"EXPERIMENTS ON ANIMALS."*To the Editors of THE LANCET.*

SIRS,—Dr. Clarke, in his letter upon the above subject, agrees with Dr. Tyson in his appeal for facts in support of vivisection. I shall be glad if you will allow me a short space in your columns to mention some facts connected with operations performed on the stomach and intestines which may, I think, go far towards convincing the sceptical of the utility of experiments on animals in this department of surgery. In the year 1889 I conducted my first series of experiments based upon those described by Professor Senn. I again in 1891 carried out a second series. Details of these experiments have been described in the medical journals and at the medical societies, and the subject is fully treated in my work entitled "Surgical Diseases of the Stomach and Intestines." Until the year 1890 there had not been one successful case of pylorotomy for carcinoma reported in this country. The details of five cases had been published, all of which had been unsuccessful, the patients dying within eighteen hours of the operation. In 1890 Mr. Rawden reported a case of pylorotomy in which he had united the divided ends of the stomach and duodenum by means of decalcified bone-plate. This patient made a good recovery and returned to his work. In July, 1891, I performed the combined operation of pylorotomy and gastro-enterostomy on a woman for carcinoma of the pylorus. This patient is alive and well fifteen months after the operation. She has gained 56 lb. in weight and follows her usual employment. I can only find two recorded cases of gastro-enterostomy reported before the year 1890—one of these recovered and one died eleven days after the operation from exhaustion due to incessant vomiting. Since the publication of the results obtained by experiments on animals gastro-enterostomy has been performed a considerable number of times. I have before me the results of twenty-four cases, of which seventeen made good recoveries. Some of these patients have been operated upon for over two years and are still alive and able to enjoy life. Besides these, a large number of cases of intestinal anastomoses have been performed successfully for the cure of fæcal fistula, gangrene of the intestine due to constriction of the gut in strangulated hernia &c. I venture to assert that these good effects were the direct result of experiments performed on animals, a success which would not have been obtained if the operations and experiments had not been carried out. In other departments in surgery equally great advances have been made by experimental research; but of these I will leave others to speak. I am, Sirs, yours faithfully,

FRED. BOWREMAN JESSETT.

Buckingham Palace Mansions, S.W., Oct. 30th, 1892.

To the Editors of THE LANCET.

SIRS,—The letter of Dr. W. F. Clarke in your last issue indicates the true source of much of the bitterness of the anti-vivisection controversy. The opponents of the practice of vivisection, as Dr. Clarke points out, are not met fairly. While its defenders declare that everything is done under anæsthetics—that if the animals feel any pain it is no worse than the prick of a needle; that every important discovery in medicine, surgery and pharmacology has been made in consequence of it; that its opponents are mere sentimentalists; and so forth—your dispassionate readers, like Dr. Clarke, cannot be surprised that we devote our whole energies to protest against such want of candour on the part of men who cannot use such arguments without some sense of degradation. Hermann of Zurich and Dr. Charles Richet own honestly that they work for science and science only, without bothering their heads about the progress of the healing art or the good of humanity. If English scientists would get rid of this cant some of those who now fight because of their English love of fair play would be able to acknowledge that the defenders of experiments on animals had the courage of their convictions and were not sailing under false colours. While we are treated as a pack of "shrieking sentimentalists" and mere lap-dog philanthropists we feel that we do not receive the justice our cause demands. Meet us fairly and it will be found that we are not quite the sort of people we are supposed to be by some of our opponents.

I am, Sirs, yours truly,

EDWARD BERDOE, L.R.C.P. Edin., M.R.C.S.

Victoria-park, N.E., Oct. 29th, 1892.

