

amyl or amylic ether has been prepared. This is a more agreeable preparation than the ordinary (ethyl) ether preparation of the *Pharmacopæia*. I have not yet had time to try its therapeutical effects, but should this equal those of the valuable old drug, this will be probably superseded. A spirit of amylic ether, to an ounce of which one drop of oil of gualtheria has been added, is a singularly fragrant and agreeable drug. Spirit of amyl ether, with a little acetate of amyl, is also very elegant.

W. F. WADE, F.R.C.P.,
Physician to the General Hospital, Birmingham.

SURGICAL MEMORANDA.

FISSURE OF THE ANUS IN A CHILD ONE YEAR AND A HALF OLD.

ON February 16th, 1874, I saw Nellie D., now one year and three-quarters old, a delicate small child, who had been dry-nursed since she was one month old. She had been inclined to be costive since infancy, but in May last the costiveness became aggravated, at which time I was consulted. The various ordinary means of regulating the bowels were had recourse to—aperients, diet, and enemata—but up to November 1873 no essential relief to the symptoms was afforded, and for some time past she never had a motion without aperients or enemata. She frequently went two or three days without relief to the bowels, and each act of defecation was attended by violent pain, screaming, and crying. She would do all in her power to prevent the action of the bowels, writhing about and screwing her knees together. She was in great pain for an hour after each motion, and the discharges were costive and sometimes streaked with blood and mucus. In November, I attempted to examine the anus, but, from her restlessness, it was impossible to get a fair view of the part, though I fancied I could see a small crack on the verge. On November 27th, I put her under chloroform and discovered a small fissure, and through this I at once made a superficial incision. The relief was immediate and permanent. From the day of the operation, all the symptoms entirely vanished, and her bowels have acted regularly and easily ever since. It need hardly be added that her health has greatly improved since the operation. I put this case on record, both on account of its rarity, and, as I hope, of its importance. I am not aware of any similar recorded case, and no author that I know of alludes to fissure in children. Bryant describes it as a disease of adult life, and Curling as a disease of middle life; whilst Erichsen, Hilton, and Quain make no allusion to it in childhood. I am induced to hope that the case will prove important in reference to the treatment of constipation in children. Every one who has seen much of the diseases of children, must be aware of the difficulty which exists in the treatment of constipation, and have been baffled in dealing with it. It is not my intention to enter upon that subject; the object of this short communication being simply to draw attention to the existence of one cause hitherto overlooked, in the hope that relief may be afforded to, at least, a few of these troublesome and painful cases.

P.S.—I met my little patient with its mother a few days ago, and was informed that there had not been any difficulty with the bowels since the operation had been performed.

J. HYDE HOUGHTON, Surgeon to the Guest Hospital, Dudley.

PATHOLOGICAL MEMORANDA.

HEMATOMA AURIS.

As attention has recently been called in the pages of the *BRITISH MEDICAL JOURNAL* to the subject of hæmatoma auris, the following notes of a case which I have recently had under my care may not be inopportune as tending to prove the connection of hæmatoma auris with mischief in the brain or its membranes, in contradistinction to the theory that it is always caused by external violence.

A. B., an imbecile, was brought to me on March 16th, with a slight swelling of the auricle of the right ear, which his attendant had first noticed that morning. There was no redness or sign of bruising, and he complained of no pain (though perfectly able to do so if there had been any). On questioning the attendant, he assured me that there had been no violence (to his knowledge), nor had I any reason to doubt his word, as he is a perfectly trustworthy man, and has been here some time, and was much attached to his patient. On the 17th, the swelling was of the size of a large walnut; and on the 18th, was as big as a small

