very stable, and quite odourless. Applied to small external wounds, raw surfaces, and in fresh laparotomy wounds, the removal of the dressing showed practically no secretion, and there was nowhere any trace of irritation. The wounds closed up with rapidity. In extensive tissue necrosis and granulating wounds the effect was wonderful. For certain slight skin affections, excoriations, intertrigo, slight moist eczema, dermatol is not used alone, but preferably in combination with an inert powder such as starch; or as an ointment—1 part dermatol, 1 part vaseline, and 8 parts lanoline.

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**REVIEWS.**

*Lectures on Diabetes: including the Bradshawe Lecture, delivered before the Royal College of Physicians on 18th August, 1890.* By Robert Saundby, M.D. Edin., F.R.C.P. Lond., Physician to the General Hospital, Birmingham, &c. With Illustrations. Bristol: John Wright & Co. 1891.

Most of these lectures have already appeared in print, but there can be no doubt that their publication in book form (in preparation for which they have undergone some alteration and extension) will be welcomed by the many readers who have already learned to appreciate the writings of Dr. Saundby, and especially his admirable *Lectures on Bright’s Disease*.

The first chapter deals mainly with the physiology of glycosuria and its experimental production. Dr. Saundby recognises that physiological experiments on animals have not as yet thrown much light on true diabetes in man, though many interesting facts have in this way been ascertained. He does not seem to us, however, to insist sufficiently on the distinction to be drawn between diabetes and glycosuria, and it is noteworthy that he does not attempt to define the meaning that he attaches to the term diabetes. His exposition of what is known of glycosuria from the physiologist’s point of view is brief, and his discussion of the uses of glycogen in the economy and its relations to glucose is rather unsatisfactory; those specially interested, however, will find full reference to the bibliography of the subject.

In relation to experimental glycosuria, he draws attention
to what may prove to be a serious source of fallacy in Fehling's and Trommer's tests. It is generally known that some urines which do not contain sugar reduce the copper in these tests. Schmiedeberg and Meyer have shown that in these urines the reducing substance is glycuronic acid, which is found in the urine after the administration of various drugs—e.g., chloral hydrate, camphor, phenacetin, morphia, chloroform, croton chloral, and curare. The application of the fermentation test will exclude this source of fallacy.

The second chapter treats of the etiology of the disease, and is of much greater value. Dr. Saundby has been at great pains to acquire information as to the geographical distribution of diabetes, and though he admits that complete reliance cannot be placed on all the statistics, he has elicited some interesting facts. It seems to be more common in the British Isles (especially in England) than in Prussia or Italy, or in almost any of our colonies and possessions, except Malta, where it is abnormally frequent. Statistics were not obtained from India, but those who could speak from knowledge of that country regarded diabetes as a disease extremely fatal to the higher classes of the population, while it is extremely rare among the manual labourers. The Mongolian and African races seem to have a comparative immunity. It is generally believed that the disease is more common in urban than in rural districts, but from the figures he adduces Dr. Saundby regards this as an erroneous impression. In regard to its prevalence, he believes that the disease is rapidly increasing in this country, the proportion per 10,000 deaths having risen from 19 in 1878 to 30 in 1886. He believes in the heredity of diabetes, although in the majority of cases there is no direct evidence of this. He attaches, as seems to us, undue importance to injury as a cause of diabetes, and the cases he quotes, while no doubt showing that the diabetes was discovered after the injury, do not prove that it occurred because of it. The connection between diabetes and various other diseases is dwelt on, such as nervous affections, exophthalmic goitre, acute rheumatism, gout, influenza, liver disease, diphtheria, enteric fever, pregnancy, &c., in many of which it is no doubt a mere coincidence; but he has omitted to note the comparatively frequent occurrence of glycosuria in diseases of the respiratory organs, especially those of an obstructive kind.

The morbid anatomy of diabetes is dealt with in the Bradshawe Lecture, which forms the third chapter of the book. Dr. Saundby has carefully collected all that has been hitherto described in this relation, and supplemented these
facts by his own observations and comments, but he admits that he has made no great addition to our knowledge. His general conclusion is that the morbid anatomy of the disease is of a very complicated kind, so many lesions having been met with in various organs. We are glad to see that he does not attach much weight to the vacuoles found in the central nervous system, to which Dickinson was inclined to attach a very undue importance. In our experience of the examination of the nervous system, these are of common occurrence, and must in the majority of cases be referred more to the mode of preparation adopted than to real lesions. Dr. Saundby favours the view that the atrophy of the pancreas, so commonly described in post-mortem examinations of diabetics, is the most important lesion, but the bearing of it cannot be clearly understood at present owing to our defective knowledge of that viscus. He also regards as important the changes met with in the abdominal sympathetic ganglia, while he looks upon the changes in the liver, kidneys, lungs, and heart as altogether secondary.

