administration, and most undoubtedly holds out positive incentives to people to apply for gratuitous relief who are well able to pay for it. Such patients certainly do not merit being prescribed for at the expense of the efficiency of the in-patient department, for which especially the assistance of the public is solicited.

(c) That as several provident dispensaries exist in the immediate neighbourhood of the hospital, the effects of the closing will not be materially felt.

(d) That it is hoped a considerable saving will accrue which will enable them to reorganise and reopen the department on a basis which they trust will be appreciated by the public.

The following departments of the out-patient portion of the institution still remain open:—Diseases of Women and Children, Ophthalmic, Dental, and Vaccination.

By order of the Executive Committee,

Jan. 19th, 1874.

ALFRED PHILLIPS, Major, Secretary.

* * The above letter is scarcely satisfactory to us. The authorities of the hospital should either have gone further or not so far. They seem undecided as to the future, and undecided as to the kind of excuse which they shall rely on for the unprecedented proceeding of closing the out-patient department. Firstly, it is a merely financial question, though the *Westminster Review* would assure them that the benevolent are so eager to give money to hospitals that they give demoralisingly and too much. Then, it is a question of rebuking those who abuse the out-patient department. But it is hard to make the needy suffer for the sins of the well-to-do. The fact that improper cases take advantage of the department is a reason for rejecting such cases, but not for closing the department. There is yet a further anomaly—people with bad teeth or sore eyes are still to be treated gratuitously, while the most rigid economies are to be applied to people with the more common, and far the more serious and impoverishing, diseases. Can there be any justification for drawing a man's tooth gratuitously and refusing to treat gratuitously an ulcer of his leg or a catarrh of his bronchial tubes? We do not see that a great hospital can fulfil its functions without an out-door department. There is no excuse for admitting improper cases, or for doing the work badly. There is equally no excuse for closing the department except so far as may supply a *clinique* to a few special practitioners. This looks rather as if a hospital existed for specialists than for the public and the profession at large.—ED. L.

THE TOPICAL USE OF PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—In your last number there appears the following annotation:—“A foreign contemporary records a fatal instance of the use of a uterine injection of perchloride of iron. Peritonitis supervened soon after administration, and death occurred in thirty hours.”

Will you permit me to say that a record so brief does not satisfy the requisites of a scientific clinical observation. It is essential to know—1. The condition of the patient before the injection was made. 2. The strength, quantity, and mode of the injection. 3. The history of the symptoms following the injection; and, if possible, the appearances found on post-mortem examination.

Two at least of the deaths recorded have followed the use of a concentrated or caustic solution of perchloride of iron, instead of a diluted or simply styptic solution.

I am, Sir, yours &c.,

Grosvenor-street, Jan. 1874.

ROBERT BARNES.

TORSION IN SURGERY.

To the Editor of THE LANCET.

SIR,—The success that has attended the use of torsion in surgically divided vessels in stumps &c. at the Leeds General Infirmary, and also at Guy's Hospital, has suggested

to my mind the advisability of extending it to the treatment of wounds of vessels in their continuity, and of aneurisms.

These are the modes which I propose for its employment. In the case of wounded vessels, if completely divided, let the wound in the surrounding tissues be enlarged, if necessary, and the proximal and distal ends of the artery be torsioned in the usual way. If, however, the wound be merely a puncture, after the enlargement of the wound in the neighbouring tissues, and before the employment of the torsion, let the vessel be divided by the surgeon through the site of its wound. In cases of aneurism, let the circulation through the part be controlled by the application of a tourniquet or an assistant's fingers, and the necessary dissections be made for laying bare the artery; then let it be severed by the surgeon's knife, and the proximal and distal ends be secured as in the above cases. The vessels are thus ligatured, not by a dead foreign body, but by their own living though bruised tissue. I am impressed with the special applicability of this method to wounds of vessels otherwise healthy, and to traumatic aneurisms.

I have the honour to be, Sir, your obedient servant,

GEORGE LONGBOTHAM, M.R.C.S. Eng.

Park-square, Leeds, Dec. 22nd, 1873.

N.B.—The further steps in the above operations would be the same as those in the ordinary operation for applying a ligature.

THE CORONER FOR THE LIBERTY OF BURY ST. EDMUNDS.

To the Editor of THE LANCET.

SIR,—Since the “extraordinary instructions” issued by the coroner for this neighbourhood, which you commented on some months ago, inquests are very rarely held here, and cases are constantly occurring where the attempt is made to make the medical men take the place of the coroner, and this attempt is too often successful. For instance, on Christmas day I was sent for to see a woman who had only arrived from London on the previous day on a visit to her mother. She was taken suddenly ill with a pain in the head—in fact, exclaimed “Oh, my head!” twice, and died. She was thirty-six years of age, and had not been ill for two years. I refused to give a certificate of death, but another medical man who was sent for, and arrived some hours after me, has written a certificate in the usual form, he never having seen her alive, and gives the cause of death as apoplexy. Ought this to be done?

This morning I am informed of the death of a child, six years of age, who had sickness and diarrhoea all yesterday, and died this morning, without having been seen by a medical man. I have again been asked to give a certificate, which I have refused to do. The registrar, I hear, will register the death. Will you kindly give me your opinion in your next number of this way of avoiding coroner's inquests.

In the article commenting on the instructions issued you spoke of Mr. Partridge as coroner for Bury St. Edmunds; he is coroner for the Liberty of Bury St. Edmunds, which includes a large district.

I am Sir, yours truly,

ROBERT E. JONES.

Long Melford, Suffolk, December 30th, 1873.

* * We need scarcely say that we regard inquests as necessary in such cases; and regret that medical men should certify the cause of death without having either seen the deceased during life, or holding a post-mortem examination, or satisfying themselves by proper evidence on the subject.—ED. L.

THE VALUE OF EUROPEAN LIFE IN INDIA.

To the Editor of THE LANCET.

SIR,—There are two or three press errors in your rendering of my letter of the 13th inst., which so materially affect my meaning that I crave your indulgence to permit me to correct them in a more formal manner than in a list of errata, which is seldom referred to, and is always liable to escape observation.