

menstrual epochs, and that each element will bias the embryo in the direction of its own sex. It is wrong, no doubt, to talk of these elements having a sex, but I am writing on the supposition that each element has an inherent power, by which, when the complementary element is met with, the sex is determined in favour of the stronger.

I am, Sirs, yours truly,

LOUIS E. STEVENSON, M.B.

Jedburgh, N.B., Sept. 28th, 1891.

"RECURRENCE OF SYMPTOMS AFTER GASTRO-ENTEROSTOMY."

To the Editors of THE LANCET.

SIRS,—In discussing this case clearly we are dealing merely with possibilities, which it would be idle and unprofitable to follow further, as the pathological specimen alone can demonstrate whether the artificial gastro-jejunal opening has closed or not. At a future date, however, I trust Mr. Larkin will communicate in your columns what actually has taken place in his most interesting case.

Mr. Larkin has, I fear, misunderstood me, as he says my main suggestion is that "the contraction occurred at the opening made in the peritoneal layers of the transverse meso-colon and great omentum; what I said was constriction—quite a different thing from contraction—of the jejunum may have taken place at the aperture in the transverse meso-colon. It is to this point I wish to refer, and the clearest way of expressing myself will be to give the reasons for my discontinuing to perform the operation by this method. By referring to Mr. Larkin's admirable diagrams my meaning will be more readily understood.¹ By drawing a loop of the jejunum through an opening in the meso-colon and great omentum we have two portions of intestine closely approximated, and firmly fixed by peritoneal cicatrization to an aperture in the meso-colon (necessarily of rather narrow dimensions) at the one end, and to the point on the stomach which the surgeon may select at the other extremity of the loop at the other end; in Mr. Larkin's case at the cardiac end and, judging from the diagram, rather high up. Between these two points the intestine passes through an opening in the great omentum. The two portions of intestine thus run nearly parallel to each other throughout the whole loop. The dangers of the operation performed in this manner are, I think, threefold:—1. There is actual danger of nipping of the intestine by peritoneal cicatrization and constriction at the aperture at the meso-colon. This evidently did not occur in Mr. Larkin's case, as the biliary and pancreatic secretion passed readily. 2. There is danger of kinking of the intestine at the gastric opening on account of the sharp curve which takes place. This accident did not apparently occur. 3. This is purely a mechanical danger. The loop of intestine is, as we have seen, fixed at both ends—viz., stomach and meso-colon. The physiological action of the stomach in health, we are taught, is, when empty, the greater curvature is directed downwards, but when the viscus is distended it rotates upon the lesser omentum, and the greater curvature is directed forwards, while the anterior surface is directed upwards. This action, then, must of necessity cause considerable traction upon the loop of intestine fixed at the two points, as I have described. The result of this is to temporarily contract, and possibly close, the opening between the intestine and stomach, especially when the loop is united high up on the cardiac end. The lumen of the intestine would be still patent for the flow of the biliary and pancreatic secretions. A similar danger may occur from a loaded transverse colon; if Fig. 1 is carefully studied it will be seen how readily constriction may occur from this cause. For these reasons I now invariably adopt the method of performing gastro-enterostomy by turning a loop of the jejunum round the transverse colon. I am not saying that any of these factors were responsible for the obstruction which occurred in Mr. Larkin's case, as it is impossible to decide upon what we have not seen, but I place them before the profession for what they are worth, and can only say they are conclusions drawn, not hurriedly or upon theoretical grounds alone, but upon actual practical experience.

I am, Sirs, yours very faithfully,

FREDK. BOWREMAN JESSETT.

Upper Wimpole-street, Oct. 3rd, 1891.

THE USE OF ANTISEPTICS.

To the Editors of THE LANCET.

SIRS,—As a practitioner of perhaps the least important branch of surgery, it seemed hardly fitting I should take upon myself to challenge Mr. Lawson Tait to a full defence of the position which he has assumed on the above question; but, in common, I am sure, with a large number of your readers, I felt very much inclined on perusing his lecture to dispute the sweeping generalisations which are criticised by Mr. Adamson in THE LANCET of to-day. The surgery of the teeth, and the treatment of inflammatory conditions within and around them, only represent in miniature what is displayed on a larger scale in general surgery; but the relatively simple structure of the organs and their exposed position render the processes of dental disease and the effects of treatment more easily and correctly observable. I will simply affirm what will be corroborated by every dental practitioner: that the antiseptic method has rendered amenable to treatment a vast class of cases which before the introduction of this method were extremely unsatisfactory. Cases of teeth with putrid pulp canals and chronic abscesses or fistulæ through the alveolus and gum—cases entirely analogous to surgical conditions affecting wider areas in other parts—yield at once to antiseptic measures. Such cases before the antiseptic system was understood and practised formed the opprobrium of dental surgery; they are nowadays curable with almost complete certainty. Although there can be no question as to the success of Mr. Tait's practice in abdominal surgery, it is difficult to see how on scientific grounds he can support his views. Indeed there seems something contradictory in his statements. He insists upon perfect cleanliness. But scientific cleanliness cannot be produced or maintained without antisepticism. From the surgical point of view, the presence of micro-organisms constitutes uncleanness; without them putrefaction and fermentation—the production of septic conditions—are impossible. In order to preserve a wound scientifically clean, organisms must be excluded; to maintain it clean, they must if they enter be destroyed or rendered sterile. The only effectual way to do these things in the present state of our knowledge is by the use of antiseptics.

I remain, Sirs, your obedient servant,

Wimpole-street, Oct. 3rd, 1891.

HENRY SEWILL.

To the Editors of THE LANCET.

SIRS,—I am not disposed to reply in detail to Mr. R. O. Adamson's very numerous inquiries, because the space necessary would mean more columns of THE LANCET than you could place at my disposal; because all of the surgical incidents specified are such as have been outside my line of practice for more than twenty years; and specially because the late Mr. Sampson Gamgee, in his work on the "Treatment of Wounds," answered them many years ago. My condemnation of the antiseptic doctrines and the antiseptic practice came upon Mr. Adamson as "startling" only because he graduated in 1889. A very slight research into the literature of the subject for the fifteen years preceding that date will at least cause my views no longer to startle him.

Mr. Adamson's letter reminds me that I may have a communication to make to THE LANCET in a week or two concerning this much vexed question of antiseptics which, I venture to think, will probably be startling to the Court of Examiners of the Royal College of Surgeons of England.

I am, Sirs, yours obediently,

Birmingham, Oct. 2nd, 1891.

LAWSON TAIT.

THE USE OF ATROPINE IN THE ADMINISTRATION OF CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—I was surprised to find that no one made any remarks at the Bournemouth meeting of the British Medical Association about the use of atropine, with a view to annul the dangers attending upon the administration of chloroform. So far back as 1868 Dr. Harley pointed out the applicability of atropine in all cases where there is lessening of the sympathetic influence, as in syncope, shock, collapse of cholera, and risk of the heart stopping under the influence of chloroform &c.

¹ THE LANCET, Sept. 19th, p. 667.