SAYRE'S TREATMENT OF SPINAL DISEASE AND SPINAL CURVATURE.

To the Editor of THE LANCET.

SIR,—The interest taken in Dr. Sayre's method of treating "spinal disease and spinal curvature" must be my apology for sending you a brief statement of the opinion I have formed as to the practical value of this treatment, my conclusions being drawn from the treatment of cases at the National Orthopædic Hospital, and from a careful consideration of the views expressed by Dr. Sayre at his demonstrations, and more fully explained by him in his recent work. The affections of the spinal column for which Dr. Sayre employs his method of treatment are, Pott's disease of the spine, with its resulting deformity, angular curvature, and rotato-lateral curvature. Dr. Sayre employs a similar plan of treatment for these two affections, because he considers that "lateral curvature has a resemblance to Pott's disease of the spine, in that in both of these affections the anterior portion of the column is subject to departure from its normal condition." This comparison is true as far as it goes, but further consideration of the nature of the abnormality in each case shows that these two affections differ as widely as two affections of the same structure can well do. In Pott's disease of the spine there is, from inflammatory changes in the ossific tissue, more or less destruction of the vertebral bodies; in rotato-lateral curvature no morbid lesion is present, this affection is a pure deformity, the segments of the spine are merely displaced from their normal positions, and although in adaptation to this abnormality they are in severe cases altered in shape, the change does not depend upon disease. In Pott's disease of the spine we have first to arrest a morbid process, the deformity which is caused by the lesion being of secondary importance; in rotato-lateral curvature the only object to be gained by treatment is reduction of deformity.

In the treatment of Pott's disease, the plaster-of-Paris jacket introduced by Dr. Sayre is, as a mechanical appliance, superior to any form of spinal instrument with which I am acquainted. It possesses the following advantages. By completely encircling the trunk, it gives the greatest support and steadiness to the spine that can possibly be obtained by a fixed apparatus; acting thus as a very efficient retentive splint, it maintains the favourable condition of the diseased spine that is obtained by suspending the patient during its application. It also limits the contraction of the large trunk-muscles which take their origin from the spinal column. Allowing the superiority of the plaster-of-Paris jacket, there is a certain class of cases in which I find that it fails, like all other forms of mechanical appliance, to obtain the complete immobility of the diseased vertebræ that is essential for their recovery. Pott's disease varies much in the course which it runs in different subjects. In some, the disease is slow in its progress; in others, rapid destruction of the bones occurs—three, four, or more vertebræ becoming quickly involved; this acute condition being not unfrequently met with in the ill-nourished children who are brought to the London hospitals. In cases of this character the slightest movement of the bones must be prevented, which can be done only by strict observance of the recumbent treatment and prohibition of all movement of the body. Even in these cases the plaster casing is of great assistance to treatment; for, by applying it as soon as a more healthy local condition has been obtained, the recumbent stage can be reduced to a comparatively short period.

For the treatment of rotato-lateral curvature Dr. Sayre's method is, in my opinion, not successful. The qualities which make the plaster-of-Paris jacket so valuable as a mechanical appliance in the treatment of Pott's disease contraindicate its employment in lateral curvature. The healthy development, and restoration to their normal condition, of the large trunk-muscles, is of the greatest importance in this deformity. By encasing the body in a closely-fitting jacket, deterioration of the muscles must result from interference with their free action. Being a fixed appliance, bathing &c. of the back is prevented; nor can the jacket be removed at night, when, the body being at rest, a support is unnecessary, and in warm weather a great inconvenience to the patient. In the treatment of this affection the mechanical appliance used must be such as shall not only give support to the spine, but also exert pressure on the spinal curves.

Dr. Sayre strongly denounces the employment of spinal instruments, but his strictures apply only to their misuse. The exercise of self-suspension advised by Dr. Sayre is not a new method of stretching the curved spine, having been previously employed by Mr. Stafford; it is a very useful exercise combined with others, which must be selected according to the nature of the particular case under treatment. I may remark that the gain in height produced by application of the jacket during suspension cannot be ascribed to so much gain in reduction of the spinal curves. On thus treating a healthy boy, aged eight years, I increased his height by nearly three-quarters of an inch, showing that considerable allowance must be made for stretching of the intervertebral discs throughout the column.

There are some slight objections to be urged against the use of plaster-of-Paris to which I have not referred, because I believe that this material is the best at present available for moulding retentive splints, but I hope that an inventive genius will some day supply us with a more efficient substitute.

I am, Sir, yours obediently,
FRED. R. FISHER, F.R.C.S.,
Surgeon to the National Orthopædic Hospital.
Grosvenor-street, May, 1878.

THE CAUSE OF DEATH OF THE LATE ARCHBISHOP WHATELY.

To the Editor of THE LANCET.

SIR,—Will you allow me one word of rejoinder to Sir Dominic Corrigan's letter of 25th?

