

THE peril involved in the habitual use of hydrate of chloral has received another illustration in a case reported in the daily press of Saturday last. A gentleman, aged apparently about forty, was found dead one morning, at the Nelson Coffee-house, New-cut, Lambeth, where he had lodged for the last three months. The deceased is said to have been an army surgeon, and to have been subject to sleeplessness, to remedy which he resorted to the employment of chloral-hydrate. A verdict of "Death by misadventure" was returned at the inquest held on the body.

THE mortality in London last week was at the comparatively low rate of 18.6 per annum, the 1261 deaths being 245 less than the average of the corresponding week of the last ten years. The seven zymotic diseases accounted for 260 of these deaths, of which 11 were referred to small-pox, 29 to measles, 24 to scarlet fever, 2 to diphtheria, 17 to whooping-cough, 19 to different forms of fever, and 158 to diarrhoea. The fatality of each of these diseases, with the exception of scarlet fever, showed a marked decline on that of the previous week.

THE Vestry of Kensington, according to a report in the *Metropolitan*, are agitating for the removal of the Fulham Small-pox Hospital, because it is situated between the athletic-grounds at Lillie Bridge and the Stamford Bridge grounds of the Athletic Club, and is also bounded on one side by the West London Extension Railway.

A BARQUE has recently arrived in the Thames from Mauritius with three cases of scurvy on board, which are now under treatment in the Seamen's Hospital. The medical inspector of the Board of Trade is making an inquiry into the circumstances, and his report will shortly appear.

ACCORDING to returns furnished by the engineers of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the Thames during the past week was 268,839 cubic metres at Crossness, and 369,863 cubic meters at Barking, equivalent to about as many tons in weight.

Correspondence.

"Audi alteram partem."

POST-PARTUM HÆMORRHAGE AND ITS TREATMENT.

To the Editor of THE LANCET.

SIR,—There is an interesting article in your last issue on this subject by Dr. Brisbane, and he speaks of the success resulting from the use of the local application of perchloride of iron to the uterine cavity. I also can testify to its success, and have not met with the ill-results which are said to occasionally follow its use. But I wish to speak of what has proved in my hands an equally efficacious means of arresting post-partum hæmorrhage, and which can be used more quickly than the perchloride, besides being more cleanly. It is no new, but certainly a true remedy, and, knowing and having tested its inestimable value, I only wonder that obstetricians do not use it more. My plan is—and there is no novelty in it,—immediately flooding commences, to inject subcutaneously a solution of five grains of Bonjean's ergotine in glycerine and rose-water, and I now never go to a confinement without taking my hypodermic syringe and this solution.

To give ergot or ergotine by mouth is simply to waste time. Barnes, in his "Obstetric Operations," clearly explains why. But its hypodermic administration is another matter, and has in my hands, as yet, proved un-

failing in arresting hæmorrhage. Should the first insertion be insufficient, another must be administered in a quarter of an hour, and then I should resort to the perchloride if the loss continued; but as yet I have not met with a case requiring more than two doses.

In the hæmorrhage following abortion hypodermic ergotine is equally valuable. One such case I shall never forget. It was that of a poor ignorant woman who had been reduced to the most pitiable state of weakness and pallor by hæmorrhage following the abortion of twins some three weeks before I saw her. She had taken all the recognised styptics, but the bleeding continued. One ergotine injection checked the flooding to such an extent that next day she said "only coloured water had come from her." A second dose was then given, completely arresting the hæmorrhage, and on the third day she was, so far as the flooding went, cured. She wondered how vaccination could have cured her!

This treatment does not do away with the necessity for compressing the uterus and attending to all the important minutiae of the lying-in chamber; and, should all fail, the iron treatment can still be resorted to.

I am, Sir, yours, &c.,

Melksham, Wilts, August 25th, 1877.

S. GROSE, F.R.C.S.

To the Editor of THE LANCET.

SIR,—The subject of Dr. Brisbane's article, in your last issue, is a very interesting one to most of us.

Last year it was my good fortune to assist a very excellent obstetrician, Dr. Ricketts, of Birkenhead, in his practice, and it is his method of treating post-partum hæmorrhage that I wish to bring under your notice. Our results were so satisfactory, and the means adopted so simple, that I shall not apologise for writing a few words on such a well-worn theme. Perhaps the treatment is not new; at all events, I never before heard or read of it.