The best part of the chapter on the Clinical History is that dealing with the complications of diabetes, of which a full enumeration is given, with a series of cases illustrative of the more important of them. Here, however, we again feel that in reading this book we are at a disadvantage in respect to the omission of a definition of the term diabetes, for it is clear that Dr. Saundby embraces under it some cases that others would regard merely as glycosuria complicating other affections.

The complication known as Diabetic Coma has a special chapter for itself, to us the most interesting and valuable of these lectures. The subject is fully discussed, and numerous cases are recorded in illustration of the views entertained by Dr. Saundby. We cannot do better than quote his summary of his conclusions:

"1. Diabetic coma is specially apt to supervene in acute cases in young persons.

"2. Diabetic patients and their friends should be warned of the danger of constipation, muscular exertion, nervous excitement, and cold, as probably predisposing causes of death by coma.

"3. The discovery of the ferric chloride reaction in the urine should be taken as a warning against the premonitory symptoms of coma.

"4. Deep respiration, rapid pulse, and abdominal pain are the earliest premonitory signs of this condition."
"5. Cyanosis may be absent in spite of the dyspnœa, and may appear only just before death.

"6. Convulsive seizures are not an uncommon occurrence just before death.

"7. The temperature is usually normal or subnormal, but may be considerably raised.

"8. Diabetic coma, with all its classical symptoms, occurs independently of any excess of fat in the blood, and the pathological value of lipæmia, when present, is yet undetermined.

"9. The toxemic theory—e.g., poisoning by acetone or some nearly allied substance or substances, affords the best explanation of this remarkable group of symptoms.

"10. Recovery is possible from the prodromal symptoms, and even from some degree of drowsiness, but from actual coma it is at least very rare.

"11. Great benefit may ensue in the early stages from speedy evacuation of the bowels by a brisk purgative. Treatment in the later stages seems always unavailing."

We quite agree with Dr. Saundby in the view that diabetic coma is a toxæmic condition, and it is quite refreshing to find that in these days, when everything is referred to bacteria, he has not sought the source of the mischief in a ptomaine or a leucomaine.

Dr. Saundby deals with the treatment of diabetes in a satisfactory manner. He very properly insists on a knowledge of the natural history of the disease being essential to any proper appreciation of the value of treatment, and in this connection draws marked attention to what is too often overlooked—the different tendencies in diabetes in the comparatively young and in the old. Bearing this distinction in mind, he pins his faith to diet, opium, and alkalies. We quite agree with him in his belief in this line of treatment, but we are surprised to find that he thinks so little of codeia, which we have often found of great service in controlling the amount of urine, and therefore the distressing thirst. He has found skim-milk treatment useless, and in one case apparently harmful. We have a distinct recollection of two cases in which we gave this treatment a very fair trial many years ago, the experiment spreading over several months, in which it proved almost valueless. Of the most recently advocated treatment, that by jambul, he has nothing favourable to say, as it has proved quite inefficacious in his hands. He used a preparation of the bark of eugenia jambolana. In only one case have we tried this remedy, using the powdered fruit
seeds of the plant, which we received from a friend in India. So far, we cannot say that any benefit appeared to be derived from its use, but our friend, we hear, has formed a somewhat favourable opinion of it in his experience among the natives of his district in India, where, contrary to the opinions received by Dr. Saundby, diabetes appears to be by no means uncommon among the poorer classes.

The volume concludes with a chapter on Diabetes Insipidus, in regard to which the author accepts the view commonly adopted that it is due to a neurosis. He has nothing very encouraging to say as to its treatment, but he emphasises the fact that, unless due to some serious and incurable nervous affection, the prognosis is not unfavourable.

In concluding our remarks on these lectures, it is only necessary to add that a good bibliography is attached to each chapter, and that in our opinion our readers can refer to this book with confidence, as representing very satisfactorily the present state of medical knowledge in regard to the subject of which it treats.

The Pulse. By W. H. Broadbent, M.D., F.R.C.P., Senior Physician to, and Lecturer on Clinical Medicine in, the Medical School of St. Mary's Hospital, &c. Illustrated with 59 Sphygmographic Tracings. London: Cassell & Company. 1890.

