same proportion that it is carried outwards on the uninjured side (it being itself unyielding), so must it be forced inwards on the injured side, pressing and thrusting the broken ribs inwards upon the pleura and lungs. Again, is it not probable that strapping the ribs to each other may have the effect of over-weighting the first and second ribs with their muscles, and so prevent the very beginning of the series of successive costal movements from above to below, which occur in ordinary full breathing? for it is clear that each pair of intercostal muscles is constructed in reference to the size and weight only of the two ribs to be moved.

A still worse practice is to apply the above-named bandage or roller both to the chest and abdomen, for by confining the action of the parietes of the latter, you throw a serious obstacle in the way of, and may be, fatally deprive him of abdominal or diaphragmatic respiration, which in cases of fractured ribs is, as it were, vicarious of the thoracic; the descent of the diaphragm will be materially interfered with, and the patient may thus become much distressed, especially after drinking or taking food into the stomach.

Thus you see that, first, experience—second, experiments; and third, reasoning—are all in favour of the strapping system which I have used in the cases related, and which has yielded in many others the most satisfactory results.

I am very anxious that you should fully understand the reasons for the medical treatment which you adopt; and if you will make yourselves acquainted with the principles upon which are founded the therapeutical means employed, you will be able to guide yourselves in the varied cases which may come under your care in your future practice. Just allow me a few words regarding those principles.

What is the intention of ribs in the human fabric? To defend the viscera within, and favour the movement of the blood through the heart and lungs. You are aware that respiration promotes the circulation from the right to the left side of the heart; but when a certain number of ribs have suffered fracture, this promoting action is not completely performed, and hence the reason why patients sometimes suffer so much from dyspnoea. In such cases, much congestion in the lungs takes place, and this is the starting-point of the train of symptoms which have manifested themselves in the cases above recited, which symptoms you have so many opportunities of observing in the wards of this large hospital.

There is, in fact, a normal proportion between the force of the respiratory movements and the amount of blood passing through the heart and lungs.* If these movements be weak and imperfect, there will be embarrassed breathing, and venesection is then likely to give the patients ease by establishing a due balance between the capacity of the respiratory efforts and the quantity of blood within the chest. Now you may detect another possible advantage in the strips of adhesive plaster: it is evident that the casing thus formed will compel the ribs to obey the action of the respiratory muscles affixed to the exterior of the chest and of the intercostal muscles *en masse* if at all, notwithstanding the fracture, as the weak point is strengthened and supported by the strapping.

The pulmonary congestion which occurs should not be allowed to continue; it must be combated by the plastering and venesection, else dyspnoea, bronchitis, and pneumonia will attack the patient. You must, however, refrain from taking blood too freely; patients will often beg and entreat you to perform venesection again and again; they feel so thoroughly relieved of their distress by bloodletting, that they ardently wish to have the operation repeated. But in this, as well as in other parts of the treatment, you must use your own judgment, and not be swayed by the wishes of the patient: bleed only until the balance just spoken of is re-established. It has unfortunately happened that patients have died from over-bleeding; and you should particularly recollect that old people with broken ribs, though sometimes much distressed in their breathing, bear venesection very badly.

The indications in the treatment by medicine are, to prevent the inflammation of the pleura and lung, and diminish the amount of the circulating fluid by causing the kidneys, skin, and intestinal mucous membrane to act powerfully and in excess. This triple aperient, diaphoretic, and diuretic action will be produced by the administration of tartar-emetic, preceded by a purgative. This medication certainly has the merit of simplicity, and I would advise you to carry it out completely by giving the tartar-emetic in

frequently repeated doses until abundant diaphoresis is produced, and you will find that the secretions of the alimentary canal will be at the same time considerably increased. It may well be surmised what a large quantity of fluid is thrown off during this kind of perspiration, when it is recollected that "insensible perspiration" alone carries off two pounds of water in the twenty-four hours. Tartar-emetic, by lowering the pulse, likewise quiets the respiration, a very important feature. I generally give the antimony before the above described symptoms (dyspnoea, &c.) have supervened, and thus I endeavour to anticipate, in some degree, attacks of pleurisy or pneumonia. I would add that the antimony should be used in all cases of fractured ribs without exception.

With asthmatic patients you may use ammonia with the antimony, as they bear but badly the latter metal alone. You may likewise give small quantities of wine and brandy along with the antimony; and do not believe that by this practice we are, as it were, blowing hot and cold: for while you are expecting from the antimony all the advantages I have enumerated, you must keep up the stream of life by exciting the action of the heart whenever there is the slightest sign of threatening debility or loss of power.

