

In asking this question, I believe I may assume that large numbers of wounded persons (chiefly with injuries of bones and joints) will constantly be arriving in England, with a view to various measures of surgical treatment not applicable in the first periods of injury. The large resources of this hospital, and its immediate proximity to the railroads by which such persons would reach the metropolis, might render St. Thomas's peculiarly convenient for the purpose suggested.

Perhaps I ought further to state, that my object in troubling you with this question bears reference to the possible establishment of a department of military surgery in our medical school; and that, for this educational purpose, it would be important (both for our own students and eventually for the public service) that military casualties should be seen under treatment, so far, at least, as this can be done away from the field of battle.

I have the honour to be your obedient servant,
To the Right Hon. Sidney Herbert, Secretary-at-War, &c. &c.
R. G. WHITFIELD,
Resident Medical Officer.

CHLOROFORM.

[MR. WORLD ON ITS ADMINISTRATION.]
To the Editor of THE LANCET.

SIR,—From some of the remarks made by Mr. Syme, in his lecture upon "Chloroform," all his pupils, and many of his readers, will imagine that Edinburgh alone is the place where chloroform is administered according to principle.

Now, it is hard of the learned professor to say that all his brethren in this large town "have not been so fortunate as to get into the right way in the first instance." Let me assure Mr. Syme that not all of his London brethren who administer chloroform require a grim assistant-physician, with watch in hand, to take charge of the pulse. Being one amongst the brethren mentioned, will you allow me to state the result of my experience in the administration of chloroform?

I have constantly used this anæsthetic agent during the last seven years, in upwards of four thousand cases, indiscriminately, without regard to the age or condition of the patients: to infants less than a week old, to a man upwards of ninety-two years of age; to patients suffering from every form of organic disease—from fatty degeneration and valvular disease of the heart, aneurism of the aorta, and indeed from almost every disease involving the circulation and respiration. During this time, and amongst this number of cases, I have not had one death from the administration of chloroform. "I have been guided as to the effect produced" by the respiration, having paid little or no attention to the circulation, this being "only affected secondarily, in consequence of the failure of respiration." I have, however, frequently found the state of the eye to be an invaluable sign of the patient being under the full influence of the chloroform, the total insensibility of the eye to the touch and to light fully indicating a state of complete anæsthesia—invaluable, inasmuch as by this sign I have often been enabled to diminish the quantity, or discontinue the use, of the chloroform before stertorous breathing has commenced.

I consider the free admixture of air with the vapour of chloroform very essential to the safe administration of this agent. I do not, however, consider that it is necessary, or even desirable, on this account to put aside the apparatus which I have used for some years, and by which I can with great facility regulate this admixture. Does not this very dilution, however, render the chloroform more slow in operation?

It appears that Mr. Syme attaches but little importance to the quality of the chloroform. I consider this to be a most important point. Many excellent things I own come from Edinburgh, but may I ask, is all the chloroform therefrom necessarily good?

I remain, Sir, your obedient servant,
Jan. 1855. R. R. WORLD.

MEDICAL PRACTICE IN THE CAMP BEFORE SEBASTOPOL.

To the Editor of THE LANCET.

SIR,—An incident took place in our camp yesterday, which, while it may amuse your readers, shows what a Crimean practitioner may have to do in the course of his numerous and various duties.

Corporal B—, of ours, came about noon yesterday to report to me that his wife was very much griped, and wished to see me. This enterprising lady had, in spite of remonstrance and

reproof, struggled up to the camp from Balaklava, about three weeks ago, along the canal of mud which is called the road. I proceeded to visit her in the hole that her mate had prepared for her. This was an excavation six feet long, three broad, and two deep. To cover it in, a small pyramidal tent was placed over the opening; a slit in one side formed the door, from which a steep and, to me, *difficilis descensus* led abruptly to the interior of the establishment. Brushing away a foot or two of the snow that almost buried the interesting habitation, I stooped, and wriggled my head and shoulders within the door. One look was sufficient to show how matters stood. She was far advanced in labour; a smiling, though occasionally distorted, countenance evinced that she suffered but little pain. Our parturient females of the expedition appear to be retrograding towards the nomadic immunity from severe and long-continued labour pains. The pains had been felt but half an hour.

With some misgivings as to my equilibrium, and some difficulty in choosing my ground, I found, on getting inside, that the child's head was rapidly descending. Slipping over two turns of the funis, that I found about Miss B—'s neck, I received, in a single pain, the young lady and all the *et ceteras* in my hand. From the rapidity of the execution, I was obliged to tie the funis with the mother's apron-string, and sever it with my clasp-knife, as no more appropriate instrument could be procured at the moment. The happy mother, the only female in the camp save her child, at once proceeded, with the help of her anxious husband, to wash and dress their little daughter, which looks most lively and blooming to-day, though, thanks to the booming of the Russian guns, it made its appearance two months sooner than it ought. Owing to the individual interest and kindness of our Brigadier (Major-General Codrington), the mother and child want for nothing, and are comparatively comfortable.

I am, Sir, your obedient servant,
Lines before Sebastopol, Jan. 14th, 1855.
JOHN OGILVY, M.B.,
Assistant-Surgeon, 33rd Regiment.

SURGERY OF THE WAR.

WE propose at present to speak of the purely surgical aspect of the army in the East, though the medical or hygienic condition of the troops finds them, we fear, in February as badly off as in December or January. The men who fought bravely at Inkermann and Alma, true to the horrors of the Eastern legend, have sunk and yielded to climate; the mighty Thor, with his crown of ice, conquering all alike, English, French, and Russians. A writer on the 13th ult. says, whole English regiments are eating raw food for want of fuel. The poor men, too, are seized with frost-bitten limbs while asleep. The Russians bear all sorts of operations best. They are well-fed and free from scrofula; our men too often are either tuberculous, scrofulous, or, what is now equally bad, dysenteric or scorbutic. The 46th Regiment, which left England 850 strong, now (Jan. 10th) musters only 70 available men; another regiment, which landed in the Crimea 1000 strong, is now reduced to less than 100 bayonets. Lint and chloroform, opium and castor oil, are sadly wanted. The greatest evil at present is a want of commissariat, or carriage for medical necessaries.

We prefer at present noting the result of amputations, as they are already known, some facts of very great value having reached us as to operation at Therapia and Scutari. At the former place, about 70 of those most seriously wounded by shot and shell, consisting of frightful lacerations of limbs, severe compound fractures, &c., requiring amputation, were received; the returns up to the present have quite confirmed what we have so often alluded to—the necessity of all amputations being primary. Of 17 primary amputations on soldiers, including two severe operations on the thigh, only 3 had died; whilst of 12 secondary amputations, 5 had died. One Russian had his hip-joint taken out, and recovered. The primary amputations were thus by far the most favourable, 4 even of these cases having been complicated with compound fractures of other limbs besides those operated on. Of the secondary amputations, five had died, and the others all but died, from gangrene and purulent absorption. The general impression of the naval and army surgeons who had