

Reports of Societies.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

Nov. 29, 1861.

C. CLAY, M.D., in the Chair.

COMMUNICATIONS AND MORBID SPECIMENS.

Rupture of the Heart. Dr. WARD exhibited a specimen of ruptured heart. The patient had committed suicide by firing a pistol loaded with its own key against his chest. Although there was a distinct impression of the missile upon the surface, there was no external wound; but the subjacent muscles were torn and ecchymosed, and there were two ruptures through the wall of the left ventricle of the heart, while the costal layer of pericardium remained entire. The case will be more fully detailed elsewhere.

Pannus treated by Inoculation. Mr. T. WINDSOR exhibited a case of pannus formerly seen by the Society, which he had treated by inoculation from a purulent conjunctivitis. The disease arose in India some years ago; and the left eye had been quite obliterated by previous disease. When first seen by Mr. Windsor, the right cornea was so vascular and opaque that the patient could do little more than perceive light, and was quite unable to guide himself. Inoculation was performed eleven weeks ago, and gave rise to very acute inflammation, with subsequent fleshy granulations on the upper lid. These have yielded to the use of cold and astringent applications; and the cornea has gradually become clearer, so that he can now readily count fingers at the distance of two or three feet, and easily find his way in the street. The ultimate amount of improvement will be shown to the society.

Extrauterine Fœtation. Dr. CLAY briefly mentioned the details of a case seen by him in consultation. The patient, a multipara, was delivered naturally, and without any unusual symptom, until, on coming to apply the binder, a fetus, apparently of three or four months growth, was distinctly felt to the right of the umbilicus. It was moveable to a certain extent; and so near the surface that the limbs could be distinctly traced and accurately diagnosed. The mother had had no untoward symptom during pregnancy, or formerly; and was quite unconscious till delivery of the presence of this fetus. She has now quite recovered, and is able to resume her duties, so that no procedure has been attempted for its removal.

Cataract. Mr. T. WINDSOR exhibited a double cataract. The patient, aged 20, stated that she was short-sighted from childhood, but without any great change till two or three months previously. She presented on each eye an opacity of two lines and a half in breadth, at some distance from the surface of the lens; in the centre was a much whiter spot, and the circumference was also deeper in shade. In the cortical part of the lens, there were a few opaque spots; but she could count fingers at two or three feet when the pupil was well dilated. On Nov. 19th, the centre of each lens was carefully punctured. Next day, the right eye was quite easy. The left was painful and chemosed, the iris discoloured, and a large portion of lens in the anterior chambers; she had frequently vomited. Linear extraction was at once performed on this eye, and the nucleus and a large portion of lens extracted. Improvement was immediate, and nearly the whole cortex is now dissolved; but the right lens is still opaque, and a few fragments have entered the anterior chamber. Mr. Windsor remarked that this form is generally mistaken for nuclear cataract; but that, in reality, it is a specimen

of that described by Gräfe as "*cataracta lamellaris vel stratificata*," in which the opacity involves only the inner layers of the cortex, the nucleus remaining clear. Gräfe has also pointed out that such cataracts often remain stationary, or very slowly progress, for many years; that they are unfitted for extraction or reclinatio; that extreme care is necessary in puncturing them, owing to their liability to excite iritis; and that the stationary forms are best treated by iridectomy.

Green Vomiting. Dr. BROWNE exhibited, microscopically, a specimen of green vomit, showing large quantities of undigested muscular fibre, pervaded by a green tint. He considered this to be due to decomposition rather than to the supposed presence of bile.

PAPER.

