

much as laws and regulations on this head have been made by the Local Government Board as well as by the local authorities, it is very desirable to know if they have been properly carried out.

THE deaths in London during the week ending Aug. 11th numbered 1293, being 334 below the average in the corresponding week of the last ten years. Small-pox accounted for 20 deaths, measles for 43, scarlet fever for 21, diphtheria for 6, whooping-cough for 29; 15 deaths were attributed to different forms of fever, and 166 to diarrhoea. The mortality from these seven zymotic diseases was considerably less than the average rate prevailing in the second week in August.

MR. JOSEPH J. POPE, staff-surgeon, army (retired), has accepted the post of lecturer on "Health" at the Birkbeck Institution, Chancery-lane. His course of lectures commences October 3rd, at 7 P.M.

## Correspondence.

"Audi alteram partem."

### "HOSPITAL MORTALITY."

To the Editor of THE LANCET.

SIR,—MR. A. F. MCGILL, F.R.C.S., writing in your issue of the 4th of this month, assumes, on the strength of Dr. Steele's figures, which have been largely quoted during the last few weeks, that King's College, St. Thomas's, and University College Hospitals are the most unhealthy of the metropolitan hospitals, and then proceeds to refer their comparative unhealthiness to the assumed fact that "in these institutions the nursing is conducted on what are considered new and improved principles; at St. Thomas's on the Nightingale plan, and at University and King's by sisterhoods"; further remarking that it is not surprising "to find what may be termed 'fancy nursing' lead to results that must be considered eminently unsatisfactory." As regards the mortuary-rate of St. Thomas's, Dr. Greenfield has already shown in your columns that it admits of a different interpretation from that which is here put upon it; and on this matter much more could be said in the same sense if it were worth while. As regards the nursing at St. Thomas's, it is hardly necessary, I should think, to tell anyone, excepting Mr. McGill, that it is not conducted on the Nightingale plan (whatever that may be), but that the matron, and the sisters and nurses under the matron, are all the servants of the hospital, and answerable to the hospital authorities only. It is true that we have also a school for nurses, just as we have a school for medical students; but this school is as much under the control of the authorities of the hospital as is the School of Medicine, and its superintendent is the matron.

I don't suppose that the above statement of facts will modify Mr. McGill's belief in the disastrous results of what he is pleased to term "fancy nursing," for statistics are wonderful things and prove a great deal; but I think most persons will require more positive proof than any he adduces to convince them that good nursing in hospitals tends to raise their mortality. Perhaps Mr. McGill's letter was intended for a joke.

I am, Sir, your obedient servant,  
Old Burlington-street, August 11th, 1877. J. S. BRISTOWE.

To the Editor of THE LANCET.

SIR,—I am glad you have recurred to this subject; for, whether my figures be correct or not, nothing but good can come out of the discussion of them.

First of all, let me point out a trifling inaccuracy in your article of to-day, by which you make me say that the total number of beds in Bartholomew's was 710. What I do say is, that this is the number as stated in Churchill's Medical

Directory, and at p. 247 of that useful book you will find that it is so. At p. 15 of my book I give my authority.

Again, let me point out that what you call the "activity" of the hospital—a term I am quite prepared to accept from its manifest convenience—is not to be calculated upon the number of beds which a hospital states it has, but upon the number in average occupation. St. Bartholomew's has, according to the statement made in Churchill's Directory, 710 beds; but, according to my returns, only 301·40 are in average occupation. This gives the "activity" of the hospital as 11·11 to that of St. Thomas's, which is only 9·03, there being 347·8 beds in average occupation in the latter hospital, though 572 is the number given in the Directory. This confusion arises from a want of accuracy in the statements concerning hospitals which is much too common.

As to the accuracy of the figures which I give for St. Bartholomew's, I can only say that they were furnished to me by the authorities of the hospital, and if they are not correct I cannot be held to be responsible. I could only use the materials furnished to me. I believe, however, that they are quite correct; for it must be noticed that under the column of "Remarks" a certain exclusion is noted.

