health, the craving for the narcotic had ceased. I give you the details of this case as an illustration of the fact I have before stated, that to some persons a gradual weaning from the habit is almost impossible, the moral strength being too weak to resist the ever present temptation to indulgence.

REMARKS

ON THE

CASES ADMITTED INTO THE LONDON FEMALE LOCK HOSPITAL DURING THE YEAR 1867.

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At the present time, when the propriety of legislative measures for the diminution of venereal disease is beginning to attract the serious attention of the public, some particulars respecting the patients admitted into the Female Lock Hospital during the past year may not be without interest.

The hospital now contains one hundred and thirty beds, thirty of which are allotted to patients admitted in the ordinary way on their own voluntary application, this being the largest number which the funds of the hospital, derived from charitable contributions, enable the governors to support; while the remaining hundred are maintained by the Government, and are appropriated to patients sent from the military districts of Woolwich, Chatham, and Aldershot, after compulsory inspection under the Contagious Diseases Prevention Act. At the beginning of the year, only forty beds were retained by the War Office for this purpose; but the number was increased by degrees, till it reached one hundred in September, and will shortly be still further increased to one hundred and twenty.

The total number of cases admitted during the year was 877, of which 169 were ordinary, and 708 were government patients. The practice of the hospital has, therefore, afforded a good opportunity of comparing these two classes of cases, between which, it will be seen, there are several points of contrast, exemplifying the effect of inspection, or the want of it, on the character of the disease, which are well worthy of attention.

Of the ordinary patients, 158 have been discharged cured or materially relieved; two have died; and nine were still in the hospital when this return was made up (Jan. 31st). Of the two deaths, one was from pneumonia; the other was from a sloughing bubo in an old and broken-down workhouse patient. Of the government patients, all have left the hospital "free from contagious disease", with the exception of four, who were discharged on account of their being in an advanced stage of pregnancy, and two who were still in hospital on January 31st.

The period of residence averaged, on the whole number of cases, 34.5 days; but the average of the ordinary cases was 50 days, while that of the government cases did not exceed 31 days.

The cases may be separated into two principal subdivisions, headed syphilis and gonorrhœa; the former comprising all ulcers of the genital organs, indurated or otherwise, suppurating buboes, etc., together with all secondary or tertiary affections; the latter comprising uterine and vaginal discharges, warts, labial abscess, simple inflammatory swellings and excoriations of the labia, and their attendant non-virulent buboes. This division may not be free from scientific objection; but it seems practically the most convenient for the present purpose. The proportion which these two classes of disease bore to each other in the two sets of patients was strikingly different; syphilis accounting for 80 per cent. of the ordinary, but for not more than 41.5 per cent. of the government patients. The average stay in hospital of the syphilitic cases was, in the ordinary patients, fifty-three days; in the government patients, forty-one days. The stay of the gonorrhœal patients was, in the former, thirty-six days; in the latter, twenty-three days.

The syphilitic cases may be further divided into—

1. Primary syphilitic sores, more or less recently contracted, accompanied or not with suppurating bubo. Of these, there were 56 ordinary and 168 government cases, with an average residence in hospital of forty-nine and thirty-seven days respectively.

2. Chronic ulcerations of the genital organs, of long standing, and occurring for the most part in those who had long been leading a life of prostitution. Of these, there were 6 ordinary and 32 government cases, with an average residence of fifty-five and sixty-seven days respectively.

3. Secondary affections; viz., mucous tubercles, cutaneous eruptions, superficial ulcerations of mouth and fauces, iritis, etc. Of these, there were 54 ordinary and 77 government cases, with an average stay of fifty-six and thirty-seven days respectively.

4. Tertiary affections; viz., ulcerative skin-disease, deep ulcerations of the throat, affections of bone and periosteum, gummatous tumours, etc. Of these, there were 19 ordinary and 17 government cases, with an average stay in hospital of fifty-two and fifty-five days.

