

at Simla, however, they remain as at present—three years' appointments.

THE RECENT OUTBREAK OF ENTERIC FEVER AT MHOW.

We are glad to learn that the outbreak of enteric fever in the Durham Light Infantry at this station has apparently come to an end, and the patients at present in hospital are said to be recovering.

Correspondence.

"Audi alteram partem."

"THE CHELSEA HOSPITAL FOR WOMEN."

To the Editors of THE LANCET.

SIRS,—I have now been officially furnished with an excerpt from the operation books giving an account of all the operation cases entered under my care at the Chelsea Hospital for Women since I joined the staff in February, 1891. The list is, I fear, too long to reproduce *in extenso* in your columns, comprising, as it does, 101 entries. The object of my present communication is to place before you the actual results of these operations with reference to the mortality. My total mortality after operations of all kinds was 9 out of 101 cases, equal to 8.9 per cent. Comparing the three years 1891, 1892, and 1893, we have the following:—In 1891, 15 cases, with four abdominal sections included, 0 deaths; in 1892, 34 cases, 13 abdominal sections, 3 deaths; in 1893, 44 cases, with 15 abdominal sections, 6 deaths; and in 1894, from May to July, 8 cases, 1 abdominal section, 0 deaths; being 101 cases, with 9 deaths = 8.9 per cent. mortality. All the six deaths in 1893 occurred between June and November.

Statistics.—My ovariectomies numbered 9 cases with 1 death; hysterectomy and myomectomy, 3 cases with 2 deaths. The results of my ventro-fixation cases were marred by one exceptionally difficult case.¹ I have performed this operation in five cases in all, and in none of these had any less serious procedure proved useful.

I had two operations for extra-uterine gestation, one being an advanced case;² both recovered. In operations for pelvic peritonitis (including pelvic abscess and suppurative peritonitis), of 5 cases 2 died. Of the 9 other operations, comprising evacuation of the broad ligament cyst, 1; ventral herniotomy, 2; exploratory incision for tubo-ovarian disease, 1; and also for malignant pelvic disease, 1; with removal of diseased uterine appendages, 3; and supra-pubic cystotomy, 1; 3 were fatal. Of the total number of abdominal sections (33) 9 were fatal; 3 of these occurred in 1892, and the 6 others in June, July, August, September, and November of 1893. Some surprise has been expressed that I, as one of the out-patient physicians to the hospital, should have had so large a number of serious operations. The explanation is simple. In 1892 some beds were allotted to each of the out-patient physicians of a certain standing. It was the custom of the hospital that out-patients requiring in-door treatment were transferred to the in-patient physician; but when a patient was specially recommended by her medical attendant to an individual out-patient physician, the out-patient physician to whom the case was sent admitted her under his own care and performed any operation that might be necessary. The number of operations, therefore, performed by any one of the out-patient physicians depended for the most part upon the number of cases sent to him by his professional brethren.

I had no deaths after any other operations. In Classes 6, 7, 8, 10, and 11 of the report, which include removal of submucous fibroids per vaginam, removal of uterine polypi, amputations of the cervix for cancer and hypertrophy, perineorrhaphy, colporrhaphy, curetting for endometritis and incomplete abortion, none became septic and all recovered.

Notes on the fatal cases.—Case 11 was admitted suffering from suppurative peritonitis. She was almost moribund. Operation was only agreed to as a possible means of averting death. (September, 1892.) Case 12 was the subject of pelvic abscess and a suppurating dermoid. She was operated upon on the same day as Case 11, and, contrary to my instructions, was placed in the same ward. She died from septic peritonitis in September, 1892. Case 17 died from shock after a very

severe operation. There were no signs of sepsis or peritonitis. (December, 1892.) The sanitary conditions of the hospital had nothing to do with these deaths. Case 23 was the subject of a very difficult operation; the abdomen had to be reopened in consequence of hæmorrhage. At the necropsy evidences of commencing peritonitis were found. Case 24: This patient, sixty years of age, had retro-peritoneal hæmorrhage; the abdomen was reopened. At the necropsy no lesions were found accounting for the hæmorrhage; the large vessels were atheromatous. Case 25 had a quiet pulse and temperature till the sixth day, the former being from 76 to 92; the latter did not reach 101° F. till the seventh day, when she suddenly died. Case 26 had an increased temperature from the second day, but the pulse remained uniformly below 100, ranging from 70 to 90 until the sixth day. The abdominal wound healed by first intention and remained healthy throughout; there was never abdominal distension or vomiting; micturition was natural; there was no pain; nothing but weakness was complained of, and she took nourishment until an hour before her death. At the necropsy, which was limited to the abdomen, nothing was found to account for her death. No peritonic or septic sign was seen. Case 28 had total suppression of urine, with no peritonitis and no injury to the bladder or ureters. She died from shock in thirty hours. Case 32 had intestinal paresis, with no action whatever of the bowels, and localised peritonitis; the temperature only once reached 102° till immediately before death.

