

advantage into the effects on a healthy wife of a phthisical taint acquired, through the foetal circulation, from her tubercular husband? Is that effect direct and immediate, as in the case of a syphilitic taint similarly acquired? or is the effect only such as to engender a constitutional predisposition to the more palpable contagion from the breath of her phthisical husband?

3. Might not some valuable results follow an inquiry into the history of phthisis in regions of the world and among races of men till lately supposed to enjoy a happy immunity from that fell disease?

It is not many years since the late Sir Robert Christison wrote a paper to explain the immunity from phthisis of our Western Isles. These once happy isles are now notorious for the large number of their phthisical and scrofulous sufferers.

The late Professor Bennett of this city used to recommend Canada as a hopeful sanatorium for consumptives. Consumption may now be called the peculiar scourge of the Dominion—at least, of its older provinces.

It is still a common thing to send consumptives to Australia; and it cannot be denied that some of them come back to us with every appearance of having derived benefit from the change. I shall not here inquire how much of this apparent benefit is due to the change and rest of the long sea-voyage; but there can be no doubt that our Australian colonies have now their own full share of native pulmonary phthisis.—I am, sir, your obedient servant,

DONALD T. MASSON, M.A., M.D.

Edinburgh, January 9th, 1883.

#### SYMMETRICAL GANGRENE.

SIR,—In the *Provincial Medical and Surgical Journal* for July 1846, I published a case of symmetrical gangrene, which had occurred in the practice of Mr. Nott of Bere Regis, Dorset, with a portrait of the patient taken and engraved by myself on the glypographic method. Mr. Nott called his case "spontaneous dry gangrene," and Dr. Henry of Philadelphia, to whom you refer in your notice of Dr. Southey's case in last week's *JOURNAL*, gives the name of "idiopathic gangrene," to the case he had met with. Mr. Camps of Fenny Stratford published, as an "original communication," in the *British and Foreign Medical-Chirurgical Review*, July, 1855, a "Supposed Case of Ergotism." All these appear, from their history, to have been cases of "Symmetrical Gangrene." I now refer particularly to the one narrated by myself, because the symmetrical condition is clearly shown in the portrait. The gangrene in each hand, in each cheek, in each ala of the nose is distinct. I may mention that I believe the glypographic block to be still in my possession, if, at any time, it were thought advisable to reproduce the portrait.—I am, etc.,

HENRY DAYMAN, F.R.C.S.

Millbrook, Southampton.

#### THE PREVALENCE OF SYPHILIS.

SIR,—It would be interesting to know, just now, whether syphilis is on the increase, at a standstill, or declining in towns unprotected by the Contagious Diseases Acts. A comparison of 725 consecutive cases of venereal disease, seen at the Liverpool Seamen's Dispensary by my colleague, Mr. F. W. Lowndes, and myself, during the years 1878, 1879, 1880, 1881 and 1882, shows the percentage of syphilis and the proportion of its stages to be as stated in the following table:

Year.	Venereal Disease.	Primary.	Secondary.	Tertiary.	Percentage.
1878	725	79	74	3	21½
1879	735	79	71	6	21½
1880	725	78	58	4	19½
1881	725	95	86	8	26
1882	725	94	72	5	23½

Perhaps some of your readers, who take an interest in the subject, will contribute their experiences.—I am, sir, yours obediently,

A. BERNARD, M.B., Surgeon to the Liverpool Lock Hospital.  
Liverpool.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### GLASGOW ROYAL ASYLUM.

At the annual general meeting of the supporters of this institution, held on the 11th inst., the report, which was read and adopted, showed that during the past year there had been 152 admissions, 111 discharges (of which 53 were recoveries), and 38 deaths, the total number of inmates at the end of the year being 486, as compared with 483 at the beginning of the year. Of this total, 271 are private patients, and 215 are chargeable to parishes. The Commissioners in Lunacy have twice visited the Asylum during the year, and their official reports have been in all respects most satisfactory. The noticeable feature in the report is that there has been in the year just passed a decided increase in the number of private patients as compared with parish ones, showing that in receiving this class of cases the institution is meeting a great public want. The financial statement submitted to the meeting was very satisfactory, as it showed that, after meeting all the liabilities of the institution, there was on hand the sum of £11,935.

### CORK WORKHOUSE.

DR. BRODIE, Local Government Board Inspector, in his half-yearly report, states that the workhouse is adequate to the wants of the Union, and there is no overcrowding except in the female lunatic ward. No effectual steps have, as yet, been taken by the Guardians to relieve the pressure of accommodation in this department, additional space being very much required, as the sleeping rooms are much overcrowded. A committee of the Guardians was appointed subsequently to the visit, in July last, of Dr. Nugent, Inspector of Asylums, to try to obtain some suitable building for the accommodation of the class in question; but they did not succeed, and Dr. Brodie is of opinion that a new building will have to be erected. As regards the arrangements for medical attendance and nursing in the sick wards, they are stated to be sufficient; the attendance, however, of the gentleman who acts as apothecary and resident medical officer not being at all satisfactory. The recent inquiries at the workhouse, and the frequent absences of Dr. Magner, have revealed a state of laxity in the discipline of the workhouse which reflects on the master's system of management; and the ease with which visitors to officers obtain permission to remain in the workhouse to late hours, and frequently overnight, for lengthened periods, in the fever hospital, shows that the superior officers have fallen into a state of great indifference to the enforcement of that strict discipline so necessary to the proper conduct of the establishment.

## MILITARY AND NAVAL MEDICAL SERVICES.

### ARMY MEDICAL ORGANISATION: A WARNING AND A SUGGESTION.

SIR,—The outcome of the present Committee on Army Medical Organisation is awaited with the keenest interest, not unmixed with anxiety, by the medical officers. It is certain that, whether for good or ill, it will mark a most important turning-point in the history of the Army Medical Department. If, as in your recent editorial comments you remark, it be "an open secret" that the military members of the Committee are strongly predisposed to supersede the present disciplinary powers of medical officers by a system of combant control over military hospitals, the predisposition must be regarded as extremely unfortunate; for any scheme of reorganisation that may accrue from it is, without a doubt, doomed to failure, and moreover, cannot fail to be attended with the most mischievous results to the department which it is sought to improve. You judge rightly in supposing that a system equivalent to the *intendance* which for years proved the bane of the French medical service, culminating in such glaring scandals and inefficiency as ultimately to lead to its abolition, cannot, and will not, be tolerated by British medical officers. It may be introduced with all the flourish and authority of a Royal Warrant, but it is as certain as anything that can be predicated of the future, that it will speedily share the fate of the brilliant inspiration of the wisecrack who, not long ago, suggested the "ten years' system." Its promulgation may retard and postpone the fulfilment of the aspirations of the more zealous and energetic members of the department, but it will never do away with them. The objections to such a system are so numerous, and to anyone who will give a moment's unbiased thought to the subject so extremely obvious, that I hardly think it necessary to refer to them. If the members of the Committee hesitate to allow any weight to theoretical objections, let them, at least, give heed to the teaching of experience, which shows that the system has always signally failed wherever it has been tried. To anyone with the welfare of the department and the honour of the medical profession at heart, it is positively painful to contemplate the ill effects on the members of the department which would be likely to arise from such a system. It would be destructive of self-respect and the sense of responsibility. In the energetic, it would promote resistance and obstructiveness; in the careless, apathy. To a large number of the senior officers its enforcement would be the signal for retirement from a service which no longer possessed any attractions for them; while for the juniors, it would point to a cheerless and uninteresting future, and remove all incentive to hard work and the attainment of excellence as army surgeons.