THE HOSPITALS OF LONDON. No. V.

BY DR. CORMACK AND DR. SEMPLE, ASSISTED BY NUMEROUS REPORTERS.

LONDON HOSPITAL.

PHYSICIANS. Dr. F. Cobb, Dr. A. Frampton, Dr. W. J. Little.

ASSISTANT-PHYSICIANS. Dr. Jonathan Pereira, Dr. P. Fraser, Dr. Herbert Davies.

SURGEONS. James Luke, Esq.; John Adams, Esq.; T. B. Curling, Esq.

ASSISTANT-SURGEONS. G. Critchett, Esq.; N. Ward, Esq.; J. C. Wordsworth, Esq.

THE LONDON HOSPITAL, which now stands in the Whitechapel Road, was originally opened under the title of the "London Infirmary", in the City Road, on November 3, 1740; but was removed to Prescott Street, Goodman's Fields, in the following April. The sphere of its operations having rapidly increased, the name of the institution was changed seven years after to that of the "London Hospital"; and, in 1752, the foundation of the present building was laid by Admiral Sir Peter Warren, Bart. In the beginning of 1758, it was opened for the reception of patients; and on the 9th December in the same year, the governors received a charter of incorporation from his Majesty George the Second.

This Hospital is situated nearly in the centre of the Tower Hamlets, a borough containing a population of about 400,000, and is in the vicinity of the Docks and some of the most important and extensive manufactories of the metropolis. From this circumstance it arises, that a large proportion of the cases which come under treatment are *accidents*; the docks giving, on an average, one accident a day. The London Hospital may therefore be considered as the great *surgical* hospital of the metropolis. It contains four hundred beds, which are thus classified, viz.:—

Male Accidents	130
Do. Surgical cases, not being accidents	40
Do. Medical cases	63
Female Accidents	35
Do. Surgical cases, not being accidents	33
Do. Medical cases	44
Hebrew Wards (Male)	11
Do. Do. (Female)	10
Children under seven years	20
Attics—for cases of Fever or Delirium tremens	6
Operation Wards (Male)	4
Do. Do. (Female)	2
Extra Do. for Male or Female as required	2
400	

Owing to the large proportion of accident cases received, the number of patients under treatment in the house at one time varies very considerably, it having ranged in one year from 253 to 396. During the year 1850, the average number of patients in the house was 320.

The following is a table of the number of accidents admitted during the years 1842—50, both inclusive.

Years.	Fractures.	Wounds.	Contusions.	Sprains.	Dislocations.	Concussions.	Burns and Scalds.	Hernia.	Bites of Dogs.	Suicidal attempts and Poisoning.	Various.	Totals.
1842	840	1042	2141	507	97	52	265	75	58	38	328	5503
1843	899	1036	2122	592	111	48	327	65	52	46	368	5666
1844	1003	1344	2243	660	86	46	322	52	43	36	266	6102
1845	952	1361	2681	663	108	32	360	46	51	32	269	6555
1846	954	1384	3092	624	119	44	423	63	52	30	234	7019
1847	1052	1879	3362	847	110	51	462	76	64	18	356	8277
1848	1003	2562	3529	875	121	45	422	89	92	41	237	9016
1849	1050	2413	2975	892	103	72	426	68	99	30	883	9011
1850	1084	2598	3444	1040	112	39	429	65	101	25	262	9199
Total	8837	15619	25589	6760	967	430	3436	599	612	296	3203	66348

The following is a statistical account of the accidents brought to the London Hospital during the year 1850.

Admitted as In-patients, 2222 In-patients, Male, 1670 Out-patients, Male, 4865
Treated as Out-patients, 6977 „ Female, 552 „ Female, 2112

Total during the year, 9199 Total, In-patients, 2222 Total, Out-patients, 6977
Consisting of the following cases :—

	No.	In-patients.			Out-patients.		
		Male.	Fem.	Total.	Male.	Fem.	Total.
Fractures	1084	391	111	502	376	206	582
Wounds	2598	343	94	437	1569	592	2161
Contusions	3444	571	195	766	1854	824	2678
Sprains	1040	97	28	125	619	296	915
Dislocations	112	16	1	17	69	26	95
Concussions	39	35	2	37	2	..	2
Burns and Scalds	429	86	71	157	160	112	272
Hernia	65	26	18	44	14	7	21
Bites of Dogs	101	8	1	7	72	22	94
Attempts at Suicide and Poisoning	25	6	17	25	..	..	..
Various	262	91	14	105	130	27	157
Total during the year ..	9199	1670	552	2222	4865	2112	6977

