

both feet protruding through the os externum, and the head in the cavity of the pelvis. The pains were strong, but had no effect in altering the position of the child. I therefore introduced my hand, and returned the feet within the uterus. Three or four pains more expelled a living child, and the case terminated in the usual way.

It is, I think, an uncommon occurrence for both head and feet to present at the same time, and I can only account for the fact in this instance by the pelvis being capacious and the child long-limbed and remarkably slender, as well as premature. I shall be glad to know if any of your correspondents have met with a similar case.

I am, Sir, your obedient servant,  
Mildmay-place, Islington,                      JAMES WILLIAMSON, M.D.  
Dec. 1861.

### VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 14th inst., p. 578, Mr. W. B. Kesteven's communication "On Vaccination" contains the following passage:—"Although that lymph is frequently and unavoidably mixed with a few globules of blood." This I have found can always be avoided by the following process:—Puncture the pustule with a lancet for the lymph to escape; then take a common ivory point, and apply one edge to the lower part of the pustule; pass it over and upwards, so that the lymph is collected on as small a surface as possible; let it rest a few seconds if there is any blood amongst it; then apply one of Dr. Husband's capillary tubes to the lymph, which will be drawn up the tube, and leave the blood on the ivory. By this process I can always obtain tubes of perfectly clear lymph.

I remain, Sir, your obedient servant,  
Kendal, Dec. 1861.                                      R. T. LEEMING, M.R.C.S.

### PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IMPORTANT modifications are likely ere long to be introduced into the present organization of the Paris Lunatic Asylums. The committee appointed a year ago by the prefect of the Seine, for the investigation of the defects of the actual system, and of the extent of the necessary reforms, has just concluded its labours, and will shortly publish the result of its deliberations. The erection of no less than seven new hospitals for the insane is spoken of as forming part of the new plans; and when it is added that each is intended for the reception of six hundred patients, some idea may be gathered relative to the magnitude of the present project. One only of these establishments—that specially devoted to clinical instruction—is allotted to the city itself, whilst the remaining six are to be distributed in healthy localities throughout the department of the Seine.

Dr. Demeaux sent in, on Monday last, to the Academy of Sciences, a paper containing fresh evidence of the regenerative powers of the periosteum in cases of injury to the facial bones. In one of the examples adduced, the patient, a young man of twenty-two, underwent in 1855 an operation for the removal of an enormous naso-pharyngeal polypus, the pressure of which on the palatine arch had caused the absorption of about two-thirds of an inch square of the bony roof of the mouth. Six years later—a few weeks back—Dr. Demeaux again examined this patient, and found that the whole of the missing osseous tissue had been replaced by periosteal regeneration, which in this case was spontaneous, and unprovoked by artificial means. A second instance is still more illustrative. In October, 1859, a young soldier returned to France after the Italian campaign. He had been wounded at Solferino by a musket-ball, which had fractured the left superior maxillary. The day after the battle the surgeon on duty extracted the projectile, together with several splinters of bone, in one of which three molars were firmly implanted. On examination, about half of the palatine roofing was found to be devoid of bone, the mucous membrane constituting the only wall of separation between the mouth and nose. In consequence of the want of solidity in the palate, the functions both of articulation and deglutition were impeded. During the summer of last year, when Dr. Demeaux again saw this man, the bony plate forming the roof of the mouth was found to be quite entire, and the impediment of speech and the inability to swallow had disappeared. The above examples are highly suggestive, and operative surgery

will doubtless before long have turned to account the bone-making function of the submucous periosteum in the treatment of cases of congenital cleft palate.

M. Davenne made on Tuesday last a very able defence of the Paris hospital system before the Academy of Medicine; and although he did not succeed in obtaining from M. Malgaigne a complete retraction of his sweeping condemnation, yet the plea raised by the latter, that an extenuating *peut-être* had really accompanied the apparently harsh accusation, manifested something like weakness on the side of the attacking party. "One of M. Malgaigne's complaints," observed M. Davenne, "had been that no competent medical men were consulted with reference to the construction of the Hôpital Lariboisière. Now, it so happened that not only was the actual President of the Academy, M. Robinet, employed by the Municipal Council for the purpose of drawing up a report on the subject, but a circular was sent round to all the hospital surgeons and physicians, and to M. Malgaigne amongst them, requesting advice and suggestions. Many had answered the appeal; M. Malgaigne was amongst the few who did not. Amongst the results obtained were several very important modifications, as, for example, the present system of heating and ventilation, the limiting the wards to thirty beds, and the formation of cellars in order to render the ground floors wholesome." Some observations of the same speaker on the London hospitals are worthy of note, more so perhaps in consequence of their incorrectness, and as illustrative of the vague notions which still prevail in France concerning English institutions. "It has been said," continued M. Davenne, "that the London hospitals are more healthy than ours. M. Velpeau doubts this fact, and I believe he is right. First of all, it is impossible to establish a fair comparison between English and French hospital statistics, the systems of admission being so different. Paupers are never admitted into the London hospitals, and this is the class mainly instrumental in swelling the bills of mortality. Admission into a London hospital is effected for the most part by means of a governor's letter, and it is a *point of duty with a governor to give letters of admission to no one who is dangerously ill, in order to keep down as much as possible the figures in the death-register of the institution.* The rivalry in this particular is made a question of *amour propre* between each hospital and its neighbour; whence it arises that certain classes of disorders, contagious affections for example, measles, scarlatina, and above all small-pox and phthisis, are rigorously excluded. Moreover, the Paris hospitals receive patients from all parts of the world, who are attracted by the reputation of our celebrities. In 1858 there were under treatment 64,302 persons, inhabitants of the capital, and 23,739 residents of the suburbs, together with 748 patients coming from the provinces, and 25 (!) foreigners. In London nothing of the kind is met with. Here we open our hospitals to the world; in England, charity is dispensed to a select few." Rise, shades of benevolent and departed governors, and bow in gratitude for the epitaph which M. Davenne has written upon your tombs!

M. Malgaigne, in answering the defence put forward by the ex-chief of the Assistance Publique, after reminding his contradictor of the occurrence of the *peut-être* in his original charge, had recourse to figures, and showed how that in the Paris hospitals, out of 512 amputations of the thigh, 259 had been followed by death, giving an average of 56 fatal results for 100 operations; how that out of 15 cases of trephining, 15 deaths had occurred; and out of 220 operations for strangulated hernia, 133 had proved fatal;—whereas in London the average in the first case was 21 per cent. in lieu of 56; and in the last, 50 per cent. instead of 60, as at Paris, &c.; and he therefore thought the fact indisputable that the mortality of this capital far exceeded that of London, and, as a practical conclusion, ventured to suggest that in future the number of beds in each ward should be far more limited than at present, and that hospitals should be henceforward better ventilated, so that the number of infectious foci, of which each bed represents one, should be reduced to a minimum.

You will be gratified at learning that your ingenious contemporary, the *Gazette des Hôpitaux*, has devised a third original reading of the name of the illustrious Scotch surgeon; he is now spoken of as M. Sime.

Paris, December 17th, 1861.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of candidates who passed the major examination as pharmaceutical chemists on the 18th inst.:—Francis D. Fisher, Grantham; John James, Swaffham; David Morgan, Aberayron; Henry Pratt, Stratford-on-Avon; John R. Sturton, Peterborough.