeting and beginning of fifteenth. See the meetings for the reports.*

**Council** 10 February 1857. Regular Meeting. Present, Dr. McGee in the chair, Drs. Johnston & Murney.

Circular for Saturday 14 February prepared.

373 *Notice of the Sixteenth Meeting in the Fourth Session.*

Sir

The Sixteenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 14th February.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

Surgeon Smyly, Ballycarry.

### Correspondence

#### Pathological Specimens to be Exhibited.

Recent Parts, Cirrhosis of Liver.

#### Cases to be Read.

1. Cases of Paralysis of Extensors of Forearm.
2. Cardiac and Hepatic Disease, with interesting P.M.

#### Queries for Discussion.

1. Can a Disease become Epidemic, without being Contagious.
2. The Tests for Diabetic Urine.

#### Clinical Facts and Statistics

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#### THE MUSEUM.

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

#### SIXTEENTH MEETING

14th February, 1857

The President Dr. M'Gee in the Chair.

After the minutes were read the ballot was taken for Surgeon Smyly, Ballycarry. He was admitted as a Member.

Dr. MURNEY presented a well-marked specimen of  
*Cirrhosis of the Liver.*

The organ was in the contracted stage of the disease; its surface was nodulated, and its substance firm. On examination of sections under the microscope, the fibrous element was found in very large proportion. There was no dropsical effusion; the early history was unknown.

*Œdema of the Glottis in Typhus Fever.*

Professor FERGUSON referred to a case of typhus fever under his care in hospital, in which, in the advanced stage of the disease, an asthenic form of œdema of the glottis had supervened, causing symptoms of a most urgent nature. The patient's strength was supported, stimulants exhibited, and a large blister applied, under which treatment recovery had taken place. Dr. F. remarked, that by some the symptoms would have been considered sufficiently urgent to demand an operation.

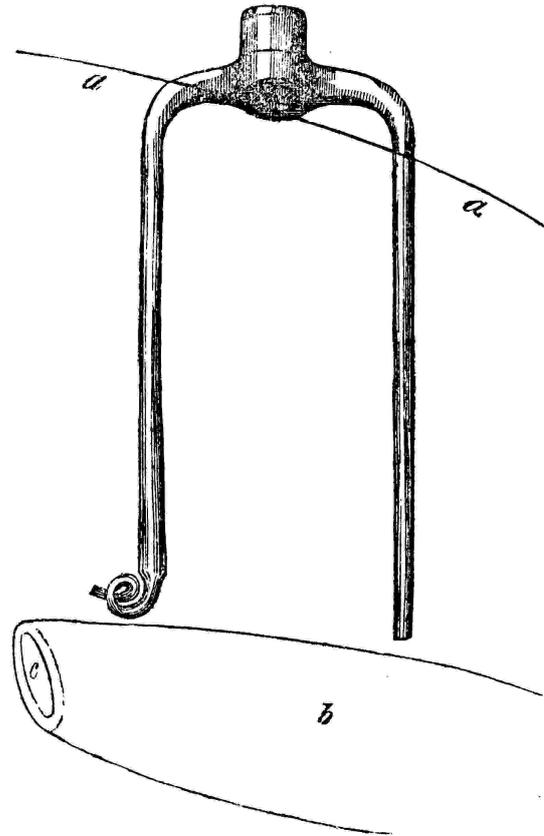
Dr. FERGUSON also introduced three male patients with

*Paralysis of the superficial and deep Extensors of the Forearm and Hand.*

In all the loss of power was attributed to accidental pressure, causing mechanical injury of the musculo-spinal nerve. The paralysis was strictly local, and the power of extension could, for the time, be restored to the muscles by electricity. There was very slight impairment of sensation; and Dr. F. looked upon these cases as consisting in a debilitated condition of the muscles, caused by the injury of the nerve-tube, and consequent interruption of the supply of nervous energy. The atrophied state of the muscles supported this view of the pathology of such cases. He regarded the prognosis as favourable; and as for treatment placed most reliance in the continued application of the electric current.

Dr. MOORE presented an enlarged labium, which he had removed, and which was of a similar character to that previously shown; it also originated in syphilitic ulceration. There was considerable venous hæmorrhage and a watery discharge during the operation. The wound healed by the first intention.

Dr. MOORE exhibited a spindle, which he had removed from the buttock of a boy aged 12 years, who had by accident fallen upon it from a height. It penetrated immediately behind the trochanter major, and could be felt pressing against the rectum, on the finger having been introduced. Repeated attempts were made to pull it out; and these having failed, he was brought to hospital, where, under the influence of chloroform, a bandage being inserted beneath the area of the spindle, and traction made, it was withdrawn. The dif-



a a, Line of the Hip, near the Trochanter.  
b, The Rectum. c, The Anus.

ficulty of its removal arose from its end having a brass screw attached, and turned outwards. Dr. M. preferred, if possible, to avoid interference with the knife, as he had seen a diffused aneurism originating from a deep wound in the gluteal region.

398 Sixteenth Abstract in the fourth session. End of fifteenth meeting and beginning of sixteenth. See the meetings for the reports.

**Council** 17 February 1857. Regular Meeting. Present, Dr. Murney solus. No meeting

375 Notice of the Seventeenth Meeting in the Fourth Session.

Sir

The Seventeenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 21st February.

Chair to be taken at Three o'clock.

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

**Cases to be Read.**

1. Cardiac and Hepatic Disease, with interesting P.M.
2. Case of Spinal Arachnitis.

**Queries for Discussion.**

The Tests for Diabetic Urine.

**Clinical Facts and Statistics**

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(Signed by order),  
H. M. Johnston,  
H. Murney, M.D.

Honorary Secretaries

SEVENTEENTH MEETING

February 21st, 1857.

The President Dr. M'Gee in the Chair.

*Muscular Paralysis of Arms, &c.*

Dr. Seaton REID introduced a man to the Society who was just leaving the Union Hospital, where he had been a patient for some time, in consequence of having lost almost entirely the power of motion in his arms, forearms, and hands; sensation remaining perfect. The disease in this patient had existed for several

years, and appeared to belong to the interesting class of cases that had been described by Drs. Darwall, Cruveilhier, and others, under the names Muscular Atrophy, *Paralysie Musculaire Progressive*. Dr. Reid refrained from any remarks relating to this rather rare form of disease, as he intended, on some future occasion, going fully into the history of this and three other similar cases, and communicating the results of some *post-mortem* examinations which had a bearing upon its pathology.

The PRESIDENT read the history of a case of

*Cardiac and Hepatic Disease,*

with an account of the result of the *post-mortem* examination.

On the 10th. of June I was called to visit Mr.\_\_, aged 22, said to be ill with cholera.

His parents report, that of late he has had morning nausea and loss of appetite, that he could not walk quickly nor use much exertion, especially after meals, without inconvenience, and that standing or stooping gave him pain or weakness in his back. For the last three or four years he has indulged in the free use of ardent spirits.

On the 7th. June he was observed to be looking ill, but he would not admit that he had any ailment.

His family have no knowledge as to where or how he passed the night of the 7th. He returned home at noon on the 8th, and went to bed, being too unwell to attend to business.

He complained that his bowels were much relaxed, to which, he stated, he had been subject at intervals, during the preceding seven or eight weeks, and he took a few drops of tinct. morphiæ, from which he had before found relief.

It was observed that his countenance and lips were pallid, and that he had much thirst, with total loss of appetite.

On the afternoon of June 9, the medical attendant of the family visited and prescribed for the patient, and remained with him all night. His report is as follows:—

“About 7 p.m. of the 9th. instant, I was called, for the first time, to visit Mr.\_\_, who I understood was a free liver. He had been for the twelve hours previous affected with severe and frequent vomiting and purging, attended with slight cramps of limbs; pulse 120, weak; tongue slightly furred. On palpation of abdomen there was no perceptible enlargement of any viscus; but slight tenderness on pressure over the epigastrium; the temperature of the skin of the body was natural; the feet rather cold. I ordered a sinapism over the epigastrium, and acetate of lead and opium every hour for the first three doses, and afterwards every two hours, till the evacuations would be checked. This had the effect of checking the frequency of the evacuations, but they never entirely ceased.”

On my first visit, in consultation with Dr. S., at 1 p.m. of the 10th, I found the patient perfectly sensible, his countenance anxious, pallid, but not yellow; his eyes sunken; conjunctivæ, not injected, and free from bilious tinge; lips pale; his tongue slightly furred, creamy, without red tip or edges, its heat natural; voice strong and unchanged in its character; respiration variable, hurried by exertion of moving or speaking, but not laborious; skin warmer than natural, and moist; extremities warm; pulse from 110–130, very irregular and unequal, at times firm and full, again small and compressible, occasionally intermitting; no hardness nor very prominent swelling in the hypochondria; dulness on percussion over the upper part of the abdomen and lower region of the thorax, with almost tympanitic resonance over the apex of the lung on both sides. The stethoscope gave bronchial respiration at both infraclavicular regions; heart displaced, being abnormally high and to the left; there was a distinct double impulse, or rather a reduplication of the second sound, with regurgitant murmur after both systole and diastole; no friction sound; no œdema of face, nor anasarca of feet or ankles. His friends, however, say, that of late there has been considerable puffiness of the face, but that during the last few days it had disappeared.

The patient complains of some pain or discomfort in the left side of the chest, which had been more severe two days ago; moderate pressure over the epigastric and right hypochondriac regions gives pain; much thirst; stomach irritable; bowels relaxed. Yesterday and last night, "slight pain, but not exactly cramp," in his lower limbs; says he has for some time had morning cough with expectoration.

It was agreed that he should take, every third hour, calomel and opium, that a blister should be applied over the epigastrium immediately, and an opiate given whenever the state of the bowels required it.

Soon after our visit he vomited about six ounces of serous-like fluid, containing flocculi, and tinged with bile, and he passed four or five ounces of very natural looking urine. Bowels were moved, the evacuation trifling in quantity, consisted of yellowish green serum.

His pulse, when I left the room, was moderately firm, and his voice strong. In one or two minutes after, his servant recalled me hastily, and on reaching the patient's room I found the heart had ceased to beat, and after a few gasping inspirations he died without a struggle.

*Post-mortem examination.*—On opening the chest, 20 hours after death, there was no effusion, the lungs were free from adhesion, crepitating freely, and healthy looking, with the exceptions that at their dorsal aspect they were congested, perhaps owing to gravitation from position, and that both lungs were much compressed and pushed upward by a greatly enlarged liver.

The heart was placed unusually high and to the left, its apex not below the middle or inferior margin of the fifth rib. On opening the pericardial sac, it was free from adhesions, and contained not more than two oz. of reddish serum, without flocculi.

At the centre of the anterior septum of the heart, (underneath the pericardium,) was a very distinct milk spot,  $1\frac{1}{4}$  inch by 1 inch, depressed rather than elevated, and very slightly corrugated; no other evidence of pericardial disease; coronary veins turgid.

Heart abnormally large; left ventricle empty, and feeling firm and solid; right ventricle loose and flaccid. On cutting through the aorta a fibrinous polypus, or rather polypoid concretion, was observed within it, issuing from the ventricle and passing into the innominate and subclavian and carotid arteries. A similar but larger fibrinous concretion was observed in the pulmonary arteries, issuing from the right auricle, and passing through the ventricle.

On cutting through the walls of the ventricles the muscular fibre of the left was unusually firm, and both were of a darkish red hue.

The endocardium was deep red, in patches, especially about the region of the semilunar valves.

On the ventricular surface of the semilunar valves, aortic and pulmonary, was found a deposit of coagulable lymph of recent formation, and easily removed by the finger. The left auricle and ventricle were empty; the right auricle and ventricle flaccid, and nearly filled with black semicoagulated blood; all the cavities were enlarged, the right ventricle especially so; its walls at centre  $7\frac{1}{2}$  to 8 lines thick; left ventricle 10 lines.

Of the fibrinous substances above mentioned, that from the aorta, having been incautiously removed before testing the efficiency of the aortic valves, those valves were found to act perfectly. The place of attachment of the polypus to the mitral valves within the auricle, was shewn by a bloody mark or root. On the right side, the polypus being in situ, the pulmonary semilunar valves were found to be totally inefficient, until the polypus was withdrawn, and then those valves were as efficient as the aortic valves.

The fibrinous concretions or polypi when removed, were whitish-grey, elastic, with a very few small spots or streaks of blood, and had no appearance of layers or filaments; but they became so after a few days, and shrunk much. That from the right side was much the longer, with a broad attachment and interlaced root appearing at its origin from the tricuspid valves, almost sanguineous. The valves were nowhere adherent to each other, nor was there any rupture of the cordæ tendineæ, columnæ carneæ, or musculi papillares.

The stomach was pressed back and covered by the left lobe of the liver, was little larger than natural, and shewed no saccular dilatation, excepting at its cardiac

extremity, where it was slightly pouched. Its peritoneal covering and muscular tissue were normal;—veins at the great curvature much congested.

On slitting it up, it was found to contain a small quantity of a thick, ash-grey fluid, with flocculi; two or three large ecchymosed patches near its cardiac end; and numerous red stellated spots, not tumid nor elevated, on other parts. In some places near the pylorus, the mucous membrane was thickened; in other places, and especially along certain elevated rugæ on its anterior aspect, between the greater and lesser curvatures, the mucous membrane was softened, in spots disorganized, or entirely removed; the ulcer-like spots being covered by a greyish-white exudation or deposit, easily removable. The sub-mucous cellular tissue very little changed.

The liver was very much hypertrophied, more especially in its vertical and transverse diameters; and by its size and position must have materially interfered with the due performance of the functions of the lungs and heart. We had no opportunity of weighing it; but, as by measurement, it displaced 10 *imperial* pints of water, its weight was estimated at not less than 14lbs.

The right lobe was tumid, semiglobular, and reached in front as high as the inferior margin of the third rib, pushing the heart to the left of the mesial line. The left lobe over-lapped the stomach, and extended even beyond its cardiac extremity, pressing the spleen far back, and trenching somewhat on the left cavity of the thorax.

The surface of the liver was tense, smooth, and shining; when cut into, its colour and firmness were natural, and it did not appear to have undergone acute disease. There was venous congestion, not hepatitis. The tubuli were gorged with bile, and the handling the liver left on the fingers and palms of the hands, an orange-yellow stain, not removable for many hours. A portion of the liver under the microscope showed fatty degeneration. The gall-bladder, not larger than such a liver demanded, contained 1½ oz. of bile.

On reviewing this case, one is struck by the remarkable absence of complaint on the part of the patient, in the early stage; and by the extreme rapidity with which it hurried on to its fatal termination. No opportunity was afforded of making a second examination before death; but serious heart disease especially involving the valves, was clearly diagnosed.

If we may inquire into the rationale of symptoms, as well *absent* as present, it seems strange that the tongue gave no evidence of the gastritis which had existed; why the hypertrophy and congestion of the liver were not accompanied by œdema or anasarca, or by a jaundice tint of the conjunctivæ; or why the vomiting and purging did not call forth more of the symptoms of gastroenterite during life.

The only detail of symptoms evidencing inconvenience from the bulk of the liver, was the statement of a friend, who, about a week before, had observed the patient, when stepping off the curbstone on the street, throw his right arm across the stomach, as if to give support. *Perhaps*, also, the difficulty of walking rapidly, after a full meal, is in some degree referable to the state of the liver.

Though I believe the immediate cause of death to have been the interference with the heart's action caused by the fibrinous concretions; and Hasse says such are often the immediate cause of death; yet from the previous history of the patient, I suppose the liver to have been the seat of the first serious disease. It may be urged that the fibrinous concretions were produced by or during the agony, or immediately after death, as is often the case in stout muscular patients; or again, that they may have been the result of some cause tending to produce coagulation of the blood, as absorbed pus, phlebitis, or softened tubercle; but no such causes existed here, nor was there any agony, and the concretions differed much from the soft amber-coloured coagula which are found occasionally filling the ventricles. I believe the concretions to have been the result of endocardial inflammation, and to have permitted the regurgitation indicated by the stethoscope; for though it has been asserted that there is always some reflux permitted from the pulmonary arteries, yet *after* the removal of the polypi, the semilunar valves were found to be efficient.

The amount of serum found in the pericardial sac cannot have had much effect in producing the rapidly fatal result; for though Rokitansky considers half-an-ounce of serum a normal quantity, other pathologists believe that a much larger quantity may be present without it being deemed unusual.

As regards the reddening seen on the endocardium, it is often observed, produced by imbibition &c., independent of endocarditis; but in this case it could not be referred to imbibition, as it was observed in the left ventricle, which was found empty; neither could it have had as its cause low or typhoid pneumonia; but it has also been observed in those dying from the abuse of ardent spirits. If, then, we consider the carbonized state of the blood from the pressure of the liver on the lungs, and the consequent congestion, we had both causes here present, operating powerfully; yet from a review of all the evidence on the case, I am led to refer the reddening to endocarditis.

Were the appearances observed in the stomach the evidence or the results of an acute attack or exacerbation of mucous gastritis or gastric catarrh, induced by hyperæmia, whether *active* from continued stimulation, or mechanical from hypertrophied liver; or did both these causes, as I believe, operate?

Drunkards, we know, are prone to gastric catarrh; and while the vomiting is spasmodic, as in cholera, and in some forms of yellow fever, the affection often extends to the entire intestinal canal. The cause of the hypertrophy of the liver is too evident to require comment.

In the *Medical Times and Gazette* of May 8, 1852, Mr. Richardson gives a report of the case of a girl of 14, on whom he had been in attendance for sixteen days, for cardiac disease. On the morning of the sixteenth day, she had a sudden sensation of faintness. She rallied; but same evening, raising herself for drink, she complained of great weakness, and instantly expired. "The *post-mortem* examination shewed, among other evidence of disease, dilatation of all the cardiac cavities and vessels; and also three fibrinous deposits, weighing collectively above 200 grains; one *filling* the right auricle in the pulmonary artery, at its root, in the left ventricle, so entwined with the mitral valves, that the faces of the valves were brought close and bound together by it. These concretions were true and direct depositions from the blood, and not from exudation. There was no trace of endocardial lesion. It was clear they were formed during life, and while the blood was circulating. The heart might be said to have *churned* the blood, which in passing left portions of its surplus fibrine on the elevated structures. The heart was choked on one side, its valvular apparatus prevented free play on the other, and death was the necessary result."

402 *Seventeenth Abstract in the fourth session. End of sixteenth meeting and entire seventeenth. See the meetings for the reports.*

376 *Notice of the Eighteenth Meeting in the Fourth Session.*

Sir

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*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

**Cases to be Read.**

1. Case of Spinal Arachnitis.
2. Cases of Fever, with Complications.

**Queries for Discussion.**

The Tests for Diabetic Urine.

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

EIGHTEENTH MEETING,

Saturday, Feb. 28th, 1857.

The President Dr. M'Gee in the Chair.

After the minutes were read, W. K. Nesbitt, M.B., T.C.D., Rostrevor, was nominated by Dr. McGowan, Tandragee.

Mr. BROWNE presented a small *Neuromatous Tumour removed from the leg* of a man aged 58 years; it had been located near the head of the fibula, and was of twelve years growth, during which time he had suffered great agony in the part, the attacks being periodic for three hours each day about noon, and for the same period about midnight. The growth was evidently in connexion with a branch of the anterior crural nerve. The removal of the tumour completely relieved the patient from his long state of suffering.

Dr. HALLIDAY read the following history of a case of *Spinal Arachnitis*.

Wednesday, June 3rd, I was called to visit a young lady *æt.* 20 years, and found her complaining of intense

pain in the back, corresponding to the tenth and eleventh dorsal vertebræ—pulse 110, skin hot, thirst, tongue slightly furred. On the previous Friday, whilst feeding fowl in the yard, during a shower of rain, her dress being somewhat open behind, she felt a chill down the spine which she thought of no consequence, until the following day, when she was seized with a rigor. The next day, Sunday, she was able to attend her place of worship, but felt very unwell that night, complaining of intense pain in the back, accompanied with a great sense of lassitude, and inability to move about. The catamenia had appeared on Saturday, and continued to flow, but not freely, until the time of my first visit. The bowels were constipated, the stomach rejected even drink—*firm pressure over the spine afforded relief*—over no part of the surface was there any increased sensibility, and in very many points the case resembled one of acute lumbago; a brisk calomel purgative was prescribed, and turpentine fomentations, to be followed by a large bran poultice to the affected part.

Thursday, June 4th, I found that the powder had been rejected, and a stimulating enema was administered, by which the bowels were moved. She now began to find much difficulty in drawing up her lower extremities, this, in conjunction with the want of any improvement in the symptoms above mentioned, led me to cup her on both sides of the spine, and steadily administer mercury; in addition the compound decoction of aloes was given, with a view to cause the menstrual flow. Saturday, June 6th, there was complete paralysis of motion and sensation in the lower extremities, together with retention of urine. The paralysis of sensation extended as far up, as a line drawn around the crest of the ilium. The pain in the spine now occurred in paroxysms, which were very greatly increased when she was moved—there was retraction of the head, accompanied with a mixed tetanic and hysteric expression of countenance—the pulse was only 100, and not full, and there was not the slightest pain on pressure over the spine; the calomel was continued, but its constitutional influence could not be attained, nor did it seem to have any effect over the progress of the disease. Blisters were applied, but the symptoms continued unrelieved; there were no convulsive seizures; her intellect remained perfectly clear to the last, and she seemed to sink from exhaustion on Tuesday, June 9th, being the twelfth day of her illness.

Dr. YOUNG read the following paper

*On the Tests for Diabetic Urine.*

Our knowledge regarding diabetes is not altogether so imperfect as formerly. Bernard's experiments have cleared away much of the obscurity that previously hung about the question. As a general rule, sugar is always to be found in the hepatic veins, but never in

the portal—so that it is now established, that one of the functions of the liver is to prepare sugar from the portal blood. What precise object the sugar fulfils is not yet accurately determined. It ought not, however, to get into the arterial circulation. When it does, part of it passes off by the kidneys, and causes diabetes. The tests are innumerable, and the practitioner is often sorely perplexed with the wearisome directions and the costly apparatus necessary to attain a positive diagnosis.

For the practical, though not the purely scientific man, the sulphate of copper, and nitrate of silver tests are quite sufficient, and will decide the point in a few moments, very unlike the yeast, the bile trisacetate of lead, the chromate of potass, the microscopic, and the bi-chloride of tin tests. These are expensive, troublesome, and tedious methods. But blue stone, and liquor potassæ, nitrate of silver, and strong ammonia, are not only cheap and simple, but may be found in every dispensary in the kingdom. Bence Jones says:—"To a drachm of suspected urine add two or three drops of a saturated solution of sulphate of copper, then two drachms of caustic potass, at first a beautiful blue is produced, apply heat, and if grape sugar be present, the oxide of copper is rapidly reduced, and reddish yellow suboxide of copper is precipitated." If the result be negative, we may be certain there is no sugar in it; but if positive, we ought to try the second one also. Place a few drops of a saturated solution of nitrate of silver in a test tube, and add one drop of caustic ammonia, then add one drop of the suspected urine, heat the tube and shake the contents, and in a few seconds the metallic lustre will appear on the side of the tube.

Reynoso says:—"Sugar is always present in the urine of the aged. I had an opportunity lately of examining this point. An old gentleman took ill and requested my advice. His ordinary medical attendant told me that the case was one of glucosuria. The sp. gr. was not very high, 1,030; in using the copper test the reaction seemed to indicate sugar, but with the nitrate of silver there was nothing of the kind—the fluid did, however, contain an excess of urates as well as urea, which will behave with the copper test very like grape sugar, with this decided difference, the changes with the latter take place almost immediately; with the former very slowly. I had therefore the satisfaction of knowing that I had not an incurable disease to deal with. But I need not observe how important it is to form a correct diagnosis, even when the prognosis must be the worst. A gentleman, well known to all here, was dying rapidly, (he was going about his usual business on Saturday, and was dead on the following Wednesday,) and it seemed impossible to say what he was dying of, but the urinometer and the two tests already given, settled our doubts, and enabled us to foretell with a melancholy certainty

Belfast Clinical and Pathological Society

Fourth Session: 1856-1857

President William M'Gee

the hopeless issue of this formidable and intractable complaint."

446 *Eighteenth Abstract in the fourth session. Entire eighteenth meeting. See the meeting for the reports. Note this abstract is found towards the end of the Correspondence and Document book.*

378 *Notice of the Nineteenth Meeting in the Fourth Session.*

Sir

The Nineteenth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 7th March.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidate for Election.**

William K. Nesbitt, M.B., (T.C.D.,) L.R.C.S., (I.,) Rostrevor.

**Correspondence**

**Pathological Specimens to be Exhibited.**

Cystic Tumours of the Scalp.

**Cases to be Read.**

1. Cases of Fever, with Complications.
2. Case of Tubercular Meningitis.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Members are entitled to admit Visitors by written order, which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

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THE MUSEUM.

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from Two to Three o'clock, on application to the Curator.

(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

NINETEENTH MEETING,

Saturday, March 7th, 1857.

The President Dr. M'Gee in the Chair.

After the minutes were read the ballot was taken for W. K. Nesbitt, M.B., T.C.D., Rostrevor. He was admitted as a member.

Dr. R. TEMPLETON, First-class Staff Surgeon, called the attention of the Society to the fact, that in the East an infusion of *Raspberry Leaves* is administered, for the purpose of originating uterine contraction, and seems to produce much the same effects as the ergot of rye.

Dr. John MOORE read a paper on the following cases of *Fever with unusual complications*:—June 30th, 1856. James O'Neil, æt. 21 years, was admitted into the Royal Tyrone Detachment Hospital, stationed at that time at Lifford. He complained of languor, lassitude, and debility; his pulse was quick, skin hot, tongue coated; there was also thirst and loss of appetite. He was put on spoon diet, and got a diaphoretic mixture, with some antimonial and grey powders night and morning. The fever was of the mildest description, and he would not have been confined to bed, had his own wishes on the matter been consulted. He progressed favourably, without much change in the symptoms, or any local complication arising, until the 5th. July, when he accompanied the detachment to Omagh. On the day following he seemed better, the fresh air (as he himself said) had done him good. He continued to go on favourably until the 9th, when he was attacked by a violent fit of convulsions, which continued for nearly an hour, and momentarily threatened dissolution. There had been no premonitory symptoms that I could detect to tell of the danger that was coming; there had been no sleeplessness, headache was not complained of, and there was not the slightest tendency to delirium or wandering. On making a careful examination of the chest, however, we found considerable pleuritic effusion, with consolidation of the lower lobe of the left lung; there was no discharge, and nothing but the physical signs to indicate the presence of so much organic mischief. Dr. Thompson looked upon the attack of convulsions as arising from sympathy with the chest affection. I was inclined on the other hand to look upon them as an attack of epilepsy, occurring during the course of the fever. I was not able to learn, however, that he had previously been subject to such fits. He recovered from the convulsions, and the day

following there was apparently not a trace of mischief left behind, still, no headache, nor intolerance of light, no sleeplessness nor delirium; in fact, he said that he felt nearly well; indeed, this was the only suspicious symptom of the mischief going on within the encephalom, that there seemed to be an unconsciousness of the amount of organic mischief which had taken place within the chest. A large blister was applied to the side, and three grains of calomel given thrice daily.

At my morning visit, on the 12th July, three days after the first attack of convulsions, he requested me to permit him to get out of bed, as arrangements were being made at that time for the disembodiment of the regiment, and he had his accounts to settle. I replied that I could not comply with his request, and told him that he was far from being as well as he thought he was. Two hours afterwards the convulsions returned, and quite suddenly and unexpectedly he expired.

The *post-mortem* examination was made 20 hours after death. On opening the chest, more than a pint of fluid was found in the left pleural cavity, and the lower lobe of the left lung was greatly gorged with blood. On opening the head the veins of the brain were greatly congested, but the substance of the brain was healthy, the left ventricle was filled with fluid, and on removing the brain, more than 4 ozs. were found lying at its base. This to my mind appeared to be the immediate cause of death.

In connexion with this case, I may mention that of Mrs. J., whom I saw on the 10th. day of her fever. Up to that period she had been progressing favourably through a mild attack of simple continued fever. At the time I saw her there was no local complication, and the only thing complained of was want of sleep, she had then been two nights and two days without rest. An opiate was administered at bedtime, which procured a little, though not refreshing sleep. On the following day there was double vision, her attendants had two heads upon each of them, at least in her eyes; when a drink was given her, the vessel which contained it appeared like two vessels. Half a dozen leeches were now applied to the temples, a blister to the nape of the neck, cold applications to the head, and sinapisms to the calves of the legs. Mercury at the same time was given in moderate doses. After the leeching the vision was quadrupled, every thing appeared multiplied by four. There was still very slight headache, the mind was perfectly calm and collected, there was no subsultus; and the double vision was the only indication of danger present. The next morning there was slight squinting of the left eye; an hour afterwards violent convulsions set in, which speedily terminated in death. No *post-mortem* examination.

I am sure that to many of you there is nothing novel in either of these cases, and the only deduction which I would draw from them is, that those changes

which take place in the brain during fever, are of a passive and not an active character. Now there is a wide spread opinion abroad, that wherever the head is involved in a fever, and where, as they term it, there is congestion or inflammation of the brain present, that wine and stimulants should be most rigidly withheld. I think, however, that this is a great mistake.

406 *Nineteenth Abstract in the fourth session. Entire nineteenth meeting. See the meeting for the reports.*

**Council** 10 March 1857. Regular Meeting. Present, Dr. R. Stewart in the chair. Messrs. Johnston & Murney, Halliday.

The question of sending out notices to those members of our Society who have not paid their subscription for the current year was discussed and it was arranged that the Treasurer be instructed to send out the official notice agreeable to Rule 20.

416 To H. Murney

Tandragee  
March 12<sup>th</sup> 1857

Dear Doctor

I send enclosed a specimen of urine, and shall feel obliged for your report thereon. The patient a young girl of 22 or 23 years has been delicate for time past but her illness has not been of a defined character until lately, when her urine began to decrease in quantity, until she passed no more in 24 hours than what I send you. Ascites supervened but I am glad to say that for the last 3 days she is passing more urine. Now nearly 1 pint in 12 hours.

She is now taking Acetas Potass. with Spts [I\_hiss?] Co. and 4 grains of Pulv Dov. night and morning under which she is improving. The Dover's Powder has acted like a charm. I don't know whether your analysis will bear out the treatment but the patient is evidently improving.

Yours ever faithfully  
R. McGowan

379 *Notice of the Twentieth Meeting in the Fourth Session.*

Sir

The Twentieth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 14th March.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Fibrous and Encysted Tumours.

**Cases to be Read.**

1. Foreign Body in Vagina.
2. Cases of Syphilis.

**Queries for Discussion.**

**Clinical Facts and Statistics**

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

**TWENTIETH MEETING**

March 14th, 1857.

The President Dr. M'Gee in the Chair.

Mr. BROWNE detailed the history of a case of

*Tubercular Meningitis,*

and presented the results of the *post-mortem* examination. The subject, a child of three and a-half years old, had been labouring under some slight malaise for some days, complaining only of loss of appetite and listlessness; the bowels were obstinately constipated, and they being relieved by active purgatives, the little

patient seemed to improve, but in a very short period convulsions came on, which, without ceasing, proved fatal in seven hours. On making a *post-mortem* examination, Mr. B. found extreme congestion of the meninges, especially of the pia mater. At some points this amounted to sanguineous effusion. There was not any great quantity of serous effusion either in the sub-arachnoid spaces, ventricles, or base of brain, but at several points there were deposited in the sub-serous tissue numerous small tubercular masses, about the size of millet seeds. These were especially evident between the central hemispheres, along their inferior margins in the median fissure, above the raphe of the corpus callosum.

Dr. MOORE presented a *fatty tumor* nearly two pounds weight, which he had dissected from the lumbar region. The patient attributed its origin to an injury which he had received six years ago. During the operation there was not over half an ounce of blood lost; sutures were applied, and the wound healed by the first intention. The patient was moving about in six days.

Dr. MOORE exhibited a globular pessary  $2\frac{1}{2}$  inches in diameter, which had been introduced into the vagina six years ago; it had never been removed since, and latterly caused such an amount of irritation as to demand its extrication, which was effected with some difficulty by the lithotomy forceps.

The SECRETARY presented a

"Mole,"

sent for exhibition by Dr. H. PURDON. It was about  $4\frac{1}{2}$  inches in its perpendicular diameter, and  $2\frac{1}{2}$  in its transverse. In form it represented a model of the uterine cavity. The structure was loose, reticulated, and of a fibrinous character. On making a section, a cavity was laid open, containing a small amount of serous fluid, and lined by a thin serous-like membrane, but no appearance of any blighted foetus could be discovered; seven months had elapsed from the cessation of menstruation until its expulsion. The uterus continued enlarging for four months and a-half, it then began to decrease in size. The os was dilated, and the cervix continued enlarged. During the time it was carried, no sickness was experienced, and the patient became very fat. Once or twice there was a slight discharge of blood from the uterus, and at the termination it was shed with a good deal of pain and hæmorrhage. There was a well-marked areola. Dr. Purdon had known, during the time a mole was being carried, the patient to suffer from constant tinnitus aurium and vertigo.

Prof. FERGUSON inquired as to the opinion of the members in regard to the pathology of such masses. He considered that when an ovum was conveyed into

the uterine cavity and died, that it acted as a foreign body, causing irritation and inflammation. He therefore regarded the present morbid specimen as a product of inflammation.

Dr. ROSS referred to Dr. Montgomery's classification, into true and false moles, and stated that he considered impregnation as necessary to the production of such masses.

Dr. BRYCE referred to a mole which he had examined some years ago, and in the cavity of which he discovered a blighted foetus, weighing only six grains. Under the microscope, however, he was able to distinguish different members of the body.

410 *Twentieth Abstract in the fourth session. Entire twentieth meeting. See the meeting for the reports.*

415 *To the Honorary Secretary*

Mountview  
March 14<sup>th</sup>

Sir

Having had several applications respecting the collection of models and casts, which belonged to my late husband, and which are in the Museum of your Society.

I felt it right before removing them for the purpose of disposing of them, to mention my intention, and also to say that if the Members do not wish the items to be disturbed at present, I will not conclude arrangements for sending them away until after the present session closes.

M. G. Malcolm

**Council** 17 March Special Meeting.

Present, Dr. Robert Stewart in the chair. Messrs. Moore, Halliday, McGee, Johnston & Murney.

The Secretary read the following letter from the widow of the late Dr. Malcolm.

[The text of the letter recorded in the minutes is identical to that in Item 415 immediately above.]

To the above letter the Secretary was instructed to send the following reply.

Madam,

I am directed by the Council to enquire at what price you will sell the models and casts at present in the museum numbering about 120 so that the Society may come to a conclusion on the subject.

381 *Notice of the Twenty-first Meeting in the Fourth Session.*

Sir

The Twenty-first Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 21st March.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Fibrous Tumour.

**Cases to be Read.**

1. Foreign Body in Vagina.
2. Case of Pyæmia.
3. Psoriasis during the early stage of Pregnancy.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Observations on Age in connection with Fever.

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

TWENTY-FIRST MEETING

March 21st, 1857.

The President Dr. M'Gee in the Chair.

Dr. ROSS detailed

*Two cases of Pyæmia.*

The first was that of a boy, aged 3 years, "who", said Dr. Ross, "had been in good health until a few days

before I saw him. His friends attributed his illness to a beating by an elder boy. He had slept in a room, the air of which was polluted by a number of pet birds, amongst which, even by day, he spent much of his time.

I visited him on the second or third day after a rigor, and the sixth after the beating. I found great sinking of the vital powers; his pulse very quick, sordes on his teeth, and a dry, brown tongue; and great pain and tenderness behind the left trochanter, where a large abscess formed in a few days. Its situation was so deep, that I introduced a bistoury nearly its entire length before I reached the matter. Considerable relief followed its evacuation; but in a day or two the left testicle swelled to about four times its natural size, became very tender, and the scrotum red and inflamed, and *pari passu*, a large, inflamed, and tender tumor appeared over the acromial end of the right clavicle. In a few days a similar kind of tumor was observed over the left ilium. These three, viz., the one of the testicle, that on the clavicle, and that on the ilium, disappeared without ending in abscess, though the formation of matter appeared imminent. I treated the patient with quinine, stimulants, and good diet. Diarrhœa was frequent during the most severe period of the attack; the evacuations were very offensive. The emaciation and debility were for some time extreme.

The second case was that of a boy aged eight years, in whom pyœmia supervened on ulcers of the mouth, produced by mercury given for pneumonia; six or eight large abscesses formed in quick succession on the front of the neck, chest, and scapulæ. It was quite surprising the amount of purulent matter evacuated from them. The pulse was for several days scarcely perceptible, and the depression very great; but yet, after a tedious illness, the boy recovered. These were apparently the most hopeless cases I ever had under my care; and yet, by supporting the system well, by evacuating matter when formed, and by general attention to health, they did well. The most practical view to take of pyœmia is to consider it a disease of the blood, induced by the addition of pus, or some other septic matter, which deteriorates that vital fluid. In this way we can rationally account for the sudden prostration that attends the absorption of animal poisons. Without entering into the controversy as to whether the abscesses, which are secondary to the contaminations of the blood, are more of than in the part, I may express my opinion that they are more or less both; one or other character predominating in different cases. From the careful examination of the above cases, it appeared to me that the symptomatic deposits are in some cases not pus, but unhealthy fibrine; and that while the effusion is of this character we may hope, by careful constitutional treatment, to cause its absorption. When pus has

formed, the sooner, as a general rule, we evacuate it the better. The treatment should be mainly constitutional. The remedies which I consider best are, quinine, stimulants, and nutritious diet; and if there be much sleeplessness or irritability, morphia at bedtime."

The PRESIDENT referred to the case of a young gentleman who received a poisoned wound from handling the feathers of a foreign bird, and shortly afterwards died from pyœmia. He also made several remarks in regard to the relation existing between phlegmonous erysipelas and pyœmia, illustrating his observations by reference to a case of phlegmonoid erysipelas of the leg. One of the medical gentlemen in attendance had very soon after a very severe attack of erysipelas of the head, and a second suffered from a pustular eruption of the hands, and the patient's sister was also similarly affected.

Dr. MOORE exhibited a fibrous tumor, the size of a walnut, which he had removed from the breast of a female, æt. 25 years. It was of four years' growth, and attached to the upper and outer part of the left mamma; of late it had become tender on pressure, and accompanied by severe neuralgic pains, extending along the inner side of the arm to the point of the shoulder and scapula. He also presented a tumor of a cancerous nature, removed from the right breast of a female, æt. 44 years, about the size of a nutmeg. There was no swelling of the glands in the axilla, or above the clavicle.

414 *Twenty-first Abstract in the fourth session. Entire twenty-first meeting. See the meeting for the reports.*

420 *Addressee probably Dr. J. M. Pirrie, as on 7 April 1857 he asked Council about a valuation, and he also assisted with the publication of Malcolm's book.*

Mountview Terrace  
March 24<sup>th</sup>

Dear Sir

The Pathological Society having, as you are likely aware of, made inquiries respecting the models now in their Museum. I would feel greatly obliged if you would have a value put on them and arrange for me, with the Council, about their purchase of them. I much prefer their remaining where they were originally left with the Society, even though I believe, they would have been more advantageously disposed of where I was intending to remove them. Still I felt sorry that I had to disturb them.

In applying to you about this matter I am taking advantage of some former kind offers of assistance, and allow me to take this opportunity of thanking you

for all the trouble I am aware you had in the preparation of our unfinished works for publication.<sup>1</sup>

And believe me yours truly  
Maria. G. Malcolm

**Council** 24 March. Regular Meeting.  
Present, Dr. McGee in the chair. Dr. Robert Stewart, Halliday, Murney.

382 Notice of the Twenty-second Meeting in the Fourth Session.

Sir

The Twenty-second Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 28th March.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

Fibrous Tumour.