When you have reason to suspect that deposits of fibrine or less solid material are occurring or have taken place, you will do right to give mercury, for its constitutional effect in aiding absorption. Opium alone in ordinary cases is, in my opinion, decidedly bad; it may here and there appear to do some good; but where there is the least sign of inflammation, you should abstain from prescribing opium alone, as the use of this drug is well known to diminish all the secretions. Opium has, I am sorry to say, acted so completely as a sedative in certain cases of fractured ribs, that the patients have been quieted for ever—if not by the direct influence of the poison, certainly by its contributing to induce asphyxia or a tendency to it. In fact, it is plain that in cases where you want to throw off a great proportion of the fluids of the economy, you must not give a substance the effect of which is to lock up all the secretions.

Having thus completed what I had to say on fractured ribs connected with pneumonia, it remains for me to allude to the same injury complicated by emphysema: this is, however, a new subject, the consideration of which I shall postpone until our next meeting.

THE Annual Address,

DELIVERED BEFORE THE

ROYAL MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON,

At the Anniversary Meeting held on Monday, March 1, 1852,

By JOSEPH HODGSON, F.R.S.,

PRESIDENT OF THAT SOCIETY.

GENTLEMEN,—Our Society was established for the extension of knowledge: First, by obtaining and publishing Essays and Communications on the various branches of Medicine and Surgery; secondly, by publicly discussing those communications, with the view to elicit additional information on the subjects to which they relate; and thirdly, for the purpose of diffusing knowledge by the formation and use of an extensive library of works on medicine and surgery and the collateral sciences. The report which has this day been made to you by your council will, I trust, convince you that these objects have been successfully promoted during the past year. The financial condition of our Society was never more prosperous; a considerable addition of books has been made to our library, which now contains upwards of 25,000 volumes; and the 34th volume of our *Transactions*, which was published at the commencement of the present session, is, from the importance and originality of the papers which it contains, worthy of its place by its predecessors. Probably also it will be regarded as evidence of the thriving state of our Society, that during the last year the number of new Fellows who have sought and obtained admission upon our list exceeds that of several preceding years. But death has, during that time, removed from amongst us an unusual number of our associates; and it is my duty on this occasion to follow the example of my predecessors, by bringing to your notice the deeds and characters of those who are no more. Such a retrospect, whilst it may tend to excite activity and usefulness in ourselves, is due from the Society to our departed friends, as a memorial and affectionate recognition of their merits.

* This normal physiological and physical relation or proportion is expressed and indicated by the patient's freedom from distress or embarrassment in ordinary steady breathing.

RICHARD PHILLIPS, an honorary member of our Society, died, after a few day's illness, at his residence at Camberwell, on the 11th of May in the last year. He was seventy-two years of age, and had survived most of his scientific contemporaries. The friend and associate of Davy, Wollaston, Babington, Dalton, and of others who were devoted to chemical pursuits during the most brilliant era of British chemistry, Mr. Phillips also, during various continental travels, had formed the acquaintance of the most celebrated foreign chemists, who, when they visited England, availed themselves of the generous reception which he so liberally afforded them. In this country his reputation for the excellence and correctness of his opinions on chemical subjects was regarded as second to none of his contemporaries; and, as an analyst, the venerable Professor of Chemistry in the University of Glasgow, Dr. Thomas Thompson, in his "History of Chemistry," has placed him at the head of British chemists. Sprung from a family long connected with the Society of Friends, the father of our deceased member was a printer in Lombard-street, in which business he was succeeded by his eldest son, William Phillips, whose authority as a mineralogist was universally acknowledged at a time when mineralogy was far more in favour than in the present day, and whose Treatise on that science, enlarged to the extent of present knowledge, is still regarded as the standard work on that subject. Nor can the claims of William Phillips for diffusing by his works a taste for the then infant science of geology be overlooked by those who recollect the efforts of the earlier labourers in this vast domain of knowledge.

Placed in youth by his father with his friend and neighbour, William Allen, of Plough-court, a man whose fame, as the fellow-worker with Clarkson and Wilberforce, is even more widely spread than his well-earned reputation as a chemist, Mr. Richard Phillips, on quitting this well-known pharmaceutical establishment, started as a chemist and druggist in the Poultry, and subsequently devoted himself exclusively to the cultivation of his favourite science, adopting pharmaceutical and analytical chemistry as his especial pursuits: during that period of his life his house became the habitual resort of the rising scientific men of the day.

