

from causes beyond the control of railway officials and passengers, will be very considerably diminished. I hope ere long to be able to forward you a "notebook" dealing with railway "first-aid" work, which, I think, will be of some practical use to railway servants and others interested in the subject. With apologies for trespassing on your time and space,—I am, Sirs, yours obediently,

N. HAY FORBES, F.R.C.S. Edin. (Exam.),
Examiner, St. John Ambulance Association; formerly
Surgeon, H.M. Army Medical Staff.

Tunbridge Wells, Dec. 9th, 1895.

ANÆMIA OR ANEMIA?

To the Editors of THE LANCET.

SIRS,—Spelling is, at the present time, a prominent subject. It has a special interest for us now that so many medical books, printed in the United States, present to us spelling which we are not yet sufficiently familiar with to appreciate. The readers of THE LANCET may be interested in the following letter from Professor Skeat, which he has been so good as to give me permission to send to you. The spelling of the word "anemia" carries with it that of many others.

I am, Sirs, yours faithfully,

W. R. GOWERS.

"DEAR SIR,—It is quite impossible to regulate spelling. The one great principle in all cases of doubt and dispute is that every man shall make his own laws, and it is not likely that argument will be listened to or even permitted. In the New English Dictionary the spelling given is *anæmia*; all the same, the spelling *anemia* occurs in one of the examples. It is largely a question of date. The Latin *æ* became *e* in French; and when words come into English through French the spelling *e* may easily prevail. For example, we have the word *primeval* on a French model. I am trying to introduce the spelling *medieval*, to pair off with this; and I think it is making some headway. We have, in Cambridge, a 'Medieval and Modern Languages Tripos.' The practical objection to *æ* and *œ* is that they are difficult to write and print. In many cases an *e* would serve the purpose. I need not say that the Authorised Version of the English Bible (by many considered as a good authority) has the form *emerods* instead of *hemorrhoids*; yet no one objects. Ogilvie's Dictionary prefers *hemorrhoids* to *hæmorrhoids*, and, I think, with reason. There is no *æ* or *œ* in English; it is always pronounced as *e*, and might just as well be so written. The use of writing is to represent the sound of the words, not to be everlastingly harping upon the Greek and Latin forms. But few people can see this; and when a thing is wrong they stick to it all the same. Thus *aneurism* is common, and I like it and admit it. But it is false etymology; of course, it should be *aneurysm*. And the question for those who defend *hemorrhage* is, Will you, then, undertake to use the form *aneurysm*? If not, why not? I pause for a reply. No one now writes *caelestial*, yet it is from the Latin *cælum*. Again I ask, why not?—Yours sincerely,

"Cambridge, Dec. 15th, 1895. (Sd.) W. W. SKEAT."

"MASON v. HADDEN."

To the Editors of THE LANCET.

SIRS,—The particulars of this action at law, in which a medical man was sued for damages in consequence of his having notified a case under the Infectious Diseases Notification Act which he had reasonable grounds for regarding as one of small-pox, will be within your recollection; also that a jury awarded damages to the plaintiff, but that on appeal the verdict was reversed by the full Court. We were previously advised that any public discussion of the matter by the medical profession would be undesirable, fearing that doing so might in any way prejudice the case. The judgment of the full Court justifies Dr. Hadden and relieves him from any imputation whatever. In addition to the anxiety and trouble necessarily caused to him while the action was pending, the question of expense has to be considered. Dr. Hadden has already incurred a large pecuniary liability, and as he fought this case on professional and public as well as on private grounds, we feel that he should not be allowed to suffer any loss; therefore we readily ask our professional brethren to join in a subscription to meet any such expense. The issues raised have had an interest far beyond an individual one, and have induced

Dr. Hadden to contest the case on broad public grounds, for had the contention of the plaintiff in this matter remained unchallenged a blow would have been struck at public safety as well as at the independence of medical men.

If a physician is to be proceeded against for the discharge of a duty cast upon him by an Act of Parliament passed for the protection of the public at large, it would seriously interfere with the profession in carrying out the law and in protecting the public as they are bound to do. We feel that both the moral and substantial support of his profession should be accorded to Dr. Hadden in the trying position in which he has been placed. The Act referred to is already unpopular enough with many persons, and if a new terror in the shape of actions for damages against medical men for carrying out the duty cast on them, and for which they are made legally liable, be introduced it is to be feared that many will be deterred from obeying the law to its full extent.

Subscriptions, limited to one guinea, will be received and acknowledged by James Craig, M.D., 35, York-street, Dublin, who has consented to act as honorary treasurer.

(Signed)

THOMAS W. GRIMSHAW,

President, Royal College of Physicians, Ireland.

THORNLEY STOKER,

President, Royal College of Surgeons, Ireland.

JAMES LITTLE,

President, Royal Academy of Medicine, Ireland.

AUSTIN MELDON,

President, Irish Medical Association.

H. R. SWANZY,

President, Dublin Branch, British Medical Association.

E. H. BENNETT,

Professor of Surgery, University of Dublin.

WM. THOMSON,

Senator, Royal University of Ireland.

"THE CASE OF DR. WIGHT."

To the Editors of THE LANCET.

SIRS,—*Apropos* of your excellent leading article in THE LANCET of Dec. 7th, 1895, on Dr. Wight, let me relate the following case which occurred in my practice some time ago. It was a case of placenta prævia, presenting the usual features of such cases—viz., hæmorrhage recurring at uncertain intervals for several weeks. Delivery was finally effected by version. The child was alive, and I found the placenta in the vagina and removed it without difficulty. I congratulated myself on the satisfactory termination of so anxious and troublesome a case. Alas, I reckoned without my host; my exultation was a little too premature, for in a short time unmistakable symptoms of internal hæmorrhage made their appearance. I introduced my hand and was horrified to find an extensive laceration of the uterus posteriorly. I administered restoratives—stimulants, &c.—both by mouth and rectum, more by the way of satisfying the friends that means were being used than from any hope of real benefit, as I knew nothing could save her. She died within an hour. I am utterly at a loss to account for this rupture. I have turned in some scores of cases, and seldom have I done so with less difficulty. The parts were soft and dilatable, and no force was required either in introducing the hand or in extracting the child. The only trouble I had was, the placental presentation being complete, that my fingers got entangled in the membranes and required a little gentle manipulation to extricate them. It is an unusual case, for everyone who has had much experience of midwifery knows that the uterus is an organ that will stand a good deal of rough handling innocuously. It is interesting, too, from a legal point of view, as one can easily fancy an action—either civil or criminal—arising out of such a case.

I am, Sirs, yours truly,

J. BRISBANE, M.D. Glasg.

St. John's Wood-road, N.W., Dec. 7th, 1895.

SIR HENRY HALFORD, BART., AND THE STETHOSCOPE.

To the Editors of THE LANCET.

SIRS,—There is a letter in "The Life of Sir H. Halford, Bart.," which, I think, must have more interest for those who like studying the progress of scientific medicine than any other letter in Dr. Munk's interesting work. It is the one to Dr. Sudamore (page 270), which gives us some idea