**Cases to be Read.**

1. Psoriasis during the early stage of Pregnancy.
2. Pericarditis, with Cerebral Complications, Results of P.M.
3. Unusual Case of Malignant Disease of Breast.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Observations on Age in connection with Fever.

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<sup>1</sup> [Introduction to Clinical Study, or an Interpretation of symptoms and signs. A Manual applied to the use of the hospital student. Belfast. Greer.]

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(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

**TWENTY-SECOND MEETING**

*March 28th, 1857.*

The President Dr. M'Gee in the Chair.

*Meningitis.*

Dr. DILL exhibited the brain and stomach removed from the body of an infant eight months old, who had suffered for a considerable time from vomiting, ultimately dying with symptoms of cerebral disease. The lining membrane of the stomach was considerably congested, and its coats thickened, particularly at the pyloric orifice. The pia mater was found intensely inflamed, with distinct purulent deposit at the base of the brain. The lining membrane of the ventricles was found greatly thickened, opaque, and covered with a gelatinous exudation. The substance of the brain was considerably softer than usual. Dr. Dill not having been the patient's medical attendant, was unable to give a detailed history of the case.

The SECRETARY read the following history of a case of

*Psoriasis occurring during the early stage of Pregnancy,*

communicated by Surgeon Hawthorne, Dromore:—Mrs. C., æt. 34, states that she emigrated to a southern state of America, when she was pregnant of her first child, and enjoyed good health until it was weaned. After becoming pregnant of her second, she observed a scaly eruption over the abdomen and flexor surface of her extremities, which lasted about four months, and gradually disappeared. After her second confinement, her husband was obliged to come to Ireland, and she was separated from him for two years, during which time her skin remained perfectly clean. She then joined her husband in Ireland, and again became pregnant, when immediately the eruption appeared, and gradually disappeared about the time of quickening. I saw her for the first time in November last. The anterior surface of the body, except the legs, was covered with patches of psoriasis, from the size of a pea to that of a four-penny piece. I

gave her arsenic in ordinary doses, but without any benefit. It disappeared at the usual time, as in the previous attacks. This is now her ninth pregnancy, and since the eruption appeared first, it has invariably recurred after fecundation, and persists till about the period of quickening, when the skin gradually assumes its normal appearance. The patient is in other respects perfectly healthy.

Dr. John MOORE detailed the following

*Case of Cerebral Disease, occurring in a child.*

On Friday, 20th. inst., I was requested to visit A.M., æt. eight years, of whom I received the following history. She had been a remarkably sprightly child until a few months ago, when her manners became changed, and she became quiet and taciturn. About a fortnight ago she began to complain of headache, which at the time caused no uneasiness to the family. It increased, however, and she was placed under the care of a homœopathist. Ten days before I saw her, she went up to her mother's bedroom, who was in bed at the time, and said, "Why, mother, I see four people in the bed." From that time the headache continued to increase in severity, and she was confined to bed. She had also been suffering from cough for some time past. When I saw her, she was lying in a semi-conscious state; would remain in a restless sleep for about five minutes, and wake with a moaning cry and contorted features, and cry, "My head, my head." There was urgent thirst present, and the pulse was only 80. A brother had died of hydrocephalus. I ordered counter irritation to the nape of the neck; gave her calomel and rhubarb, followed by castor oil; and, as this failed to move the bowels, a turpentine enema was thrown up, which produced a copious fœtid discharge. The pupils were dilated, but contracted on the application of light. I then ordered Hydr. c. cretâ every two hours, which in twenty-four hours produced violent salivation, with swelling of the tongue, but without any improvement in the symptoms. She was now restless, and mostly in a state of insensibility, and when awake, she was delirious. She soon began to sink, and stimulants were administered, which quieted her a good deal. She finally sank, however, on Tuesday night. There were no convulsions nor strabismus at any time during the progress of the disease.

The *post-mortem* examination was made thirty hours after death. On removing the calvarium, the veins of the brain were found to be congested. The membranes were healthy, and no trace of tubercle could be detected either in them or throughout the substance of the brain. About two drachms of fluid were found in each of the ventricles; and on removing the brain, between five and six ounces of fluid were found at its base. The substance of the brain was not diseased. On opening the chest we found tubercles scattered through the left lung. The pericardium was

found universally adherent. The liver was also very large.

417 *Twenty-second Abstract in the fourth session. Entire twenty-second meeting. See the meeting for the reports.*

**Council** 31 March. Regular Meeting.

Present, Dr. McGee in the chair. Dr. Young, Dr. R. Stewart, Dr. James Moore, Drs. Murney, Johnston.

Circular prepared.

Proposed by Dr. Young seconded by Dr. R. Stewart that for the future, nominations for office-bearers of the Society will be received until the second Tuesday in April.

The voting papers containing the names of parties thus nominated shall be issued to Society members before the third Tuesday in April, to be returned not later than the fourth Tuesday in order that a scrutiny shall be held and the result announced at the annual meeting.

Messrs. Johnston and Murney intimated their intention to resign the office of Joint Secretaries, offering to continue in office until the termination of the session.

384 *Notice of the Twenty-third Meeting in the Fourth Session.*

Sir

The Twenty-third Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 4th April.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

1. A number of Encysted Tumours of Scalp.
2. Contents of Tumour on Neck of Child, exhibited to the Society at meeting on 21st March.

**Cases to be Read.**

1. Unusual Case of Malignant Disease of Breast.
2. Cases of Phlegmasia Dolens.
3. Cerebral Disease, with P.M.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Observations on Age in connection with Fever.

Members are entitled to admit Visitors by written order, which must be presented to the Porter on entering. Members who may desire to propose Candidates for Membership, will please attend punctually, or depute one of the Secretaries to nominate for them. Members about to contribute Cases or Pathological Reports, &c., are requested to communicate the Titles, &c., to the Secretaries, a few days before the time of meeting.

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THE MUSEUM.

The Pathological Museum, considerably enlarged, is open for the inspection of Members every Saturday, from Two to Three o'clock, on application to the Curator.

(Signed by order),

H. M. Johnston,

H. Murney, M.D.

Honorary Secretaries

TWENTY-THIRD MEETING

Saturday, April 4th, 1857.

The President Dr. M'Gee in the Chair.

Dr. Seaton REID exhibited the heart and large blood-vessels of a man, aged 47, who had recently died in the Union Hospital, into which he had been admitted in August, 1855, when he stated that about one year and a half previously he had suffered from pain and swelling, without redness, in the right ankle; that a few months since he had been under treatment in the General Hospital, for disease of the heart; and that he had lost the power of his right side eleven weeks ago, but had now partially recovered it, and suffered chiefly from pain between the shoulders, and palpitation. In the region of the aortic valves a distinct murmur was heard with both the systole and diastole of the heart, associated with a jerking pulse and lateral motion of the arteries. The diagnosis made on his admission was, that there existed dilated hypertrophy of the heart, with patency of the aortic valves, supposed to be the result of the rheumatic attack presumed to have existed a year and a half ago; and it was thought that the paralysis of the right side was caused by the detachment of some deposit from the valves obstructing some of the cerebral arteries. He remained in hospital for several months, suffering

with varying intensity from cough, dyspnoea, pain in his right shoulder and arm, and between the shoulders; but in none of the repeated physical examinations that I made, especially with regard to the last symptom, did I hear anything to lead me to change or add to the diagnosis I had made. He left the hospital in May. He was readmitted in August, 1856, in consequence of a great increase in his sufferings from dyspnoea, oppression in his chest, and palpitation; and he stated that for the first time he had been anasarcaous when at home. This had greatly subsided before he returned, and there was now heard a single systolic murmur, in place of the double murmur, in the region of the aortic valves, and also a systolic murmur at the mitral orifice, which if observed before, was not recorded. In December he complained much of pain along the spine, but repeated examinations detected no murmur along the vertebræ. In the month of January, 1857, a very indistinct diastolic murmur was again heard in the region of the aortic valves, and on two occasions blood was now observed in the sputa; but his chief complaint was still of the oppression in his chest, of the dyspnoea coming on most frequently about two, a.m., of pain between his shoulders, and of startings in his sleep; and the lower limbs now became very dropsical. During the last two months repeated examinations were made, without detecting anything to change the original diagnosis. Forty-eight hours before death, all his symptoms became much aggravated, and he was seized with a severe pain in his right side, which was only partially relieved by a blister; but as his life was now evidently drawing to a close, I did not feel justified in disturbing him by any further stethoscopic examinations. He never complained of any difficulty in swallowing, of any stridor in breathing, nor had his cough any peculiar sound. There was no tumor observed at any part of his chest, nor any local impulse that would suggest the idea of an aneurism.

I obtained leave to make a *post-mortem* examination, when it was found that there was recent pleuropneumonia of the lower lobe of the right lung; the left lung healthy, and no tubercle at any part. About the base of the heart there was some easily-removed lymph, indicating recent pericarditis. The heart was enormously hypertrophied and dilated, and the aorta, from its origin, and for several inches in extent, was also greatly dilated, and had a small pouch at the upper portion of the ascending part. The hydrostatic test showed the existence of free regurgitation into the ventricle. On slitting open the aorta, its interior was found quite wrinkled and rough, from a large quantity of calcareous deposit in its coats. The entrance to the pouch was found narrower than the interior, and had projecting across it, for near half an inch in depth, and more than half its circumference, a sharp ridge of calcareous deposit. There were no lam-

inated coagula in its interior. The ventricular surface of the aortic valves was found roughened, but without any vegetations. The substance of both ventricles was enormously thickened, and the cavities dilated, the carneæ columnæ enlarged, and the mitral orifice dilated. There was no erosion of either the sternum, the ribs, or the vertebræ.

While the *post-mortem* examination showed the correctness of the diagnosis respecting the state of the heart's substance and its orifices, it revealed the existence of aneurismal disease, that, although looked for, I had failed to detect. Finding that my diagnosis was thus incomplete, I naturally turned to the work of our illustrious countryman, Dr. Stokes, and found there an acknowledgement of the extreme difficulty of diagnosis in cases of mixed sacculated aneurism, such as this was; and while he points out the value, in such cases, of the jerking pulse and lateral motion of the arteries, he admits that their value is dependent on our being certain that no such heart disease existed as was present in this case, and relates an instance where an aneurism of this kind had escaped detection, although two of the most eminent practitioners in Dublin had made repeated physical examinations. Dr. Reid remarked, that while there did exist in this case some roughening of the ventricular surface of the aortic valves, yet he considered that the murmurs may have been chiefly owing to the blood passing so suddenly into the dilated aorta; it having been shown that the passage of blood from a narrow to a much wider tube is capable of producing such murmur; and that, disease being so far advanced in both heart and aorta, there were no data to prove in which it had commenced, or the relation in which they stood to each other. It was known to all how frequently pain in the shoulder and arm preceded or followed paralysis; and lately in a case in which severe pain between the shoulders had caused him to make fruitless searches for an aneurism, the *post-mortem* examination only exhibited concentric hypertrophy of the heart.

421 *Twenty-third Abstract in the fourth session. Entire twenty-third meeting. See the meeting for the reports.*

**Council** 7 April 1857. Regular Meeting.

Present, Dr. McGee in the chair. Drs. R. Stewart & Murney.

Circular prepared.

A communication was read from Dr. Pirrie requesting a valuation to be placed upon the casts of pathological anatomy and skin diseases. It was directed that Drs. Halliday and Murney be requested to confer with Dr. Pirrie and report to the Council.

385 *Notice of the Twenty-fourth Meeting in the Fourth Session.*

Sir

The Twenty-fourth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 11th April.

*Chair to be taken at Three o'clock.*

Members are called upon to notice that in compliance with Law XXIII, nominations of parties to hold the offices of President, and Five Vice-Presidents, (Three Resident, Two Non-resident,) for the Session 1857–58, will be received by the Secretaries until Tuesday, the 14th inst., after which date, Balloting papers will be issued to the Members

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

**Cases to be Read.**

1. Cases of Phlegmasia Dolens.
2. Cerebral Disease, with P.M.
3. Case of Congenital Phymosis, with Observations.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Observations on Age in connection with Fever.

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(Signed by order),  
H. M. Johnston, H. Murney, M.D.  
Honorary Secretaries

TWENTY-FOURTH MEETING  
Saturday, April 11th, 1857.

The President Dr. M'Gee in the Chair.

The PRESIDENT read a case of

*A Case of Ramollissement of the Brain, of Seven Years' Duration.*

Preliminary history, given by a relative, a non-medical man:—"In accordance with your wish, I send the early history of Mr.\_'s illness. In May, 1844, then aged about 24 years, he experienced considerable difficulty in speaking, and had so much numbness in his right arm and hand, that he was unable to use them.

"In the first week in June he consulted my medical adviser, who said he was threatened with apoplexy. By his order the patient was bled severely, and strong purgatives were administered; but a few days after, on the receipt of some exciting intelligence, a very severe attack took place. For some weeks previous to this attack he had, at intervals, severe pain in his head, referred chiefly to the left side, with drowsiness; his face at times flushed; appetite not good; no sickness of stomach.

"On the occasion of this, his first attack, the doctor of our village saw him, again bled him, shaved the head, and applied blisters. Mr.\_ remained unconscious for two or three weeks, and then gradually recovered, but with loss of power of his right arm and side, and inability to speak. Blistering, especially over the crown of the head, bloodletting, and purgatives, were adopted; and after some time magnetic-galvanism was used, and the power of the leg was so far restored, that he was able to walk with a halt; but the arm remained almost useless. After some time the power of speech returned, so that he could utter single words, but could not express three or four words consecutively, even though dictated; and he often used one word in mistake for another. He could not himself read a paragraph or sentence, so as to understand it; but if he knew the subject, he would ask others to read it to him; and if read slowly, he understood it. He could neither write nor dictate a letter. In June, 1845, he experienced his first convulsive attack, and one month after had three similar attacks in one day. These were afterwards repeated, at intervals varying from one to twelve months. His state appeared little affected by those attacks; but he was on some occasions aware that they had occurred, and he was, in consequence, more than usually despondent.

"As you subsequently became his medical attendant, I need not give you further details than to state, that he was said to have been, in infancy, unusually slow in learning to speak; and in childhood and youth was more taciturn, and yet more irritable, than the generality of children. Prior to his illness he had been very closely and anxiously occupied with business matters. He was an excessive smoker.—Yours truly, A. B."

I visited him first in 1847, and I became his medical attendant early in 1848; I then found him in fair bodily health, but restless and unhappy in his mind, with the power of speech as described by his friend in the preceding history. He was able to walk with a slight limp, or rather a dragging of the right leg; the right arm of little use, being contracted, owing to the overpowering action of the flexor muscles; sense of feeling perfect; tongue slightly drawn to the right side; very little twisting of the mouth; no paralysis of either side of the face; countenance not expressive of imbecility.

His memory of words was so far lost, that though he was sensible of the precise meaning of what was said to him, and aware of what he himself intended to say, he had difficulty in making himself understood, excepting by his relatives. He had no childishness nor confusion of thought, and he was clear and shrewd in matters of business. He evinced considerable fretfulness, and was wilful or wayward in his conduct. Though I was often called to visit him, in consequence of the attacks of convulsions, they had always passed away before I reached him.

The treatment adopted was chiefly expectant. Laxatives were given, and he used *cotyledon umbilicus* freely; but he did not improve, nor were the convulsive attacks rendered thereby less frequent or less severe.

Urtication and other rubefacients and stimulants were applied along the spine and nerves of the paralyzed arm, but without advantage. He derived some benefit, while under my care, from a continued use of sulphate of zinc, in five-grain doses, thrice daily; and subsequently from the use of bichloride of mercury, in doses of one-sixteenth of a grain three times a-day; both of which remedies were suggested by Sir B. Brodie, who agreed in viewing the case as one of brain-softening, and prognosed a gradual increase of the disease.

Late on the evening of 1st. August, 1851, Mr.\_ was killed by the falling of the floor and roof of a building. He was precipitated a depth of 20 feet, and received such wounds from the stone and woodwork, that his death must have been instantaneous. When removed from the ruins, a few minutes after the casualty, he was quite dead. He had lost much blood from a wound in the neck. There were very severe injuries, with fractures of both superior extremities; and he had two scalp-wounds over the right side of the head.

On making a *post-mortem* examination, 36 hours after death, it was found that of the two wounds of the scalp, the upper one had denuded the right parietal bone at its upper part; the lower wound was near the anterior and inferior angle of the right parietal bone, and accompanied by a fracture of three inches in length, which crossed the parietal bone diagonally, terminating superiorly in the coronal suture, and inferiorly in the right temporal bone, into which it extended about three quarters of an inch. There was very little depression of the bone. The course of the coronal suture, from the inferior angle of the right parietal bone, was marked by a narrow line of blood effused under the periosteum, one-eighth of an inch broad on the right side, gradually narrowing, till it disappeared before reaching the left temple. The bones of the cranium were pale and bloodless. When the dura mater was removed, above six ounces of serous cerebro-spinal fluid escaped, and the brain appeared much collapsed. Over both hemispheres there was slight effusion of blood under the arachnoid, following and marking the sulci of the brain's convolutions. The arachnoid was unusually firm, thickened, and somewhat opaque.

A considerable depression was observed on the left hemisphere of the brain, occupying the posterior portion of the anterior lobe, and the anterior and inferior portion of the middle lobe; taking a course from above, downward and backward. This space was filled with a soft, tremulous, and almost diffluent substance, approaching in colour to black currant-jelly, mixed with whitish coagula, without fœtor, or any appearance of pus. The sac occupied a space nearly the depth of the hemisphere, the membranes forming its outer wall; the inner wall, which separated it from the ventricle, was an indurated buff-coloured substance, a quarter of an inch thick, into which the brain seemed to have been converted. This change of structure involved a small portion of the left corpus striatum. The cavity or sac contained no apoplectic clot, nor was it traversed by any membranous bands. In both hemispheres the grey substance of the brain was abnormally pale; the white substance was of the natural firmness, and very free from red points. There was no fluid in the ventricles. The plexus choroides was tinged with reddish serum, and contained near its centre a small hydatid. With the above exceptions, the cerebrum and cerebellum were, in appearance, free from disease. There was no disease observable in the arterial system. The brain, when replaced, did not nearly fill the cranium. No other part of the body was examined.

The softening found after death in this case was not ramollissement *surrounding* a coagulum or the cyst of a coagulum, nor did the cyst, if it might be so termed, contain membranous bands or septa. Was the disease, then, *ab initio*, a case of brain-softening, or

was the paralysis the result of extravasated blood; and the clot having been absorbed, was the cavity filled with the jelly-like substance? This is quite contrary to what is usually found, for "in ordinary cases of extravasation, which do not at once terminate fatally, the effused blood is soon changed in character: in a few days or weeks the thinner parts, absorbed, leave a firm dark-brown coagulum, which, after a time, assumes a firm fibrous texture, gradually changing from its dark colour to a slightly reddish tint. This mass of fibrine lessens by degrees, and at length disappears. While these changes are going on, the cavity containing the coagulum becomes lined with a distinct firm membrane, of a yellowish colour, and has frequently bands or septa of the same yellow substance. The cyst or cavity is found to be distinctly organised, often with numerous bloodvessels ramifying on it." Ramollissement has been divided into red, and white or gray—into that of the young and of the aged—of increased and of diminished arterial action. Though occurring in so young a man, I am disposed to consider the case as one of gray or white softening, or the *ramollissement* of diminished arterial action. Its cause may be found in the excessive mental fatigue which the patient experienced, even without reference to hereditary and other causes. The preliminary history given by the relative of the patient is graphically and lucidly detailed. As is not unusual, the patient had occasional attacks of convulsions, which appeared to increase in frequency and in severity. I did not see him in any of these attacks, but I have been informed, that while the paralysis was confined to the right side, the muscles of the left side were convulsed during the attacks of eclampsia.

Dr. MOORE exhibited a fibrous tumor, which he had removed from the breast of a female, æt. 25 years. It was of four years' growth, about the size of a large walnut, and of late was very sensitive, and attended with pain in the shoulder and inner side of the arm. The patient recovered perfectly.

Dr. M. presented another tumor, of a cancerous character, removed from the breast of a female, æt. 46 years; also a morbid growth, about 1 lb. weight, removed from the labium of a prostitute; it contained a watery fluid, and originated in syphilitic ulceration.

The SECRETARY presented a section of a *fatty tumor*, sent by Dr. BABINGTON, Londonderry, and read the following history of the case:—"You have herewith part of a tumor, removed on Saturday, the 4th. instant, from a patient in the County Londonderry Infirmary. It was situated on the outer side of left thigh; was of a flattened oblong shape; its lower end was close to the outer side of the patella, and extended upwards about five inches. It was seven years attaining its present size; and when first noticed, was about the size of a

garden pea. Within the last six months it had increased rapidly in size. It had an elastic feel, as if fluid was contained in it. The removal was easily effected by a simple linear incision through the skin, and dividing some bands of condensed cellular membrane, strong enough to have a fibrous appearance. It was contained in a strong capsule of thickened cellular membrane. There was not a single blood vessel running into the tumor, nor was there an artery divided in the operation. The loss of blood did not amount to two ounces."

Dr. Seaton REID exhibited the following specimens, recently removed from patients who had died in the Union Hospital.—

The first was a case of

*Cancerous Disease, seated at the  
Pyloric Orifice of the Stomach,*

in a female aged 45, who had been admitted into the Union Hospital in January last, stating that she had, for some months past, suffered from pain in her right side, and that latterly she had been losing her strength, and was steadily emaciating. She had never vomited, but had been much troubled latterly with acidity of her stomach. On examination a distinct tumor was found in the right hypochondrium, which was quite immoveable. Between its upper margin and the ribs a distinct sulcus was felt, the base of which was dull on percussion, and resisted pressure. She had never been jaundiced and the bowels were regular. The immobility of the tumor, the absence of vomiting, and the regularity of the bowels, caused, at first, some difficulty in deciding whether the liver or the pyloric orifice of the stomach was the primary seat of the affection; but as the disease advanced, this doubt passed away, in consequence of the steady and rather rapid enlargement of the tumor, the sulcus alluded to remaining the same; so that for some time before death it was considered that the disease was seated in the pyloric end of the stomach. She became gradually weaker, and for the first time, about 24 hours before death, was seized with vomiting. The matters ejected by the stomach and bowels were dark and like tar. She was very desponding and querulous from the time of her admission into the hospital. The *post-mortem* examination found a large amount of cancerous deposit in the region of the pyloric end of the stomach, but so situated that the pyloric orifice was retained permanently open, and free from contraction. Fibrous adhesions existed between this deposit and the margin of the liver and the tissues behind it. Cancerous deposits were also found in the liver, in the mesentery, in the uterus, and a cancerous ulcer in the rectum. No ulceration had taken place in the stomach, and the duodenum was free from disease. The heart was greatly atrophied, as was also the spleen.

In the second case the disease was seated *at the entrance, or cardiac end of the stomach*. The patient was a male, and said his age was 50; but he looked more like a man of 70. He had been intemperate. He was fearfully emaciated, and his voice little louder than a whisper; his abdominal parietes were retracted in upon his spine. He stated on admission that he had lost his appetite about December last; that he had frequent eructations of acid fluid; had vomited everything for the previous three weeks, and the bowels had not acted for 15 days. He was very pale, and remarked that the vomiting generally took place immediately after the food reaching his stomach; but that at times the food appeared to stop at a spot pointed out by him as immediately underneath the ensiform cartilage, and did not get into his stomach, but after struggling for a time with what he called "his pipes," it returned again into his mouth.

There was neither tumor nor dulness on percussion in the region of the pyloric end of the stomach or liver, nor could any hardness be felt in the epigastrium, even when he was asked to cough, so as to tilt forward the cardiac end of the stomach; but the frequent stoppage of food at the point he mentioned, and its immediate rejection from the stomach, even when it had apparently succeeded in passing on, indicated at once that he suffered under obstruction at the lower end of the œsophagus, and disease of the cardiac end of the stomach.

His food, up to his admission, had been partly solid and partly fluid, but he thought he got on better with fluids than solids. He was ordered a pint of sweet milk, and 4 oz. of spirit in it, to be given in tablespoonful doses at regular intervals—a mode of giving nourishment in such cases that has often been very successful. He was also to take a teaspoonful of castor oil every four hours till the bowels acted, which they did after the third dose. He retained a considerable portion of milk during the next 24 hours, and was most cheerful and hopeful as to the result, and approved highly of the whiskey and sweet milk. The evacuations from the bowels were greenish, and continued so for several days. During the three weeks he survived in hospital he was, as is usual in such cases, sometimes better, sometimes worse; but there was, all through, an entire absence of the despondency so characteristic of cancerous disease. For the last ten days of his life the evacuations from the bowels resembled a mixture of black earth and water, but no discoloured fluid was at any time vomited. He complained so much of severe pain in his back, that he was examined repeatedly with the stethoscope for other indications of aneurism.

On slitting open the œsophagus, there was found some morbid alteration of the mucous membrane, at various points within two or three inches of the stomach; and there was found also an elongated

tubercle, having a strong resemblance to a tongue, even to its possessing a frænum, extending from the cardiac orifice up into the œsophagus, which at once accounted for the feeling he experienced of the food being stopped at that part, and having to struggle back into his mouth; for it was evident that a perfect valve against the passage on of food would be formed by this substance, if by chance the first morsel that went down got impacted between it and the walls of the œsophagus, in this way forcing it down over the entrance to the stomach.

The cardiac orifice was also found thickened, hardened and contracted, from the cancerous deposit; and immediately after entering the stomach, towards its lesser curvature, there was found an excavated sloughy-looking ulcer, with inverted edges, which at once satisfactorily accounted for the immediate rejection of food, even when it had been successful in passing the obstructing valve which has been just described.

The remainder of the stomach was rather thickened, the pyloric orifice narrow, but entirely free from disease. The liver healthy. The spleen not less than natural, and the heart considerably atrophied.

The œsophagus was not dilated above the obstruction, as often takes place in such cases; which probably depended on the fact, that the obstruction here was rather owing to this valve-like substance only obstructing occasionally, than to any very great or constant contraction of the cardiac orifice. The *post-mortem* examination of these cases is very instructive.

In the first patient there were absent two of the most diagnostic symptoms of disease at the outlet of the stomach, namely, vomiting, and the power of moving the tumor across the mesial line; the former, the inspection after death showed to have been owing to the cancerous deposit being in such a position that it retained (contrary to the usual course), the orifice perfectly open, so that there was no obstruction to the passage on of the food; the latter was dependent on the firm adhesions between the liver and stomach, and tissues behind it rendering the tumor incapable of being moved out of its position.

In the second case the *post-mortem* was equally instructive, from its confirming how accurately the patient had described the locality at which the food was occasionally stopped when it was passing into the stomach, and gave rise to "the struggle in his pipes," which followed before it returned into his mouth; and because it also showed the dependance that could be placed in such cases, on the immediate rejection of food, as diagnostic of disease at the cardiac end of the stomach.

The examination of these cases proved also the correctness of the opinion, that when cancer is seated at the pylorus, the duodenum is never

involved, but when seated at the cardiac orifice, the œsophagus is always more or less diseased.

425 *Twenty-fourth Abstract in the fourth session. Entire twenty-fourth meeting. See the meeting for the reports.*

**Council** 14 April 1857. Regular Meeting.

Present, Dr. Browne in the chair. Drs. Robert Stewart, Patterson, Halliday, Murney, Moore, Johnston.

Names of different parties to hold the offices of President and Vice-President were received.

The circular for Saturday was prepared.

Proposed seconded and resolved

"That the Council beg to recommend to the Society the expediency of holding a conversazione at the termination of the session."

388 *Notice of the Twenty-fifth Meeting in the Fourth Session.*

Sir

The Twenty-fifth Meeting of this Society for the present Session will be held at the General Hospital, on Saturday, the 18th April.

*Chair to be taken at Three o'clock.*

**Candidates to be Proposed.**

**Candidates for Election.**

**Correspondence**

**Pathological Specimens to be Exhibited.**

1. Strangulated Femoral Hernia.
2. Disease of Cardiac Extremity of Stomach.
3. Encysted Tumours of Scalp.

**Cases to be Read.**

Case of Congenital Phymosis, with Observations.

**Queries for Discussion.**

**Clinical Facts and Statistics**

Observations on Age in connection with Fever.

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THE MUSEUM.

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(Signed by order),  
H. M. Johnston,  
H. Murney, M.D.  
Honorary Secretaries

418 To H. M. Johnston

Peters Hill

Dear Sir

Having heard that the Secretaries to the Pathological Society have actually resigned, I take the opportunity of nominating to office Dr. James Moore, Donegall Street and Dr. Wales, North Street.

Yours faithfully  
H. Hanna

419 To H. M. Johnston

2 Albert Terrace  
Belfast  
18th April 1857

Dear Sir

I beg to propose the following gentlemen as Members of the Council, Drs. McCleary, Mulholland and Wales.

I remain  
Yours faithfully  
D. Murray

424 To H. M. Johnston

Belfast  
April 19 1857

Sir

I beg to propose Dr. Wales York Street and Mr. John Smith Castle Place, as members of Council of the Belfast Clinical and Pathological Society.

Yours Respectfully  
Thomas Charles S. Corry

**Council** 21 April 1857. Regular Meeting. Present, Dr. Robert Stewart in the chair. Drs. Moore, Murney, Johnston, Dill.

Circular for Saturday was prepared.

It was arranged that the certificates of Saturday be signed by the President.

422 To the Council

Belfast  
April 22 1857

Gentlemen

I propose Surgeon C. Mulholland for nomination as a member of Council for the ensuing year.

John Smyth  
M.R.C.S.I.

423 To the Council

Belfast  
22 April 1857

Gentlemen

I beg leave to propose for nomination as members of Council for the ensuing year Dr. Corry and Dr. Daniel Murray, and also Dr. Madden of Portglenone and Dr. Bryce of Belfast for the office of Vice President.

Francis Heeney, M.D.

429 To the Honorary Secretaries

Belfast  
April 22 1857

I beg leave to propose Mr. Lamont as a vice president of the Belfast Clinical and Pathological Society, and Mr. John Smyth as a member of Council.

R. Bryce

427 To the Secretaries

Belfast  
23<sup>rd</sup> April 1857

Gentlemen

I beg to propose as a town Vice-president Æneas Lamont Esq. of Chichester Street, and as a country Vice-president T. Madden Esq. of Portglenone.

Understanding that it is your intention to ceasing in the Secretaryship, I beg to propose as General Secretaries Dr. Drennan and Dr. John Moore, and as members of Council Drs. H. M. Johnston, McCleary and Mulholland.

I am, Gentlemen,  
Your obedient Servant  
George F. Wales

428

Donaghadee  
April 23

Dear Sir

I had given in my resignation long since to the Pathological Society as I found I could not attend to it. Would you be good enough formally to accept my

Belfast Clinical and Pathological Society

Fourth Session: 1856–1857

President William M'Gee

resignation as I am truly sorry my lot had not been cast in its more immediate neighbourhood.

I am  
Your very truly  
William H. Catherwood

390 *Blank Ballot Paper for the posts of President and Vice-Presidents*

NOMINEES FOR PRESIDENT AND VICE-PRESIDENTS.

Beck,	Belfast.	Babington, Londonderry.
Browne,	"	Browne, John, Dundalk.
Bryce,	"	Ferres, Larne.
Dill,	"	Forde, Downpatrick.
Heeney,	"	Graves, Cookstown.
Moore,	"	Halpin, Cavan.
Murney,	"	Jamison, Newtownards.
Patterson,	"	Kidd, Ballymena.
Pirrie,	"	Thomson, Tyrone.
Reade, Thos.	"	
Reid, Seaton,	"	
Ross,	"	

BALLOT PAPER.

Vote for

Primus	as President,
2.	as V.P.
3.	as V.P.
4.	as V.P.
5.	} as Non-
6.	

N.B. The Member who obtains the greatest number of Votes becomes President; the five next in order, Vice-Presidents, two of whom must be Non-Resident—(See Laws VII. and XXIII.)

*Please fill up this Paper, and post it before the 28th instant, after which date none can be received.*

**Council** 28 April 1857. Regular Meeting.

Present, Dr. McGee in the chair. Drs. Robert Stewart, Dill, Moore, Murney, Browne.

Proposed by Dr. R. Stewart seconded by Mr. Browne and resolved "That this Council recommend to the Society the propriety of appointing a committee to revise certain of the laws which have been a major inconvenience in their operations and report to a general meeting of the Society the result of their deliberating."

Circular for the special meeting on tomorrow 29<sup>th</sup> inst. to be issued today.

Proposed seconded and resolved That the Council meet on Saturday at 1½ p.m. 2<sup>nd</sup> May to examine the ballot papers.

The Secretaries report that up to this hour 77 voting papers have been received.

387 *Notice of a Special Meeting in the Fourth Session.*

Tuesday, 28 April, 1857.

Sir

A Special Meeting of this Society will be held at the General Hospital, on (tomorrow) Wednesday, 29<sup>th</sup> instant, for the transaction of the following business.

*Chair to be taken at Three o'clock.*

**Pathological Specimens to be Exhibited.**

1. Encysted Tumours of Scalp.
2. Diseased Knee.
3. Excised Ankle Joint.
4. Acephalous Fœtus.
5. Large Tumour from back of Neck of Child, 4 months old.

**Cases to be Read.**

1. Case of Congenital Phymosis.
2. Erysipelas following Operation.
3. Successful Treatment of Aneurism or Popliteal Artery, by Compression.

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(Signed by order),

H. M. Johnston, H. Murney, M.D., Hon. Secretaries

430 To H. Murney

13, Pump Street  
Londonderry  
29 April 1857

My dear Sir

I have forwarded by this day's train at 2.15 p.m. addressed to the Secretary of the Pathological Society, a parcel containing portion of a foot which I removed yesterday in the County Infirmary here.

You will observe Heys operation was performed.

The man is aged 54. The disease commenced five years since with a black blister on his second toe. The skin broke and discharged fungoid. Fungoid granulations sprung up. He paid no attention to the disease nor did he suffer much pain or uneasiness till last September when the disease expanded to the other toes and phalanges and has rapidly attained the present extent as seen on the specimen.

He complained much of the pain in the toes and the smell was very offensive. His history is very inaccurate but the man is stupid and has greatly neglected his symptoms.

He states that he had a cancerous lip removed about five years ago.

I send the detailed notes to you if you thought it worth a place in the Museum.

Faithfully yours

T. H. Babington

[On back of the last page of this letter in different writing is an addition of five sums of money to give a total of £7-3-1.]

391 *Notice of the Annual Meeting of the Fourth Session.*

Sir

The Annual Meeting of the Clinical and Pathological Society, will be held at the General Hospital, on Saturday, 2nd instant, at Three o'clock.

In accordance with Rule XIV. the following business will be transacted:—

XIV. Business of the Annual Meeting. The business of the annual meeting shall embrace the following subjects, viz. 1. The Report of the Council. 2. The Report of the Auditors. 3. The announcement of the New Office-bearers. 4. The Election of the New Council. 5. The Closing Address of the retiring President. 6. Installation of the President elect.

Belfast. May, 1857.

**Council** 2 May 1857 1½ p.m Special Meeting.

Present, Dr. McGee in the chair. Drs. Robert Stewart, Moore, Dill, Patterson, Halliday, Murney, Johnston.

The Council proceeded in the first instance to examine the ballot papers for the office of President—4 or 5 ballot papers which were received after the 28<sup>th</sup> ultimo were not admitted but were cast into the

fire. The result of the [counting?] showed for Dr. Moore 48 votes, Mr. Browne 19, Dr. Thomas Reade 4, Dr. S. Reid 4, Dr. Dill 3, Dr. Murney 3, Dr. Pirrie 2, Dr. Heeney 1, Dr. Patterson 1.

The papers were next examined for the offices of Vice-President. The following were the votes for members resident in town Mr. Browne 41, Dr. Seaton Reid 33, Dr. Murney 32, Dr. Patterson 28, Dr. Pirrie 24, Dr. Bryce 23, Dr. Dill 16, Dr. Thomas Reade 11, Dr. Heeney 11, Dr. Ross 9, Mr. Lamont 7, Dr. Beck 4, Dr. McCormac 1.

Numbers of votes for non-resident members. Dr. Babington, Londonderry 27, Dr. Ferris, Larne 21, Dr. Graves, Cookstown 21, Dr. Halpin, Cavan 15, Dr. Kidd, Ballymena 15, Dr. Forde, Downpatrick 14, Dr. Jamison, Newtownards 11, Dr. Thompson, Tyrone 10, Dr. Madden, Portglenone 7, Dr. Browne, Dundalk 6.

Dr. McGee declared Dr. Moore to be duly elected President for the session 1857–58; also Mr. Browne, Dr. Seaton Reid and Dr. Murney to be the resident Vice-Presidents for the next session; Dr. Babington having the largest number of votes was declared the senior non-resident Vice-President. Messrs. Graves and Ferris having an equal number of votes viz. 21 the President placed the names of these gentlemen in a hat and stated whichever name he should draw forth first should be declared the second non-resident Vice-President. This honor fell upon Dr. Graves who was accordingly duly declared the second non-resident Vice-President of the Society.

The Secretary submitted the following report of the Society which was duly approved of and ordered to be read at the annual meeting this day at 3 p.m.

“At the termination of this our fourth session the Council beg again to congratulate the members on the continued prosperity of the Clinical and Pathological Society.

In accordance with Law XII the first meeting of the session was held on Saturday the 23<sup>rd</sup> October the President Dr. McGee in the chair.

In all 27 meetings of the Society have been held during the session.

123 members of the profession are enrolled upon our list. Of those 47 reside in Belfast, 75 are scattered over different parts of the northern and midland counties of Ireland, and we have one member in the north of England.

24 new members have been added to our family—5 town and 14 country members have withdrawn from us and 4 have passed that bourne whence no traveller returns.

The average attendance of members at the sittings of the Society has been 20.

It is with feelings of the most sincere regret we record the decease of our much esteemed Ex-President and founder of the Society, Dr. Malcolm, cut off at the early age of 37 in the middle of a career of much

usefulness. He is much mourned as a most valued mind removed from amongst us. Nowhere do we meet with circumstances which so forcibly recall the memory of the departed one as in matters connected with this body. All his thoughts were centred in a desire to see the Clinical and Pathological Society flourish; it was so to speak the child of his thought.

The professional career of our founder and the circumstances of his last illness are already well known. To one point only we would make a sad but gratifying allusion; during the whole of the summer of 1856 and even when the hand of death lay upon him his anxious and busy mind was occupied in making preparations for the successful opening and prosecution of the session we are just concluding. It was the painful duty of the Secretaries to reply to communications to him ere yet his remains had entered the tomb.

We regret also to mention the death of Mr. C. C. McMullen of this town, of Dr. Forsythe of Carrickfergus and of Mr. Brabazon of Downpatrick.

Medical students have continued to attend the meetings of the Society during the session. An average of 19 have been present. To those who have been present the prescribed number of meetings certificates will be issued.

The business transacted comprised the following, the examination of 53 pathological specimens accompanied by in the majority of instances an account of the progress with special attention to the most important features of the cases. The reading of 37 cases many of them presenting peculiarities of great interest.

The introduction of 25 patients some of them illustrating the effects of conservative surgery, others the result of treatment or rarely that disease or difficulty of diagnosis. 6 plaister casts and 3 wax moulds were also placed before the Society.

As heretofore the weekly abstract has been published and on referring to the Council report for the year 1854–55 we find the following statement: 'It is worthy of note that if 40 members subscribe for the abstract the expense of its publication would be covered.' We are happy to state to the Society there are at present 52 subscribers for the abstract, of these 38 are country and 14 town members.

We consider the appointment of corresponding members has worked well. From many we have received valuable communications. We would especially allude to the contributions of Dr. Babington of Londonderry, Dr. Halpin of Cavan and Dr. Thompson of Tyrone. We would advise the continuance of such appointments.