In 1805 he published a "Memoir on the Bath Waters," which attracted much attention, and this was followed by a detailed examination of several other celebrated mineral springs. From this period until his death, the several scientific publications contain frequent and valuable papers contributed by him on the composition of many rare minerals, disquisitions on points of chemical philosophy, and critiques on various chemical and pharmaceutical works. Amongst these, perhaps, the most important in its results was an experimental examination of the "Pharmacopœia Londinensis," of 1809, with remarks on Dr. Powell's translation, originally published in the *London Medical Review*, and afterwards reprinted in a regular form in 1811, and followed in 1816, by some further remarks on the "Editio Altera of the Pharmacopœia" of 1809. These publications stamped the subject of this notice as the first authority in the kingdom in pharmaceutical matters, and led the way to the much-needed reforms which have since been effected in this branch of medical science; and although at that time the keenness of his sarcasm and the severity of his criticism excited against him a somewhat antagonistic feeling on the part of a section of Fellows of the Royal College of Physicians, yet the critic lived to be the man especially consulted by the College on the compilation of the two last Pharmacopœias which have issued from that ancient, illustrious, and learned body. From the year 1821, Mr. Phillips conducted the *Annals of Philosophy*, and when that serial was incorporated with the *London, Edinburgh, and Dublin Philosophical Magazine*, his services were secured as one of the editors of that journal, which post he held till his death. He was successively lecturer on chemistry at the London Hospital, at the Government Military College at Sandhurst, at Mr. Grainger's School of Medicine in Southwark, and at St. Thomas's Hospital. He also delivered several courses of lectures on chemistry at the London Institution, and lectured occasionally at the Royal Institution and elsewhere. In 1839 Mr. Phillips was appointed curator of the Museum of Practical Geology, now in Jermyn-street—an office he held till his decease, which took place on the day previous to the opening of that institution by H.R.H. the Prince Albert. In 1822 he was elected a fellow of the Royal Society, and was on the council of that Society for several years. He was one of the founders of the Geological Society, and, for the last two years, held the office of President of the Chemical Society of London. In 1824 Mr. Phillips published his first translation of the "Pharmacopœia Londinensis," and was subsequently consulted by the College of

Physicians respecting the Pharmacopœia of 1836. Of this latter work he also published a translation, enriched with valuable and copious notes, which book ran through several editions. For the last few years he had again been engaged, in conjunction with a committee of the above-named learned body, in experimenting upon the chemical preparations contained in the "London Pharmacopœia" recently issued, on a translation of which work he was employed a few evenings before his death. Valued and respected by all who enjoyed the happiness of knowing him for the accuracy and extent of his knowledge, the frankness and simplicity of his character, which combined with ready wit, quickness of observation, a keen sense of the ludicrous, a fund of anecdote, great humour and power of repartee, he possessed a large circle of friends; and having earned for himself a lasting reputation for his scientific attainments, his extreme accuracy of observation, and his soundness of judgment as a chemical philosopher, Mr. Phillips closed an active and useful life, whilst yet both mental and bodily powers were undecayed. In the lecture-room he had but few equals. Clear, terse, and convincing in his style, and remarkably adroit and successful in his experiments, his lectures were peculiarly impressive and instructing. During a residence of some years at Birmingham, where he was engaged in a large chemical undertaking, he took an active part in promoting the objects of the Philosophical Institution in that town. In the theatre of that institution he delivered a course of lectures on the Philosophical Researches of Dr. Priestley, which excited general interest and admiration. In these lectures he traced, in elegant language and convincing style, the history of chemistry during the bright era when the researches of that enlightened philosopher, Dr. Priestley, with those of Black, Fourcroy, Lavoisier, Watt, Cavendish, and others, may be regarded as having first rendered it a rational science.

Dr. JOHN BARON was elected a Fellow of this Society in the year 1815. He was born at St. Andrew's in 1786, and was the son of a clergyman of the Scottish Church, who was Professor of Rhetoric and Literature in the University of that city. Dr. Baron received a portion of his early education in the College at St. Andrew's, and was distinguished for his quickness and industry. At the age of fifteen, he was removed to the University of Edinburgh, where he soon procured the favourable notice of his instructors. His fellow-students also highly appreciated him, and he was elected by them as one of the presidents of the Royal Medical and Physical Society. In 1803, Professor Baron died, upon which his son, our late Fellow prepared for the press his father's Lectures, which were published in 1805, when their editor was only nineteen years of age. In the same year, he also passed his examination, and received his degree. He then attended a patient to Lisbon for two years, and soon after his return settled at Gloucester, where, almost immediately, he was appointed one of the physicians of the Infirmary, and attained at once considerable practice. Dr. Baron toiled hard at his public duties, and omitted no opportunity of increasing his knowledge of morbid structures, and his familiarity with the diagnosis of disease, in both of which departments of medical science he particularly excelled. One of the most prominent portions of Dr. Baron's life was his friendship and connexion with Dr. Jenner. On his first residing at Gloucester he became intimate with this great man, and sedulously worked with him for the general introduction of vaccination. This intimacy lasted till the death of Jenner, when his trustees called upon Dr. Baron to write a history of the discovery, and a life of its author. This work was executed with great success; and in his life of Jenner, Dr. Baron has recorded with extreme fidelity the history of that discovery which is the greatest boon that science has conferred upon the human race. Dr. Baron was also in constant intercourse with Dr. Baillie, whom he attended, during his last illness, at his residence in Gloucestershire. He was always alive to any plan which had for its object the mitigation of sorrow and pain. He had much influence in respect to the establishment and management of the Gloucester Lunatic Asylum, long an example of humanity of treatment and excellent arrangement, when less attention was paid to those afflicted with the greatest of ills than has latterly been shown. He was likewise one of the chief originators of the Benevolent Fund in connexion with the Provincial Medical and Surgical Association. Dr. Baron's constitution was never strong, and in 1832, being much shaken by continued exertion and an attack of Asiatic cholera, and feeling no longer equal to the fatigues of distant practice, he removed to Cheltenham, where he resided until his death, which occurred within the last year. The immediate cause of his death was an attack of bronchitis; but he had long suffered from a gradual loss of

