

## Correspondence.

"Audi alteram partem."

## THE DETERMINING TENDON IN DORSAL DISLOCATIONS OF THE HIP.

To the Editor of THE LANCET.

SIR,—We have been in the habit in this country—and it is an error into which I believe all our text-books lead us—of conceding to Professor Bigelow the honour of pointing out the influence of the obturator internus tendon in separating the dislocation upwards and backwards on to the dorsum ilii from the dislocation backwards, or upwards and backwards, into the sciatic notch, for which cumbersome nomenclature I propose in future to adopt the terms *super-iliac* and *supersciatic*. Without doubt, we are much indebted to Professor Bigelow for his admirable work published in 1869, which has done so much to awaken a new interest in dislocations of the hip; but very difficult is it to know all that distinguished authors have written before our time, and Bigelow has clearly overlooked Malgaigne's observations. There is room in the world for all great men, and I am sure Professor Bigelow will owe me no ill-feeling for pointing out that the distinguished French surgeon, J. F. Malgaigne, had long forestalled his observations on the influence of the obturator tendon. Indeed, considering the emphasis with which Malgaigne insists on this point, it is curious that it should not have attracted the notice of subsequent readers and writers. I will transcribe Malgaigne's words as they appear on p. 837 of his work "Traité des Fractures et des Dislocations," tome ii., published in 1855:—

"Ce qu'il faut faire ressortir, c'est que, dans cette luxation, la tête s'échappe toujours au-dessous de l'obturateur interne qui occupe la petite échancrure sciatique, et des jumeaux qui sont en quelque façon ses satellites. Tantôt elle déchire seulement le carré qui est au dessous, tantôt seulement les jumeaux, tantôt les jumeaux et le carré à la fois, l'obturateur interne restant comme une barrière pour empêcher la tête de remonter; et enfin, dans le cas de Wormald, si l'obturateur était rompu, ce qui restait des jumeaux en faisait l'office. Sans doute cette barrière peut être franchie, et alors la luxation devient iliaque; mais quand elle est primitivement iliaque, c'est-à-dire quand la tête est sortie au-dessus du muscle obturateur interne, je doute qu'elle puisse redescendre au niveau de l'épine sciatique, à moins qu'elle n'y soit ramenée par les manœuvres du chirurgien. En un mot, la tête sortant par-dessous l'obturateur interne est toujours luxée sur l'ischion, et peut consécutivement remonter sur l'ilium; la tête sortant par-dessus donne toujours une luxation iliaque."

The italics are my own, but nothing can be clearer or more emphatic than this statement of the influence of the tendon of the obturator internus in separating the supersciatic dislocation from the superiliac.

I am, Sir, yours truly,

R. CLEMENT LUCAS, B.S. Lond., F.R.C.S.

Finsbury-square, June, 1885.

## "RENAL" PULSE ASSOCIATED WITH CHEYNE-STOKES' RESPIRATION.

To the Editor of THE LANCET.

SIR,—Professor M. Foster has been kind enough to afford me an explanation of the following observation made and inserted by me in my notes on a case of Dr. Whipple's in the York ward of this hospital. The professor was also kind enough to consider the observation sufficiently interesting for me to submit it to you for publication in THE LANCET.

"Case of William S—, York ward, St. George's Hospital, May 28th, 1885.—..... The pulse at one moment is hard and full (renal), then it commences to slow down and grow weak, until, for a moment, it ceases entirely; again, after an instant's cessation, it recommences, growing slowly faster and stronger, until at the end of a few seconds it has become once more a pulse of the 'renal' type. Associated with this is the phenomenon known as 'Cheyne-Stokes' respiration.'"

But the most interesting part of the observation was, to use Professor Foster's own words, "that the heart and

respiration alternated in rhythm, the heart being in full swing at pause of respiration, and being inhibited during height of respiratory period."

Professor Foster's explanation of this was that "apparently coincident with changes in the medulla oblongata leading to Cheyne-Stokes' respiration was a stimulation of the cardio-inhibitory centre in the medulla, occurring alternately with the former."

Being unaware that this state of the pulse has before been observed in conjunction with Cheyne-Stokes' respiration, I have ventured to submit this letter to you, in the hope that I may learn whether other observers besides myself have previously noted the fact. I may add, that on my calling attention to the above, it was observed in this case by others, and at the same time. Any excitement of the patient (he had been delirious for some days previous to, and was in a semi-comatose state at the time of, observation), such as moving him in his bed, &c., caused this double phenomenon to cease, only to return, however, when the patient was once again in his semi-comatose condition.

I am, Sir, yours faithfully,

HUGHES R. DAVIES,

Clinical Clerk to Dr. Whipple.

St. George's Hospital, June 17th, 1885.

## THE COLLEGE ELECTION.

To the Editor of THE LANCET.

SIR,—Will you allow me to correct an important error in my letter which appeared in your impression of last week—an error which has just come to my knowledge, and which I am grateful for having had more accurate official information communicated to me, that now enables me at once to rectify it. I stated "that the office of Examiner in Surgery was restricted almost exclusively to members of the Council" of the College, whereas this is certainly not an absolute rule. As exceptions may be mentioned the present President and both the Vice-Presidents, each of whom was elected by the Council as an Examiner in Surgery before he became a member of Council, and the last two such Examiners elected are not on the Council.

I feel that I ought to have ascertained these facts, or have remembered the more recent exceptions, before making a statement which, however, had reference to the principle of generally combining the two offices of Examiner in Surgery and member of the Council.

Trusting you will insert this communication in your next impression, I am, Sir, yours obediently,

London, June 24th.

FREDERICK JAMES GANT.

## THE LATE MEDICAL OFFICER OF HEALTH FOR LEICESTER.

To the Editor of THE LANCET.

SIR,—My attention has been directed to your editorial note on the resignation of the medical officer of health for this borough, and I regret to find that you have been entirely misled by an article which recently appeared in a local paper. As a matter of fact, Dr. Johnston's resignation was due to the increase in his private practice preventing him giving that amount of time and attention to the duties of his office which his appointment required. This was assigned in his letter of resignation as the reason of his retirement, and in that letter he acknowledged the assistance he had ever received from the sanitary committee of this corporation. I feel it is due to my committee, to yourself, and to the medical profession generally—and I am pleased to say we have three members of the profession in the committee—that this explanation should be made; and its insertion will therefore oblige,

Yours truly,

THOS. WINDLEY,

June 17th, 1885.

Chairman of Sanitary Committee, Leicester.

CHESS. — Lord Tennyson and Mr. Ruskin, respectively president and vice-president of the British Chess Association, have, it is announced, each consented to give a copy of his works, with autograph, as prizes to be competed for in the tournament now proceeding. Lord Tennyson's prize is for the best two players in consultation, belonging to the professions of Medicine, the Law, Church, Army, or Navy.