We also recommend to the consideration of the Society the propriety of appointing a committee to revise the rules some of which we believe might be amended.

In conclusion the Council refers with peculiar satisfaction to the unanimity and good feeling which has characterized the meetings of our body. One object seems to have actuated the members viz. a through anxiety to promote and carry out the [being?] of the Belfast Clinical and Pathological Society.

We cannot but attribute such results in great part to the dignified manner in which the duties of chairman have been ever conducted by our much esteemed President Dr. McGee."

ADDRESS DELIVERED BY Dr. M'GEE, PRESIDENT,  
At the close of the Session, 1st.[sic] May, 1857.

Paper:<sup>1</sup> GENTLEMEN,—In my inaugural address I brought under your notice some of the more important duties of the physician, and I have selected, as the subject of my present discourse, the progress of science during the present century, more especially of medical science, and its collateral or allied branches. Progress, which, like the river flood, ever rolling onward, ceases not to swell till it overflow and fertilize the thirsty, barren land it passes over—progress, than which, of all the laws stamped on the universe, we shall find none more deeply impressed.

Those who love to trace back the spring of all knowledge to ancient days, believe that it had its source in the East, and flowed thence, with a fertilizing current, westward: and true to the spirit of the *Laudator temporis acti*—they dwell on the glories of bygone days—lament how degenerate we have become: and pointing to the poets, painters, sculptors, orators, dramatists, historians, philosophers and physicians, of Egypt, Greece, and Rome, they ask, where in these days we can find an equal to the men of note who then flourished? It is true they were giants in their time, yet we also can boast of the celebrities of our days.

If, in this onward march everywhere observable, mental science has, as some assert, made less progress than physical science, it is chiefly owing to the more attractive character of the latter branch; still we cannot fail to observe the mutual dependence of all departments; for we shall find none that does not give to, and receive from, every other department, material aid, thus forming, when united, one firm chain, every link of which is of importance to their common bond of union.

It would be to take a very narrow view, if we clas-  
sed, for instance, natural philosophy and chemistry, as subjects merely of amusement, or relaxation from other studies. There are few of the later discoveries, in these departments, that cannot be shewn to be of primary

<sup>1</sup> [Dublin Hospital Gazette, 1857, v4, p198.]

importance in promoting the health or the worldly comfort of man.

How ennobling to the name of Davy has been his safety lamp? Of less brilliant pretensions, yet of much value to the artizan, is the simple but effectual means of preventing that fatal disease, “the dry grinders’ rot,” viz., the use of the magnet, which arrests the fine steel dust, formerly inhaled; in short, I may ask, what art or trade has not been benefitted by chemistry or natural philosophy?

In our own department, the anatomist is indebted to the microscope for his knowledge of the minute structure of tissues, healthy as well as diseased. Again, when some careless observer shall inquire how the discovery of the polarization of light, which he views as a mere amusing trifle, can possibly benefit man, to those who are in the habit of using the microscope, the value, indeed the necessity, in certain cases, is well known; but on a more important point, let us hear what Arago says. He has shewn that polarized light, which is contained in the moon’s rays, in the light from the clouds, and in all reflected light, carbonizes, while direct light oxygenates; hence the unhealthy effects of the light in the dwellings of the poor, situated in narrow alleys, reflected from opposite walls, as compared with direct light.

But not alone does the kind and amount of light enter materially into the sanitary condition of dwellings, but colour also must now be considered an important agent. (Dr. M’Gee here referred to an article in the Dublin Medical Press, shewing that rooms coloured yellow were productive of disease among the inmates, which disappeared on the white-washing of the walls; and he observed in confirmation of the theory, and as a proof that it was not a mere coincidence, the effect of yellow light in preparing for photography).

Again, where it is proved to us that the electric, galvanic, and magnetic fluids, and even highly concentrated steam, are identical, we must not consider such knowledge as unimportant. Scoresby, that ardent votary of science, made a voyage of 30,000 miles, out and home, for the sole purpose of testing his theory of magnetic deviation on shipboard, thus benefitting man as regards navigation; then in furtherance of physiology, we find Dr. Radcliffe asserting, as the result of actual experiment, that an electric current exists in a muscle of the body during rest, and ceases during contraction; that then, as also during cadaveric rigidity, the needle of the galvanometer stands at zero, and that it is by neutralizing the already existing natural electric current, that artificial electric currents produce contractions in a limb.

It would be to prolong this single question of magnetism or electricity to an infinite extent, if I entered on the various modes of generating those powers, or the laws that govern them; hereafter I perhaps will refer to some of their uses.

In natural history we find some lessons of importance; among the many that press on us, and injuriously effect our interests, I may remind you of the *Tænia*, and *Cysticercus Cellulosus*, and their transformations; and the student of skin diseases will have brought vividly before him the vegetable and animal parasites.

Yet, notwithstanding all the benefits she has conferred, science has been accused of fostering crime, by the facilities afforded for its perpetration; in her defence we can plead that science has deprived the criminal of all reasonable chance of escaping with impunity.

The electric telegraph enabled the officer of justice to arrest in his flight, and bring to punishment, the murderer Tawell. The microscope, by its revelations, gave the clue to the detection of the gold dust robbery, and enabled the observer to prove the forgeries of the *Uranium Manuscripts*; and if last, certainly not least among its triumphs, the microscope has shewn forth, in all their enormity, the food and drug adulterations. Photography has, with other discoveries, in some degree aided the forger in victimizing the unwary; but in return, as has been well observed, “it takes and multiplies the felon’s portrait, and so insures his capture.” Chemistry may aid, and may have aided the secret poisoner, in effecting, with some degree of certainty, his wicked designs: but it has done much to lessen his hope of escape; and the question of Hamlet, “How long will a man lie i’ th’ earth ere he rot?” would now receive a different reply from the philosophizing grave-digger, and it would not be merely, “I faith, if he be not rotten ere he die, he will last you some eight or nine year. A tanner will last you nine years; for his hide is so tanned with his trade, that he will keep out water a great while;” for we know now that some poisons serve, as it were, to embalm their victims, and so secure evidence for the conviction of the murderer.

If Marshall Hall had in no other way benefitted science, his application of the frog as a strychnometer, as well as a galvanometer, would immortalize him. He thus detected  $\frac{1}{2500}$  part of a grain of acetate of strychnia.

In considering what are the qualifications requisite for an accomplished physician, it is manifest he should be sufficiently well acquainted, not with languages alone, but with general science; a man not merely of one idea, or devoted entirely to medical pursuits, in the ordinary sense of the word; but a man of varied accomplishments and enlarged ideas. Currie of Liverpool was not less estimable as a physician, or Charles Bell as an anatomist and surgeon, because they travelled into the field of literature and general science; and our profession can boast of many such ornaments.

Medical science, like a goodly tree, spreading far and wide, and drawing life and strength from every quarter, despises not the aid and support afforded by the humblest plant, repaying by its shelter, when at maturity, the aid formerly lent to it. Closely connected,

as it is, with its allied branches, it would be difficult to draw the line of demarcation, and say that here or there the province of the physician ends, and that of the anatomist, or surgeon, or chemist begins.

Medicine, as a science, has had many difficulties to contend with, which have retarded its progress. Of these difficulties, the most obstructive, perhaps, has been the system of theorizing. It has been urged that there have been more false facts than false theories; perhaps people should rather say, "ingenious theories, that make the meat they feed on." Be that as it may, we cannot but feel that the theories of spasm, the Brunonian theory, the theory of inflammation, and many others, have been the drag on the wheel of science. These, and various other theories, which sank as rapidly as they rose, failed because they were applied each as a master-key to unlock every door. We have seen some sink, to rise again with greater brightness; and in reviewing the history of medicine, nothing can be more strange than that of the Humoral pathology; this for a time exploded and forgotten doctrine, has again appeared, and we have clearly displayed by the aid of chemistry and natural philosophy, through the microscope and chemical analysis, facts of which the Humoral pathologists, in days of yore, got but an indistinct glimpse. Many late discoveries confirm the truthfulness of the Humoral or Blood Pathology. I may here instance, as the result of medical research, amyloid, or starch degeneration, fatty degeneration, pyæmia, uræmia, Bright's and Addison's diseases, the intimate and almost necessary connection between certain diseases, or diseases of certain organs, as for instance, heart, brain, and kidneys; and the diagnosis between the idiopathic and symptomatic forms of some ailments, may be classed among the valuable labours of our physicians. I will merely name the now almost settled question of the non-identity of typhoid and typhus fever—a question all important, and leading to some important pathological results; simply observing that Professor Huss, of Stockholm, dissents from the opinions of Louis and Jenner.

In mental disease, though the moral and non-restraint system have done much, yet the labours of William Tuke, the quaker, and his cotemporary Pinel, leave much still to be effected.

Industrial pathology, in addition to the instances already quoted, has to acknowledge many other boons that she has received from the chemist; in illustration I have to refer to the proposition of Liebig, who would prevent lead colic by keeping the men engaged in lead manufactories charged, so to speak, with sulphurous acid.

Vital statistics and medicine mutually act and react on each other; and people are now, from witnessing the results of statistical returns, forced to admit that the influence of offensive and objectionable trades operates powerfully on health, and on the duration of

life; and that they are indebted to the physician for the evidence that famine and pestilence stand in the relation of cause and effect.

The statement put forth that many of our sufferings are self-inflicted—that much of the disease men labour under, especially of the class termed zymotic, a name of itself conveying much to our minds—that a large portion of the ailments that are daily and hourly shortening the brief span of our existence, is preventable, startles us; but does it lead us to adopt preventive measures?

Have the statements again and again trumpeted in our ears, that when disease visits the cottage of the poor, it seldom passes by without leaving a summons at the palace of the rich, made any change in our plodding policy? But if men are to be guided only by mere money considerations—by the argumentum ad crumenam—then, in following up the financial view of the subject, we may remind all such that preventable disease does much to fill our workhouses; and it might be worthy inquiry what cost the death of one head of a family entails on the poor-rate.

I will not detain you with the history of the sanitary reform movement, lately roused to a state of active progress by the efforts of some benevolent but bold men—men earnest in carrying out their honest views, bold in setting at nought public ridicule, and persevering in their efforts to induce others to join their ranks; but I must claim for my medical brethren of the army and navy, the merit of being the pioneers in leading what might then be considered a forlorn hope against existing evils.

I give due credit to Howard, who carried into active operation, in civil life, the suggestions given by the example of our military and naval surgeons.

The labours, in late days, of Southwood Smith, Chadwick, Arnott, Kay, and Gavin, are now matters of medical history; and the "Enquiry into the condition of the Dwellings of the Poor," and "Snow's Researches," are no mean additions to our medical literature.

I cannot, however, pass by in silence the important data as to the statistics and geography of disease, supplied by the reports and returns of our naval and military surgeons. By them we are instructed as to the influence of season, locality, temperature, latitude, age, and even diet, in the production of disease; thus following up the observations of Humboldt as to the effects of mere altitude in checking yellow fever. By these returns we find that while some diseases prevail only in certain zones and isothermal lines, others are ubiquitous. We moreover now know that human epidemics are coincident with, or follow close upon, if they are not governed by epidemics among the lower animals. Again we are reminded, in our sanitary measures, when warned by offensive smells, not to be satisfied with the removal of the odour, but to remove the cause also; and not to consider deodorizers and disinfectants identical. The

using a mere deodorizer has been quaintly compared to the “putting a clean shirt over a dirty skin.”

The physiologist, far from idle, has taken a first-class place in the race. We have had produced to us the nerve theories—not mere theories—of Charles Bell, and Marshall Hall, and Browne-Sequard, ardent and devoted labourers in the field of nature. Our present knowledge of the structure, and functions of the pancreas, spleen, liver, and perhaps of the supra-renal capsules also, is tolerably correct; and among the latest additions to our stock of knowledge is Richardson’s discovery of the cause, or supposed cause, of the coagulation of the blood.

Medicine has had vast and important additions made to its list of therapeutic agents; and I shall only contrast the mode of curing intermittent fever proposed by Mathew Henshaw in 1677—viz, the condensing or attenuating, as required, the air in a chamber, at the same time ventilating by the action of common organ bellows, with the use of quina. The merest tyro would deem me trifling if I mentioned cod-liver oil; but the most remarkable propositions we have had placed before us are, “the Ready Method” of Marshall Hall, for restoring suspended animation, and his tracheotomy in some forms of epilepsy.

Looking back to the state of chemistry at the beginning of the present century, and then considering what we have since had revealed to us, we find a state of things setting at defiance nearly all our preconceived opinions. We find the earths and alkalies of those days now proved to be metals. We see metals no longer distinguishable by ponderosity, or almost any of their former characteristics. We know that many of the bodies, then considered elementary, are not only compound, but have actually been resolved into what we, for the present, believe to be their primary elements. Can we be certain that the voltaic pile has revealed to us all the wonders of creation? Who will now venture to assert that other and more powerful agents will not be discovered, enabling future chemists to outrival Davy and his compeers? Can we be assured that even one of our gases, hydrogen, is not really a metal? There are some analogies that make the idea more than possible. We have seen, in our times, strange metamorphoses: We have seen common clay, or rather its alumina, converted into a metal, brilliant, sonorous to a high degree, ductile, malleable, not easily oxydizable by the atmosphere, and non-magnetic. It was originally obtained from cryolite, a Greenland mineral, but its present price is not much above the price of silver, while its specific gravity is much less. Sanguine chemists express a belief that aluminium will be produced from clay, at a price as low as that of iron. Should this belief prove well-founded, what a revolution may be thereby produced, especially in ship building, aluminium being non-magnetic. Chemistry has taught us, not only how to separate or divide compound bodies into their prim-

ary elements, but also to combine and form, or reform, some substances from their elements; and here it is that the atomic theory of Dalton has done good service. Oil of mustard and taurine have been thus produced; and Daubeny, last year, announced the formation of several species of alcohol from coal gas, and the manufacture from guano of a beautiful crimson, rivalling cochineal; but you are aware that alloxan, with its rose-colour, ranging up even to deep crimson, and murexid, both obtained from guano, are products derived from uric acid, one of its constituents.

In science, names have not always been correct definitions of things. We now find chemistry rendering one name appropriate, inasmuch as photographs are now, or may now be light writings, instead of necessarily being sun pictures; they may now be produced by powerful artificial light, as that from sulphur burned in oxygen, or from phosphorus.

Chemistry has given material aid to the physician in his inquiries; has enabled him to verify Bright’s discoveries, and to demonstrate, not only the existence of glucosuria in gravid, and in 50 per cent. of all nursing women, but to prove moreover, that glucosuria, being in the direct ratio of milk secretion, in the lower animals as well as in the human species, would serve as a good test of the value of a nurse.

In the industrial arts, chemistry has led to the adoption of many new and economical processes; while in the cure of disease our treatment has become more and more precise and effective, since the separation and purifying of the vegetable alkaloids.

Improved articles of food for our hard-worked soldier and sailor—such as preserved fresh meats and fish, and compressed vegetables, condensed eggs, &c., &c.—are amongst the boons given us by chemistry.

If, during the present century, the advancement of medical science has increased the average duration of human life—and the truth of the statement cannot be denied—we may equally claim for surgery the merit of having borne a fair share in the good work. In endeavouring to select subjects in illustration, one feels embarrassed by the superabundance, rather than by the lack of material.

Hæmorrhage, once the surgeon’s dread, has now lost its terrors; and when we but think of the painful means formerly in use, we are surprised that the modern improved treatment was not sooner adopted. The ligature of arteries, in amputations and other surgical wounds, naturally led to its use in aneurisms—in popliteal, and afterwards, as we became more assured, in other aneurisms. The first attempts to tie the common carotid, the subclavian, the external and internal iliacs, may be remembered by some present, and the endeavour to prolong life by tying the abdominal aorta, in Dr. Monteiro’s case, the patient dying on the tenth day of secondary hæmorrhage, should be in the recollection of the youngest of you. The first attempt to ligature the

internal iliac was made in Jamaica, that of the abdominal aorta in Rio Janeiro—both within the tropics!!

Not satisfied with the triumphs he has obtained, the surgeon seeks further victories over disease and death, by the application of the ligature to the distal side of the tumor, when there may not be space on the proximal or heart side. Beyond this a further advance has been made, in the treatment of aneurism by pressure—an improvement originating in our own island. Conservative surgery, however, has more brilliant trophies to boast of: witness the resection of joints—of the elbow, shoulder, knee, and hip joints. Under conservative surgery may be classed plastic surgery, now so general. Adopted in Egypt and India in the fifteenth, and by Taliacotius in the sixteenth century, it was brought into notice in England by Lucas in 1803, and in 1814 by Carpue, whose success gave it a firm basis. Urethroplasty, first practised by Earle and Sir A. Cooper; and staphyloraphe, by Roux, in the case of my college friend, Professor Stevenson, of Montreal, were added to the triumphs of surgery. A good surgeon is no longer a man who is merely a good cutter; the desideratum being how much may be saved, not how much may be removed. I by no means object to legitimate operative surgery, and do not recommend for your adoption the course which Haller pursued, as he himself tells us in his biographical account, in his *Bibliotheca Chirurgica*. Eminent as he was as a dissector and consulting surgeon, and for seventeen years professor of surgery, he never ventured to operate on the living body—“*nervus ne nocerem veritus.*”

When I merely name lithotrity, tenotomy in cases of contracted joints, as well as in talipes, Symes, perineal section, and the reduction of dislocations by manipulatory movements, so long urged on the student by John Barclay of Edinburgh, what a field is opened to our view. War, in itself a monstrous, though at times perhaps a necessary evil, has enabled the navy and army surgeon to contribute much to our stock of surgical knowledge, and the opportunity so afforded has been turned to good account by the establishment of chairs of military surgery in London and Dublin—a boon conferred on the metropolis of Scotland soon after the battle of Camperdown, at the instance of John Bell. In its advance, surgery has been greatly assisted by the chemical and physiological reasoning of Simpson and others; for it may fairly be questioned if, without the aid of ether, or chloroform, or amylen, operative surgery would have made such progress. These and other anæsthetics, as cold, aconite, and belladonna, by lessening the nervous shock, have greatly diminished the mortality after capital operations.

You all know that the road to the Temple of Knowledge is rugged and beset with difficulties—that the path is steep and toilsome; but though it be so, each step upward fully repays the fatigue; and the higher you ascend, you are the more raised above the clouds of

prejudice, and obtain such views of the promised land of science as are forbidden to the low grovellers on the earth. Knowing, then, that such is the route to the promised land, how grateful should the student of these times be for the facilities afforded him by the labours of those who have preceded him. He has now to guide him onward the experience of many who were obliged, as it were without a pilot, to grope their way in doubt and uncertainty.

We have, in the works of our predecessors, an amount of medical and surgical knowledge which the most lengthened life and extended practice could not of itself supply. On every subject in medicine, surgery, and their allied branches, we have special treatises or monographs, giving us the accumulated experience of all former authors; thus affording abundant sources from whence the student may drink deeply.

Rapid as has been the march of improvement in every walk of medical science, there yet remains much to be done, leaving ample ground for profitable labour. If we may judge of the future by the past, a large field is open to the student anxious for a knowledge of the truth. Will the physiologist tell us why the mere malposition of certain secreting glands should prevent the efficient performance of their normal duties? Why cryptorchidii, men as well as the lower animals, should be incapable of fecundating?—why no spermatozoa are discoverable by the microscope in their seminal fluid? Will the chemist pronounce for us whether the presence or absence of ozone in the atmosphere be the cause or the effect of certain epidemic diseases?—or can he declare whether this ozone be a distinct appreciable substance, or merely an allotropic condition of oxygen? Or will the chemist aid us in preventing the disease of the jaw-bones caused by the phosphoric acid in the manufacture of lucifer matches?

Never consider any discovery unimportant, however trifling it may seem to be. Let each new fact serve as the means of further advance. It may be, that though in appearance trifling, it will prove to be the one link wanting to complete the chain of evidence by which some important theorem shall be superseded. For instance, after Serostus had, in 1553, announced the pulmonary circulation, Cæsalpinus the swelling of the veins below the bandages in bleeding, and Fabricius, in 1574, the valves of the veins, our immortal Harvey, connecting these links with his own discoveries, at length, in 1628, gave to the world his account of the circulation of the blood.

Harvey proceeded on the principle that every effect must have a cause, cause and effect being in indispensable union; that there could be no such thing as chance or accident; and that it was the duty of every philosopher or lover of wisdom to search out carefully the rationale of every result. Thus acting, Leverrier and Adams foretold, not only that a disturbing cause acted on certain planets, but they pointed to the very spot in

the boundless firmament where that element of disturbance should be found; and accordingly the telescope verified their inductions by the discovery of the planet Neptune. They were led to their convictions by reasoning on irregularities they had observed in the motions of Saturn and the Georgium Sidus.

In your pursuit of knowledge let not any unworthy motive sway you, but love knowledge for her own sake. That strange old author, Bernard, says—“Qui scire volunt, eo fine tantum ut sciant, turpis curiositas est: qui scire volunt, ut sciantur, turpis vanitas est; qui scire volunt, ut scientiam suam vendant, pro honore præmio, &c., turpio quæstus est; qui scire volunt, ut œdificent, charitas est; qui scire volunt, ut œdificentur, prudentia est.”

In conclusion, permit me, gentlemen, to thank you for the kind and able support you have on all occasions afforded me. To you I am indebted for my duties having been so easily performed. I have further to congratulate you on the increasing prosperity of the Belfast Clinico-Pathological Society; on the position it has obtained, and the high character it deservedly enjoys.

To say that the session now brought to a close has been prosperous to the Society and profitable to its members would but faintly express what I believe you all feel. The discussions have been truly practical, and that man must have been dull indeed who did not derive benefit from them. For myself I have to admit that week after week I found instruction in all that I saw and heard—a further proof of the adage, that it is never too late to learn. With an increasing list of members—those members fully impressed with the advantages of our weekly conferences—your prospects are most promising; and I have no doubt that your progress will be continuous. *Esto perpetua!*

432 Case Report

**Contributed by** Thomas H. Babington, Londonderry  
**Short Heading for the Case** Erysipelas following Operation.

The Reporter is requested to note as many of the following points in his record of the case as possible, viz.—“If from any author, the particular volume and page; if original, the place and date. In any case, the age, history, management, impressions regarding same at different periods, the termination, and p.m. examination, if any.”

For the description of Cases desired, see Law XII.

Communications for the “Note and Query Book,” may also be inserted on this paper. These may comprise notices of any Medical Discovery, Invention, or Novelty in practice and Solutions of doubtful but interesting points, requiring for their decision, access to rare authorities, a knowledge of medical statistics, or a new series of experiments.

### Record of the Case

#### No 1.

On last Wednesday I forwarded to Secretary section of tumour removed from the thigh of a young man in Co. Londonderry Infirmary.

The operation was performed on Saturday 4<sup>th</sup> April. On Monday the wound had all the appearance of healing by the first intention.

On Tuesday 5<sup>th</sup> April an erysipelas redness was observed along the outside of the thigh above the wound. There had been no rigor or constitutional disturbance.

6<sup>th</sup> April redness of skin much [?] with [?] a [?] limb exceeding [?] the limb as far up as the groin. Headache and quick pulse. Warm fomentations applied. Wine and beef tea and quinine administered.

7. Redness and swelling of thigh same as yesterday discharge from wound. The sutures were removed.

8<sup>th</sup>. The swelling in thigh has not increased, redness rather declining but the leg from the knee towards the ankle is red and inflamed.

9 and 10 and 11. Making free discharge from wound

12. Erysipelas declining all over limb, free discharge from wound.

14<sup>th</sup>. Convalescent as far as the erysipelas is concerned.

The case was treated throughout with Back [?] meal and stimulants.

#### No 2.

R. Kelly received a compound and comminuted fracture of forearm in a threshing mill on 9<sup>th</sup> April. It was necessary to amputate close to elbow joint on Monday 13<sup>th</sup>. Erysipelas appeared in the stump and has spread to the head of the humerus.

15. The redness has somewhat declined, the stump is discharging freely and as there is very little constitutional disturbance I hope in a favourable result. Poultices are applied to stump of arms. Back and [wine?] as [?].

These are two cases of traumatic erysipelas in two weeks following a fatal case of idiopathic erysipelas of the head face neck and thorax which terminated on the 3<sup>rd</sup> March. The patient No 1 had been in same ward with the fatal case. I'd moved him to a ward at opposite end of the hospital. Here he was attacked with erysipelas after the operation.

No 2 was admitted into the accident ward a ward opposite to that which the idiopathic case of erysipelas terminated fatally.

I dreaded operating for the removal of the tumour fearing the occurrence of an attack of erysipelas when the poison had once got into the hospital but the patient insisted on having the tumour removed as he had come from a distant part of the county for the purpose.

In the second case from the nature of the injuries sustained I had no alternative but at once amputated the limb.

These cases are some proof as the poison of erysipelas remaining in and floating through the atmosphere of a hospital and may prove interesting to the Society.

I am getting the wards of the hospital purified and whitewashed and shall abstain from operations as far as practicable for some time.

T. H. B.

431 To H. Murney

13, Pump Street  
Londonderry  
5 May 1857

My dear Sir

I am very much obliged in your kind note received this day. I feel grateful to my fellow members of the Belfast Clinical and Pathological Society for the honor they have conferred on me by electing me one of the Vice Presidents for 1857–1858.

At so late a period of the session I did not expect that the erysipelas cases would be noticed. Indeed they were scarce worth recording beyond the fact that traumatic erysipelas had so speedily followed a case of idiopathic and an additional proof how the disease lingers round the wards of a hospital.

I am happy to say I had had no more of it. I white-washed and purified with chloride of zinc and chloride of lime, and although I had 3 cases of operations last week I had no symptoms of erysipelas supervening.

I sent up the foot although at the 11<sup>th</sup> hour [as] I thought you would like to have it.

I trust next session if we are all spared to be able to send up an occasional pathological specimen and I trust you will always find me ready to assist the Society in any way in my power.

With every good wish for the prosperity of the Society and of its members individually and collectively.

I am my dear Sir  
faithfully yours  
Thomas H. Babington

433 Case Report

**Contributed by:** Henry Thompson M.D.

**Short Heading for the Case:** Two examples of the efficacy of arteriotomy in inflammation of the eye<sup>1</sup>

The Reporter is requested to note as many of the following points in his record of the case as possible, viz.—“If from any author, the particular volume and page; if original, the place and date. In any case, the

age, history, management, impressions regarding same at different periods, the termination, and p.m. examination, if any.”

For the description of Cases desired, see Law XII.

Communications for the “Note and Query Book,” may also be inserted on this paper. These may comprise notices of any Medical Discovery, Invention, or Novelty in practice and Solutions of doubtful but interesting points, requiring for their decision, access to rare authorities, a knowledge of medical statistics, or a new series of experiments.

### Record of the Case

Patrick Keon æt 60. A healthy old man admitted into the Tyrone Infirmary on the 16<sup>th</sup> March 1857 labouring under hard cataracts from which he had been quite blind for the last year. On the nineteenth I performed the operation for extraction on the right eye, and all went on very well until the tenth day, the incision healing slowly but with a moderate degree of inflammation and the return of vision satisfactory, the only drawback being an oval instead of a circular pupil in consequence of the iris having been entangled by a thread of hyaloid membrane which escaped at the time of the operation. On the tenth day however he gave the eye a violent blow with his thumb by accident and was immediately seized with all the symptoms of acute inflammation of the organ, the pain being constant and intense and the conjunctiva chemosed. When I saw him about 6 hours after the injury, I immediately opened the temporal artery and took away about ʒvi of blood with complete relief to the pain. Calomel and opium was then administered until salivation. Exclude light, rag wet with cold water applied at the eye and had leeches applied from time to time to the conjunctival margin of lower lid. These measures were successful in reducing the inflammation and he had no pain or uneasiness after the bleeding to which he attributed all the relief he obtained. He has just left the hospital able to read large letters, the pupil retaining its new shape but showing no disposition to contract.

### 2<sup>nd</sup> case.

Patrick Campbell æt 20 admitted April 3<sup>rd</sup> 1857. Three weeks before had received a blow from a branch of a thorn hedge in the left eye. A thorn had inflicted a scratch on the cornea. The entire pupil which was dilated to its fullest extent was occupied by a white lens which was also projected forwards so as to be in contact with the back of the cornea. There was scarcely any iris to be seen and what was seemed stretched over the protruding lens. There was general vascularity of the conjunctiva with some chemosis and swelling of the lids. He was suffering sharp pain in the head and eye that he could not walk without stag-

<sup>1</sup> [Presented to the Society on 14 November 1857. See page 700.]

gering. Vision totally extinct. I at once took ʒviiij of blood from temporal artery which completely relieved the pain in his head. That in his eye continued but he scarcely minded it, the other had been so severe. Next morning I passed an iris knife, a sixth of an inch broad, through the lower margin of cornea into the opaque lens which flowed out along the knife in the form of a milky fluid with some white shreds through it. The eye was closed for two days a wet rag being applied and some purgation medium administered. From half an hour after the operation he had no pain and on opening the eye on the third day the pupil was found clear and circular, the iris had resumed its position and being about half dilated and a clot of blood could be seen occupying the posterior chamber. A couple of leaches to the conjunctival margin of lower lid every two or three days and cold water constituted the treatment salivation having been induced before his admission. He was allowed to get up and go about with a shade over eyes. Absorption of the clot has gradually taken place and there is now a clear space through the centre of it with a light cobweb of capsule on each side admitting light by which he can distinguish dark objects such as fingers held up before him. The vision improving slowly but perceptively from day to day.

I think the most remarkable point in each case is the relief obtained from the arteriotomy.

Henry Thompson M.D.  
Surgeon to the Tyrone Infirmary

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Omagh  
May 16<sup>th</sup> 1857

Sir

I would be glad you would send my Eye cases to the Editor of the Dublin Hospital Gazette to be published as soon as convenient. I will have something else for the re-opening of your session at Belfast.

Dear Sir  
Yours truly  
H. Thompson

434 *Tally of votes for President, Vice-presidents and Council held on 30 April 1856 [sic]*

Belfast Clinical and Pathological Society  
Fifth Session: 1857–1858  
President James Moore

BELFAST  
CLINICAL AND PATHOLOGICAL SOCIETY

FIFTH SESSION

1857–1858.

435 To H. M. Johnston

Mountview Terrace  
September 15<sup>th</sup> [1857]

Sir

On receipt of a note which I received from you last month respecting the sale of Thibert's models in the Museum of your Society I applied to a member of your Council, requesting him to arrange with that body for the purchase of them, on whatever terms were considered just. This he promised to do for me.

However from the length of time which has elapsed since, I conclude the matter has been forgotten by him. This must explain my apparent rudeness in not answering your note. I now write to say that I leave the disposal of the casts in the hands of the Society and requesting you will let me hear the result as soon as you can.

Believe me Yours sincerely  
M. G. Malcolm

**Council** Members of Council for the session 1857–58.

President.	Dr. James Moore.
Vice-Presidents.	Mr. Browne, Dr. Seaton Reid and
Resident	Dr. Murney.
Vice-Presidents.	Dr. Babington, Londonderry.
Non-Resident	Dr. Graves, Cookstown.
Treasurer.	Dr. Halliday.
Secretaries.	Dr. Drennan and Dr. Cuming.
Council.	Mr. Lamont, Mr. Wales, Dr. Dill, Mr. John Smyth, Dr. Corry, and Mr. Mulholland

**Council** October 17<sup>th</sup> 1857. Meeting of Council and Revision Committee.

The President in the chair. Present Drs. McGee, Drennan, Patterson, Dill, Murney, Wales & Cuming. Messrs. C. Mulholland & John Smyth. Mr. H. M. Johnston.

Proposed by Dr. McGee, seconded by Dr. Patterson and resolved that the mode of announcement of opening be the same as last year.

Proposed by Dr. Murney and seconded by Dr. Cuming; that the wages of John McCann be fixed henceforwards at 5/ per week during the entire year. He engaging to devote his energies as heretofore to the interests of the Society.

The consideration of Mrs. Malcolm's letter and the revision of laws postponed till next meeting and that

members to be notified. The propriety of inviting the Committee of the Hospital to be considered.

**Council** October 24<sup>th</sup> 1857.

President in the chair. Present Mr. Johnston, Drs. Murney, Patterson, Dill, Mr. Wales, Mr. Mulholland, Dr. Cuming.

Moved by Dr. Dill, seconded by Dr. Murney, that Mr. Wales be added to the Microscopical Committee.

Moved by Mr. Johnston and seconded by Dr. Patterson, that a committee be appointed, consisting of Drs. Ferguson, Murney, Wales, Moore, and Dill, to arrange definitively with Mrs. Malcolm with respect to models and pathological specimens.

Moved by Dr. Murney, seconded by Dr. Cuming, that certificates for students be printed and given to those who have attended meetings regularly during the session.

Circular prepared.

**Council** Tuesday October 27<sup>th</sup>.

Dr. Murney in the chair. Present Messrs. Wales & Mulholland & Dr. Cuming.

Dr. Murney handed in report on Corresponding Members.

Mr. Wales reported that the value of the models and pathological specimens fixed by the sub-committee was

84 models of cutaneous disease 2/6 each 10-10-0  
40 pathological specimens 2/ each 4-0-0.

The opening meeting of the fifth session was held on Saturday, 31st October, 1857, in the Museum at the Belfast General Hospital.

The following members were present:—Dr. Thomas Reade, Dr. Ferguson, Professor of the Practice of Medicine, Queen's College; Dr. R. Stewart, Resident Physician, Belfast Hospital for the Insane; Dr. Drennan, Dr. M'Mechan, Whitehouse; Dr. J. Moore, Tyrone Militia; Dr. Dickie, Professor of Natural History, Queen's College; Dr. Seaton Reid, Professor of Materia Medica, Queen's College; Dr. Patterson, Surgeon Browne, R.N.; Dr. Corry, Dr. Mulholland, Dr. Johnston, Dr. Cuming, Dr. Murney, Dr. Bryce, Dr. Smyth; Dr. Heeney, Dr. Thompson, Dr. Wales, Surgeon Lamont, Dr. Dill, Dr. M'Cleery, Dr. Halliday, Surgeon M'Clements, &c., &c., in addition to a number of the medical students.

Surgeon JAMES MOORE, M.D. President of the Society, delivered the annual address, as follows:—

GENTLEMEN,—On this day, opening the fifth session of our society, I have the pleasing duty of returning the members my thanks for the honour they have conferred upon me in electing me as their president for the ensuing session.

Since we last met, death has been busy among our ranks. Three of our members have been removed from us—Doctor Horatia Stewart, Doctor Robert Gordon, of Castledawson, and Doctor Magowan, of Carrickfergus. Doctor Horatio Stewart, the worthy son of a worthy father, was known to you all, as Professor of *Materia Medica* in the Queen's College, and as a Surgeon connected with our Hospital; and may be best recommended to you by your recollection of the cases dilated on by him before your society. In personal character he was mild, open-hearted, generous, and honest—what occasion to say more; yet of his professional skill and abilities, had his life been prolonged, much more must needs have been said. Also of us was Doctor Robert H. Gordon. His nature was to inspire affection, his disposition to retain it; human kindliness, a simplicity of heart, were the salient points of his character; you were attracted to him by the heart; the intellect, in all its varied and delightful power, was in him subordinated, uniformly, to the law of kindness. We have also to regret Doctor John Magowan, who was held in high esteem by all the members of our profession who knew him. He, also, was kind, affectionate, open-hearted, generous; and benevolent humanity marked every action of his well-spent life.

To proceed with the more immediate business of the day, I need hardly recapitulate the advantages of a society like the present, especially in the all important matter of verifying the results of diagnosis in the often obscure and apparently contradictory indications of disease. Nor is it less important, by manifestations of diseased structure, to satisfy the mind of the practitioner in cases wherein the diagnosis and prognosis agree with the conjectural result. The mutual benefit to be derived from the free and candid interchange of professional opinion, and the new and unexpected lights thereby thrown upon the several cases brought under your notice, deserve also to be mentioned as illustrations of the value and importance of societies such as that which I now have the honour to address. Nor must it be altogether forgotten that, in addition to the special objects of our assembling, there is afforded by our regular meetings an opportunity of social communion and personal intercourse, naturally gratifying to the members of a learned and liberal profession.

That the benefits which might have been expected from such a society have been appreciated may be understood by referring to our list in the fifth year of its existence, embracing, as it does, the greater portion of the leading members of our profession throughout Ulster. Nor is it easy to estimate the effect on the progress of the healing art that may reasonably be expected to accrue, for the benefit of the world, during a long series of years devoted in the future to the objects of this society, with the earnestness and

intelligence that have hitherto distinguished its members.

The great value of our society consists in its exhibitions, in connexion with specific cases, of the whole, or portions of the parts affected, so that any one present is in a position to see, as well as to judge for himself. Our meetings, therefore, are greatly in the nature of demonstrations; our preconceived speculations are compared or contrasted with morbid tissues; we are invited, by the constitution of our society, to enforce what we are able to say, by what we are able to show. Our theories of disease are put in comparison with the workings of disease itself; and from the frequent contemplation of cause and result, we are led, by analogy, to the confident expectation of future remedies in more favourable cases.

In many cases, however, we are unable to preserve for exhibition the morbid tissues; putrefaction, decolorization, render them no longer fit to lay before you; in such instances we have recourse to the assistance of Art.

Art, considered with regard to anatomical and pathological illustration, is either plastic or graphic. Of the former, casts in plaster of Paris, and models in wax, are the principal. The former is sufficient for the purpose of exhibiting mere outlines of form or dimension, as in tumours; many forms of extraordinary excrescences, as I may call them, are thus perpetrated for our information by casts in plaster. But the model in wax, from the pliability of the material, and its capacity for readily taking colour, is of infinitely more value in the demonstration of morbid structure, as it is also in strictly anatomical delineation. The parts exhibited in relief thus appear as in nature, of the dimensions, and with the colouring of nature, or, of diseased alteration, conveying an idea more vivid than can be reasonably expected from any merely graphic portraiture of the parts affected.

To illustrate this, I need only refer you, for example, to a model in wax of the parts involved in the operation for lithotomy, as compared with an engraving on copper, or lithographs of the same. It is, indeed, evident, that no skill on the part of the artist, in the management of light and shade, could produce so clear and satisfactory a delineation, in the drawing as in the model. Other examples, where great inequalities of surface occur in the human subject, both in health and disease, will readily suggest themselves to you, so that it is unnecessary to dwell more particularly upon them.

The graphic art of engraving, applied to anatomical purposes, dates from a very early period, and its progress has kept pace with the progressive advance of the science, whose illustrator and interpreter it is. In its earlier stage, rude and clumsily-executed woodcuts can scarcely be said to have illustrated the letterpress descriptions of our older anatomical writers.

As an example of illustrations of this rude and imperfect class, I may refer you to the works of the celebrated Surgeon Ambrose Paré, printed a little more than two centuries since. The wood-cuts illustrating this writer are small, rude, and ineffective. A curiously illustrated work, the “*Armamentarium Chirurgicum*,” of Scultetus, 1633, is enriched with wood-cuts of all the instruments and appliances then known to surgery. These, although they will bear no comparison with the best style of illustrative wood-cutting of our day, are curious and useful, especially as exhibiting to our view instruments supposed to have been the invention of celebrated surgeons of a very late date. I only mention this as one of many cases in which in all departments of science and of mechanical skill, wherein we find that many of our inventions and discoveries merely reproduce the ideas of our ancestors.

