

The address delivered at the Fourteenth Annual Meeting of the Birmingham & Midland Counties Branch of the British Medical Association, held June 18, 1869 / by James Vose Solomon.

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THE

ADDRESS

DELIVERED AT THE

FOURTEENTH ANNUAL MEETING

OF THE

Birmingham & Midland Counties Branch

OF THE

BRITISH MEDICAL ASSOCIATION,

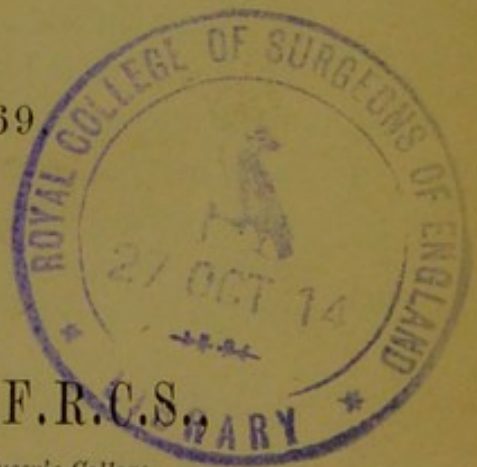
HELD JUNE 18, 1869

BY

JAMES VOSE SOLOMON, F.R.C.S.

President of the Branch; Professor of Ophthalmology, Queen's College;

Surgeon to the Birmingham and Midland Eye Hospital.



BIRMINGHAM:

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PRESIDENT'S ADDRESS.

Gentlemen,

I beg of you to accept my heartfelt thanks for the great honour you have conferred upon me by electing me to this chair, which has been filled so ably by my predecessors—the highest compliment it is in your power to confer upon one of your members. Let me thank you also for the sympathetic and encouraging manner with which you have this day greeted me, a reception which will be forgotten only when my mind ceases to recall all memory of the past. Believe me I am very sensible that the high position you have assigned to me is not intended as a tribute to any superior merits or fitness on my part, but from your desire to give graceful recognition, as opportunity may offer, to the labours of even the most humble associate, when unselfishly and continuously rendered in the interests of the Branch.

I have been emboldened to accept the office of President from a knowledge, extending over many years, of the generous, considerate, and inexacting spirit that pervades you; also from the confidence with which I may rely, in the event of matters of grave moment arising, upon the support and advice of the Council, the past Presidents, and the distinguished abilities of our Secretary.

If zeal and affection for the great and catholic purposes that the branch was established to promote can compensate in a measure for the absence in me of that learning, ability, and brilliancy of speech which some whom I am addressing

possess in a præeminent degree I shall venture to hope on retiring from the chair at the end of my year of office to be the happy object of your good wishes and blessed by your kind words.

Gentlemen, in the name of the Council and myself, I thank you for having assembled in such numbers on this our Fourteenth Annual Meeting in the old town of Birmingham, upon whose historic memorials are inscribed the immortal names of Priestley, Watt, Murdoch, Darwin, and Withering.* I would fain believe that the spirit of these mighty geniuses, who dedicated themselves to the pursuit of science, and their inventions and industries to the good of mankind, dwells in a measure still amongst us.

If I had permitted inclination to be my sole guide in selection of a subject for this address, I should have given a preference to Ophthalmology, but it appeared to me that the interests of the branch would be best consulted by a general retrospect of the mass of valuable and varied materials which has been contributed during the past year, materials certainly worthy of something more than a few passing words from your President. I shall commence with certain points relating to the physiology of the blood, arranging other subjects in their natural order, and the names of authors for the most part alphabetically. The convenience of this meeting, in regard to time, has compelled me, unwillingly, to curtail the abstracts with which I have been favoured.

The first question to which I shall draw your attention is "The Formation of Rouleaux in the Blood," which was brought before us in a remarkable paper, illustrated with numerous experiments and photographs by Dr. Norris. It was a condensed report of one which has since been read before the Royal Society.

* With the exception of Murdoch, all of these were members of the Lunar Society. In Mrs. Schimmelpenninck's Autobiography (pp. 30-37), a very charming account is given, with descriptive portraits, of some of the members and visitors of this, the first Philosophical Society founded in Birmingham. Its meetings were held at the members' houses, when the moon was at the full, and attended on occasions by Sir W. Herschel, Sir Joseph Banks, Mr. Mathew Boulton, Mr. Samuel Galton, Mr. Edgworth, Dr. Small, Dr. Atzelius, and Rev. Jos. Berrington.