	Proportion per cent. of admitted cases.		Average number of days in hospital.	
	Ordinary patients.	Government patients.	Ordinary patients.	Government patients.
Syphilis	80	41.5	53	41
Gonorrhœa	20	58.5	36	23

Further analysis of the syphilitic cases.

	Proportion per cent.		Average number of days in hospital.	
	Ordinary patients.	Government patients.	Ordinary patients.	Government patients.
Recent primary sores	41.5	57.1	49	37
Chronic ulceration	4.5	10.9	55	69
Secondary disease	40.	26.2	56	37
Tertiary disease	14.	5.8	52	55

It seems tolerably clear, from the facts above stated, that venereal diseases in women subjected to compulsory inspection are so far less severe than in women applying voluntarily, that they require only an average of thirty-one days' hospital treatment for their cure; whereas the latter require the much longer period of fifty days. But the difference is really greater than this; for the ordinary patients frequently leave the hospital by their own wish when their severer symptoms have subsided, or are made out-patients, in order to make room for others, in consequence of the urgent demand for in-patient accommodation; while the government patients cannot leave, under penalty of imprisonment, until their surgeon certifies them as being perfectly free from contagious venereal disease.

It is also evident that, under a system of inspection, a very large number of women suffering from gonorrhœa—i. e., vaginal and uterine discharges—are isolated and placed under medical treatment, who, if left to themselves, would be pursuing their vocation, and spreading disease in all directions. Thus, of the government patients, 58½ per cent. were suffering from gonorrhœa, while of the others only 20 per cent. were so classified; and the latter were for the most part admitted in consequence of some complication, such as warts, excoriations, or inflammatory bubo, and consequently required an average of thirty-six days' treatment, instead of twenty-three days, which was found sufficient for the government cases. In the government cases, these complications were much less frequent—the majority of them being, with the exception of their discharge, in perfect health; and many were not aware that anything at all was the matter with them, until they were required by the police to submit themselves to examination. In fact, purulent discharges in the female are, as a rule, attended with so little pain or inconvenience, that the patient has but slight inducement to apply spontaneously for relief; or, if she does apply, she is treated as an out-patient, either by her own choice, or in consequence of the paucity of in-patient hospital accommodation. On the other hand, the much greater severity of gonorrhœa and its complications in the male render it of the greatest importance that females suffering from this form of disease should be discovered at an early period, and not only be subjected to proper treatment, but be prevented from doing mischief while their treatment is going on.

Further, by an analysis of the syphilitic cases, it will be seen that recent primary ulcers formed a larger proportion of the government than of the ordinary cases, constituting 57 per cent. of the syphilitic admissions in the one, against 41 per cent. in the other class. With respect to constitutional syphilis, on the other hand, the preponderance was largely the other way; secondary disease forming in the ordinary patients 40 per cent. of the syphilitic cases, as compared with 26.2; and tertiary disease 14 per cent., as compared with 5.8.

The primary sores were decidedly milder in character in the government than in the other patients. This is sufficiently evidenced by the shorter period required for their cure—viz., an average of thirty-seven days, as compared with forty-nine. It is also especially worthy of remark, that phagedæna, a complication arising for the most part from destitution or neglect of treatment, has been rare in the government wards; while in the general wards it has not only been more frequent, but also much more severe, and in one instance fatal. Suppurating buboes, again, have been much less frequent in the government than in the other patients.