Double Cephalhæmatoma. Dr. SAMELSON read notes of a case of double cephalhæmatoma. The patient was a first born male; the labour, an easy one. The two tumours were each of the size of a goose's egg, situated symmetrically on the parietal bones, obscuring the posterior fontanelle, and divided by the sagittal suture; one was noticed from birth, the other a day or two after. The child also suffered from constipation, restlessness, slight catarrhal conjunctivitis, and a small abscess upon one eyelid; it did not take the breast for a week. The gravity of the general symptoms had led, previously to Dr. Samelson seeing the case, to a fear of communication between the tumours and the brain; and an exploratory puncture had been made into each swelling, which gave exit to a teaspoonful of sanguineous fluid. There was a slight subsequent increase in size. Eleven days after birth, when first seen, there were no evident symptoms of cerebral involvement. Ice in bladders, and afterwards aromatic lotions were applied to the tumours, the other ailments attended to, and the mother was ordered to take alum whey. In less than six weeks, the tumours had gradually disappeared, and no trace remained. The extent of the affection, its following a very easy labour, some increase following puncture, the pallor of the child, etc., led to inquiries regarding the health of the parents. The mother was pale, very fair, and red-haired, had frequently suffered from palpitation and epistaxis, but was otherwise healthy. The father was slender, of irritable vascular system, had frequently suffered from epistaxis, and had recently had an obstinate hæmorrhage from a few leech bites. The child itself (now fourteen months old) has frequently suffered from diarrhœa with colourless stools, and has more than once passed small quantities of blood after defecation. Dr. Samelson enlarged on the following points. First. The simultaneous occurrence of sanguineous tumours on different parts of the skull is worthy of attention from its bearing on diagnosis. Secondly. In some, and those very pronounced cases, where there is an apparent absence of outward cause, as here, we must look to the general habit of the patient for a clue to their origin: The predisposition may have to be sought for in a transmission from the parent of vascular infirmity, either as regards the walls of the vessels, or the blood itself, or both. It is desirable that this point could be cleared up by extended inquiries in public practice. The opinions of Laennec, Cruveilhier, F. Weber of Kiel, Laycock, West, and others, were quoted by the author, in favour of the view that the vascular condition must frequently be taken into account as an indispensable element in establishing the etiology of the disease. Thirdly. The true uncomplicated cephalhæmatoma should not be opened; but should, if not left to nature, be treated with discutient applications, combined with due care of the general health. Two discussions in the Berlin Obstetrical Society on this point were referred to, when, after an interval of some years, opinions were quite divided between the plan recommended, and that of early evacuation of the tumour. A prolonged discussion

followed the reading of the paper; and the more important points referring to the pathology of cephalæmatoma were touched upon. The meeting was unanimously in favour of the mild discutient treatment generally pursued in this country.

Correspondence.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—Having made an abstract of the evidence of the non-medical witnesses laid before the Select Committee of the House of Commons on the medical department of Poor Relief, I propose, if you will allow me space for the purpose, to bring before your readers those parts of it which have an important bearing on the medical relief of the poor. And this I do the more readily, as I fear it will otherwise escape the attention of medical men, scattered as it is throughout four of the five volumes which are principally devoted to other than medical subjects. In the present letter, I will confine myself to the evidence given against permanency of appointment of medical officers; and I think it must be admitted the arguments adduced are of a very meagre character, and possibly some of them might be explained away, if we could hear the statement of the medical gentleman who gave what are represented to be the excessive orders for meat, wine and eggs.

Permit me to acknowledge the receipt of £11:14:6, being the balance left in the hands of John Galton, Esq., M.B., treasurer of the Students' Branch of the Poor-Law Medical Reform Association; a donation very acceptable at the present time, as it has enabled me to clear off the debts of the Association so far as I am acquainted with them. In the name of myself and those with whom I act, I beg to thank the students, not only for this money, but for the assistance they have rendered by their meetings; which, in conjunction with other measures, caused the Members of the House of Commons to institute an inquiry into our complaints. The result we must wait: I must, however, urge upon my brethren the necessity of still continuing their exertions, as nothing but constant hammering will render the hard heart of a poor-law guardian at all malleable.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Dec. 14th, 1861.

Substance of the Evidence laid before the Select Committee of the House of Commons on the Medical Relief of the Poor.

