Wounds appeared to heal more rapidly than where silken or hempen ligatures were employed; and a diminished amount of suppuration was manifest.

All these circumstances appear to me to be in favour of acupressure as a means of arresting hæmorrhage; and so strongly do I prefer it to

the ligature, that I now employ it in almost every case of amputation of the limbs, and also in excision of the breast and ablation of tumours. I do not think that it can supersede the use of the ligature altogether, but I have no doubt that it will be found a most efficient substitute for it in the majority of surgical operations.

Table of Cases of Acupressure.

Name and age.	Nature of disease or accident.	Operation.	Number of needles employed.	Time of withdrawal of needles after operation.	Remarks.	Date of operation.	Result.
J. A., 8	Scrofulous disease of knee-joint.	Amputation of thigh at junction of middle and upper thirds by Teale's method.	2	50 hours.	No hæmorrhage.	Sept. 3, 1867.	Cured, Nov. 29, 1867.
M. P., 21	Deep and chronic ulcer of thigh from burn.	Double flap-amputation through trochanters.	2	72 "	No hæmorrhage.	Dec. 20.	Died, from shock, Dec. 24.
T. B., 67	Compound fracture of arm.	Amputation by oval skin flaps, through middle third of arm.	2	72 "	No hæmorrhage.	Dec. 27.	Cured, Feb. 14, 1868.
J. H., 13	Acute necrosis of femur, and suppuration of knee-joint.	Amputation of thigh at junction of upper and middle thirds by Teale's method.	3	46 "	Hæmorrhage after needle withdrawn from femoral. Stopped by digital pressure for a few minutes. Hæmorrhage recurred next day, and arrested by digital pressure on femoral for five hours.	Jan. 28, 1868.	Cured, June 12.
P. C., 40	Compound comminuted fracture of leg.	Amputation three inches above knee-joint by oval flaps.	2	48 "	No hæmorrhage.	Jan. 30.	Cured, March 3.
F. A., 15	Scrofulous disease of ankle-joint.	Syme's amputation at ankle-joint.	2	48 "	No hæmorrhage.	Feb. 15.	Cured, March 31.
E. W., 21	Compound fracture of left thigh and right leg.	Amputation through trochanters of left thigh and immediately below knee-joint of right leg.	4		No hæmorrhage.	April 7.	Died, from shock, 6 hours after operation.
S. H., 50	Scirrhus of breast.	Excision of breast.	1	36 "	No hæmorrhage.	April 15.	Cured, May 29.
E. B., 43	Scirrhus of breast.	Excision of breast.	2	56 "	No hæmorrhage.	April 17.	Cured, May 26.
M. A. R., 42	Scirrhus of breast.	Excision of breast.	1	48 "	No hæmorrhage.	April 18.	Cured, June 9.
E. C., 11	Scrofulous disease of ankle-joint.	Syme's amputation.	1	50 "	No hæmorrhage.	April 28.	Cured, June 26.
A. C., 15	Dry gangrene of hand.	Amputation through lower third of forearm by Teale's method.	1	50 "	No hæmorrhage.	May 10.	Cured, June 15.
S. L., 47	Scirrhus of breast.	Excision of breast.	1	52 "	No hæmorrhage.	May 22.	Cured, June 13.
F. D., 53	Scirrhus of breast.	Excision of breast.	1	54 "	No hæmorrhage.	May 22.	Cured, June 16.
M. A., 52	Scirrhus of breast.	Excision of breast.	2	50 "	No hæmorrhage.	June 10.	Cured, July 17.
H. H., 17	Comminuted fracture of foot.	Amputation below knee-joint by modified skin flaps.	2	120 "	Hæmorrhage on 5th, 20th, 21st, 22nd, 23rd, 25th, & 42nd days, arrested by tourniquet.	June 22.	Cured, Sept. 6.
J. W., 14	Compound comminuted fracture of hand.	Amputation through wrist-joint.	1	48 "	No hæmorrhage.	July 20.	Cured, Aug. 21.
C. C., 25	Scirrhus of breast.	Excision of breast.	1	53 "	No hæmorrhage.	July 20.	Cured, Aug. 23.
A. N., 15	Wound into knee-joint, followed by suppuration.	Teale's amputation in middle third of thigh.	2	48 "	No hæmorrhage.	Sept. 2.	Cured.

THE WORKING OF THE "CONTAGIOUS DISEASES ACT, 1866," AT ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

By A. W. NANKIVELL, F.R.C.S.,
Chief Medical Officer.

THE Act came into force at Chatham and Sheerness in October 1866. As my appointment dates from January 1st, 1867, the figures and statistics given below will, with one exception, refer to the patients admitted into the hospital during the years 1867 and 1868.