Concerning St. Thomas's Hospital, you say, "Surely there should be some very strong ground for presuming that the extra deaths in St. Thomas's Hospital are avoidable." I can only say in answer to this what I have said in my book, that I believe it to be the duty of the authorities of that or any other institution with an excessive mortality to show, not merely to state, as Dr. Greenfield does, that it is unavoidable. This would be the case in a workhouse, an asylum, or a prison. Why not in a hospital? In St. Thomas's Hospital the amputation statistics are so bad as to be eminently suggestive that the excessive mortality is avoidable; and I must here say that I do really think it is too bad of Dr. Greenfield to condemn Dr. Steele's work and mine as "crude masses of figures" without having read them. Mine he certainly has not read, or he would have seen that I have fully acted upon his own view, that "mortality statistics, to be of any value, must be grounded on the comparison of a series of cases of similar nature." I have published the analysis of nearly 5000 amputations from hospital practice, and with this remarkable result, amongst others, that whilst in the Leeds Infirmary there are more than three times the number of amputations, either for disease or accident, or both, that there are in St. Thomas's Hospital, the mortality is better in Leeds in every form and kind of amputation by as much as a hundred per cent. Let Dr. Greenfield study my table on p. 116, and show, if he can, not merely state, what other causes there can be than defective hygiene to produce such disastrous results in St. Thomas's Hospital. When these results are found to coincide with a death-rate in the total patients passing through its wards nearly double that of Leeds, then I do, indeed, agree with you that it is time an inquiry was made by a scientific commission.

I am, &c.,

Birmingham, August, 1877.

LAWSON TAIT.

\* \* \* In Mr. Tait's work, St. Bartholomew's is marked as one of those institutions "from which no published reports have been received," and it certainly is surprising that an author, who seeks to draw conclusions of the greatest importance, should content himself with the figures given in the Directory, instead of having recourse to the St. Bartholomew's Hospital Reports, which are to be found in every library. The source from which Mr. Tait gets his bed-number states that the in-patients are 6000 per annum, and Mr. Tait must explain why he selects his facts from different sources. The "exclusion" to which Mr. Tait alludes is the "ophthalmic beds and patients," a statement which would lead one to suppose that the actual number of beds is 736, the number of ophthalmic beds (26) being excluded. If the ophthalmic beds are excluded, so also should the syphilitic (81), and the convalescent (34), which would reduce the number of ordinary hospital beds by 141; so that the number of beds at St. Bartholomew's really comparable with other general hospitals is 569, and the comparable mortality is probably to be considerably raised. We cannot agree with Mr. Tait's remarks about activity, for if his

method of calculation be followed, the apparent "activity" would bear an inverse proportion to the smallness of the number of beds in use, and a direct proportion to the largeness of the bed-margin, an absurdity too glaring to need refutation.—ED. L.

### THE DANGERS OF THORACENTESIS.

*To the Editor of THE LANCET.*

SIR,—The discussion on the treatment of pleuritic effusions at Manchester last week was conducted under such high pressure, and we were so repeatedly warned of the virtue of brevity, that I fear, from the observations of subsequent speakers, the few remarks I made on this subject were more brief than clear, and were somewhat misunderstood; and, as there was no opportunity at the meeting of correcting this misapprehension, I should be greatly obliged if you would allow me to do so now.

What I wished to say was this. 1st. That when a lung, already the seat of tuberculous disease, is compressed by a serous pleuritic effusion, the phthisis will often remain quiescent so long as that pressure is maintained, and that the removal of the fluid by thoracentesis may be followed by rapid progress of the phthisis. Of this fact I am perfectly sure, and I quoted a striking instance. 2ndly. That the conversion of a serous into a purulent effusion, after paracentesis, is favoured by the presence of certain constitutional cachexiæ, as, e.g., the scrofulous cachexia. Of this also I cannot doubt. My statements were in no respect inconsistent with the fact advanced subsequently by the President, that a lung compressed by pleuritic effusion often becomes the seat of tubercle.

Of the influence of the tuberculous cachexia in determining the rate of mortality after thoracentesis, the statistics collected by Dr. Wilson Fox, and circulated at the meeting, offer many illustrations. For instance: Of the nine fatal cases, reported by Messrs. Hughes and Cock, it existed in six. Of Trousseau's seven fatal cases, five were complicated with "tubercle or cancer." Of Kussmaul's eight fatal cases, three were tuberculous. Of six cases operated on in private, and recorded by Dr. West, the only fatal case was a tuberculous one. Of Tutschek's six fatal cases, four were tuberculous. In Oeri's two fatal cases, we are told both "were phthisical," and in both the serous effusion underwent purulent transformations.

But I need not continue to multiply evidence, which exists in abundance, in favour of the view I advocated.

I am, Sir, your obedient servant,  
Hertford-street, Mayfair, August 13th, 1877. I. BURNEY YEO.

### ANTISEPTIC TREATMENT OF AMPUTATION WOUNDS IN MILITARY HOSPITALS.

*To the Editor of THE LANCET.*

SIR,—I would ask the favour of a small space in your valuable journal to give voice to a conviction I have long entertained, and which I hope will not be thought an impertinence by the surgical world, in whose ranks my own place is so obscure. I will be as brief as possible.

