

found on the mucous membrane of the mouth: the general complexion was pale. There was old tubercle in the lung, and in the bronchial and mesenteric glands. Death was rather sudden, and was preceded by a severe attack of convulsions.

Dr. BRISTOWE exhibited a specimen of Softening Clot in the Heart, near which were other coagula in which hæmatoid crystals were found. The clot had been diagnosed during life; and, from the symptoms, Dr. Bristowe was inclined to think that its duration had been two months.

Dr. BRISTOWE also shewed a specimen of Warty Growths on the Vocal Cords, in a patient who died of heart-disease. They had only produced a squeaking tone in the voice.

Dr. WILKS shewed some Chylous Fluid, of which two gallons were removed from the abdomen on each of four occasions. It did not respond to the usual chemical and microscopical tests for milk. It deposited fibrine on standing. Dr. Wilks referred to other cases, in which a milky-looking fluid was accumulated in the abdomen from pressure on the receptaculum chyli or one of the lacteals.—The PRESIDENT suggested that a sufficient quantity of the fluid should be procured for chemical analysis.

Dr. SEMPLE exhibited a specimen from a Hypertrophied Liver, in a middle-aged woman who died of disease of the kidney. The liver weighed about 12 lbs., being the largest of which Dr. Semple could find a note. There was no proof of "amyloid" or lardaceous change. No known cause of the disease could be found.—Dr. MURCHISON regarded this as a specimen of enlarged fatty liver; in which view Dr. Semple concided.

Dr. WHIPHAM shewed a specimen, from a case of Disease of the Spine with extensive suppuration around the kidney, in which the secreting structure of this organ was almost entirely replaced by fat. A quantity of fat also surrounded the ureter (which was pervious), passing down nearly as far as the bladder. The other kidney, which weighed 18 ounces, was in a state of extensive amyloid degeneration. Under the use of diuretics, 50 ounces of urine were passed in twenty-four hours.

Dr. WILSON FOX shewed a case of Embolism of the Middle Cerebral Artery, with heart-disease and dropsy. The man had suffered severely from paralysis; which, however, had nearly passed away, notwithstanding that, as was found after death, the middle cerebral artery was quite occluded.—Dr. MURCHISON gave the history of the case, which had been under his care, shewing very distinctly the symptoms of paralysis from embolism after rheumatic fever. There was intense pain in the side of the head where the embolism existed.

Dr. HILTON FAGGE shewed a specimen of the larval Acari from Sca-bies before the sexual system is developed.

## CORRESPONDENCE.

### ON A NEW METHOD OF CLOSING BLEEDING BLOOD-VESSELS BY MOVEABLE FORCEPS.

SIR,—An excellent paper by Mr. Nunneley with the above title appears in our JOURNAL for the 12th instant. This paper will have been read by many with interest and pleasure, and I have no wish to detract in the least from Mr. Nunneley's merits in the matter. I would, however, venture to direct his attention to a paper by Mr. Porter, of the Meath Hospital, published in the *Dublin Quarterly Journal of Medical Science* for November 1863. In this paper Mr. Porter describes "a new mode of arresting venous hæmorrhage after amputation," which is identical in principle with that proposed by Mr. Nunneley, and not only in principle but in the method of application. Having been the first to use Mr. Porter's new method, I feel bound to call Mr. Nunneley's attention to this paper, satisfied that his own good feeling will dictate to him the proper course to pursue under the circumstances.

I am, etc., MAURICE H. COLLIS.  
Lower Baggot Street, Dublin, Oct. 1867.

SIR,—I am very glad to find, by your recent number of October 12, 1867, that Mr. Nunneley of Leeds is making every effort to carry out the plan of securing vessels by the use of compress-forceps. I trust I may be allowed to take some share of the credit for having brought the idea first before the notice of the profession about two years ago. At the time when Mr. Ernest Hart published his method of Cure for Popliteal Aneurism by Forcible Flexion, I made the suggestion in a contemporary journal, that the compress-forceps might be applied to the aneurismal artery, almost in the same manner as recommended by Mr. Nunneley; that is, without a great disturbance of parts. I also advised their use for securing vessels in the operation for piles, as they might be removed in the course of twelve to twenty-four hours without fear of hæ-

morrhage. I have found their value in some cases of piles where it was possible to apply them to their base.

