Correspondence.

"Audi alteram partem."

SUBCUTANEOUS SECTION OF THE NECK OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—I trust you will allow me to correct an erroneous statement made by Mr. Barwell in the discussion which took place at the last meeting of the Clinical Society on the 26th January, on "the subcutaneous section of the neck of the thigh-bone." According to the report of the meeting in THE LANCET of last week, Mr. Barwell remarked, "Of Mr. Adams's twenty-two cases, three died, and two or three escaped narrowly."

This statement refers to my paper read at the Medico-Chirurgical Society on the 10th October last, and fully reported in THE LANCET of the 14th October. In this report, p. 535, it is stated: "In the table accompanying the paper it is shown that the operation was successful in twenty out of twenty-two cases, death from pyæmia resulting in one case; and death accelerated by chronic suppuration following the operation in another case, that of a girl, aged eighteen years, who succumbed with symptoms of kidney disease, and tubercular deposit in the lungs." In the paper this death was stated to have occurred eight months after the operation. Instead therefore of three deaths, only one directly, and one indirectly after a period of eight months, resulted from the operation, and both these occurred in cases of advanced strumous disease, a class to which, as a general rule, I have stated the operation is not applicable.

Although a little suppuration occurred in a few cases, with these exceptions all the wounds healed by the first intention like ordinary tenotomy wounds, or other operations in which the true subcutaneous character is preserved, and the admission of air effectually excluded.

I am, Sir, yours very truly,

W. ADAMS.

Henrietta-street, Cavendish-square, Feb. 5th, 1877.

A NEW ETHER INHALER.

To the Editor of THE LANCET.

SIR,—The best and safest means of producing anæsthesia in surgical operations must claim the attention of every practical surgeon, and few can think of operating without considering for a moment the relative danger of the several varieties of anæsthetics used to produce insensibility. Different kinds of anæsthetics have been recommended from time to time—such as chloroform, alone or mixed with ether; nitrous oxide gas, alone or mixed with ether vapour, as used by Mr. Clover; bichloride of methylene; and, lastly, ether. The dangers of chloroform are well known, when it is stated that one death a week is said to be the average in this country. The verdict of the London Chloroform Committee is also well known, when they stated that an agent is desired which is not so dangerous in its operation as chloroform. Ether, no doubt, is the agent; and I cannot but quote here the words of the late Prof. Morgan, of Dublin, who did much to reintroduce the use of ether as an anæsthetic in surgical practice: "As ether represents such an agent more so than any as yet discovered, I am desirous of drawing attention to its advantages and superiority; and when I find that but one death in 23,204 ether inhalations can be ascertained as at all attributable to its use, I believe that a ratio representing merely an infinitesimal risk has been thus attained, and that by using ether as a pain-destroyer, instead of the patient entering upon an operation with the sword of Damocles suspended over him, as with chloroform, he will sink more calmly, and infinitely more safely, into insensibility, relying with confidence on the mystic power of the anæsthetic, the skill of the surgeon, and the goodness of his Maker in obtaining relief from his sufferings."

For the last nine months I have been using an ether inhaler which I am now desirous of introducing to the notice

of the profession. Its chief advantages are as follows:—1. It is simple in construction and application. 2. It is not expensive. 3. The small quantity used to produce anæsthesia (average quantity one ounce). 4. Prevents any loss or evaporation of ether vapour. 5. Its small size and great portability (can be carried in the pocket of the administrator). 6. Short time required to produce complete anæsthesia (average two minutes). 7. The great safety to the patient during administration.

The following is a brief description of the inhaler. It consists of—(a) An india-rubber flexible bag, covered over with a network, to prevent undue expansion during expiration. (b) A soft metallic mouthpiece which allows of adaptation to any face, the soft metal being able to be bent into any shape; along the border applied to the face it is lined with india-rubber tubing, in order to fit more closely, and thus prevent the ingress or exit of air. (c) A simple valve, so as to admit air if required, or allow its escape if necessary. In the body of the inhaler there is a cone-shaped wire cage, into which fits a similarly shaped hollow sponge, into which the ether is poured, and the inhaler is then ready for administration. If it is necessary to give more ether in a prolonged operation, there is a tube passing down to the centre of the sponge, into which the ether can be poured without raising the mouth-piece from the face.

I have now used this inhaler at all ages in both sexes in nearly all the usual operations in surgery, including deligation of the subclavian artery, amputations, ophthalmic and various prolonged dental operations, and have therefore had every opportunity of testing its efficiency in hospital and private practice, and I have received testimonials in its favour from such eminent Dublin surgeons as Messrs. Porter, Wharton, Smyly, Macnamara, White, Wm. Stokes (Richmond Hospital), Surg.-Major Ramsay (Rifle Brigade), and Dr. Jacob.

In conclusion, I have to thank Messrs. James Coxeter and Son, Grafton-street East, for carrying out so efficiently my instructions regarding the manufacture of the inhaler.

I am, Sir, yours truly,

Meath Hospital, Dublin.

