DR. WILLIAM PLAYFAIR'S RETIREMENT FROM KING'S COLLEGE.

To the Editors of THE LANCET.

SIRS,—Although it is not a question of any moment perhaps you will allow me to say that I am not retiring from King's College on account of the age limit as you state—I should have nearly four years to run to reach that—but because, having completed a quarter of a century's service as Professor of Obstetrics, I think it is now high time to make way for others.

I am, Sirs, yours faithfully,
Grosvenor-street, W., Feb. 26th. W. S. PLAYFAIR.

THE ADMINISTRATION OF ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—Dr. Hewitt in his lecture published in your issue of Feb. 19th refers to the danger of the muscular spasm which frequently characterises the second stage of chloroform anæsthesia. I have for many years asserted and frequently demonstrated that a free dose of ether with the chloroform just previously to this period almost invariably prevents this spasm and so removes the most frequent source of danger. Such a remedy appears too simple to gain a hearing with specialists in anæsthetics, but so fully persuaded am I of the value of a dose of ether at this particular period that I do not allow chloroform to be given for me without it, and I should be very pleased if a gentleman with Dr. Hewitt's opportunities and experience could be found to test the value of the practice. I am, Sirs, yours faithfully,

Liverpool, Feb. 26th, 1898. F. T. PAUL.

"DOSAGE IN ANÆSTHETICS."

To the Editors of THE LANCET.

SIRS,—I shall not take up your valuable space with a controversial letter upon the above question, which was discussed at the meeting of the Society of Anæsthetists on Feb. 17th, but simply state facts. I have administered chloroform by the "open method" or, to use the more expressive if less correct term of Professor Waller—viz., the "slapdash method"—in over 740 cases without a fatality. I may say the ages of the patients varied from one week to eighty-seven years. Might I add that all forms of heart mischief were mingled with these cases, from congenital to advanced aortic. If the attention be fixed upon the patient rather than upon the inhaler, and if we recognise that there is an equal responsibility in administering an anæsthetic for a simple operation as for a prolonged operation, then we might hope for a diminution in the number of deaths from anæsthetics. I am, Sirs, yours faithfully,

Bedford General Infirmary, Feb. 28th, 1898. S. J. ROSS.

THE USE OF A SPLINT AFTER REMOVAL OF THE BREAST.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Feb. 5th is described a splint used by Mr. Edward Cotterell after removal of the breast to prevent the usual stiffness and discomfort which ensues if the arm is bandaged to the side in the usual way. It may interest some of your surgical readers to know that the same result can be obtained without the use of any special apparatus. I saw the notice of the use of a rectangular splint by Mr. Cotterell in the report of the November meeting of the Medical Society of London, and as I had to operate for carcinoma mammae a few days later it struck me that no splint was necessary. I therefore bandaged the breast with a many-tailed bandage, but kept the arm at right angles to the body and let it lie on a pillow encircled with a broad sling made from a pillow-case, the two ends being fastened by a strong safety-pin to the head of the bed. The result was all that could be desired; the wound healed by first intention and the patient was able to do her hair at the end of a fortnight. I have used the same method in two cases since then with equally satisfactory results. In all three cases the axilla was cleared out, but none of the pectoralis major was removed. The only difference in bandaging the breast was that the

axilla was well padded with dressings and the shoulder-strap of the bandage was brought under the axilla of the side operated on and pinned to the bandage behind the opposite shoulder.—I remain, Sirs, yours faithfully,

PRIESTLEY LEECH, M.D. Lond., F.R.C.S. Eng.,
Honorary Surgeon to the Royal Halifax Infirmary.
Halifax, Feb. 24th, 1898.

AN EXPLANATION FORTHCOMING.

To the Editors of THE LANCET.

SIRS,—“V. M. S.,” in the letter headed “An Explanation Required,” published in THE LANCET of Feb. 26th, p. 607, is hardly correct in his statement that volunteer medical officers received different treatment from that of combatant officers in the matter of the Jubilee medal. Only commanders of units received the medal, which of course meant that the bulk of the officers did not receive it. A bearer company was considered as the medical unit, and the officers in command of each did receive the medal. The medal given to the St. John Ambulance Association is the bronze medal similar to that given to the police and a very different thing altogether. I am, Sirs, yours faithfully,

Feb. 26th, 1898. V. M.

To the Editors of THE LANCET.

SIRS,—I am glad to see that you have inserted a letter in THE LANCET of Feb. 26th on the subject of the absolute exclusion of the officers of the Volunteer Medical Staff from all participation in the distribution of the Queen's Jubilee Medal. I suspect the chief grounds upon which this apparent slight to medical officers of volunteers is determined arises from the fact that few if any of us (outside the Volunteer Medical Staff Corps) happened on Jubilee Day to be in actual command of an “unit.” My own case will perhaps serve as an illustration. I was ordered to act as the senior medical officer of my brigade, which was made up of companies from each battalion comprised in it. The captains commanding the separate companies in some instances received the medal, but notwithstanding that in addition to being in medical charge I had the stretcher sections of the various battalions under my command my application for the medal was refused. On the other hand, the chief staff officers of the brigade on duty were granted it. A few weeks later in the season these various regimental stretcher bearers were formed into a “bearer company” and as such I commanded them at Aldershot. It appears that had I held such a command on Jubilee Day I should have received the medal, a bearer company being considered an “unit.” The duties I performed and the command I exercised were practically identical on each of these occasions, but a slight technical difference obtained in that on Jubilee Day I commanded a group of separate stretcher sections, whereas at Aldershot the same were formed into and termed a “bearer company.” The reception of the medal would have been a gracious and welcome recognition, in my case, of more than thirty years' service passed in the Volunteers.

I am, Sirs, yours faithfully,
A SURGEON-LIEUTENANT-COLONEL HOLDING THE V.D.
Feb. 26th, 1898.

LIVERPOOL EYE AND EAR INFIRMARY.—The annual report of this infirmary stated that in the out-patient department the new eye cases numbered 6403 and the new ear cases 2190. The number of minor operations performed on out-patients was 1098; 815 patients have occupied beds, as against 765 during the previous year, the number of important operations on this class of patients being 601, as against 549 in 1896. The financial condition as regards the subscription list is still unsatisfactory, but on the other hand the amount received from donations and legacies was above the average and the treasurer reported a credit balance of £112. The mortgage debt on the building remains at £1000. The contributions from the Hospital Saturday and Sunday Funds amounted to £456. Mr. Richard Hobson has offered to contribute £100 towards the extinction of the mortgage debt provided an effort were made within six months to obtain the remainder of the money.