The fractures consisted of the following cases :

	In-Patients.	Out-Patients.	Total.
Skull	9	—	9
Face	18	6	24
Spine	4	—	4
Ribs	119	39	158
Sternum	—	—	—
Pelvis	1	—	1
Thigh	53	10	63
Patella	15	—	15
Leg	177	4	181
Foot	16	2	18
Shoulder-bone	5	—	5
Collar-bone ..	9	142	151
Arm	31	67	98
Fore-arm	27	227	254
Hand	18	85	103
Total....	502	582	1084

Report of the 2222 In-patients.

	Discharged Cured.	Died.	Remain in Hospital.	Total.
Fractures	395	32	75	502
Wounds	399	14	24	437
Contusions	720	14	32	766
Sprains	120	1	4	125
Dislocations	17	..	..	17
Concussions	33	4	..	37
Burns and Scalds	107	19	21	157
Hernia	30	9	5	44
Bites of Dogs	6	1	..	7
Attempts at Suicide and Poisoning	20	4	1	25
Various	29	6	10	105
Total....	1936	114	172	2222

Of the 114 deaths, 13 occurred on the first day of admission, viz. :—

Fractures ..	..	..	..	..	..	..	..	..	..	4
Wounds ..	..	..	..	..	..	..	..	..	..	1
Contusions ..	..	..	..	..	..	..	..	..	..	2
Concussions ..	..	..	..	..	..	..	..	..	..	3
Burns..	..	..	..	..	..	..	..	..	..	3

Total deaths 1st day	..	..	..	..	..	..	..	..	..	13
" 2nd "	..	..	..	..	..	..	..	..	..	18
" 3rd "	..	..	..	..	..	..	..	..	..	17
" 4th "	..	..	..	..	..	..	..	..	..	8
" 5th "	..	..	..	..	..	..	..	..	..	7
" 6th "	..	..	..	..	..	..	..	..	..	2
" 7th "	..	..	..	..	..	..	..	..	..	4

Total deaths in 1st week 69

Of the 9199 cases of accidents admitted during 1850, 2222 were in-patients, and 6977 out-patients. Of the in-patients, 1936 were discharged cured ; 114 died—13 upon the first day, and 69 within the first week ; and 172 remained in the hospital at the end of the year.

The relative mortality in the London Hospital is low ; and this is probably in a great measure due to the open situation in which it stands. We copy a return of the number of patients admitted each year into the wards, from 1835 to 1850, both inclusive, and also the number of deaths in each year.

Date.	No. of Patients.	Deaths.	Per cent.	Date.	No. of Patients.	Deaths.	Per cent.
1835	2735	277	10	1843	3530	244	7
1836	2815	309	10·5	1844	3691	224	6
1837	2961	418	14	1845	3625	228	6·25
1838	2987	371	12·5	1846	4002	280	7
1839	3247	305	9·5 ¹	1847	4159	276	6·6
1840	3339	296	9 ²	1848	4185	263	6·25
1841	3308	331	10	1849	4090	298	7·25 ⁴
1842	3300	260	8 ³	1850	3894	277	7

The mortality for 1850 may be thus apportioned :—

Physician's cases ..	..	..	127 deaths.	..	..	11·66 per cent.
Surgeon's ditto (accidents) ..	114	"	..	..	..	5 "
" " other cases ..	36	"	..	..	..	6 "

It hence appears, that the relative mortality among the medical cases is much greater than among the surgical cases or accidents.

The wards of the Hospital are ventilated by simple round ventilators in the ceilings, communicating with air-bricks in the walls. The windows are opened slightly at the top when necessary. There is no hot air in use ; the wards are all heated by open fire-places. Water is supplied from the East London Waterworks, by high pressure, to cisterns on the roof. Hot water is laid on throughout the house, from cisterns on roof, heated by steam from boilers in basement. There is a bath-room, with all apparatus complete, to each of the eight divisions into which the wards are classed. There are also bath-rooms for out-patients ; and a medicated bath is prepared for in or out-patients, as required.

¹ This year new sewers were completed (about August).

² This year the hot air was discontinued in the wards (at Christmas).

³ This year the new wing was opened.

⁴ This year the cholera prevailed.

