PART IV.
MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

President—SIR THORNLEY STOKER, M.D., F.R.C.S.I.
General Secretary—JAMES CRAIG, M.D., F.R.C.P.I.

SECTION OF STATE MEDICINE.

President—F. C. MARTLEY, M.D., F.R.C.P.I.
Sectional Secretary—W. A. WINTER, M.D., F.R.C.P.I.

Friday, February 9, 1906.

THE PRESIDENT in the Chair.

Death-rates of the United Kingdom.

THE PRESIDENT delivered an address on the death-rates of the United Kingdom, explaining how the crude death-rate had to be corrected for age and sex distribution.

For every 100 deaths that occurred in the United Kingdom as a whole, in Ireland amongst males, only 92.6 took place, and in England and Scotland, 100.9 and 101.7 respectively; while in the case of females the corresponding figures were 107.1, 98.7, and 102.5, thus showing how the male and female death-rate of Ireland differed so widely, not only from the rates of the other kingdoms, but also from each other. In the same way the male death-rates for the different counties of Leinster were compared with those of the divisions of England, and it was found that the South Midland division had a better index of morbidity than the lowest of the Leinster counties; but what was still more noticeable was that the figure for Dublin reached the enormous height of 172.8, while in London it was only 110.7.

Compulsory Re-vaccination.

SIR JOHN W. MOORE read a paper entitled "Compulsory Re-vaccination: The Solution of Vexed Questions Relating to Small-pox," in which he drew attention to the difficulties which beset sanitary authorities who wished to make provision for the treatment of small-pox arising in their districts, and referred to legal cases—one in England and one in Ireland—where application had been made before a judge to grant an injunction restraining the sanitary authority from erecting such hospitals on the ground that they were likely to spread small-pox by aerial convection. In the English case the judge had refused—owing to the contradictory expert evidence—to give a judgment, while in the Irish case the injunction had been granted as regards small-pox, but this judgment was afterwards reversed by the High Court on appeal. The author then discussed the question as to whether the infection of small-pox was carried through the air, and expressed his belief that it was. He then went on to show that efficient vaccination and re-vaccination were the real solution of this question, and pointed out that in the experience of Germany, where they had compulsory vaccination and re-vaccination, the number of persons susceptible to the poison of small-pox was so small that there were practically no special hospitals for the treatment of that disease, and he therefore held that if vaccination and re-vaccination were made compulsory in the United Kingdom we would have no need for special small-pox hospitals.

THE PRESIDENT did not think that anybody who studied the question from a scientific standpoint could possibly have any doubt as to the efficacy of vaccination in the prevention of small-pox, and further expressed himself as agreeing entirely with the opinions held by Sir John Moore.

DR. DELAHOYDE held that it would be very difficult to enforce compulsory vaccination and re-vaccination in these countries, though he thought it would be easier to have such laws carried out in Ireland than in England and Scotland, as the people of Ireland were more inclined to take the advice of medical men on such subjects, and he further said that previous to attempting to obtain legislation we ought to endeavour to educate the public.

DR. T. P. KIRKPATRICK said that it was, in his opinion, a matter of complete indifference how small-pox was disseminated, because if the community was protected by vaccination and re-vaccination the disease could not spread.

DR. H. U. BYRNE spoke as a public vaccinator, and, while

completely agreeing with the paper, he instanced the difficulty he had experienced in getting the workmen to consent to be re-vaccinated, though they were quite willing that their families should be done. This difficulty was caused by their natural objection to be unable to go to work. He further held that there was no real objection on the part of the public in Ireland to vaccination, but went on to express his doubts as to whether the number and depth of the scars of primary vaccination were any guide as to the amount of protection enjoyed by the person.

SIR JOHN MOORE then shortly replied, and expressed the opinion that it would not be wise at present to advocate the bringing in of a Bill in favour of compulsory re-vaccination, although no opportunity should be lost of impressing on the public the value of re-vaccination as a preventive of small-pox, and the necessity for it at or about the age of 12 years.

SECTION OF PATHOLOGY.

President—JOSEPH O'CARROLL, M.D., F.R.C.P.I.

Secretary—PROFESSOR WHITE, R.C.S.I.

Friday, February 16, 1906.

SIR THORNLEY STOKER, President of the Academy, in the Chair.

Abdominal and Pelvic Tuberculosis.

DR. LITTLE discussed the symptomatology and treatment of tubercular disease as it affected the peritoneum, the intestines and the mesenteric glands. [His paper will be found at page 241.]

SIR WILLIAM SMYLY said that the study of tuberculosis of the female genitals during life has been rendered possible only since the use of the curette and abdominal section have come into vogue. [His paper will be found at page 249.]

PROFESSOR McWEENEY referred to his experience with regard to the pathology of tuberculosis. [His paper is published at page 254.]