Statistics of Admission, Ages of Patients, etc.—The total number of admissions during these two years was 678; and of these, 32 remained on the books on December 31st, 1868. The age of the oldest patient admitted was 54 years; that of the youngest 13. One patient has been admitted ten times; one nine times; three eight times; eight seven times; and eight six times. The remaining patients a less number of times. These repeated admissions, however, did not actually take place during the two years 1867 and 1868, but date back to the introduction of the Act of 1864. This is the one exception to which I alluded above. Of the patients admitted, by far the greater number were born in the United Kingdom; a few, however, were born at the Cape, Gibraltar, in India, and other British possessions. One patient born in Prussia could not speak English. Chatham furnished 565; Sheerness 113 admissions of patients. The longest duration of disease prior to admission was fifteen months; but a statement of this sort from the patients themselves is, I believe, not to be relied upon, as they usually deny knowledge of the infection until examined by the Visiting Surgeon, and, if

pressed on the point, will usually answer at random. 417 were cases of simple gonorrhœa; 261 were complicated, that is to say, had chancres, condylomata, buboes, secondary or tertiary syphilis, or some other complication. Of these patients, one escaped from the hospital but was recaptured the same afternoon; twelve were sent to gaol; sixteen were transferred to London; three were sent to the union, of whom two had contracted small-pox, while the third was far advanced in pregnancy; two died; five were discharged uncured at the end of six months; and three others totally incurable; making a total of forty-two discharged uncured. 604 were therefore discharged from the hospital cured; of these 40 were restored to their friends, and 27 sent to reformatories. The longest time any patient remained in the hospital was six months, the shortest time three days. The average duration of detention of each patient discharged cured has gradually diminished from fifty-two days during the first quarter of 1867, to thirty-four days during the last quarter of 1868, from which it is manifest that the cases have, during those two years, materially diminished in severity.

Wards.—The Lock Wards of St. Bartholomew's Hospital are built on three floors, and are six in number, containing a total of forty beds. The cubic space per patient is 1,540 feet.

Nurses.—There are three nurses, one on each floor; the head nurse occupying the central floor.

Admission of Patients.—The infected cases are sent in from Chatham and Sheerness, after having been examined by the two Visiting Surgeons appointed by Government for those places. They are brought to the hospital by policemen in plain clothes, and are handed over to the head nurse. Each has then a warm bath separately. Their own clothes are taken away, nor are they restored until the patient's discharge. In the afternoon of the same day, each patient thus admitted is examined by me, and, if the case be only one of gonorrhœa, she is not confined

* Read at the West Kent District Meeting, held at Gravesend, March 1868.

to bed; if, however, there be any complication, such as bubo, condylomata, etc., the patient is kept in bed so long as necessary.

Dress.—The clothes supplied by the hospital consist of a blue serge jacket and skirt, under clothing, shoes, and stockings.

Hospital Hours.—The patients rise at 7 A.M., breakfast at 8, dine at 1 o'clock, have tea at 5, and retire to bed at 8 in winter and 9 in summer.

Diet.—Breakfast consists of bread, six ounces; tea, half a pint. Dinner, of meat (cooked), three ounces; potatoes, half a pound; bread, four ounces; porter, half a pint. Tea consists of bread, six ounces; tea, half a pint. Extras, as wine, beef-tea, eggs, etc., are given at my discretion.

Cleanliness is rigidly enforced. All the women are expected to be properly washed and dressed at 10 A.M. Each has a warm bath once a week, unless there be some special reason to the contrary.

Occupation.—The convalescent patients, in addition to the household work of their wards, do all the needlework required for use throughout the hospital. They wash their own linen weekly; those who are thus employed receiving extra rations. At one time shirt-making was tried, but the work was not performed satisfactorily.

Recreation.—Exercise is allotted to convalescents in the open air for two hours after dinner. For this purpose, an enclosed space adjoining the Lock wing has been set apart.

Allotment of Beds.—When new patients are admitted, care is taken by the nurse to avoid placing intimate friends together in the same ward; experience having shown that mischief or disturbance is seldom planned by a single patient. Young girls are not placed together with hardened characters if it can be otherwise arranged. Patients who express a wish to go to a reformatory are placed by themselves in a separate ward, and are not allowed to mix more than is absolutely necessary with the other women. By this means, moral contamination is as far as possible prevented. I may, perhaps, here mention that, in order to carry out this more fully, I have made arrangements by means of which a ward containing twelve beds will be kept almost entirely for patients who have never been in a Lock Hospital before.

Visits and Examinations.—I make a point of visiting the wards daily, and seeing each patient individually. When I enter a ward, all stand up at their bedsides. I pass from bed to bed; and, after inquiring as to their general health, I prescribe accordingly. Special attention is bestowed upon all bad cases; and, in the event of there being any which require more than ordinary care, such, for example, as troublesome sores, I make a practice of daily dressing them myself. In addition to this, all special cases are seen each evening by the Assistant-Surgeon. All the patients are examined by me twice a week, viz., on Mondays and Thursdays. The examinations are held in a small ward, well lighted by three windows. The head nurse is present to render any assistance; the assistant nurses are in attendance on their respective wards and bring their patients to the door of the examining room. The patients come in one by one, bringing their prescription cards with them. These they hand to me, and then each woman mounts a high table, her feet being placed on a form. If the case be merely one of gonorrhœa, the speculum is used at each examination; but if there be sores, I, as a general rule, pass it only in making my first examination. I need scarcely say that the speculum is invariably used before pronouncing any patient fit for discharge. After each use of the speculum, it is washed in a strong solution of Condy's fluid and warm water. I also wash my hands in another basin, containing Condy's fluid, after each case. When the examination of a patient is concluded, she returns to her ward.

