PART III.
MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

President—SIR CHARLES BALL, BART., M.D., F.R.C.S.I.
General Secretary—J. A. SCOTT, M.D., F.R.C.S.I.

SECTION OF STATE MEDICINE.

President—M. J. NOLAN, L.R.C.P.I. & L.R.C.S.I.
Sectional Secretary—W. A. WINTER, M.D., F.R.C.P.I.

Friday, January 19, 1912.

DR. T. P. C. KIRKPATRICK in the Chair.

The Proposed Sterilisation of the Mentally Unfit.

DR. M. J. NOLAN read a paper on the above subject. [It will be found at page 170.]

A Note on the Causation of Insanity in Ireland.

DR. R. R. LEEPER read a paper on this subject. [It is published in full at page 180.]

DR. DAWSON congratulated the Section on the interest and importance of the papers which had been read. He said that some of the arguments brought forward by Dr. Nolan could be used against any preventive system whatsoever, and they, therefore, proved more than was intended. He concurred with Dr. Leeper's remarks as to the necessity for Poor Law reform, on the ground (if for no other reason) that the number of mentally defective was so very marked a feature of the workhouse population. In connection with the Royal Commission on the Feeble-minded he had had

occasion to examine all the children in the workhouse schools as well as other schools in the City of Dublin, and he found that the percentage of mental degenerates in the former was 7 per cent., whereas the average of all the schools was only $1\frac{1}{2}$ per cent., which proved statistically what Dr. Leeper had arrived at by general observation. Referring to an investigation recently carried out in one of the London County Asylums, with the object of finding the number of children who had been begotten after the first attack of insanity, he stated that it was found that in the majority of cases the children had been born before the disease developed, and, therefore, in such cases sterilisation would, of course, have been of no use. This point would have to be taken into account if sterilisation was to be legalised. Still, it had been shown conclusively, by an unintentional experiment, that segregation had the power of stamping out mental defect, for in the valley of Aosta, where cretinism was formerly rife, the foundation of an institution for Cretins had within forty years succeeded in banishing this form of mental disease. Either sterilisation or segregation was necessary, because such measures as physical and mental training and subsequent care, though necessary and desirable for the individual, at best could only prevent the development of mental defect in himself, and could not obviate the transmission of such actual or potential defect to his posterity. Of these two measures of course sterilisation was the cheapest, and regarding it he did not think that vasectomy would produce the unfavourable results described by the President, whatever might be the case with castration. On the other hand, the only difficulty which stood in the way of segregation was the financial, and this difficulty would in time be wiped out by the decrease in the numbers of the mentally unfit.

Dr. Cox said the subject was one that concerned the whole community. With regard to the question of sterilisation, he pointed out that it was not heard of now for the first time in this country, for in the old pre-Norman days it was carried out in Ireland to ensure the non-succession of certain chieftains. The point raised by Dr. Leeper regarding poor law legislation was one of more importance. All classes in Ireland revolted against the introduction of the Poor Law System, and he thought it a hardship that a tribe of vagrants worse than Gypsies should, through this system,

be inflicted on the country. If it is decided to prevent the propagation of the unfit it is possible the race may miss some great men owing to sterilisation having ante-dated their natality. The problem of the propagation of the unfit undoubtedly demands attention. The adoption of the Ten Commandments might lead to benefits, but the adoption of other laws would help still further.

DR. NESBITT was disappointed that the President in his paper did not approve the sterilisation of the Unfit. He thought that all scientists were agreed as to the relation of heredity to insanity, and following Mendel's theory there could be little doubt in the matter. This can be stopped by either sterilisation or segregation. He was of opinion that sterilisation could be easily accomplished without removing the testes. If we are convinced that heredity is of importance in this matter we should follow our views to the logical conclusion. He saw no better course than sterilisation.

DR. MAURICE HAYES remarked that there was one method of sterilisation which he had not heard referred to—viz., by X-rays. It was not a permanent sterility, and there is no impairment of the enjoyment of the normal function. X-ray exposure causes sterility by the destruction of the spermatozoon. In the case of the female X-rays have a similar effect on the ovaries. This treatment was not open to the same objections as others.

DRS. SEYMOUR STRITCH and SOLOMONS also spoke.

DR. T. P. C. KIRKPATRICK thanked the President and Dr. Leeper for their papers. On consideration of the whole matter he thought the practice of Eugenics was being discussed in a general way, and more particularly as applied to the treatment of the insane and mentally unfit. It seemed hardly possible to proceed to severe measures so long as the principles of eugenics are neglected by the people as well as by the legislatures. He agreed with Dr. Leeper in stating that eugenics is at present looked upon by most people as having no application to them in particular. It was, he thought, very fortunate that the President laid before them the difficulties in the way of sterilisation of the unfit, as the advantages are so obvious and the methods so easy the whole practice seems to claim support at once.

