

was made, the board came to the conclusion that if he was not satisfied, he was to resign the situation. But certainly the three cases in question were different from others which had been brought before them, and for them he thought the medical officer deserved some little extra remuneration.

Mr. GEORGE HAIGH thought it was their duty to see if the medical officer's statements were correct, and if such was the case, there was no doubt but he was entitled to some remuneration. He thought they ought to listen to the justice of such cases, and not say respecting an old servant as some had said that morning, "Let him resign." They ought to let him be remunerated according to his services. If the medical officer had treated the cases the length of time stated in his letter, it was their duty to listen to his application. Economy was very well and very proper, but he thought it ill became them to let a man work so hard without paying him for it.

The CHAIRMAN said allusion was made in the medical officer's letter to the increase of the population of the borough. Now the out-townships had increased in proportion, and no other medical officer had applied for an increase of salary.

Mr. ECKERSLEY said there was something more than getting a man to do a thing for a certain sum. It was his opinion that if the medical officer were to resign, they could get some person to fill his office for £30 per annum, but how would the office be filled? The present medical officer had had an average of 600 or 700 cases per year, and when he had deducted from his salary the cost of the medicine, it would be very small. He thought if a man was not properly remunerated for an engagement of this description, the poor had to suffer for it. If the medical officer's salary were too little, not only the poor suffered for it, but the town suffered, if not directly, yet indirectly; and he thought therefore, the medical officer's case was worthy of their notice.

The CHAIRMAN said a committee had been formed, and if they talked the whole of the day, they could not do anything more in the matter."—*Halifax Guardian*, July 12, 1851.

"REMUNERATION OF THE MEDICAL OFFICERS."

Mr. DEARDEN, one of a committee appointed at the last meeting to investigate three medical cases then brought under the notice of the board, read their report. These cases had been attended by Mr. F. S. Garlick, one of the surgeons of the union, for a considerable period, during which time he had not only supplied the patients with a very great amount of medicine, but had expended money on their behalf in leeches and on other necessities, for which he now applied for some extra remuneration. The report stated that the committee had investigated the three cases, and that they had great pleasure in informing the Board that the facts of the case were not in the least exaggerated in Mr. Garlick's letter. It referred especially to the case of a boy, who had been without the use of one arm for some years, and who was consequently unable to dress or undress himself, but who, some months ago, applied to Mr. Garlick. This gentleman had attended the boy ever since, and he was now able to use his arm, and was, consequently, no longer a burden to the union, but was enabled to work for his livelihood. The report concluded by the committee hoping that the cases would meet with the consideration and favourable attention of the board.

Mr. BROADBENT wished to know if the committee had any recommendation to make as to the sum with which the medical officer should be remunerated?

Mr. GREAME recollected some time ago the medical officer made a similar claim, and he was an advocate for that being paid, but the proposition was negatived. However, he really thought at the present time the medical officer did deserve something, and he would propose that the remuneration for the three cases should be £10.

Mr. BROADBENT seconded this proposition, which will have to meet with the consent of the poor-law commissioners before it can be granted.

Mr. SUGDEN said he only regretted, in visiting these cases, that the whole of the Board were not present to hear the statements made in favour of Mr. Garlick's treatment."—*Halifax Guardian*, July 26, 1851.

Copy of Reply from the Poor-Law Board.

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Poor-law Board,
London, 11th August, 1851.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 4th instant, forwarding a copy of a letter addressed by you to the guardians of the Halifax Union in June last, complaining of the inadequacy of your remuneration, representing the amount of your duty, and setting forth particularly the services rendered by you in the

cases of Betty Wilson, Sarah Spencer, John Blackburn, and John Barker.

The Board observe that, in addition to your salary, the guardians have voted you the sum of £10 10s. for your services in the three last-mentioned cases.

I am, Sir, your obedient servant,

COURTENAY, Secretary.

F. S. Garlick, Esq., Medical Officer,
5, Cheapside, Halifax.

Correspondence.

"Audi alteram partem."

ON AMPUTATION AT THE ANKLE-JOINT.

To the Editor of THE LANCET.

