Correspondence.

"Audi alteram partem."

LUNG MISCHIEF ARRESTED BY OPERATIVE INTERFERENCE.

To the Editor of THE LANCET.

SIR,—The attention which you draw to the above subject in some editorial comments on Mr. Bryant's cases, published in the "Mirror" at pages 10 and 51, in THE LANCET of the 4th and 11th inst., is most appropriate, and I should hope most surgeons could bring forward evidence of the value of the treatment there recommended. I can give a pertinent illustration.

Many years ago I saw, in consultation with Mr. Lane of Victoria Park-square, a lad of twenty, the subject of suppurative disorganisation of one foot. On investigation there was also dulness over the apex of the left lung, with cough. I advised immediate amputation at the ankle-joint. On the following day the late Dr. Daldy called upon me and expressed his surprise and consternation at my proposal. He, it appeared, had been previously consulted concerning the patient's chest, and believed that amputation would hasten the inevitable end. I assured him that I took quite an opposite view of the case, and that the very existence of lung complication was a strong argument in favour of amputation. He yielded to my view, and I subsequently amputated the foot. The chest symptoms soon vanished. For years afterwards, whenever my much-respected friend Dr. Daldy and I met, he rarely omitted to allude to the case, and to congratulate me on the result of the amputation.

What the precise condition of the lung was I do not pretend to say. The important point of the subject under consideration is to endeavour to determine what degree of local healing is compatible with the resolution or repair of lung complication. We should desire both, as it were, to proceed *pari passu* towards recovery. This fortunate state of things will probably only occasionally take place; but, on the other hand, the lung disease, if already far advanced, will proceed steadily to a fatal termination with an absence of repair at the seat of operation, because valuable time and the opportunity for operative interference have been lost. At all times it would be desirable to reduce the extent of required local repair to a minimum; amputation would be preferable to excision, for example.

Your obedient servant,

Jan. 15th, 1879.

C. F. MAUNDER.

TREATMENT OF DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to the letter in your journal of the 28th December, signed "C. R.," in which you are accused of not doing justice to Dr. Sealy for his skill in the treatment of the patients in Princess Mary's Home who suffered from diphtheria. His skill appeared in treatment of that disease with the tincture of iron internally, and the application of Condry's fluid to the throat. The author of the said letter shows a very imperfect knowledge of the literature of diphtheria in supposing that Dr. Sealy originated that treatment, as I had the satisfaction of bringing it under the notice of the profession many years ago in a paper published in the *London Medical Review*, in which I pointed out its remarkable success in curing the disease. My paper was translated into French, and published at Nice. Mr. Condry reprinted it by my permission, and circulated it widely in England. Since that time I have had extensive opportunities of attending diphtheria, and of proving the uniform success of the treatment referred to. I was in consequence induced to publish a new edition of my paper with cases, along with my observations on erysipelas, a copy of which I sent to you, but you have not condescended to acknowledge the receipt of it. I have no hesitation in asserting that the treatment I have recommended is the most successful that has yet been suggested in diphtheria.

In the article published in your journal of Dec. 21st, on

the subject of the outbreak of diphtheria in the Princess Mary's Home, the author seems at a loss to account for its appearance, and very erroneously attributes it to a lady with sore-throat—of what kind is not stated—having "*probably kissed some of the children.*" Why such a chimerical cause should have been assigned for its appearance is difficult to imagine, when the real cause is so obvious from the facts stated in the paper itself—namely, the crowding, or, rather, the overcrowding, "there being only 200 cubic feet allowed to each child," the imperfect system of drainage, the night-soil being removed to so short a distance from the domiciles, the offensive smell arising from ground in the immediate proximity and from the bath-pipe. I have never met with a well-authenticated instance of diphtheria being communicated by one individual to another who had not been exposed to the same polluted atmosphere, and I don't believe in the absurd idea that it can be conveyed from one person to another by means of a kiss. In my opinion it may as well be said that drowning can be produced by kissing a person who has fallen in the water. It is, therefore, unfortunate that the Prime Minister should have committed the error of stating that the much lamented Princess Alice fell a victim to having kissed her son. She unquestionably suffered from being exposed to the same contaminating influence from which the other members of her family suffered, and, for a time, through the strength of her constitution, she was enabled to resist its effect; but her system, weakened by anxiety and continued watching, sank under the virulence of the disease at last. It is not unusual to see several members of a family affected in succession with diphtheria. But this is no proof of infection; it only shows that the disease is in the locality, and the weaker, generally, succumbs first; then the others. I have met with many instances of this; but in every case I have been able to trace the cause to an offensive smell. Therefore, in every case of diphtheria, its cause should be investigated, and means taken to check its extending. And Condry's fluid is by far the most effectual means of doing so. It should be poured down the soil- and waste-pipes, and the different apartments should be fumigated with it. This is most effectually accomplished by putting two parts of it into an earthenware dish, along with one part of strong sulphuric acid, when immediately fumes will arise, which destroy smell, and produce a faint but agreeable odour of sea-water, and completely purifies the locality.

I am, Sir, yours, &c.,

CHARLES BELL, M.D., F.R.C.P. EDIN.

Edinburgh, Dec. 31st, 1878.

LISTON AND WATER-DRESSING.

To the Editor of THE LANCET.

SIR,—I was much pleased with the letter of Mr. Erichsen in your last issue relative to Liston's method of using "water-dressings" in the treatment of large incised wounds, and having had the great privilege of acting as surgical dresser under Mr. Liston during 1839 for several months, it affords me great pleasure to bear testimony to the excellence of his method, so graphically described by Mr. Erichsen, and so persistently practised by Mr. Liston during my studentship at University College Hospital.

For a provincial surgeon, a large amount of operative surgery has fallen to my lot, and I have no reason to regret the use of the "water-dressings" taught me by my eminent surgical preceptor. No other method can be more simple, cleanly, or effective, and, with the exception of the addition of the elastic "drainage-tube," I have practised Liston's method of "water-dressings" for the past forty years with most encouraging success. I find no treatment equal to the "water-dressings" for old chronic ulcers of the legs, which, unfortunately, crowd the hospital wards of our union infirmaries, and, with the addition of "skin-grafting," a large percentage of cures are rapidly effected; and I thoroughly endorse what Surgeon-Major Robinson, of the Scots Guards, says—viz., "My experience of cold-water dressing and irrigation to wounds has been so satisfactory that I should be loth to adopt any substitute without very cogent evidence of superiority."

I am, Sir, yours obediently,

EDWIN MORRIS, M.D., F.R.C.S. Eng.,

Surgeon to the Spalding Union Infirmary and Dispensary.
Spalding, January 13th, 1879.