Dispensary tell me that, since the Dispensary was established, they have been relieved of much unprofitable work; and that none of their paying patients have become members of the Dispensary. Other causes of failure have been, that the better classes have withheld their support when they found that their subscription gave them no right of recommending patients; and in a small community, without scope for more than one public opinion, this might be possible; but not in large towns, where every opinion is represented. Great damage has also been done to the cause by calling these institutions self-supporting. By the use of this pretentious title, the promoters of Provident Dispensaries have conveyed to the public the idea that these institutions are final, instead of taking up for them their true position as only a step towards the final idea of every man paying his doctor in full.

But the most frequent cause of failure of Provident Dispensaries is the existence of a charity class in the same or a neighbouring institution. This has stunted the growth of many throughout the country. As I have already mentioned, in Mr. Smith's original plan the two classes were combined; but it was soon found that the two principles of self-reliance and reliance on charity were antagonistic. Thus the Derby Provident Dispensary, in 1844 (*i.e.*, fourteen years after its establishment), was falling off in the number of its members, and in the amount of its subscriptions; the existence of the charity class was found to be the cause; and when it was discontinued, the Dispensary began to flourish. But still it has its old enemy, the charity class, preventing it from attaining greatness—this time without the camp, at the neighbouring hospital. Thus Dr. Ogle writes me from Derby within the last week; and I quote him, as his remarks apply to Provident Dispensaries in other hospital towns. "That Provident Dispensaries," he says, "would not cure the out-patient disease, is evident from this simple fact, that in Derby, where there is a flourishing Provident Dispensary, the out-patient system is in full force at the Infirmary—in such force that I am literally overwhelmed: seventy-two patients last Thursday, eighty-two the Thursday before, fifty-seven new patients yesterday; and yet they come."

From all this, gentlemen, we are forced to the conclusion that many at least of the poor will not pay for themselves, as long as anybody will pay for them; and, as I hope I have shown that it is good for them to pay, I propose that we leave them no alternative but poor-law relief; and this can only be done by the combined action of our hospital and dispensary authorities. Useful as Provident Dispensaries have been, their development will always be limited as long as there are charitable hospitals and dispensaries to which it is respectable for patients to go. But, if the managers of all or most of our hospitals would adopt the provident system, they might dictate their own terms, and ultimately self-supporting institutions would be possible.

It is a matter for regret, I think, that so many good energies are wasted in finding fault with the details of Provident Dispensaries on the ground of their narrowness, when the fault-finders would obtain all they wish, and more, by helping to secure a general recognition of the principle on which these institutions are founded.

If it be granted, then, that combined action is required, the step to Government management is easy. No organisation except Government can make its influence felt everywhere, and none could manage a large system so cheaply. But we as a profession must lead the way; and, when we have shown that Provident Hospitals are for the good of the community, Government will take them over, as it has already done with the Post Office and the telegraphs, and as it will next do with the railways.

It follows from what I have said about the payments in Provident Dispensaries, that the general adoption of the provident system would be a source of large income. Thus, suppose that the figures published in the *Times* article on London Hospitals and Dispensaries last year are approximately correct, there are 1,358,805 patients treated annually in the medical charities of London. If each of these paid one shilling (which is much less than they would pay, probably), it would produce an income sufficient to give six hundred and seventy-nine physicians and surgeons £100 a year each. With the scale of payments which I have given before him, any one may make similar interesting calculations.

Although the provident system, as I have sketched it, is well suited for the out-patient departments of our hospitals, it would require another paper to show in detail how it can be applied to in-patients; and I shall merely state my conviction here, as fears have been expressed on the point, that, when it is so applied, the teaching functions of our hospitals need not be disturbed, as the use of the patients' cases for illustrating disease exposes them to no indignity, and might be considered as part payment for the benefits they receive in the hospital.