SIR,—Every one who loves the profession of surgery must take a delight in reading the well selected and well drawn-up cases which appear weekly in that part of your journal called "A Mirror of the Practice of Medicine and Surgery in the Hospitals of London," and I beg leave to bestow my mite of praise on the able author of them; still, whatever talent he may display, it is the lot of humanity to err, and therefore we must not be surprised if he, like the "good Homer," should sometimes nod. I am led to these remarks by a question which he propounds, at p. 81 of the present volume of THE LANCET, to the following effect:—"Will a patient (and especially one belonging to the labouring class) be able to walk better and more comfortably upon the stump made by Mr. Syme's operation, than he would if the leg had been taken off three or four inches above the ankle? According to all the facts which have hitherto been recorded, as well as those of which we are going to give some detail, it would appear that the amputation at the ankle-joint yields favourable results, and that the question may be answered in the affirmative."

On this question, and especially on the affirmation of the operation yielding favourable results, I would fain join issue with the holder of the "Mirror," feeling sure he will not deem this an attack either upon himself or upon anybody else, but solely an attempt to follow his own footsteps in the elicitation of truth, and the establishment of sound principles of surgery.

Let us then proceed to a brief examination of the four cases of amputation at the ankle-joint, as narrated in THE LANCET at the place above quoted.

In Case 1, we have the operation performed some time in the month of February, 1850; not truly at the ankle-joint, for about a quarter of an inch of both the tibia and fibula is also taken away; consequently the articulating surface, and, *pro tanto*, one source of irritation, is removed. Still, what are the results? Why, we have first erysipelas; that is to say, a manifestation that either the patient or the part lacks that amount of vitality which should be capable of setting up or of sustaining a healthy inflammatory action; for erysipelas consists in nothing more than a feeble attempt at inflammation, to which either the system or the part has not the power to set a boundary. After this ensues a sloughing of the centre of the posterior flap, a circumstance which might have been expected: the whole of the part is far removed from the centre of the circulation; the lower extremity is always the least vitally endowed, and the coldest of any part of the body; and the centre of the flap being the longest part, is the farthest part from even such languid circulation as is found in this part; a part composed of feebly endowed skin, of bone, and of tendon, the latter of which tissues notoriously possesses so little vital action that, in all cases of its being wounded, it is sure to slough. All this necessitates a second operation for the removal of another inch and a half of bone, which brings it pretty nearly into the category of operations over which the first is to stand in preference. Meanwhile, there is an abscess in the groin which refuses to heal. Why is this? Simply because there is little or no abatement in the irritation which originally caused this very abscess. Here, then, is a patient detained four months in an hospital, meeting with pretty well all the mishaps which can ensue upon an operation, and finally, dying within a twelvemonth, of phthisis. Should this operation have been performed? I think not, for if he showed signs of phthisis, there was already defective vitality enough, without operating in a less perfectly organized situation; if he merely possessed the tubercular cachexia, all this irritation was sufficient to determine the access of phthisis. I think he would have had a better chance of life, and a more useful limb, had he been the subject of an amputation three or four inches below the knee.

Case 2.—Here is a case in which Chopart's operation has been performed, to all appearance unsuccessfully, for in less than four months afterwards this amputation at the ankle-joint takes place. Chopart's operation, though objectionable on account of the deal of tendinous structure involved, is not so much so as that at the ankle-joint or in its vicinity, because there is much muscular substance to form the flap, and there is plenty of vascular supply for the reparative and healing processes; while at the ankle we have little more, comparatively speaking, than the main vessels which carry the blood to the foot. This second operation is followed by a good deal of constitutional disturbance, (does this mean a threatening of erysipelas?) and about half the posterior flap sloughs. However, the patient is discharged after being about three months in the hospital; but in less than two months after this he is re-admitted, for the wound has in reality never healed, though it is now four months and a half since the operation took place; besides, the anterior edge of the lower end of the tibia is so badly covered, that it threatens to protrude on the slightest pressure, and he had not put the stump to the ground since leaving the hospital. We have, therefore, a third operation, to take away further portions of the bone, and so to remove the articulating surface, and in about two months more he is discharged with a stump very languid, of a bluish-purple colour, (showing deficient circulation,) tender, and susceptible to the changes of weather. So that this patient was six months in the hospital, and turned out with a troublesome stump; while, with the operation suggested for the last case, he might have been relieved from suffering, with about six weeks' residence in the hospital, at most.