Dr. Withering's monument may be seen at Old Edgbaston Church.

Many theories have hitherto been framed to account for the aggregation of the blood corpuscles, but not one has been proved by experiment.

Lister denies the existence of an attractive force, and refers the phenomena to chemical changes in the liquor sanguinis, and the accidental meeting of the corpuscles. Dr. Norris explains it by reference to the laws of cohesive attraction, or, as he prefers to call it, "progressive cohesive attraction," and demonstrates the truth of his views by several decisive experiments. If a piece of cambric paper, cut in a pyramidal form, be wetted in water and applied to the lower surface of a horizontal plate of glass, and the paper be slowly stripped off to near its base, it will gradually resume its first position to the plate of glass. In the case of convex plastic films, such as soap bubbles, the attraction proceeds in all directions from the point of contact as a centre; *converting consequently their curvilinear walls into plane surfaces.*

Dr. Norris affirms that only *two* typical forms of corpuscular aggregation exist, of which all others are varieties: the one, being the formation of rolls; the other, the peculiar aggregation of corpuscles which have become spherical from addition of substances to the blood, or from mere spissitude of its plasma. The arrangement in this latter condition, the author has proved, by taking micro-photographs of corpuscles, to be the same as is displayed by the soap bubbles.

The formation of Rouleaux can be imitated by partially submerging poised cork discs in water, when they run together into cylindrical masses.

If, however, the cork discs be completely submerged, the attraction is at an end. This was the point at which Dr. Norris' investigations had arrived in 1862; the analogies being admitted at the time as somewhat imperfect. In his paper, recently read before the Royal Society, the author explained this difference of behaviour by the fact discovered by himself, that when the discs of cork, or gelatine, were wetted with water and submerged in a liquid, which had no cohesive affinity for water, such as oil of turpentine or

petroleum, they attached themselves together, and formed rouleaux, or piles, *just as do the blood discs*; and conversely, if the bodies are wetted with turpentine or petroleum and submerged in water, the same result is obtained. The law which governs these phenomena may be summarised as "cohesion of like liquids when submerged in unlike liquids or fluids;" a double cohesion; cohesion first between one of the liquids and the solid bodies: and secondly, between the particles of the liquid itself. The pieces of cork or vesicles being simply LOCALIZERS of one of the liquids.

The intensity of the attraction will be in the direct ratio of the cohesive dissimilarity of the liquids concerned, which cohesive power of the blood corpuscles therefore necessarily varies with those varying conditions of the liquor sanguinis which are brought about by osmotic action. If the exosmotic tendency be in excess, the corpuscles become more adherent, and less so when the endosmotic current prevails. The increased corpuscular cohesiveness is due to the increased extrusion upon the surface of the contents of the corpuscles.

These investigations enable us to comprehend the *phenomena of inflammation* so far as the vascular tracts are concerned. An irritant applied to a part stimulates the vaso-motor nerves, and through them the muscular tunics of the smaller vessels, and likewise the latter directly. The primary effect is tonic contraction of these vessels resulting in anæmia of the capillaries which they supply; then we have a reaction involving partial paralysis and consequent increase of the calibre of the vessels. If the irritation be but moderately severe, that is, expends itself chiefly upon the vaso-motor nerves, we shall simply get *hyperæmia*; on the other hand, if very severe, we shall have not only paralysis of the vaso-motor nerves, but likewise *intrinsic paralysis of the muscular tunics of the vessels*. This condition permits of copious exudation, the liquor sanguinis becomes thickened, the corpuscles tend to approximate to the spherical type, the rate of circulation in the part being diminished, they accumulate in abnormal numbers, and at length *become fused or blended together into one apparently*

homogeneous mass, and this mass to the sides of the capillaries and smaller vessels, in obedience to the law before explained of progressive mutual attraction. The increment of the heart's force which reaches the affected capillary tract, is wholly incapable of overcoming this obstacle, and unless the vessel walls can recover from their paralysis, the parts which these supply with blood are as inevitably doomed to gangrene as if ligatures had been applied to their supplying arteries. If the vessels recover their tone, new liquid liquor sanguinis gradually permeates between the individual corpuscles and the walls of the vessel, altering the osmotic direction of the corpuscular current, releasing the corpuscles gradually from the *bondage of mutual attraction*; their differentiating outlines reappearing, they take on their normal shape and slowly escape into the general blood current.

I come, now, to cases and papers relating to diseases of the blood vessels. The first on the list is a case of large Popliteal Aneurism, which was treated successfully by Mr. Bartleet by means of flexion, maintained for a month, and not carried beyond the point at which the patient could endure the position with comfort.

