died with extensive caries of the skull. Dr. Doherty, of the 13th Regiment, was good enough to show me a case of popliteal aneurism in which, after a fair trial of pressure, he had tied the femoral artery most successfully; but, as an example of the red-tape routine which binds the army surgeon, I may mention that I was incidentally informed that before undertaking the operation it had been necessary to apply for the leave of the Director-General, who could not possibly know anything of the merits of the case.

I have thus simply recorded the surgical facts brought under my notice during a brief visit to the west of England, and I trust that they may not be uninteresting to the readers of THE LANCET.

Correspondence.

"Audi alteram partem."

NEW ASYLUMS FOR THE INSANE OF PARIS.

To the Editor of THE LANCET.

SIR,—The municipality of Paris having resolved to erect ten new asylums for lunatics belonging to the metropolitan department, and as three of these institutions (which I recently visited) are now in course of construction, permit me briefly to state, through your columns, that a central institution on the southern side of Paris—the "Asile Clinique," as it is designated—will probably be ready for receiving patients before December. Another at Vaucluse, about ten miles south of Paris, near the Orleans Railway, and a third at Ville-Evrard, almost the same distance, but approached by the Vincennes line, are also being built; although neither of these can be completed until perhaps the end of next summer. The two latter are situated in rural districts, and each has extensive fields attached for the occupation of inmates. The localities where the seven other asylums are to be erected have not yet been decided upon; but all will be placed in the country, in different directions, at equally convenient distances from Paris as the Ville-Evrard and Vaucluse asiles. The estimated cost of the proposed ten asylums is 50,000,000 francs, or £200,000 for one establishment; while each is intended to accommodate from 550 to 600 patients; the general plan and appurtenances being analogous in their chief features.

The pavilion style has been adopted. Those portions to be occupied by insane residents have two stories, the upper being used as dormitories, none of which will have more than sixteen beds, and some fewer. The intervening courtyards are spacious; while every part is to communicate, by open yet covered arcades, with the administration offices on one side, the chapel on the other, and a general-service department building in the centre. Two pavilions will be appropriated for quiet patients, two for semi-quiet, one for feeble, and one for agitated lunatics; and there is an infirmary for males and another for females, besides baths of various kinds for each sex, and workshops. There is likewise a separate structure where all newly-arrived patients are placed for examination, and special observation if then deemed necessary, prior to distribution in appropriate sections.

To enter into minute details respecting the Asile Clinique, which will probably come into full operation by the commencement of the ensuing medical session at Paris, appears superfluous. I may, however, state that many modern improvements characterizing numerous asylums in other European kingdoms have been already judiciously adopted, whereby much credit is justly due to M. Giraud de Cailleux, formerly of Auxerre, but at present Inspector-General of Lunatics for the Department of the Seine, and one of the most distinguished alienist physicians amongst his numerous eminent French *confrères*. According to the Commission, over which the eminent préfet Baron Haussman presided, and of which M. De Cailleux with others were members, among other objects recommended it was advised that at the central asylum every variety of insanity should be admitted, especially recent cases and those of an acute type, in order to organize an efficient system of clinical instruction in mental diseases. They also recommended that the inmates should be employed as much as possible in different kinds of occupations, but particularly in *free-air* and out-door employments. And, further, that domiciliary assistance should be given in cases of lunacy, if indi-

gent, where the patients remaining with relatives would not endanger public tranquillity; thus inferring that such insane patients might be kept at home, instead of being immured in an asylum.—I am, Sir, yours &c.,

August, 1866.

JOHN WEBSTER, M.D., F.R.S.

LYMPHATIC COMPLICATION IN ELEPHANTIASIS.

To the Editor of THE LANCET.

SIR,—The number of THE LANCET for April 14, 1866, contains an excellent "Description of a Large Fibro-Areolar Tumour of the Thigh," by Mr. T. Carr Jackson, Surgeon to the Great Northern Hospital, &c., in which the author observes, "I have not been able to find in the writings of authors any description of the lymphatic complication which is so abundantly manifested in this case" of elephantiasis.

If he will be at the trouble of referring to the late numbers of the "Transactions of the Medical and Physical Society of Bombay" (which may be seen at the libraries of the two London colleges and of some of the hospitals also)—in the volume for 1861, I believe, it is to be found—Mr. Jackson may see an account of this "lymphatic complication" in elephantiasis, and also in the affection termed chylous urine. My observations, there recorded, are strikingly confirmed by Mr. Jackson's independent investigation; and, I may add, by Dr. Fayrer's cases published in the last number of the *Indian Annals*, where a group is headed "Nævoid" elephantiasis, but without, if I remember rightly, the true character of the "nævoid" appearance being explained. Again, in the *Madras Quarterly Journal of Medical Science*, an observant writer remarks on an "herpetic" state of the scrotum in some cases of elephantiasis—the herpes being, I doubt not, vesicular dilata-tions of cutaneous lymphatics.