To sum up my argument, gentlemen: all charity, as generally administered at present, is bad as a system; it tends to demoralise,

and it tends to keep down the rate of wages. Remove charity, and the result will be, that the moral tone of the poor will be raised, and wealth will be more equally distributed. But our instinctive humanity makes us shrink from carrying out this law abruptly: therefore, in the matter of medical relief, with which I am dealing, this provident system is suggested as a measure of transition; and I confidently recommend it to the Committee appointed to suggest Hospital Reform, in the hope that, when its practicability is shown by the combined action of our medical charities, the system may be taken over and further developed by the Government of the country, whose duty is as much the prevention as the relief of pauperism.

Important as this subject of Provident Dispensaries is, and necessary as it is for us as a profession to deal with it, we must not forget that it derives its chief importance from being a part of a greater subject—the general management of our poor. In all the branches of this subject, local patchwork has failed in producing great results; and I hope the day will soon come when not only our hospitals, but everything appertaining to the management of the poor, will be removed from the control of isolated boards, and treated as a grand whole, in the interest of the commonwealth; and when the rates will be a direct charge on the imperial purse. When this comes to pass; when education is general; when class-legislation is at an end; when the descent of disease is, under the influence of wise laws, to a great extent prevented; when the cost of travel and of postal communication is reduced to a minimum; and when other artificial restrictions are removed—then we may hope that private almsgiving, in many of its forms, will be discouraged by the State. Till then, this Provident System, which is capable of wide application, can do much educationally and economically, as a temporary means of staying the swelling current of pauperism.

EXTIRPATION OF THE CLAVICLE.

By THOMAS BRITTON, M.D., Driffield, Yorkshire.

SAMUEL SMITH, labourer, aged 35, had had pain in the left shoulder for some years, which he ascribed to rheumatism. He noticed a small swelling on the left clavicle in the summer of 1868; it remained in much the same state until October 1869, after which time it rapidly increased in size, and quite prevented him from working. On March 9th, 1870, he came into the Driffield Cottage Hospital, when there was a hard swelling about the size of a large orange, but oval in shape, on the left clavicle. It was as hard as bone; and the surrounding structures seemed connected with it, as it was almost immovable. The pulsation of vessels going into it could be felt if hard pressure were made on the lower side. He had no pain in the tumour, but complained of pain and numbness in the shoulder, scapula, and arm. The hand and arm were slightly swollen, and turned quite blue on hanging down. The sternal end of the clavicle seemed loose, and felt as if it grated on movement. There was a sharp grating sound heard all over the chest on auscultation; the sound was loudest over the sternal articulation of the clavicle. He said that he felt as if he were choking, and his breathing was much impeded. The tumour did not interfere with deglutition. It hurt him much when he coughed; the cough being of a spasmodic character. He said he always felt as if he had something in his throat, which he could not remove by coughing. His general health was impaired, in consequence of being badly fed from inability to work. His family history was good.

On April 16th, his general health having much improved and the tumour also being much larger, I decided to remove it. Chloroform was administered by Mr. Higgins, late House-Surgeon to Guy's Hospital; and I was also assisted by Drs. Wilson and Allison of Bridlington. I made an incision through the skin the whole length of the clavicle, and dissected down at the acromial end until I was able to introduce the handle of a scalpel underneath the bone, when I sawed through the bone upon it at about an inch from the end. I then dissected downwards and forwards towards the sternal end. There was very great difficulty in doing this, as the surrounding structures were in a semicartilaginous state, and I could not raise the bone from its connections with the chest. The subclavian artery could be seen beating under the fascia, but it was not exposed. There were many vessels running through the tumour, which caused a somewhat large loss of blood. I used torsion for all the vessels—no ligatures; silk sutures were applied to the incision, plaster between the sutures, and a wet compress over all.

April 17th. Eighteen hours after the operation, he had had a good night, and had no pain. The pulse was 100, rather feverish; but the tongue

clean. He could breathe very easily now, and the rasping sound was gone.