With respect to the chronic ulcerations of the genitals, which I have separated from ordinary primary sores, these occurred more frequently in the government than in the other patients, in the proportion of 10.9 to 4.5 per cent. Cases of this kind were an exception to the general rule, in being more severe in the government than in the other patients, occupying sixty-seven days, as compared with fifty-five days, for their treatment. They were characterised by extensive ulcerations about the

entrance of the vagina, often at the urethral orifice, and extending along the urethral canal; with oedema and hypertrophy of the labia and nymphæ, these parts being often marked with cicatrices, and perforated with old ulcerations, often accompanied by condylomatous excrescences and ulceration about the anus and rectum, and not unfrequently recto-vaginal communications. With the aid of rest, regular diet and habits, and suitable applications, these ulcerations gradually heal; but, when the patient returns to her old occupation, the cicatrices give way, and relapses constantly take place; so that many of these women have been admitted a third, fourth, or fifth time into the hospital. When patients from Woolwich were first sent to the Lock in 1864, I was greatly struck by the number of cases of this kind which presented themselves, as compared with what I had been in the habit of seeing; and it would appear that they are more frequent in women constantly cohabiting with soldiers, than in others—I presume, on account of the more dissipated and vicious habits of this unfortunate class, and the difficulty which they formerly had in procuring proper medical treatment. I believe that these lamentable cases are almost entirely the result of neglect; and that, under a system of inspection properly carried out, they would rarely occur, as they would be arrested by treatment at an early stage. They are certainly becoming much less common in the government wards of the Lock Hospital, and it may be hoped that by degrees the supply of them from the inspected districts will be exhausted. They are met with chiefly in the older women, or in women who, if not older in age, are old in prostitution.

With respect to constitutional syphilis, it will be seen that the proportion was greatest in the ordinary patients. Taking secondary and tertiary disease together, it accounts for 54 per cent. of the syphilitic admissions in them, against 32 per cent. in the others. The secondary cases were also much more severe in the ordinary wards, occupying, on an average, fifty-six days, as compared with thirty-seven days, for their treatment. In fact, the secondary disease in the government patients often consisted only of slight mucous tubercles on the labia, which rapidly disappeared under treatment. The tertiary cases call for no particular remark. They were less frequent in the government patients, in the proportion of 5.8 to 14 per cent.; but in the duration of treatment there was no material difference.

It may be affirmed, then, that a system of compulsory inspection of women known to be prostitutes, associated as it must necessarily be with adequate provision for their seclusion and treatment when found to be diseased, is of the greatest advantage to the unfortunate women themselves; that the early treatment which it necessitates has a most beneficial influence on the character and duration of their disease, that it saves many from local mutilation, and many from permanent loss of health. On the other hand, women of this class, when left to shift for themselves, do not for the most part apply for relief till their disease has assumed serious proportions, or until it interferes with their means of obtaining a livelihood. In the slighter cases of syphilis, both primary and secondary, and in cases of uterine and vaginal discharges, they can follow their profession for an indefinite period without any considerable pain or inconvenience. In fact, many of the government patients professed to be quite ignorant that anything was the matter with them until it was discovered by examination. Is it surprising, then, that venereal disease is rife amongst our population, when it is officially recorded that in London alone there are 6000 women known to the police as prostitutes of the lowest description, and classed by them with thieves and other bad characters (see *Blue Book*, entitled "Judicial Statistics," 1865); when this, on the lowest estimate, does not constitute half the number of those gaining their living on the streets; and when 150 beds represent the utmost hospital accommodation afforded in the whole of London for females afflicted with venereal disease (see Report of the Committee of the Harveian Society, 1867)?

It is satisfactory to know that, as a rule, the women do not regard their compulsory examination and detention with feelings of objection or dislike; I have questioned many of them on this point, and I have found that for the most part they are well contented with the system. They have sense enough to see that it is greatly to their interest to have a refuge at all times open to them when they become diseased; and, though they are often weary of their detention in hospital for what they believe to be trifling causes, they are easily satisfied when they are made to understand that no one is interested in detaining them a day longer than is really necessary.

