atmospheric air. This being the case, it seems to me that it will be quite inexcusable if, in future, any persons be permitted to exhibit chloroform with so imperfect and unsatisfactory an apparatus as a piece of lint or a handkerchief. We are not accustomed to use other powerful narcotics by guesswork, and in chance doses; and I cannot see why we should follow such a plan with chloroform—one of the most powerful and dangerous medicines of this class. Except with children, to whom an apparatus cannot usually be adapted, there seems no excuse for not using an inhaler; and these latter, fortunately, bear chloroform much better than adults.

I am aware that the practice which I have recommended is in opposition to that of many eminent members of the profession, more particularly in Scotland, who continue to sanction the administration of the anæsthetic by the ruder methods here condemned; but while professing all respect for their authority, I would now earnestly appeal to them, and urge them to a reconsideration of the matter with the aids afforded us by recent melancholy experience, both in Paris and in London.

I am, Sir, your obedient servant,
Onslow-square, May, 1859. FRANCIS ED. ANSTIE, M.D.

RUCK VERSUS STILWELL.

To the Editor of THE LANCET.

SIR,—A system which has actually succeeded in bringing a man of Dr. Conolly's reputation under an unworthy suspicion cannot be right, and I, for my part, rejoice that you have taken the matter in hand.

I am a "mad doctor," and, be the cause what it may, I cannot somehow confess it to you without a certain tinge of shame. I have made frequent attempts to contemplate myself as a "psychological physician," or under the shadow of some such grand name, but always unsuccessfully. It has invariably forced itself upon me that the fact is the same however it may be called. An unhappy destiny, alas! compelled me to take my present position, and an unhappy experience has taught me the folly of kicking uselessly against the pricks. "Oh, mihi præteritis referat si Jupiter annos!" I am not, however, in a private asylum, but at the head of a public hospital for the insane, and I have no interest whatever in keeping a patient in the establishment; and yet I assert deliberately, and I ask you to perpend it well, that I am constantly finding myself fighting against myself. I see a patient well, or so well that he can efficiently do the work which Providence has appointed him to do in the world; but this man pays six guineas a week, and so it somehow appears to me that a short time is necessary to confirm his recovery: or he is not quite well, and I cannot but think it necessary to inform his friends solemnly that if they take him out they must do so entirely on their own responsibility, that I cannot be answerable for the consequences, &c. I would have you to know, Mr. Editor, that I do not yield in such cases, only I am very strongly tempted to do so; for I hold the opinion—and in spite of all those effusions which may be connoted under the term asylum cant, I see no reason to doubt it—that a man may be a little "cranky," and yet may be quite as competent to despatch his business in life as any other man, and, moreover, far more likely to complete his recovery when so occupied than when engaged in contemplating all the day long the antics of stark madness. An asylum is the last place in the world that I should wish to be sent to myself, and I therefore generally discharge a patient when I reasonably can discharge him. Were I the keeper of a private asylum, and had I a strong personal interest in the matter, I confess to you candidly that I think my nature would be tempted above that it is able to bear.

The assertion which Dr. Conolly has made in his letter to you, that there would be as much interest in making a profit in public establishments as there is in private houses, is made in utter ignorance of the facts and in entire forgetfulness of human nature. When he says, also, that in such establishments the committee would entertain the "meanest jealousy" of the medical officer, he talks from a Middlesex experience. It is rare to hear a superintendent of a county asylum out of Middlesex complain of his committee; it is not rare to hear him laud them as a body of perfect gentlemen; and I can assure you, Sir, that I, as a superintendent of a public hospital, cannot discover the slightest ground of complaint against my committee.

When Dr. Conolly informs us that the object of placing a man in an asylum is, amongst other things, "to cheer and revive the affections," the assertion simply excites a smile. One might compare it to a proposition for placing a man in the

regions of Tartarus by way of cooling him. There was a philosopher named Comte, whom some place by the side of Bacon, in whom it is said that a "cerebral excitement, under the care of mad doctors, was fostered into decided insanity. After the doctors had declared him incurable, he was cured by domestic care and tenderness." Would anyone assert that the case of Auguste Comte, the Positive Philosopher, might not be the case of others?

Ruck v. Stilwell, make of it what you will, certainly has a bad look about it. And this is greatly to be regretted, inasmuch as no one can doubt that Mr. Ruck was very mad, and was properly sent to an asylum. But it is the evil of a bad system that it affects all those who are engaged under it, and inflicts on them unmerited injury. I think it is a matter of regret that Mr. Ruck was restrained so constantly from communicating at all with his friends.

I am, Sir, your obedient servant,
A. M.D. LOND., AND THE SUPERINTENDENT
OF A LUNATIC HOSPITAL.
July, 1859.

CONCAVE KNIVES IN FLAP AMPUTATIONS.

[LETTER FROM MR. ALLARTON.]

To the Editor of THE LANCET.

SIR,—It has often occurred to me that a concave knife might be used with advantage in some cases of flap operation, and especially in cases where the limb is very fleshy, or where the cellular tissue is much infiltrated. In such cases, the flaps are often so bulging and bulky as to prevent a nice adaptation of their surfaces, and suppuration and sloughing occur, which not unfrequently terminate in death. A few days ago, I amputated a thigh which was so fleshy and infiltrated, that in selecting my point for transfixing the limb, I could indent the tissues on each side with my finger and thumb from an inch to an inch and a half. In such cases, I prefer Mr. Luke's operation—i. e., making the under flap first, as, from the draining and consequent shrinking of the infiltrated cellular tissue, we are liable to get too small or too short a flap. The draining, moreover, by causing shrinking of the cellular tissue, leaves the muscular portion of the flap bulky and projecting, and before the stump can be neatly dressed, it is necessary to slice off the projecting mass. To avoid this procedure, Mr. Erichsen, in his admirable work on Surgery, recommends skin flaps and circular incision of the muscles. Both practices, however, may be avoided by the use of a concave knife. The proper curve to give to such a knife must be determined by experience, but I should think that a curve having a radius of thirteen or fourteen inches would suffice, the blade being in other respects like the ordinary double-edged flap knife, with a blade about ten inches long in the cutting part. The handle and the blade should take the same sweep, the curve, of course, being on the flat surface. To use such a knife, it would be necessary to transfix the limb, taking a good sweep round the bone. The point once fairly through, thrust it onward and forward from point to heel, keeping its convexity well down in the muscles; then draw it back from heel to point in a corresponding direction, and finish the flap by cutting out. The best mode of using such a knife would, however, soon suggest itself to practical men, and I think its advantages would be great in some cases. As my present locality does not promise many amputations, I must leave the suggestion to surgeons who have ampler opportunities, trusting, at the same time, that its provincial origin may not be allowed to stand in its way.

I am, Sir, yours obediently,
South Molton, Devon, July, 1859. GEO. ALLARTON, M.R.C.S.

LABOUR, WITH THE HYMEN UNBROKEN.

To the Editor of THE LANCET.

SIR,—The report of your correspondent's cases of syphilis with the hymen intact, which appeared in your journal of the 2nd inst., induces me to trouble you with a short record of three cases of labour in which the hymen was in the same condition. The patients were married. The first was of middling stature, robust, and eighteen years of age; the husband of average height. The second was a little woman, of slight build; the husband thin, and not more than five feet three inches high. In the third case the relative proportions of man and wife were the same as in the first. In all the cases the passage of the foetal head destroyed the membrane, without its offering any impediment to the completion of labour. In each case the hymen was situated at the orifice, and not, as sometimes happens, more internally.