Responsibility, and record of private work.—I was not on either of the controlling committees, so I am unable to determine how much the condition of the hospital had to do with certain of these deaths. This, however, I must state, that as far back as June, 1893, I expressed my opinion that the condition of the hospital and the arrangement for nursing operation cases required investigation. With the exception of Cases 26 and 28, all the deaths in 1893 occurred in the same ward. This ward contained nine beds; I understand that three of these have been discontinued. Four other of my abdominal operations treated in this ward during the same period did well—a fact which made me think that the after-care of the individual patients had more to do with the results than some of the other factors of success involved.

On comparing the results of my more recent hospital work with those I have obtained elsewhere during the same period I find that my hospital work has been much less successful. From 1891 to date, in over 70 gynecological operations similar to those undertaken at hospital (including 13 abdominal sections and a complete vaginal hysterectomy) I have lost only 1 patient—a mortality equal to 1.3 per cent. The epitome of these abdominal sections gives 1 Cæsarean section, 2 ovariectomies, 4 abdominal hysterectomies, 1 section for intra-pelvic abscess, 1 for adherent broad ligament cyst, 1 for removal of malignant growth, 1 oophorectomy for fibro-myoma uteri, 2 explorations—1 for malignant ovarian and pelvic disease, and 1 for the separation of pelvic adhesions—and a case of vaginal hysterectomy for cancer.

As to a secondary point inquired into by the Committee of Inquiry—namely, *Did septicæmia occur in cases which eventually recovered?*—I shall again deal only with my own work. In the evidence given before the committee it is stated: "Dr. Parkes has not attributed to any of your cases septic mischief?" (Q. 916.) I mentioned that all my fatal cases had been examined post mortem. The only cases which recovered, and regarding which I was asked to give evidence on this point, were Cases 22, 27, and 29 (Q. 937, Q. 959, and Q. 1005). In Case 27, an ovariectomy with extremely firm and numerous adhesions, during the whole of the first week the temperature was practically normal. During the whole convalescence it never exceeded 100° 5. Case 22 was one of salpingo-oophorectomy for a small cystic ovary and purulent salpingitis. The disease was believed to be due to specific causes. There were no signs of peritonitis, and the patient made a good recovery and was about in twenty-eight days. Case 29 was one of myomectomy with intra-peritoneal treatment; the highest temperature during the first week was 100° 6; it was uniformly below 100° thereafter up to the thirtieth day after operation. The patient went home strong and well.

Finally, I had three deaths assigned to me of patients who had not been operated on. The first was the subject of an ovarian tumour, endocarditis, and hemiplegia. The second was a prematurely born infant, which I believe I

¹ Brit. Med. Jour., Oct. 14th, 1893.

² Brit. Gynec. Jour., Part xxvii., November, 1891.

once saw in the ward, but which was never in any sense my patient. The third death has been erroneously entered as a post-operation death in the hospital book. In my evidence (Q. 917) I stated there was no operation. I understand that the committee, nevertheless, counted it as one of the septic deaths after operation, possibly thinking I had operated on the patient before her admission. I hold a letter from Mr. Parker of Lillie-road, with whom I saw the case in consultation, disproving this. So much material had to be dealt with that I am not surprised that some mistakes occurred.

I am, Sirs, yours faithfully,
Sept. 8th, 1894.

LEITH NAPIER.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. A. C. Davis (Secretary) in THE LANCET of Sept. 8th begins by assuming that the Board of Management has altogether escaped censure at the hands of either Dr. Parkes or the Committee of Inquiry and has had no other duty to perform than to adopt certain kindly offered recommendations and to inflict chastisement upon a few objects of wrath of their own selection. This in the letter; but no one knows better than the Secretary that the Board of Management was censured by both these authorities certainly as plainly, though perhaps less wantonly, than the members of the staff. The staff protested against Dr. Parkes' charges by resigning in a body, such a course being considered by the majority to be the best method of signifying their denial of the truth of those charges. That denial has been justified by publication of facts and their details. The members of the Board of Management have not even offered to resign on the questions at issue, and the assertion in the letter that their action on the whole matter has been submitted to the governors and been approved by them three times is misleading. The governors have not as yet had an opportunity of expressing an opinion on the action of the board with a fair knowledge of the facts in their hands. Whatever that opinion may ultimately be, it is a poor thing—many will think it a mean thing—to endeavour to shift the odium of their unjust action on to Dr. Parkes' shoulders by directing their secretary to refer to some of us in such words as these: "Those late members of the medical staff of this hospital who, not having been re-elected, have had a slur cast upon them (the result of the action of Dr. Parkes)." The board and the secretary know full well that the "slur" was inflicted, not by Dr. Parkes, but by those who re-elected some of the staff and declined to re-elect others without one word of explanation. It is against this "slur" that I would ask you to kindly grant me sufficient space to protest.

