be looked upon as an absolute contraindication to amputation, but rather that, whilst the presence of arterial degeneration makes the case much less promising, that of peripheral neuritis has not much to say to the matter. Gangrene starting from a perforating ulcer is a much more dangerous affection if the vessels be sclerosed than if they be healthy, but senile gangrene in a diabetic is not a more serious affection in a man with peripheral neuritis than in one without it.

I am, Sirs, yours faithfully,

RICKMAN J. GODLEE, F.R.C.S. Eng.

Wimpole-street, W., Nov. 11th, 1892.

THE CLIFTON LUNACY CASE: MASON v. MARSHALL AND SHAW.

To the Editors of THE LANCET.

SIRS,—Upwards of four years ago you were kind enough to open your columns for a subscription-list towards defraying the expenses of Dr. Shaw and myself in defending the lunacy certificate action brought against us by Miss Mason. The result of the trial, your readers may remember, was a verdict with costs in our favour. At the time there appeared to be no probability of our obtaining costs; recently, however, they have been recovered, with the result that we have now a balance in our favour. My own legal expenses came to £304 13s. 6d. the taxed costs now recovered to £221 19s. 7d., thereby reducing my legal expenses to £83 13s. 11d. From the treasurer (Dr. E. Long Fox) of the fund contributed by the medical profession I received £155 2s. 9d., which places a balance of £71 8s. 10d. at my disposal. I have been anxiously considering how best to apply this surplus amount in a way likely to prove most in accordance with the feelings and wishes of the donors to the fund, and, after consultation with Dr. Fox as their official representative and with other friends, I have decided to send a contribution of £100 to the Library of the Bristol Medical School. I trust that this will meet with the approval of those of my professional brethren who showed me so much sympathy, and gave such practical assistance at a time of great anxiety. The recollection of this sympathy and kindness remains gratefully and indelibly fixed in my memory, while the worries and vexations attendant on the trial are forgotten. Thanking you, Sirs, for your support,

I remain, Sirs, your obedient servant,
Clifton, Nov. 14th, 1892. HENRY MARSHALL, M.D. Edin.

To the Editors of THE LANCET.

SIRS,—As a codicil to the letter from Dr. H. Marshall, will you allow me to add that, having also recovered my taxed costs from the plaintiff in the action brought against us, I have now received from all sources a surplus beyond my original expenses. With exceeding pleasure I have made a donation of £100 to the library of the new Bristol Medical School, and the small balance still remaining I am spending upon my wards in the Bristol Royal Infirmary. Deeply and increasingly grateful for the sympathy shown us at the time, it would not be honourable to profit by the generosity of our professional brethren, and I gladly, therefore, contribute to the equipment of an institution which at this moment is an appropriate object of pecuniary support.

I am, Sirs, yours faithfully,

Bristol, Nov. 16th, 1892.

J. E. SHAW.

"THE RADICAL CURE OF FEMORAL HERNIA."

To the Editors of THE LANCET.

SIRS,—I have read with much interest Mr. Watson Cheyne's paper on the Radical Cure of Hernia published in THE LANCET of Nov. 5th. Since the autumn of 1888 I have performed the operation for the radical cure of femoral hernia as described by Mr. Watson Cheyne, with the exception that I have not thought it necessary to dissect up the whole thickness of the pectineus muscle, contenting myself with the pectineus fascia and a portion of the underlying muscle, the amount depending on the thickness and strength of the fascial covering. I was led to adopt this method for the same reasons which influenced Mr. Watson

Cheyne, and I have now operated on four patients. Three of them did perfectly well and did not require a truss or pad after the operation. My fourth case (October, 1892) was one of strangulation of five days' duration. The gut was very congested, but not gangrenous. I took only a thin layer of muscle, and perhaps fortunately so, since the wound, which had healed by first intention under one dressing, broke down again about the tenth day and a small faecal fistula was formed. The operation is sound in principle, presents no difficulties in performance and gives an excellent result.

I am, Sirs, yours faithfully,

Harley-street, Nov. 10th, 1892. C. STONHAM, F.R.C.S. Eng.

FOREIGN BODIES IN THE BLADDER AND INDIAN SUPERSTITIONS.

To the Editors of THE LANCET.