At the meeting of the General Medical Council, Sir Dominic Corrigan stated that Archbishop Whately "had a varicose ulcer on his leg," and "was found dead in his bed floating in his own blood, because homœopathists would not permit the use of an instrument." In my former letter I said that Sir Dominic Corrigan was "misinformed." I now say the above assertions are misstatements, and in his letter the medical baronet does not attempt to contradict my refutation of them, but tries to ride off on a quibble about the quantity of blood. In Miss Whatley's life of her father, as quoted by Sir Dominic, she states exactly, in point of fact, what I have stated, copying from the report of the case published at the time in the annals of the British Homœopathic Society—namely, that on my arrival, ten minutes after death, it was found that an artery had burst. Sir Dominic Corrigan leaves it to be inferred that the bursting of of artery must naturally have led to the result mentioned in his speech; but my ignorance of the pathology which appears to guide Sir Dominic prevents my understanding how a varicose ulcer could lead to the bursting of an artery; and I leave it to eminent surgeons to say whether the use of an instrument (to which homœopathists are not averse) could in such a case (senile gangrene) have saved life. There is a considerable difference between "floating in his own blood" and such an amount of bleeding as could only be ascertained by the removal of the dressings. I must add that, in quoting from Miss Whately's life of the Archbishop, Sir Dominic Corrigan entirely omits any allusion to the history of the disease (senile gangrene), against which his Grace struggled for more than three months.

Your obedient servant,
Dublin, May 26th, 1878. W. B. B. SCRIVEN.

ARTIFICIAL RESPIRATION.

To the Editor of THE LANCET.

SIR,—It must be confessed that, after reading Dr. Howard's exposition of his "direct method" of artificial respiration, there seems nothing new, for all the movements he recommends have been used over and over again. The pressure on the chest and abdomen to expel the fluids, the elevation of the epiglottis, the thoracic compression, &c., are of an ancient date. I deny altogether, from my numerous and published experiments, that "it obtains a more general expansion of the thorax"; that "it can be more easily understood"; that "it is less fatiguing to the operator."

Dr. Howard does not speak of any proofs of the actual amount of air inspired during his process, and I have doubts that any air passes at all in a certain number of cases operated on in this way. This is the most important point of all, and as statistical truth is most essential, I challenge

Dr. Howard to a fair trial of his method and my own, which, as I mentioned in a late LANCET, was approved by the eminent men appointed as a committee on this subject by the Medical and Chirurgical Society of London, by experiments in St. George's Hospital, as the best mode of artificial respiration, and superior to those of Marshall Hall, Silvester, and Pacini.—I remain, Sir, yours, &c.,

W. P. BAIN, M.D.,

May 27th, 1878. Late Senior Surgeon, Poplar Hospital, London.

Obituary.

SURGEON-MAJOR WILLIAMS, F.R.C.S.

THE death is announced of Surgeon-Major John Williams, late of the Hon. East India Company's service, which took place on May 21st, at the residence of his sister, Mrs. Curtis, Redland, near Bristol. Mr. Williams was a native of Swansea, where he was born in 1819. He began his medical studies as a pupil of the late Dr. G. Gwynne Bird, of Swansea, and completed them at St. Bartholomew's Hospital. He passed his examination for the membership of the College in 1841, and was elected a Fellow in 1859. On the establishment of the studentships in Human and Comparative Anatomy at the Royal College of Surgeons, Mr. Williams became one of the competitors, and obtained the appointment in 1843. At the expiration of three years, for which period he was elected, he accepted the appointment of assistant-surgeon in the Hon. East India Company's service, which was placed at the disposal of the College. He had retired from the service some years. The deceased had been suffering for some time with a tumour in the neck of a malignant character, to the effects of which he finally succumbed.

WALTER BARTON STOTT, M.R.C.S.

THERE passed quietly away on the 8th of April, at the little hamlet of Disley, Cheshire, one of the oldest, if not the oldest, of Manchester surgeons, in the person of Walter Barton Stott, whose name is intimately associated with those of Turner, Jordan, and other well-known old Manchester surgeons. Born of good parentage in Dean's-gate, near Parsonage-lane, on Dec. 8th, 1799, and educated at Bradford, Yorkshire, he commenced his medical studies in Manchester under Mr. Jordan, who was then giving lectures and demonstrations in Anatomy at his house in Bridge-street, and who, not having sufficient accommodation, afterwards removed to Mount-street, where a kind of college was established, his certificates being then accepted by the Royal College of Surgeons and other licensing bodies. Mr. Stott obtained the L.S.A. in 1826, the M.R.C.S. in 1827, and started practice in Kay-street, whence he removed to Peter-street, afterwards to Byron-street, and John-street, where he continued to reside until his retirement into private life in 1862. He soon became demonstrator of anatomy at Mount-street with Mr. Jordan, and served in the same capacity when it became the Old Pine-street School of Medicine. He was for many years surgeon to the New Bailey Prison.