We shall here observe that while the art of wood-cutting as applied in illustration of surgical and pathological science has kept pace with the advance of their subjects, we find the higher branch of art, that of line engraving, or engraving upon copper with the tool, has not advanced by any means in a like proportion. In proof of this somewhat bold assertion I shall merely take the liberty of referring you to the plates illustrative of the collected edition of the works of Haller, published exactly one century since. These splendid line engravings require nothing but greater size to render them among the first of their class; clearness of outline, with careful discrimination of structure, a fulness and conscientiousness of delineation of nerve, muscle, bone, artery, and ligament painfully indicated, line by line, yet without harshness, coldness, or mere etching; in short, all the merits that an anatomical illustration should have, with just so much artistic character in the plate as can be given, without confusing the subject, from the high, but, by no means, undeserved honour which I think it proper to pay to this honest and careful work of one of our earliest and greatest anatomists.

These remarks, which are not made with a view of deprecating other and later illustrated anatomical works, may be excused for this reason—that, while they give honour where honour is due, they may faintly indicate to the members of the society, the ideas that arise in my own mind, as to the nature of the merits of works so important to the student of anatomy and pathology. Of the requirements of such illustration, fidelity to nature is, of necessity, the very first; and, doubtless, all that the engraver’s art can do, may be best accomplished in line by a superior artist; the mechanical operation of the engraving tool is a following out, fibre by fibre, as it were, of the structure intended to be portrayed.

Next to the plates of Haller, in order of time, and by no means inferior to them in merit, are those of

the celebrated Scarpa (1794) distinguished also by faithful delineation and force in the engravings.

I might enumerate a vast number of anatomical works, in which the contrast to the plates of Haller and Scarpa is painfully evident, arising from carelessness in the drawing, or confusion, feebleness, or haste in the engraving; but this unpleasing task can best be performed by those whose inclinations and opportunities lead them to large libraries. I may observe that, by far the greater number of failures in illustrating anatomical descriptions, with effect, arises from the sketchy and feeble character of the plates, and the same objection applies to surgical illustrations in some cases, wherein, from a certain indistinctness and confusion, added to the very small size of the illustrations, a puzzling effect is produced; and the letterpress description, instead of being illustrated thereby, is apt to be rendered even less intelligible.

On the other hand, we must not forget the great expense incurred in illustrated works, especially those illustrated by line engravings, which must ever tend to limit the employment of this high branch of art, in delineations of anatomical and pathological subjects.

Before we quit the consideration of engraving in line, I think it necessary to direct your attention to the great work of Dr. William Hunter on the gravid uterus. Two of the plates—namely, plates 4 and 6, were engraved for this noble work by Sir Robert Strange, the pride of the English school of line engravers, and the unsurpassed ornament of his art. The connoisseur in art will be struck with admiration in contemplating these magnificent plates, while the anatomist and obstetrician will be delighted and instructed. It is not surprising, indeed, that the author of this work should have declared in the preface that his artist co-labourer had, by these plates, “conferred immortality upon the subject.” How great must be the skill displayed by the engraver, you can imagine, if, upon inspection and careful consideration, you should come to the conclusion, as I did, that no colouring, however artistic, could give more reality, force, and natural character to the subject than the simple lines of the graver. I refer more especially to plate 6, which yields to none of the much coveted and universally admired works of this great master; and with this, the finest anatomical delineation in line engraving known to this, or, perhaps any other country, I quit the highest branch of the engraver’s art.

Before doing so, however, I may be allowed briefly to refer to the works of an eminent surgeon, whose assistant at Edinburgh I was—Sir Charles Bell. His anatomy of expression, in connexion with the fine arts—illustrated by his own hand, exhibits a high degree of skill, considered in a merely artistic point of view; while his operative surgery and work on the nerves, show the same artistic skill, dexterously applied to the more immediate service of his profession.

Many of my hearers must recollect the large and admirable drawings—remarkable for the delicacy of colour and force of effect—with which he was accustomed to illustrate his surgical lectures.

The lithographic art, from its softness, easiness of execution, susceptibility of exact colouring after nature, and last, though not least, its comparative economy of cost, is largely employed, of late years, in the illustration of anatomical and pathological subject. To it pathology especially is much indebted. By it one morbid preparation is multiplied and diffused, as it were, among many, so that the fleeting and changeable colours and external structure of rare disease can be preserved for recognition at distant periods, and the experience of one pathologist diffused among many more.

The plates of Cruvellier may be referred to as good examples of this important department of art; and we may here observe, that, in lithography, the French may claim the merit of combining, in an eminent degree, nicety and clearness of delineation, with natural effects of colour. The defect of lithography, when not carefully guarded against, is a softness, having a tendency to degenerate into obscurity. This is more observable in details and small objects, which may be better expressed, in many cases, by a clear and precisely executed wood-cut.

In justice to our own country, however, while we admit the merit of the French, we must not fail to recognise the excellence of a work designed, drawn, engraved, and edited by Dr. Quain and Dr. Joseph Maclise. The drawings, equally correct and spirited, by the latter (whose name is associated with the highest branch of art), show the great advantage of delineations from the hand of a surgeon and anatomist, who is also an artist. There is a spirit and character imparted to drawings by a hand equally skilled in the use of the scalpel and in pencil which it is impossible for the best artist, who merely mechanically follows out the details of the subject before him, to attain. We may, therefore, point, without vanity, to the anatomy of Drs. Quain and Maclise as a work of which any nation may be justly proud; and we, especially, of this part of the empire, who have the pleasure to know that both these gentlemen are our distinguished countrymen.

The observation, that what is subjected to our eyes conveys ideas to the mind quicker and clearer than descriptions, which are addressed to the ear, is as old as Horace, or, probably, as old as literature itself:—

Segnius irritant animos demissa per aures,  
Quamquæ sunt oculis subjecta fidelibus.

We need not be surprised, therefore, to find that pathology, anatomy, and surgery, are largely indebted for their better illustration to the wood-cutter's important art. The advantage is, being able to print the

illustrations with the letterpress, and thus have the woodcut and description side by side, may be appreciated best by the laborious student, for whose use in various excellent hand-books and elementary works, these illustrations are abundantly, yet not quite enough, provided. These works it would be too tedious to enumerate, and invidious, partially to select from; the merit of the wood-cuts is, of course, extremely various. Indeed, it may be observed of this useful and popular style of engraving, that it is capable, in skilful hands, of exceeding power, clearness, and force, and is equally liable, by carelessness, inaccuracy, or unskillful cutting, to render the text which it ought to illustrate less intelligible than it would have been without it.

Of the photographic art, from which the most important element of fidelity may most reasonably be expected, we have to lament, as yet, that the delineations produced by its aid are defective in permanence and durability—not much less to be desired than fidelity to nature itself.

It must be obvious to this society, that in applying art to pathological purposes, the readiest vehicle is the best. The readiest vehicle is, without any question, water colour. Without the depth, richness, and fulness of oil, which is requisite in the embodiment of conceptions of high art, the water colour has in skilful hands, a transparency and clearness which render it highly useful as an educational agent of pathological instruction. Any gentleman present who has had the advantage of looking over a portfolio of the water-colour drawings of diseases of the skin, for example, by Connolly, of Dublin, will at once recognise the fidelity to nature, and the value to the profession of such drawings.

It is much to be desired that our students—such of them, at least, as possess a taste for colour—could be induced to turn their attention to pathological water-colour drawing. To copy accurately the outward aspect of the morbid appearance set before them, without exaggerating the colour, on the one hand, or losing the true effect by feeble touchings, false tints, a striving after effects neither required nor permitted by the subject, on the other—this is the only requisite in drawings of this nature. Nor is it always or altogether easy, and is to be attained alone by a conscientious determination to produce no drawing that does not faithfully represent, and can be distinctly recognised, as representing what it professes to imitate from nature. Another accomplishment will, by the practice of this art, be added by the student to the many that are required by the truly learned physician, and his labour in art may be rendered creditable to himself, and interesting to his professional brethren, and, above all, useful to society.

I should, perhaps, apologise for having detained the society so long by this detail of the rise and pro-

gress of the graphic arts, in connexion with pathology, anatomy, and surgery; and I must admit that my review is not only imperfect, but, I fear, may be considered tedious. Yet I can conscientiously state to the society that, if I had entered into all the details which the importance of the subject deserves, I should have been compelled to make further demands upon the patience which they have so generously extended to me on this occasion.

I must find an apology for the manner in which I have treated this subject: in the importance of the subject itself; it would be impertinent to dwell further upon the importance of art, in connection with the medical sciences. We may also plainly see that medical art, as I may call it, is greatly extending itself, and becoming popular, which it would not do, if its value and importance had not begun to be generally appreciated by the profession. I may also plead that I was induced to direct your attention to the subject of art in connection with the profession, partly because my own tastes, habits, and opportunities have led me a good deal into the practice and observation of it—and, partly, because I do not remember to have seen this subject treated of before in an inaugural address. I must do myself the justice to say, however, that I should not have taken up the subject because it is new, if I had not been convinced at the same time, that it is eminently useful.

Art speaks a universal language. It reproduces the forms of disease, whose colours, texture, and, if we may say so, characters have faded away; it multiplies transcripts of morbid appearances, each of which is a copy of the other, and of the original; it thus extends beyond a narrow circle or a short period of time the results of our separate experiences, and combines them for the benefit of the whole profession. And here, I may be permitted to observe that the benefit of art, as applied to the medical sciences, will be still further extended when we boast of greater numbers of the profession, who, with natural taste for the arts, improved by practice, shall devote their talents to the pictorial illustration of disease. There is a constant and unavoidable loss of effect in every transfer from the drawing to the engraving, which would be avoided if such of our students as may manifest a talent for drawing, would extend their labours, like Sir Charles Bell and Dr. Joseph Maclise, to the acquisition of the engraver's art, in connexion with professional subjects.

While I am fully aware of the necessity of art in connexion with our profession, I must not be understood to exaggerate its importance. Till we make every proper and legitimate use of these our pathological, anatomical, or surgical studies from nature, we must never cease to refer, upon every practical occasion, to the indications exhibited to us by nature herself.

We must continue industriously, perseveringly, to exhibit our morbid appearances, to produce the curative results of our treatment, whenever practicable, in the persons of the living subjects, as it is our custom to do; to confirm principles by experiment; to decide theories by facts; and to escape from the doubtful and contradictory sea of opinion into the safe calm haven of actual demonstration.

436 To the Secretaries

Mountview  
November 3<sup>rd</sup>

Gentlemen

In reply to your letters of the 2<sup>nd</sup> November, I write to say that I will accept of the proposed sum of £15 sterling, for the pathological casts and specimens belonging to me and contained in the Museum of your Society.

I am &c. &c.  
M. G. Malcolm

**Council Meeting of Council and Revision Committee**  
November 4<sup>th</sup> 1857.

Present, Dr. Patterson, Mr. Lamont, Drs. Corry, Drennan, & Dill.

A letter was read from Mrs. Malcolm accepting the offer of £15, made to her by the Society, for the models and specimens which belonged to her late husband.

It was proposed by Mr. Lamont and seconded by Mr. Corry, "That the sum of £15 be withdrawn from the reserve fund, for the purpose of paying Mrs. Malcolm for the models and specimens."

The following report on the Laws was read and agreed to.

The Committee for the revision of the Laws, which was appointed at the annual meeting, held at the close of last session, having maturely considered the existing rules, have the honour to recommend to the Society the adoption of the following changes.

1<sup>stly</sup>. Judging that, by Law 7, the list of Vice-Presidents is likely to become inconveniently large, the Committee advises that, henceforwards, Ex-Presidents be entitled to be placed on the Vice-President list, for one year only, after the expiration of office.

2<sup>ndly</sup>. The Committee believes that it would be advantageous that increased facilities should be afforded to members for the introduction and discussion of questions relating to the progress and working of the Society, and accordingly recommends that on the first Saturdays of November, January and March, any business may be introduced without the usual notice required at ordinary meetings.

3<sup>rdly</sup>. The Committee considers that the present system of nomination of office bearers and of election of Council is liable to serious objections and advises

that for the future nominations be dispensed with and that the office bearers and Council be elected by ballot papers to be furnished to all members. That if a candidate for one of higher offices be unsuccessful, the votes recorded in his favour shall be available for the next lower office or for membership of the Council, but that no vote shall be available for any office higher than that for which it was primarily recorded. That each ballot paper be initialled by one of the Secretaries and that they be issued on or before the third Tuesday in April and be returned not later than the fourth Tuesday in April.

**Council Report of Council [undated]**

The Council has the honour to inform the Society that it has fixed the wages of John McCann at 5/ per week for the entire year, and recommends that a form of certificate be drawn up and printed, to be given to each student as attends diligently the meetings of the Society during the session. The Council also recommends that the name of Mr. Wales be added to the Analytical Committee, and that the following Corresponding Members be confirmed and appointed.

Antrim	Clugston
Armagh	McGowan
Cavan	Halpin
Donegal	Little
Down	Young, Holywood
Fermanagh	Mahood
Derry	Carson
Louth	Graham, Templepatrick
Tyrone	Thompson

SECOND MEETING  
November 14th, 1857.

Dr. H. THOMPSON, of Lisburn, reported two cases as illustrative of the efficacy of *Arteriotomy in Inflammation of the Eye*. The first case was of a man, æt. 60, blind for the last year from hard cataracts. The operation of extraction was performed on the right eye, and all went on well until the tenth day, when, in consequence of an accidental blow, acute inflammation set in. Six hours after the injury six ounces of blood were abstracted from the temporal artery, with complete relief to the pain, which had previously been constant and intense. Calomel was given to salivation, cold water kept to the eye, and a couple of leeches applied, from time to time, to conjunctival margin of lower lid. These measures subdued the inflammation, and he soon left the hospital, able to read large letters.

*Second case.*—A man, aged 20, had received a blow from a thorn branch in the left eye, three weeks before his admission into hospital. An opaque lens, projected through the pupil dilated to its utmost ex-

tent, was then in contact with the back of the cornea. There was vascularity of the conjunctiva, with chemosis and swelling of the lids; excessive pain of head and eye, and vision totally extinct. Arteriotomy to eight ounces at once relieved the pain of the head. The next morning an iris knife was passed into the opaque lens, which flowed out as a milky fluid. The pain of the eye ceased in half an hour. On the third day the iris had resumed its natural position, the pupil was half dilated, and a clot of blood could be seen in posterior chamber. A couple of leeches were applied every two or three days, and wet lint to the lids. Salivation had been induced before admission. Absorption of the clot gradually took place, and vision improved slowly but perceptibly.

In the discussion that followed, Mr. BROWNE declared himself decidedly opposed to general depletion in ophthalmic inflammation, considering the very opposite line of treatment much more generally advisable. Where blood is to be abstracted, he preferred leeching to arteriotomy.

Dr. BRYCE spoke strongly in favour of early and copious bloodletting in inflammation of the eye; and Mr. LAMONT thought, that in iritis at least, free bleeding was of decided benefit.

Professor FERGUSON deprecated the abstraction of blood in general as a means of subduing inflammation.

**Council November 18<sup>th</sup> Meeting of Council**

The President in the chair. Present, Messrs. Browne & Lamont, & Drs. Cuming & Halliday.

Circular was prepared.

The following report of the duties of John McCann was adopted: To direct and deliver all circulars for meetings of Council and of the Society; to post circulars to country members; to copy out the abstract of proceedings; to label, number, and take charge generally of the specimens contained in the museum; to make casts, wax or other, of morbid specimens for members of the Society free of charge and to attend all meetings of the Society and of the Council.

Moved by Dr. Browne; seconded by Dr. Cuming "That 200 copies of the rules be printed and that a copy be distributed to each member."

**Council November 25. Meeting of Council.**

The President in the chair. Present Drs. Drennan, Cuming, & Mr. John Smyth.

The report, concerning John McCann, was amended as follows. The fifth clause was ordered to stand thus: "to make casts, wax or other, for the Society's, free of charge, the materials being supplied."

An account for a receipt book for Dr. Halliday was ordered to be paid.

Circular was prepared.

FOURTH MEETING  
November 28th, 1857.

Dr. BABINGTON, V.P., reported a case of

*Prolapsus Recti*

in a young woman, supervening on diarrhœa, which set in after an easy childbirth. The protrusion had been mistaken for piles by another practitioner, who included it in a ligature. This caused intense pain, and on the second day he removed it, and did not see his patient again. On her admission to the Co. Londonderry Infirmary, the prolapsus was of ten weeks standing, and eight inches in length. Its surface was glazed and dry, and at about three inches from the end marked by the ligature. There was emaciation, with irritative fever, stomach rejecting all food, and no alvine evacuation for three weeks. There was distension of bladder, with escape of urine on vomiting; three pints of water were drawn off, and the intestine was reduced with very slight pressure. Its return was immediately followed by a considerable muco-purulent discharge, and great relief to the patient. Two grains of opium were given, to be repeated at bedtime. On the next day (September 7th) the abdomen was distended, but not tender. The sickness continued; pulse 120, small. Ordered castor oil and turpentine; enema in the evening. The abdomen to be well fomented.—8th. Draughts had been rejected, nor could an enema be given, as neither a stomach pump tube nor a No. 13 catheter could be introduced further than three inches. The abdominal distension was very great; vomiting incessant; retention of urine continued. Calomel and opium, and draughts of hydrocyanic acid, were ordered.—9th. Had passed water, but bowels had not been moved. Abdominal distension so great as to impede respiration; pulse 130. Dr. B. proposed Amussat's operation, but the patient refused to submit, nor would she allow any further instrumental examination of the anus, from which there continued to flow a considerable muco-purulent discharge.—10th. At 2 a.m., she passed a fœcal evacuation, mixed with blood and mucous shreds. These evacuations continued with irregular frequency for several days; the vomiting ceased; the abdominal distension gradually diminished, and in three weeks she walked out of hospital. The remarkable features of the foregoing case, viz., the size of the prolapse, the prolonged period of constipation, the cause and source of the purulent discharge, with the propriety of resorting, in such cases, to Amussat's operation, were briefly commented on by some members, but in the absence of the writer, it was not thought desirable to protract the discussion.

**Council** December 2<sup>nd</sup>.

The President in the chair. Present Drs. Murney & Cuming, Messrs. Browne & Lamont.

Circular was prepared.

The question of when the transactions of the Society would be published was referred to the Society.

FIFTH MEETING  
December 5th, 1857.

Mr. BROWNE, V.P., introduced a patient suffering from a peculiar displacement of the

*Crystalline Lens of the Left Eye.*

The man was a nailer, aged 55 years, who, when a child, lost the sight of the right eye by the stab of a penknife. He had enjoyed good vision in the left eye till within eighteen months, at which time sight began to decline gradually, till it became extinguished completely, save the appreciation of the difference between light and darkness. When Mr. Browne first saw the case, the left eye presented the usual features of cataract, the pupil being undilated; dilatation, however, exhibited the opaque lens, drawn, as it were, to the inner side of the pupil, leaving a small space to the outer side, through which tolerable vision was obtained.

The lens was evidently displaced from its bed in the vitreous humor, probably from disorganisation of that body, and partial destruction of the ciliary processes. It was tremulous, and held in situ by the attachment of some few of the inner ciliary processes, while its outer edge projected into the pupil. Mr. B. considered the lesion to depend on disease of the hyaloid membrane, and that the disorganisation of the vitreous body was not the result of *sympathetic* ophthalmia; he proposed to puncture the lens with a fine needle, and when partial absorption had taken place, to extract the nucleus.

**Council** December 9<sup>th</sup>.

Present, the President, Drs. Drennan and Cuming.

Circular prepared.

SIXTH MEETING  
December 12th, 1857.  
The President in the Chair.

Last session (November 15, 1856), Mr. JOHNSTON presented a man, aged 60, affected with

*Anæsthesia of the Cutaneous Surface of the greater portion of the Thorax.*

Some members at that time thought it was a form of neuralgia; others that the seat of the disease was in the spinal marrow. Mr. Johnston again brought the patient under the notice of the society. The disease has existed above four years. The symptoms have made very considerable advance during the past

twelve months. Neuralgic pains, shooting from the dorsal region around the thorax to the epigastrium, are very severe. The cutaneous anæsthesia still exists, but does not seem to have extended; for a time the patient thought his sense of feeling improved. He has often in the affected part sensation of warmth and cold. In addition, however, to the previous symptoms, he now presents manifest unsteadiness of gait. When he sits he wishes to relieve the spine of the weight of the body by supporting himself with his hands, and leaning back. The functions of the bladder are unaffected—there is some difficulty in defecation. There is no paralysis of motion or of sensation in the upper extremities. No decided evidence of any cerebral lesion. The senses are perfect. No evidence of cardiac or pulmonary disease.

Mr. Johnston considered the case as one of organic disease of the spinal marrow—probably ramollissement—seated in the upper portion of the dorsal region. He regarded as a feature of special interest, the first manifestation of the disease (four years since) in the “numbness” of a patch of skin about the size of a half-crown at the angle of the right scapula. The man himself attributed the disorder to cold.

Mr. BROWNE, V.P., shewed a case of *Conical Cornea* in a woman, aged 39. She had suffered from ophthalmia from infancy, and the affection of the cornea had existed from eight to ten years in one eye, and six in the other. There was still tolerable vision in the right eye. Mr. Browne considered this affection to depend on a chronic form of inflammation; that it was incurable by operation or otherwise; but that its progress might sometimes be arrested by a tonic plan of treatment. Nature seemed sometimes to resist the thinning process by the effusion of lymph. A concave glass, with diaphragm to exclude the outer rays, was occasionally of use.

The PRESIDENT presented a female with what he believed to be *Osteosarcoma of the hard palate*. It was of fifteen years' duration, and had latterly enlarged. Its surface was unequally resistant. He proposed its excision.

Dr. MURNEY exhibited the foot of a boy, which he had amputated for *Osteitis* consequent on injury, followed by extensive ulceration and copious hæmorrhage. The os calcis was almost destroyed; its texture soft and friable, and the astragalus also was found much diseased within five weeks of the accident. Amputation was performed rather below middle third of leg, to give a long stump. Dr. Murney preferred amputating above rather than at the ankle-joint, as securing a much better stump, and more perfect locomotion afterwards.

Professor REID shewed the brain and kidney of a woman, aged 19, who had died two days previously in hospital. For the first five days after admission she had presented no symptoms of brain-disease. They then supervened, and there was constant screaming for a period of eighteen hours, followed by a rational interval; pain of back had been complained of, and the urine was albuminous. The *post-mortem* examination revealed thickening of the membranes at the base of the brain, more especially about the optic nerves. The kidneys were decidedly fatty, and there were, moreover, specks or small particles of tuberculous matter in both their cortical and tubular substance. The woman was emaciated, and the cerebral inflammation of a subacute character, and Professor Reid surmised that the latter was dependent on the disease of the kidneys, which he conceived to be the original morbid affection.

**Council** [December] 16.

Circular prepared.

SEVENTH MEETING  
December 19th, 1857.

The PRESIDENT introduced a man whom he had formerly presented to the Society whilst suffering from *Popliteal Aneurism*.<sup>1</sup> He had been completely cured. After thinning of the integuments had far advanced, absorption of the tumor had taken place, by means of compression with Carte's instrument.

Mr. JOHNSTON detailed the following cases of

*Hernia, with Intestinal Hæmorrhage.*

Alexander Stienon, æt. 50, a weaver, had rupture for above thirty years. He never wore a truss, but always enjoyed good health, and was always able to reduce the hernia, except once, about twenty years since, when he was ill for two or three days. His wife states that at that time he had a large discharge of blood from the bowels, and the rupture was reduced without surgical interference. He went to his work on Wednesday, November 25th, as well as usual, returned to work after dinner, but about six o'clock he felt unwell, and complained of pains in the bowels. He now found that he could not reduce the rupture. He reached home about eight o'clock; Surgeon Hanna saw him about one o'clock, and found that he had a very large scrotal hernia. The tumor was tense, painful, and irreducible. He advised him to go to hospital, but he preferred remaining at home, and taking some castor-oil, and using a fomentation. During the night he repeatedly tried to effect the reduction of the her-

<sup>1</sup> [Perhaps the case on page 531.]

nia, and, not succeeding, he fell asleep. About three or four o'clock, a.m., when he awoke, he was greatly gratified in finding the tumor reducible; but his wife now observed that he was very much changed, being pale and faintish. The pains were gone, but he was thirsty, and complained of soreness and "heart-weakness." In a short period he felt inclined to get up to the night-chair, when he had a very copious evacuation of blood. I saw him during the day, and found the tumor reducible, but the patient in collapse. His pulse was scarcely to be felt; his extremities were cold, his features pinched, eyes sunk; one sound only of the heart audible, and an anæmic bruit over apex; little or no tenderness of the abdomen, which was slightly tympanitic. I ordered a mixture of acetate of lead, and administered some opium, and directed whiskey punch. The bowel was reduced with ease. Dr. Wheeler saw him with me in the evening, and we both regarded him as in a dying state, there being as yet little reaction. The following day I was surprised to find a decided improvement. Pulse could be distinctly felt; surface was warm; the second sound of the heart was audible; no vomiting, nor further discharge of blood by stool; no abdominal tenderness; tongue thickly coated; complete anorexia. This day Dr. Moore saw him with me, and to neither of us did there appear any evidence of peritonitis, but the weakness seemed attributable to other causes. The case was one for stimulants and nourishment. For a day or two I had some hopes of his recovery; hiccough, however, now annoyed him very much, and he had some tympany of the abdomen. He took no nourishment, his bowels became relaxed, and he died from asthenia on Tuesday, December 1st, at half-past six o'clock, p.m.

At first, on visiting this patient, I asked myself, if the complete state of collapse could possibly indicate any rupture of the bowel; but at *that time* the absence of vomiting, hiccough, or tenderness or swelling of the abdomen, contra-indicated such a conjecture, as well as the idea that there was any extensive peritoneal inflammation. I therefore attributed the collapse to the hæmorrhage; and here I was again at a loss as to the cause of the latter—whether it was owing to the attempts at reduction, or to an effusion of blood in consequence of extreme congestion of the capillaries of such an extensive surface of strangulated intestine, the hernia being very large. I examined one evacuation he had a few days after the hæmorrhage, but did not discover any blood; it was rather of a thin, fluid character, and of a greyish colour. Did the hiccough and tympany towards the end indicate a low form of peritonitis? At no time was there any considerable degree of tenderness. The circumstances of this case reminded me of another which came under my observation when resident in the Richmond Hospital. A healthy, middle-aged man was admitted *about noon*, with strangulated hernia. I was directed to try

the taxis, and administer an enema. Repeated efforts were made to effect reduction, but without success. I was directed to summon a consultation of the surgeons for eight o'clock, p.m., and to let the patient have a warm bath at the same time. When the patient was in the bath I found he was becoming very weak; still the hernia could not be reduced. I had him immediately removed from the bath; yet such was his state of prostration, that the surgeons agreed it would be wrong to operate. He never rallied, but died from asthenia before morning. I made a *post-mortem* examination, and was much surprised at finding a considerable portion of the small intestine filled with a large quantity of clotted blood, evidently an effusion from the venous capillaries.

A protracted discussion followed, in which different opinions were expressed as to the cause and seat of the hæmorrhage in such exceptional cases as the foregoing. Some members regarded the incarcerated portion of intestine as furnishing the blood; others, that it issued from a more extensive mucous surface. Some thought that it was the consequence of ulceration or abrasion, and others that it was an effusion from the congested capillaries.

**Council** 1858. January 6<sup>th</sup>.

Present, Drs. Drennan and Cuming & Mr. John Smyth.  
Circular prepared.

TENTH MEETING

January 16<sup>th</sup>, 1858.

The President in the Chair.

Dr. GRAVES, V.P., read a paper

*On a New Mode of Treating Strumous Abscess of the Superficial Glands of the Neck.*

He must be a bold man who, in these days of science and of progress, claims for himself the discovery of a new method of treatment. At the risk, however, of being, perhaps, considered egotistical, I am induced to publish a plan which I am satisfied has, in my own practice, proved useful, and to which I have been unable to find any reference in the books at my command; nor have any of the medical friends with whom I have discussed the subject been more successful than myself. All surgeons are familiar with the class of cases to which I would draw attention, and few but have heartily wished them removed from their care. I allude to subcutaneous abscess, occurring in patients of a strumous diathesis, chiefly met with in the superficial cervical glands—tedious and insidious in their course, and generally, after months of suffering, ending at the best in elevated cicatrices, with wheals and scars; under the most careful and judicious treatment bringing unmerited discredit on the practitioner, and

disgust to the patient. I have had recourse to various expedients—free incisions, valvular openings, poultices, and spontaneous evacuation, with a like uncertain result; some, presenting the worst appearance, healing without trouble, while others, in every respect hopeful, have baffled all my exertions for months. Several such were, in dispensary and private practice, under my care during the past year; and seeing that iodine, cod liver oil, iron, &c., &c., applied externally and internally (administered with, when it could be obtained, a generous diet, warm clothing, &c., &c.), produced little benefit, I determined to try the effect of a counter-inflammation; and observing that a thickening and adhesive process followed vaccination, it occurred to me, that if this was satisfactorily established in one of these abscesses, the sac would probably be obliterated without much difficulty. We all know that, in secondary vaccination, a pustule is produced by the introduction of the virus, after the lapse of a definite number of days; and though the result may not prove a true vaccine pustule, still the inflammation will, in the majority of instances, possess a specific character. Be the result successful or otherwise, I will feel deeply obliged to any gentleman who will kindly furnish me with the particulars of any cases which he may determine to treat on this principle.

In January, 1857, A. B., a mill-worker, æt. 14, of strumous habit, applied at the Cookstown Dispensary, suffering from an abscess of the cervical glands on the right side of the neck, about the size of a nutmeg. The skin was but slightly discoloured, but fluctuation evident. I gave exit, by a free incision at the lowest part, to a small quantity of matter; then charging my lancet with cowpock infection, introduced it in the usual way, by a few slight scratches at either side of the wound, taking care that it should come as little as possible in contact with the discharge from the wound. On the eighth day it had evidently “taken” well; there was the well-marked inflammation surrounding the vesicles. “On the ninth,” as Maunsell and Evanson describe it, “there was formed round the base an inflamed ring, with an areola of an inch and a half or two inches in diameter.” In this case the redness was more extensive. On the *twelfth* there was considerable inflammation and hardness all over the surface of the tumor, and very little discharge from the original opening. On the *sixteenth* this had in a great measure disappeared; and when, in about three weeks afterwards, the girl called upon me, the crust had dropped off, there was no trace of the abscess, and very little more scar than is left after an ordinary vaccination. I should mention that this patient had not been previously vaccinated.

In March, E. M., æt. 21, a person in comfortable circumstances, consulted me. The history and progress of this case is so similar to that just related, that

I need not enter into particulars. The result was alike satisfactory.

September—In the third case, that of C. R. æt. 16, in not good health, there were some circumstances that may require notice. She had a tumor on the left side of the neck, about the size of a horse-bean, very red—bluish red—and evidently about to break. Altogether this appeared an unfavourable subject. For some time I hesitated as to the expediency of treating her in a similar manner. The two former cases had given me confidence, and I determined to risk the experiment. Matters went on well till the *ninth* day, when a considerable amount of inflammatory action had set in. From the wound escaped an unhealthy ichorous discharge. I administered an aperient, and ordered quiet, but on the second day after, the *eleventh* from vaccination, there was well-marked erysipelas of the neck and side of face, but, as first observed, I think by the late Dr. Graves, limited by the median line. A linseed meal poultice was ordered, salines and diaphoretics given, and within a week the girl was walking about. In this instance I cannot say what was the effect of the vaccine inflammation “*per se*,” inasmuch as it was complicated with the erysipelas—it is not easy, among pauper patients, to obtain accurate accounts; but this I do know, that at the end of four weeks the abscess was obliterated with very trifling deformity.

Dr. RUSSELL, of Bangor, presented a small warty excrescence which he had excised from a man’s uvula.

Mr. BROWNE exhibited a similar specimen in the early part of the season. Dr. HALLIDAY referred to a growth from the same part, which he lately met with in a partially detached, and apparently sphacelated condition.

Mr. MULHOLLAND showed a small brass button which he had removed from a child’s nostril, after it had remained there for thirteen months, and had induced fistula lachrymalis.

The PRESIDENT showed the anterior portion of the right cerebral hemisphere of a boy, aged 13, who was admitted into hospital three weeks before his death, with a fracture of the cranium over the right temple. He was then labouring under symptoms of concussion. His pulse was 120 the first night; afterwards falling to 100. The integuments were unbroken, but there was a movable portion of bone at the site of injury. In four days, under the employment of mercurial treatment, he began to exhibit returning consciousness, and subsequently seemed to recover completely from the effects of the accident, manifesting at no period, either paralysis, rigidity of the muscles, or intellectual disturbance. On the lapse of a fortnight, however, there was a recurrence of feverish symptoms, and

forty-eight hours after, being sized with rigor, he died comatose. A portion of the internal plate of bone, of about an inch in length, at the seat of the fracture, was found depressed one-eighth of an inch, and projected against the dura mater. An irregular cavity, containing thin ichorous matter and surrounded by clotted blood, occupied the subjacent portion of brain.

ELEVENTH MEETING

January 23rd,

The President in the Chair.

The PRESIDENT presented a boy who had received a gunshot wound in the late riots. The ball had entered in front of the masseter muscle of the left jaw, and made its exit behind the sternomastoid muscle of same side, passing in its subcutaneous course, close to, if not actually opening, the sheath of the great vessels. The carotid felt quite exposed by the finger introduced through either aperture. There was very trifling suppuration, and the wound healed without surgical interference.

Dr. MOORE showed a tumor of irregular form, but as large as an orange, which he had removed from the thigh of a man, æt. 45. It was of fourteen or fifteen months' growth, had increased rapidly of late, and was, in Dr. Moore's opinion, of a malignant nature: appearing fixed when the limb was extended, it became movable upon flexion. On exposure it was found superficial to the *facia lata*, but partially adherent to the inner edge of the *sartorius* muscle, and the *saphena* and *femoral* veins were laid bare by its excision. It presented, on its removal, the appearance of a congeries of varices, seeming to consist of a fibroid blastema, including cells or cysts, which contained a quantity of dark greenish matter. (A tumor of this kind is described by Paget, p. 46 of his work on tumors.) The adjacent glands were unaffected, and the wound has healed by the first intention.

Another tumor was also exhibited by Dr. MOORE of fibro-cartilaginous character, which he had removed from the right side of the hard palate of a mulatto woman. It was of many years' formation, had never been painful, nor induced other inconvenience than partial stoppage of the corresponding nostril. On her admission into hospital, the woman was in a feeble state of health, and attempts were accordingly made to strengthen her by nutritious food and tonic medicines before proceeding to operation. Chloroform was employed in the preliminary incisions, which were made through the angle of the lips. A bicuspid tooth was extracted to admit of the working of the saw, and a chisel and mallet afterwards employed to detach the alveolar portion of the maxilla, from which the tumor

sprang, and which was removed with it. Copious hæmorrhage occurred, both during and after the operation, and was restrained at the latter period by the actual cautery. A compress of lint was left in the wound, and there was no return of the bleeding.

Dr. MOORE also presented for inspection the tibia of a lad, fractured in several places by the passage over it of a railway train. The boy had fallen asleep with his legs across the line, and whilst one of them had suffered a comminuted fracture, the other had undergone a compound dislocation of the ankle joint, and an extensively lacerated wound of the soft parts. The former limb was amputated by Dr. Moore soon after the accident; but the latter, though so severely injured, has been preserved, and now manifests a wonderful degree of strength and efficiency.

Council [January] 27<sup>th</sup>.

TWELFTH MEETING

January 30th.

The President in the Chair.

Dr. DILL read the following case of

*Irritable Uterus.*

Isabella Farrell, aged 25, unmarried, has been ill for upwards of a year. She complains of pain in the abdomen, over the hypogastrium, and in the back and loins, varying in intensity, but from which she is never quite free. It is greatly increased when in the erect position, or in moving, and she expresses herself as easier in the recumbent posture; yet although she has retained this for a considerable time, she is still subject to recurrences of more than ordinary suffering; in other words, paroxysms of pain occur. The menstrual discharge returns regularly, and neither in quantity nor quality has it varied from the ordinary standard. When she came first into hospital there was some leucorrhœa, which has since ceased. A vaginal examination was made at different times, but no organic disease discovered. The cervix and body of the uterus were somewhat swollen and tender, but the os did not appear to be indurated. Dr. Dill then distinguished the disease from dysmenorrhœa, by the constancy of the pain; from prolapsus, by the state of the parts; and from inflammatory or malignant disorder, by its persistence for so long a period without aggravation. He considered it to be a case of irritable uterus, as described and designated by Dr. Gooch.

Dr. MURNEY stated that the woman had been at one time under his care, for hysterical affection of the knee-joint, which fact, he thought, threw some light on the nature of her present disorder. Dr. HALLIDAY observed she had been a patient of his also, with the

same symptoms as she now exhibits, but that neither from a tonic nor an antiphlogistic plan of treatment had she seemed to derive any benefit.

Mr. JOHNSTON presented a child, three years old, in whom scarlatina had been followed, after the lapse of a fortnight, by extensive swelling of the neck, together with the formation of a large post-pharyngeal abscess, protruding over and pressing on the base of the tongue.

Some purulent matter apparently exuded from this whilst being examined; and Mr. Johnston alluded to the possibility of *sudden death* from suffocation being sometimes occasioned by the rupture of such abscesses during sleep, without the cause being suspected.

Dr. MURNEY exhibited a hypertrophied labium which he had removed from a woman who had, five or six years before, been affected with syphilis. He remarked upon the subjects of that malady being almost exclusively liable to this local disorder. The other labium of this woman had been formerly excised by Dr. Moore.

Dr. DILL exhibited a heart, the left ventricle of which was somewhat hypertrophied, and the mitral valve ossified and greatly contracted. The man (aged 21) from whom it was taken was received into hospital a few days before.

On admission, there was much dyspnoea, with troublesome cough. The veins of the neck were turgid, and the lips and face very livid. The action of the heart was found to be tolerably strong, but the pulse at the wrist was very soft and feeble. Ascites and general anasarca were present to a great extent, and had existed for several weeks.

He had enjoyed good health until about two years ago, when he was attacked by what his friends called rheumatic fever, from which he made such a recovery as enabled him to return to his work as a labourer. Afterwards he had what they called attacks of the chest, and the one from which he sank about twenty-four hours after reaching hospital, came on about five weeks since.

Percussion indicated very extended dulness over the præcordial region. A very rough bellows-murmur with the first sound, was heard loudest over the apex and to the left side of the heart. These signs were sufficient for the diagnosis that there was hypertrophy, and that the mitral valves were diseased. The *post-mortem* verified the diagnosis.

**Council** February 5<sup>th</sup>.

President, Mr. John Smyth & Dr. Cuming.

Circular prepared.

THIRTEENTH MEETING

February 6<sup>th</sup>, 1858.

The President in the Chair.

{Rough minute book: Present Drs. Dill, Stewart, Murney, Ferguson, Halliday, Wales, O'Hare, Messrs. Mulholland, Smyth, Harkin, Browne, Dr. McMechan (Whitehouse), M'Laughlin (Lurgan), McMinn, Burton, Johnston, Warwick.}

*Asphyxia from Abscess of the Pharynx.*

Dr. MURNEY, V.P., reminded the members that at the last meeting Mr. Johnston had presented a child, three years old, in whom scarlatina had been followed by extensive swelling of the neck, together with the formation of a large post-pharyngeal abscess, protruding over and pressing upon the base of the tongue. The part affected was examined by several members, and some stated that they observed pus on the tongue, as if the struggles of the patient (for he was very violent) had caused a rupture of some thinned portion of the wall of an abscess. It was deemed advisable that the patient should be admitted into hospital, and for the purpose of examining the swelling, Mr. Johnston placed the extremity of a wire-nippers, covered with lint, between the teeth, while Dr. Murney introduced his little finger. This he had not succeeded in doing (for the patient struggled very violently) when both gentlemen observed the lips becoming blue, and the respiration to be suspended. The wire-nippers between the teeth was immediately removed; cold water was dashed upon the surface; a window was opened, and a current of air allowed to play upon the surface of the body. As the respiratory function was not restored, tracheotomy was performed; some blood was sucked from the wound and from the trachea, and a cut portion of a good-sized flexible catheter introduced. Artificial respiration was carried on for a considerable time, but without success. Dr. Murney considered that the fatal result was produced by spasm of the glottis; and observed, that had operative interference of any kind been carried out, the operation would have been looked upon, by the friends of the patient at least, as the cause of death. Fortunately, however, nothing was done, save an attempt to examine the part. The time occupied in this was not more than from five to eight seconds, when the cessation of respiration required prompt attention.

