

THE OPERATIVE TREATMENT OF OSTEO-ARTHRITIS.

To the Editor of THE LANCET.

SIR,—While fully appreciating the complimentary references to my operative work in connexion with cases of osteo-arthritis, my attention has been drawn to an injustice to Mr. Sampson Handley which your annotation in THE LANCET of April 1st inadvertently suggests. My case, to which you so kindly refer, was admittedly the first of the kind, but Mr. Handley, working independently, was the first to publish his results, and he also was responsible for the term "cheilotomy." Mr. Handley published his operative experiences on this subject in the *British Medical Journal* of May 3rd, 1913. My case, although operated upon three months before Mr. Handley's first case, was not published until a week later (May 10th) in the same journal.

I intend to send you a further communication with X ray photographs illustrating the operative procedures required in the treatment of osteo-arthritis, and will then be able, if you will kindly permit me, to fill in the gaps to which THE LANCET refers.—I am, Sir, yours faithfully,

Dublin, April 7th, 1916.

W. I. DE C. WHEELER.

ANÆSTHESIA FOR ENUCLEATION OF TONSILS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of April 8th Dr. J. Blomfield advocates the use of ether for the above operation. No doubt in the hands of a general practitioner it is the safest anæsthetic, but the results, to my mind, are not to be compared with those obtained by the use of chloroform and oxygen. Addition of the latter lessens the risk, and I have used this combination in over 1000 cases successfully. All patients over the age of 16 have a preliminary hypodermic injection of morphine and atropine. Anæsthesia is induced very gradually with chloroform dropped on to a mask with one layer of flannel; as soon as the patient is just under, a mouth prop is fixed in position and warmed oxygen is passed through chloroform and thence to a pipe fixed to the mouth prop. This usually suffices to keep the patient under with no faucial straining for half an hour or more, though occasionally it is necessary to use the mask for a few minutes after the removal of one tonsil. The advantages over ether are: no congestion, less tendency to vomiting, more agreeable odour, and the patient comes round rapidly. It is easy with practice to keep the patient in the ideal stage—that is, deep enough to avoid faucial straining and light enough to enable the cough reflex to be recovered in a few seconds.

I am, Sir, yours faithfully,

HUGH R. PHILLIPS, M.D. Edin.,

Senior Anæsthetist, Italian Hospital, &c.

Dawson-place, W., April 9th, 1916.

THE DROITWICH BRINE BATHS.

To the Editor of THE LANCET.

SIR,—In consequence of the large number of soldier patients who are receiving free treatment at the brine baths at Droitwich an impression appears to be entertained by certain medical men that the baths have, for the time being, been given over entirely to military patients.

Such is not the case, and the arrangements for dealing with ordinary cases are in nowise affected.

I am, Sir, yours faithfully,

J. H. HOLLYER,

Droitwich, April 7th, 1916.

Director of the Brine Baths.

ENTERIC AND TYPHOID: A POINT IN NOMENCLATURE.

To the Editor of THE LANCET.

SIR,—Since the differentiation of the typhoid group of disease into the three varieties caused by the Eberth-Gaffky bacillus, the B. paratyphosus A, and the B. paratyphosus B respectively, a need has arisen for one word which can be used for the whole group in common. In the large majority of cases it is quite impossible to diagnose clinically the three infections one from the other; and it is not always possible to obtain readily bacteriological aid.

There is no necessity, however, to coin another word, as we possess two already which are used interchangeably—

"typhoid" and "enteric." I suggest that the word "enteric" be used to denote all or any of the three infections above mentioned, and any similar that may hereafter be differentiated; and that the word "typhoid" be restricted to cases of infection by the Eberth-Gaffky bacillus.

I am, Sir, yours faithfully,

E. W. GOODALL.

Eastern Hospital, Homerton, N.E., April 10th, 1916.

STEEL HELMETS FOR THE ARMY.

To the Editor of THE LANCET.

SIR,—Although no one can approve of the manner in which an officer of the Royal Army Medical Corps drew attention recently in the House of Commons to the need for the issue of steel helmets to the army, yet every surgeon who has seen much of the wounds received by our soldiers in the present war will agree that there is a most pressing need for the supply of steel helmets to the soldiers. No small proportion of the wounds received involve the head, and the use of a steel helmet would have prevented very many of these. Even when the bullet or shell fragment has done no more than groove the scalp, a convalescence of several weeks is required before the soldier can return to the firing line, and if we put the matter on the low level of expense, it is clear that much money is unnecessarily used in the carrying of these soldiers to and fro. The skull itself is, however, in many cases grooved, and in these cases the throwing off of the necrosed portion of bone will take many weeks. In other cases still the brain has been injured, and in a large proportion of these a fatal result has followed. It is often said that a steel helmet cannot be devised which is capable of preventing all bullet wounds of the cranium. This is no doubt true, but it is equally true that a very large proportion of the projectiles would be arrested. The Government has already issued a few hundred thousand steel helmets, but the delay in issuing the remainder is entirely unnecessary, and I cannot doubt that if the authorities appreciated the value of the steel helmet very little time would elapse before all our troops serving at the front would be provided with it.

I am, Sir, yours faithfully,

April 8th, 1916.

F.R.C.S.

DIFFERENT NAMES FOR IDENTICAL SUBSTANCES.

To the Editor of THE LANCET.

SIR,—With regard to the annotation in your issue of April 8th relative to the use of the word "Tolamine" as a short title for para-toluene-sodium-sulphochloramide, we suggested the use of this word to the authors of the research in place of chloramine or chloramine-T, the names they gave to the substance, because the word chloramine has been used by John Wyeth and Brother, Philadelphia, for at least 25 years to denote a compound chloride of ammonium pastille manufactured by them.

We were desirous of respecting the wishes of the investigators by adopting the title they suggested, but felt bound to regard the vested interests of the manufacturers who had used the word chloramine for at least a quarter of a century to describe a particular preparation of their manufacture. We made our position in the matter perfectly clear to the investigators and gave them the option of adopting "Tolamine" as a common word for the substance, but as they did not agree to this suggestion we then explained that it was impracticable for us, in the circumstances we had mentioned, to use the word chloramine or chloramine-T (the latter title still containing the word chloramine), and we should therefore issue the preparation under the word "Tolamine" and register it as our trade mark.

In our opinion the use of the word chloramine involves the danger of using one name for many substances, as, quite apart from the confusion which will arise with the existing proprietary preparation, chloramin and chloramine are applied to the simple compound NH_2Cl , and further there is additional risk of confusion with the Codex preparation chloramide. From the trade point of view the *Chemist and Druggist* has also pointed out that there is likely to be a good deal of confusion in the use of the word chloramine proposed for para-toluene-sodium-sulphochloramide.

We are, Sir, yours faithfully,

BURROUGHS WELLCOME AND CO.

Snow Hill Buildings, E.C., April 10th, 1916.