the thing that pays," he said; and added, "I never published anything metaphysical until I could afford to do without medicine." That his exquisitely sensitive nature under the influence of physical pain, was apt at times to take a materialistic and pessimistic view of things must be well known to his friends; but this was but a symptom of suffering. Walshe had too great an intellect and too much music in his own soul not to echo the harmonies of the "Unseen," and although, like the Æolian harp, he may not always have known whence the movement came, when free from physical distress his fine organisation felt it and the music was there. The marvel to me is that one so endowed with the faculty for abstract speculation should have so mastered what he himself termed the "fascination" of that tendency as to place himself in the front rank of the physical observers of his day. Whether the method of Walshe or the method of the present day will be most lasting in its influence remains for the future to decide.—I am, Sirs, yours faithfully,

Dec. 26th, 1892.

X. Y.

THE VALUE OF SUTURES IN THE TREATMENT OF CUT THROAT.

To the Editors of THE LANCET.

SIRS,—I have read Mr. Henry Morris's clinical lecture on the value of sutures in the treatment of cut throat, reported in your last issue, with much interest, and desire, by reference to my own experience, to support the practice which Mr. Morris has so ably advocated. The improved treatment of cut throat is but one more instance of the way in which aseptic surgery has revolutionised old methods of treatment. No doubt the dread of putting sutures in deep wounds of the throat was amply warranted in the days of septic surgery; but that it should still hold sway in the surgical mind is strange indeed. By careful suturing wounds in the throat, which formerly took many weeks to close by granulation, may now heal in as many days. During the period between October, 1882, and October, 1884, whilst I was resident surgical officer in the Manchester Royal Infirmary, it was my duty to initiate the treatment of several bad cases of cut throat and I soon emancipated myself from the dread of sutures. Two of my cases were so very similar to those described by Mr. Morris that I should like to refer to them. The cuts had passed through the thyro-hyoid membrane close to the thyroid cartilage, and had so completely severed the connexions between the latter and the hyoid bone that the larynx dropped down, leaving a wide gap through which the posterior wall of the pharynx was displayed. It seemed hardly possible for such wounds to heal without sutures. At first I tried to suture the thyro-hyoid membrane, but owing to the small amount of that structure which was attached to the thyroid cartilage the hold of the first few stitches inserted was insufficient to bear the strain, for the muscles attached to the hyoid bone on the one hand and to the thyroid cartilage on the other held these structures apart with considerable force. In order to overcome them a suture was passed over each great cornu of the hyoid bone by means of a Liston's needle, and by the same means the deep end of each suture was drawn through the upper part of the alæ of the thyroid cartilage. These sutures were tightened up and tied simultaneously. In this way the larynx was suspended from the hyoid bone and all strain on the thyro-hyoid membrane was removed. The edges of the latter membrane were then accurately adjusted with fine sutures. The ends of the wound in the superficial tissues were sutured, but the central part was left open. This treatment proved very successful in both the cases. In recent years the practice of suturing the tissues layer by layer has been pretty generally employed, and in my opinion Mr. Morris is quite right in making no exception in the neck.

I am, Sirs, yours faithfully,

BILTON POLLARD, F.R.C.S. Eng.

Harley-street, W., Dec. 22nd, 1892.

To the Editors of THE LANCET.

SIRS,—The very interesting and instructive clinical lecture of Mr. Morris, in the last issue of THE LANCET, reminds me of a case of cut-throat occurring in the same individual on three separate occasions. The patient was under the care of the late Mr. Taylor, of Wargrave, Henley-on-Thames. He was the proprietor of a small roadside inn and was addicted to intemperate habits, and it was during these freaks that he attempted suicide by cutting his throat with an ordinary

table knife. His first "performance" upon his neck occurred somewhere about the year 1864, his second the following year, and his last "operation" about eighteen months subsequently. I was assistant to Mr. Taylor and was present on each occasion when this publican was attended. The first and second wounds were situated above the pomum Adami and extended, as far as I can recollect, about two inches and a half on each side of the median line. No important structures were severed, nor did any vessel need torsion or ligature. The last wound, which was inflicted below the old scars, however, was of a more serious nature, inasmuch that the trachea was divided, yet no vessel required to be dealt with. The man resided about a mile off, and was attended at his house on his first and second injury, but on the last occasion he was conveyed to the surgery in a wheelbarrow. The treatment adopted throughout consisted of several silk sutures, bandages and lead lotion, his head not being fixed, and he was fed from the beginning with beef-tea and milk. He eventually succumbed from some pulmonary complication, I think, within a week of his last attempt upon his life.

I am, Sirs, yours obediently,

Camberwell-green, Dec. 26th, 1892.