Mr. Southgate, Chairman, Shoreditch parish: "We have no control over the office; we can suspend, but cannot dismiss them without the sanction of the Poor-Law Board."

Mr. Potter, Guardian, West London Union: "We claim that if a large majority, say seven-eighths of the Board, concur that it is right to dismiss an officer, there should be an opportunity of dismissing him without having to apply to the Poor-Law Board."

Mr. Stockton, Director, St. Pancras parish: "We claim that we should be able to dismiss our officers at pleasure without any control."

Mr. John Owen, Vice-Chairman, Shoreditch: "We petitioned the House of Commons for a reduction of the powers of the Poor-Law Board, particularly with respect to the appointment and dismissal of officers. A medical officer was suspended and an official inquiry instituted by the Poor-Law Board. Dr. Clarke refused to obey the orders of the Guardians, but he said he would obey the orders of the Poor-Law Board; he has been antagonistic to the Guardians, and was an antagonistic servant to

the Board before the Board of Guardians came into existence. We are at variance with our doctor now; he is your doctor, not our doctor; he is antagonistic to us, I believe, almost to an individual. I believe the charges which were preferred against him were not established. I forget now what the exact charges were which were made against him; but the Poor-Law Board came to the conclusion that they were not sufficiently proved. We have experienced inconvenience from the interference of the Poor Law Board."

Mr. J. H. Walker, Chairman: "We had a medical officer at the North Surrey District School, who kept the school in a very unsatisfactory condition. The children were so long afflicted with the itch, and the doctor was so long in removing it, that we asked him to resign. He refused, and we suspended him. The Poor-Law Board then sent down an inspector to investigate the case; and the party was required to resign, which he did; but, in consequence of his being requested to resign and not being discharged, we had to pay his salary and that of the deputy who did his duty during the investigation. I think it would be very desirable that a majority of the guardians and managers of the school should have the power to discharge their officers. I scarcely know if I would extend the power to guardians in all unions. A medical officer at Chelsea had a dispute with the relieving officer about midwifery orders, in consequence of his refusing to give them; and, by way of annoyance, the medical officer became relieving officer, and gave numbers of orders for meat and wine. To a child three years of age he ordered meat, wine, and new-laid eggs, to the extent of 16s. 8d. a-week; to two children in scab, meat and wine to the extent of 15s. 8d. per week; to a man aged sixty, meat and wine to the extent of 29s. 10d. a-week. To a man named Dennis he gave an order which stated he was not in a condition to be removed to the workhouse; another medical man was sent to see him, and reported he was in a condition to be removed, and he actually brought the certificate himself to the establishment. From the examples we had at the Anerley School, the Board thought it exceedingly unlikely we should get any more satisfaction from the Poor-Law Board in this case than we had done in the other; and the result was we allowed the matter to go on, but, instead of allowing this man to have it entirely his own way, whenever the Board found he gave too large an amount, we used to summon him over to Chelsea every time for the purpose of investigation (you devised a scheme afterwards that effectually prevented the medical officer from giving this excessive relief, you caused him to come before the Board so frequently, and kept him waiting so long, that he gave way at last), and he found it so great an annoyance that he gave it up to a great extent. We knew that it was in our power to direct the relieving officer not to attend to these orders; but of course we were taking the risk on ourselves if anything serious turned out, which I think we were not bound to take. We ought to have a power to discharge our officers. Without wishing to call medical officers inferior officers, I think it (the power of appointing and dismissing officers) ought to extend to them. The chaplain and clerk I would make exceptions."

Mr. A. J. Baylis, Clerk, East London Union: "A medical officer insulted the Board by telling them in writing on the back of an order to mind their own business, or something analogous to that. When he came to the Board they were exposed to further insult; he told them 'you are not my masters; I will go to the Poor Law Board, they are my masters,' and the Board felt that had the power of discharge been vested in them, subject to an appeal to the superior tribunal, they could not have been treated with contumely from their own servants. The case was represented to the Poor Law Board, and the Guardians accepted a humble apology and let things go on."