In Case 3, we find a more favourable subject. She is only eleven years of age; she is consequently growing. Growth, nutrition, and reparation, are only different names for what is essentially the same process; so that here we did not require an action of reparation to be set up after the operation, for it had already begun, and was going on before she came into the surgeon's hands. But even in such a subject the comparative vitality of different parts exists just as well as in the adult, so that we find suppuration in the sheaths of the tendons, which we may readily suppose to depend upon sloughing of these tendons; and besides this, there is erysipelas. She, however, leaves the hospital in seven weeks—rather a long confinement for a young and growing person.

The fourth case presents a man in the vigour of life, thirty years of age, a smith, and therefore likely to be robust. This operation cannot be precisely called one at the ankle-joint, for the articulating surfaces of the tibia and fibula are taken away. The man goes on pretty well, though of course with a languid stump, till the sixth day, when we have, as a consequence of irritation and suppuration, set up in a part which has not sufficient vitality to fight against them, with probably sloughing of tendons, the declaration of deposit of pus in a vital organ—the lungs: he coughs up foetid pus; an abscess forms at the inner side of the stump, and this burrows up about two inches. Then comes a second operation for the removal of more bone, whether with the saw or the pliers—it matters little—we are not informed; but in five weeks after the first operation the man dies.

Now, I will put the question to any candid inquirer, whether these four cases can be considered instances of successful operation? We have probably sloughing in all the four, erysipelas in three, and certainly death in two; and however convenient it may be to lay this latter circumstance upon some other cause than the operation, neither admitting it to be predisposing nor exciting, still, death occurring within a short period, and certainly before all irritation has ceased, whether this be from the original or a secondary disease, or from the surgical operation, is a very ugly feature.

It would really seem as though it were in surgery as in worldly affairs, that no man is willing to profit by the experience of others, but that each would insist upon purchasing it for himself. Be it so, by all means, if agreeable, in worldly matters, because there each individual reaps but his own discomfort and defeat; but in professional cases it is different, for it is at the expense of the welfare and lives of others that he stores his mind. And let it be remembered, that in our failures we sacrifice that which to the individual is his all, his heaven and his earth, his whole existence, that against which the consideration of the whole creation is as nothing. If I appear to speak strongly upon this point, it is because I feel so. There was a recent attempt to revive this justly obsolete operation at another of our large metropolitan hospitals, and there also was sloughing of tendons and erysipelas, and other consequences, which any one pretending to a knowledge of

physiology and structural anatomy could not but foresee. Why, let me ask, should it be thought necessary to be continually bringing forward something new in our schools, when everything, however old it really may be, is new to those who enter the schools for the purpose of obtaining instruction? If there is a well established maxim in surgery, it is, that in all amputations we should endeavour to bury the end of the remaining bone as deeply as possible in the flesh, consistently with the due rigidity of the parts; and yet we have now surgeons who propose to cover the bone with nothing but tendon, which, by reason of its want of elasticity, it is almost impossible to prevent from protruding from the wound and skin, which, of all structures, is one of the most liable to shrink, and has almost the greatest difficulty of any in preserving an independent vitality. We are told by the operator in the cases above noticed, that "part of the flap invariably sloughs and that it is not quite ascertained whether the stumps ultimately form solid resting points." The former part of this statement is somewhat startling, for sloughing is a process extremely difficult, if not impossible, to control, and no one can say what amount of the flap it will destroy; hence the reason, as we have seen, why it was necessary to have recourse to second operations; nor could this, probably, have been avoided by making the flap smaller, for then it would not have been of sufficient size to cover the ends of the bones; at any rate, it seems strange that a surgeon should undertake an operation in which he should expect, as a necessary consequence, to have sloughing of the flap. The announcement of such a principle reminds me of an incident of which I was a witness, now some eighteen years ago, at the Middlesex Hospital. Mr. Herbert Mayo, in operating for fistula in ano, had passed a sharp-pointed, curved bistoury up the sinus, and a finger of the left hand up the rectum, but, in making his incision, he cut his own finger; when he had finished with the patient, he began to look to himself, but, turning to the class, he observed that in this operation it was necessary for the surgeon to wound his own finger, and that without this it could not be properly performed. This was of course met with the same good-natured smile, which I trust this narrative, should it come to his eye, will excite in himself, for it is told with no unkindly feeling by one who cheerfully acknowledges to have received much useful information from his instructions. In regard to the kind of stumps we may expect from this operation at the ankle-joint, and their usefulness as resting-points, I should have thought that, had we neither tradition nor record to guide us, a little reflection would have sufficed to convince us that they can only prove a source of pain, and discomfort, and embitterment of life to the unfortunate patient for the rest of his days, or, at any rate, as long as he preserves the limb in that state. Without claiming to be much stricken in years, I am old enough to remember as far back as the year of grace 1815; I remember that at that period, and for some time afterwards, there were to be seen, about the streets, numerous individuals, some on one, some on two wooden legs, with long stumps projecting behind, from amputations practised at the ankle; these were the results of "the pride, pomp, and circumstance of glorious war," conjoined with the equivocal surgery by which our fleets and armies were then visited. These unsightly and worse than useless projections gradually disappeared; in many cases, no doubt by the decease of the bearers of them; and it is not unlikely that frequently, in cases where there was a predisposition to disease, the catastrophe was accelerated by the constant irritation arising from a hard bone being covered with little more than a portion of the organ of touch, and that in a state of abnormal tension; so that without any interference an almost constant state of pain was kept up, while any amount of friction, or the receipt of the slightest blow, amounted to positive torture; and so much was this the case, that though in those days anaesthesia was unknown, our public and private surgeons were besieged by these persons, beseeching them, with earnest instances, to remove this incubus, which allowed them rest neither by day nor by night. I was a child at the period to which I allude, but if these circumstances have since come to my knowledge, it seems difficult to imagine that facts so patent should not also have reached the ears of these would-be revivers of this miserable operation.