Mr. BROWNE, V.P., introduced a woman having a *large Scirrhus Tumor of the Breast*. The patient was aged 55, had married late in life, and was mother of one child. The tumor was first observed two years since, and had been open for three months. Mr. Browne had declined all operation, it being his opinion that no case of scirrhous should be interfered with by the

knife. He contrasted with this case one of pure epithelial cancer, which he had lately removed from the lip of a man aged 56 years, and which he considered not at all likely to return.

{Rough minute book: Mr. Browne exhibited a tumour which he had removed from the left shoulder of a female æt 26., the tumour was of some 6 years growth; it was incysted with several points of cartilaginous character on the surface; he remarked that it was very easily removed as its attachments were very loose.

Mr. Browne also exhibited a portion of lip which he had removed from a man 56 years of age. This was a case of pure epithelial cancer, not at all likely to return and contrasting very clearly with the disease of breast he had just exhibited to the society.

Dr. Halliday presented a boy aged 8 years, of strumous habit, who 1 month ago had an attack of dysentery from which he is not yet entirely free. His mother about 10 days since noticed a tumour about the size of half an orange in the epigastrium. Some discussion arose as to whether it was situated in left lobe of liver or in the parities of the abdomen. Dr. Halliday inclined to latter opinion and was requested to observe the case for further reports.}

**Council** February 10<sup>th</sup>.

President, Dr. Drennan & Dr. Cuming.

Circular prepared.

#### FOURTEENTH MEETING

February 13th, 1858.

{Rough minute book: President in the chair. Present Drs. M'Gee, M'Minn, Murney, Patterson, Heeney, Halliday, Dunlop, Stewart, Ferguson, Lamont, Dr. Sloss, R.N., Dr. Pirrie, Dr. Gordon, Wales, McMechan, Mulholland, Murray, Warwick.

Mr. Browne exhibited a fracture compound extending into the ankle joint.}

Dr. GORDON presented a specimen of

*Cartilaginous Tumor, removed from the region of the Parotid Gland.*

The patient was a female, æt. 50. About seven years ago the tumor was first noticed; it was not painful then, nor did it become so at any subsequent period. Six weeks ago, when Dr. Gordon saw the patient for the first time, the tumor was firm, almost hard in some points, while in others it gave the impression of tensely-filled cysts. The surface was slightly knobbed. When the patient was admitted into hospital, pre-

vious to operation, the tumor had increased about a third, and felt much softer, but did not cause any uneasiness, except from its bulk, which was considerable. It was removed on Thursday, the 11th, and on removal it was found to be enclosed in a strong fibro-cellular envelope, and in a dense, firm external or proper cyst. The contents consisted of a hyaline substance, containing finely granular nuclei, about  $\frac{1}{2000}$ th. of an inch in diameter. The enlargement of the tumor, which had been progressing for some time previously to the operation, seemed to be due to a serous infiltration, rather than to any increase in the solid contents, as, on section of the tumor, a large quantity of fluid oozed out, diminishing it in bulk materially.

#### *Impetigo of the Scalp.*

Dr. WALES introduced a child, æt. 3 years, of strumous habit, who had been placed under his care nine days before. About two months since the child was attacked with an eruption, which Dr. Wales believes to have been eczema. The eruption commenced behind the left ear; pustules formed in the neighbourhood, extended rapidly over the entire head (not, however, crusting it over in their progress); and ended in ulcers, which gradually deepened and extended. Almost simultaneously, but subsequently, pustules appeared, in limited numbers, on the trunk and extremities, pursuing a similar course. When presented, the child's head was covered with deep, circular, unhealthy ulcers, surrounded by a narrow inflamed border, of a dusky-red hue, discharging pus and blood, and occasionally coalescing. The hair was quite absent in the ulcerated spots (seemingly from the extensive destruction of substance), but was present on the intervening ridges, and unaltered in appearance. The forehead, sides of the face, neck, back, abdomen, and extremities, also presented a few large, but superficial ulcers. Some of the ulcers on the scalp penetrated almost to the bone, and some on the upper and lateral parts of the neck, were so deep as to endanger the vessels. After a careful microscopical examination, Dr. Wales could not discover any parasites, and thought that the disease was, probably, that described by Willan and Bateman, as "impetigo rodens," and named by Neligan, "lupoid ulceration of the scalp." This idea was strengthened by the fact that the disease had commenced as eczema, probably merging into eczema impetiginodes, and ending in consequence of the cachectic state of the system in destructive ulceration. The treatment adopted by Dr. Wales consisted in the administration of cod liver oil and syrup of iodide of iron, and meat broths. Nitrate of silver was applied to the ulcers, and subsequently warm poultices. A healthy clean surface was thus obtained, and then the soda wash was applied, together with an ointment composed of soda, oxide of zinc,

and lard. Under this treatment the case is progressing most favourably.

**Council** [February] 17<sup>th</sup>.  
Mr. John Smyth & Dr. Cuming.  
Circular prepared.

FIFTEENTH MEETING  
February 20<sup>th</sup>, 1858.  
The President in the Chair.

{Rough minute book: Present Messrs. Browne, Thomson, Lamont, Drs. M'Mechan, Drennan, M'Gee, Wheeler, Bryce, Gordon, Murney, Carlisle, Wales, Ross, Ferguson, Halliday, Johnston, Mulholland, Dill, Warwick, O'Hare, Smyth, M'Minn, Patterson, Stewart, Aickin, Cuming.}

M. GROUX,<sup>1</sup> of Hamburg, who is the subject of an extraordinary congenital fissure of the sternum, was introduced to the society.

{Rough minute book: Mr. Browne exhibited a child affected with double hare lip.}

**Council** [February] 24<sup>th</sup>.  
President, Dr. Cuming.  
Circular prepared.

SIXTEENTH MEETING  
February 27<sup>th</sup>, 1858.

{Rough minute book: Dr. Ferguson in the chair. Present Dr. M'Gee, Stewart, Burton, Drennan, Curry, Halliday, Heeney, Messrs. Mulholland, Johnston, Mr. Browne, Murney, Reade.}

Mr. BROWNE, V.P., detailed the particulars of  
*A case of Amputation at the Hip-joint*,  
and presented a portion of the limb removed. The patient, æt. 21, was of strumous appearance, though possessing considerable muscular development. In July, 1857, he had sustained a fracture of the left femur, at the junction of its upper with its middle third. At the end of nine weeks the fracture was so far united as to permit him to walk without pain, by the assistance of a crutch, although some swelling still remained at the seat of fracture. In the following November, in consequence of a fall, pain was set up in the injured part, and he was confined to bed. Three weeks after, on turning in bed, he felt the fractured part give way. On 24<sup>th</sup>. December he was admitted into hospital. Symptoms:—Complete mobility at seat

<sup>1</sup> [See Appendix 1, page 717—“A case of congenital fissure of the sternum.” by F. W. Pavy, M.D.]

of fracture, no eversion or softening, and considerable hard swelling where the bone had been broken. For six weeks no visible change took place, except a gradual progressive increase in the size of the swelling. On his admission it had been carefully bandaged and put up with Liston's long splint. An examination of the limb, on February 5<sup>th</sup>, was followed by pain and increased tumefaction, which was much softer than the original swelling. On the 14<sup>th</sup>. an exploring trocar was introduced; blood flowed freely from the puncture; the blood was pronounced by Dr. Murney to be healthy. After several consultations of the surgical staff, amputation was resolved on. On operation, it was found the entire end of the femur, from point of fracture to the acetabulum had disappeared, leaving the cartilage of incrustation, and that a large sac existed, containing several pounds of fluid and coagulated blood. The patient never completely rallied, and died twelve hours after the operation. Dr. MURNEY had examined the mass removed, and believed that it could not be pronounced malignant on microscopical evidence. Dr. CUMING stated that he had discovered cancer cells in a portion of the mass which he had examined microscopically.

Mr. BROWNE also exhibited the head and neck of a femur, removed from a man who had fallen from a height of seventy feet. The specimen was removed after death. The great trochanter had been separated from the shafts, and the bone at the trochanter completely comminuted. Mr. Browne observed, that even if the man had not received other injuries precluding his recovery, amputation at the hip-joint would have been his sole chance for life; but independently of the injury to the hip, he had received a fracture of the skull and of the clavicle, of the humerus in two places, and had the feet lacerated.

{Rough minute book: Dr. Murney exhibited a patient in whom he had removed the ankle joint 15 months before. The patient was able to place own weight upon the foot. [?]}

Dr. Gordon exhibited a leg amputated from compound fracture.}

**Council** March 5<sup>th</sup>.  
Circular prepared.

SEVENTEENTH MEETING  
March 6<sup>th</sup>, 1858.

{Rough minute book: Drs. Gordon, M'Minn, Dunlop, Patterson, Stewart, M'Gee, Drennan, Henry Brown, Mulholland, Smith.

Moved by Dr. M'Gee, seconded by Dr. Stewart, "That the question of repayment of the President about the Groux business be referred to the Council, and notice of this memorial be put in the next circular."}

*Cystic Tumor of Neck.*

Mr. BROWNE, V.P., introduced a woman affected with a tumor on the anterior surface of the neck, in the median line. Mr. Browne believed it to be a cyst, and unconnected with the thyroid body. There was no enlargement of the lateral lobes of the thyroid. The patient stated that the tumor had suppurated about nine months since. Mr. Browne proposed to tap, and then throw in an injection containing iodine; and stated, that if this proved unsuccessful, he would employ a seton.

*Case of Traumatic Tetanus.*

The PRESIDENT read the following case of tetanus:—W. Lee, æt. 35, coachman, was admitted into General Hospital December 30th, 1857. A fortnight before, he received a lacerated wound, about one inch in extent, on the upper and back part of the head, in consequence of a fall from a horse. The wound had been dressed with adhesive plaster, and was not yet healed. On December 26th. he first felt occasional slight pains under the right shoulder, which he attributed to a blow received on the back, on the previous day. On the 27th. he felt worse, with pain and spasms all over the back and shoulders, with difficulty of deglutition, and pain about the jaws and throat, and inability to expand the chest.

The day following he was obliged to go to bed, being unable to move his legs or to open his mouth. He had lost all power of flexion of the muscles, and suffered from rigidity and cramps. On admission into hospital, he complained of violent and highly-painful spasms of the neck, cheek, abdomen, and lower extremities, occurring every ten or twenty minutes, and causing opisthotonos. There is permanent muscular rigidity. He describes the spasms as commencing at the epigastrium. The arms are completely free from spasms and rigidity. A turpentine enema was administered, which caused a copious and very fœtid evacuation; and the patient expressed himself much relieved. Calomel and opium were then administered. The day subsequent the enema was twice repeated, and the calomel and opium continued; the spasms were not so frequent, and he had slept pretty well the previous night. On January 1st, decided signs of salivation having appeared, the calomel was discontinued. During all this time he suffered from profuse perspirations, and there was a peculiar fœtid odour from the body. Opium, with beef-tea and nutritive enemata, were now administered; but he gradually sank, and death took place on January 6th. It was afterwards elicited that he had been intoxicated on

Christmas-day, and that he had been much exposed to cold and moisture. Dr. DUNLOP stated that he had seen tetanus treated successfully by morphia and chloroform, and had observed the happiest results from the topical action of vapour of chloroform.

{Rough minute book: Dr. M'Gee had seen two cases of tetanus terminating successfully.

Dr. Gordon thought that the case was one of spinal arachnoiditis and believed that many disorders were confounded with each other.}

**Council** [March] 10<sup>th</sup>.

President, Mr. John Smyth, Drs. Drennan & Cuming.

{Rough minute book: Council Resolution. "That in the opinion of Council, the most equitable and expedient method of reimbursing the President is as follows. That each member who saw Mr. Groux shall pay the sum of 2/6 and that the balance be contributed by the Society at large out of the funds.

Seventy-six members exclusive of Dr. Carlisle saw Mr. Groux which would save £3\_5.0 leaving £1\_15.0 to be deducted from General fund."}

Circular prepared.

ORDINARY MEETING

March 13th, 1858.

The President in the Chair.

*Cystic Tumor of Neck.*

The PRESIDENT introduced a woman who, fifteen years before, had become the subject of a tumor of the neck. About four years since it had been tapped, and more than a pint of fluid, containing cholesterine, withdrawn; and the cyst had been injected with a quantity of solution of iodine, which had the effect of diminishing its bulk. It was tapped a second time, when about half a pint of fluid was taken away. About two years since it was again tapped and injected, after which it was reduced to about the size of a hen's egg, when the President proposed to open and treat it as an ordinary abscess, which the patient declined. The base, as it were, of the original tumor remains, from which an elongated cyst projects, larger than a turkey's egg. On the inner side of this, and resting on the side of the trachea, there is a separate cyst, of almost equal size, but distinct from the original one. The tumor does not interfere with deglutition or respiration; and its attachments are indurated, and embrace the great vessels. The President proposed to again tap both cysts, and inject with iodine, and afterwards to treat them in the manner of an ordinary abscess.

The PRESIDENT also exhibited a

*Calculus extracted from the urethra of a boy,* and observed, that calculous affections were at present more frequent in this neighbourhood than in former years.

*Case of Urinary Abscess.*

Mr. WARWICK detailed the case of a man of strumous habit, aged about 26, who had been attacked, six or eight weeks since, with inflammation and enlargement of the scrotum, which reached the size of a large cocoa-nut. In the first instance it was looked on as suppurative inflammation of the testes. The patient had suffered severely, and was much reduced. The ordinary remedies—comprising leeching, rest in the horizontal posture, &c.—were resorted to. An abscess at length pointed in the median line, broke, and discharged a quantity of ichorous, sanious fluid; the swelling was thereby much reduced, and both testes could be felt in their normal condition. Two days afterwards urine began to flow from the orifice of the abscess, and has since continued. There exists considerable thickening of the parts anterior to the bulb. Merely a drop of urine flows through the meatus urinarius. Several efforts had been made to pass an instrument, but as yet without success.

**Council** March 17<sup>th</sup>.

Mr. John Smyth & Dr. Cuming.

Circular prepared.

ORDINARY MEETING

March 20<sup>th</sup>, 1858.

The President in the Chair.

{Rough minute book: Present Drs. Johnston, Bryce, Wales, McMinn, Ferguson, Drennan, Reade, Heeney, Stewart, Dill, Pirrie, Mulholland, Murney, McCleery.}

The PRESIDENT exhibited the fluid contents of the cyst which existed on the neck of the patient exhibited at the previous meeting of the Society. The fluid resembled bloody serum; and the presence of cholesterine was not evident, as in the fluid removed from the same cyst on a previous occasion.

*On the use of Chlorate of Potash in Infantile Stomatitis.*  
A communication from Dr. BABINGTON (Londonderry), V.P., was read, on the value of chlorate of potash as a remedial agent. Dr. Babington observed, that the efficacy of chlorate of potash in cancrum oris was brought under the notice of the profession by Mr. Hunt, about ten years since, in the *London Medical Gazette* for October 12<sup>th</sup>, 1849. Dr. B. published a notice of its efficacy in about thirty cases of ulcerative stomatitis, which had occurred in the Coleraine Union Workhouse, in August of same year. In the *Medical Times and Gazette* for August 16<sup>th</sup>. and 23<sup>rd</sup>. 1856, there is a valuable clinical report, from Mr. Hutchinson, of the Metropolitan Free Hospital, on the use of this medicine; and in the same Journal, for September 20<sup>th</sup>, 1856, Dr. Speer, of Cheltenham, gives

some conclusions, arrived at by M. Isambert, on the use of this salt. Its efficacy has been frequently noticed in mercurial salivation, and in the ulcerated throat frequently accompanying scarlatina, from Mr. Hunt's introduction of it up to the present time; nevertheless, Dr. Babington believes that its value has not been sufficiently appreciated. Dr. Babington is constantly in the habit of prescribing it in ulcerative affections of the mouth and throat. In stomatitis, as it occurs in children, he believes it to be a specific, as he has noticed, in every case, marked improvement after the exhibition of a few doses. It possesses an advantage for children, that, when sweetened with syrup, it has no offensive taste. The dose is from three to eight grains every four or six hours. A good way of administering it, in scarlatina, is, to dissolve a drachm in the patient's drink, to be used in twenty-four hours. Applied externally, it excites healthy granulations in sores of an unhealthy character; and when there are sloughs, and even a tendency to take on a phagedenic character, under the constant application of the solution, in the proportion of two drachms to a pint of water, Dr. Babington has seen the previously unhealthy surface rapidly change its character, and a healthy healing action established.

ORDINARY MEETING

March 27<sup>th</sup>, 1858.

Dr. MURNEY, V.P., in the Chair.

{Rough minute book: Present Mr. Mulholland, Drs. Bryce, Heeney, Halliday, Reade, Mr. M'Cleery, Dr. Wales, Drs. Thomson, M'Gee, McMinn, Johnston, Frame (Comber).}

*Case of Dislocation of the Radius forwards.*

Dr. GORDON detailed the case of a girl, æt. 11 years, who, four months before, had sustained a dislocation of the radius forwards, which had been overlooked by the medical men to whom she was taken. When the arm is fully extended, a distinct and prominent swelling may be seen and felt in front of the flexure of the elbow; and, from its form, and obedience to the motions of rotation of the radius, it is easily recognized to be the upper-end of that bone; and on examining the arm, below the angle of the humerus, a distinct depression is felt. The displaced head of the radius is restored to its normal position by moderate pressure; but when the pressure is removed, it is immediately drawn forwards and upwards by the biceps, and may be felt and seen on the outer side of the tendon of that muscle. Firm pressure was made over the head of the radius, when in its normal position, and a thick pad and gutta-percha splint applied; but these measures were ineffectual to retain it in its position. Indeed, no bearable amount of pressure would be, in Dr. Gordon's opinion, sufficient to retain the head of the bone in its normal situation.

*Contraction of the Palmar Fascia.*

Dr. GORDON also presented a patient, æt. 14, affected with permanent flexure of the unguis phalanges of the middle and ring fingers. The deformity had commenced when the boy was five years old. Both phalanges were flexed at right-angles. The contraction was mainly due to chronic induration, and contraction of the fibro-cellular tissue of the sides of the fingers. This has occurred in the sides which are opposed to each other, and there is slight rotation of the bent phalanges on their axes, so that the nails look towards each other. There was, however, real shortening of the flexor tendons, but this Dr. Gordon regards as a secondary effect. Dr. Gordon observed, that subcutaneous section of the shortened tendons, and of the contracted fossa, would be necessary. In one finger these means had been adopted about four weeks ago, and permanent extension had been maintained since that time, with the effect of removing the deformity, except a slight lateral inclination, or rather rotation, of the phalanx.

Mr. JOHNSTON detailed the particulars of a case in which he had observed the spontaneous cure of favus in an adult, the disease having completely destroyed the hair, and so worn itself out.

ORDINARY MEETING

April 3rd, 1858.

Dr. M'GEE, V.P., in the Chair.

{Rough minute book: Present. Dr. M'Gee, Stewart, Patterson, Ferguson, Heeney, Dill, Drennan, Halliday, T. Read, M'Cleery, Mulholland, Wales, Murney, Johnston, Dr. Bryce.}

Dr. FERGUSON, V.P., detailed a case of

*Phthisis Pulmonalis, combined with and masked by Emphysema,*

and presented the affected lungs. The patient, a woman advanced in life, had been admitted into hospital, under Dr. Ferguson's care, presenting strongly-marked signs of emphysema, accompanied by a profuse catarrhal discharge from the lungs. The chest had undergone an extreme amount of the modification in shape usual in this disease; there was tympanitic sonorousness over the greater part of it, and universal mucous râles, mingled with craquements, were audible. There was no hectic, no auscultatory phenomena of the voice; nor was there any symptom leading to a suspicion of phthisis. The disease was accordingly pronounced to be emphysema, and treated upon that view, with great and rapid benefit; but the improvement was quickly followed by greatly increased debility, violent dyspnoea, and death. On examination, two large cavities were found in one

lung, and one cavity in the other, all of which were lined by distinct false membranes. There was little congestion, universal emphysema, and there existed intimate adhesions of the pleuræ. The chief points of interest were, in Dr. Ferguson's opinion, the unfrequency of the occurrence of extensive emphysema with tubercular disease in the same lung, and the difficulty of diagnosing the tubercular cavities caused by the presence of the emphysema and the accompanying catarrh. Dr. Ferguson suggested, that possibly the explanation of the latter might be, that the expansion of the lung produced an amount of pressure which obliterated the cavities during life, and that the altered state of the pulmonary tissue interfered with the conduction of the sounds, and consequently prevented the production of the physical signs. The administration of extract of larch-bark had been followed by marked diminution in the catarrhal discharge, and relief to the dyspnoea. Dr. Ferguson observed, that this remedy (which had been brought under his notice by Dr. Frizell, of Dublin) was, however, of questionable utility in cases of this nature.

{Rough minute book: Mr. Johnston introduced several children affected with cutaneous diseases of the scalp. These children were examined by the members and Dr. Wales engaged to inspect the nature of the affections of the scalp and to furnish Mr. Johnston with the formulæ for their treatment with sulphurous acid and by chlorine if they proved to be favus as Mr. Johnston supposed.}

ORDINARY MEETING

April 10th, 1858.

Dr. MURNEY, V.P., in the Chair.

{Rough minute book: Present. Dr. T. Read, Dr. McMinn, Dr. Gordon, Dr. Murney, in the chair; Patterson, Ferguson, Drennan, Johnston, Mulholland, Dill, McCleery, Halliday, Wales, Bryce, Aickin.}

Dr. GORDON presented the bladder and kidneys of a man, æt. 65, who died in consequence of retention of urine. The bladder was hypertrophied, its muscular fibres forming thickened bands (some of which were more than a line in thickness), standing out in bold relief in the interior of the organ. The mucous membrane was reddened; the ureters and pelves of the kidneys were considerably dilated; the kidneys themselves were a good deal enlarged; and the cortical substance was studded over with small abscesses, some of which had burst, and diffused themselves beneath the capsule, which was considerably thickened. None of these abscesses had made their way into the pelvis of the kidney. On making sections of these organs, some of the abscesses were found to

occupy the centre of the cortex, but most of them were on the outer surfaces. The patient, when he presented himself for admission into hospital, three weeks before death, was very much emaciated, tottering in his gait, and had the mental faculties slightly impaired. There was œdema of the lower extremities, extending to the knee, and his person exhaled a strong urinous odour. On admission, about a quart of urine was drawn off by the catheter, and a few hours afterwards a second quart; and on the following morning a similar quantity. The catheter was introduced twice daily, but this was not sufficient to prevent the stillicidium; it was therefore used three times. He did not gain strength, but became daily more and more enfeebled, and at length sank.

{Rough minute book: Dr. Halliday exhibited a child (6 years old) suffering from contraction of the hand (right) after burn two years ago. A cast was ordered to be made.

Dr. Aickin exhibited a case of spina bifida with absence of cerebrum in a 7 month fœtus. Left lobe of cerebellum present with a trace of right. No anus. It was the 3<sup>rd</sup> child, its predecessors being of natural formation. Dr. Murney engaged to make further examination.

Dr. Wales reported that in the case of favus reported last day he had ascertained the presence of the achorion Schönlein.}

ORDINARY MEETING  
April 17th, 1858.

{Rough minute book: Dr. Murney gave an account of the dissection of the fœtus which had been presented on previous day.}

The PRESIDENT introduced a boy, æt. 15, who, on several occasions recently, had been attacked with sudden œdema of the hands and feet, without any ostensible reason.

The œdema was accompanied with great lividity, and there was intense pain when either of the affected extremities was touched. This condition of the parts lasted but for a very short time, and passed away, leaving no trace of morbid action. There was no irregularity of the heart, nor any appreciable sign of disease in any organ.

Dr. Thomas READE had seen a gentleman in whom the contact of cold water produced great œdema of the hands, and in whom the use of the bath had been followed by deliquium. The disease had yielded to the administration of tonics, and the use of remedies calculated to improve the health generally.

The PRESIDENT also introduced a patient who had received a *Comminuted Fracture of the Arm*, a little above the elbow-joint, which had not united. The patient, who had been under the care of Dr. Jamieson, of Newtownards, stated that numerous portions of the bone had come away. The fragments were readily moveable on each other, and a fistulous opening existed. There was considerable loss of substance of the bone.

{Rough minute book: Dr. Murney thought Offenbach's operation advisable. Drs. Reade and Bryce thought that also.}

**Council** April 21<sup>st</sup>.

The President in the chair. Present Drs. Dill, Halliday, Drennan, & Cuming & Mr. Mulholland.

Moved by Dr. Dill and seconded by Mr. Mulholland "That the former voting papers be discharged and pink overprinted in red shall be issued."

Circular prepared.

ORDINARY MEETING

April 24th, 1858.

The President in the Chair.

{Rough minute book: Dr. Halliday, Drennan, M'Minn, Johnston, Stewart, M'Mechan, Heeney, M'Cleery, Wales, Bryce, Mr. Browne, Dr. Murney, Dr. Warwick, Mr. Mulholland, (Visitors Dr. Bawtree, Dr. Leslie).

Treasurer statement of accounts.

Moved by Stewart and seconded by M'Mechan That Dr. Dill and Patterson be auditors.

Dr. Wales, Halliday, Mr. Browne, and the President, Dr. Fagan, Dr. Murney, Mulholland, report on transactions.

That the rule be conform with regarding to the secreting of the voting papers.}

Dr. MURNEY, V.P., exhibited a finger which had been removed by Dr. M'Laughlin, of Lurgan, from a man, æt. 55. A tumor had formed upon it, twelve years before, in consequence of an injury received by the patient. This tumor gradually increased, and had recently attained the size of a small orange, but was perfectly painless, and did not interfere with his employment as a weaver. About a fortnight previous to the operation he had injured the tumor by a fall, and ulceration had set in. A large fungus had formed, which bled profusely every day, reducing the patient to a state of great anœmia. Under these circumstances the finger was removed by Dr. M'Laughlin. Dr. Murney stated that he had no doubt that the growth was of a malignant nature, as he had ascertained the presence of numerous cancer cells, by the aid of the microscope.

Belfast Clinical and Pathological Society

Fifth Session: 1857–1858

President James Moore

{Rough minute book: A conversation on homœopathy was then held.}

Mr. BROWNE, V.P., introduced a woman, the subject of *Diffused Carcinomatous Growth*, affecting the head, neck, breasts, &c. These growths had commenced two years previously, but only two months ago had begun to increase rapidly.

{Rough minute book: Mr. Browne Murney a wax model be taken of the neck and side of the face.}

Dr. HALLIDAY introduced a boy in whom the gum of the lower jaw had become adherent to the cheek, in consequence of ulceration which had arisen during an attack of small-pox.

The PRESIDENT exhibited a tumor, the size of a large bean, which he had dissected out from the forearm of a nurse, æt. 28. The median nerve was imbedded in the tumor, and pressure caused severe pain, extending to the fingers.

Dr. CUMING detailed some experiments on fowls, which he had made by the direction of the Society, for the purpose of ascertaining if the South American arrows in the museum of the Society possessed active poisonous properties. He stated, that the poison was still, after the lapse of several years, quite efficient; and that its effect—namely, the production of muscular paralysis—agreed with the accounts of the properties of the wourali, as described by Humboldt and Schomburgh.

**Council** April 28<sup>th</sup>.

President in the chair. Present Drs. Murney, Wales, & Cuming, Messrs. Browne & Smyth.

Proposed by Dr. Murney and seconded by Mr. Browne “That 2 glass shades be bought.” Resolved.

Proposed by Dr. Murney seconded by Mr. Smyth “That 10/ be placed in the hands of John McCann for the purpose of purchasing wax and others materials for cash.” Resolved.

Arranged that the question of the propriety of holding a conversazione or supper be referred to the annual meeting.

**Council** Special Meeting May 1<sup>st</sup>.

The President in the chair. Drs. Drennan, Murney, Wales, Corry & Cuming.

Moved by

The Council has great satisfaction in congratulating the Society on the successful progress of the session which is about to close. Although our meetings have been somewhat less numerous than usual, only 25 sittings having been held, no fewer than 90 contribu-

tions have been brought under the notice of the members embracing an extensive and varied range of subjects connected with therapeutics, pathology and diagnosis. Many of these have elicited full and suggestive discussions and several of the specimens exhibited have been reported upon by the committee for microscopical and chemical examinations.

3 plaister casts and 11 wax models taken from specimens exhibited at our meetings have been acquired by the museum.

Seven new members have been added to our list and although our ranks have unfortunately been thinned by no less than 6 deaths as well as by withdrawals we number at present 96 members of whom 42 are resident in Belfast and 54 are country members. By 34 of the latter the weekly abstract of our proceedings has been subscribed for.

Our meetings have as usual been attended by students of the medical school to a number of whom our certificates will be issued.

In conclusion the Council has much pleasure in bearing testimony to the order and harmony which have uniformly characterized the present as well as the past sessions of the Clinico Pathological Society and in expressing their high sense of the admirable manner in which the duties of the chair have been discharged by our esteemed and valued President Dr. Moore.

The following is the result of the scrutiny of ballot papers.

For President. Mr. Browne had 22 votes, Dr. T. Reade 15, Dr. Murney 2, Gordon 2, Hanna 1, Ferguson 1.

For Vice-President. T. Reade 24, Murney 15, S. Reid 14, Pirrie 11, Dill 11, Gordon 11, Patterson 10, Dr. Bryce 6, Mr. Johnston 5, Drennan 4, McMinn 2, Hanna 2, Heeney 2, Ferguson 2, Harkin 1, Dickie 1, Wheeler 1, Lynch 1, Wales 1, Halliday 1, Warwick 1, Corry 1.

Country V.Ps. Graves 11, Babington 10, McMechan 10 (McMeechan elected), McLaughlin 8, Halpin 2, Jamison 4, Dunlop 2, Nixon 2, Ramsay 2, Thomson 1, Thompson 1, Nesbitt 1, Forsythe 1, Ferris 1, Kidd 1, Madden 1, Greenfield 1, Russell 1, Savage Newry 1, [Davey?] 1, Clarke 1.

Council. Dr. Pirrie 23 votes, Dill 21 votes, Patterson 20 votes, Heeney 18, Bryce 15, Gordon 14.

ANNUAL MEETING

May 1st, 1858

At the annual meeting of the Belfast Clinical and Pathological Society, held at the General Hospital, on Saturday, 1st. May, after a highly satisfactory statement of the finances for the past year, the following officers for the ensuing session were declared:—Presi-

dent, Mr. Browne; Vice-Presidents (*resident*)—Dr. Thomas Reade, Dr. Murney, Dr. Seaton Reid. Vice-Presidents (*non-resident*)—Dr. Graves, Cookstown; Dr. M'Mechan, Whitehouse. Treasurer—Dr. Halliday. Honorary Secretaries—Dr. Cuming, Dr. Wales. Council—Dr. Pirrie, Dr. Dill, Dr. Patterson, Dr. Heeney, Dr. Bryce, and Dr. Gordon.

{Rough minute book: President in the chair. Present, Dr. M'Mechan, M'Minn, Ferguson, Drennan, Patterson, Wales, Heeney, Murray, Stewart, M'Cleery, Murney, Corry, Mr. Mulholland, Halliday, Mr. Johnston.

Minutes of annual meeting were read. Report of Council read. Moved by Dr. Dill seconded by Dr. Stewart that the report of Council be received.

Moved Dr. Ferguson and seconded by Dr. M'Mechan V.P. that no transactions be published.

Moved by Dr. Ferguson and seconded by Dr. Stewart That the report of the Council be not adopted and then suggest [?] no social entertainment.

The office bearers were declared.

Dr. Ferguson and Dr. Patterson moved that the Treasurer be requested to continue his services.

Dr. Dill and Dr. M'Minn that Dr. Corry act as Secretary.

Dr. Bryce and Dr. Corry That Dr. Wales be appointed Secretary.

Moved by Dr. Corry That no president be elected who has not been [vice-president].

[Moved] by Dr. Stewart That a list of members ...}

Dr. James MOORE, the retiring President, delivered the following address:—

GENTLEMEN—At the close of each session, according to our usual custom, and as a proper mark of respect to the members, a few observations may be permitted from your President, who trusts, in their imperfect delivery, to your usual consideration and indulgence. Our proceedings during the present session have been such as might have been expected from the high professional character and large experience of the gentlemen composing this body. The attendance of members and of students has been indeed good; the mutual interchange of valuable information has been considerable; the advantages of friendly personal intercourse, produced and perpetuated by our meetings here, it is superfluous to enlarge upon. The specimens of morbid structure exhibited, the number of patients presented with interesting forms of disease or malformation—amongst the latter, the remarkable case of Monsieur Groux, the action of whose heart was visible, owing to a deficiency in the anterior wall of his chest—the numerous instructive cases from our country correspondents read, and the results of chemical examination detailed to you, will suffice, without eulogy of mine, to convince the profession at large of the practical utility and business

character of this Society. It is from the collated results of each succeeding session that our growing importance and increasing professional usefulness may be safely inferred. Nothing is of greater importance to us than that every successive session should exhibit an increased amount of pathological and clinical information, collected by individual exertion of your members. In this respect we have good reason to regard the session now about to expire, without fear of it suffering by comparison with any that have preceded it.

On the occasion of opening the present session, I enlarged sufficiently upon the important aid rendered by art to pathological science. I shall here only repeat my request to such of our students who may feel inclined to exert their talents in the application of art to the service of their profession, to lose no time in commencing their labours, since of the fine arts may be emphatically asserted, in particular, what the proverb enunciates of arts in general—namely, that art is long (or, in other words, is difficult), while life is short. It is right to observe, in connexion with this branch of the subject, that our museum is enriched with additional casts of diseased structure, with many models in plaster and in wax, coloured after nature, and admirably truthful, to which I need not more particularly direct your attention.

In hopefully looking forward to the still more enlarged importance and usefulness of this Society, I may take this opportunity to remark on the service our members may individually render to the profession and the public, by their exertions in the several branches of professional inquiry, until we again re-assemble in this room. The strict rule which properly confines our discussions here to clinical and pathological topics, does not exist for us in our individual capacities elsewhere. Elsewhere, therefore, I think it right and becoming in our profession to bestir itself, individually, in matters of moment that concern the public health, that, by so doing, our profession may not merely set itself forth as a humane, liberal, and learned profession, but take the proper rank to which it is fully entitled, as a governing opinion of the State. The various predisposing causes by which public health is endangered are surely proper subjects of inquiry to a profession continually called upon to grapple with the fearful results of these very predisposing causes. Whether we regard the poisoning of human life by heaping up mounds of scarcely covered dead under the very windows of the living, or the constant streams of pollution emanating from open drains or imperfect sewerage, or the noxious gases of pestilential factories, whose smells and fumes are the warnings appointed by nature to induce man to remove them to a distance from his neighbourhood; all these are very fit and proper subjects for the consideration of professional men, who cannot forget

that they are likewise public-spirited citizens. The rescue of human life—especially of the lives of those whose daily labour is our national wealth—from the depressing and destructive agencies of damp, ill-ventilated habitations, of defective sewerage, inadequate supply of pure water, and many other less destructive agencies, is especially our business; and I should insult the Society, were I to do more than express my convictions of their readiness to do all that in them lies to remedy such evils, as far as it is possible, by expression of enlightened, humane, and well-considered professional opinion, to do so. The oppressive voluntary taxation, as I may call it, of habits prejudicial to health, though not immediately or suddenly endangering life, are worthy of our serious consideration. I am led to animadvert upon one of these, from having my attention called to several cases of chronic disease produced by excessive indulgence in the practice of smoking tobacco.

I am not about to enter upon the wide field of discussion which the almost universal use of tobacco invites. I am neither prepared, with Pereira and Christison, to assert that no well-ascertained ill effects have been shown to result from the habitual practice of smoking, nor, on the other hand, to condemn unreservedly the moderate use of tobacco, in all cases, times, and places. A luxury indulged in more or less immoderately by so large a portion of the human race, and which, next to salt, is supposed to be the article most extensively consumed by man, must be able to adduce numerous arguments, more or less tenable, for its extended use. For its abuse, however, no arguments can be tenable; and it is with its abuse that we are called upon professionally to deal. We find smoking begins with boyish bravado, or weak compliance with absurd solicitation; proceeds by degrees to an offensive custom, and resulting in a confirmed habit, which it is hardly too censorious to stigmatise as a vice. To trace the progress of this deteriorating habit, from the first whiff, productive of incontrollable nausea or ill-concealed disgust, to the period, not very remote, of the constant craving, demanding the ever-recurring pipe; following it still downward till the habit merges into the vice, the vice into disease, we have especial reason to lament the increase of the habit of smoking among the rising youths of the lower and middle classes in our town. The prevalent practice of smoking is the more especially dangerous in this, that its agency in lowering the tone—mental, moral, and physical—of the animal economy, is extremely insidious. By degrees the disease—for such it must be considered—ripens into various forms, which compel the interference of the physician; and not unfrequently medical assistance is unavailing to rescue the sufferer from the consequence of habitual indulgence in this, to him, daily luxury of life. In my own circle of friends, a professor of eminence, an original

thinker and fine reasoner, and one who had adorned the literature of our profession, fell a victim to the immoderate indulgence in smoking, a resulting cancerous affection of the tongue being, by the victim himself, attributed to this infatuation. I need hardly remind you of the frequency of epithelial cancer among the poor of these islands, the result, as I believe, of the acrid, irritating, empyrhumatic oil absorbed into the system from the short black tobacco pipes in use among the humbler classes. The delicate nervous organization of the eye is injuriously affected by tobacco in two ways—first, by the direct application of irritating vapours to so delicate an organ; secondly, by the participation of the optic nerve in the depression of the nervous energy throughout the frame. In rude and primitive conditions of life—as that of the hunter, whose high-wrought nervous actions may require to be toned down—or in cold, damp, or hot climates, in marshy districts, or with insufficient food or shelter, and under other exceptional circumstances of daily life, the use of tobacco may be comparatively innocent, and in some cases may supersede the habitual resort to wine, opium, or spirituous liquors, and thus may claim the privilege accorded by common consent to the lesser evil. As a means of assuaging the pain of excessive fatigue of labours, of mitigating the pangs of hunger, or of subduing mental distress—among those, especially, not over-burthened with the good things of this life—there appears much to be forgiven in the use of tobacco. At all events, an indiscriminate censure of it, even if it were just, would be ridiculous. In most countries where tobacco is now extensively used, its use was prohibited by the ruling powers, at one period or another, under stringent penalties; and wherever its use has become almost universal, we find, on consulting historical records, that the prohibitions were the strongest and the penalties most severe. But in town life, and among our rising youth especially, none of the conditions which render the habit of smoking excusable, under certain extenuating circumstances, can be said to exist. There is not even the excuse of want of variety, or that sinking of the spirit, as in remote and solitary places, which makes smoking partly a sedative, and partly a mechanical habit of passing away the tedious time. It is not necessary for our rising youths to dissipate mind and body in this manner. Self-respect will suggest some more active and ennobling employment for mind and hand, or at least will induce the well-disposed to refrain from countenancing, by presence or participation, the bad example of others. When we consider that in the act of smoking of one quarter-ounce of tobacco, there may be imbibed into the system two grains, or more, of one of the most subtle of all known poisons—scarcely inferior in virulence to prussic acid, a single drop being sufficient to kill a dog—one might as certainly expect immediate symptoms

of disease from tobacco smoking, as from any other poison, did not nature come to the rescue, by adapting the system to the unnatural conditions imposed upon it. Nicotine, however, is not the only poisonous principle of tobacco; the oil distilled through the tobacco-pipe, as in a retort, is not only disagreeable and acrid, but narcotic and actively poisonous. Under its influence reptiles die instantaneously, and some of the wild people of the earth wisely employ it for that purpose.

