

not to have been sufficiently dwelt upon. The history of tuberculous patients, and perhaps more especially those in whom pulmonary tuberculosis is the form assumed, gives somewhat presumptive evidence that some substance is manufactured and exists amidst the complex products of nutrition on which the bacillus tuberculosis thrives apace, and that such persons are peculiarly liable to infection, while others who are minus this hypothetical substance may be considerably exposed to infection without danger. Suppose that a person with pulmonary tuberculosis, and having a well-marked hereditary predisposition, be treated and apparently cured, is it not probable that the fluid and any chemically changed tissues it may produce (if unnecessary to the organism) will be eliminated from the system, while the predisposing causes may remain awaiting the advent of germs, from old infected foci or from without, to bring about the previous condition? In this I refer especially to tubercular diseases of internal organs removed from the reach of the surgeon. Professor Koch states that the fluid injected does not kill the microbe, but only destroys the tissue in which it exists. May not the microbe migrate to the immediately adjacent surrounding tissue and there thrive and multiply? Save where the infected parts are accessible to the surgeon, it is to me difficult to understand by what *modus operandi* the cure is to be effected, seeing that the microbe is not killed and is free to migrate or to be carried into surrounding tissues. But even supposing that the method is applicable successfully to surgical diseases alone the boon conferred on humanity by Professor Koch is vast in the extreme.—I am, Sirs, yours truly,

Bromley, Kent, Dec. 1890.

J. A. ROSS, M.D.

*To the Editors of THE LANCET.*

SIRS,—Although no definite opinion can at present be expressed as to the ultimate results of Professor Koch's treatment, I think that it is generally admitted by those who have had an opportunity of witnessing it that very promising alterations are effected in some cases, and there is no doubt that the profession desire to become acquainted with the details necessary for carrying it out. Many individuals are anxious to avoid the long and tedious journey to Berlin, and for them it is possible to see cases in London; but having had an opportunity of visiting both centres, I have no hesitation in saying that it is in the former alone that all the conditions can be fully studied. The lymph is plentiful, the cases numerous, the hospitals always open to us, and every facility afforded for observation of all the symptoms produced. At one hospital we were able to see cases of phthisis (lung and larynx), lupus, and diseased joints in men, women, and children; also many cases that had been injected for diagnostic purposes, and three distinct forms of rash produced by the treatment. We were allowed to perform injections, and to return at our pleasure to note their effect. The professors are always willing to offer any explanation, often in our own tongue, and their one aim seems to be to welcome and encourage bedside observation, which we know is far more valuable—at any rate to qualified men—than clinical lectures. I shall ever feel most deeply grateful to the professors in Berlin for their generous and kind-hearted behaviour.

I am, Sirs, yours obediently,

J. LIONEL STRETTON,

Hon. Surgeon, Kidderminster Infirmary and Children's Hospital.

Dec. 8th, 1890.

## LEPROSY AND PROFESSOR KOCH'S TREATMENT.

*To the Editors of THE LANCET.*

SIRS,—From the pathological analogies of tuberculous and leprosy tissue, and from the similarity of the respective bacilli in certain of their relations, it occurred to me that like results might be expected by the use of Dr. Koch's remedy in cases of leprosy. I accordingly wrote to the Professor on the subject some weeks ago, and he has now been kind enough to send me a supply of the fluid, particularly for the use of leper patients. I shall be glad to hear from any medical man who may have a case of the kind at present in England and willing to be treated. A definite effect has, I believe, already been obtained in Vienna by Professor Kaposi in a leper; and I understand that the

remedy is now being tried, by Dr. Koch's advice, for leprosy in Germany.—I am, Sirs, yours obediently,

PHIN. T. ABRAHAM, M.D.,

Medical Secretary National Leprosy Fund.

Henrietta-street, Cavendish-square, W., Dec. 8th, 1890.

## RESECTION OF LAMINÆ FOR SPINAL CARIES.

*To the Editors of THE LANCET.*

SIRS,—In an interesting paper on a case of resection of laminæ for spinal caries (THE LANCET, Dec. 6th, 1890), Mr. Page asks for the experience of other surgeons as regards this operation, of which only twenty-three instances have been recorded up to the present time, in order that some statistical conclusions may be drawn as to its value in cases of this nature. Having performed the operation on three patients at the Manchester Clinical Hospital for Women and Children, I may, perhaps, be permitted to briefly describe the results in my two last cases, hitherto unpublished. My first is included in the table of thirteen cases, collected by my colleague, Mr. Thorburn, and referred to by Mr. Page in his paper.

CASE 2.—Female, three years and a half; cervical caries; complete loss of power in upper and lower extremities; incontinence of urine and fæces. Oct. 25th, 1889: Resection of laminæ of sixth and seventh cervical vertebrae; canal filled with soft granulation tissue, which was dissected off cord; dura mater not opened; no visible pulsation. Operation followed by partial return of power in arms, but no improvement in condition of lower extremities. Jan. 15th, 1890: Resection of laminæ of fourth and fifth cervical and first dorsal vertebrae; no further improvement. Present condition: firm depressed cicatrix at seat of operation; can use her arms to feed herself, play with toys, &c.; more power over bladder and rectum. During last few months has regained very slight voluntary movements in lower extremities.

CASE 3.—Female, five years; dorsal caries; complete motor and partial sensory paralysis in lower extremities. Jan. 31st, 1890: Resection of laminæ of third, fourth, and fifth dorsal vertebrae; escape of a little pus from spinal canal, which communicated in front with a small abscess cavity between bodies of third and fourth dorsal vertebrae; cord exhibited no pulsation; dura mater not opened. Operation not followed by any improvement in patient's condition. Progressed favourably for some days, then developed symptoms of broncho-pneumonia, and died on ninth day.

I am, Sirs, yours faithfully,

Manchester, Dec. 8th, 1890.

F. A. SOUTHAM.

## INJECTING THE BLADDER IN SUPRA-PUBIC CYSTOTOMY.

*To the Editors of THE LANCET.*

SIRS,—Dr. Hooper May, in the last issue of THE LANCET, commenting upon a series of cases of supra pubic cystotomy, remarked that in one instance the operation was rendered much more difficult in consequence of the impossibility to introduce a catheter, and therefore *the bladder could not be distended* (the italics are mine.) From this I gather that it is not universally known that there is no necessity whatever to introduce or even use a catheter for the purpose of injecting the bladder. Any ordinary syringe, provided it possesses a suitable nozzle, can be inserted into the meatus urinarius, and any desired amount of fluid can be forced along the urethra into the bladder. For some years, both in hospital and private practice, I have been in the habit of injecting the bladder in this manner, and I was very much astonished to discover last summer during a course of post-graduate lectures that this plan was evidently a novelty to the majority of surgeons. I may also take this opportunity of drawing attention to the great advantage this method of injecting the bladder has in some cases of cystitis where from any cause it is either impossible or undesirable to pass a catheter for the purpose of irrigating the bladder. With a four-ounce elastic enema syringe hot medicated lotions can with the greatest ease be injected, and, what is of further moment, the contents of the bladder can again be exhausted by gently relaxing the pressure on the elastic ball.

I am, Sirs, yours faithfully,

Manchester, Dec. 9th, 1890.

WALTER WHITEHEAD.