LAMBERT H. ORMSBY, F.R.C.S.

TREATMENT OF HYDROPHOBIA IN GLASGOW ROYAL INFIRMARY.

To the Editor of THE LANCET.

SIR,—It is not my intention to notice the criticisms of your correspondents regarding the means which were adopted to discover the nature of the disease, or to refer to the measures which had been carried out for the relief of the poor sufferer. It is right, however, that I should make clear to your non-professional readers, who are not familiar with the phraseology of medical reports, and who in consequence are liable to fall into error, that the admission of the dog into the ward had been purely accidental, and was not one of the means employed to bring out the symptoms of the disease. The lady whose dog ran through the ward was visiting the hospital at the time (the afternoon) for the best of purposes, and there was no one with the patient but the nurse.

In your editorial foot-note to one of the letters you very properly state that the case was one of great difficulty, and had been attended to most assiduously by the staff of the infirmary. It was the first case, so far as is known, that had appeared in the city, and its nature was not readily recognised. I may mention that not a few of the more able medical men, who had opportunities of studying the disease during its progress, did not believe that it was a case of hydrophobia at all.—I am, Sir, yours truly,

Glasgow, Feb. 5th, 1877.

JAMES DUNLOP.

THE SETON IN CHRONIC OSTEITIS.

To the Editor of THE LANCET.

SIR,—The object of the following remarks is to record a case of chronic osteitis in which, most of the ordinary remedial measures having failed, the use of the seton proved a complete success. The seton, as a general therapeutical agent, is now all but obsolete, I suppose, and, as a particular one in osteitis, has clearly the charm of novelty.

The history of the case is briefly this. A young woman, aged twenty-seven, in the humbler ranks of life, while dancing at a domestic festivity, accidentally received a kick from her partner on the left ankle. From this time she began to experience pain, which gradually extended up the leg, and increased in intensity; and when I saw her, about a month afterwards, the leg was swollen and discoloured, the skin having a tawny eczematous appearance. Pain and tenderness were well marked, especially the former.

After some useless temporising with anodynes, blisters, &c., in order to dispense with the knife, if possible, I made an incision about two inches long on the inner surface of the tibia at its lowest third, rasping the point of the knife against the bone as well as I could. The pain was immediately subdued, and continued to diminish steadily, until in process of time the wound closed, when gradually the pain returned. It was now evident that a discharging wound was the one thing essential to success. A seton steeped in carbolic oil was therefore introduced, and left for several weeks, until every trace of pain had vanished. After this the patient made a very slow but perfect recovery, a period of seven months having intervened from the date of her first coming to me and that of her complete restoration to health.

Truly yours,

Tongue,

J. A. AUSTIN, M.B.

DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I have to record the death from chloroform of one of the out-patients of the Peterborough Infirmary and Dispensary. The patient was suffering from a strangulated inguinal hernia, and after the taxis, unaided, had failed, chloroform was given before again attempting reduction. The patient was brought fairly under the influence of chloroform, and as, during the manipulation of the hernia, he showed signs of returning consciousness, I administered a little more, whilst the surgeon who was assisting me, and who previously had taken charge of the anæsthetic, tried to return the bowel. Shortly afterwards his breathing suddenly became shallow and irregular, and his radial pulse could not be felt. Although the usual means of resuscitation were promptly resorted to, the patient never rallied. The man was fifty-two years of age, and had a history of rheumatic gout, but unfortunately no post-mortem was allowed. The whole quantity of chloroform used was two drachms, and it was administered on a thin handkerchief held lightly over the face.—I am, Sir, your obedient servant,

JOS. HARRY WILSON, M.R.C.S.

Peterborough, Jan. 24th, 1877.

ART IN HOSPITALS.

To the Editor of THE LANCET.

SIR,—A misapprehension has arisen as to the *bona fides* of my offer of a hundred guineas towards a fund for introducing art into hospitals, because of the condition that one thousand subscribers should also each contribute a similar sum. I withdraw such condition. I will gladly give one hundred guineas to a responsible Committee, as soon as one is formed, to promote the Art Fund of the Hospitals of London.—I am, Sir, your obedient servant,

Gloucester-terrace, Hyde-park.

J. LAWRENCE-HAMILTON.

THE CHILDREN'S HOSPITAL, PENDLEBURY.

To the Editor of THE LANCET.

SIR,—My attention has been called to a letter from Dr. Rayne in last Saturday's LANCET, in which he mentions me as his authority for saying that a specific charge was brought against him by Dr. Borchardt at the meeting of the Board of Governors of the General Hospital for Sick Children at Pendlebury.

The chairman has already informed you that no such charge was made by Dr. Borchardt, and as I at once minutely my conversation with Dr. Rayne, and communicated those minutes the following day to a sub-committee of the Board of Governors, I do not rely upon my memory

alone when I state that Dr. Rayne must be labouring under a misconception.

I remain, Sir, yours faithfully,

H. M. STEINTHAL,

Vice-Chairman of the Board of Governors of the General Hospital and Dispensary for Sick Children.

