REPORTS OF SOCIETIES.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, DEC. 21.

R. DRUITT, M.D., President, in the Chair.

DR. ROBERT BARNES read a paper on the question "How far is the present prevalence of Small-pox to be attributed to the plan recently introduced of limiting the number of Public Vaccinators?" Since it was assumed, said Dr. Barnes, that the present prevalence of small-pox is evidence of the neglect of vaccination, the practical question arose as to what were the causes of this neglect, and how was it to be remedied. That a country could be secured against the ravages of small-pox was proved by the immunity of Ireland as compared with the havoc caused by the disease in England. A comparison of the systems of vaccination carried out in the two countries would show where the fault lay. He would prove that the English system was unsuccessful, from the Registrar-General's weekly reports during the six months ending December 31st, 1870. The deaths from small-pox in London rose from 12 in the twenty-sixth week to 110 in the fifty-second week, and the mortality was still increasing. The total number of deaths in the latter half of 1870 was 749; of these, 389—or more than one-half—were in children under 5 years of age, of whom it might be assumed that a large proportion were unvaccinated. From an examination of the books at the Small-pox Hospital, it appeared that 25 children under 3 years of age were admitted during the latter half of 1870. Of these, 20 were unvaccinated; the 5 vaccinated recovered; 12 out of the 20 unvaccinated died. From these figures, and from the knowledge of the fact that small-pox is not often fatal in vaccinated persons, it might be concluded that only a small proportion of these 749 persons were vaccinated. Dr. Barnes adduced numerous reasons to show that it was in the highest degree unsafe to rely upon a comparison between the number of registered births and of registered vaccinations, in seeking to estimate the extent to which vaccination is practised. But, after all, the practical point was to find out the individuals who were unvaccinated, for the sake of protecting them and the community. As an example of the manner in which this might be carried out, Dr. Barnes mentioned that in 1861, when Medical Officer of Health for Shoreditch, he inspected two schools. Of 264 children examined, 8 had had small-pox, 164 had good scars, 56 bad scars. He had 95 of these children vaccinated immediately; 49 took the disease fully, and 33 in a modified form. Medical officers of health in various parts of the metropolis reported, from inspection alone, about the same time, that 10 per cent. of the children were not vaccinated. Tested by vaccination, he (Dr. Barnes) found that 30 per cent. were unprotected. He in consequence advised the Shoreditch Guardians to increase the number of vaccinators from six to eight, for he was of opinion that increasing the numbers of vaccinators would tend to dispel prejudices and to increase facilities for vaccination. He considered that the new system of limiting and concentrating vaccine stations had not shown itself successful. At Islington, for instance, the number of vaccinations had fallen considerably. Dr. Barnes allowed that there were many advantages in the new system, but thought they were too dearly bought if the number of children to which the advantage was brought was thereby diminished. The two primary conditions for securing good and universal vaccination were, so to work the registration of births as to bring every child promptly under medical observation, and to utilise as large a number of medical men as possible in the work of vaccination. To effect this, he suggested that the registration of births should be made compulsory; the freest communication between the registrars of births and the vaccinators must be provided; the parents of children vaccinated by a private practitioner must be made answerable for the return of a certificate of vaccination to the Registrar; the number of public vaccinators should be made at least co-extensive with the districts of the Poor-law medical officers; and, lastly, some comprehensive scheme of medical inspection of the community as to immunity from small-pox must be instituted.

A vote of thanks was passed by acclamation to Dr. Barnes for his very able paper.

