

wo of my cases the correct diagnosis of the condition alone prevented a charge of cruelty being brought against perfectly innocent persons, and in these days when members of public bodies apparently possess unlimited and unpunishable powers of irresponsible criticism and accusation, and when societies base their claims for support upon the number of convictions obtained by them, it behoves medical men to bear the symptoms of scurvy rickets well in mind when called upon to examine cases of alleged injury to young children.

I am, Sirs, yours faithfully,

F. S. TOOGOOD, M.D. Lond.,

April 3rd, 1905. Medical Superintendent to Lewisham Infirmary.

## PRESSURE STASIS.

*To the Editors of THE LANCET.*

SIRS,—The interesting case of extreme compression narrated in THE LANCET by Dr. R. Lane Joynt reminds me of a similar case which I treated a few years ago. A party of 30 or 40 excursionists were proceeding in a four-horse break from Manchester to Chester to see the "Chester Cup" run for. A wheel came off, the break over-turned, and everybody toppled upon somebody else or upon the ground. Two women came off especially badly. They were taken into lodgings in Chester (the accident had occurred three or four miles away) and I saw them as soon as they arrived. The one, rather stout, 48 years of age, had a comminuted fracture of the middle of the right humerus and a fracture of the left clavicle; but what struck me most was the extraordinary appearance of her eyes, the whites were bright red, the whole of the conjunctivæ of both eyes being suffused with blood. Her face and forehead, ears, neck, and part of her chest were bright red. There was also a small occipital scalp wound and a little blood had been squeezed out of the right ear. Her friend had a broken leg and some bruises. The subsequent progress of the two patients was (happily) uneventful. The ecchymoses, bruises, &c., passed through the usual colour changes, the fractures united, and the patients were able to go home in a fortnight with their fractures in "plaster." They came to see me at intervals and completely recovered.

I am, Sirs, yours faithfully,

Chester, April 2nd, 1905.

HENRY W. KING.

## THE TREATMENT OF EMPYEMA.

*To the Editors of THE LANCET.*

SIRS,—Daily irrigation as a method of treatment of empyema is an anachronism. I should not have thought that anyone employed it at the present day. Certainly I do not, as Mr. Godlee assumes. The pleura may be washed out at the time of operation with advantage if the pus be foetid or too thick and curdy to be easily evacuated; but if the pleural cavity be once thoroughly cleansed subsequent washing out is rarely required. The only object I had in my paper in referring to washing out at all was to try to dissipate the fear which still appears to haunt the minds of some operators that it involves great risk of fatal collapse. For this purpose it was necessary to speak of my own experience, which happened to be considerable on that point, for when a student at St. Bartholomew's Hospital and subsequently when resident at the Chest Hospital, Victoria-park, frequent washing out was a method of treatment of empyema much in vogue with some of the older physicians. I thus had an opportunity of washing the pleura out and of seeing it done a great many times, probably, as I said, some hundreds of times, but not, as Mr. Godlee makes me say, in some hundreds of cases. I never saw any bad symptoms produced and therefore I consider the risk infinitesimal and one that may be practically disregarded.

To excision of rib my objection is not so much that it adds something to the operation as that it weakens the framework of the chest, especially if a portion of more than one rib be removed. Drainage can often be perfectly provided for without it and therefore I do not consider excision necessary as a routine practice. I quite agree with Mr. Godlee that the drainage-tubes used are often too long, but even a short tube will generally require more shortening before it can be finally removed. As regards the seat of incision which I recommended at the posterior axillary border on the transverse level of the nipple, if the average position of a nipple be taken as the fourth rib or fourth space the incision would be in the seventh or if a little farther forward in the sixth

space, but by no possibility in the fourth, as Mr. Godlee says it might.

The use of the probe in exploring the pleural cavity enables us to ascertain the size, the limits, and the relations of the cavity. In the early days after the operation, if the case is doing well, it is not necessary though it gives interesting information. But when an empyema hangs fire because either the drainage is imperfect or the cavity for some other reason does not close, examination with a probe is the only means at our disposal of ascertaining the exact conditions of things within the thorax and often enables the defect to be remedied without recourse to further operative measures. As careful examination with a probe can do no harm I cannot sympathise with Mr. Godlee's objection to it. I do not think, after all, that Mr. Godlee and I differ seriously in our views of the treatment of empyema and certainly not so gravely as he implies.

I am, Sirs, yours faithfully,

Wimpole-street, W., April 3rd, 1905.

SAMUEL WEST.

## LEGISLATION FOR FEMALE CLERKS.

*To the Editors of THE LANCET.*

SIRS,—Will you kindly grant me a short space in your columns to bring again before the notice of the profession the urgent need for legislating for the protection of the health of the large and increasing number of female clerks employed in London and other centres. The Factory Acts safeguard the interests of women engaged in workshops, but there is absolutely no control over the employers of women engaged in clerical work. Three cases have lately come under my care which I would like to call attention to, as they illustrate the disabilities under which this class of workers suffer. A lady recently consulted me and during the interview she told me that she was engaged as a typist to a well-known solicitor. Ten women are employed by the firm and there was no lavatory accommodation whatever for the women. When they wanted to relieve themselves they went out to a railway station near. I suggested that I should write to her employer on the subject, which was agreed to. I received a very polite note from the gentleman stating that he had not given the subject a thought but promised that the omission would be rectified immediately. In another case a young lady was suffering with a foul ulcerated throat. She told me that she was employed in a newspaper office with two other girls. They worked in a room at the end of a passage with no outside window. Just outside the door, which was constantly being opened and shut, was the men's lavatory, which seems to have been always in a most filthy state. The third case is that of a young woman engaged in a similar occupation whose working hours lasted from 9.30 to 8.30 usually but at certain periods of the year, in all amounting to two months, they were kept until 11 P.M.

If three such cases occur in the experience of one practitioner in a short time, what must be the aggregate amount of suffering of a preventable nature the thousands of women must have to endure who go up to the City every day. I could quote other instances of a similar kind but I consider the above sufficient to call attention to three obvious defects.—I am, Sirs, yours faithfully,

T. E. WHITE, M.D. Durh., D.P.H.

Catford, S.E., April 3rd, 1905.

## SHOCK AND COLLAPSE.

*To the Editors of THE LANCET.*

SIRS,—Mr. C. Powell White in his letter in THE LANCET of April 1st, p. 887, draws attention to my statement that "the blood pressure is maintained within a few degrees of the normal range even under extreme variations in outside pressure" and points out that this is incompatible with the treatment of patients suffering from shock by compressed air. The statement referred to is, of course, only meant to apply to a healthy individual whose vaso-motor system is uninjured. Mr. White has not appreciated the distinction which I drew between the normal physiological condition of the circulation in health and the morbid physiological condition which exists in shock. Directly the vaso-motor system has broken down and become incompetent, as is the case in shock, the statement no longer holds good and the blood pressure tends to follow any variations in outside pressure.

When a patient is suffering from shock increasing the atmospheric pressure will raise the blood pressure. The