conditions—i.e., by surroundings,—and still further by systemic cultivation in the individual, may there not be some reason to regard the frequent complications of influenza as peculiar further developments instead of accidental inter-current complications?—I am, Sirs, yours truly,

WM. CRAIG, M.B., C.M. Edin.

Foulford, Cowdenbath, May 2nd, 1894.

To the Editors of THE LANCET.

SIRS,—In order that acute oedema of the larynx may not be omitted from the list of sequelæ of influence, as happens in Dr. Samuel West's paper, I venture to send this observation. I have seen in a short space of time three adults, two of them in consultation, who, shortly after having influenza, were attacked with the malady acute oedema of the larynx, scarification being necessary to make the patients' lives safe. Since I have been in this town—nearly ten years—I do not remember having seen another case of acute laryngeal oedema. I am, Sirs, yours faithfully,

Canterbury, May 5th, 1894.

PUGIN THORNTON.

"THE ANTISEPTIC DOCTRINE OF MIDWIFERY."

To the Editors of THE LANCET.

SIRS,—I was much interested in the leading article which appeared in THE LANCET on April 14th last relative to antiseptic midwifery. It is a strange fact, but nevertheless significant of the grim irony of fate, that two leading members of the profession who have made bacteriology and the antiseptic treatment of wounds and disease generally their life-study have lost their wives from what is considered to be a preventable cause—viz., puerperal septicæmia. However anxious a medical man may be to prevent such a calamity occurring to his lying-in patients, (1) by washing his hands in hot water with soap and some disinfectant such as iodine or perchloride of mercury, (2) by lubricating his hands with carbolic oil, and (3) by the use of iodine or mercury as an antiseptic both during and after delivery, unless he has the coöperation of the nurse the secretions are apt to undergo decomposition, and if the vital resistance of the patient be defective a few hours are sufficient for the blood to be saturated with septic germs. In ordinary labours perhaps one nurse is sufficient, but in many cases a relative should practically take the charge of the baby for the first fortnight if the patient be considered too delicate to suckle the child; and if her health permitted her to do so the infant should be as much as possible in another room, so that the patient might have a chance of recuperation in the matter of rest and sleep. Unfortunately most people imagine that when the baby is born the tug of war is over, whereas, in reality, mostly then the danger arises. The after-treatment in midwifery, as well as in surgery, is all-important, and for at least fourteen days after the birth of the baby much vigilance is necessary. It is, however, a disgraceful fact that the ordinary nurse cannot be trusted to keep a patient perfectly clean, especially when she assures the medical attendant that the vagina is being syringed twice daily with tincture of iodine and hot water and fresh antiseptic pads are used every two hours.

Dr. Boxall mentions iodism as one of the risks of using iodine; but whoever has seen such a result by using one drachm of tincture of iodine to a pint of hot water? Corrosive sublimate has the advantages of being cheap and effective, but it is hardly necessary for ordinary midwifery patients to run the risk of mercurial poisoning when we have such a safe, reliable, and speedy deodoriser and antiseptic as iodine. Some medical men personally attend from two to four hundred confinements yearly, and if they are to be constantly in contact with mercury solutions surely it would not be beneficial to them. That mercury is absorbed by the skin is generally believed. Personally the risks of iodine to the medical man are not so great as those of mercury. The welfare and safety of our patients must, however, be our first consideration. Our own health and reputation are of secondary importance. Every confinement must be undertaken with a grave sense of responsibility. It would be well if the relatives and friends of the patient would leave the medical man to do what he thought was best for his patient, and would not be present at the time of labour, but reserve their energies for lending a helping hand when it is wanted in the anxious days that follow delivery.

One difficulty we have to contend with is the diet of the patient. Nurses believe that inflammation is induced by the early administration of solid food, whereas the contrary is oftentimes the case. As much nourishment as can be digested, with pure air, perfect cleanliness, and freedom from care of the baby, or any other source of irritation should be the course of treatment. That every lying-in patient may breed puerperal fever within her own body and be a source of danger to others is as patent as the danger is from without, either by contact with any form of decomposition or the absorption of septic germs from foul air. Self-infection is favoured by low diet and all depressing measures, and allowing the patient to get exhausted previously to using forceps. The forceps is the great foe to disease and death in the lying-in room if judiciously used. In patients suffering from debility the risks of using the forceps are not to be compared to the grave dangers of leaving things to so-called nature. When the second stage of labour has set in, every hour of delay is a source of peril to the patient, especially when there is atony of the womb.

In your article no mention is made of this all important matter, that one of the greatest predisposing causes of septicæmia is prolonged and powerless labour. In addition I may point out that the antiseptic treatment has been proclaimed for the last twenty years, and in Playfair's "Midwifery," published in 1876, great stress is laid on antiseptic precautions and treatment, and nothing more sensible has been written since on the subject.