nervous and muscular power, which, although it deprived him in a great measure of the use of his limbs, and rendered him unable to keep his head erect, and caused his voice to be but little able to do its part, with many other effects of what is commonly called "creeping paralysis," left his mind to the last in the most entire state of quick and sagacious perception. One of the chief characteristics of Dr. Baron was his earnest and undeviating piety. The successes and engrossing employments of his career never interrupted his religious duties, which afforded him perfect consolation on the bed of death. The sincerity and earnestness of his religious feelings caused him to be a warm approver and supporter of the Medical Missionary Society, founded in Edinburgh some years ago. Dr. Baron was elected a Fellow of the Royal Society in 1823, and was an honorary member of the Medical and Physical Society of Calcutta. In 1817, he contributed a paper to the *Transactions* of our Society, entitled "The History of a Case of Rupture of the Brain and its Membranes, arising from the Accumulation of Fluid in a Case of Hydrocephalus Internus." In 1819, he published his "Inquiry Illustrating the Nature of Tubercular Accretions of Serous Membranes, and the Origin of Tubercles and Tumours in Different Textures of the Body." In 1822, his second treatise was published, entitled "Illustrations of the Inquiry respecting Tuberculous Diseases." At page 4 of this second work, Dr. Baron states, in the form of propositions, nine in number, his ideas respecting the disease in question. Of these, the second, which affirms that "tubercles in their commencement are small vesicular bodies (hydatids) with fluid contents," contains the essence of his theory. In both treatises he quotes passages from some of the older writers, especially Morgagni, with the view of showing that their views on this subject were not altogether different from those which he advocated, although not so distinctly expressed. In the second treatise, he combats the view of modern and cotemporary authors,—of Bayle, Laennec, and Broussais, in France, and of Abercrombie in this country, and endeavours to prove, by showing the errors of their several theories, the truth of his own. With whom the theory that tubercles are formed from hydatids originated, appears doubtful. In a letter from Dr. Jenner, dated December, 1809, published by Dr. Baron in his "Life of Jenner," there is the following expression:—"I trust that some advantage may one day or another be derived from my having demonstrably made out that what is tubercle in the lungs has been hydatid." Indeed, in the writings of Sir Everard Home and Dr. Adams, both, as well as Dr. Jenner, disciples of Hunter, the theory of the origin of certain morbid growths in serous cysts, or, as such were then regarded, hydatids, is stated and advocated. In the present day, when the pathology of tubercular diseases and of other morbid formations has been rendered far more evident by improved microscopical investigations, this theory has given place to other views which even yet require much research to accomplish the full development of this important subject.

Mr. DURANCE GEORGE died at the early age of thirty-six, in November last. He had been a student at University College, where he was regarded as possessing great talents, and likely to obtain a high station in his profession. He was house-surgeon to Mr. Liston, at University College Hospital, and was on terms of close intimacy with him until the time of his decease. Mr. George was distinguished by great facility and readiness of expression, as well as by an unusual extent of information on a variety of subjects. It was his original intention to have followed the profession of surgery, but the allurements of early fortune which were held out to him by the prospect of succeeding his uncle, Mr. Cartwright, the eminent dentist, induced him to forego that intention, and to abandon the toils and uncertainties which attend the endeavour to attain surgical distinction. It was known to his friends, however, that Mr. George parted from the cultivation of the higher branches of his profession with regret, and that in doing so he resolved on elevating the rank of that which he adopted. With this intention he made himself thoroughly master of its details. He lost no opportunity of investigating the structures upon which he was occupied, both in their healthy and morbid conditions, and he hoped to illustrate his inquiries by reference to the condition of other structures in health and in disease. Mr. George in this way had collected a large store of facts and illustrations to form a work on dental surgery—a work which would have shown that talent well applied can at all times find materials from which it may elicit interesting and useful results. Cut off by a brief illness in the prime of life, these intentions have been frustrated, and Mr. George will be remembered by what he was about to do, rather than by what he has done. A short memoir on the excito-motory

functions, is the only published writing of Mr. George with which I am acquainted.