Dr. ILIFF criticised the new system, and was decidedly adverse to any diminution in the number of vaccinators.—Dr. LETHEBY showed how, by an efficient system of vaccination, small-pox was stamped out in the city. A diminution of vaccinators would, he maintained, be fraught with mischief.—Dr. TRIPE not only was adverse to the concentration of vaccine stations, but even advised that house-to-house vaccination ought to be pressed, especially at the present time.—Dr. G. ROSS thought the proper thing would be to find out how many children would require the services of the vaccinators, and that the number of vaccinators should be in proportion to that number. He considered that inspection of the poor was necessary, and that vaccine should be carried to them in their houses. In the city of London, the vaccinators had access to the Register of Births, and could provide for the vaccination of the children.—Mr. LIDDLE disagreed with many of the preceding speakers. In the present state of vaccination, he thought that many children were not properly vaccinated. An efficient system attended with inspection was desirable. Mr. Liddle remarked upon the universality of vaccination among the Jewish population, and their almost total immunity from death by small-pox.—Dr. SEATON was glad to find that blame was not thrown upon the system of vaccination of the Privy Council, otherwise he was come prepared to show that those parts of the metropolis where that plan had not been introduced were subject to the greatest ravages. He then proceeded to speak of the investigations that had preceded and paved the way for the present system—the abuses that were found to exist both with respect to the capacity of the vaccinators, the quality of the vaccine, and the manner in which vaccination was carried out. He maintained that in Coventry, Bristol, Exeter, Manchester, and other places, where the system of the Privy Council had had a fair trial, it had been found successful. In the metropolis it had not been got fairly to work, and he therefore recommended that they should suspend their judgment until it had had a fair trial.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 3RD, 1871.

RICHARD QUAIN, M.D., President, in the Chair.

THE annual report of the Council was read and adopted.

Dr. HEYWOOD SMITH exhibited a remarkable Cystic Kidney, containing a calculus, and weighing nine pounds. The colon and omentum were adherent. It was taken from the body of a female. The tumour had fluctuated during life, and was tapped, twenty-eight ounces of fluid pus having escaped. The same operation had on a former occasion been performed.—Dr. DICKINSON remarked that the greater part of the tumour appeared to be fat which frequently collected round pyelitic kidneys. This was due, he believed, to congestion, and was similar to the accumulation of fat in some cases of pleuritis.

Mr. HULKE related the symptoms of three cases of Rodent Ulcer, entering particularly and at some length into the anatomical characters of the affection, with special reference to its cancerous or non-cancerous character. Numerous drawings of their minute structure were exhibited. These pointed to the local disease being composed of connective tissue, with abundant proliferation apparently of the connective tissue corpuscles, the cells resembling frequently those of the rete.—Dr. TILBURY FOX asked if there were any of the "globes épidermiques" observed by Mr. Moore in epithelial cancer.—Mr. ARNOTT observed that Mr. Moore had described the histological characters of rodent ulcer as those of cancer. In one case, Mr. Arnott had found the microscopical appearances of scirrhus without any cachexia or glandular affection.

Mr. HULKE exhibited a specimen of Scirrhus removed from the lower jaw of a man forty-two years of age. An epithelial ulcer had some time previously to the appearance of this tumour, been removed from the lower lip.

Mr. HULKE also showed a Fibroma of the Transversalis Abdominis Muscle, of the size of a goose's egg, taken from a female, aged 32.

Dr. MURCHISON related an interesting case presenting the symptoms of renal calculus, but in which, from various reasons, it was thought probable that a biliary calculus had found its way into the right ureter. The patient was the subject, at the time, of biliary fistula, discharging gall-stones externally. The patient at length passed a lithic acid calculus.

Dr. MURCHISON next exhibited a Gall-stone which had been passed through a biliary fistula in a lady. It had obstructed the common duct, and not, as is usual, the cystic duct. One to two pints of bile flowed from the fistulous opening every day. The fistula healed, and the patient recovered.

Dr. MURCHISON also exhibited a Lymphadenoma of the Chest and Kidneys taken from the body of a female, aged 21. There was a family history of cancer, tubercle, and rheumatism. The cervical glands were also involved.

Mr. J. CROFT exhibited a specimen of Popliteal Aneurism taken from the body of a plumber, aged 40. After two days flexion without result, a tourniquet was applied on the third day with apparent success in twenty-four hours. The patient died a few weeks afterwards of hæmoptysis, consequent on the rupture of a thoracic aneurism. In the popliteal aneurism the channel of the artery was found to be restored through the clot.

