

In addition to these, I have seen several other cases characterised simply by occasional wandering and incoherent talk, in which the patients at no time appeared to be in any danger of their lives, and in these a condition bordering closely on lunacy continued for several weeks in spite of removal of all iodoform from the wound. It would thus appear that, as Mr. Keetley suggests, the symptoms may continue in spite of the removal of the cause; but I think that, if iodoform were always at once removed as soon as any delirium appeared, fatal terminations would be very rare. It is also thought by many surgeons that the use of iodoform in crystal is less dangerous than the use of the powdered drug, and this at any rate would seem likely when we consider how much more finely divided is the powder. I was further recently told by one of Professor Billroth's assistants that since they had given up putting iodoform into the wounds, and had used it on the dressings only, there had been no instances of poisoning.

I do not think, therefore, that it is necessary to give up all use of the drug, and I should personally be sorry to be debarred from using what is in my opinion a most useful antiseptic. I do, however, feel that many who use it are not sufficiently aware of the possible risks to which their patients are subjected, and would wish to suggest, not that iodoform should be abandoned, but that it should be used with caution.—I am, Sirs, yours truly,

Queen Anne-street, Feb. 2nd, 1889.

ANTHONY A. BOWLBY.

## CRANIOTOMY ON THE AFTER-COMING HEAD.

*To the Editors of THE LANCET.*

SIRS,—There is one point in Dr. Braxton Hicks's letter in your issue of Jan. 26th to which I should like to refer. He says: "But to get the full value out of the cephalotribe we must also use it as a tractor. .... This power of traction enables us to deliver at once, for I never knew it to fail to hold firmly the crushed head." My experience of this instrument has not been so uniformly satisfactory as Dr. Hicks's, as in more than one case in which I have used it, or seen it used by others, as a tractor to the forecoming head, it has slipped when moderate force was used. Nor is it difficult to understand why this should occur. If the cephalotribe be applied quite centrally, the tips of the blades will be prevented by the neck of the child from coming into close apposition, and when traction is applied, if there be any considerable resistance, the instrument is liable to be pulled straight off the head. On the other hand, if the tips of the blades are clear of the neck, then the instrument tends to slip off in a backward or forward direction, partial extension or flexion of the head being produced by the traction. The chief obstacle to delivery in cases where the pelvic contraction is considerable lies in the firm and unyielding base of the skull. In seeking to overcome this difficulty there are two general plans, in accordance with one or other of which we may regulate our operative measures. The first plan is to seek to bring the unreduced base past the obstruction by tilting it and adapting it to the contracted pelvis. This is what Dr. Braxton Hicks prefers to do, and he has two methods of doing it. In some cases he applies the cephalotribe, which, as he himself has demonstrated, tilts the base of the skull but does not crush it. The result of applying this instrument, however, in the case of a flattened pelvis, is to bring the tilted base with its long diameter in correspondence with the shortest pelvic diameter, and hence a movement of rotation has to be made before traction is applied. It is this adaptation of the tilted base to a flattened and irregular pelvic brim that constitutes the main difficulty in effecting delivery with the cephalotribe, and this difficulty is sometimes of a very formidable nature. In other cases Dr. Braxton Hicks brings the base forward by the method he introduced in 1864. After the whole calvaria has been removed, he makes traction on the orbit by means of a blunt hook, and so induces a face presentation. I have adopted this method in two cases where the pelvic contraction was marked, and in both of them found that the removal of the entire vault of the skull was a tedious and difficult operation, and that dragging on the orbit with a hook was a procedure attended with some anxiety. The aim of the second plan is to destroy the integrity of the base, so that it no longer forms a serious obstacle to delivery. This may be done by means of the basicalyst or some such

instrument after the vertex has been perforated, or by means of an ordinary perforator introduced through the roof of the mouth after version and extraction of the body have been performed. I have had recourse to the latter method in seven cases, and have every reason to be satisfied with it. Dr. Braxton Hicks, in his letter, indirectly raises some objections to this method; but, having already dealt with these objections in my paper, I need not occupy your space by discussing them again.

I may state, in conclusion, that as an instrument to be used on the after-coming head I regard the cephalotribe as invaluable, and that I have a decided preference for the form of the instrument devised by Dr. Braxton Hicks.

I am, Sirs, yours faithfully,

Manchester, Feb. 1889.

ARCHIBALD DONALD.

## LONDON CORRESPONDENTS.

*To the Editors of THE LANCET.*

SIRS,—I have received a copy of the *Allahabad Morning Post* of Jan. 7th, 1889, in which, to my surprise, I find a "Medical Letter" ("from our own correspondent") dated London, Dec. 14th, consisting mainly of a garbled version of my clinical lecture on Ovariectomy, published in *THE LANCET* of July 7th. What possible interest the readers of the *Allahabad Morning Post* can have in the subject I do not know, and the whole letter seems to me to be in the worst possible taste. What I complain of most particularly is that the writer, having followed me pretty closely up to the closure of the wound, proceeds as follows:—"I may mention that it is customary in adjusting wounds of this nature to blow on it (*sic*) a little iodoform, a powerful but not very odoriferous antiseptic, yet for all that eminently serviceable as a dressing for specific sores both in the male and female, indolent ulcers and ulcerations of the uterus. Internally it is much used in syphilis where the nose, pharynx, and tongue are much involved—in these more especially. Various attempts have been made to deodorise it, and I believe successfully, musk being the principal ingredient. For my own part, I would prefer it without that, to me, most abominable of scents. It takes more than a lifetime to get rid of the offensive odour emitted by the musk-rat, which, though differing from that of the deer, is still associated with it in my mind from a strong family likeness, so to speak. One confuses up the other, and as many of the fair sex indulge in musk as bouquet, I have often to pass through a very unpleasant ordeal in public places, such as railways, omnibuses, and the like. In consequence of this and for another reason, I generally enter a smoking compartment when travelling by rail. It does not always answer, however, as females seem to have a fancy for the same nowadays, and when warned declare they rather like smoke than otherwise. The bye-laws of companies on this head require remodelling with regard to the temperature table. In the case under review the temperature gradually rose, and at 3 o'clock the next day stood at 130°." (!) What the bye-laws of railway companies have to do with the temperature table I cannot say, but I think 103° would more accurately represent my patient's temperature. How any London medical man can lower himself to compile such balderdash for the benefit of Indian readers I cannot imagine, and I must beg "our own correspondent" to leave my lectures alone for the future.

I am, Sirs, yours obediently,

Feb. 7th, 1889.

CHRISTOPHER HEATH.

## MEDICAL CHARITIES.

*To the Editors of THE LANCET.*

SIRS,—I see with pleasure that you have noticed a speech which I made the other day on the subject of a public inquiry into our system of medical charities in London at the annual meeting of the Charity Organisation Society, and also that you are in favour of such an inquiry. You think the language which I used too forcible, so perhaps you will allow me to explain that the words "ignorant prejudice," to which I suppose your objection applies, were quoted from a previous speech of Lord Balfour of Burleigh. He had said that there was an ignorant prejudice on the part of charities against inquiry. In speaking to the topic of my remarks, I quoted this opinion of his lordship, and said that if there