DR. LEEPER, in replying, said there is a good deal in what

the President has stated in his paper, but he (Dr. Leeper) could not follow him the whole way. He had not the slightest doubt that sterilisation would be eventually established. The saving in England if sterilisation were carried out would be about twenty million pounds per annum, and this was an argument which would appeal to the people more than Mendelian laws. As to how the degenerates were to be got at, there would, he said, be a Board of lawyers and doctors set up to deal with the cases. He had no doubt that if a reform of the Poor Law was effected an enormous decrease in the mentally unfit would take place. It would, he thought, be hard to decide as between segregation and sterilisation.

SECTION OF SURGERY.

President—R. H. WOODS, M.D., P.R.C.S.I.

Sectional Secretary—C. ARTHUR BALL, M.D., F.R.C.S.I.

Friday, February 2, 1912.

THE PRESIDENT in the Chair.

Case of Facial Asymmetry in a Child.

MR. J. BOYD BARRETT exhibited photographs showing marked asymmetry in the face of a child. The lower jaw came over towards the right to the extent of two incisor teeth. There were no signs of wry-neck, nor was there any atrophy. Some slight asymmetry was to be seen in the face of the mother. It was thought that the condition did not bear the stigma of degeneration. Dr. Barrett apologised to the Section for being unable to bring the patient before the meeting.

THE PRESIDENT inquired as to the condition of the inside of the mouth, particularly as regards the teeth on either side, and if there was any interference with mastication on both sides.

MR. J. BOYD BARRETT, in reply, said he could see no change in the teeth corresponding to the change in the bones, the only difference being that the jaw had gone over to the extent of two incisor teeth, and, therefore, mastication had been somewhat difficult.

*Two Cases of Congenital Dislocation of the Hip treated
by Lorenz' Method.*

MR. WALTER STEVENSON showed two patients suffering from congenital treatment of the hip which had undergone treatment by Lorenz' method. The first was the case of a little girl, aged three, who had been in hospital for eight months. Skiagrams were exhibited, showing the position when treatment commenced and at various periods during the progress of the case. At the beginning the tendons were divided and plaster was put on. The plaster was changed eight times in all at intervals of from four to ten weeks. When the plaster was changed for the third time a patten, three or four inches high, was supplied and the patient allowed up; this, however, was dispensed with when the last plaster was put on. The final X-ray photograph showed the acetabulum to be fairly well arched. Examination of the patient showed that the leg was still held a little in advance and abducted, but this is gradually improving. The patient can now get about very well. Treatment extended over fourteen months.

The second case was that of a boy aged three when the treatment commenced. In this case it was the right hip that was affected, which is more rarely met with. Treatment was continued in this case over a period of six months. Skiagrams were exhibited showing the progress of the treatment. Tenotomy was done, and the limb put in plaster, which was changed at periods of nine, eight, ten, and four weeks respectively. The fifth plaster was a movable one, and had now been on for twelve weeks. Examination of the patient showed that the joint was now in good position.

*Case of Congenital Dislocation of the Hip treated by
Lorenz' Method.*

MR. W. S. HAUGHTON apologised to the Section for being unable to bring forward his patient, but, with the permission of the members, exhibited skiagrams showing the progress of the case. The patient, a child aged three years, was under treatment for more than twelve months. Four X-ray photographs were shown. The first demonstrated the position of the bone at the commencement of treatment. The second showed the position when halfway through,

with the thigh bone brought down to an angle below the horizontal, and the acetabulum more arched and bony. In the third photograph a further extension of the arch of the acetabulum was to be seen. The final photograph demonstrated the acetabulum in a still more forward position, with further ossification at the head of the femur. Mr. Haughton remarked that the results demonstrated that Lorenz' method is safe and satisfactory, but as it has to be done with a considerable amount of strain it is better that it should be performed by those in the habit of dealing with bone cases.

THE PRESIDENT said that the series of photographs showed in the clearest possible way the process that took place in the growth of the acetabulum. It is also clear that the method is a scientific one, and an extremely close imitation of normality when the deformity is considered. These cases were very difficult cases to deal with successfully by the older methods. The photographs were a complete surprise to him, and bore wonderful tribute to the ingenuity of the device.

MR. PEARSON asked if this was a common congenital deformity, and is it seen frequently in orthopædic or children's hospitals? He had seen only two cases of congenital dislocation, and each of them in patients up to seventeen years of age. He also inquired what was the most suitable age at which to commence the treatment by Lorenz' method, and was tenotomy of the abductor necessary as a preliminary to every case? With regard to the interval between the changes of plaster, was this to be judged by the skiagrams or should two or three months be allowed to elapse before removing the plaster? How long should the treatment be continued before one gets as good a result as can reasonably be expected?