MR. T. E. GORDON read an account of a case of chronic abscess successfully treated by tuberculin (Dr. Gunn's case). [His paper appears in full at page 258.]

PROFESSOR WHITE dealt with Wright's recent work, and stated that the good effect of operations in certain cases of tubercular peritonitis depended mainly on two factors—the first being the replacing of a fluid containing little or no protective substances

by a fresh fluid containing a much larger amount, and the second being the rise in the opsonic index due to auto-inoculation which results from operation. He illustrated both factors by several curves of the opsonic index in cases of a tubercular nature which had been operated upon. [His paper will be found at page 262.]

DR. PARSONS drew attention to the occurrence of tuberculosis in hernial sacs, and said he had a patient suffering from that affection, who showed no signs of abdominal tuberculosis. He saw recently an account given, by Dr. Carmichael, of 154 cases of hernia in children. Four of these were tubercular, and in one of the four there was found general infection of the abdominal cavity.

DR. COLEMAN said he thought that both the diagnosis and treatment of local tuberculosis had been placed on a very satisfactory footing by Wright's method. For some time past he had been treating local forms of tuberculosis with promising results, by giving tubercle vaccine controlled by determination of the opsonic index. Wright had treated severe cases of tubercular peritonitis with success. That treatment, however, was not suited for every case.

DR. PUREFOY said he saw tubercular conditions of the genital tract in two puerperal cases. Both patients died a few weeks after delivery of advanced pulmonary phthisis. One of these had borne several children. In her case he found projections, like yellow pustules, on the posterior vaginal wall. One case of tubercular nodules on the uterine end of the Fallopian tube has been reported.

SIR THORNLEY STOKER said that Dr. Coleman seemed to be curing by Wright's method patients that he had failed to benefit by operation. Two years ago a patient came to the Richmond Hospital with a tumour in her right iliac region. He explored it, after incision, and found a hypertrophic tubercular mass in the ascending colon, which he removed. The patient never got a rise of temperature, and left the hospital well.

MR. J. M'ARDLE said, in reference to tuberculosis in a hernial sac, that, where a hernia had been present for some time, the intestinal wall was weakened, and it was this condition that allowed the tubercle bacilli to permeate it. As to the possibilities of the tuberculin treatment, we were now employing no haphazard method. He did not think, however, that we had yet got a panacea for the lesions caused by the tubercle bacillus.

DR. TRAVERS SMITH said that in his clinical experience diarrhoea

was not a constant symptom of tubercular ulceration of the intestine. Dr. Earl made a *post-mortem* examination of a boy, aged fourteen, who died from pulmonary tuberculosis, whose large and small intestine were extensively ulcerated. He also expressed surprise at Professor McWeeney's statement that ninety per cent. of acid urines containing pus were tubercular.

MR. E. H. TAYLOR mentioned the case of a man who came to hospital about a fortnight ago with pain in the abdomen and swelling in the right side. Opening the abdomen he found a tumour as big as an orange in the ascending colon, above the cæcum. The muscular coat of the ileum was hypertrophied, and some of the neighbouring glands were caseating. He regarded it as tubercular. After operation the patient got well.

DR. MOORHEAD spoke of a case of hypertrophic tuberculosis of the cæcum, which had been remedied by complete excision of the cæcum and ileum.

DR. LANGFORD SYMES said tubercular ulceration of the genital tract, even in children, was said to have occurred. There was a variety of tubercular peritonitis in children in which infection was brought about by means of the umbilical cord. The abdomen was enormously distended by gas, the child wasted considerably, but there was no ulceration of the bowel. Extensive miliary tubercles were present. A foul and fœtid discharge from the umbilicus in young children was connected with tubercular affections.

SECTION OF SURGERY.

President—SIR ARTHUR CHANCE, P.R.C.S.I.

Sectional Secretary—E. H. TAYLOR, F.R.C.S.I.

Friday, February 23, 1906.

MR. L. G. GUNN, F.R.C.S.I., in the Chair.

Appendicitis.

MR. D. KENNEDY read a paper on the above subject. He strongly advocated operation in the course of the disease as being calculated to shorten the illness and reduce the mortality. He gave a brief history of eight cases, out of a series of forty-three, upon which he had operated during the acute stage without a death. The dangers of operating during an acute attack, he believed, were

greatly exaggerated. Unless complications were present, appendicectomy was as safe during the attack as in the quiescent period. The ideal operation was removal of the offending structure. If pus were present, free drainage should be provided. Mr. Kennedy condemned indiscriminate douching and rough sponging of the peritoneum. The diagnosis of the disease was frequently difficult in children, and a proper examination could be made in these cases only by the aid of an anæsthetic. In all cases, he recommended a rectal examination, and in females a vaginal examination, when possible, for diagnostic purposes.

The CHAIRMAN referred to the importance of a leucocyte count in coming to a diagnosis, and recommended the employment of palliative measures before urging operation.