In a second case of the same disease occurring spontaneously in a man with feeble heart, double bruit, intermitting, pressure maintained by means of an instrument for upwards of twelve hours stopped the pulsation in the aneurism; a slough formed at the point of pressure, and in three days pulsation returned. In three weeks after discontinuance of pressure, and when the slough was separating, arterial hemorrhage occurred; and on its recurrence for the third time the circumflex ilii was tied, and no more blood lost. On the 31st March Mr. Pemberton, the Surgeon of the case, tied the femoral artery, the ligature separated on the 25th day, and the patient made a good recovery.

The feature of interest in this case is the excellent recovery after delegation of a large artery in a man whose vessels and heart indicated the presence of serious disease.

Another successful case, in a man aged 38, was related by Mr. West; the Aneurism was femoral, of large size, and so

close to Poupart's ligament as to preclude the use of any sort of pressure in that region.

Under these circumstances the patient was narcotized by chloroform and digital compression of the external iliac maintained for fifteen minutes; on the suspension of which the stream, which had been completely arrested, returned. The rapid growth of the aneurism towards the surface, and apprehensions lest it should burst, caused Mr. West to decide upon delegation of the external iliac artery. The man recovered without a bad symptom from the operation, the ligature came away on the 17th day, and in a month he left his bed.

In any future case Mr. West would employ Carte's apparatus as affording a less tedious mode of effecting compression than that of the fingers.*

The treatment of Varicocele by ligature was illustrated by Mr. Vincent Jackson in a short paper. He has treated twelve cases by Ricord's method as modified by Tuffnell: for a description of the operation I would suggest reference to Holmes' System of Surgery. In Mr. Jackson's cases the time required for obliteration of the vein was about eight days; for cutting it through, the average was fourteen days.

I come next to *contributions relating to Inflammation and its results*. Mr. Bartleet presented the cast of a bladder, passed per urethram, after medicine which had caused strangury had been exhibited; no bladder can now be detected, and the urine is passed *guttatim*.

In a paper on *Mitral Stenosis*, the result of rheumatic inflammation, Dr. Foster advanced some new views concerning the irregularities of the pulse and the rhythm of the murmur. By registering simultaneously, with the sphygmograph and the atmograph, the pulse and chest movements, he found the irregularity of the pulse to obey a certain law; the small irregular pulsations corresponding with expiration, and the large pulsations with inspiration. The effect of

* The article "Aneurism," in John Bell's Surgery, Edin., 1801, will well repay perusal.

inspiration on the pulmonary circulation gave the explanation required.

With reference to the rhythm of the murmur, Dr. Foster related some new experiments, which showed that the physical conditions for its production only existed towards the end of the diastolic period.

A specimen of Abscess of the Tibia was exhibited by Mr. Goodall. The limb had been amputated, in consequence of the occurrence of *osteo-myelitis*, twelve days after trephining the head of the tibia. The chief interest of the case was centered in the fact that the knee had been subject for thirteen years to periodic pains, unattended till quite lately by local signs of inflammation, the cause of which pains surgeons of metropolitan and provincial eminence were unable to diagnose.

A specimen of fibrous stricture of the œsophagus taken from a boy, 4½, was presented by Dr. Mackey. It was produced by the swallowing of soap lees on July 22, 1868; the patient was treated by bougies; he died in November of pyæmic pulmonary abscess. Somewhat allied to this was the case of a man, shown by Mr. Thomas Underhill, who in consequence of inflammatory thickening of the laryngeal mucous membrane suffered attacks of dyspnœa which threatened life. In one of the paroxysms Mr. Underhill as a last resource performed tracheotomy with immediate and up to this date permanent relief. Mr. Underhill is convinced that in this patient he proved the possibility of passing a sponge through the *rima glottidis*.

In the treatment of inflammations Mr. F. Jordan considers the correct principle to be based on the removal of the conditions which permit of its existence. He attempts to remove these conditions by means of pressure, counter-irritation, rest, and a few other remedies.

Counter-irritation in proper localities is applicable in every inflammation. The locality of the counter-irritation should be over another, if possible over the next vascular region or artery.

In external inflammation of the thorax he places the

counter-irritation over the brachial artery. In inflammation of the pelvic organs the femoral circulation is to be encouraged. Mr. Jordan claims for his plan that it shortens the duration of inflammatory diseases.

