inner side of right leg. 6. Female; compound fracture of left tibia, simple fracture of right, incised wound of left thigh, and fracture of right femur. 7. Female aged about forty; left temple pressed in, right side of chest compressed, and ribs broken, compound comminuted fracture of both legs, which were simply hanging by shreds. 8. A boy; abdomen laid open, pelvis fractured, compound fracture of left leg, and compound comminuted fracture of femur. 9. A boy; compound comminuted fracture of left femur, severe scalp wound, and great bruising of the face. 10. A young man about twenty years; severe wound of temple, and whole side of face crushed in, simple fracture of both legs. Two bodies were removed before an examination could be made.

THE ROYAL INFIRMARY FOR CHILDREN AND WOMEN.

THIS hospital, which was established in 1816, and is consequently the oldest institution of its kind in London, has recently been renovated and enlarged, and will be reopened on the 12th of February by the Lord Mayor and Sheriffs, who will attend in state for the purpose. The recent alterations are of so radical a kind that they almost amount to a reconstruction. When they were contemplated application was made to the Duchy of Cornwall, upon whose estate the hospital stands, for the purchase of the freehold—a favour which was at once conceded on very liberal terms. The building, like many others in the Waterloo-road, has this peculiarity, that its basement consists of two storeys. Formerly the lower basement was entirely unused, but it has now been floored with asphalt to keep it free from damp, and in it are situated the kitchens, store-rooms, and other similar offices. The upper basement has been completely remodelled, and contains the out-patient department, the dispensary, and the post-mortem room. Excellent consulting-rooms have been made, and a spacious waiting hall for out-patients has been provided, and the rooms have been so planned that the in-coming and out-going streams of patients are completely separated. A special entrance and staircase have been provided for this department, and great care has been taken to shut it off as completely as possible from the rest of the building. We think that a little more artificial ventilation might have been arranged for, and we would strongly advise the authorities to introduce a Tobin's tube into each of the out-patient rooms, the expense of which would be but trifling, and in no way to be compared to the advantage which would accrue. We would also advise the substitution of a light iron railing for the present heavy cement balustrade enclosing the "area," and which shuts out too much light from the out-patient basement. The ground floor is given up to the resident staff, and the secretary's office and board-room.

The first floor has not been altered in its main features, and contains, as heretofore, one large and two small wards capable of holding twenty-five beds. All above this is new. The second floor contains one large ward, two small ones, and a separation ward into which children are to be at once removed in case of their being attacked by infectious disease. On the roof there is an attic storey containing nurses' bed-rooms, but the greater part of the roof has been concreted and walled in, and is intended to serve as a playground for convalescent children during the summer months. The wall round it will be high enough to protect from the wind, and from this exalted situation it will be possible to enjoy something like fresh air, and those who are tall enough to look over the parapet will have the advantage of a most extensive view, and certainly the best prospect of St. Paul's Cathedral which we have ever seen. We congratulate the authorities on the originality and excellence of this simple idea. At the back of the hospital a new turret has been built containing bath-rooms, waterclosets, and sinks for each floor.

There is now ample accommodation for fifty in-patients. The out-patient department was reopened on the 3rd inst., and the committee have adopted the plan of charging one penny for each attendance. This plan has acted very well

up to the present time, and it is hoped that the sum raised in this way will be nearly sufficient to pay the drug bill.

A special day has been set aside for women suffering from uterine diseases, and this department will be under the care of Dr. George Roper.

A vacancy in the staff has lately occurred through the resignation of Dr. E. Sparks, which has been filled by the election of Dr. Greenfield, the pathologist of St. Thomas's Hospital.

The hospital has much to be congratulated on the energy of the members of its managing committee, who are one and all indefatigable for its welfare. The treasurer, Mr. Eastwood, has lately contributed £200 in addition to his valuable services, and in the hands of the present secretary, Mr. Champion, the finances have undergone a steady progress. This hospital, which has always basked in the sunshine of Royal patronage, and which already numbers the Queen and the Prince and Princess of Wales among its annual subscribers, has recently enlisted the sympathies of His Royal Highness Prince Leopold. The Duchess of Westminster has contributed £200 towards the building (which is to cost about £4000). Mr. Francis Hamilton has contributed £300 towards the general expenses, and Mr. Wynn Ellis has also left £2000 to this deserving charity.

Correspondence.

"Audi alteram partem."

THE SO-CALLED "FUNGUS FOOT" OF INDIA.

