Medicine and Surgery," is figured and described an instrument called "An Uncomplicated Urethroscope," which was submitted to the Academy of Medicine of Paris, on the 22nd of last September, by Dr. Langlebert.

From its being called a "new invention," I am inclined to think you are not aware that it is both in external form and optical arrangement an exact *fac-simile* of an endoscope designed by me about two years ago, constructed by Mr. Baker, of High Holborn, and which I have had in constant use ever since.

An illustration and description of my instrument was given in the *British Medical Journal* of August 17th, 1867, as a "New Form of Endoscope," as well as in the *American Medical and Surgical Reporter* of Sept. 27th, 1867. It was

also referred to and shown by Sir Henry Thompson in his first clinical lecture at University College Hospital on Diseases of the Urinary Organs (*THE LANCET*, Jan. 11th, 1868, p. 38). At this year's meeting of the British Medical Association at Oxford, it was exhibited in their museum. Probably Dr. Langlebert, in submitting the instrument to the Academy, may have acknowledged the source whence it originated; but as no mention of this kind appears in your report, I shall feel obliged if you will give insertion to this letter for the information of the profession.

The instrument consists of a brass tube of the simple endoscopic construction, about four inches and a half in length, and one in diameter; a Ramsden eye-piece, consisting of two plano-convex lenses, with a magnifying power of two and a half times, and capable of adjustment for distinct vision, is fitted to one end of this tube. An adapter in the form of a cone, and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly one inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity may be condensed, and rendered sufficient for the use of the instrument, which can be used either with a good artificial light or by day-light.

Whilst Désormeaux may be considered the father of the endoscope, as shown by his admirable "Lectures on the Diagnosis and Treatment of Affections of the Urethra and Bladder," to Dr. Cruise, who improved upon Désormeaux's instrument, is due the merit of having brought before the profession in this country the value of endoscopic explorations. The large size and complex nature of these endoscopes led me to consider whether a more simple and inexpensive instrument could be constructed, which should plainly demonstrate objects, and at the same time admit of ready manipulation.

I am, Sir, your obedient servant,

R. ARCHER WARWICK, M.D.

Richmond, Surrey, Dec. 15th, 1868.

To the Editor of THE LANCET.

SIR,—In your last number (Dec. 12th), under the head of "New Inventions," you have delineated and described "a very simple urethroscope" by Dr. Langlebert, which had been lately submitted to the Academy of Medicine of Paris.

If your readers will refer to *THE LANCET* of Dec. 2nd, 1865, they will there find a delineation and description of the very same instrument as an "otoscope," the principle of which, I mentioned, could be adapted to the examination of other organs of the body, as the urethra, vagina, uterus, &c. My instrument was invented in the beginning of the year 1861.

I am, Sir, yours faithfully,

JOHN BRUNTON, M.A., M.D.

Caledonian-road, Dec. 15th, 1868.

THE LEEDS FEVER HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your last number I observe a notice of the Leeds Fever Hospital, and a kind reference to a plan which I introduced there some time ago of keeping all windows open day

and night. In my article in the "St. George's Hospital Reports," to which you allude, I only recommend this plan for cases of typhus fever. I am still convinced of the great importance of free draughts of fresh air through wards where typhus patients are treated. Both the disease and the danger of infection are lessened by it. In typhoid fever very free ventilation must be more carefully used, and during epidemics attended with much lung mischief, the entrance of air should be cautiously managed.

In small-pox there need be no fear of the fullest ventilation, which lessens infection, sweetens the patients, and helps recovery. In scarlatina and measles, on the contrary, I think that anything like draughty ventilation would do more harm than good. However, I have never ventured to try it.

I may take this opportunity of acknowledging the kind and interesting letter from Dr. Dickinson, which also appeared in your last number. I hope to have the pleasure of replying to it in a few days.

I am, Sir, your obedient servant,

Leeds, Dec. 15th, 1868.

T. CLIFFORD ALLBUTT.

COMPARISON OF THE OPERATION OF THE CONTAGIOUS DISEASES ACT UPON A REGIMENT OF GUARDS.

To the Editor of THE LANCET.

SIR,—The extensive benefit which has been conferred upon the soldier when quartered in garrison towns where the Contagious Diseases Act is in full operation has been frequently alluded to in a general way, but perhaps the few statistical details which I have ventured to append may prove an additional stimulus towards convincing sanitary reformers of the necessity of extending the Act to the civil population also.

The town and district of Windsor are placed under effectual supervision, and the 1st Battalion of Coldstream Guards was stationed there during the months of June, July, and August, when the number of admissions for specific contagious diseases during that period was 64. On the 1st September this battalion marched to London, and has been stationed at Chelsea Barracks, in which locality the admissions for the same classes of disease have increased to 90 during a similar period of three months, the character of the diseases being also much more severe and damaging to the constitution of the men.

The 2nd Battalion of the same Regiment relieved the 1st Battalion at Windsor early in September, having had a total contagious disease sick-list during the latter three months' occupation of Chelsea Barracks of 110; but since their occupation of the Windsor station there has been a reduction to 69 admissions for a similar period.

I think the foregoing statistical facts are conclusive; and if the liberty of the subject still interferes with the more general application of the Act to the metropolis for the benefit of the civil population, surely the interest of the soldier demands that protection should be afforded him in the districts of the London barracks similar to that which he now obtains in every principal garrison town of the kingdom; but the great increase of admissions from this class of diseases among the same number of otherwise healthy men must be conclusive of the injury which is liable to be disseminated among the civil population who reside in the non-protected localities.

Your obedient servant,

December, 1868.

JOHN WYATT.

Parliamentary Intelligence.

HOUSE OF COMMONS.

TUESDAY, DEC. 15.

METROPOLITAN ASYLUMS.

MR. TORRENS gave notice of the following motion:—"That, in the opinion of this House, it is not expedient that any further steps should be taken for the purchase of sites or the erection of new buildings to be used as separate asylums or district hospitals in the metropolis, under the Act 30th and 31st Victoria, c. 6, until inquiry shall have been made by this House how far the same are necessary, and into the ability of the ratepayers to bear the additional burdens which would be thereby imposed."