The Surgery of *Cancer* has obtained many illustrations during the session: Mr. Gamgee exhibited a cancerous tongue which he had removed in a manner quite new in the practice of English surgery. Full details of the case and operative procedure have been given by him in the *Lancet*, vol. 2, 1868.*

Then there was a specimen of schirrhous rectum taken from a boy of the age of 16. Life had been prolonged by Mr. Bartleet's performance of Amussat's operation; the patient having lived nine weeks afterwards. A memoir on this operation by the late Mr. A. Jukes, and two cases related in the Medico. Chir. Transactions by the late Mr. F. Field and Mr. Josiah Clarkson, all natives of this town, were instrumental in increasing a knowledge of this subject at a time when surgeons possessed but little information of Amussat's adaptation, and modification of Callissen's procedure.

Three cancerous patients who had been submitted to excision, and plastic operations for the supply of the removed parts, were exhibited by Mr. Bracey, Mr. West, and myself. In Mr. West's patient, the disease was epithelioma of the lower lip; in the two others, rodent cancer of the eyelids.

In an elaborate paper which was read by Dr. Malins, on "Fatty Degeneration of the Placenta," such change was shown, when pathological in degree, to be a frequent cause of death to the foetus; Dr. Malins adduced evidence also of the value of chlorate of potash, when administered internally, as a preventive of premature birth from this degeneration.

The treatment of *Placenta Prævia*, by effecting delivery during the syncope attendant upon the second or third hemorrhage, instead of waiting for the establishment of

* Alarming hemorrhages and a sloughing condition of the wound preceded death, which took place on the ninth day of the operation. In Nunneley's beautifully simple procedure, a few drops only of blood are lost. He has had six successful cases.

reaction, was advocated by Mr. T. Underhill, and supported by cases derived from his own practice.

The great fatality attendant upon *Excision of the Uterus* has found exception in the Hospital practice of Mr. Alfred Baker, who has removed the inverted organ by the Ecraseur, and thereby restored the patient, who was most seriously reduced from a repetition of hemorrhage, to a state of comparative good health and happiness.

Since a notice of this case appeared in the Journal, Dr. Barnes has reduced an inverted uterus by incising the neck of the organ, and then applying elastic pressure.

Therapeutics, which are too much neglected by the profession, have received attention in two papers from the pens of Dr. Heslop and Dr. Mackey. The object of Dr. Heslop's paper was to draw attention to the natural process of evolution of acute diseases in infants, and the moderate power possessed by indirect measures of medication in the way of controlling their course. Such facts are of special importance as regards the treatment of the diseases of young children, which, in the author's opinion, has been hitherto of a too perturbative and severe a nature in this country. The paper concluded with the utterance of a caution in reference to the use of powerful drugs in the disorders of infancy.

Dr. Mackey gave some original clinical illustrations of the use of oxygen gas in certain diseased states. As the paper has been published at length in the *Practitioner* for May, I need only remark that the general indication given by the author for the use of the remedy is the presence of venous congestion in the lungs, liver, and uterus.

A paper on the Characteristics and Wants of the Surgery of the present epoch was read by Mr. Gamgee, in which he depicted, in graphic language, the importance of rest, position, and pressure. I regret that the author has not favoured me with an abstract.

"The Present and Future Prospects of the Profession" is the title of a paper read by Mr. Sainsbury, in which the Club Question was treated in terms of great moderation.

Two living examples of excellent recovery from an incised wound of the knee joint were shown by Mr. Bartleet and Mr. F. Jordan. The point of treatment, considered as specially worthy of note, was, in one, the use of carbolic acid injections; and in the other, of counter-irritation over the femoral artery. Several cases were mentioned by members, in the discussion which followed, wherein attention to the ordinary rules of surgery had sufficed to procure a happy result. Nevertheless the great danger to life of such accidents admits of no dispute.

A successful case of excision of the knee joint, in which a straight splint was applied in front instead of behind the limb, and a bandage retained without disturbance for nine weeks, was related by Mr. Bartleet.

Pathological specimens of rare interest have been supplied by Mr. Newnham, Dr. Russell, Mr. Basset, Mr. Haden, Mr. Jackson, and others.

Such, gentlemen, is the work of the Session regarded from its medical and surgical aspect. I think, on passing it in review, we may fairly congratulate ourselves, as a Society, upon the general results. We have seen brought into prominent relief many high qualities in the workers, and much substantial fruit as the result of their labours:—

Originality of enquiry and experiment;

Much sound sense;

The elucidation and diagnosis of obscure pathological phenomena by the scientific application of instruments originally designed for physiological experiments;

Surgical and obstetric skill of the highest order;

The possession, by some of our associates, of that familiarity with disease which goes far to insure the favourable issue of surgical procedures, which are ordinarily followed by a high rate of mortality;

A vast amount of courage and zeal devoted unselfishly to the relief of humanity.