I allude to the injection of brandy (one to two ounces) into the uterus. Failing this, although in most houses one finds brandy, spirit of wine, slightly diluted or not, answers very well; and, should a syringe not be at hand, rag or sponge saturated with the fluid may be introduced.

Not only did this treatment stop the bleeding, but the finger on the pulse told a tale of reinvigoration from absorption (?), free from the disadvantages too often attending the administration of stimulants by the mouth at such a time—viz, increased heart-action and renewed loss of blood.

So far as I know, there can be no objection to its use, and it appears to me a gain that there is no destruction of tissue, as in the case of injection of perchloride of iron. This drug checks bleeding effectually; but what of the risk of subsequent septicæmia at the time of separation of the dead tissue, broken-down clot, or what not? True, the iron is antiseptic, but does it, under such circumstances, retain this property indefinitely, and in the face of the continued excretion accompanying the separation of such debris?

I am, Sir, your obedient servant,

H. F. BAILEY, M.R.C.S.

The Asylum, Ticehurst, August 28th, 1877.

"HOSPITAL MORTALITY."

To the Editor of THE LANCET.

SIR,—In reference to this subject, at present under discussion in your pages, I believe that it is very easy, from the general statistics of hospitals, from the number of beds, patients, and mortality for the year, to arrive at conclusions very erroneous, but certainly gratifying to the medical officers in charge. I send you some facts to establish this. They are derived from the records of one of those hospitals towards the elevation and improvement of which you have done so much; and as the conditions for admission, the class of patients, and diseases, have been somewhat similar during the various years, the statistics I furnish may prove as instructive as they are striking.

In 1869, when first appointed medical officer, my daily average number of patients was about 70 to 80, and my infirmaries

were somewhat after the old workhouse type. In 1870 new hospitals were erected on the pavilion system, with accommodation for 220 beds. The admissions have gradually and steadily swelled, and on Aug. 4th, 1877, the official number of sick was—males 94, females 90, besides 40 male and 53 female imbeciles. But though the number of sick has increased, my death-rate has not increased, as you will see from the following table, taken from the workhouse register of deaths:—

				Deaths.
March 25th, 1868, to March 25th, 1869	...	...	...	128
" 1869, " " 1870	...	...	...	119
" 1870, " " 1871	...	...	...	132
" 1871, " " 1872	...	...	...	110

In 1871-72 small-pox was prevalent, and the daily average number was 120.

				Deaths.
March 25th, 1872, to March 25th, 1873	...	...	...	130
" 1873, " " 1874	...	...	...	124
" 1874, " " 1875	...	...	...	125
" 1875, " " 1876	...	...	...	111
" 1876, " " 1877	...	...	...	110
" 1877, to August	...	...	...	55

If I were engaged in a controversy, I might vaunt my statistics before my opponent as a proof of the superior efficiency of my hospital arrangements, of better nursing, and of better medical attendance, and I might lay the flattering unction to my soul that I deserved credit for the lowering of the death-rate and for the proportionate saving of life. But I should never think of doing so, as I know there is an inherent fallacy in the value of such statistics, and as the similarity of death-rate may be explained on simpler, less egotistical, but equally satisfactory grounds.

There is also another danger to be guarded against in estimating such statistics—that is, when they are applied to the consumption of wines and spirits in poor-houses, and to their relative value and effect in diminishing mortality. To enter into these questions at fuller length would take up too much of your valuable space, but perhaps you may allow me to return to the subject.

I am, Sir, yours faithfully,

TH. M. DOLAN,

North Parade, Aug., 1877.

Med. Officer, Halifax Union Infirmary.

To the Editor of THE LANCET.

SIR,—Dr. Greenfield, in his letter to THE LANCET of August 25th, suggests that it would be advantageous to compare the statistics of excision of the knee, as performed at St. Thomas's, with similar statistics from other hospitals, and he quotes 53 cases with 14 deaths (a percentage mortality of 26.4) as a result, which he considers exceptionally good. At the Leeds Infirmary, since the opening of the new building in 1869, there have been performed 44 operations for excision of the knee, with 4 deaths, making a percentage mortality of 9.09.