The expenditure of the hospital is, on an average, £15,000 a-year; and, to meet this, the total fixed income is only £10,000, leaving £5,000 per annum to be made up by private subscriptions, donations, etc. In 1850, the expenditure amounted to £14,472:12:11, and the receipts to £13,522:6:5, leaving the expenditure in an excess of 950:6:6 over the income. The cost for each out-patient is about 1:8½; *i. e.*, about 7½ for surgery, and 1:1½ for Dispensary, including brandy, wine, etc. The cost incurred for the in-patients (including the amount expended in repairs, extensions, and improvements, which, for some years past, have been necessarily very heavy), was £12,754:9:5, or £3:5:6 per head.

The pecuniary resources of the London Hospital have fluctuated greatly at different periods, and its utility has thereby been much limited. In 1807, the available income having been reduced to £2,840, and the patients to 130, an appeal was successfully made to the benevolence of the public. In 1814, a second appeal enabled the governors to complete the west wing, and receive an additional number of patients. The centenary festival, in 1840, presented an appropriate occasion for another appeal, which was very successful. The extension of the east wing was completed in 1842; but even now the income is insufficient to enable the committee to extend the benefits of the building. During 1850, 196 applicants, certified as proper cases for admission, were rejected from this reason.

Besides special arrangements for Jewish patients,—a large number of the subscribers belonging to the Hebrew persuasion,—there are, in connexion with the Hospital, a Samaritan Society and a Medical School.

The SAMARITAN SOCIETY was established in 1791, at the suggestion of the late Sir William Blizard. The objects of this benevolent institution are well expressed in a document appended to the last report of the hospital, the substance of which we now give.

Domestic servants, mechanics, and labourers, are often obliged to quit their places to go into the Hospital; and, when discharged convalescent, are often without a friend or home. For the relief of these—and especially of young females—this Society affords its aid. Many, who have expended all their money, or even pawned their clothes, previous to admission, in order to support themselves and obtain medical assistance, are, under such circumstances, aided by the Samaritan Society; relief is also occasionally afforded to the families of patients living at a distance. For those patients from a distance who, on their recovery, have not the means of returning home, applications are made to societies instituted for the express purpose, or places are taken, and the fares paid, by such conveyances, as are most suitable to their different stations in life. Beds are regularly engaged at the Margate Sea-Bathing Infirmary, for such as require the benefits of that institution; and, where necessary, mechanical apparatus are afforded to those who have undergone operations, or have been the subjects of partial loss of sight, or of rupture from sudden causes. Patients who are destitute of sufficient clothing are relieved. For servants whose conduct has been good while in the hospital, exertions are made to procure situations; and a great number of sailors and labourers have employment procured them, by letters addressed to captains of ships, dock-masters, and others, who have work at their disposal. Extra-diet and other comforts, such as no medical institution can with propriety or convenience afford, are occasionally administered. Many also of the out-patients, as well as the families of those within, are visited and relieved.

In 1822, a library for the use of the in-patients was commenced, at the Society's expense, by the purchase of between 300 and 400 volumes; and has since been increased to nearly 600 volumes, consisting of works of piety and religious instruction, biography, natural and general history, and select works of useful and interesting information.

The Samaritan Society possesses about £15,000 funded property. The following is a general account of the relief afforded by it from 1st March 1850, to 28th February 1851.

442 Patients relieved with money, or by having various	
necessary expenses paid	£363 : 10 : 0½
Clothing supplied.....	4 : 0 : 9
Mechanical aids.....	42 : 16 : 5
	<hr/>
	£410 : 7 : 2½

MEDICAL INSTRUCTION. The lecture building is situated at the east end of the hospital, and consists of a theatre, an anatomical and pathological museum, chemical lecture room, and dissecting room. There are teachers of all the ordinary branches of medical science. The anatomical museum is open to the students daily from 11 A.M. to 2 P.M.

Clinical instruction is given by the physicians and surgeons, and consists chiefly of short observations on the cases at the bedside, and occasional lectures on cases of interest and importance.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

PURULENT OPHTHALMIA OF NEWBORN CHILDREN. (REPORTED BY JAMES CUMMIN TOSHACH, Esq., M.R.C.S.)

