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 HIGGENS, 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. DRYSDALE 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

no symptoms of gastric disturbance. He was subject to hiccough. The dysphagia was intermitting, and worse when he was hungry. He derived great benefit from thirty-grain doses of bromide of potassium, given thrice daily. CASE II.—A man, aged 24, felt a "lump rising" after eating food, especially solid; or, sometimes, when no food had been swallowed. A mass was generally returned and ejected with much mucus. The dysphagia was, to some extent, intermittent. This patient had various dyspeptic symptoms, and stated that his malady commenced three years before with obstinate hiccough. While in hospital, he caught enteric fever, during the course of which the condition of the œsophagus became completely modified. On convalescence, the dysphagia returned, and he left hospital in much the same state as when admitted. CASE III.—A stout, healthy-looking, but intemperate man, aged 32, had suffered for three years from difficulty of swallowing solid food, or sometimes even liquids. He attributed his illness to a "squeeze of the throat", given him by another man in a drunken embrace. He went home unimproved. CASE IV.—A married woman, aged 43, was admitted, with total inability to swallow. Thirst was relieved by holding water in her mouth. She had been fed by the rectum for some time. Six months previously, while in intense grief, she had a vomiting of blood, after which she could swallow nothing for twelve days. She said the sense of constriction came and went. Her voice was not affected. She rapidly improved, as she said, from taking a mixture of hydrochloric acid and quassia. At all events, within fifteen days she left the hospital quite well, and there was no return of the spasm. The diagnosis of this affection (œsophagismus), was based upon the suddenness of its occurrence, the variability of its intensity with various kinds of food, its intermittence, the co-existence of other symptoms, especially hiccough; the absence of other causes of dysphagia—mechanical, inflammatory, or paralytic. The œsophageal vomiting in these cases was manifestly different from gastric vomiting, in the absence of nausea, and of contraction of the muscles of the stomach or abdomen, nor had the returned food any sour or acid taste.—The PRESIDENT remembered the occurrence of an attack of spasm of the pharynx in his own father, thirty-six years ago. For a week he could swallow neither food nor drink. At the end of the time mentioned, the power of deglutition returned, without much treatment.—Dr. ATTHILL detailed a case of œsophagismus in a lad, aged 12, who was unable to eat meat. The treatment was nourishing bland food, air, exercise, and iodide of iron. —Dr. MACSWINEY had observed three cases of œsophagismus in men, whose ages ranged from 18 to 30 years. In one patient, there was an enormous secretion of thick glairy mucus. In a second, an intermittent stricture existed low down in the tube, which was largely dilated superiorly. Cold liquids produced spasm, and the passing of a probang into the stomach, as recommended by Sir Philip Crampton, gave great relief.—Dr. H. KENNEDY had seen five or six cases. All recovered. In some, there was absolute stoppage; in others, merely simple dysphagia. He considered the temporary obstruction was due to muscular spasm. In one case, marked benefit followed the use of a solution of nitrate of silver. Warm baths might be of great use.—Dr. W. G. SMITH mentioned a case, which had been under his observation since November 1866. A gentleman, aged 29, then suffered from cholera, and recovered. Œsophagismus set in, attended by a copious secretion of saliva, and pain on swallowing. The spasm was, on one occasion, relieved by the application of a large blister to the epigastrium. The attack recurred, lasting sometimes from sixty to even a hundred hours. In one of them, after swallowing milk, a curdy cast, of the shape of the œsophagus, was ejected. The continuous current was tried, and apomorphia (one-twentieth of a grain, injected hypodermically), caused vomiting, after which the spasm returned.

Dislocation of the Kidney by Violence: Renal Abscess: Recovery.—Dr. W. B. PEEBLES brought forward the following cases. On February 29th, 1872, a young married lady had a phaeton turned over upon her by a runaway horse. She was found lying under the vehicle on her right side, insensible. There was great collapse, from which she rallied. At first, a tendency to retention of urine existed, and there was incessant and continued vomiting. In a month's time, she one day dined heartily; two days afterwards, symptoms of acute nephritis on the left side appeared. When the violence of the attack had abated, she felt a loose substance in the abdomen, which changed its place according to the movements of the body, great agony being suffered. Two months after the accident, convulsive rigors, followed by excessive perspirations, vomiting, and retching, occurred. Soon afterwards, pus appeared in the urine, and persisted for many weeks. Since February 1873, the kidney had remained motionless, and, by the present time, had probably been almost quite absorbed. The slightest indiscretion in diet caused evidences of renal derangement.—Dr. A. W. FOOT regarded the traumatic origin of a movable or floating kidney, as less unlikely than its congenital existence.—Dr. MACSWINEY asked whether hæmaturia had been observed after the accident.—Dr. H. KENNEDY alluded to those examples of floating kidney which had been brought before the Pathological Society of London, and to those placed on record by Rayer. He himself believed that, in Dr. Peebles' case, the kidney had been movable before the accident. His prognosis would be unfavourable.—Dr. FINNEY detailed the signs of floating kidney in an instance which had come under his notice. There was absence of dulness, on percussion over the seat of the kidney, during the presence of a tumour in the epigastrium. The dulness returned when this tumour fell back into its place. He agreed with Dr. Kennedy as to the non-traumatic origin of the movable kidney in Dr. Peebles' patient.—Dr. YEO endorsed Dr. Foot's view as to the traumatic origin of the displacement of the kidney. He had seen an example in a labouring man, aged 45, over whose loins a cart passed.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, FEBRUARY 27TH, 1874.