It is with feelings of sincere sympathy that you will regard the loss of another of our associates, which took place on the 22nd of September last, under circumstances peculiarly afflicting.

Dr. JOHN CARR BADELEY was an eminent physician at Chelmsford, where he possessed an extensive range of practice, and was universally esteemed. On the evening before his death, Dr. Badeley suffered from a severe attack of toothache. Early in the morning he went down into his study for the purpose of taking some medicine to alleviate the pain, and he inadvertently partook of some morphia; his untimely decease was the result, to the inexpressible distress of a family of ten children, and a numerous circle of attached friends. Dr. Badeley was well known to his professional brethren as an accomplished and talented physician, and was the author of several works connected with medicine. He delivered the Harveian Oration at the College of Physicians in 1850, which lecture was much commended. He also recently published some lectures on the Mind. He was a man of sparkling wit, great amiability of disposition, and combined zeal in its pursuit with an extensive knowledge of our profession.

I have next to notice the decease of Dr. CHARLES JULIUS ROBERTS, who was born in Farringdon-street, and educated at St. Paul's School. He first studied medicine in London at St. George's Hospital, and then went to the West Indies, where he remained for three years. On his return he studied at Edinburgh, and was a favourite pupil of Dr. Home. He took his degree in 1820, and was admitted a member of the College of Physicians and of this Society in the following year. Dr. Roberts was the author of a small work on the "Domestic Management of Children," and of various papers in the periodicals. He had a great taste for collecting and studying the old medical writers of this country. He was kind-hearted and of highly honourable feelings. He died rather suddenly at New Kingston, where he was on a visit for a few days, it was believed, of a spasmodic affection of the heart. He had formerly been physician to the Aldersgate-street Dispensary, and was physician to the Welsh Charity, and to the Deaf and Dumb Institution.

The next member of our Society whose death we have to record was removed from his course of active usefulness at a period of life when professional talent is generally reaping the rewards of its meritorious exertions.

Dr. ALGERNON FRAMPTON was the second son of Dr. Algernon Frampton, who died about nine years ago. He was born in 1803, and was therefore in his forty-ninth year. Having received his classical education at Harrow, under the Rev. Geo. Butler, (now Dean of Peterborough,) he entered at St. John's College, Cambridge, in 1821, and four years afterwards took his degree of B.A., and obtained the twelfth place among the wranglers. In 1825 he commenced his medical studies at the London Hospital, of which establishment his father was one of the physicians; and having taken his degree of M.B., in 1832 he was admitted a Licentiate of the College of Physicians, and in 1835, a year after he had obtained the degree of M.D., was made a Fellow. He delivered one of the annual courses of lectures before the College, and subsequently served the office of censor for two years. He was for seven years physician to the London Dispensary, and for nineteen years was connected with the London Hospital as one of its medical officers—first, as assistant-physician, afterwards as physician. During a portion of this period he lectured on Toxicology in the Medical School of that institution. He died, after many months of suffering, of disease of the heart, complicated with purpura and enlarged spleen. Dr. Frampton was a man of considerable intellectual power, rendered somewhat less conspicuous by his remarkable diffidence, which, however, was combined with great independence of mind. He was strictly honourable in all his dealings. Both in his conversation and writing he was remarkable for a fund of playful humour which never degenerated into offensive wit, though it often contained a delicate kind of satire. He was totally devoid of selfishness, ever thoughtful and considerate for others, and was remarkable for his kindheartedness and benevolence. These qualities commanded the respect of all who knew him. He published three papers in the *Medical Gazette*—one, "On a New Test for Corrosive Sublimate," (June 9, 1843;) a second, consisting of further observations on the same subject, (October 13, 1843;) and the third, "On a very Ready and Easy Manner of Estimating the Quantity of Solid Matter held in Solution in any given quantity of Urine of a given Specific Gravity, (at 60° Fahr.)" He had previously published a small pamphlet, entitled, "An Account of the Mutual Assurance Society." In

1847, he published, in the *Pharmaceutical Journal*, a "Report of Experiments made to Ascertain the Action of a Poisonous leguminous Plant, from Swan River, New South Wales." For the last three years he had been engaged in editing a new edition of Thomas's "Practice of Physic."