To the Editor of THE LANCET.

SIR,—The article relative to Drs. Lewis and Cunningham's researches on "Mycetoma," which appeared in your last week's issue, is I think a little unfair to previous investigators. Drs. Lewis and Cunningham are therein given the credit of having distinguished a third variety of the disease "in which a number of pink granules are found," to have shown the roe-like particles "to be fat in various modified forms," and not fungoid; and further, the black morbid product "to consist in degenerated tissue, mixed, to a greater or less extent, with black pigment and fungoid elements."

Now on these points they have really in the main only confirmed what has been shown before. Dr. Carter himself calls special attention to the "pink" variety and particles, whilst Dr. Bristowe and others* have given accounts of their minute characters, and asserted their *non-fungoid nature*. As long ago as 1861† I expressed the opinion that fringe-like particles connected with the roe-like masses were "different forms of crystallised fat." Their non-fungoid nature has been more than once declared at the Pathological Society of London by special reporters on the subject—e.g., Dr. Moxon and others.

The black masses have also for some time been shown to be not only fungoid in some cases, but also pigmentary or altered blood. Drs. Lewis and Cunningham do not even seem to have met with specimens of fungus foot in which large amounts of true fungus exist. What I do think Drs. Lewis and Cunningham have done is to demonstrate more decidedly the essentially fatty nature of the fish-roe-like masses, and that the pink particles are of the nature of "concretions." That their work in regard to fungus foot, as that concerning other diseases they have dealt with, is most excellent I will be the first to acknowledge; but I think it fair to show in this instance, as they would, I am sure, admit, that in regard to mycetoma, it turns out to be chiefly confirmatory of the conclusions previously drawn by others.

There is one important point that they do not elucidate, and that is the source and origin of the black fungus, when this is present, deep in the tissues of the foot, without its having apparently been derived from germs from without. They seem inclined to think, if I do not misread their language, that the tissues, being in a degenerate state,

* See Path. Soc. Trans.

† Skin Diseases of Parasitic Origin, 1861, p. 62.

may themselves originate the fungus in some way or other. But they "hedge" this by stating that the state of the tissues may furnish a favourable condition for fungus development. This is a problem worthy of their reputation.

I am, Sir, yours obediently,

Harley-street, Cavendish-square,
Jan. 22nd, 1876.

TILBURY FOX.

ON PUNCTURE OF THE TESTIS IN ACUTE ORCHITIS.

To the Editor of THE LANCET.

SIR,—Allow me a few last words on the subject of treating gonorrhœal orchitis by splitting up the testicle. I seem very unfortunate in expressing myself on this topic, for in correcting what I had written in my late work I intended to convey a stronger and more deliberate condemnation of the practice, whereas Mr. H. Smith seems to have interpreted my proposed correction as a modified approval of it. While I do not wish to deny that some relief to the pain does follow in some of these cases—by no means, however, in all,—I do not hold that this fact constitutes any justification for a mode of treatment which I consider unnecessary, dangerous, unscientific, and, in fact, in every point of view unjustifiable. If in my last letter I left any doubt on this point I will take care that if I ever write on this subject again I will use words which the most hasty reader cannot misinterpret. Had I had the least idea that testicles were cut open by the thousand (may we not hope, for the credit of London out-patient surgery, that there is some error in the number?) at one of our chief hospitals I should not have passed the topic over so lightly as I have. My objections to the practice are greatly strengthened by the way in which Mr. H. Smith and Mr. Royes Bell defend it. Their defence, in fact, comes to this: We know that the symptoms can usually be relieved without any incision; we know that incision does not always afford relief; we cannot explain its action, and we know its dangers; but our patients are in too great a hurry to submit to more rational and safer treatment. No severer censure, I think, could be pronounced on the practice than is contained in the account of it by its advocates. And, after all, what is the reason for all this hurry? Is there such a dearth of costermongers that it is necessary at all hazards to restore every one of these engaging creatures to the streets instantly, whether he have morbid testicle or not? Are the medical students who contract orchitis those whose absence from the schools or the dancing-rooms for a few days would be felt as a peculiarly severe loss? I must say that, as far as the public is concerned, I do not see the benefit of Mr. Smith's treatment if we allow it all the success that he or anyone else can claim for it. As concerns the patient, I hold that his ultimate interest is bound up in adhering to the well-known rules of surgery; and if there is one of those rules which commands more universal assent than another it is that "meddlesome surgery is bad surgery." If it is not necessary for the recovery of an organ that it should be split up, the surgeon who does so is committing an error; because, even allowing that in the majority of cases the patient escapes the risks of the treatment, those risks are altogether gratuitous, and to expose the ignorant out-patients of a hospital to such rough and unnecessary treatment seems to me utterly unjustifiable.