SIRS,—Surgeon-Major D. Davidson, civil surgeon of Satara, a short time ago, in communicating an unusual case of vesical calculus to THE LANCET, stated that the nucleus was formed of a small doubled-up twig, and added that he could not clearly ascertain how or why the foreign body had been introduced into the bladder. A few days ago I had a man under my care whose case may throw some light upon the subject. I removed a stone, weighing upwards of two ounces, from the bladder of the patient, a Jogi, in which the concretion had formed round a small piece of "amar-bel" (a species of viscum), a parasitic plant, with fine, smooth stems, which infests certain trees, and is, as its name, "the deathless creeper," would perhaps seem to indicate, regarded as being possessed of special virtues. The Jogi, or Yogi, is one who attempts to attain union with the Supreme Being by means of abstract contemplation. My patient explained that he was accustomed to cleanse his urethra with a piece of the "amar-bel" stem in order that he might fit it for the last passage of his soul out of the body in a state of purity, so as to avoid the necessity of another—or at least of a lower—birth, and that two years ago it had slipped back into the bladder. It is thought by Hindu Yog philosophers that the soul leaves the body by one or more of ten outlets (*dash-dvâr*), of which the eyes, ears, and fontanelles are pure, and the nostrils, mouth, anus, and urethra are impure. Sometimes, if there be a discharge from any of the impure passages at the time of death, the soul may take its exit by them and thus become defiled and takes a lower birth, hence the Jogi tries during life to minimise the evil by cleansing every road as much as possible. The modes of effecting this are described in various works, and some are remarkably curious. I am informed by a very enlightened Rajput noble that warriors do not take opium before going into action in order to acquire a little spurious courage, as some have supposed, but to induce constipation, so that, if fatally wounded, the sphincters may not be relaxed, and thus the soul may pass away by an upper exit. It is true that Krishna said to Arjuna in the Bhagavat Gita that one who was killed in battle would go to heaven, but it is as well to make sure of a safe journey for the soul a Hindu thinks. In judicial death by hanging there is of course the prospect of the soul having to leave the body by an objectionable channel, but in addition there is the certainty that the prisoner does not die on the earth and so his spirit becomes a pisach, a chut or demon. This explains what always seems to the spectator the unfeeling action of the friends of a Hindu when he is on his deathbed at which time they always place him on the ground in order that he may expire there.

I am, Sirs, yours faithfully,

T. H. HENDLEY, Surg.-Lt.-Col., C.I.E.,
Jeypore, India, Oct. 25th, 1892. Residency Surgeon.

"THE ETHICS OF OPIUM AND ALCOHOL."

To the Editors of THE LANCET.

SIRS,—Let me give, without comment and very briefly, with reference to the discussion on the opium habit generally and of Dr. Mouat's extenuation of the practice in particular, at p. 1090 of THE LANCET of Nov. 12th, some experience of mine and of other medical officers during the China campaign of 1860 of the force engaged in which Probyn's and Fane's irregular cavalry formed a part. These splendid native horsemen were habitual indulgers in that narcotic, and as no provision had been made by the commissariat in

China for its issue as an ordinary ration the men were rendered quite incapable of military or any other duty, even of cleaning their horses, by its suppression. No opium being at hand, commissariat "indents" were made to the Medical Department for a provisional supply in quantities that were so excessive as very soon went far to exhaust the store. As soon as the opium ration was served out the temporary disability immediately disappeared. It is to be presumed that the consumption of the drug by these native troopers was comparatively moderate. They certainly were what Dr. Mouat terms as a class exceptionally bright and intelligent, "with broad frames, brawny muscles, pliant skins," and in every way unusually active and efficient soldiers. Yet their collapse on the cessation of the stimulant seems clearly to prove that, under the most favourable circumstances, the opium habit is injurious in a high degree to the nervous system and ought to be discouraged, in spite of fiscal and all other considerations, by any truly scientific code of preventive State medicine.

I am, Sirs, yours obediently,
R. LEWINS, M.D. Heidelb.,
Surgeon-Lieutenant-Colonel (Retired).

Nov. 14th, 1892.

DIPHTHERIA AND SEWER GAS.

To the Editors of THE LANCET.

SIRS,—Your reviewer of the recent "Treatise on Hygiene and Public Health" calls attention to a point of great importance, especially at the present time, when diphtheria is more prevalent in London than ever before. Is there a causal relation between sewer gas and diphtheria? As your reviewer says, some noted authorities say no. On the other hand, many say yes, besides Professor Notter; among them Drs. Thorne Thorne, Thursfield, Sykes, and Mr. M. Adams (see "Epidemics, Plagues, and Fevers"). I have been recently led to suspect manhole ventilators as a cause of diphtheria in this parish; and it has occurred to me whether the increase of diphtheria in London in recent years may not be partly accounted for by the increased ventilation of sewers—i.e., ventilation which allows the escape of sewer gas in improper places, without being sufficient to render it innocuous. It would be interesting if any who have studied this question would give their experience, and I should be much obliged for reference to any literature on the subject.

I am, Sirs, yours truly,
SIDNEY DAVIES, M.D. Oxon., D.P.H. Camb.,
Nov. 15th, 1892. M.O.H., Plumstead.

"ARREST OF HÆMORRHAGE AFTER TOOTH EXTRACTION BY HOT WATER."

To the Editors of THE LANCET.

