

there was no tenderness, redness, or cedema of the skin, but he felt a little pain when he walked. The knee was painted with strong iodine liniment for a few days; no improvement followed. A plaster bandage worn for a few weeks caused the fluid to disappear, and with a leather splint he was soon able to work again in the fields, and quite recovered the use of his knee.

Neither of these patients was a "bleeder." Amongst several medical men with whom I have discussed these cases I may mention that Dr. Genth of Schwalbach tells me that he has met with cases apparently similar; he states that his occurred in nervous young men, and that he found, like myself, that blisters were useless, though the local treatment by baths was very beneficial. As regards pathology, synovitis of the knee-joint, requiring either severe injury or septic infection, seems to be excluded, also rheumatism from the monarthritic nature of these cases and struma from their general nature. The only feasible explanation seems to me to be that they are due to a tropho-neurotic change in the synovial membrane occurring in a debilitated subject from some obscure cause.—I am, Sirs, yours truly,

WALTER G. EARLE, M.R.C.S. Eng., L.R.C.P. Lond.

Tunbridge Wells.

* * We agree with our correspondent in thinking these two cases of interest, but we are inclined to look upon them as examples of a synovitis resulting from very slight traumatism in an unhealthy subject. In each case there was a great likelihood of a slight injury having occurred, and certainly such cases are by no means rare after tennis. The speedy cure which resulted from the use of splints is in favour of this diagnosis.—ED. L.

"ACUTE PEMPHIGUS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 13th, which I received to-day, I read a Clinical Note by Dr. Jón Jónsson on "Acute Pemphigus." It might be of interest to your readers to know that I have seen two cases of "acute generalised pemphigus," one in a young man, aged twenty-two years, in the year 1894, and the other in a boy aged thirteen years, in October last. The young man died on the fifth day. The boy lived, and was at the moment supposed to be out of danger, up to the eighteenth day, when he died very suddenly. The symptoms in both cases were exactly those described by Dr. Jónsson and Dr. Priestley. There were vesicles on the inside of the mouth (buccal mucous membrane), but no eczema.

I am, Sirs, yours truly,

F. G. CORBIN, M.D. McGill.

Chascomús, Argentine Republic, April 4th, 1897.

FRACTURES OF LONG BONES IN SCURVY-RICKETS.

To the Editors of THE LANCET.

SIRS,—At the meeting of the Medical Society of London held on April 11th I showed an infant suffering from multiple spontaneous (so-called) fractures of long bones, dependent, in my opinion, on scurvy-rickets. In your report of the proceedings¹ you mention that Mr. Morgan thought my diagnosis questionable on the ground that hæmorrhages and fractures in scurvy rickets were usually near the epiphyses and not, as in my case, in the centres of the shafts. As the President did not allow me to reply to Mr. Morgan's criticism at the time, may I venture to do so in your columns?

Central fractures of long bones may occur in addition to separation of epiphyses and hæmorrhages beneath the periosteum in the course of scurvy-rickets. I have Dr. G. A. Sutherland's permission to refer to one of his cases of scurvy, as yet unpublished, in which such conditions were diagnosed during life by him, and verified by myself post mortem. I did not see my own patient until several months had elapsed since the fractures had been produced, and at this time there were certainly no sub-periosteal effusions. Yet, from the history of swelling and bruising of the limbs, I have little doubt that hæmorrhages were present at first. Such hæmorrhages are very quickly absorbed. The point which needs further investigation is whether these central fractures are the cause or the consequence of the extravasations. Effusions

beneath the periosteum may lead to fragility of the bones by depriving them of their normal nutrition and support. On the other hand, the general tendency to hæmorrhage in scurvy may cause sub-periosteal extravasation at the time the fractures occur. Opinions on this point were not forthcoming when the case was shown. The time for discussion was limited, it is true; but if in a society like the Medical Society of London discussion of cases is invited at all, I think that answers to criticisms should be allowed. Otherwise the genuineness of cases exhibited must remain for ever doubtful and the value of facts observed may be impaired.

I am, Sirs, yours truly,

LEONARD G. GUTHRIE.

May 3rd, 1897.

"THE HOSPITAL REFORM ASSOCIATION: REPORT OF THE COMMITTEE APPOINTED TO INQUIRE INTO THE WORKING OF THE SPECIAL HOSPITALS OF LONDON."

To the Editors of THE LANCET.

SIRS,—THE LANCET of April 17th contains a letter signed by the secretary of the Central London Throat and Ear Hospital upon the shortness of our visit to his institution and stating that important matter supplied by him had been omitted in our report. In reporting upon forty-one institutions it was impossible to spend hours over each visit, as he suggests we should have done. In his case we called three times before finding him at home. In regard to the second point, if we had sent to press one-half of what the various secretaries would have liked said about their particular institutions no journal would have published the report on account of its length. Since publishing the report we have been informed by the secretary of the British Mental Hospital that the annual subscription to that hospital in 1895 was £292. We were unable to publish these figures at the time, as this institution has issued no report since 1894.

We are, Sirs, yours faithfully,

W. KNOWSLEY SIBLEY, M.D. Cantab.,

ERNEST SNAPE, M.D. Brux.

May 4th, 1897.

"THE QUESTION OF THE SECOND OVARY IN OVARIOTOMY."

To the Editors of THE LANCET.

SIRS,—The question raised by Mr. Clement Lucas as to the necessity for the removal of the second ovary in ovariectomy is a very important one. As one who has not operated extensively, but who, nevertheless, has seen a considerable amount of gynaecological work, I should feel obliged by your allowing me space to record my views, whatever value they may have. I have in the past, acting on the ordinarily accepted views of eminent gynaecologists, removed ovaries that in the light of my own experience since I would not think of removing now. I have in some cases removed both ovaries, while in others I have removed only one, being influenced, as Mr. Clement Lucas evidently is, by the particular circumstances of each case. I firmly believe there can be no fixed, defined, and inalienable rule in these cases. I remember years ago removing a cystic ovary from a young woman, unmarried, leaving the other, which was enlarged and tender. She made an excellent recovery, but when well enough to be discharged and get about she began to complain of symptoms pointing to the ovary which was left behind, and she was repeatedly sent to me to know if she had not another tumour coming and if it was not advisable to have another operation. I saw no reason for it and refused, and this young woman is now perfectly well. There were pain and tenderness, but I did not consider these sufficient to justify another operation. One cannot avoid the feeling that in this case the second ovary might have been removed had I been strongly impressed with the need for it at the time of operation. We might have had this case to swell the number of double removals, and the tender condition and enlargement would have been employed as arguments in justification.

I know of a case of cyst of the broad ligament which I was about to remove five years ago, but which, owing to the very alarming symptoms occasioned by the anæsthetic, I was obliged to desist from doing when just about to enucleate it. The operation was immediately stopped and the abdomen

¹ THE LANCET, April 17th, 1897.