

exact figures. Still it is notorious that extra beds have been made up frequently of late, the master estimating their number roughly at about 20.

The Westminster Union, we are glad to state, shows no change, compared figures for inmates being 1071 in 1877 and 1085 in 1878.

Proceeding eastwards, we were naturally curious to ascertain why the Stepney Asylum had refused any further help to Marylebone in its sore distress. With the courteous and friendly assistance of Dr. D. Walshe, one of the resident medical officers, we obtained the following information. During the month of December there are generally between 480 to 500 patients. On the 26th December last there were 538. The asylum contains a maximum of 586 patients, and the male wards are actually quite full. Hence, on the 12th December last, 11 men had to be returned to Marylebone, though they were not then cured, and notice has been given that the women must soon be restored to their parish. These measures, though scarcely justified by the above figures, which show that 48 beds were still vacant, were rendered necessary by the reports of the relieving officers. The prospect of an augmentation in the number of local sick has led the authorities at Stepney to reserve all their resources for those who have a legal claim upon them. Indeed, at the Stepney Workhouse, which is immediately opposite the asylum, there has been already much overcrowding. It has been necessary to make up extra beds, but we regret to state that the master of the workhouse professed complete ignorance as to the number of paupers under his charge. We had imagined that it was the duty of such officials to facilitate inquiries instituted for the public benefit, and we are glad to acknowledge the courtesy with which we were everywhere received, and the most efficient assistance afforded us, by all the parish officials with the exception of the masters of St. George's and Stepney Workhouses.

Having satisfied ourselves that during the forthcoming pressure the workhouses must not count on the Stepney Asylum for assistance, we proceeded to Poplar to see if there was a brighter prospect for the able-bodied paupers. Here we found the figures to be as follows. On the 14th of December, 1877, there were 483 inmates, and on the same day, 1878, this number had increased to 683. The workhouse is certified to hold 768; this, for them, narrow margin of 85 beds, alarmed the local authorities, and made them fear that if, as threatened, the distress augmented, they would not have room for the poor of their own parish, particularly as a considerable proportion of the above beds were not available for able-bodied paupers, but are reserved for children &c. This is the more disastrous as the Poplar workhouse was not instituted for merely local purposes, but was intended to take the able-bodied paupers from twenty metropolitan unions. If all, or even only a few, of these unions are to be deprived, in moments of emergency, of the power of sending their able-bodied paupers, as usual to Poplar, then, indeed, the prospect is gloomy, and the necessity of providing some new and extensive accommodation most urgent.

At the Mile-end Workhouse we found a repetition of a condition of which we have given several examples. On the 20th of December, 1877, there were in all 507 inmates in the workhouse. On the same day last December the figure had risen to 597. The certified number the workhouse should hold is 592. They have no connexion with any other workhouse, no means of farming out any of their paupers, and we may consequently anticipate serious overcrowding in this establishment by next February.

Our final excursion was to St. George's-in-the-East, one of the parishes which have been the most rigorous in abolishing out-door relief. The results are certainly startling. Thus, during the year ending Michaelmas, 1871, no less than 8585 persons received out-door relief, whereas during the year ending Michaelmas, 1878, there were only 315 persons who succeeded in obtaining such relief at the hands of the inexorable guardians of this parish. The difference that this has made with regard to in-door pauperism is 3983 for the year ending Michaelmas, 1871, and 4413 for the same period in 1878. To return to the present overcrowding, we should state that on the 15th of December, 1877, there were 575 inmates, including about 90 sick, and at the same date last December there were 630, including about 200 acute cases of illness. The infirmary, which is next door, is certified to hold 279 patients; it had 283 in all at the above date in 1877, and 285 in 1878. While we were there, three new patients came in, and the