Lower Mosley-street, Manchester,
February 7th, 1877.

Medical News.

BRITISH MEDICAL SERVICE.—The following is a list of gentlemen who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

Marks.	Marks.
Allin, W. B. ... 5360	Laffan, G. ... 3402
Ryan, M. R. ... 4896	Bourke, U. J. ... 3397
Reynolds, E. O. ... 4570	Robinson, R. ... 3146
Robbins, H. J. ... 4546	Lamprey, J. J. ... 3072
Morris, G. G. ... 4474	Allen, W. H. ... 3050
Hayes, A. C. ... 4333	Gunning, R. C. ... 3010
Williamson, J. F. ... 4270	Russell, G. M. ... 2945
Carey, J. T. ... 4236	Cotton, H. ... 2910
Rainsford, W. J. ... 4183	Hunt, J. P. ... 2893
Boulger, J. ... 4105	Peyton, J. L. ... 2882
Tuthill, P. B. ... 4015	Carleton, A. W. ... 2878
Boyd, T. ... 3930	Hughes, G. A. ... 2866
Johnston, P. H. ... 3896	Keith, A. C. ... 2861
Murchison, F. ... 3625	Brodie, J. ... 2685
Emerson, J. B. ... 3482	Eagar, F. G. L. ... 2662
Hewett, A. ... 3480	Large, B. W. ... 2478
Roche, E. A. ... 3477	

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

Marks.	Marks.
* Moorhead, J. ... 5638	Eaton, G. B. ... 4525
Beatson, C. H. ... 5393	Eyre, M. S. ... 4505
Owen, C. W. ... 5060	Channer, O. H. ... 4490
Griffiths, G. S. ... 5000	Young, E. W. ... 4465
Grant, P. M. ... 4966	M'Calman, H. ... 4350
Lee, W. A. ... 4934	Ross, D. R. ... 4308

* Gained the Herbert Prize and Martin Memorial Gold Medal.

NAVAL MEDICAL SERVICE.—The following is a list of candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

Marks.	Marks.
Henwood, J. D. ... 4735	Armstrong, G. W. ... 3844
Walsh, H. W. D. ... 4657	Kellett, L. H. ... 3586
M'Swiney, M. O'C. ... 4571	Dow, J. C. ... 3422
Guppy, H. B. ... 4452	Newland, C. F. ... 3325
Connell, J. J. ... 4437	Barcroft, P. J. ... 3230
Mugliston, T. C. ... 4405	Twigg, G. D. ... 3197
Williams, F. E. H. ... 4045	Fogerty, G. J. ... 2960
Williamson, F. ... 3897	Bookey, W. J. B. ... 2810
Murdoch, R. ... 3880	Browning, J. N. ... 2707
Rae, W. M. ... 3850	Corcoran, L. W. ... 2460

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Feb. 1st:—

Godfrey, Charles Walter, The Hundred, Romsey.
Meek, John William, Macclesfield.
Langdon, John Winkley, Chester.

The following gentlemen also passed the Primary Professional Examination:—

F. Clarence Smith, University College; David Hepburn and C. William Sharples, Middlesex Hospital; George Eliot, Westminster Hospital; Charles Arthur Low, London Hospital; Edward Thomas Crouch and Frederick George Stewart, Guy's Hospital; Spencer Francis Beard, Sheffield Infirmary; James Deakin, Owens College, Manchester.

At the Preliminary Examination in Arts held at the Hall on Jan. 26th and 27th, 97 candidates presented themselves, of whom 37 were rejected, and the following 60 passed and received certificates of proficiency in General Education:—

FIRST CLASS (in order of merit).—1st: C. E. Paget and E. Tomlinson. 3rd: A. L. Copney, H. Greiffenhagen, and R. A. Palmer. 6th: G. N. Stephen. 7th: C. J. Colville, J. M. France, J. P. Myles, and H. L. Swinson.

SECOND CLASS (in alphabetical order).—H. L. Albert, G. T. Bates, D. M. Barry, W. C. Beatley, W. B. Benjafield, H. Blackburn, G. A. Branson, E. C. Bray, H. W. A. Burke, J. M. Carvell, H. R. Colborne, C. V. Cotterell, S. J. A. Cotterell, D. R. Davies, E. Davis, E. S. Earle, T. Edwards, A. W. Fairles, I. B. Goodridge, C. H. Greet, E. Harvey, J. P. Hayes, J. W. C. Herbert, H. Holcraft, R. L. Holland, R. Holton, G. Jones, C. H. Lamerle, H. Ley, A. Livingston, D. H. G. Maclean, E. D. Minter, J. D. Maloney, C. A. Morton, G. H. Moxon, W. A. Nutt, Y. O'Keeffe, C. Pound, L. O. L. Raymond, W. B. Skelton, D. J. Slater, W. H. Stephens, H. B. Strong, E. C. H. Van Buren, F. J. Walker, H. Webb, T. A. Wise, T. Whitaker, G. C. Wilkin, J. Woodgate.