FOREIGN BODIES SWALLOWED BY CHILDREN.

To the Editor of THE LANCET.

SIR,—We are often consulted by mothers as to what is best to do in cases where children have swallowed foreign bodies; and such things as coins, buttons, marbles, &c., are common enough, and are generally passed without causing any disturbance whatever. The following case appears to me unique, from the peculiarity of the body swallowed.

On the afternoon of April 10th last I was consulted by a lady as to what was advisable to do with her child, a girl aged about three years, who had swallowed the tongue of a hand-bell with the chain attached. The child was playing on the floor with the bell, and was seen by an elder sister suddenly to struggle in a suffocative paroxysm. With praiseworthy promptitude, she held the child head downwards and thumped her well on the back. In a few seconds the child got relief, the obstruction passing down; and on the mother hastening to the room she appeared all right.

Knowing that before the tongue could be separated from the bell some of the links must be open, I considered it a very dangerous thing, as the open link might catch in any part of the intestine; I accordingly ordered the child to be fed for the next few days on porridge, hard-boiled eggs, cheese and bread, with very little fluid, in the hope that the chain would become embedded in thick stool, and so protect the alimentary canal from injury. On the following day a small motion was passed, and about noon of the second day (forty-eight hours after swallowing it) the tongue, with links attached, was passed *alone*, followed in a few minutes by a copious motion. The annexed sketch is the exact size, and will give some idea of the thing. The tongue is of brass, and weighs rather more than two drachms.

This case seems interesting from the fact that although the child was fed on constipating food, the foreign body was passed *alone*, and that, such being the case, there was not a single bad symptom then or since.

Yours faithfully,

WM. CAIRNS WICKS, M.B. Edin.,
Physician to the Hospital for Sick Children,
Newcastle-on-Tyne.

PAGET'S DISEASE OF THE NIPPLE.

To the Editor of THE LANCET.

SIR,—As I believe it to be important that the fatal effects of the disease of the nipple, to which Sir James Paget has directed attention, should be widely recognised, I venture to send you a few notes regarding a case which has been reported to me by my friend, Dr. Johnston, of Shanghai. Dr. Johnston, following the examples of previous observers, writes of the disease as an eczema, a term that on practical as well as on theoretical grounds, I think it very desirable should cease to be applied to this affection.

Mrs. E— was sent from Peking to Shanghai to be under Dr. Johnston's care on account of a tumour which had formed in the breast, and told him that the nipple had been affected with superficial disease for more than a year before she was aware of the existence of a tumour. Dr. Johnston operated, but the disease recurred within six months, and the patient died.

Before going to China she had been under the care of Mr. Lockhart, of Blackheath, to whose kindness I am indebted for the following note. Writing to me on February 3rd of this year, Mr. Lockhart remarks:—"When Mrs. E— was in London, about three years and a half ago, I saw her several times. She had eczema round the nipple, extending from the nipple as the centre one inch and a half all round. This proved wholly impracticable so far as curing it went. I tried all that I could suggest—lead, zinc, arsenic internally, barley water, gruel, and much else, but the eczema remained. There was no tumour in the mamma of any kind, but I feared, as the eruption was so inveterate, that there might be something malignant about it, although I hoped on to the last

of her stay in England that this would pass away. The next I heard of her was from Dr. Dudgeon, of Peking, that she had cancer of the mamma."

In order that sufficient data may be obtained for the construction of trustworthy rules for the differential diagnosis between what, with Mr. Erichsen, I prefer to call Paget's disease and simple eczema of the nipple, there are some points regarding which in any given case information is especially desirable, and I risk the suggestion that in recording other cases reporters would do well to state whether the affection began on one small localised point of the nipple and remained so localised for any length of time, and how long it was before the whole surface of the nipple became affected; whether the affection of the skin of the areola was from the first sharply demarcated towards the healthy skin, and whether, as the disease spread, the sharp line of demarcation was never lost; whether the border of the diseased skin was elevated; whether it felt hard when compressed from the margin between the fingers; the nature of the discharge; the presence or absence of pain and itching; and whether before there were any signs of disease there had been a "weeping" from the nipple. By comparing the symptoms in a sufficient number of cases with those present in the obstinate eczemas of which the nipple is occasionally the seat, the early diagnosis of Paget's disease, on which the safety of the patient so much depends, will become easier than it is at present.

I am, Sir, yours, &c.,

Queen Anne-street, W.

