

are alike. As an illustration of the difficulty of deriving statistical information from small numbers, I will mention that at the West Ham Workhouse school, having an average population of 282, in the year 1875 there were no deaths, 3 occurred in 1876, and none in 1877. Should we be right in saying that the West Ham school had an annual average mortality of 1 per 1000?

I am, Sir, yours &c.,
THOMAS J. VALLANCE, M.D., F.R.C.S. Exam.

THE WAR CRIPPLES IN TURKEY.

To the Editor of THE LANCET.

SIR,—Before closing my hospital, which lack of funds will compel me to do in about a month's time, I am induced to make one more appeal to the British public, which will, I hope be responded to generously. Dr. Stephenson has performed a number of amputations in this hospital, all of whom are rapidly recovering. Some of them will return to their own villages, cripples for life, unable to help themselves or their families, useless cumberers of the ground. Others will stand or squat on the bridge, which, as every traveller will remember, is lined with cripples, one more horrible than another, living upon the *paras* thrown to them by passengers. There are scores and scores of poor crippled fellows languishing in the Turkish hospitals, many of whom have been amputated by English surgeons, but who were left uncared for too soon. Many of these men are young, and have many more years to live. A pound or two given for each would enable Dr. Stephenson to get from England artificial legs and arms, which would make these men independent of begging, and able to earn their own bread. A great deal of simple work can be done with these artificial helps. The Turk does not beg if he can possibly help it, and numbers of them prefer death to amputation.

Dr. Stephenson says: "No one can have visited Constantinople without having been worried and bothered by the hosts of cripples who besiege one for coppers in the bazaars and streets, more especially on the bridge between Galata and Stamboul, where men lie all day long with various deformities, crying '*Para, para* ; I say, look here, *para* !' Anyone with common feeling, though he may pass by on the other side, cannot help pitying them. During my whole stay in Turkey I have never yet seen a man with an artificial limb. One must remember that in Turkey there are no workhouses or unions where a poor fellow may at least get a loaf of bread. Here, if a man wants bread he must get the money for it somehow. One of the best ways of earning money here is by carrying luggage, &c. Now, through this manner of living a man with one leg, a strong man with one arm and another artificial one with a hook at the end, can vie with, and will probably, through exciting pity, get more customers than the *hammal* with two arms. In the hospitals here there are numbers of poor fellows who have lost either an arm or a leg, and I can most confidently assure you that if Lady Strangford, who represents the only English society out here, does not supply these poor fellows with the necessary artificial appliances, nobody else will, and they will be seen begging their bread about the streets ; thus demonstrating the fact that, though the English surgeons who came out to the past war have succeeded wonderfully as far as mere surgical success is concerned, they seem to have taken no heed of the utterly helpless condition in which they have left their cases. In our own hospital we have ten successful amputations of the arm, one '*Chopart*,' one excision of hip, besides numerous others, who would greatly benefit by artificial assistance."

My very small fund is all but exhausted, and daily we count over the little that remains, scarcely daring to hope we may have enough to see the fruit of our four months' work here in the restoration to health of nearly all our 160 patients. Eighteen cases brought in too late, having been already from six to twelve months in Turkish hospitals, have died in comfortable beds, grateful for the alleviation of their sufferings. Seventy-two have been sent out, recovered and strong, but many of them cripples. Our funds now admit of our keeping on only seventy cases, whom we trust to leave in good health. We earnestly trust the public will help us to render these poor fellows, though cripples, able to earn their bread for themselves and their families. To supply artificial legs and arms for a hundred or so would herald a new era of hope

for the wounded soldier; and surely many a cripple in England would be glad to share with these brave soldiers the blessings that our happier countrymen enjoy in superior surgical assistance.

I remain, Sir, yours truly;

E. STRANGFORD.

Scutari, Constantinople, July 26th, 1878.

A NOTION OF ARMY MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—A short conversation in the House of Commons some nights ago, to the effect that competitive examinations for admission into the Medical Department of the Army were to be postponed, pending contemplated changes, would indicate that the existing system is doomed. "Not too soon," most people will say, who know anything about the matter.

Would you permit a regimental surgeon, who retired some years before the present system was inaugurated, to say a few words at this crisis? What possible interest can a practitioner take in men who come under his care only casually, soon to be followed by others who in their turn also pass on? How unjust to suffering humanity is it that important and grave forms of disease, coming under the observation of one medical officer, by whom they may have been carefully studied, should, in consequence of changes of regimental stations, have to pass under the care of other medical officers, by whom they have to be studied afresh. I have heard men and officers often complain and declare that within several weeks' time they have been under the medical charge of as many officers.

