

had submitted a demand that female nurses should no longer be allowed to attend male patients. As this question is a very important one at the present time owing to the action of the National Asylum Workers' Union, which wishes to abolish this form of nursing, I desire to say that no such action has been taken by the male nurses.—I am, Sir, yours faithfully,

GEORGE M. ROBERTSON, M.D.

Edinburgh, March 15th, 1920.

### THE VAGINOTOME.

To the Editor of THE LANCET.

SIR,—Under the above heading Mr. Aleck W. Bourne describes in your issue of Feb. 21st an angled knife for cutting through the vagina after a clamp has been placed

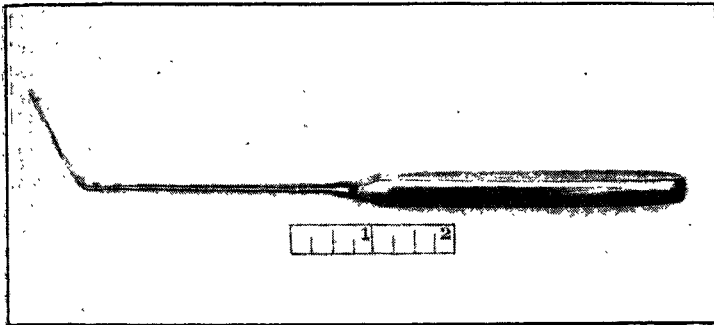


FIG. 1.—Mr. Blair Bell's vaginotome.

in position in radical operations for cancer of the cervix. I am afraid I have forestalled him by some six or seven years. I enclose a photograph (Fig. 1) of an identical instrument,<sup>1</sup> with the exception that mine is double-edged, which I have used for the period mentioned, as many can testify. Nevertheless, I prefer to use, when possible, a cautery-knife.

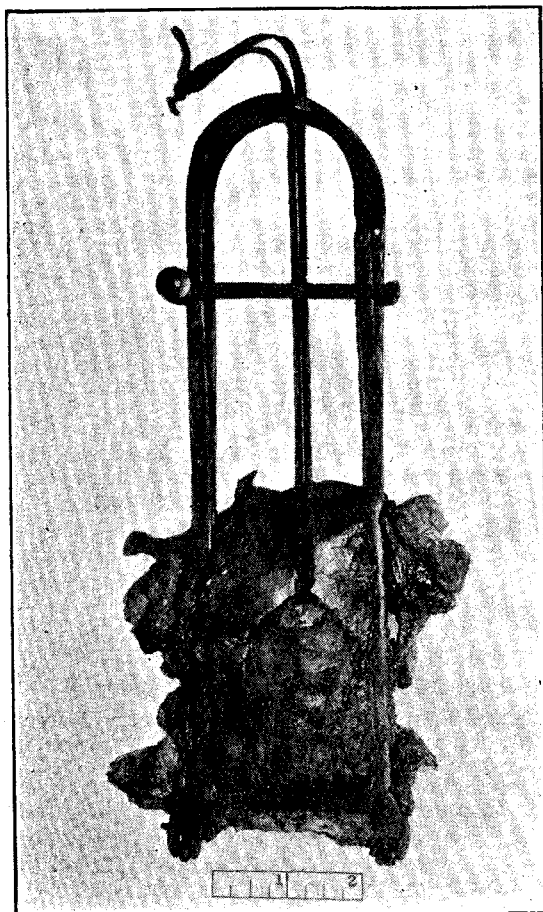


FIG. 2.—Vaginal clamp, with excised specimen.

Perhaps, before someone else invents it, I may be allowed to enclose for reproduction also a photograph

<sup>1</sup> Made and kept in stock by Messrs. Alexander and Fowler, Liverpool.

(Fig. 2) of my vaginal clamp for use in radical operations for cancer of the cervix. It is only a rough model made in the laboratory, and requires certain obvious improvements when I can find an instrument-maker who can promise to get the work done. I have used this instrument for an even longer period. It embodies, I believe, sound mechanical principles and is easy of application. It will be seen that the specimen, as excised at operation, has been photographed in the clamp before being removed.

I am, Sir, yours faithfully,

Liverpool, Feb. 22nd, 1920.

W. BLAIR BELL.

### OSTEITIS FIBROSA.

To the Editor of THE LANCET.

SIR,—I was much interested in Mr. N. C. Lake's case of osteitis fibrosa published in THE LANCET of March 6th, and the radiogram is certainly strikingly like that of my case which you reprint with it. The suggestion in the text, however, is that the X-ray appearances would lead one to expect gross cyst formation, and it is implied that this was present in my case. A reference to my article in THE LANCET of Nov. 15th last will, however, show that such was not the case, although it is true that minute cyst formation was found under the microscope. I pointed out in that article that the femur is the common site of non-cystic osteitis fibrosa, and that the reason probably is that cyst formation is a slow degenerative change, and that the weight-bearing functions of the femur call attention to the condition in that bone before cyst formation has had time to occur. The history of Mr. Lake's cases, particularly the first one, is interesting, but there seems no definite evidence that the osteitis fibrosa did not antedate the trauma in both cases.

I am, Sir, yours faithfully,

London, March 10th, 1920.

E. G. SLESINGER.

### INTENSIVE IODINE TREATMENT.

To the Editor of THE LANCET.

SIR,—Having read Dr. T. Bird's interesting note on this subject in THE LANCET of March 6th I wish to add my testimony as to the result of the treatment. I have used the French tincture for some years in rheumatic and arthritic cases with very great success; I cannot call to mind a single case of iodism or any untoward symptoms arising. I usually prescribe at first 2 gr. three times a day immediately after meals, gradually increasing the dose until the patient is taking 10 gr. daily. It is remarkable how the pain and swelling are relieved, and as soon as this occurs I gradually decrease the dose. After a short interval the doses are again gradually increased in old-standing cases. There is not the slightest doubt that the absence of iodide of potassium in the tincture of the French codex enabled the administration of iodine in larger doses and with better results in the foregoing cases than the administration of potassium iodide.—I am, Sir, yours faithfully,

CLAUDE ST. AUBYN-FARRER.

Harley-street, W., March 9th, 1920.

### OPERATION UNDER DIFFICULTIES.

To the Editor of THE LANCET.

SIR,—The recent war has doubtless supplied many instances of surgical operations successfully performed under the most unfavourable and apparently hopeless conditions. Yet few, if any, would equal the description and circumstances of "An Operation under Difficulties," reported by Dr. Nathaniel Crichlow in THE LANCET of Feb. 7th. The remarkable and striking success which attended his impromptu efforts, though modestly attributed to the natural immunity of the Solomon Island native, completes a thrilling story of what can be achieved in a surgical emergency. As an example of an emergency operation performed under embarrassing conditions, in the heart of the West African forest at midnight, while a tornado was raging, the following incident, which occurred in the course of the Anglo-French Boundary Commission's survey of the Gold Coast and Ivory Coast Colonies in 1903, may