Discharge.—Those that have been discharged are not informed of the fact till the discharge papers are made out. They are then called out of the wards by the nurses, and change the hospital clothes for their own in a waiting room; a nurse being present to see that none of the hospital property is stolen.

Conveyance of Patients to Reformatories, etc.—A woman who has expressed her wish to go to a reformatory is, on her discharge from hospital, conveyed thither by one of the nurses or some other responsible person. If a girl wishes to return to her friends, the same plan is adopted, and we have thus sent patients to Hampshire, Brighton, Halifax, and Ireland. The expenses of their conveyance are defrayed by Government.

Religious Instruction.—The chaplain visits the wards daily and holds prayers therein. He, at the same time, pays especial attention to any young girls who have not become hardened, and to those who have expressed a wish to return to their friends, or to enter a reformatory. On Sundays, Christmas day, and Good Friday, full service with sermon is held in the wards. The women join heartily in the chants, hymns, and responses, and are, as a rule, most attentive.

Discipline.—With regard to the general discipline of the wards, any misconduct is reported to me by the head nurse. If the offence be a

very trivial one, I take no notice of it, provided the patient have already expressed her sorrow to the nurse. If the culprit be obdurate and refuse to conform to the rules, I send for her and speak to her quietly by herself, telling her that I cannot tolerate misconduct, and that in the event of its being repeated, I shall have to punish her by depriving her of her allowance of porter. In most cases the offender expresses her regret, especially if talked to in a kindly way and in homely language. Should she offend again, which is rarely the case, I carry out my previous sentence, notwithstanding any expression of sorrow for her second offence. The more I see of this class of the community, the more am I convinced that any symptom of yielding on my part is put down to fear, and the offender only proceeds to greater lengths of insubordination. When two or three patients in the same ward misbehave themselves, I find it an excellent plan to separate the offenders, and for doing this the construction of our hospital gives us great facilities, as I mentioned before when speaking of the number of our wards. During the two years, I have been obliged on two or three occasions to keep a patient in bed and on low diet for a few days, till the fit of insubordination has passed off. A very good plan, and one which I have occasionally adopted, when several patients in a ward are troublesome, is to inform the whole ward that the next time any complaints are made against that special ward, the porter will be taken off the whole of the patients in that ward; the quiet women do not like to suffer for two or three noisy ones, and they combine together to keep the refractory ones in order. During the two years, twelve patients have been sent to gaol for wanton destruction of hospital property; I am glad, however, to be able to state that we have gone for so long a time as eleven months together without a single case of this sort. To sum up, I may truly say that I have experienced but little difficulty in dealing with this class of patients; and, I am convinced that, if spoken to with kindness and at the same time with firmness, very few will refuse to listen to reason.

I will only add, in conclusion, that in furnishing this account of the working of the Contagious Diseases Act, I have thought it right to confine myself to the simple statement of facts, in preference to drawing any inferences or putting forward any views of my own.

ON "HOSPITALISM."

BY HOLMES COOTE, F.R.C.S.,

Surgeon to St. Bartholomew's Hospital.

THE interesting communication of Sir James Simpson, in the JOURNAL of June 12th, on "Hospitalism", merits the attentive consideration not only of the medical profession, but of the public at large; and if he has not succeeded in establishing all his points, he has at least, by the combined influence of his great name and powerful writing, excited a degree of interest in the matter of hospital statistics which cannot be allayed until the truth is thoroughly established. It is in no captious spirit that I reply, for I yield to no one in admiration of Sir James Simpson's vast experience and ability, or in a feeling of pride at seeing so distinguished a member of our profession taking this active part in a question involving the welfare and recovery of the poorer classes.

I must be permitted to reply in my own way. Sir James asks whether the statistical method of inquiring into the relative safety of amputations and operations in country and in city hospital practice is to be depended upon as a proper means of investigation? and he answers this question in the affirmative, instancing the use of statistics in assurance and annuity companies.

I should take the history of many such companies to shew that in clever hands statistics may be made to prove almost anything; and I might point to the vast sums of money lost by errors in calculation, in some instances accidental, in others intentional. I do not oppose the application of statistics to surgical inquiries; but in order to draw any useful conclusion, I demand to know the circumstances by which each case was surrounded. One surgeon will amputate the thigh in children for disease of the knee-joint twenty times to another surgeon's twice. Suppose they each lost one case, how would the death-rate stand? The first surgeon loses only one case of amputation in every twenty, or only 5 per cent.; the other, one out of two, or 50 per cent. But what would be the proper inference? That he who cuts off twenty limbs to the other's two must either have a most unhealthy hospital, or must be a very indifferent surgeon indeed.

Sir James desires to prove that the death-rate in the London hospitals in limb-amputations is 1 in 3. I answer that in one year I lost only two cases after eighteen severe operations, in order to prove that a very high death-rate was not in any way inseparably connected with the construction of the hospital to which I have the honour to belong. If