France where consumption is so prevalent amongst the native population as at Montpellier and Marseilles." Dr. Journée's tables upon phthisis in Italy show that the same is the case in that country. Dr. Meryon (*Lancet*, July 1850) says: "Had I leisure, I could collect facts to prove that there are more natives (not strangers, but born and bred in the place) who die of consumption in Nice than in any town in England of the same amount of population." My colleague Dr. Pollock, who practised for many years in Rome, states that, "in no country is consumption so rapidly fatal as in Genoa, Florence, and Naples" (*Medical Gazette*, vol. xlv). Madeira itself, so long the "city of refuge" of our phthisical countrymen, forms no exception. Dr. Mason says that consumption and scrofula are frequent there (*Climate and Meteorology of Madeira*). The late Sir Ranald Martin, so long distinguished as a surgeon in India, once assured me that, in the East Indies, both native and European residents are often attacked with phthisis. The late Dr. Musgrave of Antigua has often told me that, in the West Indies, many of the native blacks fall victims to consumption.

And yet, as in the case of Australia, we send, and wisely so, many of our properly selected consumptive patients to the South of France, Italy, Algiers, etc. As with Australia, however, we must not promise them that they will meet there with anything *specific*. We can only hope that the rest and change, the milder air permitting more outdoor exercise than in England—the variety, in fact, offered to them in their every work and thought—may induce, according to their individual requirements, either some peaceful respite or some healthful reaction.

NOTES OF A VISIT TO THE MILITARY HOSPITALS OF THE CONTINENT.

By ALBERT A. GORE, M.D., Surgeon-Major, Dublin.

II.—BRUSSELS.

THE military hospital is in the Rue des Minimes, and was formerly a convent, erected in 1725. It is in an old part of the town, and not far distant from the Hôtel de Ville, in the front room of which the Emperor Charles V signed his abdication. Like most old buildings of that date, the shape is quadrangular, with a courtyard in the centre, and a garden attached. The hospital is visited at 9 A.M., and a *sœur de charité* is on duty in each of the four divisions, and appears to have much to do in the nursing as well as in the looking after the wants of the sick.

The construction of this old building (in the wards of which it is not improbable that many of our wounded soldiers were received after the battle of Waterloo) does not admit of cross-ventilation, as the wards open upon corridors, in some of which were rows of beds. The walls were scrupulously clean and neat, and the walls limewashed. The hospital contains two hundred beds, and takes the sick of the garrison of Brussels, numbering between 2,500 and 3,000 men. It is divided into wards for officers, non-commissioned officers, and privates. Venereal cases, febrile diseases, psora, eye-cases, and surgical affections are treated separately. The walls of the ophthalmic ward, which, on August 26th, only contained three patients, were not coloured. The patients seemed upon the whole anæmic; especially those suffering from secondary venereal affections, which were treated in great part by mercury.

In the garden is the pharmacy, in charge of a chief chemist, who wore a decoration in his button-hole, and two assistant-chemists, with three or four subordinates, and fourteen students in pharmacy. There was also in the enclosure a wooden hut (limewashed on the inside), and intended for the reception of small-pox cases and other infectious disorders. In the same building with the pharmacy were the quarters of the two junior medical officers ("médecins-adjoints", or assistant-surgeons), and those of the administration-director, or intendant, who distributed the rooms, and looked after the diet, clothing, hospital stores, and the ventilation of the wards. Further behind is the mortuary. Each of the resident assistant-surgeons had a large sitting-room, off which were two closets; one of them was used as a bed-chamber, the other as a dressing-room.