MR. A. B. MITCHELL (Belfast) alluded to the difficulty sometimes experienced in diagnosing appendicitis in an early stage. He had seen the condition confounded with perforation of a duodenal ulcer. He thought it advisable to remove the appendix in suppurative cases, and also at a very early period if the disease were diagnosed with certainty. Failure to remove the appendix might lead to recurrence with abscess formation.

DR. SAVAGE mentioned some facts illustrating the connection between appendicitis and suppuration elsewhere in the body. In one case he thought an attack of appendicitis had followed upon follicular tonsillitis ending in suppuration.

Excision of the Scapula for Neoplasm.

MR. A. B. MITCHELL read a paper on the above subject. He described in detail the steps of the operation, laying emphasis upon the more important points. The patient was exhibited and demonstrated the range of movement and the functional capacity of the limb. Skiagrams of the affected scapula taken before operation were presented for inspection.

The communication was discussed by SIR THOMAS MYLES, MR. KENNEDY, DR. JOHNSTON and DR. GOULDING.

THE FOOD FACTOR IN DISEASE.

TO THE EDITOR OF THE "DUBLIN JOURNAL OF MEDICAL SCIENCE."

SIR,—In thanking you for the very able and kindly review of my book "The Food Factor in Disease" which appeared in your February issue, may I be allowed a few words in exposition of its main objects. Briefly these are three—(1) To establish by means of circumstantial or clinical evidence—there being at present no direct chemical evidence forthcoming—the frequent existence of "hyperpyræmia" as an essential factor in many clinically diverse disorders. (2) To point out the salutary influence of the dietetic system which springs directly from the hyperpyræmic theory, but which may be justified independently by its results. (3) To call attention to the advantages which may be expected to accrue from occasionally taking a deductive view of disease—from approaching the solution of pathological problems from the side of physiology.

It is open for readers, with perfect consistency, to approve or accept any one of these three contentions, while disapproving or rejecting the remaining two. And each has now been accepted in different quarters.

The theory—or, if preferred, hypothesis—of hyperpyræmia has been accepted by Professor Chistenden, who very kindly allows me to publish the following extract from one of his letters :—"I have no doubt that the main part of your thesis relating to the blood-state or blood-states under the term of 'hyperpyræmia' is correct." The second contention has been accepted by the reviewer in the *Lancet* (Feb. 17, 1906), who says :—"Whatever the ultimate fate of his (the author's) thesis, the important fact remains that good may often be achieved by giving it practical effect, by curtailing—that is to say, the carbonaceous intake and enjoining a mode of life adapted to promote carbonaceous katabolism. In this way a long array of troubles can be greatly relieved if not actually cured. . . . He (the author) has brought home to the profession the fact that many disorders, such as migraine and asthma, which some would have us believe are due to an excess of purin bodies in the blood, and should therefore be treated by a purin-free dietary, can be even more effectively treated by a dietary in which bird, meat, and fish are liberally represented, but which contains carbohydrates and fats in small proportion." The third contention is, I take it, fully

approved by your own reviewer. This is a source of much gratification to me, because the method of investigation I have adopted—namely, the formation of hypotheses to be thereupon tested by their conformity or non-conformity with established facts—has been adversely criticised by more than one. Indeed, one reviewer holds that direct chemical demonstration is the only permissible evidence. What, it may be asked, would be the present state of medical science if such restrictions were actually in force? Where, for example, is the *direct chemical* demonstration of the toxæmias of syphilis and of many of the specific fevers?

I am, Sir,

Yours faithfully,

FRANCIS HARE.

March 6, 1906.

THE AERIAL CONVECTION OF SMALL-POX.

AN important leading article on the spread of small-pox from hospitals appeared in the *Lancet* for January 12, 1906. The writer considers that the facts regarding the outbreaks of small-pox in the Orsett Union in Essex in 1901-02, and in Felling in 1903-04, are hardly capable of any other explanation than that afforded by the doctrine of aerial convection. The story of the latter outbreak as told by Dr. George S. Buchanan, of the Local Government Board, is very striking. The urban district of Felling adjoins Gateshead, and the Gateshead Hospital is situated near the boundary line. Traffic to and from the hospital is all from Gateshead. Felling cases go to a hospital of their own, and no convenient route from the affected part of Felling passes the Gateshead Hospital, which is situated on out-of-the-way rising ground. Yet the Felling small-pox epidemic mainly attacked not its most populous part near the Tyne, but the higher and comparatively open country to the south, particularly a village less than half a mile from the Gateshead Hospital—a village lying in the path of light south and south-west winds blowing across the Hospital towards the village. The small pox incidence on dwellings within half a mile of the Hospital was about three and a half times that on dwellings farther away, and no one of the wards in any part of Gateshead or Felling had so high a rate of small-pox as the half-mile area, the nearest approach to that rate being experienced by a Gateshead ward, which had many dwellings within a mile of the hospital.