

## Correspondence.

"Audi alteram partem."

## OVARIOTOMY AND EXCISION OF THE KNEE IN CEYLON.

To the Editor of THE LANCET.

SIR,—I have just received the enclosed letter from Ceylon; and, with the exception of the personal allusions to myself, I think the contents will interest many of your readers. If you are of the same opinion, I shall feel gratified if you will give it a place in your columns.—Yours faithfully,

WILLIAM FERGUSSON.

George-street, Hanover-square, Dec. 20th, 1864.

Colombo, Ceylon, Nov. 16th, 1864.

DEAR SIR,—I have much pleasure in sending you an account of a successful case of ovariectomy performed by me a short time ago. During the operation I carefully followed all the steps, so far as I can remember, witnessed by me in the first case operated upon by you in King's College Hospital. In this case, for the sake of a correct examination, I tapped and afterwards examined the abdomen, when I discovered a solid tumour in the left iliac region. The woman was desired to return on the abdomen being again distended with fluid. The liquid drawn off was clear, straw-coloured, and in quantity nearly two gallons. I may as well mention that the case was to all appearance a very unfavourable one, as there was œdema of the extremities, with difficulty of breathing; and the only favourable circumstance in her case was her age, which was about twenty-seven years.

In about a little more than a month she returned to me, begging to have the operation performed. With a sufficient number of assistants I proceeded with the operation as I shall describe; and, as far as the success is concerned, I am glad to say it has been very satisfactory.

Just as I saw you make your cautious incision to find the extent of adhesions, I did the same, which was about three inches long. I next passed my hand and detached the adhesions in the fore-part of the tumour and sides, and thought by so doing to be able to draw the sac, but to no purpose. I must here add that the cyst was punctured with a trocar before the adhesions were torn, and great care taken to prevent any of its contents escaping into the abdomen. Finding that the cyst was unyielding, I passed my hand and got it behind the solid tumour, and steadily and gradually detached all the adhesions, which extended from the pelvis as high as the diaphragm—in short, the whole length of the abdomen. Having done this, I had to extend the incision to about three or four inches above the umbilicus, before the tumour could be turned out of the abdomen. The tumour weighed about twenty pounds—the solid portions of it.

I must now say what I thought saved my patient, and to what portion of the treatment I directed the most attention. Position and dressing were the two things I placed much stress upon when I considered the cause of death in your first case. So I placed my patient as much raised at the shoulder as possible, to allow a free discharge from the wound; and also applied compresses of lint, with strips of plaster, to exert a steady pressure on the abdomen. On the third day there was a bloody serous discharge, which I encouraged; and about the sixth or seventh day it became quite purulent, decreasing greatly in quantity. As the ligatures in the pedicles came away, the opening whence the discharge escaped closed; but this I had reopened by pressing out the pus, so that it became a sinus, and kept discharging until the patient left the hospital.

I take this opportunity of expressing my thanks to you for the valuable instruction I received by attendance at your lectures in King's College, and the practical hints which you have from time to time imparted to a large class on Practical Surgery in the King's College Hospital, which, I am glad to say, I have treasured up by frequent attendance.....

Five weeks ago I excised a knee-joint, which, you will be surprised to hear, is the first case of the kind here; and the patient has gone on so well that he had not so much as irritative fever for three days. If you feel interested I will send you a photograph of the case. The case of excision was a con-

tracted knee with enlarged bone, so that the leg was at right angles to the thigh. The patient is quite pleased with his improved appearance, and I cannot help expressing my thanks for having witnessed your operations in this branch of surgery.

I remain, dear Sir, yours truly,

W. Fergusson, Esq.

P. D. ANTHONISZ, M.D.

## THE CONSTRUCTION OF HOSPITALS.

To the Editor of THE LANCET.

SIR,—It is a common, and a very good, rule of critical journals not to admit answers to reviews; but the notices of the Report on Hospitals by Dr. Bristowe and myself, published in THE LANCET under the title of "Hospital Hygiene," are, I should think, intended less as criticisms of that work than as contributions to the discussion of the general question. Hence, perhaps, a few lines from me may be admissible in reference to what is said in the third paper under that title (published in your impression of the 3rd inst.) with respect to our opinion of the Dundee Hospital. In the first place, allow me to say that if any error has been committed in our estimation of that hospital Dr. Bristowe is not to be charged with it. Our time did not allow both of us to visit each hospital in our list, and in Scotland we were obliged to separate, so that only I visited the Dundee Hospital.\* I regret much that a plan of the hospital, with which we were favoured by one of the medical officers, was omitted by a mistake in sending the sheets to press. If that plan were before the reader you would be better able to judge of the great conveniences for ventilation which I believe the hospital to possess. You would see that the wards having opposite windows, and those windows being opposite and in a line with the windows of the corridor, a thorough ventilation is provided for this corridor hospital, equal to, and, in fact, the same as, that of a block or pavilion hospital, so long as the windows are open. If the windows are closed, as the Report quoted by you intimates, the advantage of this plan of building is sacrificed, and the ventilation would, perhaps, be deficient. But the question then would arise, Why should they be closed? In a great number of hospitals, in all parts of the kingdom, it is found that a small part of one or two windows may safely be left open all night, and thus the wards be kept as sweet as in the daytime. If this is impossible in the climate of Dundee, it may be a motive for special arrangements there, but can have little bearing on the general question. However, a much more serious question is raised by the sad prevalence of fever in the Dundee Hospital. This fact is fully noticed in the account of the hospital appended to our Report (p. 690), and certainly does contrast very strangely with the comparative immunity of other buildings which are, to all outward appearance, far inferior in construction, in ventilation, in management, in fact everything constituting a good hospital. It is worth the very serious consideration of all persons interested in this question, and in an especial manner of the managers of this noble hospital, whether the explanation is not to be found in the fact that at Dundee the system of separate fever wards has been adopted without any separation having been made between them and the general hospital, either in construction or in management. This arrangement appears to me (individually) to be in a high degree dangerous, both to the medical attendants and to the patients. In fever hospitals, as far as I know, without any exception, the resident medical officers and nurses pass, as a matter of course, through their preliminary seasoning of fever. General hospitals which collect fever patients in special, but not separated, wards, so as to form great foci of fever poison, resemble fever hospitals in every particular, with the terrible addition that they expose to the contagion not only the medical attendants and nurses, who are forewarned, but also the helpless and ignorant patients who go for safety and succour to a place where, perhaps, they find their deaths. I hope the intelligent, and I should think experienced, critic who writes for your journal will seriously weigh the facts which we bring forward in our Report before he endorses with the weight of your authority any such system as this. You will find on perusal of our Report that we pronounce a very hesitating opinion between promiscuous treat-

\* This may be discovered from the accounts of each hospital in the Appendix to the Report. Where both the reporters visited the hospital, the initials of both are appended to its description; in the other case only the initials of the one who visited it.