This volume, one of the clinical manuals being issued by Cassell & Company for students and practitioners, is an expansion of the Croonian Lectures on the Pulse delivered by Dr. Broadbent in 1887, and we may at once say that it is the best book on the pulse which has come under our notice. From the first page to the last it is clearly the work of a man who has thought deeply on the difficult problems of cardiac pathology, and it is equally evident that he is a master of clinical observation.

After a succinct account of the history of our knowledge of the circulation and of the pulse, with an instructive reference to the position of Galen, Dr. Broadbent, in his second chapter, defines the pulse, and discusses its mechanics. In describing the pulse he differs from most authorities, holding that there is no expansion of the artery, but only a change in its shape; and, as an illustration of his meaning, he refers to the pulsation which can be felt by putting the foot on the inelastic leather hose of a fire-engine in action, in which there can be no expansion. We believe that he is probably right in a
sense, but his illustration is rather unfortunate; for, while he believes the finger on the artery plays the part of the foot on the hose—i.e., compresses the vessel—anyone who looks at such a hose lying on ground sees pulsation in it, the weight of the wall causing more or less collapse after the wave of fluid has passed on. This is a small point to direct attention to, but it has some bearing on the future pages, in which the diagrams of sectional areas of arteries are made to perpetuate the idea, and it is a view which does not account for visible pulsation.

In this connection he also disposes of a common misconception—that the pulse necessarily indicates an onward move of the blood in the arteries, and even may be regarded as the index of that movement. In fact, as he points out, in cases of peripheral obstruction the heart, acting with increasing energy, may fail to propel even an average amount of blood into the aorta, though it raises the blood pressure. And this consideration is of an importance not generally borne in mind, for he believes "it enters into the explanation of dropsy, and especially of the varying amount of dropsical effusion under apparently similar conditions, and that it also helps to clear up obscurities in the relation between circulatory conditions and head symptoms." Such suggestive remarks as these are met with everywhere throughout the book.

The factors of the pulse, the action of the heart, the elasticity of the great vessels, and the resistance in the arterioles and capillaries, are each considered in relation to their individual and united effect on the mechanism of the pulse, and varieties of pulse dependent on these relations are briefly described. One of these, the pulsus bisferiens, is, according to the tracing given, clearly that generally known to users of the sphygmograph as an "anacrotic" pulse; but the name is not applied to it at p. 26, while the description given of "anacrotic" at p. 140 applies to something quite different.

Following on this are some general remarks on the sphygmograph, which so clearly define the views we have long entertained, that we feel tempted to quote a few of them. "In recent teachings with regard to the circulation and the pulse, the constant reference to the sphygmograph has been an obstacle to the application of the newly obtained knowledge to clinical work, and especially to every-day practice. It is not every student who can thoroughly familiarise himself with this instrument, and acquire the requisite skill for bringing out its indications, and the busy practitioner has still less chance
of doing this. . . . The sphygmograph is rarely necessary for diagnosis, and scarcely ever to be trusted in prognosis; the personal equation of the observer comes in, and if any special result is expected or wished for, an enthusiastic investigator can obtain it, and may, without the least conscious intention, twist facts in the desired direction. . . . The pretence to measure the exact pressure employed in taking the trace, and thereby to obtain corresponding knowledge of the intra-arterial pressure, is illusory. . . . While, then, I think that every student ought to be familiar with the sphygmograph, and will gain from a study of its indications a comprehension of the pulse in its different forms, obtainable in no other way, I am of opinion that we learn by means of the educated finger all that the sphygmograph can teach, and more.” It has long been our opinion that the introduction of this instrument into our hospital clinics has been a considerable disadvantage, as it has led to the students being taught too little of the digital examination of the pulse; and few, if any of them, acquire that tactus eruditus which is conspicuously at the command of the internes in our fever hospitals.

Dr. Broadbent refers to the various sphygmographs in common use, but we are surprised that he, as well as almost all British writers on the subject, makes no reference to the work of Dr. Alonzo T. Keyt, whose observations on simultaneous tracings of the heart and arteries, with simultaneous time record, seem to us to offer much more valuable information than any to be obtained by the ordinary instruments.

The third chapter is chiefly concerned with the mode of feeling the pulse, of which an admirable clinical description is given. The varieties of pulse are also noted, and correlated to the condition of the heart and of the arteries.