JOLIFFE TUFNELL, Esq., Vice-President, in the Chair.

Tumours Engaging the Cæcum.—Dr. HENRY KENNEDY divided fæcal accumulations in the right iliac region into two classes, acute and chronic tumours. Examples of the former class were accompanied by marked symptoms, such as pain, nausea, and pyrexia. Two illustrative cases were given. In one, the swelling was due to a mass of apple-skins and fæces. Chronic tumours were not so much accompanied by urgent symptoms. In a middle-aged lady, however, a tumour of this class gave rise to severe pain in the cæcal region, without constipation, and the symptoms simulated intussusception. These accumulations in the cæcum were of especial interest, from the fact that they were sometimes followed by melæna, of which Dr. Kennedy adduced several examples. Where fæcal accumulation was suspected to be the cause of the cæcal swelling, a cure should be "coaxed", not forced, small doses of mildly aperient medicine being frequently administered, and stimulating liniments, and perhaps electricity, being applied locally. If the intestine, on the other hand, were in a spastic state, a full opiate should be given. Dr. Kennedy concluded by referring to the accident of perforation, from the presence of a foreign body in the vermiform appendix.—A discussion followed, in which Mr. Richardson, Mr. Stapleton, Dr. McClintock, and Dr. Darby took part.

Bloodless Surgery.—Mr. W. STOKES, having sketched the history of Esmarch's method, from its first recommendation by Sir Charles Bell, detailed the several cases in which he had recently adopted it. A boy, aged 14, while employed as a printer's apprentice, had the three lesser fingers and the corresponding metacarpal bones of one hand crushed in a printing-machine. Amputation was performed, without any loss of blood. In a second case, amputation was performed at the wrist-joint, in consequence of a terrible injury inflicted by a hay-chopping machine. A good recovery followed. An aneurism, of the size of a walnut, was excised; the steps of the operation were greatly facilitated by the bloodless condition of the parts. An epithelial cancer was removed from the back of the hand of a patient, aged 50; a remarkable degree of local anæsthesia was caused by the application of the ligature. Having quoted many other cases where Esmarch's method had been followed of late by Dublin surgeons, Mr. Stokes enumerated the advantages of the procedure as follows. 1. The saving of blood secured by it could not fail to be of use in the absence of preceding inflammation. 2. The bloodless condition of the part to be operated on relieved the surgeon from embarrassment. 3. Assistants might often be dispensed with. 4. Healing often appeared to take place more rapidly. 5. There was less reactive irritation. 6. The liability to suppuration, phlebitis, etc., was lessened. The "bloodless method" was certainly contraindicated in the presence of gangrene, and should be very cautiously employed where deposits of pus existed.—Mr. STAPLETON claimed for Irish surgery some credit for carrying into practice, at all events, the principle of the bloodless method long ago.—Dr. CORLEY had used the method in a case of necrosis of the femur. The patient was one hour and thirty-five minutes under chloroform. The recovery was a good one. He considered that the risk of pus being driven into the circulation by the compression of the bandage was rather chimerical.—Dr. MCDONNELL defended Mr. Stokes from the imputation that he had intended to applaud German surgery to the detriment of the Irish school. He had applied to his own finger a bandage and ligature, to ascertain how soon anæsthesia from anæmia was produced. In ten minutes, the finger lost sensation.—Mr. RICHARDSON alluded to the use of pressure in inducing insensibility to pain, as practised in the olden time.—Mr. KELLY had noticed that a sensation of coldness was felt in the ligatured limb.—Mr. ORMSBY said that, in one case of amputation of the thigh at the Meath Hospital, suppuration quickly followed the operation.