

Correspondence.

"Audi alteram partem."

OVARİOTOMY 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 FERGUSON.

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 cedema 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. Ferguson, 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.

ment of fever cases in the general wards, and separation of them into distinct wards, allowing that on this subject the opinions of competent authorities differ. But I think there can be no question in the mind of anyone who has really studied the matter, that if fever is to be treated in distinct wards, such wards should be, if not in a different building, at any rate completely detached from the general hospital; that there should be no access from one part to the other unless by a door, of which the medical officer should keep the key, and always turn it on going out and coming in; and after coming from the fever hospital he should be forbidden to go into the general hospital for a certain time. But a much more satisfactory plan, if there are special fever wards, is to have them in a separate building, and, I should be disposed to add, served by a separate staff both of nurses and medical officers.

The discrepancy, then, between our Report and that of the committee to which you refer did not proceed from negligence or ignorance of the facts on our part, but is a case of difference of opinion. I am quite ready to allow that the opinion of the local committee, who have such far superior opportunities of investigating the details, is probably the correct one; yet it would have been satisfactory to have been assured that they had duly considered the effect of the arrangements to which I have referred.

Allow me to add a few more words about another of the opinions cited in your paper of the 3rd inst., which I find has been somewhat misunderstood. You quote us, quite correctly, as saying that "allowing that each ward is healthy, and that say 30 patients can be safely placed in the same ward, we see no reason to doubt that it is just as safe to put 100 wards together, and accommodate 3000 patients in the same hospital." We are not here recommending the construction of such vast establishments. We do not mean to deny that it would be difficult to construct a building which could contain 100 wards of this size, all of which should be well ventilated; that when constructed, so large an establishment would be very difficult of management and superintendence; that it would be too large for the purposes of a medical school, and beyond the wants of any urban population. But there are many exigencies of military service in which it might be most desirable to establish one very large hospital in place of several small ones; and in such cases we say that all present experience tends to show that the essential question in hospital salubrity is, whether each ward is well ventilated, and, above all, not overcrowded, particularly with infectious cases. Take this very example of Dundee, and compare it with those of our metropolitan hospitals. In the latter, all cases of fever are freely received, but attention is paid to this point—that they are never accumulated in any one ward in such numbers as to make that ward unsafe for the treatment of other cases. This plan has been pursued for centuries, as far as I know, at St. Bartholomew's, and certainly for upwards of a century at most of our large London hospitals. No deaths of three or four house-surgeons in succession, no great disasters to the patients, are ever heard of, unless the caution as to accumulation of cases is neglected. Then, as happened at St. Bartholomew's some years ago, when a great number of cases of typhus were put together into a single ward, the case comes to resemble that of Dundee, and the same results follow. In the instance I am referring to at St. Bartholomew's, typhus began to spread in the building, and it was thought necessary for a time to refuse admittance to the disease. But if there are no single wards in which it is dangerous to treat ordinary cases, it seems to us, from what evidence we could find, that there is no sanitary risk in any possible aggregation of wards. If there are such dangerous, or let us call them infectious, wards, infection is pretty sure to be carried to other parts of the building. This your reviewer seems to regard as incompatible with our assertion that if the building is well ventilated there is no evidence that any interchange of atmosphere takes place between the wards. But the eccentric way in which cases break out in the building, and the fact that it is always the nurses and house-surgeons who seem first affected, render it, to say the least, equally probable that the infection is conveyed by fomites. I could hardly have overlooked the sad case of Dundee; for when I went there the house-surgeon, a man well known over all that part of Scotland for his zeal and promise, was lying dead, and his successor, who showed me over the hospital, was struck down and died a few weeks afterwards. But surely, in the case of these poor young men, it is hardly necessary to suggest that infection was carried down long corridors and up two pair of stairs to their dwelling-rooms, when perhaps half their working day had been spent in the fever wards. The more this question is discussed, the more clear I believe it will

become that in no general hospital should there be any ward in which general cases cannot safely be treated. Whether fevers should be treated in detached buildings or no is a very difficult question, but it is one, I think, of subordinate importance, provided it be understood that no hospital should exist without provision for the treatment of all cases, infectious or otherwise. It is the scandal and reproach of our English hospital system that this, instead of being the universal rule (as it is in Scotland), is the rare exception at our provincial infirmaries.

I am, Sir, yours &c.,

Queen-street, Mayfair, Dec. 7th, 1864. T. HOLMES, M. A. Cantab.

DR. MURCHISON AND DR. BUDD ON FEVER FROM SEWAGE POISON.

To the Editor of THE LANCET.

SIR,—Dr. William Budd, of Bristol, has recently called my attention to the omission of a single word from a quotation in my work on "Fevers," published in 1862, which, in his opinion, materially alters the meaning that he intended to convey, and which I beg that you will give me an opportunity of at once correcting. The quotation is from a paper of Dr. Budd's in THE LANCET for October 29th, 1859 (p. 432), and occurs in a footnote at page 449 of my work. The footnote has reference to the following passage in the text of my book:

"On the other hand, Dr. Budd records three instances, from which he argues that sewers merely transmit the poison, in consequence of receiving the excreta of a diseased intestine. In all of these instances, the fever evidently arose from air or water tainted with sewage; but it is not shown that the sewage in any of the cases had first become contaminated with the excreta of a person suffering from enteric fever. The necessary link in the evidence, viz., the introduction of the poison, is wanting." (Murchison on Fevers, 1862, pp. 448, 449.)

Two of the three instances referred to occurred at Abbotsham-place and Richmond-terrace, Clifton. The footnote relates to the outbreak in Abbotsham-place, and is as follows:—

"In one of the instances, it is stated, that a few days before the water of a certain well was discovered to be contaminated with sewage, there was a single case of fever in an adjoining house. But it is not shown that this patient contracted the disease elsewhere than in the house in question, or that diarrhoea had occurred before the patient in the next house began to be ill. Dr. Budd remarks:—'Whether or not this case was the source of the specific poison, from which the others sprang, we need not inquire.' It appears to me, that he has omitted to place the key stone in the arch of his argument." (Murchison on Fevers, 1862, p. 449, footnote.)

The original, from which the quotation is taken, runs thus:—

"Whether or not this case was the source of the specific poison, from which the others sprang, we need not now inquire." (Budd, THE LANCET, Oct. 29, 1859, p. 432.)

I was not aware of the omission of the monosyllabic word "now" before "inquire," until Dr. Budd wrote to me about it. The omission was purely accidental, and I regret its occurrence.

Dr. Budd has also informed me that he cited the outbreak at Abbotsham-place merely as evidence that intestinal fever may be caused by a poison which sometimes exists in sewage, and not to show that the poison in the sewage was derived from the stools of an infected person. He, therefore, objects that the two sentences which, in his paper, immediately follow the word "inquire," are not included in my quotation, on the ground that they would have rendered the commentary in my footnote impossible. The two sentences are as follows:—

"All that I have now in view is to cite evidence to show that intestinal fever may be actually caused by a poison which sometimes exists in sewage. For this the facts that follow are pretty decisive."

I append another passage from a subsequent part of the same paper by Dr. Budd, to which, and not to the two sentences above quoted, the comments, both in the text and footnote of my work, refer:—

"The facts with which my last communication closed are conclusive as to the point to which they relate.

"There are few things in the history of disease so sure as the fact that, under circumstances which are of no uncommon occurrence, the excreta which the sewer receives from the human intestine may become the cause of intestinal fever. The