

who now resort to such hospitals and to bring the specialists into closer relation with the general practitioners. It must, I think, be admitted as a fact that a large number of persons resort to special hospitals who could be treated quite as efficiently by general practitioners. At the same time I recognise the fact that in some instances patients who require the aid of specialists are not recommended by their medical attendants to consult them.

Looking at the question from an all-round point of view I feel that it is very desirable to bring the specialists into a closer relationship with the family practitioners; I also feel that there is a large and deserving class of persons who although well able to pay a moderate fee are not well enough off to pay the ordinary consulting fees of specialists. I therefore think that to avoid the abuse of special hospitals on the one hand and on the other hand to make provision for the class I have indicated it would be well if the medical officers attached to special hospitals in the metropolis and in the large provincial towns should take this matter into their consideration and see whether they could not adopt some means whereby people could have the benefit of their advice and treatment on payment of a moderate fee. It should be made a *sine qua non* that people who wished to take advantage of such a scheme should bring a letter from their own medical man stating that they are not in a position to pay the ordinary consulting fee. I submit that this would be far more advantageous than the present system adopted at most of the special hospitals where fees varying in amount are extracted from patients no portion of which ever reaches the pockets of the medical staff. I maintain that all hospital treatment should be free and should be restricted to those who are not able to pay for such treatment. It is altogether wrong to mix up business with charity, and if hospitals find they are not in a position to treat all the patients who resort to them the managers should take steps to reduce the number of patients. The idea of charging small sums for medicines or appliances is altogether repugnant to the name of charity; it is moreover unfair to the main body of the profession and leads many members of it to adopt plans for procuring patients which scarcely tend to enhance the dignity of their calling.

To sum up, I recommend, first, that in the casualty department of our large general hospitals only cases of urgent importance should be attended to. Secondly, that in the out-patient department patients bringing notes from medical men should have a prior claim to treatment; that a resident physician should be appointed whose duty it shall be to see all out-patients in the first instance, to select those who require immediate treatment, and to decide which cases do not require hospital treatment; that after patients have received "first aid" their circumstances shall be inquired into by a competent officer; and that the honorary medical officer shall not be required to treat more than twenty new cases at one sitting. Thirdly, that all in-patients, with the exception of cases of accident or of great emergency, should be recommended for treatment by medical men and that before being admitted their fitness and circumstances should be inquired into by an officer specially retained for that purpose.

Cardiff.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next general meeting of the association will be held by the courtesy of Dr. W. S. Kay at the West Riding Asylum, Wadsley, near Sheffield, on Wednesday, Feb. 16th, at 4 P.M., under the presidency of Dr. T. W. McDowall. There are several candidates for election and papers and notes will be read by Dr. Crochley Clapham on the Comparative Intellectual Value of the Anterior and Posterior Cerebral Lobe; by Dr. W. C. Sullivan on Alcoholism and Suicide; by Dr. A. Keith Campbell on a Case of Hæmatoporphyrinuria; and by Dr. Bedford Pierce on an Unusual Case of Poisoning. Dr. Kay has invited the members of the association to lunch at 1 P.M. punctually at the asylum and will subsequently afford facilities for its inspection. The members will dine together after the meeting at 7 P.M. Intending visitors are asked to write as soon as possible to Dr. Kay, Wadsley Asylum, Sheffield, stating whether they are able to accept his invitation to lunch and whether they will dine with the association. The price of the dinner will be 7s. 6d., exclusive of wine.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON FOREIGN BODIES EMBEDDED IN THE CONJUNCTIVA.

BY CHARLES BELL TAYLOR, M.D., F.R.C.S. EDIN.,
SURGEON TO THE NOTTINGHAM AND MIDLAND EYE INFIRMARY.

A MAN, aged forty-six years, remarkably healthy-looking and powerful, engaged in agricultural pursuits, applied to me on Dec. 20th, 1897, complaining of inflammation of the left eye which had persisted for two months in spite of careful treatment by a well-known and accomplished surgeon. The eye was inflamed and there was muco-purulent discharge which welled over on to his cheek, while the cornea was becoming hazy. I had seen similar cases and at once concluded that he had a foreign body embedded in the conjunctiva; he said he had no recollection of any such accident and although I carefully everted his lids there was no evidence of any extraneous substance; he was very sensitive and resistant and I therefore placed him on the operating table and



Foreign body concealed in sac of
conjunctiva for eight weeks

while he was under the influence of an anæsthetic succeeded with my finger in dislodging an ear of corn which is reproduced in exact size in the accompanying illustration. All the symptoms subsided at once, the discharge ceased, the cornea cleared, and he resumed his occupation.

It is astonishing how apt we are to overlook intruding substances in this situation and how difficult it is to remove them. I have known spicula of corn and rye overlooked for months although the patient has been repeatedly examined by experienced practitioners; they are best removed by the operator's finger inserted into the cul-de-sac.

Nottingham.

NOTE ON A CASE OF PUERPERAL SEPTICÆMIA TREATED WITH ANTI-STREPTOCOCCIC SERUM.

BY NOLAN DALY, M.R.C.S. ENG., L.R.C.P. LOND.

ON Dec. 6th, 1897, I was called to a woman who had been delivered by a midwife. There was considerable metrorrhagia and I was sent for. The placenta was firmly adherent and had to be picked away from the uterine wall with the fingers. The patient was very pale and her pulse was feeble. On the 7th she was apparently doing well, but next day she had a rigor with free sweating and throbbing headache; the feet and hands were cold, the temperature was 104.5° F., and she was extremely ill and delirious all night, her pulse being 150 and running. The lochia were absent. The uterus was washed out with perchloride of mercury and six grains of quinine were given twice during the day. On the 10th the patient's condition was much the same, the temperature being 103° and the pulse 136. The abdomen was markedly tympanitic and rigors were frequent, the headache if possible being worse, so I decided to inject 10 c.c. of Messrs. Burroughs and Wellcome's anti-streptococcic serum, which I did at 12 P.M., injecting it under the skin of the abdomen. At 3.30 P.M. I again saw the patient. The temperature was 102.1° and the pulse was 136. She said that she felt a little better and that she had had some sleep. On the 11th, at 12 P.M., her condition was very much improved, the temperature being 99.8° and the pulse 108. The lochial flow had again commenced, the tympanites had disappeared, and the headache had almost gone. On the 12th the patient's temperature had risen to 100.8°, the pulse being 108. I injected 10 c.c. of the serum into the opposite side of the abdomen. On the 13th the temperature had again fallen to 99°, the pulse was 102, and she said she did not feel ill. On the 14th the temperature was 101.2° and the pulse was 102. I again injected 10 c.c. of the serum. From this date the patient made an uninterrupted recovery, the temperature falling to normal and not again rising. No unpleasant local effects followed the injections, but she complained of numbness in the right arm and leg after the first injection; this lasted about six hours and did not recur after the other injections.

Kingston, Abingdon, Berks.