No one can witness the practice of this great Ophthalmic Hospital, without being painfully struck with the lamentably frequent loss of sight from purulent ophthalmia in newborn children,—a disease entirely within the control of very simple remedies, if early applied. It may be useful to call attention to this disease, and its appropriate treatment, because instances are frequent, in which medical men overlook its early stages, or fail to employ the suitable measures of relief. The patients are peculiarly attractive of pity, from their tender age, their utter helplessness and unconsciousness, and the terrible consequences to which ignorance or neglect exposes them. Were the community, and the members of our profession, aware how large a proportion of blind persons owe their calamity to this very tractable inflammation, greater efforts, we imagine, would be made to inform and tutor the parish midwives, or other attendants on the very poor, to be on the watch for its first approach, in the children of women suffering from vaginal discharges, and to adopt without delay the requisite precautions to cut it short or subdue it.

Commencing usually on the third day after birth, and attaining its height at periods varying from the seventh or eighth day to three weeks, it affords ample time to interpose the necessary relief. But this precious interval is too often allowed to elapse without anything being done, beyond the most imperfect cleansing, the application of warm water, or that popular remedy—the mother's milk—while enormous quantities of creamy pus are accumulating behind the lids, which are spasmodically closed upon the eye, and keep it bathed and pressed upon by the morbid secretion. No doubt, the original intensity of the disease varies much, either from differences in the constitutional strength of the infant, or more probably and more often from difference in the strength of the virus, to which, we believe in common with most writers, this inflammation may be traced. But in numerous cases, the delay of which we speak is more than sufficient to establish beyond recall those destructive changes in the texture of the cornea, and possibly of deeper parts, which entail certain and irreparable blindness. And how truly painful is the task then imposed upon the surgeon, to announce to the nurse, or perhaps the mother of the little sufferer, that already the time has passed when the eye might have been saved; that they have sought relief too late, and that the child is consigned to a life of darkness.

To show that we are not exaggerating the importance of this subject to the community, we shall here subjoin a table, shewing at a glance the chief particulars of some cases of purulent ophthalmia that presented themselves in the practice of Mr. Bowman in the course of one year. These cases are selected in consequence of their shewing the results of neglect or bad treatment; many others applying early, and treated in the way presently to be mentioned, escaped with perfect sight. The number of cases of purulent ophthalmia of children treated annually at this Hospital is over 200.

Duration of Disease.	Treatment previously pursued.	Condition of Eye when brought.	Result.
A. 11 days.	Nothing done.	Right cornea sloughing.	Partial leucoma, anterior synechia, strabismus commencing.
B. 3 mths.	Warm water and mother's milk.	Both leucomatous, with tendency to staphyloma.	Staphyloma of whole of right, universal leucoma of left, not bulging.
C. 3 weeks.	Warm water, astringent dps.	Right cornea clear; left given way from a slough	Staphyloma of left followed, but subsided without operation. Leucoma is now flat, and globe half shrunk.
D. 10 days.	Warm water. Lard at night.	Right cornea sloughed; left clear.	Right eye lost, left cornea clear.
E. 1 mth.	Milk and water. Poultice.	Both corneæ sloughing; both upper lids everted	Left cornea leucomatous, right nebulous, lids righted.
F. 1 year.	Solid arg. nit. several times applied for first week.	Staphyloma of both, especially of left.	
G. 3 weeks.	Warm water.	Both corneæ partially sloughed; left worst.	Synechia anterior with leucoma in both; in right are three minute opaque white dots on the anterior surface of the lens, one of which is central. The left pupil is small, much of pupillary border being adherent to the leucoma.
H. 1 year.	Nothing done for a fortnight.	Staphyloma of right; left cornea destroyed; and front of globe flat.	
K. 5 weeks.	No treatment.	A puny child; difficult to ascertain the state of the cornea.	Died in convulsions.
L. 6 weeks.	Drops from a druggist.	Right cornea nebulous.	
M. 7 weeks.	Born in work-house. Drops used twice a day.	Central leucoma of the right cornea.	

The treatment which is pursued at the Royal London Ophthalmic Hospital, in these cases, is simple and effectual. It consists, in general, of nothing more than the frequent injection over the front of the eyes, between the lids, of a solution of alum (alum gr. iv, water ʒi), and then anointing the lids with lard, to prevent adhesion. If the inflammation is very severe and recent, the first syringing is with a solution of nitrate of silver (gr. iv to ʒi, never stronger), and afterwards with the alum; the latter being thrown over the conjunctiva so as thoroughly to cleanse it, every half hour, every hour, or every two hours, according to the intensity of the inflammation, and the rapidity with which the purulent secretion is renewed. After

each syringing, the lard is applied, so that the lids may not agglutinate in sleep. No leeches, blisters, or other auxiliary means are used ; nor is the solid nitrate of silver, or strong ointments of it, ever employed. Leeches, though sanctioned by even so judicious an authority as Dr. Mackenzie, are deemed unnecessary ; and they are certainly hazardous at this tender age, and in this situation, especially among the poor, treated as out-patients. And the astringent solution, of moderate strength, is considered at least equally efficacious with the solid caustic, while it gains more uniform access to all parts of the inflamed membrane, and it is a safer and less painful remedy.