SIRS,—Your annotation on the above subject leads me to think that the following illustrative case may be of interest to your readers. In April, 1891, while acting as "locum tenens" at Freshford, I extracted a tooth from a young woman. There was some bleeding at the time, but it had ceased before she went away. It soon recurred, however, and during the next three days she lost, at intervals, a large quantity of blood. The cavity was plugged several times by Dr. Flemming and by myself. Each time we succeeded in stopping the hæmorrhage, but it always recurred whenever the patient removed the plug, so that we were frequently being sent for. Finally, I decided to try syringing with hot water. I used water as hot as I could bear to put my hand into. Immediately on the first impact of the hot water the bleeding ceased. I desisted at once, but the oozing soon recommenced. I then syringed continuously for some four or five minutes. The hæmorrhage ceased, the gum became pale and eventually completely healed. There was never any recurrence after this. The patient complained of no pain, no sloughing followed, nor were there unpleasant after-results of any kind.—I am, Sirs, yours faithfully,

H. WILLOUGHBY GARDNER, M.D. Lond.
Shrewsbury, Nov. 15th, 1892.

"ELECTROPATHIC ADVERTISING."

To the Editors of THE LANCET.

SIRS,—I beg to inform you that I have commenced an action for libel against the newspapers to whose article you refer in your annotation on "Electropathic Advertising" in

your issue of Sept. 24th, and I shall also hold you responsible. I request you to insert this letter in your next issue.

I am, Sirs, your obedient servant,
HERBERT TIBBITS, M.D., F.R.C.P. Edin., &c.
Welbeck-street, W., Nov. 14th, 1892.

CHOLERA AND THE GERM THEORY: A CRUCIAL TEST.

To the Editors of THE LANCET.

SIRS,—We have been recently informed that the Imperial Cholera Commission in Germany (a country which supplies us with such numerous therapeutic surprises) states that "wine—claret or hock—was found to kill the bacilli [of cholera] in a few minutes." Hitherto, when it was pointed out that in no single instance had the germ theory borne fruit in the treatment of disease, the excuse was pleaded that such agencies as destroyed the bacilli had an inimical effect on the system, and could not therefore be administered as remedies. Now here, according to this Imperial Commission, we have a totally different case. If cholera be due, as in Scotland we have been recently assured by Dr. Grainger Stewart, and as we are constantly being assured through all the medical journals at home and abroad, to the comma bacillus, and if claret or hock kills the comma bacillus in a few minutes, then claret and hock ought surely to cure cholera; here there can be no excuse that these beverages act as poisons to the system. Tea also, according to the same authority, killed the bacilli in one hour. If the Imperial Commission be right, and if the bacillary theory of disease be well founded, I submit that the cure of cholera should now be *un fait accompli*. If it be nonsense, as I believe it to be, then here we have another instance of the inanity of the whole thing. If, again, cholera be due to the presence of the comma bacillus in the bowels, why use tannin injections as recommended by Alexinsky of Jarsolaol (whoever he may be) and Professor Cantani of Naples, or why use astringents by the mouth? Would not purgatives to expel the bacillus be indicated? What with Dr. Brown-Séquard's "organic injection," injections of the juice of the thyroid gland, and of the serum of dogs and horses, truly the "science" of therapeutics may be said to be in a bad way.—I am, Sirs, your faithfully,

Glasgow, Nov. 11th, 1892. D. CAMPBELL BLACK, M.D. Glas.

"AN ACCIDENT UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of the 1st inst. I find a note on "An Accident under Chloroform" by Surgeon-Lieutenant-Colonel Lawrie. I think this is the first accident of the kind ever recorded as having taken place in Surgeon-Lieutenant-Colonel Lawrie's practice of some scores of thousands of cases of chloroform administration. It is strange that it should have occurred after so much experiment, and so much assertion that if chloroform were only always administered everywhere according to the Hyderabad method its use would always be absolutely safe. If, however, such an accident can occur when the drug is administered under Surgeon-Lieutenant-Colonel Lawrie's personal supervision, and by one of his own students, it is clear either that the supposed safety of the drug has been exaggerated or that there are other reasons for its undoubted safety as administered in India compared with the conditions which obtain in England and in temperate and cold countries generally. Here in Madras, we have never had a death from chloroform, but we have had occasionally an "accident" similar to that described by Surgeon-Lieutenant-Colonel Lawrie, and in which a fatal issue has been averted by artificial respiration. My experience, as also that of Surgeon-Lieutenant-Colonel Lawrie, is very limited in regard to the administration of anaesthetics at home; and so I speak under correction when I say that if there is anything more puzzling than the safety of chloroform in India as compared with England, it is the extreme readiness with which apparently asphyxiated patients respond to artificial respiration here as compared with England.

I am convinced that our pure freely circulating air (for all operations are practically done in the open air); the dilute form in which the chloroform is necessarily administered owing to the high temperature of the atmosphere; the constitutional peculiarities of our patients, the result of dif-