My opinion has long been formed, I may say, before, and since, I wrote the paper referred to, that the compress-forceps would, in a great measure, take the place of the ligature; and that they would be used in ovariectomy in cases of short pedicle in preference to the cumbersome clamp or ligature. I can only add that I heartily wish Mr. Nunneley success in his efforts to establish the success of the forceps in large operations.

May I venture, at this time, to bring before the notice of the profession two cases of amputation of the foot at the ankle-joint, in which the malleoli were allowed to remain intact? Both cases occurred in the practice of Dr. Walker, of the Essex Road, Islington, whose permission I have asked to publish them. The first was that of a young man, aged 21, who had been for some time an in-patient of a large London hospital, and who had been discharged as recovering. In this case, the bones of the foot were very soft; and ulceration of both bones and soft parts had taken place to such an extent as to render any removal of parts out of all question. A bar of iron had fallen, some years ago, upon the young man's foot. This accident had been followed by abscesses and ulcerative softening of the cuboid, astragalus, os calcis, and cuneiform bones. The ulceration had also attacked the metatarsal bones and phalanges. The history was not promising, as the mother had died of cancer, and the patient was in a hectic condition from exhaustion and discharge. The softening of the bony structure gave to the probe a feeling much resembling dissolving lump sugar. The fear of the disease extending to the tibia and fibula, in case of cutting away the malleoli, prompted Dr. Walker and myself to leave them intact. This made a most excellent stump, and the young man can walk well without the aid of a well made boot. The other case so far resembles the first, that it is not necessary to furnish the details. It also made a good recovery, with an excellent stump. Both cases were treated with dry dressings. The advantages of dry dressings in cases where nurses cannot be had, I believe to be immense; since the patient, being without a slop in the bed, is much more comfortable, and I should say less liable to pyæmia.

I am, etc., AUGUSTUS BROWN, M.D.  
30, Belitha Villas, Barnsbury Park, Islington, N., Oct. 1867.

### MODE OF ADMITTING PATIENTS AT HOSPITALS.

SIR,—I am sure that many earnest men in the profession will thank you for your article in the JOURNAL of October 19th, headed "County Hospitals." You have there touched an evil which appears to me to have towering proportions among the grievances of our calling; an evil which could only have arisen at an epoch when charity was misunderstood, and when medical men were content to do with humility the bidding of rich people, even if the result should be the dishonouring of the best traditions of medicine.

You state that "the greatest cause of inefficiency" in the county hospitals is "the mode of admission by governor's letter." This cause of inefficiency exists in every general hospital in England, with the exception of the old endowed hospitals of London, and the Royal Free and Metropolitan Free Hospitals. The system of admission by the letters of governors entails such evils as the following; the admission of trivial cases; of cases incurable either from their stage or their nature; the crowding of the wards in undue proportion with patients labouring under chronic maladies; the detention of patients for fixed periods, with little regard either to the medical aspect of the cases, or the general necessities of the hospital; the impossibility of preventing overcrowding in times of epidemic pressure; the utmost perplexity to the direction when it becomes suddenly necessary to empty some, or the whole, of the wards, for hygienic purposes; above all, the necessary exclusion of the cases for which hospitals were originally designed, and the existence of which alone justifies their maintenance.

I say nothing here of the financial embarrassment which constantly hovers over institutions that endeavour to do their duty to the public by admitting urgent cases and accidents, while they try to perform their contract with the subscribers by taking in persons sent under the authority of their recommendatory letters. I say nothing of the wholesale admission of improper persons, without inquiry as to their being fit recipients of any form of charity. What I now wish to urge is, that these letters, or rather, as they are generally interpreted, orders of admission, throw the air of a sham over our British hospital system. It is almost unnecessary to state that these ignoble letters do not exist in any part of the continent, have no place at St. Bartholomew's, Guy's, or St. Thomas's, and are quite unknown in the Royal Infirmary of Edinburgh.

The only objection to the overthrow of this privileged system worthy of the smallest consideration is the often urged declaration to the effect,