J. FRENCH BLAKE.

"CHLOROFORM ADMINISTRATION."

To the Editors of THE LANCET.

SIRS,—The conclusions of the Hyderabad Commission as to the way in which chloroform kills not having met with universal acceptance, I think it right that all cases of death from chloroform should be reported in the journals. I therefore beg to send you the following details of a case in which I administered the anæsthetic: The patient was a female aged fifty-eight. The operation was for removal of a tumour of the face. Chloroform was administered by being dropped upon the outside of a cone formed by the corner of an unfolded towel, in the manner suggested by Sir Joseph Lister. The heart was examined before the operation and nothing abnormal detected. The patient was nervous and said she was afraid of the chloroform, but took it well. The operation was commenced and about ten minutes afterwards she vomited slightly; when that ceased she was again completely anæsthetised and her pulse and breathing were good and regular. About four or five minutes later she became suddenly pale, her pupils dilated widely and her pulse could not be felt (it was felt to be good almost immediately before and the cut vessels in the wound were spurting freely). She respired once or twice spontaneously before artificial respiration was commenced. After its commencement the pupils slightly contracted, but almost immediately dilated again. Nitrite of amyl and ammonia inhalations, hot sponges to the præcordium and injection of ether were also used without effect. Post mortem the heart was contracted and contained but little clot. The heart walls were not pale or markedly soft; the valves were slightly thickened at their free edges. Below the aortic valves and in the lower part of the aorta were some small patches of atheroma. The lungs were slightly emphysematous and had some scarring at the apices, but were otherwise healthy. There were some fibroid tumours of the uterus and the other abdominal organs were healthy. Death in this case appears to have been certainly due to heart failure, as the respiration continued after the imperceptibility of the pulse and change in aspect had been noted.—I am, Sirs, yours faithfully,

FRANK HINDS, M.D., B.Sc. Lond.,

Dec. 27th, 1892. Hon. Medical Officer to the Worthing Infirmary.

"COLOUR VISION."

To the Editors of THE LANCET.

SIRS,—In your last issue you publish a critique upon the report of the Committee of the Royal Society upon Colour Vision. In it you say: "The test to be used for colour vision are the wools of Holmgren, the sets to be approved by the central authority." You make no mention of my colour circle, which has been devised for making Holmgren's test more rapid and convenient and offers facilities for permanently registering the mistakes of those who are examined. The words of the committee's recommendations are (page 18): "The simplest efficient test is the wool test of Holmgren, applied either in the form which Holmgren recommends or in that of Jeaffreson." The report gives a good illustration of the instrument (p. 112) and further says (p. 19): "In

Jeaffreson's form of this test the handling of colours is avoided, the match being made as there described. The hesitation evinced by the colour blind in matching the test colours in this instrument is also of great utility to the examiner. Moreover, it has been found practically that as many or even more persons can be examined in a given time by it than by the original plan. The committee are therefore of opinion that this modification may be admitted if desired by the examiner." I write this letter not only in my own justification, but in that of Messrs. Curry and Paxton, who have gone to a good deal of trouble and expense in perfecting this apparatus.

I am, Sirs, yours faithfully,

C. S. JEAFFRESON, F.R.C.S. Eng.,
Senior Surgeon to the Northumberland, Durham and Newcastle
Dec. 22nd, 1892. Infirmary for Diseases of the Eye.

"ON THE DIAGNOSIS OF THE DIFFERENT FORMS OF PROSTATIC ENLARGEMENT."

To the Editors of THE LANCET.

SIRS,—Mr. McMunn is under a misapprehension. The instrument lent me did not in my hands fulfil the expectations I had formed. I therefore requested Messrs. Meyer and Meltzer to make me a urethrometer of the ordinary type adapted to the prostatic portion of the urethra, and I have never claimed or thought of claiming any originality in connexion with it. The best proof that the idea was not borrowed from Mr. McMunn is the trouble he has taken in his letter to show that the principle upon which the instrument is constructed is such a bad one.

I am, Sirs, yours truly,

Wimpole-street, W., Dec. 28th, 1892. C. MANSELL MOULLIN.

"EXPERIMENTS ON LIVING ANIMALS."

To the Editors of THE LANCET.

SIRS,—Mr. Lawson Tait in endeavouring to maintain his dictum that the healthy peritoneum is extremely sensitive seeks refuge in a supposition that, although the healthy peritoneum of "animals" is insentient, the same membrane is, on the contrary, in man acutely sensitive. He appears in so doing to forget the fact that my letter was corroborative of surgical experience on the human peritoneum already expressed and published conversely to the supposition he now advances. The evidence from the laboratory is therefore in accord and not, as Mr. Tait alleges, in discord with observations upon man. From an experimental point of view the matter seems hardly debatable further. At present all Mr. Tait has done is to repeat an assertion, which, I would remind him, is not the same thing as to substantiate it. It will require time, he says, before he can verify the unqualified contradiction he gave to the statement in the recent lecture by Dr. Gee. Dr. Gee's statement has already received a twofold ratification in the medical press. Would it not have been a better course had Mr. Tait taken the time and trouble to verify his contradiction before instead of after making it?