During the last eighteen years I have never attended a midwifery case without antiseptics. I wash the patient after delivery with some antiseptic and hot water, and give special and emphatic directions relative to the use of disinfectants. The results on the whole, amounting to thousands of cases, have been gratifying, but there have been four or five cases which, in spite of every effort on my part, have turned out badly. We do not know what is said or being done behind our backs. Success we can deserve, but we cannot command it. What stops the way is oftentimes the thoughtlessness and conceit of the so-called experienced monthly nurse and the contempt she affects for new-fangled notions and antiseptic fads. Yet the medical man is her best friend by helping her as much as he can to earn a livelihood. Her gratitude is shown by want of loyalty, and disobedience.

I am, Sirs, your obedient servant,

RICHARD PARAMORE, M.D.

Gordon-square, W.C., May 1st, 1894.

"EMPYEMA IN CHILDHOOD."

To the Editors of THE LANCET.

SIRS,—I have read with much interest Mr. J. P. Wightman's paper in your last number on "Empyema in Childhood," with his instructive chronicle of mortality, which, in the case of young children, he finds to be as high as 50 per cent. There is a single sentence in that paper to which I venture to call attention. Mr. Wightman says, "Incision and drainage are in the majority of cases quite sufficient," meaning, as I take it, that what he calls "the major operation, resection of rib," is not often called for. I have lived through several stages of belief in this matter, and at one time held with him that, provided a free vent for pus could be secured and maintained, the removal of rib was unnecessary. But I have learnt better. In almost all cases, as I now believe, resection is needed. I can refer to my own practice at the Children's Hospital both before and after my conversion (some of which I have recorded), and it leaves no room for doubt on the matter. Until reading Mr. Wightman's paper, indeed, I was under the impression that such was the general belief, and that the very small mortality from empyema in childhood nowadays, whether single or double, was commonly ascribed to improved treatment in this respect. It would be manifestly unfair to comment upon Mr. Wightman's twenty-nine fatal cases, or upon his statement that of seven cases of double empyema only one recovered; but it would be interesting to learn in how many or how few of these "the major operation" was performed. I have no wish to criticise, but when an authority upon the subject, as is Mr. Wightman, out of his wide experience at a children's hospital writes such a sentence as I have quoted the matter is of such grave importance that one feels constrained to ask, Is that really so?—I am, Sirs, your obedient servant,

Wimpole-street, W., May 6th, 1894.

OCTAVIUS STURGES.

WILLIAM HUNTER AND THE MEDICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—Your review of the elegant volume lately issued in memory of the brothers Hunter states that William Hunter succeeded Fothergill in the presidency of the Medical Society of London in 1781. This is not so. The society referred to, although founded in 1773, boasts neither of these names upon its roll of Presidents. Dr. John Fothergill died in 1780, being at the time President of the Medical Society of Physicians, a body founded about 1766, and which for many years issued volumes of "Medical Observations and Enquiries." It was, no doubt, to this office that William Hunter succeeded on the death of his friend Fothergill, whom he survived little over two years. I lately saw in Mr. Hunter Baillie's collection an interesting letter from Fothergill to William Hunter, couched in his usual quaint Quaker language and bearing evidence of their intimate friendship. I am, Sirs, yours truly,

Finsbury-square, E.C., May 7th, 1894. R. HINGSTON FOX.

* * Our correspondent is right; although in his admirable "Roll of the Royal College of Physicians"¹ Dr. Munk writes: "On the death of Dr. Fothergill, Dr. Hunter was unanimously elected president of the Medical Society of London."—ED. L.

"SOME AFFECTIONS OF THE VEINS OF THE UPPER EXTREMITIES."

To the Editors of THE LANCET.

SIRS,—With reference to Mr. Bennett's lecture on Varicose Veins in the Upper Extremity, I may mention the following facts of my own experience. For a day or two there was a dull pain felt in the left arm and at the back of the hand on flexing the fingers. This was followed by a slight attack of fever, nothing being apparent in the arm at the time. The next morning, however, the veins of the upper arm were found to be dilated and varicose. Below the bend of the elbow the superficial veins were slightly dilated only. The right arm was unaffected. The pain increased and was felt also in the axilla. A well-known hospital surgeon, who saw the arm, informed me that, in his experience, varicosity coming on so quickly and occurring in the upper arm was exceptional. I suggested excision, but he advised rest and the application of very warm water to the part. This treatment was carried out, moderate use of the arm not being avoided, and in a few days the varicosity entirely disappeared. No trouble has been experienced since then (several years ago). The only cause I am able to assign in this case was the habit of drawing the shirt-cuffs over the bend of the elbow without undoing the links, and as this was done several times during the day, when washing the hands, the part constricted was noticed to be painful before the attack came on. In proof that on bending the elbow-joint the tension was great is the fact that two or three pairs of links had been broken or bent. Why the left arm should have suffered instead of the right, I am unable to say.—I am, Sirs, yours truly,

HERBERT G. MACLEOD, M.B., M.C. Edin.,
May 8th, 1894. Surg.-Capt. (late), H.M. Medical Service.