Dr. SQUIRE showed a specimen of Direct Inguinal Hernia of ten years' standing, which became strangulated, and was relieved by operation. The patient, an old lady, died on the third day, however, apparently of exhaustion.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, DECEMBER 7TH, 1870.

J. O. FLETCHER, M.D., President, in the Chair.

[*Concluded.*]

Clinical Observations on Rickets.—Dr. RITCHIE read a paper on this subject. His observations were made chiefly on children who came under his care as out-patients at the Hulme Dispensary between November 1869 and November 1870. From an analysis of the total number of children, he found that fully 32.5 per cent. of those under two years of age were rickety. After remarking on the importance of the consideration of *diathesis* in the treatment of diseases of children, he dwelt on the diagnosis of rickets from tuberculosis when the characteristic bone-changes had not yet appeared, or were very slightly marked. According to his observation, this was chiefly dependent on careful thermometrical measurements. The visceral changes were then discussed with special reference to Dr. Dickinson's recent researches on the subject. In a few remarks on the treatment of rickets, reference was made to the use of the sulphocarbolate of calcium. It was employed in twenty-six cases, in only two of which did any benefit seem to follow its administration; and the improvement in these was attributed to improved dietetic and hygienic conditions.

Forceps in Midwifery.—Dr. THORBURN read notes of twelve selected cases of forceps delivery illustrating points in practice. He considered that the forceps was not nearly so frequently used in practice as it ought to be, whether in ordinary labour or as a substitute for craniotomy. In several of the cases, from inefficiency of uterine action, or from disproportion between the size of the head and the width of the passages, or exhaustion from protraction of the first stage, it seemed right to have recourse to the forceps, although longer waiting would no doubt have shown that the natural efforts were sufficient. Two cases illustrated the advantage of continued pressure on the head when above the brim for a time before extraction. Both patients had previously been delivered by craniotomy, and, on the occasion referred to, no efforts with the forceps were availing till the head was compressed with the blades. In one case, this was accomplished by tying the handles together and leaving them in position for nearly an hour. In the other, Dr. Thorburn used a pair of forceps of his own contrivance, longer than those generally used, and furnished with a screw in the handle, by means of which the blades can be approximated at will. In the latter case, the child did not show the least sign of suspended animation. Two other cases demonstrated the use of the forceps as a means of dilating the os uteri. In another case, allusion was made to a point not generally known, viz., that, where there is much projection of the promontory of the sacrum or great obliquity of the uterus, much advantage may be gained by turning the head round the projection in the same fashion as round the arch of the pubes.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, DECEMBER 9TH, 1870.

The Nature of the Syphilitic Poison.—Mr. MORGAN made a communication in which he advanced arguments which went to prove the unity of the Syphilitic Poison, as opposed to the generally received theory of its *duality*. In his experience of cases at the Westmorland Lock Hospital, Dublin, such a thing as a *hard* chancre is scarcely known, whereas this form of sore is by no means rare among the men who are infected by the same class of women as is received into that Hospital. Mr. Morgan also mentioned several individual instances in which he was enabled to trace the communication of the disease, showing itself by the *hard* chancre in the *male*, from that manifesting itself by the *soft* chancre in the *female*. The author's views were also borne out by the result of his investigations as to the effects of the inoculation of syphilitic discharge upon patients previously diseased.—Dr. BARTON believed that there were two different kinds of sores, one of which ran a local course, whereas the second was the commencement of a constitutional disease. To say that in women the chancroid or soft sore was the only real origin of syphilis was, in his opinion, incorrect; all that could be stated being that in them true venereal disease was not marked by the characteristic hard sore.—Dr. STAPLETON believed, from his own experience, that there existed two distinct poisons; and that secondary symptoms were the invariable result, notwithstanding treatment, of a true indurated chancre.—Dr. HAMILTON LABATT was surprised to hear it said that a soft chancre was never followed by secondary symptoms. If this were the case, secondaries should be extremely rare.—At the conclusion of Dr. Labatt's remarks, a motion of adjournment was brought in by Dr. Macnamara, and was at once agreed to.