I am, Sirs, yours faithfully,

C. S. SHERRINGTON, M.A., M.D.
St. George's-square, S.W., Dec. 24th, 1892.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Christmas and the Poor.

CHRISTMAS has come and gone with the usual festivities. A pleasing feature of the latter is the large amount of gifts in money and food—chiefly the latter—bestowed upon the deserving poor. The "hot pot" fund, which was originated some years ago, has become a hardy annual, and by its means a large number of families receive a substantial dinner of meat and potatoes. Generous tradespeople follow the good example with gifts of tea &c., and thus a large number of the hungry are fed with good things. It was all the more welcome this year, the weather having been before, during and after Christmas Day most unusually severe.

Death of Dr. Costine.

David Dunlop Costine, M.D. St. And., L.F.P.S. Glasg. L.S.A., died somewhat suddenly just as he had attained

the age of sixty, his death occurring on the 23rd inst., his sixtieth birthday. The life of the deceased is an excellent illustration of what may be done by energy and perseverance. Coming from Scotland many years ago to Liverpool a perfect stranger, the deceased worked his way up step by step from a very humble position to a prominent place in the profession as well as in public life. He became a student at the Liverpool School of Medicine in 1860, and on the completion of his studies a few years later he commenced private practice in the north end of the city, a locality where a doctor was then much wanted. He soon acquired a large practice and became a member of the Everton Board of Guardians, taking also a prominent part in politics. It was mainly through his exertions that the Stanley Hospital was first completed and then enlarged; it continues to fulfil the purpose for which it was erected in a large and crowded district and will remain as a graceful monument to the memory of its founder. The funeral, which took place at St. James's cemetery on the 26th inst., was largely attended, in spite of the severe weather, by professional and private friends, representatives of the different public bodies and institutions to which the deceased belonged and of the general public. Dr. Costine was some years ago made a justice of the peace and on the day of his funeral references were made by the magistrates and the city coroner to his death and to the estimation in which he was held. He was married, and a son is in the profession.

A Man Frozen to Death.

The body of a tug boatman was found on the beach at the Dingle on the afternoon of Christmas Day. He had evidently been frozen to death, the weather being bitterly cold with a strong south-east wind.

Hospital Sunday.

The second Sunday in the year was chosen from the first as that on which collections shall be made for the hospitals and other medical charities, the first Hospital Sunday having been held on Jan. 8th, 1871. By the usual coincidence of years, the twenty-second anniversary will take place on the same date next year. The committee, in their last annual report, lament the want of elasticity in the amounts of the church collections, and the lament is well founded. Starting under most unfavourable circumstances, and after surmounting almost superhuman difficulties the first year's collections exceeded by £700 the £4000 which the promoters of Hospital Sunday here had modestly predicted. The next year, 1872, the collections closely approached £8000, in 1873 this sum was exceeded, while in 1874 the collections considerably exceeded £10,000, the Hospital Saturday Fund amounting then only to a few hundreds, swelling the total to upwards of £11,000. Since then the tendency has been to stagnate or fluctuate; there has not been the continual steady rise which was hoped. But if Liverpool could raise nearly £11,000 in 1874, surely the amount in 1892 should be in excess of this sum. A sum should be fixed upon as the amount which ought to be raised, say £15,000, and every effort should be made to reach this.

Hospital Accommodation in Liverpool.

And this leads me to turn to the institutions for which Hospital Sunday and Saturday were established. In Liverpool hospitals have not kept pace with the increasing population as in many of the older towns and cities. Although Liverpool received its charter from King John it did not possess any medical charity till the middle of the eighteenth century, when the first infirmary was built. The Northern Hospital was not founded till 1834, or the Southern Hospital till 1841, each being urgently needed by the rapid growth of the town. Then in 1867 came the Stanley Hospital, thus completing four general hospitals for a population of nearly 600,000. In Dublin, with less than half this number, there are ten general hospitals. Though fairly well supplied with dispensaries and special hospitals these cannot be said to be excessive considering the population and its continued increase.

December 28th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Outbreaks of Small-pox.

SMALL-POX has appeared in various places in North Yorkshire and in parts of Durham. Cases are reported from Bedale and Weardale. As a rule these cases occur in the persons of