

gen being largely evolved, he concluded there was a fermentation peculiar to the gastro-intestinal canal. From long experience and observation the author thought deficiency of gastric juice seldom was the cause of dyspepsia, seeing that in many cases of wasting diseases, and even in the last hours of life, there seemed sufficient for digestion. In these cases the fault appeared to lie in the impaired peristaltic action of the stomach; the food lying quiescent, and the gastric juice consequently unable to act on it in a reasonable time, fermentation and gaseous distension of the flabby organ resulted. Strychnia acts well in these cases. In many cases of flatulence the power of expelling gases is lost, owing to temporary paralysis from over-distension, putting great stress on muscular coats of stomach and intestines. Charcoal, as a gaseous absorbent, is valuable in these cases, but the dose, to be effective, must be large, and, perhaps, produce constipation, or possibly obstruction. The author recommended vegetable ivory charcoal in hermetically sealed gelatine capsules, which he some years ago introduced to the profession, and has found in practice to possess great gas-absorbing powers.

Correspondence.

"Audi alteram partem."

"ACTING AND CONSULTING SURGEONS."

To the Editor of THE LANCET.

SIR,—As one of the consulting surgeons of Peterborough Infirmary, allow me to thank you for the expression of your opinion in last week's issue that "a more agreeable division of labour and responsibility certainly seems not only reasonable but desirable;" and with your permission I will mention a few facts connected with the management of the infirmary.

Peterborough is a large working town, of about 20,000 inhabitants. It is a great railway centre (four lines meeting here), and there are railway factories and workshops employing altogether several thousand men. As might be imagined, serious accidents at the railway works and on the line are, by no means, uncommon; and, considering the size of the town, there is a large amount of surgery required.

There is only one hospital or like institution in the town, which receives patients also from a large surrounding district. The hospital, greatly to the detriment of all the medical practitioners of the town, except one, is a surgical monopoly. There is only one acting surgeon, who performs all the operations, and attends, as far as he is able, to all the surgical patients, leaving those whom he is unable to see to the care of the house-surgeon. Three surgeons are also appointed, who are nominally called "consulting surgeons," but whose sole office is to assist the acting surgeon in his operations by holding flaps, attending to instruments, and other minor details, but who have no share whatever in the performance of the operations, nor in the subsequent treatment of the patients. At the large out-patient department, where a considerable number of patients are seen twice a week, the acting surgeon and the house-surgeon attend to the patients between them, and the other surgeons connected with the infirmary have nothing whatever to do with these cases.

Naturally, this unfair state of things leads to great discontent amongst the profession, and a few years ago the older surgeons resigned in a body, being dissatisfied at the position they occupied.

The institution not only injures the private practice of the other practitioners, by admitting patients often very well able to pay for advice, but, by giving all the operating to one man, leads the public to suppose that he only can operate, and that the other surgeons are capable of simply acting as his assistants.

One of the consulting surgeons (Dr. Thomson) is surgeon to the Great Northern Railway, and has under his care several hundreds of railway workmen. Amongst these accidents are frequently happening, and it is a great injustice to him that, if one of these is removed to the infirmary to which he is attached, he is not allowed to have the care and management of the case.

The consulting surgeons, thus having the opportunity of performing operations taken almost entirely out of their hands, must resort to one of two expedients—viz., either to withdraw from purely surgical practice, and allow all important operations in the town and neighbourhood to be done by one surgeon, who, like themselves, is actively engaged in general private practice; or attend upon the practice of that surgeon as his assistants in order "to keep their hands in."

The injustice of this arrangement will at once be apparent to all; and, in my opinion, the thanks of the profession at Peterborough are due to you for drawing attention to a matter which, in your own words, "has been for some years a source of annoyance to the consulting surgeons and other practitioners in the city, and to some of the patients of the institution."

I am Sir, yours truly,

LEONARD CANE, M.D. & B.S. (Lond.)

Minster Precincts, Peterborough, Feb. 12th, 1877.

THE CHILDREN'S HOSPITAL, PENDLEBURY.

To the Editor of THE LANCET.

SIR,—I read Mr. Steinthal's letter with very great surprise. From the amount of feeling which he manifested on the occasion of my interview with him, during which our conversation had almost exclusive reference to the charge in question, it is, I am sure, quite unnecessary for him to refer to any minutes to refresh his memory on the subject.

