

resolution on the paper—the Deceased Wife's Sister question—from being reached; and as soon as half-past twelve o'clock arrived, when the subject could not be taken, an attempt was made to "count" the House. This was unsuccessful, and Mr. Stanley Leighton was enabled to go to a division. He called attention to the impropriety and danger of permitting private persons to make pecuniary profit by keeping in their custody lunatics of the wealthier classes, and to the unfairness of requiring the ratepayers to maintain lunatics of the middle and lower classes; and moved, "That all lunatics ought to be committed to the keeping of the State." The motion was rejected by a majority of 47.

A petition from London was presented in favour of an inquiry into the management of the Metropolitan Asylums Board.

Smallpox at Sheffield.

On Wednesday, Mr. W. Lowther gave notice that on Monday he will ask the President of the Local Government Board whether it is true that the resident surgeon, one of the nurses, and the cook, at a lately erected small-pox and fever hospital at Sheffield, were attacked by small-pox; and whether he has any information that these officials were vaccinated before entering on their duties.

A Workhouse Pig.

Mr. Lowther also gave notice that he would ask whether three members of the Board of Guardians at Oldham lately bought the carcase of a pig which the medical officer had ordered to be killed and burned; whether the carcase of the pig was sold to a butcher for 25s. by these three guardians; whether, on the facts becoming known, the money was handed over to the master of the workhouse; and whether those three gentlemen continue to act as guardians.

Medical Men and the Carriage Duties.

On Thursday, Mr. H. Samuelson had a notice upon the paper, that he would ask the Chancellor of the Exchequer whether he will exempt from increased taxation under his Budget proposals carriages used by duly accredited medical men in the pursuance of their professional duty. Owing, however, to the absence of Mr. Gladstone, on account of the Royal marriage, the question was postponed.

Correspondence.

"Audi alteram partem."

"EXCISION OF THE ENTIRE TONGUE BY WHITEHEAD'S METHOD."

To the Editor of THE LANCET.

SIR,—I was somewhat surprised to find in to-day's LANCET an article by so experienced a surgeon as Mr. Treves condemning, on what are, I think, very insufficient grounds, the above operation. Having assisted Mr. Whitehead at the hospital and in private practice in upwards of twenty cases of complete excision of the tongue by means of scissors, and having also performed the operation myself, I should like to say a word in its favour, as I believe it only requires to be known in order to become universally adopted. In no case where the disease has been confined to the tongue itself have I seen any approach to hæmorrhage such as Mr. Treves describes; as a general rule, the two lingual arteries are the only vessels that require twisting, and in the majority of cases the amount of blood lost has been very small, certainly considerably less than an ounce. It is only when the floor of the mouth is extensively involved in the disease that I have seen the bleeding cause any trouble, owing to the coats of the vessels being softened and infiltrated, and therefore not readily tied or twisted; but these are the cases in which trouble is occasionally experienced whatever mode of operation is adopted. Mr. Treves in his operation, instead of waiting and checking the hæmorrhage after each successive snip of the scissors either by firm pressure, or, in cases where this does not suffice, by torsion or by ligature (which is one of the important points in the operation, and one on which great stress is laid both by Mr.

Whitehead and Mr. Lund in their respective papers), proceeded to divide both lingual arteries (again violating the principle of the operation, for Mr. Whitehead particularly directs to secure each vessel as divided). Can it, then, be wondered at that the hæmorrhage was "terrific," when the two linguals were pumping at once, when blood was flowing "very vigorously" from the cut surface of the floor of the mouth, and when the patient was probably struggling, for he had "a little recovered from the anæsthetic"? Then, again, the condition of the patient's vessels was surely very abnormal, for Mr. Treves says, "The floor of the mouth, and indeed the under surface of the tongue itself, were free from implication in the disease"; the incision therefore would be carried through healthy tissue, yet "the brittleness of the lingual arteries and the softness of the structures adjacent to them were remarkable; the condition of these parts served to render torsion utterly out of the question, and the ordinary ligature almost impossible." No doubt similar trouble in securing the brittle vessels would have been incurred in an operation on any other part of the body in the same patient—e.g., an amputation of the leg.

On these grounds therefore—(1) the mode in which the operation was performed (entirely at variance with the Whitehead method, except that it was performed with a pair of scissors); (2) the abnormal and very peculiar condition of the patient's vessels—I think that Mr. Treves' case can hardly be taken as a fair test of the operation, and I feel sure that if he will only give it another trial, following more closely the directions Mr. Whitehead has given, he will very quickly alter his present opinion as to the facilities offered in "removal of the tongue by the Whitehead method."

I am, Sir, your obedient servant,

FRED. A. SOUTHAM, F.R.C.S.,

Assistant-Surgeon to the Manchester Royal Infirmary.
Manchester, April 22nd, 1882.

P.S.—I should have liked Mr. Treves to have been present at our hospital this morning, when the entire tongue was removed by Mr. Whitehead according to his usual method. The operation, in which I assisted, was concluded within a space of two minutes, very little blood, certainly less than half an ounce, being lost by the patient; the two linguals, the only vessels requiring torsion, were secured without the slightest trouble.

THE TEACHING OF ANATOMY AND MR. COOPER FORSTER'S RESOLUTION.

To the Editor of THE LANCET.

SIR,—From a statement in your journal of the 22nd inst., I learn that a proposal will be brought before the Council of the Royal College of Surgeons of England to reduce the lectures on anatomy to one course. This seems to me so disastrous and retrograde a step, that I must ask you to publish my protest against its adoption. The impossibility of giving a complete course in one winter session, and the difficulty of lecturing at the same time to junior and senior students, have so forcibly impressed me, that for many years past I have pursued the following plan. I lecture to my junior students, in their first year, on the bones, joints, viscera, &c., whilst in their second year they are compelled to attend a complete and systematic course of topographical anatomy. In this manner, avoiding the necessity to the students of attending the same lecture and listening to the same words a second time, I have been enabled to lay before them and urge on their attention a thorough scheme of human anatomy. This necessarily entails an increased amount of work on my part, but I have been rewarded by marking the diligence and attention of my listeners. I had also thought that it was a system to be commended in the interest of medical education, and I had looked forward to similar changes taking place in the teaching of other medical subjects. You will therefore easily understand why I regard with great regret and some alarm the resolution of my friend Mr. Cooper Forster.

His suggestion of an advanced course of lectures on applied anatomy—medical and surgical—is very valuable, provided that this does not supplant a previous thorough teaching of the science.

I am, Sir, yours very faithfully,

JOHN CURNOW,

Professor of Anatomy in King's College.
George-street, Hanover-square, W., April 25th.