GEORGE THIN, M.D.

THE DISPUTE AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—The suggestion of Dr. Harding of Whittlesea is, I am afraid, not capable of being put into practice, since a committee of "old Guyites" would have no *locus standi* with the Governors.

As far as that is of any use to them the staff have all the sympathy which we all old Guyites can give them, but that will avail them little. I would, however, make another suggestion: whether the committee now sitting, or the Board of Governors, should not take into consideration the desirability that the internal management of the hospital should be left entirely to the staff—the treasurer having nothing to do with that. The principle is the one you have consistently advocated in the case of military hospitals, where you have repeatedly pointed out that laymen (old colonels) are ridiculously out of place in the management of hospitals, such as Haslar Hospital.

This unfortunate affair, which must have grieved every Guy's man, is the outcome of certain notions floating in the brain of a well-meaning, possibly somewhat imperious, gentleman, who certainly must have a very considerable amount of self-confidence to pit his experience against a whole staff.

I have been dresser, obstetric resident house-surgeon, and house-physician at Guy's ten years ago, and consequently was at that time well acquainted with the whole management of the wards. And, on the whole, I believe the nursing and the comfort of the wards were excellent.

I think there was too much laxity as to stimulants. Many a sister has told me that she wished she did not have the care of them. But this and other details are things with which the staff could deal much better than the treasurer. Let the committee now sitting remember that "Behind the horseman rides black care." Behind them is public opinion, which will not suffer Guy's to come to harm. Let them be intent not upon adjudicating the dispute, but upon finding a remedy.

I am, Sir, your obedient servant,

T. D. L. TEMPLE, M.D. Lond., F.R.C.S. Eng.,

Old House-Surgeon and House-Physician.

St. James's-road, Hatcham, New Cross, July 12th, 1880.

To the Editor of THE LANCET.

SIR.—In a letter with the above heading which appears in to-day's LANCET, Mr. Stanley Gale, when referring to my paper on Hospital Nursing in the July number of *Fraser's Magazine*, does me an unintentional injustice. He makes it appear that I am, in some sense, an advocate for the training or employment of a number of unqualified female

practitioners, or, as he calls them, "female quacks," who are in reality imperfectly educated women, who have received some elementary instruction, when probationer nurses, in strapping, dressing, bandaging, &c. It is surely not necessary for me to deny this soft impeachment? Any one who has read my paper will bear me out in saying that it can be made to yield no such argument from first to last.

I lay down as the first principle of successful nursing that everyone who is responsible for the conduct of this department of hospital work must be guided by common sense views. I show that there are hospitals and hospitals—viz., those with medical schools and those without. At the former class there will be a large body of students who will require for their instruction all the raw material which the wards can provide. At such hospitals no dressing or other minor medical or surgical work will be required from sisters or nurses. On the other hand, at the country and other non-clinical hospitals, all this is changed. Here a nurse is of little use unless she can undertake much of the dressing, the taking of temperatures, the testing of various matters, and a fair share of the minor medical work, which elsewhere devolves upon the student. It happens, therefore, that a nurse trained wholly at a clinical hospital, where she has few opportunities of learning dressing, &c., is of little use in an institution where there are no students and few skilled assistants. This very week I have met with a King's College nurse who had never seen a breast removed, and who was quite at sea during the operation and of little use. Here lies the kernel of the nursing dispute at Guy's. Miss Burt, the matron, thinks she can adopt one particular system to every hospital; she might just as well try to fly.

I am, Sir, your obedient servant,

HENRY C. BURDETT.

Seamen's Hospital, Greenwich, S.E., July 24th, 1880.

ENTERIC FEVER IN INDIA.

To the Editor of THE LANCET.