orange. There was no increase in size after this date, but I could feel the false cartilage forming from day to day, and it was gradually subsiding, when, on May 20th, I was called up to him at five o'clock in the morning, and found him suffering from an apoplectic seizure and in a semicomatose condition, in which state he lingered until the 24th, when he expired at noon. At the necropsy, forty-eight hours after death, I found the following morbid appearances. There was a thin layer of effused blood between the dura mater and arachnoid (chiefly, however, on the right side), which I traced to a spot in the right hemisphere laying over the petrous portion of the temporal bone, where there had been a lesion of one of the smaller cerebral vessels in the centre of a portion of brain which had undergone yellow softening, and the grey matter of the convolution in this spot was as tough as a piece of leather, and resisted the passage of the knife through it. The membranes were inflamed, and the dura mater was more than twice the proper thickness; and the superior longitudinal sinus was entirely obliterated, owing, I suppose, to some former inflammation of a chronic character, as there was history to account for it. There was an excessive amount of fluid in the dura mater. LEIGHTON KESTEVEN,
Assistant Medical Officer, Earlwood Asylum.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

BIRMINGHAM GENERAL HOSPITAL.

A CASE ILLUSTRATING THE STATE OF MENTAL AUTOMATISM WHICH OCCURS IN EPILEPSY.

(Under the care of Dr. JAMES RUSSELL.)

THE following case affords a rather curious example of the state of automatism referred to in the valuable article on the Comparative Anatomy of Drunkenness in the *JOURNAL* of May 16th. I would also notice, in passing, the significance in relation to the hereditary transmission of tendency to drink afforded by that sentence in the article which notes the fact that the peculiar phase assumed by the "undisguising" of character which takes place in drunkenness will vary according as the character of the person reduced varies.

It is doubtless the case that, in that class of drinkers in which the habit has most of the nature of disease, the history of the family affords evidence of a proclivity to various forms of nervous disease, particularly to such as are of a hysterical or hypochondriacal type; and that it is often the disease which induces the patient to drink. Yet in other families the same morbid history exists to as great an extent, but entirely uncombined with any cases of alcoholism. The difference doubtless consists in the underlying form of mental or moral constitution which is transmitted along with the unhealthy tendency, or is acquired through the influence of education.

The automatic phenomena of epilepsy are allied with the involuntary exclamations occasionally met with in chorea; still more with the utterance of habitual phrases by patients who have lost the faculty of intellectual language through disease in the left hemisphere of the brain. This subject has gained most interesting prominence in the hands of Dr. Hughlings Jackson. The epileptic phenomena, like the phrases just referred to, have sometimes the appearance of possessing a purposive character; such was strikingly the case in my patient. Several interesting examples are also given by Trousseau. But in reality these acts, like the phrases, have become habitual through frequent repetition, and have thus acquired almost a reflex character. It is worth while to notice the change which twice took place in my patient's symptoms under the influence of a mental impression, because it shows that the act of an epileptic during the paroxysm may not involve moral responsibility, but yet may be the direct result of an impression made upon the mind, or of an idea conceived during the period of sanity.

The patient is a boy thirteen years of age. His early fits were called hysterical by his mother. Those from which he suffers at present vary in character. When he was admitted, they generally consisted of very rapid dancing, in a fashion called "footing and heeling", the performer keeping on the same spot—a kind of step exceedingly common in our streets, and practised continually by our working boys. The steps were made with great rapidity, much more rapidly than he could accomplish when performing voluntarily under our direction. At the close of about three-quarters of a minute, he fell back in a state of general tonic spasm, lasting for about a minute; he then rose up, but generally fell

to dancing again, again falling back in a state of spasm; the second fit being ended permanently by a sharp clap of the hands. Soon after he entered the hospital, an entertainment was given to the patients, among which some "nigger" dances were performed; forthwith the boy imitated the bones and the tambourine playing in the fits. Some severe reprimands and threats have been employed with success as regards the adventitious part of the fits; he has now ceased to dance, but falls at once into the condition of tonic spasm. He has not, however, lost all tendency to automatic movements; for between the fits, when they occur in couples, he rushes to the door, and, being caught, resists for a moment, then falls into the second fit, from which he rises perfectly sane. He is now taking bromide of potassium with very partial benefit.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 12TH, 1874.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

NOTES OF TWO CASES OF HÆMORRHAGIC DIATHESIS. BY CHARLES HIGGINS, F.R.C.S.

