

black. On the contrary, the pigmented cells were in a minority, usually in a proportion of one pigmented cell to four, or from this to ten, unpigmented. The pigment was of a brown colour, and the cells were apparently stained with it, the staining being of various degrees in depth, and frequently affecting not the whole but only a part of the cell. On examination, in the fresh state, it was particularly noticed that the pigment was not, so far as appeared, granular, but rather a simple brown staining. Both pigmented and colourless cells were the seat of fatty degeneration, and Dr. Coats was convinced that any appearance of separate pigment-granules, which might have been supposed to exist, was really dependent on fatty degeneration in the pigmented cells. The addition of liquor potassæ produced no perceptible alteration in the colour of the pigment, although by degrees destroying the cells.

Fatty Tumour of Uterus.—Dr. JOSEPH COATS showed the uterus in the case just detailed. It was normal in size, and its cavity was normal. In its posterior wall, towards the right side, a somewhat bulky tumour was felt, on cutting into which there was found an encapsuled growth about the size of a small hazel-nut. It had a yellow colour, suggestive of fat, but it was of rather firmer consistence, although by no means so firm as the ordinary myoma. It was buried in the muscular parenchyma of the organ. The appendages of the uterus were very much matted together, and the organ was adherent to the rectum behind but free in front. Douglas's space was occupied by a collection of melanoid growths similar to those of the peritoneum generally (see preceding communication), but of larger dimensions and exceedingly soft. The Fallopian tubes were hardly to be made out, buried as they were in multitudes of black growths, and obscured in their relations by adhesions. On the right side, what was supposed to be the ovary was occupied by two melanoid growths, one as large as a large hazel-nut, and the other a third of that size. It was not certain, however, that this was the ovary, and on the opposite side only apparent traces of the ovary could be made out. [This woman had been twenty-three years married without any family. The catamenia ceased at the age of 36, four years before her death, after a severe attack of rheumatic fever; for the details of fatal illness, etc., see above.] The microscopic examination of the uterine tumour showed in all respects the usual characters of the fatty growth; large fat-cells occurring in closely set aggregates, with some intervening fibrous tissue.

Vesical Calculus.—Dr. WM. MAC EWEN showed a calculus, weighing over eight drachms, removed by the lateral operation from a man aged 40. He had complained chiefly of pain in the hepatic region, but, on inquiry, it was found that he passed blood occasionally with his urine, and this led to the detection of the calculus by the sound; the wound healed completely in twelve days.

Urethral Calculi.—Dr. MAC EWEN also showed two calculi which had been removed from the urethra of a boy, having given rise to retention of urine. As they could not be removed by forceps, a valved incision was made, and both extracted by the same wound; in this way the wound in the urethra was subcutaneous; a catheter was kept in for some days, and in a fortnight he was well.

CORRESPONDENCE.

OUT-PATIENTS' MEDICAL RELIEF.

SIR,—Assuming that the main difficulty in the way of out-patient reform relates to the business of discriminating between those who can and those who cannot afford to pay for medical advice upon the very easy terms of provident dispensaries, it seems pertinent to observe that the special knowledge needed for this task, as well as the place where the selection can be best made, should be sought for not within the hospital, but away from it.

Such, indeed, is the theory upon which letters of recommendation were originally issued, a theory which assumes that each subscriber will institute due inquiry as to the means and needs of applicants before making petition (for "a letter" is no more than that) on their behalf.

The theory fails because it assumes too much. This intelligent scrutiny is not really exercised, nor is the letter taken as a request, but as a demand. Of all modes of admission, this has come to be the worst.

But the principle is right nevertheless, only its machinery is defective. Hospital letters (good in so far as they relieve hospitals of a duty they have no means of performing) might be made wholly good if the discrimination and care in their bestowal which we now assume were actually secured, and those to whom they are entrusted were required to give account of their trust. With this view, hospital letters should be dealt out by tender, yearly or half-yearly, upon certain specified

conditions. Charity organisations, ministers of religion, visitors of the poor, approved philanthropists, perhaps provident dispensaries themselves, should be so supplied on their own requisition; the conditions being that they would render to the hospital periodically, according to an approved form, a strict account of their stewardship. Subscribers, of course, would not be excluded from obtaining letters on the same terms; but the payment of a guinea would no longer secure as at present the right of pauperising the poor, or of obtaining, under the fair name of charity, medical advice for a large staff of workpeople or servants.