Dr. Greenfield further suggests that the low death-rate for amputations (19 per cent. in Leeds, against 37.87 at St. Thomas's) may be due to the fact that "in a manufacturing town, and where the number of primary amputations is very large, a considerable number must be upon young and healthy persons injured by machinery accidents, whereas in London many of the accidents occur either in intemperate persons, often as a result of intemperance, or in the feeble and aged."

Surely this explanation will not hold good. Young and healthy persons are injured by machinery in London, and both in London and Leeds people meet with accidents on railways. It yet remains to be proved that the inhabitants of the metropolis are more intemperate than those of large manufacturing towns, while it seems somewhat far-fetched to suppose that the feeble and aged are more imprudent or more unfortunate in London than in Leeds.

Even if Dr. Greenfield's explanations on the subject of amputation mortality can be taken as correct, they are hardly sufficient to account for the great difference between the death-rates of excision of the knee at St. Thomas's and at Leeds.

I am, Sir, your obedient servant,

MARK H. H. VERNON,

August 25th, 1877.

House-Surgeon, Leeds General Infirmary.

To the Editor of THE LANCET.

SIR,—I have again to complain that Dr. Greenfield criticises my book without having read it. "Why," he asks, "does not Mr. Tait take some other serious operation, such as excision of the knee, for comparison?" For reasons which Dr. Greenfield ought to know, excision of the knee would be a worthless basis of comparison; but if he will buy a copy of my book and read it from page 123 to the end he will find that I take ovariectomy as another basis of contrast, because its value is exactly known, thanks to Mr. Spencer Wells' accuracy. He will find that the results there again are against St. Thomas's, for whilst the death-rate in the Samaritan Hospital is somewhere about 28 per cent. (less now I believe), that in St. Thomas's is nearly 63.

Unless Dr. Greenfield can show that the excessive mortality in St. Thomas's is due to age, intemperance, or any other extrinsic cause, I trust he will make no more unsupported statements, for I am too busy to answer them.

I am, &c.,

Birmingham.

LAWSON TAIT.

* * The tone of Mr. Tait's letter does not seem to us to be such as befits a serious discussion like the present. Dr. Greenfield complained, and we think with justice, that serious charges had been made by Mr. Tait against the administration of St. Thomas's Hospital, which were unfounded, and could not be seriously maintained. Mr. Tait has not withdrawn, or attempted to substantiate, his statements, and the method of controversy which he has chosen to adopt convinces us that further discussion of this kind could only result in recriminations, which would be of no scientific value. The discussion must for the present be considered as closed.—ED. L.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—It is somewhat disappointing not to find in your number of August 18th a further section of the promised history of the Army Medical Department undertaken by your correspondent, accepted to be well versed in it. Yet it need not be necessary to postpone comment on the first portion as you published it.

It is to be feared that many will think your historian to be not altogether free from the influences of bias and partiality, which often lead historians, not few, to one side of truth only, and which virtue is said to be many-sided.

I feel assured that loyalty to your weekly Correspondence motto will induce you to give insertion in THE LANCET to one or two observations I beg to offer.

Your correspondent's faith is evidently in the doctrine of selection, simple, pure, and, it may be inferred, wide—a faith at least theoretically hopeful. The late Mr. Alexander, the first armed with the halcyon warrant of 1858, at once fired off a great gazette to the administrative ranks of his department, but it is well known that the result of his studied choice proved such as not to induce that practical man to repeat the experiment of selection as his system. Why? Because subsequent events must have been convincing that a great parity of merit, speaking broadly, pervaded his ranks, and that instances of transcendent qualities were not of number or degree to warrant invidious supercession of men who had efficiently and faithfully performed their duties, and merited the reward of long service by promotion.

Mr. Alexander's critical experience in this could not, I presume, with reason, be set aside by his two immediate successors, who appeared to have retained the right of selection and exercised it in certain known instances, and when occasions of special service prompted and demanded.

As your correspondent, in my interpretation, has been rather sweeping in his assertion as to the service having suffered by promotion on the abstract system of seniority, even in the barest instance it may possibly have exceptionally been, I deem it not less just than generous, having personally known and served with many of the men in question he may have included in his own perceptive list, to protest against illiberal imputations.