Mr. H. Smith says that in the two cases which I quoted, where the testicle was evidently destroyed by cutting into it, there is every probability that atrophy would also have followed after the ordinary treatment; but he gives no reason for thinking so. Thus I remember, when it was the fashion of some practitioners to treat delirium tremens or phagedæna with enormous doses of opium, the patient would sometimes be poisoned, and the doctor always consoled himself with the idea that the man would probably have died of the disease if he had not done so of the so-called remedy. "I only assisted nature, mum," as the doctor said to the boy's mother when he had bled him to death.

Even if we allow that all Vidal's 400 cases (if they really were 400), and all Mr. Smith's 1000 (if they really were 1000), passed over without any accident at all, these two in

which the danger of the treatment is so clearly proved would be quite sufficient to my mind to banish the practice from rational surgery as an ordinary remedy for the ordinary disease.

As Mr. Smith has collected the suffrages of his own pupils on this subject, I would recommend him to collect those of the most experienced hospital surgeons of his acquaintance, and see how many of them approve of or follow the method of treating by a free incision into the body of the organ, the ordinary gonorrhœal inflammation of the epididymis and testis. The case is of course different with the medical students whom Mr. Smith mentions. If they want their testicles cut open, it may be hard for Mr. Smith to deny them their favourite luxury, especially as they seem to like it repeated again and again—*decies repetita placebit*, I suppose. I can only say that it shows that their taste is peculiar, and their surgical education has not advanced very far; and I should take great care that no lad in whom I was interested was exposed to any such proceeding.

I had not intended to say a word more on the subject after my letter in your issue of Jan. 15th, but Mr. Smith's total misapprehension of my meaning in the correction which I proposed of the passage he complained of, and the singular way in which he accounts for his following a practice which he appears to know to be meddlesome, forced me to offer some explanation of what I think ought to be the teaching of our text-books on this head. The object of a text-book I take to be to call the student's attention to the best and most advisable plans of treatment in each case. Incising the testicle in orchitis is, in my view, the worst and the most inadvisable; and I think Mr. Smith will find few surgeons of experience who think otherwise.

I am, Sir, yours, &c.,

Great Cumberland-place, W., Jan. 25th, 1876.

T. HOLMES.

To the Editor of THE LANCET.

SIR,—I had not the opportunity of enclosing in my last letter to you the following valuable communication from Mr. Macnamara, surgeon to the Westminster Hospital, on the subject of the treatment of orchitis by puncture of the testis. I may mention that one of my pupils informed me that Mr. Macnamara had had considerable experience of this method of treatment. Accordingly I wrote to that gentleman, and he kindly sent me a letter, from which I take the following extract, at the same time informing me "You are quite at liberty to make any use you like of this communication." The evidence is the more valuable as, although Mr. Macnamara is an old King's College student, he had left that institution for India long prior to the time I brought the treatment in question before the profession in this country, and thus had not been in any way influenced by seeing me adopt it:—

"As to puncturing the testicle in orchitis I have practised this treatment over and over again in private and hospital practice since I first read your paper on the subject, and there can be no possible doubt as to the great relief it gives, and how rapidly all inflammatory symptoms often subside under this treatment. I have certainly met with exceptions to this rule, I should think in about one case in six, but I never saw the slightest harm follow a puncture of the kind, and say without fear of contradiction that if Mr. Holmes or anyone else will employ this method of treatment in orchitis, they will discover that it is a most valuable aid to the cure of many such cases, and I am as certain they need fear no ill consequences from the result of the puncture."

I am, Sir, your obedient servant,

Wimpole-street, Jan. 25th, 1876.

HENRY SMITH.

To the Editor of THE LANCET.

SIR,—I have been much interested in the correspondence which has appeared in your valuable journal during the past fortnight on the treatment of orchitis. I cannot, like my friend Mr. Henry Smith, congratulate myself on having, by operative procedure, treated over a thousand cases, but, both in public and private practice, I may safely lay claim to having seen and treated not a few in my time, and I must honestly confess that I have never, during a long experience, found it necessary to resort to such heroic treatment.