April 18th. Forty hours after the operation. He had a good night, without pain; pulse 88; feverishness gone. The wound was dressed; the sutures were removed. There was no discharge whatever, as the wound had healed by the first intention, except the incision between each suture. I applied plaster only. He was ordered to have a dose of castor-oil.

April 30th. He had been out of doors, and could swing his arm without pain. He said it only felt stiff at the shoulder. On examining a portion of the tumour under the microscope, we came to the conclusion that it was cancerous.

The remarkable success in the healing process I ascribe to the torsion of the vessels and the pure air of the Hospital. I kept him in a room at a temperature of 65 deg. for a few days, as I was afraid of lung-complications.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL INFIRMARY, EDINBURGH.

CASES OF NEURALGIA.

CASE I.—*Neuralgia of Supraorbital Nerve: Division of Nerve: Recovery.*—W. D., aged 40, a gamekeeper, was in other respects a healthy man. He had suffered from tic in the jaw for five years. The pain during that time, although not constant, had occurred in paroxysms almost daily, and was usually very severe. Commencing at the supraorbital foramen, the pain passed downwards over the right cheek and upwards to the forehead; and for some months past it had been of a most excruciating lancinating character. He had been treated by many of the most skilful practitioners with almost every conceivable remedy for the affection, both internal and external, including quinine, iodide of potassium, mercury in large and small doses; purgatives of all sorts, such as croton oil; liniments of every description; chloroform, blisters, opium in all shapes, endermically and hypodermically; aconite, iron, bebeeru, etc.; but all without relief.

Upon examination, the teeth were found all sound. The pain was daily intense, and lately had become so agonising that the general health was beginning to suffer. As the patient was willing to submit to any measure likely to procure relief, the following operation was performed.

Dr. Joseph Bell made a T-shaped incision over the supraorbital foramen, and exposed the nerve. A portion of this, about the third of an inch in length, was excised. On coming out from the effects of the chloroform, the patient stated that the neuralgic pain had disappeared; and from this time till the present it has never returned. He was discharged from the hospital about a week afterwards, perfectly well, and without having experienced the slightest twinge from the pain from which he had been suffering for so many years.

In connection with this case, Dr. Joseph Bell remarked that in his experience the above result, with a few exceptions, generally followed division of the nerve in this affection; the recovery, however, being only temporary. The patient, he says, usually remains perfectly free from suffering for three or four months, after which time the pain gradually returns, and the operation has again to be performed, with a like result.

CASE II. *Neuralgia of Dental Nerve, treated with Hydrate of Chloral: Relief.*—J. F., aged 65, had, for the last six months, been suffering from neuralgia of the dental nerve of the right side. The pain was intense, occurring in paroxysms almost hourly, and shooting downwards in a lancinating manner throughout the entire course of the dental nerve. For the relief of this, nearly all the teeth of that side had been removed; and all the ordinary remedies, both internal and external, had been employed without effect. On admission, he was suffering the most intense agony, and he was emaciated and careworn from constant suffering. Hypodermic injections of bimeconate of morphia and atropine, with bebeeru, quinine and iron internally, were administered without any beneficial effect. It was determined to give the hydrate of chloral a trial. Forty grains were taken in the morning. In the course of ten minutes, the pain began sensibly to diminish, then gradually continued to decrease in severity, and in ten minutes more altogether disappeared. During this time he had not the slightest desire to sleep. The patient remained in perfect comfort for about half an hour, at the end of which time the neuralgia again gradually returned. Another dose of the medicine produced the same relief, which, however, never lasted more than about half an hour. This experiment was frequently repeated, and always

with similar results; but it was remarked that in the course of a week the chloral, even although the dose was greatly increased, seemed to lose this anodyne effect, and did not relieve pain without causing sleep. As a commentary upon this case it may be stated that, after all the ordinary remedies failed to remove this distressing symptom, chloral produced temporary relief. The remarkable feature, however, is that chloral, contrary to the general opinion of its action, seemed to produce in this instance a true anodyne effect, viz., the relief of pain without causing sleep. That this was not altogether a coincidence was shown by the repeated observations made upon the case, the administration of the drug always being followed by temporary cessation of pain. Lastly, it would appear that here chloral lost its effect upon the system; as, to produce in this man beneficial results, the dose had to be gradually increased; and, finally, although he took so much as seventy grains, no anodyne action followed.