Though the career of a medical practitioner rarely affords any biographical incidents sufficiently striking to arrest general attention, the lives of such men not unfrequently present examples of active benevolence and untiring energy in the discharge of self-imposed duties which furnish profitable matter for contemplation. This is especially true of the member of our Society whose death I have now to notice, the whole tenor of whose life and character evinced his possession of these high qualities in an especial degree.

JAMES RUSSELL was the son of a merchant whose family, being members of the Unitarian body of Dissenters, were greatly attached to, and connected with, Dr. Priestly. Upon the conclusion of his scholastic education, Mr. Russell became the pupil of the late Mr. Blount, the eminent surgeon of Birmingham, from whom he imbibed a decided taste for general scientific pursuits, in addition to the groundwork of a sound medical education. Having completed his professional education at Guy's Hospital, he became connected with the dispensary in Birmingham, first as resident surgeon and afterwards as one of the surgeons of that institution, the duties of which offices he discharged with great ability and humanity. For many years he held the office of surgeon to the Town Infirmary, the opportunities afforded by which enabled him to mature the extensive practical knowledge of his profession, which he had previously acquired. After the lapse of a number of years, the increase of his private professional engagements obliged him to relinquish this office, the duties of which had led his philanthropic mind to take a cordial interest in the condition of the poorer inhabitants of the town in which he resided. In this subject, indeed, he ever afterwards felt the deepest solicitude, and made the sanitary condition of the public a matter of his anxious and constant regard. He was one of the sanitary inspectors of Birmingham, and for several years discharged the important duties of that office with exemplary zeal and efficiency, with no other reward than the gratifying knowledge of his own usefulness; on various occasions relating to the public health, Mr. Russell's talents and experience were had recourse to in investigations instituted by the Poor-law Board, and by Commissions appointed by Government, the results of which have come before the public in a variety of ways. He rightly considered the investigation of those conditions upon which the public health depends as a peculiar province of medical science and practice, and he constantly exerted his best energies to investigate the condition of those external agencies which may be regarded as the aggravating, if not the specific causes of contagious and endemic disease. It was his opinion that, although medical science had hitherto justly devoted a vast extent of observation to the investigation of the nature and treatment of disease, it had not, until lately, regarded with deserving care preventive treatment and those sanitary measures upon which the health and well-being of society so essentially depend. His labours on these points were of extreme general utility and importance, especially in relation to ventilation and drainage, and the construction of dwellings. Though he cultivated with unswerving industry every department of medical science, there was one to which Mr. Russell devoted special attention—namely, that of the accoucheur, and few men have possessed a larger amount of experience or displayed more talent in the discharge of the duties connected with it. He accumulated much valuable and interesting matter, chiefly of a statistical character, in connexion with this important department of medical science, and it is to be regretted that the pressure of his other avocations, and his desire to render it as perfect as possible, should have prevented its publication. He has left accurate notes, written by his own hand, of upwards of 2700 cases of midwifery, which he had personally attended. He was surgeon to several public charities and institutions, and took an active part in the establishment and proceedings of the Medical Benevolent Institution, which has for upwards of twenty-five years existed in Birmingham. Notwithstanding the demands of a very extensive private practice, Mr. Russell devoted much of his time and attention to numerous public benevolent institutions, both by the contribution of professional services and by attention to their general management. Untiring industry, with much method in the dispensation of his time, was one of his prominent characteristics; but it was a striking and habitual peculiarity of his manner that he never allowed those who were desirous of obtaining his counsel or sympathy to feel

that he was in haste, but he would listen, with the most enduring attention, to their statements, however extended, and converse with his patients or their friends on the subject which occupied their minds, as though his own were engaged by no other of equal interest, at the very time that he was almost overwhelmed by the number and urgency of his various engagements, or was himself in need of the support which he so generously administered to others. But Mr. Russell's exertions were not limited to merely professional and benevolent objects. So strong was his attachment to science generally, that he contrived to devote much of his time, notwithstanding his numerous avocations, to its promotion. At one period he gave instructions to artists in anatomy, delivering lectures to them, and exhibiting to them anatomical demonstrations. He was throughout his life most active in promoting the interests of the Philosophical Institution in Birmingham, and for many years occupied, by annual election, the arduous post of treasurer to that Society. On two occasions also, when the British Association for the Advancement of Science visited his native town, the worthy reception of its members was chiefly provided for by his untiring energy. If there were any features in the character of Mr. Russell more remarkable than his unbounded industry, they were his uniform consistency of conduct, the cautious liberality of his opinions, and his firm, abiding friendships. Notwithstanding his stanch attachment to the faith in which he was brought up, which no circumstances in his life in any degree ever induced him to deviate from, he cherished so unfeigned a regard for the liberty of opinion in others, that he established his warmest and most lasting friendships with men of widely differing religious persuasions. Toleration of opinion was one of the leading characteristics of his mind. His friendships were of the most sincere and lasting description, and his appreciation of justice and merit was such that he was ever anxious to obtain, and did in many instances obtain, for them that public recognition to which he conceived them to be entitled. Mr. Russell died on the 24th of last December, in the sixty-sixth year of his age. His death was caused by that dreadful malady, angina pectoris, from the symptoms of which he had suffered during the preceding six years.

