Obstetrics." The materials for such an atlas already collected (from all sources) are abundant, and in their selection the council would have expert knowledge at its disposal. The cost of the production of illustrations of this kind has been much reduced of late years, and from estimates which have been obtained it is calculated that if a sufficient number of subscribers could be secured four or five fasciculi of from eight to 10 plates can be produced annually and the work completed in five years. During that time the council proposes to abstain from undertaking the publication of any printed volumes with the single exception of one a year to consist of a collection of papers or lectures from foreign sources translated as promptly as possible after their publication. It may also, if funds allow, publish one or more supplements to its Lexicon. In order to ascertain the amount of support which might be expected for the proposed work a somewhat detailed prospectus has been prepared and has been distributed to all members of the profession resident in certain cities and towns. Dublin, Brighton, Manchester, and Glasgow, with a few others, have been selected. Our agent, Mr. Lewis, 136, Gower-street, will be glad to supply this prospectus to anyone applying for it (post free). In the meantime the council will be glad to receive communications from those interested in the proposal. It will be needful that a members' list of at least 2000 should be secured.

I have only to add that in case the society should not be encouraged to continue its existence and undertake the proposed atlas that it is possible that the latter may be published independently of it. There would, however, be obvious advantages in its being done by the New Sydenham Society. The present organisation would be kept going and, further, an annual volume of translated monographs would be secured.—I am, Sirs, yours faithfully,

JONATHAN HUTCHINSON,

Hon. Secretary to the New Sydenham Society.

Feb. 26th, 1901.

"GASTRIC HÆMORRHAGE AND ITS SURGICAL TREATMENT."

To the Editors of THE LANCET.

SIRS,—I am very sorry that my attention has only just been drawn to a letter on the above subject from Mr. J. Basil Hall in THE LANCET of Feb. 16th, p. 510, too late for my reply to reach you in time for insertion on the 23rd. If Mr. Hall will re-read my paper I think he will find that particular care is taken to mark the difference between so-called chronic and acute hæmorrhage, and that all my arguments are employed to try to elucidate the question of what is the best method of arresting the hæmorrhage in acute gastrorrhagia, it being taken for granted that surgical treatment is nearly always demanded in chronic but only occasionally in acute bleeding from gastric ulcer. If Mr. Hall will refer he will also notice why the second case was reported, though the bleeding was dependent on injury and not on ulcer; the reason being that I wished to give "a brief description of all the cases of hæmatemesis on which I had operated."

With regard to the facts of the case, I was sent for to operate on a perforating wound of the stomach, this diagnosis having been made because of the vomiting of blood directly after the accident. When I saw the patient I thoroughly investigated his case and personally made careful inquiries as to the hæmatemesis, both at the time, while the patient was being prepared for operation, and subsequently; so that there is no need to alter in any way the abstract in THE LANCET, taken by me from the report of the case given by my house surgeon, Mr. Levi, in the *British Medical Journal* for 1897, page 77, where occurs the following:—

The nature of the injury is remarkable in that the perforating instrument, being somewhat blunt at the end, must have pushed aside the stomach and colon instead of perforating them, though the fact of blood having been vomited shows that the stomach must have received the impact of the file, and have suffered injury to its internal coats.

The interest of the case lies in the fact of there being no further hæmorrhage after the abdominal lavage without any operation on the stomach itself, as is stated fully in the abstracted notes. The fact of the first patient on whom pylorotomy was performed for a chronic ulcer of the pylorus that had been bleeding for some time having subsequently suffered from cicatricial contraction of the opening between the stomach and pylorus is no argument against pylorotomy having successfully combated the bleeding from a chronic gastric ulcer, on which account simply an

abstract of the case is given. The subsequent history of this case is included in my statistics of gastro-enterostomy, now almost ready for publication.

