

forceps; also, the forceps can still be applied, if necessary, with the catheter *in situ*. Traction on the jaw I put in the category of "meddlesome midwifery"; in fact, the less traction we indulge in the better, for traction of itself has great and serious dangers. Finally, I submit that the "real problem" is not "to get the head out of the pelvis as quickly as possible"; it is absolutely and seriously different; it is to bring a living child into the world with the least possible amount of damage to it or the mother. I admit that I have only had one cathetered case on which to argue (my "one ounce of practice"), but I have not the slightest doubt that if a catheter was passed as routine treatment when the hitch occurred, followed by a masterly inactive wait, finally forceps if necessary, we should have an upheaval of statistics of mortality in breech presentations; if, on the other hand, we follow Dr. Blacker's precepts the mortality of 1 in 11 (Dubois) or 1 in 3½ (Churchill) will stand for aye.

I am, Sirs, yours faithfully,

Queen's-road, Richmond.

GEORGE W. ORD.

A SIMPLE APPARATUS FOR ETHER NARCOSIS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Nov. 9th, p. 1297, I observe a letter by Dr. Leonard Williams describing an ether inhaler which had been shown to him some months previously by Dr. Longard of Aix-la-Chapelle. As the inhaler referred to by Dr. Williams is practically identical in design and appearance with that devised by me 17 years ago and described in THE LANCET of July 5th, 1884, p. 19, it will be interesting to learn the source from which the inhaler recommended by Dr. Longard has originated.

I am, Sirs, yours faithfully,

P. BLAIRIE SMITH, M.D. Aberd.

San Remo, Italy, Nov. 16th, 1901.

THE FREEZING-POINT OF THE BLOOD AND SECRETIONS AS AN AID TO PROGNOSIS.

To the Editors of THE LANCET.

SIRS,—I read Professor Ogston's article on cryoscopy in THE LANCET of Nov 9th, p. 1253, with great interest, but I finished it unconvinced of the unique value which he claims for the new procedure probably through my want of understanding, and I am sure he will accept my criticisms as made in the spirit of inquiry. In the first place the value of the observations recorded is much diminished by our ignorance of the cause of the variation in the freezing-point of the blood; in no instance is this more evident than in the cases where it is above normal. Professor Ogston in regard to this writes of an "unusual purity" of the blood. If his milkman were to supply him with milk deficient of 10 per cent. of its cream and of too light a specific gravity would he regard it as unusually pure? And how are we to rely on cryoscopy as an indication of renal sufficiency or insufficiency if, as is stated, it is also an index of hepatism? However, I chiefly wish to consider the practical bearing of this test, and this is best done by taking *seriatim* the cases advanced as proof of its value, assuming that the essential facts for such proof are quoted. I fail to see, almost without exception, that anything has been proved that could not have been proved with other more definite and better understood tests.

In Case 1, assuming that disease indicating casts were absent and that the total output of urea was satisfactory, a trace of albumin would hardly be considered a contra-indication to study. In Case 2 we are not told the specific gravity of the urine or the daily output of urea or the cause of death, so that no estimate of the value of cryoscopy is here possible. In Case 3 the test is superfluous. In Case 4 might not the cryoscopy taken at different times have shown as variable a condition of the blood as the specific gravity did of the urine?—there was here no indication of renal insufficiency. In Case 5 there appears to have been no contra-indication to work, so that the test was superfluous. In Case 6 (the reading given being 0.556, I assume that a different scale has been used from that described) why is $\frac{1}{1000}^{\circ}$ above normal slightly unfavourable when Cases 1 and 4, $\frac{2}{1000}^{\circ}$ and $\frac{3}{1000}^{\circ}$ above normal, are favourable indications? In Case 7 we are

not told the blood-count or whether the specific gravity of the urine is for the 24 hours. And how does the cryoscopy prove "that the kidneys, though diseased, were not the cause of the deterioration." In Case 8 we want an estimate of the urea, but with an albuminous urine having a specific gravity of 1006 the patient would surely in any event have been considered an unfit subject for operation. In Case 9, if, as it appears, the blood was tested after the operation, may not its abnormal condition have been brought about by the "lessened kidney elimination that follows operations performed under an anæsthetic"? In Case 10, although the urea eliminated was low, the patient "was greatly wasted," so that without her bodyweight being stated the estimate loses its value as an indication of renal insufficiency, and why in this case is $\frac{1}{1000}^{\circ}$ below normal "only" $\frac{1}{1000}^{\circ}$ when in Case 2 $\frac{2}{1000}^{\circ}$ was sufficient to indicate a probably fatal result after operation? In Case 11 criticism is impossible as facts as to tube casts and elimination of urea are not given. In Case 12 does cryoscopy— -0.59° —indicate anything more than albuminous urine with specific gravity 1002 does?

Professor Ogston probably would not suggest that cryoscopy should take the place of the usual examination of the urine or blood, but that it should serve as an adjunct to these to increase the value of the deductions drawn from them; but as yet it seems to me the positions must be reversed, and careful chemical and microscopical examinations of the urine and blood be made to enable us to estimate the value and meaning of the variations in the freezing-point of the blood. Doubtless further observations will clear up many points, such as diurnal variation of the freezing-point and the meaning of readings above normal, and your readers will, I am sure, look forward with much interest to further developments in this promised aid to clinical diagnosis.

I am, Sirs, yours faithfully,

Bradford-on-Avon, Nov. 11th, 1901. CHAS. E. S. FLEMMING.

FOREIGN BODY IN THE RECTUM.

To the Editors of THE LANCET.

SIRS,—I have been asked, whether the retention of urine in my case was due to reflex action through the presence of the foreign body in the rectum. Certainly not. In the first place the old man possessed a blunted sensibility that would allow of the infliction of an unusual amount of pain without producing any reaction; furthermore, the bulk of the bottle, its position within the rectum and the pressure caused by the firmness with which it lodged on the coccyx, were sufficient reasons for retention of urine. I consider that the neck of the bottle impinging on the floor of the bladder paralysed the action of the vesical extrinsic muscles and that the bottle was forced into this tight position by the frantic efforts made to recover it after it had escaped into the rectum.

I am, Sirs, yours faithfully,

Stockport, Nov. 12th, 1901.

J. GOOD.

A QUESTION OF SPELLING.

To the Editors of THE LANCET.

SIRS,—I noticed that as in Sir William Gowers's case you substituted "faradaic" for "faradic" in a recent lecture of mine, and there is no doubt that you were correct, or more correct than I was, although it is certain that "faradic" will become the word *par excellence* in future on the ground of brevity and euphony, just as "telegram," in spite of all rules to the contrary, has superseded the less elegant "telegraph." After all, it is use and convenience that must guide us in such cases; as Horace has remarked,

"Usus

Quem penes arbitrium est et jus et norma loquendi."

I am, Sirs, yours faithfully,

C. BELL TAYLOR, M.D. Edin.

(Arbitrium est et jus et norma loquendi.)

* * It is correct to say "to telegraph" and "a telegram." "Telegraph" is the infinitive form of a Greek verb and "telegram" is the neuter noun form, derived from the past participle of that verb. "Telegraph" is used sometimes as a noun interchangeable with "telegram"—presumably on the analogy of the use of the word "photograph," but although