cry is still "they come." The infirmary is not so well built as to be able to support overcrowding. On the 30th of December we found on the top flat alone 83 instead of 75, the maximum number of patients. It is, however, against the wards allotted to the sick in the workhouse itself that we must enter our most earnest protest. These would make very poor habitations, but they are totally unfit for the care of the sick, especially the women's wards. We could find no trace of ventilation. There were windows, but on one side only, and these were carefully closed. The stench was perfectly appalling. On the Continent something similar might occasionally be found, but in England, and in the metropolis, we had hoped that such barbarism was extinct. We need scarcely say that these wards are not under the control of the medical officer. This gentleman has failed to obtain even a classification of the sick, and the authorities will not supply such a trifle as a movable screen. On each landing, just outside the doors of the two wards, there are fourteen fixed iron hand-basins, each with a pipe communicating directly with the sewer, and ready to discharge a platoon fire of sewer gas into the patients' wards. On the other landing, between each floor, there are two closets and two sinks, and the drains here seem to be very imperfect. We received many complaints of leakage through the walls, accompanied with abominable smells. The chief, sometimes we should imagine the only, ventilation of the sick wards is derived from the doors that give access to the sewer-impregnated staircase. Indeed, care has been taken to drill some holes through the bottom of these doors, so that, even when they are closed, the patients have the chance of breathing sewer-gas. Such is the place into which the guardians of St. George's-in-the-East crowd their sick poor. We are surprised that the Local Government Board has not yet interfered in the matter, and insisted that proper and qualified medical authorities should govern these wards, particularly as they now contain, in round numbers, no less than 200 patients. Fortunately the guardians are about to buy a neighbouring structure, where they will be able to lodge some sixty able-bodied paupers, and perhaps then the sick wards of the workhouse may be joined to the neighbouring asylum. This should be done without a moment's loss of time; but even if it is done it will be no easy task to render such wards fit for hospital purposes.

From all the above facts it will be seen that under the present system of restricting out-door relief there is not sufficient in-door accommodation for the pauperism of the metropolis during the trying period of December, the end of January, and February. Overcrowding must ensue unless more wards are built by each parish, or by a union of parishes. At the same time there is no distinct connexion traceable between the present increase of in-door pauperism and the commercial depression from which the country is suffering. If this were so the case would be infinitely worse, and we must also provide against this possibility. As overcrowding must compromise the health of the paupers, may occasion the outburst of an epidemic which in all probability would not be confined within the workhouse walls, we conclude, as we began, that both paupers and public are exposed to risks that may be more serious than generally imagined.

## Correspondence.

"Audi alteram partem."

### MR. SYME'S TREATMENT OF INCISED WOUNDS.

To the Editor of THE LANCET.

SIR,—In a clinical lecture "On Wound Treatment," published in your issue of December 28th, Mr. Gamgee, speaking of Liston and Syme, says, "They thought water-dressing of recent wounds perfection."

I feel it due to Mr. Syme's memory to remind your readers that such was not his more matured opinion. Of the many things which I found to admire when I first saw Mr. Syme's practice in 1853, none struck me more than his treatment of recent incised wounds. Having approximated the cutaneous margins with interrupted sutures at con-

siderable intervals, so as to allow opportunity for the escape of blood and serum between them, he kept the deeper parts of the cut surfaces in apposition by means of pads of dry lint applied to the body of each flap, but leaving the edges free, and kept in position by a gently compressing bandage, the first dressing being allowed to remain undisturbed for four days. I well remember, what Mr. Gamgee has perhaps forgotten, holding him as if spell-bound outside the gate of the infirmary one evening during my house-surgeoncy in Edinburgh, as I related to him the immeasurably superior results obtained by this method, as compared with those given by water-dressing.

The advice to treat "all incised wounds" by keeping them "constantly covered with cold wet cloths," contained in the 1842 edition of Mr. Syme's Principles, was omitted in the next edition of 1856; and in that of 1863 we find metallic sutures recommended, by means of which his plan of dry dressing on the principle above described gave still better results. Nevertheless, and the fact has always seemed to me a striking illustration both of his clear-sightedness and of his liberality of mind, he gave in his cordial adhesion at a later period to the antiseptic principle.

The abandonment of the long septic ligatures and the use of the drainage-tube have undoubtedly placed the method of dry and infrequent dressing in a yet more favourable position than it before occupied, and its advantages become still more conspicuous when it can be combined with complete immobilisation, as advocated by Mr. Gamgee. But whether it can yield average results at all comparable with those of strict antiseptic treatment, and whether it causes in the long run less pain to the patient or less trouble to the surgeon, are very different questions, which I must not now occupy your space by discussing.

I am, Sir, yours, &c.,

Park-crescent, Dec. 21st, 1878.

JOSEPH LISTER.

## THE LIGATURE IN CASES OF ANEURISM.

*To the Editor of THE LANCET.*

SIR,—I do not at all wish to impugn your report of the proceedings at the Medico-Chirurgical Society on the 10th inst. I believe it contains very much of the spirit of what was said, still not all of that spirit, and I would ask you to let me supplement certain points to which I could wish that your columns had given greater prominence.