I had the honour of serving in the Anglo-American ambulance in the war of 1870-71, and saw in our own and other field hospitals much of the unhappy consequences at Sedan and Orleans, particularly the latter. No one, I think, but a doctor who has been personally cognisant of the frightful ravages made by pyæmia and septicæmia in military hospitals can form an idea of the grief, rage, and hopelessness one feels when, on revisiting one of his wards or locales, he sees or hears of one of his amputated patients, who has apparently been doing well up to the sixth day, let us say, and who since his last visit has had the inevitably fatal chill and colliquative perspiration, almost as indicative of his near death by blood-poisoning as if he then lay dead; that doctor, and that one only, knows the strain implied in bidding the poor fellow keep up heart, &c., knowing as he does that, without almost a miracle, his doom is certain. I beg, then, suspension of judgment by surgeons on what I am about to offer as a possible preventive, and that it shall not be considered too crude or unsurgical a proceeding.

Among all the Continental peoples charcoal is largely used, and everywhere available, or easily made. I would suggest then, rude as it may seem, an instant envelopment of the wound whose edges &c. have been secured after amputation, especially of the lower extremity, in a sack or bag (a slit pillow-slip would answer) of charcoal finely powdered, without any other dressing whatever, and a large excess of the same substance around it, this not to be removed under any circumstances (except hæmorrhages, &c.) for some days at a time, and then only by a jet of water from some clean source, and the same dressing immediately reapplied, until the wound is so far advanced toward cure that convalescence is certain, or some contra-indication arises.

This proceeding would not have that extremely neat surgical look of a good dressing, scientifically applied; but I am convinced that in hospitals of this kind it would be infinitely superior in results to the orthodox dressings by the infected hands and armamenta of the ignorant or dirty army nurse or aid. The charcoal may, and, perhaps, should, be slightly dampened on the outer surface with some antiseptic fluid, according to the predilections of the attending surgeon; it would at least lessen dust. I am convinced that by this method "pyæmic horror" might be, at least, moderated. The proceeding is so exceedingly simple that I have hesitated to put it on paper, and have waited to see some one else start the idea. I can, however, find or see no analogous advice; that most resembling it, the "earth dressing," seems to be pretty much the same in principle; but this is superior in disinfectant quality, and infinitely easier and better in theory and practice.

In regard to the mortality in field hospitals, &c., I have often, after observing operations and results under the most celebrated surgeons on both sides during the Franco-German war, doubted if, after all, the "cold chop and bucket of hot tar," of the ante Ambrose Paré's time, would not have had better success, at least as far as saving life goes. These remarks are none of them applicable, or only in a very modified sense, to the admirable surgical work and dressings in civil hospitals, where air, instruments, dressings, and assistants are all clean; the latter especially not overworked and careless.

It may be asked, why not have put your ideas into practice when chance favoured? All I have to urge in reply is that I had not the ideas then; there was not much time to think, busied, as some were, from morning to night in the incessant orthodox work of a busy hospital; I have thought long and gravely over it since, and have wished that part of my life to be lived over again, having the assurance in my mind of being able to save many of the brave fellows, German and French, who had to leave their bones there, and whom at the time it made me wild to lose, in spite of what I dare to say, on my part, was devoted but useless attention. In my belief the above treatment would have resulted favourably for them.

Hoping this or summary may find place in your columns, and that some surgeon in this or some future war may give this innovation a small experience,

I have the honour to remain respectfully,

S. SHERWELL,

Clin. Prof. Dermatology, Long Island Hosp. Med. Coll.;  
Surgeon Skin and Throat Department, Brooklyn Eye and Ear Hosp.; and  
Ritter des Militär Verdienst Ordens, II. Classe, K.B.  
Remsen-street, Brooklyn, U.S.A.

### TRAFFIC IN DISEASED MEAT.

*To the Editor of THE LANCET.*

SIR,—The guardians of the North Dublin Union, in carrying out the provisions of the Contagious Diseases (Animals) Act, have for some time past been selling the carcasses of the oxen killed whilst suffering from contagious pleuro-pneumonia. Whenever our sanitary police detect the carcasses of such animals I inspect them, and, if I consider them unfit for food, apply to the magistrates for an order for their destruction, which is never refused. The guardians sell these carcasses in the second stage of disease, in which the animals' lungs are increased in weight, often to the extent of from twenty to forty pounds, and infiltrated with purulent matter. The guardians allege, in defence of their conduct, that the sale of animals killed whilst affected with contagious pleuro-pneumonia is openly