Now, let us suppose a patient with such a stump as this, and a patient, or sufferer, he truly is; let us suppose him, I say, lying on his back with the stump uppermost, while one with a hammer of the weight of his body administers, with a slight impact, blows on the end of the stump, and we shall then form a pretty accurate conception of what sort of "resting-point" the stump will form, for the mere weight of the hammer will

be equal to the body resting on the stump, while the blow with impact will represent every step he takes.

I have entered at greater length on this subject than I had intended, though I can scarcely apologize for doing so. I should, from the deal I have seen, know something of surgery; but, be this as it may, it is but right, according to the excellent motto that you have adopted, that both sides should be heard, that some of your less experienced readers should be made acquainted with what may be urged against this proceeding. The talented writer of the "Mirror" concludes by saying that he has in reserve a fifth case, that "has not turned out favourably." I confess to considerable curiosity to see this last, for if those examined above are to be considered in any other light than unfavourable, the fifth act must be tragical indeed.

I trust, Sir, you will consider that my remarks are not misplaced, and I again disclaim any feeling against any one in particular, for it is against the operation solely that I animadvert, by whomsoever it may be performed; for though I would "nothing extenuate," neither have I "set down aught in malice." I have taken the reports as I found them in THE LANCET, endeavouring to use the identical words for my text, and am only sorry that I should feel it my duty to make such a comment.

I remain, Sir, faithfully yours,
New Cavendish-street, 1851. JOHN CHIPPENDALE.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION AND MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—As a reader of THE LANCET, will you allow me a remark in reference to some observations made by Dr. G. Webster in his published letter to Sir Charles Hastings on the *questio vexata* of medical reform.

I do not pretend to an entire acquaintance with the subject in all its bearings on the medical profession, but I must say it struck me that there was much inconsistency in the arguments he brings forward in regard to the proposed Pharmacy Bill.

He lays it down as an axiom that "self-government is the first law of society," and truly asks, "why should one body legislate for or govern another?" Now, sir, it is just on this principle that the pharmaceutical chemists of this country ask the right of legislating for themselves, and of determining the qualifications of their own members. If the principle be just in the one case, surely it must be in the other. Your correspondent, I think, has greatly misunderstood the object of that Bill. All who are acquainted with the curriculum of education pursued at the Pharmaceutical Society must be aware that it is calculated to raise the business of the chemist and druggist to that of a scientific occupation, by qualifying him for the duties which legitimately devolve upon him. The result of such a measure would be the advancement of science, and there is no probability, as your correspondent fears, that an association of educated pharmacutists would "degenerate into a College of General Practitioners of a very low grade, which would be detrimental to the public," but would rather aspire to that honourable position which, as a body, their continental brethren have attained.

I am, Sir, your obedient servant,
Manchester, Sept. 1851. J. ROBERTON.

TREATMENT OF ANEURISM BY COMPRESSION.

To the Editor of THE LANCET.

