

THE ALLEGED GRIEVANCE AT ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Since the appearance of my letter in your journal, I find that you have had three replies—two from anonymous correspondents, and one from Dr. Farrar. With regard to the two former, I beg to inform you that for the future I shall not take the slightest notice of anonymous letters, from whatever source they may originate. Whilst imputing the best of motives to Dr. Farrar for coming forward, as he feels bound to answer the charge made against Dr. West as a debt of gratitude for giving him practical instruction, I feel bound to say, that I am sorry he has not selected a happier occasion to repay it than by merely coming forward to exclaim against the “fault-finding spirit and ignorance of both practice and department of uterine disease displayed by Mr. Cooper,” for, in the first place, I am afraid his gratitude will be far from appreciated in the proper quarter, and, in the second, I think he had much better have left the matter alone, as he has made a bad case much worse. I have no reason to complain of it, however, as I can, from his letter, materially strengthen my case, and I beg, therefore, to return him my best and warmest acknowledgments for them.

In the first place, he states that I complain that when operations are deemed requisite that they are not brought into the operating-theatre, a room where the windows are in the roof, and light only admitted from the ceiling, forgetting the first principle of midwifery—viz., the axis of the female pelvis, and asking why with as much reason should not labial tumours and femoral hernia be obscured from their view in the operating-theatre? In reply to this, I must say, that if I have forgotten the axis of the female pelvis, he has not recollected the inlets to the theatre, with regard to the access of light, in the shape of windows. I can only presume he was so well up in the theory of operative surgery, that during his residence amongst us he seldom honoured it with his presence, or he would not have failed to recollect that there were more windows than he asserts there are. He has also found it convenient to forget that the theatre is the lightest place that can be selected in the hospital for any operation, far more so than can be secured at any room window, where the students crowd round the operator.

With regard to the latter part of the statement, respecting labial tumours and femoral hernia being obscured from our view for a similar reason, I beg to state that it had reference entirely to the exposure of the patient's person.

I think it would be better for both of us if I was to trouble you with as short a summary as possible of my letter, and put Dr. Farrar's answer by the side of it, and then we should see if he has succeeded in answering my complaint, or whether his reply has not tended to strengthen my case.

In conclusion, I beg to inform the students that I am by no means discouraged in my attempts to obtain that which we have the undoubted right to, and I trust that Dr. West will remedy the grievance that prompted me to publish my first letter.

I remain, Sir, your obedient servant,

C 1, College, December, 1856.

SAMUEL COOPER.

PUERPERAL FEVER.—PREVENTION OF INFECTION.

To the Editor of THE LANCET.

SIR,—The perusal of Dr. Tyler Smith's last lecture must fill the mind with horror in contemplating the dangers from metria to which puerperal women, especially the younger, are exposed. It was the opinion of the late Dr. Sanders, of Edinburgh, that puerperal fever is neither more nor less than typhus and exanthematous diseases affecting women in childbirth, and that the most successful treatment consists in directing our attention to the prevailing epidemic when manifesting itself in the form of puerperal fever. But this is not the point which I wish to bring before the profession. It is the prevention of infection from, and not the cure of, this appalling disease upon which I have two suggestions to offer, and they are equally applicable to contagious diseases in general. The one is, that medical practitioners should always walk for some distance after attending a case of infectious disease, as the most effectual way of throwing off infection by the breath and surface of the body and from the clothes. A mile's brisk walk, after being shut up in an infected apartment, would be conducive both to their own health and the safety of the next patient they visit.

The other suggestion is, that they should wash their hands with scalded bran, and not with soap, soap heightening the force of *fomas*; and that they should anoint their hands before proceeding to a vaginal examination.

These two hints, in addition to Dr. Tyler Smith's most valuable directions, may be of use, and therefore I send them for insertion in your world-wide journal.

I am, Sir, yours, &c.,

Montague-street, Dec. 1856.

J. PIDDUCK, M.D.

IS SMOKING INJURIOUS?

To the Editor of THE LANCET.

SIR,—I cordially concur in the suggestion of Mr. J. A. M'Donagh, in your last number, as to the importance of introducing into your pages at the present time a thoroughly scientific discussion of the evil effects of smoking tobacco. There can be no doubt that the moral evils occasioned in this country by the use of this plant are of the most extensive and frightful kind; and as these arise from a habit the physical advantages of which have never been thoroughly discussed by competent physiologists, such a discussion would, I submit, form a very important and valuable contribution to medical science.

I would, however, suggest that Mr. Solly's position should be assailed fairly, if assailed at all. It is manifestly unfair on the part of Mr. M'Donagh to bring into the discussion a *foreign custom*—viz., the smoking by the Turks of Turkish tobacco, which, in my opinion, is a question perfectly foreign to the subject—viz., that of adulteration. Mr. Solly's position is, that he knows of “no single vice which does so much harm as smoking” the tobacco which in this country is both sold and smoked. Is it a fact that the smoking of tobacco is physically as well as morally pernicious? “That is the question.”

I am, Sir, your obedient servant,

Wolverhampton-street,
Dudley, Dec. 1856.

DAVID JOHNSON, M.R.C.S., &c.

To the Editor of THE LANCET.

SIR,—The inquiries of Mr. M'Donagh afford me an opportunity of stating to the profession the result of my experience as to the effect of tobacco in one form of disease. I give no opinion as to its general effects in health; but in regard to the intestinal fever, so truthfully and so graphically portrayed by Dr. W. Budd, in THE LANCET, I hold very decided views as to its injurious qualities. The prevailing form in this neighbourhood is the typhoid, the most urgent symptoms being diarrhoea and intestinal lesions. Now tobacco has the effect of relaxing the skin and mucous membranes, causing the latter to pour out their secretions more freely, and to shed the epithelium more rapidly; at the same time the sensibility of the nervous system is greatly depressed, and the vital force diminished. On account of its softening and relaxing effect upon the mucous membrane of the bowels, it is greatly resorted to in habitual constipation. But it will be seen that this weakening influence is exerted upon the organ liable to be most seriously affected in typhoid fever, and very frequently is the predisposing cause of the uncontrollable diarrhoea and hæmorrhage which occur in such cases. I have seen very mild cases of typhoid fever rendered fatal from the excessive use of tobacco, either from diarrhoea or peritonitis, the result of perforation. Now perforation scarcely ever occurs until the patient is moribund and the body semi-putrid; but the immoderate use of tobacco will predispose to perforation under very different circumstances. For instance: A gentleman in my practice had progressed very favourably to the fifteenth day of typhoid fever; the diarrhoea was very moderate, and the symptoms altogether so mild, as to call for a purely expectant treatment, nourishment with very little stimulant sufficing to keep the patient in very fair condition from day to day. On the fifteenth day his bowels were relaxed at six in the morning; at five P.M. he got out to have his bed made, and as his bowels had not moved since six A.M. he thought it might save getting out again if he could evacuate them at the same time; for this purpose he made a straining effort, and almost instantly felt something give way; a violent pain ran rapidly across the region of the bladder, and soon diffused itself over the whole abdomen; tympany occurred within an hour, and in twenty-four hours he died from peritonitis, the result of perforation of the small intestine. A milder case than this I never saw, but the patient was accustomed to smoke ten or twelve cigars daily. I could quote other cases almost parallel, where the immoderate use of tobacco destroyed all the chances of recovery in otherwise favourable or merely