SIR,—As I am much interested in the subject which has lately been occupying the attention of the Epidemiological Society I cannot refrain from offering a few remarks on the subject of enteric fever as observed in India. That *enteric* fever properly so-called does exist in India, and that as a definite disease always recognisable after death in fatal cases by the pathological changes proper to it, no one will, I apprehend, attempt to deny. The question at issue seems to me to be briefly this, Is enteric fever in India due to the insanitary conditions similar to those to which it is attributed in temperate climates, or is it merely a form of the "malarial fevers"? I have always held that enteric fever in India is thoroughly distinguishable from all other forms of fever, which, more or less, simulate it at various stages, with one proviso, that the patient is seen early in the disease, and that the temperature is taken then, and regularly watched throughout the disease. Without this precaution it will be found almost impossible after the fifth day to say whether a given case is one of "enteric" (pythogenic) fever or "remittent" (malarial), and only too often nothing but the result of the "post-mortem" examination will enable us to diagnose the case with accuracy. If, however, we can take the temperature early in the disease, and in most cases if "remittent" we can do this the very first day, the course of the temperature will afford us an almost certain means of diagnosing "enteric" from malarial fever. For suppose we find the temperature 104° or 105° F on the first day, we can predict with absolute certainty that the disease will not prove to be enteric; whereas if we have a case as to the nature of which we are in doubt—e.g., given a patient in the second week with all the symptoms of remittent fever, which differs very slightly in its clinical aspect from enteric fever in the same stage—we have only to consider the temperatures of the first day or two to find ourselves able to state with a very considerable degree of certainty whether it is a case of "enteric" or "malarial" fever, whether, that is to say, we shall in the event of a fatal issue find the post-mortem appearances pathognomonic of enteric fever or not.

Taking it then for granted that enteric differs *in toto* from malarial fevers in its mode of access, I think there is no valid reason for saying that "enteric" fever is due to the

same causes which induce "malarial" fevers. I admit that it is very hard to obtain positive evidence as to the "pythogenic" nature of enteric fever in India; but when we consider the following points, we may, I think, regard it fairly well proved that enteric fever in India depends upon local insanitary conditions quite as much as elsewhere.

1. Natives suffer from the disease to a considerable extent, far more so than Europeans, at least more than those who adopt the precautionary measures of filtration of drinking-water after boiling, and avoid all possible sources of faecal contamination.

2. There is no station in India, however carefully its sanitary condition may be attended to, where the conditions for faecal contamination of water easily accessible for drinking, though not intended for that purpose, do not exist in profusion.

3. These very conditions are those which affect the native community, who are notoriously careless about their drinking and cooking water.

Seeing, then, that insanitary conditions sufficient in themselves to cause enteric fever always exist in India—that these insanitary conditions affect the native portion of the community almost exclusively, and that this native community suffers from enteric fever in a far larger proportion than the European residents who are not so affected—it is hard to resist the natural conclusion that enteric fever in India is due to those same insanitary conditions which, when they exist in temperate climates, are recognised by the highest authorities as efficient causes of the disease in question.

I am, dear Sir, faithfully yours,

GEORGE RANKING, M.D. Cantab.,

Surgeon 6th Bengal Cavalry.

Phoenix-park, Dublin, July 15th, 1880.

CHIAN TURPENTINE IN CANCER.

To the Editor of THE LANCET.

SIR,—It is satisfactory to hear from Mr. Clay that Chian turpentine is still producing satisfactory results "in cancer of various organs." Others are not so successful as himself in their trials; and as he still holds to his former opinion, one is almost obliged to conclude that they have not been using "the true remedy." We have to depend on the honesty of those who supply our drugs, and it is difficult to believe that they take advantage of us when we ask for a supply of the genuine article. Not only would such treatment be unfair to their customers, but it would be *cruel and unkind* to their customers' patients. What are we to conclude, however, when, after trial, we find the disease still progressing? Is the remedy only a myth, or have we been deceived in the nature of the drug by the chemist? Mr. Clay still writes of success, and consequently it is difficult to doubt his word. Under these circumstances would it not be a kindness for Mr. Clay to mention publicly where he obtains his Chian turpentine? His repeated assertion gives one a hope of doing good; but when, after trial, no improvement succeeds, despair takes its place, and we feel that we have cruelly raised "false hopes" in the minds of our patients.

I enclose my card, and am, Sir, yours faithfully,

COUNTRY PRACTITIONER.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Notwithstanding the flagrant disabilities under which the naval medical service at present labours, the authorities still continue to advertise for candidates to fill its attenuated ranks. You, on the other hand, render good service not only to those of the profession, who presumably are aimed at—the wavering ones—but to those at present in the service, by bringing to public notice the injustice under which they suffer in comparison with the more liberal treatment accorded to the army. As you truly remark, "we find a difficulty in believing that such a difference of action should arise under the same circumstance affecting two bodies of our profession serving the same Government in a military or combatant capacity," and it is to be hoped that forthcoming candidates for the August examinations will well weigh your advice, and "appreciate at the commence-