I shall dismiss this disagreeable subject, and refer to a matter more immediately connected with the dignity and interests of our body. In contemplating the progress of the profession at large in public estimation, we cannot fail to be struck with the increase of individual pursuit of special branches of medical, surgical, and pathological science. This division of professional labour has reached such a pitch in our metropolitan cities—Dublin, London, and Edinburgh—that the profession and the public are equally advantaged thereby. In consultations, as we have constant occasion to know, certain great names are appealed to, as of the highest authority, in the last resort. Individual members of the profession, it is also observed, who are shining lights in their speciality, are frequently the most generally accomplished in other respects. This is only what may be expected, since he who confines himself to one chosen department of his profession, will not only be more likely to excel in that, but have more leisure for excellence in other things. This town, though large, and rapidly increasing, may not yet be large enough to admit of that metropolitan division of labour which we see in great cities; and it must be admitted that we, who depend on general practice, must be content to practise generally. Yet I would wish to observe, that I think a tendency to special pursuit, in such of our body as are of my way of thinking, must be of signal advantage, alike to the individual, his professional brethren, and the public. Medical men can have no motive to refuse acceptance of that leading truth of our age, that progress in the arts and sciences is a direct result of the division of labour. As special eminence in particular branches becomes more general, our profession, in theory at least, might be expected to become, if not less competitive, more co-operative, since it is but reasonable to suppose, that as each became an authority in his peculiar walk, his professional brethren would defer to his authority therein, and a mutual deference and respect arise from special individual eminence. Of course we must expect that this devotion to one speciality will be limited, and in some degree hindered, by the circumstances of our individual positions. I only repeat, that the division of professional labour, where practicable, is desirable, and tends to the advancement of the dignity in which is involved the interests of our profession.

Gentlemen—for the honour you have done me, for the uniform courtesy and kindness which you have always shown towards me—I heartily thank you. I now leave this chair to an able and worthy successor; and my sincere hope is, that this Society may continue to prosper—prosper it must—because it is useful, and useful because it is practical.

Dr. Moore then left the chair, which was taken by Professor Ferguson; and thanks were voted to the President and the other officers of the Society.

{Rough minute book: Dr. Ferguson in the chair.

Moved by Dr. Murray and seconded by Dr. Drennan That the thanks of the meeting be given to Dr. Moore for his conduct.

Dr. Heeney and seconded by Dr. M'Mechan That the thanks of the meeting be given to the Secretaries.

Dr. Patterson and Dr. Stewart That the thanks of the meeting be given to the Treasurer.

That the President be requested to permit the publish his address.}

**Council** Special Meeting of Council August 4<sup>th</sup> 1858.

President in the chair. Present Drs. Heeney, Patterson, Halliday, Dill, Wales, Murney & Cuming.

Moved by Dr. Patterson and seconded by Dr. Dill and resolved unanimously “That a testimonial in favour of the appointment of Dr. Murney to the chair of Anatomy in the Queen’s College (in case of vacancy), be drawn up by the President and Secretaries, and that an adjourned meeting be held on Saturday to consider same.”

**Council** Special Meeting (adjourned) August 7<sup>th</sup> 1858.

The President in the chair. Present Dr. Patterson, Wales, Bryce, Cuming.

Moved by Dr. Patterson and seconded by Dr. Bryce that the following testimonial to Dr. Murney be adopted.

“The President and Council of the Clinical and Pathological Society having had frequent occasion to avail themselves of the anatomical and microscopical skill of Dr. Henry Murney have great pleasure in bearing testimony to the extent and accuracy of his acquirements in Anatomical and Physiological Science.

During several years Dr. Murney has dissected for the Society the various specimens of monstrosity and those of a morbid character which have been brought under their notice and has examined microscopically numerous examples of diseased structures.

The President and Council have thus had many opportunities of becoming acquainted with the varied character of his knowledge of all subjects connected with Anatomy; as well as of observing the singularly lucid and happy manner in which he conveys the

results of his examination. They therefore consider him to be eminently and peculiarly qualified to fill the chair of Anatomy in Queen's College with credit and advantage to the institution."

APPENDIX 1

A CASE OF CONGENITAL FISSURE OF THE  
STERNUM.

BY F. W. PAVY, M.D.<sup>1</sup>

E. A. Groux, the subject of this defect, is a native of Hamburgh, 25 years of age, below the average height, and although a little thin and pale, yet appears in the enjoyment of pretty good health. I will first sketch you an outline of his history, which I am sure you will consider not altogether devoid of interest. He tells me that he just remembers, when about four or five years old, being taken by his family doctor to a Medical Society at Hamburg; but for what purpose he scarcely then understood, nor did the interest of his case fully occur to him until within comparatively a recent period. He was aware that his chest was not exactly like other people's, but he did not know that there was any special interest connected with this malformation.

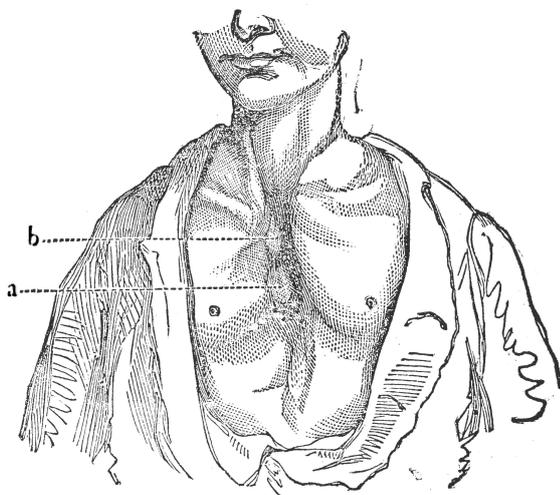
About 1850 he was over in London, residing with a relative moving in a comfortable sphere of life, and was attacked with cholera. His recovery was protracted, he was for some time under medical attendance, and then it was that his defect was made known to the profession. He was taken about as a curiosity to our leading physicians, amongst whom was Dr. Babington, who brought him down to Guy's, and had a couple of models made of him by Mr. Town, which are preserved in our Museum. I took him across to Mr. Towne's room the other day, and we compared his present condition with these models, to see if any change had taken place. We noticed that the clavicles and the lateral margins of the sternum had slightly approximated, so as to render the groove narrower than it formerly was, during a quiescent condition of the chest.

To proceed with our sketch. He afterwards returned to Hamburgh, and being seized with an attack of hæmoptysis he was recommended to leave the situation he held in a house of business which kept him confined all day, and to go into the country for a time. It now occurred to him to put in practice the suggestion, which, he says, had often been made to him, viz.:—to travel, and show himself to the medical celebrities of the different countries. Starting for Hanover in 1851, he found his expectations realized; and since then he has been visiting all the principal places on the Continent, including France, Germany, Belgium, Holland, Spain and Russia, and to judge from his appearance, one would certainly conclude that he made it thoroughly answer his purpose. He was in London for a short time, about two years ago, and

<sup>1</sup> [Extract from the *Medical Times and Gazette*, Nov, 21, 1857.]

after a short stay now, he intends to proceed to the provincial towns where medical schools are attached, and then to Scotland and Ireland. He carries with him an album, in which he gets one to insert one's opinion of his case and to sign one's name. So that, having been to nearly all the most distinguished men of our age, his album presents a most interesting collection of autographs, and at the same time testifies the interest his case has elicited.

On getting him to expose his chest, we notice in the medium line a longitudinal groove which is represented in this drawing that I requested our artist to make of him. The groove of course corresponds to the absent portion of the sternum. It is bounded on either side by a continuous hard ridge, which constitutes the lateral margin of the bone, and articulates with the costal cartilages. The skin passes naturally over the chest from one side to the other, but we see it raised on one part of the groove by a pulsatile swelling (*a* in the sketch), which occupies the position of the right auricle. The clavicles and the two margins of the sternum above have no connexion whatever with each other; but below, the latter are joined by a hardish substance which holds the situation of the ensiform cartilage, and forms the lower boundary of the groove. The substance, however, must essentially differ in structure from cartilage, for it possess such elasticity as to allow him under the influence of the pectoral muscles, when the upper extremities are fixed to open the grove to an extent of very nearly three inches; it being only a little more than half this width, at its widest part, which is opposite the third and fourth ribs, when the parts are in a natural state. By approximating the arms the end of one clavicle may be made to overlap the other. The muscles of the neck have their normal attachments, although it seems when he takes a deep inspiration, from the cutaneous fold that is produced, as if the sterno-



hyoid and -thyroid muscles of the right side of the neck crossed over to be attached to the left piece of the sternum. But if these muscles be called into action by the process of swallowing, they may be seen to pass down to be attached on their proper side. If he be requested to cough the right lung suddenly protrudes from the chest through the groove, and ascends a considerable distance above the right clavicle into the neck.

The great point of interest, I conceive, connected with this case, is the exposure of the action of a portion of the heart, which is normally hidden from our view. We know well enough: upon examining our own bodies, the exact moment the ventricles are contracting, from the shock communicated to the thoracic parietes: but we have nothing similarly to guide us with regard to the auricles. A case, therefore, in which the action of an auricle is to be witnessed cannot fail to merit our deepest interest and attention. Now on looking at the groove a pulsatile swelling is discernable opposite the third and fourth ribs (*a* in the accompanying sketch). In its ordinary state it scarcely forms a projection except at the moment of pulsation, but if the respiration be suspended it rapidly rises to an enormous extent, measuring then even three inches from above to below, and remains full and tense until the breathing is restored, when it soon subsides. The tumour distinctly pulsates with the contraction of the ventricle and the production of the first sound of the heart. It rises rapidly and suddenly, and instantaneously afterwards falls with that peculiar thrill, wave or vermicular movement proceeding from above to below, which I have pointed out, as, at this period of the heart's action, running through the parietes of the auricle of the dog. It then remains at rest until again distended by a fresh contraction of the ventricle.

From the behaviour of this pulsatile swelling, so precisely corresponding to the action of the auricle in the dog, there is not a shadow of doubt in my own mind of its being formed by this portion of the heart: its position, however, would also lead us to a similar conclusion. You will perceive, therefore, admitting such, how this case corroborates what I have stated about the action of the mammalian heart (the contraction of the auricle immediately following, instead of preceding that of the ventricle), and stands in opposition to what we are ordinarily taught.

Between the clavicles (at *b* in the sketch) there is another pulsatile swelling, which can be scarcely seen, but may be easily felt. It is doubtless formed by the arch of the aorta, and when the fingers are placed on it, a double shock synchronous with the distension and the recoil of the vessel, or the opening and the closure of the semilunar valves is perceived.

Belfast Clinical and Pathological Society  
Sixth Session: 1858–1859  
President Samuel Browne

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY

SIXTH SESSION  
1858–1859.

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SURGEON BROWNE, R.N.

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Council.

Dr. PIRRIE.	Professor GORDON.
Dr. DILL.	Dr. HEENEY.
Dr. PATTERSON.	Dr. BRYCE.

**Council** October 27<sup>th</sup> 1858 (Wednesday).

President in the chair. Present Drs. Halliday, Dill, Moore, Thomas Reade, Murney, Wales, Heeney, & Cuming.

Moved by Dr. Reade seconded by Dr. Dill "That the specific notices of motion for discussion at monthly meetings appear in circular."

Circular was prepared.

Recommended that as far as practicable case be put in writing.

Moved by Dr. Murney seconded by Dr. Halliday that the opening meeting be announced by advertisements.

Moved by Dr. Dill seconded by Dr. Heeney "That advertisements be inserted in the Whig, Mercury, Newsletter, Ulsterman, and Banner newspapers."

The Librarian was directed to supply money for purchase of coal.

{Rough minute book: Note to Dr. M'Cormac about subscription.

Members proposed Dr. William M'Cormac, Dr. Moore & Dr. Cuming.}

THE FIRST MEETING.

30th October, 1858.

At Three o'clock, the President, Surgeon S. BROWNE, R.N., took the chair, and proceeded to deliver his inaugural address to a large and attentive auditory of members, students, and visitors.

Paper:<sup>1</sup> GENTLEMEN,—Having been called to the presidency of this association, my first duty is to return you my sincere thanks for the respect and confidence thus manifested, and the honour conferred—an honour which I deeply feel and appreciate.

The sixth session of the Belfast Clinical and Pathological Society will, I trust, tend to our mutual improvement, the advancement of medical science, and the good of our fellow-men. This earnest wish, I am sure, animates each of us, and will stimulate us in our researches and in our inquiries after truth. The aim and great object of every such association should be to endeavour to examine carefully, dispassionately, and without prejudice, every question of practice submitted to our notice; to inquire as far as practicable into the natural history of every disease discussed here, and to ascertain as accurately as we can those elements in each which have tended to functional disturbance, or arrest of function—to permanent change of structure, or death; and, on the other hand, to determine, as far as our knowledge and experience permit, how much nature or how much art has been enabled to counteract, the workings of these morbid elements, to prevent their fatal tendencies, to remove structural change, to restore the natural functions—in other words, to produce in the system that condition which, we denominate "health."

These, gentlemen, are glorious objects, noble aims—the promotion of the welfare and happiness of the human family; and if, in our inquiries and labours, we are able to throw one mite of sound practicable value, one incontrovertible truth, into the treasury of medical science, our society will not have laboured in vain. Let us, then, earnestly and deliberately set to work.

Each of us should think and examine for himself; and, not relying alone on early teachings, early prejudices, and empirical doctrines, bring the force of reasoning and individual experience to bear on every dogma, every question concerning disease. Every question must be tried in the strong light of reason, for every principle of practice must admit of a rational solution, otherwise we cannot admit it to be of practical value, or an unquestionable truth.

It has, I fear, in all ages, been the habit of our profession to vaunt overmuch certain powers which we

<sup>1</sup> [Samuel Browne's Presidential address was kindly supplied by the National Library of Medicine, Bethesda, USA. It was discovered in the catalogue by Mr. David Crawford, one-time Librarian at Queen's University, Belfast, and a copy was forwarded by Mr. Stephen Greenberg.]

undoubtedly possess, and to trust nature too little. That is, when cure of disease has been effected, they have given all the credit to the means used, and have almost, if not entirely, ignored the healing powers of nature. This distrust of nature, and this over-confidence in the powers of medicine, still, to some extent, prevail; and we all, I admit, are still too prone to consider that drugs do more than they really can accomplish in disease. But, while I say so, I do not mean to affirm that our *materia medica* does not possess many inestimable medicines which have great curative powers, whose efforts in aiding the system to struggle with and to repel disease are not most palpable and beyond question. But I do believe and assert that, in all times, the trust in drugs has been too great—the confidence in nature too little. At one period, indeed, in the medical profession—and that not very remote—this reliance on medicaments became so overweening that special drugs were considered to be quite specifics in the cure of certain complaints, and that every symptom almost required a separate medicine—every manifestation of disease a new medicament; hence the unhappy patients were drenched and re-drenched, under the impression, it seems, on the part of the practitioner, that the *materies morbi* could be thus, as it were, washed out of the system; and hence, too, our *pharmacopœiæ* became laden with multitudes of simples and compounds, many of which were inoperative, or worse than useless.

Now, a social evil of such magnitude—even maintained, as it was, by the professors of the healing art—could not have been endured by the community had it not been for the extreme ignorance which existed in the public mind regarding questions of medicine, and had not the most absurd notions prevailed with respect to the causes of disease, and the means that were believed to be capable of removing them. Even at this day the same indefinite and foolish notions prevail among all classes not of our profession, regarding the powers possessed by the physician over disease, so that any amount of boasting—any extravagant assertion—is received by many, even of learning and station, with implicit confidence, and the man who lauds his cures and extols his specifics most is often considered a person of pre-eminent abilities.

But, to return to the period when the drug and heroic systems most prevailed in the treatment of disease. Such a state of matters as that to which I have referred could not long exist, when enlightened members of our profession began to look into the nature of diseases, their causes, mode of production, their progress and natural issue. Such inquirers very soon ascertained that many of their former dogmas and speculations were based on false principles, and that many of the means they had adopted in practice were calculated more to disturb or arrest the efforts of the system in throwing off disease than to promote a cure, and that many of the then boasted remedies were either

inert, had very little effect, or were even injurious—while few, very few, of them, indeed, could be considered as specifics.

Hence commenced a revolution in the practice of medicine—a revolution which has progressed up to the present day, and which was originated and has been carried on by the legitimate professors of the healing art—not as has been supposed, and has been asserted, by Hahnemann, his disciples, and successors—who have produced and maintained the most irrational system, the shallowest charlatanry that was ever imposed upon the understandings of men. No, gentlemen, long before the promulgation of his absurd and untenable doctrines, the revolution in medicine which I have noticed had commenced; and the observant members of our body had discarded much of the prevalent heroic practice, and the drugging system, and had seen the necessity of trusting more to nature, and less to the articles of the *materia medica*. And, in proof of this statement, in opposition to the assertions of the homœopathists, I have merely to refer you to the writings of Gideon Harvey and Ernest Stahl, published more than a century and a-half since.

It is true that, long since that period, the heroic practice has been taught in our schools, and carried out by the profession, but it is not less true that, even antecedent to that date, many physicians, distrusting the efficacy of medicine, had pursued a partial or complete expectant system in their practice. I make these remarks simply to show that the reformers of practical medicine were long antecedent to the promulgator of the infinitesimal nonentity—that most miserable fallacy, the most wily yet shallowest pretence that ever duped mankind. To this system it is my intention to refer more specifically presently; but I shall premise that inquiry by stating what the legitimate medical art is—and what it is not; what it professes to do—and what it does not profess; what it can accomplish—and what it never can.

In making these observations, I shall confine myself to the subject of medical art, as exemplified in the practice of the physician. The science of surgery is of a less occult character—its power and efficiency admit usually of easy illustration, its manifestations are generally more positive and unquestionable, and hence cannot be used by the quack juggler in his medical legerdemain. Regarding it, the accomplished author of “*Nature and Art; in the Cure of Disease*” has written:—“Surgery, indeed, must be always admitted to exhibit the least equivocal successes, and the most splendid triumphs of the art.” Then, having enumerated several of these triumphs, he continues:—“It is, indeed, to such facts as these—it is to surgery, even taken as a whole—that the practitioner conversant only with internal diseases, and possessing no other means of combatting them but the feeble and uncertain armoury of drugs, must often look up for consolation in his difficulties. It is a perpet-

ual comfort for him to know with certainty that in one of the fields of its display, at least, the noble art he professes leaves no room for doubt as to its vast powers, or as to the incalculable good worked by those in the cause of humanity; and this knowledge yields, moreover, a perennial and lively stimulus to his exertions, by fostering the hope the time may yet come when the treatment of internal diseases may attain something of a like certainty and power." This, certainly, is a "consummation devoutly to be wished," and may we not look forward to its almost complete accomplishment, when we remember the vast strides which physiological research, pathological investigation, and chemical analysis have made within our own day, all tending to the illustration of diseases, their nature and origin, their progress and products, their probable results, and the means by which they are best prevented, mitigated, or cured?

These aspirations, these researches, are ours; they constitute, or should constitute, the daily duties of the physician; they are the foundation of the noble science of medicine, whose divine object is to alleviate distress and pain, to mitigate the penalties of disease, and to restore health, and, consequently, happiness, to every afflicted son of man. This is legitimate medicine, and, when practised, can claim the power of preserving and continuing life when all other arts fail to do so; when all other appliances are unavailing; and can render life still enjoyable when, without the relief and support it supplies, the world and all of its pleasures, would only be distasteful, and the prolongation of existence would be but one long-drawn scene of suffering and distress. This is medical art—the prevention, mitigation, or cure of diseases by those means which reason and experience point out, but it is not the part of legitimate or rational medicine to say that every disease can be certainly remedied by certain special means, and that too, independent of nature. That this medicine, or that appliance, will surely cure certain morbid conditions of the system, and that, too, without any reference to the sthenic or asthenic condition of the body in which the disease has been manifested—such would be mere empiricism, and closely allied to the very worst species of quackery.

Now, what does the legitimate medical art profess to do? It claims the power of preventing, mitigating, and curing diseases, under certain conditions, always having due regard to the efforts of nature, and especially taking care not to disturb her sanative course by using heroic, and, consequently, injurious means. This regard of nature—merely watching her progress in the effort to cast off disease, and aiding her when these efforts seem unequal to the struggle, or when they fail— is the distinguishing characteristic of the physician of the present day, who, while he has due faith in those remedies which experience and the demonstrations of pathology have taught him rightly to apply, has also due faith and confidence in that vital principle of the

living body which, from the first manifestation of diseased action within it, till the final cessation of that disease, ceases not to resist or repair the inroads made, and only ends that struggle when it has conquered or has been overcome.

With regard to the preventive powers of the medical art, no one who knows anything of medical history can entertain a feasible doubt. Every one who has paid the slightest attention to ordinary sanitary operations, public or private, must have been impressed with their efficacy in preventing disease. There cannot be any question of the potency of hygienic medicine in eradicating the prolific causes of most of our febrile and inflammatory complaints, thereby saving life without the risk and struggle for it, and hence benefitting society in a twofold manner. This is a vast field, as yet but little cultivated; but the results, so far as tried, have been most satisfactory, and lead us to believe that we could calculate upon vast, and almost inconceivable, benefits, were hygienic operations carried to their utmost practical extent. That they have not been so pursued is not the fault of our profession; we have the power to demonstrate and recommend, but we cannot always enforce even the most salutary and imperatively required sanitary operations. Ignorance, apathy, narrow-minded interests, and numberless other antagonistic elements, meet the medical reformer at every step, and too often thwart his best hopes, his ablest and most philanthropic designs.

The second principle which the legitimate medical art professes is the power to modify and mitigate the manifestations of disease; and this it is enabled, every day, to accomplish, in allaying internal or outward pain—in soothing wounds, bruises, and burns—in relieving headache, sick stomach, heartburn, strangury, constipation; and the like—by plain, rational, and demonstrable remedies, suited to the object in view. It would be mere impertinence on my part to specify these special remedies, as every one of you is aware of their proper application; and no man of observation or experience will, for a moment, doubt that, in the list of our pharmacopœia, he has many medicines which do, when duly exhibited, at once alleviate any of those morbid manifestations which I have named. This, then, is a positive and undeniable power which medical art possesses, and is as capable of proof as that fire applied to water will cause it to disappear in the form of vapour, or that the same water, under different circumstances, by the application of cold, will be converted into the solid material of ice.

The next principle which we maintain is, that legitimate medicine possesses the power, not only to modify, but, under certain conditions, to cure disease. There cannot be a question that nature uninterfered with by drugs, and having fair scope for the exercise of her innate sanative power, will, especially in many acute diseases, overcome the morbid perturbations of the sys-

tem, restore the normal functions, and bring about that comparative state of the body which we denominate health. But how seldom is it that nature has this fair play—this requisite, uninterrupted exercise of the restorative functions. Few, if any of the sick, are so circumstanced that they may not be said to be placed in a condition unsuitable, in many respects for the wholesome action of the *vix medicatrix naturæ*, and this may arise from necessity, ignorance, or the pseudo-medical knowledge of the patient or friends.

Take, for instance, a case of measles, scarlet or ordinary fevers, and see how much necessity, ignorance, or pseudo-medical skill may complicate the complaint, and retard, if not entirely nullify, the efforts of nature to shake off the disease. Then it is that the first display of the curative powers of the medical art comes into operation. The experienced physician at once sees what it is that interferes with the natural progress of the malady. Necessity, in one case, compels the unhappy patient to be in a low, damp, badly-ventilated situation, without nourishment—without the means of cleanliness; ignorance, in another case, excludes the light and air, and heaps on loads of bedclothes, and pours down floods of warm drinks; while, in a third case, the pseudo-medical knowledge of the patient or his friends employs all the domestic remedies, from a teaspoonful of sulphur, to a glass of whiskey punch, or from the hot posset, drugged with saltpetre, to the cold and nauseous draught of Epsom salts. Now, what are the curative means which the experienced physician first employs in the instances I have just related? He merely vindicates the rights of outraged nature. He removes the first case into a pure, dry air, administers proper nutriment, gives a cleansing bath, and supplies fresh linen; in the next, he admits a due supply of light, ventilates the apartment, reduces the clothing, forbids the tepid inundations, and allows the use of pure cold water; while, in the third, he employs similar conditions, and strictly excludes every portion of the previous domestic drenching. Having done so, he quietly watches the progress of his cases, and, in almost every instance, he finds that he has done all that art requires him to do. Nature accomplishes the rest. Yet, in all these instances, though he never has exhibited a single drug, will any reasonable man say that, by his knowledge of medical science, he has not accomplished all that could have been done—namely, by having put his patients in the right road to recovery, the disease has been cured? Nay, more, has he not thus simply proved the first principles of the curative power of medical art, by his having removed the impediments which obstructed nature in her struggle with disease?

But let us now inquire whether there are not instances in which medical art can do more—namely, effect the removal of disease by the due administration of drugs, and in which, without their exhibition, the morbid action must continue—nature being unequal to

the contest—until either the complaint had destroyed life, or had effected such changes of normal structure as to prevent, for the future, the due performance of the proper functions of the organ or organs so injured! Every member of our profession, of even limited experience, will at once be able to point out a large number of diseases, both acute and chronic, in which the exhibition of medicinal remedies of undoubted powers is essential to their cure, and which, without such remedies, would unquestionably lead either to disorganization or death. For example sake, permit me to refer to one or two of these. Let me instance acute inflammation of a large joint, acute dysentery, inflammation of the cornea, specific or ordinary Iritis. In all of these cases we have palpable ocular demonstration of what is going on; we know, in each case, what the result is likely to be; and, while we see that nature, as in every other instance, battles with the morbid affection, step by step, we no less plainly perceive that her unaided efforts must end either in death or destruction of the functions of the part affected. We apply known suitable remedies, and we just as plainly see that the diseased action ceases, the morbid products are removed by a natural process, and the healthy condition and functions of the part are restored. Here, then, gentlemen, we have positive examples of the curative powers of the medical art, and in which it acts as the potent ally and subservient handmaid of kindly nature, which ever responds to every judicious effort in her behalf, but which as surely resents every interference which disturbs her operations, or which tries to act contrary to her established and unalterable laws.

For there cannot be any doubt that the functions of all organised bodies are guided by laws as certain and unalterable as those which compel the planetary system to observe their special orbits; and if so, it is clear that whatever interference we make with organised bodies must be in consonance with their peculiar laws. This it is which creates the greatest difficulty of medical practice. Observation and research require to be constantly exercised, and the precepts of experience to be ever kept in view, to enable the physician to judge aright of those disturbing causes which constitute disease, and to select those remedies which will not increase the existing disturbance, or set up more dangerous perturbations in the system.

That we are still very far from being able to select the remedies most suitable for every diseased condition we must all admit. We do not profess to be able to remedy every disorder. We cannot contend successfully with many; in the presence of several we are almost helpless; yet we do not despair. It is our duty humbly to estimate our powers—the curative powers of medical art. But, knowing, as we do, the value of preventive and palliative medicine, whose operations are evident, and usually unquestionable, we do hope that to the undoubted curative means we already possess, accurate

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observation and experience will add many others, so that we shall be better prepared to contend with disease, under every form, and to afford to nature, when disturbed, and when assistance seems essential to the well-being of the individual, a succour more certain and consonant with nature's laws.

The principles which I have thus endeavoured to enunciate may not commend themselves to all of you. Some of my brethren present may have a higher estimate of the curative power of medicine than I profess; but I believe that the greater number of those who have passed more than twenty-five years in arduous practice, and who will calmly sum up individual experience, will admit that many views of the powers possessed by curative medicine have been considerably modified since the time we first embarked in professional life.

But, gentlemen, in making all the preceding statements, I must not be supposed to yield—nor do I—one iota of the principles which guide and ennoble the legitimate exercise of medical practice. I have merely endeavoured to show cause for our still being hard students: that we yet have much to learn; that we have but little cause for boasting regarding the curative powers of our art; and that, while we know that we have learned much from physiological, pathological, and clinical investigations, we must still be humble observers of the laws of nature, and be content to keep pace with the progressive knowledge of a progressive science, and not attempt “to vindicate for our art the heroic character of a controller of nature and a conqueror of disease.”

And now, gentlemen, having expressed my individual opinion of what legitimate medicine is, and what it is not, what it professes to do, and what it neither professes to accomplish, nor, in our present state of knowledge, can accomplish—having fairly and, I believe, moderately, put forward a few of its claims to be regarded as a noble and invaluable art, and having also honestly pointed out its imperfections, I may, with every propriety, claim your attention while I endeavour to expose the fallacies of some of those systems which have been pitted in antagonism to sound, rational, legitimate medical science. In this review, I shall be, I trust, the exponent of your individual sentiments; for I have every reason to believe that every one of you regards these heresies in the same light that I do—namely, irrational and untenable as sound and comprehensive systems!

Homœopathy, as being the oldest of these fallacies—as being the most irrational and untenable of these heresies—as affording evidence of the greatest delusion, claims our first notice; and, as it has lately been brought before us under the title of “What is it?” I shall consider, and endeavour to prove, “What it is not!” Besides, this method will be but simple justice. As I have already reviewed legitimate medicine under similar heads, and as I have moderately and honestly shown

what medical science professes to do—what it can accomplish, and what it cannot—I may fairly devote like attention to homœopathy, merely promising that, while legitimate medical science is slow to assert anything regarding its powers, and boasts not of its cures, nor vaunts its infallible specifics, homœopathy is a system of illimitable assertion throughout—it boasts its wonderful (and impossible) cures, and has a specific for every human ill! And, certainly, if it do not succeed with the public, it is not from any lack of trumpeting forth its delusions as the very embodiment of “rational medicine!” “Rational medicine,” as exhibited in the form of a decillionth of a drop of the tincture of belladonna, being gravely pronounced a specific in scarlatina!

It is scarcely possible to believe that any medically-educated man, possessed of even very moderate reasoning powers, could conceive, much less believe, such a monstrous proposition; but as I must charitably suppose, there are some honest men who are sincere followers of Hahnemann, I am bound to accept the confession of their faith; yet must exclaim, O! the immeasurable extravagance of man's credulity! Alas, poor human nature! In the review which I am now about to take of the doctrines of homœopathy, I shall be specially careful not to state anything of “what it is” beyond what is contained in the writings of Hahnemann and his followers, even down to the latest blast that has been blown on a provincial penny trumpet. To the homœopaths I say, “Out of your own mouths shall ye be judged!”

It is evident that time will not permit me to do more than briefly refer to some of the leading doctrines of homœopathy, as I cannot inquire into the Hahnemannian assertion that itch, psora—common itch—is not only the cause of all diseases, but even of moral degradation and sin; that the shakings and titurations of the medicaments and infinitesimal divisions not only increase the dynamic force, but even spiritualise them; that the decillionth of a grain of any of their specifics not only effects the cure of disease, but that its presence can be positively demonstrated—that is, that one grain of sulphur can be detected, by physical signs, in a mass of water larger by some million times than the entire planetary system! Any inquiry into such extravagant assertions, which shock common sense, neither my time nor your patience would permit. I will merely say, that the instrument—the magnetoscope—which the homœopaths declared capable of detecting the decillionth of a grain of sulphur in a universe of matter turned out to be an acknowledged failure. An instrument, however, of a somewhat similar kind, enabled Faraday to expose the humbug and deceptions, of table-turning—a simple deception indeed, when compared with the extravagant and injurious delusions of homœopathy.

But to my text—“The theme neglected long!” “What is homœopathy?” Hahnemann, the founder of the practice, and his followers, tell us that it is based upon the

principle that like cures like—that is, that anything taken into the healthy system, and which produces certain indications of functional disturbance, will, in a disease which exhibits a like disturbance—that is, symptoms like the perturbed indications produced in the healthy body—remove the disorder, when exhibited with the view of curing it. And they instance Peruvian bark, sulphur, silex, charcoal, and various other substances, which, they assert, have been proved—that is, tested—on the healthy body, and which, having universally produced certain sensible effects, when thus tested, are known to possess wonderful power in the cure of disease. *Credat Judæus! Non ego!*

This little system seems beautiful and simple—very simple; but, then, it wants the main element which would render it of any value. It wants the essential element of truth. Who is there of us that has not tested the absolute untruthfulness of those pretences over and over again? How often has each practitioner here exhibited Peruvian bark, and its several preparations, in full doses and in moderate doses, for weeks together, and that, too, in the individual who seemed in ordinary health, without ever producing an attack of ague, or anything “like” ague? Has any one here ever seen sulphur produce itch, or create an evil moral propensity? Has any one here ever seen anything “like” the itch produced by the use of sulphur? or, has he ever observed any evil moral tendency generated by its administration?—an effect which it should have, according to the homœopathic system;—for Hahnemann expressly stated that, after twelve years of close and anxious observation, he fully believed psora, or itch, to be the germ from which all diseases had sprung; and some of his sapient followers improved upon this, by asserting it to be, also, the basis of moral turpitude!

Hence, if infinitesimal doses of sulphur cure the itch, it should, surely, remove the effects of the itch, moral or physical! It should, in fact, by a parity of reasoning, regenerate the world!—a hitherto, I believe, unexpected result, which must rejoice the benevolent heart of every moral reformer in the community, and for the discovery of which the discoverer, in justice, should be made perpetual president of some great reformatory establishment! The remarks I have made relative to bark and sulphur apply equally to the alleged “provings” of belladonna, aconite, arsenic, mercury, copper, and every other of those remedies which are said by the homœopaths to cure on the principle of *Similia similibus curantur*. No one who had not formed a foregone conclusion could have observed any such effects in the healthy body.

Imagination has a wonderful effect upon the human frame—a fact which every one of us is constantly in the habit of observing. Make a powerful impression on the mind, and the most marked results will ensue. This is one of the secrets of the homœopathic treatment. The homœopaths never stumble at the most extravagant

promises; unlimited assertion and unhesitating promise can effect a great deal, and well they know it! and fully carry out, at least, that knowledge in their treatment of disease. They adduce the example of the efficacy of their treatment in infantile diseases, and triumphantly say, “See what effects are produced by our globules—pillules is now the fashionable term—or drops in cases where imagination has no influence!” But they must recollect that in no case does Nature so fully demonstrate her healing powers as in these very instances. This fact every observant medical man knows, and hence, in the treatment of the diseases of children, he has the greatest confidence that the natural action of the vital principle will, in most cases, overcome the disturbing cause, and restore the disordered function. In the severest attacks of infantile diseases, as well as in those of adults, do the homœopaths ever resort to the remedies you or I would likely adopt—clothing these remedies, however, in the mystified garb that conceals all their administrations? They cannot deny that they do: some of them have admitted the practice; hence, who can ever be aware whether he is taking an infinitesimal, and, consequently, perfectly inert, dilution, or swallowing, in a concealed form the most powerful and dangerous of our pharmacopœial drugs? This may be honesty, but it seems to me very like old-fashioned assurance, not to say knavery.

But, to return to their *Similia similibus curantur*. The homœopaths say that all the medicaments they use have been tried on the healthy body, and their effects noted; so that any disease having symptoms “like” the disturbance caused by the drug in the healthy body will be cured by the administration of the self-same drug; and they furnish us with a long list of articles that, they say, produce such and such effects in the healthy individual, and, consequently, will, or “should,” cure such and such complaints. We say they cannot shew us any instance of the truth of these assertions, and that the supposed effect upon the healthy individual is the impression made on the imagination, and that alone. Can they adduce any instances in healthy children—children’s diseases being quoted as showing the curative powers of their treatment, uninfluenced by the will—where quinine, sulphur, belladonna, arsenic, aconite, or any other of their medicaments, inert or poisonous, produced ague, itch, scarlet fever, measles, cancer, or anything “like” these diseases? Perhaps they could tell us whether a healthy infant, if given powdered coral, would have heat, redness, and swelling of the gums?—symptoms very “like” teething—and that, hence, in teething, the best cure would be found in rubbing the gums with “a coral”? The suggestion, I believe, is new. The fact has not, that I am aware, been “proved.” The substance in question, however, is as well worthy of the “proving” process as either silex or charcoal. I hope the homœopaths—especially the young and enthusiastic, members—will value and act on the hint. I

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trust they will not feel themselves my debtors for it. They need not be uneasy, as, I assure you, I make them a free-will gift of the suggestion.

The next assertion, on the part of homœopathy, is, that having selected the proper drug, and having regard to “like curing like,” they can administer it in any quantity, from the third dilution—the millionth part of a grain or drop—to the 30th dilution, the decillionth of a grain! Some even go on to much higher divisions, and state that they can produce the most powerful effects and perturbations in the system of the patient, and thus cure the disease. Nay, more, they further assert that the more infinitesimal the dose, the greater becomes the dynamical value of the drug! Can the force of credulity, the arrogance of folly, and the assumption of impudence carry men farther? They can, as homœopaths, with a fearlessness that borders on blasphemy, assert that their system is a substitution for nature, that it takes her place, and, despite of her efforts, is the conqueror of disease! “The decillionth of a grain of sulphur causes such fearful perturbations in the system that some days must elapse before it can be safely repeated.” So says the propounder of the homœopathic doctrine. A grain of sulphur dissolved in all the water that has ever been upon the face of this globe, since creation’s dawn, according to the homœopathist, causes fearful perturbations in the human body, when diseased! And, as it is said thus to cure the itch, it must, of necessity, cure all bodily diseases, and insanity, and moral turpitude, which the homœopaths assert, originate in the itch. Itch, in fact, being the germ whence all diseases have sprung, it is the true type of original sin!

Gentlemen, I will not tire your patience or insult your understanding by pursuing these monstrous absurdities further. But, were I addressing the public, I would consider it my duty to go more into detail, and hold out a beacon to warn them of the shallows, and quicksands, and dangerous reefs, which surround the barren soil whence homœopathy has sprung. And yet, perhaps, it would be labour in vain, for the history of man, from the earliest ages down to the present time, shows that the “many-headed monster,” the public, has vast numbers of empty crania that are ever ready to receive any doctrine, howsoever absurd—any canards that have mystery enough about them to be totally beyond comprehension; the greater the deception the more compliant the public—the firmer its belief. We have had demonolatry, witchcraft, palmistry, the royal touch, the hanged man’s touch, spirit-rapping table-turning, clairvoyance, electro-biology, mesmerism, and Pulvermacherism, worshipped, or followed, or believed. We have Kinesapathy and hydropathy contending for the curing of all diseases, each vaunting its peculiar powers—that is, whether the system of pushing and shoving, of pounding and shaking, or that of sluicing and “packing” and rubbing, shall be most fashionable and most patronised. And then, above all the rest, we

have homœopathy pre-eminent in assertion, boasting, and promise, taking the lead of all other quackeries, and simply because it has the triple pre-eminence I have named, and is, above the rest, totally beyond comprehension.

