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Original Articles.

INAUGURAL ADDRESS BEFORE THE AMERICAN
NEUROLOGICAL ASSOCIATION.

BY THE PRESIDENT, EDWARD D. FISHER, M.D.

Gentlemen: Before bringing to your attention the principal subject of my remarks, as I open another annual meeting of our association, I would take the opportunity to express my appreciation of the honor conferred on me by my election as President of the American Neurological Association, and especially at this time, when the Congress of American Physicians and Surgeons holds its triennial at Washington.

The position of neurology among the divisions of medicine and surgery has changed very much in the last twenty or twenty-five years. Perhaps no special branch of medicine comes into quite so close touch with general medicine and medical surgery as neurology. The work which has been done by many in our own field in this country, those living and dead, has also established neurology on as high a level of honor and respect as any of the departments of medicine. This was not always so, as in our special field there has ever been an opportunity for the charlatan to exercise his special talents.

The great progress in our knowledge of the anatomy and pathology of the nervous system, the acquirement of which knowledge calls upon the highest kind of intellectual study, has had much to do with this.

In the old world, owing largely to the clinics held at the

medical colleges, the reputation of the various teachers became world-wide. It is, however, only within the past quarter of a century, if so long, that the medical colleges with us have recognized the paramount necessity of a full and thorough course in psychiatry and neurology. This implies at present that in every well-organized college a previous thorough training in the minute anatomy of the nervous system has become necessary. Without this latter no proper instruction can be given in disease of the nervous system.

A very important point for us to consider, if we wish this high standing in the community to be maintained, is that we must not separate ourselves from general medicine. We must also study general disease. Other specialties may remain narrow and limited, but it should not be so with ours.

We are more often than others called as a sort of last resort to cases after many opinions have been expressed. Our diagnosis must be one often by exclusion. We must, therefore, be able to recognize, and, indeed, must fully understand, general diseases. We should be as able to examine the heart and lungs and other internal organs, and to recognize disease in them, as we are to make out disease of any special character in the nervous system itself. Again, a reason which also applies here is that these diseases of the general system may influence or cause the affections of the nervous system. A special illustration of this is seen in syphilis, which has such well-defined effects upon the nervous system. Some of the greatest names in neurology in Europe have always been connected with general medicine. I do not think it advisable to continue, in general practice at least, to take care of any of the acute diseases, although some of the chronic diseases may often come under our care.

Another subject of importance for us to consider is that of therapeutics. We are too often, perhaps justly, accused of being more interested in the diagnosis and localization of a disease, and in the findings at autopsy, than in its cure. In calling us as consultants, however, the physician and patient are looking not only for a diagnosis from us, but also for some suggestion in regard to treatment. One of our most celebrated neurologists, Dr. S. W. Mitchell, by his practical carrying out of a

scheme or plan of treatment for nervous disorders which will always connect his name with the rest cure, has done much for the treatment of disease and also has spread the name of American neurology the world over.

I do not underrate the importance and necessity of the continued study of the histology and pathology of the nervous system. Our real advance is mostly due to this study and all our treatment has depended on such knowledge.

The note of warning I would now sound, and especially to those about to enter this field of medicine, is, keep up as broad a knowledge of all medicine as possible. No one should enter neurology as a specialty without having first had an experience in general practice.

I believe if I read the signs of the times aright that is the tendency of the neurology of the future.

Now we will enter upon the work of the session. We have an unusually full and excellent number of papers. Our association has been successful and fortunate in its additions to its membership. We have now some most excellent candidates awaiting admission. It will be necessary to increase our membership, and from the attainments of those now applying I think it would be doing the association a distinct injury not to so enlarge it. To continue to do good work we must ever be taking new blood into our association.

Again thanking you for the high honor conferred upon me I declare this session now open for scientific work.

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45. OEDEME DYSTROPHIQUE (Dystrophic Edema). A. Vigouroux (Nouvelle Icon. de la Salpêtrière, Nov., Dec., 1899).

A description of a case of dystrophic edema of the left leg. The whole leg from the thigh to the toes was affected by a white, hard and painless edema. The difference in circumference between the two legs was very marked. The skin was white without excoriations, and glistening, and varicosities were present. The skin did not pit on pressure; was colder to the touch than the normal leg. The skin increased in hardness during the last five or six years. Sensibility was intact. The motility of the leg was well preserved. Patient's gait perfectly normal, and no unusual fatigue resulted from walking. Other organs were normal. The condition developed at the age of puberty. No hereditary history was obtainable. The article is illustrated by photographs of the case. SCHWAB.