CHICKEN-POX IN ADULTS.

To the Editors of THE LANCET.

SIRS,—In reference to this subject I have lately had under my care three sisters, all adults, suffering from typical varicella. The first case was not traceable to a definite source of infection, but the disease is prevalent in the district. The latter two cases arose exactly fourteen days after the onset of the first case, and were no doubt contracted from the sister. On the ground that infection of adults was so rare I had allowed the sisters to associate together. Two of the cases were severe, while in one the eruption was very slight. I have previously seen a severe case in a nursemaid. This experience tends to show that the usual text-book dicta on this subject need amendment.

I am, Sirs, yours faithfully,

H. GRABHAM LYS, M.D. Lond.

Bournemouth, May 2nd, 1894.

"A CASE OF BLADDER IN AN INGUINAL HERNIAL SAC."

To the Editors of THE LANCET.

SIRS,—Mr. F. A. Purcell has done well in publishing his instructive case in the pages of THE LANCET, but he will, I trust, forgive me for pointing out that this is not the first case of the kind, as he implies, published by an English surgeon. On p. 90 of vol. xxiii. (1890) of the Transactions of the Clinical Society of London, he will find recorded a case of mine where by supra-pubic cystotomy I removed two large calculi from a vesical sac, forming part of an inguinal tumour, which had been treated as an ordinary hernia. The patient was seventy-four years old and made a complete recovery.

I am, Sirs, yours faithfully,

Wimpole-street, W., May 8th, 1894. G. BUCKSTON BROWNE.

LINEN AND WOOLLEN DRAPERS' INSTITUTION.

To the Editors of THE LANCET.

SIRS,—With very great surprise and regret I notice, in THE LANCET of April 28th, a letter under the heading, "Injudicious Governors," written by "One of the late Consultant Staff," reflecting in a most unmerited manner upon the recent action of my board of directors in appointing on the staff a specialist as honorary consulting surgeon, he being a gentleman who was recommended to my directors by one of its most liberal supporters, and they found him to be eminently qualified to hold the position which he has without any emolument undertaken in contra-distinction to his predecessors, who were paid for their services. As a matter of etiquette unobserved—viz, without consulting them, upon which the gentlemen who have resigned based the ground of their resignations—I most distinctly repudiate the assertion that any discourteous action was either taken or intended by my directors, and, therefore, the writer's remark that the appointment was made "after representations had been made by some of the consulting staff" could not possibly be true. Nevertheless the unexpected attitude assumed by one of the medical gentlemen who resigned left the directors no option but to act upon what undoubtedly was their legitimate prerogative in making such an appointment, and to accept with much regret the resignations of those gentlemen who demurred thereto, and of making new appointments under new conditions as decided by my board—viz., the appointment of an honorary consulting staff only, as is invariably the case with all benevolent institutions. It seems to me a great pity, and I am sure my directors will exceedingly regret it, that such animus, as shown by the letter referred to, should be manifested by one who confesses to a connexion of twenty-five years with the medical staff of our institution, and whose valuable services have always been recognised in the past in furtherance of a good work accomplished for the benefit of the trade represented.

I am, Sirs, yours truly,

JOHN W. STUTTLE, Secretary.

Finsbury-square, E.C., April 30th, 1894.

"BLOXHAM VERSUS THE MEDICAL DEFENCE UNION."

To the Editors of THE LANCET.

SIRS,—We cannot allow the inaccuracies contained in the letter appearing in THE LANCET of the 5th inst. and signed by "Edward C. Bousfield" to remain uncorrected. The letter implies—and is apparently intended to convey to your readers the erroneous impression—that the Lords Justices of Appeal pronounced judgment on the three distinct points which your correspondent enumerates—namely: "(1) That the action of the Council was *ultra vires* on the ground that, it being against natural justice to attack a man with his own money, the articles, as they did not expressly provide for it, must be construed as forbidding it; (2) that, as the Council disclosed no matter of professional conduct which would give them an interest in the case, they could not resist the imputation of maintenance; and (3) that, as the Council had only heard the *ex parte* statements of Dr. Collie before deciding to support him, there had not been due investigation as required by the articles of association." As a fact