

calling the following morning, to my great astonishment I found that the patient had passed in its entirety the half unbroken portion of pipe, measuring exactly one inch and an eighth, and numerous fragments besides. On placing them all together, it was evident that the whole two inches had come away. I washed the bladder well out on that and the following day, removing a quantity of powder and minute fragments of clay, and on the next day but one the patient walked a long distance to my house, free from every symptom.

This case is an interesting addition to the two cases recently published in THE LANCET, where in the first instance Mr. Ferguson removed an entire bougie from the bladder by means of a lithotrite, and in the second Mr. Henry Thompson was equally successful in extracting a hair-pin, and, together with them, it goes to prove what may be done with the lithotrite in cases of foreign bodies in the bladder. It is doubtful whether I could have succeeded in extracting two inches of a rigid body from the bladder along the urethral canal with safety had I introduced a proper instrument. However, the result of the treatment I adopted, if not so brilliant a *coup de main* as in the cases referred to, was equally satisfactory. There is one reflection which this case suggests in reference to perhaps the most important point connected with lithotrity—viz., as to the treatment of fragments. The speedy and spontaneous expulsion of the foreign body after it has been broken up conveys the hint that we should be content with simply breaking up a stone, and leaving Nature to do the rest. At the same time, however, it must be borne in mind that in this case the bladder was perfectly healthy; whereas in cases of stone we often meet with a bladder more or less diseased, sometimes partly or entirely paralysed, and then we appreciate the value of that treatment which consists in extracting the greater portion or the whole of the fragments by means of a small and well-constructed lithotrite. I shall shortly have to detail perhaps one of the most extraordinary cases where this line of practice was adopted with great success.

Caroline-street, Bedford-square, March, 1864.

## A BRIEF ACCOUNT OF THE GOVERNMENT REGULATIONS ON PROSTITUTION IN ITALY,

AND OF THE SIFILICOMIO AT NAPLES.

By G. MACKENZIE BACON, M.D.

MANY and great as are the differences between the habits and feelings of the English and continental nations, perhaps there is none more striking and obvious to the traveller than the light in which the so-called "social evil" is regarded and treated abroad. While, however, we are justly proud of the complete freedom we enjoy in this kingdom, and are apt to draw unfavourable comparisons at the expense of our neighbours, it becomes a question whether we are not at some disadvantage in this matter so far as "the greatest good for the greatest number" is concerned, and whether a more despotic exercise of power would not produce less evil than the present licence. Excluding the influence of such means on public morals from our view, there cannot be much doubt that some such system as is pursued in most foreign countries would greatly benefit public health, by reducing the frequency as well as the severity of a dire disease, and of the endless ills which flow from it.

In Italy the duties of the sanitary police are regulated in a very systematic manner, similar to that pursued in Paris; and the same discipline is now adopted in the newly acquired dominions of Victor Emmanuel. Amidst the chaos, which is being gradually reduced to order in the southern capital, the Government has established during the last three years a Sanitary Office, with an inspector and proper staff, to whom is entrusted the "surveillance" of prostitution—a term which implies more particularly the following measures: viz., the registration of all public women, their due inspection at stated times, the compulsory treatment of those diseased, and the supervision of the licensed houses. While staying at Naples in January last, I had the opportunity of examining the official records of this establishment, and of visiting the hospital set apart for these patients; and perhaps some brief account may be acceptable to English readers.

During the Bourbon reign an hospital existed, as well as police supervision; but it was managed in so loose and negligent a manner as to be practically useless, and during the exciting period of revolution hygiene gave way to more pressing necessities. In consequence, however, of the urgent representations of the local authorities, who stated that "a contagious disease invaded all classes of society, gave rise to grave and not always curable evils, was made hereditary, was a frequent source of the death of infants, and caused the degeneration of the human race, as well as seriously disturbing the peace of families," the Government ordered that from Jan. 1st, 1861, the regulations on prostitution issued by Cavour on Feb. 15th, 1860, for the benefit of North and Central Italy, should be extended to the southern provinces, that the police should have full control, and that suitable hospital accommodation should be provided; the Government likewise nominated the various officers, and fixed their salaries. These regulations determine with great minuteness the conditions under which these women may ply their trade, the rules to be observed, fees to be paid, the number of medical visits, duties of the officials, and the forms of the statistical tables, &c. Of those immediately concerning the women the following are the most important:—

"Every prostitute must be registered at the Sanitary Office. In the register shall be set forth her name, age, country, civil condition, personal characteristics, name of her parents, place from which she comes, occupation, and exact residence. At the time of registration she shall receive a book containing those sections of the regulations which concern herself, and in this book shall be noted the sanitary visits she undergoes, place of abode, &c. She shall not change her residence, nor be absent for more than three days, without the consent of the director. They are absolutely forbidden to live near a shop where wine, spirits, and beer are sold; to go out when not dressed in a decent manner, or when drunk; to station themselves at the windows or doors of their houses; to linger in the principal streets or thoroughfares; to commit indecent acts or use obscene language in public places; to follow passers-by, or solicit them by words or signs; to remain out of doors without good reason after eight P.M. from October to March, and after ten in the other months; to wander about the streets, especially near their own houses, and above all in the evening; and to frequent theatres. And they shall be punished when they conduct themselves indecently."

