that it has now resolved itself into a discussion which can have little interest for your readers.

I am, Sirs, yours faithfully,
Glasgow, Sept. 9th, 1907. SAMUEL SLOAN.

A CASE OF SELF-INDUCED (?) ABORTION.

To the Editors of THE LANCET.

SIRS,—In Dr. A. B. M. Thomson's short paper on the above subject in your issue of Sept. 7th he says, "The question which called for decision was whether this was in reality a case of self-induced abortion. Is it possible for a woman to introduce into her uterus, without causing injury to the vaginal walls or to the os, a straight rigid rod four inches in length?" It may interest him and some of your other readers to hear of a remarkable case in point. Some years ago, I think it was in the "seventies," I had a patient under my care who confessed to me, and I had no reason to doubt her word, that she had brought on abortion on herself thirty-five (35) times! The instrument she used was a bone knitting-needle. She used to squat down and, finding the os, pass the knitting-needle into the uterus. She was so regular in her periods that she knew at once when she had conceived and immediately proceeded to operate; and though on several occasions she had rather severe hæmorrhage, yet, as far as I remember, she was never in any serious danger; a rather remarkable result in those pre-aseptic days.—I am, Sirs, yours faithfully,

Welbeck-street, W., Sept. 19th, 1907. HEYWOOD SMITH.

RESULTS IN APPENDICITIS TREATED BY THE IMMEDIATE AND COMPLETE OPERATION.

To the Editors of THE LANCET.

SIRS,—The controversy whether it is better to operate within the first few hours of the onset of appendicitis or whether it is better to wait until there is some definite call for operation has gone on for many years.

Mr. W. G. Spencer is to be congratulated upon having a consecutive series of 100 cases of appendicitis (published in THE LANCET of Sept. 14th, p. 770) with but seven deaths, or four if we exclude the three cases who had other lesions as well. But if we accept the title of his paper and his concluding paragraph—viz., "that it has been possible to diagnose and to operate on 100 cases of appendicitis, with a loss, when the appendicitis was the sole disease, of only four, a result which removes the various objections that have been raised to the method"—it will be seen that those of us who have an open mind upon this question can derive but little instruction upon this important point. If it is true that the immediate and complete operation is responsible for so low a death-rate as 4 (or 7) per 100 cases, then every right-thinking surgeon should adopt the immediate treatment. But let us look more closely at these 100 cases.

Class 1.—37 cases; no deaths. Admirable. But these are defined as "cases in the interval between the attacks, or early acute and subacute cases." How many of these were "interval" cases is not stated, but it seriously reduces the 100 cases submitted to "immediate" treatment, unless "immediate" only means "as soon as they came under Mr. Spencer's care." No good surgeon in these days expects otherwise than to obtain equally satisfactory figures from this type of case whether they are done immediately or in a week or two. Then "subacute" is a term open to misunderstanding. Does it mean that they were recognised as very mild cases, or were they recovering from acute attacks, and if the latter, how "immediate" was their treatment? Mr. Spencer says, "some of these cases would have recovered without operation, others would have become rapidly worse had the operation been delayed"; but as he dispensed with drainage in all, he evidently did not think so badly of them.

Class 2.—These are labelled gangrenous and perforating appendicitis and *subacute appendicitis*. 31 cases; four deaths. All will agree that the sooner gangrenous and perforating cases are operated upon the better, but why put subacute cases into this class? How many of these were subacute, and, if so, how early were they operated upon?

Class 3.—Cases of suppurating appendicitis treated by removal of the appendix and drainage. Again comes the question as to how elastic a term is the "immediate" in this

paper. I suppose a good many of these cases had an abscess for several days; at any rate, I frequently get cases at the Children's Hospital who are brought up from seven to ten days after the onset of the illness with large localised abscesses. These are opened at once, but it is hardly looked upon in the sense of the "immediate" operation. The removal of the appendix at this stage must certainly add to the danger of the operation, as it risks infection of the peritoneal cavity when the patient's tissues have, after much trouble, walled it off into a position of safety. I know authorities differ on this point but I have never regretted not removing the appendix in opening a localised abscess.

Class 4.—As in Class 3, there is no guide to the time of the various operations, still, as they were suppurating cases, they are hardly likely to have been very early ones.

I am not cavilling at the early operation done within a few hours of the onset of appendicitis, but I do think that this series of 100 cases with four (or seven) deaths is gravely fallacious as a proof of the benefits of early operative treatment when interval cases are included, and when we get no guide in the majority of the cases as to how soon after the onset the operation was performed. Instead of the death-rate being reduced to 4 per 100 as a result of the immediate operation, it must be—well, perhaps Mr. Spencer will give us a more accurately analysed list.

I am, Sirs, yours faithfully,
Upper Wimpole-street, W., Sept. 14th, 1907. JOSEPH CUNNING.

ERYSIPELAS (?) IN A YOUNG CHILD.

To the Editors of THE LANCET.

SIRS,—The following note may be of interest, as I can find but few recorded cases of a similar nature.

The patient was a little girl, aged five years, who was brought to my house about a week ago with a sharply-defined bright-red patch on the right cheek. I told her mother that had it not been for the child's age, when such an affection was very unusual, I should certainly have diagnosed the case as commencing erysipelas. The child's skin was hot and dry, the temperature was 101.4° F., and there was distinct albuminuria. I prescribed a simple febrifuge and asked that I might be informed if there should be any further developments. Two days later I was asked to see the patient at her own home, where I found her presenting all the appearances of a typical case of facial erysipelas. The face was swollen to the extent of being unrecognisable; there was marked cedema of the eyelids; and there was a well-marked line of demarcation between the erysipelatous and the healthy skin.

Since then the case has run an uneventful course, the redness becoming daily less marked and the temperature gradually falling from 102.8° to within a point or two of normal. Treatment has been on the usual lines. There was no history of any injury, there was no affection of the ear or throat, and the child's teeth were in good order. Her mother told me that when I first saw her she had just returned from a country holiday but she could not think of any possible exposure to infection. The drains of the house in which they stayed were, so far as she could tell, satisfactory.

I shall be glad if any of your readers who have met with similar cases at such an early age will favour me with a few facts concerning them, and with suggestions as to their probable cause.—I am, Sirs, yours faithfully,

T. R. HENDERSON, M.B., C.M. Edin.
Bedford Hill, Balham, S.W., Sept. 15th, 1907.

ARTHROPATHY IN RÖTHELN.

To the Editors of THE LANCET.

SIRS,—While the nature of rheumatoid arthritis is under discussion I should like to place on record the occurrence of an arthropathy during the course of rötheln. The patient was a young man, aged 24 years, who, after a few days of sore-throat, stiff neck, malaise, and moderate fever, developed a rash having the distribution and appearance of German measles and accompanied by an enlargement of superficial glands, notably those of the neck. Before the exanthem had faded the patient began to complain of stiffness and tenderness in the knees and ankles, and soon all the interphalangeal joints of the fingers presented the spindle-like swelling commonly seen in rheumatoid arthritis. There was no exacerbation of temperature and neither cardiac nor other complication, and a fortnight from the appearance of the