It is difficult to see why this second wave of "conservative surgery for the uterine appendages" should have its existence, for no suggestion in it has been made, but one, which was not tried in my *clientele* in the early "eighties." That exception is "ignipuncture," though as a perfectly certain exciter of the process of peritoneal adhesion it is the last thing which could have occurred to me as reasonable.

Finally, this "conservative surgery for the uterine appendages" is to include removal of a perfectly healthy uterus. I have shown some eight or ten years ago that secondary removal of the uterus is sometimes necessary to relieve symptoms continued after removal of diseased tubes and ovaries, some 6 or 8 per cent. of the cases requiring this secondary proceeding. But any effort to make removal of the uterus an essential part of the first operation will have my strongest disapproval. Mr. Martin exaggerates the number of cases in which vulvar and vaginal atrophy occurs after removal of the appendages, but he will immensely increase it in reality if he removes the uterus with them. Further, there are strong reasons, which I have not space to give here, why in dealing with cases in which the neurotic element is a preponderating factor the uterus should be left. This subject I hope to deal with at length before long.

In conclusion, let me beg Mr. Martin and my younger brethren generally not to fall into the pit of neglecting to read what has gone before them, even in the generation immediately preceding them. Between the years 1870 and 1894 a good deal was done in Great Britain for gynaecology, and on the conservative aspect of the case we have nothing, absolutely nothing, for which we have to be beholden to our German brethren.—I am, Sirs, yours faithfully,

Birmingham, Sept. 12th, 1898.

LAWSON TAIT.

THE PITCH OF THE HUMAN VOICE.

To the Editors of THE LANCET.

SIRS,—Has it been observed that some ratio exists between the set of the human ear and the (singing) pitch of the voice? During my holiday I have amused myself by forecasting the qualities of their voices, whether deep-toned or otherwise, before the vocalists whom I have met have sung. The inference is drawn from the squareness or angularity of the jaw and from the mode in which the ear is set on to the cheek, whether vertically with the face or obliquely; if vertically then a deep-toned voice belongs, but if the ear slants downwards and forwards a tenor or soprano voice accompanies. A better anatomist than myself will probably explain the reason.

I am, Sirs, yours faithfully,

ALEXANDER WALLACE, M.D. Oxon.

Colchester, Sept. 10th, 1898.

"THE PLAISTOW MATERNITY CHARITY."

To the Editors of THE LANCET.

SIRS,—To reply fully to Mr. Pritchard's letter in THE LANCET of Sept. 10th would require more time and space than his special pleading merits, but the last paragraph, in which he infers that we who employ nurses from this Home are therefore satisfied with them, claims a prompt denial. It is a case of Hobson's choice. The conditions under which we practise our profession in Plaistow make a nursing institution supported by charitable funds a necessity.

We are obliged to employ these nurses because they are the only ones available and we naturally express our thanks for the help we get. But at the same time we almost unanimously condemn the maternity department and find the training of nurses leaves much to be desired, for the nurses are responsible to a superintendent nurse and not to us and frequently our instructions are not carried out. Mr. Pritchard's "more important practitioners" will hardly thank him for the insinuation that they make use of these charity nurses, not only to enable them to keep paying patients, but even to tout for them.

I am, Sirs, yours faithfully,

Plaistow, Sept. 13th, 1898.

P. NAPIER JONES.

* * In the letter from Mr. W. W. Farnfield, headed "The Plaistow Maternity Charity," printed in THE LANCET of Sept. 10th, the last three lines should have read: "St. Mary's Day Nursery and Hospital for Sick

Children, Plaistow, E., is in no way connected with the Plaistow Maternity Charity."

"A CASE OF MEMBRANOUS TRACHEITIS AND LARYNGITIS WITHOUT THE PRESENCE OF DIPHTHERITIC BACILLI."

To the Editors of THE LANCET.

SIRS,—The interesting case reported by Mr. Grimes under the above heading in THE LANCET of August 13th of membranous tracheitis and laryngitis in which no diphtheria bacilli were found, draws attention to a circumstance in regard to diphtheria which is not sufficiently recognised—viz., that the term "diphtheria" requires to be now considered in a double sense. First, we have the clinical form in which the leather-like membrane from which the word "diphtheria" was derived is the prominent feature. The conclusion of the Royal Medical and Chirurgical Society's committee of 1875 that such a membranous laryngitis is identical with true diphtheria has been allowed to give too much colour to all statements on this point from English authors. It is, however, now generally recognised that in a certain proportion—14 per cent. according to Billings—there may be a membranous laryngitis or tracheitis not truly diphtherial according to the bacteriological test. I have reported such a case in my monograph on Diphtheria at p. 181. The responsible organisms in this instance were streptococci and staphylococci. Mr. Grimes does not state what they were in his case. The second form of diphtheria to which I have alluded is the bacillary, in which the clinical evidences of membrane are but very slight or may be entirely absent. According to Variot and other observers the prognosis of this form is very favourable. May I, in conclusion, once more plead that since Trousseau gave his reasons for substituting the word "diphtheria" for "diphtheritis," the use of the adjective "diphtheritic" should give way to "diphtherial"? Certainly the term "diphtheritic bacilli" does not accurately describe the Klebs-Löffler organisms of the malady.

I am, Sirs, yours faithfully,

LENNOX BROWNE, F.R.C.S. Edin., M.R.C.S. Eng.

Mansfield-street, W.

UNTOWARD RESULTS AFTER ADMINISTERING RESORCIN.

To the Editors of THE LANCET.

SIRS,—Recently I was called in consultation with another medical man to see a child and we prescribed resorcin in 2 gr. doses. The mother states that a quarter of an hour after the powder had been administered the child's mouth became inflamed and the tongue was swollen. When I saw the child the following morning blisters had been formed on the lips similar to what would have been produced by boiling water, and in addition to a thick white coating on the tongue there was a distinct excoriation outside the mouth. On making inquiries we found the drug dispensed had been exposed to light and presented the appearance of decomposition having taken place and it occurs to us that carbolic acid or other irritant may have been produced. The chemist we have reason to believe has suggested to the parents that the injury was due to the drug having been administered without a vehicle. We have never known or heard of severe results of the kind being produced by pure resorcin and we think that in the present instance decomposition or the substitution of another drug may have had much to answer for. Perhaps I ought to have mentioned that the child was suffering from cholera infantum. I enclose some of the powders and we will feel much obliged for your opinion.

I am, Sirs, yours faithfully,

L. C.

Sept. 5th, 1898.

* * We have submitted the powders to our analyst for examination in THE LANCET Laboratory, but no evidence was gained that they contained anything but resorcin. The papers enclosing the powders were slightly discoloured, due to partial oxidation, resorcin especially in association with alkali absorbing oxygen from the air much in the same way as its analogue pyrogallol. Our correspondent will