THE cases of two brothers, the subjects of hæmophilia, were reported. The family history furnished a good illustration of the mode of transmission of the disease from the maternal grandfather through his daughter, who was not a bleeder, to five males of a family consisting of seven boys and one girl—the girl, as was the rule, being one of the exceptions. The grandfather above mentioned lived to the age of 86, and died of old age. Another point of interest was the firmness with which the blood coagulated; in each of the cases reported, well formed clots were produced, showing that the hæmorrhage was not due to want of coagulability.

ON SEPTIC DISEASE, IN AND OUT OF HOSPITAL.

BY RICHARD BARWELL, F.R.C.S.

The subject of the death-rate in hospitals having of late years, and especially during the commencement of the present year, attracted much attention, the author was induced to re-examine hospital reports, comparing them especially with Sir James Simpson's statistics in his celebrated papers on Hospitalism. Sir James ranged together hospitals of similar sizes, added their death-rates, and drew the conclusion that the mortality increased with the number of beds. By taking each hospital separately (adhering to Simpson's numbers) and arranging them according to their mortality, Mr. Barwell formed a table of those with 50, 40, and 30 per cent. of deaths, and so on; and by this table it appeared that in each class there were hospitals of every dimension—in the highest class, some of the smaller; in the lower classes, some of the larger; hence he concluded "that the size of a hospital has no influence on its mortality". In studying the Registrar-General's returns in different towns and districts, the author found that the death-rate from erysipelas (the only septic disease in this table) varied with the density of the population in a ratio sufficiently close to warrant the conclusion that the one had an intimate relation to the other. The mortality after amputations (as given by Simpson) was then compared with the erysipelas death-rate of the district in which the hospital was situated. With certain palpable exceptions, accounted for by the condition of the institutions, the comparison showed a striking proportion between the two sets of numbers; hence it was concluded that "the mortality of a hospital varies remarkably with the erysipelas death-rate of its neighbourhood". The general outcome of these comparisons appeared to be, that overcrowding, ill-ventilation, and other defects, would produce a high death-rate from septic disease out of hospital; and, since hospitals in towns were filled by the class thus rendered receptive of septic influence, there would, in hospitals of large towns, be a higher death-rate than in villages. But, if the hospital itself were not overcrowded, ill-ventilated, etc., this death-rate would be proportional to that outside, or below that proportion; therefore, "hospitalism does not exist", if the term be taken to mean an evil influence necessary to hospitals and inherent in their very nature, whether ill or well arranged. The author then gave the statistics of the Charing Cross Hospital for some few years past. During this period, a considerable number of grave operations were performed, including herniotomy, lithotomy, amputation of the hip, excision of large joints, etc. The low rate of mortality—viz., 29 per cent.—he attributed to certain hospital arrangements, as well as to excellent and cleanly nursing; but he also strongly insisted on the necessity of careful watchfulness, especially on the value of thermometric observations, on the desirability of changing the bed when a rise in temperature sufficient to forewarn occurred, and also on the value of large

doses of quinine under like circumstances. In conclusion, he deprecated the word "hospitalism" and the idea it conveyed, as causing surgeons to acquiesce in a large death-rate as inseparable from hospital practice.

