

consulting and operating surgeons. The practitioners gladly gave us every facility. With the greatest kindness and courtesy they turned the existing bad cases or any fresh severely wounded over to us, besides allowing us a general supervision over all the wards. As has been generally found everywhere, fresh bullet wounds healed quickly and kindly. Shrapnel frequently caused suppuration owing to the carrying in of fragments of clothing or to contamination from earth or clothes entering the ragged wounds. Among the cases we had under observation shrapnel and bullet wounds were in about equal proportion. It was not always easy to exactly tell what the projectile had been. We had no leg or arm amputations. Conservatism patiently and thoroughly carried out sufficed. Some finger amputations were necessary and extraction of irritating bullets. The careful dressing of large wounds, removal of sequestra, setting and thorough antiseptic dressing of compound fractures, scraping of sinuses and such like made up our operative work. We noted some extraordinary escapes. Two men were shot clean through the neck horizontally at the level of the upper border of the thyroid cartilage. Beyond the fact that one had had his recurrent laryngeal involved and was very hoarse, neither of them was a pin the worse. I had a case almost identical with the hand figured on p. 1174 of THE LANCET of Nov. 14th, except that the bullet entered the back of the hand and made an extensive wound of the palm. I considered that this was not due to a dum-dum but to the fact that the head and shaft of the second and third metacarpal bones were smashed and driven through the muscles and skin. It was suppurating profusely when I saw it first and causing intense pain. I removed several sequestra, thoroughly scraped it, swabbed it with iodine, and put the hand into a continuous boric bath. It healed well.

A word as to the nursing and feeding at these hospitals. It was excellent. Those southern women are extraordinarily adept. Though possessed of a comparatively meagre preliminary training, they had imbibed the aseptic idea, and their unofficial tenderness, natural skill, and charm of manner rendered them most suitable for the work they had to do. Their facility at massage was remarkable, and they faithfully carried out orders. Many of them were, of course, intelligent ladies, and they were not playing at nursing. The daily menus, and still more the appetising invalid cookery for special cases, were admirable. I consider the men were well nursed. The work of the general practitioners was most creditable and entirely voluntary, and once we had been properly accredited our help was unreservedly and gratefully sought by them.

We left at the end of our month as we had information that for the present no more fresh wounded were to be sent into that district. Any surgeon with some facility in French desiring to help in a capacity similar to that I have sketched and not expecting to get much major surgery should find a useful and helpful sphere—and incidentally a pleasant holiday—in France for months to come. There is a dearth of surgeons from causes already pointed out in your columns. Application should be made beforehand to the Croix Rouge Française, and all formalities should be strictly complied with so as to avoid vexation and delay. I am, Sir, yours faithfully,

Newport, Essex, Nov. 17th, 1914. J. ARTHUR BROWNE.

## A PLEA FOR MORE CONSERVATIVE TREATMENT OF UTERINE APPENDAGES.

*To the Editor of THE LANCET.*

SIR,—One is impressed with the number of women nowadays who, for some reason or other, have been deprived of their reproductive organs, most of them for very weighty and necessary reasons. The modern gynæcologist has reduced the mortality of such operations to so small a percentage that it would seem that milder measures are often pushed aside as probably useless and tedious before they have been given a fair trial. These remarks, of course, apply chiefly to inflammatory conditions and the resulting adhesions. As illustrative of the class of case I have in my mind the following history is so unusual and instructive that I hope it justifies publication.

The patient, aged 33, had had three children, the first at full term and the second and third at seven months, all living. Six years ago her fourth pregnancy aborted at four months. There was considerable difficulty in extracting the foetal head, and she had a sharp attack of pelvic inflammation in which the cellular tissue was largely involved. She was treated for some months by the usual methods, and an autogenous vaccine was also used over a long period. The infection was streptococcic. A purulent vaginal discharge, with occasional febrile attacks accompanied by pelvic pain, persisted, and early in 1911 she had an acute and definite attack of pyosalpingo-oöphoritis accompanied by a most profuse discharge. She recovered from this and tried a course of treatment at Ems. But at intervals she continued to have what may be termed “flares up,” when the attacks were sufficient to cause considerable alarm.

Four consulting surgeons and gynæcologists of the highest reputation and standing expressed the opinion at various times that the patient would not be well until both tubes had been removed, and advised her to submit to the operation. A room at a nursing home was actually engaged and the date of the operation fixed, but as an example to all our British women in this present era she persisted that she meant to have as many children as it was possible, and that nothing would induce her to allow them to rob her of all such chances until absolutely compelled. Accordingly, her husband then took her to Paris and consulted Professor Pinard, who expressed his opinion to me that with absolute rest, long-continued hot douches, and rectal lavement she would get quite well, and added that he saw no reason why she should not become pregnant again. The former seemed possible, but the latter—considering the numerous repeated attacks of salpingitis, first in one tube, then in the other, and sometimes in both at once—seemed more than improbable. However, after two years' constant treatment she surprised everyone by becoming pregnant, and has now produced, with hardly any trouble from start to finish, a peculiarly healthy and fine infant at full term.

The patience and perseverance required would have been practically prohibitive to one of the working classes, but a history of this case may perhaps encourage greater patience on the part of some gynæcologists when treating any but the severest cases, and perseverance in treatment on

the part of their patients when in a position to be treated for a sufficiently long period.

