

symptoms sooner or later recur in many cases thus dealt with. Anyone who has had experience of tonsillotomy knows that richly vascular soft lymphoid tonsils not infrequently grow again to a significant size, even after good removal. It is likely, therefore, that the adenoid tissue of the naso-pharynx, unless well extirpated, is likely to bud afresh, and I can assert that this sequence, unless much care be taken, is very likely to take place, and in private cases that can be well and long watched the tendency to recurrence of the growths must impress a candid observer. Again, in a considerable number of cases of marked adenoid growths the tonsils need removal and the mucous membrane over the spongy bones is frequently hypertrophic and much engorged, needing the application of chemical caustics or the galvano-cautery. In such instances a more prolonged period of anæsthesia is needful for full surgical treatment. In delicate children the sudden gush of blood, combined with deep chloroform narcosis, has more than once proved fatal from syncope, and for that reason I think ether, or one of its mixtures, preceded by nitrous oxide gas, the safer agent to employ. The right amount of anæsthesia to induce needs much experience, but laryngeal reflex should never be entirely abolished, and the greatest care should be taken to prevent the gushing of blood, mucus, and fragments of growth into the air passages. There are three positions which may be employed in these operations. The head may be bent forward over the knees, the head may be thrown far backwards in extension over the end of the table, or the patient may be turned upon the side, with the head hanging slightly over the edge of the table. The latter position is the one I now adopt, having tried the other two. The blood runs into the dependent cheek and can thence be easily sponged away, and there is never the least anxiety on the score of asphyxia. The dangerous position is the sitting one, unless the surgeon be assisted by a very dexterous sponger, when it is comparatively safe. Some young and courageous adults may be operated upon under cocaine, but the process is excessively disagreeable, and the majority are unable to endure an operation of thoroughness and certainty. In conclusion, I think the key of the question of the right method of inducing anæsthesia will be found in the careful consideration of the aspects of each case, the surgeon informing the anæsthetist what he is going to do and the probable time he will take. The latter lays his plans accordingly and aims at maintaining full, not deep, narcosis during the performance of the operation only. Should the surgeon need to prolong the operation beyond the time he expected the anæsthetist may readily give some chloroform through a nasal or mouth tube, and this, in my humble judgment, is the only way in which chloroform is to be employed in these cases. In the vast majority of cases gas and ether will be found safe and all-sufficient. If the patient be allowed to take half a dozen respirations before the operation is commenced it will lessen the amount of blood actually lost.

I am, Sirs, yours truly,

MARMADUKE SHEILD.

Jan. 29th, 1894.

#### To the Editors of THE LANCET.

SIRS,—I have the honour to reply categorically and in sequence to the questions of various correspondents in the current issue of THE LANCET. To commence with Mr. Wilkin, it is true that my letter in your issue of Jan. 6th was written not "practically" but actually advocating "the discontinuance of the use of chloroform as an anæsthetic," not in "nasal surgery," but for the removal of adenoid growths from the naso-pharynx. I very plainly indicated that the gentlemen named by me "used this anæsthetic (nitrous oxide gas) for all their hospital as well as their private cases." Indeed, very few operations on children are done in the hospital without an anæsthetic, which is, as I may remind Mr. Redman, another of your correspondents, necessary, not only on account of pain, but also because it obviates a not inappreciable amount of shock and terror, harmful results which it is as important to consider in the case of the poor as of the well-to-do. In spite of Mr. Wilkin's belief that chloroform "is an exceedingly safe anæsthetic for children," the fact remains that already there are seven or eight deaths recorded in a very short time, and in relation to a comparatively small proportion of examples.

A late communication in your columns shows that the chance of seeing "the stump of a recently amputated tonsil spurting blood" is exceedingly rare, and if it did occur there would be no difficulty in allowing the patient to recover consciousness, and on cessation of the hæmorrhage making a second administration of nitrous oxide gas for the removal of the adenoids. In any case the

accident would be far less serious under the short narcosis of gas than that of either chloroform or ether. As to the suggestion that there is "not sufficient time given by this anæsthetic (gas) for the thorough performance of the operation," I have to say that ordinarily in private practice, and certainly on very frequent occasions at the hospital, I have seen the surgeons offer those in attendance an opportunity of exploring the naso-pharynx on completion of the operation and before the patient has recovered consciousness. Indeed, on more than one occasion a pupil has been allowed to examine the vault during the period of anæsthesia both before and after the operation. To finish with Mr. Wilkin, reference to my letter will show that I am under no "impression that this operation is in danger of being lost," although I do know of several cases where the fear of chloroform has, on the part of the parents, militated against the advice of the surgeon, and continuance of these misadventures will undoubtedly bring into disrepute an operation the merits of which there is, with present knowledge, no need to emphasise. I only claimed that the procedure should be made as safe as possible, and it will be difficult to convince, at least, the lay public that the existence of adenoids is of such vital importance as to justify the administration of an anæsthetic which is attended with a serious risk.