LONDON HOSPITAL.

TUMOUR ABOVE THE CLAVICLE: PULSATION OF SUBCLAVIAN ARTERY ABNORMALLY EVIDENT: OBLITERATION OF BRACHIAL ARTERY AND DISTAL BRANCHES.

THE patient was a woman aged 56, who was admitted into the London Hospital on February 10th, 1870. She had first complained of numbness and violent aching in the left hand in the previous September (five months). She attributed the pain to rheumatism. Two months before that, she had been under the care of Dr. Kennedy of Stratford for pains in the right shoulder and shortness of breath.

On examination, it was found that there was no pulsation in either the radial or the ulnar artery; and, on tracing the axillary downwards from the clavicle, it was evident that pulsation ceased about the lower border of the anterior wall of the axilla. Above the clavicle, the subclavian artery seemed dilated, and pulsation was strongly marked. It appeared, however, as if some firm tumour could be felt on pressing deeply beneath the artery; and one could fancy that it was impossible to lift the artery away from this. The pulsation and appearance of tumour were such as to lead, at first, to the diagnosis of subclavian aneurism; but the expansion was not distinct, and there was no marked globular aneurismal tumour to be felt. The numbness of the fingers was chiefly evident in those supplied by the median nerve.

The absence of pulsation in the radial and ulnar arteries in this case, with numbness of the fingers, and the presence of a tumour above the clavicle, suggest a comparison with a case under the care of Mr. Holmes Coote, of which an account is published in the *Medical Times and Gazette* for August 3, 1861. A young woman, aged 26, was admitted into St. Bartholomew's Hospital, suffering from numbness of the fingers of the left hand, absence of pulsation in the arteries of the forearm and the brachial, and a tumour above the clavicle. The tumour was firm to the touch, and the artery was lifted on it. From its situation, it was diagnosed as an exostosis growing from a cervical rib. Acting on this opinion, Mr. Coote cut down on the tumour and successfully removed a portion of the transverse process with the exostosis. The specimen is, we believe, preserved in the Museum of the Hospital. The patient made a good recovery, but there was no return of pulsation in the occluded vessels.

In the same number of the *Medical Times and Gazette* is mentioned a case under the care of Dr. Willshire, in which, with local pulsation above the clavicle, there was a cervical rib.

THE ROYAL VICTORIA HOSPITAL, NETLEY.

TRANSFIXION OF THE RIGHT SIDE OF THE CHEST BY A LANCE.

THERE is now a patient at the Royal Victoria Hospital, Netley, labouring under aortic disease, who has recently recovered from the following remarkable lance-wound. He is a soldier of the 5th Royal Irish Lancers, and, on the 1st of April, 1869, at Lucknow, was mounting his horse, when the animal reared on its hind legs. The butt of the lance was thrown forward and touched the ground, while the point of the weapon, unobserved by the man, was brought opposite to the lower part of the right side of his chest. Under these circumstances, the horse plunged forward, and the lance passed through the chest. The point entered over the cartilage of the seventh rib, and came out, together with twenty-two inches of the shaft, through the fossa infrascapularis of the scapula, one inch and a quarter from its vertebral margin, and an inch and a half below the spine of the bone. No sooner had this occurred, than the horse bolted, and it was not until he had gone about 120 yards, that the man, grasping the lance with his right hand to take the drag off the chest, and reining up the animal with his left hand, was able to bring him to a standstill. As soon as the horse stopped, the man threw himself off, and in the act of falling to the ground the lance became