Had I described, under operations for chronic hæmatemesis, the cases of slight coffee-ground vomiting so common in chronic ulcer and in cancer of the stomach, on which I have operated the list would not have been limited to the few cases given at the end of my paper; but Mr. Hall, despite his criticisms, must be fully aware that very serious bleeding, leading even to a fatal termination, may occur under the form of so-called "coffee-ground" vomit.

I see no need, therefore, because of these criticisms to alter my opinion as to the desirability of such cases of chronic hæmorrhage being considered in a paper treating of gastrorrhagia, and in this view Mr. Hall will find, if he studies the literature of the subject, that I am supported by authorities whose views are not to be lightly set aside.

I am, Sirs, yours faithfully,

Park-square, Leeds.

A. W. MAYO ROBSON.

"PERSISTENT METRORRHAGIA."

To the Editors of THE LANCET.

SIRS,—Dr. J. Inglis Parsons¹ has done well in bringing forward the treatment by electricity of what he calls "persistent metrorrhagia," but as it might be supposed from his remarks that the treatment is new for such cases I think it right, in justice to the memory of Dr. Apostoli, to say that of the 24 patients I saw treated by him in Paris in May, 1887, five were cases such as Dr. Parsons describes, two being complicated by retroversion. I have found electricity most satisfactory for this condition for the last 13 years and can corroborate all Dr. Parsons says in its favour. I find, however, that shorter sittings and apparently fewer applications are sufficient. I advocate, as Apostoli did, the strongest doses that can be borne without pain and begin if possible with 100, as against Dr. Parsons's 50, milliampères.

I am, Sirs, yours faithfully,

Feb. 25th, 1901.

SKENE KEITH.

"ISOLATION HOSPITALS."

To the Editors of THE LANCET.

SIRS,—You challenge me to produce any memorandum of the Local Government Board, however antiquated, which may afford some grounds for the "stamping-out" thesis. The disillusionment came too early to permit of the Board's falling into any such blunder. The attitude of the officials of the Local Government Board of that day is well exemplified by the evidence given before the Commission on Small-pox and Fever Hospitals by Dr. Thorne Thorne, the report of which Commission was presented as early as August, 1882. The Hastings Bill was then being wriggled through the House of Commons, urgency being claimed for it on the ground that, with such powers as would be obtained under its provisions, the "stamping out" of certain infective diseases—notably scarlet fever—would only be a question of time. The same brilliant promises had been, or were being, made in Huddersfield, Oldham, Bolton, Nottingham, and elsewhere, not by enthusiasts (from whom I am supposed to have borrowed my idea), but by steady-going and sometimes highly qualified medical men who had no other end in view than the stamping out of infective diseases. The evidence in question is very significant and it forms very interesting reading to-day. Here is an excerpt. Seventh day of the Commission, Jan. 6th, 1882.

Lord BLACKFORD: You would say that whenever compulsory notification and isolation hospitals co-existed the effect has been to considerably facilitate the isolation of infectious diseases?

Dr. THORNE THORNE: Yes, the effect has been considerable where there has been a good hospital and the Act was properly administered. I can give two instances which I think will be typical of that, and the first I would quote would be Leicester. In 1870 an epidemic of scarlet fever occurred, when there was no hospital, no system of registration of infectious diseases, and between the middle of September and the end of December 217 deaths resulted. The next epidemic was in 1875. A hospital had been provided, but it was only in partial use and still there was no registration of infectious diseases. Between the middle of September and the end of December in that year 31 cases were admitted to the hospital, and the deaths in the borough were 94. In 1879 the Notification Act came into operation; it unfortunately came into operation after an epidemic of scarlet fever had commenced, but it was immediately put into operation in the middle of September and between that date and the end of December 159 cases were admitted to the hospital and the deaths in the borough were only 65. A more striking case is that of Warrington. A similar Act came into operation in 1879, and towards the end of June, 1880, isolated cases

¹ THE LANCET, Feb. 23rd, 1901, p. 547.