Contrast this with the former system, imperfect though it was: The regimental surgeon in time came to know most of the men by sight if not by name. He knew the constitutions of many, and their peculiar ailments. He knew all the women and children, having brought not a few of them into the world. He was respected by all, and generally esteemed by his brother officers. Can there be a doubt as to this being a state of matters more favourable than the former to the health and safety of our troops?

But views differ as to how the regimental system is best carried out. I can only here give my own, based on experience and observation. No practitioner should be gazetted into the service who is not thoroughly versed in every branch of his profession. This being provided for, then no seniority or superior military rank should give one medical man any power to interfere with the purely professional parts of another's duties. As professional men all ought to be on perfect equality, consulting each other—juniors seniors and seniors juniors—as each may think proper. Without wishing to exalt my own merits, I would here instance my own experience. Having, from circumstances, considerably more than an average instight into my profession, which I do not say I thoroughly availed myself of; I entered the service having that confidence which experience gives.

There is no reason why senior medical officers should not control juniors in non-professional matters; but, I repeat, all should be on a par professionally. Then, as to military rank, why multiply grades of rank? A member of a learned profession, especially if he also holds a university degree, can very well stand, and feel himself, quite independent of military rank. A long title represented by a number of extra letters, added to such as he already possesses, is of no use to him, except in so far as it may regulate his choice of quarters, his standing amongst his combatant brother officers, or the amount of his allowances. All, I believe, would greatly prefer "the solid pudding to the empty praise."

Furthermore, there is far too much administrative work required from medical officers. Even when accompanied by a higher grade of military rank, members of a scientific profession cannot help feeling degraded by having little but office work to do. I would therefore reduce the number of administrative medical officers, and transfer some of their office work to other departments, with the exception of a limited number of officers, selected, not by seniority, but by qualification, for the duty of supervision; would have all others equal in rank professionally; while the juniors would be subject to the seniors in non-professional matters, within certain limits.

Gazette qualified men as regimental surgeons, raise their pay, but not their rank, at fixed intervals—say of three years; make them subject to military control and to the orders of administrative medical officers in non-medical matters, but quite independent in the practice of their profession; and let the duties of the administrative staff be those of supervision and of providing extra medical aid where and when required, and of receiving and inspecting the returns required by the rules of the service. I would go even further, and say that it is quite unnecessary that the Army Medical Board in London should be so largely composed of medical officers. Retain a head-quarter administrative staff there, hand over the selection of candidates to examining boards at the capitals of the three kingdoms, and transfer much of the mechanical work of the department to non-medical officials.

Pray excuse so long a letter.

Yours faithfully,

JAMES JOHNSTON, M.D.,
Late Regimental Surgeon.

Edinburgh, 10th August, 1878.

OBSTRUCTION OF THE BOWELS.

To the Editor of THE LANCET.

SIR,—The following case may be interesting to many of the readers of your journal:—

E. S.—, a grocer, aged twenty-four, well nourished, of a habitually costive nature, frequently having gone for three days at a time without any action of the bowels, was seized on February 6th with pains in the belly, constant vomiting, and the passage of much flatus. Becoming worse in the night, he sent for the nearest medical man, who gave him a draught. This was rejected. A dose of morphia, hypodermically, however, staid the sickness, and produced sleep. The symptoms returned in the morning. I was sent for about midday. I found him in great pain, most severe over the right iliac region, where was discernible a decided fulness, which was resistant to the touch and dull on percussion. The pain, aggravated on manipulation, extended along the course of the larger bowel. The abdomen was distended. The bowels had not acted properly since the 4th. The usual seats of hernia displayed nothing. Pulse 98, full; temp. 102° F.; resp. normal. Ordered half an ounce of castor oil to be taken at once; half a grain of opium, with a grain of calomel, in pill every four hours; a soda mixture, containing a little lemon and hydrocyanic acid; ice to suck; turpentine stupes to belly; at night the sixth of a grain of morphia subcutaneously. From this time up to the 11th he gradually became worse, passing nothing by the bowel, in spite of an enema of castor oil and turpentine every morning and enemata of warm water and soapsuds every four hours. There was constant vomiting, with hiccough, and much tympanites. The pulse ranged from 96 to 112; the temperature from 102·4° to 100°; the breathing was hurried, and entirely thoracic.

