of the impossibility of the insane poor in this extensive parish ever having the advantage of proper treatment in the early and curable stage of their disorder until an asylum is provided for them, I earnestly entreat your Board to take the matter under your serious consideration."

A country establishment for 200 patients was recommended, and the retirement of the parish from further contributions to the Hanwell Asylum, to which it had already been taxed to the amount of about one-eighth of the whole cost of that institution, which it was then proposed to enlarge. It was found that without an Act of Parliament the separation could not be effected, and the matter was ultimately abandoned.

The statistics of the St. Marylebone Infirmary were published in THE LANCET, December, 1841, and in June, 1842, including upwards of 13,000 cases, and in the *Edinburgh Medical Journal*, No. 156, and several subsequent numbers. The infirmary was then a recognised medical hospital, having a staff of physicians and surgeons from the time of Dr. Hooper, and including Drs. Hope, Lee, Sims, Clendinning, Macreight, and Mayo, the President of the College of Physicians, also Dr. Harrison, a distinguished pupil of Laennec, who gave demonstrations in the wards on the use of the stethoscope. Post-mortem examinations were frequent. Dr. Sims was interested in cerebral diseases, Dr. Clendinning in the weights of the organs, and Dr. Mayo was an authority on mental diseases, and Dr. Chas. J. B. Williams, Professor Gulliver, Mr. Kiernan, and Mr. Hutchinson were also actively prosecuting their well-known pathological researches in the infirmary.

After the passing of the Lunacy Acts in 1845 a licence was obtained for ninety-five patients in wards prepared for their reception, with the approval of the Commissioners in Lunacy, in the workhouse and infirmary, where the recent cases of insanity were successfully treated for several years, the great obstacle to the present treatment, the delay in obtaining certificates, being thus avoided. From the necessary delay and the stringency insisted upon in filling up these obnoxious and unnecessary certificates I have known suicide to occur, the discharge of a patient being ordered owing to an informality in filling up the certificate not having been corrected within the allotted time; and I have known of a homicide from delay in obtaining an order of admission, and saw the patient rational after some years in Broadmoor Asylum, where he was retained until his death.

The certificate of the parish doctor, the entry in the registers of admissions at the asylum, and the signature of the chairman of committee of visiting justices to the registers after seeing the patients, would practically fulfil all that is necessary, without subjecting the unfortunate patient to the cruel delay, in many cases to be strapped down in bed by force, and left with broken ribs, whilst the relieving officer is traversing the country for miles to find a magistrate to have an order signed to take the patient to the asylum under the jurisdiction of the magistrates.

(To be concluded.)

AN EXAMPLE OF THE VALUE OF LISTER'S METHOD IN A PHTHISICAL PATIENT.

By GEORGE THIN, M.D.,

AND

J. KNOWSLEY THORNTON, M.B., C.M.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

MR. M—, wine merchant, aged twenty-six, consulted Dr. Thin on Nov. 5th, 1879, under the impression that his health was being undermined by syphilis. He had been under treatment for this disease during six months, and taking without intermission small doses of grey powder. There were no symptoms of syphilis, but he had had gonorrhœa, followed by copaiba rash. He was a feeble, sickly-looking man, with a peculiar waxy pallor, and was of a phthisical family. He complained of increasing debility, of cough, and of a fixed pain, situated over the fifth rib. Physical examination showed tenderness on pressure and pleuritic friction round the tender spot. He was also subject to attacks of asthma, which had troubled him for years. Towards the end of the month a slight boggy swelling appeared over the tender rib. A blister was applied, but gave only temporary

relief. The swelling increased, and by Dec. 7th fluctuation was distinct, when Dr. Thin asked Mr. Knowsley Thornton to see the case in consultation. Mr. Thornton made a small incision antiseptically and evacuated a few drachms of thick curdy pus, a probe was passed into the opening and a considerable surface of the rib was found to be bare and rough; the probe passed along the lower border of the rib for nearly two inches, and for this distance the whole face of the rib was denuded of periosteum. A small drainage-tube was inserted, the wound was dressed with gauze, and the discharge at the first dressing, on the second day after the incision, was considerable; after that it became entirely serous. The dressings were changed on the second, sixth, tenth, fourteenth, eighteenth, and twenty-third days after the incision; then once a week till Feb. 23rd, when the drainage-tube was extruded and the wound healed and Mr. Thornton ceased to attend.

Two weeks after the dressings were discontinued the patient complained for a few days of some discomfort—"a drawing like a boil"—in the old place, but it passed off of itself. During this satisfactory progress and termination of the surgical complication, the general condition of the patient had become steadily worse; night sweats and cough were troublesome, and the physical signs indicated advance of tubercular mischief in the right apex. He was much troubled with pains in the bones; sometimes in the ribs, sometimes in the hips, and once in one of the femora. These pains were localised to a spot tender on pressure, but no swelling was ever detected. A painful point generally lasted some days, and sometimes for more than a week.

In April Dr. Thin strongly advised a voyage to Sydney, and the patient arrived there fat and in good health; the bone pains no longer troublesome. Dr. MacLaurin of Sydney, writing on August 2nd, reported that there was "no trace of the necrosis of the rib, and that the affection of the lung was quiescent."

The following are special points of interest in the case:—First, the effect of a prolonged course of small doses of mercury on an already feeble and phthisical subject. Partial necrosis of one rib, and recurrent periosteal pains continuing for many weeks after the use of the drug had been abandoned and a tonic treatment adopted. Second, the complete restoration of the affected rib without exfoliation. This affords a beautiful illustration of the power of nature to repair, if only protection be afforded against fresh irritation. The diseased bone was kept free from all irritation, escape being provided for the discharges preceding and accompanying repair, and perfect asepticity being secured by the use of Lister's method. Had the abscess been opened without antiseptic precautions, prolonged fetid suppuration and exfoliation must have resulted. The immediate risk to the pleura during the early irritative stages of putrefaction would have been considerable, and had these been successfully passed the prolonged suppuration would probably have hastened the tubercle to such an extent as to render his condition too hopeless for the voyage which has proved of such signal benefit to him.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

GREAT NORTHERN HOSPITAL.

INWARD COMPOUND DISLOCATION AT THE ANKLE-JOINT,
WITH FRACTURE.

(Under the care of Mr. GAY.)

FOR the following notes we are indebted to Mr. Wharry, house-surgeon.

The patient, a young man, aged twenty-one, fell from a scaffolding thirty-five feet high, in a skeleton building, and alighted, as far as it was possible for him to control his fall, on his feet. The results were, first, a comminuted fracture of the left leg about the middle, and, secondly, a compound