FRIDAY, JANUARY 6TH, 1871.

ALBERT J. WALSH, M.D., President, in the Chair.

Nature of the Syphilitic Poison.—The adjourned debate on Mr. Morgan's paper was resumed. Dr. MACNAMARA, having complimented Mr. Morgan on the clear and concise manner in which he had brought the subject before the Society, expressed his entire belief in the unity of the venereal infection. He adduced an instance in which three individuals had had primary sores after intercourse with one and the same female. In one case, no secondary symptoms ensued; in another, severe constitutional signs showed themselves, yet the patient ultimately became the father of a large and healthy family; and in the third, fatal results followed in a comparatively short time.—Dr. M'DONNELL supported the dual theory of syphilitic infection, but admitted that there was no exact line which separated the two affections known as the syphilitic and the simple sores. He regarded the relation between these as analogous to that existing between variola and varicella.—Mr. B. F. M'DOWELL, Surgeon to the Lock Hospital, believed that in males, of the two forms of sores, one was followed, and the other not followed, by constitutional signs. In the female, the soft sore, on the other hand, frequently led to secondary results. He had tested some cases by inoculation, and had found that in inoculable patients no constitutional symptoms followed the operation. He had failed in inoculating mucous patches.—Mr. TUFNELL agreed with Dr. Macnamara's observations, having had, as a military surgeon, numerous opportunities of observation. He had found evidences of the existence of one poison only, leading to varying results.—Dr. JOHNSTONE was inclined, from an extensive experience in the army, to regard venereal disease as a tolerably simple affection, where proper care was given to, and cleanliness enforced on, the patients. Dr. Macnamara's observations seemed to him inconclusive.—Dr. STEWART expressed himself as opposed to the dual theory.—Dr. HENRY KENNEDY, alluding to the difference in the characters exhibited by an attack of scarlatina in the case of various members of the same family, said that something, which in the present state of knowledge could not be defined, modified the morbific poison of syphilis either in the recipient or in the mode of its infection. He saw no necessity for assuming the existence of a double poison, but believed that the one poison was modified by individual, and, as yet, unsettled influences.—Dr. CROLY impugned the accuracy of deductions drawn from the examination of women, on the ground that, from their habits, they might be the subjects of three or four diseases at the same time.—Dr. WHARTON considered that the most remarkable feature in the question of the unity of the syphilitic poison, one especially referred to by Mr. Morgan, was that of the inoculability of the vaginal discharge or secretion. He had himself witnessed the result of the inoculation, and had visited the cases in hospital, and so had had an opportunity of studying the occurrence and appearances of the resulting sores.—Mr. MORGAN replied, after exhibiting some drawings of inoculations which he had performed in patients constitutionally infected from vaginal secretion. These drawings all presented the well-known outlines and characteristics of the soft or simple sore, which had been at once produced by the inoculation of vaginal discharge when no disease had previously manifested itself, even two months after the primary infection. Mr. Morgan believed that inoculation with the vaginal discharge of a tainted female would produce the usual soft sore, which would accordingly possess the poisonous properties of its parentage. The chancroid sore produced by inoculation was invariably proportional in its extent and severity to the intensity of the infecting power possessed by the pus operated upon. On the other hand, the individual originally most severely infected was the least susceptible of inoculation. Mr. Morgan conceived that this property of the discharge or secretion from an infected subject went far towards establishing the original unity of the poison, as also towards explaining how it happened that women infected men under circumstances where, on careful examination, no sore whatever could be detected in the former. Mr. Morgan read an abstract from a letter which he had received from Dr. Chaplin, of the Kildare Infirmary and Lock Hospital, who had male patients in hospital who had sores derived from women whom they indicated by name. These women were also under Dr. Chaplin's care in the Lock Hospital, and he declared he could find no sore whatever upon any of them, there being a vaginal discharge only. On Mr. Morgan proceeding to refer to other questions incidental to the topic, such as syphilisation and inoculation, a motion of adjournment of the discussion to the next meeting of the Society was adopted.