Your next correspondent, Mr. MacGregor, convinced by "an experience of some hundreds of cases" that there is a real danger, is "anxious to find an efficient substitute." I assure him he will find it in nitrous oxide gas. I have already answered his objections both as to time and thoroughness, and I can further assure him that the operation of removing a couple of hypertrophied tonsils and effectually scraping out the naso-pharynx under gas in from thirty to sixty seconds is done very frequently every day at the Central London Throat and Ear Hospital, as many on-lookers can testify, and not by one surgeon, but by each member of the staff. Of this, Mr. MacGregor can convince himself if he will visit the institution, where he will receive a very hearty welcome.

In conclusion, with regard to Mr. Redman, a not inconsiderable experience prevents my agreeing with him that a 10 per cent. solution of cocaine would render the operation in question "practically a painless one." Nothing need be said as to his rules for guidance except that we never do, at the hospital in question, "anæsthetise without securely 'propping' open the mouth," this being effected by a self-adjusting instrument recently figured in your columns.

I am, Sirs, yours faithfully,

W. G. HOLLOWAY, M.D. Cantab.

Bentick-street, W., January 20th, 1894.

#### To the Editors of THE LANCET.

SIRS,—As one who has had now some twelve years' experience in operating on the nose and throat, I would ask to be allowed to add my quota to the discussion now going on in the columns of THE LANCET *re* the question as to the most desirable anæsthetic in these cases. My experience teaches me that the most desirable anæsthetic in a large majority of the minor operations on the throat, post-nasal space, and nose, is no anæsthetic at all. It can only be in a very small percentage of cases that a general anæsthetic is necessary, and the question is strictly limited to one necessity. A 4 per cent. solution of cocaine will produce all the anæsthesia required in ordinary cases and with an ordinarily skilled operator. If patients are to be allowed to demand an anæsthetic for every trivial operation we shall soon hear of shaving and hair-cutting being done under "gas" as the latest triumph of the development of the barber-surgeon's art.

It amounts to an abuse of a valuable agent for the relief of human suffering when administered (not without serious risk to life) for every little surgical procedure that involves not pain but slight discomfort, and should be discouraged by the profession as a whole.—I am, Sirs, yours faithfully,

MAYO COLLIER, M.S. Lond., F.R.C.S. Eng.

Harley-street, W., Jan. 22nd, 1894.

#### "AN UNNECESSARY EXHUMATION."

##### To the Editors of THE LANCET.

SIRS,—The following is a statement of the case of Cecil Lawrence Petre, the subject of the "unnecessary exhumation" mentioned in an annotation in THE LANCET of Jan. 20th:—I was called at 8 A.M., Jan. 1st, 1894, to see a

child of Mr. Lawrence Petre, eleven months old, whom I had previously attended for severe convulsions due to teething. I arrived as soon as possible, and found the child *in articulo mortis*. He had been in severe convulsions for about an hour or more. He was deeply cyanosed, the limbs were perfectly flaccid, there was no pulse, respiration or heart beat, the pupils were insensitive, and the corneal reflex was absent. The only sign of life was the active cause of this condition—viz., remaining spasm of the diaphragm. Artificial respiration, with special expiratory effort, improved this condition slightly, but spasm recurring, I lanced the gums, which were blue and swollen, and repeated a treatment which I previously successfully carried out on a similar occasion with the same child—that is, I injected hypodermically  $\frac{1}{2}$  gr. of morphia. The child shortly afterwards recovered somewhat, and spasm disappeared. As a precautionary measure, hearing the bowels had not acted properly for some time previously, I gave half a drop of croton oil on the tongue and put the child to bed in warm blankets, &c. There was never any reaction. Shortly afterwards I was recalled to the room, and found the child again convulsed, spasm returned, and oedema of the larynx set in. I had frequent occasion to restore the child by artificial respiration, and, seeing by the pupils that the effect of the morphia had been very evanescent, I tried to get expiratory effort by inducing vomiting with  $\frac{1}{8}$  gr. of apomorphia. To aid the circulation I gave injections of ether and brandy. There was no reaction, and, the trachea becoming obstructed after trying the effect of withdrawing the tongue by means of a thread passed through it, I finally said that tracheotomy was the only chance, and successfully performed it. I cleared the trachea and both bronchi of mucus by suction with a silver catheter and then inserted the tubes. The child now partially recovered, breathing became easy, cyanosis disappeared, and the surface of the body got warm. Subsequently, notwithstanding every effort to support and restore life, and after spending hours nursing the child myself, to the great detriment of some of my other patients, the child died asphyxiated at about 5 A.M. on Jan. 2nd. The results of my labours were an exhumation and post-mortem examination and subsequent inquest at which I was, as you know, entirely exonerated from all blame in the case. I should desire the medical profession generally to consider the importance of the possible frequent occurrence of such a state of things. A man has apparently only to express dissatisfaction to have an inquest hurled at the head of his medical attendant because a child cannot be saved. Extreme cases must be left unaided if such a state of things is to continue possible; and, as in my case, the medical attendant is exposed to great risk, annoyance, and expense, with barely sufficient time allowed him to procure adequate counsel. In this case the proceedings were kept from me till twenty hours before the preliminary inquiry, and I had to hunt London at past midnight for forensic advice.—I am, Sirs, yours truly,

Jan. 29th, 1894.