Mr. HOLMES said that one of the great difficulties in discussing the subject was, that no particulars were attached to Sir J. Simpson's figures. In contrasting the great mortality (72 per cent.) given for the Middlesex Hospital with that of the Canterbury Hospital (5 per cent.), one would at first sight conclude that a patient in the former had fifteen times as great a chance of death as in the latter. But this great difference in the death-rate might result from differences in the severity of the cases operated on. So low a mortality as 5 per cent. could scarcely be expected in a metropolitan hospital, not because of the greater prevalence of septic disease, but because of the nature of the operations performed. Cases occurred, as Mr. Erichsen had pointed out, where the surgeon might abstain from operating, and the mortality from amputation might be reduced; the statistics of the hospital would thus be improved, but not the fate of the patient. *Ex nihilo nihil fit*: nothing whatever was to be got out of Simpson's figures but an arithmetical discussion. As to the general conclusion, that operations were as safe in a dirty, ill-ventilated cottage as in a hospital, experience showed that, when pyæmia and erysipelas were to be dreaded, cases were better treated in hospitals. Another test was, that large plastic operations were repeatedly performed in hospitals with good success, which could not be the case if erysipelas and pyæmia were prevalent in these institutions, as a rule. He agreed with Mr. Barwell, that septic diseases were not inevitable in hospitals, and believed that, by a more careful treatment of wounds and a better arrangement of the hospitals, they might be reduced and, perhaps, removed.—Mr. SPENCER WELLS remarked that amputations in large hospitals were in certain seasons attended with a greater mortality than in smaller hospitals at the same time. He thought that the publication of Sir James Simpson's paper had had a good effect in leading to greater attention being paid to after-treatment than was the case some years ago. What might be called "urbism" must be considered with regard to the different conditions of the same hospital in the same city; as in Glasgow, before and after the adoption of Lister's plan of treatment. It had been said that ovariotomy should not be done in large hospitals where erysipelas and pyæmia were present; he would apply the same remark to great operations in general.—Mr. HOLMES did not say that the discussion was fruitless, but that figures without facts could not lead to perfect conclusions.—Dr. DRVS-DALE thought it clear that injury must be done by collecting large numbers of persons in hospitals; and alluded to the Paris hospitals in proof of this.—Mr. JONATHAN HUTCHINSON agreed with Mr. Holmes as to the mischief arising from a rash use of statistics; but he believed, with Mr. Wells, that much gratitude was due to Sir James Simpson. Simpson, however, made a mistake in supposing that "hospitalism" (the term being applied to conditions peculiar to a hospital) was inseparable from hospitals, or that it was at all dependent on the size of a hospital. He had lately seen a small hospital of twelve beds in a country town, where erysipelas was prevalent. The question here was not one of size, but of exposure to contagion. With regard to the prevention of mortality after ovariotomy by attention to certain rules, he would ask why the same rules should not be applied to other operations, so as to prevent the mortality from them.—Dr. FAYRER said that, up to 1859, there were no recorded cases of recovery after amputation of the thigh in the Calcutta hospital, the principal cause of death being pyæmia. In ten years, in 37 cases of amputation of the thigh, there were 18 deaths from pyæmia; in 61 of amputation of the leg, 18; in 26 of the foot, 5; in 11 of the shoulder, 3; in 14 of the arm, 3; in 15 of the forearm, 3; in 62 of the hand, 3; giving a total of 226 amputations with 53 deaths from pyæmia. The ventilation of the hospital had been improved, and the number of beds in a ward reduced from twenty-five to sixteen; and the result had been a diminution of the mortality. Osteomyelitis was at one time very prevalent in the hospital, but had now almost disappeared; and other forms of pyæmia were reduced. The hospital was the same, but its condition was improved. He was glad also to learn that, since his departure from Calcutta, steps were being taken to further improve the hospital.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS IRELAND.

WEDNESDAY, MARCH 11TH, 1874.

JAMES F. DUNCAN, M.D., President, in the Chair.

Œsophagismus (Spasmodic Stricture of the Œsophagus).—Dr. A. W. FOOT reported four cases of this affection, three in males, and one in a female, in none of which there was any evidence of organic disease, or of hysteria. CASE I.—A pale, timid lad, aged 16, was admitted to the Meath Hospital, on account of difficulty in swallowing food. He had