MR. STEVENSON, replying to the remarks, said that since April, 1910, he had come across seven cases, and in one case of double congenital dislocation the patient was twenty-two years of age. The patient in this case, however, was well developed, and able to get about very well, and it would not have been advisable to have tried any treatment. As to the age of election to treat cases, very few are diagnosticated before they commence to walk, but the sooner the treatment was undertaken the easier it would be found to get the head

of the femur into the acetabulum, and the bones are more likely to develop into better shape. Tenotomy was necessary in any cases that he had seen, and in the two cases just shown the abductor muscles stood out considerably. Sometimes the muscles are ruptured by the hand, but tenotomy seemed to him a nicer way. The interval between the stages is guided by the X-ray skiagrams, but at first it is advisable to keep the plaster on for a considerable time; however, after six months' treatment it should be changed more frequently. He regretted that Mr. Haughton was unable to bring forward his patient, as the result was very much more successful than that obtained by him.

Two Cases of Abdominal Aneurysm treated by Operation.

MR. W. I. DE C. WHEELER exhibited two cases operated upon for aneurysm in the region of the cœlic axis. One case was back at work fifteen months after operation; the second case was operated on six months ago. Colt's instrument was used in both instances—a cage of one hundred and fifty inches of gilded wire being introduced in the first, and a wisp of one hundred and five inches into the second case. The prominent symptoms before operation were intense pain in the back, marked epigastric pulsation and digestive disturbances. A systolic murmur could easily be detected over the tumour. Mr. Wheeler considered that the pain in the back, which was severe enough to require morphia before operation, was more likely due to the stretching and heaving of the peritoneum of the posterior abdominal wall than to erosion of the vertebræ. This was borne out by a *post-mortem* examination on a third case, who died of rupture of the aneurysm secondary to intestinal obstruction a week after the introduction of wire. It was remarkable that in each of the three cases operated upon by Mr. Wheeler the pulsation and the pain in the back became more violent for a few days after operation, and then rapidly improved—the pain completely disappearing. At present it would be possible to diagnosticate an abdominal aneurysm in the man operated upon fifteen months ago from continued pulsation, but otherwise the man is in excellent health, and there is little doubt that his condition is better than at the date of operation. The case

operated upon six months ago has now little or no pulsation, the systolic murmur has disappeared, and he is apparently cured. Mr. Wheeler urged the necessity of rigid aseptic precautions in performing the operation, the technique sufficient for ordinary operative work would not suffice when a large quantity of metal was to be buried in the interior of a very diseased artery. These were the first cases shown in Dublin after operation for abdominal aneurysm.

THE PRESIDENT said that this method of treatment appeared to have a great future before it.

MR. PEARSON said he was present at the operation on one of the cases, and that when the abdomen was opened the tumour was found to be of an enormous size, and looked as if it might burst at any moment, as it appeared to be very thin-walled. He was somewhat disappointed with the ease with which the operation could be performed. He did not think the method would be suitable in a case of fusiform type. He referred to the method adopted by Professor Halstead of placing a ring of aluminium round the artery. This, he thought, was the best method when fusiform aneurysm was met with.

MR. BLAYNEY said that the cases shown were encouraging, the condition being one that had shown no improvement under medical treatment, but that some improvement had followed the operations. He inquired whether there was any record of cure having been effected by this operation. He thought that the explanation given by Mr. Wheeler of the pain in the back was probably correct, but it might also be accounted for by the tearing off of the tissue from the abdominal wall.

MR. W. I. DE C. WHEELER said that he agreed with Mr. Pearson as to fusiform aneurysm; if it were wired death must follow. His first two cases were very easy, but the third one was extremely difficult, as it was necessary to dissect up through the transverse mesocolon to get at the spot. As to a record of cures, in every series of cases there is a record of cure—*i.e.*, all pulsation gone, the patient being well and working four or five years afterwards. He would not like to say that his cases were cured, but he thought he might claim that in the first case a very fair result had been shown, while in the second there is less murmur, and all pain in the back has gone.

A Case of Sacro-coccygeal Tumour.

In the absence of MR. W. TAYLOR, MR. STOKES showed this case. He stated the tumour was present at birth, and that when tapped a gap in the sacrum could be felt. Through this the abdominal contents protruded. The fluid removed contained a large quantity of albumen and a trace of sugar.

MR. J. BOYD BARRETT said that he thought the tumour was not malignant, and the appearance of the skin over it was quite the same as in a spina bifida.

A Case of Talipes Calcaneo-valgus.