Your Council has established, at the suggestion of several members, a Pathological Section, and connected with it a Committee for reporting on disputed or obscure instances of diseased structure. The formation of this section, by lessening the pressure of work upon the branch, will enable it to deal more efficiently with the mass of materials offered for consideration, and what is of the highest importance, will foster habits of close observation and thorough work.

I must now say a few words upon

CLUBS, PAROCHIAL MEDICAL MATTERS, AND THE HOSPITAL
RELIEF QUESTION.

The conferences arising out of the club movement and other matters relating to the general interests of the profession, and the grave considerations to which they have given rise in regard to the position of the profession to the public have materially strengthened and drawn closer the bonds by which our members are united. This influence for good has not been confined to the area of our branch, large as that is, but has extended into many places at a distance. At an early period in the movement it became obvious that mutual help for the protection and enlargement of individual interests was comparatively a new feature to many, and consequently the work, from a want of experience and that restraint which is engendered by discipline, was not carried out in so perfect a manner as could have been wished; nevertheless a decided advance has been made. A very fair number of clubs have given practical recognition to the principle contended for; namely, that the doctor's pay should be rendered more commensurate with the valuable services and responsible position which he occupies. An increase, varying from 20 to 75 per cent. has been conceded already; and, I think, we may look hopefully to the time as being not far distant when, by the thoroughly efficient manner in which attendance upon Sick Societies is conducted, the title of Club Surgeon in large towns will be honourable.

It is evident that the prosperity and financial soundness of sick clubs must depend greatly upon the careful examination of candidates for admission, and upon a reduction of the rate of sickness involving sick pay. These and other advantages will follow as natural sequences to an arrangement which satisfies the two contracting parties. Clubs, however, like certain other more important institutions, have not yet attained sound views of policy, nor the best and most economic management of their affairs: what with the practice of spending a fixed sum for the benefit of the landlord in drinking money, malingering on the sick list, the admission of unhealthy lives, or of the loafers of the tap room—their funds are, in some instances, far from being in a prosperous condition.

*Taking these facts into consideration, and the importance of restoring good feeling in quarters where irritation and distrust now exist, I venture to suggest, on my own responsibility—for, as you know, I am not a member of the Club Committee, nor personally possessed of any pecuniary interest in the matter—the following sliding scale for the Doctors' pay in towns:—Clubs consisting of less than 25 in number, 3s. per member; above 25 and less than 50, 3s. 6d. per member; above 50, 4s. or 5s. per member, according to circumstances. This scale may possibly disturb some few arrangements which are at present satisfactory to surgeons, but it has, I believe, the merit of opening the way for settlement of a large number of cases in the interests of all concerned. I conceive it must be patent to the Friendly Societies Committee that, in order to bring this painful dispute to an end, *mutual concessions are essential, and a measure of time must be allowed for club members to learn in what direction their real interests lie.***

I would remark, before leaving the discussion of this matter, that the difficulties from the side of the profession, which the Committee have had to encounter have come chiefly from surgeons whose faces are unknown at our

* In some towns the question has come to a "dead-lock." I hope what I have written may induce certain clubs to reconsider the matter, and open negotiations with their surgeons.

meetings ; men destitute of *esprit de corps*. How significant is this fact of the value of membership and attendance at our branch gatherings !

A revolution such as Dr. Heslop has initiated, and baptised with his ardent and uncompromising spirit, could not be even attempted without, as in all revolutions, suffering being entailed upon some of those who took part in it. Inquiry, however, has satisfied me that, with a few exceptions, no very serious pecuniary loss has been in the end sustained by the surgeons who have given impulse to the movement by standing faithfully by their order.

I need not remind those who are accustomed to contemplate the constitution and varied interests of the profession in large towns such as Birmingham, Manchester, Liverpool, and Leeds, that the status and ultimate success of the general practitioner are injured by the tenure, for many years, of a large number of clubs. The same remark holds good in regard to parochial medical appointments. The effect of such lines of practice is to prevent the young practitioner rising in the estimation of the public, and consequently in his profession. They destroy his interest and damp his zeal in the advancement of medicine as a science ; perhaps the most serious evil, and the one least easy of correction is the acquired habit of slurring over cases ; investigating not one thoroughly, so that the mind becomes in time incapable of exerting that sustained attention and thought which are essential for the elucidation of diseases, whose lineaments are not graven on the very surface. This proneness to escape the irksomeness of minute investigations besets the practitioner at others than the first stage of his career, it comes upon us in the Hospital out-patient room ; we are tempted by it in the zenith of practice and reputation. Of the means your Council has taken to mitigate and correct this tendency I have already spoken.