HYPNOTISM DURING AN OPHTHALMIC EXAMINATION.*To the Editors of THE LANCET.*

SIRS,—I shall be glad if you can find space to publish the following brief notes of a very remarkable case which has recently come under my notice, in which hypnotism was induced during an ophthalmic examination. I have searched all the literature which is at my command and can find no record of any similar occurrence, and shall be glad to learn from any of your readers if any similar cases have been recorded. A woman, aged thirty-six, was admitted on Oct. 22nd into the Northumberland, Durham and Newcastle Infirmary for Diseases of the Eye, under my care, suffering from optic atrophy. She is a very broken-down-looking woman, and, without giving her symptoms in unnecessary detail, I may say that I came to the conclusion that she was in an early stage of general paralysis. Her memory is defective. She does not speak well, clips words, and sometimes misuses them, and probably has some delusions. Her pupils are widely dilated, do not react to light, and in certain directions there is nystagmus. She has occasional bad headaches, and her patellar reflexes are much exaggerated. Both discs are very white, and it is doubtful if she can see light. The day after she was admitted she was taken into the dark room for ophthalmoscopic examination. Whilst examining her I observed to the lady superintendent who was present that the patient seemed drowsy, and it occurred to me that she was becoming hypnotised. I left off the examination and making a few passes over her face with my hands I soon found she had passed into a condition of deep sleep. Continuing to make passes with one hand, with the other I raised her left arm at right angles to her body, and subsequently the left. They both remained rigidly in the same posture as that in which they were placed. It was now noticed that both eyes were not equally closed and that there was an evident ptosis in the left eye and partial paralysis of the left side of the face, the mouth being drawn to the right. I now shook the patient and called her loudly, when she gave a deep sigh and woke up. The ptosis and facial paralysis remained marked for a few moments and then disappeared, or at all events became so slight that I should never have noticed it had I not known it existed in a latent form. On asking the patient when she awoke what she had been doing she said that she had had a pleasant sleep and that a headache she had previously disappeared during the time. I suppose this patient, probably owing to cerebral disease, is specially susceptible to hypnotic influences, for I have found that I can always reproduce the same phenomena at pleasure, and have done so before several medical men; but the most interesting feature in the case is that during the hypnotic state certain symptoms should develop which are unnoticeable under ordinary circumstances. The hypnosis here, so to speak, enables the nervous system to cast in advance a shadow of symptoms which the real disease will almost certainly develop at a later period.

I hope some of your readers who are conversant with hypnotic phenomena will say if the same phenomena have been observed in other cases—that is, if patients have exhibited whilst in this condition symptoms of nervous or other derangements which have subsequently become realities, because if this is so hypnosis may occasionally become a valuable adjunct in diagnosis and prognosis. I may say this woman is quite uneducated—I should think has at all times had an intellectual development below the average, and has never heard of mesmerism or any of its methods. She thinks nothing of the phenomena, but tells the other patients that the doctor can put her to sleep.—I am, Sirs, yours faithfully,

C. S. JEAFFRESON, M.D. St. And., F.R.C.S. Edin.

Newcastle-on-Tyne, Oct. 30th, 1892.

"ACUTE INFECTIOUS EPIPHYSITIS."*To the Editors of THE LANCET.*

SIRS,—In the annotation on Drs. W. M. Coplin and D. Bevan's paper on the above subject in the *Philadelphia Medical News* of Aug. 13th you mention certain conclusions at which they have arrived and certain opinions with which they are in accord. Permit me to mention that in my paper in the *Guy's Hospital Reports*, 1890, on this disease I drew the following conclusions:—1. The disease is due to the irritation and suppuration occasioned by the entrance and

development of the staphylococcus pyogenes aureus, and that it is a specific disease and not merely traumatic periostitis which gives rise to death of the shaft. 2. The earliest symptoms appear in the juxta-epiphyseal regions and spread thence inwards to the medulla and outwards to the periosteum, assisted by the continuity of the latter with the epiphyseal cartilage. To prove this point I made a series of experiments on young rabbits, and in the article in question full details are given. 3. In cases of total death of the diaphysis the destructive process is most marked at the extremities, the bone here being found eroded and gangrenous; and further that there is such a loss that the dead shaft no longer fits accurately into the epiphyseal and periosteal cap. You also remark that amputation seems to be the only treatment. With this I cannot agree, as the conclusion I came to was that operators must not merely be content with incising the periosteum and letting out the pus, but should attack the disease immediately at its root by tunnelling the juxta-epiphyseal junction in addition, and so allow a sufficient exit for the products of the inflamed medulla.—I am, Sirs, yours faithfully,

A. H. TUBBY, M.S. Lond., F.R.C.S. Eng.

Finsbury-circus, E.C., Nov. 1st, 1892.

"ANALYSIS OF 10,000 CASES OF DISEASE AND DISTURBANCE OF THE EYES."

To the Editors of THE LANCET.

SIRS,—The two instructive instances of unsuspected foreign bodies in the eye related by Mr. Brudenell Carter in his most interesting and practical article in THE LANCET of Oct. 29th recall to my mind one which was perilously near bringing me to unmitigated grief. A nervous young man came to consult me about "something in his eye." I examined him carefully but could detect nothing save violent purulent inflammation of the conjunctiva, and I told him so. It transpired that he had already consulted two medical men in London (where he lives) and that they both considered he was suffering from gonorrhoeal ophthalmia, a diagnosis in which I was disposed entirely to agree, especially as I found he had still a troublesome gleet. I prescribed a lotion of boric acid and alum—being antiseptic to the backbone—which he seemed to think "dear at the price." My patient was going away, in no very amiable mood, when he turned at the door and said, "I know there's something in it!" "Come back, then, and let me have one more look." I seated him again in a good light, and, with the aid of a powerful pair of glasses (alas, presbyopic!), I was fortunate to discover, by the merest chance, a round black point almost hidden by a loose fold of mucous membrane, which had doubtless concealed it during the previous examinations. With a pointed pair of forceps I had no difficulty in extracting a long, round, sharp, black thorn quite half an inch in length and as thick at one end as a silver probe, which had been embedded in the loose tissue at the external angle of the eye and quite clear of the globe. When pressed for an explanation of its presence he told me that some three weeks previously he had scrambled through a hedge and a twig had struck the eye, but did not hurt it. As he left the consulting-room he muttered irefully, "What jolly fools doctors are!" Grateful!—Let me take this opportunity of adding my humble testimony to that of Mr. Brudenell Carter as to the efficacy of solution of nitrate of silver and the inefficacy of soothing antiseptic washes in the treatment of ophthalmia neonatorum. This was, of course, the universally received teaching in my young days, but the rising generation are nothing if not germicidal. Without at all undervaluing antiseptics it sometimes, I confess, occurs to me that the almighty microbe is getting just a trifle too rampant and requires a little judicious "sitting on."