Antwerp has the largest military garrison in Belgium; but Brussels, the capital, is the head-quarters of the medical staff of the Belgian army. Dr. Fromont is "Inspecteur-General du Service de Santé de l'Armée", and is assisted by a *médecin-principal* of the second class as assistant inspector-general, a second assistant or battalion surgeon of the second class, and a *pharmacien*. The army (including the reserve) numbers 104,000 men, 16,000 horses, and 210 guns. Upon a black board in the consulting-room of the hospital are the names, rank,

and addresses of the officers constituting the medical staff of the garrison hospital, of which M. Lelong, *médecin-principal* of the first class, is chief. There are, in addition, two assistant-surgeons, three chemists, twenty-six students in medicine, and fourteen students in pharmacy. The regimental medical staff of the garrison numbers four first class, or regimental surgeons-major; eight battalion-surgeons, and a proportion of assistant-surgeons. Each battalion of infantry is three hundred and twenty strong. The medical officers all wear the same uniform, with the distinction of rank in the képi and sleeve, as in the French service. A very large proportion of the military surgeons are in private practice in Brussels. Dr. Lelong is Physician to the Count of Flanders, and to many of the nobility; a considerable number of the senior officers are decorated.

The case of each patient is taken at his bedhead on two forms or modèles. The first of these is a "liste des médicaments" prescribed; and the other a clinical memoir (*jour par jour*). At the expiration of every half-year, a manuscript report is made of the diseases and injuries treated in the hospital; the principal record.

To the medical officer on duty I am indebted for the following interesting particulars. During the six months ending Dec. 31st, 1875, there had been admitted to hospital 846 patients, of whom 14 died. The admissions were: venereal, 143; ophthalmia, 38; wounds and injuries, 388; fevers and medical diseases, 382. Of the medical cases, 328 were acute and 54 chronic. Of 1,007 patients (846 admitted and 161 remaining on June 30th), 761 were discharged cured, 39 were sent to the dépôts of their corps with certificates of invaliding, 56 obtained convalescent leave to go home, and 5 were sent to the special ophthalmic hospital at Louvain; 14 died, and 132 remained under treatment on December 31st.

During the first six months of 1876, there were admitted to hospital 932 patients; 132 remained under treatment, 56 of the admissions were conscripts under observation.

Admissions.—Fever and other medical diseases, 455; wounds and accidents, 261; ophthalmia, 49; venereal, 167. *Varieties of venereal disease*—balanitis, 10; posthitis, 2; phimosis, 2; paraphimosis, 2; urethritis, 93; stricture, 2; cystitis, 1; orchitis, 10; chancre, 33; constitutional syphilis, 5; warts, 6; nodes, 1.

The public women are examined twice a week in Brussels.

From the total, 1,064, occurred 22 deaths, viz: typhoid fever, 13; consumption, 4; cerebro-spinal meningitis, 1; acute tuberculosis, 1; peritonitis, 1; general abscess, 1; fracture of base of skull, 1.

The troops of the line in Belgium appear to be as a rule very young lads, clothed in blue coats with red shoulder-knots, and linen trousers. The men of the guard corps are taller.

Patients in hospital are given bread and milk at 7 A.M.; soup, bread, and fresh meat at 10 A.M.; and a mess of vegetables and some bread at 4 P.M., with any extras ordered by the physicians. The hospital contains six baths, three of which were devoted to cases of psora, which were treated by the sulphur and lime method. The hospital clothing is dark blue.

[To be concluded.]

CASE OF OESOPHAGEAL FISTULA OPENING THROUGH THORACIC PARIETES Laterally.

By J. G. SINCLAIR COGHILL, M.D.,

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THIS morbid condition is, so far as I am aware, of such extremely rare occurrence, that a brief report of the case may be of interest.

J. B., aged 33, a printer, enjoyed good health until February 1875, when he had, to use his own words, congestion of the lungs and pleurisy. An abscess formed on the right side, pointed, and was opened in June; since then four other openings were made, the last two in November, when drainage-tubes were introduced. He had been under treatment in the Great Northern Hospital, and on the 27th of April, his schedule, as filled up by Dr. Frederick A. Carter, describes his condition as follows: "Empyema of fifteen months' duration, discharging slightly at the present time through two drainage-tubes, unconnected, one in each of two openings. By percussion there is noted some slight loss of resonance at both apices, and on auscultation air is found to enter both lungs fairly well and no rales to be heard. Height 5 feet 10 inches; pulse 108; respirations 15, and natural. There is no family history indicating hereditary proclivity."

He was admitted into the Royal National Hospital here on May 22nd, and the following notes are taken from the case-book, entered