I must in this place refer to some important changes that have been made in the parochial medical staff of Birmingham. At the suggestion of Dr. Seaton, a public vaccinator has been appointed, who is restricted from doing private practice.

The medical staff has been reduced from eight to six, and I regret that the salaries have not been fixed at a proper standard. I have the satisfaction, however, of knowing this injustice will be removed in the March of 1870, when each district surgeon will, in all probability, be appointed at a salary of £240 per annum, the exact sum which our associate, Mr. John Clay, a Guardian, and the Chairman of the Relief Committee, recommended as being proper and just. Had the Guardians founded a dispensary for the supply of all medicines, Mr. Clay proposed the sum of £205 as being equitable. On some future occasion it may be advisable that an effort be made by the Branch to obtain for the Parochial Medical Officers a more extended term of office than one year. In the event of action being taken, I would suggest that the Branch should make known its views, in the first instance, to the Board of Guardians; a mode of procedure which has the merit of being constitutional, conciliatory, and courteous. I speak from experience when I state my belief that the Guardians of Birmingham will always be found ready to receive with respect and attention the well-considered opinions of the profession on matters relating to public health. Indeed, I am unacquainted with any body of public men who evince more anxiety to discharge their duties in an efficient and conscientious manner.

HOSPITAL RELIEF.

The vast amount of gratuitous medical relief, contributed by hospitals and dispensaries to a large per centage of the population, has given rise to much discussion in the newspaper and medical press, but I have not read of any proposal which solves or affords hopes of a solution of the difficulties which are connected with this gigantic evil.

The causes of the great increase are various. I attribute it—(1) To the facilities of locomotion provided by our railway system. (2) To the large sums subscribed to medical charities since the diffusion of wealth incident to the reform of our fiscal laws, and the discovery of the gold fields. (3) The excessive and ostentatious expenditure of the

second and third grades of the middle class, and the loss of self-respect which the holding of a false position gives origin. (4) The crude notions entertained by subscribers, and by applicants for relief of the purposes for which hospitals have been founded; also the careless manner with which many subscribers distribute their tickets. (5) The encouragement given, in some instances by the medical staff, to the better and superior class of patients. (6) The non-existence in the present day of the old-fashioned apothecary and his open shop. (7) The imperfect organization of Provident Medical Dispensaries and their comparative fewness to the number of towns in England. (8) The insufficient remuneration of club and parochial medical officers. (9) The great neglect on the part of medical students of the practical work connected with their hospital attendance; also the neglect by the Examining Medical Boards of the application of such tests as would detect a student's ignorance of the diagnosis and proper treatment of surgical injuries.

A correction of hospital abuse has been sought to be obtained by requiring answers to a long and stringently inquisitive series of questions printed on the patient's ticket of admission. I regret to state that my experience at the Eye Hospital, where the plan was fairly and fully tried, is altogether adverse to its utility. When inquiry into the patient's circumstances is necessary I advise that it be addressed to his private medical attendant. I am also favourable to the existence of a law in all medical charities which would permit of a person, who has imposed upon the hospital, being prosecuted in the County Courts for all expenses and fees which he has incurred.

I conceive the organization best suited for the investigation of the subject under consideration would be a committee, composed of a certain number of surgeons unconnected with medical charities and a certain number of the committees of the latter. Before leaving this matter I must notice a proposal that every hospital patient should pay something for his relief. Such a plan, if it were practicable, which it certainly is not, would demoralize

people well able to employ a private surgeon, would ruin one half of the profession, and destroy much of the poetry of medical life: moreover, it is altogether opposed to the sublime model of rightly directed relief painted in an ancient story, and to which at one time our hospital management was made to correspond. Familiar as is the story I am not ashamed with it to conclude this already too lengthy address.

“A certain man lay by the wayside despoiled and wounded, and there came to his relief one who was an alien to him in religion and country; stooping down he lovingly bound up his wounds and poured in oil and wine; then, lifting him gently on his own beast he took him by easy steps to the nearest inn, where he made provision for his comfort and cure till he should be able to return to his family.”

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