I am, Sirs, yours truly,

CHAS. EGERTON FITZGERALD, M.D. St. And.

Folkestone, Oct. 29th, 1892.

CHLORIDE OF ETHYL: A WARNING.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of this week, under "New Inventions," Dr. Bengué's instrument for the administration of chloride of ethyl is spoken of in connexion with dental as well as other minor surgical operations. I write this note as a warning, as I believe the inhalation of the vapour is not

altogether free from danger. Having occasion to scarify a small patch of lupus erythematosus on the nose of a young lady, I thought it a favourable opportunity to try a chloride of ethyl tube. The spot was frozen well enough, but the patient turned pale, slightly livid and stopped breathing, looking very like a person under nitrous oxide gas. As I took away the ethyl at once she recovered in a few seconds, but I should certainly not use it again to any part of the face where it was possible that the vapour could be inhaled. Chloride of methyl applied by means of a tampon is far safer and easier, but care must be taken not to over-freeze the skin or a dermatitis may be set up.

I am, Sirs, yours faithfully,

Harley-street, W., Nov. 1st, 1892. H. RADCLIFFE CROCKER.

"MEDICAL AID ASSOCIATIONS."

To the Editors of THE LANCET.

SIRS,—In the elucidation of this subject a specific instance of the working of one of these institutions is worth more than a great deal of generalisation. Having been medical officer for five years, from its inception, to one of these associations, I am in a position to supply you and your readers with some particulars which may prove interesting. The Walsall Medical Aid Association was formed in 1885, and I was appointed its first surgeon at a salary of £180 a year, to be raised to £200 as soon as it was found to be a success. This was soon demonstrated, and in the course of twelve months or so the promise of a rise in my salary was fulfilled. By 1887 the Association had close on double the number of members it had at the beginning, and I thought I might now seek for a rise in salary. I may explain that, in addition to the fixed salary of £200 per annum, I had a house free, midwifery fees at 10s. 6d. each, with vaccination and teeth extraction. The midwifery cases did not quite average one a week. I was allowed one shilling a week from the committee, or paid that amount for the heating and lighting of the surgery, waiting- and consulting-rooms, while I had to pay the coal and gas account of the whole establishment—my house and the surgery &c. being in the same building. When, then, the members had increased so much as to be nearly double, I applied (1887) to the committee for a little relief, which would be tantamount to a small rise in salary—viz., for them to take over and pay from their own account and thus relieve me of the coal and gas account of the whole establishment. I was refused and told that they regarded my position as very superior and that I ought to be content. I was then not in a position, by any means, to defy them, so I was forced to work away for over two years more, till 1889, until the members increased to close on 4500, at the original fixed salary of £200, while all this time a handsome balance to the good was seen to be realised. Was I not, under these circumstances, entitled to a rise? What did they want with the surplus; and by whose exertions was it earned? Fancy a surgeon to this association, that began with 1800 members and now had increased to 4500 or thereabout, only having the same salary for attending to the latter number as he had for attending the former! What can this be called but "sweating"? Furthermore, when the dispenser, who was having £60 a year, asked for a rise with an increase in his work he was refused and a junior qualified surgeon obtained in his stead, at a salary of £100 out-door, who, however, only remained a few months, as he could not get an adequate increase to induce him to stay; and when he was first appointed it was said to me that the management expected that now I had assistance in visiting I should be able to save in cab hire what it took to pay the junior surgeon over the former dispenser. What was all this?—only an attempt to "sweat" the surgeons for the benefit of the estate of the association. The annual report of the year I left (1890) shows that for each member the surgeon was paid on an average 10½d., while each adult paid 3s. 6d. and each juvenile 2s. per annum. A quarter's contribution from each member went to pay the medical attendance, which is the primary object of these institutions, while the remaining three-quarters' contributions went for extraneous business, a large part of which, no doubt, was expected to be profit at the year's end out of the toil and labour and "sweat" of the unfortunate surgeon. Such has been the working of the Walsall Medical Aid Association from July 1st, 1885, until May 1st, 1890, while I was their medical officer. They had several changes after I left—two or three in the course of a