The heart-sounds in relation to the pulse are discussed in Chapter IV, the views which are upheld being mainly those of Sibson, while every page bears evidence that these views have been thoroughly tested by the author’s clinical observation. The chapter is full of interest, and it is worth pointing out that in many ways it shows how good observers may differ even in regard to fact. For instance, while we have been taught that the pulmonic second sound is usually less loud than the aortic—an instruction which we have frequently confirmed by our own observations—Dr. Broadbent gives it as the result of his experience that the pulmonic second sound is louder than the aortic. In matters of theory, also, he is at variance with many writers on the heart—e.g., he regards as
obsolete the view that the second sound is due to the click of the semilunar valves; and he believes reduplication of the first sound to be due to a want of synchronism between the first sounds of the two ventricles, and therefore between the first moments of their contraction. He faces the difficulty presented by reduplication of the first sound, but he does not seem to us to have removed it. In proof of his view, he refers to observations common at St. Mary's Hospital, but hitherto unknown to us—viz., that the asynchronism can often be felt by pressing the fingers, or the ball of the hand, well into the intercostal space, just to the inner side of the apex beat.

The two following chapters are nominally upon increased and diminished frequency of the pulse, but they are more comprehensive than the heading implies. Thus, we find discussed here the influence of respiration on the pulse, Graves' disease, abdominal aortic pulsation, palpitation of the heart, the relation between infrequency of the pulse and epilepsy, coupled heart-beats, &c. In connection with the question of coupled heart-beats, we again find Dr. Broadbent showing an inclination to belief in asynchronism of the ventricles, while he is compelled (almost reluctantly, it would seem,) to admit that it is a demonstrated fact that there is no such occurrence as an alternating action of the two ventricles. The illustrative cases adduced in these chapters are of extreme interest.

Space will not allow of a detailed examination of the remaining chapters dealing with intermittent and irregular pulse, low and high arterial tension, the pulse in acute disease, in valvular disease, in hypertrophy and dilatation, in aneurism, in kidney disease, in intermittent albuminuria, and in affections of the nervous system. Suffice it to say that these subjects are treated of very broadly, the relations of the pulse characters to various concomitant symptoms being fully traced; and sometimes considerable space being given to the consideration of such symptoms—e.g., Cheyne-Stokes' breathing is brought under review, its main varieties described, and its most typical form referred to high arterial tension. In this connection Dr. Broadbent makes some striking statements—for example, that we do not see Cheyne-Stokes' breathing in mitral disease. We cannot trust our memory to either confirm or deny this observation, but we mention it as one of many clinical observations made by Dr. Broadbent, which suggest a careful examination of case records as the proper outcome of a perusal of his book.

There are few books that have passed through our hands
which we can so heartily recommend to our readers. In every chapter they will find something of assistance to them in their daily work. The book is essentially clinical, and Dr. Broadbent has, in the most happy manner, introduced many illustrative cases that are of great interest.

Railway Injuries: in their Medico-Legal and Clinical Aspects. By Herbert W. Page, F.R.C.S. London: Griffin & Co. 1891.

This book deals with those symptoms generally grouped under the names of concussion and nervous shock, which, while they may be said to be of traumatic origin, bear little proportion to the actual trauma, great or small, in any given case. Mr. Page’s name is already associated with careful and discriminating observations on this subject, and it is obvious that he has dealt with the cases coming under his official cognizance in no perfunctory manner, nor has he allowed them to pass from his ken when his official relation to them had come to an end, so that the reader is able to form an idea in most of the cases adduced of what the illness really amounted to for the patient.

That “concussion of the spine” is a misnomer is a statement which finds pretty wide-spread acceptance at the present day; concussion we know, and sprain of the back we know, but we would prefer to speak neither of concussion of the spinal cord nor of the spinal column, for of these the former does not correspond to any group of symptoms analogous to those of concussion of the brain—that is, concussion in the ordinary sense, and the latter can only denote a condition better and less ambiguously described as sprain of the back.