On the day succeeding that on which the result of the October meeting of the committee became known to me I called upon Mr. Steinthal and had a private interview with him. I expressed my surprise at the action of the Board, and stated that I should not have accepted the appointment had I supposed it to be of so temporary a character, and that such action towards me might seriously affect my future professional career, and required grave justification, whereas I was ignorant of any grounds whatever for it. Mr. Steinthal then said that he did not wish to keep the matter a secret from me, and proceeded to give me the details of a case in which I had been accused by Dr. Borchardt of gross neglect in having allowed a child suffering from a painful disease to remain unrelieved for many hours ("writhing in agony for hours" were the words used). Mr. Steinthal related this with strong feeling, and concluded by saying, with marked emphasis, that the Board felt that anyone who could act in such a manner was quite unsuitable to occupy the office of assistant physician to the hospital. I then told him that the statement was entirely false, and that anyone who knew me personally could testify that I was the last person in the world to be guilty of cruelty. He answered that he had known Dr. Borchardt intimately for many years and would receive his statement in preference to mine. I said that I at least had a right to have a hearing before the Board, and that I should apply for one, and he acknowledged my right in this respect. I asked if any other charge had been made, and he answered "No."

It was quite evident to me, from this interview, that whatever representations may have since been made to him, Mr. Steinthal at that time identified the action of the Board solely with this charge, and the profession will be able to judge in what an unworthy and disingenuous manner (not to use stronger terms) it is now endeavoured, no doubt at whose instigation, to keep this entirely out of sight.

I will conclude by asking Mr. Steinthal to be good enough to answer two questions, without ambiguity or circumlocution.

(1) Was a case of the above description mentioned to him at all by Dr. Borchardt, either in or out of Committee?

(2) Did a conversation of the above nature, in its essential features, take place between him and myself?

I am, Sir, yours obediently,

CHARLES A. RAYNE, M.B. LOND.

Eccles, Feb. 13th, 1877.

To the Editor of THE LANCET.

SIR,—With reference to the letter of Mr. Steinthal in your issue of the 10th inst., I am able to state that Dr. Rayne narrated to me the conversation between himself

and Mr. Steinthal within a few days of its occurrence; that his version of it in your columns of the 3rd inst. is the same as what he then gave me, and that he also at the same time entered into particulars of the case in which he was said to have shown neglect.

As I consider Dr. Rayne to have been unfairly treated by the Committee of the Children's Hospital, I have pleasure in complying with his request to make this statement.

I am Sir, yours, &c.,

JAS. HARDIE, M.D.,

Manchester, Feb. 13, 1877. Assistant-Surgeon to the Royal Infirmary.

To the Editor of THE LANCET.

SIR,—In reference to the above subject, I beg to say that Dr. Rayne spoke to me of his interview with Mr. Steinthal on the evening of the day on which it occurred, telling me that he had learnt from that gentleman that Dr. Borchardt had accused him of neglecting a patient, and giving me the particulars. A few days later I saw Mr. Stienthal, and in conversation with him that statement was confirmed.

I am, Sir, yours truly,

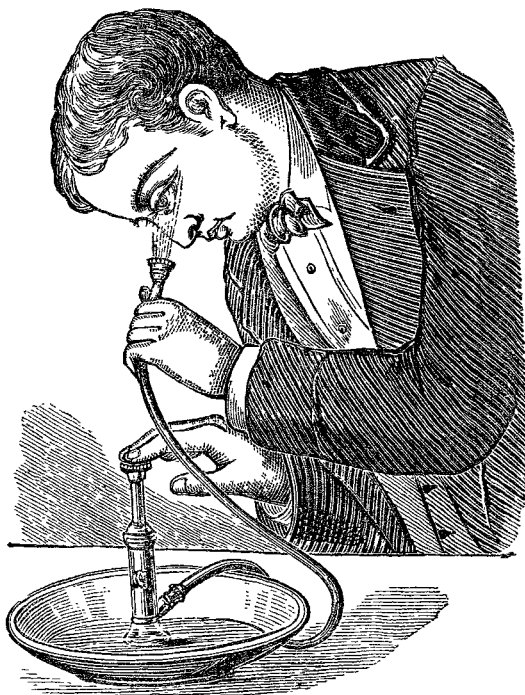
Manchester, Feb. 12, 1877.