MR. J. BOYD BARRETT showed a child suffering from talipes calcaneo-valgus, which he said was one of the rarest forms of talipes but the simplest form of club-foot to treat.

Case of Graves's Disease Cured by Operation.

MR. W. I. DE C. WHEELER showed a case illustrative of the success of operative interference in cases of hyperthyroidism. The patient had been treated for over three years by medicinal means without any improvement. She had marked tremors and tachycardia, her pulse-rate averaging 120. The blood count was typical of the disease, showing a marked lymphocytosis and a leukæmia of the neutrophilic polymorphonuclear cells. She had lost weight, had become intensely excitable and nervous, and was giving up her employment owing to difficulty in making any exertion. One lobe of the thyroid was removed. Free drainage after operation, and the administration of large quantities of saline per rectum were relied on to prevent a further poisonous dose of the secretion as an immediate result of the operation. None of the contra-indications to thyroidectomy for Graves's disease were present—no albuminuria, no intermittency of the pulse, no œdema of the ankles. The symptoms were as usual intensified for the first few days after operation, after which the patient made an uneventful recovery. The pulse is at present 80, there are no tremors, the patient has put on a stone weight, and the blood-count is normal. It is eight months since the operation was performed.

SECTION OF MEDICINE.

President—SIR JOHN MOORE, M.A., M.D., F.R.C.P.I.

Sectional Secretary—F. C. PURSER, M.D., F.R.C.P.I.

Friday, March 8, 1912.

THE PRESIDENT in the Chair.

On a Case of Cerebellar Tumour.

DR. MARTIN DEMPSEY showed a patient suffering from this condition, and detailed her history. [The case is reported in full at page 271.]

DR. CRAIG said there were some features in the case that threw a little doubt on the cerebellar nature of the lesion. It struck him as peculiar that the fifth, sixth, and seventh nerves should be involved without any involvement of the eighth. He had exhibited a case some time ago in which the eighth nerve was involved with the fifth and seventh.

DR. MOORHEAD said it was extremely important that physicians should form some opinion as to the value of operation in these cases. His experience of operations performed for intracranial compression was very favourable, so far as the relief of the symptoms was concerned, and he had seen sufficient cases done to convince him that operation was the treatment to adopt in all cases of intracranial tumour. In two cases that came under his notice recently very considerable relief was afforded to distressing symptoms by operation in the parietal region. He would be inclined to advocate the operation in the parietal region, more particularly when the aim is only to relieve symptoms.

MR. BLAYNEY said he understood the patient had refused operation. The recognised surgical treatment was to perform the decompressive operation, and there was no doubt this gave relief for some time. An argument in favour of the occipital in preference to temporal decompression was that should further operation be afterwards undertaken the necessity for a fresh opening would be obviated.

DR. F. C. PURSER discussed the exact site of the tumour in this case on the symptomatology of many cases which had been operated on or had come to necropsy. He drew attention to the danger of diagnosing tumour of the cerebellum

unless localised symptoms came on, at latest, very soon after general symptoms. He also discussed the value of vertigo as a symptom.

PROFESSOR W. H. THOMSON said that from the physiological point of view the case was a complex one. The chief complications were the ataxia and the Romberg's sign; the other symptoms might be explained by an extra-cerebellar tumour on that side. He was inclined to the view that the tumour was extra-cerebellar.

MR. M'CONNELL pointed out that brain surgery differed from general surgery, and needed much practice in technique. The records of success in any particular class of operation altogether depended on the practice afforded in that particular branch, and for this reason he thought more attention should be devoted to the surgery of the brain. He referred to the statement of Cushing as to the difficulty of the operation being increased by the length of time the tumour was allowed to remain, and advocated early operation. He said that the operation mentioned by Mr. Blayney showed a large proportion of success. He also called attention to a point regarding diagnosis described by Cushing—viz., that in early cases there is a change in the colour-fields of the eyes known as dyschromatopsia.

DR. CAHILL gave his experience of a case of a school-boy in which a case of brain-tumour had been made by the school doctor. The patient consulted him afterwards, complaining of a pain in his head, and on consultation with Sir Henry Swanzy the conclusion was arrived at that there was no tumour. The boy died four days afterwards, and on inquiry it was found that he had been noticed staggering, but up to that time this symptom had been withheld.

THE PRESIDENT summed up the discussion, and Dr. DEMPSEY replied.

On the X-ray Diagnosis of Aneurysm of the Thoracic Aorta.

DR. MAURICE R. J. HAYES read a paper on this subject. [It is published at page 257 of the present number of this Journal.]

This paper was commented on by THE PRESIDENT and Drs. MOORHEAD, F. C. PURSER, and W. G. HARVEY.