As a practical point I would note that the varicose state of the lymphatics in these cases is, perhaps generally, *deep-seated* as well as superficial. Mr. Jackson remarks that in his case the exudation is a "milky fluid;" and such, I am of opinion, is an admixture of chyle, more or less, with lymph; implying regurgitation from the "receptaculum chyli" or thereabouts, and therefore contraindicating amputation even at the hip-joint, which would not eradicate the disease. In operations on the scrotum, in India, it is always important to remove the whole of the diseased part (as evidenced by the peculiar appearance of the skin), or otherwise the disease may return. Without attributing a purely physical origin to the serious affection now called elephantiasis, I am, as may be seen in the article above referred to, much disposed to believe with Mr. Jackson that obstruction to the lymphatic circulation is an essential part of the disease.

On the so-called abscesses and on the absence of fever in Mr. Jackson's very interesting case, I need not here dilate.

I am, Sir, yours obediently,

HY. CARTER, M.D. Lond.

Satara, Bombay Presidency, July, 1866.

SULPHITE OF LIME IN CHOLERAIC DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Though the causes, proximate and remote, of Asiatic cholera are still veiled and mysterious, yet as regards the law of its propagation a belief in some zymotic or fermentive influence has generally come to prevail. This was not only the opinion of the majority of French pathologists who studied the progress of cholera when radiating from Marseilles last year, but I believe it is one pretty generally acceded to in England. Influenced by this consideration, I was induced to try, and I have been administering with much success, in certain cases of choleraic diarrhœa, the *sulphite of lime*—an agent the anti-fermentive qualities of which, being conceded, need not be expatiated upon. I have given it in ten-grain doses, usually combined with Dover's powder, and occasionally with mercury and chalk; the results, according to my experience, being most satisfactory.

It is with the intent of soliciting further trial with this agent that I make this communication, trusting that you will be enabled to accord the necessary space for its insertion.

Having had occasion to go through the published French evidence bearing upon the cholera accession of last year, I find that practitioners in France have come to the conclusion that the diarrhoeal stage of cholera is the only one in which any treatment has much chance of success. French physicians do not regard that stage as premonitory, but as an integral phase of choleraic incidence.

I am, Sir, your obedient servant,

J. SCOFFERN, M.B. Lond.

Cambridge-terrace, Kensington-park, Aug. 1866.

A VISIT TO THE FRANKFORT MILITARY HOSPITALS.

To the Editor of THE LANCET.

SIR,—Happening to pass through this city while on a short holiday tour, I determined to visit the Prussian military hospitals. It was necessary to procure permission for this purpose; this, however, was readily granted on application to the commandant of the town, who provided me with a *passir schein* to all the hospitals. There are three at present occupied by the wounded troops.

I went in the first instance to the Waisenhaus (orphan asylum), a large building in temporary use as an hospital. Three days' notice had sufficed to convert it into a military hospital complete in all its arrangements. I was kindly shown over the wards by Dr. Heinrich Schmitz, the resident surgeon in charge. He, with several other civilian practitioners, has devoted himself voluntarily to this service, and, as may be supposed, uncommon opportunities for observation and practice are afforded to these gentlemen.

The most remarkable of the cases were pointed out, and in many instances the various wounds were undressed. Prussians, Austrians, Hessians, and Bavarians were lying side by side in the wards, and the greater number of them had received their wounds in the battle of Aschaffenburg. Most of the injuries appeared to be in the limbs, and resulted from rifle bullets. The wounds looked very healthy, and, being mostly of about five weeks' duration, were in a granulating condition. Dr. Schmitz informed me that all the wounds left to themselves had done well, but that those cases which had required interference, or which had become the subject of operation, had almost invariably been unfavourable. This was the more remarkable in that there was a total absence of erysipelas. It was the practice to inject the sinuses in the track of the balls with a weak nitric acid lotion; and cold water dressing, with abundance of charpie, was the common application to the granulating wounds. The worst cases were those resulting from cannon balls or portions of shell, involving loss of integument and muscular structure; exhausting discharges and abscesses in neighbouring parts caused them to assume a grave character. Cases of excision of the head of the humerus and of the elbow were numerous, and, as Dr. Schmitz informed me, conservative surgery had been diligently practised throughout the campaign. One case, said to be of rare occurrence in military surgery, was shown to me—viz., a wound of the glans penis. A portion of the upper surface had been carried away, and no further injury sustained about the genitals. The man, a Prussian infantry soldier, had, however, a second wound from a rifle ball in the right shoulder.

