

horrors belonging to a body dead from suffocation, he has still left sufficient to call up a scene of awful tragedy.

The predominance of the sadder side of human experience is very striking in this exhibition. The majority of the works we have already noticed illustrate this; but there are very many more in which death, disease, and suffering in one form or another, serve as subjects for the artist's genius. F. Fagerlin gives us the interior of a French peasant's cottage, where the head of the family is passing away, his wife and aged mother receiving the sad announcement, "No hope!" from the village doctor who is visiting the dying man. H. Wallis has "The Physician," an old man mixing a potion for a patient, whilst a number of sick are waiting in a street (Italian?) to take advantage of his advice. J. C. Dollman, a young and rising painter, presents us with the "Burial of an Indian Chief." Mr. Waterhouse has an interesting picture of "A Sick Child brought into the Temple of Æsculapius." Votive offerings are being made to the statue of the god on behalf of a little girl, of whose case we feel happy in being able from her appearance to give a favourable prognosis. The picture is nicely painted, and the sickness not offensively obtruded.

Of portraits, busts, and works of peculiar medical interest, there are a few examples. Sir William Gull occupies a conspicuous position in the large room, painted by the President. It is a good resemblance of the physician "in fashion," but somewhat wanting in animation. A better likeness, to our mind, is that of Dr. George Bird, whose artistic sympathy makes his presence on these walls appear a thing of course. The well-known face of Mr. Thos. Hyde Hills has not received the happiest of treatment from Mr. Charles Landseer, and room is left for regret that the late Sir Edwin did not himself undertake the presentment of his tried friend. An excellent bust in terra-cotta of Mr. Prescott Hewett stands in the central hall, the work of J. E. Boehm; and a less satisfactory one, in the same material, of Dr. W. B. Carpenter, C.B., in the sculpture gallery. Sir Henry Thompson exhibits a small painting—"Court of the Mosque, Palace of the Alhambra,"—one out of many charming fruits of a holiday in Spain. Dr. Evershed has the great and deserved compliment paid him of seeing no less than five of his graceful etchings hung upon the walls, where also appears Mr. Propert's "Relic of the Past," which we have lately noticed in this journal.

Correspondence.

"Audi alteram partem."

TRANSFUSION.

To the Editor of THE LANCET.

SIR,—In your issue of the 31st of March is reported a very interesting case of direct blood-transfusion, about which I ask your permission to say a few words.

Messrs. T. R. Glynn, M.B., and Gorst admitted into the Liverpool Royal Infirmary on Nov. 13th, 1876, a sailor aged forty-two, who had suffered for fourteen months from rapidly progressing loss of strength, which was diagnosed "pernicious anæmia." The disease proving intractable under all ordinary treatment, however well carried out, the physician conceived the excellent idea of attempting direct transfusion, and accomplished it with great skill on the 20th of December, making use of Aveling's instrument. As is always the case when the transfusion is well managed, the operation produced a great improvement in the condition of the patient, who soon recovered a little of his strength and was able to get up, and was sent to the Con-

valescent Home. But the improvement was not of long duration, and the patient expired two months after the transfusion.

The operators regret that the patient was not sent back to the infirmary, to undergo a second transfusion there. For my part I much regret it from a scientific point of view. For no doubt the operators would not again have chosen an invalid "suffering from stiff knee" to supply the blood, and no doubt also they would not have had the same facility in operating, nor would the amelioration have lasted so short a time.

It is to the choice of the blood-giver that I wish to call attention. I myself, too, was once obliged (having no choice) at St. Petersburg to transfuse into a patient, who was suffering from anæmia arising from prolonged suppuration, the blood of a "healthy man from one of the surgical wards, who was suffering from" a simple fracture of the leg, which was almost entirely consolidated; and I, too, have remarked that the improvement of the patient was of short duration, whilst patients of the same class, to whom I had given blood drawn from men who were free from any wound, and working and living out of the hospital, had recovered more quickly and without relapse.

I believe that a healthy man, deprived of the power of locomotion by a broken leg, like the one at St. Petersburg, and still more the blood-giver at the Liverpool Infirmary, who had, doubtless, suffered much longer from the complaint in his knee, endures a progressive deterioration of the constitution of the blood, that the red blood-corpuscles lose their functional activity, and that the fibrin loses its normal plasticity. Everyone knows that a man with a broken limb, even if there be no hæmorrhage, when he has lain long in bed, loses his strength, eats less, respire less, has a weaker pulse and lower temperature—in a word, that all his organs lose some part of their normal activity. This is so much the case that many weeks are needed, after a consolidation of the fracture of the leg, for the man to recover his former strength and capacity for work. Therefore it is not right to receive as the blood-giver a man who is healthy, but who has been obliged to keep his bed, and above all in the wards of a hospital.

I have said that the fibrin in the blood of an invalid loses its normal plasticity, and I have remarked a new proof of this in the facility with which the blood of the blood-giver at Liverpool traversed the Aveling's instrument to the amount of "eighteen or twenty ounces," without obstructing the metal cannulas by the progressive deposit of a coagulated layer.

Dr. Aveling admits without dispute the progressive deposit of layers of coagulated fibrin in his metal cannulas; and this finally obstructs them if the transfusion last any length of time. He says, "I should be glad to be able to dispense with passing the efferent tube into the vein of the blood-donor, and am making experiments to that end." This will be an excellent modification of his instrument; and to effect it nothing more is necessary than to keep upon the vein a small cylinder for the blood to spirt into; and to keep this cylinder on the skin, nothing is better than to enclose the cylinder in a cupping-glass. Then, to expel the air from the instrument, he will provide it with two branch tubes to introduce a current of water, and to expel it without forcing it into the veins of the person operated on, as he does at present. And it is very important that he should replace his metal efferent cannula by one of pure, hard caoutchouc. He will then find that the blood hardly coagulates at all in the instrument, and he will provide the hollow ball with two valves, to avoid the difficult manœuvre of the fingers by which the tube is pressed alternately in front of and behind the ball to allow of the aspiration and ejection of the blood.

In fine, when all this has been constructed of natural, non-sulphuretted caoutchouc, he will have a perfect transfuser, which produces no coagulation in the limited time of a transfusing operation. This instrument will be composed of a cylinder enclosed in a cupping-glass, a hollow ball with valves, two branch tubes for the passage of the water, and a non-metallic cannula. Then I will entreat my very honourable colleague to remember that this transfuser has been in existence for fifteen years, that it has been tested, and that it is called "Roussel's transfuser."

I am, Sir, your obedient servant,
Gloucester-place, Hyde-park, April, 1877.

DR. ROUSSEL.