E. CLOETE SMITH.

## PROPOSAL FOR AMENDING THE SYSTEM OF MEDICAL CLUBS AND ASSOCIATIONS.

To the Editors of THE LANCET.

SIRS,—Whilst the subject of clubs, medical aid associations, and dispensaries is attracting so much attention, may I lay before the profession for criticism a suggestion which I believe to be original? The main faults of the present system appear to be an inadequate remuneration, the contract system, and an induced tendency on the part of the practitioner to hurry over his work. My suggestion is that, instead of paying the practitioner for what must necessarily be an uncertain amount of work, the members should combine, as now, and appoint a committee and treasurer, who shall receive their subscriptions. So far this does not differ from the present custom. Now, instead of contracting with one medical man, as heretofore, to do all the work they should allow their members to call in any practitioner whom they choose, who shall agree to see them for his usual visiting or surgery fee. The practitioner will then send in his bill, stating the number of visits or attendances of "John Smith," to the committee, who shall agree to pay him quarterly for actual work done. To avoid the inconveniences of dispensing, arrangements could be made to pay the druggist in the same way. I would suggest that in no case whatsoever should the consulting fee include medicine. Patients of all descriptions would then be brought to realise that it is for the advice they pay the medical man, and not for the drugs.

For the above scheme I would claim the following advantages: that if the practitioner is adequately remunerated under the present system he would not suffer under the new; should a time of epidemics arise, as at present, his pay would increase in proportion, and as each individual stands to him in the relation of a private patient his interest would be more keen and his attention less divided, more especially as the patient could at any time during his illness change his medical adviser. On the other hand, when there was but little illness the committee could lay by a small reserve fund for a busy time without being reproached on the ground that they are making money out of their medical man. Again, the patient not being able to say at present, "Well, I have paid the medical man why should I not have him?" he would be less likely to consult the practitioner for the most trivial complaints, and such an instance as a man sending for the medical attendant at midnight because his tooth ached would be of less frequent occurrence, as the committee would soon interfere. Again, minor surgical cases requiring, as they do, expensive dressings could be met by a slightly increased fee on due representation to the committee.

I am, Sirs, yours faithfully,

Weston-super-Mare, Jan. 30th, 1894. MURTAUGH HOUGHTON.

\*\* Our correspondent's letter is interesting. The fear is that the members of clubs and associations will not see things in the same light. Undoubtedly the great desideratum is to approximate club practice to private practice in the two respects of better pay for the practitioner and the right of choice for the patient. But the club concedes its right of individual choice for the very purpose of obtaining attendance on lower terms by having a medical man of its own, more or less under its own control, with, however, very questionable results for the dignity of the profession or the advantage of the patients.—ED. L.

## "OBSTETRIC AND GYNÆCOLOGICAL NURSING."

To the Editors of THE LANCET.

SIRS,—I do not see anything in Dr. More Madden's letter in THE LANCET of the 27th inst. that is at variance with the passages he quotes from the notice in your issue of Jan. 20th. The review did not say that there is no information as regards the employment of antiseptics in midwifery, but that in teaching persons who have usually had a very limited general education more prominence should be given to the subject, and more especially that plain directions concerning antiseptics should have appeared in the chapter on the management of natural labour, in which there is no mention whatever of antiseptics. Again, in teaching the class of persons for whom the book is more especially intended I think directions should be particular rather than general; for instance, instead of telling the nurse to have the antiseptic solution ready (as on p. 67), mention should be made of some particular solution, such as 1 in 1000 corrosive sublimate lotion, or whatever antiseptic solution the author considers best. The other passage of the notice to which Dr. More Madden refers—"It is of little avail for the medical man to employ elaborate antiseptic measures when a nurse, whose hands are anything but aseptic, has already examined the patient"—had reference to the account of the special duties of the monthly nurse. From this account it clearly appears that part of the nurse's duty is to examine the patient before sending for the medical attendant. It seems to me to be quite wrong for a nurse to do so, unless specially directed by the medical man. The passage Dr. More Madden quotes from his book, p. 141—"The nurse's primary duty in every puerperal case is the removal of all septic matter or possible sources of infection, not only from the external parts and vaginal orifice by frequent sponging or washing out with some antiseptic solution, but also by the thorough cleansing out of the uterus and vagina when necessary by hot water or antiseptic douching with the irrigator, subject to the approval of the doctor, if there be one in attendance"—evidently points to circumstances possibly arising in which a nurse would be right to undertake washing out the uterus, even without the direction of a medical man. I should say washing out the uterus should never be left to a nurse. I do not think either that "washing by use of nailbrush, hot water, and carbolic soap," though good so far as it goes, produces the nearest approach to