Pardon me, gentlemen, if I have wearied you by so long a detail of the merits of this estimable man. For upwards of forty years an unclouded and most intimate friendship existed between James Russell and myself. The companion of my youth and the associate of my riper years, I well knew his enlightened benevolence, his disinterested generosity of spirit, and his untiring usefulness. His was not the ambition which aims at brilliant achievements or lofty distinctions: as he has often said to me, he was content to be amongst the "hewers of wood and the drawers of water." But the contemplation of the incidents of such a life—and to the honour of our profession may I add, that I believe thousands such exist in it—shows how incomparably more powerful for wide-spread and lasting good is the sincere and faithful devotion of an upright, generous, and indefatigable mind to the cause of human happiness and improvement, than the exercise of even distinguished talents, apart from the guidance and control of such qualifications.

Forgive me, also, if I occupy a few moments more of your time, in noticing another of my most intimate and dearest friends, who, although at the time of his death he had ceased to be a Fellow of our Society, was one of its most active and zealous promoters at its foundation, and contributed an interesting communication to the first volume of our *Transactions*. GEORGE WILLIAM YOUNG was the son of a surgeon in the City, in which part of the metropolis the son also practised our profession, with great success, during many years. Mr. George Young was Surgeon to the Aldersgate Dispensary, but never held any other public appointment. In early life he had passed some years upon the continent, and was well acquainted with several foreign languages and the writings of continental professors. Mr. Young was remarkable for the extent and minute accuracy and precision of his professional knowledge, which was not exceeded by that of any man whom I have ever known, and which extended into every department of medical science. The kindness, urbanity, and refinement of his manners, which rendered him to all a most acceptable companion, were only equalled by the uprightness, generosity, and goodness of his heart. Delicate health compelled him, at a comparatively early period of life, to relinquish the practice of our profession, but until his death, which took place in August, 1850, in the seventy-sixth year of his age, he continued to cherish an active interest in everything connected with its proceedings.

Gentlemen, I thank you for the patient indulgence with which you have listened to me. But, before I conclude, I

wish to call your attention for a few moments to some points which appear to be of great interest to the welfare of our Society. The interchange of opinion and the communication of the results of individual observation and experience, which are the proper business of our discussions, are certainly amongst the most important, and are probably the most important objects of this Society. It is thus that error may be corrected and truth elicited. The sphere of individual observation may be considered to be enlarged by bringing forth in this way the experience of many inquirers, which serves, like light shining from various sources, to illuminate the object of research. But for this end, gentlemen, our discussions should be conducted in the calm spirit of true philosophy, apart from all personal and acrimonious considerations. Truth should be the sole object of our discussions, and all vain display of opportunities, or rivalrous exhibitions of feelings in favour of peculiar opinions or practices, should find no place in our meetings. I wish also to observe that the duration of our meetings is short, and the number of attending members capable of taking useful part in our discussions is large. Hence the importance, in order that we may obtain the full benefit of numerous opinions on the subject before us, that each speaker should only occupy sufficient time for the just exposition of his views and experience; and I hope I may be permitted to add that it should on all occasions be borne in mind that our hall is not a lecture-room. In drawing the attention of this meeting to these points, my object is to relieve our most important Society from the recurrence of occasions of much anxiety to many of its oldest and most enlightened members. The report of your Council has rendered you acquainted with an important alteration, which, after much and anxious consideration, they recommend in the by-laws of the Society, with regard to the election of members. Not only does the present mode of conducting this important business interfere much with the proceedings of our meetings, but it is also considered that sufficient opportunity is scarcely afforded to the fellows to investigate the qualifications of candidates for election. The proposed alteration, it is believed, will obviate these evils, and cannot fail to add both to the convenience and character of the Society.

CASE OF A LARGE SUB-CUTANEOUS NÆVUS CURED BY VACCINATION.

By JOHN WOOLCOTT, Esq., M.R.C.S.,
SURGEON TO THE KENT OPHTHALMIC HOSPITAL.