Feb. 11th.—Ordered an anema containing one grain of the extract of belladonna to six ounces of warm water; and extract of belladonna pill, one-sixth of a grain.

12th.—Two stercoraceous vomits; no action of the bowels. Pulse 102, feeble; temp. 100°; resp. 28. Ordered eight grains of calomel to be taken at once, to be followed in three hours' time by an enema of as much warm water as could be passed up. The calomel produced a deal of rumbling, and the injection, about three pints, returned, decidedly faecal.

13th.—Belly less distended. Three stercoraceous vomits. To go on with the injections every six hours. A milk and beef-tea diet.

14th.—Two biliary vomits. Two motions, after injections, containing scybala. From this date he began to improve. Ordered fish, eggs, &c.; and two-grain doses of quinine three times a day. The pain and fulness which were noticed at the commencement of the attack remain unaltered.

23rd.—Swelling increased in size. Very painful. To be painted, night and morning, with the tincture of iodine.

March 25th.—Swelling larger, with indistinct fluctuation. Ordered poppy fomentations, and linseed-meal poultices sprinkled with laudanum.

April 12th.—The swelling, which has been slowly in-

creasing, is now of an immense size, fully five inches in diameter every way. Very prominent, with marked fluctuation. Patient will not consent to have it lanced. Ordered a pint of stout a day.

14th.—The abscess broke to-day, and discharged about three-quarters of a pint of sanious and most stinking pus.

May 4th.—Suppuration ceased; wound healed.

18th.—Patient improved in health, and increased in weight.

July 4th.—Complains of a weakness over the spot where the abscess broke. Advised to wear some kind of support, in addition to the flannel binder he has worn since May 4th.

In my opinion the case commenced as one of typhlitis, set up no doubt by the frequent irritation of accumulated faeces; followed by the intestinal obstruction, and eventually giving rise to perityphlitis, and the formation of abscess, which fortunately pointed and discharged externally.

Lastly, as to my line of treatment in the above case, I think that,—taking into consideration the fact of the symptoms pointing to some perityphlitic mischief, and bearing in mind the serious nature of the case, which was sure to end fatally if the bowels remained closed, and knowing what a hazardous and unsatisfactory undertaking it is to operate in these cases,—I was justified in giving the large dose of calomel, rather than having resort to the dread alternative of opening the abdomen.

I am, Sir, yours truly,

Cardiff, August 13th, 1878.

FRED. EVANS, M.B.

THE MANCHESTER EXPERIMENT IN PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—A report of a Sub-Committee of the Midland Counties Branch of the British Medical Association and the Midland Medical Society on the subject of Provident Dispensaries has been put into my hands, in which I find the following passages:—

“The experience of Manchester is conclusive as to the necessity of proceeding most cautiously, if existing evils are to be remedied without incurring the risk of adding an equally great one under another name. Although in that city guarantors have for some years paid in round numbers £1000 per annum in aid of provident dispensaries, the members subscribing to them have largely diminished, and the scheme has failed to commend itself to the local members of the medical profession.

“Notwithstanding such experience, individual members of our Societies are free to act according to their judgment and inclination; but, as representatives of the profession, our Committee have declined to take part in a scheme in which failure seems inevitable while the local medical charities are administered as at present.”

I am not acquainted with the full scheme proposed for the Birmingham provident dispensaries, but as the above quotations pronounce failure to be inevitable, and refer to Manchester for illustration, it may be as well to show how far Manchester has failed, and the reasons thereof.

The promoters of the Manchester scheme intended to follow the lines which have led to success in Northampton, Coventry, Leicester, and Derby, and to combat the abuses of the medical charities by bringing efficient medical aid within the means of the working classes generally, hoping that appeals to their feelings of self-reliance and independence would attract the bulk of the well-conducted to these institutions. Some members of the medical profession suggested that if the medical charities could be induced to co-operate, and to refuse assistance to all applicants who were found able to pay dispensary fees, then we could at once stamp out the abuse of those charities and provide the remedy. Now, in order to secure this co-operation, it was found necessary to restrict admission to the provident dispensaries to families in receipt of not more than 30s. per week average wages. For the sake of securing this valuable co-operation, and of speedily remedying the abuse of the charities, this restriction was submitted to; but, as we were not able to cover the two boroughs with provident dispensaries, and as several of the charities have not come into the scheme, the provident dispensaries have had their sphere of