Such is a specimen of the solicitude of a paternal Government for its subjects. Non-compliance with any of the rules is met by arrest and punishment of the offender; and the energy of the officials and vigilance of the police ensure a pretty ready obedience now, for if a woman misses even one inspection the police are at once sent in search.

Other rules deal with the "postriboli," or licensed houses, which are divided into two classes—those in which the women have a fixed residence, and those resorted to temporarily, or, as the French call them, "maisons de passe;" and both these classes are subdivided into three, according to the payments to which the male visitors are legally liable,—namely, 1st class, from 5 fr. and upwards; 2nd class, from 2 fr. to 5 fr.; 3rd class, not more than 2 fr. The owners of such houses are made responsible for their maintenance in proper order, and they are also compelled to share the gains of their infamous traffic with their *employées* in certain definite proportions. In each category the sum paid for a licence varies according to the class: the first class paying respectively 400, 200, and 100 francs for each subdivision; and the second, 200, 100, and 60 francs, yearly. The inspections too—which must be made twice a week—are paid for at the rate of 1 fr. or 1½ fr. each by those living in licensed houses, and of ½ fr. by others; while those supposed to be unable to pay are attended to gratuitously. At the time of registration each woman receives a small book, containing, besides her name and the other particulars before-mentioned, some blank forms in which are to be entered the notes made by the surgeon at each visit, and this must be produced on every occasion. The bulk of the women come to the office to be inspected.

How far these stringent regulations are successful or beneficial may be judged from the following figures, extracted from the records of the Sanitary Office at Naples, which commenced its operations in 1861:—

	Number of Women registered during		
	1861.	1862.	1863.
First quarter...	413	826	935
Second „ ...	753	1009	1143
Third „ ...	955	1198	1349
Fourth „ ...	1169	1355	1475

Thus, the numbers have increased every year with the efforts

of the police, and the utility of these measures receives a striking illustration from the returns of the Sifilicomicio, for, whereas at first there were nearly 700 inmates, the average now is less than 500—i.e., the per-centage of disease in this class has declined from 50 to 30 in three years; and, moreover, while in 1861 75 per cent. of the cases were affected with chancres, the proportion now is only 29 per cent.!

In 1862 there were living in "postriboli" 698, in separate houses 428; and the Government received for its registration fees, &c., 12,989 francs.

The inspector of the Sanitary Office receives 3000 francs a year, and there are also three surgeons receiving 1200 francs a year each, and six assistant-surgeons, elected after competitive examination. The Sifilicomicio, or hospital, to which all the women infected must go, is an old building re arranged, and now under good management, and like almost all such institutions in Italy, was once a convent. It has room for 700, but the numbers do not exceed now 450 as a rule, and these are classified as those who pay and those who are kept at public expense. Payment is quite voluntary, but there are many who desire and obtain by this means some extra comforts and greater privacy, and are styled either "half" or "entire" *pensionnati*, according as they pay one or two and a half francs per diem. The former have a large common dormitory and live by themselves; the latter live in a detached house, are not associated more than two or three together, and have a better diet, but both have as good bed and bedding as can be desired. The others are associated in large wards, which are kept clean and are well aired and lighted, while a *gouvernante* maintains what discipline she can in each. They assist in the housework, and are encouraged to employ themselves, but their habits of life do not fit them for much occupation. Each ward has a small room attached to it for the medical examinations, and in this are kept the needful implements, while there is also a lavatory with sitz baths, and a good-sized marble trough made in a V shape, in which the usual ablutions and medications are conducted. The water supply is ample, and the many contrivances for cleanliness and the details of treatment deserve the highest praise. There is also a large common bath-room containing fourteen marble baths, the floor paved with glazed tiles. One ward is set apart for those affected with scabies, another for those undergoing mercurial treatment (which is always by inunction), and a third is reserved for those who wish to abandon their mode of life. At the time of my visit there were twenty-six of these latter, all busily employed under the charge of a *religieuse*, twenty-five taking mercury, and twenty boarders, or *pensionnati*. Each section is separated from the rest and has its own airing court, but the mass of the inmates take their meals together in a common refectory twice a day. The diet is liberal, including meat daily, soup, oil, fruits, and vegetables, and twenty ounces of bread. A few small rooms with one bed only are kept for those suffering from acute and accidental maladies, such as erysipelas, &c. The cost of each patient, that is of the paupers, to the Government is reckoned at sixty-five cents. (6½*d.*) per diem.