The effect of this treatment is soon apparent, in a decided diminution of the discharge, and its more gleetty nature, in lessened vascularity and intolerance and spasm, as well as in the altered temper of the infant. A few days are generally sufficient to produce these results, and the subsequent progress is steadily onwards to recovery. And the advantage of it is, that it is equally applicable in all periods of the inflammation characterised by purulent discharge. If used early, it saves the eye ; if delayed till the cornea has suppurated or ulcerated, or the iris or lens protruded, it has the salutary effect of arresting the disorder, and preventing further destruction. And a very great advantage indeed is this—one perhaps hardly predicable of any other remedy in any other disease—at least to the same extent. The simplicity of the treatment, and its general appropriateness to all forms and stages of the disease, should serve to give it currency among those little conversant with eye diseases ; and may even sanction its use by the parish midwives as a nurse's remedy ; of course only where the aid of a regularly educated medical man cannot well be had.

It may not be out of place to indicate the best means of performing this little operation of syringing within the lids—an operation easily performed badly ; and, if badly, as well not done at all. The infant is laid on its back, the head on one side, the cap off, the clothes thrown off the neck, so as to escape being drenched. The head being held between the knees, the lids are gently opened by separating the finger and thumb placed on each, and resting on the margin of the orbit, so as not to compress the globe ; and the fluid is then thrown in different directions between them, so as to wash the whole inner surfaces, and clear out the pus. It is well to use a four ounce syringe, which can be worked with one hand. The nozzle should be rounded, and its bore very fine. A single charge of the instrument is then sufficient for the entire operation, and the whole is performed with celerity, effect, and safety.

It must not be inferred, because no mention is made of them, that medicines are not administered internally. Particular attention is always given to the state of the bowels, to the constitution and habit of body ; and such remedies as seem to be appropriate are prescribed.

GUY'S HOSPITAL.

[COMMUNICATED BY DR. GROWSE, M.B.LOND.]

The OBSTETRIC DEPARTMENT of Guy's Hospital, under the immediate superintendence of Drs. Lever and Oldham, comprises two distinct portions :—1st. That which provides for the efficient attendance of Lying-in Women ; and 2ndly. That which relates to the Treatment of Diseases of the Womb and its Appendages.

The Lying-in Charity, established in the year 1833 by Mr. Harrison, the late Treasurer of the Hospital, has since that time undergone many and highly important alterations in its organisation, and has lately been brought to such a condition, that, while it provides the most efficient attendance upon those women who choose to avail themselves of its services, it, at the same time, affords to the student the largest opportunities of acquiring a thorough

knowledge of the art and science of obstetrics. He is endowed with just so much responsibility, as may enable him to feel that amount of interest which is essential to the competent fulfilment of his duties.

Such persons as live within a convenient distance from the hospital, and who are, from their position in life, entitled to the benefits of the charity, are provided with attendance and medicines, at their own houses, during the puerperal state; and a limited number, upon the recommendation of the attendant, are allowed such necessaries of diet as may be considered requisite to further their convalescence. Moreover, as the poverty of some disables them from procuring that amount of linen, which is essential to cleanliness and comfort, the charity affords them the loan of a sufficient quantity, upon the recommendation of any respectable household.

All persons are requested to make their applications for attendance, at the office of the charity, between the hours of 10 A.M. and 12 A.M., on any day, with the exception of Sunday, Tuesday, and Saturday. Their names are then entered in books provided for that purpose, and a registry is at the same time made, of the place of residence of each, her present age, and that at which she married; the number of children she has had, their respective sexes, and whether born dead or otherwise; the number of miscarriages, or abortions to which she has been subject; her country, complexion, and the character of her previous labours. A card is then given her, containing her name and address, which she is desired to send to the charity upon the superintention of labour, when she will be provided with immediate attendance.