On the other hand, the theory set forth by Mr. Page does not make light of the possibilities of sprain; the application of the term here, as in injuries of other articulated parts, being limited only by actual dislocation or fracture-dislocation in the case of the vertebrae. Upon this is based a prognosis more hopeful, indeed, than was tenable under the theory of concussion, but which is so just in as much as it discriminates more fully as to existing anatomical lesions, and avails itself of this for treatment. Withal, it is not ignored that the structure sprained is one whose integrity is of much greater importance to the general well-being than that of any peripheral part, not merely in its architectural relation to the whole trunk, head, and limbs, but anatomically to the spinal nerves.
So much for the physical injuries and the objective conditions, but this is not all with which we have to deal. There remains the element due to psychical disturbance. In the main, the author follows Mr. Thorburn's tentative classification of the post-traumatic functional neuroses:

"1. Acute effects.
"(a) General nervous depression—'shock' or 'collapse.'
"(b) A more localised and defined disturbance of cerebral (cortical) origin—'acute hysteria' or 'hysterics.'
"2. Chronic after effects.
"(a) General nervous depression—'neurasthenia.'
"(b) A more localised and defined disturbance of cerebral (cortical) origin—'chronic hysteria.'"

Much, of course, had been done when the idea of post-traumatic functional neuroses had been arrived at. But the author's analysis of these conditions, their relations to traumatism and environment, has a lucidity which will do much to popularise the views of which he is the exponent, while his discussion of individual cases, carefully observed over long periods, gives interest and value to the work, independent of any modifications or developments which the theory may undergo.

An Introduction to the Diseases of Infancy. By J. W. Ballantyne, M.D. Edinburgh: Oliver & Boyd. 1891.

Prescribing and Treatment in the Diseases of Infants and Children. By Philip E. Muskett. Edinburgh and London: Young J. Pentland. 1891.

The number of works on the Diseases of Children, issuing from the medical press, shows no signs of diminishing, and the two works to which we now direct the attention of our readers are likely to prove of considerable utility in their respective departments.

Dr. Ballantyne's book contains the record of a large amount of original work, which will be of considerable value to the pediatric physician, and to the young practitioner, who is introducing himself to the study of children's diseases. From the strictly clinical standpoint, the work is comparatively unimportant, because the author, being still a young man, cannot have had that lengthened and varied experience of the diseases of childhood which can only come with age, and which alone justifies authoritative writing on diagnosis, prognosis, and treatment. From the anatomical and physio-
logical points of view, however, the book is likely to prove of the greatest service, and many of the chapters bear evidence of careful study and research, in a department which is specially that appertaining to the younger members of the profession—the laboratory and the dissecting room. The accounts given of the frozen sections of infants are of great interest, adding considerably to our knowledge of infantile anatomy, and the understanding of the text is greatly facilitated by the excellent chromo-lithographs and other illustrations which abound in the work. We think the title of the book scarcely indicates with sufficient preciseness its contents. The book strikes us as being not so much an introduction to the diseases of infancy, as to the anatomy and physiology of infancy. No doubt the author is specially concerned with anatomy and physiology in its bearings upon disease, but this might have been indicated in the title. The occasional paragraphs on clinical and physical examination strike us as being somewhat out of place, and are evidently introduced with the idea of imparting some clinical character to the book. These paragraphs are commonplace, and the volume would have been ever so much stronger without them. The anatomical part of the work is better than the physiological—the former is in large part original—the latter is to a very great extent compiled. We recommend the volume to our readers.

The second work is a compilation, and pretends to be nothing more. The authorities made use of are given at the beginning of the volume, which is got up something in the style of a visiting list, and may be conveniently carried in the pocket. The first part contains an alphabetical statement of the medicines, and their doses, suitable for the treatment of infants and children; and the second gives in a similar fashion the different diseases, with a concise account of the lines of treatment applicable to each. The busy practitioner will find in small compass a considerable amount of useful information suitable for the contingencies of every-day practice.

On Painful Menstruation: The Harveian Lectures, 1890.
By Francis Henry Champneys, M.A., M.D. Oxon., F.R.C.P.
London: H. K. Lewis. 1891.

The subject of Dysmenorrhea is still a questio vexata, which Dr. Champneys in these lectures attempts somewhat unsuccess-fully to settle.
He considers "Spasmodic Dysmenorrhœa" the only kind which is justly entitled to the name, and includes under it Membranous Dysmenorrhœa, to which he devotes one of the three lectures.

Dysmenorrhœa, he thinks, "is essentially a neurosis, and has motor phenomena (colic) and vaso-motor phenomena (scanty or greatly varying flow)." It "is pre-eminently an affection of the immature uterus." The treatment he recommends is accordingly antispasmodic, and the drug he thinks most useful is castoreum. "A hot foot-bath and a good glass of gin and water at bedtime, at the beginning of the pain," he considers also valuable. "Dilatation is the last resort," "at one sitting under anaesthesia, and with full antiseptic precautions, after ascertaining that the genuine dysmenorrhœal pain is evoked by dilatation of the os internum." But "nothing can be promised," as the dilatation may give no relief whatever.