ARCHD. WINTERBOTTOM.

A NEW EYE DOUCHE.

To the Editor of THE LANCET.

SIR,—Several patients to whom I have recommended the use of an eye-douche having complained to me of the unsatisfactory working of the instruments which they obtained, I applied some months ago to Messrs. Arnold and



NOTE.—The engraver has made a mistake in the diagram; the eye should have been represented closed instead of open.

Sons, of West Smithfield, to provide me with a better. They have made for me a new eye-douche acting upon the principle of their "simple enema" syringe, as shown in above engraving. It has worked extremely well in my hands at repeated trials, and it seems little likely to get out of order. I beg leave therefore to bring it before the notice of the profession, and to recommend it as a well-made and useful instrument.

Yours obediently,

PRIESTLEY SMITH,

Ophthalmic Surgeon to the Queen's Hospital, Birmingham.

DR. CAIRD, Principal of Glasgow University, has, says the *Scotsman*, received intimation of a munificent gift by a city engineer for the building of a common hall at the University. The estimates for the proposed addition to the college not having been adjusted, the exact amount of the donation has not been fixed, but it is believed that it will exceed £30,000.

Obituary.

SIR WILLIAM FERGUSSON, BART., F.R.S.

WILLIAM FERGUSSON was born at Preston-Pans in Scotland in 1808, his birthday being March 20th. He received the rudiments of his general education at Lochmaben, and subsequently was removed to the High School at Edinburgh, where he completed that education. At one time he was intended for the study of the law, but circumstances led him to the career of medicine and surgery, and he commenced his special studies in Edinburgh. He was at an early age fond of mechanics, and a circumstance connected with this peculiar knowledge, and which was narrated to the writer by the late Dr. Knox, materially influenced his future career. At this time Knox, who was, perhaps, the most celebrated teacher of anatomy in Europe, and who numbered young Fergusson among his pupils, was struck by the ability displayed in the construction of a piece of mechanism, and he determined to avail himself of the services of his clever pupil. In due course Fergusson became demonstrator to Knox. How beautifully Fergusson at that time could dissect is well seen by a specimen showing the arteries of the foot, and which we believe is now in the Edinburgh museum. Knox became very proud of his pupil, and infused into Fergusson the same ardour and energy which animated himself in the pursuit of anatomy, and marked out for him a bright career as a surgeon. Knox lived long enough to see these bright anticipations entirely fulfilled, and, although his own career terminated in gloom and disappointment, he always referred with pleasure to his former connexion with Fergusson, while the latter evinced towards his old teacher the utmost respect and gratitude, and was ever willing to assist him when, at the last, health and means were failing him. Fergusson now betook himself in reality to the study and practice of surgery. He obtained the Fellowship of the Edinburgh College of Surgeons, became attached to the dispensary, and subsequently was elected one of the surgeons to the Royal Infirmary, and there he soon showed the qualities he possessed, especially in reference to the operative department. Success was crowning his efforts in the northern capital when the turning point of his career occurred by his appointment to the Chair of Surgery in King's College and to the Surgeoncy of King's College Hospital, which events took place in 1840. The school of King's College was at that early period of its existence gaining a great reputation. Watson, Green, Robert Fergusson, Todd, and Partridge, in their several positions as teachers, had been the means of attracting large numbers of pupils to the medical school, and when the dismal old workhouse of St. Clement Danes was turned into a hospital, and Fergusson was appointed as its surgical head, it soon became apparent that great deeds would be accomplished there. Imbued with the spirit which had animated Liston and Syme in inaugurating quite a new era in surgery, he followed closely in their path, rendered himself conspicuous by the brilliant manner in which he performed the most difficult and unusual operations, and at the same time simplified his art by strongly leaning towards what he himself was pleased to call "conservative," but which perhaps might better be termed "preservative" surgery. At that period of time the operation of excision of the elbow-joint had hardly become generally established, notwithstanding the powerful example of Syme. Fergusson, however, was one of the first to practise it on a large scale, and did much towards showing the value and truth of the teaching and example of Syme. His operation, too, on the upper jaw caused at this time a great sensation, and the reception into surgery of this important