

and on the face. He had had no vomiting, no pain in the back, and only slight anorexia and pyrexia. Whatever it was, I decided to watch and isolate him as best I could in the steerage, with carbolised sheets. A small wooden structure on deck was already full with cases of measles, and in winter one cannot use boats for isolation. On arrival, the ship was detained by the quarantine authorities, experts from the city were consulted, who discussed and differed, and after four days we were allowed to proceed up the river. The man was placed in a fever hospital, and the immigrants vaccinated by me had permission to land. The others, who all had recent vaccination certificates, were sentenced, poor healthy souls, to fourteen days' imprisonment. No small-pox occurred subsequently. During another voyage there was a case of chicken-pox about which I had no doubt at all. A child developed rosy papules, which rapidly became globular, gradually enlarging, unicellular vesicles surrounded by pink-areolæ fresh crops following the first. We passed quarantine, but on docking a health officer came on board. He saw the case in the stage most difficult to diagnose—when the vesicles were dried up and scabbing—and unhesitatingly pronounced it to be small-pox. I handed him my medical log. He only smiled pragmatically and pointed to the eruption. Luckily for us, though, a senior medical man judged the case, with a verdict for varicella.

I am, Sirs, yours faithfully,
Brighton, Jan. 17th, 1894. J. E. S. BARNETT.

"HÆMORRHAGE FOLLOWING TONSILLO- TOMY: ITS CAUSES AND APPROPRIATE TREATMENT."

To the Editors of THE LANCET.

SIRS,—Mr. Philip De Santi, in his able and interesting article under the above heading in the last issue of *THE LANCET*, refers to my experience, but he does not quite represent it in the statement that I have "had only two slight accidents." The following are the words given in the last three editions of my book: "Regarding the question of hæmorrhage, I can but say that it has been most rare in my experience, and I have only seen and known of three cases in my own practice and that of my colleagues during a period of nearly twenty [now twenty-eight] years in which the bleeding has been serious, and only one in which it was at all alarming." Two of the cases occurred more than twenty years ago, when I was associated with the late Sir Morell Mackenzie. In one case, that of a young boy, irritation from a crumb of toast eaten against orders necessitated my remaining with him for forty-eight hours. The bleeding, which was of the character of persistent oozing, was arrested by styptics and pressure, and no large vessel required to be tied. The second was that of a domestic servant, in whom bleeding occurred on the third day after the operation, while she was kneeling and cleaning door-steps. The third, of rather later date, was that of a young man about twenty years of age, in which the tannic and gallic acid solution having failed to arrest the hæmorrhage, "styptic colloid," with pressure, was successful. As a result of these events I have for many years consistently and by printed directions insisted in private as well as in hospital practice on the greatest care being observed with regard to both dietary and exercise. I am well within the mark in stating that in the last twenty-eight years my individual practice, combined with that of my colleagues, would represent an intimate knowledge of 20,000 cases of tonsillotomy, and I have yet to see one with serious results after operation with the tonsillotome where these precautions have been conscientiously observed.

I am, Sirs, yours faithfully,
Mansfield-street, Portland-place, W., Jan. 12th, 1894. LENNOX BROWNE.

"ERYTHEMA NODOSUM IN THE MALE ADULT."

To the Editors of THE LANCET.

SIRS,—I had a somewhat similar case, some nine months ago, to that which Surgeon-Lieutenant J. G. M'Naught records in the last issue of *THE LANCET*. A coachman aged thirty-five years complained of pains all over him and of feeling cold: his temperature was 101° F. at first; he had slight bronchial catarrh. The patient looked cold and miserable; he did

not want to leave off his work if possible, so he was treated for his cough; but the pains became worse in the course of a day or so, and he was sent to bed and attended daily. He was put on salicylate of soda, his pains having become more rheumatic in nature, but no swelling of the joints was visible and no tenderness of the joints or pain on movement. When in bed he sweated a great deal; his temperature varied for a week between 99° and 101°. At the end of a week he got up feeling better. After being about for a day he showed me his shins, which presented very numerous patches of erythema nodosum; there had been no signs of it while he was in bed. Some of the patches were from an inch to an inch and a half in diameter, very much raised, very red and livid-looking, nodular, and excessively tender; the patches faded gradually into the surrounding tissue. His legs gave him a great deal of pain; they were treated with red lotion and rest; he was unable to walk without limping. He had a remarkably good family and personal history, except that off and on he had suffered very severely with sciatica; he was naturally of a cheerful disposition and so unaccustomed to be ill that he was quite depressed by this illness, and if I had not known his usual cheerful manner I should have called him neurotic. He was married and had strong healthy children. My excuse for sending this notice of the case is that (as Surgeon-Lieutenant M'Naught says) they are mentioned in the textbooks as being of very rare occurrence in the male adult.

I am, Sirs, yours faithfully,
ALWORTH MEREWETHER, M R C.S. Eng., L R.C.P. Lond.
The Terrace, Barnes, S.W.

"CHLOROFORM IN NASAL GROWTHS."

To the Editors of THE LANCET.

SIRS,—In *THE LANCET* of Jan. 6th there is a letter from Dr. Holloway practically advocating the discontinuance of the use of chloroform as an anæsthetic in nasal surgery. He instances the fact that Mr. Lennox Browne, Dr. Dundas Grant, and Mr. Wyatt Wingrave operate with gas as the anæsthetic. Does Dr. Holloway mean that these gentlemen use this anæsthetic for all their hospital as well as their private cases? If this is not the fact I think it should be clearly stated, for no fair comparison can be made if hospital cases are excluded from gas and included in chloroform. My experience leads me to believe that the latter anæsthetic is an extremely safe one for children, and that for the removal of post-nasal growths, especially when, as is so frequently the case, they are accompanied by enlarged tonsils, it is the best. The position of an operator using gas as the anæsthetic, when he sees the stump of a recently amputated tonsil spurting blood, cannot be very pleasant; but, apart from this danger, I do not believe that there is sufficient time given by this anæsthetic for the thorough performance of the operation, and thoroughness is absolutely necessary. Dr. Holloway seems to be under the impression that this operation is in danger of being lost because of a very occasional death under chloroform. At the London Throat Hospital chloroform has been used for seven years, with very few exceptions, by itself as the anæsthetic in the removal of these growths as well as in other operations, and there has only been one death. I doubt whether any institution can give a better record than this. The removal of these growths is generally spoken of as a slight operation, and to ordinary individuals this term applies not to the operation only, but to the cause as well. Now this cannot be too clearly and emphatically protested against. To allow a child to grow up without the power of breathing through its nose—the passage which nature has provided for the proper filtration and warming of the air before it is brought in contact with such a delicate organ as the larynx—is cruel in the extreme when the cause of the mouth breathing is known, and I do not believe that English parents would refuse to allow a medical man they trusted to remove the cause because he wished to use chloroform as the anæsthetic. As to giving the operation up entirely, one has only to look at the countenances of the victims, not to speak of their general physique, for an answer.

I am, Sirs, your obedient servant,
GRIFFITH CHARLES WILKIN.
Weymouth-street, W., Jan. 9th, 1894.

To the Editors of THE LANCET.

SIRS,—I have the misfortune to be one of the operators in whose practice a death recently occurred during the administration of chloroform for the removal of post-nasal adenoids.