Membranous dysmenorrhœa receives very full consideration, but without any satisfactory result being reached. In its treatment he recommends again castoreum, and feels tempted to scrape the uterus with an irrigating curette flushed with antiseptic solution, preceded by dilatation. But "the treatment of membranous dysmenorrhœa is a most unhappy problem; not even pregnancy going to full time cures it."

It is curious to reflect that menstruation itself, and the morbid phenomena which so frequently accompany it, should still be subjects of so much discussion. Of a truth, the commonest things are the most unknown. Dr. Champneys has done good service in again stating the problem, though we cannot see that he has much advanced the solution.

Lead Poisoning in its Acute and Chronic Forms: The Goulstonian Lectures. By Thomas Oliver, M.D. Edinburgh and London: Young J. Pentland. 1891.

These lectures upon a subject of such vital interest to all medical men, and indeed to others also, are well worthy of study, as, although they do not give much positive information that can be called new, they point out fields for further investigation, and they give what has been already known in a fresh setting.

We would specially draw attention to the digestion experiments which our author has made, and which go far to explain
the method by which the lead is dissolved in the alimentary tract and gains access to the circulation.

The course and symptoms of the disease, and also the pathological anatomy, are discussed pretty thoroughly; but, on the other hand, the treatment of cases is not given with sufficient fulness to guide one in combating the malady.

We think the book would have been much more useful and easier studied had it been rearranged for publication instead of the lectures being published just as they were delivered.

As regards the illustrations, they are very well got up, especially the coloured histological drawings; but the sphygmographic tracings are not satisfactory, as no indication of the pressure is given. For the same reason, the whole discussion of the arterial tension is incomplete, as the character of the tracings given by the sphygmograph very much depends on the pressure applied over the artery which is being examined.

The book is very handsomely got up, printed on good stout paper, and illustrated with a number of capital chromolithographs, showing the blue line on the gums and the histological changes which occur in the tissues.

We hope the writer will soon have an opportunity to improve his work in another edition, by giving it a more suitable arrangement for readers.

Practical Guide to the Demonstration of Bacteria in Animal Tissues. By Dr. H. Kühne. Translated by Dr. V. D. Harris. London: Baillière, Tindall & Cox. 1890.

The demonstration of bacteria in the tissues and fluids of the body is now generally recognised as a very practical and important element in diagnosis. To do this satisfactorily, however, requires not only careful attention to the details of the procedure followed in this or that method, but acquaintance with the general principles underlying the staining of tissue cells and bacteria. It is unfortunate that the larger text-books have a tendency to discourage those entering upon this kind of work by multiplicity and refinements of "methods," and by creating the impression, perhaps, that a great sacrifice of time is required. We are, therefore, confident that this little book will be welcomed by student and practitioner alike, since it will be found, as the author states, to furnish an explanation of the technique and a description
of the methods which would enable anybody to perfect himself therein without a great loss of time. Details are given as to the making of sections and cover-glass preparations, and attention is mainly directed to the use of methylen blue. It is shown how this stain may be employed for the more ordinary bacteria, and also variously modified to demonstrate the rarer species. Fuchsin and methyl-violet are preferable for two or three forms, and the method of using them is briefly described. The composition of the staining fluids is given in an appendix; also, a description of several of the best known microtomes, and of the process embedding in celloidin.

MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.

SESSION 1891-92.

MEETING I.—2ND OCTOBER, 1891.

PRESIDENTIAL ADDRESS BY DR. JOSEPH COATS.

The President took as his subject “The Spontaneous Healing of Tuberculosis: Its Frequency and the Mode of its Occurrence.”*

The prevalence of tuberculosis was first dealt with. Its prevalence is not easy to estimate. The Registration returns give an erroneous indication of the deaths from tuberculosis; it was pointed out that, in the case of children many deaths are uncertified and many are referred to whooping-cough, measles, bronchitis, convulsions, &c., which are really due to tuberculosis. These statistics may, to a certain extent, be corrected by the observations in children's hospitals where a skilled diagnosis, usually verified by post-mortem examination, is made. In most institutions the deaths from tuberculosis amount to a third, and frequently more than a third of the entire deaths. Correcting the Registrar-General's statistics by these facts, we should have tuberculosis furnishing about 22 per cent of the deaths instead of about 15 per cent. But we have still to consider the recoveries. There are in children

* The address is published in full in the British Medical Journal of 31st October, 1891.