SIR,—May I request the favour of your inserting, for the information of such of your readers as have not ready access to the *New York Journal of Medicine*, the following abstract of two cases of Popliteal Aneurism treated (by Dr. Wood, of Bellevue Hospital) by compression, and published in the last number of that journal.

My reason for making this request is, that they furnish additional and powerful evidence of the superiority of this mode of treating external aneurism, over that by the ligature and knife, and must tend to strengthen the confidence of surgeons generally in this mode of cure, by showing that an equal degree of success attends it (when carefully and steadily maintained) in other places, as in the Hospitals of Dublin. I was much gratified, during a recent visit to London, by the disposition evinced by those surgeons whom I had the pleasure of meeting, to give compression a fair trial in the different metropolitan institutions; but I could not, at the same time, help observing, that some,

whilst admitting the success which had followed the employment of compression in Dublin, seemed to exhibit a want of confidence in it as practised elsewhere; and to express doubts as to the probability of its obtaining a favourable issue in their hands. In fact, their tenour seemed to be, as though, from the evidence in its favour, they considered it their duty to give their patients the chance of recovering by compression, still, that their own impression was, that in the majority of cases they would have to use the ligature at last.

I need hardly say that any line of treatment commenced under this prestige, is not likely to be as steadily and as perseveringly carried out, as one in which the surgeon feels confident of ultimate success; and as the cases in question will, I think, assist in producing this end, perhaps you will give them space in your columns.

The first case was that of an Irishman, aged thirty, affected with popliteal aneurism, the size of an orange, resulting from direct injury by a blow. Compression was constantly maintained, being alternated between an instrument placed on the thigh and pressure by the thumb upon the artery at the groin. Treatment was commenced January 23rd, and the disease cured the following morning; all pulsation having ceased by half-past three, or in eighteen hours from the time it was first begun. Subsequent recovery was unchecked; and the report, upon February the 20th, says, "the tumour is nearly absorbed, a vestige of it barely remaining."

The next is a man, aged thirty-three, who has suffered from syphilitic disease, and who has popliteal aneurism of the dimensions of a goose's egg. Similar treatment is adopted in every respect. Compression is begun at half-past nine in the morning, and continued throughout the day. By the same hour at night the aneurism is cured, the contents of the sac in ten hours being rendered solid and hard.

These facts, Sir, (so plainly and faithfully detailed by Dr. Wood,) must have their due effect upon unprejudiced minds. In conclusion, I would merely add, that the profession generally have but to select fitting cases, and steadily use appropriate means, and they will assuredly find compression to be attended by as happy results, and their practice crowned by a success equal to that which has rewarded the perseverance of the Dublin surgeons.

I am, Sir, your obedient servant,
JOLLIFFE TUFNELL.

WANT OF PUBLICITY TO THE PROCEEDINGS OF BOARDS OF GUARDIANS.

To the Editor of THE LANCET.

SIR,—No man more than myself will be ready to acknowledge the immense benefit which for nearly thirty years the profession has received from your exertions; and so watchful are you in public matters affecting our interests, that I fear I may be too hasty in calling your attention to a point of some importance, now under discussion in the daily journals. I allude to the "presence of reporters at the meetings of parochial boards of guardians."

Give us but the opportunity of being fairly represented to the public by a free and enlightened press, and, as with a touch of Ithuriel's spear, we will loosen the bonds which fetter us as a body, and force the guardians and poor-law commissioners, at the point of public opinion, to "do justly, walk humbly, and to show mercy."

"A clear stage and no favour," has been long (as it is yours) the motto of your old friend,

ARGUS,
A Poor-Law Officer of Twenty-seven Years' Standing.
London, Aug. 1851.

TREATMENT OF DIARRHŒA AND CHOLERA BY SULPHURIC ACID.

To the Editor of THE LANCET.

SIR,—I should be glad if you would give this insertion, to correct an error of which I am guilty in a note to my friend, Mr. Griffith, inserted in your journal of last week. I there stated that, in cholera, I give a scruple of the diluted sulphuric acid generally, for a dose, which would lead your readers a little astray. The diluted sulphuric acid I have used is stronger than that directed by the College; I always make it by specific gravity, and through some inadvertence believed it to be of the same strength. It would make the dose about twenty-five minims, instead of twenty, of the College, as I before stated.

I am, Sir, yours, truly,
Great George-street, Sept. 2, 1851. T. BUXTON.