I am, Sirs, yours faithfully,
F. F. SCHACHT, M.D. Cantab.
Curzon-street, W., Sept. 9th, 1894.

To the Editors of THE LANCET.

SIRS,—The letter of the secretary of the Chelsea Hospital for Women in THE LANCET of Sept. 8th seems to me to be a little misleading. The only meeting of the governors and subscribers held since the issue of the Committee of Inquiry's report was for its consideration, the report having been sent to each governor only a day or two previously. It was not until after its acceptance, and the determination agreed upon to carry out its various suggestions (no one of which had any immediate concern with the medical staff), that the resignations of the members of the staff were read. The request made to the board for the reconstruction of the staff without delay was made by Dr. Fenton at a time, in fact, when most of the members were on their feet to leave. I assert that at no time since this meeting has there been any communication between the Board of Management and the body of governors. The annual meeting, at which the Board of Management are re-elected, was held some time before the report of the committee was issued. I fear that no further information will be forthcoming before the next (and I hope not far distant) meeting of the governors.

I am, Sirs, yours faithfully,
Lynton, N. Devon, Sept. 9th, 1894. WILLIAM TRAVERS.

To the Editors of THE LANCET.

SIRS,—With reference to the statement made by some members of the former and present staff of this hospital that they had no voice in the management of the institution,

I should like to state the simple fact that the laws provide (with the express object of giving the medical staff that representation on the managing and executive committees which they complained they lacked) that "the two senior physicians and the senior physician to out-patients shall be members of the Board of Management"; and that "the house committee shall consist of the treasurer, who shall be chairman, two physicians (the junior physician shall be a permanent member of the committee, and the two senior physicians shall alternately annually become members of the committee), and three lay members, and they shall meet every week, or more frequently if necessary, to transact the ordinary business of the hospital." Seeing that the whole staff only amounted to nine in number, a representation of 33 per cent. is, I venture to think, a very fair proportion. In addition to the above, however, there were for some years two members, and latterly one member, of the consulting staff on the Board of Management.

It was also an invariable custom to refer all medical matters to the medical staff as a body, and a minute-book recording the opinions of the meetings thus held has been in use for some years. From this record, indeed, I find that during the past year alone no fewer than twelve well-attended meetings were held—some by request of the Board and others on the initiative of the staff itself.

I am, Sirs, yours faithfully,
A. C. DAVIS,
Chelsea Hospital for Women, Sept. 7th, 1894. Secretary

FIRST AID IN ELECTRIC ACCIDENTS.

To the Editors of THE LANCET.

SIRS,—For the information of those who are not medical men and electricians the article on the Pathology and Treatment of Electric Accidents in THE LANCET of Aug. 25th may be suitably supplemented by briefly adverting to the question of first aid in such cases, and to certain risks attendant thereon. It is obvious that the first thing to do is to detach the body of the victim from the circuit with which it is in contact; but it is equally obvious that, as that body is forming part of the circuit, it would be dangerous to touch the skin with bare hands, inasmuch as anyone doing so would thereby "shunt" a portion of the current through his own body. The clothing, if dry, would afford a considerable, but not quite adequate, protection; it is, therefore, necessary to improvise some kind of insulation for the hands of the rescuer. Further, as is well known, the muscles of a body traversed by an alternating current of high tension remain in a state of tonic contraction. In other words, a hand grasping a cable remains tightly clenched (the condition of "fixation"), and detachment is not always easy. Such accidents generally occur by the completion of a circuit between the cable and the earth, but sometimes contact is made simultaneously with both poles of a circuit. The time seems to have arrived for the publication of some carefully considered authoritative code of instructions for the management of such accidents as well as for their prevention; in the meantime, however, such considerations as the foregoing would appear to point to the following—

Rules for guidance in electric accidents.—1. Break the circuit at once if there be an interrupter close at hand and you know how to use it. If not, lose no time, but proceed to Rule 2. 2. Do not touch the man's body with your bare hands, but if indiarubber gloves are not at hand pull him off the cable by his coat-tail, or fold your coat or some such dry article into two or three thicknesses, and, using this as a pad to take hold of the body, pull it away from the circuit and resort to Rule 5. 3. If unable to get him off, raise with covered hands that part of the body which is touching the earth, or one of the poles of the circuit. This will break the circuit, and it will usually be thus possible to get him easily away, and, if so, proceed to Rule 5. 4. If still unsuccessful, make another pad, and, placing it between the ground and that part of the body in contact with the ground, continue your efforts to detach him. 5. Having pulled him away from the cable, free his neck from clothing, and treat the case as one of drowning, one method being as follows. 6. Open his mouth, and, taking hold of the front part of the tongue with your fingers (covered with a handkerchief if you have one), draw the tongue forwards, and gradually let it go back sixteen times a minute. Be sure that the root of the tongue is acted upon and drawn forward. If the teeth are clenched and you cannot get them apart with your fingers, gently separate them with the handle