In the above remarks, I have endeavoured to point out from facts which have come under my own observation, how far the present Contagious Diseases Act is beneficial to the females subjected to its operation, by contrasting their condition with that of patients presenting themselves at the same institution under the voluntary system. I am unable, from my own personal knowledge, to say how far it has been effectual in diminishing disease among the soldiers and sailors, for whose advance-

tage it was mainly intended; but it has been pretty clearly shown by the investigations of Mr. Berkeley Hill, recently published in this JOURNAL, that, if it has not everywhere done as much as was expected of it, the fault has not been in the Act itself, but in the incomplete manner in which it has been carried out, and the too limited area of its operation.

It is, however, an interesting question, whether the Contagious Diseases Act has had any marked effect on the civil population in the districts in which it has been carried out. To ascertain this, I applied to my friend, Dr. Stuart of Woolwich, who is the government medical inspector for that and for the Chatham districts. Dr. Stuart was kind enough to make some inquiries on this point, and I am indebted to him for the following significant facts. He informs me that in Woolwich the very great majority of venereal cases came under the care of druggists, and especially of one or two who make it their especial business by advertisements, etc. When questioned, they all agreed as to the greatly diminished amount and mitigated severity of the cases coming under their notice. One, who carried on a very thriving trade by this practice, told Dr. Stuart that he now meets with very little of it as compared with former years, and that he now cured most of his cases of gonorrhœa by mild injections in a very short time; while another stated that, whereas he always used to keep daily a large bottle of *mistura copaiba* ready prepared, he had lately discontinued it altogether, as he had so little demand for it.

One word, in conclusion, respecting the reformatory results obtained at the Lock Hospital. Associated with this hospital is the Lock Asylum, which all the patients when they leave the hospital have the opportunity of entering if they wish. It contains, at present, 76 inmates, who remain there for periods of from 9 to 18 months. It is to a great extent self-supporting by laundry and needle-work. Out of the 877 patients admitted into the hospital in 1867, 76 entered the asylum; viz., 42 from the ordinary and 34 from the government wards. Of these 16 have left at their own request, 8 have been restored to their friends or have been placed in respectable situations, and 52 still remain in the asylum. During 1867, this asylum has placed 18 of its inmates in good situations, and 13 were satisfactorily restored to their friends. A large proportion of these received sums of money on leaving as a reward for good conduct and industry.

In a succeeding paper, I propose to give a brief account of the treatment adopted at the Lock Hospital in the various forms of venereal disease.

DISLOCATION OF THE SHOULDER-JOINT, WITH INVERSION OF THE HUMERUS.

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TEN days ago, I was summoned to the workhouse in the evening, to see a man who moves on crutches, having lost his left leg, and who had fallen, and was said by the master to have dislocated his shoulder. When I entered the ward, I saw the patient, a robust middle-aged man, lying quietly on his back, with his right hand grasping the left above his head; and I turned to the master laughingly, thinking that he had been imposed on. On going up to the patient, however, it was easily seen that he had no power to move the left arm out of the position in which it rested; and it was found that he was pulling the hand to get relief from a violent pain on the side of the chest, at the lower part of the axilla. I passed my hand over the spot indicated, and found that this pain, which was that from which the patient principally suffered, was caused by the head of the humerus pressing on the thoracic walls, possibly on a lateral cutaneous branch of an intercostal nerve. The humerus, instead of being merely displaced from its socket, had been also turned round, so that the lower extremity was directed upwards and the head pointed downwards. The head rested towards the posterior wall of the axilla, about the level of the fourth rib, in front of the lower part of the scapula; and, the bone being placed with its internal aspect outwards, it was easy to feel the smooth globular form of the articular surface and the neck of the bone lying immediately beneath the skin. The deltoid muscle naturally was very much relaxed, its attachments being greatly approximated; and the fingers could be shoved in easily below the coraco-acromial arch. The patient having been made to sit up, there was no difficulty in depressing the arm to a position nearly at a right angle to the body; the head of the bone rising at the same time up into the axilla. I then placed my knee in the axilla, and pulled the limb towards me, when the dislocation was instantly reduced.

A consideration of the manner in which the accident occurred in this instance will both explain how the particular lesion was produced, and