But the circumstance that will render his name interesting to the inhabitants of Manchester is the fact that he had the honour of being one of the founders of the Children's Hospital; for he and the late Dr. Alexander, seeing the need Manchester had of such an institution, resolved to put their idea into execution; so, assisted by the late Lady Byron, Miss Atherton, and several other friends and subscribers, he took a cottage in Back King-street, opposite St. James's-square, about the year 1831, where, of course, only out-patients were treated, and a dispenser came from Messrs. Woolleys' for a short time each day to make up the necessary prescriptions. For want of room they were soon compelled to remove to Cross-street, and afterwards to St. Mary's-parade. Here his connexion with it ceased, owing to a dispute with the medical officer, and, after sending in his resignation, he was made consulting surgeon. When looking at the present magnificent structures in Gartside-street and at Pendlebury, with their staffs of physicians and surgeons, we cannot help giving him the honour due to his name, knowing that it is indirectly due to him that the present suffering children of Manchester and its environs have the benefit of such an institution, though his name is now scarcely known in the hospital of which he was the founder.

JAMES MACKAY CUNNINGHAM, M.D.

DR. CUNNINGHAM was born at Carrickfergus, co. Antrim, on the 14th of March, 1803, and, at an early age, entered the Royal Navy, in which he served as midshipman until the peace which followed the battle of Waterloo. He then studied for the medical profession, and obtained the degree of M.D. at the University of Edinburgh in 1824. He took the L.S.A. Lond. in the same year, and practised at Whitstable for two years. He then removed to Hailsham in Sussex, where he remained until his death, and was much esteemed during his long residence there (more than half a century), both in private life and as a medical practitioner. He was author of "A Chart of the various Dislocations of the Human Body," a member of the Society for the Encouragement of Arts, Manufactures, and Commerce, and well known as an active and leading Freemason. He died on April 24th from congestion of the lungs following bronchitis, at the age of seventy-five, leaving one son (who is in the profession, and succeeds to the practice) and four daughters.

GEORGE ATKINSON, L.S.A.

THIS gentleman, one of the oldest practitioners in Sunderland, died on May 11th, from inflammation of the lungs. He was one of those quiet, inoffensive men of whom little is known or heard outside the circle of their own friends, patients, and medical brethren, by whom Mr. Atkinson will be greatly missed, and in whose memory his name will long remain. He had a considerable amount of midwifery practice, and not long before his death was heard to say that he had never lost a single case.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 23rd of May:—

Andrews, W. Stratford, Dover.
Apthorp, F. William, Lee, Kent.
Bisdee, James, L.S.A., Hutton, Somerset.
Buckle, John, L.S.A., Catton, Norwich.
Butler, G. William, Abingdon.
Candler, W. John, Harleston, Norfolk.
Clark, J. R. Andrew, L.S.A., Cavendish-square.
Clitherow, R. Edward, L.S.A., Horncastle.
Crouch, E. Thomas, L.S.A., Devonport.
Edwardes, W. Whitfield, L.S.A., Llansantffraid.
Fulton, James, M.D. Toronto, St. Thomas, Canada.
Good, F. Thomas, L.S.A., Highbury-hill.
Hawkins, Howard, Lee, Kent.
Jackson, Thomas, L.R.C.P. Ed., Great Torrington.
Ling, M. Edward, L.S.A., Saxmundham.
Shaw, George, L.S.A., Blackheath-park.
Smith, K. Rawlings, L.S.A., Stamford-hill.
Snowden, G. Hugh, Ramsgate.

Of the 82 candidates examined on May 21st, 22nd, and 23rd, 54 passed to the satisfaction of the Court and obtained their diplomas; 13 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 15 failed to reach the required standard, and were referred for six months' further professional study. Six candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or licence recognised by the College, were also admitted Members.

The following gentlemen passed the first part of the Professional Examination in Anatomy and Physiology for the Fellowship of the College at meetings of the Board of Examiners on Monday, Tuesday, and Wednesday last:—

E. Foster Brockman, C. L. S. Branson, and F. C. Fisher, St. George's Hospital; T. Kirsopp, D. A. King, Anthony A. Bowlby, G. Andrew, and F. Bowe, St. Bartholomew's Hospital; Robt. W. Greenish, S. H. Barton, R. S. Miller, Reginald Pratt, P. E. Shearman, J. T. Bond, and V. A. Haden Horsley, University College; A. W. D. Leahy and H. E. Garrett, Charing-cross Hospital; C. Atkin, Sheffield and Guy's Hospital; Charles H. Newby, T. D. Savill, and R. J. Williamson, St. Thomas's Hospital; R. Bredin, Liverpool; J. Whitehouse, Birmingham; D. M'Donnell, W. J. Penny, J. F. W. Silk, King's College; W. R. Williams, University College and Middlesex Hospital; J. Phillips, Cambridge and King's College; H. T. Bassett, Birming-