One or two more inquiries, and I have done. The homœopaths say that we abuse them and the system—themselves without a cause, and the system without trying it. One would suppose that they have been made martyrs of—the most submissive of martyrs—too good, too “spiritualised,” too conscientious—to retort at all; while the truth is, that from Hahnemann to the latest disciple that has felt himself “dumbfounded,” every abusive epithet has been heaped upon us by the homœopaths, who have never ceased to revile in public, but especially in private, a profession which most of them were bound to honour and revere—a profession which many of them would have never left had they studied or known it—a profession in the ranks of which some who have left it would still be found had they been able, by the practice of legitimate medicine, to succeed. The latter, however, are more to be pitied than despised. Then, again, they tell us that they have forsaken legitimate medicine “for conscience sake”—actuated by its dictates alone—they have courted what they lead the public to believe is nothing less than professional martyrdom! It may be so; and, yet, I have seen some of these martyrs looking very lively, and carrying, themselves with a rather jaunty air! Perhaps, that is the way that homœopathic martyrs exhibit their afflictions. Of course, I believe they feel they are martyrs. Maybe it is that there must be “Mawworms” to the end of the world, and that these men but fulfil their destiny. Does the unit, however, when he boasts of his “conscience,” believe that the ninety and nine, from whom he has retrograded, possess any of that principle? Let us hope, in all charity, that he does. Still, the fact remains behind, that Hahnemann and his followers have usually stated that those of the “old school” are “insensible to the stings of conscience.”

In connexion with this part of the subject, I may say that the causes assigned by some of the conscientious converts to homœopathy may strike them as very conclusive, but, in my opinion, are the silliest and most puerile causes—reasons I cannot call them—that were ever adduced in support of a conscientious movement; in fact, they are such as to leave very serious doubts that “conscience” was not the sole or principal impelling motive. The homœopaths occasionally boast of the intelligence and learning and high status of the members of their body. That there are learned and intelligent and clever men who have apostatised from legitimate medical faith I do not question. We have seen learned and intelligent men, in all ages, embracing and practising every species of deception; therefore we cannot suppose that homœopathy should present an exception; but that they had attained high professional status

I most emphatically deny. Where are their great men—great in the eyes of the profession before their conversion to homœopathy? They may boast of them; but I confess I am not aware of their existence.

Now, let me sum up what I conceive homœopathy is, and what it is not. In the first place, then, the system, being based upon a false assumption, must of itself be false; it is erroneous in principle, and irrational in practice. It is a system of extravagant assertion, rich in promise, but excessively barren in results—save dead failures. It pretends to place value upon physiological investigations and researches, while, in practice, it entirely ignores their teachings, and sets itself up in direct opposition to all who are guided by the information which pathology and physiology supply. It is professed and practised, I believe, by some sincere, but, certainly, silly men, who cannot understand that *Nihil ex nihil fit*—that, in fact, in giving their infinitesimal dilutions, they are exhibiting nothing, and are unwittingly practising, it may be, a harmless, but, as likely in the case of disease, to be a fatal delusion; while on the other hand, I am persuaded, from what I have seen, that there are many men who have no faith in the so-called science of homœopathy, but have a strong faith in the deception that can be practised upon the public, and thus make it available in a pecuniary point of view. Such are the men who practise, in conjunction with a clairvoyant, and prescribe according to the revelations of a “medium!” Such are the men who give full pharmacopœical doses, concealed in their pillules and infinitesimal-like globules. Such are the men who have faith in nothing beyond the powers of extracting money from the pockets of the community. These are my views of homœopathy—“what it is,” and what it is not; and I leave it to all honest men—to all rational men—to say if, in its revelations, they can see any cause “why it should be adopted?”

One or two more words, and I have done. In inaugurating the sixth session of the Belfast Pathological Society, I felt it my duty to draw a contrast between the science which is based upon pathology and some of those systems by which its doctrines are ignored. Time and the proper limits of an address have permitted me to refer only to a few of those principles which distinguish legitimate medicine from all spurious and antagonistic systems; but, in addressing gentlemen of scientific attainments, intelligence, and experience, like these whom I have the privilege and high honour to address, I feel that I have said enough. We are associated for the purpose of scientific research and the investigation of disease. Let us, then, pursue these investigations with earnestness, and in the spirit of free and impartial inquiry. We are associated for the interchange of thought; let that interchange all tend to the advancement of the noble and generous art we profess; and, while we feel that this advancement is for our individual good, let us remember that it has much higher

results—mightier tendencies. For, by the progress of the healing art, the health and social happiness of the world must be materially enhanced and promoted.

In conclusion, let me, once more, gentlemen, thank you for the honourable position in which your kindness has placed me. I cannot hope to equal some of my distinguished predecessors in the ability with which your deliberations have been conducted; yet, by your aid and forbearance, and by sincere devotion to the intention and interests of your society, I hope I shall fill the presidential chair so as to merit your approbation.

At the end of his address the president was greeted with prolonged applause, and he was unanimously requested to have the address published.

The PRESIDENT next introduced an infant, aged six weeks, affected with aneurysm, by anastomosis engaging the left orbit and eye-lid. He promised to give the history and his views of the case on the next meeting.

#### Council November 3<sup>rd</sup>. Ordinary Meeting.

President in the chair. Present Drs. Wales, Murney, Dunlop, Bryce, & Cuming.

Circular was prepared.

#### SECOND MEETING.

6th November 1858.

The President in the Chair.

#### Extensive Caries of Femur.

The SECRETARY exhibited a portion of a femur forwarded by Dr. Babington, of Derry, the history of which is briefly as follows:—A girl, aged 20, by a fall, fractured the femur high up. She was admitted to the Derry Infirmary in December, 1857. In seven weeks union had taken place, and she could move about on crutches. While thus favourably progressing, she got another fall. Pain and swelling in the limb succeeded, producing disinclination, rather than inability, to move. After improving for some time, she again, in February following, became worse, her health failing, and the local symptoms increasing, and so continuing till July. At this period the limb was becoming swollen and tense, exhibiting on its surface several greatly enlarged veins. On July 14th an ulcerated opening appeared at the upper part, through which a small quantity of unhealthy pus escaped. No palliation ensued. She was now exhausted, and her nights were marked by sleeplessness and occasional convulsions. On the 4th of August there was considerable hæmorrhage from the opening, and on that night she died.

Autopsy:—Cutting into the thigh, an enormous quantity of grumous blood and sanies escaped. A large bloody tumor occupied the entire of the upper

part of the thigh, and communicated with the external opening. In the site of the tumor there was no muscular or osseous structure, except a small, thin portion of bone, adherent to what seemed to be the remains of periosteum. The acetabulum contained two thin bony plates, the remains of the head of the femur. Its articular cartilage was absorbed, as were also the ligaments of the joint, and its surface was rough. The portion of femur remaining (exhibited) embraced the lower two-thirds, the upper half of which presented extensive caries, partial absence of periosteum, and recent bony formations. The lower portion was normal, as were also the surrounding structures. Dr. Babington, in his note with this case, called attention to its being very similar to a case of Mr. Browne's, detailed in *Dublin Quarterly Journal* for May, 1858.<sup>1</sup>

The PRESIDENT and Dr. MURNEY concurred in Dr. Babington's view.

Professor GORDON thought differently, as he and Dr. Cuming, in examining the contents of the tumor, in the case referred to, found characteristic cancer-cells and structure; while in Dr. Babington's case the presence of pus opposed the view of identity, however like the history in each case. The one case Professor Gordon considered true medullary sarcoma; the other he thought non-malignant.

The PRESIDENT could not agree with Professor Gordon in forming opinions as to the malignant or non-malignant nature of a tumour by the presence or absence of pus.

In Dr. Babington's case it was felt that a microscopic examination, and some further details in history, would have added much to the certainty and value of this otherwise most interesting and important case.

The PRESIDENT referred to the case of aneurism by anastomosis, exhibited by him at first meeting, and read a history of it, the particulars of which are as follows:—At the time of birth there was not any mark observed on the child, but, in ten days after, a very minute bright-red spot was noticed upon the left upper eye-lid, near the inner canthus, unaccompanied by any swelling. When the child was about three weeks old, some swelling was noticed under the mark, which had spread considerably. When Mr. Browne first saw the case, after the 26th ultimo, the tumor had increased so much as to impede the motion of the eyelid, and had pushed the globe outwards. On the surface was a bright-red nævus, fully three-fourths of an inch in length, by half an inch in breadth, and this was surrounded by a bluish tint, to the extent of a half inch or more all around. The swelling felt soft, elastic, and without pulsation; it could

be made less by pressure. The child was first exhibited to the Society on the 30th of October, and when again shown to the Council, on November 3rd, they were satisfied that both the nævus and tumor had increased in size, even within that short time.

Mr. BROWNE then referred to some cases of aneurism by anastomosis about the orbit, and observations of distinguished authorities bearing on the case in question; one in particular as very similar, and detailed in Walton's *Ophthalmic Surgery*, S. 259, and in which Mr. Browne had himself assisted in the deligation of the carotid. The child, in this instance, was nearly five months old when operated on, and it, in common with the rest referred to, succeeded. He then mentioned the suggestions of members—pressure by collodion, and injection of per-nitrate of iron; but he had no confidence in any treatment save deligation of the common carotid; and from the success which attended the cases instanced, he believed the operation justifiable and demanded.

Dr. MURNEY hesitated to recommend deligation in a child so young.

Dr. T. READE thought the operation the proper course, but recommended delay, on account of the infant's extreme youth, the age being only six weeks.

#### Council November 10<sup>th</sup>.

President in the chair. Present Drs. Dill, Murney, Wales, Bryce, & Cuming.

Circular was prepared.

Moved by Dr. Murney seconded by Dr. Wales and resolved "That John McCann be instructed to purchase shades for the casts in the museum."

{Rough minute book: The question of how the transactions should be published.

Dr. M. M'Gee, M.D. (Glasgow), M.C.

Dr. Murney seconded by Wales that casts be bought for specimens.

Mr. Hugh Porter Rea, M.R.C.S.E.}

#### THIRD MEETING.

13th November, 1858.

#### *Cancer of the Rectum.*

Dr. MOORE exhibited a coloured cast of cancer of the anus and adjoining parts, and gave the following particulars of the case:—A gentleman, aged 42, became affected, four years since, with a hard warty excrescence at anus, which subsequently increased, and at a later period became stationary. Ten months since he came under Dr. Moore's care; the case then exhibited extension of the warty formation, so as to form a fringe round anus. The finger, on being introduced into the rectum, discovered considerable induration. The introduction caused much pain. The patient's

<sup>1</sup> [SEE PAGE 201.]

nights were now sleepless, and defæcation difficult from increasing closure of anus, at the edge of which a swelling appeared, which, after gradually increasing, at length gave way, forming an artificial anus. The natural aperture becoming quite impervious, the new opening now began to ulcerate, the ulceration extending so as to engage the whole of the perineum, and eventually forming a deep, rugged, granular cavity (5 inches by 2½ inches), with elevated broad margin. There was no pain in micturition, and no hæmorrhage.

*Extensive Cardiac Disease.*

Professor REID exhibited the heart and kidneys of a female, aged 19, who had died a few days previously in the Union Hospital. As the foundation of her disease was an attack of acute rheumatism, he regretted being unable to give any particulars respecting that attack, as she had not been treated for it in the Union Hospital. Four years ago, however, it was entered in the casebook of the hospital, that she had sought relief, suffering from cough, bloody expectoration, dyspnœa, and some œdema of the feet. On examining the heart, there was heard a single systolic murmur in the region of the aortic valves, along the aorta, subclavian, and carotid arteries, and a double murmur in the region of the mitral valves. She soon obtained so much relief that she insisted on leaving the hospital.

Dr. REID remarked that there was no class of diseases in which the discipline, rest, dietetic and medicinal treatment of an hospital were more markedly beneficial, in their early stages, than in that to which her ailment belonged; but that the moment relief was obtained, it was impossible to get the sufferers to remain quiet in hospital. To this general law she was no exception, as she was in the habit of paying two or three visits annually, and leaving as soon as relief was obtained. The winter before last, a change was observed in the murmurs that had been heard in the region of the mitral valves; the double murmur being now replaced by a single systolic one, which was heard all round the side, to the spine. The aortic murmur remained the same, but there was now jugular pulsation. The symptoms became steadily more severe at each successive visit, and she entered the hospital, about two months ago, with her sufferings greatly increased by a considerable amount of ascites and anasarca, from which she obtained but partial relief. About a fortnight ago all her symptoms became much aggravated; her urine scanty, high-coloured, and of specific gravity 1,030, and albuminous; and all the remedies tried for her relief having failed, she died with extensive anasarca and ascites. The heart was found greatly enlarged, and, with its pericardium, weighed fully twenty-two ounces. Dr. Reid remarked that the pericardial surfaces were intimately adherent, so that she had suffered from pericarditis, as

well as endocarditis during her attack of rheumatism. The hydrostatic test proved that no regurgitation could take place from the aorta into the ventricle. On slitting open the aortic orifice, it was found hard and constricted, without vegetations, but the valves so much altered, that there was but a mere fissure through which the blood could pass into the aorta. The mitral orifice was patent, and the valves considerably hardened by a deposit of atheromatous matter on their external surface. The walls of the left ventricle were greatly hypertrophied, without its cavity being dilated. The right auricle was greatly dilated, and there was considerable constriction, with hardness of the right auriculo-ventricular opening, and the walls of the ventricle slightly hypertrophied. The kidneys were found intensely congested, but quite free from disease. Dr. Reid remarked, that although albumen existed in the urine, the healthy state of the structure of the kidney proved that it must have been owing to transudation from the congested vessels, caused by the impeded circulation through the heart; and that when we found the urine high-coloured, and of such high specific gravity, as in this case, we need not refrain from administering mercury, which we would hesitate to do, were we certain Bright's disease was the cause of the albumen. He added, that as the best authorities now agreed that an adherent pericardium exercised little influence in the production of either atrophy or hypertrophy, the hypertrophy in this instance must be ascribed to the great impediment that existed to the propulsion of the blood through the aortic orifice, and in part to the regurgitation through the left auriculo-ventricular orifice. Although pulsation in the jugular vein had been observed, and indicated disease in the right side of the heart, he admitted that constriction of the auriculo-ventricular orifice had not been diagnosed during life.

Professor REID, in connection with this case, went on to state the result of his observations on the relative merits of solid and tubular stethoscopes in detecting endo- and pericardial murmurs. He referred to the difference of opinion as to the media whereby sounds were transmitted from the chest to the ear of the observer; the air contained in the stethoscope, its solid portion, or both; and to the solid whalebone stethoscope recently introduced by Dr. Corrigan. He said, with reference to endocardial or bellows murmurs, he had found, that when the solid and tubular stethoscopes were successively applied on the same spot, and the ear brought in contact, the sound was more distinctly conveyed by the tubular. In one case he had detected a murmur through the tubular, which was quite inaudible through the solid instrument—thus proving the superiority of the tubular for the early detection of disease. To test whether the air in the cylinder had any part in conveying sound, the

stethoscopes were applied in the same way, but held by a third party; and on bringing the ear near to, but not in contact with, the instruments, a distinct murmur was heard, but more distinct through the tubular. With respect to their relative value in pericardial or friction sounds, the solid stethoscope had enabled him to detect to-and-fro friction sounds, when the tubular one had only revealed a single sound; and when the double friction sounds became unequivocally established, they were intensified by the solid, but the superiority was not so well marked as that of the tubular in the endocardial murmurs.

Professor FERGUSON expressed himself in favour of the solid stethoscope in all cases, and thought that the *bruit de soufflet* could not be heard unless the ear were brought directly in contact with the instrument. He had heard the *bruit de rape*, metallic tinkling, and amphoric resonance, when his ear was not in contact with the chest, but never the bellows murmur.

Dr. PIRRIE observed that Dr. Stokes had a patient who could hear the bellows murmur in himself.

Dr. W. M'Gee related a case in which the same sound was heard by the patient and his wife.

Professor REID, in reply, invited members to visit him at the Union Hospital, for the purpose of testing the accuracy of his observations.

[Letter subsequently published in the Dublin Hospital Gazette by Professor Seaton Reid.<sup>1</sup>

Sir—It will be in the recollection of your readers, that some time since I detailed before the Pathological Society of Belfast my observations on the relative value of solid and tubular stethoscopes. Further experience has confirmed me in the opinions then expressed, and I will feel obliged by your now publishing the following remarks on the subject.

With respect to endocardial murmurs, it is known that they may be divided into feeble and loud. When either of these was heard at the base or at the apex of the heart, a trial of the two stethoscopes led to the following conclusions:—

First patient, a male, aged 16, admitted to the hospital, suffering from third attack of acute rheumatism. A feeble systolic murmur was distinctly heard at the apex of the heart, through the tubular stethoscope, which was inaudible through the solid one. No change took place in this murmur during his four weeks' stay in the hospital, nor was any murmur heard, at any time, in the region of the aortic orifice. I considered that this mitral murmur had originated in one of his previous attacks.

Second patient, a male, aged 22, on entering the hospital, with his third attack of acute rheumatism, he was found suffering from endo- and pericarditis—the endocardial murmur heard along the aorta and subcla-

vian arteries. The tubular stethoscope alone was used, till the treatment of this case had nearly terminated, and the pericardial murmur had ceased to be heard. A feeble systolic murmur was then distinctly heard at both the base and the apex of the heart, through the tubular stethoscope, but could not be detected by the solid one.

Third patient, a female, aged 35, admitted to the hospital in consequence of an attack of bronchitis, had suffered from an attack of acute rheumatism some years previously. The tubular stethoscope revealed distinctly the existence of a systolic murmur at the base of the heart, which could not be heard through the solid one. She had no appearance of anæmia.

Fourth patient, a male, aged 16, had suffered from an attack of acute rheumatism six years ago, when his medical attendant, in Newry, informed his father that his heart had not been involved. I saw him within twelve hours of the commencement of his second attack, and made a careful examination of his heart, without finding in it any evidence of disease. A minute examination was made daily, with both stethoscopes, without detecting any indication of a cardiac complication, till the morning of the fifth day, when a feeble systolic murmur was heard distinctly at the apex, through the tubular, but not through the solid stethoscope, which continued to be the case till the eleventh day.

An alarming complication, which I had never met with before in acute rheumatism, appeared on the eighth day, when I requested Professor Ferguson to see him with me. He carefully examined the heart with both stethoscopes, on that and the two next days, and agreed with me in the opinion, that a systolic murmur could be heard distinctly at the apex through the tubular stethoscope, which was inaudible through the solid whalebone one.

On applying the tubular stethoscope on the eleventh morning, I found the murmur had become so much louder, that I remarked at once to Dr. Ferguson, that we would now be certain to hear it through the solid one also, and on using it we heard it distinctly. No murmur was heard at any time at the base of the heart in this patient.

From the foregoing observations I consider that I am justified in stating, that the tubular stethoscope is superior to the solid one in detecting the existence of feeble endocardial murmurs; the last case especially shows its superiority, where it indicated the presence of a murmur six days earlier than it could be detected by the solid one.

When however the murmur is a loud one, then will be heard through both the solid and tubular

Having had only one opportunity of comparing the value of the two stethoscopes in pericarditis, I do not feel justified in giving a positive opinion respecting them; as it is well known pericardial friction murmurs

<sup>1</sup> [DUBLIN HOSPITAL GAZETTE, 1859, v6, p376.]

may vary much in intensity within a very short period of time.

Yours, &c., Seaton Reid.]

**Council** November 17<sup>th</sup>.

President in the chair. Present Drs. Murney, Pirrie, Wales, Halliday, & Cuming.

Moved by Dr. Pirrie seconded by Dr. Murney “That no corresponding members be henceforth appointed for the province of Ulster.”

Moved by Dr. Pirrie seconded by Dr. Murney That a special circular be prepared and sent to all members of the profession in Ulster who are not members of the Society.

{Rough minute book: Candidates for election Mr. Hugh Porter Rea, M.R.C.S.E., Dr. M. M’Gee.

Accounts for advertising and shades.

Query for Discussion—The relative value of stethoscopes.

Ordered money for advertisements bring it before the Council on Wednesday.}

FOURTH MEETING.

20th November, 1858.

Surgeon BROWNE, President, in the Chair.

The PRESIDENT introduced the child affected with aneurysm by anastomosis in the orbit, already before the Society. The tumour had increased in all directions, the surface becoming stretched and ulcerated.

Dr. WALES read a communication from Dr. Russell, of Bangor, detailing the case of a child eight months old, affected with *Aneurism by Anastomosis between the Nose and Orbit*. The tumor was seen by Dr. Russell four months since; he describes it as partly cutaneous, partly subcutaneous, and rapidly enlarging. He vaccinated the tumor in several places, the result of which was, the immediate arrest of increase, and subsequent diminution. He says it is now shrunk, and he expects progressive contraction and cure. He thinks a like proceeding in Mr. Browne’s case worthy of consideration, before resorting to tying of the common carotid.

The PRESIDENT observed, that Dr. Russell’s case and his differed in nature as well as site, the latter circumstance alone rendering vaccination in his patient inexpedient. He again referred to deligation of the common carotid as the only chance.

The PRESIDENT introduced a lad from whose bladder he had removed a stone by the mid-perineal section, revived by Mr. Allarton, and described in Braithwaite’s *Retrospect*, vol. XXXI., p. 417. In this publication Mr. Allarton speaks of a work on Surgery by Dr. Joseph B.

de Borsa, published at Verona, in 1843, in which is described this mode of operation, and the amazing success attending it, in ninety-nine cases out of a hundred.

*A Case of Lithotomy in which Allarton’s Operation was Performed.*

The subject of the following remarks is a young lad, named James Magee, aged 13 years. He was born at Lurgan, but resided for the last seven years in Belfast. About two years ago he felt a sharp intermittent pain in the right side of the abdomen, which troubled him for some six months; after this the seat of pain, or rather uneasiness, became fixed in the bladder. These pains were manifestly caused by the passage of a calculus along the right ureter into the bladder. For some time before his admission he had suffered considerable pain, had frequent desire to micturate, with occasional stoppage in the flow of urine, and a general falling away in his health. He was admitted into the General Hospital, under my care, on the 17th of September. At that time he suffered great pain behind the symphysis pubis. On passing a No. 5 steel sound, I struck a stone in the right side of base of bladder, the sensation conveyed to the hand being that likely to be caused by a smooth, hard calculus, of moderate size. I directed him to be kept quiet in bed, to have some aperient medicine, and a sedative at bed-time. There was nothing abnormal to be discerned in the urine. I found, on subsequently sounding him, that the stone had changed its situation. The rest and medicinal treatment greatly improved the patient’s health, and it was then determined to perform lithotomy. I determined to adopt Allarton’s method. The operation revived by Mr. Allarton is a modification of the Marian, which, Mr. Coulson states, has been abandoned for more than a hundred years, but is similar in many respects to that which Dr. Willis attempted to reintroduce to notice some time back. On the 14th of October my patient, having been properly prepared, was put under the influence of chloroform—no easy matter to be accomplished from the excitability of the lad. When fully under the influence of the anæsthetic, I injected four ounces of tepid water into the bladder, and introduced the sound. The existence of a stone being satisfactorily proved, I withdrew the sound, and introduced a No. 7 grooved staff, which was retained in the proper position by Dr. Murney. I then introduced my left forefinger, well oiled, into the rectum, and carried the point on, so as to discover the end of the staff, as it lay in the bladder, beyond the prostate; having done so, I fixed the tip of the finger against the prostate, just at the junction of the membranous and prostatic portions of the urethra. And here I may remark that the patient was held in the usual position for lithotomy by two assistants, without any binding whatever. The next step in the operation was to pass a sharp-pointed bistoury into the mesial line of the

perineum, the back being next the rectum, about half an inch in front of the anus, and carrying it steadily on till its point struck the groove in the staff, a little in front of where the tip of the finger pressed against the prostate. The knife was then moved along the staff for three or four lines, so as to open the membranous part of the urethra, and then being withdrawn, so as to lay open the superficial parts of the perineum, for about an inch up towards the scrotum. I then withdrew my finger from the anus, passed it into the wound, and carried a probe-pointed bistoury above it, into the groove in the staff, so as to fully open the membranous part of the urethra without interfering with the prostate gland. This step, though not advised by Mr. Allarton, I thought right to adopt, so as to be certain the membranous part of the urethra was clearly incised. Still retaining my finger in the wound, my nail in the groove of the staff, I carried a long ball-pointed probe into the bladder, along the ground. The staff was then withdrawn, and the index finger, well greased, was passed by a gentle rotatory motion along the probe or director, into the bladder. This was accomplished without any violence, the prostatic portion of the urethra yielding readily to the dilating power of the finger, without conveying any sensation that the parts were being torn. So soon as the finger was in the bladder, its point touched the stone, lying behind the prostate. I then passed in a fine pair of forceps, withdrawing the finger at the same time, and at once seized the stone, which was easily extracted. In the operation a small artery, a branch of the transversalis perinæi, was cut, which bled freely for a few minutes; the hæmorrhage was, however, easily arrested by a dossil of lint, wetted with strong infusion of matico. One hour afterwards the lint was removed, a little cold water injected into the wound, and the slight oozing ceased. I ordered an opiate and perfect quietude, with light farinaceous diet.

15th—Rested well after the opiate had been repeated. Urine passed freely, half per urethram and half through the wound. Pulse 120. Doing well.

16th—Pulse 84; has slept well; has not any thirst or pain since. Some smarting caused by urine, one-fourth of which came off by the urethra.

17th—Pulse 78; had an excellent night; half of the urine coming off by the urethra; bowels not open since the operation. To have two drachms of castor-oil.

18th—Pulse 74; bowels freely opened; rested well. To have chicken soup. Urine flowing all by incision.

19th—Still improving. To have a chop.

20th—Improving. The wound looks healthy, with a secretion of pus. To have castor-oil.

From this till the 27th he continued to improve; the wound closing, and the quantity of urine flowing through it becoming less every day.

On the 28th only a drop or two of urine came through the wound and I permitted my patient to walk about the ward. He was discharged, quite well, on the 12th instant, twenty-eight clear days after the operation. The stone is of the oxalate of lime, and measures one inch and seven-eighths in its greatest circumference, and one inch and a half in its smallest circumference.

The most remarkable feature in the operation is the ease with which the prostatic portion of the urethra dilates. Even in the dead body I found I could pass in the finger and afterwards the largest-sized lithotomy forceps, without tearing any parts. This I proved by dissecting one case carefully myself; and in another Dr. Murney kindly made the dissection for me, and remarked that not a part was torn, although I had passed in my finger and moved it freely about, and then the large forceps had been introduced.

Dr. MOORE exhibited a small tumor which he had removed from the scrotum of a gentleman, a week since. It had existed six months, and was of a sebaceous character, and had originated in simple enlargement of a sebaceous follicle.

Dr. HEENEY read a case of *Extensive Serpiginous Ulcers*. A young man, pale, thin, and anæmic, applied to Dr. Heeney, three months since, for the cure of five large serpiginous ulcers on the thighs, the largest of which was seven inches by three inches. He had been two years ill, notwithstanding clever aid. He did not recollect having had syphilis, but might have had it. The disease commenced with a swelling in the groin, which slowly suppurred, and became a spreading sore. Never was salivated. Took sarsaparilla and the mercurial acids without effect. Dr. Heeney, on seeing him, was inclined to think that the intractable nature of the sores depended on other than syphilitic causes, and commenced by ordering good diet, iron, and a solution of caustic to the sores. In three weeks there was marked improvement in health; the sores were improved, the discharge lessened, and the central parts healing. Soon after, the edges began to spread, to stop which applied caustic, and gave iodide of pot-ash, with the effect of checking further ulceration for two weeks; then tried creosote, and administered the bi-chloride of mercury internally in one-twelfth grain doses. These and other applications to the sores were tried with variable effect, but still with some success, the ulcers having greatly diminished. Dr. Heeney, however, observed that the protracted use of any remedy rendered it powerless in keeping back the disposition to the spread of ulceration; he therefore had recourse to a mixture of cod-liver oil, Fowler's solution, and pills of iodide of sulphur, with the effect of checking further spreading of the sores, though they still remained not entirely healed. Dr. Heeney asked the opinion of members as to the best remedy

for this case. Dr. HALLIDAY thought mercury, given to salivation, would have a good effect. He referred to Dr. Colles's treatment of such cases by the persistent use of mercury.

Dr. MURNEY recommended fumigations with the vapours of mercury and water, as did the President also, who coincided in Dr. Halliday's view as to the necessity for prolonged mercurialization in such cases.

**Council** November 24<sup>th</sup> Ordinary Meeting.  
President in the chair. Present Drs. Murney, Bryce, Wales, & Cuming.

The form of special circular was approved of and sent.

Circular was prepared.

{Rough minute book: Moved that McCann be paid for alcohol.}

FIFTH MEETING.  
27th November, 1858.

Dr. MOORE exhibited a *Scirrhus Tumor*, which he had removed from the breast of a woman, aged 40. She had felt occasional sharp pain in the part fifteen months before, but did not perceive any tumor till within the last six months. It was movable, did not engage the entire mammary gland, nor implicate the axillary glands. Dr. Moore removed the entire gland, which he considers the proper course under such circumstances, and the case has so far done well; the woman, however, is of a cancerous aspect.

The PRESIDENT exhibited a *Scirrhus Gland*, which he had removed from the breast of a soldier. It commenced twelve years before, in a tumor the size of a pea. For many years he had suffered acute lancinating pain in the part. The man had a healthy appearance, and the friction of the cross-belt was considered to be the cause.

A conversation ensued as to the propriety of operative interference in cancer; the extent of removal of glandular structures, only a small portion being diseased, and on the chances of the patient after operation.

Professor REID had known the disease to return after the lapse of twelve years from operation.

Dr. HEENEY had removed scirrhus glands from the breast and axilla; after twelve months the patient died, from what seemed to be idiopathic hydrothorax, but which was most probably the result of cancerous development internally.

Mr. SMYTH had seen the disease return in two years after operation.

Dr. DILL remarked, that two years since he questioned the propriety of operation, as a rule, in cancer;

his opinions were then strongly opposed. He thinks they would now be more favourably received.

The PRESIDENT said he believed that surgeons were pretty well agreed as to the general return of cancer after operation; he was, however, in favour of early operation, which, he said, apart from other considerations, relieved the mind from a constant source of dread and despondency—strong provocatives to the development of the disease.

Dr. MURNEY took the same view.

Dr. WALES said the question had been discussed at one of the meetings of the London Medical Society, last session. In the report of that meeting it appeared, that in 207 operations at the Cancer Hospital, the disease returned in the average period of fifteen months, and the recurrent tumor was more difficult to control than the original one. Further, that in cancerous growths there was a natural ebb—a spontaneous degeneration—and that by removing such growths dyscrasia was induced and the disease thereby promoted. Further, that the reservoir being taken away, the cancer-cells were diffused throughout the body; and that, except in epithelial and some forms of medullary cancer, operation did harm. Dr. Wales went on to say, that the microscopic detection of so-called characteristic cancer-cells was till recently considered proof of malignancy. Such were the views of Lebert, Robin, &c. Virchow, Weal, and other distinguished pathological histologists, however, deny the specificity of cancer-cells, and show that exactly similar formations will be abundantly met with in the examination of transitional normal structures. Therefore, amongst the successful results of operation, it is probable that many benign tumors, appearing to possess the microscopical characters of cancer, have been included—a circumstance detrimental to the value of data of results in favour of the knife.

The PRESIDENT read the particulars of a case in which he had removed calculi by the lithotrite. He said that stone was rare in this part, and that his operations of lithotomy and lithotripsy were the first performed in the Belfast Hospital. The patient in this case was a strong, healthy, Carrickfergus fisherman, aged 42. At the beginning of 1857, he first experienced calculus symptoms. In August he passed a stone; and in November he came under Mr. Browne, who, on examination, discovered a stone, and dilated the urethra. The stone subsequently passed, which, with the former, were of the mulberry kind. In February last, owing to a return of symptoms, he again applied for relief. Mr. B., on sounding, discovered a large stone, and admitted him to the hospital on the 19th, in a somewhat emaciated condition, and worn down by irritation. One week after, he was again sounded, and the stone was found fixed near the opening of the right ureter. Repeated soundings afterwards found it in the same

position; and Mr. B. fearing that it might be engaged in the coats of the bladder, deferred operating, hoping for, and expecting, its detachment from its position in front of the ureteral stream. On the 17th March, he again sounded, and found his expectations realized. The stone was free in the bladder, and seemed, from sensation, to be about the size of a walnut, rough, and somewhat hard. The bladder was not irritable, and its soundness was indicated by the absence of an excess of mucus in the urine, or other abnormal product, save oxalate of lime. The prostate was not enlarged, and the urethra was large and dilatable, so that it was a very suitable case for lithotrity. Accordingly, prepared by castor oil and enema, the patient was, on the 8th April, put on the table, his bladder was injected with tepid water, and after one or two attempts Mr. B. succeeded in grasping the stone with a No. 14 lithotrite. The instrument being well pushed in to avoid injuring the vesical neck, the stone was broken, and the large fragments subsequently crushed. The index of the lithotrite showed  $1\frac{3}{4}$  in. separation of its blades when the calculus was first seized. The patient, on standing up, passed off the injected fluid, and a considerable number of fragments and detritus. His bladder was again injected, and he was ordered daily hip baths, draughts of liquor of potass, and tincture of hyoscyamus, together with enemata and castor oil, when necessary. Beyond slight irritation of the bladder he progressed favourably, passing fragments and detritus occasionally. On the 11th, a small fragment was crushed; and on the 15th, the same operation was repeated, after which all irritation ceased,—the urine losing the mucus, and becoming clear and retainable. On the 20th he left the hospital, and has since enjoyed excellent health, and immunity from all calculus symptoms.

Dr. MOORE differed from Mr. Browne as to the rarity of stone in this neighbourhood.

Dr. MURNEY remarked the suitability of Mr. Browne's case for lithotrity, as evidenced by the gratifying result.

Dr. WALES said that *caustic* alkalies, combined with any of the forms of henbane, and medicines of that class, completely destroyed their sedative and narcotic effects, while the alkaline *carbonates* did not, and were as useful as the caustic alkalies. The observations and experiments of Dr. Ganord and others were most conclusive on these points.

The PRESIDENT said he had been in the habit of using liquor of potass and tincture of hyoscyamus in combination, and had found them efficacious.

Professor REID thought that the benefit attributed to the two medicines combined, might be due *entirely* to the action of the caustic alkali.

He also made some important observations confirmatory of the conclusions to which he has been led by his experiments with solid and tubular stetho-

scopes; which were followed by corroborating statements of a general character from Dr. Murney, Dr. Halliday, Dr. Dill, Dr. Wales, and the President, all of whom had examined the cases on which Professor Reid's observations had been founded.

**Council** December 1<sup>st</sup> Ordinary Meeting.

President in the chair. Drs. Murney, Heeney, Dill, Wales, Cuming.

Ordered payment of 16/6 for the expenses of lithography during present session.

Special meeting ordered for Saturday December 4<sup>th</sup> at 4½ o'clock.

Circular was prepared.

{Rough minute book: Wilberforce Arnold, Mr. Rutherford, Annahilt, Hillsborough.

Mayne's estimates.

2 pages with fly leaf 5/-

3 7/-

4 8/6.

100 copies of every 12 pages for 4/6.}

**Council** December 4<sup>th</sup> Special Meeting.

President in the chair. Present Drs. Seaton Reid, Bryce, Pirrie, Murney, Wales, Halliday, Moore, Patterson, & Cuming.

Moved by Dr. Murney seconded by Dr. Bryce and resolved "That the transactions of the Society be henceforth printed."

Moved by Dr. Murney seconded by Dr. Moore and resolved "That the present arrangements to be adhered to with regard to the distribution of the abstract and that a copy of the entire transactions be given to each member at the close of each session."

Moved by Dr. Reid seconded by Dr. Moore and resolved "That the price of the abstracts for the session be 2/6 to town members and that students may obtain a copy at the cost of 1/6 for the session."

Moved by Dr. Seaton Reid seconded by Dr. Cuming and resolved "That the estimate of Mayne for the printing of the transactions be accepted."

{Rough minute book: Moved by Dr. Reid seconded by Dr. Cuming: That Mayne be appointed printer to the Society.}

SIXTH MEETING.

4th December, 1858.

Dr. WALES introduced a patient suffering under what he considered to be an advanced stage of

*Suppurative Nephritis, merging into Fatty Degeneration.*

The man was 56, a mill-mechanic. He looked pale and thin, and in answer to questions, stated that he had passed small calculi some years since, and had occasionally felt pain in region of right kidney from child-

hood. He applied to Dr. Wales on the 30th ult., for relief from an attack of six weeks' duration. Till the period of this attack he had always enjoyed fair health. His illness commenced with acute pain in site of right kidney (which still continues, but in a less violent degree), and with slight general febrile symptoms. Throughout his illness he denies having had sickness, vomiting, rigors, or any of the symptoms of vesical irritation. He could not bear pressure over right kidney. He was concerned for his health by the continuation of the pain, by increasing emaciation and weakness, by want of appetite, and by the muddy aspect of his urine while escaping from the urethra.

The patient having retired, Dr. Wales made the following observations:—This case demonstrates very emphatically the value, and even the necessity, of chemistry and microscopy in medicine. Without these aids we could not become certain of the existence of special morbid products in the urine, and without this knowledge our diagnosis, our prognosis, and our treatment must be somewhat speculative and unsafe. The characters of this patient's urine are as follows. *On escaping* it is quite muddy, of a pale dirty white and reddish colour. Its specific gravity is 1,025. After a short time a deposit forms, occupying one-third of the entire bulk of the urine. This deposit is readily miscible with the fluid portion, without the slightest appearance of tenacity. The urine is acid. On heating it a deposit forms, which remaining unaltered, on the addition of nitric acid is shown to be albumen. Other tests for albumen confirm this result. I next tested with *acetic acid*, which caused a precipitate insoluble in an excess of the acid. I was thus informed of the existence of another morbid product, which I inferred to be *pyin*, one of the elements of *pus*. The presence of the latter in the urine I confirmed by the addition of caustic potash to a little of the fluid *previously agitated*, which immediately converted it into a dense gelatinous mass. It is *only* to the presence of *pus corpuscles* that this coagulability is due; therefore, I lay stress on the necessity of shaking up the deposit before using the tests. So far, by the aid of chemistry alone, I was enabled to discover and to identify the matter to the presence of which the morbidity of the urine was due. The next consideration was to know the source of the *pus*, and the state of the part from which it came. The microscope then became of material service. With a power of 400 diameters I could perceive nothing but *pus corpuscles* of a very granular and irregular aspect. On the addition of *acetic acid*, there was not a sharp, clear appearance of the nuclei and nucleoli, which, together with the absence of a generally *perfect circular outline*, would lead to the view entertained by Vogel, that this *pus* did not result from a mere catarrh of the mucous membrane, but from purulent destruction, endangering the integrity of the organ affected. To ascertain if the granular

aspect of the *pus cells* were due to the presence of granular fat in the interior, I heated some of the deposit with warm *ether*, which, after being separated and evaporated, yielded fat largely. Now, this fatty condition of the *pus cells* appears frequently where matter has been encased for a time in the interior of tissues; but in this case we have had no rigors, which might have been expected with the formation of an abscess. The matter, to the naked eye, had not a purulent aspect, neither could any of it be forced to appear by pressing the urethra—proofs of its not having originated in the urethra; the excessively large quantity of *pus* present in the urine prevented this supposition too, and also that of its having been formed in the ureters. Then, if it originated in the bladder, mucus and alkaline urine, together with symptoms of irritation of the bladder, should have existed. I was thus driven to look for the source of the *pus* in the kidney, and there the *history, symptoms, and microscopical characters* all harmonized. It is true there was no appearance of tube casts, or tubular epithelial *debris* mixed up with the *pus cells*; only the latter; but nothing else could be expected if the tubuli of the kidney were already destroyed. The acute stage had passed, and I think during its progress tube casts and other indications of destructive inflammation of the kidney might have been observed. From all these considerations, looking particularly at the excessive quantity of *pus*, its very fatty character, I am inclined to consider one kidney disorganized from acute suppurative nephritis, and in a state of incipient fatty degeneration.

Professor GORDON said that Dr. Wales had been very careful and minute in his observations, but he thought he had drawn too fine distinctions. He thought the *pus* had its source in the bladder, rather than the kidney; and he could not see what the presence of *pus corpuscles* had to do with fatty degeneration of the kidneys.