I am, Sir, yours faithfully,

EDWARD P. FURBER, M.R.C.S. Eng.,  
L.R.C.P. Lond.

Welbeck-street, W., Nov. 23rd, 1914.

## INTRATRACHEAL ANÆSTHESIA.

*To the Editor of THE LANCET.*

SIR,—Mr. Wilfred Trotter's letter in your issue of Nov. 14th raises some points of interest to which I should like to reply. In the first place I find that he has no objection to the use of the intratracheal method in certain cases of cancer of the tongue—in fact, that he has often used it himself. This is an unexpected but welcome admission, unexpected because it was, I submit, impossible to infer this from his article, in which the intratracheal method was briefly mentioned and quickly condemned. Mr. Trotter objects to its use solely in cases in which the growth is foul and ulcerating. I should like to convince him of the safety of the method even in these cases. I have not unfortunately an accurate record of the nature of the growth in all the cases, 48, mentioned in my letter of Nov. 7th, but I find that at least 12 of them are noted as being large ulcerating growths. It is highly probable that some of the remaining 36 were not clean, although it must be stated at the same time that in several cases the growth was on the lip or anterior part of the tongue, and in consequence very unlikely to come into contact with the laryngoscope. I think the danger of bruising or tearing the growth is exaggerated. The anæsthetist can, if he is careful, avoid rough contact with the ulcerating surface.

In the second place I find it very difficult to agree with Mr. Trotter that the introduction of the tube is followed by spasmodic inspirations. It seems to me that he does not give due credit to the strong defensive reflexes of the larynx and trachea which (unless deep anæsthesia is present) are at once brought into play by the presence of the catheter so that coughing ensues, is made more vigorous by the addition of the ether vapour, and continues until deepening anæsthesia cuts it short. So strong are the respiratory efforts that the catheter may be forcibly coughed out—this happened to me on one occasion, the catheter being expelled a distance of at least four feet—and every writer describing the technique draws attention to the necessity of holding the catheter in place. If anæsthesia is deep on the introduction of the catheter there is, in my experience, no perceptible change in the character of the breathing, certainly nothing of the nature of spasmodic inspiration. The addition of the ether vapour may not in this case call the cough reflex into play, but it does immediately provide a strong upward draught at the glottis which would dislodge any septic material in the neighbourhood.

With regard to Mr. Rupert Jones's cases in THE LANCET of Nov. 7th (p. 1087), I do not think we are justified, after reading Mr. Hey Groves's letter in your issue of last week (p. 1220), in coming to the conclusion adopted by Mr. Trotter as to the origin of the lung infection.

Lastly, may I say that it was tracheotomy to which I took the objection that it increased the length of operation, not laryngotomy? The complications and difficulties of tracheotomy are the

province of the surgeon. I feel, however, that catheterization is a simpler and less harmful procedure than either, and I am not convinced of the danger which prevents Mr. Trotter from adopting intratracheal insufflation in all his cases.

I am, Sir, yours faithfully,

FRANCIS E. SHIPWAY,  
Queen Anne-street, W., Nov. 23rd, 1914.

## IMMEDIATE MASSAGE OF SEPTIC LIMBS.

*To the Editor of THE LANCET.*

SIR,—The immense number of septic wounds being treated at the present time is my excuse for advocating in print a line of treatment which must be well known to the majority of the medical profession. In spite of the fact that the treatment of septic infection of limbs by immediate massage is an old one, many people object to it on the ground that it "spreads the toxin," but on being asked if they have tried it they almost always answer No. My own practice is to massage the limb the day after it has been freely incised and drained, the limb being taken out of the bath for massage. This treatment must, of course, be carried out by a skilled masseur.

I am, Sir, yours faithfully,

MALCOLM DONALDSON, F.R.C.S. Eng.  
Le Havre, Nov. 20th, 1914.

## THE 2ND LONDON CLEARING HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—I should be very grateful if you would let it be known through the columns of your journal that the 2nd London Clearing Hospital is now being mobilised for service with the British Expeditionary Force and requires the services of two highly competent operating surgeons to complete its surgical staff. The clearing hospital, situated a little distance behind the fighting line, receives all the wounded of a division and is equipped to deal at once with the most serious cases. The officers appointed will receive commissions in the Territorial Force for the duration of the war.

I am, Sir, yours faithfully,

CHAS. MONK,  
Lieutenant-Colonel, I.M.S. (retired),  
Officer Commanding 2nd London Clearing Hospital,  
Duke of York's Headquarters, Chelsea, S.W., Nov. 21st, 1914.

## SANATORIUM TREATMENT.

*To the Editor of THE LANCET.*

SIR,—The comments of Professor Bang which you mention in THE LANCET of Nov. 14th, p. 1159, on the results of sanatorium treatment are to my mind somewhat extraordinary. In the first place, I should like to mention that out of 800 cases received into this sanatorium no case which was definitely unable to work on discharge has recovered after going home; it is true that two cases have improved temporarily beyond all expectation. With regard to first-stage cases not doing so well as many more advanced cases the reply is obvious. It is seldom that a first-stage case is admitted to a sanatorium unless suffering from severe or fairly severe general symptoms; all the mild cases are treated at home