

Dr. Davey that our question about the fragility of the liver was hardly put in seriousness. We regarded it ourselves as an instance of the employment of a mode of speech which is called irony, and is one of the primary tropes known to rhetoricians.—ED. L.

LONDON FEVER HOSPITAL.

To the Editor of THE LANCET.

SIR,—I beg to enclose you a statement of the weekly admissions of typhus fever into this hospital for the last three months:—

There were admitted during the week ending May 7th, 2 cases; 14th, 6; 21st, 10; 28th, 9; June 4th, 4; 11th, 14; 18th, 9; 25th, 10; July 2nd, 13; 9th, 18; 16th, 36; 23rd, 13; 30th, 8.

You will see that there has been a sudden diminution in the numbers since the paragraph in your journal of the 23rd ult.

The rapid influx of cases during the second week of July was the more remarkable, as they came from all parts of London. Of the total of 152 cases for the thirteen weeks, 62 were males, and 90 females.

I am, Sir, your obedient servant,

W. R. CHEYNE,
Resident Medical Officer.

August 2nd, 1870.

DISLOCATION WITHOUT FRACTURE OF THE ILIUM.

To the Editor of THE LANCET.

SIR,—I shall be very much obliged if you will be kind enough to insert the enclosed in THE LANCET.

On Friday afternoon, July 27th, a man, thirty-five years of age, who a few hours before had been crushed between the buffer of an engine and a coal truck, was admitted into the Newcastle Infirmary, under the care of Mr. Russell, in a state of collapse. Blood was flowing from the urethra, and there was displacement and considerable movement of the left ilium, with great ecchymosis and tumefaction of the lower part of the abdomen, the scrotum, and the upper part of the left thigh. A catheter was introduced, and tied in the bladder, but only about a couple of ounces of bloody urine escaped during the whole progress of the case. Rupture of the bladder, with fracture of the pelvis, was diagnosed. Early on Sunday morning the man died.

A post-mortem examination revealed a rupture in the anterior wall of the bladder, and a complete dislocation without any fracture of the left ilium, from both the sacro-iliac synchondrosis and the pubic symphysis. Rare cases of partial dislocation without fracture of the ilium are on record; but, so far as I am aware, a complete separation of the bone without fracture has never been described, and I believe it is generally held by surgeons that such an accident is impossible.

I am, Sir, your obedient servant,

FREDERICK PAGE, M.D.,
Senior House-Surgeon, Newcastle Infirmary.

Aug. 4th, 1870.

THE OPEN-AIR TREATMENT OF DISEASE.

To the Editor of THE LANCET.

SIR,—When attending cases of typhoid fever (typhus I have only seen once, and that in a tramp, while practising here over thirteen years), I invariably ask the patient's attendant, "What are windows made for?" and, as an addendum to the reply, remark, "To let the fresh air in." Country patients frequently suffer more from impure air than town cases.—Yours faithfully,

Framlingham, July 30th, 1870.

GEO. E. JEAFFRESON.

RIB-BREAKING IN INDIA.—At Colaba, a native, found to be ailing, was treated for remittent fever of which he died. On post-mortem examination he was seen to have had six ribs broken. The injuries were proved to have been not self-inflicted. According to the *Friend of India* the violent ward is over-crowded; the refractory patients come into collision with each other; and there is no warder.

THE WAR.

(FROM OUR SPECIAL CORRESPONDENT.)

THE SANITARY ORGANISATION OF THE PRUSSIAN ARMY.

SINCE the last war the sanitary organisation of the Prussian army has been improved in a remarkable manner, and may now compete with the best in the world. The army medical staff is conformed to the army organisation, and composed of surgeons of the regular army and members of the Landwehr, or rifle volunteers—that is to say, civilian practitioners who are ordered to the military service even on the outbreak of a war. The number of the first amounts to 900—superintendent, deputy staff surgeons, and assistant-surgeons; that of the Landwehr to 1000. But the medical staff is, at the moment war is declared, much greater, because almost all young medical graduates enter the service as volunteers. Besides the surgeons, diseased and wounded soldiers are attended by a subordinate service, connected with the medical staff. According to an old Prussian custom, two soldiers per company are, during the general military service, instructed in minor surgery, to be medical servants in the rank of non-commissioned officers. It is their duty to attend to the orders of the surgeons, and to perform the smaller operations of dressing wounds, &c.

There is connected with the medical staff yet another class of soldiers, called the Corps of Sick Bearers, composed of soldiers who have learned, in a short course, the elements of human anatomy, and the methods of bandaging and of transporting wounded people in a convenient manner. Their number may amount to 200 for every army corps, or a total of 5000. Added together, the total number of persons charged with the care of soldiers amounts to from 12,000 to 15,000 for an army of 80,000. That is the paid portion; but the whole German people will unite in the charitable work. When, in the last Austrian war, the increasing number of wounded soldiers, and the outbreak of cholera, led to a dreadful want of surgeons and nurses, some ladies and gentlemen founded a voluntary society, with H.M. the Queen as patron, and an appeal to the people met with an enthusiastic response. In a short time the Committee procured an enormous number of volunteer nurses from all classes of society. After the war was ended, the Committee constituted itself so as to re-form the Society in the event of another war. The moment war was declared, the Committee published a new appeal, and of course with the greatest success. You have no idea of the readiness of our people to rush to the work. This is of the greatest importance for the army, and the more so as the Committee does not limit its operations to the care of the diseased only, but also furnishes the marching troops with refreshments.

The Army Medical Service is ruled by a very good organisation. Like an army, the staff is under the command of the general staff surgeon, Dr. Grimm. The vanguard consists of the surgeons accompanying the troops, and of the sanitary detachment; the centre, of the attendants of the ambulance hospitals; and the reserve, of the surgeons of the reserve hospitals.

The troop-surgeon has to attend his troop during the whole campaign, and accompany it to the battle-field. To that end he has under his control four medical servants and two waggons, of which one is filled with some of the usual drugs, a case with instruments for small operations, a sufficient quantity of lint and rag, plaster, &c. The other waggon is destined to be an asylum for diseased soldiers. The doctor is charged with the attendance of the soldiers to the point where he feels that the disease is becoming grave, when he sends the soldier to the next hospital.

The sanitary detachments follow immediately after the troops, and are occupied only during a battle. Their armament and organisation are carefully regulated to their great importance. Each detachment is composed of two staff-surgeons, three assistant-surgeons, five medical servants, and 125 transporters of wounded men; and it is furnished with two waggons, containing a dispensary with the usual drugs, some cases of instruments, a lot of lint, splints, bandages, plaster, &c., besides that belonging to a