Dr. WALES, in reply, said that he could not see on what evidence Dr. Gordon referred the suppuration to the bladder. There had not been a single symptom referable to that viscus throughout the whole history of the case, while, on the other hand, the kidney had been the seat of pain all through. He referred to the absence of an excess of mucus in the urine, which almost invariably exists in affections of the bladder, and with regard to the relations of *pus corpuscles* and fatty degeneration, he said that the latter was not an uncommon consequence of acute suppurative nephritis.

Dr. BRYCE exhibited a

*Membranous Fleshy Mass, the size of an orange, containing an Undeveloped Foetus.*

It had an intra-uterine existence of eleven months. He also referred to another similar case, in which twelve

months had elapsed from the period of conception until the expulsion of the foetal mass.

Dr. MOORE placed before the Society a leg, which he had amputated in the morning, for

*Pulpy Degeneration of the Knee Joint,*  
from a young man æt. 22. About five years ago he complained of pain first in the inner side of the knee, at the top of the tibia, then on the outer side, and shortly afterwards at the lower part of the patella—the usual parts and in the usual order, almost invariably, that patients point to, and express the pain to be located. The knee was very much enlarged—twice its natural size; had a soft resistance, and had a tumor about the size of a goose egg on its outer side, extending downwards along the fibula and communicating with the joint. For this disease he had been in another hospital, and had been from time to time under medical treatment, and the usual leeching, blistering, ointments, mercurial strappings, &c., had been employed. Some nine months ago his health was very much impaired—he suffered from hectic and great local pain. The operation was performed under chloroform, and the artery compressed in the groin (which he prefers to the tourniquet, there being less loss of venous blood), five arteries were tied, and during the operation not two ounces of blood were lost. The circular operation was proposed as giving a neater stump, less bleeding, from the vessels being cut directly across, and less chance of secondary hæmorrhage. He looked upon this as a true pulpy degeneration of the joint, and was glad to state that the patient, now five hours after operation, was going on favourably.

The PRESIDENT said he preferred the flap to the circular operation, as, in his opinion, it made a better stump, and had other advantages.

Professor FERGUSON having expressed a desire to ascertain the pathological condition of the joint.

Dr. MOORE afterwards opened it, and exposed the pulpy degeneration. Some matter flowed, and on pressing the tumour on the side of the leg, the joint became filled with matter. He remarked that this case would not at all have been suited for resection, the injury to the parts around the joint, their altered structure, the abscess, and the previous bad health, were against such a proposal, or a favourable result.

Dr. MURNEY presented a series of cases of injuries of the head. From the great obscurity which surrounds the diagnosis of injuries of the head, particularly fractures of the base of the skull, he considered it most desirable to record the history, and in case of death, the post mortem appearances of all cases which have been carefully observed, so that future writers may be enabled to obtain important statistical conclusions as to the frequency of particular symptoms, or more ex-

tended information as to the occurrence of certain lesions. He believed the cases he was about to lay before the meeting were also interesting, from their progress during life, or from the nature or extent of the injuries as shown on examination after death. One was an example of fracture of the lateral region of the head; it proved fatal. Three had fracture of the base; one recovered, two died. And one had a fracture of the superior region of the skull; this patient recovered. He did not deem it necessary to give the history as it appears in his Hospital Case Book. He had, therefore, extracted the important points connected with each in as brief terms as he possibly could. He also omitted allusion to the treatment, as the indications were of the most obvious character.

*I.—Fracture of Parietal Bone—Wound of Meningeal Artery—Compression—Rupture of Kidney.*

A boy, aged 19, was admitted at 1 p.m., on the 26th August, 1856. He had fallen a height of twelve or fourteen feet. He distinctly recollected falling, being carried into his master's place, and subsequently being brought to Hospital. He was not insensible at any period. The surface was cool and pulse quick. He complained of pain in the right side of the head. His right eye was blackened, and there was some contusion and discoloration over the right temporal muscle. There was trifling epistaxis. At three, p.m. reaction had fully set in. In the evening he passed some high-coloured urine. On the 27th he was reported to have slept a little during the night. Pulse 80, moderately soft. Complained only of pain in the head. His answers to questions were correct and satisfactory.

On the 28th, he passed some bloody urine. For the first time, he now complained to some of the other patients of pain in the right side as well as of the pain in the head; slept well during the night, not too heavily. Was visited by the house surgeon at 9 a.m., and again at 1 p.m., who reports he was perfectly sensible, and progressing favourably. About 2½ p.m. he became stupid, and gradually sank into a condition of complete insensibility. When visited at 5 p.m., the pulse was so rapid it was scarcely possible to count it; the respiration very much hurried; the right pupil, fully dilated, fixed; the left was also immoveable—not so large; a good deal of swelling and tympanitis of the abdomen; pressure on this region seemed to cause pain, he died at 7 p.m.—53½ hours after admission.

*Post-mortem Examination.*—Some blood was extravasated into the substance, and on the surface, of the right temporal muscle. A fissure of the cranium, without depression of either table, extended for about one inch nearly horizontally along the anterior inferior angle of the right parietal bone. On removal of calvarium, a firm clot of blood, which, when measured, was rather more than two ounces—almost

spherical in shape, about the size of a boy's hand ball—was placed between the dura mater and the skull; the base rested on the roof of the right orbit; inwards, it extended almost to the crista galli; above, it reached to the frontal eminence; and backwards, it compressed the anterior lobe, so as to remove it almost completely from the anterior fossa of the base of the skull. Hæmorrhage had come from the lacerated *arteria meningea media*. The veins on the upper parts of both hemispheres were congested. The arachnoid membrane and brain were normal.

*Abdomen*.—The right kidney was completely lacerated across its centre. From the ruptured vessels a large quantity (about one pint) of blood was extravasated behind the peritoneum; it extended as far as the liver, and down to the iliac fossa. A considerable quantity was also poured out between the layers of the mesentery and beneath the peritoneal coat of the bladder.

*Thorax*.—The lungs were healthy; no marks of injury. There was complete union of the visceral and parietal layers of the pericardium.

I consider this case presents the following features of interest:—A fracture of the skull was produced, yet the patient was never insensible; he was at all times cognizant of events passing around him, replied to questions, and seemed to possess an average amount of mental acuteness.

Until the last few hours of life, the effects of the fall were so very trifling, we can but say he laboured under the mildest form of concussion.

From the gradual assumption of the symptoms of compression, I infer the blood extravasated from the lacerated middle meningeal artery was not poured out until half-past two, p.m., on the day of his death. It is interesting also to observe, that he passed urine different times during at least thirty hours after his admission, without any peculiarity having attracted attention; and at least forty-five hours elapsed without any complaint of abdominal pain. The hæmorrhage from the renal arteries must have occurred shortly before the termination of the case, as I believe, had it taken place early, the symptoms of its presence would have been developed.

*II.—Fracture of Base of Skull, passing through petrous portion of temporal bone—Other extensive Injuries of Skull—Laceration of middle Meningeal Artery.*

October 11th, 1856—A middle-aged man admitted at two, p.m. A few minutes since, fell from a second loft to the ground. He is described by the lookers-on to have gone down head foremost, the part coming in contact with the flagged flooring being the upper portion of the left parietal bone. He was taken up completely insensible, and brought to hospital. On examination, a wound about an inch and a half long is found on scalp, corresponding to upper and anterior

part of left parietal bone. Bloody serum *wells up* from the left ear. When the head is turned to the right side, it no longer flows, but when resting on the back or left side it dribbles continuously. A surgeon who saw him immediately after the accident, states blood flowed from the mouth and nostrils; none at present comes from those parts. A few drops of stimulant were poured into his mouth, but there is complete inability to swallow. The respiration is slow (about fourteen), without stertor, almost entirely abdominal; pulse seventy-six, compressible. The pupils are greatly dilated, and quite insensible. About half an hour after admission the following changes were noticed:—Slowly the intervals between the respirations became prolonged; the pulse became very weak. After a little time the breathing ceased altogether; the pulse could no longer be felt; the jaw dropped; all present considered he was dead. In this condition he remained for a short time, supposed to be three-quarters of a minute; then the respiration and pulse gradually and slowly returned. He died eight hours after admission.

*Post-mortem Examination*.—On removal of the scalp, an extensive bloody extravasation was found; it was fully three-quarters of an inch thick, and extended from the frontal eminences to the occipital protuberance, and lay between the pericranium and the aponeurosis of the occipito-frontalis muscle.

The coronal suture was found completely *started*, the serrations of the bones no longer interlacing. On attempting to remove the calvarium in the usual fashion, the frontal bone separated from the two parietal, although considerable care was used in the attempt. The skull-cap showed, in addition to the separation of the fronte-parietal suture, 1st, a fissure stretching from the left parietal protuberance forwards, and upwards to the anterior fontanelle, about three inches in length. 2nd, apparently a continuation of this, on the adjacent surface of the frontal bone, about an inch and a half long. 3rd, a fissure passing from the occipital protuberance upwards towards the lambdoidal suture, about an inch long. A large quantity of blood was found extravasated between the skull and dura mater. This occupied the whole of the upper surface of the right hemisphere. It was in greater quantity in the region of the right middle meningeal artery, which had been lacerated. Before the removal of the calvarium, upon every motion of the head, some of this blood oozed through the coronal suture.

The brain was removed, and found healthy and firm, with the exception of almost universal venous congestion. There were two slight lacerations on the inferior surfaces of the cerebellar lobes, corresponding to the situation of two fractures. Stellate fractures occupied the roofs of both orbits. Stellate fractures were also found in both inferior occipital fossæ. Following down the open coronal suture, on the left side,

one fracture passed through the great wing of the sphenoid bone, as far as the foramen ovale; a second ran backwards from the beginning of the last across the centre of the petrous bone, and terminated in the cuneiform process of the occipital bone. On the right side, beginning at the anterior inferior angle of the parietal bone, the fracture passed through the great wing of the sphenoid into the foramen sacrum medius; thence it passed into the cuneiform process, where it met with the fissure from the opposite side. It followed, by grasping the anterior part of the base of the skull with one hand, and the posterior part with the other, a hinge-like movement was most easily produced; in fact, the surfaces were retained in contact only by the soft parts. Neither chest nor abdomen were examined. In this case, *post-mortem* confirmed the diagnosis of fracture of the base, passing through the petrous bone of left side. The other extensive injuries could not have been anticipated.

I was very forcibly impressed with the cessation of the vital functions, and their resumption. I have not observed anything of the kind before, and must say I am at a loss for a satisfactory explanation. I can readily understand the retardation and cessation of the circulating system produced by pressure; but I do not see why these duties should recommence, the compression on the nervous centres being unrelieved.

### III.—Fracture of Base of Skull—Laceration of Kidney—Recovery.

A man, aged twenty-one, was admitted at 9.15 a.m., on 5th July. Half an hour before, he had fallen a height of twenty-four feet, alighting almost horizontally on his right side. His head struck against a block of wood, fracturing the zygoma. The by-standers reported that the blood gushed from the nostrils and right ear. On admission, he was completely insensible; blood was oozing from right ear; pupils were dilated, right more than left; and there was general collapse. At times he was quiet, at other periods he moaned and tossed, so that it was with difficulty he could be kept in bed. During the day he vomited frothy blood, or blood mixed with bile, and blood continued to flow from right ear. In the evening he was more conscious, and complained of pain in the region of liver and right kidney. The catheter was passed, and eight ounces bloody urine drawn off. On the 6th he was almost perfectly conscious. Bloody serum oozed from the ear. He complained of extreme pain in the right side, and especially in the region of the kidney, with sharp shooting pains all over the abdomen, increased by pressure. Catheter being passed, bloody urine was drawn off on two occasions. On the 7th he was perfectly conscious, pupils natural, serum flowing from the ear. On the 8th and 9th he continued to improve. On the 10th he began to experience extreme uneasiness in the hypogastrium and right lumbar regions,

with a constant desire, accompanied by inability, to urinate, unless when sitting on the close-stool; in this position he passed small quantities of bloody urine. The catheter was introduced, and six ounces of bloody pus and fibrinous-looking clots, mingled with urine of a high ammoniacal odour, was drawn off. On the 11th he passed, *per urethram*, two pints of almost pure blood, containing a great number of casts, supposed to have been formed in the ureter. Large quantities of blood were mingled with the urine, until the 19th, from which day until the 23rd it gradually diminished. On the 24th it again appeared in the urine in considerable amount. In twenty-four hours he passed three and a half pints of bloody urine. This condition gradually declined, and finally disappeared on the 30th July. On the 14th August he was discharged in tolerable health. I have since learned he was enabled to resume work a month after he left hospital.

In all, he was forty days under treatment. I consider we have evidence to warrant the diagnosis of fractured base of the skull and laceration of the right kidney. The progress of the case was most interesting and instructive, as, I need hardly observe, entertaining such an opinion of the injuries, the prognosis was most unfavourable.

### IV.—Fracture of Base of Skull, passing through each of the three Fossæ.

A man, aged twenty-six, was admitted on the 20th November, at ten, p.m. Half-an-hour previously, while intoxicated, he fell backwards down stairs, a height of eight or ten feet. The weight of the frame was received on the occipital region. He was rendered completely unconscious, and bled freely from the nostrils. On admission, there was a small scalp wound to the left of the occipital protuberance; the pericranium was exposed; no inequality of the bony surfaces could be detected. A little blood continued to ooze from the nose, but ceased in a short time. Pulse seventy, very intermittent; respiration stertorous, with sobbing; pupils dilated, right more than left; both were unaffected by light. The stomach-pump was used, to remove any spirits or other contents from the organ, but it was quite empty. He never rallied, but died at seven, a.m., on the 21st.

*Post-mortem Examination.*—An ounce to an ounce and a half fluid blood lay on the surface of the dura mater. On removing this membrane, the veins of the brain were greatly distended with blood. Fluid and coagulated blood surrounded all parts of the organ, especially the base. Two large clots were situated immediately in front of the anterior lobes, resting upon the roofs of the orbits. The hæmorrhage came from the cavernous sinus of right side, which was lacerated. On being measured, at least sixteen ounces fluid blood had compressed the encephalon. The brain, cerebellum, &c., were quite healthy, except the grey

substance on the inferior aspect of the anterior lobes, which was softened and torn by the pressure of the blood. The base of the skull presented a fracture passing through each of the three fossæ, in, to me, an unusual direction. It commenced about one inch to the left of the occipital protuberance, and ran down into the inferior occipital fossa, where it divided into two; one branch passed into the foramen lacerum posterius, the other into the foramen magnum. The continuation of this ran through the basilar process, a little to the right of its centre, onwards to the right side of the body of the sphenoid, close by the petrous bone, lacerating the cavernous sinus, then turned inwards and forwards, terminating at the cribriform plate of the ethmoid bone.

In this case I must acknowledge my inability to give a satisfactory diagnosis. That the injury was most serious, was quite evident from the symptoms enumerated; but yet we had no indication of fracture of the base. There was no bleeding from the ears, and that from the nose was most trifling; even had it been considerable, I would have been slow to expect a fracture taking the direction I point out. I have not seen any example of it before; and judging from the strength of the parts involved, I am sure it must be very rare. Neither chest nor abdomen were examined.

*V.—Fissure of Cranium—Paralytic Symptoms—Recovery.* A man, aged about forty, was admitted on the 21st July of this year. About one hour before admission, while engaged hoisting goods with a large crane, the machine became reversed, and he received a severe blow on the forehead from the handle, while revolving with considerable rapidity; was slightly stunned at the time, but does not now show any constitutional symptoms of the injury. A transverse wound extends for about four inches across the forehead, immediately above the frontal protuberance; the bone is exposed for nearly the same extent. A fissure in it is seen, about two inches in length, internal to the left frontal eminence. No inequality on the bony surface. The greater part of the wound united by the first intention.

On the 28th the adhesions broke down, and the lips of the wound gaped as at first. It was also noticed his articulation was not so distinct as formerly. He seemed to have trouble in the pronunciation of some words, and he occasionally paused in the middle of a sentence. On the 3rd August he had numbness of the left lower limb, beginning below, and extending upwards; later on, a similar condition of the left arm was complained of. This was succeeded by incomplete paralysis of that side; at the same time the mind became weak; he frequently muttered to himself, attempted to get out of bed, &c., &c. Slowly the paralytic symptoms declined, and he was discharged on the 3rd September, forty-four days after admission

into hospital.

In this case, the complete absence of symptoms even of the slightest concussion, for several days, showed there was no necessity for active treatment; accordingly, low diet and an occasional purgative were the only measures carried out. When the wound became unhealthy, more active treatment was resorted to. Increased action evidently caused deposit, most probably at the site of fracture, and hence the symptoms of pressure within the head. Although the bone was fissured, we had no indication that the inner table exercised the slightest compression.<sup>1</sup>

Dr. WILLIAM MACCORMAC exhibited the lungs and heart of a man who had died suddenly. He gave the following history:—

J. C., aged fifty, admitted into hospital 7th of December, 8–30 a.m. On admission, his pulse was very feeble—about 100—his respiration was much oppressed, and there was considerable venous congestion of the countenance, along with great general prostration. He was perfectly sensible, and quite able to state his residence. Apparently, there were no symptoms present, except those referable to the chest. On making a physical examination, I found dulness beneath each mamma, greater on the left side. The respiration was free in the apices, together with loud crepitating, and large mucous rales in the inferior portions of both lungs, especially the left. The heart sounds were completely obscured by the loud respiratory murmurs.

The history of the patient, as subsequently obtained, was incomplete. His occupation was that of waiter, and he had been long ailing from cough and difficult breathing. He had fallen down in Donegall Place, while proceeding to his work. Neither his wife nor he himself anticipated the fatal termination to his illness. It was thought by those who first saw him that he had fallen in a fit, but they altered their opinion on seeing him quiet and sensible.

It so happened that this man had consulted my father on the morning previous to his death. My father informed me that he was a pale, sallow man, with great anxiety of countenance and oppression of breathing; also swelling of the lower extremities. He stated that he had suffered from those ailments for years. My father looked on the case as one of emphysema, probably combined with heart-disease in an advanced stage, and prescribed a palliative merely.

The treatment on admission into hospital was not likely to prove of much service. Mustard was applied to the chest and back, and aromatic spirit of ammonia was administered internally. In ten minutes he became totally collapsed, and in ten more expired. The lungs were greatly congested. The heart was

<sup>1</sup> [SEE PAGE 753 FOR THE DISCUSSION ON THESE CASES.]

much enlarged, and presented an abnormal quantity of fat. The pleural cavity on the left side contained half a pint of serum. There were extensive adhesions, apparently of different dates. While in the act of dividing the root of the lung, after having separated the adhesions, I observed a small quantity of pus to issue from the posterior mediastinum, beneath and behind the arch of the aorta. On the right side the pleural adhesions were diaphragmatic, but no serum had been effused. The bronchial glands at the roots of the lungs were greatly enlarged, and filled with cretaceous masses. On examination, the lungs presented great emphysema in the upper lobes, with air-bullæ scattered over the pleural surface. On section of the upper lobe there was found a considerable amount of frothy mucus, while the lower lobe was greatly congested, and I observed three or four of the bronchi from which there issued purulent mucus. There was no tubercle in the left lung. There was considerable emphysema of the upper portion of superior lobe, while the other two-thirds of the lung were gorged with blood and inferiorly, in a state approaching hepatization. There was no blood extravasated in the substance of the lung.

So much for the lungs. The heart, however, presented still more interesting appearances. This viscus, as I stated before, was much enlarged. The left ventricle was hypertrophied, and the right dilated. In the latter cavity I found a clot almost devoid of colouring matter, and undoubtedly attached in several places to the walls of the ventricle, insinuating itself among the muscoli papillares. It sent off two distinct branches, one extending into the auricle, the other into the pulmonary artery. In the left ventricle I discovered a clot much smaller and redder than that on the right side. It was distinctly connected through the auriculo-ventricular opening with a small clot in the auricle. Whether it extended into the aorta, I cannot positively state. The valves of the pulmonary artery, together with the mitral and tricuspid valves, were healthy. On examining the aorta, which I had cut out for about eight inches, I found the coats extensively thickened, but otherwise healthy. There was a notable fusiform dilatation of the arch, and situated in this enlargement was a clot of almost pure yellow fibrine, which I here present. It has a curious shape, thick at one end—that next the heart—the other dwindling into a thread four or five inches long. This mass of fibrine was situated in the dilated portion of the aorta. I cannot state, however, whether it had or had not a connection with the ventricular clot. On employing the hydrostatic test, the semi-lunar valves failed.

This case, gentlemen, is interesting, as showing what a large amount of disease is compatible with life; and the question at issue is hardly so much the cause of death as the reason for the continuance so long of life. For, in all deference, I submit that the post mor-

tem appearances were the sequel of long-continued diseases. I reserve, however, the question of the cardiac polipi clots, or whatever else may be the appropriate designation, opinions are so diverse on the point. Still, I think that the fibrinous concretions of the right side of the heart and the one contained in the aorta were too tenacious and too free from the colouring matter of the blood to be post mortem. It was clear, also, from the enormous amount of congestion in the lungs, that the current in the pulmonic circulation would be greatly retarded, a circumstance favourable to the coagulation of the blood. To account for the aortic embolus, if we may so term it, we have the fusiform dilatation of the arch. With regard to the pus, I think it was the contents of an abscess in the posterior mediastinum, for that was the region whence it issued. The proximate cause of death we may fairly ascribe to the cardiac clots. Death also, according to Copeland, frequently takes place suddenly in abscess of the posterior mediastinum.

**Council** December 8<sup>th</sup>. Ordinary Meeting.

President in the chair. Present Drs. Halliday, Murney, Wales & Cuming.

Circular was prepared.

SEVENTH MEETING.

11th December, 1858.

Professor REID exhibited to the Society the brain, heart, liver, spleen, kidneys, and intestines of a female, aged 36, who died a few days previously in the Union Hospital.

Dr. Reid then said—I regret that I am unable to communicate to the Society any accurate history of the patient's illness, in consequence of her being insensible on admission, and that I had no opportunity of conversing with her friends.

All that I have been able to learn is, that she had suffered from dropsy some three or four months ago, and that on its disappearance she was attacked with "bowel complaint," which, I may remark, continued till her death. Six days before her death she was attacked with headache, restlessness, and delirium, and in two days was unable to recognize her friends. On admission to hospital, two days before her death, she was screaming, apparently from pain; was unable to give any history of her illness.

Both pupils were dilated, the left one more than the right; the upper extremities were quiet, but the lower in constant motion. At my visit, the next morning, no improvement had followed the treatment adopted. She was still quite insensible; the pupils fixed in the same state as on admission; the pulse 120 full; pinching produced movements in the lower

limbs, but none in the upper; the abdomen was flat, and there was no anasarca. She had passed urine and bloody fæces unconsciously, and she was evidently dying. Some urine removed by catheter, for the purpose of examination, was found of sp. gr. 1,018, and free from albumen.

No improvement took place, and she died the next morning.

On examination after death, there was no effusion into the peritoneum, pleura, pericardium, or beneath the dura mater. The heart was healthy, weighed 7 ozs., and perhaps a little smaller than natural. The liver was much contracted, and presented a well-marked example of cirrhosis, or the “hob nail” degeneration. The gall bladder contained some ounces of bile. The spleen greatly enlarged; its capsule considerably thickened, with striæ passing towards the interior. The kidneys were smaller than natural, and the tubular structure in a few parts encroached upon by fatty deposit.

The mucous membrane of the small intestines was quite pale till within three or four inches of the cæcum, when it became inflamed or congested in patches, which state continued through the entire length of the large intestines to the anus. There was no ulceration. The brain, on being removed, was found opaque on the upper surface and base, and when dissected by Dr. Murney, in the presence of the Society, its substance was found healthy, and there was some effusion into both ventricles, particularly the right.

Professor Reid then said that the cause of death in this patient was evidently the affection of the brain, and that, as the ascites had been cured, had the brain not become involved, this woman’s life might have been prolonged for some time, notwithstanding the large amount of organic disease that was present.

He added, that as yet no satisfactory explanation had been given why, when the obstruction to the return of blood from the intestines was seated in the liver, the congestion should almost invariably be confined to the large intestine, and the small intestines remain pale, as in the present instance.

Dr. HEENEY said the woman had been treated by him before her admission into the Union Hospital. She had suffered from dropsy, with scanty urine, cough, and constipation. He gave her acetate nitrate, and iodide of potass, together with compound jalap powder and palliatives. The dropsy yielded, diarrhœa supervened, and continued spite of appropriate treatment. Dr. Heeney thought that retention of urea in the system might have had something to do with the form of death.

Professor REID observed, in answer to the supposition of ureal poisoning, that the urine had been freely secreted towards the close of the case.

Dr. M’GEE thought that the action of the jalap admin-

istered might have originated the diarrhœa, and the state of the bowels then apparent.

Professor FERGUSON thought not, as he said that jalap acted principally on the small intestines. He considered the congestion visible in the bowels due to the hepatic obstruction which existed in the case, and he was inclined to assign the operation of gravitation as the cause of the location of the congestion and irritation in the large and not in the small intestines.

Dr. PIRRIE concurred in Professor Ferguson’s view as to the cause of the location of the congestion, and instanced the common occurrence of hæmorrhoids in hepatic obstruction as an example. Dr. MURNEY said if such were an explanation of the cause of the morbid appearance being confined to the large intestines in such cases, the transverse colon ought to be from its position as exempt as the small intestines. This, he said, was not the case, the transverse colon showing congested and irritated patches, the same as other tracts of the large bowels.

Dr. WALES said he thought the form of death, as observed by Dr. Heeney, and also the irritation visible in the intestines, and the diarrhœa, most readily explained, by the supposition of urea being retained in the blood. He said he thought that urea might be retained, notwithstanding a large watery secretion from the kidneys, and he regretted that no examination of the blood, had been made to ascertain if urea existed in that fluid.

Professor REID said that Dr. Wales’s remarks *might* explain the case, but the symptoms were not those *he* had observed in several cases of ureal poisoning. He contrasted the symptoms in these and in this case, which led him to think there had not been poisoning by urea.

{Rough minute book: Dr. Maconchy, Downpatrick, proposed. Dr. Kelso was elected.}

#### EIGHTH MEETING.

18th December, 1858.

The PRESIDENT introduced a man, W. G., aged 56, labouring under a large cancerous eroding ulcer of the forehead. The disease had commenced six years since in a small warty-like growth—about the centre of the part now ulcerated. For three years the little excrescence increased but slowly, it then ulcerated, and since has spread rapidly. At the present time the ulcer occupies a space four inches square, having destroyed the coverings of the centre and left part of the frontal bone, down to the periosteum, and having passed deeply into the left orbit. This man (who still enjoys good health) stated that he had never suffered any pain in the part until recently, and even now the pain is confined to the points where the ulceration

has attacked the structures upon the margin of the orbit. He also made the remarkable statement, that until he applied, last week, to Mr. Browne, he never had sought any medical advice.

The PRESIDENT remarked that the case before the Society very much resembled one formerly exhibited, and of which he presented a photograph. In that instance the disease progressed until the substance of the brain was attacked, and the patient sank from exhaustion and irritation. Of course nothing could be done to effect a cure in the case now brought forward.

The PRESIDENT next introduced a man affected with melanosis of right eye, of which the following is the history, as detailed by Dr. Maddin, of Portglenone:—"J. M'L. was seized, thirteen years since, with amaurotic symptoms of the right eye. From that period until about twelve months since, he was occasionally seized with severe pain in the eye and whole side of the head, with a highly congested state of the conjunctiva and neighbouring parts. By proper treatment, those symptoms were always got under without leaving any apparent disorganization of the eye. About twelve months since he was struck with a cow's horn; some inflammation followed, on the subsidence of which a small tumour was discovered, protruding from the cornea. From that time, he has had frequent seizures of violent inflammation of the parts, still leaving the eye further disorganized, until it has reached its present state."

The PRESIDENT said the case was suitable for extirpation, and remarked that the removal of the globe itself, without any other structure of the orbit, would be sufficient.

Dr. PATTERSON read the following case:—

Mrs. \_\_, aged 48, mother of nine children—eight living, youngest nine years old—dark complexion, of very active habits, enjoyed remarkably good health up to the last twelve months, when she began to complain of occasional pains in the abdomen, attributed to flatulency. Last March she believed herself pregnant, though her husband, a medical man, did not think so. On the 10th July, the pains in the abdomen became so severe that, in the absence of her husband, she sent for medical advice. Surgeon Aickin, who then saw her (in my absence), found her complaining of severe abdominal pains, without any inflammatory symptoms. She was treated by castor oil and turpentine internally, and hot turpentine stupes externally. In a few days the urgent symptoms abated, and at the end of the month, when I saw her, her husband suspected ovarian dropsy. The abdomen was enlarged, most evident on the right side. As she believed herself pregnant, she refused all medical treatment. In August, she went up to Dublin, and was under the treatment of a physician eminent in female diseases

who, on the 7th September, gave the following opinion of her case:—"I can detect no evidence of pregnancy, nor of any form of dropsy. I believe the history of her case to be that in July she had an attack of inflammation, under the influence of which the peritoneum, the subjacent areolar tissue, and the mesentery became thick and consolidated, and hence the dulness over all the region below the umbilicus; and I suspect some induration in the mesentery. I consider this condition will yield to moderate aperients, external frictions, the warm bath, iodide of iron, but the process will be slow." On the 15th September she returned to Belfast, and continued this treatment for two weeks, during which time her size increased and urine became scanty. The most active remedies were then used to counteract the dropsical symptoms, without the slightest benefit. Previous to this, there was tympanites. There was great irritability of the stomach with vomiting, but no thirst; the bowels were constipated, and continued so throughout the entire disease. Notwithstanding the immense size she attained, there was not the slightest dyspnoea during the entire continuance of the disease, nor did the urine, though repeatedly examined, possess any trace of albumen. Towards the end of October, as she had not benefitted by any treatment, and at the earnest solicitation of some friends, she placed herself under the treatment of a homœopathic practitioner, under whose care she was for upwards of two weeks, during which time, of course, I ceased attendance. On the 10th Nov. she again requested Surgeon Aickin and myself to see her. On visiting her we found her much enlarged and weaker. We recommended tapping, to which she readily agreed, and on the following evening Dr. James Moore drew off about five pints of matter, consisting of glairy, reddish fluid, and a considerable number of masses of clear, gelatinous matter. Although her size was not much reduced, still she was considerably easier for a time. On the 5th December, at her own urgent request, as she was then larger than when the operation was before performed, an opening was made by Dr. Moore, but not more than half a wine glass full of viscid gelatinous matter obtained, notwithstanding the opening was so large as to admit the little finger readily. The operation was performed in bed, she was so extremely weak. From this time she gradually sank from exhaustion, without any new symptom; and expired on the evening of the 13th inst. without any apparent suffering. The *post mortem* of the body was made forty three hours after death by Surgeon Aickin. Present also, Drs. Moore, Cuming, and myself.

Dr. Patterson also called attention to Dr. M'Gee's opinion of the colloid nature of the disease in this case, as expressed by him during the life of the patient.

Dr. CUMING exhibited the diseased parts, and read the

following account of the autopsy and of the subsequent microscopical examination which he had made:—

*Sectio Cadaveris, December 14th, 2 p.m., 43 Hours after Death.*—Head and thorax not examined.

On opening the abdomen, a large mass was seen extending from the pelvis to the ensiform cartilage, and completely concealing the intestines.

On the anterior surface of the mass, the opening made into its envelope, in the operation of tapping, was observed to be still patulous. At the sides, and covering a portion of the surface of the tumour, was a quantity of semi-transparent, viscid, gelatinous matter, varying in tint from a light amber yellow below to a brown above.

The mass was constituted by an encysted tumour springing from the site of the right ovary; consisting of several enormous cysts, united together by their walls, composed of a tolerably firm vascular, fibrous membrane containing a clear-yellow, tenacious matter, similar in character and consistence to that which had been found external to the tumour. At the base of the large mass several smaller cysts were noticed. The entire quantity of the tenacious matter was roughly estimated at about a gallon. The left ovary was enlarged to about four times its normal dimensions, was perfectly smooth on the surface, and on section was found to have undergone similar cystic degeneration. Both the visceral and parietal layers of the peritoneum were perfectly healthy, with the exception of some old strong adhesions on the superior surface of the liver, and an indurated growth in the substance of the omentum.

There was a congested state of the intestinal canal, but no trace of disease, except at the junction of the ileum with the colon, where there existed a tuberiform induration, above which, in the lower portion of the ileum, was a mass of extremely hard laminated fæces.

The liver and spleen were congested, and apparently diminished in bulk from the compression to which they had been subjected. The other viscera healthy.

*Minute Examination.* The substance contained in the ovarian cysts was found, on microscopical examination, to be composed of—

Minute filaments.

Large irregularly shaped nucleated cells.

A large number of granular corpuscles about the size of pus cells.

A considerable quantity of minute granules.

There was distinct fibrillation on the addition of acetic acid. On the surface of the diseased omentum, but covered by the serous membrane, a considerable number of minute cysts were visible to the naked eye, varying in size from that of a millet seed to that of a small pea, and filled with a substance similar to that

contained in the large ovarian cysts. The diseased mass itself was of almost cartilaginous hardness, presenting on section a white glistening surface, from which, on pressure, exuded a pale yellow viscid substance, in all respects analogous to that which formed the contents of the larger cysts, but much less rich in cell-forms. Under the microscope the indurated substance was seen to consist of the so called colloid cancer, viz.:—a fibrous stroma forming very distinct loculi of various sizes, in which the gelatinous material was contained.

The induration in the ileum was identical, both in external appearance and in minute structure, with that in the omentum.

*Remarks.* Mr. President,—The most noticeable feature in the pathology of the specimens before us is, I think, the evident identity in type of formation of the hard, solid mass in the omentum and ileum, and of the large cysts in the ovary: the great difference in their ultimate structure depending clearly on the fact that, in the one case, the development of the cyst-contents forms the prominent character of the new product: while in the other the predominance of the fibrous or enveloping element gives rise to an essentially solid, though alveolar structure. And from the fact that the cysts are largest and most typically developed in those situations where pressure is least, and where, consequently, the evolution of the morbid growth has been least impeded and interfered with, namely—on the surface of the omentum, and towards the anterior parietis of the abdomen in the ovarian disease—would it not seem that here the natus of the diathesis has been towards the formation of determinate hollow structures? I think the most probable view of the nature of the disease before us is, that it has originated in a growth of cysts of the same character as those we see in the ovary: that these, possibly in consequence of pressure—possibly from some unknown influence of tissue or seat, have formed the solid alveolar tissue by the apposition of their walls and the increase of the fibrous element.

If this view be correct we would have here, not a cancerous growth associated with cysts, nor cysts developed in a cancerous structure, but cysts constituting what possibly is cancer.

I offer these remarks, Sir, by no means as embodying a theory, but merely as speculations, into which I was led by an attentive study of the specimens before us, and on which I would be glad to hear the opinion of gentlemen of much greater pathological experience and information than I could pretend to.

Dr. HEENEY read the following case:—

W. H., a stout-looking man, 60 years of age, and of temperate habits, sent for me to visit him on the 15th October last. He stated to me that he had always enjoyed good health till about three weeks ago, when

he began to feel weak and troubled with unusual chilliness, but was still able to follow his employment as a carman, till about four days before, when he became so weak and annoyed with pain and soreness throughout the whole extent of the right side of the abdomen, that he was obliged to remain within doors. On that day he was unable to leave his bed, and his appetite for food had completely left him; his tongue was dry, like a person in fever, but there was no headache or chilliness; his pulse 96 and weak. On examination, I could find nothing wrong with his side beyond slight tenderness on pressure. I ordered a dose of castor oil and a large sinapism to the side. On next day the oil had acted, and the pain he complained of was somewhat abated. On the following day he complained that the pain was rather worse, and I found the abdomen tympanitic, for which I ordered castor oil and turpentine, with a reapplication of the sinapism. On my next visit, the day after, the tympanitic affection was removed, and the pain slightly abated. Up to this time he was able to take a little beef tea and some gruel, but for the three succeeding weeks I could not prevail on him to take either, and he was supported principally with wine and water, which was the only nourishment he could or would take. On the sixth day of my attendance, discovered a small round tumour in the right hypogastric region, near to the site of the ilio-cæcal valve, more tender upon pressure than the surrounding parts, which continued to increase for five or six days. It was not at all connected with the integuments, and evidently lay beneath the peritoneum. It was not diffuse, but well circumscribed and immovable. About this time an oblong swelling, with inflamed appearance, began to show along the upper part of thigh, running below, but parallel with Paupart's ligament, extending from the femoral vessels outwards. At first view there appeared to be no connection between the tumours, as there was a complete sulcus between them, the centre line of which was Paupart's ligament. As my patient was very weak, unable to take nourishment, and the nature of the tumour in the abdomen not a little obscure, I became apprehensive for his safety, and demanded a consultation. Dr. Wales was called in, who, after due examination, recommended a continuance of the treatment, which consisted of poultices and warm fomentations, and in about five days after we were enabled to open the longitudinal tumour below Paupart's ligament, from whence there issued about 24 ozs. of good healthy-looking pus, causing the tumour in the abdomen to nearly disappear. It continuing to discharge moderately for about a week, and then gradually healed up. Although immediately relieved of the pain and tension by the discharge, his health and appetite did not improve for a week, his first meal being a small water cracker on the fifth day, after which he could take gruel and arrow-root in

small quantities. During the whole of his illness, for three weeks, he got no sleep, unless from hypnotics, which I was obliged to administer every second night. The point of interest, Mr. President, in this case, is to ascertain the exact site and nature of this abdominal abscess; and how, and by what channel, it made its way to the top of the thigh about two inches outside of the femoral vessels. The man declared he got no hurt for the last four years, and the matter did not appear of a scrofulous character. He is now restored to health, and following his usual occupation as a carman.

Dr. READE considered the case one of iliac abscess.

Dr. M'GEE asked if the limb of the affected side had been drawn up during the patient's illness, and being answered in the negative, he said he could not consider the case one of iliac abscess, as both in that disease and in psoas abscess the limb of the affected side was drawn up.

Dr. MOORE said he had seen cases of iliac abscess in which the limb was not drawn up.

Dr. M'GEE said he could not be satisfied with positive opinions as to the nature of such cases, unless *post mortem* proof of the site of the disease could be adduced.

Dr. READE understood Dr. M'Gee to say that in iliac abscess the limb was drawn up. He had seen the limb thus flexed occasionally, but he had seen twenty cases in which there was no flexion of the limb of the affected side; he, therefore, could not consider the drawing up of the limb a necessary accompaniment of iliac abscess.

The PRESIDENT was of opinion that the abscess was situated in the iliac fossa. He did not consider drawing up of the limb absolutely a necessary accompaniment to either psoas or iliac abscess.

Dr. HALLIDAY said he never saw psoas or iliac abscess in which the limb was not more or less flexed.

Dr. HEENEY adverted to the direction of pointing of the abscess in the case, as opposed the view of its being either psoas or iliac abscess.

**Council** December 29<sup>th</sup>. Ordinary Meeting.

President in the chair. Drs. Dill, Murney, & Cuming.

Ordered payment 4/4 for casts.

Ordered that new case be fitted up.

Circular prepared.

#### COMPILER'S NOTE

The proceedings for the rest of the Sixth Session will be found in volume 2.



## Index

This index concentrates on the presented cases and papers, those presenting, and, if their names were given in full, the patients. Presenters' names sometimes varied from place to place in the text but here they have been standardized.

The aim was to index all cases although it should be noted that some reports are as brief as their index entries. On the other hand, a short entry may sometimes reference a paper several pages long. Generally speaking, no effort has been made to index issues inside papers or arising in the discussions.

Some other activities of the societies have been included but routine day-to-day work has mostly not.

Where possible, indexing in a body system proceeds from proximal to distal, then alphabetically; otherwise alphabetically.

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