The scholastic staff of the charity, under the surveillance of the Obstetric Physicians, consists of three resident obstetric clerks, who are appointed by the Treasurer, upon the recommendation of the Physicians, and a further corps of gentlemen anxious to attend upon cases. The former are provided with rooms and commons, and are chosen from those students who have, during their pupillage, evinced the greatest regularity in their attendance upon lectures, who have devoted themselves with the greatest diligence to the opportunities afforded them of acquiring a practical knowledge of this branch of their profession, and who have attained the largest amount of general proficiency.

The Senior Clerk holds office for the space of one month. He must be a member of the College of Surgeons, or a licentiate of the Apothecaries' Company, and must have filled the office of Second Clerk. It is his duty to provide a competent assistant staff, and to see that every person, who demands the services of the charity, has efficient and speedy attendance. He is, moreover, expected to hold himself ever in readiness to attend any call for assistance, real or imaginary, which may be made upon him; and with the sanction, or in the presence of the Obstetric Physician, he is permitted to use such means, instrumental or otherwise, as may be deemed necessary for the furtherance or completion of labour. In addition, he is responsible for the due entry of all cards and certificates in their proper books; and, at the expiration of his month of office, is expected to render to the Treasurer and Physicians an account of the proceedings of the charity during that period.

The Second Clerk holds office also for one month. He must be a member of the College of Surgeons, or a licentiate of the Apothecaries' Company, and must have filled the office of Junior Clerk, or be especially recommended. It is his province to render his assistance, upon application, in all cases, real or otherwise, of disease, or tardy convalescence supervening upon delivery; to see that all proper cases are reported, and to enter the certificates of attendance, with any remarks upon the nature or complications of the labour, which may be made by the attendant. Should the Senior Clerk be pre-engaged, he is expected to discharge his duties; and at the expiration of his month of office, is established by the Treasurer, upon the recommendation of the Physicians, as Senior Clerk.

The Junior Clerk is in residence for a fortnight. It is his duty to attend all cases that occur during the night ; and, during the absence or pressing engagement of any gentleman on duty during the day, to undertake the management of those cases which would otherwise have fallen to his share.

The Assistant-Staff consists of a corps of students, eight in number, each of whom undertakes to attend all cases which may occur in any stated two hours between 6 A.M. and 10 P.M. ; in addition, there are several gentlemen who enter their names at the office, for the purpose of undertaking the management of casual cases occurring during the night or day in the absence of the junior clerk or gentleman on duty.

Since the formation of the charity, the number of women who have been attended by the students attached to the hospital has continued steadily and progressively to increase. Thus, during the first seven years after its establishment, 4666 were attended ; during the second seven years, 6008 ; and from Oct. 1847 to Oct. 1850, no less than 4055 poor women availed themselves of the benefits of this institution ; and, inasmuch as in almost every month more women enter their names than are attended during the same period, there is a certainty of much further enlargement.

For the treatment of such diseases as are peculiarly incidental to women, two wards are set apart, each containing ten beds. Into these, patients may be admitted, when a vacancy occurs, every Wednesday, at 10 o'clock A.M., on their making application at the Hospital ; such cases having the preference as shall be found upon examination to be the most severe, and at the same time amenable to treatment.

Each obstetric physician has his separate ward, and is assisted in his duties by a clerk, who is chosen from such of the students as shall appear to the physician to be the most deserving, and whose character will bear the strictest investigation. It is his province to accompany the physician when he visits the ward, and assist him in his examinations, whether manual or otherwise, either of the in or out-patients ; and in his absence, to prescribe such remedies as may be necessary for the amelioration of urgent symptoms. He is, moreover, required to see that any application which may be thought requisite is delicately and properly made, and to keep a correct report of all cases which are admitted during his month of office.

Drs. Lever and Oldham attend every Saturday morning at the hospital, for the purpose of seeing and prescribing for out-patients. The latter begins his duties at 10 A.M., and the former two hours later. A limited number of letters (twenty) are allowed to each physician, and these are distributed to those patients whose cases appear the most to require treatment. Every letter is presentable four times, unless the patient shall have failed twice in her attendance, when the letter will be taken from her, and she will be considered as a defaulter, and have to run the same risk with others in procuring a fresh one. Upon each of the letters, the name of the physician under whose care the patient may be, is printed, and a registry is kept upon it of the date of attendance, with the name, age, residence, and occupation of the woman or her husband ; a card is at the same time given her, bearing the number she holds among the out-patients, and this she is required to present at each separate attendance.

Amongst the cases which present themselves, the diseases, and the modes of treatment of each class under its peculiar conditions, are too various, and would take up too much space to be included in this short report.