

porter in not bringing the bath as ordered, we were unable to put in practice the remedy so successfully used by Dr. Wilson Fox and others in cases of rheumatic hyperpyrexia. This case shows, like some others that have been published, that when the temperature begins to rise to an unusual elevation there may be no time to lose.

Carlisle.

A SIMPLE ATMOSPHERIC PUMP.

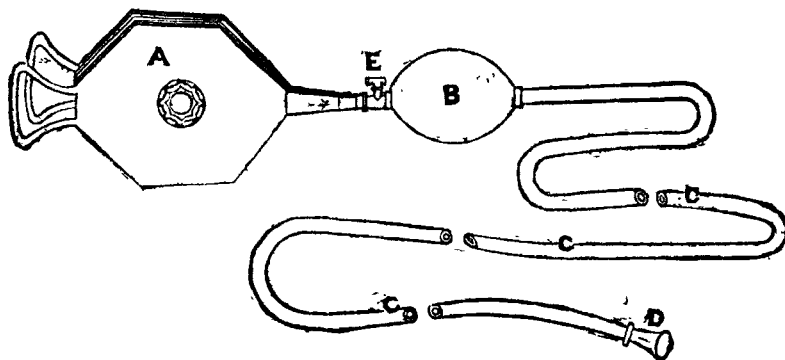
By ALFRED KING, M.D.

SOME years ago I remember being a few miles from London, and was told of a sad accident to a working man who had just lost his life in a well. The facts were these. The pump or well had been for some time wanting repairs, and the water that had been drawn off was found to be contaminated, and a man was sent down to clean and repair the well. He had not been many minutes down before he complained of foul gas, and asked for a lighted candle to be sent down to him. This was done, but it instantly went out; and about this time the man was seen to fall down in-

sensible. His "mate" then descended, and, with a rope round the man's body, he, with the help of those at the top, lifted him out quite dead; and the other man had a very narrow escape, being assisted up in a half-dead state. This sad event made a deep impression on my mind at the time, and the other day a very similar accident happened on the road not many miles from my house. The case was very like the other one, with just this difference. The hole was near a very large gas pipe, and the place very foul; the man had only been down a very short time, when he was seen to fall by the two men at the top, and they were afraid to go down and render assistance; so the poor fellow was in this state when I happened to ride by, and, on asking what was the matter, was told all about it.

In a very short time I procured a long garden-hose, and, by good luck, in a cottage found a pair of bellows. I tied with a string the tube on the nozzle of the bellows, and threw the end of the hose down the well just above the dead man (for dead he was), and began pumping away, I may say, for dear life. I now sent a candle down, and finding the flame remained, I and another descended and lifted the poor fellow out. Every method was tried to restore life, but without success.

When I got home I set about inventing a something to



prevent this sad loss of life to working men, and the result is the invention I offer to the notice of the profession; and as every village has its doctor, and every one, I should suppose, reads THE LANCET, it may thus become known that with this simple contrivance for pumping the atmospheric air down and into any place I have described, the foul air is diluted, and for all the purposes of working this invention may be the means of (and this is the doctor's mission) saving lives.

Balham.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo accendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

KING'S COLLEGE HOSPITAL.

CASES OF CLEFT PALATE.

(Under the care of Mr. HENRY SMITH.)

THE following cases, which have been recently under treatment at this hospital, illustrate the great benefit that may be obtained, even in severe cases of cleft palate, by the adoption of Sir William Fergusson's admirable device of splitting the hard palate.

CASE 1.—E. J.—, aged eight years, a miserably underfed boy, was sent into the hospital on Sept. 11th, 1874. A hare-lip had been previously operated on. A cleft extended through the soft and hard palate, about one-third of an inch wide; the alveolar ridges were entire, and the vomer was slightly attached to the right edge of the cleft. The soft palate was fleshy.

He was allowed to remain in the hospital to improve his health, and on the 19th Mr. Smith operated on the soft and

hard palate after the method recommended by Sir William Fergusson, by dividing the levator palati muscles, paring the edges of the cleft, and prising the bones together, by splitting the hard palate on either side, and introducing sutures through openings made in the bone by an awl.

The boy got severe constitutional disturbance, and the hole reopened in a few days. He was allowed to remain in the hospital for another month, by the end of which period the mouth had got into a healthy condition, and the boy himself had greatly improved. The operation was repeated both on the soft and hard palate on Nov. 17th. Excellent results took place, the entire palate, except a very small hole in the hard, firmly uniting in a few days.

CASE 2.—H. J.—, aged nineteen, admitted Sept. 16th, 1875, with cleft through the hard and soft palates extending to within a short distance of the alveolar ridge. It was very wide, and the soft parts were thin. The general health was but poor. The patient had previously consulted a surgeon to a metropolitan hospital, who refused to interfere, probably because Sir W. Fergusson's operation on the hard palate had not then been made known.

Mr. Henry Smith operated on Sept. 20th, under chloroform. The levator palati muscles were divided; the hard palate split on either side, the bones prised together, and the parts united by sutures. Everything went on well; perfect union took place, and the patient was discharged on Oct. 19th, already improved in his speech.

CASE 3.—B. B.—, aged forty-eight, admitted into King's College Hospital April 22nd, 1876, with an enormous cleft extending all through the soft and hard palates, for which he had worn a cumbersome and expensive apparatus for many years. He was desirous to have a portion even of the opening closed if possible. Mr. Henry Smith determined to try to close the soft palate, but declined to interfere with the hard, on account of the man's age. Other surgeons had been consulted, and they all discountenanced any operation.

Mr. Henry Smith operated on April 29th, dividing the levator palati muscles and closing the soft palate. There was great hæmorrhage during the operation and considerable subsequent prostration, partly from the loss of blood and partly from the effects of the chloroform; but the patient