The majority of cases in this hospital were doing well; many had capital appetites, and were able to enjoy the cigars, with which they were amply provided. There appeared to be full supplies of comforts of all kinds, and every want received attention. The Prussians were certainly the most cheerful patients, while the Austrians appeared somewhat depressed and sullen.

In some of the wards were ladies occupied in feeding the more helpless cases. Free permission is accorded to all interested in the sick to visit them and convey such comforts as are allowed by the medical staff.

I next visited the garrison hospital, a small building, but now, by the addition of several tents, containing about two hundred beds. These tents were about sixty feet in length by twenty in width, and contained from fourteen to twenty beds. Here were cases of a more serious nature than in the Waisenhaus, and amongst them I observed a number suffering from typhus fever. Some of the latter appeared very prostrate. Dr. Kirchheim, the resident surgeon, told me there had been no deaths from the disease, and he attributed the good re-

coveries to the abundant supply of fresh air which was secured by the tent system. The nursing here appeared to be most careful; numerous Sisters of Charity were engaged upon this work, and their tender efforts seemed to be very gratefully appreciated by the men. Two visits were paid daily by the staff, at eleven A.M. and five P.M. I saw no cases of cholera in the hospitals, though I was told that the disease was prevalent in the town.

I left with the impression that the sick were well cared for, and that in every respect the greatest credit was due to the Prussian authorities for their admirable and comprehensive arrangements.

I am, Sir, yours, &c.,

Frankfort, August 29th, 1866.

D. D.

DR. GREENHALGH'S CASE OF CÆSAREAN OPERATION.

To the Editor of THE LANCET.

SIR,—The multiplied instances of failure of the Cæsarean operation in this country cannot fail to attract the attention of medical men. Whether this be due to the magnitude of the operation itself or the circumstances under which it is performed or otherwise is not for me to define. There is evidently a missing link, which careful obstetric operators will one day supply for the better guidance of the operation and its subsequent treatment.

The phases, symptoms, and condition of the patients appear to me to run almost identical in every case. On reading Dr. Hall's letter in your last impression on the above operation, I was led to refer to a case upon which I operated in 1862, and published in THE LANCET, dated November 1st. I extract the following:—

"I performed the operation at one o'clock on Friday in the usual manner, in a temperature of 76°. There was little hæmorrhage, and she bore the operation with great fortitude, and at its completion expressed herself greatly relieved. At two her pulse was 134, and weak; there was a little oozing through the vagina, and she complained of pain. I gave her two grains of solid opium, which relieved her. At four the abdomen was considerably swollen, but not tender. She had vomited twice since my last visit. At six she seemed better, and retained everything on her stomach; had passed urine several times. At eight the abdomen was very tympanitic, and there was great pain across the chest; respiration hurried; tongue very dry; the pulse had mounted to 141; no sickness; slept well, and expressed herself better. From this time she went on satisfactorily until Sunday morning, when rigors and vomiting set in, pulse rising to 144, respiration 40, breathing laboured, face flushed, and wandered a good deal. I visited her at eleven, and there was a decided improvement. Soon after I left she desired to be raised in bed, in accomplishing which she sank instantly."

The immediate cause of death in this case was clearly failure of the heart's action, produced by raising her from the horizontal to the recumbent posture, although pyæmia existed.

The close analogy between this and Dr. Greenhalgh's case must form my apology for troubling you with these remarks.

I am, Sir, yours, &c.,

Old Kent-road, Sept. 4th, 1866.

D. JOHNSON, M.D.

EXTRACTION OF STONE FROM THE FEMALE BLADDER.

To the Editor of THE LANCET.

SIR,—Having noticed the very plain and admirable remarks of Dr. G. M. Humphry in THE LANCET of July 30th, 1864, for the extraction of stone in the female, I determined to adopt his *modus operandi* whenever an occasion offered.

An opportunity lately presented itself, of which I send you a report for insertion in THE LANCET, and which will add one more to the long list of successful cases treated upon Dr. Humphry's plan.

Mrs. C—, between fifty and sixty years of age, has complained for the last two years of sharp pain in the lower part of the left side, and lately of an acute pain in the bladder, accompanied with fetid and ammoniacal urine; her distressing condition thus rendering her life miserable. She desired my assistance, and upon examining the bladder and finding a stone, I proceeded to operate in the following manner:—