If some such plan were adopted by the general hospitals in London, the returns so obtained might be forwarded ultimately to some central organisation, which would thus be furnished with the means of estimating on a large scale the actual working of the present system of out-door medical relief.

Be the plan what it may, it is at least necessary to prevent indiscriminate crowds of sick from collecting in hospital waiting-rooms. Only last week, at the place where I sit and cure, there appeared among the number a little child in the desquamative stage of scarlet fever. She had been waiting some hours in these realms of fancy with other children, pretty closely packed, expecting, like the rest, her turn to be healed. If the gross result of that morning's work could be estimated, would it be good or bad?

With the ignorance of the poor, with the impotence of drugs, with the dangers incident to long waiting and exposure in bad weather, with the impossibility, under *any* system, of determining beforehand which should come and which should stay away, out-patient practice is beset with evil. Yet, so long as the public will have it so, we can but seek to minimise this evil. And, indeed, until we are persuaded that our work as assistant-physicians is, on the whole, beneficial, it seems premature, if it be not impossible, to determine, as is now proposed, a scale of recompense.

Your obedient servant, OCTAVIUS STURGES.

SIR,—I have read with much satisfaction the extracts from the report of the Royal Free Hospital on the above subject, and your comments thereon. Believing, with you, that some may feel "the Royal Free is not a fair example of the General Hospital, because it requires no governors' letters of recommendation", I think it may be of value to reproduce the results of an inquiry made by the Charity Organisation and Mendicity Society, in the latter part of 1873, into the circumstances of the patients attending a large provincial general hospital—the Queen's Hospital, Birmingham—where the ticket system was and is in force. Having myself had a good deal to do with the conduct of this inquiry and the mode of operation adopted, I can fully confirm the thoroughness and accuracy of the information obtained. The chairman of the Charity Organisation and Mendicity Society, the Rev. J. C. Blissard, devoted a large portion of his time and attention to the investigations made; and, in addition, the assistance of some of the foremen of the largest manufacturing firms in Birmingham was secured, who displayed much interest in the inquiry. The results of this investigation may be briefly summarised thus:—

Cases investigated.—In-patients, 88; out-patients, 366. Total, 484.

In-patients. Ticket cases: false addresses, 5; cases unsuitable, 6. Free cases: emergency and accident cases able to contribute towards maintenance, 8; emergencies, unsuitable, 2; leaving legitimate objects of charity, free and ticket cases, 67; total, 88.

Out-patients (all ticket cases):—Information refused, 2; false addresses, 34; parish cases, 6; unsuitable, 64; legitimate, 260. Total, 366.

It will thus be seen that, of the in-patients, 10 per cent. were found to be unsuitable cases, and of the out-patients 64, or nearly 20 per cent., were rejected on the same ground. It will further be observed that three-fourths of the unsuitable in-patient cases were admitted by ticket, thus clearly showing that the free system is far less abused in practice than the ticket; and this view will be further confirmed when the above figures are compared with those published in reference to the inquiry at the Royal Free Hospital. I ought, perhaps, to mention that in this inquiry "cases of severe disease, such as epilepsy, hypochondria, etc., and some cases of venereal disease, independently of the patients' pecuniary circumstances", and also "cases of chronic or prolonged illness, where the patient had previously paid for medical advice in adequate proportion to his means", were classed as legitimate. It may be well to give samples of each class of cases, as taken from the list published in the report.

Legitimate Cases.—No 339. A parish case passed as legitimate, because she had previously been attended for three months by the parish doctor, but without obtaining much benefit.—No. 44. Comfortably off when able to work. Passed, because husband's earnings were stopped by reason of his poisoned hand.—No. 189. Young woman,