attending to this phase of the question. He hopes to introduce gutta-percha bedding, which will be regularly washed with an antiseptic solution, and to insist on a bath as an indispensable preliminary. To wash a dirty man is to save society from one of the dangers that menace public health; and it is a hopeful sign when we note that these principles are gaining ground even in the slums of Paris.

Speaking of Dr. Passant, I ought to say that he is the founder of the Medical Night Service which has been adopted in Brussels, St. Petersburg, Paris, and within the last month or so in the town of Algiers. Experience has shown that in towns visited by a great many foreigners, doctors are liable to be disturbed in the night by strangers who as often as not fail to pay the fees. Hence a great many medical men refuse to go to visit strangers in the night, and these latter are often perplexed to obtain the assistance they require. Dr. Passant, therefore, suggested that a medical man should be attached to each police-station. Thus in Paris and the other towns mentioned a stranger not known to any doctor should at once apply to the nearest police-station. A policeman will immediately fetch the doctor attached to the service, and accompany him from his house to that of the patient and back again home, thus protecting him from the thieves, who often call a doctor out during the night for the express purpose of robbing him. The fee is fixed at ten francs, and if the patient is too poor to pay this, the policeman who is there to witness the circumstance gives the doctor a ticket for the amount, which is immediately cashed on presentation at the Prefecture of Police. Thus the stranger can always count on prompt and competent medical attendance; while, on the other hand, the doctor is certain not to be disturbed in vain, he is protected and has his fee secured by the administration.

Correspondence.

"Audi alteram partem."

ANTISEPTIC SURGERY IN LARGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—Amid the multitude of statistics I have as yet seen none that would point out a striking diminution of mortality in large hospitals where the older plans of treating operation-cases have become replaced by the strict antiseptic method of Lister. Now, in the Newcastle-on-Tyne Infirmary, where major amputations are numerous, we have a good basis for statistical comparison, for during the last three years Lister's method has been invariably and rigorously carried out, whereas in the preceding three years the "carbolic oil" and other simple methods were employed. Arranging the details of these years systematically, we have:—

Year.	Major amputations.	Deaths.
1873	... 27 ...	16 (or 59·2 per cent.)
1874	... 41 ...	19 (or 46·3 per cent.)
1875	... 30 ...	14 (or 46·6 per cent.)

Antiseptic years.

1876	... 26 ...	6 (or 23 per cent.)
1877	... 32 ...	5 (or 15·6 per cent.)
1878	... 50 ...	2 (or 4 per cent.)

Taking the total of each period of three years, we have formerly 98 amputations, with 49 (or 50 per cent.) deaths; latterly 108 amputations, with 13 (or 12 per cent.) deaths.

Moreover, in the former period there were 8 double amputations, with 5 deaths; in the latter, 4 of these, with no deaths.

The results of the last year would call for more special comment, for the 3 double amputations and the 13 amputations of the thigh (8 of them primary) were all successful; while the only 2 deaths from the total 50 major amputations followed amputation at the hip-joint for injury. I may add that of 6 cases of ovariectomy, 4 recovered. Even making due allowance for other important sanitary improvements of recent years, I cannot but think that the statistics here recorded will sufficiently point out the great security ensured by the adoption of Lister's method in large hospitals,

where major operations are frequently performed, and the wards are teeming with grave surgical cases.

I am, Sir, your obedient servant,
L. J. HOBSON, M.B., F.R.C.S.,
House-Surgeon.

Newcastle-on-Tyne Infirmary, May 30th, 1878.

* * Surgeons and patients at the Newcastle-on-Tyne Infirmary are to be congratulated on the low mortality during the last three years as compared with the enormous excess of the three previous years. A mortality of 50 per cent. is appalling, and whatever may be the representative value of 12 per cent. for the antiseptic system, no one would pretend that 50 per cent. is a fair average of the mortality under the best non-antiseptic methods.—ED. L.

HYDATID IN THE FEMALE BREAST.

To the Editor of THE LANCET.

SIR,—The extreme rarity of cases of "hydatid" in the female breast must be my excuse for asking you to put on record the following case.

Mrs. S—, the mother of five children, came to consult me in March, 1878, for a tumour of the left breast, which she had been troubled with for the last six years. When she first noticed it, it was about the size of a pea, and could be moved about under the skin. It gradually increased in size, and during the latter part of the six years she suffered slightly from shooting pains in the breast, which extended up into the left armpit. The pain was not worse at night, and there was no glandular swelling in the axilla or history of tumour in the family. She was living far up in the north of the continent, and so had put off getting medical advice, especially as the pain was never very severe. Some time before, I had her servant under my care with five or six "hydatid" tumours of the liver, from which she died, and this inclined me to make the diagnosis of "hydatid"; but as several other medical men thought it was "fibro-cystic," and as the patient would have nothing done without ether, I determined to remove it. This was done by an incision about four inches in length, and the "hydatid" cyst was found to be about the size of a goose's egg, containing about six or seven small daughter-vesicles. The base of the tumour was situated in the pectoralis major muscle, from which it was carefully dissected and removed entire with a small portion of the surrounding fat. The wound was sponged out with chloride of zinc (30 grains to the ounce), and healed by "first intention."

WILLIAM GARDNER, M.D., Ch.M. Glas.,

Late Senior House-surgeon, Adelaide Hospital.

Adelaide, South Australia, April 17th, 1878.

DISCHARGE OF A LARGE BILIARY CALCULUS BY ULCERATION THROUGH THE ABDOMINAL PARIETES.

To the Editor of THE LANCET.

SIR,—Mr. Cookson, of Halifax, and Mr. Yeldham, of London, having reported, on January 5th and 19th, an instance of a case in which biliary calculi escaped by ulceration through the abdominal walls, I beg to send you the notes of a case which has been under my care.

Mrs. E—, aged seventy-four, residing at Langford, Essex, had, ten years ago, three attacks of severe pain, followed by jaundice. After the last attack she passed several gall-stones about the size of small peas. She remained in good health until August, 1877, when she consulted me, and on visiting her, I found in the right hypochondriac and epigastric regions a very hard swelling six inches in diameter, from which she was suffering acute pain. An abscess formed, which burst on Nov. 13th, and a large quantity of offensive pus came away. On Dec. 28th a large oval calculus passed through the opening.

The patient's health now rapidly improved, her appetite became good, and the pain mitigated. There was considerable swelling and induration. A probe could be passed three and a half inches into the opening, which assumed the character of a fistula discharging serous fluid.

She continued in this state upwards of three months, when