Your reporter hardly notices the kind and complimentary manner in which my interlocutors recognised the fact that my three cases of double distal ligature for innominate aneurism are the only successful ones on record. This would be, perhaps, of comparatively little moment, did it not involve matter of very great importance—viz., that I attribute this success to the mode of deligation with a tie so loose as not to cut through the two inner coats of the vessel—a procedure which could only be adopted with a ligature that does not afterwards come away. Nevertheless, catgut is, as I stated, an unreliable substance. I added that I have devised, not that "I was engaged in devising," a material which will, I fully believe, supersede all other ligatures for tying arteries in their continuity, inasmuch as it does not cut the coats of the vessel, becomes quickly organised, and is secure in the knot. I have tested this material in the way one usually tests new procedures, and by tying vessels divided in operation; in all these it has acted perfectly.

I cannot but think that if greater prominence had been given to these points, some of my professional colleagues and friends would ere this have sent me into hospital cases of aneurism amenable to treatment by ligature, with which to finish the experiences required before introducing the matter publicly to the profession.

I remain, Sir, your obedient servant,

RICHARD BARWELL.

George-street, Hanover-square, Dec. 21st, 1878.

DR. WILLIAM ALEXANDER, of Halifax, has been placed on the Commission of the Peace for the West Riding of Yorkshire.—Mr. John D. Harries, M.R.C.S., was sworn in a Justice of the Peace for the borough of Shrewsbury, on the 1st inst.

## MANCHESTER.

*(From our own Correspondent.)*

THE Manchester Medical Society recently devoted two evenings to a discussion upon hysteria as developed at the Salpêtrière, of a lively and interesting, if of a somewhat barren nature. The debate was opened by Dr. Wm. Roberts, who gave the keynote to the general tone of the discussion in maintaining as his opinion that while the phenomena in question were without doubt accurately and carefully described, they were at the same time the result of unconscious tuition; that, in a word, if the same system were pursued with many of our own hysterical cases as at the Salpêtrière, we should by and by obtain the same results, and develop a true major hysteria in England as had been done in France. During the debate many very elaborate and attractive theories of the pathology of hysteria were advanced, some having an anatomical and others an anatomico-physiological basis, and in which molecular physics were largely called upon. Some speakers announced with a great flourish of words that the disease essentially consisted in an inhibitory action of the emotional centres, while others maintained that while the discharging lesion took place through these or closely allied ganglia, the diseased action might arise peripherally. The view that hysteria, like anger or love, however it might depend upon a peculiar condition of cerebral matter, was in its nature not likely to have material records of its passage across the nervous path, and that, indeed, the real pathology of hysteria was beyond the confines of human knowledge, involving as it did the mystery of the nexus of mind and matter, was also advanced, but did not seem to gain general approval; the more general conviction being that something would, Micawber-like, turn up to throw a light on this mysterious disease. Dr. Roberts, in closing the debate, took occasion to remark that he did not think any of the ingenious theories advocated really cleared up the difficulty, or sufficed to explain all the phenomena—that, far from always pointing to inhibition, hysteria often, as in the case of fasting girls, was characterised by a sort of tetany of the will, and that behind the peculiar hysterical sign there was still hysteria. He said that, though he had no great fancy for theorising as to its pathology, a kind of scheme had presented itself to his mind during a recent visit to Wales, which he thought was to a certain extent suggestive of the origin of the symptoms. Watching the sheep brought down the hills, he observed how shepherds and dogs and sheep all worked together, and how a mistake sometimes occurred, now through the carelessness of the shepherds, at other times through the fault of the dogs, at others through the stubbornness or stupidity of the sheep, which might in this way be said to severally represent the higher centres of the mind, the lower ganglia, and the separate organs and muscles &c. of the body. Besides a general expression of opinion that the remarkable phenomena exhibited by patients in the Salpêtrière, were all the result of attention being paid to their symptoms, which were by this means fed and accentuated, there was also a plainly expressed conviction that such exhibitions were eminently improper in a large hospital; which last may be regarded as the practical outcome from the debate.

At our great charities efforts are generally made to put on a cheerful face at Christmas time, and though at the infirmary the usual ball, which the nurses so much enjoy, and to which they look forward so long, was this year vetoed by the board, a theatrical representation was given two nights in the week, in one of the large wards, which it is to be hoped in some measure made up for the loss of the ball. At the Children's Hospital there was a large gathering on Saturday, the 28th, to distribute the fruit of several Christmas trees to the little inmates. During the day, Dr. Borchardt, the true "genius loci," though no longer officially connected with the institution, was presented with a bust of himself, which it is arranged shall remain in the hospital.

The Council of Owens College have advertised for a lecturer on Medical Jurisprudence, which has been hitherto merged in the work of the lecturers on Materia Medica and Hygiene. Dr. Ashby and Mr. C. J. Cullingworth have already announced their intention of offering themselves as candidates for the office.