A LADY brought to me her infant, a healthy-looking child, nine weeks old, in January, 1848, with an extensive sub-cutaneous nævus which had existed from birth. The tumour, which was of a blue, livid colour, occupied the whole of the upper eyelid and a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis palpebrarum muscle; outwards and downwards it reached nearly to the tragus of the right ear, and then extended upwards and inwards along the lower margin of the zygomatic process of the temporal bone, across the malar bone to the external angle of the orbit, where it joined the morbid product at the upper eyelid; there was no pulsation in the tumour; it was soft and compressible, and increased greatly when the child cried, and it then assumed a dark purple colour; pressure on the temporal arteries did not diminish its bulk. The application of ligatures in this case was of course inadmissible, on account of the deformity which would arise from cicatrization of the wound causing ectropium. The treatment for the first month consisted in the application of tincture of iodine; the abnormal growth being freely punctured all over with a fine cataract needle, and the iodine applied over the punctures. The bleeding was considerable, and of arterial character, but it soon subsided on the application of the iodine. These punctures were made twice a week, but the iodine was applied daily, except when it caused too great irritation and soreness of the skin, when it was discontinued for a day or two, and then resumed. At the end of the month, the disease remaining undiminished, I altered the treatment and applied vaccine lymph: with a lancet armed with the matter, punctures were made at short intervals all round the circumference of the tumour, and several points in the centre of it; to ensure its taking, I inserted into each puncture a bone-point, also well-armed with vaccine lymph; most of these punctures took, and the irritation they caused was considerable, the

child's face and head being swollen enormously. This was attended with fever and much constitutional disturbance, but at the end of a fortnight it had somewhat abated, and at the end of a month the disease was evidently decreasing; and at the expiration of six months from the vaccine lymph having been used, not the least swelling existed, and the skin was assuming its natural colour. I saw the child the beginning of (January, 1852,) and not a vestige of the morbid structure remains; and it was only by looking closely for the vaccination scars, that I could tell on which side the nævus had been. I have treated several cases in the same way at the Kent Ophthalmic Hospital, and have succeeded in arresting their growth, but I have never seen so large an erectile tumour cured by this treatment, nor can I remember to have read of any such case. The colour of this vascular tumour was venous, the bleeding was arterial.

Marsham-street, Maidstone, 1852.

ON A CASE OF POISONING BY HARTSHORN.

By J. W. TROTTER, Esq.,
RESIDENT MEDICAL OFFICER OF ST. MARY'S HOSPITAL.

As on referring to works on "Toxicology" I find that authenticated cases of poisoning by "caustic alkalis" are far from numerous, it appears to me that a short account of the following one might prove interesting to some of your readers:—

P. W.—, aged thirty-six, a conductor, was admitted into St. Mary's Hospital, under the care of Dr. Alderson, at twelve P.M., February 22nd, 1852, having an hour previously taken an ounce of hartshorn, which in the dark he had mixed with milk, in mistake for castor-oil. He said that he swallowed it all, having, as was his custom on taking any of the oil, "gulped it down." On finding his mistake, he took copious draughts of warm water, when he vomited a quantity of matter like soap-suds, but continuing to suffer great pain, he was advised to come to the hospital, when, on examination, the inside of his upper lip, tongue, roof of mouth, and fauces, were white, and other parts excoriated; there was great difficulty in swallowing, and he said he felt as if he was on fire from his stomach to his mouth; voice husky; pulse small, 112; surface rather cold. He was ordered dilute acetic acid, and then a mixture consisting of equal parts of olive oil and mucilage, an ounce for a dose.

Feb. 23rd.—Pulse 108. Coughed and retched several times during the night. Says that he experienced much relief from the oily mixture. There was severe pain over the epigastric region, increased by pressure, with the same burning sensation from the stomach to the mouth. Was ordered a cooling gargle, demulcent drinks, and some leeches to the epigastrium.

24th.—Felt more comfortable, and had much less pain. Pulse 64. He did not require any further treatment, and left the hospital on Feb. 27th, when the voice had regained its natural tone. There was not any diarrhoea throughout the case. The speedy recovery, I think it fair to suppose, was much aided by the nature of the liquid in which the hartshorn was taken.

March, 1852.

SPONTANEOUS EVOLUTION AT THE FULL PERIOD OF UTERO-GESTATION.

By S. E. BRAND, Esq., L.S.A., London.

On the afternoon of Friday, the 9th January, I was called to Mrs. P—, who had just been brought home from her mother's, on account of the membranes suddenly rupturing, and escape of the liquor amnii. I found the pains were but slight, the os uteri had not begun to dilate, and there was no indication of the presentation.

I saw her again the following morning, but no change had taken place; the waters were still draining away. In the afternoon, my partner, Mr. Lowe, examined her. He was unable to reach any part of the child, and no tumour could be felt through the walls of the uterus, whereby to ascertain the part likely to present.

On Sunday morning, the 11th, true labour pains commenced; the elbow presented; but on account of the firm contraction of the os round the upper part of the arm and wrist, I was not able to get my finger through to reach the parts above, and from its swollen condition, to learn with certainty whether it