During the first quarter of 1863, 131 were arrested in "clandestine prostitution;" 89 were registered after their first inspection, or on leaving the hospital; 63 cases were sent to the Sifilicomicio; and 36 out of the whole number known abandoned their ways, being restored to their families or friends.

These few facts will suffice to show the general working of the system, which is at present in its infancy, but before long the statistical returns will be made in greater detail so as to be of more value for medical inquiry.

March, 1864.

## Medical Societies.

### OBSTETRICAL SOCIETY OF LONDON.

FEB. 4TH, 1864.

DR. GREENHALGH, V.P., IN THE CHAIR.

#### ON FIBROUS TUMOURS OF THE UTERUS TREATED BY SURGICAL MEANS.

BY I. BAKER BROWN, F.R.C.S.,

SENIOR SURGEON TO THE LONDON SURGICAL HOME.

THE author commenced by reminding the Society that on Dec. 7th, 1859, he had read a short paper on this subject, containing a case of fibrous tumour of the uterus treated successfully by surgical means. Also on March 6th, 1861, he had read

a second paper on the same subject, giving six cases, four of which were cured, one was relieved, and one died. The object of the present paper was to confirm the practice previously advocated, by fourteen more cases, and at the same time to show that in most cases a very modified surgical treatment was sufficient; for whereas Mr. Brown had hitherto divided his operation into two parts—viz., first, preliminary incision of the os and cervix, and, secondly, gouging or breaking up the tumour,—he now finds that the first step will always arrest the hæmorrhage and the development of the tumour. In some cases the tumour decreases, and when small it will entirely disappear, more especially if of recent origin; and even when gouging is required, a much slighter operation is sufficient. Mr. Brown therefore now never uses "Harper's instrument," but only a pair of long-handled, blunt-pointed, curved scissors. The author entered minutely into the mode of operating, and laid great stress on carefully and thoroughly plugging the incisions and whole vagina with oiled lint after the operation, as on this point depended the chances of hæmorrhage, and exposure to air, and consequent hysteritis, and even peritonitis. Mr. Brown then read fourteen cases, occurring in the London Surgical Home, illustrative of his remarks. Of these fourteen, ten were cured of the hæmorrhage by the incision of the os and cervix uteri alone, and one was relieved; in two only was it necessary to perform the second operation, both resulting in cure of the tumour; in six cases the tumour had either entirely disappeared or materially decreased after incision alone. Of the three deaths, one had occurred from peritonitis, resulting from exposure to cold and the restlessness of the patient; one from organic disease independent of the operation; and one from pyæmia. Out of between twenty and thirty cases occurring in his private practice, the author stated that he had had one death, in a patient whose case was complicated with hæmatocele, and that in his public practice he had had as many more as were now given, with no more deaths.

The following practical conclusions were drawn:—

1. That the fact of the curability of these tumours is materially confirmed by these cases.
2. That it is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation.
3. That the hæmorrhage is almost invariably arrested by the incision of the os and cervix.
4. That the cure of these fibrous or fibroid tumours by surgical means, without the danger of enucleation, is now firmly established, as proved by Dr. McClinton, Dr. Routh, Dr. Dawson of Newcastle-upon-Tyne, as well as by himself (Mr. Brown).

Dr. GERVIS wished to know from Mr. Brown whether the incisions he made in the sides of the cervix uteri were ever apt to reunite; whether, if they did, the hæmorrhage recurred; and whether, if they did not, the incised condition of the cervix, in a patient who subsequently became pregnant, in any way interfered with normal parturition.

Dr. ROUTH considered the paper as evidence of the advance of medical science with respect to a disease many cases of which had been deemed incurable. He alluded to the process of enucleation recommended by Dr. Atlee, which he (Dr. Routh) regarded as too hazardous. It was known that many cases had ended fatally under the treatment, and he regretted they had not been published. Mr. Brown, however, had acted more nobly in publishing both his successful and unsuccessful cases. Dr. Routh considered that fibroid tumours required different treatment according to whether they were in or out of the cavity of the pelvis, whether the heart and lungs were pressed upon, or micturition impeded, or whether in either case excessive floodings occurred. In any case the tumour should not be meddled with unless vital functions were interfered with. Mr. Brown's operation could not be used in supra-pelvic cases because of the uncertainty of position and risk of wounding the peritoneum. In such cases he considered gastrotomy the best treatment, removing both ovaries also. In the pelvic fibroids, he agreed with the author that the tumours after bisection diminished, and he considered this an established point in practice. The opening of the cervix he believed not only checked the hæmorrhage, but enabled the tumour to be more easily got at; it was, under the restrictions laid down by Mr. Brown, quite safe.

Dr. GREENHALGH considered the question of fibroid or fibrous tumours one of great importance, especially where the hæmorrhage endangered the life of the patient. In the great majority of cases he had found the best results from the use of bichloride of mercury or bromide of potassium. Still there was a certain