derived from *γαστήρ* and *τομή*, and denotes an incision made into the stomach. The conditions demanding, and the mode of performing, these operations are quite distinct. It is therefore very important that they should be kept quite distinct, and no confusion between them allowed to creep into medical literature by a wrong use of the terms applied to them.

In Mr. Thornton's paper, and also in his letter, he referred to Schönborn's case of gastrotomy for a ball of hair in the stomach, which, like his own, was successful. He might, however, have considerably enlarged his list of gastrotomies for the removal of foreign bodies from the stomach. For it matters not whether the offending substance be a knife, a fork, a spoon, a bar of lead, or a ball of hair—the essential reason for the operation, its mode of performance, and its dangers, are the same; and Mr. Thornton's argument is materially strengthened by the great success that has attended this operation, whatever the cause for which it has been undertaken. In the "Medical and Surgical History of the War of the Rebellion," Dr. Otis gives full references to many of the cases, but the most complete list of cases is furnished by Dr. Ashhurst in a note to Mr. Henry Morris's article on Injuries and Diseases of the Abdomen in the fifth volume of the "International Encyclopædia of Surgery." In this table are placed thirteen undoubted cases of gastrotomy for the removal of foreign bodies from the stomach, and ten of the patients recovered, while an eleventh case ended fatally, owing to an indiscretion in diet on the part of the patient. There are five other cases which are more or less doubtful in their character, but in regard to two of them the evidence in their favour is certainly very strong; all these cases are said to have terminated in recovery. This operation is by no means a modern triumph. The earliest recorded case occurred about 1602, and the second in 1635, both of them being successful. The foreign bodies removed have most often been knives, forks, and spoons, but the nature of the body to be removed in no way influences the steps of the operation.

I am, Sir, yours faithfully,
CHIRURGUS.

January, 1886.

"VISITORS TO SMALL-POX HOSPITALS."

To the Editor of THE LANCET.

SIR,—The attainment of the ideally commendable is evidently easier and more rapid in the bracing atmosphere of the north than under the more relaxing conditions of southern latitudes. We lesser lights, *en bas*, are not clothed with the autocratic power expressed in Dr. Russell's phrase "without saying anything to anybody." We are governed by committees who require a great deal of persuasion to effect administrative reforms. As regards vaccination of visitors to the Western Hospital, the sending of a circular to intending visitors of patients, advising them to get revaccinated before entering the hospital, was for many years considered sufficient and to cover all responsibility, and this in spite of my oft-repeated recommendation of the surer method; and it was only the occurrence of attacks amongst unprotected visitors in 1884 that afforded me a powerful text for the suggestion that their revaccination should be seen to at the Hospital. It will interest Dr. Russell and your readers to know that after the presentation of my report the Committee of the Western Hospital authorised my colleague (Mr. Gale), during my absence, to offer to revaccinate all visitors to dangerously ill patients. This has been freely carried out, and no attacks amongst visitors have since come under notice.

I am, Sir, yours truly,
R. D. R. SWEETING.

London, Jan. 18th, 1886.

THE TREATMENT OF PERTUSSIS.

To the Editor of THE LANCET.

SIR,—Perhaps it would interest Messrs. Cory and Harries, whose communications appeared in your last issues, as well as some of your readers, to know that I have seen during the greater part of last year, under the care of the distinguished Professor Monti, at the Vienna Poliklinik, many cases of whooping-cough treated by the use of antiseptics. The results show that antiseptics, if they have not a decided specific action, have at least a powerful influence

in limiting the duration of the attack and soothing the sufferings of the little patients.

Professor Monti's system of treatment was as follows:—Inhalations—through a modified Seigler's vaporising apparatus—of carbolic acid (1 per cent. solution) or benzoate of sodium (5 per cent.) four times during the day. Internally, he administered one or other of the following powders in milk every two hours, the dosage being proportioned to the age of the child—viz., muriate or tannate of quinia, benzoate of soda, and white sugar. He found the tannate the most agreeable salt of quinia to administer to children. The duration of the cases treated as above averaged twenty-one days; no doubt some extended longer, but they could always be accounted for by the development of complications. I may also add that in no case treated with carbolic acid were symptoms of poisoning found.

I am, Sir, yours truly,

Dublin, Jan. 19th, 1886. ALFRED J. SMITH, M.B., M.Ch.

ELECTRIC ILLUMINATION IN OPERATIONS UPON THE PALATE.

To the Editor of THE LANCET.

SIR,—On Thursday last, having promised to perform an operation for the closure of a cleft palate, I found myself embarrassed by a failing light. Unwilling to postpone the operation, I gladly availed myself of the suggestion of Mr. Weiss, who was present, to use the electric lamp which he had been demonstrating to the students. Accordingly, having removed the mirror from one of Semon and Vesey's apparatus for illuminating the larynx, and which is supplied by four Leclanché cells, Mr. Weiss held the lamp just inside the mouth, and, by the beautiful, steady, and distinct light thus afforded, I was able to see clearly, better than even by the brightest daylight, and the operation was quickly and satisfactorily concluded. To those who, like myself, have had to postpone such operations, to the distress of the patient and at personal inconvenience, I feel sure that this new adjuvant will prove the greatest boon. The smallness of the apparatus makes it free from any inconvenience, and the almost entire absence of heat renders it void of danger, while the clear brightness of a steady light renders every step in this delicate operation more facile even to practised hands.

I am, yours faithfully,

Grosvenor-street, Jan. 1886.

JOHN H. MORGAN.

I'S AND Y'S.

To the Editor of THE LANCET.

SIR,—Mr. Tweedy has very properly and learnedly called attention to the etymology and right spelling of the word "hypopyon," which in a recent issue of THE LANCET is spelt with an *i*, "hypopion." May I point out how frequently and how erroneously the word "phimosis" is spelt with a *y*? In an important surgical work which has been published within the last few weeks, the word "phymosis" occurs over and over again. Now "phimosis," the proper spelling, is derived from the very appropriate word *φίμος*, muzzle—is, in fact, the very word *φίματος*; "phymosis" could only come from some such word as *φύμα*, a growth, or from *θύμος*, fumus, smoke, when it should be spelt "thymosis," and would be without meaning. It is incumbent on a learned profession to be careful of its *i*'s and *y*'s, as well as of its *p*'s and *q*'s.

I am, Sir, yours faithfully,

Jan. 13th, 1886.

Y. P. Q.

EDINBURGH.

(From our own Correspondent.)

EDINBURGH ROYAL INFIRMARY.

THE Annual Meeting of the contributors to the Royal Infirmary was held on Monday last. The report of a committee appointed to represent the contributors in reviewing the management of the institution during the last twelve months was read and adopted by the meeting. The report spoke highly of the general management during the last